

0573546

(111)

21CT 14492 NB

OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		Juvenile		N									
Agency ORI Number FLO 5 0 2 6 0 0		Agency Name PALM BEACH GARDENS POLICE DEPARTMENT				Agency Report Number 78 - 21003735															
Charge Type: Check as many as apply.		<input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony		<input type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Weapon Seized / Type 2 1. Yes 2. No		Multiple Clearance Indicator											
Location of Arrest (Including Name of Business) ALT A1A/DONALD ROSS RD, PBG, FL						Location of Offense (Business Name, Address) 13500-BLK ALT A1A, PBG, FL															
Date of Arrest 08/28/2021		Time of Arrest 01:23		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle KAUFFS TOWING AND RECOVERY 4701 EAST AVENUE, WPB, FL 33407									
Name (Last, First, Middle) FURMAN, SCOTT, RONALD												Alias (Name, DOB, Soc. Sec. #, Etc.)									
Race W - White I - American Indian		Sex M		Date of Birth 03/23/1976		Height 6'0		Weight 182		Eye Color BRO		Hair Color BRO		Complexion LGT		Build MED					
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)						Marital Status MARRIED		Religion NOT STATED		Indication of Alcohol Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>		Residence Type: 1. City 2. County 3. Florida 4. Out of State 3									
Local Address (Street, Apt. Number) 7925 SE OSPREY ST,						(City) HOBE SOUND,		(State) FL		(Zip) 33455		Phone (310) 922-3376		Address Source FL DL							
Permanent Address (Street, Apt. Number) 7925 SE OSPREY ST,						(City) HOBE SOUND,		(State) FL		(Zip) 33455		Phone		Occupation							
Business Address (Name, Street) 7925 SE OSPREY ST,						(City) HOBE SOUND,		(State) FL		(Zip) 33455		Phone		Occupation							
DL Number, State F655796761030 FL		Soc. Sec. Number [REDACTED]		INS Number [REDACTED]		Place of Birth (City, State) WASHINGTON DC		Citizenship US													
Co-Defendant Name (Last, First, Middle)						Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large		<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile							
Co-Defendant Name (Last, First, Middle)						Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large		<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile							
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other		Name (Last)		(F/I/EI)		(Middle)		Residence Phone													
Address (Street, Apt. Number)		(City)		(State)		(Zip)		Business Phone													
Notified by: (Name)						Date		Time		Juvenile Disposition 1. Handled/processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated											
Released To: (Name)						Relationship		Date		Time											
The above address provided by <input type="checkbox"/> defendant and / or <input type="checkbox"/> defendant's parents. The child and / or parent was told to keep the Juvenile Court Clerk (Phone 355-2528) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No (Reason)						School Attended		Grade													
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property						Value of Property													
Drug Activity N. N/A P. Possess		S. Sell B. Buy T. Traffic		R. Smuggle D. Deliver E. Use		K. Dispense/ Distribute		M. Manufacture/ Produce/ Cultivate		Z. Other		Drug Type N. N/A A. Amphetamine		B. Barbiturate C. Cocaine E. Heroin		H. Hallucinogen M. Marijuana O. Opium/Deriv.		P. Paraphernalia/ Equipment S. Synthetics		U. Unknown Z. Other	
Charge Description DRIVING UNDER THE INFLUENCE		Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number 316.193(1)(A)		Violation of ORD #				Warrant / Capias Number		Bond							
Drug Activity N		Drug Type N		Amount / Unit		Offense #		Warrant / Capias Number		Bond											
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #				Warrant / Capias Number		Bond							
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond											
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #				Warrant / Capias Number		Bond							
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond											
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #				Warrant / Capias Number		Bond							
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond											
Location (Court Room Number, Address) NORTH COUNTY COURTHOUSE, 3188 PGA BOULEVARD, PALM BEACH GARDENS, FL 33410 - PH: (561) 662-6700																					
Court Date and Time Month SEPTEMBER Day 29 Year 2021 Time 10:00 AM <input checked="" type="checkbox"/> PM																					
I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.																					
Signature of Defendant (or Juvenile and Parent/Custodian) [Signature]												Date Signed 08/28/2021									
HOLD for other Agency Name:		Signature of Arresting Officer [Signature]		Name of Arresting Officer (Print) OFC. ANDREW FLINK		I.D. # 514		Name Verification (Printed by Arrestee) [Signature]		Date AUG 28 AM 4:48											
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Transporting Officer OFC. A. FLINK		ID # 514		Agency PBGPD		Witness here if subject signed with an "X"		1		OF 1							

DISTRIBUTION




WHITE - COURT COPY

GREEN - STATE ATTORNEY

YELLOW - AGENCY

PINK - AGENCY

GOLD - DEFENDANT (N.T.A.'s ONLY)

OBS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Copies		1	JUVENILE
A D M I N	Agency ORI Number FL 0502600		Agency Name Palm Beach Gardens Police Department		Agency Report Number 7 8 21-003735				
	Charge Type: Check as many as apply: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony		<input type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Special Notes:		
D E F	Name (Last, First, Middle) FURMAN, SCOTT RONALD				Race W		Sex M		Date of Birth 03/23/1976
	Charge Description 316.193(1)(A) DUI - NORMAL FACULTIES IMPAIRED				Charge Description				
C H A R G E S	Charge Description				Charge Description				
	Charge Description				Charge Description				
V I C T I M	Victim's Name (Last, First, Middle) State Of Florida				Race		Sex		Date of Birth
	Local Address (Street, Apt. Number) (City) (State) (Zip)				Phone		Address Source		
B U S I N E S S	Business Address (Name, Street) (City) (State) (Zip)				Phone		Occupation		
	<p>The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law.</p> <p>The Person taken into custody ...</p> <p><input checked="" type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.</p> <p><input type="checkbox"/> confessed to _____ admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <u>28</u> day of <u>August</u>, <u>2021</u> at <u>01:10</u> (Specifically include facts constituting cause for arrest.)</p>								
P R O B A B L E	<p>On 08/28/2021 at approximately 0110 hours, This Officer was on conducting a traffic enforcement selective in the area of the 13500-block of Alt A1A, PBG, FL, when a vehicle was observed traveling north bound at an increased rate of speed. Body worn camera and in car video were used.</p>								
	<p>This Officer's initial visual estimation of the vehicle, was approximately 65 MPH in a posted 45 MPH zone. Using RADAR Stalker DSR2X (DB001317), rear antenna (KR027120) this Officer received a steady tone and reading of 68 MPH, climbing up to a sustained speed of 70 MPH. The RADAR calibration was last checked on 05/27/2021 and was due on 11/27/2021. Prior to this tour of duty on this date, this Officer ensured the RADAR was in working order, to confirm the accuracy of the unit. At the end of this tour of duty, this Officer did the same. This Officer received RADAR/LIDAR certification on 05/31/2008, in Cannon AFB, NM. This Officer initiated a traffic stop on the vehicle, a BMW utility (78ABUY/FL) on Alt A1A just north of Donald Ross Rd, Jupiter, FL. This Officer made contact with the driver, identified via Florida Driver License photo, Scott Furman (IO), while he was still in actual physical control of the vehicle.</p>								
C A U S E	<p>Furman had watery eyes, slow slurred speech, slow movements, was sweating and had the odor of an unknown alcoholic beverage emanating from his breath at conversational distance. Furman said he was coming from dinner with his wife and was on his way home. When asked how much he had to drink tonight, Furman looked forward, raised his hand, thought for a moment then Furman admitted to consuming one alcoholic beverage on this night with dinner. Furman then said he should not have said that to this Officer.</p>								
	<p>Based on this Officer's observations, Furman was asked to participate in Standardized Field Sobriety Exercises, to which he complied. Furman said he did not have any medical conditions which would effect the exercises performed.</p>								
S T A T E M E N T	<p>SWORN AND SUBSCRIBED BEFORE ME</p> <p>  JOSHUA BELL MY COMMISSION #GG346008 EXPIRES: JUN 18, 2023 NOTARY PUBLIC / CLERK OF COURT / OFFICIAL TESTS. 1 Bonded through 1st State Insurance</p> <p><u>08/28/2021</u> DATE</p>								
	<p> SIGNATURE OF ARRESTING/INVESTIGATING OFFICER FLINK, ANDREW S (514) NAME OF OFFICER (PLEASE PRINT) <u>08/28/2021</u> DATE</p>								
A D M I N I S T R A T I V E	<p>PAGE 1 OF 2</p>								
	<p>COURT STATE ATTORNEY CENTRAL RECORDS JAIL CRIME ANALYSIS P.I.O.</p>								

OBTS Number		PROBABLE CAUSE AFFIDAVIT SUPPLEMENT		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	JUVENILE
Agency ORI Number FL 0502600	Agency Name Palm Beach Gardens Police Department	Agency Report Number 7 8 21-003735					
Charge Type: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other		Special Notes:					
Name (Last, First, Middle) FURMAN, SCOTT RONALD				Race W	Sex M	Date of Birth 03/23/1976	
<p>The first exercise conducted, was the Horizontal Gaze Nystagmus. The stimulus used, was a Toxoptix X3, with an illuminated red light. This Officer observed lack of smooth pursuit in both eyes. This Officer also observed sustained involuntary jerking in both eyes at maximum deviation. Furman had Vertical Gaze Nystagmus in both eyes and was swaying back and forth during the exercise.</p> <p>The next exercise conducted, was the Walk and Turn. The line used, was a strip of yellow tape placed upon the pavement by this Officer. Furman stepped out of the starting position and started prior to being told to do so. During the first set of steps, Furman missed heel-to-toe three times. Furman stopped after completing the ninth step. During the return set of steps, Furman took eight steps rather than nine.</p> <p>The next exercise conducted, was the One-Leg Stand. During the exercise, Furman raised his right foot. During the exercise, Furman swayed and raised his arms more than six inches from his sides. Furman also placed his foot down prior to being told to do so.</p> <p>Based on this Officer's observations, Furman was placed under arrest at 0123 hours. At PBSO BAT, this Officer requested Furman to provide a breath sample for the purpose of determining its alcohol content, to which he refused. This Officer read Florida Implied Consent to Furman to which he argued with this Officer and did not answer if he was going to provide breath. This Officer read Florida Implied Consent to Furman again, to which he continuously talked over this Officer and attempted to argue. This Officer attempted to explain Implied Consent, to which Furman requested counsel. This Officer accepted this lack of compliance as a refusal at 0217 hours.</p> <p>Based on the results of the investigation, this Officer has probable cause to prove Scott Furman knowingly operated a motor vehicle, in the state of Florida, while under the influence of alcohol, in violation of FSS 316.193(1) (A).</p>							
<div style="position: relative;"> <div style="position: absolute; top: 0; left: 0; right: 0; bottom: 0; opacity: 0.1; font-size: 100px; transform: rotate(-30deg); pointer-events: none;">NOT A CERTIFIED COPY</div> <div style="position: absolute; bottom: 20px; left: 20px; width: 80%;"> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <p>SWORN AND SUBSCRIBED BEFORE ME</p> <p><i>[Signature]</i></p> <p>NOTARY PUBLIC / CLERK OF COURT / OFFICIAL</p> <p>08/28/2021</p> <p>DATE</p> </div> <div style="width: 30%; text-align: center;"> <p>JOSHUA BELL</p> <p>MY COMMISSION #GG346008</p> <p>EXPIRES: JUN 18, 2023</p> <p>Bonded through 1st State Insurance</p> </div> <div style="width: 30%;"> <p><i>[Signature]</i></p> <p>SIGNATURE OF ARRESTING / INVESTIGATING OFFICER</p> <p>FLINK, ANDREW S (514)</p> <p>NAME OF OFFICER (PLEASE PRINT)</p> <p>08/28/2021</p> <p>DATE</p> </div> </div> </div> </div>							
				PAGE		2 OF 2	

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES
AFFIDAVIT OF REFUSAL TO SUBMIT TO
BREATH AND/OR URINE TEST

I, **OFC. ANDREW FLINK**, a duly certified Law Enforcement Officer or Correctional Officer,
 (Name of Officer reading Implied Consent Warning)

am a member of **PALM BEACH GARDENS POLICE DEPARTMENT**, and I do swear
 (Name of law enforcement agency)

or affirm that on or about the **28TH** day of **AUGUST**, 20 **21**, at **01:23** ☐ P.M. ☒ A.M.

DRIVER **SCOTT** **RONALD** **FURMAN**
 (Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# **F655796761030**, state of **FL**, was placed under lawful arrest for

the offense of **DRIVING UNDER THE INFLUENCE** by **OFC. ANDREW FLINK** and
 (Name of Arresting Officer)

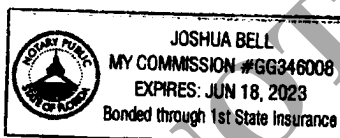
issued Citation # **AECDWE**

That on or about the **28TH** day of **AUGUST**, 20 **21**, at **0217** ☐ P.M. ☒ A.M.

in **PALM BEACH** County,

I requested that the driver submit to a ☒ breath and/or ☐ urine test to determine his or her blood alcohol level and/or the presence of chemical or controlled substances. I informed the driver that the refusal to submit to such test(s) would result in the suspension of his or her driving privilege for a period of one (1) year for a first refusal, or for a period of eighteen (18) months if his or her driving privilege had been previously suspended for refusing to submit to a breath, urine or blood test. I also informed the driver that he or she commits a misdemeanor by refusing to submit to a lawful test as requested above if his or her driving privilege has been previously suspended for refusal to submit to a lawful test of his or her breath, urine, or blood. Additionally, I informed the driver that if he or she holds a CDL, or was operating a CMV, refusal will result in the disqualification of the Commercial Driver's License/driving privilege for a period of one (1) year in the case of a first refusal or permanently if he or she has previously been disqualified as a result of a refusal to submit to any such lawful test. Nonetheless, the driver refused to submit to the test(s) requested.

[Signature]
 Signature of Law Enforcement Officer or
 Correctional Officer



THE AFFIDAVIT MUST BE NOTARIZED OR ATTESTED TO (F.S. 117.10)

The foregoing instrument was sworn and subscribed before me:

Signature of Attesting Officer

Title

Date

8/28/2021

(AFFIX SEAL)
 The foregoing instrument was sworn and subscribed before
 me this **28TH** day of **AUGUST**, 20 **21**,

by **OFC. ANDREW FLINK**,

who is personally known to me or who has produced

Known as identification

Notary Public

HSMV-BAR1004 (REV. 10/2016)

Note: Mail or hand deliver to the designated Bureau of Administrative Reviews office, Department of Highway Safety and Motor Vehicles, with the driver's license, the appropriate copy of the UTC, and the probable cause affidavit.



**PALM BEACH GARDENS POLICE DEPARTMENT
DUI TESTING FACILITY INFORMATION SHEET**



PBSO Case #: 21-100673 PBSO Zone: 3-13

Agency Case #: 21003735 Crash Case #: _____

Incident Information:

Time of Stop/Crash: 0110 Date of Incident: 08/28/2021 Day: SATURDAY

Location of Incident: 13500-BLK ALT A1A, PBG, FL

Arrest Information:

Time of Arrest: 01:23 Date of Arrest: 08/28/2021 Day: SATURDAY

Location of Arrest: ALT A1A/DONALD ROSS RD, PBG, FL

Subject's Name: (L) FURMAN, (F) SCOTT, (M) RONALD

DOB: 03/23/1976 Race: W Sex: M Height: 6'0 Weight: 182 Hair BRO Eye BRO

Address: 7925 SE OSPREY ST, HOBE SOUND, FL 33455 Phone: (310) 922-3376

Arresting Officer's Name: OFC. ANDREW FLINK ID#: 514

Agency: PBGPD Division: TRAFFIC - DUI

Breath Results

REFUSED

- 1) 02:17 hrs.
- 2) _____ at _____ hrs.
- 3) - at - hrs.
- 4) - at - hrs.

---BAT Use---

BAT Notified: YES
Arrival Time at BAT: 0150
Subject Arrest Time: 01:23

Breath Test Operator: ONEAL 6212
PBSO

TESTING FACILITY TASK REPORT

AGENCY: PBG OFC. FLINK #514

SUBJECT: FURMAN, SCOTT R.

CASE NUMBER: 21-100673

DATE: 08-28-21

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 02:13 HRS

ENDING TIME: 02:17 HRS

BREATH TESTS RESULTS: 1) R TIME 02:17 A.M. ☒ P.M. ☐ 2) .141 TIME 01:36 A.M. ☒ P.M. ☐
3) TIME A.M. ☐ P.M. ☐ 4) TIME A.M. ☐ P.M. ☐

BREATH OPERATOR: S.O'NEAL #6212

MAINTENANCE TECHNICAN: J. KARLECKE #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: CALM, TALKATIVE, ANNOYING, SARCASTIC

CLOTHING: SHIRT- BLACK/WHITE SHORTS-KHAKI

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER:

EYES: VERY RED, GLASSY

COMMENTS:

20 MIN. OBSERVATION CONDUCTED BY A/O FLINK #514
A/O REQUESTED THE BREATH TEST.
D REFUSED THE BREATH REQUEST.
A/O READ THE IMPLIED CONSENT ON CAMERA. 2X'S
D WAS RAMBLING ABOUT WHEN HE WAS STOPPED.
A/O TOOK IT AS A REFUSAL.
NO Q&A, CONDUCTED. D ASKED FOR HIS ATTORNEY.

SUBJECT: FURNON, JLOTT CASE NUMBER: _____

QUESTIONS AND ANSWERS

I AM NOW GOING TO ASK YOU SOME QUESTIONS. WITH THESE RIGHTS IN MIND, YOU MAY ANSWER SOME OF, ALL OF, OR NONE OF THE FOLLOWING QUESTIONS AS YOU LIKE.

WERE YOU OPERATING A MOTOR VEHICLE AT THE TIME OF THE STOP/ACCIDENT? _____

WHERE WERE YOU GOING? _____

WHAT STREET OR HIGHWAY WERE YOU ON? _____

DIRECTION OF TRAVEL? _____ WHERE DID YOU START? _____

WHAT TIME DID YOU START? _____ WHAT TIME IS IT NOW? _____

WHAT IS TODAY'S DATE? _____ WHAT DAY OF THE WEEK IS IT? _____

WHAT COUNTY AND CITY ARE YOU IN NOW? _____

WHEN DID YOU LAST EAT? _____ WHAT DID YOU EAT? _____

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? _____

HOW MUCH DO YOU WEIGH? _____ HAVE YOU BEEN DRINKING? _____ WHAT? _____

HOW MUCH? _____ WHERE? _____ WITH WHOM? _____

WHEN DID YOU HAVE YOUR FIRST DRINK? _____ AND YOUR LAST DRINK? _____

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? _____

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? _____ ARE YOU UNDER THE INFLUENCE? _____

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? _____ HOW MUCH? _____

WHAT? _____ WHERE? _____ WHEN? _____

WHAT LINE OF WORK ARE YOU IN? _____ WHEN DID YOU LAST WORK? _____

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? _____ WHAT? _____

ARE YOU SICK OR INJURED? _____ WHAT'S WRONG? _____

DO YOU LIMP? _____ DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? _____

WERE YOU IN AN ACCIDENT TODAY? _____

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? _____ WHEN? _____

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? _____ WHO? _____ WHY? _____

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? _____ WHAT? _____ WHEN? _____

DO YOU HAVE:

EPILEPSY?	_____
GLASS EYE?	_____
FALSE TEETH?	_____
EAR INFECTION?	_____
INNER EAR TROUBLE?	_____
DIABETES?	_____

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? _____

DO YOU TAKE INSULIN? _____ IF SO, WHEN WAS YOUR LAST INJECTION? _____

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? _____ WHERE? _____

INTERVIEWER: UC AKA 514

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL



**PALM BEACH COUNTY
SHERIFF'S OFFICE**
Florida State Statute Exemption Sheet

Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	<input type="checkbox"/>	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	<input type="checkbox"/>	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel.	
	<input type="checkbox"/>	119.071(2)(f)	Confidential informants (CIs).	
	<input type="checkbox"/>	119.071(2)(e)	Confession.	
Public Info. Exemptions	<input type="checkbox"/>	985.04(1)	Juvenile offender records.	
	<input type="checkbox"/>	119.071(h)(i)	Assets of a crime victim.	
	<input type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	<input type="checkbox"/>	394.4615(7)	Mental health information.	
	<input type="checkbox"/>	119.071(4)(d)(2)(a)	Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)	<input checked="" type="checkbox"/>	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	<input type="checkbox"/>	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	<input type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	<input type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2021021452

Date: 8/29/2021

Specialist Name/ID: M. Tooks #8557