

0524623

21-008603 789

## ARREST / NOTICE TO APPEAR

1. Arrest  
2. N.T.A.  
3. Request for Warrant  
4. Request for Capias

1

JUVENILE

OBTS Number	Agency ORI Number <b>0500400</b>		Agency Name <b>Delray Beach Police Department</b>		Agency Report Number (N.T.A.'s only) <b>4, 0   21-008603</b>		Multiple Clearance Indicator <b>1</b>	
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	If Weapon Seized		Enter Type <b>UNARMED</b>					
Location of Arrest (Including Name of Business) <b>200 W LINTON BLVD DELRAY BEACH, FL 33444</b>					Location of Offense (Business Name, Address) <b>399 W LINTON BLVD/SW 4TH AVE, DELRAY BEACH, FL 33444</b>			
Date of Arrest <b>07/17/2021</b>	Time of Arrest <b>01:25</b>	Booking Date <b>07/17/2021</b>	Booking Time <b>01:35</b>	Jail Date <b>07/17/2021</b>	Jail Time <b>03:38</b>	Location of Vehicle <b>200 W LINTON BLVD</b>		
Name (Last, First, Middle) <b>DUNLAP, SEAN M</b>					Alias (Name, DOB, Soc. Sec. #, Etc.)			
Race W - White B - Black O - Oriental/Asian <b>W</b>					Sex <b>M</b>	Date of Birth <b>11/02/1976</b>	Height <b>5'09</b>	Weight <b>180</b>
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)					Marital Status	Religion <b>CATHOLIC</b>	Indication of Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>	Indication of Drug Influence Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>
Local Address (Street, Apt. Number) <b>127 SE 7TH AVE I, DELRAY BEACH, FL 33483</b>					(City)	(State)	(Zip)	Phone <b>(305) 898-8402</b>
Permanent Address (Street, Apt. Number) <b>127 SE 7TH AVE I, DELRAY BEACH, FL 33483</b>					(City)	(State)	(Zip)	Phone <b>(305) 898-8402</b>
Business Address (Name, Street)					(City)	(State)	(Zip)	Phone
D/L Number, State <b>DS41780764020 / FL</b>					Soc. Sec. Number	INS Number	Place of Birth (City, State) <b>ANNAPOLIS, MD,</b>	Citizenship <b>US</b>
Co-Defendant Name (Last, First, Middle)					Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile
Co-Defendant Name (Last, First, Middle)					Race	Sex	Date of Birth	<input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile
<input type="checkbox"/> Parent <input type="checkbox"/> Other					Name (Last, First, Middle)			
<input type="checkbox"/> Legal Custodian					Residence Phone			
Address (Street, Apt. Number)					(City)	(State)	(Zip)	Business Phone
Notified by (Name)					Date	Time	JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated	
Released To (Name)					Date	Time		
Relationship								
The above address was 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's Office (Phone 355-2526) informed of any change of address.					School Attended			
Grade								
<input type="checkbox"/> Yes, by: <input type="checkbox"/> No					Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Description of Property					Value of Property			
Drug Activity N. N/A S. Sell B. Buy P. Possess R. Smuggle D. Deliver E. Use K. Disperse/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. Synthetic U. Unknown Z. Other			
Charge Description <b>DUI BREATH ALCOHOL .08 OR MORE PER 210L</b>					Statute Violation Number <b>316.193(1)(C)</b>		Violation of ORD #	
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond	
	<b>N</b>	<b>/</b>	<b>21-008603</b>	<b>1</b>	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N			
Charge Description					Statute Violation Number		Violation of ORD #	
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond	
					<input type="checkbox"/> Y <input type="checkbox"/> N			
Charge Description					Statute Violation Number		Violation of ORD #	
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond	
					<input type="checkbox"/> Y <input type="checkbox"/> N			
Health / Apparent Physical Condition of Defendant					Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries			
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input checked="" type="checkbox"/> TOT County Jail					PROPERTY - Received By			
<input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health					Released By			
Transported By					Released To			
Date Transported					Time Transported			
Other								
<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in court but must comply with instructions on Page 2.					Location (Court, Room) <b>South County 200 W Atlantic Ave Delray Beach, FL 33444</b>			
					Court Date and Time <b>08/12/2021 08:30:00</b>			
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.					No Photo Available			
Signature of Defendant (or Juvenile and Parent/Custodian)					Date Signed			
HOLD for Other Agency					Name Verification (Printed by Arrestee)			
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other					(PRINT)			
Intake Deputy <b>Dunlap</b>					Name of Arresting Officer (Print) <b>WINDSOR, NICHOLAS</b>			
ID #					ID # <b>1029</b>			
Pouch #					Transporting Officer <b>WINDSOR</b>			
					ID # <b>1029</b>			
					Agency <b>DBPD</b>			
					Witness here if subject signed with an "X"			

☐ COURT ☐ STATE ATTORNEY ☐ AGENCY ☐ CENTRAL RECORDS ☐ JAIL ☐ CRIME ANALYSIS ☐ P.I.O. ☐ DEFENDANT

## D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 17th DAY OF July 20 21 AT 0041 ☒ AM ☐ PM

SUBJECT: Dunlap, Sean CASE NUMBER: 21-008603

AGENCY: DELRAY BEACH PD ARRESTING OFFICER: Windsor #1029

### PERSONAL CONTACT

DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUTTING DEF. BEHIND WHEEL OF VEHICLE)

The following occurred in the City of Delray Beach, County of Palm Beach, FL.

On 07/17/21 at 0041hrs Ofc. Penagos #1190 DBPD was traveling south on SW 4th Ave. approaching W. Linton Blvd. The southbound traffic signal was a steady green and Ofc. Penagos observed a blue 2019 Genesis (FL Tag #IP06UI) traveling in the westbound left turn of W. Linton Blvd. approaching the intersection. The Genesis made a U-Turn eastbound on a steady red traffic signal. Ofc. Penagos activated his emergency lights of his marked DBPD patrol vehicle and conducted a traffic stop in the 200 block of W. Linton Blvd. Ofc. Peganos identified the white male driver by his FL DL as Sean Dunlap. Dunlap was the only person inside the Genesis. The vehicle engine was running and the vehicle key fob was in Dunlap's possession. I responded to the scene to conduct a DUI investigation and confirmed Dunlap's identity by his FL DL and D.A.V.I.D. record.

### OBSERVATION OF DRIVER:

I smelled an odor of an unknown alcoholic beverage coming from Dunlap. Dunlap's eyes were red and had a glassy appearance. Dunlap's speech was slurred and thick. Dunlap stated he thought the current time was 2330hrs when the actual time was after 0100hrs. Dunlap was unsteady on his feet and stumbled when walking. Dunlap swayed in a circular motion while standing still. Dunlap was polite and cooperative.

### DRIVER'S STATEMENTS:

Dunlap stated he was at Park Tavern (32 SE 2nd Ave, Delray Beach, FL 33444) prior to him driving. Dunlap stated he consumed two glasses of beer between 2100 and 2300hrs. Dunlap stated he was on his way to Taco Bell (240 Linton Blvd, Delray Beach, FL 33444) when he was stopped by the police. Dunlap stated he did not see the red traffic signal before he made the U-Turn.

### ODORS:

I smelled an odor of an unknown alcoholic beverage coming from Dunlap.

### GENERAL OBSERVATIONS

SPEECH: Slurred and Thick

ATTITUDE: Polite and Cooperative

CLOTHING: Red Shirt, Gray Shorts and Tan Flip Flops

MEDICAL/OTHER: Prior Left Hip Injury

STATE OF FLORIDA  
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was given to me, affirmed and subscribed before me this 17th day of July 20 21 by Ofc. Windsor #1029

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced KNOWN

Notary Public, Clerk of Court, Officer (F.S.S. 117.10)



SUBJECT: Dunlap, Sean

CASE NUMBER DBPD #21-008603

### ROADSIDE TASKS

#### HORIZONTAL GAZE NYSTAGMUS:



LT EYE-LACK OF SMOOTH PURSUIT



RT EYE-LACK OF SMOOTH PURSUIT



LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION



RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION



LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES



RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

#### Other Observations:

I had to instruct Dunlap several times to keep his head still during the HGN/VGN roadside.

#### WALK & TURN:

Dunlap swayed in circular motion while standing still. Dunlap could not maintain his balance after being placed the instructional phase position. Dunlap used his arms for balance while walking. Dunlap asked how many steps to take on the first series of steps even after he stated he understood my instructions before starting the roadside. Dunlap did not turn around as instructed. Dunlap did not touch heel to toe and did not place one foot in front of the other on several steps.

#### ONE LEG STAND:

Dunlap swayed in circular motion while standing still. Dunlap used his arms for balance. Dunlap put his foot down on the ground several times. Dunlap repeated the same number several times while counting.

#### FINGER TO NOSE:

Dunlap swayed in circular motion while standing still. Dunlap did not keep his eyes closed and head tilted back. Dunlap did not touch the tip of his nose on several attempts. Dunlap used the pad of his finger instead of the tip of his finger on several attempts.

#### ROMBERG ALPHABET:

Dunlap swayed in circular motion while standing still. Dunlap recited several wrong letters after the letter "M". Dunlap stopped the roadside before reciting the entire alphabet. Dunlap stated he thought he could do the roadside but knew he did bad.

#### BREATH TEST RESULTS:

(1) .198

(2) .206

(3)     

(4)     

STATE OF FLORIDA  
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this

17th day of July

20

by Ofc. Windsor #1029

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced

KNOWN

Notary Public, Clerk of Court, Officer (F.S.S. 117.10)





PALM BEACH COUNTY SHERIFF'S OFFICE  
DUI TESTING FACILITY  
INFORMATION SHEET

PBSO CASE # 21-086595 PBSO ZONE 4-22  
AGENCY CASE # 21-008603 CRASH CASE # N/A  
TIME OF STOP/CRASH 0041 DATE 07/17/21 DAY SATURDAY  
SUBJECT'S NAME DUNLAP, SEAN RACE W SEX M  
HGT 5'09" WGT 190 DOB 11/02/76  
LOCATION 200 W LINTON BLVD, DELRAY BEACH, FL  
ARRESTING OFFICER'S NAME & ID WINDSOR #1029 AGENCY DELRAY BEACH PD  
DIVISION: CRD  
NOTIFIED BY COMMO YES  
ARRIVAL AT FACILITY 0149  
BREATH RESULTS: ARREST TIME 0125  
1) .198  
2) .206  
3) N/A  
4) N/A  
TESTING OFFICER'S ID 16877 PBSO VIDEOTAPE # N/A

FLORIDA DEPARTMENT OF LAW ENFORCEMENT  
ALCOHOL TESTING PROGRAM  
BREATH ALCOHOL TEST AFFIDAVIT

Instrument Type: Intoxilyzer 8000  
Instrument Registered To: PALM BEACH CO SO  
Instrument Serial Number: 80-006238 Software: 8100.27  
Date of Test: 07/17/2021

Date of Last Agency Inspection: 07/16/2021

Observation Period Began: 01:49

Subject's Name: SEAN DUNLAP

DOB: 11/02/1976 Sex: M

The subject was observed for at least twenty-minutes prior to the administration of the breath test to ensure that the subject did not take anything orally and did not regurgitate.

Results:

Test	g/210L	Time
Diagnostics Check OK		02:16
Air Blank	0.000	02:16
Control Test	0.080	02:16
Air Blank	0.000	02:17
Subject Sample #1	0.198	02:18
Air Blank	0.000	02:18
Air Blank	0.000	02:20
Subject Sample #2	0.206	02:20
Air Blank	0.000	02:21
Control Test	0.080	02:21
Air Blank	0.000	02:22
Diagnostics Check OK		02:22

Cylinder Lot: 22620080A2  
Exp: 10/05/2022

State of Florida, County of Palm Beach

Personally appeared before me the undersigned authority, who (☒) is personally known to me or (☐) produced \_\_\_\_\_ as identification, and who after being placed under oath, states:

I RENEE M RAGIN, hold a valid Breath Test Operator permit issued by the Florida Department of Law Enforcement, I administered the above breath test to the subject named above in accordance with Chapter 11D-8, Florida Administrative Code, and this form is a true and accurate report of that breath test.

Breath Test Operator: \_\_\_\_\_ Date: 07/17/21  
Signature

Sworn to (or affirmed) before me this 17 day of July, 2021

Signature of Notary Public-State of Florida \_\_\_\_\_  
Printed Name of Notary Public-State of Florida Off. N. Windsor # 1029

Note: Pursuant to section 117.10, Florida Statutes, law enforcement officers, correctional officers, traffic accident investigation officers and traffic infraction enforcement officers are notaries public when engaged in the performance of official duties. In accordance with section 316.1934(5), F.S., this completed form is admissible without further authentication and is presumptive proof of the results herein. To be used in accordance with Section 316.1934(5), F.S., and in administrative proceedings pursuant to 322.2615, F.S.

# TESTING FACILITY TASK REPORT

AGENCY: DBPD

SUBJECT: Dunlap, Sean

CASE NUMBER: 21-086595

DATE: Jul 17, 2021

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 02:13

ENDING TIME: 02:24

BREATH TESTS RESULTS: 1) .198 TIME 02:18 A.M. ☒ P.M. ☐ 2) .206 TIME 02:20 A.M. ☒ P.M. ☐  
3) N/A TIME A.M. ☐ P.M. ☐ 4) N/A TIME A.M. ☐ P.M. ☐

BREATH OPERATOR: R. Ragin #16877

MAINTENANCE TECHNICIAN: Jason Karlecke #6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Calm, cooperative

CLOTHING: Blue shorts, burgundy LS shirt, brown flip-flops

MEDICAL CONDITIONS: None

MEDICATIONS: None

## OTHER:

Eyes are glassy and red  
Odor of unknown alcoholic beverage on breath

## COMMENTS:

Arrived at center A/O started 20 minute observation period at 01:49 hrs.

Subject agreed to perform breath test.

Tech read breath test results.

Subject stated he understood breath test results.

A/O read rights.

Subject stated he understood rights.

A/O attempted Q&A

Subject refused to answer Q&A.

SUBJECT: Dunlap, Sean CASE NUMBER: 509PD 11-2003

## IMPLIED CONSENT FOR DUI IN A MOTOR VEHICLE

NOTE: READ ONLY THE PARAGRAPH APPLICABLE TO THE TYPE OF TEST YOU ARE REQUESTING.

I am now requesting that you submit to a lawful test of your BREATH for the purpose of determining its alcohol content.

-OR-

I am now requesting that you submit to a lawful test of your URINE for the purpose of detecting the presence of chemical or controlled substances.

-OR-

I am now requesting that you submit to a lawful test of your BLOOD for the purpose of detecting its alcohol content and the presence of chemical or controlled substances.

NOTE: READ ONLY IF THE SUBJECT DOES NOT COMPLY WITH YOUR REQUEST.

I am \_\_\_\_\_ of the \_\_\_\_\_

If you fail to submit to the test I have requested of you, your privilege to operate a motor vehicle will be suspended for a period of one (1) year for a first refusal, or eighteen (18) months if your privilege has been previously suspended as a result of a refusal to submit to a lawful test of your breath, urine or blood. Additionally, if you refuse to submit to the test I have requested of you and if your driving privilege has been previously suspended for a prior refusal to submit to a lawful test of your breath, urine or blood, you will be committing a misdemeanor. Refusal to submit to the test I have requested of you is admissible into evidence in any criminal proceeding.

SUBJECT'S SIGNATURE: (X) \_\_\_\_\_

## CONSTITUTIONAL WARNINGS

I AM REQUIRED TO WARN YOU BEFORE YOU MAKE ANY STATEMENTS THAT YOU HAVE THE FOLLOWING RIGHTS:

1. You have the right to remain silent and not answer any questions.
2. Any statement must be freely and voluntarily given.
3. You have the right to the presence of a lawyer of your choice before you make any statement and during any questioning.
4. If you cannot afford a lawyer, you are entitled to the presence of a court appointed lawyer before you make any statements and during any questioning.
5. If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent.
6. I can make no threats or promises to induce you to make a statement. This must be of your own free will.
7. Any statement can and will be used against you in a court of law.

SUSPECT'S SIGNATURE: (X) Read on Camera

SUBJECT: Dunlap, Sean CASE NUMBER: DUPD 81-6663

## 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: CTC (HINDS) #1029



## WITNESS LIST

CASE NUMBER: DBPD #21-008903

ARRESTING OFFICER: OFC. WINDSOR #1029 DBPD

ADDRESS: 300 W ATLANTIC AVE DELRAY BEACH, FL 33444

PHONE NUMBERS (HOME): \_\_\_\_\_ (WORK) 561-243-7800

CAN TESTIFY TO: DUI PC

NAME: OFC PENAGOS #1190 DBPD

ADDRESS: 300 W ATLANTIC AVE DELRAY BEACH, FL 33444

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) 561-243-7800

CAN TESTIFY TO: TRAFFIC STOP

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

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ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_



**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"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2021017690

Date: 7/18/2021

Specialist Name/ID: A. Pinkney/7796