

J. 0340160

20CT7461A-SB

P: 1020

OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report				1. Arrest 3. Request for Warrant 2. N.T.A. 4. Request for Capias		1	N	Juvenile	
Agency ORI Number FL 0500300		Agency Name BOYNTON BEACH POLICE DEPT.			Agency Report Number 34-20-030499						
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 None		Multiple Clearance Indicator 1	
Location of Arrest (Including Name of Business) 235 NW 28th Ave Boynton Beach, FL 33435					Location of Offense (Business Name, Address) 235 NW 28th Ave Boynton Beach, FL 33435						
Date of Arrest 06/12/2020		Time of Arrest 2244		Booking Date		Booking Time		Jail Date		Jail Time	
Name (Last, First, Middle) Kopins, Sean M											
Alias (Name, DOB, Soc. Sec. #, Etc)											
W - White B - Black	I - American Indian O - Oriental / Asian	Race W	Sex M	Date of Birth 07/25/1986		Height 508	Weight 145	Eye Color brown	Hair Color brown	Complexion light	Build thin
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)							Marital Status Single		Religion None	Indication of: Alcohol Influence <input type="checkbox"/> <input type="checkbox"/> Drug Influence <input type="checkbox"/> <input type="checkbox"/>	
Local Address (Street, Apt. Number) (City) (State) (Zip) 1932 SE 6th Ln Cape Coral, FL 33990					Phone (561)860-2876		Residence Type 1. City 3. Florida 2. County 4. Out of State 3				
Permanent Address (Street, Apt. Number) (City) (State) (Zip) 1932 SE 6th Ln Cape Coral, FL 33990					Phone () -		Address Source FL DL				
Business Address (Street, Apt. Number) (City) (State) (Zip)					Phone () -		Occupation Forklift operator				
D/L Number, State K152793862650			Soc. Sec. Number [REDACTED]		INS Number		Place of Birth Merridan, CT		Citizenship US		
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"/> Legal Custodian <input type="checkbox"/> Other	Name (Last) (First) (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 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 561-355-2528) informed of any change of address: <input type="checkbox"/> Yes, By: (Name) <input type="checkbox"/> No: (Reason)							School Attended		Grade		
Property Crime? Yes <input type="checkbox"/> No <input type="checkbox"/>	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. Barbituate C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana O. Opium/Deriv.	P. Paraphernalia/ Equipment S. Synthetic	U. Unknown Z. Other	
Charge Description DUI				Counts 1		Domestic Violence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Statute Violation Number 316.193.1 A		Violation of ORD#	
Drug Activity N	Drug Type N	Amount/Unit None		Offense # 20-030499		Warrant/Capias Number		Bond			
Charge Description				Counts		Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No		Statute Violation Number		Violation of ORD#	
Drug Activity	Drug Type	Amount/Unit		Offense #		Warrant/Capias Number		Bond			
Charge Description				Counts		Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No		Statute Violation Number		Violation of ORD#	
Drug Activity	Drug Type	Amount/Unit		Offense #		Warrant/Capias Number		Bond			
Charge Description				Counts		Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No		Statute Violation Number		Violation of ORD#	
Drug Activity	Drug Type	Amount/Unit		Offense #		Warrant/Capias Number		Bond			
<input type="checkbox"/> Instruction No. 1 <input type="checkbox"/> Instruction No. 2 Mandatory Appearance in Court You need not appear in Court but must Comply with instruction on reverse side.											
Location (Court, Room Number, Address) South County Courthouse, 200 West Atlantic Ave, Delray Beach, FL 33444					Court Date and Time Month July Day 27 Year 2020 Time 0830 <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M.						
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)							Date Signed				
HOLD for other Agency Name:				Signature of Arresting Officer				Name Verification (Printed by Arrestee) (PRINT)			
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal	<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other	Name of Arresting Officer (Print) Mendez		I.D. # 1120		Agency BBPD		BU# 115395		Page 1 OF 1	
Intake Deputy SPANN		I.D. # 2101	Pouch #	Transporting Officer Mendez		I.D. # 1120	Agency BBPD		Witness here is subject Signed with an "X".		

SCANNED

JUN 13 2020

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 12 DAY OF June 2020 AT 2212 A.M. P.M.

CASE #: 20-030499

DEFENDANT: Kopins, Sean

PERSONAL CONTACT/DRIVING PATTERN/OBSERVATION OF DRIVER:

On 05/12/2020 at approximately 2212 hours, I responded to 235 NW 28th Ave Boynton Beach (Palm Beach County), FL 33435 in reference a possible DUI investigation.

Upon arrival, I made contact with Sgt. Rivera who advised he responded to the above address in reference a medical call. Upon his arrival, Sgt. Rivera advised he observed a 1995 white Ford F-150 (bearing FL tag IT57CQ) parked in the center of the road at 235 NW 28th Ave Boynton Beach, FL blocking traffic from getting by. Sgt. Rivera advised when he approached the vehicle he observed a W/M and sole occupant of the vehicle later identified as W/M Kopins, Sean (7/25/86) laying down across the seat of his vehicle unresponsive. Sgt. Rivera advised he observed a four pack of Steel Reserve (16 ounce) beers still covered in condensation. Sgt. Rivera advised when Kopins became responsive he could smell the odor of an unknown alcoholic beverage emanating from within the vehicle and Kopins as he spoke. Additionally, Kopins had slurred speech as he spoke and bloodshot/glassy eyes. Kopins was cleared by BBFD on scene. See supplement for further.

I then walked to the vehicle and observed the four pack of Steel Reserve (16 ounce) beers on the seat of the vehicle. The beers were still cold to the touch and covered in condensation. I then made contact with Kopins who was seated on the rear of his truck. As I spoke to Kopins I could smell the odor of an unknown alcoholic beverage emanating from him. Kopins had slurred speech as he spoke and I observed his eyes to be bloodshot/glassy. While speaking to Kopins he advised he was only sleeping in his vehicle because he was tired from being up all day. Kopins stated he believed he was at 199 Highland Rd and was visibly confused as he spoke. When asked, Kopins stated he had two beers today and stated he had two previous DUIs so he knew he was not impaired.

Based on my investigation at this point, I asked Kopins if he would submit to a Series of Standardized Field Sobriety Tasks, to which he agreed to. Prior to beginning I asked Kopins if he had any medical and/or disabilities, which he stated that he did not. Kopins advised he does not have any issues with his eyes that are not corrected by glasses. Kopins stated he did not have any problems that would prevent him from completing the tasks. Kopins was cooperative while I conducted my investigation.

Stimulus Exercise: During the task Kopins swayed side to side, numerous times. Kopins had trouble maintaining focus.

HORIZONTAL GAZE NYSTAGMUS:

- | | |
|--|---|
| <input type="checkbox"/> Left eye does not follow smoothly | <input type="checkbox"/> Right eye does not follow smoothly |
| <input type="checkbox"/> Left eye prior to 45 degrees | <input type="checkbox"/> Right eye prior to 45 degrees |
| <input type="checkbox"/> Distinct jerking in left eye at maximum deviation | <input type="checkbox"/> Distinct jerking in right eye at maximum deviation |
| <input type="checkbox"/> Vertical Nystagmus in left eye | <input type="checkbox"/> Vertical Nystagmus in right eye |

WALK AND TURN:

I demonstrated and explained the following task to Kopins, which he stated that he understood and did not have any questions regarding the task. During the instruction phase, Kopins stood with his right foot on the line and had trouble maintaining balance in the instruction position. During the walking stage, Kopins stopped walking to steady himself. Kopins stepped off line multiple times and missed multiple heel to toe steps. Kopins used his arms for balance and performed an improper turn. Before conducting the turn Kopins stopped looked at me and asked what to do next. Kopins took eleven steps forward down the line.

ONE LEG STAND:

I demonstrated and explained the following task to Kopins, which he stated that he understood and did not have any questions regarding the task. Koppins had trouble maintaining the instruction position. Kopins swayed side to side during the instructional phase. During the exercise stage, Kopins used his arms for balance and began to hop to maintain his balance. When counting Kopins stated "14, 14" and stopped at number "16".

FINGER TO NOSE:

I demonstrated and explained the following task to Kopins to which he stated he understood. During the instructional stage, I had to explain the instruction position approximately five times as Kopins could not maintain focus long enough. Koppins stood with his feet apart in a relaxed manner. During the exercise stage, Kopins did not keep his eyes closed and did not tilt his head. Kopins failed to return his hands back to his side.

ROMBERG/ALPHABET:

I demonstrated and explained the following task to Kopins to which he stated he understood. During the instructional stage, Kopins did not keep his eyes closed and swayed side to side to maintain his balance.

Based on the above facts, Kopins was placed into custody under suspicion of DUI (D/L and Spaced). Kopins was then placed in the back seat of my BBPD patrol vehicle (#4551) and was transported to the Palm Beach County BAT facility. I arrived at the facility at 2303 hours, started my 20 minutes observations at 2307 hours and completed it at 2327 hours. Upon

completion I requested Kopins to provide a sample of his breath to determine the alcohol content, which he agreed to. Kopins provided two accurate breath samples which were .150 and .151. I then read Kopins his Miranda Warnings, which he stated that he understood. During the Q&As Kopins stated he drank 3 beers (70oz) and smoked marijuana in the morning. Investigation was completed at this time.

Based on the above facts I've established Probable Cause to arrest Kopins with 1M count of DUI F.S.S. 316.193(1). Kopins was processed and later turned over to the care, custody and control of the Palm Beach County Jail.

The following instrument was sworn to before me this 12 day of June 2020

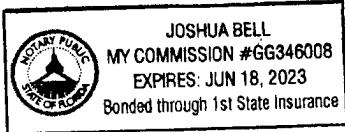
By: Officer Mendez #1120

Bell

Notary/Police Officer (F.S.S. 117.10)

[Signature]

Signature of Arresting Officer



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SCANNED
JUN 13 2020

TESTING FACILITY TASK REPORT

AGENCY: BBPD

SUBJECT: KOPINS, SEAN M

CASE NUMBER: 20-077542

DATE: Jun 12, 2020

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 2329

ENDING TIME: 2347

BREATH TESTS RESULTS: 1) .150 TIME 2333 A.M. P.M. 2) .151 TIME 2337 A.M. P.M.
3) N/A TIME XX A.M. P.M. 4) N/A TIME XX A.M. P.M.

BREATH OPERATOR: JOSHUA J BELL #8656

MAINTENANCE TECHNICAN: J. KARLECKE #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: TALKATIVE, EMOTIONAL, COOPERATIVE, POLITE

CLOTHING: GREY LONG-SLEEVE SHIRT, BLACK SHORTS, RED SNEAKERS

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER:

EYES: BLOODSHOT. ODOR OF UNKNOWN ALCOHOLIC BEVERAGE COMING FROM BREATH
SUBJECT STATED HE DRANK 3 BEERS (70OZ).
SUBJECT STATED HE SMOKED MARIJUANA IN THE MORING (Q AND A)

COMMENTS:

ARRIVED AT DUI TESTING FACILITY AND BEGAN THE 20 MINUTE OBSERVATION AT 2307 HOURS

SUBJECT STATED HE WOULD TAKE BREATH TEST

TECH READ BREATH TEST RESULTS
SUBJECT STATED HE UNDERSTOOD BREATH TEST RESULTS

A/O READ RIGHTS
SUBJECT STATED HE UNDERSTOOD HIS RIGHTS

A/O CONDUCTED Q AND A
SUBJECT ANSWERED QUESTIONS

SCANNED

JUN 13 2020



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

PBSO CASE # 20-077542 PBSO ZONE 6-12

AGENCY CASE # 20-630499 CRASH CASE # _____

TIME OF STOP/CRASH 2212 DATE 6/12/2020 DAY FRIDAY

SUBJECT'S NAME KOPINS, SEAN M. RACE W SEX M

HGT 5-08 WGT 145 DOB 7/25/86

LOCATION 235 NW 28TH AVE BOYNTON BEACH FL

ARRESTING OFFICER'S NAME & ID MENDEZ 1120 AGENCY BBPD

DIVISION: PATROL

NOTIFIED BY COMMO NO

ARRIVAL AT FACILITY 2307

BREATH RESULTS:

Arrest Time 2244

1. .150

2. .151

3. N/A

4. N/A

TESTING OFFICER'S ID 8656

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JUN 13 2020

**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: 80-006240 Software: 8100.27
Date of Test: 06/12/2020

Date of Last Agency Inspection: 05/15/2020
Observation Period Began: 23:07
Subject's Name: SEAN M KOPINS

DOB: 07/25/1986 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	23:32
Air Blank	0.000	23:32
Control Test	0.081	23:32
Air Blank	0.000	23:33
Subject Sample #1	0.150	23:33
Air Blank	0.000	23:34
Air Blank	0.000	23:36
Subject Sample #2	0.151	23:37
Air Blank	0.000	23:37
Control Test	0.081	23:38
Air Blank	0.000	23:38
Diagnostics Check	OK	23:38

Cylinder Lot: 28719080A1
Exp: 12/05/2021

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 JOSHUA J BELL, 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: J Bell Date: 6/12/20
Signature

Sworn to (or affirmed) before me this 12 day of June, 2020

J Signature of Notary Public-State of Florida
OFC. Mendez #1120 Printed Name of Notary Public-State of Florida

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.

SUBJECT: Kopins, Sean M

CASE NUMBER: 20-030499

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? NO

WHERE WERE YOU GOING? COUSIN'S HOUSE

WHAT STREET OR HIGHWAY WERE YOU ON? SEACREST BLVD

DIRECTION OF TRAVEL? EAST WHERE DID YOU START? FT MYERS

WHAT TIME DID YOU START? 6:15 PM WHAT TIME IS IT NOW? 10:30 PM + 11 PM

WHAT IS TODAY'S DATE? FRIDAY JUNE 11TH WHAT DAY OF THE WEEK IS IT? FRIDAY

WHAT COUNTY AND CITY ARE YOU IN NOW? PALM BEACH COUNTY WPB

WHEN DID YOU LAST EAT? 4 PM WHAT DID YOU EAT? KFC

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

HOW MUCH DO YOU WEIGH? 145 HAVE YOU BEEN DRINKING? YES WHAT? BEER

HOW MUCH? 2 BEERS WHERE? 2 on way over WITH WHOM? BY SELF

WHEN DID YOU HAVE YOUR FIRST DRINK? 5 PM AND YOUR LAST DRINK? 9:30 PM

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? 70 ounces 25 ounces DRANK THEM

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? TAD BIT ARE YOU UNDER THE INFLUENCE? UL BIT

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

WHAT? _____ WHERE? _____ WHEN? _____

WHAT LINE OF WORK ARE YOU IN? NAVY INDUSTRY WHEN DID YOU LAST WORK? TODAY

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? NO SICK WHAT? _____

ARE YOU SICK OR INJURED? NO WHAT'S WRONG? _____

DO YOU LIMP? NO DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? NO

WERE YOU IN AN ACCIDENT TODAY? NO

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

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? NO WHO? _____ WHY? _____

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? NO WHAT? _____ WHEN? _____

DO YOU HAVE:

EPILEPSY?	<u>NO</u>
GLASS EYE?	<u>NO</u>
FALSE TEETH?	<u>NO</u>
EAR INFECTION?	<u>NOT RECENTLY</u>
INNER EAR TROUBLE?	<u>NO</u>
DIABETES?	<u>NONE</u>

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

DO YOU TAKE INSULIN? NO IF SO, WHEN WAS YOUR LAST INJECTION? JUN 13 2020

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? NO WHERE? _____

INTERVIEWER: Ofc. Mendez #1120

SUBJECT: Kopins, Sean M CASE NUMBER: 20-030499

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.

SCANNED
JUN 13 2020

SUSPECT'S SIGNATURE: (X) Read On Camera

CASE #: 20-030499

DEFENDANT: Kopins, Sean

Arresting Officer: Ofc Mendez

Address: 209 N SEACREST BLVD BOYNTON BEACH FL 33435

Phone Numbers: Home: _____ Work: (561) 742-6100

Name: SGT. Rivera

Address: 209 N SEACREST BLVD BOYNTON BEACH FL 33435

Phone Numbers: Home: _____ Work: (561) 742-6100

Can testify to: Investigation

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: _____

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: _____

Phone Numbers: Home: _____ Work: _____

Can testify to: _____

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**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)
I/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: 2020014739	Date: 06/13/2020
	Specialist Name/ID: T Howard/7185

SCANNED
JUN 13 2020