

0527972

21CT20478 SB

1889

ARREST / NOTICE TO APPEAR

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

1

JUVENILE

AD M I N I S T R A T I O N	OBTS Number	Agency ORI Number 0500400		Agency Name Delray Beach Police Department		Agency Report Number (N.T.A.'s only) 4 0 21-014786		Multiple Clearance Indicator 1	
D E F E N D A N T	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 UNARMED		Location of Offense (Business Name, Address) 219 DEPOT AVE, DELRAY BEACH, FL 33444		Location of Vehicle		
	Location of Arrest (Including Name of Business) 219 DEPOT AVE DELRAY BEACH, FL 33444		Date of Arrest 12/10/2021		Time of Arrest 00:22		Booking Date 12/10/2021		
	Booking Time 00:32		Jail Date 12/10/2021		Jail Time 03:35		Location of Vehicle		
	Name (Last, First, Middle) FORDOSKI, SHANE EDWARD		Alias: Alias (Name, DOB, Soc. Sec. #, Etc.)		Race W - White		Sex M		
J U V E N I L E	Date of Birth 06/18/1988		Height 5'08		Weight 180		Eye Color BROWN		
	Hair Color BROWN		Complexion LIGHT		Build MEDIUM		Indication of Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>		
	Marital Status S		Religion CATHOLIC		Residence Type: 1. City 2. County 3. Florida 4. Out of State 1		Address Source VERBAL		
	Local Address (Street, Apt. Number) 219 DEPOT AVE 203, DELRAY BEACH, FL 33444		(City) DELRAY BEACH		(State) FL		(Zip) 33444		
C O D E D	Permanent Address (Street, Apt. Number) 219 DEPOT AVE 203, DELRAY BEACH, FL 33444		(City) DELRAY BEACH		(State) FL		(Zip) 33444		
	Business Address (Name, Street) 219 DEPOT AVE 203, DELRAY BEACH, FL 33444		(City) DELRAY BEACH		(State) FL		(Zip) 33444		
	D/L Number, State F632785882180 / FL		Soc. Sec. Number [REDACTED]		INS Number [REDACTED]		Place of Birth (City, State) DUBOIS, PA, United		
	Citizenship US		Co-Defendant Name (Last, First, Middle) [REDACTED]		Race [REDACTED]		Sex [REDACTED]		
C H A R G E	Co-Defendant Name (Last, First, Middle) [REDACTED]		Race [REDACTED]		Sex [REDACTED]		Date of Birth [REDACTED]		
	Name (Last, First, Middle) [REDACTED]		Residence Phone [REDACTED]		Business Phone [REDACTED]		Notified by: (Name) [REDACTED]		
	Address (Street, Apt. Number) [REDACTED]		(City) [REDACTED]		(State) [REDACTED]		(Zip) [REDACTED]		
	Released To: (Name) [REDACTED]		Relationship [REDACTED]		Date [REDACTED]		Time [REDACTED]		
I N T A K E	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 [REDACTED]		Grade [REDACTED]		Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	Description of Property [REDACTED]		Value of Property [REDACTED]		Drug Activity [REDACTED]		S. Sell [REDACTED]		
	R. Smuggle [REDACTED]		K. Disperse/ Distribute [REDACTED]		M. Manufacture/ Produce/ Cultivate [REDACTED]		Z. Other [REDACTED]		
	Drug Type [REDACTED]		B. Barbiturate [REDACTED]		H. Hallucinogen [REDACTED]		P. Paraphernalia/ Equipment [REDACTED]		
N O T I C E	Charge Description DRIVING WHILE UNDER INFLUENCE		Statute Violation Number 316.193(1)A		Violation of ORD # [REDACTED]		Bond [REDACTED]		
	Drug Activity N		Drug Type N		Amount / Unit /		Offense # 21-014786		
	Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number [REDACTED]		Violation of ORD # [REDACTED]		
	Charge Description [REDACTED]		Statute Violation Number [REDACTED]		Violation of ORD # [REDACTED]		Bond [REDACTED]		
A D M I N I S T R A T I O N	Charge Description [REDACTED]		Statute Violation Number [REDACTED]		Violation of ORD # [REDACTED]		Bond [REDACTED]		
	Drug Activity [REDACTED]		Drug Type [REDACTED]		Amount / Unit [REDACTED]		Offense # [REDACTED]		
	Counts [REDACTED]		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number [REDACTED]		Violation of ORD # [REDACTED]		
	Health / Apparent Physical Condition of Defendant [REDACTED]		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 Explain: [REDACTED]		Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input checked="" type="checkbox"/> T.O.T. County Jail <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health		PROPERTY - Received By [REDACTED]		
S I G N A T U R E	Transported By [REDACTED]		Date Transported [REDACTED]		Time Transported [REDACTED]		Other [REDACTED]		
	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) South County 200 W Atlantic Ave Delray Beach, FL 33444		Court Date and Time 01/03/2022 08:30:00		No Photo Available		
	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) [REDACTED]		Date Signed [REDACTED]		Name Verification (Printed by Arrestee) [REDACTED]		
	HOLD for Other Agency <input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other		Name of Arresting Officer (Print) WINDSOR, NICHOLAS		LD # 1029		(PRINT) [REDACTED]		
A D M I N I S T R A T I O N	Intake Deputy Cpl. NUNEAL 7202		Pouch # [REDACTED]		Transporting Officer WINDSOR		LD # 1029		
	Agency DBPD		Witness here if subject signed with an [REDACTED]		Name of Arresting Officer (Print) WINDSOR, NICHOLAS		LD # 1029		
	Name of Arresting Officer (Print) WINDSOR, NICHOLAS		LD # 1029		Agency DBPD		Witness here if subject signed with an [REDACTED]		
	Name of Arresting Officer (Print) WINDSOR, NICHOLAS		LD # 1029		Agency DBPD		Witness here if subject signed with an [REDACTED]		

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

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 9th DAY OF December 20 21, AT 2308 ☐ AM ☒ PM
SUBJECT: FORDOSKI, SHANE EDWARD CASE NUMBER: 21-014786
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 12/09/21 at 2308hrs a report of a motor vehicle crash in the parking lot of 219 Depot Ave. The complainant/witness advised a black Honda struck a white vehicle in a parking space. The witness was on his balcony that overlooks the parking lot. The witness stated the Honda was traveling south in the parking aisle and turned left (east) to enter a parking space. When the Honda entered the parking space, the right front side struck the left rear side of a white vehicle. After striking the white vehicle, the Honda reversed and proceeded to drive away south in the parking aisle. The witness observed the Honda turn right (west) onto the parking aisle in front of 215 Depot Ave. The witness went outside attempting to see where the Honda went and lost sight of the Honda. The witness returned to the crash scene and observed the same Honda parked in a parking space north of the white vehicle. There was a white male near the Honda in the parking lot stumbling around. The witness walked up to the Honda and began taking photographs of the damage on the Honda. The white male in the parking lot confronting the witness asking "Why the fuck are you taking pictures of my car?". The witness left the parking lot due to the white male being aggressive. The witness described the white male wearing a backward baseball hat and wearing a dark shirt and pants. A show up was conducted with the witness and the witness positively identified the white male as the person near the Honda. The witness provided a sworn statement which was recorded on my body worn camera. I met with the white male identified by the witness and confirmed his identity by his FL DL as Shane Edward Fordoski. I informed Fordoski I was on scene to conduct a DUI investigation and he stated he understood. I read Fordoski Miranda Warning and he stated he understood. Post Miranda, Fordoski stated he drove the Honda in it's current parking space. Fordoski had possession of the Honda's key.

OBSERVATION OF DRIVER:

I smelled an odor of an unknown alcoholic beverage coming from Fordoski. Fordoski's eyes were red and had a glassy appearance. Fordoski's pupils were dilated, Fordoski had droopy eyelids. Fordoski talkative, agitated and anxious. Fordoski's speech was thick while speaking. Fordoski swayed while standing still. Fordoski was fidgety with his fingers.

DRIVER'S STATEMENTS:

Post Miranda, Fordoski stated he drove the Honda (FL Tag #HMGR24) into the parking lot of 219 Depot Ave. Fordoski stated he parked the Honda and exited when a male began taking pictures of him and the Honda. Fordoski stated he chased the male because he was amped up. Fordoski stated "he had nothing to do with that" while he was pointing toward the damaged white vehicle. I asked Fordoski about the damage on the right front side of the Honda. The damage on the Honda had fresh white paint transfer. Fordoski stated the damage on the Honda came from backing into dumpsters at work. Fordoski denied having any medical conditions that would affect his ability to operate a motor vehicle. Fordoski denied using any illegal drugs but admitted to smoking marijuana on 12/09/21. Fordoski stated he regularly smokes recreational marijuana. Fordoski stated he last took Gabapentin and Baclofen in the morning. Fordoski stated these medications do not affect his ability to operate a motor vehicle. Fordoski stated he had been sober for seven years and the last thing he drank was a Red Bull drink 3 hours prior. I directly asked Fordoski if he used or consumed any type of stimulant drug such as cocaine and he denied using any illegal drugs.

ODORS:

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

GENERAL OBSERVATIONS

SPEECH: Thick

ATTITUDE: Agitated but Cooperative.

CLOTHING: Gray Shirt, Gray Pants and Blue Shoes

MEDICAL/OTHER: Bad Disc in Neck

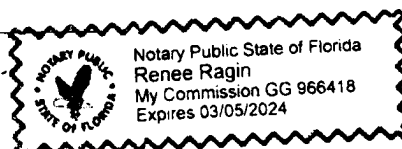
STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to, affirmed and subscribed before me this 10th day of December 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: FORDOSKI, SHANE EDWARD CASE NUMBER DBPD 21-014786

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:

Fordoski had Lack on Conversion present.

WALK & TURN:

Fordoski did not remain in the instructional phase position as instructed. Fordoski used his arms for balance during the roadside. Fordoski did not touch heel to toe on several steps. Fordoski did not turn around as instructed.

ONE LEG STAND:

Fordoski used his arms for balance. Fordoski put his down on the ground. Fordoski picked his foot straight up instead of placing it straight out in front of him.

FINGER TO NOSE:

Fordoski missed the tip of nose on several attempts. Fordoski swayed while standing still. Fordoski raised the wrong hand on one attempt.

ROMBERG ALPHABET:

Fordoski performed the Romberg Alphabet roadside. Fordoski performed a modified Romberg roadside and stated thirty seconds had elapsed at 24 seconds. Fordoski appeared to have muscle tremors in his left hand during the modified Romberg roadside.

BREATH TEST RESULTS: (1) Refused (2) (3) (4)

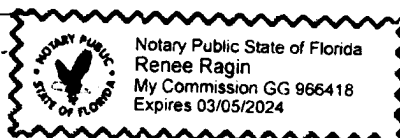
STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to, affirmed and subscribed before me this 10th day of Decemeber 2021 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)



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.

WITNESS LIST

CASE NUMBER: DBPD #21-014786

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. TABERES #1118 DBPD

ADDRESS: 300 W ATLANTIC AVE., DELRAY BEACH, FL 33444

PHONE NUMBERS (HOME) _____ (WORK) 561-243-7800

CAN TESTIFY TO: CRASH INVESTIGATION

NAME: CHRISTOPHER MITCHELL

ADDRESS: 218 DEPOT AVE #306, DELRAY BEACH, FL 33444

PHONE NUMBERS (HOME) 702-541-4130 (WORK) _____

CAN TESTIFY TO: WITNESS

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) _____

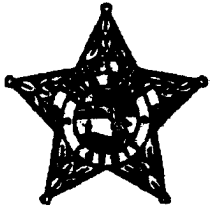
CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____



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

PBSO CASE # 21-136486 PBSO ZONE 4-22
AGENCY CASE # 21-014786 CRASH CASE # N/A
TIME OF STOP/CRASH 2308 DATE 12/09/21 DAY THURSDAY
SUBJECT'S NAME FORDOSKI, SHANE EDWARD RACE W SEX M
HGT 5'08" WGT 185 DOB 06/18/88
LOCATION 219 DEPOT AVE, DELRAY BEACH, FL 33444
ARRESTING OFFICER'S NAME & ID WINDSOR #1029 AGENCY DELRAY BEACH PD
DIVISION: CRD
NOTIFIED BY COMMO YES
ARRIVAL AT FACILITY 0043
ARREST TIME 0022
BREATH RESULTS:
1) **REFUSED**
2) _____
3) _____
4) _____
TESTING OFFICER'S ID 19183 PBSO VIDEOTAPE # N/A

TESTING FACILITY TASK REPORT

AGENCY: DBPD

SUBJECT: Fordoski, Shane E

CASE NUMBER: 21-136486

DATE: Dec 10, 2021

VIDEO DVD NUMBER: n/a

BEGINNING TIME: 0105

ENDING TIME: 0115

BREATH TESTS RESULTS: 1) R TIME 0107 A.M. ☒ P.M. ☐ 2) n/a TIME 0 A.M. ☐ P.M. ☐
3) n/a TIME 0 A.M. ☐ P.M. ☐ 4) n/a TIME 0 A.M. ☐ P.M. ☐

BREATH OPERATOR: Thomas H Leahey #19183

MAINTENANCE TECHNICIAN: Jason Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: thick

ATTITUDE: talkative, fidgety

CLOTHING: gray pants, gray t-shirt, blue shoes

MEDICAL CONDITIONS: anxiety, herniated disc

MEDICATIONS: Xanax, Adderol, Gabapantin, Seroguel, Baclofen

OTHER:

eyes are glassy & bloodshot
odor of unknown alcoholic beverage on breath
subject stated not sure if he smoked weed today - Q&A

COMMENTS:

arrived at center A/O conducted 20 minute observation period at 0043 hrs

subject refused to perform breath test

A/O read I/C & subject understood I/C

subject refused to perform breath test

A/O read rights & subject understood rights

A/O conducted Q&A

subject answered questions

SUBJECT: Edwards, J. E. CASE NUMBER: DPD 21-14186

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 NICHOLAS A. INSOCK of the DEPT. OF PUBLIC SAFETY

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) [Signature]

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) [Signature]

SUBJECT: FELONY - DWI CASE NUMBER: 2005 21-11160

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? YES

WHERE WERE YOU GOING? TO THE STORE

WHAT STREET OR HIGHWAY WERE YOU ON? STATE ST

DIRECTION OF TRAVEL? NORTH WHERE DID YOU START? AT HOME

WHAT TIME DID YOU START? 10:00 PM WHAT TIME IS IT NOW? 11:00 PM

WHAT IS TODAY'S DATE? 12/1/05 WHAT DAY OF THE WEEK IS IT? MONDAY

WHAT COUNTY AND CITY ARE YOU IN NOW? CLATSOP COUNTY, ASTORIA

WHEN DID YOU LAST EAT? 10:00 PM WHAT DID YOU EAT? PIZZA

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

HOW MUCH DO YOU WEIGH? 180 LBS HAVE YOU BEEN DRINKING? YES WHAT? WINE

HOW MUCH? 2 GLASSES WHERE? AT HOME WITH WHOM? ALONE

WHEN DID YOU HAVE YOUR FIRST DRINK? 10:00 PM AND YOUR LAST DRINK? 11:00 PM

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? GLASSES

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

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? YES HOW MUCH? 2 GLASSES

WHAT? WINE WHERE? AT HOME WHEN? 11:00 PM

WHAT LINE OF WORK ARE YOU IN? RETAIL WHEN DID YOU LAST WORK? 12/1/05

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? YES WHAT? BACK PAIN

ARE YOU SICK OR INJURED? YES WHAT'S WRONG? BACK PAIN

DO YOU LIMP? YES 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? NO WHEN? NO

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

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? YES WHAT? WINE WHEN? 11:00 PM

DO YOU HAVE:

EPILEPSY?	<u>NO</u>
GLASS EYE?	<u>NO</u>
FALSE TEETH?	<u>NO</u>
EAR INFECTION?	<u>NO</u>
INNER EAR TROUBLE?	<u>NO</u>
DIABETES?	<u>NO</u>

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? NO

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

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

INTERVIEWER: DETECTIVE [REDACTED]



**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: 2021031088	Date: 12/10/2021
	Specialist Name/ID: A. Pinkney/7796