22CT6506ANB

ARREST / NOTICE TO APPEAR

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

ADMINISTRATION

OBTS Number

Agency ORI Number: 0501700
Agency Name: Jupiter Police Department
Agency Report Number (N.T.A.'s only): 5 4 22-001630

Charge Type: Check as many as apply. ☐ 1. Felony ☐ 2. Traffic Felony ☐ 3. Misdemeanor ☒ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other
If Weapon Seized, Enter Type: UNARMED
Multiple Clearance Indicator

Location of Arrest (Including Name of Business): 209 5TH STREET, JUPITER, FL 33458
Location of Offense (Business Name, Address): 199 4TH ST/S ORANGE AVE, JUPITER, FL 33458

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
04/21/2022	16:47					

DEFENDANT

Name (Last, First, Middle): OBLACZYNSKI, STANLEY JOSEPH 2
Alias (Name, DOB, Soc. Sec. #, Etc.): Alias:

Race (W - White, B - Black, I - American Indian, O - Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	M	12/17/1994	6'00	220	BLUE	BROWN	LIGHT	Large

Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description):
Marital Status: S
Religion:
Indication of Alcohol Influence / Drug Influence: Yes ☒ No ☐ Unk. ☐

Local Address (Street, Apt. Number) (City) (State) (Zip): 209 5TH ST, JUPITER, FL 33458
Phone: (561) 843-2863
Residence Type: 1. City 2. County 3. Florida 4. Out of State: 1

Permanent Address (Street, Apt. Number) (City) (State) (Zip): 209 5TH ST, JUPITER, FL 33458
Phone: (561) 843-2863
Address Source: FL DL

Business Address (Name, Street) (City) (State) (Zip): BEACON,
Phone:
Occupation: Manager

D/L Number, State: O142790944570 / FL
[redacted]
INS Number:
Place of Birth (City, State): JUPITER, FL, United
Citizenship: US

CO-DEF

Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	
				☐ 1. Arrested ☐ 2. At Large ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile
				☐ 1. Arrested ☐ 2. At Large ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile

JUVENILE

☐ Parent ☐ Other: ☐ Legal Custodian
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 Department and Released 2. TOT JAC 3. Incarcerated
Released To: (Name) Relationship Date Time

The above address was provided by ☐ defendant and/or ☐ 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.
☐ Yes, by: ☐ No:

School Attended: Grade:
Property Crime? ☐ Yes ☒ No
Description of Property: Value of Property:

CODE

Drug Activity: N. N/A P. Possess S. Sell B. Buy T. Traffic R. Smuggle D. Deliver E. Use K. Disperses/ 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

Charge Description: DUI - BAC/BRAC OVER .15 -OR- MINOR IN VEHICLE
Statute Violation Number: 316.193(4)
Violation of ORD #:

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
	N	/		1	☐ Y ☒ N		

CHARGE

Charge Description: DUI - DAMAGE TO PERSON/PROPERTY
Statute Violation Number: 316.193(3)(C)(1)
Violation of ORD #:

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
	N	/		1	☐ Y ☒ N		

CHARGE

Charge Description: CRASH - HIT & RUN W/ PROPERTY DAMAGE
Statute Violation Number: 316.061(1)
Violation of ORD #:

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
	N	/		1	☐ Y ☒ N		

INTAKE

Health / Apparent Physical Condition of Defendant:
Any knowledge of the following: ☐ Mental ☐ Escape Risk ☐ Medication ☐ Deformities ☐ Injuries
Explain:

Check which applies: ☐ Released O.R. ☐ Released to Parent/Guardian ☐ T.O.T. County Jail ☐ Posted Bond ☐ South County Mental Health
PROPERTY - Received By:
Released By:
Released To:
Transported By:
Date Transported:
Time Transported:
Other:

NOTICE TO APPEAR

☒ INSTRUCTION NO. 1 - Mandatory appearance in court
☐ INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.

Location (Court, Room): North County PALM BEACH GARD
Court Date and Time: 06/01/2022 08:30:00

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: APR 21 PM

☐ No Photo Available

ADMIN

HOLD for Other Agency
☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other
Intake Depart. I.D. # Pouch #

Signature of Arresting Officer: 388
Name of Arresting Officer (Print): MCGILLICUDDY, STEVEN I.D. # 1216
Transporting Officer: I.D. # Agency

Name Verification (Printed by Arrestee) (PRINT)
Witness here if subject signed with an "X".

SCANNED APR 22 2022

PAGE 1 OF 1

PROBABLE CAUSE AFFIDAVIT

ADMIN

OBTS Number:

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

JUVENILE:

Agency ORI Number: FL 0501700

Agency Name: JUPITER POLICE DEPARTMENT

Agency Report Number: 5 | 4 | 22-001630

Charge Type: Check as many as apply. ☐ 1. Felony ☐ 2. Traffic Felony ☐ 3. Misdemeanor ☒ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
OBLACZYNSKI, STANLEY JOSEPH 2		W	M	12/17/1994

CHARGES

Charge Description	Charge Description
316.193(4) DUI - BAC/BRAC OVER .15 -OR- MINOR IN VEHICLE	316.193(3)(C)(1) DUI - DAMAGE TO PERSON/PROPERTY
316.061(1) CRASH - HIT & RUN W/ PROPERTY DAMAGE	

VICTIM

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
State Of Florida			

Local Address (Street, Apt. Number) (City) (State) (Zip)	Phone	Address Source

Business Address (Name, Street) (City) (State) (Zip)	Phone	Occupation

PROBABLE CAUSE STATEMENT

The undersigned certifies and swears that he/she has just and resonable grounds to believe, and does believe that the above named Defendant committed the following violation of law.

The Person taken into custody . . .

☐ committed the below acts in my presence.

☐ confessed to _____ admitting to the below facts.

☐ was observed by _____ who told _____ that he/she saw the arrested person committ the below acts.

☒ was found to have committed the below acts, resulting from my (described) investigation.

On the 21 day of April, 2022 at 16:13 (Specifically include facts constituting cause for arrest.)

On 4/21/2022 I responded to the area of S Orange Avenue and 4th Street, in reference to a report of a hit-and-run crash with property damage. Details of the call stated that a grey sedan had crashed into a work truck and then fled the scene southbound on Orange Avenue. The suspect vehicle was originally advised to be a Honda with a possible license plate of 514-000. Initial responding officers were flagged down and advised the suspect vehicle was actually a Nissan and fled onto 5th street. Officer Bernstein found a grey Nissan bearing FL tag 514-QDQ parked in front of 209 5th Street. The crash was also observed by witness Vicky Degler. The vehicle had heavy front end damage consistent with the crash. The vehicle was occupied by the driver, Stanley Oblacyznski.

I made contact with Oblacyznski while he was still seated in the driver`s seat, with the airbag having been deployed. He had glassy and bloodshot eyes. He spoke with slurred speech. I detected a strong odor of alcohol emitting from his person, which intensified as he spoke, signaling to me that the odor was from his mouth and not just his person. I heard him Oblacyznski state that he had "just hit somebody". At this time Officer Gelina brought the victim of the hit and run, Josue de Leon Gomez, to my location for a show up, where he positively identified Oblacyznski as the driver of VEHICLE-1. See Officer Gelina`s long form crash report for details of the crash. I asked Oblacyznski what happened with the crash and he stated he "didn`t brace in time". Oblacyznski had to keep steadying himself on his vehicle during this part of our interaction. He stated that he was "very drunk" without me asking. At this point I advised him the crash investigation was over and that I was now moving into a DUI investigation. I read him his Miranda rights from a prepared card and he stated that he understood them. He stated that he was having a rough day emotionally and had consumed four "Truly" drinks, which are a mixture of vodka and seltzer water. I asked him on a scale from 1-10 of how drunk he felt he stated he was an "8". I asked if he would participate in field sobriety exercises and he agreed.

ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117.10)

04/21/2022
DATE

JOSHUA BELL
MY COMMISSION #GG346008
EXPIRES: JUN 18, 2023
Bonded through 1st State Insurance

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

MCGILLICUDDY, STEVEN (1216)
NAME OF OFFICER (PLEASE PRINT)

04/21/2022
DATE

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

ADMIN

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	Agency Name	Agency Report Number
FL 0501700	JUPITER POLICE DEPARTMENT	5 | 4 | 22-001630

Charge Type: Check as many as apply. ☐ 1. Felony ☐ 2. Traffic Felony ☐ 3. Misdemeanor ☒ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
OBLACZYNSKI, STANLEY JOSEPH 2		W	M	12/17/1994

PROBABLE CAUSE STATEMENT

HORIZONTAL GAZE NYSTAGMUS (HGN)
-No resting nystagmus in either eye
-Equal tracking and pupil size
-Lack of smooth pursuit in both eyes
-Distinct and sustained nystagmus at maximum deviation in both eyes
-Onset of nystagmus prior to forty-five degrees present in both eyes with an estimated angle of onset as immediate
-No vertical gaze nystagmus
-This was performed in a manner consistent with my training and experience as a Drug Recognition Expert (DRE).
-He had to be steadied multiple times during the excercise

WALK AND TURN
-Started too soon
-Lost balance in starting position
-Missed heel to toe on multiple steps
-Stepped off the line multiple times
-Used arms for balance
-Stopped while walking
-Improper turn
-Improper number of steps
-8 of 8 clues

ONE LEG STAND
-Put foot down multiple times
-Used arms for balance
-Swayed

FINGER TO NOSE
1L - Tip to left nostril
2R - Tip to left nostril
3L - Tip to left nostril correction to bridge
4R - Tip to bridge of nose
5R - Started left, switched to right, tip to bridge then tapped nose
6L - Tip to bridge

RHOMBERG ALPHABET (B TO X)
E S C D E F G B H I J K L M N O P IM SORRY IM SINGING IT E C D H I J K L M N O P E Q R S T U G H I J K L M N O P Q R S T U V H I J K L M N O P

Based on the above investigation I had probable cause to believe that Oblacyznski was in actual physical control of a vehicle while under the influence of an alcoholic beverage, chemical or controlled substance to the point that his normal faculties were

ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

NOTARY PUBLIC / CLERK OF COURT / OFFICER

04/21/2022
DATE

JOSHUA BELL
MY COMMISSION #GG346088
EXPIRES: JUN 18, 2023
Bonded through 1st State Insurance

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

MCGILLICUDDY, STEVEN (1216)
NAME OF OFFICER (PLEASE PRINT)

04/21/2022
DATE

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

ADMIN

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	Agency Name	Agency Report Number
FL 0501700	JUPITER POLICE DEPARTMENT	5 | 4 | 22-001630

Charge Type: Check as many as apply.
☐ 1. Felony ☐ 3. Misdemeanor ☐ 5. Ordinance
☐ 2. Traffic Felony ☒ 4. Traffic Misdemeanor ☐ 6. Other

Special Notes

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
OBLACZYNSKI, STANLEY JOSEPH 2		W	M	12/17/1994

PROBABLE CAUSE STATEMENT

impaired, contrary to F.S.S. 316.193. I also had probable cause to believe that he was involved in a crash involving damage to property and fled the scene, contrary to F.S.S. 316.061(1). I placed him under arrest at 1647 hrs. I transported him to Jupiter Medical Center for clearance. I then transported him to the Palm Beach County Breath Alcohol Testing Center, arriving at 1815 hrs. I placed him under a 20 minute observation period, during which I did not observe him consume nor regurgitate anything. We then went on video with BAT Technician Bell (ID #8656) and I asked for him to submit to a breath test. He consented and provided samples of .265 and .264 BrAC. I then asked him again on a scale from 1-10 how drunk did he feel and he stated he was a "4" now.

I put him in a holding cell and completed my paperwork. I then booked him into the county jail. BWC.

ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

NOTARY PUBLIC / CLERK OF COURT / OFFICER

JOSHUA BELL
MY COMMISSION #GG346008
EXPIRES: JUN 18, 2023
Bonded through 1st State Insurance

04/21/2022
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

MCGILLICUDDY, STEVEN (1216)
NAME OF OFFICER (PLEASE PRINT)

04/21/2022
DATE

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

SUBJECT: **OBLACZYNSKI, STANLEY J** CASE NUMBER: **22-001630**

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 o chemical or controlled substances.

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

I am **OFFICER MCGILLICUDDY** of the **Jupiter Police Department**

If you refuse to take the test I have requested of you, your driving privilege will be suspended for a period of one (1) year for a FIRST REFUSAL, or eighteen (18) months if your driving privilege has been PREVIOUSLY SUSPENDED, or if you have been PREVIOUSLY FINED under s. 327.35215, for refusing to submit to a lawful test of your breath, urine, or blood. Additionally, if you refuse to take the test I have requested of you, and if your driving privilege has been previously suspended, or if you have been previously fined under s. 327.35215, for a refusal to submit to a lawful test of your breath, urine, or blood, you will be committing a misdemeanor, in addition to any other penalties which can be imposed by law. Refusal to submit to the test I have requested is admissible into evidence in any criminal proceeding.

SUBJECT'S SIGNATURE: **NOT READ** **OBLACZYNSKI, STANLEY J**

CONSTITUTIONAL WARNINGS

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

You have the right to remain silent and not answer any questions.

Any statement must be freely and voluntarily given.

You have the right to the presence of a lawyer of your choice before you make any statement and during any questioning.

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.

If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent.

I can make no threats or promises to induce you to make a statement. This must be of your own free will.

Any statement can and will be used against you in a court of law.

SUSPECT'S SIGNATURE: **READ ON BWC** **OBLACZYNSKI, STANLEY J**

WITNESS LIST

CASE NUMBER: 22-001630

ARRESTING OFFICER: MCGILLICUDDY
ADDRESS: 196 Military Trl. Jupiter, FL 33458
PHONE NUMBERS (HOME): (WORK) (561) 746-6201
CAN TESTIFY TO: PC

NAME: GELINA
ADDRESS: 196 Military Trl. Jupiter, FL 33458
PHONE NUMBERS (HOME) (WORK)
CAN TESTIFY TO: CO-CRASH INVESTIGATOR

NAME: BERNSTEIN
ADDRESS 196 Military Trl. Jupiter, FL 33458
PHONE NUMBERS (HOME) (WORK)
CAN TESTIFY TO: BACKUP ON SCENE

NAME: JOSUE DE LEON GOMEZ
ADDRESS 6935 MITCHELL STREET, JUPITER, FL 33458
PHONE NUMBERS (HOME) (WORK)
CAN TESTIFY TO: VICTIM OF HIT/RUN

NAME: VICKIE DEGLER
ADDRESS 201 4TH STREET, JUPITER, FL 33458
PHONE NUMBERS (HOME) 561-748-2415 (WORK)
CAN TESTIFY TO: WITNESS TO CRASH

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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CAN TESTIFY TO:

NAME:
ADDRESS
PHONE NUMBERS (HOME) (WORK)
CAN TESTIFY TO:

NAME:
ADDRESS
PHONE NUMBERS (HOME) (WORK)
CAN TESTIFY TO:

TESTING FACILITY TASK REPORT

AGENCY: JPD

SUBJECT: OBLACZYNSKI II, STANLEY JOSEPH

CASE NUMBER: 22-059505

DATE: Apr 21, 2022

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 1850

ENDING TIME: 1901

BREATH TESTS RESULTS: 1) .265 TIME 1853 A.M.☐ P.M.☒ 2) .264 TIME 1856 A.M.☐ P.M.☒

3) XX TIME XX A.M.☐ P.M.☐ 4) XX TIME XX A.M.☐ P.M.☐

BREATH OPERATOR: JOSHUA J BELL #8656

MAINTENANCE TECHNICAN: J. KARLECKE #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: COOPERATIVE

CLOTHING: BLACK SLEEVELESS SHIRT, GREEN PANTS, BROWN BOOTS

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER:

EYES: BLOODSHOT, GLASSY

COMMENTS:

A/O ARRIVED AT DUI TESTING FACILITY AND BEGAN THE 20 MINUTE OBSERVATION AT 1815 HOURS

SUBJECT STATED HE WOULD TAKE BREATH TEST

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

A/O READ RIGHTS ON SCENE
SUBJECT STATED HE REMEMBERED

A/O ASKED A FEW QUESTIONS
SUBJECT ANSWERED QUESTIONS

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

PBSO CASE # 22-059505 PBSO ZONE 3-14

AGENCY CASE # 22-001630 CRASH CASE #

TIME OF STOP/CRASH 1613 DATE 04/21/2022 DAY THURSDAY

SUBJECT'S NAME OBLACZYNSKI (LAST) STANLEY (FIRST) J (MID) RACE W SEX M

HGT 6'2 WGT 200 DOB 12/17/1994

LOCATION S ORANGE AVE/4TH STREET, JUPITER, FL 33458

ARRESTING OFFICER'S NAME & ID MCGILLICUDDY 388 AGENCY JUPITER PD

DIVISION: ROAD PATROL

NOTIFIED BY COMMO Yes

ARRIVAL AT FACILITY 1815

ARREST TIME 1647

BREATH RESULTS:

1) .265
2) .264
3) N/A
4) N/A

TESTING OFFICER'S ID 8656 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: 80-006029 Software: 8100.27
Date of Test: 04/21/2022

Date of Last Agency Inspection: 03/25/2022
Observation Period Began: 18:15
Subject's Name: STANLEY JOSEPH I OBLACZYNSKI DOB: 12/17/1994 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	18:52
Air Blank	0.000	18:52
Control Test	0.082	18:52
Air Blank	0.000	18:53
Subject Sample #1	0.265	18:53
Air Blank	0.000	18:54
Air Blank	0.000	18:56
Subject Sample #2	0.264	18:56
Air Blank	0.000	18:57
Control Test	0.080	18:58
Air Blank	0.000	18:58
Diagnostics Check	OK	18:58

Cylinder Lot: 19021080A2
Exp: 09/05/2023

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: _____ Date: 04/21/22
Signature

Sworn to (or affirmed) before me this 21 day of April, 2022

_____ Ofc. S. McGillicuddy #388
Signature of Notary Public-State of Florida 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.

FDLE/ATP FORM 38 - MARCH 2004, Ref. 11D-8.007

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	☐	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	☐	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	☐	119.071(4)(c)	Undercover personnel.	
	☐	119.071(2)(f)	Confidential informants (CIs).	
	☐	119.071(2)(e)	Confession.	
Public Info. Exemptions	☐	985.04(1)	Juvenile offender records.	
	☐	119.071(h)(i)	Assets of a crime victim.	
	☐	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	☐	394.4615(7)	Mental health information.	
	☐	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)	☒	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	☐	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	☐	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	☐	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	☐			
	☐			
	☐			
	☐			
	☐			
Other	☐		Other:	
	☐		Other:	

REVIEW COMPLETED BY

Booking Number: 2022010513	**Date:** 04/22/2022
	Specialist Name/ID: T Howard/7185