

J-051874

20CT12051 NBH 1621

ARREST / NOTICE TO APPEAR

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

1

JUVENILE

ADMI NIST RATI ON	OBTS Number	Agency ORI Number <b>0501700</b>	Agency Name <b>Jupiter Police Department</b>	Agency Report Number (N.T.A.'s only) <b>514 20-003261</b>	Multiple Clearance Indicator		
DEF END ANT	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>NONE</b>			Multiple Clearance Indicator		
	Location of Offense (Business Name, Address) <b>249 E INDIANTOWN RD/JONATHAN DR, JUPITER, FL 33477</b>						
	Date of Arrest <b>09/26/2020</b>	Time of Arrest <b>01:30</b>	Booking Date <b>09/26/2020</b>	Booking Time <b>01:40</b>	Jail Date	Jail Time	
Name (Last, First, Middle) <b>SCOTTO, STEPHEN L</b>							
Alias:							
Race W - White 1 - American Indian B - Black 0 - Oriental/Asian		Sex <b>M</b>	Date of Birth <b>11/27/1973</b>	Height <b>5'10</b>	Weight <b>240</b>	Eye Color <b>BROWN</b>	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status <b>M</b>	Religion	Hair Color <b>BROWN</b>	Complexion <b>LIGHT</b>	Build <b>Medium</b>	
Local Address (Street, Apt. Number) <b>529 LES JARDIN DRIVE, PALM BEACH GARDENS, FL 33410</b>		(City)	(State)	(Zip)	Phone <b>(917) 929-4771</b>	Indication of Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>	
Permanent Address (Street, Apt. Number) <b>529 LES JARDIN DRIVE, PALM BEACH GARDENS, FL 33410</b>		(City)	(State)	(Zip)	Phone <b>(917) 929-4771</b>	Residence Type: 1. City 3. Florida 2. County 4. Out of State   <b>2</b>	
Business Address (Name, Street)		(City)	(State)	(Zip)	Phone	Address Source <b>VERBAL</b>	
D/L Number, State <b>329742563 / NY</b>		INS Number	Place of Birth (City, State) <b>BROOKLYN, NY,</b>		Citizenship		
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 <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor		
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 <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor		
Name (Last, First, Middle)		Resident Phone				Business Phone	
Address (Street, Apt. Number)		(City)	(State)	(Zip)			
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 <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			
Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property		Value of Property			
C O U N T Y		Drug Activity		Drug Type		Amount / Unit	
Charge Description <b>DUI - BAC/BRAC OVER .15 -OR- MINOR IN VEHICLE</b>		Counts <b>1</b>		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number <b>316.193(4)</b>	
State Violation Number <b>316.193(4)</b>		Violation of ORD #		Bond			
Charge Description		Counts		Domestic Violence		Warrant / Capias Number	
State Violation Number		Violation of ORD #		Bond			
Charge Description		Counts		Domestic Violence		Warrant / Capias Number	
State Violation Number		Violation of ORD #		Bond			
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		Explain:			
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		PROPERTY - Received By		Released By		Released To	
<input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health		Date Transported		Time Transported		Other	
Transported By							
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>North County PALM BEACH GARD</b>		Court Date and Time <b>10/28/2020 08:30:00</b>		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)		Signature of Arresting Officer <b>388</b>		Name Verification (Printed by Arrestee)	
HOLD for Other Agency		Name of Arresting Officer (Print) <b>MCGILLICUDDY, STEVEN</b>		I.D. # <b>1216</b>		PAGE <b>1 OF 1</b>	
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other		Transporting Officer <b>S. MCGILLICUDDY</b>		I.D. # <b>388</b>		Agency <b>JUPITE</b>	
Intake Deputy <b>Spann 8101</b>		Pouch #		Witness here if subject signed with an "X"			

SCANNED


SEP 28 2020

PROBABLE CAUSE AFFIDAVIT

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

1

JUVENILE

A D M I N I S T R A T I V E	OBTS Number		Agency ORI Number <b>FL 0501700</b>		Agency Name <b>JUPITER POLICE DEPARTMENT</b>		Agency Report Number <b>5   4   20-003261</b>	
	Charge Type: Check as many as apply.		Special Notes:		Name (Last, First, Middle) <b>SCOTTO, STEPHEN L</b>		Race <b>W</b>	Sex <b>M</b>
C H A R G E S	<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				Charge Description <b>316.193(4) DUI - BAC/BRAC OVER .15 -OR- MINOR IN VEHICLE</b>		Charge Description	
	Victim's Name (Last, First, Middle) <b>State Of Florida</b>		Race	Sex	Date of Birth	Local Address (Street, Apt. Number) (City) (State) (Zip)		Phone
V I C T I M	Business Address (Name, Street) (City) (State) (Zip)		Phone	Occupation	The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law. The Person taken into custody... <input checked="" type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts. <input type="checkbox"/> confessed to _____ admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation. On the <b>26</b> day of <b>September</b> , <b>2020</b> at <b>01:20</b> (Specifically include facts constituting cause for arrest.)			
	<p>On 9/26/2020 at approximately 0120 hrs I was in the area of S Alternate A1A and E Indiantown Road. I observed a green Jeep (VEHICLE-1) bearing FL tag Z31-AWH exit the plaza to the southeast of the intersection, and in doing so, completely disregard the west facing stop sign. The vehicle then turned north bound after running the stop sign. The vehicle then traveled north on S Alternate A1A and then east bound on E Indiantown Road just prior to Jonathan Drive. The vehicle then turned south on Jonathan Drive as a final location. I walked to the window and made contact with the driver and sole occupant, Stephen Scotto (DEFENDANT).</p> <p>During my contact with Scotto at the window I observed that he had glassy bloodshot eyes. He spoke with slurred speech. I detected a strong odor of unknown alcoholic beverage emitting from the vehicle, which intensified whenever Scotto spoke. Scotto advised me that he had four alcoholic drinks (wine) tonight. I asked him on a scale from 1-10 of impairment where he would rate himself with 1 being sober and 10 being the most intoxicated he has ever been. He rated himself a 4. I advised Scotto that I wanted to conduct field sobriety exercises, so that I may gauge the level of impairment. He consented to exercises.</p> <p>Horizontal Gaze Nystagmus (HGN)</p> <ul style="list-style-type: none"> <li>-Equal pupil size and equal tracking</li> <li>-Lack of smooth pursuit in both eyes</li> <li>-Distinct and sustained nystagmus at maximum deviation in both eyes</li> <li>-Onset of nystagmus prior to 45 degrees in both eyes (estimated angle of onset is 30 degrees for both eyes)</li> <li>-No vertical nystagmus</li> </ul>							
P R O B A B L E	SWORN AND SUBSCRIBED BEFORE ME		Notary Public State of Florida <b>Renee Ragin</b> Commission GG 966418 Expires 03/05/2024		SIGNATURE OF ARRESTING / INVESTIGATING OFFICER  <b>MCGILICUDDY, STEVEN (1216)</b> NAME OF OFFICER (PLEASE PRINT)		DATE <b>09/26/2020</b>	
	NOTARY PUBLIC / CLERK OF COURT / OFFICER DATE <b>09/26/2020</b>		DATE <b>09/26/2020</b>		SCANNED SEP 28 2020		PAGE <b>1 OF 3</b>	

PROBABLE CAUSE AFFIDAVIT  
SUPPLEMENT

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1 JUVENILE

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Charge Type: Check as many as apply. <input type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other				Special Notes:

Name (Last, First, Middle) <b>SCOTTO, STEPHEN L</b>	Aliases	Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>11/27/1973</b>
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**WALK AND TURN**

Scotto lost his balance once during the instructional phase. On the first set of nine steps Scotto stepped of the line to the left on step 6 and 8 and missed heel-to-toe on step 9. He stopped while walking after the ninth step. He did an improper turn by taking two additional steps before turning. On the second set of nine steps he missed heel to toe on step 1, 3, 4, 5, 6, 7, 8, and 9. He stepped off the line on step 2, 3, 5, 7, and 10. He took 11 steps (improper number of steps) during the second set. Scotto used his arms for balance throughout the exercise.

-7 of 8 clues observed

**ONE LEG STAND**

-Put foot down  
-Used arms for balance  
-Swayed

**FINGER TO NOSE**

1L - Pad to left cheek  
2R - Pad to right nostril  
3L - Pad to middle of nose bridge  
4R - Pad to right nostril  
5R - Pad to right nostril  
6L - Pad to bridge of nose

**RHOMBERG ALPHABET**

A B C D E F G H I J K L M N O U M M P Q R Z U H H H N O K Q R S T U V W X Y Z

Based on my investigation, observations and the totality of the circumstances, I had probable cause to believe that Scotto was in actual physical control of a vehicle while under the influence of an alcoholic beverage, chemical or controlled substance, to the point where his normal faculties were impaired, contrary to F.S.S. 316.193. I placed him under arrest at 0130 hrs. I transported him to the Palm Beach County Breath Alcohol Testing (BAT) Center, arriving at 0207 hrs.

I placed Scotto 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 Ragin (ID #16877) and I requested a breath sample from Scotto. He asked about what would happen if he refused. I read him implied consent at this point and he agreed to provide breath samples. He provided samples of .207 BrAC and .210 BrAC. I then read Scotto his

SWORN AND SUBSCRIBED BEFORE ME	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER <i>[Signature]</i>
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 47.10) Renee Ragin My Commission GG 986418 Expires 03/05/2024	<b>MSGILICUDDY, STEVEN (1216)</b> NAME OF OFFICER (PLEASE PRINT)
<b>09/26/2020</b> DATE	<b>09/26/2020</b> DATE

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SEP 28 2020  
PAGE 020  
2 OF 3

PROBABLE CAUSE AFFIDAVIT  
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Agency ORI Number <b>FL 0501700</b>	Agency Name <b>JUPITER POLICE DEPARTMENT</b>	Agency Report Number <b>5   4   20-003261</b>
Charge Type: Check as many as apply.		Special Notes:
<input type="checkbox"/> 1. Felony	<input type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance
<input type="checkbox"/> 2. Traffic Felony	<input checked="" type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 6. Other

Name (Last, First, Middle) <b>SCOTTO, STEPHEN L</b>	Alias	Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>11/27/1973</b>
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Miranda rights and he advised that he understood them. Scotto did not wish to speak any further without an attorney present. I placed Scotto in a holding cell while I finished his paper work. I then booked him into the county jail. VEHICLE-1 was towed from the scene via rotation by North County Towing. I issued Scotto a court date of 10/28/2020 at 0830 hrs at North County Courthouse. I also issued him a citation for the stop sign violation. BWC.

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SWORN AND SUBSCRIBED BEFORE ME	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER <i>[Signature]</i>		<b>MCGILICUDDY, STEVEN (1216)</b> NAME OF OFFICER (PLEASE PRINT)	SCANNED SEP 28 2020
NOTARY PUBLIC / CLERK OF COURT / OFFICER <b>09/26/2020</b> DATE	<b>09/26/2020</b> DATE			



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

PBSO CASE # 20-110733 PBSO ZONE 3-14

AGENCY CASE # 20-003261 CRASH CASE # \_\_\_\_\_

TIME OF STOP/CRASH 0120 DATE 09/26/2020 DAY SATURDAY

SUBJECT'S NAME SCOTTO STEPHEN L RACE W SEX M  
LAST FIRST MID

HGT 5'9 WGT 240 DOB 11/27/1973

LOCATION JONATHAN DRIVE/E INDIANTOWN ROAD

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

DIVISION: POLICE

NOTIFIED BY COMMO Yes  
 ARRIVAL AT FACILITY 0207  
 ARREST TIME 0130

**BREATH RESULTS:**

- 1) .207
- 2) .210
- 3) N/A
- 4) N/A

TESTING OFFICER'S ID 16877 PBSO VIDEOTAPE # N/A

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# TESTING FACILITY TASK REPORT

AGENCY: JPD  
SUBJECT: Scotto, Stephen L.  
DATE: Sep 26, 2020  
BEGINNING TIME: 02:32

CASE NUMBER: 20-110733  
VIDEO DVD NUMBER: N/A  
ENDING TIME: 02:45

BREATH TESTS RESULTS: 1) .207 TIME 02:38 A.M.  P.M.   
2) .210 TIME 02:41 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: Thick  
ATTITUDE: Talkative, moody  
CLOTHING: Dark blue shorts, light pink polo, brown flip-flops  
MEDICAL CONDITIONS: None  
MEDICATIONS: Lexapro and doesn't remember the other ones

### OTHER:

Eyes bloodshot  
Odor of unknown alcoholic beverage on breath.

### COMMENTS:

Arrived at center A/O started 20 minute observation period at 02:07hrs.  
Subject stated what is his options.  
A/O read I/C and subject stated he understood I/C.  
Subject agreed to take test.  
Tech read breath test results.  
Subject stated he understood test results.  
A/O read rights.  
Subject stated he understood rights.  
A/O attempted Q&A.  
Subject invoke his rights to counsel.

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**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: 80-006239 Software: 8100.27  
Date of Test: 09/26/2020

Date of Last Agency Inspection: 09/18/2020

Observation Period Began: 02:07

Subject's Name: STEPHEN L SCOTTO

DOB: 11/27/1973 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	02:36
Air Blank	0.000	02:36
Control Test	0.078	02:37
Air Blank	0.000	02:37
Subject Sample #1	0.207	02:38
Air Blank	0.000	02:39
Air Blank	0.000	02:40
Subject Sample #2	0.210	02:41
Air Blank	0.000	02:42
Control Test	0.079	02:42
Air Blank	0.000	02:43
Diagnostics Check	OK	02:43

Cylinder Lot: 14020080A1  
Exp: 07/05/2022

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: 09/26/20  
Signature

Sworn to (or affirmed) before me this 26 day of Sept., 2020  
388 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.

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SUBJECT: Scott, Stephen L. CASE NUMBER: 21

## 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) Steph Scott

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SUBJECT: Wether, Stephen L. CASE NUMBER: \_\_\_\_\_

# QUESTIONS AND ANSWERS

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

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

WHERE WERE YOU GOING? \_\_\_\_\_

WHAT STREET OR HIGHWAY WERE YOU ON? \_\_\_\_\_

DIRECTION OF TRAVEL? \_\_\_\_\_ WHERE DID YOU START? \_\_\_\_\_

WHAT TIME DID YOU START? \_\_\_\_\_ WHAT TIME IS IT NOW? \_\_\_\_\_

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

WHAT COUNTY AND CITY ARE YOU IN NOW? \_\_\_\_\_

WHEN DID YOU LAST EAT? \_\_\_\_\_ WHAT DID YOU EAT? \_\_\_\_\_

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? \_\_\_\_\_

HOW MUCH DO YOU WEIGH? \_\_\_\_\_ HAVE YOU BEEN DRINKING? \_\_\_\_\_ WHAT? \_\_\_\_\_

HOW MUCH? \_\_\_\_\_ WHERE? \_\_\_\_\_ WITH WHOM? \_\_\_\_\_

WHEN DID YOU HAVE YOUR FIRST DRINK? \_\_\_\_\_ AND YOUR LAST DRINK? \_\_\_\_\_

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? \_\_\_\_\_

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? \_\_\_\_\_ ARE YOU UNDER THE INFLUENCE? \_\_\_\_\_

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? \_\_\_\_\_ HOW MUCH? \_\_\_\_\_

WHAT? \_\_\_\_\_ WHERE? \_\_\_\_\_ WHEN? \_\_\_\_\_

WHAT LINE OF WORK ARE YOU IN? \_\_\_\_\_ WHEN DID YOU LAST WORK? \_\_\_\_\_

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? \_\_\_\_\_ WHAT? \_\_\_\_\_

ARE YOU SICK OR INJURED? \_\_\_\_\_ WHAT'S WRONG? \_\_\_\_\_

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

WERE YOU IN AN ACCIDENT TODAY? \_\_\_\_\_

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? \_\_\_\_\_ WHEN? \_\_\_\_\_

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? \_\_\_\_\_ WHO? \_\_\_\_\_ WHY? \_\_\_\_\_

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? \_\_\_\_\_ WHAT? \_\_\_\_\_ WHEN? \_\_\_\_\_

DO YOU HAVE:

- EPILEPSY? \_\_\_\_\_
- GLASS EYE? \_\_\_\_\_
- FALSE TEETH? \_\_\_\_\_
- EAR INFECTION? \_\_\_\_\_
- INNER EAR TROUBLE? \_\_\_\_\_
- DIABETES? \_\_\_\_\_

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

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

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

INTERVIEWER: \_\_\_\_\_

WHITE - STATE ATTY.    YELLOW - DHSMV    PINK - CENTRAL RECORDS    GOLD - JAIL

SCANNED  
SEP 28 2020

# WITNESS LIST

CASE NUMBER: 20-003261

ARRESTING OFFICER: MCGILLICUDDY

ADDRESS: 210 Military Trl. Jupiter, FL 33458

PHONE NUMBERS (HOME): \_\_\_\_\_ (WORK) (561) 746-6201

CAN TESTIFY TO: PC

NAME: SGT HENNESSY

ADDRESS: 210 MILITARY TRL, JUPITER, FL 33458

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

CAN TESTIFY TO: BACKUP ON STOP/INVENTORY OF VEHICLE/TOW SHEET

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: \_\_\_\_\_

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

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

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

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ADDRESS \_\_\_\_\_

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

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

NOT A CERTIFIED COPY

SCANNED  
SEP 28 2020



**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: 2020022760	Date: 9/26/2020
	Specialist Name/ID: B Evans / 23649

SCANNED  
 SEP 28 2020