

21CT644ANB

0520756

NR

#3074

ARREST / NOTICE TO APPEAR

A D M I N I S T R A T I O N	OBTS Number	Agency ORI Number <b>0501700</b>		Agency Name <b>Jupiter Police Department</b>	Agency Report Number (N.T.A.'s only) <b>5   4   21-000145</b>	1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias <b>1</b>	JUVENILE					
	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						
D E F E N D A N T	Location of Arrest (Including Name of Business) <b>DONALD ROSS RD/PASTEUR BLVD</b>		Location of Offense (Business Name, Address) <b>5848 DONALD ROSS RD/HEIGHTS BLVD, PALM BEACH</b>									
	Date of Arrest <b>01/13/2021</b>	Time of Arrest <b>18:05</b>	Booking Date <b>01/13/2021</b>	Booking Time <b>18:15</b>	Jail Date	Jail Time	Location of Vehicle					
C O D E D E F E N D E D	Name (Last, First, Middle) <b>O'FLARITY, STEVEN MARSHALL</b>		Alias:		Alias (Name, DOB, Soc. Sec. #, Etc.)							
	Race W - White B - Black	I - American Indian O - Oriental/Asian	Sex <b>M</b>	Date of Birth <b>02/24/1956</b>	Height <b>6'00</b>	Weight <b>175</b>	Eye Color <b>BLUE</b>	Hair Color <b>BROWN</b>	Complexion <b>LIGHT</b>	Build <b>Medium</b>		
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status <b>M</b>	Religion	Indication of: Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/> Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>					
	Local Address (Street, Apt. Number) <b>734 SE ADAMS CT, PORT SAINT LUCIE, FL 34984</b>		(City)	(State)	(Zip)	Phone			Residence Type: 1. City 3. Florida 2. County 4. Out of State <b>3</b>			
	Permanent Address (Street, Apt. Number) <b>734 SE ADAMS CT, PORT SAINT LUCIE, FL 34984</b>		(City)	(State)	(Zip)	Phone			Address Source <b>VERBAL</b>			
	Business Address (Name, Street)		(City)	(State)	(Zip)	Phone			Occupation			
	DL Number, State <b>0146793560640 / FL</b>		Soc. Sec. Number		INS Number	Place of Birth (City, State) <b>PORT ST LUCIE, FL</b>		Citizenship <b>US</b>				
	Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile		<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				
	J U V E N I L E	<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ <input type="checkbox"/> 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 <input type="checkbox"/> defendant and/or <input type="checkbox"/> defendant's parents. The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address.					School Attended		Grade					
<input type="checkbox"/> Yes, by: _____ <input type="checkbox"/> No:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Property Crime?		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. Disperse/ Distribute	M. Manufacture/ Produce/ Cultivate	Z. Other	Drug Type N. N/A A. Amphetamine	B. Barbiturate C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana O. Opium/Deriv.	P. Paraphernalia/ Equipment S. Synthetic	U. Unknown Z. Other	
Charge Description <b>DUI - DRIVING UNDER THE INFLUENCE/NORMAL FACULTIES IMPAIRED</b>		Statute Violation Number		Violation of ORD # <b>316.193(I)(A)</b>								
Drug Activity		Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number		Bond			
Charge Description		Statute Violation Number		Violation of ORD #								
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number		Bond				
Charge Description		Statute Violation Number		Violation of ORD #								
Drug Activity		Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number		Bond			
Health / Apparent Physical Condition of Defendant		Any knowledge of the following: Explain: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries										
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Posted Bond		<input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> South County Mental Health		<input checked="" type="checkbox"/> T.O.T. County Jail		PROPERTY - Received By		Released By		Released To		
Transported By		Date Transported	Time Transported	Other								
N O T I C E	<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.		Location (Court, Room) <b>North County PALM BEACH GARD</b>		Court Date and Time <b>02/17/2021 08:30:00</b>							
	I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.		Signature of Defendant (or Juvenile and Parent/Custodian)		Date Signed		No Photo Available <b>NR</b>					
A D M I N	HOLD for Other Agency		Signature of Arresting Officer		Name Verification (Printed Name)							
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Name of Arresting Officer (Print) <b>MCGILLICUDDY, STEVEN</b>		I.D. # <b>1216</b>		(PRINT) <b>JAN 14 2021</b>			
Intake Department <b>MS Comm's 8093</b>		I.D. #	Pouch #	Transporting Officer <b>MCGILLICUDDY</b>		I.D. # <b>388</b>		Agency <b>JUPITE</b>		PAGE <b>1 OF 1</b>		

SCANNED  
JAN 14 2021

PROBABLE CAUSE AFFIDAVIT

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

1 JUVENILE

OBTS Number	Agency ORI Number <b>FL 0501700</b>		Agency Name <b>JUPITER POLICE DEPARTMENT</b>	Agency Report Number <b>5   4   21-000145</b>
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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	Special Notes:
	<input type="checkbox"/> 2. Traffic Felony	<input checked="" type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 6. Other	

Name (Last, First, Middle) <b>O`FLARITY, STEVEN MARSHALL</b>	Alias	Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>02/24/1956</b>
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Charge Description <b>316.193(1)(A) DUI - DRIVING UNDER THE INFLUENCE/NORMAL</b>	Charge Description
Charge Description	Charge Description

Victim's Name (Last, First, Middle) <b>State Of Florida</b>	Race	Sex	Date of Birth
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Local Address (Street, Apt. Number)	(City)	(State)	(Zip)	Phone	Address Source
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Business Address (Name, Street)	(City)	(State)	(Zip)	Phone	Occupation
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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 . . .  
 committed the below acts in my presence.  was observed by **WITNESSES** who told **OFFICERS** that he/she saw the arrested person commit the below acts.  
 confessed to admitting to the below facts.  was found to have committed the below acts, resulting from my (described) investigation.  
 On the **13** day of **January**, **2021** at **17:43** (Specifically include facts constituting cause for arrest)

On 1/13/2021 at approximately 1743 hrs I responded to the area of Donald Ross Road and Heights Boulevard, in reference to a report of a crash investigation. Details of the call stated that Palm Beach Gardens Police Department were out with a white Tesla bearing FL tag PKQ-F29, which had sustained front right damage to the body of the vehicle. Palm Beach Gardens PD Officer Smith (ID #489) asked me to respond as it appeared that the first harmful event had taken place within the jurisdictional boundaries of the Town of Jupiter.

Upon my arrival, I observed the white Tesla facing northbound on the west side of Pasteur Boulevard. I observed a male, now identified as Steven O`Flarity (DEFENDANT), standing by the driver`s door. I made contact with Officer Smith who advised me that it appeared the vehicle had taken too sharp a turn on Donald Ross Road. I was able to track back the skid marks from the vehicle and determined that VEHICLE-1 had struck the curb while traveling west bound on Donald Ross Road. See crash report long form for details. Officer Smith advised me that he detected several indicators of possible alcohol impairment when he interacted with O`Flarity including disorientation and confusion.

I made contact with O`Flarity and introduced myself. He advised me that he was traveling east bound and hit the curb while turning. He could not tell me what city he was in. O`Flarity was unsteady on his feet and had to catch his balance on his vehicle with his hand as I spoke to him. He had glassy bloodshot eyes. He had a strong odor of unknown alcoholic beverage emitting from his person, which intensified as he spoke. I advised him that based on the tracking of the vehicle damage I was able to determine how the incident occurred and that my crash investigation was now. I advised him that I was changing into a criminal DUI investigation. I then read him his rights from a prepared Miranda card. He advised that the understood his rights. I asked O`Flarity how much he had to drink today and he stated "a couple glasses of

SWORN AND SUBSCRIBED BEFORE ME	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
<b>SHAFF, SHANNA</b> # 309 NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)	<b>MCGILICUDDY, STEVEN (1216)</b> NAME OF OFFICER (PLEASE PRINT)
<b>01/13/2021</b> DATE	<b>01/13/2021</b> DATE

A D M I N S T R A T I V E	OBTS Number  Agency ORI Number <b>FL 0501700</b> Agency Name <b>JUPITER POLICE DEPARTMENT</b> 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	<b>PROBABLE CAUSE AFFIDAVIT SUPPLEMENT</b>	1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias  <b>1</b> JUVENILE		
	Agency Report Number <b>5   4   21-000145</b>				
	Name (Last, First, Middle) <b>O'FLARITY, STEVEN MARSHALL</b>	Race <b>W</b>	Sex <b>M</b>		
	Date of Birth <b>02/24/1956</b>				
	<p>wine". He said he was at a lunch. His estimation of the time was "630 or 7" (actual time was 1757 hrs). I asked him on a scale from 1-10 of impairment where he would place himself and he stated that he was a two. O'Flarity consented to participate in field sobriety exercises.</p> <p><b>HORIZONTAL GAZE NYSTAGMUS (HGN)</b>          -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 in both eyes          -No vertical nystagmus in either eye          -6 of 6 clues</p> <p><b>LACK OF CONVERGENCE</b>          -Present in both eyes, twice</p> <p><b>WALK AND TURN</b>          -Lost balance in starting position multiple times.          -This exercise had to be terminated for safety reasons as O'Flarity nearly fell completely over more than once while trying to remain in the starting position.</p> <p><b>ONE LEG STAND</b>          -Put foot down multiple times          -Used arms for balance          -Swayed          -3 of 4 clues</p> <p><b>FINGER TO NOSE</b>          1L - Pad to eye then bridge of nose          2R - Pad to tip          3L - Pad to above tip          4R - Pad to tip          5R - Left then right, pad to tip          6L - Pad to tip</p> <p><b>RHOMBERG ALPHABET</b>          A B C D E F G H I K O R C F G...MUMBLED WORDS</p> <p>Based on my investigation, observations and the totality of the circumstances I had probable cause to believe that Steven O'Flarity 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 impaired. I placed him under</p>				
	SWORN AND SUBSCRIBED BEFORE ME  <table style="width:100%;"> <tr> <td style="width:50%; text-align: center;"> <b>SHAFF, SHANNA</b> <i>Shaff #329</i>            NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)   <b>01/13/2021</b>            DATE         </td> <td style="width:50%; text-align: center;"> <i>[Signature]</i>            SIGNATURE OF ARRESTING / INVESTIGATING OFFICER   <b>MCGILlicuddy, Steven (1216)</b>            NAME OF OFFICER (PLEASE PRINT)   <b>01/13/2021</b>            DATE         </td> </tr> </table>			<b>SHAFF, SHANNA</b> <i>Shaff #329</i> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)  <b>01/13/2021</b> DATE	<i>[Signature]</i> SIGNATURE OF ARRESTING / INVESTIGATING OFFICER  <b>MCGILlicuddy, Steven (1216)</b> NAME OF OFFICER (PLEASE PRINT)  <b>01/13/2021</b> DATE
<b>SHAFF, SHANNA</b> <i>Shaff #329</i> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)  <b>01/13/2021</b> DATE	<i>[Signature]</i> SIGNATURE OF ARRESTING / INVESTIGATING OFFICER  <b>MCGILlicuddy, Steven (1216)</b> NAME OF OFFICER (PLEASE PRINT)  <b>01/13/2021</b> DATE				
			PAGE <b>2 OF 3</b>		

PROBABLE CAUSE AFFIDAVIT  
SUPPLEMENT

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

**1** JUVENILE

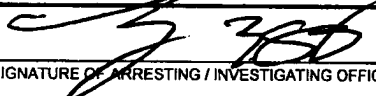
OBTS Number		
Agency ORI Number <b>FL 0501700</b>	Agency Name <b>JUPITER POLICE DEPARTMENT</b>	Agency Report Number <b>5 4 21-000145</b>
Charge Type: Check as many as apply.	<input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other	Special Notes:

Name (Last, First, Middle) <b>O`FLARITY, STEVEN MARSHALL</b>	Aliases	Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>02/24/1956</b>
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arrest at 1805 hrs. I then requested that O`Flarity submit to a lawful breath test. He refused. I then read him implied consent from a prepared card and he advised me that the understood what I had read. I then asked again if he would submit to a breath test and he refused, with a marked refusal time of 1807 hrs. I then transported O`Flarity to JPD for paperwork. I then booked him into the county jail. VEHICLE-1 was towed from the scene by All Hooked Up.

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SWORN AND SUBSCRIBED BEFORE ME	
<b>SHAFF, SHANNA</b> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)	 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
<b>01/13/2021</b> DATE	<b>MCGILlicuddy, Steven (1216)</b> NAME OF OFFICER (PLEASE PRINT)
	<b>01/13/2021</b> DATE
	PAGE <b>3 OF 3</b>

# WITNESS LIST

CASE NUMBER: 21-000145

ARRESTING OFFICER: Ofc McGillicuddy

ADDRESS: 196 Military Trl. Jupiter, FL 33458

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

CAN TESTIFY TO: PC

NAME: James Cordeiro

ADDRESS: 1378 Islamorada Drive, Jupiter, FL

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

CAN TESTIFY TO: Wheel Witness

NAME: Ofc Bigtree

ADDRESS 196 Military Trl. Jupiter, FL 33458

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

CAN TESTIFY TO: Backup on Stop/Vehicle Inventory

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

ADDRESS \_\_\_\_\_

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

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

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

ADDRESS \_\_\_\_\_

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

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

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

NOT A CERTIFIED COPY

SUBJECT: **OFlarity, Steven M**

CASE NUMBER: 21-000145

## 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 Officer Ofc McGillicuddy of the Jupiter Police Department

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: Read on BWC OFlarity, Steven M

## 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 Camera OFlarity, Steven M

STATE OF FLORIDA  
DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES  
AFFIDAVIT OF REFUSAL TO SUBMIT TO  
BREATH AND/OR URINE TEST

I, Officer Ofc McGillicuddy, a duly certified Law Enforcement Officer or Correctional Officer,  
(Name of Officer reading Implied Consent Warning)

am a member of Jupiter Police Department, and I do swear  
(Name of law enforcement agency)

or affirm that on or about the 21st day of January, 20 21, at 1805  P.M.  A.M.

DRIVER Steven M OFlarity  
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# O-146-793-56-064-0, state of Florida, was placed under lawful arrest for

the offense of DUI by Officer Ofc McGillicuddy and  
(Name of Arresting Officer)

issued Citation # ADB9BKE

That on or about the 21st day of January, 20 21, at 1807  P.M.  A.M.

in Palm Beach County,

I requested that the driver submit to a  **breath and/or**  **urine** test to determine his or her blood alcohol level and/or the presence of chemical or controlled substances. I informed the driver that the refusal to submit to such test(s) would result in the suspension of his or her driving privilege for a period of one (1) year for a first refusal, or for a period of eighteen (18) months if his or her driving privilege had been previously suspended for refusing to submit to a breath, urine or blood test. I also informed the driver that he or she commits a misdemeanor by refusing to submit to a lawful test as requested above if his or her driving privilege has been previously suspended for refusal to submit to a lawful test of his or her breath, urine, or blood. Additionally, I informed the driver that if he or she holds a CDL, or was operating a CMV, refusal will result in the disqualification of the Commercial Driver's License/driving privilege for a period of one (1) year in the case of a first refusal or permanently if he or she has previously been disqualified as a result of a refusal to submit to any such lawful test. Nonetheless, the driver refused to submit to the test(s) requested.

[Signature]  
Signature of Law Enforcement Officer or  
Correctional Officer

**THE AFFIDAVIT MUST BE NOTARIZED OR ATTESTED TO (F.S. 117.10)**

The foregoing instrument was sworn and subscribed before me:

[Signature] #3289  
Signature of Attesting Officer

Title Patrol

Date 1/13/2021

(AFFIX SEAL)  
The foregoing instrument was sworn and subscribed before  
me this \_\_\_\_\_ day of \_\_\_\_\_, 20 20,  
by Officer Ofc McGillicuddy 1216,  
who is personally known to me or who has produced  
Personally Known as identification

Notary Public \_\_\_\_\_

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.



**Palm Beach County Sheriff's Office – Arrests Only**

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	<input type="checkbox"/>	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	<input type="checkbox"/>	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel.	
	<input type="checkbox"/>	119.071(2)(f)	Confidential informants (CIs).	
	<input type="checkbox"/>	119.071(2)(e)	Confession.	
Public Info. Exemptions	<input type="checkbox"/>	985.04(1)	Juvenile offender records.	
	<input type="checkbox"/>	119.071(h)(i)	Assets of a crime victim.	
	<input type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	<input type="checkbox"/>	394.4615(7)	Mental health information.	
	<input type="checkbox"/>	119.071(4)(d)(2)(a)	Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)	<input checked="" type="checkbox"/>	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	<input type="checkbox"/>	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	<input type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	<input type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

**REVIEW COMPLETED BY**

Booking Number: 2021001068	Date: 1/14/2021
	Specialist Name/ID: A. Pinkney/7796