

0516008

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

OBTs Number		Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-20059052	
Charge Type: Check as many as apply.		1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/>		3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input checked="" type="checkbox"/>		5. Ordinance <input type="checkbox"/> 6. Other <input type="checkbox"/>	
Location of Arrest (Including Name of Business)		BOYNTON BEACH BLVD/ ORCHID GROVE TRAIL, BOYNTON BEACH, FL 33437		Location of Offense (Business Name, Address)		BOYNTON BEACH BLVD/ ORCHID GROVE TRAIL, BOYNTON BEACH/ FL/ 33437	
Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle GARDENS TOWING	
Date of Arrest 04/16/2020		Time of Arrest 02:10		Booking Date		Booking Time	
Name (Last, First, Middle) BENNETT, TAYLOR		Sex M		Date of Birth 1/4/1994		Height 6'2	
Race W		Weight 200		Eye Color BRN		Hair Color BRN	
Complexion MED		Build MED		Marital Status Single		Religion	
Local Address (Street, Apt. Number) 131 S FEDERAL HWY, BOCA RATON, FL, 33432		City BOCA RATON		State FL		Zip 33432	
Permanent Address (Street, Apt. Number) 65 W 55TH ST, NEW YORK, NY, 10019		City NEW YORK		State NY		Zip 10019	
Business Address (Name, Street)		City		State		Zip	
D/L Number, State 745317570, NY		Soc. Sec. Number		INS Number		Place of Birth (City, State) MANHATTAN, NY	
Citizenship YES		Co-Defendant Name (Last, First, Middle)		Race		Sex	
Date of Birth		1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/>		3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile <input type="checkbox"/>		Indication of Alcohol Influence Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> Int. <input type="checkbox"/>	
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth	
1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/>		3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile <input type="checkbox"/>		Indication of Alcohol Influence Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> Int. <input type="checkbox"/>			
Parent Name (Last, First, Middle)		Legal Custodian		Other		Residence Phone	
Address (Street, Apt. Number)		City		State		Zip	
Business Phone		Notified by: (Name)		Date		Time	
Released To: (Name)		Relationship		Date		Time	
The above address 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 (Phone 356-2526) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)		School Attended		Grade			
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property		Value of Property			
Drug Activity N. N/A P. Possess		S. Sell B. Buy T. Traffic		R. Smuggle D. Deliver E. Use		K. Dispense/ Distribute M. Manufacture/ Produce/ Cultivate Z. Other	
Drug Type N. N/A A. Amphetamine		B. Barbiturate C. Cocaine E. Heroin		H. Hallucinogen M. Marijuana O. Opium/Deriv.		P. Paraphernalia/ Equipment S. Synthetics U. Unknown Z. Other	
Charge Description DUI		Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number 316.193(1A)	
Drug Activity N		Drug Type N		Amount / Unit		Offense # 20059052	
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OBTIS Number		PROBABLE CAUSE AFFIDAVIT			1. Arrest 2. N.T.A.	3. Request For Warrant 4. Request For Copies	1	Juvenile	N
Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE			Agency Report Number 06		20059052		
Charge Type: Check as many as apply		<input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Special Notes			
Defendant Name (Last, First, Middle) Bennett Taylor					Race W	Sex M	Date of Birth 01/04/1994		
Charge Driving While Intoxicated					Charge				
Charge					Charge				
Victim Name (Last, First, Middle) State of Florida					Race	Sex	Date of Birth		
Local Address (Street, Apt. Number)		City	State	Zip	Phone		Address Source		
Business Address (Street, Apt. Number)		City	State	Zip	Phone		Occupation		
<p>The undersign 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...</p> <p> <input 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. </p> <p> <input type="checkbox"/> confessed to admitting to the below facts. <input type="checkbox"/> was found to have committed the below acts, resulting from (described) investigation. </p> <p>On the <u>16</u> day of <u>April</u> 20<u>20</u> at <u>2:25</u> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM</p>									

On April 16, 2020 While traveling westbound on Boynton Beach Boulevard, I observed a dark SUV to be stationary at the intersection of Boynton Beach and Orchid Grove facing east. I observed a white male driver, later identified as Taylor Bennett, slumped over the wheel. I stopped behind the vehicle, which appear to still be running. As I approached the vehicle I noticed the front right rim had no tire attached which appeared to have been shredded off. I made contact with Taylor who appeared to be disoriented and sleepy. I observed Taylor to have glossy bloodshot eyes and slurred speech when speaking to him. I also observed an unknown alcoholic beverage emanating from his breath. I asked Taylor why he was stopped in the middle of the roadway to which he replied he ran out of gas. I requested Taylor to retrieve his license, registration, and insurance. Taylor struggled to find his wallet and had to be asked several times to provide me with his registration and insurance. Once Taylor found the binder which contained the vehicle documents, Taylor struggled to remove the documents from the sleeve. After handing his documents over to me, Taylor laid his head back and shut his eyes. I requested a PBSO DUI unit to respond. Taylor was turned over to DUI Lynch ID 8568 for further investigation.

The foregoing instrument was sworn to and affirmed before me this <u>16</u> day of <u>April</u> 20 <u>2020</u> , by:	
<u>Cole 31850</u> Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	<u>Robinette</u> 31773 Name of Arresting/Investigating Officer
<u>[Signature]</u> Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	<u>[Signature]</u> Signature of Arresting/Investigating Officer
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D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 16 DAY OF APR 2020, AT 01:38 AM PM

SUBJECT: BENNETT, TAYLOR, CASE NUMBER: 20059052

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: INV G. LYNCH 8568

PERSONAL CONTACT

DRIVING PATTERN: Actual physical control (physical evidence or statements putting def. behind wheel of vehicle)

On 4/16/20 I responded to Boynton Beach Blvd/ Orchid Grove Trail, in Palm Beach County, in reference to a suspicious vehicle, with a possibly impaired driver. Upon arrival I met with D/S Robinette id 31773, who initially located the vehicle. D/S Robinette advised that while on routine patrol he observed a black Toyota Highlander, bearing NY tag EVJ3128, in the eastbound lanes of Boynton Beach Blvd. The SUV was stopped in the right lane of travel and the driver, Taylor Bennett, was slumped over the steering wheel, and was asleep. Upon approaching the SUV D/S Robinette noticed that the front passenger tire was shredded with no rubber left on the rim. D/S Robinette made contact with Bennett, and woke him. Bennett appeared disoriented and his eyes were bloodshot and glossy. Bennett's speech was slurred and there was an odor of an unknown alcoholic beverage coming from his breath. While attempting to get his driver's license and vehicle information D/S Robinette observed Bennett's movements to be uncoordinated and Bennett fumbled with his paperwork.

OBSERVATION OF DRIVER:

I met with Bennett, who was sitting in the driver seat of the SUV. I immediately noticed a strong odor of an unknown alcoholic beverage coming from the SUV. Bennett's eyes were bloodshot and glassy. Bennett's speech was slow and his movements were slow/lethargic. Bennett advised that he was going home from a friend's house but did not know where he was. Bennett stated that his SUV was running low on gas and that is how he ended up at the location. I had Bennett exit his SUV and stand in front of my patrol car. I observed an odor of an unknown alcoholic beverage coming from Bennett's breath, which got stronger when he spoke. Bennett exhibited a sway while standing still. Bennett stated that he had been drinking White Claw, prior to driving and his last drink was at approximately 10:30pm. Bennett did not know the current time. Based on my observations and Bennett's admission to drinking prior to driving I asked Bennett to perform standard field sobriety tasks.

DRIVER'S STATEMENTS:

Bennett advised that he had been drinking White Claw and his last drink was at approximately 10:30PM.

ODORS:

STRONG ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE COMING FROM SUBJECT'S BREATH.

GENERAL OBSERVATIONS

SPEECH: slow/ slurred

ATTITUDE: Calm/ Cooperative

CLOTHING: black shirt/ blue jeans/ black shoes

MEDICAL/OTHER: NONE

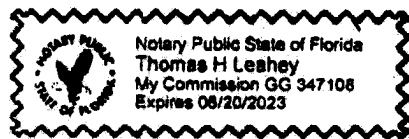
STATE OF FLORIDA
COUNTY OF PALM BEACH

INV G. LYNCH 8568
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 16 day of APR 2020 by INV G. LYNCH 8568

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced KNOWN

Thomas Leahy (#19183)
Notary Public, Clerk of Court, Officer (F.S.S 117.10)



SUBJECT: BENNETT, TAYLOR,

CASE NUMBER 20059052

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:

Bennett was asked to stand with his feet together and place his hands by his sides. Bennett was asked to focus on the stimulus and follow it with his eyes. Bennett was told not to move his head to assist in following the stimulus. I observed a lack of smooth pursuit in both of Bennett's eyes and distinct and sustained nystagmus at maximum deviation. I observed onset of nystagmus prior to 45 degrees. I did not observe vertical nystagmus in either of Bennett's eyes. Bennett exhibited a sway throughout the task.

WALK & TURN:

I utilized a yellow duct tape, to make a straight level, free of debris, that Bennett advised he could see. I explained and demonstrated the task to Bennett. During the instructions Bennett was unable to maintain the instructional stance, stepping out of the position several times. After completing the instructions Bennett advised he understood and had no questions. During the task Bennett missed heel-to-toe steps and stepped off the line several times. Bennett did not turn as instructed and used his arms for balance. Bennett paused to regain his balance several times. Bennett took the incorrect number of steps, taking 11 steps down and 10 steps back. Bennett then turned around and walked the line a second time, without being instructed to do so. Bennett exhibited the same clues. When Bennett finished walking the line a second time I confirmed he understood the instructions. Bennett stated he believed he was instructed to walk the line twice.

ONE LEG STAND:

I explained and demonstrated the task to Bennett. After completing the instructions Bennett advised he understood and had no questions. During the task Bennett used his arms for balance and exhibited a sway. Bennett put his foot down, multiple times, prior to 30 seconds elapsing, and began to hop.

FINGER TO NOSE:

I explained and demonstrated the task to Bennett. After completing the instructions Bennett advised he understood and had no questions. During the task Bennett missed touching the tip of his nose several times. Bennett failed to keep his head tilted back and exhibited a sway throughout the task. I observed eyelid tremor while Bennett's eyes were closed.

ROMBERG ALPHABET:

Prior to beginning Bennett confirmed he knew the entire alphabet in order, without issue. I explained and demonstrated the task to Bennett. After completing the instructions Bennett advised he understood and had no questions. During the task Bennett exhibited a sway and I again observed eyelid tremors while his eyes were closed. Bennett failed to keep his head tilted back. Bennett recited the alphabet correctly.

BREATH TEST RESULTS: 1) .165 2) .173 3) 4)

STATE OF FLORIDA
COUNTY OF PALM BEACH

INV G. LYNCH 8568

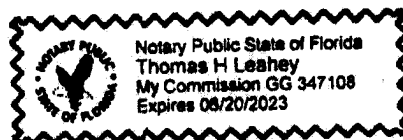
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 16 day of APR 2020 by INV G. LYNCH 8568

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced KNOWN

Thomas Leahey (#19183)

Notary Public, Clerk of Court, Officer (F.S.S 117.10)



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: 04/16/2020

Date of Last Agency Inspection: 03/20/2020
Observation Period Began: 02:50
Subject's Name: TAYLOR C BENNETT

DOB: 01/04/1994 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	03:14
	Air Blank	0.000	03:15
	Control Test	0.082	03:15
	Air Blank	0.000	03:15
	Subject Sample #1	0.165	03:16
	Air Blank	0.000	03:17
	Air Blank	0.000	03:18
	Subject Sample #2	0.173	03:19
	Air Blank	0.000	03:20
	Control Test	0.080	03:20
	Air Blank	0.000	03:20
	Diagnostics Check	OK	03:21

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

State of Florida, County of Palm Beach

Personally appeared before me the undersigned authority, who () is personally known to me or () produced _____ as identification, and who after being placed under oath, states:

I THOMAS H LEAHEY, 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: _____

Signature

Date: 04/16/2020

Sworn to (or affirmed) before me this 16th day of April, 2020

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.

WITNESS LIST

CASE NUMBER: 20059052

ARRESTING OFFICER: INV G. LYNCH 8568

ADDRESS: HQ

PHONE NUMBERS (HOME): _____ (WORK) 561 688 3000

CAN TESTIFY TO: FACTS OF CASE

NAME: D/S ROBINETTE 31773

ADDRESS: DIST 6

PHONE NUMBERS (HOME) 0 (WORK) 561 688 3000

CAN TESTIFY TO: INITIAL CONTACT

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) 0

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

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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: _____

NOT A CERTIFIED COPY

TESTING FACILITY TASK REPORT

AGENCY:

SUBJECT:

DATE:

BEGINNING TIME:

ENDING TIME:

CASE NUMBER:

VIDEO DVD NUMBER:

BREATH TESTS RESULTS: 1) TIME A.M. P.M. 2) TIME A.M. P.M.
3) TIME A.M. P.M. 4) TIME A.M. P.M.

BREATH OPERATOR:

MAINTENANCE TECHNICIAN:

TESTING OFFICER'S OBSERVATIONS

SPEECH:

ATTITUDE:

CLOTHING:

MEDICAL CONDITIONS:

MEDICATIONS:

OTHER:

eyes are glassy & bloodshot
odor of unknown alcoholic beverage on breath

COMMENTS:

arrived at center A/O conducted 20 minute observation period at 0250 hrs
subject agreed to perform breath test
tech read breath test results & subject stated he understood breath test results
A/O read rights & subject stated he understood rights
A/O attempted Q&A
subject declined to answer questions

SUBJECT: Bennett, Taylor C CASE NUMBER: 20-059052

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) Read on Camera

SUBJECT: Bennett, Taylor C CASE NUMBER: 20-059052

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



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

PBSO CASE # 20059052 PBSO ZONE 6-42

AGENCY CASE # / CRASH CASE # _____

TIME OF STOP/CRASH 01:38 DATE 04/16/2020 DAY Thursday

SUBJECT'S NAME BENNETT, TAYLOR, RACE W SEX M

HGT 6'2 WGT 200 DOB 1/4/1994

LOCATION BOYNTON BEACH BLVD/ ORCHID GROVE TRAIL, BOYNTON BEACH, FL, 33437

ARRESTING OFFICER'S NAME & ID INV G. LYNCH 8568 (8568) AGENCY Palm Beach County Sheriff's Office

DIVISION: VCD/DUI

NOTIFIED BY COMMO YES

ARRIVAL AT FACILITY 02:50

ARREST TIME 02:10

BREATH RESULTS:

- 1) .165
- 2) .173
- 3) N/A
- 4) N/A

TESTING OFFICER'S ID 19183

PBSO VIDEOTAPE # N/A

NOT A CERTIFIED COPY



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"/>	415.107(1)	Other: In order to protect the rights of the individual or other persons responsible for the welfare of a vulnerable adult, all records concerning reports of abuse, neglect, or exploitation of the vulnerable adult.	
	<input type="checkbox"/>	539.001(b)(1), 539.003 FSS	Other: Pawn Broker Information	

REVIEW COMPLETED BY

Booking Number: 2020010667	Date: 4/16/2020
	Specialist Name/ID: M. Tooks #8557