

J#0522772

ARREST / NOTICE TO APPEAR

21CT - 6470 ASD

PH# 211

AD M I N I S T R A T I O N	OBTS Number		Agency ORI Number 0500400		Agency Name Delray Beach Police Department		Agency Report Number (N.T.A.'s only) 4, 0 21-004870		1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias		1		JUVENILE					
D E F E N D A N T	Charge Type: Check as many as apply: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		If Weapon Seized		Eater Type None/not Applicable		Multiple Clearance Indicator		1									
	Location of Arrest (Including Name of Business) 707 N OCEAN BLVD, DELRAY BEACH FL						Location of Offense (Business Name, Address) 707 N OCEAN BLVD, DELRAY BEACH, FL 33483											
	Date of Arrest 04/18/2021		Time of Arrest 03:44		Booking Date 04/18/2021		Booking Time 03:54		Jail Date 04/18/2021		Jail Time 03:55		Location of Vehicle					
	Name (Last, First, Middle) BOETTCHER, VICTORIA REMY																	
J U V E N I L E	Alias: _____																	
	Race W - White B - Black O - Oriental/Asian W		Sex F		Date of Birth 11/19/1994		Height 5'10		Weight 130		Eye Color BLUE		Hair Color BLOND OR FAIR		Complexion FAIR			
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)										Marital Status S		Indication of Alcohol Influence Drug Influence Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>		Residence Type: 1. City 2. County 3. Florida 4. Out of State 1			
	Local Address (Street, Apt. Number) 844 BROKEN SOUND PKWY NW 119, BOCA RATON, FL 33487										Phone		Address Source VERBAL					
C O D E D	Permanent Address (Street, Apt. Number) 844 BROKEN SOUND PKWY NW 119, BOCA RATON, FL 33487										Phone		Business Address (Name, Street) (City) (State) (Zip)					
	Business Address (Name, Street) (City) (State) (Zip)										Phone		Occupation					
	DL Number, State B326876949190 / FL		Sec. Sec. Number		INS Number		Place of Birth (City, State) BOCA RATON, FL		Citizenship US									
	Co-Defendant Name (Last, First, Middle)										Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile	
I N T A K E	Co-Defendant Name (Last, First, Middle)										Race		Sex		Date of Birth		<input type="checkbox"/> 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"/> Parent <input type="checkbox"/> Other Name (Last, First, Middle) _____ <input type="checkbox"/> Legal Custodian Address (Street, Apt. Number) _____ (City) (State) (Zip) _____ Business Phone _____ Reside Phone _____										Relationship		Date		Time		JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT IAC 3. Incarcerated	
	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. <input type="checkbox"/> Yes, by: _____ <input type="checkbox"/> No: _____										Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property		Value of Property			
	Drug Activity N. N/A P. Possession S. Sell B. Buy T. Traffic R. Smuggle D. Deliver E. Use K. 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/Opium Deriv.		P. Paraphernalia/Equipment S. Synthetic U. Unknown Z. Other	
C H A R G E	Charge Description DRIVING WHILE UNDER INFLUENCE										Statute Violation Number 316.193(1)(A)		Violation of ORD #					
	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 checked="" type="checkbox"/> N		Warrant / Capias Number		Bond			
N O T I C E	Charge Description										Statute Violation Number		Violation of ORD #					
	Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number		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"/> Referred to Parent/Guardian <input type="checkbox"/> Referred to South County Mental Health <input checked="" type="checkbox"/> T.O.T. County Jail										PROPERTY - Received By DELICE		Released By DELICE		Released To			
T O A P P E A R	Transported By DELICE										Date Transported 04/18/2021		Time Transported 03:55		Other			
	<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) South County 200 W Atlantic Ave Delray Beach, FL 33444		Court Date and Time 05/17/2021 08:30:00		No Photo Available			
	I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.																	
	Signature of Defendant (or Juvenile and Parent/Custodian)										Date Signed							
A D M I N	HOLD for Other Agency										Signature of Arriving Officer DELICE		Name Verification (Printed by Arrestee)					
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Restricted Arrest <input type="checkbox"/> Other										Name of Arriving Officer (Print) DELICE, OLLINSON		ID.# 1182		Agency DBPD			
	Initials DELICE										ID.# 1182		Agency DBPD		Witness here if subject signed with an "X"			
	Pouch #										ID.#		Agency		PAGE 1			

☐ COURT ☐ STATE ATTORNEY ☐ AGENCY ☐ CENTRAL RECORDS ☐ JAIL ☐ CRIME ANALYSIS ☐ FBI ☐ DEFENDANT

 SCANNED
 APR 20 2021

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 18 DAY OF April, 2021, AT 0230 hours ☒ AM ☐ PM
SUBJECT: Victoria Boettcher CASE NUMBER: 21-004870
AGENCY: Delray Beach Police Department ARRESTING OFFICER: Delice

PERSONAL CONTACT

DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUTTING DEF. BEHIND WHEEL OF VEHICLE)

On 04-18-21, at 0230 hours Delray Beach PD dispatch received a 911 caller/witness who reported a W/F driving a red corvette was serving in and out of traffic and almost hit a house. The caller/witness advised the vehicle then came to a completed stop at a home that was currently under construction located at 707 N Ocean Blvd. Sergeant McCabe responded and conducted a traffic stop at the location listed above. I responded to the scene to conduct a DUI investigation. Upon arrival, I made contact with a white female who was the driver and the sole occupant of the red corvette and later identified as Victoria Boettcher by her FL driver license.

OBSERVATION OF DRIVER:

The driver Victoria Boettcher was sitting inside of her vehicle and had the odor of an unknown alcoholic beverage emanating from her person. Boettcher appeared impaired, had glassy eyes, slow dexterity, slow comprehension, and was unstable while standing when she exited the vehicle to perform roadside task.

DRIVER'S STATEMENTS:

I read Miranda Warning to Victoria Boettcher verbatim from my department issued Miranda Warning card in which she stated she understood. Post Miranda Boettcher advised she was the sole occupant and the driver of the white 2015 Chevrolet Corvette Stingray bearing FL tag (894RLJ). Boettcher also advised she had a couple drinks and stated she is currently in a depressed state of mind. During my encounter with Boettcher she was unable to recall the events leading up to the traffic stop.

ODORS:

Strong odor of an unknown alcoholic beverage emanating from her person.

GENERAL OBSERVATIONS

SPEECH: Slow, and mumbled.

ATTITUDE: Was originally calm, then displayed different mood swings while being handcuffed.

CLOTHING: black and red shirt, blue jeans, and brown sandals.

MEDICAL/OTHER:

STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting Officer)

The foregoing instrument was read to and subscribed before me this

18 day of April, 2021 at Ofc. O. Delice

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

Known

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



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APR 20 2021

SUBJECT: Victoria Boettcher

CASE NUMBER 21-004870

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:

While conducting the Horizontal Gaze Nystagmus Victoria Boettcher had to be reminded to follow the tip of the pen as she would just stare straight ahead. On several occasion Boettcher moved her head to follow the pen.

WALK & TURN:

While conducting the Walk & Turn Victoria Boettcher started performing the task before being told to start. She never once touched heel to toe and continued walking straight for approximately nine steps and lost her balance several times, almost falling to the ground.

ONE LEG STAND:

While conducting the One Leg Stand Victoria Boettcher started performing the task before being told to start. Victoria Boettcher was unable to maintain her right foot six inches from the ground and lost her balance multiples times. Victoria Boettcher also placed her right foot down before 30 seconds elapsed.

FINGER TO NOSE:

While conducting the Finger To Nose Victoria alphabet. failed to placed the directed index finger to the tip of her nose. Victoria Boettcher was unable to keep her eyes closed and failed to return her arms to the side.

ROMBERG ALPHABET:

While conducting the Rhomberg with recitation (alphabet). Boettcher was unable to keep her eyes closed and incorrectly recited the alphabet.

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

STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

This foregoing instrument was signed to and affirmed and subscribed before me this

18

April

21

Off. O. Delice

known

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

Notary Public, Clerk of Court, Chapter F.S.S. 117.10



SCANNED
APR 20 2021

WITNESS LIST

CASE NUMBER: 21-004870

ARRESTING OFFICER: Ofc. Delice #1182

ADDRESS: 300 W Atlantic Ave, Delray Beach, FL 33444

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

CAN TESTIFY TO: Information contained in the report.

NAME: Sophia Ruppert

ADDRESS: 968 Sage Ave Wellington FL 33414

PHONE NUMBERS (HOME): (WORK) 702-885-3150

CAN TESTIFY TO: The observation of the driver.

NAME: Alyssa Falta

ADDRESS: 2224 Shoma Dr Wellington FL 33414

PHONE NUMBERS (HOME): (WORK) 561-386-6436

CAN TESTIFY TO: The observation of the driver.

NAME: Alexis Guarise

ADDRESS: 12168 Regal Ct N Wellington FL

PHONE NUMBERS (HOME): (WORK) 561-352-6773

CAN TESTIFY TO: The observation of the driver.

NAME: Sergeant McCabe

ADDRESS: 300 W Atlantic Ave, Delray Beach, FL 33444

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

CAN TESTIFY TO: The observation of the driver.

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):

CAN TESTIFY TO:

NAME:

ADDRESS:

PHONE NUMBERS (HOME): (WORK):

CAN TESTIFY TO:

NAME:

ADDRESS:

PHONE NUMBERS (HOME): (WORK):

CAN TESTIFY TO:

SCANNED
APR 20 2021



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

PBSO CASE # 21-056640 PBSO ZONE 411
AGENCY CASE # 20-004870 CRASH CASE # _____
TIME OF STOP/CRASH 0230 hours DATE 04-18-21 DAY Sunday
SUBJECT'S NAME BOETTCHER, VICTORIA REMY RACE W SEX F
HGT 5'10 WGT 150 DOB 11-19-94
LOCATION 707 N Ocean Blvd, Delray Beach FL 33483
ARRESTING OFFICER'S NAME & ID Delice 1182 AGENCY Delray Beach
DIVISION: _____ NOTIFIED BY COMMO Walk-inn
ARRIVAL AT FACILITY 0430
BREATH RESULTS: ARREST TIME 0341
1) .166
2) .134
3) .145
4) _____
TESTING OFFICER'S ID 16877 PBSO VIDEOTAPE # N/A

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APR 20 2021

TESTING FACILITY TASK REPORT

SUBJECT: Boettcher, Victoria R.

AGENCY: DBPD

CASE NUMBER: 21-056640

DATE: Apr 18, 2021

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 04:53

ENDING TIME: 05:14

BREATH TESTS RESULTS: 1) .166 TIME 04:58 A.M. ☒ P.M. ☐ 2) .134 TIME 05:01 A.M. ☒ P.M. ☐
3) .145 TIME 05:04 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: Mumbled

ATTITUDE: Cooperative, agitated

CLOTHING: Blue jeans, black tank top with red jacket, black sandals

MEDICAL CONDITIONS: None

MEDICATIONS: None

OTHER:

Eyes are glassy & red
odor of unknown alcoholic beverage on breath

COMMENTS:

Arrived at center A/O started 20 minute observation period at 04:30 hrs.

Subject agreed to perform breath test.

A/O read rights.

Subject acknowledged she understood rights.

Tech read breath test results.

Subject acknowledged she understood breath test results.

A/O conducted Q&A

Subject answered Q&A.

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APR 20 2021

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: 80-006240 Software: 8100.27
Date of Test: 04/18/2021

Date of Last Agency Inspection: 04/09/2021

Observation Period Began: 04:30

Subject's Name: VICTORIA R BOETTCHER

DOB: 11/19/1994 Sex: F

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	04:56
	Air Blank	0.000	04:56
	Control Test	0.080	04:57
	Air Blank	0.000	04:57
	Subject Sample #1	0.166	04:58
	Air Blank	0.000	04:59
	Air Blank	0.000	05:01
	Subject Sample #2	0.134	05:01
	Air Blank	0.000	05:02
	Air Blank	0.000	05:04
	Subject Sample #3	0.145	05:04
	Air Blank	0.000	05:05
	Control Test	0.079	05:05
	Air Blank	0.000	05:06
	Diagnostics Check	OK	05:06

Cylinder Lot: 22620080A2
Exp: 10/05/2022

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: _____

Signature

Date: 04/18/21

Sworn to (or affirmed) before me this 18 day of April, 2021

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.

APR 20 2021

SUBJECT: Boettcher, Victoria R. CASE NUMBER: _____

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

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL

SUBJECT: Boettcher, Victoria R. 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? Yes

WHERE WERE YOU GOING? Home

WHAT STREET OR HIGHWAY WERE YOU ON? I DON'T KNOW

DIRECTION OF TRAVEL? S WHERE DID YOU START? FROM MY HOME

WHAT TIME DID YOU START? 10:00 PM WHAT TIME IS IT NOW? I DON'T KNOW

WHAT IS TODAY'S DATE? 4-15-21 WHAT DAY OF THE WEEK IS IT? Monday

WHAT COUNTY AND CITY ARE YOU IN NOW? DENVER, COLORADO

WHEN DID YOU LAST EAT? 12:00 PM WHAT DID YOU EAT? PIZZA

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

HOW MUCH DO YOU WEIGH? 150 HAVE YOU BEEN DRINKING? Yes WHAT? WINE

HOW MUCH? 2 glasses WHERE? BAR WITH WHOM? DATE

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

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? DRINKING

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? Yes ARE YOU UNDER THE INFLUENCE? Not really

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? Yes HOW MUCH? _____

WHAT? _____ WHERE? _____ WHEN? _____

WHAT LINE OF WORK ARE YOU IN? Teacher WHEN DID YOU LAST WORK? Today

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? N/A WHAT? _____

ARE YOU SICK OR INJURED? N/A WHAT'S WRONG? _____

DO YOU LIMP? N/A DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? N/A

WERE YOU IN AN ACCIDENT TODAY? N/A

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? N/A WHEN? _____

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? N/A WHO? _____ WHY? _____

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? N/A 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? N/A

DO YOU TAKE INSULIN? N/A IF SO, WHEN WAS YOUR LAST INJECTION? _____

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? N/A WHERE? _____

INTERVIEWER: BLAKE

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

SCANNED
GOLD - JAIL
APR 20 2021



**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: 2021009384	Date: 4/19/2021
	Specialist Name/ID: M. Tooks #8557

SCANNED
APR 20 2021