

J# 0514489

20 OCT 1967 ARB

P# 3792

ARREST / NOTICE TO APPEAR

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

1 JUVENILE

AD 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>514 20-000495</b>			
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 type="checkbox"/> 3 Misdemeanor <input 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 Arrest (Including Name of Business) <b>W INDIANTOWN RD/S CENTRAL BLVD</b>				Location of Offense (Business Name, Address) <b>1749 W INDIANTOWN RD/MAPLEWOOD DR, JUPITER, FL</b>					
	Date of Arrest <b>02/02/2020</b>	Time of Arrest <b>03:22</b>	Booking Date <b>02/02/2020</b>	Booking Time <b>03:32</b>	Jail Date	Jail Time	Location of Vehicle			
	Name (Last, First, Middle) <b>DI BONA, VINCENT</b>				Alias (Name, DOB, Soc. Sec. #, Etc.)					
	Race W - White A - Black O - Oriental/Asian	Sex <b>M</b>	Date of Birth <b>11/16/1954</b>	Height <b>5'07</b>	Weight <b>190</b>	Eye Color <b>BROWN</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>S</b>	Religion <b>CATHOLIC</b>	Indication of Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>		Indication of Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>	
	Local Address (Street, Apt. Number) <b>187 BRIER CIR, JUPITER, FL 33458</b>		(City)	(State)	(Zip)	Phone		Residence Type 1. City 3. Florida 2. County 4. Out of State		
	Permanent Address (Street, Apt. Number) <b>187 BRIER CIR, JUPITER, FL 33458</b>		(City)	(State)	(Zip)	Phone		Address Source <b>VERBAL</b>		
	Business Address (Name, Street)		(City)	(State)	(Zip)	Phone		Occupation		
	D/L Number, State <b>D150860544160 / FL</b>		Exp. Date	INS Number	Place of Birth (City, State) <b>QUEENS, NY, United</b>		Citizenship <b>US</b>			
C O D E F	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		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					
	Referred to (Name)		Relationship	Date	Time					
C O D E	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		Property Crime? <input type="checkbox"/> Yes <input checked="" 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 - Dispenses/ 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
C H A R G E	Charge Description <b>DUI - DRIVING UNDER INFLUENCE</b>				Statute Violation Number <b>316.193(1) A</b>		Violation of ORD #			
	Drug Activity	Drug Type <b>N</b>	Amount / Unit	Offense #	Courts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number	Bond <b>OR</b>		
	Charge Description				Statute Violation Number		Violation of ORD #			
C H A R G E	Charge Description				Statute Violation Number		Violation of ORD #			
	Drug Activity	Drug Type	Amount / Unit	Offense #	Courts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number	Bond		
	Charge Description				Statute Violation Number		Violation of ORD #			
I N T A K E	Health - Apparent Physical Condition of Defendants				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"/> Posted Bond		<input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> South County Mental Health		<input 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 T O A P P E A R	<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>03/04/2020 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 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 Arresting Officer <i>Ryan Ferguson</i>		Name Verification (Printed by Arresting Officer)					
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Restricted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other		Name of Arresting Officer (Print) <b>FERGUSON, RYAN</b>		I.D. # <b>1202</b>		(PRINT)			
	Inmate Deputy <b>JSC/DMS 7622</b>		Pouch #		Transporting Officer <b>R. FERGUSON</b>		I.D. # Agency <b>385 JPD</b>			
Witness here if subject signed with _____										

FILED  
CIRCUIT & COUNTY COURT  
FEB 03 2020  
(CRIMINAL DIV.)

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 20-000495</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				Special Notes:

Name (Last, First, Middle) <b>DI BONA, VINCENT</b>	Alias	Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>11/16/1954</b>
Charge Description <b>316.193(1) DUI - DRIVING UNDER INFLUENCE</b>	Charge Description			
Charge Description	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	Address Source	
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  
 committed the below acts in my presence.  was observed by SGT. FRANK who told A.O. 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 2 day of February, 2020 at 05:09 (Specifically include facts constituting cause for arrest.)

My Body Worn Camera was utilized for the following incident:

On February 2nd, 2020 at approximately 0247 hours, I was dispatched to a traffic stop that was conducted by Sgt. Frank. Sgt. Frank observed a vehicle driving westbound from the intersection of W. Indiantown Road/Military Trail at approximately 35 mph in a posted 45 mph zone. (See Sgt. Frank Supplement)

Upon my arrival, I noticed a 2017 4dr silver Honda bearing FL tag KTBB69, stopped in the inner lane facing westbound at the intersection of W. Indiantown Rd/S. Central Blvd. I made contact with a white male, Vincent Di Bona (W/M - 11/16/1954), who was identified using his Florida Driver's License and he was the sole occupant of the vehicle in the driver seat.

Di Bona had glossy eyes, was sweaty and he had a moderate smell of an unknown alcoholic beverage coming from his person that grew when he spoke. Di Bona had a very slow reaction time while I was speaking to him. He would take a bit of time to answer the questions I asked. I asked where Di Bona was headed, he advised he was on his way home. I asked Di Bona where was he coming from, he advised "mangos". I asked what kind of place that was to which he advised a bar. I asked Di Bona if he had anything to drink to which he admitted to drinking whiskey. He advised he had two shots of whiskey.

I advised Di Bona to step outside the vehicle to which he complied. It should be noted Di Bona had a slow reaction time to getting out the vehicle and was swaying. Due to Sgt. Frank and I observations of Di Bona, I asked him if he would like to perform the Standardized Field Sobriety Task's to which he stated yes. I conducted the roadside tasks on Di Bona.

\*\*\*\*SEE DUI PC\*\*\*\*

SIGNATURE OF NOTARY PUBLIC  NOTARY PUBLIC / CLERK OF COURT DATE: <u>02/02/20</u>		SIGNATURE OF ARRESTING / INVESTIGATING OFFICER  <b>FERGUSON, RYAN (1202)</b> NAME OF OFFICER (PLEASE PRINT) DATE: <u>02/02/2020</u>	PAGE <b>1 OF 2</b>
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PROBABLE CAUSE AFFIDAVIT  
SUPPLEMENT

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

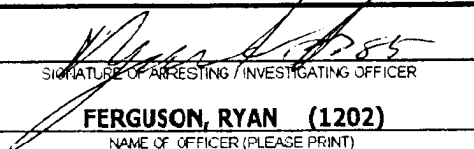
Agency ORI Number <b>FL 0501700</b>	Agency Name <b>JUPITER POLICE DEPARTMENT</b>	Agency Report Number <b>5 4 20-000495</b>
Charge Type Check as many as apply <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Special Notes:

Name (Last, First, Middle) <b>DI BONA, VINCENT</b>	Alias	Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>11/16/1954</b>
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After the roadside tasks, I advised Di Bona that he was being placed under arrest for DUI. I placed Di Bona in handcuffs behind his back which were checked for proper spacing and double-locked to prevent tightening. Di Bona was issued citations for DUI, Driving too slow and Failure to maintain a lane. Di Bona's vehicle was towed by East Coast Towing. He was transported to the Palm Beach County Jail without further incident. BrAC Results: .82/.87

Based on my investigation and the totality of the circumstances, I found probable cause to arrest Vincent Di Bona for DUI because he did drive or was in actual physical control of a vehicle, while under the influence of alcoholic beverages as set forth in Florida Statute 877.111, or any combination thereof, and was affected to the extent that his normal faculties were impaired; breath alcohol level of .08 or more grams of alcohol per 210 liters of breath, contrary to Florida Statute 316.193 (1).

NOT A CERTIFIED COPY

Notary Public State of Florida Thomas H Leahey My Commission GG 347108 Expires 06/20/2023 02/02/20 DATE	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER  <b>FERGUSON, RYAN (1202)</b> NAME OF OFFICER (PLEASE PRINT)	PAGE <b>2 OF 2</b>
02/02/2020 DATE		

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: 80-006478 Software: 8100.27  
Date of Test: 02/02/2020

Date of Last Agency Inspection: 01/17/2020

Observation Period Began: 04:00

Subject's Name: VINCENT DI BONA

DOB: 11/16/1954 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	04:26
	Air Blank	0.000	04:27
	Control Test	0.081	04:27
	Air Blank	0.000	04:27
	Subject Sample #1	0.082	04:28
	Air Blank	0.000	04:29
	Air Blank	0.000	04:30
	Subject Sample #2	0.087	04:31
	Air Blank	0.000	04:32
	Control Test	0.081	04:32
	Air Blank	0.000	04:33
	Diagnostics Check	OK	04:33

Cylinder Lot: 13518080A5  
Exp: 08/05/2020

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 PARIS D POUND, 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: 02/02/20

Sworn to (or affirmed) before me this 02 day of FEBRUARY, 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.



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

PBSO CASE # 20-033206 PBSO ZONE 3-14

AGENCY CASE # 20-000495 CRASH CASE # \_\_\_\_\_

TIME OF STOP/CRASH 0247 DATE 02/02/2020 DAY Sunday

SUBJECT'S NAME Vincent Di Bona RACE W SEX M

HGT 507 WGT \_\_\_\_\_ DOB 11/16/54

LOCATION W. Indianston Rd / Maywood Dr

ARRESTING OFFICER'S NAME & ID R. Ferguson 385 AGENCY Jupiter

DIVISION: \_\_\_\_\_ NOTIFIED BY COMMO Y

ARRIVAL AT FACILITY 0700  
Arrest Time 0322

- BREATH RESULTS:
- .082
  - .087
  - N/A
  - N/A

TESTING OFFICER'S ID 24639

NOT A CERTIFIED COPY

# TESTING FACILITY TASK REPORT

AGENCY: JPD

SUBJECT: DE ROJA, VICENT CASE NUMBER: 2011-206

DATE: 02/03/10 VIDEO TAPE NUMBER: n/a

BEGINNING TIME: 04:21 ENDING TIME: 04:44

BREATH TESTS RESULTS: 1) .032 TIME 04:21 A.M./P.M. 2) .037 TIME 04:31 A.M./P.M.  
3) n/a TIME — A.M./P.M. 4) n/a TIME — A.M./P.M.

BREATH OPERATOR: P. Pugh # 4111

MAINTENANCE TECHNICIAN: J. Hancock # 4961

## TESTING OFFICER'S OBSERVATIONS

SPEECH: slurred / thick

ATTITUDE: relaxed

CLOTHING: 100% jeans, red pants, white shirt, blue shoes

MEDICAL CONDITIONS: none

MEDICATIONS: none

OTHER: eyes

COMMENTS: Arrived at center of 10:30 AM 20

minute. Subject was in room 10 3400 hrs.

at 10:35 AM subject was in the place.

Subject was in room 10 3400 hrs.

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SUBJECT: DZ 12011 Vic 107

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

SUBJECT: 02 / 10A, Vincent 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) \_\_\_\_\_ *[Signature]*

## 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) \_\_\_\_\_ *[Signature]*



**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: 2020003691	Date: 02/03/2020
	Specialist Name/ID: AM/31562