

J#0518817

20CT12205 MB #691

OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		Juvenile <input checked="" type="checkbox"/> N	
Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE				Agency Report Number (N.T.A.'s only) 06-2011878					
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		Weapon Seized / Type 2 1. Yes 2. No N/A		Multiple Clearance Indicator 01	
Location of Arrest (Including Name of Business) STATE ROAD 77 STRIBLING WAY WELLINGTON, FL, 33414						Location of Offense (Business Name, Address) STATE ROAD 77 STRIBLING WAY, WELLINGTON, FL, 33414					
Date of Arrest 09/30/2020		Time of Arrest 03:09		Booking Date		Booking Time		Jail Date		Jail Time	
Name (Last, First, Middle) Kozel, Vitali, Genadevich						Alias (Name, DOB, Soc. Sec. #, Etc.)					
Race W - White I - American Indian B - Black O - Oriental/Asian		Sex W M		Date of Birth 5/26/1975		Height 6'04		Weight 255		Eye Color BLUE	
								Hair Color BLONDE		Complexion MED	
										Build MED	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)						Marital Status Single		Religion		Indication of Alcohol Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>	
Local Address (Street, Apt. Number) 10953 Bitternut Hickory Lane, Boynton Beach, FL 33437						Phone (954) 560-1032		Residence Type: 1. City 2. County 3. Florida 4. Out of State		2	
Permanent Address (Street, Apt. Number)						Phone		Address Source FL DL			
Business Address (Name, Street)						Phone		Occupation CONSTRUCTION			
D/L Number, State K240867751860, FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) BELIZE		Citizenship NO			
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	
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"/> Legal Custodian <input type="checkbox"/> Other:		Name (Last)		(FIB)		(Middle)		Residence Phone			
		Address (Street, Apt. Number)		(City)		(State)		(Zip)		Business Phone	
Notified by: (Name)		Date		Time		Juvenile Disposition 1. Handled/processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated					
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 355-2526) 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)		Violation of ORD #			
Drug Activity N		Drug Type N		Amount / Unit		Offense # 2011878		Warrant / Capias Number		Bond	
Charge Description REFUSAL TO ACCEPT SUMMONS		Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number 318.14(3)		Violation of ORD #			
Drug Activity N		Drug Type N		Amount / Unit		Offense # 2011878		Warrant / Capias Number		Bond	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #			
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #			
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond	
Location (Court, Room Number, Address) 3228 GUN CLUB RD WEST PALM BEACH FL 33406											
Court Date and Time Month 10 Day 22 Year 2020 Time 0830 AM <input checked="" type="checkbox"/> PM											
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 09/30/2020	
HOLD for other Agency Name:				Signature of Arresting Officer X				Name Verification (Printed by Arrestee)			
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal				Name of Arresting Officer (Print) INV G. LYNCH 8568				(PRINT)			
<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:				I.D. # 8568				PAGE			
Intaker Deputy				Transporting Officer INV G. LYNCH 8568				ID # 8568			
I.D. #				Agency PBSO				Witness here if subject signed with an "X"			
Pouch #								1 OF 1			

SCANNED
SEP 30 2020

PROBABLE CAUSE AFFIDAVIT

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

OBTS Number Agency ORI Number FLO 500000 Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE Agency Report Number 06-20-111878

Charge Type: 1. Felony 2. Traffic Felony 3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 6. Other Charge Description DUI

Name (Last, First, Middle) Kozel, Vitali, Genadevich Race W Sex M Date of Birth 5/26/75

Victim's Name (Last, First, Middle) State of Florida Local Address (Street, Apt. Number) Business Address (Name, Street)

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. On the 9-30-2020 day of September 20 2020 at 0245 P.M. (Specifically include facts constituting cause for arrest.)

On 9-30-2020 at approximately 0245 hours, I was dispatched to 25495 S State Rd 7, Wellington, FL 33414 in reference to a reckless driver.

Upon my arrival, I witnessed a silver F-150 bearing the Florida tag # KTQV81 driving south bound in the north bound lane, approaching the intersection of S State Rd 7 and Stribling Way. Once I activated my patrol vehicle's red and blue lights, the vehicle stopped. I then approached the driver side of the vehicle and I witnessed a W/M in the driver seat, later identified as, Vitali Kozel. I also noticed what looked to be a Bud light alcoholic beer bottle open in the front cup holder.

I then asked Kozel what he was doing and he was having trouble speaking and completing words. I immediately smelt an odor of an alcoholic beverage on Kozel breath. Kozel was slurring his words, had red/glassy eyes. I asked Kozel for his driver's license and he had a hard time finding it at first. I ran Kozel's Florida driver's license through dispatch and it came back clear of any wants or warrants.

A DUI unit was requested and arrived on scene. This investigation was then turned over to the DUI unit.

I supplied the witness with a Victim/Witness statement in which he completed and signed.

This report is for supplemental purposes only.

STATE OF FLORIDA COUNTY of Palm Beach Digitally signed by D/S J. Ciralo Date: 2020.09.30

The foregoing instrument was sworn to or affirmed and subscribed before me this day of 20 by D/S J. Ciralo (Print name of Arresting Investigative Officer), who is personally known to me and/or produced identification. Type of Identification produced KNOWN LEO

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

SCANNED SEP 30 2020

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 30 DAY OF SEPT 2020, AT 02:47 AM PM

SUBJECT: Kozel, Vitali, Genadevich CASE NUMBER: 20111878

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 9/30/20 I responded to State Road 7/ Stribling Way, in Palm Beach County, in reference to a suspicious vehicle, traveling the wrong way on State Road 7. The complainant advised the vehicle was a silver Ford F150. Upon my arrival I met with D/S Ciraolo id35917, who first arrived on scene.

D/S Ciraolo advised that he responded in reference to the vehicle traveling the wrong direction. Upon arrival D/S Ciraolo observed the Ford F150, bearing FL tag KTQV81, traveling southbound in the northbound lanes of State Road 7. D/S Ciraolo activated his emergency lights and the truck stopped at the intersection of Stribling Way. D/S Ciraolo made contact with the driver, Vitali Kozel, the sole occupant of the truck, and noticed a bottle of bud light beer in the center console. D/S Ciraolo noticed that Vitali's speech was slurred. Kozel's eyes were red and glassy. There was an odor of an unknown alcoholic beverage coming from Vitali's breath.

OBSERVATION OF DRIVER:

I met with Vitali, who was seated in the driver seat of the truck. I observed an open bottle of Bud Light beer in the center console, which was approximately 1/4 full. I had Vitali exit the truck and walk to the front of my patrol car. To avoid Vitali's truck from being struck by another vehicle, I had a deputy move it off the roadway. While walking to the front of my patrol car I observed Vitali to be unsteady and he almost tripped on the curb. I observed Vitali's eyes to be bloodshot and glassy. Vitali's speech was slurred and his movements were slow. I could smell the odor of an unknown alcoholic beverage coming from Vitali's breath, which got stronger when he spoke. Vitali advised that he was coming from playing hockey and went to meet friends somewhere in Jupiter. Vitali stated that he was on his way home. I pointed out to Vitali that he had been traveling on the wrong side of the roadway several times and each time he appear surprised. When asked how much he had to drink Vitali stated he didn't know. When asked when his last drink was Vitali would not answer. Based on my observations I asked Vitali to perform standard field sobriety tasks, which he would not answer. I advised Vitali of Taylor warnings, which he advised he understood. I gave Vitali a second opportunity to perform standard field sobriety tasks, which he refused.

DRIVER'S STATEMENTS:

ODORS:

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

GENERAL OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Calm/ Cooperative

CLOTHING: _____

MEDICAL/OTHER: NONE

STATE OF FLORIDA
COUNTY OF PALM BEACH

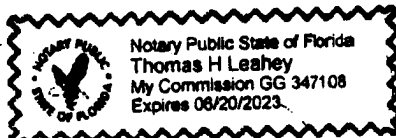
INV G. LYNCH 8568
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 30 day of SEPT 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)



SCANNED
SEP 30 2020

SUBJECT: Kozel, Vitali, Genadevich

CASE NUMBER 20111878

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

- | | |
|--|--|
| <input type="checkbox"/> LT EYE-LACK OF SMOOTH PURSUIT | <input type="checkbox"/> RT EYE-LACK OF SMOOTH PURSUIT |
| <input type="checkbox"/> LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION | <input type="checkbox"/> RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION |
| <input type="checkbox"/> LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES | <input type="checkbox"/> RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES |

Other Observations:

REFUSED

WALK & TURN:

REFUSED

ONE LEG STAND:

REFUSED

FINGER TO NOSE:

REFUSED

ROMBERG ALPHABET:

REFUSED

BREATH TEST RESULTS:

STATE OF FLORIDA
COUNTY OF PALM BEACH

INV G. LYNCH 8568

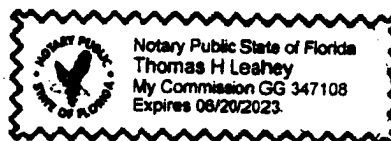
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 30 day of SEPT 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)



SCANNED
SEP 30 2020

SUBJECT: Kozel, Vitali G CASE NUMBER: 20-111878

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) *read on camera*

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*

SCANNED
SEP 30 2020

SUBJECT: Kozel, Vitali G CASE NUMBER: 20-111878

QUESTIONS AND ANSWERS

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

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

WHERE WERE YOU GOING? _____

WHAT STREET OR HIGHWAY WERE YOU ON? _____

DIRECTION OF TRAVEL? _____ WHERE DID YOU START? _____

WHAT TIME DID YOU START? _____ WHAT TIME IS IT NOW? _____

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

WHAT COUNTY AND CITY ARE YOU IN NOW? _____

WHEN DID YOU LAST EAT? _____ WHAT DID YOU EAT? _____

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

HOW MUCH DO YOU WEIGH? _____ HAVE YOU BEEN DRINKING? _____ WHAT? _____

HOW MUCH? _____ WHERE? _____ WITH WHOM? _____

WHEN DID YOU HAVE YOUR FIRST DRINK? _____ AND YOUR LAST DRINK? _____

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? _____

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? _____ (ARE YOU UNDER THE INFLUENCE? _____

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

WHAT? _____ WHERE? _____ WHEN? _____

WHAT LINE OF WORK ARE YOU IN? _____ WHEN DID YOU LAST WORK? _____

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? _____ WHAT? _____

ARE YOU SICK OR INJURED? _____ WHAT'S WRONG? _____

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

WERE YOU IN AN ACCIDENT TODAY? _____

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

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

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? _____ WHAT? _____ WHEN? _____

DO YOU HAVE:

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

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

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

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

INTERVIEWER: _____

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

SCANNED
SEP 30 2020

TESTING FACILITY TASK REPORT

AGENCY:
SUBJECT:
CASE NUMBER:
DATE:
VIDEO DVD NUMBER:
BEGINNING TIME:
ENDING TIME:

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

unknown odor of alcoholic beverage on breath

COMMENTS:

arrived at center A/O conducted 20 minute observation period at 0355 hrs.

subject refused to perform breath test - would not answer

A/O read I/C & subject understood I/C

subject refused to perform breath test

A/O read rights & subject understood rights

A/O did not attempt Q&A

subject invoked right to counsel on scene

SCANNED
SEP 30 2020



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

PBSO CASE # 20111878 PBSO ZONE 8-51

AGENCY CASE # / CRASH CASE # _____

TIME OF STOP/CRASH 02:47 DATE 09/30/2020 DAY Wednesday

SUBJECT'S NAME Kozel, Vitali, Genadevich RACE W SEX M

HGT 6'04 WGT 255 DOB 5/26/1975

LOCATION STATE ROAD 7/ STRIBLING WAY WELLINGTON, FL, 33414

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 03:55

ARREST TIME 03:09

BREATH RESULTS:

1) **REFUSED**
2) _____
3) _____
4) _____

TESTING OFFICER'S ID 19183 PBSO VIDEOTAPE # N/A

SCANNED
SEP 30 2020

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

I, INV. G. LYNCH 8568, a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)

am a member of PALM BEACH COUNTY SHERIFFS OFFICE, and I do swear
(Name of law enforcement agency)

or affirm that on or about the 30 day of SEPT, 2020, at 03:09 P.M. A.M.


DRIVER VITALI GENADEVICH KOZEL
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# K240867751860, state of FL, was placed under lawful arrest for
the offense of DUI by INV. G. LYNCH 8568 and
issued Citation # A2GCONP
(Name of Arresting Officer)

That on or about the 30 day of SEPT, 2020, at 04:20 P.M. A.M.

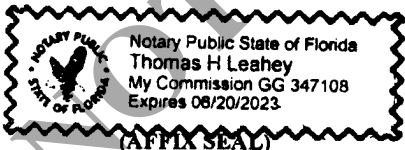
in PALM BEACH County.

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 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 of Attesting Officer

Title _____

Date _____

The foregoing instrument was sworn and subscribed before

me this 30 day of SEPT, 2020,

by INV. G. LYNCH 8568,

who is personally known to me or who has produced

KNOWN as identification

Notary Public T. Leahey

HSMV-BAR1001 (REV. 10/2016)

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.

SCANNED
SEP 30 2020

WITNESS LIST

CASE NUMBER: 20111878

ARRESTING OFFICER: INV G. LYNCH 8568

ADDRESS: HQ

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

CAN TESTIFY TO: FACTS OF CASE

NAME: D/S CIRAOLO 35917

ADDRESS: DIST 8

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

CAN TESTIFY TO: TRAFFIC STOP

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) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NOT A CERTIFIED COPY

SCANNED
SEP 30 2020



PALM BEACH COUNTY SHERIFF'S OFFICE

Florida State Statute Exemption Sheet

Palm Beach County Sheriff's Office – Arrests Only

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

REVIEW COMPLETED BY

Booking Number: 2020023041	Date: 09/30/2020
	Specialist Name/ID: T Howard/7185

SCANNED
SEP 30 2020