

# ARREST / NOTICE TO APPEAR Juvenile Referral Report

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

Juvenile

1

N

ADMINISTRATIVE	OBTS Number		Agency ORI Number <b>FLO 5 0 2 6 0 0</b>		Agency Name <b>PALM BEACH GARDENS POLICE DEPARTMENT</b>		Agency Report Number <b>78 - 21003223</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		Weapon Seized / Type 1. Yes 2. No	
	Location of Arrest (Including Name of Business) <b>SOUTHAMPTON DR/CENTRAL BLVD, PBG, FL</b>		Location of Offense (Business Name, Address) <b>PGA BLVD/CENTRAL BLVD, PBG, FL</b>					
	Date of Arrest <b>07/25/2021</b>		Time of Arrest <b>02:33</b>		Booking Date		Booking Time	
DEFENDANT	Name (Last, First, Middle) <b>TROUTMAN, WYATT, ANDREW</b>							
	Alias (Name, DOB, Soc. Sec. #, Etc.)							
	Race W - White I - American Indian B - Black O - Oriental/Asian		Sex <b>M</b>		Date of Birth <b>06/19/1995</b>		Height <b>5'10</b>	
	Weight <b>150</b>		Eye Color <b>BRO</b>		Hair Color <b>BRO</b>		Complexion <b>LGT</b>	
CO-DEF	Build <b>MED</b>		Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status <b>SINGLE</b>		Religion <b>AGNOSTIC</b>	
	Indication of Alcohol Influence 1. Yes 2. No		Indication of Drug Influence 1. Yes 2. No		Indication of Injury 1. Yes 2. No		Indication of Unk. 1. Yes 2. No	
	Local Address (Street, Apt. Number) <b>4041 KINGSTON LANE,</b>		(City) <b>PALM BEACH GARDENS, FL</b>		(Zip) <b>33418</b>		Phone <b>(561) 568-6962</b>	
	Permanent Address (Street, Apt. Number) <b>4041 KINGSTON LANE,</b>		(City) <b>PALM BEACH GARDENS, FL</b>		(Zip) <b>33418</b>		Phone	
JUVENILE	Address (Name, Street) <b>BOYNTON BEACH, FL</b>		(City) <b>BOYNTON BEACH, FL</b>		(State) <b>FL</b>		(Zip) <b>33418</b>	
	D/L Number, State <b>T653861952190 FL</b>		Soc. Sec. #		INS Number		Place of Birth (City, State) <b>BOYNTON BEACH, FL</b>	
	Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth	
	Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth	
NOTICE TO APPEAR	Parent Legal Custodian <input type="checkbox"/> Other		Name (Last) <b>AL</b>		(First) <b>AL</b>		(Middle) <b>AL</b>	
	Address (Street, Apt. Number)		(City)		(State)		(Zip)	
	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	
CHARGE	The above address provided by [ ] defendant and / or [ ] 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. Para. / Nerve/ Equip. / S. Synthetics	
CHARGE	Charge Description <b>DRIVING UNDER THE INFLUENCE</b>		Counts <b>1</b>		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number <b>316.193(1)(A)</b>	
	Drug Activity <b>N</b>		Drug Type <b>N</b>		Amount / Unit		Offense #	
	Warrant / Capias Number		Bond		Statute Violation Number		Violation of ORD #	
	Warrant / Capias Number		Bond		Statute Violation Number		Violation of ORD #	
CHARGE	Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number	
	Drug Activity		Drug Type		Amount / Unit		Offense #	
	Warrant / Capias Number		Bond		Statute Violation Number		Violation of ORD #	
	Warrant / Capias Number		Bond		Statute Violation Number		Violation of ORD #	
CHARGE	Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number	
	Drug Activity		Drug Type		Amount / Unit		Offense #	
	Warrant / Capias Number		Bond		Statute Violation Number		Violation of ORD #	
	Warrant / Capias Number		Bond		Statute Violation Number		Violation of ORD #	
ADMIN	Location (Court Room Number, Address) <b>NORTH COUNTY COURTHOUSE, 3188 PGA BOULEVARD, PALM BEACH GARDENS, FL 33410 - PH: (561) 662-6700</b>		Court Date and Time Month <b>AUGUST</b> Day <b>25</b> Year <b>2021</b> Time <b>10:00</b> AM <input checked="" type="checkbox"/> PM		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) <b>[Signature]</b>		Date Signed <b>07/25/2021</b>		Name Verification (Printed by Agent) <b>[Signature]</b>			
	HOLD for other Agency Name: <b>[Signature]</b>		Signature of Arresting Officer <b>[Signature]</b>		Name of Arresting Officer (Print) <b>OFC. ANDREW FLINK</b>		I.D. # <b>514</b>	
	Intake Deputy <b>[Signature]</b>		I.D. #		Pouch #		Transporting Officer <b>OFC. A. FLINK</b>	
I.D. #		Agency <b>PBGPD</b>		Witness here if subject signed with an "X"		Page <b>1</b>		

DISTRIBUTION: WHITE - COURT COPY

GREEN - STATE ATTORNEY

YELLOW - AGENCY

PINK - AGENCY

GOLD - DEFENDANT (N.T.A.'s ONLY)

# D.U.I. PROBABLE CAUSE AFFIDAVIT

On the 25TH day of JULY 2021 at 0218 ☒ AM ☐ PM

Subject: TROUTMAN, WYATT, ANDREW Case Number: 21003223

Agency: PALM BEACH GARDENS POLICE DEPARTMENT Arresting Officer: OFC. ANDREW FLINK 514

## PERSONAL CONTACT

**DRIVING PATTERN:** (Actual Physical Control; Physical Evidence or Statements Putting Defendant Behind Wheel of Vehicle)

This Officer arrived in the area of Southampton Dr and Central Blvd, PBG, FL, to assist Ofc Lovett 523 on a traffic stop. Ofc Lovett said he observed the vehicle, a Hyundai sedan (LWQM74/FL) driving with parking lights on without headlights activated. This Officer made contact with the driver, identified via Florida Driver License photo, Wyatt Troutman, while he was still in the driver seat of the vehicle, which was on and running.

## OBSERVATION OF DRIVER:

Troutman had bloodshot watery eyes, slurred speech, flushed red face and the strong obvious odor of an unknown alcoholic beverage emanating from his breath at conversational distance. The odor increased as Troutman spoke with this Officer and as the investigation carried on.

## DRIVER STATEMENTS:

Troutman said he was coming from West Palm Beach, more specifically the area of Rosemary Square. Troutman said he was on his way home, which was inside the community where the traffic stop occurred. Troutman admitted to consuming "one or two beers".

**ODORS:** Unknown alcoholic beverage.

## GENERAL OBSERVATIONS

**SPEECH:** Slurred

**ATTITUDE:** Compliant

**CLOTHING:** White shirt, blue pants, black sneakers

**MEDICAL/OTHER:** \_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF PALM BEACH

  
SIGNATURE OF ATTESTING OFFICER

The foregoing instrument was sworn to, affirmed and subscribed before me this 25th day of July 2021 by

OFC. ANDREW FLINK 514

who is ☒ personally known to me or ☐ produced

  
Notary Public, Clerk of Court, Officer (FSS 117.16)



Notary Public State of Florida  
Paris Pound  
My Commission GG 200028  
Expires 03/23/2022

STAMP

# D.U.I. PROBABLE CAUSE AFFIDAVIT Cont.

Subject: TROUTMAN, WYATT, ANDREW

Case Number: 21003223

## ROADSIDE TASKS

### HORIZONTAL GAZE NYSTAGMUS:

#### LEFT EYE

- ☒ Lack of Smooth Pursuit
- ☒ Distinct & Sust. Nystag. at Max. Deviation
- ☒ Onset of Nystagmus Prior to 45 Degrees

#### RIGHT EYE

- ☒ Lack of Smooth Pursuit
- ☒ Distinct & Sust. Nystag. at Max. Deviation
- ☒ Onset of Nystagmus Prior to 45 Degrees

### Other Observations:

### Walk and Turn

During the first set of steps, Troutman missed heel-to-toe multiple times. During the return set of steps, Troutman again missed heel-to-toe multiple times and stepped off the line once.

### One Leg Stand

During the exercise, Troutman raised his left foot. Troutman swayed throughout the exercise and hopped multiple times.

BREATH RESULTS: 1) .057 @ 0330 2) .056 @ 0333 3) URINE @ 0340 4) - @ -

STATE OF FLORIDA  
COUNTY OF PALM BEACH

SIGNATURE OF ATTESTING OFFICER

The forgoing instrument was sworn to or affirmed and subscribed before me this 25th day of July 20 21 by

OFC. ANDREW FLINK

514

who is ☒ personally known to me or ☐ produced

Paris Pound  
My Commission 00 200826  
Expires 03/25/2022

Notary Public, Clerk of Court, Officer (FSS 117-10)

STAMP



**PALM BEACH GARDENS POLICE DEPARTMENT  
DUI TESTING FACILITY INFORMATION SHEET**



PBSO Case #: 21-089143 PBSO Zone: 3-13

Agency Case #: 21003223 Crash Case #: \_\_\_\_\_

**Incident Information:**

Time of Stop/Crash: 0218 Date of Incident: 07/25/2021 Day: SUNDAY

Location of Incident: PGA BLVD/CENTRAL BLVD, PBG, FL

**Arrest Information:**

Time of Arrest: 02:33 Date of Arrest: 07/25/2021 Day: SUNDAY

Location of Arrest: SOUTHAMPTON DR/CENTRAL BLVD, PBG, FL

Subject's Name: (L) TROUTMAN, (F) WYATT, (M) ANDREW

DOB: 06/19/1995 Race: W Sex: M Height: 5'10 Weight: 150 Hair BRO Eye BRO

Address: 4041 KINGSTON LANE, PBG, FL 33418 Phone: (561) 568-6962

Arresting Officer's Name: OFC. ANDREW FLINK ID#: 514

Agency: PBGPD Division: TRAFFIC - DUI

**Breath Results**

- 1) .057 at 03:30 hrs.
- 2) .050 at 03:33 hrs.
- 3) N/A at N/A hrs.
- 4) N/A at N/A hrs.

**---BAT Use---**

BAT Notified: YES

Arrival Time at BAT: 0303

Subject Arrest Time: 02:33

Breath Test Operator: POUND 24639  
PBSO

# TESTING FACILITY TASK REPORT

AGENCY: PBG

SUBJECT: TROUTMAN, WYATT A

CASE NUMBER: 21-089143

DATE: Jul 25, 2021

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 03:26

ENDING TIME: 03:39

BREATH TESTS RESULTS: 1) .057 TIME 03:30 A.M. ☒ P.M. ☐ 2) .056 TIME 03:33 A.M. ☒ P.M. ☐  
3) N/A TIME N/A A.M. ☐ P.M. ☐ 4) N/A TIME N/A A.M. ☐ P.M. ☐

BREATH OPERATOR: P.POUND #24639

MAINTENANCE TECHNICIAN: J. KARLECKE# 6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: CALM, QUIET

CLOTHING: BLUE PANTS, WHITE / RED / BLUE SHIRT, BLUE / WHITE SNEAKERS

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

## OTHER:

SUBJECT: STATED HE HAD " 3 BEERS " IN Q&A

## COMMENTS:

ARRIVED AT CENTER A/O BEGAN THE 20 MINUTE OBSERVATION PERIOD AT 03:03 HRS.

SUBJECT: AGREED TO TAKE TEST

TECH: READ TEST RESULTS

SUBJECT: STATED HE UNDERSTOOD TEST RESULTS

A/O: ASKED FOR A URINE SAMPLE AT 03:35 HRS

SUBJECT: STATED HE WOULD PROVIDE A URINE SAMPLE

A/O: READ I/C

SUBJECT: STATED HE UNDERSTOOD I/C AND WOULD PROVIDE A URINE SAMPLE AT 03:36 HRS

A/O: READ RIGHTS

SUBJECT: STATED HE UNDERSTOOD RIGHTS

A/O: CONDUCTED Q&A

SUBJECT: ANSWER QUESTIONS

SUBJECT: PROVIDED A URINE SAMPLE AT 03:40 HRS

NO DRE CONDUCTED

**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: 80-006238 Software: 8100.27  
Date of Test: 07/25/2021

Date of Last Agency Inspection: 07/16/2021

Observation Period Began: 03:03

Subject's Name: WYATT A TROUTMAN

DOB: 06/19/1995 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	03:28
	Air Blank	0.000	03:29
	Control Test	0.079	03:29
	Air Blank	0.000	03:29
	Subject Sample #1	0.057	03:30
	Air Blank	0.000	03:30
	Air Blank	0.000	03:32
	Subject Sample #2	0.056	03:33
	Air Blank	0.000	03:33
	Control Test	0.079	03:34
	Air Blank	0.000	03:34
	Diagnostics Check	OK	03:34

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, DAVID B. BOWEN, 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: 07/25/21

Sworn to (or affirmed) before me this 25<sup>th</sup> day of JULY, 2021

OFC. A. FLINK

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.

**TOXICOLOGY ANALYSIS REQUEST**

This Form Must Be Included With the Property Receipt and Accompany the Evidence Submitted for Toxicology Analysis  
PRINT LEGIBLY OR TYPE

Agency: PALM BEACH GARDENS POLICE DEPARTMENT Case #: 21003223

Officer: OFC. ANDREW FLINK ID#: 514 Email: aflink@pbgfl.com

Specimen Collected By: OFC. ANDREW FLINK Date: July 25, 2021 Time: 0340

Specimen Collected From: TROUTMAN, WYATT, ANDREW Age: 26 Sex: M Hgt: 5'10 Wgt: 150

Specimen Type: ☐ Blood ☒ Urine ☐ Beverage ☐ Other-Describe \_\_\_\_\_

Type of Case: ☐ Traffic Crash ☐ Fatality ☒ DWI/DUI ☐ Other Date: 7/25/21 Time: 0233

Potential Felony? ☐ Yes ☒ No

Was any medication administered by medical personnel prior to sample being drawn: ☐ Yes ☒ No

If yes, name of Medication(s): N/A

Subject Arrested: ☒ Yes ☐ No

Breath Test Performed? ☒ Yes ☐ No Results: .057 .056 URINE

Tests requested: ☐ Blood Alcohol ☐ Blood Drug Screen ☒ Urine Drug Screen

*NOTE: Blood Alcohol analysis is performed on all DUI blood specimens. Requested Blood Drug Screen may not be performed based on the laboratory protocol. If you have any questions, please contact the Toxicology Unit at 561-688-4814 or toxicologyrequest@pbso.org.*

DRE exam performed: ☐ Yes ☒ No DRE Officer: \_\_\_\_\_ Agency: \_\_\_\_\_

DRE Opinion: \_\_\_\_\_ DRE Email: \_\_\_\_\_

Drug History and Signs of Impairment (Please list any drugs, medications, or prescriptions the subject may have taken or were in his/her possession.)

Troutman had bloodshot watery eyes, slurred speech, flushed red face and the strong obvious odor of an unknown alcoholic beverage emanating from his breath at conversational distance. The odor increased as Troutman spoke with this Officer and as the investigation carried on. Troutman displayed additional indicators of impairment during the roadside exercises.

SUBJECT: Truck accident 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? 95

DIRECTION OF TRAVEL? N WHERE DID YOU START? Lawrenceville

WHAT TIME DID YOU START? 5:30 WHAT TIME IS IT NOW? 5:45

WHAT IS TODAY'S DATE? 7/5/01 WHAT DAY OF THE WEEK IS IT? Sunday

WHAT COUNTY AND CITY ARE YOU IN NOW? GA

WHEN DID YOU LAST EAT? 12:30 WHAT DID YOU EAT? \_\_\_\_\_

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? \_\_\_\_\_

HOW MUCH DO YOU WEIGH? 140 HAVE YOU BEEN DRINKING? yes WHAT? Beer

HOW MUCH? 3 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? No 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? Permit to work WHEN DID YOU LAST WORK? last week

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? No WHAT? \_\_\_\_\_

ARE YOU SICK OR INJURED? No WHAT'S WRONG? \_\_\_\_\_

DO YOU LIMP? No DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? No

WERE YOU IN AN ACCIDENT TODAY? No

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? No WHEN? \_\_\_\_\_

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? No WHO? \_\_\_\_\_ WHY? \_\_\_\_\_

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? No 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? No

DO YOU TAKE INSULIN? No IF SO, WHEN WAS YOUR LAST INJECTION? \_\_\_\_\_

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? No WHERE? \_\_\_\_\_

INTERVIEWER: Uta Flink 5/14

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL



**SUBJECT:**

**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~~ 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 Cte PLINK of the PLINK

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) Paul J. (John)



**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)
<b>L/E Exemptions</b>	<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.	
<b>Public Info. Exemptions</b>	<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.	
<b>Florida Rules of Judicial Administration 2.420 (Rule of 23)</b>	<input checked="" type="checkbox"/>	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	<input type="checkbox"/>	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	<input type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	<input type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
<b>Other</b>	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

**REVIEW COMPLETED BY**

<b>Booking Number:</b> 2021018418	<b>Date:</b> 7/25/2021
	<b>Specialist Name/ID:</b> T Howard/7185