0536756 22CT20989 NB 116

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

ADMINISTRATIVE

OBTS Number

Agency ORI Number: FLO 5 0 2 6 0 0
Agency Name: PALM BEACH GARDENS POLICE DEPARTMENT
Agency Report Number: 78 - 22005995

Charge Type: Check as many as apply. ☐ 1. Felony ☐ 2. Traffic Felony ☐ 3. Misdemeanor ☒ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other
Weapon Seized / Type: 2 (1. Yes 2. No)
Multiple Clearance Indicator:

Location of Arrest (Including Name of Business): 2359 PGA BLVD, PALM BEACH GARDENS, FL, 33410
Location of Offense (Business Name, Address): 2200-BLK PGA BLVD, PALM BEACH GARDENS, FL, 33410

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
12/17/2022	06:13					KAUFF'S TOWING AND RECOVERY 4701 EAST AVENUE, WPB, FL 33407

DEFENDANT

Name (Last, First, Middle): POWERS, LINDSEY, MARIE
Alias (Name, DOB, Soc. Sec. #, Etc.)

Race (W - White I - American Indian B - Black 0- Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	F	10/13/1995	5'7	175	BLU	BLN	LGT	MED

Scars, Marks, Tatoos, Unique Physcal Features (Location, Type, Description):
Marital Status: Single
Religion: Christian
Indication of: Alcohol Influence Y ☐ N ☐ Unk. ☐ ; Drug Influence Y ☐ N ☐ Unk. ☐

Local Address (Street, Apt. Number) (City) (State) (Zip): 717 SOUTH US HIGHWAY 1 #905, JUPITER, FL 33477
Phone: (561) 351-8073
Residence Type: 1. City 2. County 3. Florida 4. Out of State | 2

Permanent Address (Street, Apt. Number) (City) (State) (Zip): 717 SOUTH US HIGHWAY 1 #905, JUPITER, FL 33477
Phone:
Address Source: VERBAL

Business Address (Name, Street) (City) (State) (Zip):
Phone:
Occupation:

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
P-620-533-95-873-0 FL	[redacted]		PALM BCH GDNS, FL	US

CO-DEF

Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	
				☐ 1. Arrested ☐ 2. At Large ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile
Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	
				☐ 1. Arrested ☐ 2. At Large ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile

JUVENILE

☐ Parent ☐ Legal Custodian ☐ Other: Name (Last) (First) (Middle) — Residence Phone
Address (Street, Apt. Number) (City) (State) (Zip) — Business Phone
DOT
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 ☐ 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. ☐ Yes, by: (Name) ☐ No: (Reason) — School Attended — Grade
Property Crime? ☐ Yes ☐ No — Description of Property — Value of Property

CODE

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

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
DRIVING UNDER THE INFLUENCE OVER .08	1	☐ Y ☒ N	316.193(1)(C)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
			22005995		

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐ Y ☐ N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐ Y ☐ N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐ Y ☐ N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

NOTICE TO APPEAR

Location (Court, Room Number, Address):
NORTH COUNTY COURTHOUSE, 3188 PGA BOULEVARD, PALM BEACH GARDENS, FL 33410 - PH: (561) 662-6700

Court Date and Time: Month JANUARY Day 18 Year 2023 Time 10:00 AM X 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) — Date Signed: 12/17/2022

ADMIN

HOLD for other Agency Name: RECEIVED NO HOLDS
☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other:
Intake Deputy I.D. # Pouch #
Signature of Arresting Officer
Name of Arresting Officer (Print) A. FLINK I.D. # 514
Transporting Officer A. FLINK ID # 514 Agency PBGPD
Name Verification (Printed by Arrestee) (PRINT)
Witness here if subject signed with an "X"

PAGE 1 OF 1

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PROBABLE CAUSE AFFIDAVIT

OBTS Number:

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

JUVENILE:

ADMIN

Agency ORI Number	Agency Name	Agency Report Number
FL FL0502600	Palm Beach Gardens Police Department	7 | 8 | 22-005995

Charge Type: Check as many as apply. ☐ 1. Felony ☐ 2. Traffic Felony ☐ 3. Misdemeanor ☒ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
POWERS, LINDSEY MARIE		W	F	10/13/1995

CHARGES

Charge Description	Charge Description
316.193(1)(C) DUI - BREATH .08 OR ABOVE	

VICTIM

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
State Of Florida			

Local Address (Street, Apt. Number)	(City)	(State)	(Zip)	Phone	Address Source

Business Address (Name, Street)	(City)	(State)	(Zip)	Phone	Occupation

PROBABLE CAUSE STATEMENT

The undersigned certifies and swears that he/she has just and resonable 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.

☐ confessed to _____ admitting to the below facts.

☐ was observed by _____ who told _____ that he/she saw the arrested person committ the below acts.

☒ was found to have committed the below acts, resulting from my (described) investigation.

On the 17 day of December, 2022 at 06:00 (Specifically include facts constituting cause for arrest.)

On 12/17/2022 at approximately 0600 hours, this Officer arrived in the area of the 2200-block of PGA Blvd, PBG, FL, to assist Ofc Lovett 523 on an investigation. Body worn camera and in car video were used.

Officers were original dispatched to the area, when NPBPD Ofc Davis 9872 observed an individual passed out behind the wheel of a Nissan sedan (55BSKP/FL). Ofc Lovett arrived shortly after Ofc Davis called out the vehicle. Ofc Lovett told this Officer the driver told him she was at The Breakers then said she was in downtown West Palm Beach. Ofc Lovett further stated there appeared to be a "White Claw" can in the middle cup holder next to the driver. This Officer observed the Nissan to be stopped in the middle through lane of PGA Blvd, approximately 200 feet west of the gates for the draw bridge. This Officer made contact with the driver and lone occupant, identified via Florida Driver License photo, Lindsey Powers (OF) while she was seated in the driver seat.

Powers said she was sleeping in the roadway because it was really late. Powers said she was coming from a friend's house downtown and was on her way home. Powers said she drank earlier in the night and had not had any in "a long time". This Officer observed Powers to have red watery eyes, flushed red face and slurred speech. This Officer was able to detect the odor of an unknown alcoholic beverage emanating from her breath at conversational distance.

This Officer asked Powers to exit the vehicle to participate in Standardized Field Sobriety Exercises, to which she complied. This Officer relocated Powers to the overhang at 2359 PGA Blvd, due to the weather being rainy and 64 degrees Farenheit. Powers said she did not have any medical conditions which would affect the exercises performed.

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ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

NOTARY PUBLIC / CLERK OF COURT / OFFICER

JOSHUA BELL
MY COMMISSION #GG346008
EXPIRES: JUN 18, 2023
Bonded through 1st State Insurance

12/17/2022
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

FLINK, ANDREW S. (514)
NAME OF OFFICER (PLEASE PRINT)

12/17/2022
DATE

COURT STATE ATTORNEY CENTRAL RECORDS JAIL CRIME ANALYSIS P. I. O.

ADMIN

OBTS Number	PROBABLE CAUSE AFFIDAVIT SUPPLEMENT	1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias	1	JUVENILE

Agency ORI Number	Agency Name	Agency Report Number
FL FL0502600	Palm Beach Gardens Police Department	7 | 8 | 22-005995

Charge Type: Check as many as apply. ☐ 1. Felony ☐ 2. Traffic Felony ☐ 3. Misdemeanor ☒ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
POWERS, LINDSEY MARIE		W	F	10/13/1995

PROBABLE CAUSE STATEMENT

The first exercise conducted, was the Horizontal Gaze Nystagmus. The stimulus used was a Stylus Streamlight with an illuminated red tip. This Officer observed a lack of smooth pursuit in both eyes and sustained involuntary jerking in both eyes at maximum deviation. She also had Nystagmus prior to 45 degrees in both eyes.

The second exercise conducted, was the Walk and Turn. The line used, was a strip of yellow tape placed upon the sidewalk by this Officer. During the instructions, Powers stepped out of the starting position and raised her arms from her sides. During the first set of steps, Powers raised her right arm more than six inches from her side. During the return set of steps, Powers missed heel-to-toe twice.

The third exercise conducted, was the One-Leg Stand. During the exercise, Powers raised her left foot. Powers swayed and raised her left hand more than six inches from her side.

The fourth exercise conducted, was the Rhomberg Alphabet. Powers swayed during the exercise and skipped the letter W.

The final exercise conducted, was the Modified Rhomberg Balance. Powers estimated the passage of 30 seconds in approximately 18 seconds.

Based on this Officer`s observations, Powers was placed under arrest at 0613 hours. During a tow inventory of Powers vehicle, the White Claw can was located stuffed into the right rear passenger door. At PBSO BAT, this Officer requested Powers provide a breath sample for the purpose of determining its alcohol content, to which she agreed to do so. At 0711 hours she blew .126 and at 0716 hours, she blew .131.

Based on the results of the investigation, this Officer has probable cause to prove Lindsey Powers operated a motor vehicle, in the county of Palm Beach, in the state of Florida, while under the influence to the extent her normal faculties were impaired, with an unlawful breath alcohol content, in violation of FSS 316.193(1)(C).

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ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

NOTARY PUBLIC / CLERK OF COURT / OFFICIAL (F.S. 117.10)

JOSHUA BELL
MY COMMISSION #GG346008
EXPIRES: JUN 18, 2023
Bonded through 1st State Insurance

12/17/2022
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

FLINK, ANDREW S (514)
NAME OF OFFICER (PLEASE PRINT)

12/17/2022
DATE

COURT STATE ATTORNEY CENTRAL RECORDS JAIL CRIME ANALYSIS P. I. O.

PALM BEACH GARDENS POLICE DEPARTMENT
DUI TESTING FACILITY INFORMATION SHEET

PBSO Case #: 22-140458 PBSO Zone: 3-13

Agency Case #: 22005995 Crash Case #: _____

Incident Information:

Time of Stop/Crash: 0544 Date of Incident: 12/17/2022 Day: SATURDAY

Location of Incident: 2200-BLK PGA BLVD, PALM BEACH GARDENS, FL, 33410

Arrest Information:

Time of Arrest: 06:13 Date of Arrest: 12/17/2022 Day: SATURDAY

Location of Arrest: 2359 PGA BLVD, PALM BEACH GARDENS, FL, 33410

Subject's Name: (L) POWERS, (F) LINDSEY, (M) MARIE

DOB: 10/13/1995 Race: W Sex: F Height: 5'7 Weight: 175 Hair BLN Eye BLU

Address: 717 SOUTH US HIGHWAY 1 #905, JUPITER, FL 33477 Phone: (561) 351-8073

Arresting Officer's Name: A. FLINK ID#: 514

Agency: PBGPD Division: TRAFFIC UNIT

Breath Results

1) .126 at 0711 hrs.
2) .131 at 0716 hrs.
3) N/A at – hrs.
4) N/A at – hrs.

---BAT Use---

BAT Notified: YES

Arrival Time at BAT: 0643

Subject Arrest Time: 06:13

Breath Test Operator: BELL 8656
PBSO

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SUBJECT: [illegible] 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 determining the presence of chemical or controlled substances.

NOTE: READ ONLY IF THE SUBJECT DOES NOT COMPLY WITH YOUR REQUEST.

I am CK FLINK of the PBGD

If you refuse to take the test I have requested of you, your driving privilege will be suspended for a period of one (1) year for a FIRST REFUSAL, or eighteen (18) months if your driving privilege has been PREVIOUSLY SUSPENDED, or if you have been PREVIOUSLY FINED under s. 327.35215, for refusing to submit to a lawful test of your breath, urine, or blood. Additionally, if you refuse to take the test I have requested of you, and if your driving privilege has been previously suspended, or if you have been previously fined under s. 327.35215, for a refusal to submit to a lawful test of your ***breath, urine*** or blood, you will be committing a misdemeanor, in addition to any other penalties which can be imposed by law.

Refusal to submit to the test I have requested is admissible into evidence in any criminal proceeding.

Do you understand what I have just read to you? YES <or> NO Do you still refuse to submit to this test? YES <or> NO

NOTE: IF THE SUBJECT POSSESSES A COMMERCIAL DRIVER'S LICENSE (CDL), READ THE FOLLOWING,

If you are a Commercial Driver License (CDL) holder or were driving a Commercial Motor Vehicle (CMV), your refusal to submit to testing will result in the loss of your commercial driving privilege for a period of one year from today. If this is your SECOND REFUSAL, you will be permanently disqualified from holding a CDL or operating a CMV.

Do you understand what I have just read to you? YES <or> NO Do you still refuse to submit to this test? YES <or> NO

SUBJECTS 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

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SUBJECT: _____ 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: _____

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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: 12/17/2022

Date of Last Agency Inspection: 11/18/2022
Observation Period Began: 06:43
Subject's Name: LINDSEY M POWERS DOB: 10/13/1995 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	07:09
Air Blank	0.000	07:10
Control Test	0.079	07:10
Air Blank	0.000	07:10
Subject Sample #1	0.126	07:11
Air Blank	0.000	07:12
Air Blank	0.000	07:14
Subject Sample #2	0.131	07:16
Air Blank	0.000	07:16
Control Test	0.079	07:17
Air Blank	0.000	07:17
Diagnostics Check	OK	07:17

Cylinder Lot: 29821080A4
Exp: 12/05/2023

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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 JOSHUA J BELL, 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: _____ Date: 12/17/22
Signature

Sworn to (or) affirmed and subscribed before me this 17 day of December 2022

_____ Ofc. A. Flink #514
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.

FDLE/ATP FORM 38 - MARCH 2004, Ref. 11D-8.007

TESTING FACILITY TASK REPORT

AGENCY: PBG

SUBJECT: POWERS, LINDSEY MARIE

CASE NUMBER: 22-140458

DATE: Dec 17, 2022

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 0707

ENDING TIME: 0718

BREATH TESTS RESULTS: 1) .126 TIME 0711 A.M. ☒ P.M. ☐ 2) .131 TIME 0716 A.M. ☒ P.M. ☐

3) XX TIME XX A.M. ☐ P.M. ☐ 4) XX TIME XX A.M. ☐ P.M. ☐

BREATH OPERATOR: JOSHUA J BELL #8656

MAINTENANCE TECHNICAN: J. KARLECKE #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: COOPERATIVE

CLOTHING: WHITE SWEATER, BLACK SHORTS, BLACK BOOTS

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER:

EYES: BLOODSHOT, GLASSY

ODOR OF UNKNOWN ALCOHOLIC BEVERAGE COMING FROM BREATH

COMMENTS:

A/O ARRIVED AT DUI TESTING FACILITY AND BEGAN THE 20 MINUTE OBSERVATION AT 0643 HOURS

SUBJECT STATED SHE WOULD TAKE BREATH TEST

BREATH TEST COMPLETED

A/O READ RIGHTS
SUBJECT STATED SHE UNDERSTOOD HER RIGHTS

TECH READ BREATH TEST RESULTS
SUBJECT STATED SHE UNDERSTOOD BREATH TEST RESULTS

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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	☐	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	☐	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	☐	119.071(4)(c)	Undercover personnel.	
	☐	119.071(2)(f)	Confidential informants (CIs).	
	☐	119.071(2)(e)	Confession.	
Public Info. Exemptions	☐	985.04(1)	Juvenile offender records.	
	☐	119.071(h)(i)	Assets of a crime victim.	
	☐	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	☐	394.4615(7)	Mental health information.	
	☐	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)	☒	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	☐	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	☐	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	☐	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	☐			
	☐			
	☐			
	☐			
	☐			
Other	☐		Other:	
	☐		Other:	

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REVIEW COMPLETED BY

Booking Number: 2022032520	**Date:** 12/18/2022
	Specialist Name/ID: Pinkneya/7796