0535798 22CT18684 NB 97

ARREST / NOTICE TO APPEAR

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

ADMINISTRATION

OBTS Number:

Agency ORI Number: 0501700 | Agency Name: Jupiter Police Department | Agency Report Number (N.T.A.'s only): 5 | 4 | 22-004235

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

If Weapon Seized — Enter Type: UNARMED | Multiple Clearance Indicator: 1

Location of Arrest (Including Name of Business): 1095 N A1A JUPITER, FL 33477 | Location of Offense (Business Name, Address): 1095 N A1A, JUPITER, FL 33477

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
11/06/2022	00:05	11/06/2022	00:15			

DEFENDANT

Name (Last, First, Middle): AKOUNDI, SOPHIA VAN NESS — Alias:

Race (W - White, B - Black, I - American Indian, O - Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	F	11/21/1995	5'10	140	BROWN	BLONDE /	LIGHT	SMALL

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description):

Marital Status: S — Religion: MUSLIM — Indication of: Alcohol Influence ☒ Yes ☐ No ☐ Unk; Drug Influence

Local Address (Street, Apt. Number) (City) (State) (Zip): 12900 S GARDENS DR 101, PALM BEACH GARDENS, FL 33418 — Phone: (646) 784-5307 — Residence Type: 1. City 2. County 3. Florida 4. Out of State: 1

Permanent Address (Street, Apt. Number) (City) (State) (Zip): 12900 S GARDENS DR 101, PALM BEACH GARDENS, FL 33418 — Phone: (646) 784-5307 — Address Source: FL DL

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

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
A253798959210 / FL	[redacted]		NEW YORK CITY, NY	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
				☐ 1. Arrested ☐ 2. At Large ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile

JUVENILE

☐ Parent ☐ Other: ☐ Legal Custodian — Name (Last, First, Middle): — Residence Phone:

Address (Street, Apt. Number) (City) (State) (Zip): — Business Phone:

Notified by: (Name) — Date — Time — JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated

Released To: (Name) — Relationship — Date — Time

The above address was provided by ☐ defendant and/or ☐ 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.

☐ Yes, by: ☐ No: — 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. Synthetic, U. Unknown, Z. Other

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #
DUI - BAC/BRAC OVER .15 ~~OR MINOR IN VEHICLE~~	316.193(4)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
	N	/		1	☐ Y ☒ N		OR

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
		/			☐ Y ☐ N		

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
		/			☐ Y ☐ N		

INTAKE

Health / Apparent Physical Condition of Defendant: — Any knowledge of the following: ☐ Mental ☐ Escape Risk ☐ Medication ☐ Deformities ☐ Injuries — Explain:

Check which applies: ☐ Released O.R. ☐ Released to Parent/Guardian ☐ T.O.T. County Jail ☐ Posted Bond ☐ South County Mental Health

PROPERTY - Received By: — Released By: — Released To:

Transported By: — Date Transported: / / — Time Transported: : — Other:

NOTICE TO APPEAR

☒ INSTRUCTION NO. 1 - Mandatory appearance in court
☐ INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.

Location (Court, Room): North County PALM BEACH GARD

Court Date and Time: 12/07/2022 08:30:00

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 COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.

X Sophia — Signature of Defendant (or Juvenile and Parent/Custodian) — Date Signed

No Photo Available

ADMIN

HOLD for Other Agency: ☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other

Signature of Arresting Officer: — Name of Arresting Officer (Print): YOCHUM, CRAIG — I.D. #: 1185

Name Verification (Printed by Arrestee) (PRINT):

Intake Deputy: J. DUNN — I.D. #: 36102 — Pouch #:

Transporting Officer: OFC. C. YOCHUM — I.D. #: 1185 — Agency: JPD

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 0501700	JUPITER POLICE DEPARTMENT	5 4 22-004235

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
AKOUNDI, SOPHIA VAN NESS		W	F	11/21/1995

CHARGES

Charge Description	Charge Description
316.193(4) DUI - BAC/BRAC OVER .15 -OR- MINOR IN VEHICLE	
Charge Description	Charge Description

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 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.

☐ confessed to _____ admitting to the below facts.

☒ was observed by NICHOLAS ROLLINS who told OFC. YOCHUM 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 6 day of November, 2022 at 00:05 (Specifically include facts constituting cause for arrest.)

On 11/05/2022 at approximately 2312 hours, I responded to 1095 N A1A (UTIKI) in the Town of Jupiter, Palm Beach County, Florida in reference to a motor vehicle crash. At the time, I was driving a Jupiter Police Department patrol vehicle (vehicle # 2109), I was wearing a JPD uniform clearly identifying myself as a Jupiter Police Officer, and I was wearing my department-issued Axon body camera.

Upon arrival, I made contact with the caller, Nicholas Rollins (w/m; 10/29/1996), who advised the following: On the aforementioned date, he was stopped facing north on N A1A for the red traffic light at N US Highway 1. He was stopped approximately 7 car-lengths from the light when he was rear-ended. He observed the vehicle that rear-ended him was a silver Infiniti SUV bearing NY tag # HAT2337. After the Infiniti struck his vehicle, Rollins advised the Infiniti turned right into the parking lot of UTIKI (1095 N A1A) and attempted to flee the area. Rollins stated he followed behind the Infiniti through the parking lot into a dead-end where the vehicle remained until I arrived. Rollins identified the driver of the Infiniti to me to be Sophia Akoundi (w/f; 11/21/1995).

I observed damage to the rear of Rollins` white Dodge Charger bearing FL tag # JNCT77. I then walked to the Infiniti which was parked a few parking spaces south of Rollins` vehicle. Akoundi was still seated in the driver seat of the Infiniti. When I made contact with Akoundi, I observed she had bloodshot/glassy eyes. I requested she provide me with her driver license, registration, and insurance. Akoundi thumbed through her wallet and held up a credit card, holding it out to me. I advised Akoundi that I needed her license and she provided it to me. I had Akoundi exit her vehicle and look at the front of her vehicle.

As Akoundi walked, I noted nothing unusual about her gait. At the front of the vehicle, I observed no visible, obvious damage. Akoundi provided me with the registration but not the insurance for the vehicle. While Akoundi spoke, I noted her speech appeared

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ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

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

Notary Public State of Florida
Thomas H Leahey
My Commission GG 347108
Expires 06/20/2023

11/06/2022
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

YOCHUM, CRAIG (1185)
NAME OF OFFICER (PLEASE PRINT)

11/06/2022
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 0501700	JUPITER POLICE DEPARTMENT	5 | 4 | 22-004235

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
AKOUNDI, SOPHIA VAN NESS		W	F	11/21/1995

PROBABLE CAUSE STATEMENT

slightly slurred at times.

I returned to my patrol vehicle to complete the crash paperwork. When I returned to Akoundi and her vehicle, I handed Akoundi her driver license and registration back and she held them up, confused as to what she needed to do with the documents I just gave her.

While explaining the Driver Exchange of Information to Akoundi, I developed reasonable suspicion based on her slurred speech, bloodshot/glassy eyes, and confusion as to what to do with her own license and registration that she was under the influence. I advised Akoundi that the crash investigation was over, that I was starting a criminal DUI investigation, and read her her Miranda Warnings.

Post-Miranda, Akoundi advised she was coming from UTIKI where she had consumed 3 mixed drinks. Akoundi advised she did not have anything to eat before she left. Akoundi advised she felt buzzed but that she was not drunk. I requested Akoundi perform Standardized Field Sobriety Tasks and she agreed. When Akoundi exited her vehicle, I observed her lose her balance and stumble to her left.

After Akoundi`s performance on SFSTs, I placed her under arrest for DUI (see DUI Probable Cause Affidavit).

I transported Akoundi to the Palm Beach County Breath Alcohol Testing Facility where I conducted a 20 minute observation period to ensure she did not ingest anything or regurgitate. At the conclusion of the observation period, I requested Akoundi provide a lawful sample of her breath for the purpose of determining the alcohol content. Akoundi agreed and provided two, adequate breath samples of .156 and .151, both exceeding the legal, per se limit of .08.

Based on the aforementioned facts resulting from my investigation, I find Probable Cause exists to charge Sophia Akoundi with DUI (Enhanced) - BrAC above .15 pursuant to FSS 316.193(4).

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ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

NOTARY PUBLIC / CLERK OF COURT / OFFICER P.S. 117.10

Notary Public State of Florida
Thomas H Leahey
My Commission GG 347108
Expires 06/20/2023

11/06/2022
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

YOCHUM, CRAIG (1185)
NAME OF OFFICER (PLEASE PRINT)

11/06/2022
DATE

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

WITNESS LIST

CASE NUMBER: 22004235

ARRESTING OFFICER: Craig Yochum

ADDRESS: 196 Military Trl. Jupiter, FL 33458

PHONE NUMBERS (HOME): _____ (WORK) 561-746-6201

CAN TESTIFY TO: PC

NAME: Nicholas Rollins

ADDRESS: 590 Woodbine Way - 518 Riviera Beach, FL 33418

PHONE NUMBERS (HOME) _____ (WORK) 561-517-3397

CAN TESTIFY TO: Wheel Witness

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: _____

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PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

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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: 11/06/2022

Date of Last Agency Inspection: 10/21/2022
Observation Period Began: 00:48
Subject's Name: SOPHIA V AKOUNDI DOB: 11/21/1995 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	01:12
Air Blank	0.000	01:12
Control Test	0.079	01:13
Air Blank	0.000	01:13
Subject Sample #1	0.156	01:14
Air Blank	0.000	01:14
Air Blank	0.000	01:16
Subject Sample #2	0.151	01:16
Air Blank	0.000	01:17
Control Test	0.078	01:17
Air Blank	0.000	01:18
Diagnostics Check	OK	01:18

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

State of Florida, County of Palm Beach.

Personally appeared before me the undersigned authority, who (✓) is personally known to me or (__) produced _____ as identification, and who after being placed under oath, states:

I RENEE M RAGIN, hold a valid Breath Test Operator permit issued by the Florida Department of Law Enforcement, I administered the above breath test to the subject named above in accordance with Chapter 11D-8, Florida Administrative Code, and this form is a true and accurate report of that breath test.

Breath Test Operator: _____ Date: 11/06/22
Signature

Sworn to (or affirmed) before me this 06 day of Nov, 2022

_____ Ofc. C. Yochum # 1185
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

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

PBSO CASE # 22-126733 PBSO ZONE 3-11

AGENCY CASE # 22004235 CRASH CASE # 22-004235

TIME OF STOP/CRASH 2312 DATE 11/05/2022 DAY Saturday

SUBJECT'S NAME Akoundi (LAST) Sophia (FIRST) V (MID) RACE W SEX F

HGT 510 WGT 140 DOB 11/21/1995

LOCATION 1095 N A1A Jupiter, FL 33477

ARRESTING OFFICER'S NAME & ID Craig Yochum # 1185 AGENCY Jupiter PD

DIVISION: Traffic

NOTIFIED BY COMMO Yes

ARRIVAL AT FACILITY 0048

ARREST TIME 0005

BREATH RESULTS:

1) .156
2) .151
3) N/A
4) N/A

TESTING OFFICER'S ID 16877 PBSO VIDEOTAPE # N/A

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TESTING FACILITY TASK REPORT

AGENCY: JPD

SUBJECT: Akoundi, Sophia V.

CASE NUMBER: 22-126733

DATE: Nov 6, 2022

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 01:09

ENDING TIME: 01:19

BREATH TESTS RESULTS: 1) .156 TIME 01:14 A.M. ☒ P.M. ☐ 2) .151 TIME 01:16 A.M. ☒ P.M. ☐

3) N/A TIME ——— A.M. ☐ P.M. ☐ 4) N/A TIME ——— A.M. ☐ P.M. ☐

BREATH OPERATOR: R. Ragin #16877

MAINTENANCE TECHNICAN: Jason Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Talkative, fidgety, agitated

CLOTHING: Blue jeans, white tank top, white sneakers

MEDICAL CONDITIONS: Marfan

MEDICATIONS: Yes

OTHER:

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

COMMENTS:

Arrived at center A/O started 20 minute observation period at 00:48 hrs.

Subject agreed to perform breath test.

Tech read breath test results.
Subject stated she understood breath test results.

A/O read rights on scene.

No Q&A conducted.

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SUBJECT: Akoundi, Sophia V. CASE NUMBER: 22-004235

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 _____ of the _____

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) Not Read on Camera / Read on scene

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

SUBJECT: Akoundi, Sophia V. CASE NUMBER: 22-004235

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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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:	

NOT A CERTIFIED COPY

REVIEW COMPLETED BY

Booking Number: 2022028989	**Date:** 11/6/2022
	Specialist Name/ID: M. Tooks #8557