

50-2023-CT-002940ASB

0547150

3799

Marsy's Law CVI FL Const. Art.1 § 16(b)

Check if Supplement is Attached

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

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

OBTS Number	Agency ORI Number FLO: 5   0   0   0   0   0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 0   6   -   24035327	
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	Multiple Clearance Indicator 1	
Location of Arrest (including Name of Business) 10995 Hagen Ranch Rd			Location of Offense (Business Name, Address) Boynnton Beach, FL 33437		10995 Hagen Ranch Rd Boynnton Beach, FL 33437	
Date of Arrest 02/17/24	Time of Arrest 0214	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle

Name (Last, First, Middle) Meston		Brett		Adam		Alias (Name, DOB, Soc. Sec. #, Etc.)	
Race W - White B - Black	I - American Indian O - Oriental/Asian	Sex W M	Date of Birth 12/14/1984	Height 6'01	Weight 210	Eye Color BROWN	Hair Color BLACK
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) dragon on left arm, cross on right arm, tiger left side			Marital Status Divorced	Religion Christianity	Indication of: Alcohol influence Drug influence		
Local Address (Street, Apt. Number) 7424 Ashley Shores Cir			(City) Lake Worth, FL	(State)	(Zip)	Mobile Phone	Residence Type: 1. City 2. County 3. Florida 4. Out of State
Permanent Address (Street, Apt. Number)			(City)	(State)	(Zip)	Phone	Address Source VERBAL
Business Address (Name, Street)			(City)	(State)	(Zip)	Phone	Occupation Databased Manager
D/L Number, State M235061844540, FL		INS Number		Place of Birth (City, State) Cleveland, Ohio		Citizenship USA	

Co-Defendant (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 (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)	(First)	(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 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 (561) 355-6511) informed of any change of address.			School Attended	Grade	
<input type="checkbox"/> Yes, by: (Name)	<input type="checkbox"/> No (Reason)		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. Synthetic	U. Unknown Z. Other
Charge Description D.U.I.	Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 316.193(1) A		Violation of ORD #					
Drug Activity N	Drug Type N	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				
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) South County Courthouse, Courtroom #1, 200 W. Atlantic Ave., Delray Beach, FL 33444 - Ph: (561) 355-2996		FILED PBC - GUN CLUB 24 FEB 18 AM 6:50	
Court Date and Time Month March Day 18th Year 2024 Time 0830 A.M. <input checked="" type="checkbox"/> P.M. <input type="checkbox"/>			
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 02/17/24	

I consent to receive text reminders of court date(s) and times for this case by automated technology to the mobile number identified above. I understand that standard text message rates may apply, and that I may revoke this consent via the text message system if I choose.		Signature	
HOLD for other agency	Signature of Arresting Officer X	Name Verification (Printed by Arrestee)	
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal	<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:	Name of Arresting Officer (Print) Prophete	I.D. # 41468
Intake Deputy Barillo	I.D. # 16302	Pouch #	Transporting Officer Prophete
		I.D. # 41468	Agency PBSO
		Witness here if subject signed with an "X"	
		PAGE 1 OF	

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 17th DAY OF February 20 24, AT 0136

AM  PM

SUBJECT: Meston Brett Adam CASE NUMBER: 24035327

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: Prophete 41468

## PERSONAL CONTACT

DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUTTING DEF. BEHIND WHEEL OF VEHICLE)

I arrived at the residential development Greystone, 10995 Hagen Ranch Rd., Boynton Beach, FL 3343. I observed a gray 2-door Dodge pickup truck in the west-bound entrance travel lane facing east-bound into Greystone, near the intersection of Woolbright Rd. and Hagen Ranch Rd. The front driver door of the vehicle was open, with the driver being the sole occupant. The vehicle had two flat tires.

### OBSERVATION OF DRIVER:

Upon making contact with the driver, who was verbally identified as Brett, I immediately detected an obvious and strong odor of an unknown alcoholic beverage emitting from his person and face area. The odor intensified as I spoke to him. Brett used the steering wheel to assist himself with exiting the vehicle. Brett had bloodshot, glassy, watery eyes, a flushed face, a blank stare or dazed look, was disoriented, used the vehicle for stability, and had difficulties remembering. Brett began shaking at one point during the interaction.

### DRIVER'S STATEMENTS:

[REDACTED]

### ODORS:

Odor of unknown alcoholic beverage

## GENERAL OBSERVATIONS

SPEECH: Slurred, low, slow, Irrational

ATTITUDE: Reserved, Indifferent, Polite, Calm

CLOTHING: Disheveled clothing

MEDICAL/OTHER: PTSD and taking medication for it

STATE OF FLORIDA  
COUNTY OF PALM BEACH

Prophete

41468

Signature of Arresting/Investigative Officer

17

day of February

24

by Prophete

41468

I, the foregoing instrument was sworn to or affirmed and subscribed before me this

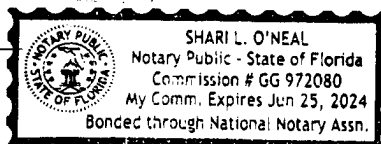
20

by

Print name of Arresting/Investigative Officer, who is personally known to me and/or produced identification: Type of identification produced

PRODUCED ID

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



SUBJECT: Meston Brett CASE NUMBER 24035327

**ROADSIDE TASKS**

**HORIZONTAL GAZE NYSTAGMUS / LIGHTED PEN STIMULUS TASK: SFST**

- LT EYE-LACK OF SMOOTH PURSUIT
- RT EYE-LACK OF SMOOTH PURSUIT
- LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION
- RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION
- LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES
- RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

**Other Observations:**

Refused

**WALK & TURN: REFUSED**

Refused

**ONE LEG STAND: REFUSED**

Refused

**FINGER TO NOSE: REFUSED**

Refused

**ROMBERG ALPHABET: REFUSED**

Refused

**BREATH TEST RESULTS:** 1) Refused 2) Refused 3) Refused 4) Refused

STATE OF FLORIDA  
COUNTY OF PALM BEACH

Prophete 41468

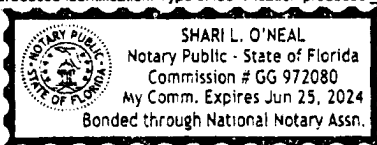
Signature of Arresting/Investigative Officer

The foregoing instrument was sworn to or affirmed and subscribed before me this 17 day of February, 2024 by Prophete 41468

Print name of Arresting/Investigative Officer, who is personally known to me and/or produced identification. Type of identification produced

**PRODUCED ID**

Notary Public, Clerk of Court, Officer (F S S 117 10)



**STATE OF FLORIDA**  
**AFFIDAVIT OF REFUSAL TO SUBMIT TO**  
**BREATH TEST**

I, Deputy S PROPHETE, a duly certified Law Enforcement Officer or Correctional Officer,  
(Person reading Implied Consent Warning)  
 am a member of Palm Beach County Sheriffs Office, and I do swear

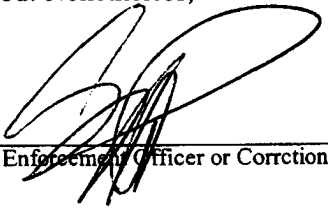
or affirm that on or about the SEVENTEENTH day of February, 2024, at 4:03 AM

DRIVER BRETT ADAM MESTON  
(Type or Print) FIRST MIDDLE OR MAIDEN LAST

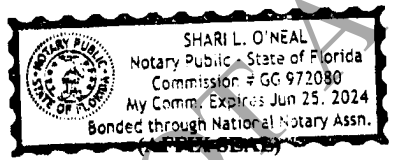
DL # M235061844540, state of FL, was placed under lawful arrest for  
 the offense of DUI by Deputy S PROPHETE and  
(Name of Arresting Officer)  
 issued Citation # AIKUZLE.

That on or about the SEVENTEENTH day of February, 2024, at 3:16 AM  
 in Palm Beach County,

I requested that the driver submit to a **BREATH** test for the purpose of determining its alcohol content. I informed the driver that the refusal to submit to such test 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, or if he or she had been previously fined under s. 327.35215, F.S., 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, or if he or she has been previously fined under s. 327.35215, F.S., for refusal to submit to a lawful test of his or her breath, urine, or blood. Nonetheless, the driver refused to submit to the test requested.

  
 \_\_\_\_\_  
 Signature of Law Enforcement Officer or Correctional Officer

**THE AFFIDAVIT MUST BE NOTARIZED OR ATTESTED TO (s. 117.10, F.S.)**



The foregoing instrument was sworn and subscribed before  
 me this 17 day of February, 2024,  
 by \_\_\_\_\_  
 who is personally known to me or who has produced  
 \_\_\_\_\_ as identification.  
 Notary Public \_\_\_\_\_

The foregoing instrument was sworn and subscribed before me:

\_\_\_\_\_  
 Signature of Attesting Officer  
 Title \_\_\_\_\_  
 Date \_\_\_\_\_

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.

# TESTING FACILITY TASK REPORT

AGENCY:

SUBJECT:

DATE:

BEGINNING TIME:

CASE NUMBER:

VIDEO DVD NUMBER:

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: VERY RED, GLASSY  
FACE: FLUSHED

## COMMENTS:

20 MIN. OBSERVATION CONDUCTED BY A/O PROPHETE #41468

A/O REQUESTED THE BREATH TEST.  
D WAS INDECISIVE ABOUT THE BREATH REQUEST.  
A/O READ THE IMPLIED CONSENT ON CAMERA TO THE D.  
D UNDERSTOOD THE I/C AS READ.  
D REFUSED THE REQUEST AFTER THE I/C WAS READ TO HIM.  
C/W READ ON CAMERA, D STARTED ANSWERING Q&A THEN STOPPED ANSWERING.

# WITNESS LIST

CASE NUMBER: 24035327

ARRESTING OFFICER: D/S Prophete

ADDRESS: PBSO 3228 Gun Club Road, West Palm Beach, Florida 33406

PHONE NUMBERS (HOME): \_\_\_\_\_ (WORK) 561-688-3000

CAN TESTIFY TO: DUI investigation

NAME: D/S Ashton ID 43363

ADDRESS: PBSO 3228 Gun Club Road, West Palm Beach, Florida 33406

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) 561-688-3000

CAN TESTIFY TO: Back Unit / Evidence

NAME: D/S Evans ID 6638

ADDRESS: PBSO 3228 Gun Club Road, West Palm Beach, Florida 33406

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) 561-688-3000

CAN TESTIFY TO: Back Unit

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: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NOT A CERTIFIED COPY



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

PBSO CASE # 24035327 PBSO ZONE 6-52

AGENCY CASE # N/A CRASH CASE # N/A

TIME OF STOP/CRASH 0136 DATE 02/17/2024 DAY Saturday

SUBJECT'S NAME Meston Brett Adam  
LAST FIRST MID

DOB 12/14/1984 HGT 6'01 WGT 210 RACE W SEX M

LOCATION 10995 Hagen Ranch Rd Boynton Beach, FL 33437

ARRESTING OFFICER'S NAME & ID Prophete 41468 Palm Beach County Sheriff's Office  
AGENCY

DIVISION: Road Patrol

NOTIFIED BY COMMO ✓

BREATH RESULTS:

ARRIVAL AT FACILITY 0251

ARREST TIME 0214

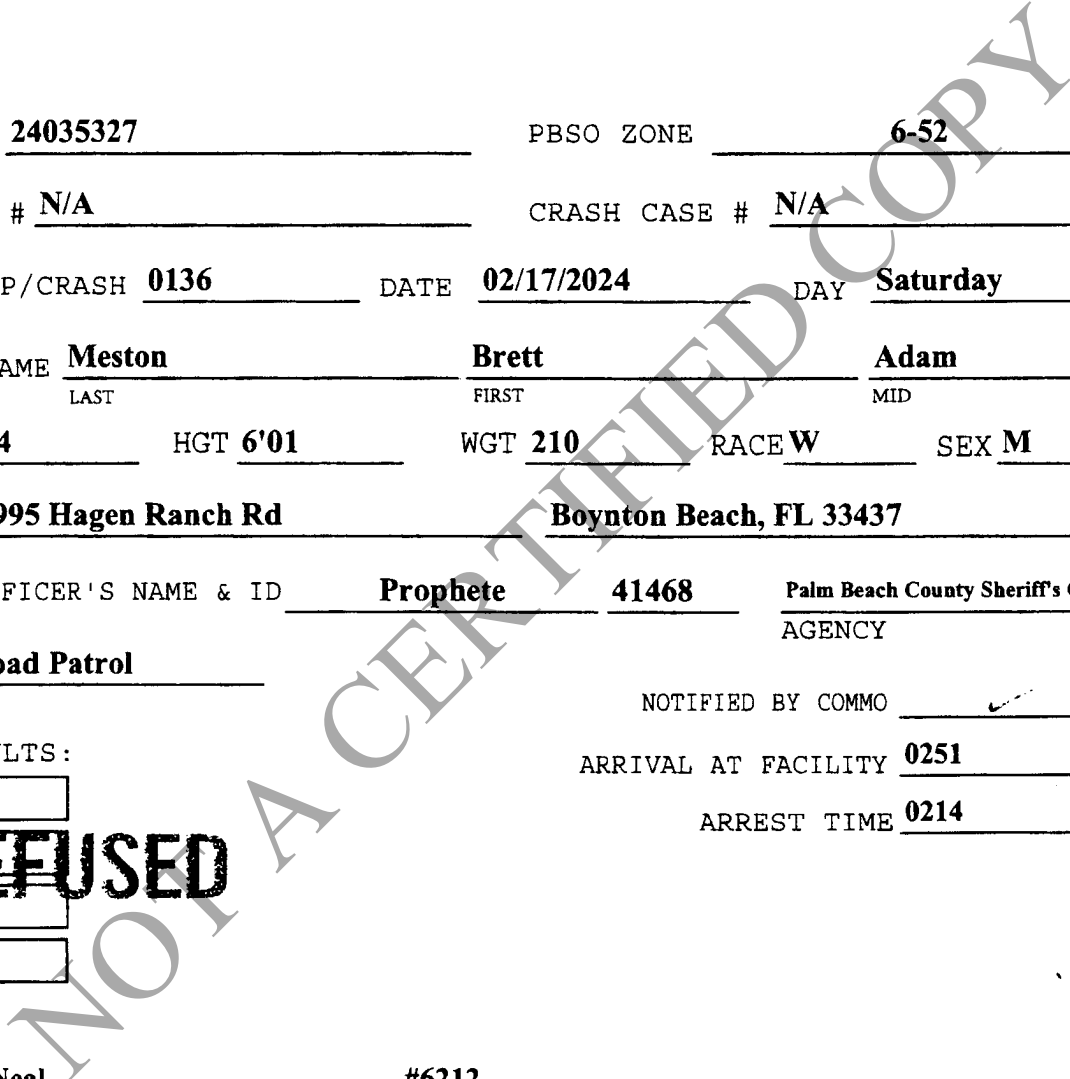
- 1)
- 2)
- 3)
- 4)

**REFUSED**

Shari O'Neal #6212

BAT TECH. OFFICER NAME & ID

PBSO VIDEOTAPE #



SUBJECT: 13821, Unit A. CASE NUMBER: 24-011-27

# 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 13821, Unit A of the 1150

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) David O. Sauer

## 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) \_\_\_\_\_

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

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: \_\_\_\_\_

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



# Palm Beach County Sheriff's Office

Florida State Statute Exemption Sheet

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel	
	<input checked="" type="checkbox"/>	119.071(2)(e)	Confession	3
Public Info. Exemptions	<input type="checkbox"/>	FL Const. Art. I, s. 16(b)(5)	Marsy's Law – victim information shall be redacted. The term "victim" also includes the victim's lawful representative, the parent or guardian of a minor, or the next of kin of a homicide victim. The term "victim" does not include the accused (ref. page 99 of the CRTM for additional information)	
	<input type="checkbox"/>	119.071(2)(j)	Home/employment telephone number, home/employment address, or personal assets of a person who has been the victim of sexual battery, aggravated child abuse, aggravated stalking, harassment, aggravated battery or domestic violence	
	<input type="checkbox"/>	119.0712(2)	Personal information contained in a motor vehicle record	
	<input checked="" type="checkbox"/>	316.650(11)	Driver information contained in a uniform traffic citation	11
	<input type="checkbox"/>	119.071(4)(d)2.a.	Home addresses, telephone numbers, dates of birth, and photographs of active/former LE personnel, spouses, and children	
Florida Rules of Judicial Administration 2.420	<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"/>	(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"/>			
Other	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			

**REVIEW COMPLETED BY**

<b>Booking Number:</b> 2024004459	<b>Date:</b> 2/18/2024
	<b>Specialist Name/ID#:</b> A. Paniagua/42769