

23 CT 8667 1337

ARREST / NOTICE TO APPEAR

ADMI NIST RATI ON	OBTS Number	ARREST / NOTICE TO APPEAR			1 Arrest 2 N.T.A. 3 Request for Warrant 4 Request for Capias	1	JUVENILE				
DEF END ANT	Agency ORI Number <b>0501700</b>	Agency Name <b>Jupiter Police Department</b>	Agency Report Number (N.T.A.'s only) <b>5 4 23-001977</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	If Weapon Seized Enter Type <b>UNARMED</b>	Multiple Clearance Indicator						
CO DE F	Location of Arrest (Including Name of Business) <b>1203 TOWN CENTER DR, JUPITER FL 33458</b>		Location of Offense (Business Name, Address) <b>1203 TOWN CENTER DR, JUPITER, FL 33458</b>								
	Date of Arrest <b>05/13/2023</b>	Time of Arrest <b>00:16</b>	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle				
J U V E N I L E	Name (Last, First, Middle) <b>KINIRONS, CAITLIN M</b>			Alias (Name, DOB, Soc. Sec. #, Etc.)							
	Race W - White B - Black	Sex <b>F</b>	Date of Birth <b>03/26/1986</b>	Height <b>5'08</b>	Weight <b>146</b>	Eye Color <b>GREEN</b>	Hair Color <b>BROWN</b>				
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status <b>S</b>	Religion <b>CATHOLIC</b>	Indication of: Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/> Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>		Complexion <b>LIGHT</b>				
	Local Address (Street, Apt. Number) <b>301 OCEAN BLUFFS BLVD, JUPITER, FL 33477</b>		(City)	(State)	(Zip)	Phone	Residence Type: 1 City 3 Florida 2 County 4 Out of State Address Source <b>VERBAL</b>				
Permanent Address (Street, Apt. Number) <b>301 OCEAN BLUFFS BLVD, JUPITER, FL 33477</b>		(City)	(State)	(Zip)	Phone	Occupation					
Business Address (Name, Street)		(City)	(State)	(Zip)	Phone	Occupation					
D/L Number, State <b>579503037 / NY</b>		Soc. Sec. Number	INS Number		Place of Birth (City, State) <b>OCEANSIDE, NY,</b>	Citizenship <b>US</b>					
C O D E F	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				
N O T I C E	<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ Name (Last, First, Middle)		Residence Phone								
	<input type="checkbox"/> Legal Custodian		Business Phone								
	Address (Street, Apt. Number)		(City)	(State)	(Zip)						
	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 <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's Office (Phone 355-2526) informed of any change of address.					School Attended	Grade					
<input type="checkbox"/> Yes, by: _____ <input type="checkbox"/> No		Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property	Value of Property						
C H A R G E	Drug Activity N. N/A P. Possess	S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. Disperses/ Distribute	M. Manufacture/ Producer/ 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 <b>DUI - NORMAL FACULTIES IMPAIRED</b>		Statute Violation Number <b>316.193(1)(A)</b>		Violation of ORD #						
C H A R G E	Drug Activity	Drug Type <b>N</b>	Amount / Unit	Offense #	Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number	Bond			
	Charge Description		Statute Violation Number		Violation of ORD #						
C H A R G E	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number	Bond			
	Charge Description		Statute Violation Number		Violation of ORD #						
I N T A K E	Health / Apparent Physical Condition of Defendant					Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries Explain:					
	Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail					PROPERTY - Received By		Released By		Released To	
N O T I C E	Transported By					Date Transported	Time Transported	Other			
	<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.					Location (Court, Room) <b>North County PALM BEACH GARD</b>		Court Date and Time <b>06/14/2023 08:30:00</b>			
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						
A D M I N	Signature of Arresting Officer		Name of Arresting Officer (Print) <b>NOBLE, RILEY</b>		I.D. # <b>1226</b>		Name Verification (Printed by Arrestee) <b>NOBLE, RILEY</b>				
	Intake Deputy		I.D. #	Pouch #	Transporting Officer <b>Noble, Riley</b>		I.D. # <b>1226</b>	Agency <b>JPD</b>		PAGE <b>1 OF 1</b>	

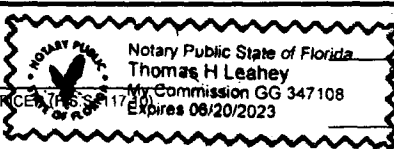

SCANNED

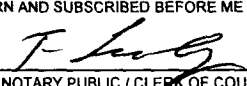
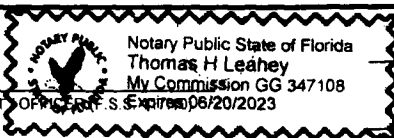
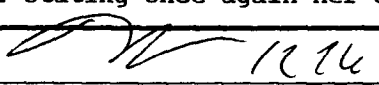
PROBABLE CAUSE AFFIDAVIT

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

1

JUVENILE

A D M I N I S T R A T I V E	OBTS Number		Agency ORI Number <b>FL 0501700</b>		Agency Name <b>JUPITER POLICE DEPARTMENT</b>		Agency Report Number <b>5   4   23-001977</b>	
	Charge Type: Check as many as apply.		Special Notes:		Race		Sex	
D E F E N D E N T	Name (Last, First, Middle) <b>KINIRONS, CAITLIN M</b>		Alias		Race <b>W</b>		Sex <b>F</b>	
	Date of Birth <b>03/26/1986</b>		Charge Description <b>316.193(1)(A) DUI - NORMAL FACULTIES IMPAIRED</b>		Charge Description		Charge Description	
V I C T I M	Victim's Name (Last, First, Middle) <b>State Of Florida</b>		Race		Sex		Date of Birth	
	Local Address (Street, Apt. Number)		(City)		(State)		(Zip)	
	Business Address (Name, Street)		(City)		(State)		(Zip)	
Phone		Address Source		Phone		Occupation		
<p>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.</p> <p>The Person taken into custody . . .</p> <p><input type="checkbox"/> committed the below acts in my presence.      <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.</p> <p><input type="checkbox"/> confessed to _____ admitting to the below facts.      <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <b>13</b> day of <b>May</b>, <b>2023</b> at <b>03:03</b> (Specifically include facts constituting cause for arrest.)</p> <p>On Friday May 12th, 2023, at approximately 2344 hours, I responded to the area of 1203-101 Town Center Drive in reference to a possibly intoxicated female who rear-ended the caller's vehicle. Prior to my arrival, the caller, later identified as Sabrina Infiesta (W/F 06/01/1977), told dispatch that the white-female driver of the other vehicle was slurring her words and trying to leave the scene.</p> <p>Upon arrival, I made contact with Infiesta who was standing outside her vehicle arguing with another female, later identified as Caitlin Kinirons (W/F 03/26/1986). Kinirons was leaning up against her white Toyota Camry (bearing FL Tag#QYSB44), and stated that Infiesta slammed on her brakes on purpose to make her rear-end her. While speaking with Kinirons, I detected the odor of an unknown alcoholic beverage emanating from her breath that intensified as she spoke, observed she had blood-shot glassy eyes, and had very slurred speech. I then spoke with Infiesta who stated Kinirons hit her vehicle while she was completely stopped at the stop-sign. She advised Kinirons got out of her vehicle and began to yell at her calling her a "Karen" and stating she stopped abruptly on purpose, even though Infiesta had already been at a complete stop for almost 20-30seconds. Infiesta finally advised that she believed that Kinirons was driving impaired and was afraid she would drive away and kill someone.</p> <p>While attempting to fill out the necessary paperwork for the minor accident to complete my traffic crash investigation, Kinirons tried to walk away from other officer's on-scene and go back into one of the bars. I had to stop filling out my paperwork and assist other officers in getting Kinirons to sit down on one of the benches and advise her that she was not free to leave at this time as I was not concluded with my investigation. I issued Infiesta the case number and advised her I would email her the proper paperwork due to not being able to completely finish the drivers exchange on-scene due to Kinirons trying to leave the scene and not listen to officers.</p>								
SWORN AND SUBSCRIBED BEFORE ME				 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER		<b>NOBLE, RILEY (1226)</b> NAME OF OFFICER (PLEASE PRINT)		
05-13-23 DATE		<b>05/13/2023</b> DATE		PAGE <b>1 OF 3</b>				

OBTs Number  Agency ORI Number <b>FL 0501700</b>	<b>PROBABLE CAUSE AFFIDAVIT SUPPLEMENT</b>	1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias	<b>1</b>	JUVENILE
Agency Name <b>JUPITER POLICE DEPARTMENT</b>	Agency Report Number <b>5   4   23-001977</b>			
Charge Type: Check as many as apply. <input type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other			Special Notes:	
Name (Last, First, Middle) <b>KINIRONS, CAITLIN M</b>			Alias	Race <b>W</b>
			Sex <b>F</b>	Date of Birth <b>03/26/1986</b>
<p>I walked back over to Kinirons who was sitting on the bench still arguing with officers. I advised Kinirons I found her to have caused the accident and rear-ended Infiesta's vehicle. Kinirons tried to argue with me telling me that Infiesta stopped on purpose and it was her fault. I advised her that I had concluded my traffic crash investigation and was now changing hats to a criminal DUI investigation and read her Miranda Warnings from a pre-printed card. Kinirons continued to argue with me about what had happened and stated multiple times that her dad was a chief of police in New York. I asked Kinirons on a scale of "1-10", 1 being stone cold sober, 10 being the most drunk she had ever been, where she would place herself. Kinirons responded stating "I'm definitely drunk", then when I told her that's not what I asked her she stated "3".</p> <p>Based on the aforementioned events, I requested Kinirons participate in Standardized Field Sobriety Tasks to which she agreed.</p> <p>I attempted to start the first task which was the Horizontal Gaze Nystagmus task and had Kinirons stand with her feet together, heels and toes touching and her arms down at her side. I requested Kinirons remove her glasses as I needed to be able to see her eyes without glasses on to properly complete this task. Kinirons initially complied and removed her glasses, however, argued with me that she could not see without them. After multiple times of asking her to remove her glasses and explain she did not need them for this exercise, I advised her that if she was unwilling to complete the tasks I have requested of her and follow my instructions, I would have to make an arrest decision based off of the totality of circumstances and it can be used against her in a court of law. Kinirons again began stating how her father was a police chief and this was "not going to be good for me", and was placing her hands in front of her as if she was giving herself up. After giving her multiple opportunities to participate I took her unwillingness to answer my question if she would continue as a refusal.</p> <p>Based on my investigation, observations, and totality of circumstances, I had probable cause to believe that Caitlin Kinirons was in actual physical control of a vehicle while under the influence of an alcoholic beverage, chemical, or controlled substance, to the point where her normal faculties were impaired, contrary to F.S 316.193. She was placed into handcuffs that were properly spaced and double-locked per department policy and secured in the rear of my patrol car at 0016hours.</p> <p>I then transported Kinirons to the Palm Beach County Breath Alcohol Testing center, arriving at 0050 hours. I placed Kinirons under a 20 minute observation period, during which he neither consumed nor regurgitated anything. We then went on video with BAT technician Leahey#19183. I requested she provide a breath sample which she refused. She was read implied consent from a pre-printed template. She stated she did not understand and was explained multiple times the repercussions of refusal. She ultimately agreed and gave one breath sample of .241, however, when she walked up to give the second sample, she began to argue with BAT Tech Leahey and myself stating once again her dad was police</p>				
SWORN AND SUBSCRIBED BEFORE ME   NOTARY PUBLIC / CLERK OF COURT  <b>05-13-23</b> DATE		SIGNATURE OF ARRESTING / INVESTIGATING OFFICER    <b>NOBLE, RILEY (1226)</b> NAME OF OFFICER (PLEASE PRINT)  <b>05/13/2023</b> DATE		
				PAGE <b>2 OF 3</b>

PROBABLE CAUSE AFFIDAVIT  
SUPPLEMENT

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

**1** JUVENILE

OBTS Number	Agency ORI Number <b>FL 0501700</b>		Agency Name <b>JUPITER POLICE DEPARTMENT</b>	Agency Report Number <b>5   4   23-001977</b>
Charge Type: Check as many as apply.				Special Notes:
<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

Name (Last, First, Middle) <b>KINIRONS, CAITLIN M</b>	Alias	Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>03/26/1986</b>
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chief and she didn't want to blow. She was advised again of implied consent and ultimately refused. Refusal time was marked at 0123hrs. Post Miranda, Kinirons again admitted to drinking and stated she felt the effects of the alcohol and felt under the influence.

Kinirons was subsequently booked into the Palm Beach County Jail with a criminal court date of 06/14/2023, 0830 hours.

The above incident was captured on BWC. This narrative is a summary of the events and not purported to be verbatim.

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SWORN AND SUBSCRIBED BEFORE ME		<i>[Signature]</i>
<i>[Signature]</i> NOTARY PUBLIC / CLERK OF COURT / OFFICE OF 05-13-23 DATE		SIGNATURE OF ARRESTING / INVESTIGATING OFFICER <b>NOBLE, RILEY (1226)</b> NAME OF OFFICER (PLEASE PRINT) <b>05/13/2023</b> DATE



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

PBSO CASE # 23-067518 PBSO ZONE 3-14

AGENCY CASE # 23001977 CRASH CASE # \_\_\_\_\_

TIME OF STOP/CRASH 2344 DATE 05/12/2023 DAY Friday

SUBJECT'S NAME Kinirons Caitlin M RACE W SEX F  
LAST FIRST MID

HGT 508 WGT 146 DOB 03/26/1986

LOCATION 1203-101 Town Center Drive, Jupiter FL 33458

ARRESTING OFFICER'S NAME & ID Noble 1226 AGENCY Jupiter PD

DIVISION: \_\_\_\_\_

NOTIFIED BY COMMO Yes  
 ARRIVAL AT FACILITY 0050  
 ARREST TIME 0016

BREATH RESULTS:

- 1) .241
- 2) **REFUSED**
- 3) **REFUSED**
- 4) \_\_\_\_\_

TESTING OFFICER'S ID 19183 PBSO VIDEOTAPE # \_\_\_\_\_

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 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) \_\_\_\_\_

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 – 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"/>	FL CONSTITUTION ARTICLE 1,16(b)	Other: MARSY'S LAW	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2023012532	Date: 5/13/2023
	Specialist Name/ID: Pinkneya/7796