

JKT # 0540199

23 CT 8/53-5B
Pch 2831

OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report				1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	Juvenile	N											
Agency ORI Number FL 0500300			Agency Name BOYNTON BEACH POLICE DEPT.			Agency Report Number 34-23-017529															
Charge Type: Check as many as Apply.						If Weapon Seized Enter Type		Multiple Clearance Indicator													
<input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony						<input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other													
Location of Arrest (Including Name of Business) 2815 S Seacrest Blvd, Boynton Beach, FL 33435 (Hospital)						Location of Offense (Business Name, Address) 650 N Congress Ave, Boynton Beach, FL, 33426															
Date of Arrest 05/04/2023		Time of Arrest 20:03		Booking Date		Booking Time		Jail Date		Jail Time											
Name (Last, First, Middle) STRAUSS, CARY JOSEPH						Alias (Name, DOB, Soc. Sec. #, Etc)															
W - White B - Black		1 - American Indian O - Oriental / Asian		Race W	Sex M	Date of Birth 01/05/1990	Height 5'06"	Weight 165	Eye Color Light Brow	Hair Color Black	Complexion Fair	Build Medium									
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) Multiple Tatoos on both arms						Marital Status Single		Religion Unk		Indication of: Alcohol influence Drug influence		Y N Unk <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>									
Local Address (Street, Apt. Number) (City) (State) (Zip)						Phone () ()		Residence Type 1. City 3. Florida 2. County 4. Out of State		2											
Permanent Address (Street, Apt. Number) (City) (State) (Zip) 6240 NW 24TH ST, BOCA RATON, FL, 33434						Phone (754)366-6388		Address Source FL DL													
Business Address (Street, Apt. Number) (City) (State) (Zip)						Phone () ()		Occupation Barber													
D/L Number, State S362110900050				Soc. Sec. Number		INS Number		Place of Birth NJ, Voorhees		Citizenship USA											
Co-Defendant Name (Last, First, Middle)				Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor											
Co-Defendant Name (Last, First, Middle)				Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor											
<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/DOYS 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 561-355-2526) informed of any change of address. <input type="checkbox"/> Yes, By: (Name) <input type="checkbox"/> No: (Reason)						School Attended		Grade													
Property Crime? Yes <input type="checkbox"/> No <input type="checkbox"/>		Description of Property				Value of Property															
Drug Activity N. N/A P. Possess		S. Sell B. Buy T. Traffic		R. Smuggle D. Deliver E. Use		K. Dispense/ Distribute		M. Manufacture/ Produce/ Cultivate		Z. Other		Drug Type N. N/A A. Amphetamine		B. Barbituate C. Cocaine E. Heroin		H. Hallucinogen M. Marijuana O. Opium/Deriv.		P. Paraphernalia/ Equipment S. Synthetic		U. Unknown Z. Other	
Charge Description DUI						Counts 1		Domestic Violence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Statute Violation Number 316.193.1a		Violation of ORD#									
Drug Activity						Drug Type		Amount/Unit		Offense # 23-017529		Warrant/Capias Number		Bond OR							
Charge Description						Counts		Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No		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"/> Yes <input type="checkbox"/> No		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"/> Yes <input type="checkbox"/> No		Statute Violation Number		Violation of ORD#									
Drug Activity						Drug Type		Amount/Unit		Offense #		Warrant/Capias Number		Bond							
<input 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 instruction on reverse side.				Location (Court, Room Number, Address) South County Courthouse, 200 West Atlantic Ave, Delray Beach, FL 33444																	
				Court Date and Time Month June Day 5th Year 2023 Time 08:30 <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M.																	
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 or Legal Custodian) * W. CANNON						Date Signed															
HOLD for Other Agency Name: NO Detainer				Signature of Arresting Officer [Signature]				Name Verification (Printed by Arrestee) (PRINT) BU#													
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal				<input type="checkbox"/> Related Arrest <input type="checkbox"/> Other				I.D.# 1105													
Initials [Signature]				Agency BBPD				Witness here is subject Signed with an "X".													
Page # 32/40				Page # 1				Page 1 OF 1													

FILED PBC - GUN CLUB
'23 MAY 5 AM 7:41

AD

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 04 DAY OF May 2023 AT 18:06 A.M P.M.

CASE #: 23-017529

DEFENDANT: Strauss, Cary Joseph

PERSONAL CONTACT/DRIVING PATTERN/OBSERVATION OF DRIVER:

On the above date and time, BBPD dispatch center received a 911 call in regards to a reckless vehicle. The caller advised that, a Vehicle (black Nissan Altima Sedan bearing FL Tag: KRJY12) mounted the curb in the parking lot of Target (650 N Congress Ave, Boynton Beach, Palm Beach County, FL , 33435. The caller stated the driver parked the vehicle and thought the driver might be in medical need after seeing the driver slumped over the wheel. The caller advised that the driver had his head titled to the side towards the passenger seat.

I was the first to arrive on scene and made contact with caller , later identified as Lindsey Kostura who directed me to the above vehicle.

I approached the vehicle's driver side , when I noticed the male driver appeared to be asleep. The vehicle was still turned on and running , and there were no other occupants inside the vehicle. The driver, later identified by his FL DL as W/M Cary Joseph Strauss was slumped over towards the front passenger seat. In plain view, I observed Strauss holding , in his fingers (both hands) an open capsule with a white powdery substance , which based on my training and experience believed to be Heroin. I banged on the driver door window , which startled Strauss and woke him up. Strauss had a jerking reaction after being woken up, causing the narcotics in his hands to fall on him and on the side of the driver seat. Picture of the white powdery substance believed to be Heroin was taken via BWC.

Boynton Beach Fire Rescue also responded to the scene. Strauss was asked to turn off his vehicle, and to step out of the vehicle. Strauss appeared flush and he was lethargic. Strauss stated told myself and paramedics that he took "Heroin" , approximately 2 hrs. prior , and that he was going to take the Heroin again that was in his possession. BBFD transported Strauss to Bethesda Medical Center.

I spoke with the caller, who provided a sworn statement . The caller stated she was in her vehicle, behind Strauss ' vehicle as they both exited I-95 northbound at Boynton Beach Blvd, Within the City of Boynton Beach , Palm Beach County. The caller stated the driver , Strass appeared undecided on his direction of travel. The caller stated the vehicle made a left turn and travel westbound on Boynton Beach Blvd, when she noticed the vehicle swerving on the roadway. The caller stated the Strauss' vehicle reached the area of Boynton Beach Blvd and Old Boynton Rd, when she observed the vehicle turn onto the opposite traffic lane at which time several vehicle at the intersection was honking to avoid a crash. The caller stated the vehicle continued on Old Boynton RD, still swerving, then turn in the shopping plaza of Target and BestBuy. The caller stated she noticed the Strauss' vehicle mounting the Curb , while there were pedestrians in the area. The caller stated she called 911 and continued to follow the vehicle until the vehicle parked in front of Target. Statement was provided on BWC.

I responded to Bethesda where I made contact with Strauss, who appeared to be falling asleep. Bethesda Doctors later cleared Strauss. While at the hospital, On BWC , I asked Strauss that I have reason and evidence to support that he was under the influence of Narcotics or Controlled Substances while in physical control of his vehicle and asked if he would agreed to the SFST's which he said yes.

SFST's

HGN: Strauss appeared dazed and sleepy and had a hard time looking at the pen. Strauss pupils were extremely constricted.

HORIZONTAL GAZE NYSTAGMUS:

- | | |
|--|---|
| <input type="checkbox"/> Left eye does not follow smoothly | <input type="checkbox"/> Right eye does not follow smoothly |
| <input type="checkbox"/> Left eye prior to 45 degrees | <input type="checkbox"/> Right eye prior to 45 degrees |
| <input type="checkbox"/> Distinct jerking in left eye at maximum deviation | <input type="checkbox"/> Distinct jerking in right eye at maximum deviation |
| <input type="checkbox"/> Vertical Nystagmus in left eye | <input type="checkbox"/> Vertical Nystagmus in right eye |

WALK AND TURN:

The exercise was explained and demonstrated to Strauss which he stated he understood. During the instruction phase, Strauss was swaying and shaking, and stepped off the line. During the walking phase, Strauss was extremely slow, failed to touch heel to toe on the first 9 steps. Strauss made an improper turn and miss heel to toe two more times.

ONE LEG STAND:

The exercise was explained and demonstrated to Strauss which he stated he understood. During the exercise, Strauss was Swaying and failed to raise his foot to height instructed. Strauss used both arms for balance, and put his foot down twice.

FINGER TO NOSE:

The exercise was explained and demonstrated to Strauss which he stated he understood. Strauss' did not touch the tip of his nose on all counts.

ROMBERG/ALPHABET:

No Clues observed

Based on the above facts, Strauss was detained for driving under the influence of narcotics or controlled substances.

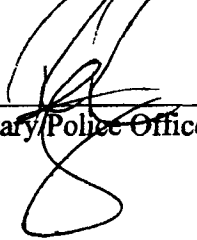
Strauss was transported to the Palm beach County BAT Facility, where I conducted a 20 minutes observation from 20:24hrs to 20:44 hrs. Upon conclusion I asked Strauss to provide samples of his breath which he agreed to. Strauss provided two breath Samples of .000 and .000 at 20:50hrs. and 20:54 hrs. respectively. Q/A's Completed.

Based on my suspicion and evidence that Strauss was under the influence of Narcotics / controlled substances, I requested to Strauss to provide a urine sample which he declined at first. Implied consent was read to Strauss which he stated he understood. Strauss was asked to provide a Urine Sample a second time, which he agreed to. Strauss provided a Urine sample at the BAT on 05/04/2023 at 21:07hrs. The Urine Sample was collected in a state approved container and was submitted in Boynton Beach PD evidence to be sent to PBSO LAB for analysis. Results pending.

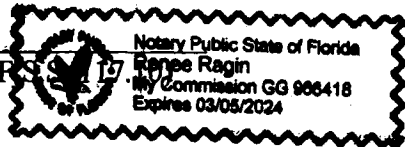
Based on my investigation Strauss, Cary Joseph was charged with DUI (of Narcotics and/or Controlled Substances) , pursuant to FSS 316.193.1a. Strauss was processed and Lodged at the Palm Beach County Jail. In Car Camera and BWC was activated during the investigation.


The following instrument was sworn to before me this 4 day of May 2023

By: Alexis 1105



Notary/Police Officer (P.S. 17-105)





Signature of Arresting Officer

NOT A CERTIFIED COPY

CASE #: 23-017529

DEFENDANT: Strauss, Cary Joseph

Arresting Officer: Alexis, 1105

Address: 2100 HIGH RIDGE ROAD, BOYNTON BEACH, FL 33426

Phone Numbers: Home: _____ Work: (561) 742-6100

Name: Lindsey Kostura

Address: _____

Phone Numbers: Home: 216-570-8809 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: _____

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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: _____



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

PBSO CASE # 23-064578 PBSO ZONE 6-51

AGENCY CASE # 23-017529 CRASH CASE # _____

TIME OF STOP/CRASH 18:06 DATE 05/04/2023 DAY Thursday

SUBJECT'S NAME STRAUSS Cary Joseph RACE W SEX M
LAST FIRST MID

HGT 5'06" WGT 165 DOB 01/05/1990

LOCATION 2815 S Seacrest Blvd, Boynton Beach, FL 33435

ARRESTING OFFICER'S NAME & ID Alexis, V 1105 AGENCY BBPD

DIVISION: Road Patrol

NOTIFIED BY COMMO Y

ARRIVAL AT FACILITY 20:24

ARREST TIME 20:03

BREATH RESULTS:

- 1) .000
- 2) .000
- 3) Urine
- 4) _____

NOT A CERTIFIED COPY

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

TESTING FACILITY TASK REPORT

AGENCY: BBPD

SUBJECT: Strauss, Cary J.

CASE NUMBER: 23-064578

DATE: May 4, 2023

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 20:45

ENDING TIME: 21:04

BREATH TESTS RESULTS: 1) .000 TIME 20:50 A.M. P.M. 2) .000 TIME 20:54 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, Mumbled

ATTITUDE: Slow, sleepy, swaying

CLOTHING: Black shorts, black hoodie, black & gray sneakers

MEDICAL CONDITIONS: None

MEDICATIONS: None

OTHER:

Eyes glassy and not steady on his feet

COMMENTS:

Arrived at center A/O started 20 minute observation period at 20:24 hrs.

Subject agreed to take test.

Tech read breath test results.

Subject stated he understood test results.

A/O requested to provide urine at 20:57 hrs..

A/O read I/C.

Subject acknowledged he understood I/C and agreed to provide urine again.

A/O read rights.

A/O conducted Q&A.

Subject answered Q&A.

Urine provide @ 21:07

**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: 05/04/2023

Date of Last Agency Inspection: 04/14/2023
Observation Period Began: 20:24
Subject's Name: CARY J STRAUSS

DOB: 01/05/1990 Sex: M

The subject was observed for at least twenty-minutes prior to the administration of the breath test to ensure that the subject did not take anything orally and did not regurgitate.

Results:	Test	g/210L	Time
	Diagnostics Check	OK	20:48
	Air Blank	0.000	20:49
	Control Test	0.081	20:49
	Air Blank	0.000	20:50
	Subject Sample #1	0.000	20:50
	Air Blank	0.000	20:51
	Air Blank	0.000	20:53
	Subject Sample #2	0.000	20:54
	Air Blank	0.000	20:54
	Control Test	0.081	20:55
	Air Blank	0.000	20:55
	Diagnostics Check	OK	20:55

Cylinder Lot: 29122080A1
Exp: 12/05/2024

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: 05/04/23
Signature

Sworn to (or affirmed) before me this 04 day of May, 2023

Signature of Notary Public-State of Florida _____ Printed Name of Notary Public-State of Florida Ofc. V. Alexis # 1105

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.

SUBJECT: Stew, Gary J. CASE NUMBER: 23-017529

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) Read on Camera

SUBJECT: Strawberry J. CASE NUMBER: 23-017529

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? 165 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: _____



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"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2023011692	Date: 5/5/2023
	Specialist Name/ID: Chantel Daniels/30347