

50-2023-CT-015802 ASB

OBTS Number		ARREST / NOTICE TO APPEAR				1. Arrest (No Warrant) 3. Request for Warrant 6. Arrest (Warrant) 4. Request for Capias 2. N.T.A. 5. Juvenile Referral		1	JUVENILE			
Agency ORI Number 0500200		Agency Name Boca Raton Police Department		Agency Report Number (N.T.A.'s only) 3, 2 2023-011096								
Charge Type: Check as many as apply: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input checked="" 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 UNARMED		Multiple Clearance Indicator								
Location of Arrest (Including Name of Business) 710 W YAMATO RD, 710 W YAMATO RD, BOCA RATON, FL				Location of Offense (Business Name, Address) 710 W YAMATO RD, BOCA RATON, FL								
Date of Arrest 09/02/2023	Time of Arrest 23:49	Booking Date 09/02/2023	Booking Time 23:59	Jail Date 09/03/2023	Jail Time 02:03	Location of Vehicle 710 W YAMATO RD BOCA						
Name (Last, First, Middle) MCNULTY, CASSANDRA MARIE		Alias:		Alias (Name, DOB, Soc. Sec. #, Etc.)								
Race W - White B - Black	I - American Indian O - Oriental/Asian	Sex F	Date of Birth 06/07/1978	Height 5'04	Weight 125	Eye Color BROWN	Hair Color BROWN	Complexion LIGHT	Build Small			
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status D	Religion CATHOLIC	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"/>						
Local Address (Street, Apt. Number) 22188 MAJESTIC WOODS WAY, BOCA RATON, FL 33428		(City)	(State)	(Zip)	Phone (786) 843-1071		Residence Type: 1. City 3. Florida 2. County 4. Out of State 2					
Permanent Address (Street, Apt. Number) 22188 MAJESTIC WOODS WAY, BOCA RATON, FL 33428		(City)	(State)	(Zip)	Phone (786) 843-1071		Address Source FL LICENSE					
Business Address (Name, Street) PRIMESTONES,		(City)	(State)	(Zip)	Phone		Occupation Marketing					
D/L Number, State M254113787070 / FL		Sec. Sec. Number		DNS Number		Place of Birth (City, State) HAYWARD, CA, United		Citizenship US				
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"/> Other: _____		Name (Last, First, Middle)				Residence Phone						
<input type="checkbox"/> Legal Custodian		Address (Street, Apt. Number)				(City) (State) (Zip) Business Phone						
Notified by: (Name)		Date	Time	JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. T.O.T. 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						
Drug Activity N. N/A P. Possess		S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. Disperse/ 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/Derv.	P. Paraphernalia/ Equipment S. Synthetic	U. Unknown Z. Other
Charge Description DUI (INJURY TO PERSON OR PROPERTY)		Statute Violation Number 316.193(3C1).		Violation of ORD # OR								
Drug Activity	Drug Type N	Amount / Unit	Offense #	Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number	Bond					
Charge Description		Statute Violation Number		Violation of ORD #								
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 #								
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number	Bond					
Health Apparent Physical Condition of Defendant GOOD				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"/> Posted Bond		<input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> South County Mental Health		<input checked="" type="checkbox"/> T.O.T. County Jail		PROPERTY - Received By SANGER		Released By SANGER		Released To PBCJ		
Transported By MADOTTA		Date Transported 09/03/2023		Time Transported 02:04		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) South County 200 W Atlantic Ave Delray Beach, FL 33484		Court Date and Time 10/12/2023 08:30:00		No Photo Available						
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.				Signature of Defendant (or Juvenile and Parent/Custodian)		Date Signed						
HOLD for Other Agency		Signature of Arresting Officer [Signature]		Name Verification (Printed by Arrestee) 870								
<input checked="" type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Other		<input type="checkbox"/> Resisted Arrest		Name of Arresting Officer (Print) SANGER, M.		I.D. # 870		(PRINT)				
Intake Agency [Signature]		Pouch #		Transporting Officer MADOTTA		I.D. # 842		Agency BRPD		PAGE 1 OF 1		
Witness here if subject signed with an "X".												

0543110

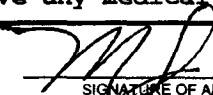
275

FILED PBC GUN CLUB
SEP 4 AM 7:22

PROBABLE CAUSE AFFIDAVIT

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

1 JUVENILE

OBTS Number		Agency ORI Number FL FLO500200		Agency Name BOCA RATON POLICE DEPARTMENT		Agency Report Number 3 2 2023-011096			
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		Special Notes:			
Name (Last, First, Middle) MCNULTY, CASSANDRA MARIE				Alias		Race W	Sex F	Date of Birth 06/07/1978	
Charge Description 316.193(3C1). DUI (INJURY TO PERSON OR PROPERTY)		Charge Description							
Charge Description		Charge Description							
Victim's Name (Last, First, Middle) State Of Florida				Race		Sex		Date of Birth	
Local Address (Street, Apt. Number)		(City)		(State)		(Zip)		Phone	Address Source
Business Address (Name, Street)		(City)		(State)		(Zip)		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. The Person taken into custody ... <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. <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. On the <u>2</u> day of <u>September</u>, <u>2023</u> at <u>23:49</u> (Specifically include facts constituting cause for arrest.)</p> <p>On September 2, 2023, I responded to an accident located at the McDonald's parking lot, 710 W Yamato Road. When I arrived on scene, Officer Horne was conducting a crash investigation (25899995) and advised the female who drove vehicle 1 and had caused the collision had an odor of an alcoholic beverage coming from her person. See his report for further detail. The female was identified as, Cassandra McNulty.</p> <p>I made contact with the victim involved in the collision who was identified as, Miranda Schumes. Miranda advised she was sitting in the passenger seat of vehicle 2 waiting in line at the McDonald's drive-thru. Miranda advised the vehicle she was in was in a stopped position for over 15 minutes when Cassandra's vehicle had collided with the one she was in. Miranda stated the impact was so strong that it caused pain to her back and right foot. Miranda stated she got out the vehicle and observed Cassandra still in her vehicle.</p> <p>After Officer Horne concluded with his crash investigation, I began the DUI criminal investigation. I read Cassandra her constitutional rights to which she stated she understood. I then asked Cassandra questions relating to a DUI investigation. I asked Cassandra what had occurred tonight, and she stated she had crashed into the other vehicle. I asked Cassandra where she was coming from. At first Cassandra stated she was getting some food before heading home and was coming from a friend's place. Then Cassandra stated she was coming from her home, left to go get some food and then was returning home. I asked Cassandra approximately what time it was, and she stated around 2200 hours. The time was 2328 hours. Cassandra stated her first drink was at approximately 1430 hours and her last drink at approximately 1630 hours. Cassandra stated she had 4 glasses of Sauvignon Blanc in that time and that the glasses were about 9 ounces each. Cassandra advised the last thing she ate was at approximately 1400 hours and was a smoothie. Cassandra advised she had vision in both of her eyes and was wearing contact lenses. Cassandra did not have any medical or physical conditions,</p>									
SWORN AND SUBSCRIBED BEFORE ME <u>TJ60</u> CODLING, TODD NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) <u>09/03/2023</u> DATE				 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER SANGER, MOOKIE (870) NAME OF OFFICER (PLEASE PRINT) <u>09/03/2023</u> DATE					

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 FL FL0500200		Agency Name BOCA RATON POLICE DEPARTMENT	Agency Report Number 3 2 2023-011096
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Charge Type: Check as many as apply.	<input type="checkbox"/> 1. Felony	<input type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance	Special Notes:
	<input type="checkbox"/> 2. Traffic Felony	<input checked="" type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 6. Other	

Name (Last, First, Middle) MCNULTY, CASSANDRA MARIE	Alias	Race W	Sex F	Date of Birth 06/07/1978
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advised she was not sick or injured and that she did not have any recent brain injuries or diabetes.

I then continued on with the SFST's. Cassandra displayed six out the six clues in the eyes as well as vertical nystagmus. In the walk and turn exercise, Cassandra displayed five out of the eight clues to include, cannot keep balance while listening to the instructions, stops while walking, does not touch heel-to-toe, improper turn and walked the incorrect number of steps. In the one-leg-stand exercise, Cassandra displayed two out of the four clues to include, using her arms for balance and swaying.

Based on the totality of the circumstances and all the information I had gathered, I placed Cassandra under arrest DUI. Cassandra was observed by Officer Horne and Miranda Schumes to be in actual physical control of a vehicle within this state and I believed Cassandra was affected to the extent that she had lost her normal faculties and was too impaired to be operating a vehicle where the public has access to and had caused a collision. Miranda described being injured by the collision as well. Due to all of the above, Cassandra was in violation of F.S.S. 316.193(3C1) DUI (Injury to person or property.)

Cassandra was transported to the BRPD BAT where she consented to provided a breath sample. At 0046 hours, Cassandra provided a breath sample of 0.180 and at 0050 hours, she provided a sample of 0.179.

SWORN AND SUBSCRIBED BEFORE ME	<i>[Signature]</i> #870
CODLING, TODD	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)	SANGER, MOOKIE (870)
09/03/2023	NAME OF OFFICER (PLEASE PRINT)
DATE	09/03/2023
	DATE

1015-2349 hrs

23-11096

DUI INFLUENCE REPORT



BOCA RATON POLICE SERVICES DEPARTMENT
100 NW 2nd Avenue
Boca Raton, FL 33432



BOCA RATON POLICE SERVICES DEPARTMENT
DUI INFLUENCE REPORT - PART I

On the 2nd day of September, at 2349 AM/PM
Subject: Cassandra McNulty Case Number: 23-11090

PERSONAL CONTACT

Driving Pattern: See PC

Observation of Driver:

Driver's Statement:

Odors:

GENERAL OBSERVATIONS

Speech: Slurred, slow and low

Attitude: polite

Clothing: Swimming attire (black top, white and black shorts)

Medical Problems: N/A

Medications: N/A

Other: N/A

Horizontal Gaze Nystagmus:

- Left eye does not follow smoothly
- Right eye does not follow smoothly
- Left eye jerks at 45 degrees angle or less
- Right eye jerks at 45 degrees angle or less
- Distinct jerking left eye maximum deviation
- Distinct jerking right eye maximum deviation

Can not do, Why? see PC

Walk and turn: _____

Can not do, Why? _____

One leg stand: _____

Can not do, Why? _____

Finger to nose: _____

Can not do, Why? _____

Alphabet (speech pattern): _____

Can not do, Why? _____

Breath/Blood test results: _____

State of Florida, County of Palm Beach,
Sworn and subscribed before me this 9/3/23 (date) by _____

[Signature] Notary/Clerk of Court/Officer (FSS 117.10) Date 9/3/23

[Signature] #870 Signature of Arresting Officer Mookie Sanger Name of Officer (print)

ARRESTING OFFICER: Off. Sanger

Name: Off. Sanger Phone # 501-620-6241 Work # _____

Address: 100 NW 2nd Ave, Boca Raton, FL

Can testify to: DUI Investigation

Name: Off. Horne Phone # 561-620-6241 Work # _____

Address: 100 NW 2nd Ave Boca Raton, FL

Can testify to: Crash Investigation

Name: Off. Bacher Phone # 561-378-1231 Work # _____

Address: 100 NW 2nd Ave, Boca Raton FL

Can testify to: DUI Investigation Backup officer

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____



BOCA RATON POLICE SERVICES DEPARTMENT
DUI INFLUENCE REPORT - PART II

To be filled out at testing facility

Agency Case # 23-11096

I. INTRODUCTION (Instrument Operator faces video camera)

A. The day is Sunday (day), September (month), 3rd (date), 2023 (year).

B. The time is now approximately _____ AM/PM.

C. The following is in reference to case number 23-11096.

D. Present at this time is Off. Sanger of the Boca Raton Police Department.
(Officer's Name)

E. Officer Sanger, have you arrested Cassandra McNulty in violation of Florida State Statute 316.193?
(Defendant's name)

F. Did this violation occur within the City of Boca Raton, Palm Beach County, Florida? yes

G. Mr./Mrs./Ms McNulty, I am required to inform you these proceedings are being video recorded.

Operator Note: *Video record breath request, breath sample, and interview.*

NOT A CERTIFIED COPY

II. AT THIS TIME THE ARRESTING OFFICER WILL REQUEST A BREATH SAMPLE.

Note: Read only the paragraph applicable to the type of test you are requesting.

- A. I am now requesting that you submit to a lawful test of your **BREATH** for the purpose of determining its alcohol content.
- B. 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.
- C. I am now requesting that you submit to a lawful test of your **BLOOD** for the purpose of determining its alcohol content and the presence of chemical or controlled substances.

IMPLIED CONSENT WARNINGS

Note: Read only if the subject does not comply with your request.

I am _____ of the _____.

If you fail to submit to the test I have requested of you, your privilege to operate a motor vehicle will be suspended for a period of one (1) year for a first refusal, or eighteen (18) months if your privilege has been previously suspended as a result of a refusal to submit to a lawful test of your breath, urine, or blood. Additionally, if you refuse to submit to the test I have requested of you and if your driving privilege has been previously suspended for a prior refusal to submit to a lawful test of your breath, urine, or blood, you will be committing a misdemeanor. Refusal to submit to the test I have requested of you is admissible into evidence in any criminal proceeding.

Subject Signature: _____

Note: Also read for CDL holders:

IN ADDITION, your refusal to submit will result in the loss of your commercial privileges for one year from today. If this is your SECOND REFUSAL, you will be permanently disqualified from operating a commercial motor vehicle.

Note: After reading the implied consent warning, the arresting officer must request a breath sample again.

(IF REFUSAL THEN)

At this time Mr./Mrs./Ms. _____ has refused to submit to a breath test.

The date is _____, _____, _____, and the time is _____ AM/PM.
(month) (day) (year)

A refusal form will be completed by the arresting officer.



BOCA RATON POLICE SERVICES DEPARTMENT
JUVENILE CONSTITUTIONAL WARNINGS

**Rights of suspects prior to custodial questioning.
Identify yourself and state:**

I am required to warn you before you make any statement that you have the following Constitutional rights:

- (1) You have the right to remain silent and not answer any questions. *Tell me in your own words what you think this means. (You do not have to talk to me or answer any questions about this offense. You can be quiet if you want.)*
- (2) Any statement you make must be freely and voluntarily given. *Tell me in your own words what you think this means. (If you do talk to me it has to be because you want to and not because anyone is forcing you to speak.)*
- (3) You have a right to the presence and representation of a lawyer of your choice before you make any statement and during any questioning. *Tell me in your own words what you think this means. (You can talk to a lawyer before we ask you any questions and you can have him/her with you now, during our questioning.)*
- (4) If you cannot afford a lawyer, you are entitled to the presence and representation of a court appointed lawyer before you make any statement and during any questioning. *Tell me in your own words what you think this means (If you do not have money for a lawyer and you want one, a lawyer will be given to you for free.)*
- (5) If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent. *Tell me in your own words what you think this means. (If you decide to talk to me then change your mind, you can stop answering my questions at any time.)*
- (6) I can make no threats or promises to induce you to make a statement. This must be of your own free will. *Tell me in your own words what you think this means (I am not allowed to threaten you or make you any promises to get you to talk to me. If you decide to talk, it must be because you want to.)*
- (7) Any statement can be and will be used against you in a court of law. *Tell me in your own words what you think this means (Anything you say to me can and will be told to the judge or a jury in court. A judge is a person who decides if you have done something wrong. Sometimes a group of people called a jury decide this, but the Judge is the person who decides what punishment you get.)*
- (8) Do you understand these rights as I have read them to you, and do you wish to speak to me?

Signed: _____ Date: _____ Time: _____



BOCA RATON POLICE SERVICES DEPARTMENT
TESTING FACILITY TASK REPORT

SUBJECT: Cassandra McNulty

CASE #: 23-11094 DATE: 9/3/23

BREATH TEST RESULTS

1) TIME 0046 .180 AM/PM 2) TIME _____ AM/PM

3) TIME 0050 .179 AM/PM 4) TIME _____ AM/PM

BREATH OPERATOR: Off. Horne

MAINTENANCE TECHNICIAN: Off. Crawford

TESTING OFFICER'S OBSERVATIONS

SPEECH: Slurred, low, and slow

ATTITUDE: polite, quiet

CLOTHING: Black tank top, black and white bottoms

MEDICAL CONDITION: N/A

OTHER: Watery red eyes, unknown odor of alcohol emanating from her person (mouth and body)

COMMENTS: N/A

Identify yourself and state:

I am required to warn you before you make any statement that you have the following Constitutional rights:

- (1) You have the right to remain silent and not answer any questions.
- (2) Any statement you make must be freely and voluntarily given.
- (3) You have a right to the presence and representation 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 and representation of a court appointed lawyer before you make any statement 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 be and will be used against you in a court of law.
- (8) Do you understand these rights as I have read them to you, and do you wish to speak to me?

Signed: On camera Date: 09/03/2023 Time: 1252

QUESTIONS AND ANSWERS

Were you operating a motor vehicle at the time of the accident/stop? yes

Where were you going? waiting to order food at a drive-thru

What street or highway were you on? in a drive-thru

Direction of travel? _____

Where did you start driving from? Coming back from the beach

What city (county) were you stopped in? Boca Raton

What time did you start? not paying attention AM/PM What time is it now? after midnight

What is today's date? 09/03/2023 What day of the week is it? Sunday now

When did you last eat? 2 PM What did you eat? Smoothie

What have you been doing the past three hours prior to this stop/accident? at the beach

How much do you weigh? 125 130 Have you been drinking? yes What were you drinking? wine

How much? 4 glasses Where? at home With whom were you drinking? alone myself

When did you have your first drink? 4:30 AM/PM When did you stop drinking? 6:30 AM/PM

How did you consume your last two drinks? through a glass

Are you under the influence of alcohol now? Yes No
Can you feel the effects of alcohol? Yes No
Have you consumed alcohol since the accident? Yes No
Can you feel the effects of alcohol? Yes No
Have you consumed alcohol since the accident? Yes No How much? _____
What? _____ Where? _____

What line of work are you in? Marketing
When did you last work? Friday

Do you have any physical defects or injuries? Yes No If yes, explain: _____

Are you sick or injured? Yes No If yes, explain: _____

Do you limp? Yes No Did you get a bump on the head? Yes No
Were you in an accident today? yes

Have you taken any drugs or smoked marijuana today? yes on Saturday
What? THC When? in the evening

Have you seen a doctor or dentist today? Yes No Who? _____

Are you taking any prescription medications? Yes No What? _____ When? _____

Do you have: Epilepsy? Yes No Inner ear trouble? Yes No
Glass eye? Yes No Ear infection? Yes No
False teeth? Yes No Diabetes? Yes No

Any problems not correctable by glasses or contact lenses? NO

Do you take insulin? Yes No If yes, when was your last injection? _____

Have you ever had a driver's license in any other state? NEVADA and California

I am now ending this video recording. The time is now approximately 1:01 (AM/PM).

The date is 8 September, 03, 2023.
(month) (day) (year)



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: 2023023151	Date: 9/3/2023
	Specialist Name/ID: Chantel Daniels/30347