

NH

23014777

ARREST / NOTICE TO APPEAR

- 1. Arrest (No Warrant)
- 2. Arrest (Warrant)
- 3. Request for Warrant
- 4. Request for Capias
- 5. Juvenile Referral
- 6. N.T.A.

1 JUVENILE

OBTS Number	Agency ORI Number 0500200		Agency Name Boca Raton Police Department		Agency Report Number (N.T.A.'s only) 3, 2 2023-003523	
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: UNARMED	Multiple Clearance Indicator	
Location of Arrest (Including Name of Business) 900 S FEDERAL HWY, BOCA RATON, FL 33432				Location of Offense (Business Name, Address) 900 S FEDERAL HWY, BOCA RATON, FL 33432		
Date of Arrest 03/14/2023	Time of Arrest 02:12	Booking Date 03/14/2023	Booking Time 02:22	Jail Date 03/14/2023	Jail Time 03:30	Location of Vehicle WESTWAY
Name (Last, First, Middle) YOUNG, CONNOR THOMAS		Alias:		Alias (Name, DOB, Soc. Sec. #, Etc.)		
Race W - White B - Black	Sex M	Date of Birth 07/03/2000	Height 6'02	Weight 178	Eye Color BROWN	Hair Color BLACK
Complexion LIGHT		Build Thin		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"/>		
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) Name			Marital Status S	Religion NONE	Residence Type: 1. City 2. County 3. Florida 4. Out of State 13	
Local Address (Street, Apt. Number) 2504 10TH AVE 106, LAKE WORTH, FL 33461			Phone (302) 747-8444	Address Source DEFENDENT		
Permanent Address (Street, Apt. Number) 2504 10TH AVE 106, LAKE WORTH, FL 33461			Phone (302) 747-8444	Occupation Self Employed		
D/L Number, State 1950275 / DE		INS Number		Place of Birth (City, State) WILMINGTON, DE		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	
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	<input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor	
Parent <input type="checkbox"/> Other: <input type="checkbox"/>		Name (Last, First, Middle)			Residence Phone	
Legal Custodian <input type="checkbox"/>		Address (Street, Apt. Number)			Business Phone	
Notified by: (Name)		Date	Time	JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated		
Released To: (Name)		Relationship	Date	Time		
The above address was provided by <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	
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	X: 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 DRIVE UNDER INFLUENCE ALC				Statute Violation Number 316.193(1A)	Violation of ORD #	
Drug Activity	Drug Type	Amount	Unit	Offense #	Counts	Domestic Violence
	N				1	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
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
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
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		
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 type="checkbox"/> T.O.T. County Jail
PROPERTY - Received By 868		Released By 868		Released To 868		
Transported By 868		Date Transported 03/14/2023	Time Transported 03:30	Other		
<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court				Location (Court, Room) South County 200 W Atlantic Ave Delray Beach, FL 33444		
<input type="checkbox"/> INSTRUCTION NO. 2 - Juvenile not appear in Court but must comply with instructions on Page 2.				Court Date and Time 04/17/2023 08:30:00		
I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.						No Photo Available
Signature of Defendant (or Juvenile and Parent/Custodian)				Date Signed		
HOLD for Other Agency		Signature of Arresting Officer		Name Verification (Printed by Arrestee)		
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other		Name of Arresting Officer (Print) WILLIAMS, D.		(PRINT) FILED PBC - GUN CLUB 23 MAR 14 AM 7:12		
Deputy Bonillo	I.D. # 18342	Pouch #	Transporting Officer WILLIAMS, DAVID	I.D. # 868	Agency BOCA	PAGE 1 OF 1
Witness here if subject signed with an "X".						

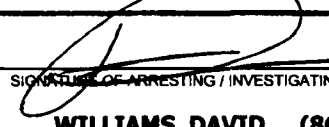
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2446

PROBABLE CAUSE AFFIDAVIT

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

1 JUVENILE

A D M I N I S T R A T I V E	OBTS Number		Agency ORI Number FL FL0500200		Agency Name BOCA RATON POLICE DEPARTMENT		Agency Report Number 3 2 2023-003523	
	Charge Type: Check as many as apply.		Special Notes:		Race W		Sex M	
	<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				Date of Birth 07/03/2000			
C H A R G E S	Name (Last, First, Middle) YOUNG, CONNOR THOMAS						Alias	
	Charge Description 316.193(1A) DUI			Charge Description				
	Charge Description			Charge Description				
V I C T I M	Victim's Name (Last, First, Middle) STATE OF FLORIDA,						Race U	
	Local Address (Street, Apt. Number) 100 NW 2ND AVE, BOCA RATON, FL 33432				Phone (561) 338-1234		Address Source	
	Business Address (Name, Street)				Phone (561) -		Occupation	
P R O B A B L E	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 type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.							
	On the <u>14</u> day of <u>March</u> , <u>2023</u> at <u>02:12</u> (Specifically include facts constituting cause for arrest.)							
	<p>On 3/14/2023, at 0149 hours, I was traveling northbound on Federal Highway passing the intersection of E Camino Real. I observed a black Infinity (FL 75DDBG) make a U-turn at E Camino Real and proceed northbound on Federal Highway in front of me. The vehicle had no lights on and then stopped within the marked bicycle lane at approximately 900 S Federal Highway. As I pulled behind the vehicle I watched as the driver stepped out and began walking toward the sidewalk. I ordered the driver back into his vehicle and approached him now sitting in the driver's seat of the Infinity.</p> <p>As I approached the driver's side window, I was immediately presented with the odor of alcohol emanating from the vehicle. The driver was identified by his Delaware license as Connor Young. Young advised he was driving home and stopped to get money out of the ATM. In speaking with Young I observed his eyes to be bloodshot and watery. I observed the odor of alcohol emanating from young's breath and his speech was slurred. I asked Young to step out of the vehicle to separate him from the passenger. Young advised prior to the stop he and the passenger were coming from a bar called "1-11". When asked how much alcohol he consumed Young responded, "2 beers over 6 hours". Based upon the combination of post-stop indicators I requested Young to participate in Field Sobriety Exercises (FSEs). Young initially declined, however, after advising him of his Taylor warnings Young decided to participate.</p> <p>The FSEs were conducted as follows.</p> <p>Horizontal Gaze Nystagmus (HGN)</p> <p>The defendant identified the stimulus as red. The defendant had equal pupil size and equal tracking in both eyes. The defendant's eyes continued to jump as he attempted to follow the stimulus. In conducting the exercise, I was able to observe a Lack of Smooth Pursuit, Distinct and Sustained Nystagmus at Maximum Deviation, and the onset of</p>							
A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME							
	VAN CAMP, JEFFERY ALAN NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) <u>03/14/2023</u> DATE				SIGNATURE OF ARRESTING / INVESTIGATING OFFICER  WILLIAMS, DAVID (868) NAME OF OFFICER (PLEASE PRINT) <u>03/14/2023</u> DATE			
					PAGE 1 OF 3			

OBTs Number _____	PROBABLE CAUSE AFFIDAVIT SUPPLEMENT	1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	JUVENILE		
Agency ORI Number FL FL0500200	Agency Name BOCA RATON POLICE DEPARTMENT	Agency Report Number 3 2 2023-003523					
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) YOUNG, CONNOR THOMAS		Race W	Sex M	Date of Birth 07/03/2000			
<p>Nystagmus prior to 45 degrees. While giving the instructions the defendant continued to sway.</p> <p>Walk and Turn</p> <p>The surface was flat and hard. The defendant attempted to do the exercise with shoes. The line used was a painted white line. I made sure the defendant both knew the line he would be using and the color of that line. I began the exercise by instructing and demonstrating to the defendant how to complete the exercise. While giving instructions the defendant lost balance several times and failed to stay in the starting position. In conducting the exercise the defendant failed to walk Heal-to-Toe, lost balance, and utilized his arms to balance.</p> <p>One Leg Stand</p> <p>The surface was flat and hard. The defendant attempted to do the exercise with shoes. The defendant raised his right leg. While giving the instructions the defendant failed to stay in the starting position. While giving the instruction the defendant paced his foot down and had to be instructed multiple times to look at his foot.</p> <p>Finger to nose</p> <p>The surface was flat and hard. The defendant conducted the exercise with shoes. The defendant failed to touch the tip of his finger to the tip of his nose twice. During the exercise, the defendant continued to sway.</p> <p>Modified Romberg Balance</p> <p>The surface was flat and hard. The defendant conducted the exercise with shoes. During the exercise, the defendant continued to sway. The defendant notified me of the completion of the exercise after 43 seconds.</p> <p>Due to the totality of the circumstances and my training/experience, I felt the defendant was unable to perform simple tasks during the exercises due to being impaired. I felt the defendant is too impaired to operate a motor vehicle safely. The defendant was placed under arrest at 0212 hours, for driving under the influence. Young was placed in handcuffs that were checked for tightness and double locked.</p> <p>The vehicle was towed by Westway towing. The tow log was completed and submitted by Officer Harrison.</p> <p>Young was transported to the BRPD DUI room. Officer De La Rua conducted the 20-minute</p>							
<table style="width:100%; border: none;"> <tr> <td style="width:50%; vertical-align: top;"> SWORN AND SUBSCRIBED BEFORE ME <u>VAN CAMP, JEFFERY ALAN</u> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117.10) <u>03/14/2023</u> DATE </td> <td style="width:50%; vertical-align: top;"> SIGNATURE OF PROBING/INVESTIGATING OFFICER <u></u> WILLIAMS, DAVID (868) NAME OF OFFICER (PLEASE PRINT) <u>03/14/2023</u> DATE </td> </tr> </table>						SWORN AND SUBSCRIBED BEFORE ME <u>VAN CAMP, JEFFERY ALAN</u> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117.10) <u>03/14/2023</u> DATE	SIGNATURE OF PROBING/INVESTIGATING OFFICER <u></u> WILLIAMS, DAVID (868) NAME OF OFFICER (PLEASE PRINT) <u>03/14/2023</u> DATE
SWORN AND SUBSCRIBED BEFORE ME <u>VAN CAMP, JEFFERY ALAN</u> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117.10) <u>03/14/2023</u> DATE	SIGNATURE OF PROBING/INVESTIGATING OFFICER <u></u> WILLIAMS, DAVID (868) NAME OF OFFICER (PLEASE PRINT) <u>03/14/2023</u> DATE						
PAGE 2 OF 3							

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

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

1

JUVENILE

A D M I N	OBTS Number		Agency ORI Number FL FL0500200		Agency Name BOCA RATON POLICE DEPARTMENT		Agency Report Number 3 2 2023-003523	
	Charge Type: Check as many as apply.		Special Notes:					
		<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				

D E F	Name (Last, First, Middle) YOUNG, CONNOR THOMAS			Alias		Race W	Sex M	Date of Birth 07/03/2000
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observation and operated the Intoxilyzer. Reference Intoxilyzer 8000 S#80-006622 results were (.170/.161)

Young was transported to Palm Beach County Jail.

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A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME		SIGNATURE OF ARRESTING / INVESTIGATING OFFICER	
	VAN CAMP JEFFERY ALAN		WILLIAMS, DAVID (868)	
	NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)		NAME OF OFFICER (PLEASE PRINT)	
	03/14/2023		03/14/2023	
DATE		DATE		

PAGE
3 OF 3

-E
23

· ISMPV 23-3222
W/M Connor Young
· DOB: 7/3/2000

Observation 0224H
Arrest times: 0212H

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 14 day of March, at 0212 ~~AM~~ PM:

Subject: Young, Connor Case Number: 2023-003523

PERSONAL CONTACT

Driving Pattern: _____

Observation of Driver: See PIC

Driver's Statement: _____

Odors: _____

GENERAL OBSERVATIONS

Speech: _____

Attitude: _____

Clothing: _____

Medical Problems: _____

Medications: _____

Other: _____

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VNF
14 20

Horizontal Gaze Nystagmus:

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

Can not do, Why? _____

Walk and turn: _____

Can not do, Why? _____

See p 16

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 3/14/23 (date) by Officer P. L. E.

[Signature] 757 3/14/23
Notary/Clerk of Court/ Officer (FSS 117.10) Date

Signature of Arresting Officer Name of Officer (print)



BOCA RATON POLICE SERVICES DEPARTMENT
DUI INFLUENCE REPORT - PART II

To be filled out at testing facility

Agency Case # 2023-003523

I. INTRODUCTION (Instrument Operator faces video camera)

A. The day is Tuesday, March, 14, 2023.
(day) (month) (date) (year)

B. The time is now approximately 0245 AM/PM.

C. The following is in reference to case number 23-3523.

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

E. Officer Williams, have you arrested Connor Young 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. Young, I am required to inform you these
proceedings are being video recorded.

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

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SCA
MAP

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
TESTING FACILITY TASK REPORT

SUBJECT: YUVAS, Conrad

CASE #: 23-3523 DATE: 3/14/23

BREATH TEST RESULTS

1) TIME _____ AM/PM 2) TIME _____ AM/PM

3) TIME _____ AM/PM 4) TIME _____ AM/PM

BREATH OPERATOR: B De La Riva

MAINTENANCE TECHNICIAN: A. Crawford

TESTING OFFICER'S OBSERVATIONS

SPEECH: Slurr

ATTITUDE: _____

CLOTHING: Red shirt, Blue Jeans, white shoes

MEDICAL CONDITION: _____

OTHER: _____

COMMENTS: _____

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: _____ Date: _____ Time: _____

QUESTIONS AND ANSWERS

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

Where were you going? _____

What street or highway were you on? _____

Direction of travel? _____

Where did you start driving from? _____

What city (county) were you stopped in? _____

What time did you start? _____ AM/PM What time is it now? _____

What is today's date? _____ What day of the week is it? _____

When did you last eat? _____ What did you eat? _____

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

How much do you weigh? _____ Have you been drinking? _____ What were you drinking? _____

How much? _____ Where? _____ With whom were you drinking? _____

When did you have your first drink? _____ AM/PM When did you stop drinking? _____ AM/PM

How did you consume your last two drinks? _____

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? _____

When did you last work? _____

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? _____

Have you taken any drugs or smoked marijuana today? _____

What? _____ When? _____

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? _____

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? _____

I am now ending this video recording. The time is now approximately 0256 AM/PM.

The date is March, 14, 2023.
(month) (day) (year)

ARRESTING OFFICER: D. Williams

Name: D. Harrison Phone # 561-338-1234 Work # _____

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

Can testify to: _____

Name: B. Bachar Phone # 561-338-1234 Work # _____

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

Can testify to: _____

Name: B. De Luca Phone # 561-338-1234 Work # _____

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

Can testify to: Breathy fog

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: _____

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SCANNED
MAR 14 2023



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

REVIEW COMPLETED BY

Booking Number: 2023006858	Date: 3/14/2023
	Specialist Name/ID: T.Howard/7185