

J# 0552739

PH 921

24 CT - 18965 AMB

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

OBTS Number ARREST / NOTICE TO APPEAR 1. Arrest 3. Request for Warrant 2. N.T.A. 4. Request for Copies Juvenile

Agency ORI Number Agency Name Agency Report Number FLO500600 PALM BEACH POLICE DEPARTMENT 78 24 - 001682

Charge Type: 1. Felony 2. Traffic Felony 3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 6. Other Weapon Seized/Type Yes No Multiple Clearance Indicator

Location of Arrest (Including Name of Business) Location of Offense (Business Name, Address) 901 N OCEAN BLVD, PALM BEACH, FL 33480 901 N OCEAN BLVD, PALM BEACH, FL 33480

Date of Arrest Time of Arrest Booking Date Booking Time Jail Date Jail Time Location of Vehicle 9/30/24 0203 9/30/24 0301 IMPOUNDED

Name (Last, First, Middle) Alias (Name, DOB, Soc. Sec. #, Etc.) KIELISZEK, CONRAD M

Race Sex Date of Birth Height Weight Eye Color Hair Color Complexion Build W White - American Indian M 1/29/91 6.02 255 (BRN) BLOND WHT MED

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) Marital Status Religion Indication of Alcohol Influence Drug Influence

Local Address (Street, Apt. Number) (City) (State) (Zip) Phone 12323 ORANGE GROVE BLVD, WPB Florida 33411

Permanent Address (Street, Apt. Number) (City) (State) (Zip) Phone 12323 ORANGE GROVE BLVD, WPB Florida 33411

Business Address (Street, Apt. Number) (City) (State) (Zip) Phone Occupation

DL Number, State INS Number Place of Birth (City/State) Citizenship K422-113-91-029-0 POLAND - Y

Co-Defendant Name (Last, First, Middle) Race Sex Date of Birth 1. Arrested 2. At Large 3. Felony 4. Misdemeanor 5. Juvenile

Parent Name (Last) (First) (Middle) Residence Phone Legal Custodian Other 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/CYF 3. Incarcerated

Released To: (Name) Relationship FCIC/NCIC Date Time The above address was provided by defendant and/or defendant's parents. The child and/or parent was told to keep the Juvenile Court Clerk's Office informed of any change of address.

Property Crime? Description of Property Value of Property Yes No

Recovery Information 0. N/A 1. Voluntary 2. Located Not Returned 3. Hospitalized 4. HRS Custody 5. Law Enforcement Custody 6. Returned to Parent 7. Deceased 8. Other

Drug Activity S. Sell R. Smuggle K. Dispense/Distribute M. Manufacture/Produce/Cultivate Z. Other Drug Type N. N/A A. Amphetamine E. Heroin B. Barbituate C. Cocaine H. Hallucinogen M. Marijuana O. Opium/Deriv. P. Parapharmaceutical Equipment S. Synthetic U. Unknown Z. Other

Charge Description Counts Domestic Violence Statute Violation Number Violation of ORD # DRIVING WHILE UNDER INFLUENCE 1 Yes No 316.1930(B)

Drug Activity Drug Type Amount/Unit Offense # Warrant/Capias Number Bond 1000

Charge Description Counts Domestic Violence Statute Violation Number Violation of ORD #

Drug Activity Drug Type Amount/Unit Offense # Warrant/Capias Number Bond

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Charge Description Counts Domestic Violence Statute Violation Number Violation of ORD #

Drug Activity Drug Type Amount/Unit Offense # Warrant/Capias Number Bond

Instruction No. 1 Mandatory Appearance in Court Instruction No. 2 You need not appear in Court but must Comply with instructions on reverse side. Location (Court, Room Number, Address) CRIMINAL JUSTICE COMPLEX/3218 GUN CLUB RD, WPB FL 33406


Month 10 Day 23 Year 24 Time 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.

Signature of Defendant (or Juvenile and Parent/Custodian) Date Signed 9/30/24

Name of Arresting Officer Signature of Arresting Officer (Print) Name Verification (Printed by Arrestee) (PRINT) JOSHUA RODRIGUEZ 0416

Name of Arresting Officer (Print) I.D. # Agency JOSHUA RODRIGUEZ 0416 PALM BEACH

Witness here if subject is under 18. CANNED SEP 30 2024

OBTS Number		PROBABLE CAUSE AFFIDAVIT			1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	Juvenile	
ADMIN	Agency ORI Number FLO 0500600	Agency Name PALM BEACH POLICE DEPARTMENT	Agency Report Number 76- 24-001682						
	Charge Type: Check as many as apply.		<input type="checkbox"/> 1. Felony	<input checked="" type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance	Special Notes:			
	<input type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 6. Other						
CHARGES	Name (Last, First, Middle) KIELISZEK, CONRAD, M			Alias	Race W	Sex M	Date of Birth 01/29/1991		
	Charge Description Driving Under the Influence			316.193	Charge Description				
VICTIM	Victim's Name (Last, First, Middle)			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</p> <p><input checked="" 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 type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the 30TH day of SEPTEMBER 2024 at 01:46 <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p>								
<p>I arrested and charged Conrad Kieliszek (W/M D.O.B 01/29/1991) with DUI pursuant to F.S.S 316.193(1) (B).</p>									
NOT A CERTIFIED COPY									
ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH		OFF. J RODRIGUEZ						
	(Signature of Arresting/Investigative Officer)								
	The foregoing instrument was sworn to or affirmed and subscribed before me this 30TH day of SEPTEMBER 20 24 by Ofc. J. RODRIGUEZ								
	(Print name of Arresting/Investigative Officer) who is personally known to me and/or produced identification. Type of identification produced								
M. Gonzalez #40577								PAGE 1 OF 1	
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)				MADELIN GONZALEZ		Notary Public State of Florida Commission #225216 Expires 2/7/2026			

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 30TH DAY OF SEPTEMBER 20 24, AT 01:46 AM PM

SUBJECT: KIELISZEK CONRAD M CASE NUMBER: 24-001682

AGENCY: PALM BEACH POLICE DEPARTMENT ARRESTING OFFICER: OFF. J RODRIGUEZ #0416

PERSONAL CONTACT

DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUTTING DEF. BEHIND WHEEL OF VEHICLE)
TRAVELING ON THE OPPOSITE SIDE OF THE ROAD ALMOST COLLIDING INTO THE REAR OF MY PATROL VEHICLE.

OBSERVATION OF DRIVER:

I OBSERVED THE DRIVERS MOVEMENT WAS EXTREMELY SLOWED AND DELAYED. WHEN I ASKED FOR HIS DRIVERS LICENSE , HE STRUGGLED TO LOCATE WHERE I WAS AND HAD A DIFFICULT TIME GOING INTO HIS POCKET IN ATTEMPT TO RETRIVE HIS WALLET. AS I WAS ASKING HIM QUESTIONS IN REFERENCE TO WHERE HE LIVED, HE CONTINUED SLURING HIS WORDS AND STATED HE WAS ON HIS WAY HOME.

DRIVER'S STATEMENTS:

DRIVER STATED HE WAS DRIVING TO HIS HOME LOCATED IN WEST PALM BEACH. DRIVER STATED THAT HE WAS OUT WITH FRIENDS AND HAD (2) BEERS. HE THEN MENTIONED HOW HE DROPPED HIS FRIENDS OFF AN ATLANTIC AVE AND PROCEEDED HOME.

ODORS:

STRONG ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE.

GENERAL OBSERVATIONS

SPEECH: SLURRED SPEECH

ATTITUDE: NERVOUS

CLOTHING: WHITE/BLACK T-SHIRT, BLACK/RED SHORTS, GREY SANDALS

MEDICAL/OTHER: NONE

STATE OF FLORIDA
COUNTY OF PALM BEACH

OFF. J RODRIGUEZ #0416

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 30TH day of SEPTEMBER 20 24 by OFF. J RODRIGUEZ #0416

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

M. Gonzalez #40577

Notary Public, Clerk of Court, Officer (F.S.S 17.10)



MADELIN GONZALEZ

Notary Public
State of Florida
Comm# MH225716
Expires 2/7/2026

SUBJECT: KIELISZEK CONRAD CASE NUMBER 24-001682

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

- | | |
|---|---|
| <input checked="" type="checkbox"/> LT EYE-LACK OF SMOOTH PURSUIT | <input checked="" type="checkbox"/> RT EYE-LACK OF SMOOTH PURSUIT |
| <input checked="" type="checkbox"/> LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION | <input checked="" type="checkbox"/> RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION |
| <input type="checkbox"/> LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES | <input type="checkbox"/> RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES |

Other Observations:

Head movement, Swaying, Following the stimulus with the head,

WALK & TURN:

Cannot keep balance while listening to instructions.
Stops while walking.
Steps off the line multiple times
Improper turn.
Unable to return back due to loosing balance
Uses arms to balance

ONE LEG STAND:

N/A

FINGER TO NOSE:

N/A

ROMBERG ALPHABET:

N/A

BREATH TEST RESULTS: REFUSAL N/A N/A N/A

STATE OF FLORIDA
COUNTY OF PALM BEACH

OFF. J RODRIGUEZ #0416

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 30TH day of SEPTEMBER 2024 by OFF. J RODRIGUEZ #0416

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

M. Gonzalez #40577

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



MADELIN GONZALEZ
Notary Public
State of Florida
Comm# HH225716
Expires 2/7/2026

NOT A CERTIFIED COPY

STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES
AFFIDAVIT OF REFUSAL TO SUBMIT TO
BREATH AND/OR URINE TEST

I, OFF. J RODRIGUEZ #0416, a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)

am a member of PALM BEACH PD, and I do swear
(Name of law enforcement agency)

or affirm that on or about the 30th day of september, 20 24, at 02:03 P.M. A.M.

DRIVER CONRAD M KIELISZEK
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# K422-113-91-029-0, state of FLORIDA, was placed under lawful arrest for
the offense of Driving Under the Influence by OFF. J RODRIGUEZ #0416 and
issued Citation # 4147XB14
(Name of Arresting Officer)

That on or about the 30TH day of SEPTEMBE, 20 24, at 0328 P.M. A.M.
in PALM BEACH County,

I requested that the driver submit to a **breath and/or** **urine** test to determine his or her blood alcohol level and/or the presence of chemical or controlled substances. I informed the driver that the refusal to submit to such test(s) would result in the suspension of his or her driving privilege for a period of one (1) year for a first refusal, or for a period of eighteen (18) months if his or her driving privilege had been previously suspended for refusing to submit to a breath, urine or blood test. I also informed the driver that he or she commits a misdemeanor by refusing to submit to a lawful test as requested above if his or her driving privilege has been previously suspended for refusal to submit to a lawful test of his or her breath, urine, or blood. Additionally, I informed the driver that if he or she holds a CDL, or was operating a CMV, refusal will result in the disqualification of the Commercial Driver's License/driving privilege for a period of one (1) year in the case of a first refusal or permanently if he or she has previously been disqualified as a result of a refusal to submit to any such lawful test. Nonetheless, the driver refused to submit to the test(s) requested.

[Signature]
Signature of Law Enforcement Officer or
Correctional Officer

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



MADELIN GONZALEZ
Notary Public
State of Florida
Comm# HH225716
Expires 2/7/2016 (FIX SEAL)

The foregoing instrument was sworn and subscribed before me:

The foregoing instrument was sworn and subscribed before
me this 30TH day of SEPTEMBER, 20 24,
by OFF. J RODRIGUEZ #0416,
who is personally known to me or who has produced

Signature of Attesting Officer

Title _____

Date _____

_____ as identification
Notary Public M. Gonzalez #40577

Note: Mail or hand deliver to the designated Bureau of Administrative Reviews office, Department of Highway Safety and Motor Vehicles, with the driver's license, the appropriate copy of the UTC, and the probable cause affidavit.

WITNESS LIST

CASE NUMBER: 24-001682

ARRESTING OFFICER: OFF. J RODRIGUEZ #0416

ADDRESS: 345 S County Rd, Palm Beach, FL, 33480

PHONE NUMBERS (HOME): _____ (WORK) 561-838-5454

CAN TESTIFY TO: arrest, observations of the driver, sfst's

NAME: Officer Ringlesplaugh

ADDRESS: 345 S County Rd, Palm Beach, FL, 33480

PHONE NUMBERS (HOME) _____ (WORK) 561-838-5454

CAN TESTIFY TO: arrest, observations of the driver, sfst's

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

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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: _____

NOT A CERTIFIED COPY



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

PBSO CASE # 24 103373 PBSO ZONE 1-11

AGENCY CASE # 24-001682 CRASH CASE # _____

TIME OF STOP/CRASH 02:03 DATE 09/30/2024 DAY _____

SUBJECT'S NAME KIELISZEK CONRAD M RACE WHITE SEX Male
LAST FIRST MID

HGT 6'02 WGT 250 DOB 01/29/1991

LOCATION 901 N OCEAN BLVD , PALM BEACH FL 33480

ARRESTING OFFICER'S NAME & ID Ofc. J. RODRIGUEZ 0416 AGENCY PALM BEACH PD

DIVISION: PATROL

NOTIFIED BY COMMO YES
 ARRIVAL AT FACILITY 02:56
 ARREST TIME 02:03

BREATH RESULTS:

REFUSED
 NOT A CERTIFIED COPY

TESTING OFFICER'S ID 40577 PBSO VIDEOTAPE # N/A

TESTING FACILITY TASK REPORT

AGENCY: PBDP

SUBJECT: KIELISZEK, CONRAD M

DATE: Sep 30, 2024

BEGINNING TIME: 03:25

ENDING TIME: 03:30

CASE NUMBER: 24-103373

VIDEO DVD NUMBER: N/A

BREATH TESTS RESULTS: 1) R TIME 03:28 A.M. P.M. 2) N/A TIME N/A A.M. P.M.
3) N/A TIME N/A A.M. P.M. 4) N/A TIME N/A A.M. P.M.

BREATH OPERATOR: M. GONZALEZ #40577

MAINTENANCE TECHNICIAN: J. KARLECKE # 6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: TALKATIVE

CLOTHING: BLACK SHORTS, WHITE PRINTS SHIRTS, FLIP FLOP

MEDICAL CONDITIONS: ANXIETY, DEPRESSION

MEDICATIONS: ALPRAZOLAM

OTHER:

EYES: GLASSY AND BLOODSHOT

COMMENTS:

ARRIVED AT CENTER A/O BEGAN THE 20 MINUTE OBSERVATION PERIOD AT 02:56 HRS.

SUBJECT: REFUSED TO ANSWER FORMAT QUESTIONS, REFUSED TO TAKE TEST.

A/O: READ I/C

SUBJECT: STATED HE UNDERSTOOD I/C AND REFUSED TO TAKE TEST

A/O: NO RIGHTS READ.

A/O: NO Q & A CONDUCTED.

REFUSED

REFUSED

**PALM BEACH COUNTY
SHERIFF'S OFFICE**

SHERIFF RIC L. BRADSHAW



DUI Breath Implied Consent

NOT APPLICABLE WITH VOLUNTARY CONSENT

DEFENDANT'S NAME: KIELISZEK, CONRAD M CASE NO: 24-001682
DATE OF ARREST: 9/30/24 TIME OF ARREST: 02:03

I am now requesting that you submit to a lawful test of your **BREATH** for the purpose of determining its alcohol content.

Will you take the test? YES NO

NOTE: READ ONLY IF THE ANSWER TO THE ABOVE IS "NO"

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 NO

Do you still refuse to submit to this test? YES NO

NOTE: IF THE SUBJECT POSSESSES A COMMERCIAL DRIVER LICENSE (CDL), READ THE FOLLOWING, REGARDLESS OF WHETHER THE SUBJECT IS OPERATING A COMMERCIAL MOTOR VEHICLE (CMV)

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 NO

Do you still refuse to submit to this test? YES NO

Date read: 09/30/24 Time read: 03:27 Location read: BREATH Alcohol Testing Facility

LAW ENFORCEMENT OFFICER NAME (printed): J. RODRIGUEZ ID: 04116

LAW ENFORCEMENT OFFICER SIGNATURE: [Signature]

SUBJECT: KIELISZUK, CONRAD CASE NUMBER: 24-001682

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: _____



Palm Beach County Sheriff's Office

Florida State Statute Exemption Sheet

	X	Florida State Statute	Description	Page Number(s)
I/E Exemptions	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel	
	<input type="checkbox"/>	119.071(2)(e)	Confession	
Public Info. Exemptions	<input type="checkbox"/>	FL Const. Art. I, s. 16(b)(5)	Marsy's Law – victim information shall be redacted. The term "victim" also includes the victim's lawful representative, the parent or guardian of a minor, or the next of kin of a homicide victim. The term "victim" does not include the accused (ref. page 99 of the CRTM for additional information)	
	<input type="checkbox"/>	119.071(2)(j)	Home/employment telephone number, home/employment address, or personal assets of a person who has been the victim of sexual battery, aggravated child abuse, aggravated stalking, harassment, aggravated battery or domestic violence	
	<input type="checkbox"/>	119.0712(2)	Personal information contained in a motor vehicle record	
	<input type="checkbox"/>	316.650(11)	Driver information contained in a uniform traffic citation	
	<input type="checkbox"/>	119.071(4)(d)2.a.	Home addresses, telephone numbers, dates of birth, and photographs of active/former LE personnel, spouses, and children	
Florida Rules of Judicial Administration 2.420	<input checked="" type="checkbox"/>	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers	2
	<input type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request	
	<input type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses	
	<input type="checkbox"/>			
Other	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			

REVIEW COMPLETED BY

Booking Number: 2024026321	Date: 9/30/2024
	Specialist Name/ID#: Joe Kovach 44820