

50-2023-CF 010097AMB

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

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

1 Juvenile N

ADMINISTRATIVE	OBTS Number		Agency ORI Number FLO 5 0 2 6 0 0		Agency Name PALM BEACH GARDENS POLICE DEPARTMENT		Agency Report Number 78 - 23006009					
	Charge Type: Check as many as apply <input checked="" 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		Weapon Seized / Type 2 1. Yes 2. No					
DEFENDANT	Location of Arrest (Including Name of Business) DONALD ROSS RD/EVERGREENE PKWY, JUPITER, FL 33458				Location of Offense (Business Name, Address) 13500-BLK ALT A1A, PALM BEACH GARDENS, FL, 33410							
	Date of Arrest 11/26/2023	Time of Arrest 00:48	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle KAUFF'S TOWING AND RECOVERY 4701 EAST AVENUE, WPB, FL 33407					
CO-DEF	Name (Last, First, Middle) HEINS, COREY, MICHAEL											
	Race W - White I - American Indian B - Black O - Oriental/Asian	Sex M	Date of Birth 09/20/1986	Height 5'10	Weight 175	Eye Color BLU	Hair Color BRO	Complexion LGT	Build MED			
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status SINGLE	Religion OTHER	Indication of: Alcohol Influence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Drug Influence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>					
	Local Address (Street, Apt. Number) 4527 SW 83RD ST,		(City) PALM CITY, FL 34990	(State)	(Zip)	Phone (561) 602-7540	Residence Type: 1. City 2. County 3. Florida 4. Out of State 3					
	Permanent Address (Street, Apt. Number) 4527 SW 83RD ST,		(City) PALM CITY, FL 34990	(State)	(Zip)	Phone	Address Source VERBAL					
Business Address (Name, Street)		(City)	(State)	(Zip)	Phone	Occupation						
D/L Number, State H520-113-86-340-0 FL	Soc. Sec. Number	INS Number	Place of Birth (City, State) JACKSONVILLE, FL		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"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile							
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile							
JUvenile	Parent <input type="checkbox"/> Legal Custodi in <input type="checkbox"/> Other:		Name (Last) (First) (Middle)		Residence Phone		Business 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 / DYS 3. Incarcerated							
	Released To: (Name)		Relationship		Date	Time						
	The above address 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 (Phone 355-2526) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No (Reason)				School Attended		Grade					
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property		Value of Property								
CHARGE	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. Barbiturate C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana O. Opium/Deriv.	P. Paraphernalia/ Equipment S. Synthetics	U. Unknown Z. Other
	Charge Description DRIVING UNDER THE INFLUENCE OVER .08		Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 316.193(1)(C)		Violation of ORD #					
	Drug Activity N	Drug Type N	Amount / Unit .165	Offense #		Warrant / Capias Number		Bond				
	Charge Description DUI OVER .15		Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 316.193(4)		Violation of ORD #					
	Drug Activity N	Drug Type N	Amount / Unit .165	Offense #		Warrant / Capias Number		Bond				
	Charge Description POSSESSION OF THC OIL		Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 893.13(6)(A)		Violation of ORD #					
	Drug Activity P	Drug Type M	Amount / Unit 3 CARTRIDGES	Offense #		Warrant / Capias Number		Bond				
	Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation of ORD #					
	Drug Activity	Drug Type	Amount / Unit	Offense #		Warrant / Capias Number		Bond				
	Location (Court, Room Number, Address)		Date Signed									
	ADMIN	HOLD for other Agency Name:		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) A. FLINK		I.D. # 514		(PRINT)				
Make Deputy		I.D. #	Pouch #	Transporting Officer OFC. FLINK	ID # 514	Agency PBGPD	Witness here if subject signed with an "X"					

0545197

1465

FILED FOR COURT
23 NOV 26 AM 07

PROBABLE CAUSE AFFIDAVIT

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

1 JUVENILE

Agency ORI Number: FL FL0502600, Agency Name: Palm Beach Gardens Police Department, Agency Report Number: 7 8 23-006009

Name (Last, First, Middle): HEINS, COREY MICHAEL, Race: W, Sex: M, Date of Birth: 09/20/1986

Charge Description: 316.193(1)(C) DUI - BREATH .08 OR ABOVE, 316.193(4) DUI - BAC ABOVE .15, 893.13(6)(A) POSSESSION OF THC OIL

Victim's Name (Last, First, Middle): State Of Florida, Local Address (Street, Apt. Number), Business Address (Name, Street)

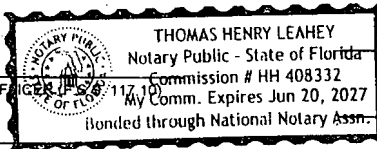
The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law. On the 26 day of November, 2023 at 00:30

On 11/26/2023 at approximately 0030 hours, this Officer was conducting speed enforcement in the area of the 13500-block of Alt A1A, PBG, FL, when this Officer observed a vehicle traveling at an increased rate of speed north bound in the inside through lane. Body worn camera and in car video were used.

The vehicle, a Volkswagen Jetta (NXNL74/FL) was visually estimated by this Officer to be traveling approximately 70 MPH in a posted 50 MPH zone. Using RADAR Stalker DSR2X (DB001317), rear antenna (KR027120), this Officer received a steady doppler tone and reading of 72 MPH.

The vehicle conducted a left-hand turn onto Donald Ross Rd, where this Officer attempted a traffic stop on same by activating overhead lights and audible sirens. The vehicle slow rolled to a stop in the area of Evergreene Pkwy. This Officer made contact with the driver and sole occupant, identified via Florida Driver License photo, Corey Heins (OF), while he was still in actual physical control of same.

SWORN AND SUBSCRIBED BEFORE ME, THOMAS HENRY LEAHEY Notary Public - State of Florida, Commission # HH 408332, Expires Jun 20, 2027, BONDED THROUGH NATIONAL NOTARY ASSN. SIGNATURE OF ARRESTING / INVESTIGATING OFFICER: FLINK, ANDREW S (514), DATE: 11/26/2023

OBTS Number Agency ORI Number FL FL0502600	PROBABLE CAUSE AFFIDAVIT SUPPLEMENT	1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias	1	JUVENILE
Agency Name Palm Beach Gardens Police Department	Agency Report Number 7 8 23-006009			
Charge Type: Check as many as apply. <input checked="" 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) HEINS, COREY MICHAEL			Race W	Sex M
Alias			Date of Birth 09/20/1986	
<p>asked Heins if he had allergies or was crying, to which he replied no to both.</p> <p>Based on this Officer's observations, this Officer expressed concern to Heins about him driving under the influence and asked him to exit the vehicle to participate in Standardized Field Sobriety Exercises, to which he complied. Heins said he did not have any medical conditions which would affect the exercises performed.</p> <p>The first exercise performed was the Horizontal Gaze Nystagmus. The stimulus used was a Streamlight Stylus with an illuminated red tip. Heins had a lack of smooth pursuit in both eyes as well as involuntary jerking at maximum deviation in both eyes. Heins also had the onset of Nystagmus prior to 45 degrees in both eyes. This Officer attempted to check Heins for Vertical Gaze Nystagmus, however, he did not properly follow the stimulus.</p> <p>The second exercise conducted, was the Walk and Turn. The line used was a strip of yellow tape placed upon the sidewalk by this Officer. During the instructions, Heins raised his arms from his sides to assist with balance. During the first set of steps, Heins missed heel-to-toe on steps three five and six. Heins missed the line on step four. Heins conducted an improper turnaround by way of walking around off the line and raising his arms from his sides. During the return set of steps, Heins missed heel-to-toe on steps two, three, five, eight and nine.</p> <p>The third exercise conducted, was the One-Leg Stand. During the exercise Heins raised his right foot. Heins raised both arms more than six inches from his sides and swayed side-to-side.</p> <p>The fourth exercise conducted, was the Rhomberg Alphabet. Heins recited the alphabet properly</p> <p>The final exercise conducted, was the Modified Rhomberg Alphabet. Heins estimated the passage of 30 seconds in approximately 29 seconds.</p> <p>Based on this Officer's observations, Heins was placed under arrest at 0048 hours. During a search of Heins' person incident-to-arrest, this Officer located a black vape pen in his front right pocket. This vape was labeled "Blueberry Kush" and had a thick brown liquid contained within. This liquid later field tested positive as Cannabis based. Ofc Alshaier 572 located two similar cartridges inside Heins' vehicle. As of this night, Heins was not a patient in the Medical Marijuana Use Registry. These cartridges were seized and booked by this Officer.</p> <p>At PBSO BAT this Officer requested Heins provide a breath sample for the purpose of determining its alcohol content, to which he consented. At 0150 hours he blew .165 and at 0153 at .164.</p>				
SWORN AND SUBSCRIBED BEFORE ME <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 30%;"> <p><i>Thomas</i> NOTARY PUBLIC / CLERK OF COURT / OFFICER OF PUBLIC SAFETY 11/26/2023 DATE</p> </div> <div style="width: 30%; text-align: center;">  <p>THOMAS HENRY LEAHEY Notary Public - State of Florida Commission # HH 408332 My Comm. Expires Jun 20, 2027 Bonded through National Notary Assn.</p> </div> <div style="width: 30%; text-align: right;"> <p><i>[Signature]</i> SIGNATURE OF ARRESTING / INVESTIGATING OFFICER FLINK, ANDREW S (514) NAME OF OFFICER (PLEASE PRINT) 11/26/2023 DATE</p> </div> </div>				
				PAGE 2 OF 3

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

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


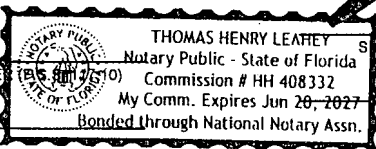

1 JUVENILE

OBTS Number	Agency ORI Number FL FL0502600		Agency Name Palm Beach Gardens Police Department	Agency Report Number 7 8 23-006009
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Name (Last, First, Middle) HEINS, COREY MICHAEL	Alias	Race W	Sex M	Date of Birth 09/20/1986
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Based on the results of the investigation, this Officer has probable cause to charge Corey Heins with driving under the influence to the extent his normal faculties were impaired, with an unlawful breath alcohol content, in violation of FSS 316.193(1)(C). The degree to which he was impaired by alcohol was in violation of FSS 316.193(4). Lastly, Heins was in possession of a banned substance, in violation of FSS 893.13(6)(A).

NOT A CERTIFIED COPY

SWORN AND SUBSCRIBED BEFORE ME  NOTARY PUBLIC / CLERK OF COURT / OFFICE 11/26/2023 DATE		 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER FLINK, ANDREW S (514) NAME OF OFFICER (PLEASE PRINT) 11/26/2023 DATE	PAGE 3 OF 3
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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: 80-006239 Software: 8100.27
Date of Test: 11/26/2023

Date of Last Agency Inspection: 11/17/2023
Observation Period Began: 01:24
Subject's Name: COREY M HEINS

DOB: 09/20/1986 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	01:48
	Air Blank	0.000	01:49
	Control Test	0.080	01:49
	Air Blank	0.000	01:49
	Subject Sample #1	0.165	01:50
	Air Blank	0.000	01:51
	Air Blank	0.000	01:52
	Subject Sample #2	0.164	01:53
	Air Blank	0.000	01:54
	Control Test	0.080	01:54
	Air Blank	0.000	01:54
	Diagnostics Check	OK	01:54

Cylinder Lot: 06723080A5
Exp: 04/05/2025

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 RENÉE 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.

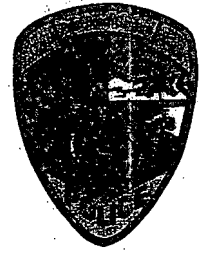
Breath Test Operator: _____ Date: 11/26/23
Signature

Sworn to (or affirmed) before me this 26 day of Nov., 2023
[Signature] Ofc. A. Flink # 514
Signature of Notary Public-State of Florida Printed Name of Notary Public-State of Florida

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.



**PALM BEACH GARDENS POLICE DEPARTMENT
DUI TESTING FACILITY INFORMATION SHEET**



PBSO Case #: 23-132142 PBSO Zone: 3-13

Agency Case #: 23006009 Crash Case #: _____

Incident Information:

Time of Stop/Crash: 0031 Date of Incident: 11/26/2023 Day: SUNDAY

Location of Incident: 13500-BLK ALT A1A, PALM BEACH GARDENS, FL, 33410

Arrest Information:

Time of Arrest: 00:48 Date of Arrest: 11/26/2023 Day: SUNDAY

Location of Arrest: DONALD ROSS RD/EVERGREENE PKWY, JUPITER, FL 33458

Subject's Name: (L) HEINS, (F) COREY, (M) MICHAEL

DOB: 09/20/1986 Race: W Sex: M Height: 5'10 Weight: 175 Hair BRO Eye BLU

Address: 4527 SW 83RD ST, PALM CITY, FL 34990 Phone: (561) 602-7540

Arresting Officer's Name: A. FLINK ID#: 514

Agency: PBGPD Division: TRAFFIC UNIT Marcy's Law CVI FL Const. Art. 1 § 16(b)

Breath Results

- 1) .165 at 01:50 hrs.
- 2) .164 at 01:53 hrs.
- 3) _____ at _____ hrs.
- 4) _____ at _____ hrs.

---BAT Use---

BAT Notified: YES
 Arrival Time at BAT: 01:24
 Subject Arrest Time: 00:48

Breath Test Operator: RAGIN 16877

PBSO

TESTING FACILITY TASK REPORT

AGENCY: PBG

SUBJECT: Heins, Corey M.

CASE NUMBER: 23-132142

DATE: Nov 26, 2023

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 01:46

ENDING TIME: 01:55

BREATH TESTS RESULTS: 1) .165 TIME 01:50 A.M. P.M. 2) .164 TIME 01:53 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

ATTITUDE: Calm, cooperative

CLOTHING: Pink shorts, tan and white shirt, white sneakers

MEDICAL CONDITIONS: None

MEDICATIONS: None

OTHER:

Eyes are glassy & bloodshot
odor of unknown alcoholic beverage on breath

COMMENTS:

Arrived at center A/O started 20 minute observation period at 01:24 hrs.

Subject agreed to perform breath test.

A/O read rights.
Subject stated he understood rights.

Tech read breath test results.
Subject acknowledged he understood breath test results.

No Q&A conducted.

SUBJECT: Hemis, Corey M.

CASE NUMBER: _____

IMPLIED CONSENT FOR DUI IN A MOTOR VEHICLE

NOTE: READ ONLY THE PARAGRAPH APPLICABLE TO THE TYPE OF TEST YOU ARE REQUESTING.

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

OR

I am now requesting that you submit to a lawful test of your **URINE** for the purpose of determining the presence of chemical or controlled substances.

NOTE: READ ONLY IF THE SUBJECT DOES NOT COMPLY WITH YOUR REQUEST.

I am _____ of the _____

If you refuse to take the test I have requested of you, your driving privilege will be suspended for a period of one (1) year for a FIRST REFUSAL, or eighteen (18) months if your driving privilege has been PREVIOUSLY SUSPENDED, or if you have been PREVIOUSLY FINED under s. 327.35215, for refusing to submit to a lawful test of your breath, urine, or blood. Additionally, if you refuse to take the test I have requested of you, and if your driving privilege has been previously suspended, or if you have been previously fined under s. 327.35215, for a refusal to submit to a lawful test of your **breath, urine** or blood, you will be committing a misdemeanor, in addition to any other penalties which can be imposed by law.

Refusal to submit to the test I have requested is admissible into evidence in any criminal proceeding.

Do you understand what I have just read to you? YES <or> NO Do you still refuse to submit to this test? YES <or> NO

NOTE: IF THE SUBJECT POSSESSES A COMMERCIAL DRIVER'S LICENSE (CDL), READ THE FOLLOWING,

If you are a Commercial Driver License (CDL) holder or were driving a Commercial Motor Vehicle (CMV), your refusal to submit to testing will result in the loss of your commercial driving privilege for a period of one year from today. If this is your **SECOND REFUSAL**, you will be permanently disqualified from holding a CDL or operating a CMV.

Do you understand what I have just read to you? YES <or> NO Do you still refuse to submit to this test? YES <or> NO

SUBJECTS SIGNATURE: (X) _____

CONSTITUTIONAL WARNINGS

I AM REQUIRED TO WARN YOU BEFORE YOU MAKE ANY STATEMENTS THAT YOU HAVE THE FOLLOWING RIGHTS:

1. You have the right to remain silent and not answer any questions.
2. Any statement must be freely and voluntarily given.
3. You have the right to the presence of a lawyer of your choice before you make any statement and during any questioning.
4. If you cannot afford a lawyer, you are entitled to the presence of a court appointed lawyer before you make any statements and during any questioning.
5. If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent.
6. I can make no threats or promises to induce you to make a statement. This must be of your own free will.
7. Any statement can and will be used against you in a court of law.

SUSPECT'S SIGNATURE: (X) Keed on Cornea

SUBJECT: Helm, Corey M. CASE NUMBER: _____

QUESTIONS AND ANSWERS

I AM NOW GOING TO ASK YOU SOME QUESTIONS. WITH THESE RIGHTS IN MIND, YOU MAY ANSWER SOME OF, ALL OF, OR NONE OF THE FOLLOWING QUESTIONS AS YOU LIKE.

WERE YOU OPERATING A MOTOR VEHICLE AT THE TIME OF THE STOP/ACCIDENT? _____

WHERE WERE YOU GOING? _____

WHAT STREET OR HIGHWAY WERE YOU ON? _____

DIRECTION OF TRAVEL? _____ WHERE DID YOU START? _____

WHAT TIME DID YOU START? _____ WHAT TIME IS IT NOW? _____

WHAT IS TODAY'S DATE? _____ WHAT DAY OF THE WEEK IS IT? _____

WHAT COUNTY AND CITY ARE YOU IN NOW? _____

WHEN DID YOU LAST EAT? _____ WHAT DID YOU EAT? _____

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? _____

HOW MUCH DO YOU WEIGH? _____ HAVE YOU BEEN DRINKING? _____ WHAT? _____

HOW MUCH? _____ WHERE? _____ WITH WHOM? _____

WHEN DID YOU HAVE YOUR FIRST DRINK? _____ AND YOUR LAST DRINK? _____

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? _____

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? _____ ARE YOU UNDER THE INFLUENCE? _____

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? _____ HOW MUCH? _____

WHAT? _____ WHERE? _____ WHEN? _____

WHAT LINE OF WORK ARE YOU IN? _____ WHEN DID YOU LAST WORK? _____

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? _____ WHAT? _____

ARE YOU SICK OR INJURED? _____ WHAT'S WRONG? _____

DO YOU LIMP? _____ DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? _____

WERE YOU IN AN ACCIDENT TODAY? _____

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? _____ WHEN? _____

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? _____ WHO? _____ WHY? _____

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? _____ WHAT? _____ WHEN? _____

DO YOU HAVE:

- EPILEPSY? _____
- GLASS EYE? _____
- FALSE TEETH? _____
- FAR 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: [Signature]

WHITE - STATE ATTY. YELLOW - DHSMV PINK - CENTRAL RECORDS GOLD - JAIL



Palm Beach County Sheriff's Office

Florida State Statute Exemption Sheet

	X	Florida State Statute	Description	Page Number(s)
L/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: 2023031055	Date: 11/26/2023
	Specialist Name/ID#: S.Brintnall/42772