

0541508

23CT11293 SB

W6

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

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

Check if Supplement is Attached

- 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, 0, 0, 0, 0			Agency Name PALM BEACH COUNTY SHERIFFS OFFICE			Agency Report Number 0   6   -   23-082988													
	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			Multiple Clearance Indicator 1													
	Location of Arrest (including Name of Business) Old Boynton Rd / S Military Tr						Location of Offense (Business Name, Address) Old Boynton Rd / S Military Tr, Boynton Beach, FL 33436															
DEFENDANT	Date of Arrest 06/26/2023		Time of Arrest 2317		Booking Date		Booking Time		Jail Date		Jail Time											
	Name (Last, First, Middle) Tunick, Corey, Robert																					
	Race W - White B - Black		I - American Indian O - Oriental/Asian		Sex W M	Date of Birth 6/30/1991		Height 6'00	Weight 165	Eye Color Brw	Hair Color Brw	Complexion Fair	Build Thin									
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) "Live and Let Live" Right rib tattoo						Marital Status Single		Religion NONE		Indication of: Alcohol Influence Drug Influence											
	Local Address (Street, Apt. Number) 1331 S Federal Hwy Apt 209, Boynton Beach, FL 33433						(City)		(State)		(Zip)		Mobile Phone (516) 497-0278									
	Permanent Address (Street, Apt. Number)						(City)		(State)		(Zip)		Phone ( )									
	Business Address (Name, Street)						(City)		(State)		(Zip)		Phone ( )									
	D/L Number, State T520116912300, FL						Soc. Sec. Number		INS Number		Place of Birth (City, State) Long Island, NY		Citizenship USA									
	Co-Defendant (Last, First, Middle)						Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile									
	CO-DEF	Co-Defendant (Last, First, Middle)						Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile								
Parent Legal Custodian Other:						Name (Last) (First) (Middle)						Residence Phone ( )										
Address (Street, Apt. Number)						(City)		(State)		(Zip)		Business Phone ( )										
Notified by: (Name)						Date		Time		Juvenile Disposition 1. Handled/Processed within Dept. and Released. 2. TOT HRS/DYS 3. Incarcerated												
Released To: (Name)						Relationship						Date		Time								
The above address was provided by <input type="checkbox"/> defendant and / or <input type="checkbox"/> defendant's parents. The child and / or parent was told to keep the Juvenile Court Clerk's Office (Phone (561) 355-8511) 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										
Drug Activity N: N/A R: 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: Synthetic	U: Unknown Z: Other	
Charge Description DUI												Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 316.193(1)(a)			Violation of ORD #					
Drug Activity N												Drug Type N	Amount / Unit		Offense # 23-082988	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			
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			
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			
NOTICE TO APPEAR	Location (Court, Room Number, Address) South County Courthouse, Courtroom #1, 200 W. Atlantic Ave., Delray Beach, FL 33444 - Ph: (561) 355-2996																					
	Court Date and Time Month July Day 24 Year 2023 Time 8:30 A.M. <input checked="" type="checkbox"/> P.M. <input type="checkbox"/>																					
	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 06/26/2023																					
ADMIN	I consent to receive text reminders of court date(s) and times for this case by automated technology to the mobile number identified above. I understand that standard text message rates may apply, and that I may revoke this consent via the text message system if I choose.																					
	HOLD for other agency <input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal				Resisted Arrest <input type="checkbox"/> Other:				Signature of Arresting Officer D/S J. Ramirez				Name Verification (Printed by Arrestee) (PRINT)									
	Intake Deputy D/S J. Ramirez				I.D. # 26733				Pouch # 760				Agency PBSO									

FILED PBC PAGE 1  
28 JUN 27 AM 7:30  
1 OF 1

**STATE OF FLORIDA  
AFFIDAVIT OF REFUSAL TO SUBMIT TO  
URINE TEST**

I, Deputy JAIME RAMIREZ, a duly certified Law Enforcement Officer or Correctional Officer,  
(Name of Officer reading Implied Consent Warning)  
am a member of Palm Beach County Sheriffs Office, and I do swear  
(Name of enforcement agency)

or affirm that on or about the TWENTY-SEVENTH day of June, 2023, at 12:23 AM

DRIVER COREY ROBERT TUNICK  
(Type or Print) FIRST MIDDLE OR MAIDEN NAME LAST

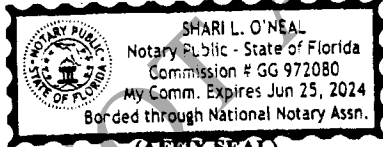
DL # T520116912300, state of FL, was placed under lawful arrest for  
the offense of \_\_\_\_\_ by DEPUTY JAIME RAMIREZ and  
(Name of Arresting Officer)  
issued citation # AGY7VOE.

That on or about the TWENTY-SEVENTH day of June, 2023, at 12:23 AM  
in Palm Beach County,

I requested that the driver submit to a URINE test for the purpose of determining the presence of chemical or controlled substances. I informed the driver that the refusal to submit to such test 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, or if he or she had been previously fined under s. 327.35215, F.S., 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, or if he or she has been previously fined under s. 327.35215, F.S., for refusal to submit to a lawful test of his or her breath, urine, or blood. Nonetheless, the driver refused to submit to the test requested.

[Signature] 26733  
Signature of Law Enforcement Officer or Correctional Officer

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



(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before  
me this 27 day of June, 2023  
by \_\_\_\_\_

who is personally known to me or who has produced  
\_\_\_\_\_ as identification.  
Notary Public [Signature]

The foregoing instrument was sworn and subscribed before me:

\_\_\_\_\_  
Signature of Attesting Officer

Title \_\_\_\_\_

Date \_\_\_\_\_

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.



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

PBSO CASE # 23-082988 PBSO ZONE 6-32

AGENCY CASE # \_\_\_\_\_ CRASH CASE # \_\_\_\_\_

TIME OF STOP/CRASH 2235 DATE 06/26/2023 DAY Monday

SUBJECT'S NAME Tunick, Corey, Robert RACE W SEX M

HGT 6'00 WGT 165 DOB 6/30/1991

LOCATION Old Boynton Rd / S Military Tr

ARRESTING OFFICER'S NAME & ID D/S J. Ramirez (26733) AGENCY Palm Beach County Sheriff's Office

DIVISION: Patrol

NOTIFIED BY COMMO 2235

ARRIVAL AT FACILITY 2347

ARREST TIME 2317

BREATH RESULTS:

1) .000

2) .000

3) Urine

4) \_\_\_\_\_

**REFUSED**

TESTING OFFICER'S ID 6212 PBSO VIDEOTAPE # 1

# WITNESS LIST

CASE NUMBER: 23-082988

ARRESTING OFFICER: D/S J. Ramirez

ADDRESS: \_\_\_\_\_

PHONE NUMBERS (HOME): \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) 0

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NOT A CERTIFIED COPY

# TESTING FACILITY TASK REPORT

AGENCY: **PBSO D/S RAMIREZ #26733**

SUBJECT: **TUNICK, COREY R.**

CASE NUMBER: **23-082988**

DATE: **06-26-23/06-27-23**

VIDEO DVD NUMBER: **N/A**

BEGINNING TIME: **00:11 HRS**

ENDING TIME: **00:30 HRS**

BREATH TESTS RESULTS: 1)  TIME  A.M.  P.M.  2)  TIME  A.M.  P.M.   
3)  TIME  A.M.  P.M.  4)  TIME  A.M.  P.M.

BREATH OPERATOR: **S. O'NEAL #6212**

MAINTENANCE TECHNICIAN: **J. KARLECKE #6467**

## TESTING OFFICER'S OBSERVATIONS

SPEECH: **SLURRED**

ATTITUDE: **CALM, COOPERATIVE**

CLOTHING: **SHIRT- PEACH SHORTS- BLUE & WHITE/ STRIPED**

MEDICAL CONDITIONS: **ALLERGIC TO PENICILLIN, SPRANG ANKLE ON CAMERA**

MEDICATIONS: **NONE**

## OTHER:

EYES: VERY GLASSY & SLEEPY

DEXTERITY: SLOW, SLUGGISH, A LITTLE UNSTEADY

## COMMENTS:

20 MIN. OBSERVATION CONDUCTED BY A/O RAMIREZ #26733

A/O REQUESTED THE BREATH TEST.

D SUBMITTED TO THE BREATH REQUEST.

D COMPLETED THE TEST CORRECTLY.

EXPLAINED THE BREATH RESULTS TO THE D.

A/O REQUESTED A URINE SAMPLE ON CAMERA.

D STATED HE WANTED TO SPEAK TO HIS ATTORNEY.

A/O READ THE IMPLIED CONSENT TO THE D.

D UNDERSTOOD THE I/C. D REFUSED THE URINE REQUEST @00:23 HRS.

C/W READ ON CAMERA TO THE D, D ANSWERED Q&A.

SUBJECT: \_\_\_\_\_ 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) \_\_\_\_\_

SUBJECT: \_\_\_\_\_ 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? \_\_\_\_\_
- 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: \_\_\_\_\_

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: 06/27/2023

Date of Last Agency Inspection: 06/23/2023  
Observation Period Began: 23:47  
Subject's Name: COREY R TUNICK DOB: 06/30/1991 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	00:14
	Air Blank	0.000	00:14
	Control Test	0.080	00:15
	Air Blank	0.000	00:15
	Subject Sample #1	0.000	00:15
	Air Blank	0.000	00:16
	Air Blank	0.000	00:18
	Subject Sample #2	0.000	00:18
	Air Blank	0.000	00:19
	Control Test	0.030	00:19
	Air Blank	0.000	00:20
	Diagnostics Check	OK	00:20

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

State of Florida, County of Palm Beach,

Personally appeared before me the undersigned authority, who () is personally known to me or () produced \_\_\_\_\_ as identification, and who after being placed under oath, states:

I SHARI L O'NEAL, 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: [Signature] Date: 06-27-23  
Signature

Sworn to (or affirmed) before me this 27 day of June, 2023

[Signature] Signature of Notary Public-State of Florida  
DIS Ramirez #26733 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 COUNTY SHERIFF'S OFFICE

## Florida State Statute Exemption Sheet

### Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
I/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"/>	(vii) 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 checked="" type="checkbox"/>	316.650(b)	Other: Driver information contained in a uniform traffic citation.	10
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2023016695

Date: 6/27/2023

Specialist Name/ID: A. Paniagua/42769