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ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

Agency ORI Number: FLO 0500600 Agency Name: PALM BEACH POLICE DEPARTMENT Agency Report Number (N.T.A.'s only): 76-24-000670

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

Location of Arrest (Including Name of Business): 400 BLK ROYAL PALM WAY Location of Offense (Business Name, Address): 400 BLK ROYAL PALM WAY

Date of Arrest: 04/18/2024 Time of Arrest: 8:03 Booking Date: 04/18/2024 Booking Time: Location of Vehicle: Kauffs

Name (Last, First, Middle): WORKMAN, CRAIG Alias (Name, DOB, Soc. Sec. #, Etc.):

Race: W - White I - American Indian B - Black O - Oriental/Asian. Sex: M Date of Birth: 06/16/1990 Height: 600 Weight: 170 Eye Color: Bro Hair Color: Blk Complexion: Dark Build: Avg

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description): Marital Status: Single Religion: N/A Indication of Alcohol Influence: Y N Unk. Drug Influence: Y N Unk.

Local Address (Street, Apt. Number) (City) (State) (Zip) Phone Residence Type: 1. City 2. County 3. Florida 4. Out of State. Permanent Address (Street, Apt. Number) (City) (State) (Zip) Phone Address Source: Verbal/ DL

Business Address (Name, Street) (City) (State) (Zip) Phone Occupation

D/L Number, State: 134303336 NY Soc. Sec. Number: INS Number: Place of Birth (City, State): E HAMPTON, NY Citizenship: USA

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

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

Parent Legal Custodian Other: 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 provided by defendant and / or 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. Yes, by: (Name) No: (Reason)

Property Crime? Yes No Description of Property Value of Property

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

Charge Description: DUI CAUSING PROP. DAMAGE Counts: 1 Domestic Violence: Y N Statute Violation Number: 316.193(94) 341 Violation of ORD #

Drug Activity: N/A Drug Type: N/A Amount / Unit: Offense #: 24-000670 Warrant / Capias Number: Bond: 1000

Charge Description: Counts: Domestic Violence: Y N Statute Violation Number: Violation of ORD #

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

Charge Description: Counts: Domestic Violence: Y N Statute Violation Number: Violation of ORD #

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

Charge Description: Counts: Domestic Violence: Y N Statute Violation Number: Violation of ORD #

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

Location (Court, Room Number, Address): TO BE SET sa 3228 Gun Club Rd West Palm Beach

Court Date and Time: Month: MAY Day 09 Year 2024 Time 0830 AM X PM


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: 04/18/2024

HOLD for other Agency Name: Signature of Arresting Officer: Name Verification (Printed by Arrestee): APR 19 AM 1:01

Intake Deputy: Name of Arresting Officer (Print): OFC. QUINN I.D. #: 0288 (PRINT)

Transporting Officer: OFC. QUINN ID #: 0288 Agency: PBPD Witness here if subject signed with an -X- 1 OF 1

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	Juvenile	N
ADMIN	Agency ORI Number	Agency Name	Agency Report Number					
	FLO 0500600	PALM BEACH POLICE DEPARTMENT	76- 24-000670					
CHARGES	Charge Type: Check as many as apply.		Special Notes:					
	<input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony	<input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other					
DEF	Name (Last, First, Middle)		Alias	Race	Sex	Date of Birth		
	Workman, Craig, WORKMAN, CRAIG			W	M	06/16/1990		
CHARGES	Charge Description		Charge Description					
	DUI CAUSING PROP. DAMAGE 316.193(C)(1)							
VICTIM	Victim's Name (Last, First, Middle)		Race	Sex	Date of Birth			
VICTIM	Local Address (Street, Apt. Number)		(City)	(State)	(zip)	Phone	Address Source	
						()		
VICTIM	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 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 checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <u>18th</u> day of <u>APRIL</u> 20<u>24</u> at <u>1929</u> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p> <p>On April, 18, 2024 at 1929 hours, I was flagged down in reference to a single vehicle crash on the 400 block of Royal Palm Way. Upon arrival I observed a black 4 door Mercedes bearing NY tag KJZ7931 with severe front end damage due to the vehicle colliding with a tree which was off the roadway. While on scene I observed a male standing outside the vehicle with blood on his mouth and clothes. Male was identified by NY DL as Craig Workman (W/M D.O.B. 06/16/1990). Workman appeared to be unsteady on his feet, with an odor of an unknown alcoholic beverage coming from his facial area. Workman stated he was texting and driving prior to the crash. There was a strong odor of alcohol in the inside of the vehicle, and I observed in plain view three large cans of Bud Light empty and opened in a plastic shopping bag on the passenger side floor board. Based on these observations I began a DUI investigation in which I asked Workman if he would perform roadside sobriety tasks, which he refused. Based on the circumstances Workman was placed under arrest for DUI causing property damage.</p>								
NOT A CERTIFICATE								
ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH							
	(Signature of Arresting/Investigative Officer)							
ADMINISTRATIVE	The foregoing instrument was sworn to or affirmed and subscribed before me this <u>18th</u> day of <u>APRIL</u> 20 <u>24</u> by <u>Steven Quinn</u>							
	(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced _____							
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)								
								PAGE 1 OF 1

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 18th DAY OF APRIL 2024, AT 1929 AM PM
SUBJECT: Workman Craig WORKMAN CASE NUMBER: 24-000670
AGENCY: PALM BEACH POLICE DEPARTMENT ARRESTING OFFICER: _____

PERSONAL CONTACT

DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUTTING DEF. BEHIND WHEEL OF VEHICLE)

I was flagged down regarding a crash for a crash in which a single vehicle veered off the roadway and struck a tree, causing airbags to deploy and significant damage to front end of the vehicle.

OBSERVATION OF DRIVER:

Workman was standing outside of the vehicle with blood on his mouth and clothes. Workman was observed with watery eyes, and appeared unsteady on his feet. When asked if Workman was okay and needed medical attention, Workman answered with delayed response and slurred speech while appearing confused.

DRIVER'S STATEMENTS:

Workman stated he was texting and driving.

Dejoie stated he came from the strip club. Dejoie stated he consumed two shots of vodka before he left. Driver later stated he only had one drink and could not recall what he had to drink.

ODORS:

Alcoholic beverage

GENERAL OBSERVATIONS

SPEECH: slurred, delayed responses

ATTITUDE: respectful and cooperative

CLOTHING: apparently normal, blood on shirt and pants

MEDICAL/OTHER: Nothing reported

STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 18th day of APRIL 2024 by Steven Quinn

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

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



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

SUBJECT: Workman Craig CASE NUMBER 24-000670

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

- | | |
|--|--|
| <input type="checkbox"/> LT EYE-LACK OF SMOOTH PURSUIT | <input type="checkbox"/> RT EYE-LACK OF SMOOTH PURSUIT |
| <input type="checkbox"/> LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION | <input 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:

WALK & TURN:

Tasks not completed. Workman refused tasks.

ONE LEG STAND:

Tasks not completed. Workman refused tasks.

ROMBERG ALPHABET:

Tasks not completed. Workman refused tasks.

ROMBERG ALPHABET:

Tasks not completed. Workman refused tasks.

BREATH TEST RESULTS: 1) 0.05 2) 3) 4)

STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 18th day of APRIL, 2024 by Steven Quinn

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

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



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

NOT A CERTIFIED COPY

WITNESS LIST

CASE NUMBER: 24-000670

ARRESTING OFFICER: OFC. QUINN

ADDRESS: 345 South County Road, Palm Beach 33480

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

CAN TESTIFY TO: Arrest,

NAME: Ofc. Bagduinas

ADDRESS: 345 South County Road, Palm Beach 33480

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

CAN TESTIFY TO: Arrest

NAME: Sgt. Santelli

ADDRESS 345 South County Road, Palm Beach 33480

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

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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:

SUBJECT:

DATE:

BEGINNING TIME:

CASE NUMBER:

VIDEO DVD NUMBER:

ENDING TIME:

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:

MAINTENANCE TECHNICIAN:

TESTING OFFICER'S OBSERVATIONS

SPEECH:

ATTITUDE:

CLOTHING:

MEDICAL CONDITIONS:

MEDICATIONS:

OTHER:

REFUSED

COMMENTS:

ARRIVED AT CENTER A/O BEGAN THE 20 MINUTE OBSERVATION PERIOD AT 20:43 HRS.

SUBJECT: REFUSED TO TAKE TEST.

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

A/O: READ RIGHTS
SUBJECT: STATED HE UNDERSTOOD RIGHTS

A/O: CONDUCTED Q & A
SUBJECT: ANSWERED QUESTIONS

REFUSED

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

I, Officer Quinn, a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)

am a member of PBPD, and I do swear
(Name of law enforcement agency)

or affirm that on or about the 18 day of April, 2024, at 803 P.M.

DRIVER Craig WORKMAN, CRAIG Workman
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# 134303336 NY, state of Florida, was placed under lawful arrest for

the offense of DUI CAUSING PROP. DAMAGE by Officer Quinn and
(Name of Arresting Officer)

issued Citation # 3786-XDV

That on or about the 18 day of April, 2024, at 923 P.M.

in PALM BEACH County,

I requested that the driver submit to a Xbreath 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)



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

(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before

me this 18th day of APRIL, 2024,

by Officer Quinn,

who is personally known to me or who has produced

[Signature] as identification

Notary Public [Signature]

The foregoing instrument was sworn and subscribed before me:

Signature of Attesting Officer

Title POLICE OFFICER

Date 04/18/2024

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 # 24-000670 PBSO ZONE _____

AGENCY CASE # 24-000670 CRASH CASE # _____

TIME OF STOP/CRASH 1929 DATE 03/16/2024 DAY _____

SUBJECT'S NAME Workman Craig WORK RACE W SEX M
LAST FIRST MID

HGT 600 WGT 170 DOB 06/16/1990

LOCATION 400 BLK ROYAL PALM WAY

ARRESTING OFFICER'S NAME & ID OFC QUINN 0288 AGENCY PBPD

DIVISION: Patrol

NOTIFIED BY COMMO NO

ARRIVAL AT FACILITY 2043

ARREST TIME 803

BREATH RESULTS:

1)

2)

3)

4)

REFUSED

TESTING OFFICER'S ID _____ PBSO VIDEOTAPE # _____

TESTING FACILITY TASK REPORT

AGENCY: PBDP

SUBJECT: WORKMAN, CRAIG D

DATE: Apr 18, 2024

BEGINNING TIME: 21:20

CASE NUMBER: 24-054424

VIDEO DVD NUMBER: N/A

ENDING TIME: 21:32

BREATH TESTS RESULTS: 1) R TIME 21:23 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: CALM, TALKATIVE

CLOTHING: WHITE PANTS, WHITE SHIRT, BLUE BLAZER, BLACK SHOES

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER:

REFUSED

COMMENTS:

ARRIVED AT CENTER A/O BEGAN THE 20 MINUTE OBSERVATION PERIOD AT 20:43 HRS.

SUBJECT: REFUSED TO TAKE TEST.

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

A/O: READ RIGHTS
SUBJECT: STATED HE UNDERSTOOD RIGHTS

A/O: CONDUCTED Q & A
SUBJECT: ANSWERED QUESTIONS

REFUSED

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: _____

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: 2024010572	Date: 4/19/2024
	Specialist Name/ID#: MTools #8557