0542440 50-2023-CT-013904 ANB

3185

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	Agency Name	Agency Report Number
	FLO 5 0 2 6 0 0	PALM BEACH GARDENS POLICE DEPARTMENT	78 - 23003984

Charge Type: Check as many as apply. ☐ 1. Felony ☐ 2. Traffic Felony ☐ 3. Misdemeanor ☒ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

Weapon Seized / Type: 2 | 1. Yes 2. No

Multiple Clearance Indicator:

Location of Arrest (Including Name of Business)	Location of Offense (Business Name, Address)
Alternate A1A/Lighthouse Dr. Palm Beach Gardens, FL	Alternate A1A/Lighthouse Dr. Palm Beach Gardens, FL

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
08/07/2023	03:08					KAUFF'S TOWING AND RECOVERY 4701 EAST AVENUE, WPB, FL 33407

DEFENDANT

Name (Last, First, Middle): **Wing, Jacob, Lawrence** Alias (Name, DOB, Soc. Sec. #, Etc.)

Race (W - White I - American Indian B - Black 0- Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	M	02/28/1995	601	170	Blue	Brown	Light	Medium

Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description): None

Marital Status: Single | Religion: NONE | Indication of: Alcohol Influence ☐ Y ☐ N ☐ Unk. Drug Influence ☐ ☐ ☐

Local Address (Street, Apt. Number) (City) (State) (Zip)	Phone	Residence Type: 1. City 2. County 3. Florida 4. Out of State
3021 N Ocean Dr. Apt. 8 Palm Beach Gardens, FL 33404	(630) 215-7525	1

Permanent Address (Street, Apt. Number) (City) (State) (Zip)	Phone	Address Source
3021 N Ocean Dr. Apt. 8 Palm Beach Gardens, FL 33404	(630) 215-7525	FL DL

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

D/L Number, State	Soc. Sec.	INS Number	Place of Birth (City, State)	Citizenship
W520432950680 FL	[redacted]		Bolingbrook, Illinois	Us

CO-DEF

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

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 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)

School Attended — Grade

Property Crime? ☐ Yes ☐ No — Description of Property — Value of Property

CODE

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

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
DUI - Normal Faculties Impaired	1	☐Y ☒N	316.193(1)(A)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
N/A					O R

CHARGE

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

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

CHARGE

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

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

CHARGE

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

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

NOTICE TO APPEAR

Location (Court Room Number, Address)

NORTH COUNTY COURTHOUSE, 3188 PGA BOULEVARD, PALM BEACH GARDENS, FL 33410 - PH: (561) 662-6700

Court Date and Time: Month **September** Day **6** Year **2023** Time **10:00** AM ☒ 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: 08/07/2023

ADMIN

HOLD for other Agency Name: — Signature of Arresting Officer — Name Verification (Printed by Arrestee) (PRINT)

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other:

Name of Arresting Officer (Print): Ofc. James Lovett — I.D. #: 523

Intake Deputy — DR # — Pouch # — Transporting Officer: Ofc. James Lovett — ID #: 523 — Agency: PBGPD

Witness here if subject signed with an -X-

PAGE 1 OF 1

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FILED PBC - GUN CLUB
'23 AUG 7 AM 7:54

PROBABLE CAUSE AFFIDAVIT

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

1 JUVENILE

ADMIN

OBTS Number	Agency ORI Number	Agency Name	Agency Report Number
	FL FL0502600	Palm Beach Gardens Police Department	7 | 8 23-003984

Charge Type: Check as many as apply. ☐ 1. Felony ☐ 2. Traffic Felony ☐ 3. Misdemeanor ☒ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
WING, JACOB LAWRENCE		W	M	02/28/1995

CHARGES

Charge Description	Charge Description
316.193(1)(A) DUI - NORMAL FACULTIES IMPAIRED	
Charge Description	Charge Description

VICTIM

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
State Of Florida			

Local Address (Street, Apt. Number)	(City)	(State)	(Zip)	Phone	Address Source

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

PROBABLE CAUSE STATEMENT

The undersigned certifies and swears that he/she has just and resonable grounds to believe, and does believe that the above named Defendant committed the following violation of law.

The Person taken into custody . . .

☐ committed the below acts in my presence.

☐ was observed by _____ who told _____ that he/she saw the arrested person committ the below acts.

☐ confessed to _____ admitting to the below facts.

☒ was found to have committed the below acts, resulting from my (described) investigation.

On the 7 day of August, 2023 at 04:26 (Specifically include facts constituting cause for arrest.)

On August 7th, 2023, at approximately 02:49 a.m., I initiated a traffic stop on a silver Audi SUV, bearing FL tag 73BAXI, at the intersection of SR 811 and Lighthouse Dr. in the City of Palm Beach Gardens, FL. Prior to the stop, I conducted a record check of the aforementioned tag which revealed it to be expired since 02/28/2023. Prior to the stop I also observed the vehicle parked at 9730 SR 811 (Sunoco gas station), and watched a white male exit the gas station with two cases of what appeared to beer, place them in the rear seat, and enter the driver door. When the vehicle exited the gas station, I initiated the traffic stop.

I made contact with a white male driver identified as Jacob Wing, via his FL driver license, and a white female passenger, identified as Carly Oremus via her US passport. During my contact with Wing, he stated he had been out hanging out with Oremus at Pirates Well (a local bar) and was headed to a friend`s house. He would later change his story and say he was heading home. He also stated that he had "3 beers over the course of 4 hours". During my contact with Wing, I observed his eyes to be bloodshot and glassy and I could detect the odor of an unknown alcoholic beverage emitting from his breath at a conversational distance. I then asked Wing to exit the vehicle so that I could conduct a DUI investigation and he complied.

During the Pen Light Task, Wing stated he understood all the instructions. During the task, I observed lack of smooth pursuit in both eyes, distinct and sustained nystagmus in both eyes, and onset nystagmus prior to 45 degrees in both eyes. During the task, he also, moved his head multiple times and had to be reminded to follow the stimulus` path as he would look away from it and at me.

During the Walk and Turn Task, Wing stated he understood all the instructions. During the instruction portion of the task, he broke his feet apart once to maintain balance. During his first sequence of steps, he took 9 steps, asked if he should complete the

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ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

Thomasina Miller

NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

08/07/2023
DATE

THOMASINA MILLER
Notary Public - State of Florida
Commission # HH 339641
My Comm. Expires Dec 7, 2026
Bonded through National Notary Assn.

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

LOVETT, JAMES (523)
NAME OF OFFICER (PLEASE PRINT)

08/07/2023
DATE

COURT STATE ATTORNEY CENTRAL RECORDS JAIL CRIME ANALYSIS P. I. O.

ADMIN

OBTS Number

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

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

1 JUVENILE

Agency ORI Number	Agency Name	Agency Report Number
FL FL0502600	Palm Beach Gardens Police Department	7 | 8 | 23-003984

Charge Type: Check as many as apply.
☐ 1. Felony ☐ 2. Traffic Felony ☐ 3. Misdemeanor ☒ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
WING, JACOB LAWRENCE		W	M	02/28/1995

PROBABLE CAUSE STATEMENT

turn, and then took 3 more steps. He then made an improper turn. During his second sequence of steps, he took 12 steps. During this second sequence, he counted both steps 1 and 2 on his second step and stopped counting his steps after step 9.

During the One Lef Stand Task, Wing stated he understood all the instructions. During the task he raised his left foot, put it down 5 times, swayed, and used his arms for balance.

During the Finger to Nose Task, Wing stated he understood all the instructions. While giving instructions, Wing began performing the task before I instructed him to do so. During the task, I made the following observations:
1st left: Pad of his left index finger to his right nostril.
1st Right: Pad of his index finger to the tip of his nose.
2nd Left: Pad of his index finger to the tip of his nose.
2nd Right: 1st knuckle of his index finger to the tip of his nose.
3rd Right: Side of his index finger to the tip of his nose.
3rd Left: Tip of his index finger to the tip of his nose.

During the Rhomberg Balance Task, Wing stated he understood all the instructions. When I initially instructed him to perform the task, he did not tilt his chin up and did not close his eyes. I then gave him the instruction again and had him restart the task. He the estimated the passage of 30 seconds in approximately 23 seconds.

At this time, I placed Wing under arrest for Driving Under the Influence. I then transported him to the Breath Alcohol Testing Center (BAT) located at the Palm Beach County Jail. At the BAT, I conducted a 20-minute observation period in which I ensured Wing did not ingest anything by mouth and did not regurgitate. At the conclusion of this period, I requested he submit to an approved test of his breath to determine the alcohol content. Wing refused, was read implied consent sent to which he stated he understood, and subsequently refused to provide a breath sample.

Based on my investigation, I find probable cause to charge Wing with DUI - Normal Faculties Impaired pursuant to F.S.S. 316.193(1)(A). There is nothing further to report from this officer. My body-worn camera was utilized throughout the duration of this event.

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ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

Thomasina Miller
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

08/07/2023
DATE

THOMASINA MILLER
Notary Public - State of Florida
Commission # HH 339641
My Comm. Expires Dec 7, 2026
Bonded through National Notary Assn.

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

LOVETT, JAMES (523)
NAME OF OFFICER (PLEASE PRINT)

08/07/2023
DATE

COURT STATE ATTORNEY CENTRAL RECORDS JAIL CRIME ANALYSIS P. I. O.

23003984

STATE OF FLORIDA
AFFIDAVIT OF REFUSAL TO SUBMIT TO
BREATH TEST

I, **Ofc. James Lovett**, a duly certified Law Enforcement or Correctional Officer, am a
(Name of Officer reading Implied Consent Warning)

member of **PALM BEACH GARDENS POLICE DEPARTMENT**, and I do swear
(Name of Law Enforcement Agency)

or affirm that on or about the **7** day of **August**, 20**23**, at **03:08** ☐P.M. ☑A.M.

DRIVER **Jacob** **Lawrence** **Wing**,
FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL # **W520432950680**, state of **FL**, was placed under lawful arrest for

the offense of **DUI - Normal Faculties Impaired** by **Ofc. James Lovett** and
(Name of Arresting Officer)

issued citation # **AHU7MBE**.

That on or about the **7** day of **August**, 20**23**, at **04:02** ☐P.M. ☑A.M.

in **PALM BEACH** County,

I requested that the driver submit to a **BREATH** test for the purpose of determining its alcohol content. 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 of Law Enforcement Officer or Correctional Officer

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

THOMASINA MILLER
Notary Public - State of Florida
Commission # HH 339641
My Comm. Expires Dec 7, 2026
Bonded through National Notary Assn.
(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before me this 07 day of August, 20 23, by Ofc. James Lovett, who is personally known to me or who has produced _____ as identification.

Notary Public Thomasina Miller

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.

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EFFECTIVE OCTOBER 1, 2021

PALM BEACH GARDENS POLICE DEPARTMENT
DUI TESTING FACILITY INFORMATION SHEET

PBSO Case #: 23-096967 PBSO Zone: 3-13

Agency Case #: 23003984 Crash Case #:

Incident Information:

Time of Stop/Crash: 02:49 Date of Incident: 08/07/2023 Day: Monday

Location of Incident: Alternate A1A/Lighthouse Dr. Palm Beach Gardens, FL

Arrest Information:

Time of Arrest: 03:08 Date of Arrest: 08/07/2023 Day: Monday

Location of Arrest: Alternate A1A/Lighthouse Dr. Palm Beach Gardens, FL

Subject's Name: (L) Wing, (F) Jacob, (M) Lawrence

DOB: 02/28/1995 Race: W Sex: M Height: 601 Weight: 170 Hair Brown Eye Blue

Address: 3021 N Ocean Dr. Apt. 8 Palm Beach Gardens, FL 33404 Phone: (630) 215-7525

Arresting Officer's Name: Ofc. James Lovett ID#: 523

Agency: PBGPD Division: ROAD PATROL

Breath Results

1) _____ at _____ hrs.
2) _____ at _____ hrs.
3) REFUSED
4) _____ at _____ hrs.

---BAT Use---

BAT Notified: YES

Arrival Time at BAT: 03:36

Subject Arrest Time: 03:08

Breath Test Operator: Miller 41017
PBSO

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TESTING FACILITY TASK REPORT

AGENCY: PBG

SUBJECT: WING, JACOB .L.

CASE NUMBER: 23-096967

DATE: Aug 7, 2023

VIDEO DVD NUMBER:

BEGINNING TIME: 04:00

ENDING TIME: 04:03

BREATH TESTS RESULTS: 1) R TIME 04:02 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: T. MILLER #41017

MAINTENANCE TECHNICAN: J. KARLECKE# 6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: PRONOUNCED

ATTITUDE: CALM, QUIET

CLOTHING: GRAY SHIRT, KHAKI SHORTS, WHITE SNEAKERS

MEDICAL CONDITIONS: BIPOLAR

MEDICATIONS: TRILEPTAL

OTHER:

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USED

COMMENTS:

ARRIVED AT CENTER A/O BEGAN THE 20 MINUTE OBSERVATION PERIOD AT 03: 36 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.

NO Q & A CONDUCTED.

REFUSED

23003984

DUI WITNESS LIST

Arresting Officer: Ofc. James Lovett 523 Email: JLovett@pbgfl.com
Agency Address: 10500 N Military Trail, Palm Beach Gardens, FL 33410 Phone: (561) 799-4445
Can Testify To: Facts of Case

Backup Officers: Ofc. Mat Komara (#511) and Ofc. Brian Gerity (#541)
Agency Address: 10500 N Military Trail, Palm Beach Gardens, FL 33410 Phone: (561) 799-4445
Can Testify To: Scene Safety

Crash Investigator: _____ Email: _____
Agency Address: _____ Phone: _____

Breathalyzer Technician: Miller ID: 41017 Agency: PBSO

DRE: _____ ID# _____ Agency Case #: _____
Agency Address: _____ Phone: _____ Email: _____

Name: _____ Involvement: _____
Address: _____ Phone: _____
Can Testify To: _____ ☐ Wheel Witness

Name: _____ Involvement: _____
Address: _____ Phone: _____
Can Testify To: _____ ☐ Wheel Witness

Name: _____ Involvement: _____
Address: _____ Phone: _____
Can Testify To: _____ ☐ Wheel Witness

Name: _____ Involvement: _____
Address: _____ Phone: _____
Can Testify To: _____ ☐ Wheel Witness

Name: _____ Involvement: _____
Address: _____ Phone: _____
Can Testify To: _____ ☐ Wheel Witness

Name: _____ Involvement: _____
Address: _____ Phone: _____
Can Testify To: _____ ☐ Wheel Witness

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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)_____

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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: _____

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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)
L/E Exemptions	☐	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	☐	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	☐	119.071(4)(c)	Undercover personnel.	
	☐	119.071(2)(f)	Confidential informants (CIs).	
	☐	119.071(2)(e)	Confession.	
Public Info. Exemptions	☐	985.04(1)	Juvenile offender records.	
	☐	119.071(h)(i)	Assets of a crime victim.	
	☐	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	☐	394.4615(7)	Mental health information.	
	☐	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)	☒	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	☐	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	☐	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	☐	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	☐			
	☐			
	☐			
	☐			
	☐			
Other	☐		Other:	
	☐		Other:	

NOT A CERTIFIED COPY

REVIEW COMPLETED BY

Booking Number: 2023020441	**Date:** 8/7/2023
	Specialist Name/ID: T.Howard/7185