0565709

26CT2403ASB

905

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

OBTS Number

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

Juvenile: N

ADMINISTRATION

Agency ORI Number	Agency Name	Agency Report Number
FL 0500300	BOYNTON BEACH POLICE DEPT.	34-26-014819

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

If Weapon Seized Enter Type: None

Multiple Clearance Indicator: 1

Location of Arrest (Including Name of Business)	Location of Offense (Business Name, Address)
300 W Woolbright Road Boynton Beach FL 33426	300 W Woolbright Road Boynton Beach FL 33426

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
2/22/2026	0319					

DEFENDANT

Name (Last, First, Middle): Saye, Kyle, Randy

Alias (Name, DOB, Soc. Sec. #, Etc)

W - White I - American Indian B - Black O - Oriental / Asian	Race	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
	W	M	03/07/1980	5,11	280 lb	brown	brown	light	~~heavy~~ L

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)

Marital Status: married

Religion: unknown

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)
10150 Aspen Way	Palm Beach Gardens	FL	33410		2

Permanent Address (Street, Apt. Number)	(City)	(State)	(Zip)	Phone	Address Source
10150 Aspen Way	Palm Beach Gardens	FL	33410		Defendant

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

D/L Number, State	INS Number	Place of Birth	Citizenship
S000516800870,FL [redacted]		Lenard town, Maryla	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 was provided by ☐ defendant and/or ☐ defendant's parents. The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 561-355-2526) 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 D. Deliver E. Use R. Smuggle K. Dispense/ Distribute M. Manufacture Produce/ Cultivate Z. Other

Drug Type: N. N/A A. Amphetamine B. Barbituate C. Cocaine E. Heroin H. Hallucinogen M. Marijuana O. Opium/Deriv. P. Paraphernalia/ Equipment S. Synthetic U. Unknown Z. Other

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD#
Driving under the influence of alcohol ~~FSS 316.193~~ JV	1	☐ Yes ☒ No	316.193(1)(a)	

Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number	Bond
N	N		26-014819		1000

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD#
		☐ Yes ☐ No		

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

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD#
		☐ Yes ☐ No		

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

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD#
		☐ Yes ☐ No		

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

NOTICE TO APPEAR

☐ Instruction No. 1 Mandatory Appearance in Court
☐ Instruction No. 2 You need not appear in Court but must Comply with instruction on reverse side.

Location (Court, Room Number, Address): South County Courthouse, 200 West Atlantic Ave, Delray Beach, FL 33444

Court Date and Time — Month: March Day: 2nd Year: 2026 Time: 08:00 ☒ A.M. ☐ P.M.

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

ADMIN.

HOLD for other Agency Name:

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other:

Signature of Arresting Officer

Name Verification (Printed by Arrestee) (PRINT)

Name of Arresting Officer (Print): J. Kilroy I.D. #: 1209

Witness here is subject Signed with an "X".

Intake Deputy I.D. # Pouch #

Transporting Officer: J. Kilroy I.D. #: 1186 Agency: BBPD

SCANNED

FEB 23 2026

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D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 22nd **DAY OF** February **2026 AT** 0247 ☒ **A.M** ☐ **P.M.**

CASE #: 26-014819 **DEFENDANT:** Kyle R. Saye 03/07/1980

PERSONAL CONTACT/DRIVING PATTERN/OBSERVATION OF DRIVER:

On February 22nd 2026 at approximately 0247 hours, FTO Cox and I observed a blue pickup truck bearing FL tag (30ABNC) parked within the parking lot of "Little League Park" 300 W Woolbright road, this is a city park which is closed at this time of night. FTO Cox and I approached the vehicle, to check on the occupants. As we approached the vehicle, I observed a white male later identified to be Kyle Saye W/M (03/07/1980), asleep in the driver seat. Saye had the keys to the vehicle in his pocket, which is a "push to start vehicle". Saye was in control of the vehicle and could have operated the vehicle from his current position.

As I approached the Driver side window I noticed Kyle was parked in the driver seat and was sleeping. I knocked on the window and made contact with Kyle and he eventually woke up and began attempting to turn the stereo down, despite the vehicle being completely off. I also noticed Kyle's alleged wife in the back seat also asleep. Kyle exited the vehicle when asked if he could help officers check on his wife, to ensure she was not in need of medical attention either. Kyle stumbled out of the truck and used the truck at one point to gain his balance. Kyle had red watery eyes and was also slightly slurring his speech with some of the questions that we asked of him.

Kyle stated that he had gone to dinner at a restaurant with his wife in Miami and was driving home where he said that he lives in Palm Beach Gardens. Kyle stated that he was driving home and felt tired so he pulled off to the aforementioned location to go to sleep. Kyle also stated that he had some alcoholic beverages but just stated "alcoholic beverages" and would not specify what kind or how many he had. While speaking with Kyle, he had a strong odor of alcohol coming off of his breath throughout the conversation. Kyles speech was slightly slurred and he had a sarcastic and condescending attitude.

Based off of these observations, I suspected Kyle was under the influence and asked him if he would be willing to submit to a series of standardized field sobriety exercises, to which he complied. Kyle completed the exercises with the following listed observations.

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HORIZONTAL GAZE NYSTAGMUS:

- ☐ Left eye does not follow smoothly
- ☐ Left eye prior to 45 degrees
- ☒ Distinct jerking in left eye at maximum deviation
- ☐ Vertical Nystagmus in left eye
- ☒ Right eye does not follow smoothly
- ☐ Right eye prior to 45 degrees
- ☒ Distinct jerking in right eye at maximum deviation
- ☐ Vertical Nystagmus in right eye

WALK AND TURN:

During the walk and turn instructions, Kyle continually failed to keep his feet together and his arms at his side. I began demonstrating the instructions to Kyle. After explaining the instructions to Kyle he began the test before I informed him to begin. Kyle proceeded to use his arms for balance, lifting them more than 6 inches off of his

body as well as took more than the 9 steps he was instructed to take. Once Kyle turned around, he proceeded to take 14 steps back. Kyle also took an exaggerated turn in order to complete the second set of steps.

ONE LEG STAND:
During the one-leg stand exercise, Kyle failed to keep his arms at his side and raised them beyond six inches in order to keep his balance. Kyles heel of his foot was close to the ground for this exercise approximately one inch off of the ground.

FINGER TO NOSE:
During the finger to nose, exercise I explained the instructions to which, Kyle stated he understood. As Kyle conducted the exercise, he failed to make contact with his index finger, to the tip of his nose on at least one occasion.

ROMBERG/ALPHABET:
During the Romberg Alphabet, I explained the instructions to Kyle, which he stated he understood. Kyle recited the Romberg alphabet in a quick succession, singing some of the alphabet at one point and then slowing down again.

The following instrument was sworn to before me this 22 day of January 2026

By: PBSO Breath Operator T. Leahey #19183

CFC T. Cx 1186 ovf

Notary/Police Officer (F.S.S. 117.10)

Signature of Arresting Officer

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TESTING FACILITY TASK REPORT

AGENCY: BBPD

SUBJECT: Saye, Kyle R

CASE NUMBER: 26-036431

DATE: Feb 22, 2026

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 0407

ENDING TIME: 0429

BREATH TESTS RESULTS: 1) .132 TIME 0413 A.M. ☒ P.M. ☐ 2) .132 TIME 0416 A.M. ☒ P.M. ☐

3) TIME 0 A.M. ☐ P.M. ☐ 4) n/a TIME 0 A.M. ☐ P.M. ☐

BREATH OPERATOR: Thomas H Leahey #19183

MAINTENANCE TECHNICAN: Jason Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: rapid

ATTITUDE: agitated, sarcastic

CLOTHING: blue jeans, blue l/s 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 conducted 20 minute observation period 0024 hrs

subject agreed to perform breath test - I probably shouldn't

A/O read I/C & subject understood I/C

subject agreed to perform breath test

subject completed breath test

A/O read rights & subject stated he understood rights

tech read breath test results & subject understood breath test results

A/O attempted Q&A

subject invoked right to counsel - subject then requested to answer questions

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WITNESS LIST

CASE NUMBER: 34-26-014819

ARRESTING OFFICER: Officer J. Kilroy #1209

ADDRESS: 2100 High Ridge Road Boynton Beach FL

PHONE NUMBERS (HOME): 561-732-8116 (WORK) _____

CAN TESTIFY TO: entirety of case

NAME: Officer T. Cox #1186

ADDRESS: 2100 High Ridge Road Boynton Beach FL

PHONE NUMBERS (HOME) 561-731-8116 (WORK) _____

CAN TESTIFY TO: entirety of case

NAME: Officer J. Londono

ADDRESS 2100 High Ridge Road Boynton Beach FL

PHONE NUMBERS (HOME) 561-732-8116 (WORK) _____

CAN TESTIFY TO: SFST's, observation of driver.

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) 0 (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: _____

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PHONE NUMBERS (HOME) _____ (WORK) _____

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PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

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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: _____

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

PBSO CASE # **26-036431** PBSO ZONE **6-12**

AGENCY CASE # **34-26-014819** CRASH CASE #

TIME OF STOP/CRASH **0247** DATE **02/22/26** DAY **Sunday**

SUBJECT'S NAME **Saye, Kyle R** RACE **White** SEX **Male**

HGT **5'11"** **WGT** **280** **DOB** **03/07/1980**

LOCATION **300 W Woolbright Rd Boynton Beach, FL**

ARRESTING OFFICER'S NAME & ID **Ofc J Kilroy #1209** AGENCY **BBPD**

DIVISION: **Road Patrol**

NOTIFIED BY COMMO **yes**

ARRIVAL AT FACILITY **0344**

BREATH RESULTS: **Arrest Time** **0319**

1. **.132**
2. **.132**
3. **n/a**
4. **.132**

TESTING OFFICER'S ID **19183** **n/a**

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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 COUNTY SO
Instrument Serial Number: 80-001741 Software: 8100.27
Date of Test: 02/22/2026

Date of Last Agency Inspection: 02/13/2026
Observation Period Began: 03:44
Subject's Name: KYLE R SAYE DOB: 03/07/1980 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	04:11
Air Blank	0.000	04:11
Control Test	0.080	04:12
Air Blank	0.000	04:12
Subject Sample #1	0.132	04:13
Air Blank	0.000	04:14
Air Blank	0.000	04:15
Subject Sample #2	0.132	04:16
Air Blank	0.000	04:17
Control Test	0.081	04:17
Air Blank	0.000	04:17
Diagnostics Check	OK	04:17

Cylinder Lot: 19825080A2
Exp: 09/05/2027

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 THOMAS H LEAHEY, 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: T Leahy Date: 02-22-26
Signature

Sworn to (or affirmed) before me this 22 day of February 2026

Signature of Notary Public-State of Florida

Ofc J Kilroy # 1205
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.

FDLE/ATP FORM 38 - MARCH 2004, Ref. 11D-8.007

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SUBJECT: Saye, Kyle R 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 detecting the presence of chemical or controlled substances.

-OR-

I am now requesting that you submit to a lawful test of your BLOOD for the purpose of detecting its alcohol content and the presence o chemical or controlled substances.

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

I am _____ of the _____

If you fail to submit to the test I have requested of you, your privilege to operate a motor vehicle will be suspended for a period of one (1) year for a first refusal, or eighteen 18 months if your privilege has been previously suspended as a result of a refusal to submit to a lawful test of your breath, urine or blood. Additionally, if you refuse to submit to the test I have requested of you and if your driving privilege has been previously suspended for a prior refusal to submit to a lawful test of your breath, urine or blood, you will be committing a misdemeanor. Refusal to submit to the test I have requested of you is admissible into evidence in any criminal proceeding.

SUBJECT'S SIGNATURE: _____ ,,

CONSTITUTIONAL WARNINGS

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

You have the right to remain silent and not answer any questions.

Any statement must be freely and voluntarily given.

You have the right to the presence of a lawyer of your choice before you make any statement and during any questioning.

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.

If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent.

I can make no threats or promises to induce you to make a statement. This must be of your own free will.

Any statement can and will be used against you in a court of law.

SUSPECT'S SIGNATURE: Read on camera ,,

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PALM BEACH COUNTY
SHERIFF'S OFFICE
SHERIFF RIC L. BRADSHAW

DUI Breath Implied Consent

NOT APPLICABLE WITH VOLUNTARY CONSENT

DEFENDANT'S NAME: _____ CASE NO: _____

DATE OF ARREST: _____ TIME OF ARREST: _____

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

Will you take the test? YES_____ NO_____

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

If you refuse to take the test I have requested of you, your driving privilege will be suspended for a period of one (1) year for a FIRST REFUSAL. Additionally, if you refuse to take the test I have requested of you, you will be committing a misdemeanor of the SECOND DEGREE if this is your first refusal, in addition to any other penalties which can be imposed by law. 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, your driving privilege will be suspended for a period of eighteen (18) months. Additionally, you will be committing a misdemeanor of the FIRST DEGREE, in addition to any other penalties which can be imposed by law. Refusal to submit to the test I have requested is admissible into evidence in any criminal proceeding.

Do you understand what I have just read to you? YES_____ NO_____

Do you still refuse to submit to this test? YES_____ NO_____

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

In addition, if you hold a Commercial Driver's License (CDL), or were driving a Commercial Motor Vehicle (CMV), your refusal to submit to testing will result in the loss of your commercial driving privileges for one year from today. If this is your second refusal, you will be permanently disqualified from operating a Commercial Motor Vehicle (CMV).

Do you understand what I have just read to you? YES_____ NO_____

Do you still refuse to submit to this test? YES_____ NO_____

Date read: _____ Time read: _____ Location read: _____

LAW ENFORCEMENT OFFICER NAME (printed): _____ ID: _____

LAW ENFORCEMENT OFFICER SIGNATURE: _____

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

FORM #0126BR REV 09/25

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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

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	☐	119.071(4)(c)	Undercover personnel	
	☐	119.071(2)(e)	Confession	
Public Info. Exemptions	☐	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)	
	☐	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	
	☐	119.0712(2)	Personal information contained in a motor vehicle record	
	☐	316.650(11)	Driver information contained in a uniform traffic citation	
	☐	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	☒	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers	2
	☐	(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	☐			
	☐			
	☐			
	☐			

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REVIEW COMPLETED BY

Booking Number: 2026004971	**Date:** 2/23/2026
	Specialist Name/ID#: T. Howard/7185