23CT6841-MB

ARREST / NOTICE TO APPEAR

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

1 JUVENILE

ADMINISTRATION

OBTS Number

Agency ORI Number: 0501700

Agency Name: Jupiter Police Department

Agency Report Number (N.T.A.'s only): 5 | 4 | 23-001568

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: UNARMED

Multiple Clearance Indicator

Location of Arrest (Including Name of Business): GREENWAY/ INDIAN CREEK PRKWY JUPITER FL

Location of Offense (Business Name, Address): 2500 GREENWAY DR/INDIAN CREEK PKWY, JUPITER, FL

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
04/14/2023	23:32	04/14/2023	23:42	/ / : :		

DEFENDANT

Name (Last, First, Middle): MACHLEID, MARISOL

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

Race (W - White, B - Black, I - American Indian, O - Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	F	04/26/1972	5'03	170	BROWN	BROWN	MEDIUM	Medium

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

Marital Status

Religion: UNKNOWN

Indication of Alcohol Influence ☒ Yes ☐ No ☐ Unk; Drug Influence ☐ Yes ☐ No ☐ Unk

Local Address (Street, Apt Number): 6071 FERRERA ST, JUPITER, FL 33458 (City) (State) (Zip) Phone

Residence Type (1 City, 2 County, 3 Florida, 4 Out of State): 1

Permanent Address (Street, Apt Number): 6071 FERRERA ST, JUPITER, FL 33458 (City) (State) (Zip) Phone

Address Source

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

Occupation

D/L Number, State	Soc Sec Number	INS Number	Place of Birth (City, State)	Citizenship
M243540726460 / FL	[redacted]		JUPITER, FL, United	Citizen 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 ☐ Other _____ ☐ Legal Custodian

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 Department and Released, 2 TOT JAC, 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 355-2526) informed of any change of address.
☐ Yes, by: ☐ No

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 Disperses/ 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/Derv, P Paraphernalia/ Equipment, S Synthetic, U Unknown, Z Other

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #
DUI - BREATH .08 OR ABOVE	316.193(1)(C)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
	N	/		1	☐ Y ☒ N		

1

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
		/			☐ Y ☐ N		

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
		/			☐ Y ☐ N		

INTAKE

Health / Apparent Physical Condition of Defendant

Any knowledge of the following: ☐ Mental ☐ Escape Risk ☐ Medication ☐ Deformities ☐ Injuries
Explain

Check which applies: ☐ Released O R ☐ Released to Parent/Guardian ☒ T O T County Jail ☐ Posted Bond ☐ South County Mental Health

PROPERTY - Received By | Released By | Released To

Transported By | Date Transported / / | Time Transported : : | Other

NOTICE TO APPEAR

☒ INSTRUCTION NO. 1 - Mandatory appearance in court
☐ INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.

Location (Court, Room): North County PALM BEACH GARD

Court Date and Time: 05/17/2023 08:30:00

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 WILFULLY 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.

SCANNED

APR 15 2023 Signature of Defendant (or Juvenile and Parent/Custodian) Date Signed

No Photo Available

FILED PBC CIR CT
'23 APR 15 AM 8:27

ADMIN

HOLD for Other Agency

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other

Signature of Arresting Officer

Name of Arresting Officer (Print): PICARD, RONNIE ID #: 1240

Name Verification (Printed by Arrestee) (PRINT)

Witness here if subject signed with an "X".

Intake Deputy: SANN 8101 ID # Pouch #

Transporting Officer: PICARD ID #: 1240 Agency: JUPITE

PAGE 1 OF 1

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

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AD

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PROBABLE CAUSE AFFIDAVIT

ADMIN

OBTS Number:

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 0501700	JUPITER POLICE DEPARTMENT	5 4 23-001568

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
MACHLEID, MARISOL		W	F	04/26/1972

CHARGES

Charge Description	Charge Description
316.193(1)(C) DUI - BREATH .08 OR ABOVE	
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 reasonable 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.

☒ confessed to MYSELF admitting to the below facts.

☒ was observed by OFFICER COUNTS who told MYSELF that he/she saw the arrested person committ the below acts.

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

On the 15 day of April, 2023 at 01:05 (Specifically include facts constituting cause for arrest.)

At approximately 23:00 hours on 04/14/2023, Officers were dispatched to 350 Maplewood Drive (Bowlero) in the Town of Jupiter, Palm Beach County, FL. The caller advised dispatch that guests are trying to drive home while intoxicated and then he saw them driving southbound on Maplewood Dr in a silver Jeep bearing Fl tag GCVT69.

Officers Counts located the vehicle, a gray Jeep bearing Fl tag GCVT69, and conducted a traffic stop because it failed to maintain its lane and crossed over the solid white lines. (See Officer Counts Supplement Report)

Officer Counts advised me of what he observed and I began talking to the driver and later found to be the offender, Marisol Machleid; W/F; 04/26/1972, while she was still in the driver`s seat. I asked Machleid to exit the vehicle so I could speak to her since her intoxicated husband was yelling over us. While I was speaking to Machleid outside of the vehicle I observed she has glossy eyes and slurred speech. I asked Machleid if she was drinking tonight, and she said she has one beer.

Based on my observations I asked Machleid if she would perform Standardized Field Sobriety Tasks so I know she would be safe to drive home. Machleid consented to perform the tasks.

As a result of the Standardized Field Sobriety Tasks, Machleid gave me many clues that indicated impairment (see DUI probable cause affidavit for further information regarding specific indicators of impairment).

I placed Machleid under arrest, placed handcuffs on her, and double-locked them. I then placed Machleid in the back seat of my patrol vehicle.

I transported Machleid to the Palm Beach County Breath Alcohol Testing Facility where I

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ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

L. O'Neal

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

04-15-23

DATE

SHARI L. O'NEAL Notary Public - State of Florida Commission # GG 972080 My Comm. Expires Jun 25, 2024 Bonded through National Notary Assn.

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

PICARD, RONNIE (1240)

NAME OF OFFICER (PLEASE PRINT)

04/15/2023

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 0501700	JUPITER POLICE DEPARTMENT	5 | 4 | 23-001568

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
MACHLEID, MARISOL		W	F	04/26/1972

PROBABLE CAUSE STATEMENT

conducted a 20 minute observation period to ensure Machleid did not ingest or regurgitate anything. At the conclusion of the observation period, I requested Machleid provide a lawful sample of her breath for the purpose of determining the alcohol content. Machleid consented and provided two, adequate breath samples of .147 and .145, both over the legal limit of .08. The results of the breath were stated to Machleid, and she said she understood the test results.

As a result of the above investigation, Machleid was charged with driving under the influence pursuant to Florida State Statute 316.193 (1) (C), she had a breath-alcohol level of 0.08 or higher.

Machleid was booked into the Palm Beach County Jail without incident.

My department-issued Axon BWC was activated during the above investigation.

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ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

NOTARY PUBLIC / CLERK OF COURT / OFFICER

04-15-23
DATE

SHARLL. O'NEAL Notary Public, State of Florida Commission # GG 972080 My Comm. Expires Jun 25, 2024 Bonded through National Notary Assn.

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

PICARD, RONNIE (1240)
NAME OF OFFICER (PLEASE PRINT)

04/15/2023
DATE

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

WITNESS LIST

CASE NUMBER: 23-001568

ARRESTING OFFICER: R. Picard

ADDRESS: 196 Military Trl. Jupiter, FL 33458

PHONE NUMBERS (HOME): _____ (WORK) (561) 746-6201

CAN TESTIFY TO: PC

NAME: R. Counts

ADDRESS: 196 Military Trl. Jupiter, FL 33458

PHONE NUMBERS (HOME) _____ (WORK) (561) 746-6201

CAN TESTIFY TO: PC

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

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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 # 23-057485 PBSO ZONE 3-14

AGENCY CASE # 23-001568 CRASH CASE #

TIME OF STOP/CRASH 23:09 DATE 04/14/2023 DAY Friday

SUBJECT'S NAME Machleid (LAST) Marisol (FIRST) (MID) RACE W SEX F

HGT 5'03 WGT 170 DOB 04/26/1972

LOCATION GREENWAY DR/INDIAN CREEK PKWY

ARRESTING OFFICER'S NAME & ID R. Picard 1240 AGENCY Jupiter

DIVISION:

NOTIFIED BY COMMO Yes

ARRIVAL AT FACILITY 00:14

ARREST TIME 23:32

BREATH RESULTS:

1) .147
2) .145
3)
4)

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TESTING OFFICER'S ID 41017 PBSO VIDEOTAPE # N/A

TESTING FACILITY TASK REPORT

AGENCY: JPD

SUBJECT: MACHLEID, MARISOL

CASE NUMBER: 23-057485

DATE: Apr 15, 2023

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 00:35

ENDING TIME: 00:48

BREATH TESTS RESULTS: 1) .147 TIME 00:40 A.M. ☒ P.M. ☐ 2) .145 TIME 00:44 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: SLURRED

ATTITUDE: QUIET, CALM

CLOTHING: PINK SHIRT, BLUE JEANS, NO SHOES

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER:

GLASSY EYES

COMMENTS:

ARRIVED AT CENTER A/O BEGAN THE 20 MINUTE OBSERVATION PERIOD AT 00:14 HRS.

SUBJECT: AGREED TO TAKE TEST.

A/O: READ RIGHTS.
SUBJECT: STATED SHE UNDERSTOOD RIGHTS.

TECH: READ TEST RESULTS.
SUBJECT: ACKNOWLEDGE SHE UNDERSTOOD TEST RESULTS.

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

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FLORIDA DEPARTMENT OF LAW ENFORCEMENT
ALCOHOL TESTING PROGRAM
BREATH ALCOHOL TEST AFFIDAVIT

Instrument Type: Intoxilyzer 8000
Instrument Registered To: PALM BEACH CO SO
Instrument Serial Number: 80-006238 Software: 8100.27
Date of Test: 04/15/2023

Date of Last Agency Inspection: 04/14/2023
Observation Period Began: 00:14
Subject's Name: MARISOL MACHLEID DOB: 04/26/1972 Sex: F

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	00:38
Air Blank	0.000	00:39
Control Test	0.080	00:39
Air Blank	0.000	00:39
Subject Sample #1	0.147	00:40
Air Blank	0.000	00:41
Air Blank	0.000	00:43
Subject Sample #2	0.145	00:44
Air Blank	0.000	00:44
Control Test	0.079	00:44
Air Blank	0.000	00:45
Diagnostics Check	OK	00:45

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 THOMASINA E MILLER, 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: Thomasina E Miller Date: 04/15/23
Signature

Sworn to (or affirmed) before me this 15 day of April, 2023

Signature of Notary Public-State of Florida

Ofc. B. Picard
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: _____ 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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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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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:	

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REVIEW COMPLETED BY

Booking Number: 2023009804	**Date:** 4/15/2023
	Specialist Name/ID: Pinkneya/7796