50-2023-CT-009515ANB

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

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

RIVERA, REBECCA, ALYSSE

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 - 23002863

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)
PGA BLVD/LAKE VICTORIA GARDENS AV, PBG, FL 33410	PGA BLVD/KEW GARDENS AV, PBG, FL 33410

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
05/28/2023	02:03					

DEFENDANT

Name (Last, First, Middle): RIVERA REBECCA ALYSSE — 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	F	02/03/2001	5'7	124	BRO	BRO	MED	MED

Scars, Marks, Tatoos, Unique Physcal Features (Location, Type, Description):

Marital Status	Religion	Indication of:	Y	N	Unk.
SINGLE	NOT STATED	Alcohol Influence	☑	☐	☐
		Drug Influence	☐	☐	☑

Local Address (Street, Apt. Number)	(City)	(State)	(Zip)	Phone	Residence Type: (1. City 2. County 3. Florida 4. Out of State)
7531 Edgewater Cir	WEST PALM BEACH	, FL	33406	(239) 440-6362	2

Permanent Address (Street, Apt. Number)	(City)	(State)	(Zip)	Phone	Address Source
7531 Edgewater Cir	WEST PALM BEACH	, FL	33406		VERBAL

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

D/L Number, State	Soc. Sec. No.	INS Number	Place of Birth (City, State)	Citizenship
R-160-721-01-543-0 FL	[redacted]		BROOKLYN, NY	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) DOR

Released To: (Name) | Relationship | Dept. and Released. (2. TOT HRS / DYS 3. Incarcerated) | Date | Time

The above address provided by ☐ defendant and / or ☐ defendant's parent to keep the Juvenile Court Clerk (Phone 561-355-6511) informed of any change. ☐ Yes, by: (Name) ☐ No: (Reason) | 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 #
DRIVING UNDER THE INFLUENCE OVER .08	1	☐Y ☒N	316.193(1)(C)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
N	N	.158			O R

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
DUI OVER .15	1	☐Y ☒N	316.193(4)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
N	N	.158			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

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 JUNE Day 28 Year 2023 Time 1000 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: 05/28/2023

ADMIN

HOLD for other Agency Name: | Signature of Arresting Officer X [signature] | Name Verification (Printed by Arrestee) (PRINT)

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other:

Name of Arresting Officer (Print): A. FLINK I.D. # 514

FILED PBC - GUN CLUB-- '23 MAY 29 AM 7:35

Intake Deputy [illegible] I.D. # 7406 Pouch # | Transporting Officer FLINK ID # 514 Agency PBGPD | Witness here if subject signed with an -X"

PAGE 1 OF 1

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J# 0540826

P# 2237

PROBABLE CAUSE AFFIDAVIT

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

ADMIN

Agency ORI Number	Agency Name	Agency Report Number
FL FL0502600	Palm Beach Gardens Police Department	7 | 8 | 23-002863

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
RIVERA, REBECCA ALYSSE		W	F	02/03/2001

CHARGES

Charge Description	Charge Description
316.193(1)(C) DUI - BREATH .08 OR ABOVE	316.193(4) DUI - BRAC ABOVE .15
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 28 day of May, 2023 at 01:55 (Specifically include facts constituting cause for arrest.)

On 05/28/2023 at approximately 0155 hours, this Officer arrived in the area of PGA Blvd and Lake Victoria Gardens Av, PBG, FL, to assist Ofc Lovett 523 on a traffic stop. Body worn camera and in car video were used.

Ofc Lovett said he first observed the vehicle, a Toyota Camry (Z685AP/FL) in the area of PGA Blvd and Kew Gardens Av, PBG, FL, almost strike a positive curb on the right-hand side of the roadway then over-correct and end up in the middle through lane and back into the outside lane. As the vehicle continued west bound, it did this same thing three more times prior to Fairchild Gardens Av, each time drifting to the outside and over-correcting into the middle lane. This Officer approached the driver window and made contact with the driver and sole occupant, identified via Florida Driver License photo, Rebecca Rivera (OF), while she was still in actual physical control of same.

Rivera exhibited obvious indicators of impairment including: slurred speech, glassy watery eyes, and the strong obvious odor of an unknown alcoholic beverage emanating from her breath at conversational distance. Rivera said she was coming from the Snuggery and was on her way home to West Palm Beach. Rivera admitted to consuming "two or three" drinks at the Snuggery.

Based on this Officer`s observations, this Officer informed Rivera of the concern she may be driving under the influence and asked her to exit the vehicle to participate in Standardized Field Sobriety Exercises, to which she complied. When Rivera exited the vehicle, she appeared to be uneasy on her feet. Rivera said she did not have any medical conditions which would affect the exercises performed.

The first exercise conducted, was the Horizontal Gaze Nystagmus. The stimulus used was a Streamlight Stylus with an illuminated red tip. Rivera had a lack of smooth pursuit in both eyes and sustained involuntary jerking in both eyes at maximum deviation.

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ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

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

05/28/2023
DATE

Notary Public State of Florida
Thomas H Leahey
My Commission GG 347108
Expires 06/20/2023

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

FLINK, ANDREW S (514)
NAME OF OFFICER (PLEASE PRINT)

05/28/2023
DATE

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

ADMIN

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 | 23-002863

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
RIVERA, REBECCA ALYSSE		W	F	02/03/2001

PROBABLE CAUSE STATEMENT

Rivera also had the onset of Nystagmus prior to 45 degrees in both eyes as well as Vertical Gaze Nystagmus in both eyes.

The second exercise conducted, was the Walk and Turn. The line used was a strip of yellow tape placed upon the pavement by this Officer. Rivera`s first set of steps were all slow and deliberate while she looked straight ahead. During the turnaround Rivera removed her left foot from the line. During the return set of steps Rivera paused to steady herself before starting. Rivera stepped off the line on step two and took 12 steps rather than nine.

The third exercise conducted, was the One-Leg Stand. During the exercise Rivera raised her right foot. Rivera sway side-to-side during the exercise.

The fourth exercise conducted, was the Finger to Nose. During the exercise the following was observed: First command of Left Rivera touched the right side of her nose. First command of Right, Rivera hesitated as she raised her hand then touched the tip of her nose with the pad of her finger. The next four commands, Rivera touched the tip of her nose with the pad of her finger.

The final exercise conducted, was the Modified Rhomber Balance. During the exercise Rivera counted aloud and esimated the passage of 30 seconds in approximately 63 seconds.

Based on this Officer`s observations, Rivera was placed under arrest at 0203 hours. At PBSO BAT, this Officer requested Rivera provide a breath sample for the purpose of determining its alcohol content to which she requested a lawyer. This Officer read Florida Implied Consent to Rivera to which she aknowledged and consented. At 0256 hours she blew .158 and at 0259 hours she blew .157.

Based on the results of the investigation, this Officer has probable cause to charge Rebecca Rivera with driving under the influence to the extent her normal faculties were impaired with an unlawful breath alcohol content, in violation of FSS 316.193(1)(C). The degree to which Rivera was impaired by alcohol was in violation of FSS 316.193(4). All of the above occured in the county of Palm Beach, in the state of Florida.

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ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

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

05/28/2023
DATE

Notary Public State of Florida
Thomas H Leahey
My Commission GG 347108
Expires 06/20/2023

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

FLINK, ANDREW S (514)
NAME OF OFFICER (PLEASE PRINT)

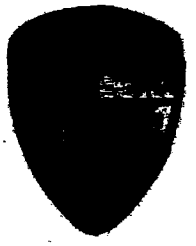
05/28/2023
DATE

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



PALM BEACH GARDENS POLICE DEPARTMENT

DUI TESTING FACILITY INFORMATION SHEET



PBSO Case #: 23-072741 PBSO Zone: 3-13

Agency Case #: **23002863** Crash Case #: _____

Incident Information:

Time of Stop/Crash: **0143** Date of Incident: **05/28/2023** Day: **SUNDAY**

Location of Incident: **PGA BLVD/KEW GARDENS AV, PBG, FL 33410**

Arrest Information:

Time of Arrest: **02:03** Date of Arrest: **05/28/2023** Day: **SUNDAY**

Location of Arrest: **PGA BLVD/LAKE VICTORIA GARDENS AV, PBG, FL 33410**

Subject's Name: **RIVERA, REBECCA, ALYSSE** DOB: **02/03/2001**

Race: **W** Sex: **F** Height: **5'7** Weight: **124**

Arresting Officer's Name: **A. FLINK** ID#: **514**

Agency: **PBGPD** Division: **TRAFFIC UNIT**

---BAT Use---

BAT Notified:	**YES**
Arrival Time at BAT:	**0229**
Subject Arrest Time:	**02:03**

Breath Results

1) .158 at 0256 hrs.
2) .157 at 0259 hrs.
3) _____ at _____ hrs.
4) _____ at _____ hrs.

Breath Test Operator: 19183

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TESTING FACILITY TASK REPORT

AGENCY: PBG

SUBJECT: Rivera, Rebecca A

CASE NUMBER: 23-072741

DATE: May 28, 2023

VIDEO DVD NUMBER: n/a

BEGINNING TIME: 0251

ENDING TIME: 0301

BREATH TESTS RESULTS: 1) .158 TIME 0256 A.M. ☒ P.M. ☐ 2) .157 TIME 0259 A.M. ☒ P.M. ☐

3) n/a 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: thick, slurred

ATTITUDE: cooperative

CLOTHING: black jeans, red l/s shirt, red sneakers

MEDICAL CONDITIONS: cold

MEDICATIONS: antibiotic, antiinflamatory

OTHER:

eyes were glassy & bloodshot
odor of unknown alcoholic beverage on breath

COMMENTS:

arrived at center A/O conducted 20 observation period at 0229 hrs

subject refused to perform breath test - can consult my lawyer

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

subject agreed to perform breath test

subject completed breath

A/O did not read rights - invoked right to counsel

tech read breath test results & subject understood breath test results

A/O did not conduct Q&A

subject invoked right to counsel

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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: 80-006239 Software: 8100.27
Date of Test: 05/28/2023

Date of Last Agency Inspection: 05/19/2023
Observation Period Began: 02:29
Subject's Name: REBECCA A RIVERA DOB: 02/03/2001 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	02:54
Air Blank	0.000	02:54
Control Test	0.078	02:55
Air Blank	0.000	02:55
Subject Sample #1	0.158	02:56
Air Blank	0.000	02:56
Air Blank	0.000	02:58
Subject Sample #2	0.157	02:59
Air Blank	0.000	02:59
Control Test	0.078	03:00
Air Blank	0.000	03:00
Diagnostics Check	OK	03:00

Cylinder Lot: 08622080A1
Exp: 06/05/2024

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 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. Leahey Date: 05-28-23
Signature

Sworn to (or affirmed) and subscribed before me this 28 day of May, 2023

Signature of Notary Public-State of Florida

Ofc A Flint #514
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:_____

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: 2023013995	**Date:** 05/29/23
	Specialist Name/ID: T.Howard/7185