0538120 23CT2690 1424

ARREST / NOTICE TO APPEAR

1 Arrest 3 Request for Warrant
2 NTA 4 Request for Capias

1 JUVENILE

ADMINISTRATION

OBTS Number

Agency ORI Number: 0500400
Agency Name: Delray Beach Police Department
Agency Report Number (N.T.A.'s only): 40 23-001962

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: 1

Location of Arrest (Including Name of Business): W ATLANTIC AVE/BARWICK RD, DELRAY BEACH,

Location of Offense (Business Name, Address): 4499 W ATLANTIC AVE/BARWICK RD, DELRAY BEACH, FL

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
02/09/2023	18:58	02/09/2023	19:08	02/10/2023	00:07	4499 W ATLANTIC

DEFENDANT

Name (Last, First, Middle): HOLMQUIST, SCOTT MICHAEL
Alias: Alias (Name, DOB, Soc. Sec. #, Etc.)

Race (W - White, I - American Indian, B - Black, O - Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	M	02/11/1972	6'00	200	HAZEL	BROWN	FAIR	LARGE

Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description):
Marital Status: D
Religion: NON-DENOMI
Indication of Alcohol Influence / Drug Influence: ☒ Yes ☐ No ☐ Unk ☐

Local Address (Street, Apt. Number): 5118 NE 14TH AVE, POMPANO BEACH, FL 33064 (City) (State) (Zip)
Phone: 954-858-6188 (754) 244-4454
Residence Type (1 City, 2 County, 3 Florida, 4 Out of State): 3

Permanent Address (Street, Apt. Number): 5118 NE 14TH AVE, POMPANO BEACH, FL 33064 (City) (State) (Zip)
Phone: 954-858-6188 (754) 244-4454
Address Source: FL DL

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

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
H452793720510 / FL	[redacted]		RHINEBECK, 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 ☐ Other ☐ Legal Custodian
Name (Last, First, Middle)
Residence Phone

Address (Street, Apt. Number) (City) CIOL (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: VEHICLES
Value of Property: $25,000

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/Deriv P. Paraphernalia/ Equipment S. Synthetic U. Unknown Z. Other

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #
DUI-DAMAGE TO PERSON/PROPERTY	316.193(3)(C)(1)	

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

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. ☐ Posted Bond ☐ Released to Parent/Guardian ☐ South County Mental Health ☒ T.O.T. County Jail

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): South County 200 W Atlantic Ave Delray Beach, FL 33444
Court Date and Time: 03/09/2023 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 WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED

FEB 10 2023

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

No Photo Available

ADMIN

HOLD for Other Agency
☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other
Intake Deputy I.D. # Pouch #

Signature of Arresting Officer
Name of Arresting Officer (Print): WINDSOR, NICHOLAS I.D. # 1029
Transporting Officer: WINDSOR I.D. # 1029 Agency: DBPD

Name Verification (Printed by Arrestee) (PRINT)
FEB 10 AM 2:15
Witness here if subject signed with an "X"

PAGE 1 OF 1

☐ CCRB ☒ [illegible] ☐ AGENCY ☐ CENTRAL RECORDS ☐ JAIL ☐ CRIME ANALYSIS ☐ P.I.O. ☒ DEFENDANT

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D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 9th DAY OF February 20 23, AT 1858 ☐AM ☑PM

SUBJECT: Homquist, Scott Michael CASE NUMBER: 23-001962

AGENCY: DELRAY BEACH PD ARRESTING OFFICER: Windsor #1029

PERSONAL CONTACT

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

The following occurred in the City of Delray Beach, County of Palm Beach, FL.
On 02/09/23 at 1858hrs a motor vehicle crash was reported to DBPD Dispatch by Ofc. Castro #1147 DBPD. Ofc. Castro reported a white 2011 Hyundai Sonata (FL Tag #HXJR52) was facing east in the westbound travel lanes of W. Atlantic Ave. Ofc. Castro stated there was a white male sitting in the driver seat of the Hyundai with a dog. Ofc. Castro stated there was no other person inside the Hyundai. The white male driver of the Hyundai was identified by his FL DL as Scott Michael Holmquist. Officers were advised the Hyundai was reported as stolen (refer to DBPD case #23-001961). Holmquist was detained and placed in handcuffs. Holmquist was read Miranda Warning and stated he understood Miranda Warning. I arrived on scene to conduct a DUI investigation and observed front end damage on the Hyundai and rear end damage on a silver 2017 Ford F-150 (43BPIY). I met with the driver of the Ford (Cashu) who provided me a sworn statement which was recorded on my body worn camera. Cashu stated he was traveling east in the center travel lane of W. Atlantic Ave. approaching Barwick Rd. . Cashu stated he checked for vehicles occupying the inside eastbound travel lane and saw no vehicles near the Ford. Cashu stated he entered the inside travel lane and was traveling between 40mph and 45mph. The speed limit for this section of roadway was posted at 45mph. Cashu stated after fully entering the inside travel lane, he was struck from the rear by the white Hyundai. Cashu stated both vehicles traveled through intersection after the initial impact. Cashu stated he stopped the Ford in the eastbound inside travel lane and the white Hyundai crossed over the raised curb median coming to final rest in the westbound inside travel lane. Cashu identified Holmquist as the driver of the Hyundai and stated Ofc. Castro arrived on scene within 30 seconds of the crash occurring. Post Miranda, Holmquist stated he was the driver of the Hyundai when the crash occurred. Holmquist stated nobody else was inside the Hyundai. The vehicle keys were in the ignition.

OBSERVATION OF DRIVER:

Holmquist swayed in a circular motion while standing still. Holmquist's eyes were red and had a glassy appearance. I smelled an odor of an unknown alcoholic beverage coming from Holmquist. Holmquist's speech was slurred. Holmquist appeared to be drowsy and yawned several times.

DRIVER'S STATEMENTS:

Post Miranda, Holmquist stated he was the driver of the Hyundai when the crash occurred. Holmquist stated he left a gas station (13555 S. Military Trl., Delray Beach, FL.) in the Hyundai and was on his way to Pompano Beach, FL. to retrieve property from his ex-wife. Holmquist stated he was traveling in the eastbound inside travel lane approaching Barwick Rd. Holmquist stated the Ford entered the left turn lane and swerved back into the inside travel lane directly into the path of the Hyundai. Holmquist stated he was traveling around 40mph when the crash occurred. Holmquist stated he swerved (southeast) into the center travel lane attempting to avoid the crash. Holmquist stated he swerved back into the inside travel lane (northeast) striking the center raised curb median. Holmquist stated he traveled across the median and entered the westbound travel lanes of W. Atlantic Ave. Holmquist denied having any medical conditions or taking any prescription medications that would affect his ability to operate a motor vehicle. Holmquist denied consuming any illegal drugs including marijuana prior to driving. Holmquist admitted to consuming one can of "Four Loko" between 1600hrs and 1630hrs. Holmquist stated he did not know what the current time was but guessed it was 1730hrs. Holmquist denied being treated by a doctor or dentist. Holmquist denied having any problems with his eyes that could not be corrected by eyeglasses or contact lenses. Holmquist stated he had no medical complaints after being placed under arrest.

ODORS:

I smelled an odor of an unknown alcoholic beverage coming from Holmquist.

GENERAL OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Polite and Respectful

CLOTHING: Black Shirt, Gray Pants and Green Boots

MEDICAL/OTHER: None Stated

STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 9th day of February 20 23 by Ofc. Windsor #1029

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

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

Notary Public State of Florida
Renee Ragin
My Commission GG 966418
Expires 03/05/2024

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SUBJECT: Homquist, Scott Michael **CASE NUMBER** 23-001962

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

- ☐ LT EYE-LACK OF SMOOTH PURSUIT
- ☐ RT EYE-LACK OF SMOOTH PURSUIT
- ☐ LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION
- ☐ RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION
- ☐ LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES
- ☐ RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

Other Observations:

Roadside Tasks were not performed due to Holmquist being detained in handcuffs.

WALK & TURN:

Roadside Tasks were not performed due to Holmquist being detained in handcuffs.

ONE LEG STAND:

Roadside Tasks were not performed due to Holmquist being detained in handcuffs.

FINGER TO NOSE:

Roadside Tasks were not performed due to Holmquist being detained in handcuffs.

ROMBERG ALPHABET:

Roadside Tasks were not performed due to Holmquist being detained in handcuffs.

NOT A CERTIFIED COPY

BREATH TEST RESULTS: 1) .096 | 2) .098 | 3) | 4)

STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 9th day of February 20 23 by Ofc. Windsor #1029

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

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

Notary Public State of Florida
Renee Ragin
My Commission GG 966418
Expires 03/05/2024

WITNESS LIST

CASE NUMBER: 23-001962

ARRESTING OFFICER: OFC. WINDSOR #1029 DBPD

ADDRESS: 300 W ATLANTIC AVE, DELRAY BEACH, FL 33444

PHONE NUMBERS (HOME): _____ (WORK) 561-243-7800

CAN TESTIFY TO: DUI PC

NAME: CSO KOZAK #1201 DBPD

ADDRESS: 300 W ATLANTIC AVE, DELRAY BEACH, FL 33444

PHONE NUMBERS (HOME) _____ (WORK) 561-243-7800

CAN TESTIFY TO: CRASH INVESTIGATION

NAME: OFC. CASTRO #1147 DBPD

ADDRESS 300 W ATLANTIC AVE, DELRAY BEACH, FL 33444

PHONE NUMBERS (HOME) _____ (WORK) 561-243-7800

CAN TESTIFY TO: DRIVER IDENTIFICATION

NAME: JOSE CASHU

ADDRESS 6395 WINDING BROOK WAY, DELRAY BEACH, FL 33484

PHONE NUMBERS (HOME) _____ (WORK) 754-244-4454

CAN TESTIFY TO: CRASH WITNESS / DRIVER IDENTIFICATION

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: _____

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: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NOT A CERTIFIED COPY

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

PBSO CASE # 23-034974 PBSO ZONE 4-11

AGENCY CASE # 23-001962 CRASH CASE # 23-001962

TIME OF STOP/CRASH 1858 DATE 02/09/23 DAY THURSDAY

SUBJECT'S NAME HOLMQUIST, SCOTT MICHAEL RACE W SEX M

HGT 6'0" WGT 200 DOB 02/11/72

LOCATION W ATLANTIC AVE/BARWICK RD, DELRAY BEACH, FL

ARRESTING OFFICER'S NAME & ID WINDSOR #1029 AGENCY DELRAY BEACH PD

DIVISION: CRD

NOTIFIED BY COMMO YES

ARRIVAL AT FACILITY 2050

ARREST TIME 2026

BREATH RESULTS:

1) .096
2) .098
3)
4)

TESTING OFFICER'S ID 16877 PBSO VIDEOTAPE # 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 CO SO
Instrument Serial Number: 80-006476 Software: 8100.27
Date of Test: 02/09/2023

Date of Last Agency Inspection: 01/13/2023
Observation Period Began: 20:50
Subject's Name: SCOTT M HOLMQUIST DOB: 02/11/1972 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	21:18
Air Blank	0.000	21:19
Control Test	0.080	21:19
Air Blank	0.000	21:19
Subject Sample #1	0.096	21:20
Air Blank	0.000	21:21
Air Blank	0.000	21:23
Subject Sample #2	0.098	21:24
Air Blank	0.000	21:25
Control Test	0.078	21:25
Air Blank	0.000	21:26
Diagnostics Check	OK	21:26

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 RENEE M RAGIN, 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: _____ Date: 02/09/23
Signature

Sworn to (or affirmed) before me this 09 day of Feb., 2023

_____ Ofc. N. Windsor #1029
Signature of Notary Public-State of Florida 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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TESTING FACILITY TASK REPORT

AGENCY: DBPD

SUBJECT: Holmquist, Scott M.

CASE NUMBER: 23 -034974

DATE: Feb 9, 2023

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 21:13

ENDING TIME: 21:28

BREATH TESTS RESULTS: 1) .096 TIME 21:20 A.M.☐ P.M.☒ 2) .098 TIME 21:24 A.M.☐ P.M.☒

3) N/A TIME ——— A.M.☐ P.M.☐ 4) N/A TIME ——— A.M.☐ P.M.☐

BREATH OPERATOR: R. Ragin #16877

MAINTENANCE TECHNICAN: Jason Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Talkative, agitated, loud

CLOTHING: Gray pants, black t-shirt, green Boots

MEDICAL CONDITIONS: None

MEDICATIONS: None

OTHER:

Eyes are glassy & bloodshot
Odor of unknown alcoholic beverage on breath

COMMENTS:

Arrived at center A/O started 20 minute observation period at 20:50 hrs.

Subject refused answer to perform breath test.

A/O read I/C and subject stated he understood I/C.

Subject agreed to take test.

A/O read rights.
Subject stated he understood rights.

Tech read breath test results.
Subject stated he understood breath test results.

Subject invoked the right to counsel no Q&A conducted.

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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:	

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REVIEW COMPLETED BY

Booking Number: 2023003870	**Date:**
	Specialist Name/ID: Pinkneya/7796