0537119

23C121

3040

ARREST / NOTICE TO APPEAR

1. Arrest 2. N.T.A. 3. Request for Warrant 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 | 23-000014

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): 750 S OLD DIXIE HWY. JUPITER, FL 33458

Location of Offense (Business Name, Address): 600 S ALT A1A/TONEY PENNA DR, JUPITER, FL 33477

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
01/01/2023	20:35	01/01/2023	20:45			

DEFENDANT

Name (Last, First, Middle): ALLCOCK, SOPHIA DEBORAH

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

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	09/03/1993	5'07	150	GREEN	BLONDE /	LIGHT	Medium

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

Marital Status: S

Religion:

Indication of: Alcohol Influence: Yes ☒ No ☐ Unk. ☐ Drug Influence ☒

Local Address (Street, Apt. Number) (City) (State) (Zip): 13510 SE FLORA AVE, HOBE SOUND, FL 33455

Phone:

Residence Type: 1. City 2. County 3. Florida 4. Out of State

Permanent Address (Street, Apt. Number) (City) (State) (Zip): 13510 SE FLORA AVE, HOBE SOUND, FL 33455

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
A422784938230 / FL	[redacted]		TEQUESTA, FL	

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): ORL

Residence Phone:

Address (Street, Apt. Number) (City) (State) (Zip):

Business Phone:

Notified by: (Name) 1

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/Deriv. 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: 02/01/2023 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 CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.

SCANNED

X [signature] 1/03/2023

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

No Photo Available

ADMIN

HOLD for Other Agency:

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other

Signature of Arresting Officer: 1185

Name of Arresting Officer (Print): YOCHUM, CRAIG I.D. #: 1185

Name Verification (Printed by Arrestee) (PRINT):

Intake Deputy: SPANN I.D. #: 8101 Pouch #:

Transporting Officer: OFC. C. YOCHUM I.D. #: 1185 Agency: JPD

Witness here if subject signed with an "X".

NOT A CERTIFIED COPY

PROBABLE CAUSE AFFIDAVIT

OBTS Number:

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 0501700	JUPITER POLICE DEPARTMENT	54 23-000014

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
ALLCOCK, SOPHIA DEBORAH		W	F	09/03/1993

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 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.

☐ confessed to _____ admitting to the below facts.

☐ was observed by _____ who told _____ 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 1 day of January, 2023 at 20:20 (Specifically include facts constituting cause for arrest.)

On 01/01/2023 at approximately 2020 hours, I was conducting routine patrols along S.R. 811 (S Alternate A1A) in the Town of Jupiter, Palm Beach County, FL. At the time, I was driving an unmarked Jupiter Police Department patrol vehicle (vehicle 2109), I was wearing a JPD uniform clearly identifying myself as a Jupiter Police Officer, and I was wearing my department-issued Axon body camera.

I was traveling northbound on S.R. 811 approaching 2141 S Alternate A1A (Three Palms Plaza) when I observed a white 2020 Volvo SUV bearing FL tag # NQYF38 traveling northbound in the center lane in front of me. I observed the Volvo appeared to be having difficulty keeping within the center of the lane, as it was weaving from the right to the left extremes of the center lane. It also appeared as though the vehicle was traveling above the posted 50 MPH speed limit (visual estimation of approximately 60 MPH). I activated the front antenna of my STALKER DSR2X (S/N DB022361) vehicle-mounted radar unit in same direction moving mode, confirmed the patrol speed on my radar matched the speedometer of my vehicle, and received a digital speed readout of 59 MPH. My radar unit emitted a clear, constant audio Doppler tone consistent with a vehicle traveling the displayed target speed.

At the time, there was no other traffic on the roadway but the Volvo continued the pattern of weaving from the left and right extremes of the center lane for approximately 1 mile. I followed behind the vehicle as it neared the intersection of Toney Penna Dr. and, as it traveled through the intersection on the solid green, I observed the driver of the Volvo apply the brakes for no apparent reason.

The Volvo changed lanes into the u-turn lane at Dickinson Dr., executed a u-turn, and began traveling south on S.R. 811 in the inside lane. After the u-turn, the Volvo was traveling approximately 30 MPH and a southbound vehicle in the inside lane that was approaching the Volvo had to hit the brakes to avoid crashing into it.

NOT A CERTIFIED COPY

SCANNED JAN 03 2023

ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

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

PARIS POUND
MY COMMISSION # HH 202850
EXPIRES: March 25, 2026
Bonded Thru Notary Public Underwriters

01/01/2023
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

YOCHUM, CRAIG (1185)
NAME OF OFFICER (PLEASE PRINT)

01/01/2023
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 | 23-000014

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
ALLCOCK, SOPHIA DEBORAH		W	F	09/03/1993

PROBABLE CAUSE STATEMENT

I activated the overhead interior lights and siren of my patrol vehicle to conduct a traffic stop on the Volvo. When I activated my lights, the vehicle was slow to acknowledge I was signaling it to pull over and continued southbound on S.R. 811 in the inside lane. The vehicle changed into the right turn lane, failed to stop (although there was plenty of space to stop in the turn lane), turned right (west) onto Toney Penna Rd., and right again (north) onto S Old Dixie Hwy before pulling off the right side of the road.

I approached the vehicle on the passenger side, knocked on the passenger side window, and made contact with the driver and two other vehicle occupants. I identified the driver of the vehicle to be Sophia Allcock (w/f; 09/03/1993) by her valid Class E Florida driver license. I observed Allcock had extremely bloodshot/glassy eyes, slurred speech, and I could smell the odor of an unknown alcoholic beverage inside the passenger compartment of the vehicle. Allcock advised she had drank one beer earlier in the evening and estimated her level of impairment on a scale of 1 (being sober) to 10 (being sick) at a "zero". While searching the car for her registration and insurance information, Allcock looked through the glove compartment along with the front seat passenger. While the front seat passenger still had his hand in the glove compartment, Allcock closed the glove compartment on the passenger's hand.

Based on my observations, I requested Allcock exit the vehicle and she complied. When she exited the vehicle, I noted the strong odor of an unknown alcoholic beverage on her breath which intensified as she spoke. I requested Allcock perform Standardized Field Sobreity Tasks and she advised she knew a bunch of police officers in the area and requested several times that she just park her vehicle. I advised Allcock that parking her vehicle was not an option and she began to state that she had already gone through SFSTs before and advised "I'm not doing this shit again." I advised Allcock that if she refused to perform SFSTs that I would have to base a decision on whether or not she was impaired on the evidence I had so far and her refusal could be used against her in court. Allcock advised she understood and stated he was willing to participate in SFSTs.

I returned to my patrol vehicle to retrieve a stimulus to conduct the Horizontal Gaze Nystagmus task and Allcock advised she wanted her lawyer. I returned back to Allcock to explain that her right to a lawyer did not apply to roadsides but before I could advise her, she refused to participate any further.

Due to the fact that I had already advised Allcock of her Taylor Warnings, I placed her under arrest for DUI.

I transported Allcock to the Palm Beach County Breath Alcohol Testing Facility (BAT) where I conducted a 20 minute observation period to ensure she did not ingest or regurgitate. At the conclusion of the observation period, I requested Allcock provide a

NOT A CERTIFIED COPY

SCANNED

ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME
JAN 03 2023

PARIS POUND
MY COMMISSION # HH 202850
EXPIRES: March 25, 2026
Bonded Thru Notary Public Underwriters

NOTARY PUBLIC / CLERK OF COURT / DEPUTY CLERK / F.S.S.

01/01/2023
DATE

1185
SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

YOCHUM, CRAIG (1185)
NAME OF OFFICER (PLEASE PRINT)

01/01/2023
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
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Charge Type: Check as many as apply.
☐ 1. Felony ☐ 3. Misdemeanor ☐ 5. Ordinance
☐ 2. Traffic Felony ☒ 4. Traffic Misdemeanor ☐ 6. Other

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
ALLCOCK, SOPHIA DEBORAH		W	F	09/03/1993

PROBABLE CAUSE STATEMENT

lawful sample of her breath for the purpose of determining the alcohol content. Allcock agreed and ultimately provided two, adequate breath samples of .138 and .132, both above the legal, per se, limit of .08.

Based on the aforementioned facts resulting from my investigation, I find Probable Cause exists to charge Sophia Allcock with DUI - Breath above .08 pursuant to FSS 316.193(1)(b).

NOT A CERTIFIED COPY

ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

NOTARY PUBLIC / CLERK OF COURT / OFFICIAL (CIRCLE ONE)

01/01/2023
DATE

PARIS POUND
MY COMMISSION # HH 202850
EXPIRES: March 25, 2026
Bonded Thru Notary Public Underwriters

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

YOCHUM, CRAIG (1185)
NAME OF OFFICER (PLEASE PRINT)

01/01/2023
DATE

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

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: 80-006477 Software: 8100.27
Date of Test: 01/01/2023

Date of Last Agency Inspection: 12/22/2022
Observation Period Began: 21:08
Subject's Name: SOPHIA D ALLCOCK DOB: 09/03/1993 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	21:33
Air Blank	0.000	21:33
Control Test	0.080	21:34
Air Blank	0.000	21:34
Subject Sample #1	0.138	21:36
Air Blank	0.000	21:37
Air Blank	0.000	21:38
Subject Sample #2	0.132	21:39
Air Blank	0.000	21:40
Control Test	0.079	21:40
Air Blank	0.000	21:41
Diagnostics Check	OK	21:41

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 PARIS D POUND, 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: 01/01/23
Signature

Sworn to (or affirmed) before me this 01 day of JANUARY, 2023

_____ Ofc. C. Yochum
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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PALM BEACH COUNTY SHERIFF'S OFFICE
DUI TESTING FACILITY
INFORMATION SHEET

PBSO CASE # 23-021297 PBSO ZONE 3-13

AGENCY CASE # 23-000014 CRASH CASE #

TIME OF STOP/CRASH 2020 DATE 01/01/2023 DAY Sunday

SUBJECT'S NAME Allcock (LAST) Sophia (FIRST) D (MID) RACE W SEX F

HGT 507 WGT 150 DOB 09/03/1993

LOCATION S Alternate A1A/Toney Penna Dr. Jupiter, FL 33477

ARRESTING OFFICER'S NAME & ID Craig Yochum #1185 AGENCY Jupiter PD

DIVISION: Traffic

NOTIFIED BY COMMO Yes

ARRIVAL AT FACILITY 2108

ARREST TIME 2029

BREATH RESULTS:

1) .138
2) .132
3) N/A
4) N/A

TESTING OFFICER'S ID 24639 PBSO VIDEOTAPE # N/A

NOT A CERTIFIED COPY

TESTING FACILITY TASK REPORT

AGENCY: JPD

SUBJECT: ALLCOCK, SOPHIA D

CASE NUMBER: 23-021297

DATE: Jan 1, 2023

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 21:31

ENDING TIME: 21:42

BREATH TESTS RESULTS: 1) .138 TIME 21:36 A.M.☐ P.M.☒ 2) .132 TIME 21:39 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: P.POUND #24639

MAINTENANCE TECHNICAN: J. KARLECKE# 6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: PRONOUNCED

ATTITUDE: TALKATIVE, CALM

CLOTHING: GREEN DRESS , TAN SANDALS

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER:

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COMMENTS:

ARRIVED AT CENTER A/O BEGAN THE 20 MINUTE OBSERVATION PERIOD AT 21:08 HRS.

SUBJECT: AGREED TO TAKE TEST

TECH: READ TEST RESULTS

SUBJECT: STATED SHE UNDERSTOOD TEST RESULTS

NO RIGHTS OR Q&A CONDUCTED

SUBJECT: INVOKED HER RIGHTS TO COUNSEL ON SCENE

SUBJECT:_____ CASE NUMBER: 23-000014

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) N.A. (WAIVED REFUSE)

NOT A CERTIFIED COPY

SUBJECT: _____ CASE NUMBER: 23-000014

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: _____

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

PBSO #0129C REV. 9/93

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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: 2023000087	**Date:** 1/2/2023
	Specialist Name/ID: M. Tooks #8557