23CT19599NB

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

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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 - 78-23005499

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): 9800 Block North Military Trail, PALM BEACH GARDENS, FL, 33410

Location of Offense (Business Name, Address): 9200 Block North Military Trail , PALM BEACH GARDENS, FL, 33410

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
10/28/2023	23:53					KAUFF'S TOWING AND RECOVERY 4701 EAST AVENUE, WPB, FL 33407

DEFENDANT

Name (Last, First, Middle): **Sabbatino, Stacey, Lynn**

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	09/22/1980	506	135	Bro	Bro	Light	Small

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

Marital Status: Married | Religion: OTHER

Indication of: Alcohol Influence ☑ Y ☐ N ☐ Unk. | Drug Influence ☐ Y ☐ N ☑ Unk.

Local Address (Street, Apt. Number) (City) (State) (Zip): 11819 Osprey Point Circle, Wellington, FL 33449

Phone: (718) 873-6596

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

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

Phone:

Address Source: FLDL

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

Phone:

Occupation: Unemployed

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
S135792808420 FL	[redacted]		Elmira, 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
				☐ 1. Arrested ☐ 2. At Large ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile

JUVENILE

☐ Parent ☐ Legal Custodian ☐ Other: Name (Last) (First) (Middle) — Residence Phone

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

Notified by: (Name) — Date — Time — Juvenile Disposition: 1. Handled/ processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated

Released To: (Name) — Relationship — Date — Time

The above address provided by ☐ defendant and / or ☐ defendant's parents The child and / or parent was told to keep the Juvenile Court Clerk (Phone 355-2526) informed of any change of address. ☐ Yes, by: (Name) ☐ No: (Reason) — School Attended — Grade

Property Crime? ☐ Yes ☐ No — Description of Property — Value of Property

CODE

Drug Activity: N. N/A P. Possess S. Sell B. Buy T. Traffic 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 #
DUI - Normal Faculties Impaired	1	☐ Y ☑ N	316.193(1)(A)	

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

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
willfull refusal to sign crim cite	1	☐ Y ☐ N	316.1943)	

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

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

FILED PBC GUN CLUB
'23 OCT 29 AM 11:01

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 November Day 29 Year 2023 Time 10:00 AM ☒ 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

refused to sign sh — 10/28/2023

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

ADMIN

HOLD for other Agency Name:

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other:

Intake Deputy: Cpl Howell (76) — LD # — Pouch #

Signature of Arresting Officer: X [signature] #545

Name of Arresting Officer (Print): OFC. JUSTIN KAHN — I.D. #: 545

Transporting Officer: OFC. J. KAHN — ID #: 545 — Agency: PBGPD

Name Verification (Printed by Arrestee): (PRINT)

Witness here if subject signed with an -"X"

PAGE 1 OF 1

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1 85

PALM BEACH GARDENS POLICE DEPARTMENT
DUI TESTING FACILITY INFORMATION SHEET

PBSO Case #: 23-123747 PBSO Zone: 3-13

Agency Case #: 78-23005499 Crash Case #:

Incident Information:

Time of Stop/Crash: 23:34 Date of Incident: 10/28/2023 Day: Saturday

Location of Incident: 9200 Block North Military Trail , PALM BEACH GARDENS, FL, 33410

Arrest Information:

Time of Arrest: 23:53 Date of Arrest: 10/28/2023 Day: Saturday

Location of Arrest: 9800 Block North Military Trail, PALM BEACH GARDENS, FL, 33410

Subject's Name: (L) Sabbatino, (F) Stacey, (M) Lynn

DOB: 09/22/1980 Race: W Sex: F Height: 506 Weight: 135 Hair Bro Eye Bro

Address: 11819 Osprey Point Circle, Wellington, FL 33449 Phone: (718) 873-6596

Arresting Officer's Name: OFC. JUSTIN KAHN ID#: 545

Agency: PBGPD Division: ROAD PATROL ☐ Marcy's Law CVI FL. Const. Art. 1 § 16(b)

Breath Results

1) _____ at _____ hrs.
2) _____ at _____ hrs.
3) REFUSED at _____ hrs.
4) _____ at _____ hrs.

---BAT Use---

BAT Notified:	Yes
Arrival Time at BAT:	00:29
Subject Arrest Time:	23:53

Breath Test Operator: 4/1017
PBSO

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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: 10/29/2023

Date of Last Agency Inspection: 10/20/2023
Observation Period Began: 00:29
Subject's Name: STACEY L SABBATINO DOB: 09/22/1980 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	00:58
Air Blank	0.000	00:59
Control Test	0.080	00:59
Air Blank	0.000	01:00
Subject Sample #1	REF*	01:00
Air Blank	0.000	01:01
Control Test	0.080	01:01
Air Blank	0.000	01:01
Diagnostics Check	OK	01:01

*Subject Test Refused

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 Miller Date: 10/29/23
Signature

Sworn to (or affirmed) before me this 29 day of October, 2023

Signature of Notary Public-State of Florida

OFC. J. Ihahn
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: PBG

SUBJECT: SABBATINO, STACEY .L.

CASE NUMBER: 23-123747

DATE: Oct 29, 2023

VIDEO DVD NUMBER:

BEGINNING TIME: 00:55

ENDING TIME: 01:02

BREATH TESTS RESULTS: 1) R TIME 01:00 A.M. ☒ P.M. ☐ 2) TIME 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: PRONOUNCED

ATTITUDE: EMOTIONAL, TALKATIVE

CLOTHING: WHITE SHIRT, BLUE JEANS, NO SHOES

MEDICAL CONDITIONS: INSOMINA, DEPRESSION AND ALLERGIES

MEDICATIONS: ZOLOFT

OTHER:

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COMMENTS:

ARRIVED AT CENTER A/O BEGAN THE 20 MINUTE OBSERVATION PERIOD AT 00:29 HRS.

SUBJECT: AGREED TO TAKE TEST THEN ASK WHAT WOULD HAPPEN IF SHE DOES NOT TAKE THE TEST.

A/O: READ I/C AND EXPLANED.
SUBJECT: ACKNOWLEDGE SHE UNDERSTOOD I/C AND REFUSED TO TAKE TEST.

A/O: READ RIGHTS.
SUBJECT: DID NOT ACKNOWLEDGE SHE UNDERSTOOD RIGHTS.

NO Q & A CONDUCTED.

78-23005499

STATE OF FLORIDA
AFFIDAVIT OF REFUSAL TO SUBMIT TO
BREATH TEST

I, OFC. JUSTIN KAHN, a duly certified Law Enforcement or Correctional Officer, am a
(Name of Officer reading Implied Consent Warning)
member of PALM BEACH GARDENS POLICE DEPARTMENT, and I do swear
(Name of Law Enforcement Agency)
or affirm that on or about the 28 day of October, 2023, at 23:53 ☑P.M. ☐A.M.
DRIVER Stacey Lynn Sabbatino,
FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME
DL # S135792808420, state of FL, was placed under lawful arrest for
the offense of DUI - Normal Faculties Impaired by OFC. JUSTIN KAHN and
(Name of Arresting Officer)
issued citation # AINN8LE.

That on or about the 29 day of October, 2023, at 01:00 ☐P.M. ☑A.M.
in PALM BEACH County,

I requested that the driver submit to a **BREATH** test for the purpose of determining its alcohol content. I informed the driver that the refusal to submit to such test would result in the suspension of his or her driving privilege for a period of one (1) year for a first refusal, or for a period of eighteen (18) months if his or her driving privilege had been previously suspended, or if he or she had been previously fined under s. 327.35215, F.S., for refusing to submit to a breath, urine, or blood test. I also informed the driver that he or she commits a misdemeanor by refusing to submit to a lawful test as requested above if his or her driving privilege has been previously suspended, or if he or she has been previously fined under s. 327.35215, F.S., for refusal to submit to a lawful test of his or her breath, urine, or blood. Nonetheless, the driver refused to submit to the test requested.

J Ter J Kahn #545
Signature of Law Enforcement Officer or Correctional Officer

THE AFFIDAVIT MUST BE NOTARIZED OR ATTESTED TO (s. 117.10, F.S.)

THOMASINA MILLER
Notary Public - State of Florida
Commission # HH 339641
My Comm. Expires Dec 7, 2026
Bonded through National Notary Assn.

The foregoing instrument was sworn and subscribed before me this 29 day of November, 2023, by OFC. JUSTIN KAHN, who is personally known to me or who has produced _____ as identification.
Notary Public Thomasina Miller

The foregoing instrument was sworn and subscribed before me:

_____
Signature of Attesting Officer

Title _____
Date _____

Note: Mail or hand deliver to the designated Bureau of Administrative Reviews office, Department of Highway Safety and Motor Vehicles, with the driver's license, the appropriate copy of the UTC, and the probable cause affidavit.

UNCERTIFIED COPY

EFFECTIVE OCTOBER 1, 2021

D.U.I. PROBABLE CAUSE AFFIDAVIT

On the 28 day of November 2023 at 23:34 ☐ AM ☑ PM

Subject: Sabbatino, Stacey, Lynn Case Number: 78-23005499

Agency: *PALM BEACH GARDENS POLICE DEPARTMENT* Arresting Officer: OFC. JUSTIN KAHN 545

PERSONAL CONTACT

DRIVING PATTERN: (Actual Physical Control; Physical Evidence or Statements Putting Defendant Behind Wheel of Vehicle)

Made a wide turn from westbound Northlake Boulevard onto northbound North Military Trail.
Traveled 13mph above the posted speed limit (58 in a 45).
Swerving betweem the number 1 and 2 lanes.
Identified by FLDL.

OBSERVATION OF DRIVER:

Strong odor of an unknown alcoholic beverage.
Flushed face with bloodshot/watery eyes.
Slurred speech.
Unable to maintain balance, swaying while standing.
Failed to follow simple instructions.

DRIVER STATEMENTS:

Driving home to Wellington FL from The Crazy Horse Saloon (4240 Northlake Boulevard) where she had two drinks, these drinks were either wine or vodka and club soda though she changed her answer during the interview. Advised she ate a sandwhich of lettuce, tomato and mayonaise several hours before going to the bar. Believed it was 11:05pm at 11:45pm.

ODORS: Strong and apparent odor of an unknown alcoholic beverage

GENERAL OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Mood swings, compliant to agitated to uncompliant to sorrow

CLOTHING: unsoiled

MEDICAL/OTHER: bump on head from a fall a month ago, allergies, glasses

STATE OF FLORIDA
COUNTY OF PALM BEACH

J Kahn #545
SIGNATURE OF ATTESTING OFFICER

The forgoing instrument was sworn to or affirmed and subscribed before me this 29 day of November 2023 by OFC. JUSTIN KAHN 545 who is ☑ personally known to me or ☐ produced _____.

Thomasina Miller
Notary Public, Clerk of Court, Officer (FSS 117.10)

THOMASINA MILLER
Notary Public - State of Florida
Commission # HH 339641
My Comm. Expires Dec 7, 2026
Bonded through National Notary Assn.

STAMP

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D.U.I. PROBABLE CAUSE AFFIDAVIT Cont.

Subject: **Sabbatino, Stacey, Lynn** Case Number: **78-23005499**

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

LEFT EYE	*RIGHT EYE*
☑ Lack of Smooth Pursuit	☑ Lack of Smooth Pursuit
☑ Distinct & Sust. Nystag. at Max. Deviation	☑ Distinct & Sust. Nystag. at Max. Deviation
☑ Onset of Nystagmus Prior to 45 Degrees	☑ Onset of Nystagmus Prior to 45 Degrees

Other Observations:

VGN present. Moved head against instructions, failed to follow stimulus, swaying

Walk and Turn

Refused to participate post Taylor Warnings

One Leg Stand

Refused

Rhomberg

Refused

Finger to Nose

Refused

BREATH RESULTS: 1) Refused @ 01:00 2) _____ @ _____ 3) _____ @ _____ 4) _____ @ _____

STATE OF FLORIDA
COUNTY OF PALM BEACH

J Kahn #545
SIGNATURE OF ATTESTING OFFICER

The forgoing instrument was sworn to or affirmed and subscribed before me this 29 day of November 20 23 by OFC. JUSTIN KAHN 545 who is ☑ personally known to me or ☐ produced _____.

Thomasina Miller
Notary Public, Clerk of Court, Officer (FSS 117.10)

THOMASINA MILLER
Notary Public - State of Florida
Commission # HH 339641
My Comm. Expires Dec 7, 2026
Bonded through National Notary Assn.

STAMP

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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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78-23005499

DUI WITNESS LIST

Arresting Officer: OFC. JUSTIN KAHN 545 Email: jkahn@pbgfl.com
Agency Address: 10500 N Military Trail, Palm Beach Gardens, FL 33410 Phone: (561) 799-4445
Can Testify To: Facts of Case

Backup Officers: OFC. Shayne Hewitt #544
Agency Address: 10500 N Military Trail, Palm Beach Gardens, FL 33410 Phone: (561) 799-4445
Can Testify To: Scene Safety

Crash Investigator: _____ Email: _____
Agency Address: _____ Phone: _____

Breathalyzer Technician: _____ ID: _____ Agency: PBSO

DRE: _____ ID# _____ Agency Case #: _____
Agency Address: _____ Phone: _____ Email: _____

Name: _____ Involvement: _____
Address: _____ Phone: _____
Can Testify To: _____ ☐ Wheel Witness

Name: _____ Involvement: _____
Address: _____ Phone: _____
Can Testify To: _____ ☐ Wheel Witness

Name: _____ Involvement: _____
Address: _____ Phone: _____
Can Testify To: _____ ☐ Wheel Witness

Name: _____ Involvement: _____
Address: _____ Phone: _____
Can Testify To: _____ ☐ Wheel Witness

Name: _____ Involvement: _____
Address: _____ Phone: _____
Can Testify To: _____ ☐ Wheel Witness

Name: _____ Involvement: _____
Address: _____ Phone: _____
Can Testify To: _____ ☐ Wheel Witness

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Palm Beach County Sheriff's Office

Florida State Statute Exemption Sheet

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	☐	119.071(4)(c)	Undercover personnel	
	☐	119.071(2)(e)	Confession	
Public Info. Exemptions	☐	FL Const. Art. I, s. 16(b)(5)	Marsy's Law – victim information shall be redacted. The term "victim" also includes the victim's lawful representative, the parent or guardian of a minor, or the next of kin of a homicide victim. The term "victim" does not include the accused (ref. page 99 of the CRTM for additional information)	
	☐	119.071(2)(j)	Home/employment telephone number, home/employment address, or personal assets of a person who has been the victim of sexual battery, aggravated child abuse, aggravated stalking, harassment, aggravated battery or domestic violence	
	☐	119.0712(2)	Personal information contained in a motor vehicle record	
	☐	316.650(11)	Driver information contained in a uniform traffic citation	
	☐	119.071(4)(d)2.a.	Home addresses, telephone numbers, dates of birth, and photographs of active/former LE personnel, spouses, and children	
Florida Rules of Judicial Administration 2.420	☒	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers	2
	☐	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request	
	☐	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses	
	☐			
	☐			
Other	☐			
	☐			
	☐			
	☐			

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REVIEW COMPLETED BY

Booking Number: 2023028532	**Date:** 10/29/2023
	Specialist Name/ID#: C.Daniels 30347