

0500963

2018 CT 15286 AX X M 3579
ARREST / NOTICE TO APPEAR
Juvenile Referral Report

OBTS Number		Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-18113112		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		Juvenile		N					
Charge Type: Check as many as apply.		1. Felony <input type="checkbox"/>		2. Traffic Felony <input type="checkbox"/>		3. Misdemeanor <input type="checkbox"/>		4. Traffic Misdemeanor <input checked="" type="checkbox"/>		5. Ordinance <input type="checkbox"/>		6. Other <input type="checkbox"/>		Weapon Seized / Type 2 1. Yes 2. No N/A		Multiple Clearance Indicator 1					
Location of Arrest (Including Name of Business) ISLES BLVD/ISLES VISTA BLVD, WELLINGTON, FL, 33449								Location of Offense (Business Name, Address) ISLES BLVD/ISLES VISTA BLVD WELLINGTON/ FL/ 33414													
Date of Arrest 08/23/2018		Time of Arrest 03:29		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle									
Name (Last, First, Middle) GILBERT ASHLEY MARIE												Alias (Name, DOB, Soc. Sec. #, Etc.)									
Race W - White I - American Indian B - Black O - Oriental/Asian		Sex W F		Date of Birth 4/11/95		Height 5'5"		Weight 130		Eye Color BRN		Hair Color BLONDE		Complexion FAIR		Build THIN					
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)												Marital Status Single		Religion NONE		Indication of Alcohol Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>		Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>			
Local Address (Street, Apt. Number) 11471 PARADISE COVE LN				(City) (State) (Zip) WELLINGTON, FL, 33449				Phone (561) 777-2592				Residence Type: 1. City 2. County 3. Florida 4. Out of State 4									
Permanent Address (Street, Apt. Number)				(City) (State) (Zip)				Phone				Address Source FL DL									
Business Address (Name, Street)				(City) (State) (Zip)				Phone				Occupation SPA TECH									
D/L Number, State G-416-013-95-631-0		Soc. Sec. Number		INS Number		Place of Birth (City, State) WEST PALM, FL		Citizenship YES													
Co-Defendant Name (Last, First, Middle)				Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large		<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile									
Co-Defendant Name (Last, First, Middle)				Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large		<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile									
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other:		Address (Street, Apt. Number) (City) (State) (Zip)										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 <input type="checkbox"/> defendant and / or <input type="checkbox"/> 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. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)								School Attended				Grade									
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property						Value of Property													
Drug Activity N. N/A F. 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 Description DUI				Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number 316.193(1)				Violation of ORD #									
Drug Activity N		Drug Type N		Amount / Unit N/A		Offense # 18113112		Warrant / Capias Number				Bond OR									
Charge Description				Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number				Violation of ORD #									
Drug Activity /		Drug Type /		Amount / Unit /		Offense #		Warrant / Capias Number				Bond									
Charge Description				Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number				Violation of ORD #									
Drug Activity /		Drug Type /		Amount / Unit /		Offense #		Warrant / Capias Number				Bond									
Charge Description				Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number				Violation of ORD #									
Drug Activity /		Drug Type /		Amount / Unit /		Offense #		Warrant / Capias Number				Bond									

FILED
AUG 26 2018
SHARON R. BOCK
Clerk & Comptroller

Location (Court Room Number, Address) 3228 GUN CLUB RD WEST PALM BEACH FL 33406													
Court Date and Time Month 9 Day 20 Year 2018 Time 0830 AM <input checked="" type="checkbox"/> 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 08/23/2018			
HOLD for other Agency Name:				Signature of Arresting Officer X				Name Verification (Printed by Arrestee) Received WB					
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print) INV. G. LYNCH 8568		I.D. # 8568		(PRINT) AUG 28 2018					
Intake Deputy Sharon R. Bock		I.D. # 8121		Pouch #		Transporting Officer INV. G. LYNCH 8568		ID # 8568		Agency PBSO		Witness here if subject signed with an -X" 1	

PROBABLE CAUSE AFFIDAVIT

1 Arrest
2 NTA

3 Request for Warrant
4 Request for Capias

1

Juvenile

OBTs Number	Agency ORI Number FLO. 5 0 0 0 0 0	Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 18-113112
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Charge Type Check as many as apply	1 Felony <input type="checkbox"/>	2 Traffic Felony <input type="checkbox"/>	3 Misdemeanor <input type="checkbox"/>	4 Traffic Misdemeanor <input checked="" type="checkbox"/>	5 Ordinance <input type="checkbox"/>	6 Other <input type="checkbox"/>	Special Notes
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Name (Last, First, Middle) GILBERT, ASHLEY MARIE	Aliases NONE	Race W	Sex F	Date of Birth 04/11/95
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Charge Description DUI	Charge Description
Charge Description	Charge Description

Victim's Name (Last, First, Middle) THE STATE OF FLORIDA	Race	Sex	Date of Birth
Local Address (Street, Apt Number) (City) (State) (Zip) Phone	Address Source		
Business Address (Name, Street) (City) (State) (Zip) Phone	Occupation GOVERNMENT		

The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law The Person taken into custody

committed the below acts in my presence. was observed by _____ who told _____

confessed to _____ that he/she saw the arrested person commit the below acts.

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

On the 25 day of 08 20 18 at 2:48 A.M P.M (Specifically include facts constituting cause for arrest.)

I WAS TRAVELING EASTBOUND IN THE T0900 BLOCK LAKE WORTH RD WELLINGTON, FL 33414 WHEN I OBSERVED A WHITE VEHICLE TRAVELING WESTBOUND AT A HIGH RATE OF SPEED. I VISUALLY ESTIMATED THE VEHICLE TRAVELING IN EXCESS OF 90 MPH IN A POSTED 45 MPH ZONE. AT THIS TIME, I HEARD A STRONG DOPPLER TONE AND OBSERVED A SPEED OF 91 MPH ON MY RADAR DISPLAY. I MADE A U-TURN AND OBSERVED THE VEHICLE SOUTHBOUND ON ISLES BLVD ENTERING THE ISLES OF WELLINGTON RESIDENTIAL COMMUNITY. I CONDUCTED A TRAFFIC STOP ON THE VEHICLE, A WHITE LEXUS IS250 FOUR DOOR BEARING FLORIDA TAG DHFH99, AT ISLES BLVD AND ISLES VISTA BLVD. I MADE CONTACT WITH THE DRIVER WHO WAS LATER POSITIVELY IDENTIFIED AS ASHLEY M. GILBERT BY HER FLORIDA DRIVERS LICENSE. WHILE SPEAKING TO GILBERT, I COULD SMELL A STRONG ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE EMITTING FROM HER FACIAL AREA. HER EYES WERE BLOOD SHOT AND GLASSY. I ASKED GILBERT WHERE SHE WAS COMING FROM AND SHE STATED THAT SHE WAS COMING HOME FROM "DOWNTOWN" AFTER HAVING DINNER WITH HER FRIEND.

AT THIS TIME, I REQUESTED A DUI UNIT TO RESPOND TO CONDUCT A DUI INVESTIGATION. DUI UNIT INV. G. LYNCH #8568 ARRIVED ON SCENE AND CONDUCTED THE DUI INVESTIGATION.

THIS CONCLUDES MY INVOLVEMENT IN THIS CASE.

NOTHING FURTHER.

NOTICE

STATE OF FLORIDA COUNTY OF PALM BEACH <i>[Signature]</i> (Signature of Arresting/Investigative Officer)	The foregoing instrument was sworn to or affirmed and subscribed before me this 25 day of 08 20 18 by D/S M. PALIANTO #8421
(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced	KNOWN
<i>[Signature]</i> Notary Public, Clerk of Court, Officer (F.S.S.) 11 7. 1 09	PAGE 1 .. 1

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 25 DAY OF AUG 20 18, AT 02:48 AM PM

SUBJECT: GILBERT ASHLEY MARIE CASE NUMBER: 18113112

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: INV. G. LYNCH 8568

PERSONAL CONTACT

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

On 8/25/18 I responded to Isles Blvd/ Isles Vista Blvd, in Palm Beach County, in reference to a traffic stop with a possibly impaired driver. Upon my arrival I met with D/S Paliano id 8421, who conducted the stop. D/S Paliano advised that while traveling east on Lake Worth Rd he observed a vehicle, a white Lexus IS250, bearing FL tag DHFH99, traveling west at a high rate of speed. D/S Paliano estimated the speed of the vehicle to be in excess of 90mph in the posted 45mph zone. D/S Paliano activated his radar and got a speed reading of 91mph, with a strong, steady Doppler tone. D/S Paliano conducted a traffic stop for the infraction and made contact with the driver, Ashley Gilbert. D/S Paliano noticed a strong odor of an unknown alcoholic beverage coming from Gilbert's breath. Ashley's eyes were bloodshot and glassy.

OBSERVATION OF DRIVER:

I made contact with Gilbert who was sitting in the driver seat of her vehicle. I had Gilbert exit the vehicle and walk to the front of my patrol car. Upon exiting the car Gilbert began crying. I immediately noticed a strong odor of an unknown alcoholic beverage coming from Gilbert's breath, which got stronger when she spoke. Gilbert's eyes were bloodshot, glassy, and droopy. Based on my observations I asked Gilbert to perform standard field sobriety tasks, to which she complied. I noticed that Gilbert was wearing high heels and asked her if they affected her balance, which she said yes. I asked Gilbert if she wanted to take her shoes off for the standard field sobriety tasks, which she said yes. While taking her shoes off Gilbert started to have mood swings, and became upset, throwing her shoes inside her car.

DRIVER'S STATEMENTS:

Had 2 rum and cokes approx 2 hours prior to driving.

ODORS:

STRONG ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE COMING FROM SUBJECT'S BREATH.

GENERAL OBSERVATIONS

SPEECH:

ATTITUDE: MOODSWINGS CALM TO UPSET

CLOTHING:

MEDICAL/OTHER:

STATE OF FLORIDA
COUNTY OF PALM BEACH

INV. G. LYNCH 8568

Signature of Arresting/Investigative Officer

foregoing instrument was sworn to or affirmed and subscribed before me this 25 day of AUG 20 18 by INV. G. LYNCH 8568

Print name of Arresting/Investigative Officer, who is personally known

Acad KNOWN

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



SUBJECT: GILBERT

ASHLEY

CASE NUMBER 18113112

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:

Gilbert was asked to stand with her feet together and place her hands by her sides. Gilbert was asked to focus on the stimulus and follow it with her eyes. Gilbert was told not to move her head to assist in following the stimulus. Gilbert showed equal pupil size that tracked equally. Both eyes lacked a smooth pursuit. I saw distinct and sustained Nystagmus at maximum deviation and onset of Nystagmus prior to 45 degrees in both eyes. Gilbert swayed slightly while performing this task.

WALK & TURN:

I performed the walk and turn task. I utilized yellow tape to make a straight level line, free of debris, which Gilbert advised she could see. I explained and demonstrated the task to Gilbert. During the instructions Gilbert was unable to maintain the instructional stance and stepped out of the position several times. Gilbert attempted to begin the task prior to being instructed to do so. After explaining and demonstrating the task Gilbert advised she understood and had no questions. During the task Gilbert missed heel-to-toe steps multiple times and stepped off the line once. Gilbert used her arms for balance and paused to steady herself. Gilbert took the incorrect number of steps, taking 12 steps. Gilbert did not turn as instructed and then Gilbert then could not remember the rest of the task. Gilbert then took 12 steps back. Gilbert then turned around again and took an additional 9 steps.

ONE LEG STAND:

I performed the one leg stand task. I explained and demonstrated the task to Gilbert. After explaining and demonstrating the task Gilbert advised she understood and had no questions. During the task Gilbert had to be reminded to count aloud. Gilbert used her arms for balance and swayed. Gilbert put her foot down once prior to 30 seconds elapsing.

FINGER TO NOSE:

I performed the finger to nose task. I explained and demonstrated the task to Gilbert. After explaining and demonstrating the task Gilbert advised she understood and had no questions. During the task Gilbert missed touching the tip of her nose several times. On the third right command Gilbert failed to immediately return her hand to her side. Throughout the task Gilbert swayed.

ROMBERG ALPHABET:

I performed the Romberg alphabet task. I explained and demonstrated the task to Gilbert. After explaining and demonstrating the task Gilbert advised she understood and had no questions. During the task Gilbert swayed, more than 2 inches.

BREATH TEST RESULTS: 1) .111 2) .107 3) 4)

STATE OF FLORIDA
COUNTY OF PALM BEACH

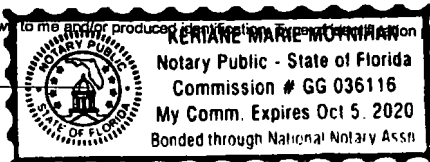
INV. G. LYNCH 8568

Signature of Arresting/Investigative Officer

The foregoing instrument was sworn to or affirmed and subscribed before me this 25 day of AUG 20 18 by INV. G. LYNCH 8568

Print name of Arresting/Investigative Officer who is personally known to me and/or produced identification for me: **Keriane Marie Mowbray** produced **KNOWN**

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



WITNESS LIST

CASE NUMBER: 18113112

ARRESTING OFFICER: INV. G. LYNCH 8568

ADDRESS: HQ

PHONE NUMBERS (HOME): _____ (WORK) 561 688 3000

CAN TESTIFY TO: FACTS OF CASE

NAME: D/S PALIANTO 8421

ADDRESS: DIST 8

PHONE NUMBERS (HOME) _____ (WORK) 561 688 3000

CAN TESTIFY TO: TRAFFIC STOP

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: _____

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PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NOT A CERTIFIED COPY

TESTING FACILITY TASK REPORT

AGENCY: PBSO

SUBJECT: Gilbert, Ashley M

CASE NUMBER: 18-113112

DATE: 08/25/18

VIDEO TAPE NUMBER: NIA

BEGINNING TIME: 04:39

ENDING TIME: 04:50

BREATH TESTS RESULTS: 1) .111 TIME 04:44 A.M./P.M. 2) .107 TIME 04:47 A.M./P.M.
3) NIA TIME --- A.M./P.M. 4) NIA TIME --- A.M./P.M.

BREATH OPERATOR: K. Moynihan #23079

MAINTENANCE TECHNICIAN: J. Korlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: Slurred, mumbled

ATTITUDE: Upset, Crying, Quiet, Fidgety, Cooperative

CLOTHING: Light Blue Jeans, Pink Sleeveless Blouse, Tan Sandals

MEDICAL CONDITIONS: None

MEDICATIONS: "Oxycodone"

OTHER: Eyes Glassy and Bloodshot.

COMMENTS: Arrived at Testing Center, ALO began 30 minute Observation Period at 04:13 hrs.

Δ agreed to take test

Tech read Breath Test Results, Δ stated she understood the Results.

ALO read Rights

Δ stated she understood her Rights

ALO attempted O+A

Δ Refused to answer questions

SUBJECT: Gilbert, Ashley M CASE NUMBER: 15-113112

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 detecting the presence of chemical or controlled substances.

-OR-

I am now requesting that you submit to a lawful test of your BLOOD for the purpose of detecting its alcohol content and 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 fail to submit to the test I have requested of you, your privilege to operate a motor vehicle will be suspended for a period of one (1) year for a first refusal, or eighteen (18) months if your privilege has been previously suspended as a result of a refusal to submit to a lawful test of your breath, urine or blood. Additionally, if you refuse to submit to the test I have requested of you and if your driving privilege has been previously suspended for a prior refusal to submit to a lawful test of your breath, urine or blood, you will be committing a misdemeanor. Refusal to submit to the test I have requested of you is admissible into evidence in any criminal proceeding.

SUBJECT'S 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) Read on Camera

SUBJECT: Gilbert, Ashley M

CASE NUMBER: 18-113112

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: _____



**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	<input type="checkbox"/>	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	<input type="checkbox"/>	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel.	
	<input type="checkbox"/>	119.071(2)(f)	Confidential informants (CIs).	
	<input type="checkbox"/>	119.071(2)(e)	Confession.	
Public Info. Exemptions	<input type="checkbox"/>	985.04(1)	Juvenile offender records.	
	<input type="checkbox"/>	119.071(h)(i)	Assets of a crime victim.	
	<input type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	<input type="checkbox"/>	394.4615(7)	Mental health information.	
	<input type="checkbox"/>	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)	<input checked="" type="checkbox"/>	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	<input type="checkbox"/>	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	<input type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	<input type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2018028473	Date: 08/26/2018
	Specialist Name/ID: AM/31562