

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

1 Arrest
2 N.T.A.

3 Request for Warrant
4 Request for Capias

1

Juvenile

N

OBTS Number	Agency ORI Number FLO 50000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-18086115	
Charge Type Check as many as apply. <input type="checkbox"/> 1 Felony <input type="checkbox"/> 2 Traffic Felony	<input type="checkbox"/> 3 Misdemeanor	<input type="checkbox"/> 4 Traffic Misdemeanor	<input type="checkbox"/> 5 Ordinance	<input type="checkbox"/> 6 Other	Weapon Seized / Type 2 1 Yes 2 No N/A	Multiple Clearance Indicator 1
Location of Arrest (Including Name of Business) SOUTHERN BLVD/ STATE ROAD 7, ROYAL PALM BEACH, FL, 33411			Location of Offense (Business Name, Address) SOUTHERN BLVD/ STATE ROAD 7 ROYAL PALM BEACH, FL, 33411			
Date of Arrest 06/15/2018	Time of Arrest 01:40	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle

Name (Last, First, Middle) GONZALEZ BRANDON NICHOLAS		Alias (Name, DOB, Soc. Sec. #, Etc.)						
Race W - White I - American Indian B - Black O - Oriental/Asian	Sex M	Date of Birth 8/2/1997	Height 5'8	Weight 180	Eye Color BRN	Hair Color BLK	Complexion MED	Build MED
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)			Marital Status Single	Religion NONE	Indication of Alcohol Influence 1 City 2 County 3 Florida 4 Out of State			Y <input type="checkbox"/> N <input type="checkbox"/> Unk <input type="checkbox"/>
Local Address (Street, Apt Number) 15781 CEDAR GROVE LN		(City) WELLINGTON, FL, 33414	(State)	(Zip)	Phone (561) 307 3071	Residence Type 1 City 2 County 3 Florida 4 Out of State		
Permanent Address (Street, Apt Number)		(City)	(State)	(Zip)	Phone	Address Source FL DL		
Business Address (Name, Street)		(City)	(State)	(Zip)	Phone	Occupation GOLF COURSE EMPLOYEE		
D/L Number, State G524074972820		Soc Sec Number		INS Number		Place of Birth (City, State) WELLINGTON, FL		Citizenship

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 ()
Notified by (Name)		Date	Time	Juvenile Disposition 1 Handled/processed within Dept and Released 2 TOT HRS / DYS 3 Incarcerated	Business Phone ()	
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 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 Description DUI	Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 316.193(3C1)		Violation of ORD #					
Drug Activity N	Drug Type N	Amount / Unit N/A	Offense # 18086115	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				

Location (Court Room Number, Address) 3228 GUN CLUB RD WEST PALM BEACH FL 33406
Court Date and Time Month 7 Day 5 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 (of Juvenile and Parent /Custodian) **X B. Lynch** Date Signed **06/15/2018**

HOLD for other Agency Name	Signature of Arresting Officer X	Name Verification (Printed by Agency) SCANNED
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal	Name of Arresting Officer (Print) INV. G. LYNCH 8568	(PRINT) JUN 21 2018
<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other	ID # 8568	PAGE 1
Intake Deputy Thomas 1990	Transporting Officer INV. G. LYNCH 8568	Agency PBSO
Pouch #	ID # 8568	Witness here if subject signed with an "X" 1 OF 1

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 15 DAY OF JUNE 20 18, AT 00:32 AM PM

SUBJECT: GONZALEZ BRANDON NICHOLAS CASE NUMBER: 18086115

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 6/15/18 I responded to Southern Blvd/ State Road 7(SR7), in Palm Beach County, in reference to a vehicle crash with a possibly impaired driver. Upon arrival I met with D/S K Miller id 16237, who was investigating the crash. D/S Miller advised that vehicle 1, a gray Infinity car bearing FL tag 301RRD, had struck the rear of vehicle 2 as they were traveling west over the overpass. The impact pushed vehicle 2 into the center median dividing wall and disable the vehicle. Vehicle 1 stopped a short distance away. There were no injuries reported in the crash and no airbag deployment.

I then spoke with the driver of vehicle 2, Eric Myer. Myer advised that while traveling west he was struck from behind and pushed into the wall. Myer observed the driver of the Infinity, later identified as Brandon Gonzalez, exit the car. Myer provided a sworn written statement and positively identified Gonzalez as the driver.

OBSERVATION OF DRIVER:

Gonzalez's eyes were red and glassy. There was an odor of an unknown alcoholic beverage coming from Gonzalez's breath, which got stronger when he spoke. Gonzalez swayed slightly while standing still.

DRIVER'S STATEMENTS:

Had 1 beer approx 30 min prior to driving.

ODORS:

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

GENERAL OBSERVATIONS

SPEECH:

ATTITUDE: calm/ cooperative

CLOTHING:

MEDICAL/OTHER: Gonzalez advised he was not sick, injured, or taking any medication.

STATE OF FLORIDA
COUNTY OF PALM BEACH

INV. G. LYNCH 8568

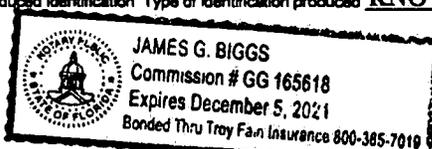
(Signature of Arresting/Investigative Officer)

This foregoing instrument was sworn to or affirmed and subscribed before me this 15 day of JUN 20 18 by INV. G. LYNCH 8568

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

James Biggs (#7607)

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



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:

Gonzalez was asked to stand with his feet together and place his hands by his sides. Gonzalez was asked to focus on the stimulus and follow it with his eyes. Gonzalez was told not to move his head to assist in following the stimulus. Gonzalez 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. Gonzalez swayed slightly while performing this task.

WALK & TURN:

Gonzalez was placed in the instructional stance for the walk and turn task. I explained and demonstrated the task to Gonzalez. During the instructions Gonzalez attempted to begin the task prior to being instructed to do so. Gonzalez was unable to maintain the instructional stance and stepped out of the position. After explaining the instructions Gonzalez advised he understood and had no questions. During the task Gonzalez missed heel-to-toe steps several times and paused several times to steady himself. Gonzalez did not turn around and began to walk backwards. Gonzalez then missed several heel-to-toe steps and stepped off the line several times. I asked Gonzalez if he wanted to attempt the task again. I re-explained the task and Gonzalez advised he understood and had no questions. On the second attempt Gonzalez missed heel-to-toe steps several times. Gonzalez stepped off the line once. Gonzalez did not turn as instructed.

ONE LEG STAND:

Gonzalez was placed in the instructional stance for the one leg stand task. I explained and demonstrated the task to Gonzalez. After explaining the instructions Gonzalez advised he understood and had no questions. During the task Gonzalez put his foot down prior to 30 seconds elapsing. Gonzalez failed to continuously look down at his foot and count aloud as instructed.

FINGER TO NOSE:

Gonzalez was placed in the stance for the finger to nose task. I explained and demonstrated the task to Gonzalez. After explaining the instructions Gonzalez advised he understood and had no questions. During the task Gonzalez failed to keep his eyes closed and head tilted back. Gonzalez failed to return his arm to his side. Gonzalez missed touching the tip of his nose twice.

ROMBERG ALPHABET:

Gonzalez was placed in the stance for the Romberg alphabet task. I explained and demonstrated the task to Gonzalez. After explaining the instructions Gonzalez advised he understood and had no questions. During the task Gonzalez paused after letter "O" and opened his eyes. Gonzalez incorrectly recited the alphabet stating "V, Y, Z" Throughout the task Gonzalez swayed

BREATH TEST RESULTS: 1) 2) 3) 4)

STATE OF FLORIDA
COUNTY OF PALM BEACH

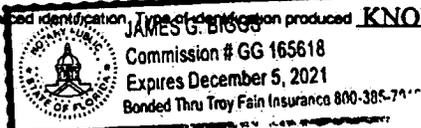
INV. G. LYNCH 8568
Signature of Arresting/Investigative Officer

This foregoing instrument was sworn to or affirmed and subscribed before me this 15 day of JUN 20 18 by INV. G. LYNCH 8568

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

James Biggs (#7607)

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



WITNESS LIST

CASE NUMBER: 18086115

ARRESTING OFFICER: INV. G. LYNCH 8568

ADDRESS: HQ

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

CAN TESTIFY TO: FACTS OF CASE

NAME: D/S K. MILLER 16237

ADDRESS: DIST 9

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

CAN TESTIFY TO: CRASH INVESTIGATION

NAME: ERIC MYER

ADDRESS 4096 161ST TER N, LOXAHATCHEE, FL. 33470

PHONE NUMBERS (HOME) _____ (WORK) 561 768 8782

CAN TESTIFY TO: CRASH/ IDENTIFY DRIVER

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) 0 (WORK) 0

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

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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 – SWORN STATEMENT

Per FL statute 837.012, whoever knowingly makes a false statement under oath shall be guilty of a misdemeanor of the first degree punishable by imprisonment up to 1 year.



WITNESS VICTIM OTHER

CASE #:	18-086115	ZONE:	9-41	SUSPECT:	Brendan Gonzalez	DATE & TIME OF ORIGINAL EVENT/OFFENSE:	6/15/18 00:32
EVENT TYPE:	DUI			DEPUTY:	In G. Lynch	ID#:	8588

COMPLETE EVERYTHING BELOW - PRINT LEGIBLY

LAST NAME:	myer	FIRST NAME:	ERIC	MIDDLE INITIAL:	R	RACE:	W	SEX:	M	
DATE OF BIRTH:	(MM/DD/YYYY) 10-12-1985	YOUR HEIGHT:	510	YOUR WEIGHT:	145	YOUR HAIR COLOR:	Brown	YOUR EYE COLOR:	Blue	
YOUR HOME ADDRESS:	4096 161st ter N			<input type="checkbox"/> CHECK IF HOMELESS	CITY:	Loxahatchee	STATE:	FL	ZIP:	33470
YOUR WORK NAME & ADDRESS:				<input type="checkbox"/> CHECK IF UNEMPLOYED OR RETIRED	CITY:		STATE:		ZIP:	
WORK PHONE:	<input type="checkbox"/> CHECK IF NONE	CELL PHONE:	<input type="checkbox"/> CHECK IF NONE	HOME PHONE:	<input type="checkbox"/> CHECK IF NONE	EMAIL:	Ericmyer85@gmail.com			

WRITE WHAT HAPPENED IN YOUR WORDS IN FULL DETAIL - PRINT LEGIBLY

YOUR NAME:	Eric myer	DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER...
was rear End By a car and went UP on the median		
was seen car coming UP From Behind car did not slow down coming UP southern over pass		
seen Hispanic male get out of other car and came to see if i was OK		

PAGE 1 OF 1

READ AND SIGN	I SWEAR AND AFFIRM THIS AND/OR THE ATTACHED STATEMENTS ARE CORRECT AND TRUE:	<input checked="" type="checkbox"/> DEPUTY-SHERIFF <input type="checkbox"/> NOTARY PUBLIC FSS: 117.10
YOUR SIGNATURE:	<i>[Signature]</i>	SWORN TO AND SUBSCRIBED BEFORE ME TODAY:
		DATE: 6/15/18 TIME: 01:50
		SIGNATURE: DIS C. Padgett ID: 17615

IF YOU DO NOT WISH TO PROSECUTE, COMPLETE THE ABOVE STATEMENT, READ THIS DISCLAIMER AND INITIAL BELOW: I AM OF LEGAL AGE AND I AM THE REPORTED VICTIM OF A CRIME UNDER FLORIDA LAW. I HEREBY STATE THAT I WILL NOT COOPERATE ANY FURTHER WITH THE INVESTIGATION OF THE ALLEGED CRIME. I FURTHER RELEASE THE PALM BEACH COUNTY SHERIFF'S OFFICE OF ANY PRESENT OR FUTURE RESPONSIBILITY AS TO MY CASE. I ACKNOWLEDGE THAT I UNDERSTAND MY RIGHTS AS A CRIME VICTIM, PARTICULARLY REGARDING VICTIM COMPENSATION ELIGIBILITY, WHICH INCLUDES SUCH BENEFITS AS REIMBURSEMENT FOR: DISABILITY; LOST WAGES; LOSS OF SUPPORT; MEDICAL, DENTAL, MENTAL HEALTH COUNSELING AND FUNERAL EXPENSES. I AM AWARE I MAY BE GIVING UP THESE RIGHTS FOR MY FAMILY AND MYSELF BY INITIATING BELOW. I AM TAKING THIS POSITION OF MY OWN FREE WILL KNOWING THAT THE CASE CAN ONLY BE FURTHER INVESTIGATED AND PROSECUTED WITH MY COOPERATION. DO NOT WISH TO PROSECUTE (INITIAL _____)

TESTING FACILITY TASK REPORT

AGENCY: **PBSO-LYNCH**

SUBJECT: **GONZALEZ, BRANDON N**

CASE NUMBER: **18-086115**

DATE: **Jun 15, 2018**

VIDEO DVD NUMBER: **N/A**

BEGINNING TIME: **0221**

ENDING TIME: **0235**

BREATH TESTS RESULTS: 1) **.108** TIME **0224** A.M. P.M. 2) **.103** TIME **0227** A.M. P.M.
3) **XX** TIME **XX** A.M. P.M. 4) **XX** TIME **XX** A.M. P.M.

BREATH OPERATOR: **J Biggs# 7607**

MAINTENANCE TECHNICIAN: **D/S J Karklecke #6467**

TESTING OFFICER'S OBSERVATIONS

SPEECH: **SLURRED, LOW, MUMBLING**

ATTITUDE: **COOPERATIVE**

CLOTHING: **BLUE SHIRT, TAN SHORTS**

MEDICAL CONDITIONS: **NONE**

MEDICATIONS: **NONE**

OTHER:

EYES GLASSY

ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE ON SUBJECT

COMMENTS:

ARRESTING OFFICER CONDUCTED THE 20 MINUTE OBSERVATION BEGINNING AT 0200
SUBJECT ADVISED HE WOULD SUBMIT TO THE BREATH TEST
SUBJECT WAS GIVEN THE INSTRUCTIONS FOR THE TEST
SUBJECT COMPLETED BOTH SAMPLES SUCCESSFULLY
RESULTS WERE GIVEN
MIRANDA WAS READ TO SUBJECT
SUBJECT SUBMITTED TO THE QUESTIONS

SUBJECT: Gonzalez, Brandon N.

CASE NUMBER: 18-056115

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: Gonzalez, Brandon N

CASE NUMBER: 18-086115

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? YES

WHERE WERE YOU GOING? home

WHAT STREET OR HIGHWAY WERE YOU ON? southern blvd

DIRECTION OF TRAVEL? W WHERE DID YOU START? Boynton Beach Blvd / I95

WHAT TIME DID YOU START? 12:10 AM WHAT TIME IS IT NOW? 2 AM

WHAT IS TODAY'S DATE? UNK WHAT DAY OF THE WEEK IS IT? FRIDAY

WHAT COUNTY AND CITY ARE YOU IN NOW? Palm Beach County

WHEN DID YOU LAST EAT? 1:00 PM WHAT DID YOU EAT? Pizza

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? no answer

HOW MUCH DO YOU WEIGH? 180 HAVE YOU BEEN DRINKING? no answer WHAT? /

HOW MUCH? / WHERE? / WITH WHOM? /

WHEN DID YOU HAVE YOUR FIRST DRINK? no answer AND YOUR LAST DRINK? /

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? /

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? no ARE YOU UNDER THE INFLUENCE? no answer

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? no HOW MUCH? /

WHAT? / WHERE? / WHEN? /

WHAT LINE OF WORK ARE YOU IN? self WHEN DID YOU LAST WORK? today

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? yes WHAT? recovering from all surgery

ARE YOU SICK OR INJURED? no WHAT'S WRONG? months ago

DO YOU LIMP? no DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? no

WERE YOU IN AN ACCIDENT TODAY? yes

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? no WHEN? /

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? no WHO? / WHY? /

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? no WHAT? / WHEN? /

DO YOU HAVE:	EPILEPSY?	<u>no</u>
	GLASS EYE?	<u>no</u>
	FALSE TEETH?	<u>no</u>
	EAR INFECTION?	<u>no</u>
	INNER EAR TROUBLE?	<u>no</u>
	DIABETES?	<u>no</u>

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? no

DO YOU TAKE INSULIN? no IF SO, WHEN WAS YOUR LAST INJECTION? /

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? no WHERE? /

INTERVIEWER: _____

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



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"/>			
Other	<input checked="" type="checkbox"/>	119.0712(2)(b)	Other: Personal information contained in a motor vehicle record	6
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2018019916	Date: 06-21-2018
	Specialist Name/ID: Drucker/9206