

0502195

3185

|  |  |  |  |   |                                    |   |   |  |  |   |                   |
|--|--|--|--|---|------------------------------------|---|---|--|--|---|-------------------|
| OBTS Number  |  | <b>ARREST / NOTICE TO APPEAR<br/>Juvenile Referral Report</b>  |  |   |                                    | 1. Arrest<br>2. N.T.A.  | 3. Request for Warrant<br>4. Request for Capias | 1  | Juvenile   | N   |                   |
| ADMINISTRATION   | Agency ORI Number<br><b>FL 0500300</b>   |  | Agency Name<br><b>BOYNTON BEACH POLICE DEPT.</b> |   |                                    | Agency Report Number<br><b>34-18-052836</b>   |   |  |  |   |                   |
|  | Charge Type:<br>Check as many as Apply. <input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance<br><input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other |  |  |   |                                    | If Weapon Seized Enter Type<br><b>NONE</b>  |   | Multiple Clearance Indicator<br><b>01</b>  |  |   |                   |
|  | Location of Arrest (Including Name of Business)<br><b>S. Congress Ave &amp; SW Congress Ave, Boynton Beach, FL, 33426</b>  |  |  |   |                                    | Location of Offense (Business Name, Address)<br><b>Congress Ave/SW Congress Ave, Boynton Beach, FL, 33426</b> |   |  |  |   |                   |
| DEFENDANT  | Date of Arrest   | Time of Arrest   | Booking Date                                     | Booking Time  | Jail Date                          | Jail Time   | Location of Vehicle                             |  |  |   |                   |
|  | <b>10/13/2018</b>  | <b>0142</b>  |  |   |                                    |   |   |  |  |   |                   |
|  | Name (Last, First, Middle)<br><b>Fiebiger, Brian, Justin</b>   |  |  |   |                                    | Alias (Name, DOB, Soc. Sec. #, Etc)   |   |  |  |   |                   |
|  | W - White<br>B - Black   | I - American Indian<br>O - Oriental / Asian  | Race<br><b>W</b>                                 | Sex<br><b>M</b>   | Date of Birth<br><b>02/23/1983</b> | Height<br><b>507</b>  | Weight<br><b>140</b>                            | Eye Color<br><b>Brown</b>  | Hair Color<br><b>Brown</b>   | Complexion<br><b>Light</b>  | Build<br><b>M</b> |
|  | Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)  |  |  |   |                                    | Marital Status<br><b>N/A</b>  |   | Religion<br><b>N/A</b>   |  | Indication of:<br>Alcohol Influence <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br>Drug Influence <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |                   |
|  | Local Address (Street, Apt. Number)<br><b>64 Willow Circle</b>   |  |  | (City)<br><b>Boynton Beach</b>                                      |                                    | (State)<br><b>FL</b>  | (Zip)<br><b>33426</b>                           | Phone<br><b>(315)723-0082</b>  |  | Residence Type<br>1. City 3. Florida<br>2. County 4. Out of State<br><b>1</b>   |                   |
|  | Permanent Address (Street, Apt. Number)  |  |  | (City)  |                                    | (State)   | (Zip)   | Phone  |  | Address Source<br><b>Verbal</b>   |                   |
|  | Business Address (Street, Apt. Number)   |  |  | (City)  |                                    | (State)   | (Zip)   | Phone  |  | Occupation<br><b>Technician</b>   |                   |
|  | D/L Number, State<br><b>F126-070-83-063-0/FL</b>   |  | Soc. Sec. Number                                 |   | INS Number                         |   | Place of Birth<br><b>Utica, NY</b>              |  | Citizenship<br><b>USA</b>  |   |                   |
|  | Co-Defendant Name (Last, First, Middle)  |  |  |   | Race                               | Sex   | Date of Birth                                   |  | <input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile<br><input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor |   |                   |
| Co-Defendant Name (Last, First, Middle)  |  |  |  | Race  | Sex                                | Date of Birth   |   | <input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile<br><input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor |  |   |                   |
| <input type="checkbox"/> Parent  |  | Name (Last)  |  | (First)   | (Middle)                           | Residence Phone   |   |  |  |   |                   |
| <input type="checkbox"/> Legal Custodian   |  | Name (Last)  |  | (First)   | (Middle)                           | Residence Phone   |   |  |  |   |                   |
| <input type="checkbox"/> Other   |  | Name (Last)  |  | (First)   | (Middle)                           | Residence Phone   |   |  |  |   |                   |
| Address (Street, Apt. Number)  |  |  | (City)   |   | (State)                            | (Zip)   | Business Phone                                  |  |  |   |                   |
| Notified by: (Name)  |  |  |  | Date  | Time                               | Juvenile Disposition<br>1. Handled/Processed within Dept. and Released<br>2. TOT HRS/DYS<br>3. Incarcerated   |   |  |  |   |                   |
| Released To: (Name)  |  |  |  | Relationship  | Date                               | Time  |   |  |  |   |                   |
| The above address was 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's Office (Phone 561-355-2526) informed of any change of address:<br><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  |  | S. Sell  | R. Smuggle                                       | K. Dispense/Distribute  | M. Manufacture/Produce/Cultivate   | Z. Other  | Drug Type                                       | B. Barbituate  | H. Hallucinogen  | P. Paraphernalia/Equipment  | U. Unknown        |
| N. N/A   |  | B. Buy   | D. Deliver                                       |   |                                    |   | N. N/A  | C. Cocaine   | M. Marijuana   | S. Synthetic  | Z. Other          |
| P. Possess   |  | T. Traffic   | E. Use   |   |                                    |   | A. Amphetamine                                  | E. Heroin  | O. Opium/Deriv.  |   |                   |
| Charge Description   |  | Counts   |  | Domestic Violence   |                                    | Statute Violation Number  |   | Violation of ORD#  |  |   |                   |
| <b>Driving Under The Influence</b>   |  | <b>1</b>   |  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | <b>316.193(1)</b>   |   |  |  |   |                   |
| Drug Activity  |  | Drug Type  | Amount/Unit                                      | Offense #   |                                    | Warrant/Capias Number   |   | Bond   |  |   |                   |
|  |  |  |  | <b>18-052836</b>  |                                    |   |   | <b>OR</b>  |  |   |                   |
| Charge Description   |  | Counts   |  | Domestic Violence   |                                    | Statute Violation Number  |   | Violation of ORD#  |  |   |                   |
|  |  |  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No            |                                    |   |   |  |  |   |                   |
| Drug Activity  |  | Drug Type  | Amount/Unit                                      | Offense #   |                                    | Warrant/Capias Number   |   | Bond   |  |   |                   |
|  |  |  |  |   |                                    |   |   |  |  |   |                   |
| Charge Description   |  | Counts   |  | Domestic Violence   |                                    | Statute Violation Number  |   | Violation of ORD#  |  |   |                   |
|  |  |  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No            |                                    |   |   |  |  |   |                   |
| Drug Activity  |  | Drug Type  | Amount/Unit                                      | Offense #   |                                    | Warrant/Capias Number   |   | Bond   |  |   |                   |
|  |  |  |  |   |                                    |   |   |  |  |   |                   |
| Charge Description   |  | Counts   |  | Domestic Violence   |                                    | Statute Violation Number  |   | Violation of ORD#  |  |   |                   |
|  |  |  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No            |                                    |   |   |  |  |   |                   |
| Drug Activity  |  | Drug Type  | Amount/Unit                                      | Offense #   |                                    | Warrant/Capias Number   |   | Bond   |  |   |                   |
|  |  |  |  |   |                                    |   |   |  |  |   |                   |
| Instruction No. 1<br>Mandatory Appearance in Court   |  | Location (Court, Room Number, Address)<br><b>South County Courthouse, 200 West Atlantic Ave, Delray Beach, FL 33444</b>  |  |   |                                    |   |   |  |  |   |                   |
| Instruction No. 2<br>You need not appear in Court but must comply with instruction on reverse side.  |  | Court Date and Time<br>Month <b>November</b> Day <b>5th</b> Year <b>2018</b> Time <b>8:30</b> <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M. |  |   |                                    |   |   |  |  |   |                   |
| 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.                                |  |  |  |   |                                    |   | <b>10/13/2018</b>                               |  |  |   |                   |
| Signature of Defendant (or Juvenile and Parent/Custodian)  |  |  |  |   |                                    |   | Date Signed                                     |  |  |   |                   |
| HOLD for other Agency Name:  |  | Signature of Arresting Officer   |  |   |                                    | Name Verification (Printed by Arrestee) (PRINT)   |   |  |  |   |                   |
| <input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:  |  | Name of Arresting Officer (Print)<br><b>Ofc. Dominguez</b>   |  |   |                                    | I.D. #<br><b>993</b>  |   | BU#  |  |   |                   |
| Inmate Deputy I.D. #   |  | Pouch #  |  | Transporting Officer<br><b>Ofc. Dominguez</b>                       |                                    | I.D. #<br><b>993</b>  |   | Agency<br><b>BBPD</b>  |  | Witness here is subject Signed with an "X".   |                   |

2018 CT 18641

OCT 13 4:35

21 OCT 14 AM 7

**D.U.I. PROBABLE CAUSE AFFIDAVIT**

ON THE 13 DAY OF October 2018 AT 0111  A.M  P.M.

CASE #: 18-052836 DEFENDANT: Fiebiger, Brian, Justin

**PERSONAL CONTACT/DRIVING PATTERN/OBSERVATION OF DRIVER:**

On the above date and time, I, Officer Dominguez, responded to the area of SW Congress Ave & S. Congress Ave in reference to backing up Officer Halpern. Upon arrival I made contact with Officer Halpern who advised me he was traveling south on N. Congress Ave approaching the intersection of SW Congress Ave. In front of Officer Halpern's patrol vehicle he witnessed a red Ford Ranger (FL Tag DSQX91) traveling north on S. Congress Ave in the left turn lane approaching the intersection of SW Congress Ave. As Officer Halpern continued traveling south he observed the red Ford make a left turn onto SW Congress Ave causing Officer Halpern to stop so that he would not hit the vehicle. At that time Officer Halpern conducted a traffic stop on the vehicle for Failure to Yield. Officer Halpern then made contact with the sole occupant of the vehicle, Brian Fiebiger. Officer Halpern advised me he observed Fiebiger to have slurred speech and lethargic movement.

I then made contact with Fiebiger at the vehicle. I asked Fiebiger if he understood the reason he was pulled over in which he stated he did. I asked Fiebiger where he was coming from in which he advised he was playing poker at a pub. While speaking to Fiebiger I observed him to have slurred speech, glossy red eyes and was very lethargic. I then requested Fiebiger to exit the vehicle in which he complied. While speaking to Fiebiger, outside of the vehicle, I could smell a strong odor of the impurities of alcohol emitting from his person and breath.

Based on my observations at that time I requested Fiebiger to submit to a series of Field Sobriety Task, which he agreed to. Prior to continuing the investigation I asked Fiebiger if he had any injuries/ disabilities that I should be aware of, which he stated he had bad knees.

Let it be noted that during the pen exercise Fiebiger failed to keep his head still throughout the exercise and was asked to not move his head several times. See the following:

**HORIZONTAL GAZE NYSTAGMUS:**

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Left eye does not follow smoothly                 | <input checked="" type="checkbox"/> Right eye does not follow smoothly                 |
| <input checked="" type="checkbox"/> Left eye prior to 45 degrees                      | <input checked="" type="checkbox"/> Right eye prior to 45 degrees                      |
| <input checked="" type="checkbox"/> Distinct jerking in left eye at maximum deviation | <input checked="" type="checkbox"/> Distinct jerking in right eye at maximum deviation |
| <input checked="" type="checkbox"/> Vertical Nystagmus in left eye                    | <input checked="" type="checkbox"/> Vertical Nystagmus in right eye                    |

**WALK AND TURN:**

The Task was explained and demonstrated to Fiebiger, which he stated that he understood. During the Instructional Stage, Fiebiger swayed side to side and stepped out of position several times. Fiebiger then began the exercise. Fiebiger missed all heel to toe contact on steps 3, 7 and 8. Fiebiger also stepped off the

line on steps 2 and 4. Fiebiger then stopped and for a few seconds and then asked if he was done. Fiebiger then made an improper turn and missed heel to toe contact on steps 2 and 9.

**ONE LEG STAND:**

The task was explained and demonstrated to Fiebiger, which he stated he understood. Fiebiger then began the exercise. Fiebiger placed his foot on the ground approximately two times before the times elapsed. Approximately 15 seconds into the exercise Fiebiger placed his foot down and did not pick up his foot again until the times elapsed.

**FINGER TO NOSE:**

The Task was explained and demonstrated to Fiebiger, which he stated that he understood. During the Exercise Stage, Fiebiger missed the tip of his nose the last two commands of Right. Fiebiger also left his finger on his nose for several seconds on the first command of Left.

**ROMBERG/ALPHABET:**

The Task was explained and demonstrated to Fiebiger, which he stated that he understood. During the Exercise Stage, Fiebiger advised he was done estimating 30 seconds in his head after approximately 32 seconds elapsed on my watch.

Based on my investigation, Fiebiger was placed into custody for DUI. I then transported Fiebiger to the Palm Beach County Jail BAT Facility to continue my investigation. I arrived at PBSO BAT at 0210 hours, started my 20 minute observation at 0210 hours and completed at 0230 hours. Fiebiger refused to submit to a breath sample at that time. Fiebiger was read Implied Consent in which he stated understood and again refused to submit to a breath sample.

Based on the above facts, Fiebiger was arrested for Driving Under the Influence (FSS 316.193(1)). Fiebiger was issued a citation for Failure to Yield by Officer Halpern. Fiebiger brother, Michael Fiebiger, arrived on scene and took possession of Fiebiger vehicle per his request.

This incident was captured on my BWC.

The following instrument was sworn to before me this 13 day of October 2018

By: Ofc. Dominguez

S. O'Neal  
Notary/Police Officer (F.S.S. 117.10)

M 993  
Signature of Arresting Officer



# TESTING FACILITY TASK REPORT

AGENCY: BBPD-DOMINGUEZ

SUBJECT: FIEBIGER, BRIAN J

CASE NUMBER: 18-132564

DATE: Oct 13, 2018

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 0231

ENDING TIME: 0240

BREATH TESTS RESULTS: 1) REF TIME 0232 A.M.  P.M.  2) XX TIME XX 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, THICK TONGUE

ATTITUDE: COOPERATIVE

CLOTHING: BLUE SHIRT, TAN SHORTS

MEDICAL CONDITIONS: KNEE ISSUES

MEDICATIONS: NONE

## OTHER:

EYES GLASSY, RED  
STRONG ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE ON SUBJECT

## COMMENTS:

ARRESTING OFFICER CONDUCTED THE 20 MINUTE OBSERVATION BEGINNING AT 0210  
SUBJECT REFUSED THE TEST INITIALLY  
IMPLIED CONSENT WAS READ TO THE SUBJECT  
SUBJECT REFUSED THE TEST INITIALLY  
MIRANDA WAS READ  
SUBJECT SUBMITTED TO THE QUESTIONS



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

PBSO CASE # 18-13256+ PBSO ZONE 6-12

AGENCY CASE # 18-052836 CRASH CASE # \_\_\_\_\_

TIME OF STOP/CRASH 0111 DATE 10-13-18 DAY SAT

SUBJECT'S NAME Fieniger, Brian, Justin RACE W SEX M

HGT 507 WGT 140 DOB 02 / 23 / 83

LOCATION S. Congress Ave / SW Congress Ave, Boynton Beach, FL

ARRESTING OFFICER'S NAME & ID Dominguez 993 AGENCY 83PD

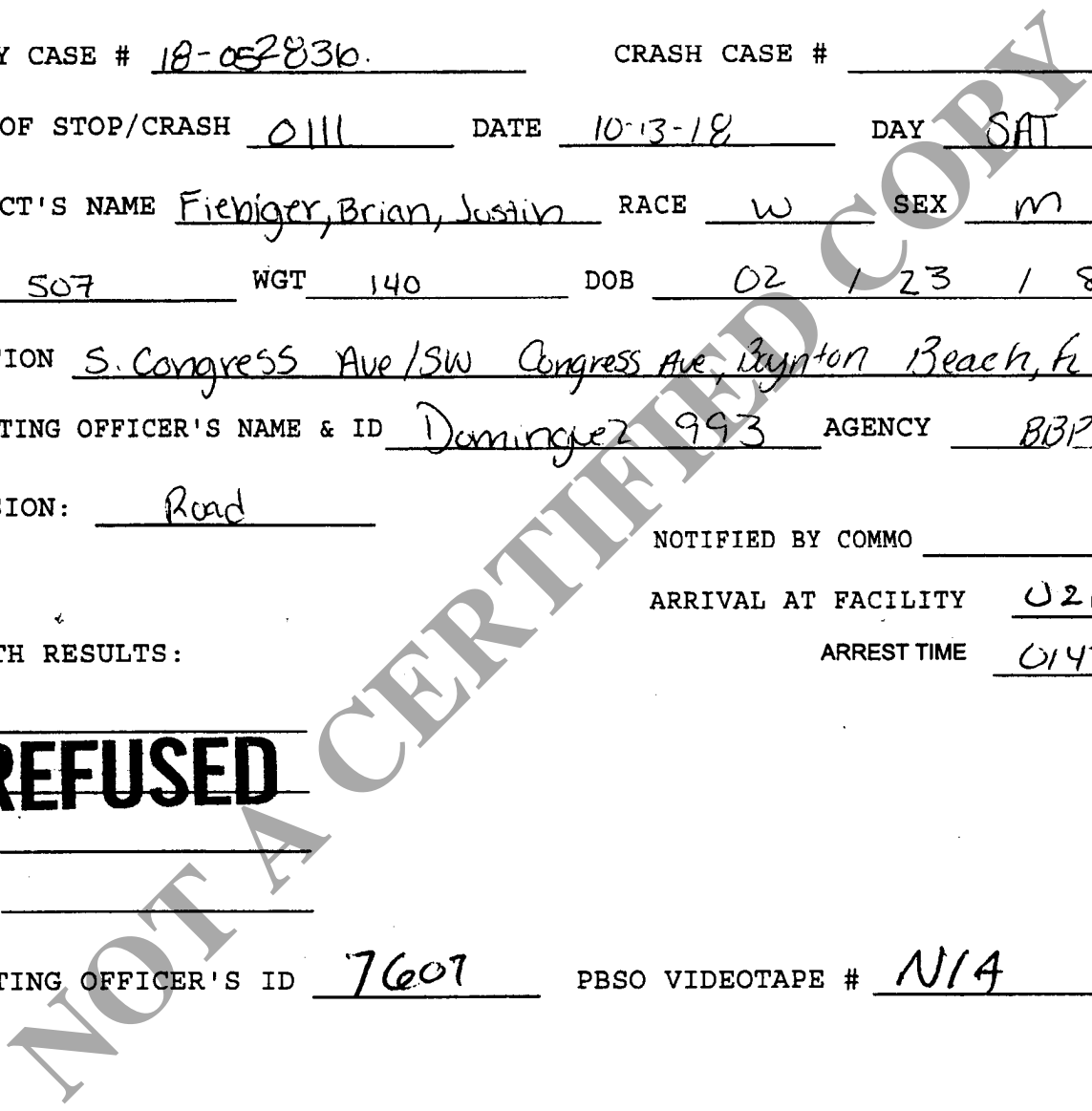
DIVISION: Road NOTIFIED BY COMMO \_\_\_\_\_

ARRIVAL AT FACILITY 0210

BREATH RESULTS: ARREST TIME 0142

1. \_\_\_\_\_
2. **REFUSED**
3. \_\_\_\_\_
4. \_\_\_\_\_

TESTING OFFICER'S ID 7607 PBSO VIDEOTAPE # N/A



SUBJECT: Fiebigler, Brandon CASE NUMBER: 18-052836

**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) On Camera

SUBJECT: Friediger, Brian, Justin CASE NUMBER: 18-052826

### 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? 15th St

DIRECTION OF TRAVEL? North WHERE DID YOU START? 15th St

WHAT TIME DID YOU START? 1:00 WHAT TIME IS IT NOW? 1:15

WHAT IS TODAY'S DATE? 11/12/18 WHAT DAY OF THE WEEK IS IT? Thu

WHAT COUNTY AND CITY ARE YOU IN NOW? West Valley, Pa

WHEN DID YOU LAST EAT? 12:45 WHAT DID YOU EAT? Food

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? Working

HOW MUCH DO YOU WEIGH? 170 HAVE YOU BEEN DRINKING? no WHAT? no

HOW MUCH? no WHERE? no WITH WHOM? no

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

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? no

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

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

WHAT? no WHERE? no WHEN? no

WHAT LINE OF WORK ARE YOU IN? no WHEN DID YOU LAST WORK? 4:00

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? yes WHAT? no

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

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

WERE YOU IN AN ACCIDENT TODAY? no

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

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

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

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? no

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? yes WHERE? PA

INTERVIEWER: \_\_\_\_\_

CASE #: 18-052836

DEFENDANT: Fiebiger, Brian, Justin

Arresting Officer: Ofc. Dominguez

Address: 100 E. Boynton Beach Boulevard Boynton Beach, FL 33435

Phone Numbers: Home: \_\_\_\_\_ Work: (561) 742-6100

Name: Ofc. Halpern

Address: 100 E. Boynton Beach Blvd, Boynton Beach, FL, 33435

Phone Numbers: Home: \_\_\_\_\_ Work: 561 742 6100

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: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Can testify to: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Can testify to: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Can testify to: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Can testify to: \_\_\_\_\_



**Palm Beach County Sheriff's Office – Arrests Only**

|  | X                                   | Florida State Statute                | Description  | Page Number(s) |
|--|-------------------------------------|--------------------------------------|--|----------------|
| <b>I/E Exemptions</b>  | <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.  |                |
| <b>Public Info. Exemptions</b>                                     | <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.  |                |
| <b>Florida Rules of Judicial Administration 2.420 (Rule of 23)</b> | <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"/>            |                                      |  |                |
| <b>Other</b>   | <input type="checkbox"/>            |                                      | Other:   |                |
|  | <input type="checkbox"/>            |                                      | Other:   |                |

**REVIEW COMPLETED BY**

|                                   |                                     |
|-----------------------------------|-------------------------------------|
| <b>Booking Number:</b> 2018034273 | <b>Date:</b> 10/14/2018             |
|                                   | <b>Specialist Name/ID:</b> AM/31562 |