

0504280

NR

1907187

3612

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 FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-19022284		
	Charge Type: Check as many as apply. <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other				Weapon Seized / Type 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>		Multiple Clearance Indicator 01		
	Location of Arrest (Including Name of Business) 21644 STATE ROAD 7, BOCA RATON, FL. 33428				Location of Offense (Business Name, Address) 22374 PINEAPPLE WALK DRIVE, BOCA RATON, FL. 33433				
	Date of Arrest 1/4/19	Time of Arrest 1249	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle		
DEPENDANT	Name (Last, First, Middle) MAGUIRE, BRIDGET, ANNE								
	Alias (Name, DOB, Soc. Sec. #, Etc.)								
	Race W - White I - American Indian B - Black O - Oriental/Asian	Sex F	Date of Birth 8/10/1075	Height 5'9"	Weight 140	Eye Color BRN	Hair Color BRN	Complexion LIGHT	Build THIN
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) UNK				Marital Status SINGLE	Religion NONE	Indication of Alcohol Influence Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
	Local Address (Street, Apt. Number) (City) (State) (Zip) 22374 PINEAPPLE WALK DRIVE BOCA RATON FL 33433				Phone		Residence Type: 1. City 2. County 3. Florida 4. Out of State <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		
	Permanent Address (Street, Apt. Number) (City) (State) (Zip) SAME AS LOCAL				Phone		Address Source FLORIDA LICENSE		
	Business Address (Name, Street) (City) (State) (Zip)				Phone		Occupation NONE		
	D/L Number, State M260061757900		Soc. Sec. Number		INS Number		Place of Birth (City, State) BOSTON, MA.		
	Citizenship US								
	CO-DEF	Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 2. At Large <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"/> 3. Felony <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile		
JUVENILE	Parent Name (Last) (First) (Middle)		Legal Custodian		Other		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		JAN 4 PM 8:44		
	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 355-2528) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)				School Attended		Grade		
CHARGE	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. Synthetic		U. Unknown Z. Other				
	Charge Description DUI INVOLVING CRASH WITH PROPERTY DAMAGE		Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 316.193(3)ABC1		Violation of ORD #		
	Drug Activity N	Drug Type N	Amount / Unit 0	Offense # 19022284	Warrant / Capias Number		Bond		
	Charge Description REFUSAL TO SIGN CERTAIN		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 318.14(3)		Violation of ORD #		
	Drug Activity N	Drug Type N	Amount / Unit	Offense # 19022284	Warrant / Capias Number		Bond		
	Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input 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 type="checkbox"/> N	Statute Violation Number		Violation of ORD #			
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond			
NOTICE TO APPEAR	Location (Court, Room Number, Address)								
	Court Date and Time Month Day Year Time 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								
Signature of Defendant (or Juvenile and Parent /Custodian)				Date Signed					
HOLD for other Agency Name		Signature of Arresting Officer		Name Verification (Printed by Arrestee)					
<input type="checkbox"/> Dangerous <input type="checkbox"/> Registered Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other		Name of Arresting Officer (Print) TODD BAKER 6202		I.D. # 6202		(PRINT)			
State #		Transporting Officer TODD BAKER		ID # 6202		Agency PBSO			
Pouch #		Witness here if subject signed with an "X" _____ OF							

SCANNED

JAN 06 2019

DISTRIBUTION: WHITE - COURT COPY

GREEN - STATE ATTORNEY

YELLOW - AGENCY

PINK - AGENCY

GOLD - DEFENDANT (N.T.A.)

PROBABLE CAUSE AFFIDAVIT

1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Copies

1 Juvenile N

Agency ORI Number: FLO 500000 Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE Agency Report Number: 06-19022284

Charge Type: 1. Felony 2. Traffic Felony 3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 6. Other

Name (Last, First, Middle): MAGUIRE, BRIDGET, ANNE Race: W Sex: F Date of Birth: 8/10/1975

Charge Description: DUI INVOLVING CRASH WITH PROPERTY DAMAGE 316.193(3)ABC1

Victim's Name (Last, First, Middle): STATE OF FLORIDA, Local Address (Street, Apt. Number) (City) (State) (zip) Phone () Address Source

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.

I WAS RESPONDED TO 22388 PINEAPPLE WALK DRIVE, IN UNINCORPORATED BOCA RATON, PALM BEACH COUNTY, IN REFERENCE TO A CRASH REPORT. UPON MY ARRIVAL, I MADE CONTACT WITH BRIDGET MAGUIRE, WHO WAS INVOLVED IN A SINGLE VEHICLE CRASH (19022261) AT THAT LOCATION. MAGUIRE COULD NOT TELL ME WHERE SHE WAS COMING FROM, SHE JUST KEPT REPEATING THAT SHE WAS DRIVING HOME.

WHILE FIRE RESCUE STATION #55 WAS ON SCENE (19001250) MAGUIRE WAS SITTING ON THE BACKSEAT OF THE CAR AS SHE MADE SEVERAL ATTEMPTS TO STAND, BEFORE BRACING HERSELF WITH THE DRIVER SIDE FRONT DOOR. WHILE I WAS TALKING TO HER, SHE WAS NOT ABLE TO STAND IN ONE SPOT ON HER OWN AND SHE WAS UNABLE TO MAINTAIN HER BALANCE WITHOUT LEANING AGAINST THE VEHICLE OR SITTING DOWN INSIDE IT. AT THAT TIME, HER SPEECH WAS SLOW AND SLURRED, HER EYES WERE BLOODSHOT AND SHE HAD A WHITE SUBSTANCE ON THE SIDE OF HER MOUTH. SHE WAS HAVING DIFFICULTY TRYING TO RETRIEVE ANY DOCUMENTS FROM HER VEHICLE, BECAUSE SHE WAS NOT ABLE TO COORDINATE HER MOVEMENTS. I SAW THAT SHE HAD AN OPEN CONTAINER OF SMIRNOFF VODKA(1.75 LITERS) ON THE PASSENGER SIDE FRONT FLOORBOARD OF THE VEHICLE.

DEPUTY D. BROWN #7861, MADE CONTACT WITH WITNESS MITCH GURFIELD, WHO COMPLETED A WRITTEN STATEMENT. THE STATEMENT SAID THE FOLLOWING; HEARD THE CRASH, WENT OUTSIDE, SAW VEHICLE AGAINST BUSHES. A WHITE FEMALE WAS AT THE WHEEL HOLDING A DOG. I ASKED HER SEVERAL TIMES IF SHE WAS OKAY, SHE SAID THAT SHE WAS. AFTER A FEW MINUTES PASSED, SHE ASKED IF HE COULD HER OUT OF THE VEHICLE WHICH HE DID. THE STATEMENT WAS SUBMITTED INTO CENTRAL RECORDS AND HE WAS PROVIDED WITH A COPY.

I MADE CONTACT WITH WITNESS AVIVA ZINBERG, WHO REPORTED THAT SHE WAS WALKING ON THE ROADWAY, ON HER WAY TO TAKE OUT THE TRASH, WHEN SHE SAW THE TOYOTA PASS BY HER AND CRASH INTO THE BUSHES. ZINBERG REPORTED THAT SHE COULD NOT SEE INTO THE VEHICLE AS IT PASSED, HOWEVER, WHEN GURFIELD OPENED THE DOORS SHE COULD SEE MAGUIRE SITTING IN THE DRIVER SEAT. ZINBERG DID NOT SEE ANYONE ELSE INSIDE OF THE VEHICLE AND SHE DID NOT SEE ANYONE GET OUT OF THE VEHICLE AFTER THE CRASH.

STATE OF FLORIDA COUNTY OF PALM BEACH TODD BAKER 6202 (Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 4 day of JANUARY 20 19 by TODD BAKER 6202

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

Notary Public, Clerk of Court, Officer (F.S.S. 117.10) Notary Public State of Florida Gary J Parent My Commission GC 085486

ADMIN	Agency ORI Number FLO 50000	Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 06-19022284
	Charge Type: Check as many as apply <input type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other		Special Notes:

DEF	Name (Last, First, Middle) MAGUIRE, BRIDGET, ANNE	Alias	Race W	Sex F	Date of Birth 8/10/1975
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CHARGES	Charge Description DUI INVOLVING CRASH WITH PROPERTY DAMAGE 316.193(3)ABC1	Charge Description
	Charge Description	Charge Description

VICTIM	Victim's Name (Last, First, Middle) 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		

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

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

On the 4 day of JANUARY 20 19 at 11:41 A.M. P.M. (Specifically include facts constituting cause for arrest.)

MAGUIRE WAS TRANSPORTED TO THE WEST BOCA MEDICAL CENTER FOR TREATMENT AND I MADE CONTACT WITH HER AT BED #12 AT THE EMERGENCY ROOM. I PROVIDED HER WITH A BUSINESS CARD FOR COMMUNITY SERVICE AID SZTANSKI, WHO COMPLETED THE CRASH INVESTIGATION AND I EXPLAINED TO MAGUIRE THAT I WAS NOW CONDUCTING A CRIMINAL INVESTIGATION(DUI). I READ HER THE IMPLIED CONSENT AND REQUESTED A SAMPLE OF HER BLOOD TO DETERMINE THE BLOOD/ALCOHOL CONTENT AND MAGUIRE REFUSED. I READ TO HER THAT HER REFUSAL WAS ADMISSABLE IN COURT, WHAT THE CONSEQUENCES FOR A REFUSAL WERE AND SHE REFUSED AGAIN TO SIGN THE REFUSAL FORM. IN ADDITION, SHE REFUSED TO SIGN THE CONSTITUTIONAL WARNINGS.

BASED ON MY OBSERVATIONS AT THE SCENE AND MY INVESTIGATION, PROBABLE CAUSE EXISTED FOR THE ARREST OF BRIDGETTE MAGUIRE, FOR KNOWINGLY AND INTENTIONALLY OPERATING A MOTOR VEHICLE WHILE IMPAIRED, RESULTING IN A VEHICLE CRASH WITH PROPERTY DAMAGE.

STATE OF FLORIDA
 COUNTY OF PALM BEACH
TODD BAKER 6202 *TB*
 (Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 4 day of JANUARY 20 19 by D/S Todd Baker
 (Print name of Arresting/Investigative Officer), who is personally known to me and/or produces identification produced Known

Notary Public State of Florida
Gary J Parent
 My Commission GG 085486
 Expires 06/21/2021

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 4 DAY OF JANUARY 20 19 AT 11:41 AM PM

SUBJECT: MAGUIRE, BRIDGET, ANNE CASE NUMBER: 19022284

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: TODD BAKER 6202

PERSONAL CONTACT

DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUTTING DEF. BEHIND WHEEL OF VEHICLE)
DEFENDANT WAS DRIVING HOME WHEN SHE CRASHED INTO LANDSCAPING AT 22388 PINEAPPLE WALK DRIVE (CRASH CASE #19-022261).
WITNESS AVIVA LINBERG WAS OUTSIDE WALKING WHEN SHE SAW THE DEFENDANT DRIVING THE VEHICLE PRIOR TO THE CRASH.
WITNESS MITCH GARFIELD HEARD THE CRASH FROM WHILE HE WAS INSIDE HIS RESIDENCE AND WENT OUTSIDE TO SEE WHAT HAPPENED. GARFIELD SAW THE DEFENDANT SITTING IN THE DRIVER SEAT AND SHE SAID THAT SHE COULD NOT GET OUT OF THE CAR.
PALM BEACH COUNTY FIRE RESCUE STATION #55 RESPONDED (RUN #19001250) AND TRANSPORTED HER TO THE WEST BOCA MEDICAL CENTER.

OBSERVATION OF DRIVER:

HER EYES WERE BLOOD SHOT AND WATERY.
HER WORDS WERE SLURRED AND NOT PRONOUNCED.
SHE COULD NOT MAINTAIN HER BALANCE WITHOUT HOLDING ONTO OR LEANING ON HER VEHICLE.
SHE WAS UNABLE TO STAND IN ONE SPOT WITHOUT ASSISTANCE.
SHE HAD DIFFICULTY OBTAINING HER DOCUMENTS.

DRIVER'S STATEMENTS:

SHE UNDERSTOOD THAT SHE WAS INVOLVED IN A CRASH AND SHE REFUSED TO GIVE A BLOOD SAMPLE AFTER IMPLIED CONSENT WAS READ.

ODORS:

SHE HAD NO ODORS OF AN ALCOHOLIC BEVERAGE.

GENERAL OBSERVATIONS

SPEECH: SLURRED, SLOW AND PRONOUNCED

ATTITUDE: COOPERATIVE

CLOTHING: BLACK SHIRT AND DARK BLUE PANTS

MEDICAL/OTHER: NONE

STATE OF FLORIDA
COUNTY OF PALM BEACH

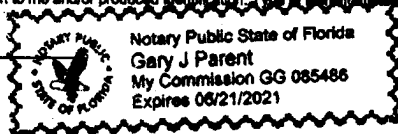
TODD BAKER 6202 

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 4 day of JANUARY 20 19 by T. BAKER

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

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



SUBJECT: MAGUIRE, BRIDGET, ANNE CASE NUMBER 19022284

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:

NONE.

WALK & TURN:

NOT ABLE TO PERFORM.

ONE LEG STAND:

NOT ABLE TO PERFORM.

FINGER TO NOSE:

NOT ABLE TO PERFORM.

ROMBERG ALPHABET:

NOT ABLE TO PERFORM.

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

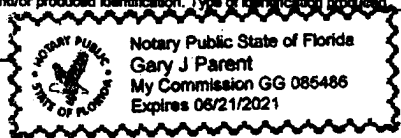
STATE OF FLORIDA
COUNTY OF PALM BEACH
TODD BAKER 6202

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 4 day of JANUARY 2019 by T. BAKER

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

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



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 o chemical or controlled substances.

NOTE: READ ONLY IF THE SUBJECT DOES NOT COMPLY WITH YOUR REQUEST

I am TODD BAKER 6202 of the PALM BEACH COUNTY SHERIFF'S OFFICE

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 as admissible into evidence in any criminal proceeding.

SUBJECT'S SIGNATURE: _____ MAGUIRE, BRIDGET, ANNE

CONSTITUTIONAL WARNINGS

I AM REQUIRED TO WARN YOU BEFORE YOU MAKE ANY STATEMENTS THAT YOU HAVE THE FOLLOWING RIGHTS:

You have the right to remain silent and not answer any questions.

Any statement must be freely and voluntarily given.

You have the right to the presence of a lawyer of your choice before you make any statement and during any questioning.

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.

If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent.

I can make no threats or promises to induce you to make a statement. This must be of your own free will.

Any statement can and will be used against you in a court of law.

SUSPECT'S SIGNATURE: _____ MAGUIRE, BRIDGET, ANNE

**STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES
AFFIDAVIT OF REFUSAL TO SUBMIT TO
BLOOD TEST**

I, Todd Baker, a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)

am a member of PAUM BEACH COUNTY SHERIFFS OFFICE, and I do swear
(Name of law enforcement agency)

or affirm that on or about the 4 day of JANUARY, 20 19, at 12:49 P.M. A.M.

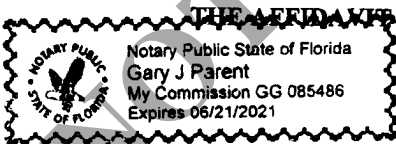
DRIVER BRIDGET ANNE MAGUIRE
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# M260-061-75-790-0, state of FLORIDA, appeared for treatment at a hospital,
clinic, or other medical facility pursuant to s. 316.1932(1)(c), Florida Statutes, and a breath or urine test was impossible or impractical.

That on or about the 4 day of JANUARY, 20 19, at 12:45 P.M. A.M.
in PAUM BEACH County,

I requested that the driver submit to a **blood test** to determine his or her blood alcohol level and/or the presence of chemical or controlled substances in his or her blood. I informed the driver that refusal to submit to a blood 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 for refusing to submit to a breath, urine or blood test. I also informed the driver that if he or she holds a CDL, or was operating a CMV, refusal would result in the disqualification of the Commercial Driver's License/driving privilege for a period of one (1) year in the case of a first refusal or permanently if he or she had been previously disqualified as a result of a refusal to submit to a breath, urine or blood test. The driver nonetheless refused to submit to a blood test.

[Signature]
Signature of Law Enforcement Officer or
Correctional Officer



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

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.

(AFFIX SEAL)
The foregoing instrument was sworn and subscribed before
me this 04 day of JANUARY, 20 19,
by D/S T. BAKER,
who is personally known to me or who has produced

Known as identification

Notary Public [Signature]

WITNESS LIST

CASE NUMBER: 19022284

ARRESTING OFFICER: TODD BAKER 6202

ADDRESS: 17901 STATE ROAD 7, BOCA RATON, FL. 33498

PHONE NUMBERS (HOME): _____ (WORK)

CAN TESTIFY TO: see report

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: _____

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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: _____

NOT A CERTIFIED COPY



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: 2019000487	Date: 1/5/2019
	Specialist Name/ID: Ricketts/8693