

ARREST / NOTICE TO APPEAR

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

Agency ORI Number: **0500200** Agency Name: **Boca Raton Police Department** Agency Report Number (N.T.A.'s only): **3, 2** 2018-010093 **780713228**

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

Location of Arrest (Including Name of Business): **21799 ST ANDREWS BLVD, BOCA RATON, FL 33** Location of Offense (Business Name, Address): **21799 ST ANDREWS BLVD, BOCA RATON, FL 33433**

Date of Arrest: **07/29/2018** Time of Arrest: **00:09** Booking Date: **07/29/2018** Booking Time: **00:25** Jail Date: **07/29/2018** Jail Time: **01:07** Location of Vehicle: **WESTWAY**

Name (Last, First, Middle): **TURNER DRINKWATER, CARMEN LUCIA** Alias: _____ Alias (Name, DOB, Soc. Sec. #, Etc.): _____

Race: **W - White** Sex: **F** Date of Birth: **06/03/1962** Height: **5'02** Weight: **125** Eye Color: **BROWN** Hair Color: **BROWN** Complexion: **Light** Build: **Small**

Marital Status: **M** Religion: **NONE** Indication of Alcohol Influence: Yes No Unk Drug Influence: Yes No Unk

Local Address (Street, Apt. Number): **8533 NW 57 DR, CORAL SPRINGS, FL 33067** (City) (State) (Zip) Phone: **(954) 695-0210**

Permanent Address (Street, Apt. Number): **8533 NW 57 DR, CORAL SPRINGS, FL 33067** (City) (State) (Zip) Phone: **(954) 695-0210**

Business Address (Name, Street): **SELF EMPLOY,** (City) (State) (Zip) Phone: _____

D/L Number, State: **T656112627030 / FL** Soc. Sec. Number: _____ INS Number: _____ Place of Birth (City, State): **GUADALARA, MX,** Citizenship: **US**

Co-Defendant Name (Last, First, Middle): _____ Race: _____ Sex: _____ Date of Birth: _____ 1. Arrested 3. Felony 5. Juvenile 2. At Large 4. Misdemeanor

Co-Defendant Name (Last, First, Middle): _____ Race: _____ Sex: _____ Date of Birth: _____ 1. Arrested 3. Felony 5. Juvenile 2. At Large 4. Misdemeanor

Parent Other: _____ Name (Last, First, Middle) _____ Residence Phone: _____

Legal Custodian _____

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

Notified by: (Name) _____ Date _____ Time _____ JUVENILE DISPOSITION: 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated

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

The above address was provided by defendant and/or defendant's parents. The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address.

Yes, by: _____ No: _____

Property Crime? Yes No Description of Property _____ Value of Property _____

Drug Activity: **N. N/A** S. Sell **B. Buy** R. Seize/Deliver **F. Traffic** K. Dispense/Distribute **M. Manufacture/Producer/Cultivate** Z. Other **Drug Type: N. N/A** B. Barbiturate **C. Cocaine** H. Hallucinogen **M. Marijuana** F. Paraphernalia/Equipment **S. Synthetic** U. Unknown **Z. Other**

Charge Description: **DUI** Statute Violation Number: **316.193(1)** Violation of ORD #: _____

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
	N			1	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N		OR

Charge Description: _____ Statute Violation Number: _____ Violation of ORD #: _____

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
					<input type="checkbox"/> Y <input type="checkbox"/> N		

Charge Description: _____ Statute Violation Number: _____ Violation of ORD #: _____

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
					<input type="checkbox"/> Y <input type="checkbox"/> N		

Health / Apparent Physical Condition of Defendant: **GOOD** Any knowledge of the following: Mental Escape Risk Medication Deformities Injuries Explain: _____

Check which applies: Released O.R. Released to Parent/Guardian T.O.T. County Jail Posted Bond South County Mental Health

PROPERTY - Received By: **BISSOON** Released By: **BISSOON** Released To: **COUNTY JAIL**

Transported By: _____ Date Transported: _____ Time Transported: _____ Other: _____

INSTRUCTION NO. 1 - Mandatory appearance in court INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.

Location (Court, Room): **South County 200 W Atlantic Ave Delray Beach, FL 33444** Court Date and Time: **08/27/2018 08:30:00**

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: **7/29/2018**

HOLD for Other Agency: _____ Signature of Arresting Officer: **S. R. BISSOON** Name Verification (Printed by Arrestee): **Carmen Turner Drinkwater**

Dangerous Resisted Arrest Suicidal Other

Name of Arresting Officer (Print): **BISSOON, S. R.** ID #: **664**

Transporting Officer: **BISSOON** ID #: **664** Agency: **BRPD**

Witness here if subject signed with an "X": _____

PAGE 1 OF 1

0500213

3571

2018 08 29 08:14

PROBABLE CAUSE AFFIDAVIT

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

1 JUVENILE

A D M I N I S T R A T I V E	OBTs Number	Agency ORI Number FL 0500200		Agency Name BOCA RATON POLICE DEPARTMENT	Agency Report Number 3 2 2018-010093
	Charge Type: Check as many as apply. <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony		<input checked="" type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other

D E F E N D A N T	Name (Last, First, Middle) TURNER DRINKWATER, CARMEN LUCIA	Alias	Race W	Sex F	Date of Birth 06/03/1962
---	--	-------	------------------	-----------------	------------------------------------

C H A R G E S	Charge Description 316.193(1) DUI	Charge Description
	Charge Description	Charge Description

V I C T I M	Victim's Name (Last, First, Middle) STATE OF FLORIDA,	Race	Sex	Date of Birth
	Local Address (Street, Apt. Number) 100 NW 2ND AVE, BOCA RATON, FL 33432	(City)	(State)	(Zip)
	Business Address (Name, Street)	(City)	(State)	(Zip)
	Phone (561) -	Address Source	Phone (56) -	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 **29** day of **July**, **2018** at **00:09** (Specifically include facts constituting cause for arrest.)

On 07/29/2018 I observed a white 2012 Volkswagen bearing Fl tag#IDLG49 failing to slow or stop at the stop sign at 21078 St Andrews Blvd to enter St Andrews Blvd to travel south bound. I then followed the vehicle for a short distance and the vehicle was having a hard time maintaining its lane as it came to the red-light at St Andrews Blvd and Verde Trl South. I then initiated a traffic stop after the light turned green and the vehicle didn't stop until it got to Palmetto and St Andrews. The vehicle drove off the roadway onto the grassy median and then drove up onto the curb as it came to a stop. I then met with the driver Carmen Turner Drinkwater and advised her the reason for the stop was due to the stop sign violation and her having a hard time maintaining her lane. I asked her why she didn't stop for me when I first turned on my lights and sirens for her to stop and she stated because someone was behind her and the only car behind her was my patrol vehicle. She was able to produce her Florida driver's license and gave me an expired registration even though her current registration was in her paperwork. She was unable to provide any proof of insurance. I then asked her where she was going, and she stated home and that she had been working a lot of hours and was tired. I then asked her if she had been drinking and she stated that she had a few drinks. While speaking with Turner Drinkwater I could smell a strong odor of an alcoholic beverage emanating from her person, her eyes were glossy and bloodshot, and she was also slurring her speech. I then asked her to exit the vehicle as I waited for Ofc Alvarez to arrive as my backup. While talking to her outside of the vehicle Turner Drinkwater leaned on her car to maintain her balance.

Based on my observations I then asked her if she would submit to the roadside sobriety tasks to dispel my alarm that she was under the influence. Turner Drinkwater agreed to perform the tasks. I then walked her over to a well-lit area and asked her if she had any medical problems or medical issues that would prevent her from doing the tasks. Turner Drinkwater stated that she had no physical or medical problems that would prevent her from doing the tasks. The tasks that were conducted were the Walk and

A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
	FRENZ, JONATHAN RYAN NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)	BISSOON, STEPHEN R (664) NAME OF OFFICER (PLEASE PRINT)
	07/29/2018 DATE	07/29/2018 DATE
		PAGE 1 of 2

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

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

1 JUVENILE

A D M I N I S T R A T I V E	OBTS Number	Agency ORI Number FL 0500200		Agency Name BOCA RATON POLICE DEPARTMENT	Agency Report Number 3 2 2018-010093
	Charge Type: Check as many as apply.	<input type="checkbox"/> 1. Felony	<input checked="" type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance	Special Notes:
D E F	Name (Last, First, Middle) TURNER DRINKWATER, CARMEN LUCIA	Alias	Race W	Sex F	Date of Birth 06/03/1962

Turn, One Leg Stand, Finger to Nose, and the Rhomberg Alphabet.

The first SFST was the Walk and Turn. Turner Drinkwater used her left hand to hold onto the rear of her car as I gave her the instructions to maintain her balance. As she walked the line she failed to keep her feet heel to toe and stepped off the line several times. She made an improper turn by just turning around instead of the way that I instructed her to. She failed to keep her hands to her sides. She walked 11 steps forward and then 9 steps backward. She also stumbled backward when she made the turn. She also swayed during the task. She didn't count as instructed.

The second SFST was the One Leg Stand. Turner Drinkwater failed to keep her foot six inches off the ground. She stumbled and swayed during the task. She didn't keep her hands to her sides as she was instructed. She put her foot down several times during the task. Sizemore had her knees bent instead of straight forward as instructed. Sizemore used her right hand to help hold her right foot up as she conducted the task.

The third SFST was the Finger to Nose (L-R-L-R-R-L). She started the task before being told to begin. On the first left, she raised her right hand and then raised her left finger her to nose and touched the upper lip area. On the first right she touched the tip of her nose. The second left she touched the tip of her nose. The second right she touched the tip of her nose. On the third right, she started raising her left hand and then corrected by touching her nose with the pad her right finger. On the third left she touched her nose using the pad of her finger.

The fourth SFST was the Rhomberg Alphabet which she was unable to recite properly. Based on my investigation I placed her under arrest for DUI. Ofc. Alvarez searched Turner Drinkwater and I then transported her to BRPD.

Ofc. Reissi responded as my Breath Test operator and we both conducted the twenty-minute observation. Turner Drinkwater was then taken into the BAT room where she was asked to provide a breath sample. Turner Drinkwater then asked what would happen if she refused and I then read her Implied Consent Warnings and she agreed to provide two breath samples of .163 and .155. I also read her Constitutional Warnings which she advised she understood and she would answer my questions without an attorney present. See DUI influence report.

Carmen Turner Drinkwater is being charged under F.S.S. 316.193(1) for DUI. She was also issued a citation under F.S.S 316.123(2a) for the stop sign violation. She was transported to Palm Beach county jail for final disposition. Turner Drinkwater's vehicle was towed by Westway.

A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME		
	FRENZ, JONATHAN RYAN	NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
	07/29/2018	DATE	BISSOON, STEPHEN R (664)
			NAME OF OFFICER (PLEASE PRINT)
		07/29/2018	DATE
			PAGE 2 OF 2

18-10093

1015 - 0009

OBS - 0025

DUI INFLUENCE REPORT



BOCA RATON POLICE SERVICES DEPARTMENT

100 NW 2nd Avenue

Boca Raton, FL 33432



BOCA RATON POLICE SERVICES DEPARTMENT

DUI INFLUENCE REPORT - PART I

On the _____ day of _____, at _____ AM/PM:

Subject: _____ Case Number: _____

PERSONAL CONTACT

Driving Pattern: _____

Observation of Driver: _____

Driver's Statement: _____

Odors: _____

GENERAL OBSERVATIONS

Speech: _____

Attitude: _____

Clothing: _____

Medical Problems: _____

Medications: _____

Other: _____

Horizontal Gaze Nystagmus:

- | | |
|--|---|
| <input type="checkbox"/> Left eye does not follow smoothly | <input type="checkbox"/> Right eye does not follow smoothly |
| <input type="checkbox"/> Left eye jerks at 45 degrees angle or less | <input type="checkbox"/> Right eye jerks at 45 degrees angle or less |
| <input type="checkbox"/> Distinct jerking left eye maximum deviation | <input type="checkbox"/> Distinct jerking right eye maximum deviation |

Can not do, Why? _____

Walk and turn: _____

Can not do, Why? _____

One leg stand: _____

Can not do, Why? _____

Finger to nose: _____

Can not do, Why? _____

Alphabet (speech pattern): _____

Can not do, Why? _____

Breath/Blood test results: _____

State of Florida, County of Palm Beach,
Sworn and subscribed before me this _____ (date) by _____.

Notary/Clerk of Court/ Officer (FSS 117.10) Date

Signature of Arresting Officer Name of Officer (print)

ARRESTING OFFICER: Ofc. Bissoon

Name: Ofc. Alvarez Phone # _____ Work # _____

Address: 100 NW 2nd Ave

Can testify to: Back up

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

NOT A CERTIFIED COPY



BOCA RATON POLICE SERVICES DEPARTMENT
DUI INFLUENCE REPORT - PART II

To be filled out at testing facility

Agency Case # 18-10093

I. INTRODUCTION (Instrument Operator faces video camera)

A. The day is Sunday, JULY, 29, 2018
(day) (month) (date) (year)

B. The time is now approximately 1246 PM.

C. The following is in reference to case number 18-10093.

D. Present at this time is Off. Bissoon of the Boca Raton Police Department.
(Officer's Name)

E. Officer Bissoon, have you arrested Carmen Turner Drinkwater in violation of
Florida State Statute 316.193? (Defendant's name)

F. Did this violation occur within the City of Boca Raton, Palm Beach County, Florida? _____

G. Mr./Mrs./Ms. Turner Drinkwater, I am required to inform you these
proceedings are being video recorded.

Operator Note: Video record breath request, breath sample, and interview.

NOT A CERTIFIED COPY

II. AT THIS TIME THE ARRESTING OFFICER WILL REQUEST A BREATH SAMPLE.

Note: Read only the paragraph applicable to the type of test you are requesting.

- A** I am now requesting that you submit to a lawful test of your **BREATH** for the purpose of determining its alcohol content.
- B.** I am now requesting that you submit to a lawful test of your **URINE** for the purpose of determining the presence of chemical or controlled substances.
- C.** I am now requesting that you submit to a lawful test of your **BLOOD** for the purpose of determining its alcohol content and the presence of chemical or controlled substances.

IMPLIED CONSENT WARNINGS

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 Signature: _____

Note: Also read for CDL holders:

IN ADDITION, your refusal to submit will result in the loss of your commercial privileges for one year from today. If this is your **SECOND REFUSAL**, you will be permanently disqualified from operating a commercial motor vehicle.

Note: After reading the implied consent warning, the arresting officer must request a breath sample again.

(IF REFUSAL THEN)

At this time Mr./Mrs./Ms. _____ has refused to submit to a breath test.

The date is _____, _____, _____, and the time is _____ AM/PM.
(month) (day) (year)

A refusal form will be completed by the arresting officer.

NOT A CERTIFIED COPY



BOCA RATON POLICE SERVICES DEPARTMENT

TESTING FACILITY TASK REPORT

SUBJECT: Carmen Turner Drinkwater

CASE #: 18-10093 DATE: 7/29/18

BREATH TEST RESULTS

1) TIME No sample given AM/PM 2) TIME 0155 AM/PM

3) TIME 0163 AM/PM 4) TIME _____ AM/PM

BREATH OPERATOR: Relssi

MAINTENANCE TECHNICIAN: Pave

TESTING OFFICER'S OBSERVATIONS

SPEECH: _____

ATTITUDE: Calm

CLOTHING: ~~20~~ White/ Blk Dress

MEDICAL CONDITION: _____

OTHER: Odor of Alcoholic Beverages coming from person

COMMENTS: _____

Identify yourself and state:

I am required to warn you before you make any statement that you have the following Constitutional rights:

- (1) You have the right to remain silent and not answer any questions.
- (2) Any statement you make must be freely and voluntarily given.
- (3) You have a right to the presence and representation 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 and representation of a court appointed lawyer before you make any statement 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 be and will be used against you in a court of law.
- (8) Do you understand these rights as I have read them to you, and do you wish to speak to me?

Signed: _____ Date: _____ Time: _____

QUESTIONS AND ANSWERS

Were you operating a motor vehicle at the time of the accident/stop? Yes

Where were you going? home

What street or highway were you on? Powerline

Direction of travel? South

Where did you start driving from? Mall Boca Raton

What city (county) were you stopped in? Boca Raton

What time did you start? 1045 AM/PM What time is it now? No idea

What is today's date? 07/28/18 What day of the week is it? Saturday

When did you last eat? 3 pm What did you eat? Cucumbers

What have you been doing the past three hours prior to this stop/accident? Working

How much do you weigh? 126 Have you been drinking? Yes What were you drinking? Martini

How much? 2 or 3 Where? Blue Martini With whom were you drinking? Co-workers

When did you have your first drink? 7 AM/PM When did you stop drinking? 10 AM/PM

How did you consume your last two drinks? Sip

Are you under the influence of alcohol now? Yes No

Can you feel the effects of alcohol? Yes No

Have you consumed alcohol since the accident? Yes No

Can you feel the effects of alcohol? Yes No

Have you consumed alcohol since the accident? Yes No How much? _____

What? _____ Where? _____

What line of work are you in? Insurance, Catastrophe adjuster

When did you last work? Today

Do you have any physical defects or injuries? Yes No If yes, explain: _____

Are you sick or injured? Yes No If yes, explain: _____

Do you limp? Yes No Did you get a bump on the head? Yes No

Were you in an accident today? No

Have you taken any drugs or smoked marijuana today? No

What? _____ When? _____

Have you seen a doctor or dentist today? Yes No Who? _____

Are you taking any prescription medications? Yes No What? best medication When? am 3 pm

Do you have: Epilepsy? Yes No Inner ear trouble? Yes No

Glass eye? Yes No Ear infection? Yes No

False teeth? Yes No Diabetes? Yes No

Any problems not correctable by glasses or contact lenses? No

Do you take insulin? Yes No If yes, when was your last injection? _____

Have you ever had a driver's license in any other state? No

I am now ending this video recording. The time is now approximately 106 AM/PM.

The date is July, 29, 2018

(month) (day) (year)

FLORIDA DEPARTMENT OF LAW ENFORCEMENT
ALCOHOL TESTING PROGRAM
BREATH ALCOHOL TEST AFFIDAVIT

Instrument Type: Intoxilyzer 8000
Instrument Registered To: BOCA RATON PD
Instrument Serial Number: 80-006622 Software: 8100.27
Date of Test: 07/29/2018

Date of Last Agency Inspection: 07/27/2018
Observation Period Began: 00:25
Subject's Name: CARMEN L TURNER DRINKWATER DOB: 06/03/1962 Sex: F

The subject was observed for at least twenty-minutes prior to the administration of the breath test to ensure that the subject did not take anything orally and did not regurgitate.

Results:	Test	g/210L	Time
	Diagnostics Check	OK	00:46
	Air Blank	0.000	00:47
	Control Test	0.079	00:47
	Air Blank	0.000	00:48
	Subject Sample #1	NSP*	00:51
	Air Blank	0.000	00:51
	Air Blank	0.000	00:53
	Subject Sample #2	0.155	00:54
	Air Blank	0.000	00:55
	Air Blank	0.000	00:56
	Subject Sample #3	0.163	00:57
	Air Blank	0.000	00:57
	Control Test	0.078	00:58
	Air Blank	0.000	00:58
	Diagnostics Check	OK	00:58

*No Sample Provided

Cylinder Lot: 31517080A1
Exp: 01/05/2020

State of Florida, County of Palm Beach

Personally appeared before me the undersigned authority, who () is personally known to me or () produced _____ as identification, and who after being placed under oath, states:

I DAN J REISSI, hold a valid Breath Test Operator permit issued by the Florida Department of Law Enforcement, I administered the above breath test to the subject named above in accordance with Chapter 11D-8, Florida Administrative Code, and this form is a true and accurate report of that breath test.

Breath Test Operator: Sam Min 776 Date: 7/29/18
Signature

Sworn to (or affirmed) before me this 29 day of JULY, 2018

Stephen Bissoon Stephen Bissoon
Signature of Notary Public-State of Florida Printed Name of Notary Public-State of Florida

Note: Pursuant to section 117.10, Florida Statutes, law enforcement officers, correctional officers, traffic accident investigation officers and traffic infraction enforcement officers are notaries public when engaged in the performance of official duties. In accordance with section 316.1934(5), F.S., this completed form is admissible without further authentication and is presumptive proof of the results herein. To be used in accordance with Section 316.1934(5), F.S., and in administrative proceedings pursuant to 322.2615, F.S.



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)
<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.	
	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	119.071(4)(c)	Undercover personnel.	
	119.071(2)(f)	Confidential informants (CIs).	
	119.071(2)(e)	Confession.	
<input type="checkbox"/>	985.04(1)	Juvenile offender records.	
	119.071(h)(i)	Assets of a crime victim.	
	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	394.4615(7)	Mental health information.	
	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.	
<input checked="" type="checkbox"/>	(iii) 119.0714(1)(i)-(j), 2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	<input type="checkbox"/>		
<input type="checkbox"/>	119.014(3A)(13)(1-3C)	Other: Keep Separate - Court Documents/Official Records	
	119.071(2c)	Other: Active Criminal intelligence Information	

REVIEW COMPLETED BY

Booking Number: 2018025168	Date: 07/29/2018
	Specialist Name/ID: WATSON/6665