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1816

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

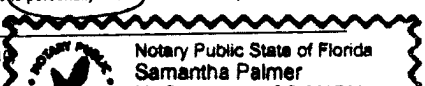
1. Arrest
2. N.T.A.

3. Request for Warrant
4. Request for Capias

1

Juvenile N

ADMINISTRATIVE	OBTS Number		Agency ORI Number		Agency Name PALM BEACH POLICE DEPARTMENT		Agency Report Number (N.T.A.'s only) 18-001197	
	Charge Type: Check as many as apply.		Weapon Seized / Type		Multiple Clearance Indicator		UK	
	Location of Arrest (Including Name of Business)		Date of Arrest		Time of Arrest		Booking Date	
	200 BLK KAWAMA, PALM BEACH, FL 33480		09/08/18		0128			
DEFENDANT	Name (Last, First, Middle) POHLMAN CARRIE ANN				Alias (Name, DOB, Soc. Sec. #, Etc.)			
	Race W - White 1 - American Indian B - Black 0 - Oriental/Asian		Sex W F		Date of Birth 06/23/1990		Height 509	
	Weight 130		Eye Color BLUE		Hair Color BLONDE		Complexion LIGHT	
	Build THIN		Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) NONE		Marital Status UNKNOWN		Religion NONE	
	Local Address (Street, Apt. Number) 810 3RD AVE N #78		City LAKE WORTH		State FL		Zip 33460	
	Permanent Address (Street, Apt. Number) 810 3RD AVE N #78		City LAKE WORTH		State FL		Zip 33460	
	Business Address (Name, Street)		City		State		Zip	
	D/L Number, State P455101907230		Soc. Sec. Number		INS Number		Place of Birth (City, State) DAYTONA, FL	
	Citizenship US		Race		Sex		Date of Birth	
	Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth	
Name (Last) (First) (Middle)		Residence Phone		Address (Street, Apt. Number) (City) (State) (Zip)		Business Phone		
Notified by: (Name)		Date		Time		Juvenile Disposition 1. Handled/processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated		
Released To: (Name)		Relationship		Date		Time		
The above address provided by <input type="checkbox"/> defendant and / or <input type="checkbox"/> defendant's parents The child and / or parent was told to keep the Juvenile Court Clerk (Phone 355-2526) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)		School Attended		Grade		Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Description of Property		Value of Property		Drug Activity N. N/A 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 D.U.I.		Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		
Statute Violation Number 316.193(1)		Violation of ORD #		Drug Activity N		Drug Type N		
Amount / Unit		Offense # 18-001197		Warrant / Capias Number		Bond OR		
Charge Description Possession of Cocaine		Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number 893.13(6)(a)		
Violation of ORD #		Drug Activity P		Drug Type C		Amount / Unit		
Offense # 18-001197		Warrant / Capias Number		Bond 3,000		Statute Violation Number		
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Offense #		W						

OBTS Number		PROBABLE CAUSE AFFIDAVIT			1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	Juvenile	N	
ADMIN	Agency ORI Number	Agency Name PALM BEACH POLICE DEPARTMENT			Agency Report Number 18-001197					
	Charge Type: Check as many as apply. <input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony		<input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Special Notes:			
DEF	Name (Last, First, Middle) POHLMAN CARRIE ANN				Alias	Race W	Sex F	Date of Birth 06/23/1990		
	Charge Description D.U.I		316.193(1)		Charge Description Possession of Cocaine		893.13(6)(a)			
VICTIM	Victim's Name (Last, First, Middle)				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			
<p>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</p> <p><input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.</p> <p><input type="checkbox"/> confessed to _____ admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the 8TH day of SEPTEMBER 20 18 at 0128 <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p> <p>On September 8th, 2018, at 0128 hours, Carrie Ann Pohlman was arrested for D.U.I in the 200 block of Kawama, Palm Beach, FL 33480. A search of Pohlman's purse incident to arrest revealed a clear zip-lock bag containing a white powder substance. It should be noted that Pohlman stated that the purse was hers. Pohlman was also in possession of the purse when the traffic stop was conducted. Captain Guelli and myself observed the clear zip lock bag inside of the purse upon initial contact with Pohlman. It should be noted that the white powder substance in the clear plastic bag tested positive for Cocaine and was submitted into CSEU as evidence. Subsequently, Pohlman is also being charged with Possession of Cocaine pursuant to F.S.S. 893.13 (6)(a).</p>										
ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH Dean Morea (Signature of Arresting/Investigative Officer)									
	The foregoing instrument was sworn to or affirmed and subscribed before me this 8 day of Sept 20 18 by Dean Morea									
	(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced _____									
Notary Public, Clerk of Court, Officer (F.S.S. 117.1)							PAGE 1 OF 1			

NOT A CERTIFIED COPY

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 8TH DAY OF SEPTEMBER 20 18 AT 0128 PM
SUBJECT: POHLMAN CARRIE ANN CASE NUMBER: 18-001197
AGENCY: PALM BEACH POLICE DEPARTMENT ARRESTING OFFICER: Dean Morea

PERSONAL CONTACT

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

Captain Guelli was following a vehicle that he believed to be impaired. The vehicle was a black Rolls Royce bearing FL Tag: KAKE39. Captain Guelli observed the vehicle failing to maintain its lane, driving very slowly, nearly striking another parked vehicle and driving over the painted lines separating the lanes of the roadway. Captain Guelli initiated a traffic stop on this vehicle in the 200 block of Kawama. I arrived on scene for backup and observed a female in the driver's seat. See Captain Guelli's supplement for specific information in regards to the driving pattern.

OBSERVATION OF DRIVER:

Upon contact with the female driver, Pohlman her eyes were very red and she appeared to be confused.

DRIVER'S STATEMENTS:

Pohlman stated that she and her passenger were out together but did not state where. Pohlman stated that she was trying to get her passenger home who lives at 222 Pendleton Ave, Palm Beach. It should be noted that Pohlman drove past Pendleton Ave. Pohlman's speech was slurred.

ODORS:

Pohlman had a strong odor of alcohol emanating from her breath.

GENERAL OBSERVATIONS

SPEECH: Slurred

ATTITUDE: UNCOOPERATIVE

CLOTHING: Black Dress

MEDICAL/OTHER: N/A

STATE OF FLORIDA
COUNTY OF PALM BEACH

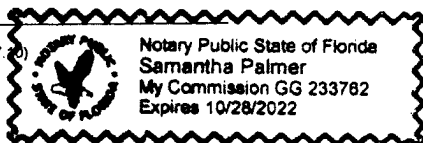
Dean Morea

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 8 day of Sept 20 18 by _____

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

Notary Public, Clerk of Court, Officer (F.S.S. 117.2)



SUBJECT: POHLMAN CARRIE ANN

CASE NUMBER 18-001197

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

- | | |
|---|---|
| <input checked="" type="checkbox"/> LT EYE-LACK OF SMOOTH PURSUIT | <input checked="" type="checkbox"/> RT EYE-LACK OF SMOOTH PURSUIT |
| <input checked="" type="checkbox"/> LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION | <input checked="" type="checkbox"/> RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION |
| <input checked="" type="checkbox"/> LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES | <input checked="" type="checkbox"/> RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES |

Other Observations:

Subject was swaying side to side during the task.

WALK & TURN

Subject did not maintain the position I requested of her prior to instruction. Subject lost her balance during instruction. Subject lost her balance between steps "7" and "8" and never verbalized step "8". Subject failed to turn properly and lost balance causing her to almost fall backwards. Subject also used her arms to maintain balance.

ONE LEG STAND:

Subject started losing her balance on numbers "8" "10" "11" "12" "18" "20". When the subject got to number "21" she than stopped saying the word "one-thousand" when counting. Subject also kept questioning me in regards to the instructions during the task. Subject was also swaying her arms to keep her balance.

FINGER TO NOSE:

Subject touched her upper lip several times rather than the tip of her nose. When I instructed her to touch the tip of her nose and not her lip she became argumentative.

ROMBERG ALPHABET:

Subject was instructed not to verbalize A-Z in a rhythmic manner, however she did anyways.

BREATH TEST RESULTS: REFUSED

STATE OF FLORIDA
COUNTY OF PALM BEACH

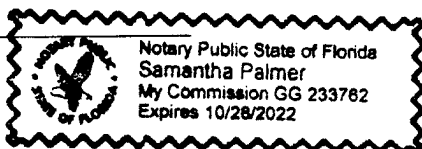
Dean Morea

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 8 day of Sept 20 18 by _____

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

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



TESTING FACILITY TASK REPORT

AGENCY: PBPD/MOREA

SUBJECT: POHLMAN, CARRIE ANN

CASE NUMBER: 18-118080

DATE: Sep 8, 2018

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 0218

ENDING TIME: 0227

BREATH TESTS RESULTS: 1) R TIME 0226 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: S. PALMER #24520

MAINTENANCE TECHNICIAN: J Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: ARGUMENTATIVE, UNCOOPERATIVE,

CLOTHING: BLACK DRESS, NO SHOES

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER:

EYES GLASSY AND BLOODSHOT, ODOR OF UNKNOWN ALCOHOLIC BEVERAGE COMING FROM BREATH

COMMENTS:

ARRESTING OFFICER CONDUCTED THE 20 MINUTE OBSERVATION BEGINNING AT 0148
SUBJECT REFUSED TO TAKE BREATH TEST
A/O READ AND EXPLAINED I/C MULTIPLE TIMES
SUBJECT STATED SHE WANTED TO TALK TO SOMEONE
AFTER MULTIPLE ATTEMPTS TO EXPLAIN I/C AND ASKING TO PROVIDE BREATH SAMPLES
A/O CALLED REFUSAL @ 0226
A/O DID NOT READ RIGHTS OR CONDUCT Q&A
DUE TO SUBJECT BEING UNCCOPERATIVE

**STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES
AFFIDAVIT OF REFUSAL TO SUBMIT TO
BREATH AND/OR URINE TEST**

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

am a member of Palm Beach Police Department, and I do swear
(Name of law enforcement agency)

or affirm that on or about the 8 day of Sept, 20 18, at 0128 P.M. A.M.

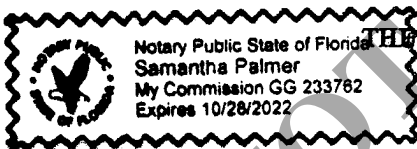
DRIVER Carrie Ann Pohlman
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# P455101907230, state of FL, was placed under lawful arrest for
the offense of D.V.I by Dean Morea and
(Name of Arresting Officer)
issued Citation # _____

That on or about the _____ day of _____, 20 _____, at _____ P.M. A.M.
in Palm Beach County,

I requested that the driver submit to a breath and/or urine test to determine his or her blood alcohol level and/or the presence of chemical or controlled substances. I informed the driver that the refusal to submit to such test(s) 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 he or she commits a misdemeanor by refusing to submit to a lawful test as requested above if his or her driving privilege has been previously suspended for refusal to submit to a lawful test of his or her breath, urine, or blood. Additionally, I informed the driver that if he or she holds a CDL, or was operating a CMV, refusal will 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 has previously been disqualified as a result of a refusal to submit to any such lawful test. Nonetheless, the driver refused to submit to the test(s) requested.

Dean Morea
Signature of Law Enforcement Officer or
Correctional Officer



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

The foregoing instrument was sworn and subscribed before me:

(AFFIX SEAL)
The foregoing instrument was sworn and subscribed before
me this 8 day of September, 20 18,
by OFC. MOREA,

who is personally known to me or who has produced
_____ as identification

Notary Public Samantha Palmer

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.

TESTING FACILITY TASK REPORT

AGENCY: PBPD/MOREA

SUBJECT: POHLMAN, CARRIE ANN

CASE NUMBER: 18-118080

DATE: Sep 8, 2018

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 0218

ENDING TIME: 0227

BREATH TESTS RESULTS: 1) R TIME 0226 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: S. PALMER #24520

MAINTENANCE TECHNICIAN: J Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: ARGUMENTATIVE, UNCOOPERATIVE,

CLOTHING: BLACK DRESS, NO SHOES

MEDICAL CONDITIONS: NONE

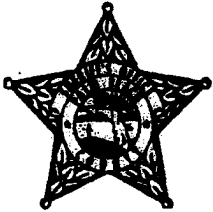
MEDICATIONS: NONE

OTHER:

EYES GLASSY AND BLOODSHOT, ODOR OF UNKNOWN ALCOHOLIC BEVERAGE COMING FROM BREATH

COMMENTS:

ARRESTING OFFICER CONDUCTED THE 20 MINUTE OBSERVATION BEGINNING AT 0148
SUBJECT REFUSED TO TAKE BREATH TEST
A/O READ AND EXPLAINED I/C MULTIPLE TIMES
SUBJECT STATED SHE WANTED TO TALK TO SOMEONE
AFTER MULTIPLE ATTEMPTS TO EXPLAIN I/C AND ASKING TO PROVIDE BREATH SAMPLES
A/O CALLED REFUSAL @ 0226
A/O DID NOT READ RIGHTS OR CONDUCT Q&A
DUE TO SUBJECT BEING UNCCOPERATIVE



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

PBSO CASE # 18-118080 PBSO ZONE 3-22

AGENCY CASE # 18-001197 CRASH CASE # N/A

TIME OF STOP/CRASH 0057 DATE 9/8/18 DAY Sat

SUBJECT'S NAME Carrie Pohlman RACE W SEX F

HGT 509 WGT 130 DOB 6 123 1 90

LOCATION 200 blk Kawama, Palm Beach, FL 33480

ARRESTING OFFICER'S NAME & ID Moran 9130 AGENCY PBPD

DIVISION: Patrol

NOTIFIED BY COMMO yes.

ARRIVAL AT FACILITY 0148

ARREST TIME 0128

BREATH RESULTS:

- 1. _____
- 2. _____
- 3. _____
- 4. _____

REFUSED

TESTING OFFICER'S ID 24520 PBSO VIDEOTAPE # N/A

NOT A CERTIFIED COPY

SUBJECT: Pohlman, Carrie CASE NUMBER: 18-001197

QUESTIONS AND ANSWERS

I AM NOW GOING TO ASK YOU SOME QUESTIONS. WITH THESE RIGHTS IN MIND, YOU MAY ANSWER SOME OF, ALL OF, OR NONE OF THE FOLLOWING QUESTIONS AS YOU LIKE.

WERE YOU OPERATING A MOTOR VEHICLE AT THE TIME OF THE STOP/ACCIDENT? _____

WHERE WERE YOU GOING? _____

WHAT STREET OR HIGHWAY WERE YOU ON? _____

DIRECTION OF TRAVEL? _____ WHERE DID YOU START? _____

WHAT TIME DID YOU START? _____ WHAT TIME IS IT NOW? _____

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

WHAT COUNTY AND CITY ARE YOU IN NOW? _____

WHEN DID YOU LAST EAT? _____ WHAT DID YOU EAT? _____

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

HOW MUCH DO YOU WEIGH? _____ HAVE YOU BEEN DRINKING? _____ WHAT? _____

HOW MUCH? _____ WHERE? _____ WITH WHOM? _____

WHEN DID YOU HAVE YOUR FIRST DRINK? _____ AND YOUR LAST DRINK? _____

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? _____

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? _____ ARE YOU UNDER THE INFLUENCE? _____

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? _____ HOW MUCH? _____

WHAT? _____ WHERE? _____ WHEN? _____

WHAT LINE OF WORK ARE YOU IN? _____ WHEN DID YOU LAST WORK? _____

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? _____ WHAT? _____

ARE YOU SICK OR INJURED? _____ WHAT'S WRONG? _____

DO YOU LIMP? _____ DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? _____

WERE YOU IN AN ACCIDENT TODAY? _____

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? _____ WHEN? _____

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? _____ WHO? _____ WHY? _____

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? _____ WHAT? _____ WHEN? _____

DO YOU HAVE:

- EPILEPSY? _____
- GLASS EYE? _____
- FALSE TEETH? _____
- EAR INFECTION? _____
- INNER EAR TROUBLE? _____
- DIABETES? _____

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? _____

DO YOU TAKE INSULIN? _____ IF SO, WHEN WAS YOUR LAST INJECTION? _____

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

INTERVIEWER: OFF MORLA

SUBJECT: Bushman, Carrie CASE NUMBER: 18 001197

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 OFF. MORLO #9130 of the Palm Beach PD

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) Read on Camera

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

WITNESS LIST

CASE NUMBER: 18-001197

ARRESTING OFFICER: Dean Morea

ADDRESS: 345 South County Rd. Palm Beach, Fl 33480

PHONE NUMBERS (HOME): (561)838-5454 (WORK) _____

CAN TESTIFY TO: SFST, ARREST, TRAFFIC STOP

NAME: OFFICER FRIEDMAN

ADDRESS: 345 South County Rd. Palm Beach, Fl 33480

PHONE NUMBERS (HOME) (561) 838-5454 (WORK) _____

CAN TESTIFY TO: SFST, ARREST

NAME: CAPTAIN GUELLI

ADDRESS 345 South County Rd. Palm Beach, Fl 33480

PHONE NUMBERS (HOME) (561)838-5454 (WORK) _____

CAN TESTIFY TO: TRAFFIC STOP, SFST, ARREST

NAME: OFFICER BIDO

ADDRESS 345 S COUNTY ROAD

PHONE NUMBERS (HOME) 561-838-5454 (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

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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: 2018030157	Date: 09/09/2018
	Specialist Name/ID: AM/31562