JA 0508859   19CT011353854

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

2 NTA | 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- 19084703

Charge Type (Check as many as apply): ☐ 1 Felony ☐ 2 Traffic Felony ☐ 3 Misdemeanor ☒ 4 Traffic Misdemeanor ☐ 5 Ordinance ☐ 6 Other

Weapon Seized / Type (1 Yes 2 No): 2 | Multiple Clearance Indicator: 1

Location of Arrest (Including Name of Business): 2297 SUMMIT BLVD

Location of Offense (Business Name, Address): 2297 SUMMIT BOULEVARD, WEST PALM BEACH FL 33406

Date of Arrest: 06/21/2019 | Time of Arrest: 0332 | Booking Date: | Booking Time: | Jail Date: | Jail Time: | Location of Vehicle: SISTER'S TOWING

DEFENDANT

Name (Last, First, Middle): SMITH, CHAD, MICHAEL | Alias (Name, DOB, Soc Sec #, Etc):

Race (W - White I - American Indian B - Black O - Oriental/Asian): W | Sex: M | Date of Birth: 08/27/1989 | Height: 5'08" | Weight: 150 | Eye Color: BROWN | Hair Color: BROWN | Complexion: LIGHT | Build: SMALL

Scars, Marks Tatoos, Unique Physcal Features (Location, Type, Description): | Marital Status: Single | Religion: CATHOLIC | Indication of Alcohol Influence / Drug Influence: Y ☐ N ☐ Unk ☐

Local Address (Street, Apt Number) (City) (State) (Zip): 1441 BRANDY WINE LANE #600L, WEST PALM BEACH FL 33406 | Phone: (574) 312-8957 | Residence Type (1 City 2 County 3 Florida 4 Out of State): 2

Permanent Address (Street, Apt Number) (City) (State) (Zip): , | Phone: ( ) | Address Source: FL DL

Business Address (Name, Street) (City) (State) (Zip): 8201 Congress Ave, Boca Raton, FL, 33487 | Phone: (561) 9886110 | Occupation: FRONT DESK MANAGER

D/L Number, State: 3[redacted] | Soc Sec Number: [redacted] | INS Number: | Place of Birth (City, State): Peoria Illinois | Citizenship: U.S.

CO-DEF

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

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

JUVENILE

☐ Parent ☐ Legal Custodian ☐ Other | 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 ☐ defendant and / or ☐ 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 ☐ Yes, by (Name) ☐ No (Reason) | School Attended: | Grade:

Property Crime? ☐ Yes ☒ No | Description of Property: | Value of Property:

CODE

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

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
DRIVING UNDER THE INFLUENCE WITH PROPERTY DAMAGE	1	☐ Y ☒ N	316.193(3C1)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
N	N		19084703		

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐ Y ☐ N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐ Y ☐ N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐ Y ☐ N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

NOTICE TO APPEAR

Location (Court, Room Number, Address): Criminal Justice Complex, 3228 Gun Club Road, West Palm Beach, FL 33406 - Ph: (561) 688-4600

Court Date and Time: Month JULY Day 18TH Year 2019 Time 0830 AM X 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

X [signature] | 06/21/2019

Signature of Defendant (or Juvenile and Parent /Custodian) | Date Signed

ADMIN

HOLD for other Agency Name: | Signature of Arresting Officer: [signature] | Name Verification (Printed by Arrestee): (PRINT)

☐ Dangerous ☐ Suicidal ☐ Resisted Arrest ☐ Other | Name of Arresting Officer (Print): J. MCCOY | ID #: 33108

Intake Deputy: [signature] | ID #: | Pouch #: | Transporting Officer: DEVITO | ID #: 15330 | Agency: PBSO | Witness here if subject signed with an "X" | PAGE 1 OF 1

DISTRIBUTION WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N T A 's ONLY)

PBSO #146 REV 8/97

2019 JUN 22 ... 23

SCANNED JUN 2019

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 21 DAY OF JUNE 20 19, AT 0238 ✓ AM PM

SUBJECT: SMITH, CHAD, MICHAEL CASE NUMBER: 19084703

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: J. MCCOY

PERSONAL CONTACT

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

On 06/21/19 at approximately 0238 hours, I responded to 2297 Summit Boulevard, unincorporated Lake Worth in regards to a single vehicle car crash. Upon arrival, I made contact with witness, W/M Adam W. Barnes (08/22/89) who stated he heard the vehicle crash into the neighbors Palm Tree which was located in the front yard.

When Barnes went outside to check on the occupant(s), he observed the sole occupant of the vehicle get back inside and attempt to reverse away. Due to the great impact, the vehicle was disabled and the sole occupant who was later identified by his Indiana Driver's License as W/M Chad M. Smith (08/27/1989) was not able to successfully reverse the vehicle away from the crash scene. Barnes completed a sworn witness statement stating such.

OBSERVATION OF DRIVER:

When I made contact with Smith, he was standing out side of his 2017 purple Kia Forte bearing Indiana Tag #833QBF. I observed Smith swaying from side to side approximately 2-3 inches. Smith had blood shot red and glassy eyes. As Smith was talking to me, I was able to smell an unknown odor of an alcoholic beverage coming off of his breath. Smith reaction time was extremely delayed and his speech was slurred and mumbled.

DRIVER'S STATEMENTS:

Smith told me he was out with his coworkers earlier in the night and was at several different establishments. Smith stated at approximately 1615 hours he started out at Rocco's Tacos where he consumed 1 frozen Margarita and left around 1645 hours. At 1700 hours, Smith relocated to The Maser Escape Room where he had nothing to drink and left around 1800 hours. At 1815 hours, Smith relocated to the Grease Burger Bar where he consumed 1 local lager beer and left around 1915 hours. At 2100 hours, Smith relocated to Lost Weekend Bar where he consumed 1 Budlight Beer and left around 2200 hours. At 2215 hours, Smith relocated to Scores Gentleman's Club where he consumed 1 shot of Patron and a Budlight Beer.

ODORS:

I was able to smell an odor of an unknown alcoholic beverage coming from Smith's breath as he spoke to me.

GENERAL OBSERVATIONS

SPEECH: **Slurred, Mumbled, Thick- tongued.**

ATTITUDE: **Cooperative, sleepy, polite**

CLOTHING: **Blue shirt, khaki shorts, blue tennis shoes**

MEDICAL/OTHER: **N/A**

STATE OF FLORIDA
COUNTY OF PALM BEACH

J. MCCOY
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 21 day of June 20 19 by J. MCCOY

(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)

SUBJECT: SMITH, CHAD, MICHAEL CASE NUMBER 19084703

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

- [x] LT EYE-LACK OF SMOOTH PURSUIT
- [x] RT EYE-LACK OF SMOOTH PURSUIT
- [x] LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX DEVIATION
- [x] RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX DEVIATION
- [x] LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES
- [x] RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

Other Observations:

WALK & TURN:

Can't keep balance while listening to instructions (Smith was swaying from side to side approximately 2-3 inches as he was standing). Misses heel to toe (Smith missed heel to toe on steps 1, 3, 5, 7, 8, 9 and on steps 1, 2, 3, 4, 5, 6 and 9 on the way back). Steps off line (Smith stepped off the line on steps 1, 3, 5, 7, 8, 9 and on steps 1, 2, 3, 4, 5, 6, and 9). Improper turn (Smith stepped off the line with both his feet as he lost his balance then continued on with his 9 steps).

ONE LEG STAND:

Can't keep balance while listening to instructions (Smith was swaying from side to side approximately 2-3 inches as he was standing). Puts foot down before 30 seconds (Smith put his right foot down after 5 seconds during the 1st attempt, 4 seconds during the 2nd attempt, 1 second during the 3rd attempt, 1 second during the 4th attempt and 3 seconds during the 5th attempt).

FINGER TO NOSE:

Can't keep balance while listening to instructions (Smith was swaying from side to side approximately 2-3 inches as he was standing). Does not keep eyes closes (Smith had both of his eyes opened and closed on and off throughout the exercise). Does not touch the tip of his nose with his index finger (Smith touched his top lip with his left index finger during the 2nd attempt, the left side of his nose with his left index finger during the 5th attempt and the top of his lip with his left index finger during the 7th attempt.

ROMBERG ALPHABET:

Can't keep balance while listening to instructions (Smith was swaying from side to side approximately 2-3 inches as he was Does not keep eyes closes (Smith had both of his eyes opened and closed on and off throughout the exercise). Improperly recites alphabet (Smith stated A, B, C, D, E, F, G, H, I, J, K, L, M, N, O, Z, no Q, R, S, T, U, V, W, X, Y Z".

BREATH TEST RESULTS: | 1) .143 | 2) .146 | 3) | 4) |

STATE OF FLORIDA
COUNTY OF PALM BEACH

J. MCCOY
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 21 day of June 20 19 by J. MCCOY

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

S. O'Neal
Notary Public, Clerk of Court, Officer (F S S 117 10)

SHARI L. O'NEAL
Notary Public - State of Florida
Commission # FF 965864
My Comm. Expires Jun 25, 2020
Bonded through National

PALM BEACH COUNTY SHERIFF'S OFFICE – **SWORN STATEMENT**

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

☑ WITNESS ☐ VICTIM ☐ OTHER

CASE#:	ZONE:	SUSPECT:	DATE & TIME OF ORIGINAL EVENT/OFFENSE:
19084701	T-11	Chad M. Smith	6/21/19 0238
EVENT TYPE: Crash		DEPUTY: D/S J. McCoy	ID#: 33108

COMPLETE EVERYTHING BELOW – PRINT LEGIBLY

LAST NAME:	FIRST NAME:	MIDDLE INITIAL:	RACE:	SEX:
Barnes	Adam	W	W	M

DATE OF BIRTH: (MM/DD/YYYY)	YOUR HEIGHT:	YOUR WEIGHT:	YOUR HAIR COLOR:	YOUR EYE COLOR:
08/22/1989	6"1	400	Bald	Brown

YOUR HOME ADDRESS: ☐ CHECK IF HOMELESS	CITY:	STATE:	ZIP:
1924 Yellow Brick Rd	Lake Worth	FL	33462
YOUR WORK NAME & ADDRESS: ☐ CHECK IF UNEMPLOYED OR RETIRED	CITY:	STATE:	ZIP:
/			

WORK PHONE: ☐ CHECK IF NONE	CELL PHONE: ☐ CHECK IF NONE	HOME PHONE: ☐ CHECK IF NONE	EMAIL: ☐ CHECK IF NONE
( )	(561) 574 3479	( )	BarnesAdam4@Gmail.com

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

I YOUR NAME: Adam Barnes — DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER...

I heard a loud crash outside so I went outside to check it out and I observed a white Male wearing Khaki shorts and a blue button down shirt exiting the driver side/driver door of a purple Kia that had been wrecked. I then observed the same male get back into the car and put it in reverse and tried to drive away. The car would not move no matter how hard he hit the gas petal. The male then got out of the car again and looked at the damage then went to get back in the car at which point I stated to him he needs to stay and I was calling for help. He stated to me that he was not hurt and he was driving home to Palm Beach Lakes. After calling 911 he stated to me that he was drunk and had quite to drink. PBSO & Fire Rescue showed up moments later.

PAGE 1 OF 1

READ AND SIGN

I SWEAR AND AFFIRM THIS AND/OR THE ATTACHED STATEMENTS ARE CORRECT AND TRUE:

YOUR SIGNATURE: X Adam Barnes

☑ DEPUTY SHERIFF ☐ NOTARY PUBLIC FSS: 117.10

SWORN TO AND SUBSCRIBED BEFORE ME TODAY:

DATE 6/21/19 TIME: 0238

SIGNATURE: [redacted] ID: 33108

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

(PROSECUTION WAIVER NOT TO BE USED FOR CASES INVOLVING DOMESTIC OR DATING VIOLENCE PER G.O. 508.00)

WHITE **- RECORDS COPY** ***CANARY*** **- STATE ATTORNEY COPY** ***PINK*** **- OFFICER'S COPY** ***GOLD*** **- WITNESS / VICTIM COPY**

PBSO #0134 REV. 12/11

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

PBSO CASE # 19084703 PBSO ZONE 1-11

AGENCY CASE # 19084703 CRASH CASE # 19084701

TIME OF STOP/CRASH 0238 DATE 06/21/2019 DAY Friday

SUBJECT'S NAME SMITH, CHAD, MICHAEL RACE W SEX M

HGT 5'08" WGT 150 DOB 08/27/1989

LOCATION 2297 SUMMIT BLVD

ARRESTING OFFICER'S NAME & ID J. MCCOY (33108) AGENCY Palm Beach County Sheriff's Office

DIVISION: PATROL

NOTIFIED BY COMMO YES

ARRIVAL AT FACILITY 0400hrs

ARREST TIME 0332

BREATH RESULTS:

1) .143
2) .146
3)
4)

TESTING OFFICER'S ID 6212 PBSO VIDEOTAPE # 1

WITNESS LIST

CASE NUMBER: 19084703

ARRESTING OFFICER: J. MCCOY
ADDRESS. 3228 GUN CLUB ROAD, WEST PALM BEACH FL 33415
PHONE NUMBERS (HOME): ______ (WORK) 561-688-3000
CAN TESTIFY TO: PROBABLE CAUSE AFFIDAVIT

NAME: D/S A. Devito-Vargas #15330
ADDRESS: 3228 GUN CLUB ROAD, WEST PALM BEACH FL 33415
PHONE NUMBERS (HOME) ______ (WORK) 561-688-3000
CAN TESTIFY TO: TOW INVENTORY

NAME: D/S Shawn Davis #15330
ADDRESS 3228 GUN CLUB ROAD, WEST PALM BEACH FL 33415
PHONE NUMBERS (HOME) ______ (WORK) 561-688-3000
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: ______

NAME: ______
ADDRESS ______
PHONE NUMBERS (HOME) ______ (WORK) ______
CAN TESTIFY TO: ______

TESTING FACILITY TASK REPORT

AGENCY:

SUBJECT: CASE NUMBER:

DATE: VIDEO TAPE NUMBER:

BEGINNING TIME: ENDING TIME:

BREATH TESTS RESULTS: 1) TIME A.M./P.M. 2) TIME A.M./P.M.

3) TIME A.M./P.M. 4) TIME A.M./P.M.

BREATH OPERATOR:

MAINTENANCE TECHNICIAN:

TESTING OFFICER'S OBSERVATIONS

SPEECH:

ATTITUDE:

CLOTHING:

MEDICAL CONDITIONS:

MEDICATIONS:

OTHER:

COMMENTS:

SUBJECT: _____ CASE NUMBER: _____

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)_____

SUBJECT: _____ CASE NUMBER: _____

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? [illegible]

DIRECTION OF TRAVEL? N WHERE DID YOU START? Sam's Bar

WHAT TIME DID YOU START? [illegible] WHAT TIME IS IT NOW? [illegible]

WHAT IS TODAY'S DATE? 6/21/19 WHAT DAY OF THE WEEK IS IT? Friday

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

WHEN DID YOU LAST EAT? 6:30 PM WHAT DID YOU EAT? Cheeseburger

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? Driving home

HOW MUCH DO YOU WEIGH? 145 HAVE YOU BEEN DRINKING? Yes WHAT? Beer, Shots

HOW MUCH? 1 WHERE? Sam's WITH WHOM? With bartender

WHEN DID YOU HAVE YOUR FIRST DRINK? 6:00 PM AND YOUR LAST DRINK? [illegible]

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? S.P

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

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? No HOW MUCH? _____

WHAT? _____ WHERE? _____ WHEN? _____

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

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? No WHAT? _____

ARE YOU SICK OR INJURED? No WHAT'S WRONG? _____

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

WERE YOU IN AN ACCIDENT TODAY? Yes

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? No WHEN? _____

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? No WHO? _____ WHY? _____

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? No WHAT? _____ WHEN? _____

DO YOU HAVE:
- EPILEPSY? No
- GLASS EYE? No
- FALSE TEETH? No
- EAR INFECTION? No
- INNER EAR TROUBLE? No
- DIABETES? No

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

DO YOU TAKE INSULIN? No IF SO, WHEN WAS YOUR LAST INJECTION? _____

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? No WHERE? _____

INTERVIEWER: _____

PALM BEACH COUNTY
SHERIFF'S OFFICE
Florida State Statute Exemption Sheet

Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	☐	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.	
Public Info. Exemptions	☐	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.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)	☒	(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.	
	☐			
	☐			
	☐			
	☐			
	☐			
Other	☐		Other:	
	☐		Other:	

REVIEW COMPLETED BY

Booking Number: 2019020367	**Date:** 06/22/2019
	Specialist Name/ID: AM/31562