19CT22313 MB

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

OBTS Number:

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

ADMINISTRATIVE

Agency ORI Number	Agency Name	Agency Report Number (N.T.A.'s only)
FLO 500000	PALM BEACH COUNTY SHERIFF'S OFFICE	06- 19144233

ChargeType 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 NONE | Multiple Clearance Indicator: 01

Location of Arrest (Including Name of Business): MARKS WAY & MELALEUCA LN, GREENACRES, FL 33463

Location of Offense (Business Name, Address): MARKS WAY & MELALEUCA LN, GREENACRES, FL 33463

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
12/03/2019	23:41					PALM BEACH AUTO TOWING

DEFENDANT

Name (Last, First, Middle): TRANSLEAU, COLLIN, FRANCIS | Alias (Name, DOB, Soc. Sec. #, Etc.):

Race (W - White I - American Indian B - Black O - Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	M	08/26/1994	6'01"	195	BLUE	BLONDE	LIGHT	MEDIUM

Scars, Marks, Tatoos, Unique Physcal Features (Location, Type, Description): TATTOOS - LEFT WRIST, RIGHT FOREARM, AND RIGHT RIBCAGE

Marital Status: SINGLE | Religion: CATHOLIC | Indication of: Alcohol Influence Y ☑ N ☐ Unk ☐; Drug Influence Y ☐ N ☐ Unk ☑

Local Address (Street, Apt. Number) (City) (State) (Zip): 5408 LITTLE DIPPER COURT, GREENACRES, FL 33463 | Phone: (941) 763-5183 | Residence Type (1. City 2. County 3. Florida 4. Out of State): 1

Permanent Address (Street, Apt. Number) (City) (State) (Zip): 5408 LITTLE DIPPER COURT, GREENACRES, FL 33463 | Phone: (941) 763-5183 | Address Source: DEFENDANT - FL D/L

Business Address (Name, Street) (City) (State) (Zip): N/A | Phone: ( ) N/A | Occupation: UNEMPLOYED

D/L Number, State: T652-106-94-306-0, FL | Soc. Sec. Number: [redacted] | INS Number: | Place of Birth (City, State): BOYNTON BEACH, FL | 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 #
D.U.I.	01	☐ Y ☑ N	316.193(1)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
N	N	N/A	19144233		OR

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

Court Date and Time: Month January Day 9th Year 2020 Time 8:30 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

Signature of Defendant (or Juvenile and Parent /Custodian): [signature] | Date Signed: 12/4/2019

ADMIN

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

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other

Name of Arresting Officer (Print): D/S A. SENTMANAT | I.D. #: 24968

Intake Deputy: DSCY/MS 7697 | I.D. # | Pouch # | Transporting Officer: A. SENTMANAT | ID #: 24968 | 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 #145 REV 8/97

0513051 / 1921 DEC 04 2019

ADMIN

OBTS Number

PROBABLE CAUSE AFFIDAVIT

1 Arrest 2. NTA 3. Request for Warrant 4. Request for Capias | 1 | Juvenile

Agency ORI Number: FLO 500000

Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE

Agency Report Number: 06-

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

Special Notes: DUI SUPPLEMENT PC

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
Transleau, Collin, Francis		W	M	08/26/1994

CHARGES

Charge Description	Charge Description
DUI	
Charge Description	Charge Description

VICTIM

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
State of Florida , ,			

Local Address (Street, Apt. Number)	(City)	(State)	(zip)	Phone	Address Source
,				( )	
Business Address (Name, Street)	(City)	(State)	(zip)	Phone	Occupation
				( )	

PROBABLE CAUSE STATEMENT

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
☐ confessed to _____ admitting to the below facts
☐ was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.
☒ was found to have commited the below acts, resulting from my (described) investigation

On the 3rd day of DECEMBER 2019 at 2300 ☐ A. M. ☒ P. M. (Specifically include facts constituting cause for arrest.)

On 12/03/2019 at approximately 2300hrs I was facing west at Melaleuca Ln and S Haverhill Rd., Greenacres, Palm Beach County, FL 33463 reference traffic enforcement.

I was posted stationary with my Eagle II radar activated. I observed a silver Toyota traveling north on S Haverhill Rd and approach the intersection at a high rate of speed. The vehicle proceeded west on Melaleuca Ln with my radar activated in stationary mode. The vehicle continued west traveling at 65mph in a 45mph zone. I proceeded after the Silver Toyota bearing FL tag Y84SZE for the traffic violation. The vehicle turned north onto Marks Way almost striking the median. The Toyota proceeded north on Marks Way to Erika Place.

I initiated my overhead lights for a traffic violation and made contact with the driver later identified by his FL drivers license as W/M Collin Transleau 08/26/1994 who was sitting in the driver seat. When I made contact at the driver side window, I identified myself and Transleau had an unknown alcoholic smell emitting from his person, and a slurred speech. I asked if he had anything to drink this evening and he replied one drink and a pill for my anxiety.

At this point, I contacted D/S Sentmanat 24968 who assumed a DUI investigation.

ADMINISTRATIVE

STATE OF FLORIDA
COUNTY OF PALM BEACH

D/S NORRIS 24996
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 3RD day of DECEMBER 20 19 by D/S NORRIS 24996

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

D/S SENTMANAT 24968
Notary Public, Clerk of Court, Officer (F.S. 117.10)

PAGE 1 OF 1

DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY

PBSO 80004 REV. 04/01

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 4TH DAY OF DECEMBER 20 19, AT 23:04 AM ✓ PM

SUBJECT: TRANSLEAU, COLLIN, FRANCIS CASE NUMBER: 19144233

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: A. SENTMANAT #24968

PERSONAL CONTACT

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

On December 4, 2019 at approximately 2310hrs I responded to Lake Worth Village located at Marks Way and Melalueca Lane, Lake Worth, FL 33463 in reference to a D.U.I. investigation. D/S Norris had stopped a vehicle for speeding and nearly striking the curb near the entrance to Lake Worth Village Mobile Home Park. See D/S Norris attached Supplemental Probable Cause Affidavit.

OBSERVATION OF DRIVER:

Upon arrival I made contact with the driver W/M Collin Francis Transleau (08/26/94). Transleau had red, watery, and glassy eyes. As Transleau spoke it was very slow and slurred. I immediately smelled a strong odor of an unknown alcoholic beverage coming from his breath/person. After exiting the vehicle I observed Transleau was swaying side to side and was having a "hard" time keeping his eyes open.

DRIVER'S STATEMENTS:

Transleau said that he had drank 3 to 4 beers and that he had smoked "a lot of weed". Transleau said that he does "maxing and relaxing" which is drinking a lot of alcohol and smoking a lot of marijuana. He said that after his mother's death this year he had begun drinking a lot more than usual.

ODORS:

Transleau had a strong odor of an unknown alcoholic beverage coming from his breath/person.

GENERAL OBSERVATIONS

SPEECH: **Slow and slurred**

ATTITUDE: **Cooperative**

CLOTHING: **blue jean shorts, gray t-shirt, and black clogs**

MEDICAL/OTHER: **klonapin**

STATE OF FLORIDA
COUNTY OF PALM BEACH

A. SENTMANAT #24968
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 4th day of DECEMBER 20 19 by A. SENTMANAT

(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)

BEVERLY SUE OWEN
MY COMMISSION # GG 188278
EXPIRES: May 30, 2022
Bonded Thru Notary Public Underwriters

SUBJECT: TRANSLEAU, COLLIN, FRANCIS CASE NUMBER 19144233

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:

While doing HGN I observed Transleau swaying from side to side.

WALK & TURN:

Transleau stumbled out of the starting position twice to the left. On step one his foot crossed over his other foot. On counts two, three, and four he would step out pause and then place his foot in front of his other foot. On count seven he did not walk heel to toe and there was a two to three inches of separation. Transleau took ten steps instead of nine. He made an improper turn and took eleven steps instead of nine. On the walk back Transleau stepped off on steps: four, five, and six. On count six he also stumbled to the left.

ONE LEG STAND:

Transleau raised his left foot and dropped it to the ground on count thirteen. I told Transleau that he was done after a short time and he lowered his foot. Transleau immediately raised his right foot and began this task again. He immediately lowered his foot on counts one and two.

FINGER TO NOSE:

Transleau missed all attempts with his left and right hands. He would either touch below the nose or just to the side of the nose.

ROMBERG ALPHABET:

Through out this task Transleau was swaying side to side.

BREATH TEST RESULTS: **0.154** **0.159**

STATE OF FLORIDA
COUNTY OF PALM BEACH

A. SENTMANAT #24968
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 4th day of DECEMBER 2019 by A. SENTMANAT

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

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

BEVERLY SUE OWEN
MY COMMISSION # GG 188278
EXPIRES: May 30, 2022
Bonded Thru Notary Public Underwriters

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

Instrument Type: Intoxilyzer 8000
Instrument Registered To: PALM BEACH CO SO
Instrument Serial Number: 80-006029 Software: 8100.27
Date of Test: 12/04/2019

Date of Last Agency Inspection: 11/15/2019
Observation Period Began: 23:41
Subject's Name: COLLIN FRANCIS TRANSLEAU DOB: 08/26/1994 Sex: M

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	00:36
Air Blank	0.000	00:37
Control Test	0.082	00:37
Air Blank	0.000	00:38
Subject Sample #1	0.154	00:38
Air Blank	0.000	00:39
Air Blank	0.000	00:41
Subject Sample #2	0.159	00:41
Air Blank	0.000	00:42
Control Test	0.081	00:42
Air Blank	0.000	00:43
Diagnostics Check	OK	00:43

Cylinder Lot: 17919080A1
Exp: 08/05/2021

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 SUE OWEN, 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: _____ Date: 12/04/19
Signature

Sworn to (or affirmed) before me this 4th day of December 2019

_____ DLS A. Sentmanat
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.

FDLE/ATP FORM 38 - MARCH 2004, Rev. 11D-8.007

TESTING FACILITY TASK REPORT

AGENCY: PBSO

SUBJECT: TransLeau, Collin Francis CASE NUMBER: 19-144233

DATE: 12/04/19 ~~VIDEO TAPE NUMBER~~: N/A

BEGINNING TIME: 0034 ENDING TIME: 0044

BREATH TESTS RESULTS: 1) .154 TIME 0035 (A.M.)/~~P.M.~~ 2) .159 TIME 0041 (A.M.)/~~P.M.~~

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

BREATH OPERATOR: S. Owen # 3184

MAINTENANCE TECHNICIAN: J. Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH:

ATTITUDE: very sleepy eyes, slow talking

CLOTHING: black shoes, grey shorts, gray shirt

MEDICAL CONDITIONS: none, depression

MEDICATIONS: haldol, cholapine

OTHER: smoked a lot of pot today & had a few drinks

3540.A

COMMENTS: A/o & A arrived at 0013 hrs

A/o observed 20 minutes

A/o requested breath test, A agreed

No problem with test

A/o read c/w & understood rights

tech explained results.

SUBJECT: Transleau, Collin Francis CASE NUMBER: 19-144233

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) Read on Video

WHITE - STATE ATTY. YELLOW - DHSMV PINK - CENTRAL RECORDS GOLD - JAIL

PBSO #0129B REV. 08/11

SUBJECT: Transleau, Collin Francis CASE NUMBER: 19-144233

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: _____

WHITE - STATE ATTY. YELLOW - DHSMV PINK - CENTRAL RECORDS GOLD - JAIL

PBSO #0129C REV. 9/93

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	☐	119.071(2)(j)1	Other: Addresses,telephone numbers and personal assets of domestic vio. and other specified crime victims	
	☐		Other:	

REVIEW COMPLETED BY

Booking Number: 2019038709	**Date:** 12/4/2019
	Specialist Name/ID: Mat Meek 33849