



# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 1ST DAY OF JULY 2018, AT 01:09AM A.M./P.M.:

SUBJECT: CORNELIUS HUGO VANDER WALL CASE NUMBER: TPD18OFF000184

AGENCY: TEQUESTA POLICE DEPARTMENT ARRESTING OFFICER: OFC LONEY 1213

## PERSONAL CONTACT

### DRIVING PATTERN:

ON JULY 1ST 2018, AT APPROX 0108 HRS, I ( OFC LONEY 1213) OBSERVED A LIGHT COLORED SUV TRAVELING WESTBOUND ON TEQUESTA DRIVE AT THE LOCATION OF SHORT AVE AND TEQUESTA DRIVE WITHOUT THE DRIVERS SIDE FRONT HEADLAMP LIT.

### OBSERVATION OF DRIVER:

AS I APPROACHED THE VEHICLE, I OBSERVED THE DRIVER, LATER IDENTIFIED AS CORNELIUS HUGO VANDER WAAL VIA FLORIDA DRIVERS ID, SITTING BEHIND THE STEERING WHEEL, IN OPERATION OF HIS MOTOR VEHICLE. I MADE CONTACT WITH VANDER WAAL, IN WHICH THEN I REQUESTED HIS DRIVERS LICENSE, REGISTRATION AND PROOF OF INSURANCE. WHILE I REQUESTED THE INFORMATION, VANDER WAAL LOOKED AT ME WITH GLASSY BLOODSHOT EYES AND ASKED ME TO "SHINE MY FLASHLIGHT INTO HIS WALLET SO HE CAN GET HIS INSURANCE CARD". WHILE VANDER WAAL ATTEMPTED TO FIND THE INFORMATION I REQUESTED, VANDER WAAL ONLY PRODUCED HIS LICENSE, THEN PAUSED AND RETRIEVED HIS REGISTRATION AND PROVIDED IT. I ASKED VANDER WAAL FOR HIS INSURANCE CARD, IN WHICH HE STATED "I CANNOT FIND IT". WHILE VANDER WAAL STATED HE COULD NOT FIND IT, I SMELLED A STRONG ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE EMANATING FROM HIS BREATH AND INSIDE HIS VEHICLE. I ASKED VANDER WAAL IF HE HAD CONSUMED ANY ALCOHOL TONIGHT AND HE STATED "ONE BEER". I THEN ASKED VANDER WAAL TO EXIT THE VEHICLE AND STEP TO THE FRONT OF HIS VEHICLE. WHILE VANDER WAAL WAS AT THE FRONT OF HIS VEHICLE, I REQUESTED THAT VANDER WAAL CONSENT TO THE S.F.S. 'S IN WHICH HE REFUSED. UPON REFUSAL, I ADVISED VANDER WAAL OF HIS TAYLOR WARNINGS AND REQUESTED IF HE WOULD CONSENT TO THESE TASKS ONCE AGAIN. VANDER WAAL ALSO DENIED TO PERFORM THE TASKS REQUESTED OF HIM.

### DRIVER'S STATEMENTS:

VANDER WAAL STATED HE WAS COMING HOME FROM CITY PLACE, LOCATED IN WEST PALM BEACH. VANDER WAAL STATED WHN HE EXITED THE VEHICLE TO JUST SKIP THE TESTS AND TAKE HIM TO JAIL.

### ODORS:

STRONG ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE EMANATING FROM HIS BREATH AND INSIDE THE VEHICLE.

## GENERAL OBSERVATIONS

SPEECH: SLURRED, STUTTERED

ATTITUDE: CONFUSED, UNCOOPERATIVE

CLOTHING: BLUE T SHIRT, JEANS

MEDICAL/OTHER: UNKNOWN

STATE OF FLORIDA  
COUNTY OF PALM BEACH

[Signature] /591  
(Signature of Arresting/Investigative Officer)

The Foregoing instrument was sworn to or affirmed and subscribed before me this 1 day of July 2018 by \_\_\_\_\_

(Print name of arresting/investigative Officer) who is personally known to me and/or produced to me a valid form of identification produced \_\_\_\_\_

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



SUBJECT: CORNELIUS HUGO VANDER WALL

CASE NUMBER: TPD18OFF000184

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS

- LEFT EYE DOES NOT FOLLOW SMOOTHLY
- LEFT EYE JERKS AT 45 DEGREE ANGLES OR LESS
- DISTINCT JERKING LEFT EYE MAXIMUM DEVIATION
- RIGHT EYE DOES NOT FOLLOW SMOOTHLY
- RIGHT EYE JERKS AT 45 DEGREE ANGLES OR LESS
- DISTINCT JERKING RIGHT EYE MAXIMUM DEVIATION

CAN NOT DO, WHY? Refused

WALK AND TURN:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CAN NOT DO, WHY? Refused

ONE LEG STAND:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CAN NOT DO, WHY? Refused

FINGER TO NOSE:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CAN NOT DO, WHY? Refused

ROMBERG / ALPHABET:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CAN NOT DO, WHY? REFUSED

BREATH TEST RESULTS: REFUSED

STATE OF FLORIDA  
COUNTY OF PALM BEACH

[Signature]  
(Signature of Arresting/Investigative Officer)

The Foregoing instrument was sworn to or affirmed and subscribed before me this 1 day of July 2018 by \_\_\_\_\_

(Print name of arresting/investigative Officer) who is personally known to me and produces identification. Type of identification produced \_\_\_\_\_

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



NOT A CERTIFIED COPY

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

PBSO CASE # 18-092130 PBSO ZONE 3-11

AGENCY CASE # TPD18OFF000184 CRASH CASE # \_\_\_\_\_

TIME OF STOP/CRASH 0109 HRS DATE 07/01/2018 DAY SATURDAY

SUBJECT'S NAME CORNELIUS HUGO VANDER WALL RACE W SEX M

HGT 6' WGT 190 DOB 04/09/1981

LOCATION PINE TREE DR AND TEQUESTA DR - WESTBOUND

ARRESTING OFFICER'S NAME & I.D. # LONEY 1213 DIVISION: K9

AGENCY: TEQUESTA PD NOTIFIED BY COMMO Y

ARRIVAL AT FACILITY 0200

BREATH RESULTS: ARREST TIME 0115 HRS

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_

**REFUSED**

TESTING OFFICER'S ID 24639 PBSO VIDEOTAPE # N/A

NOT A CERTIFIED COPY

# WITNESS LIST

CASE NUMBER: TPD18OFF000184

ARRESTING OFFICER OFC LONEY 1213

ADDRESS 357 Tequesta Dr., Tequesta, Fl 33469

PHONE NUMBER (HOME): \_\_\_\_\_ (WORK) 561-768-0500

CAN TESTIFY TO: Traffic stop, roadside refusal, arrest and transport

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBER (HOME): \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBER (HOME): \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBER (HOME): \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBER (HOME): \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBER (HOME): \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBER (HOME): \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBER (HOME): \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBER (HOME): \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBER (HOME): \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBER (HOME): \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NOT A CERTIFIED COPY

**VEHICLE TOW RECEIPT**

DATE / TIME 7/1/2018 1:23:06 AM	COUNTY PALM BEACH (6)	CITY TEQUESTA VILLAGE (1)	OTHER NUMBER	CITATION / REPORT
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**NO HOLD - MAY BE RELEASED**

OWNER	FIRST NAME <b>CORNELIUS</b>	MIDDLE NAME <b>HUGO</b>	LAST NAME <b>VANDER WAAL</b>	SUFFIX NAME	BUSINESS NAME
	ADDRESS <b>18730 RIO VISTA DR</b>		CITY <b>TEQUESTA</b>	STATE ZIP CODE <b>FL 33469</b>	TELEPHONE <b>5617585364</b>
	<input checked="" type="checkbox"/> OWNER PRESENT	OR	<input type="checkbox"/> OWNER NOTIFICATION ATTEMPTED	OWNER NOTIFICATION ATTEMPTS: <b>1</b>	<input checked="" type="checkbox"/> OWNER NOTIFICATION SUCCESSFUL

DRIVER	NAME FIRST <b>CORNELIUS</b>	NAME MIDDLE <b>HUGO</b>	LAST NAME <b>VANDER WAAL</b>	SUFFIX NAME
	ADDRESS <b>18730 RIO VISTA DR</b>		CITY <b>TEQUESTA</b>	STATE ZIP CODE <b>FL 33469</b>
				TELEPHONE <b>5617585364</b>

CMV	CARRIER NAME				
	ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE

VEHICLE / TRAILERS	YEAR <b>2006</b>	MAKE <b>TOYT</b>	MODEL	VEHICLE STYLE <b>UT</b>	VEHICLE COLOR <b>SIL</b>	TAG STATE / NUMBER <b>FL AAEH62</b>	VIN <b>JTEZU14R068056273</b>	ODOMETER
	CIC ENTRY <b>NOT APPLICABLE</b>			RED TAG DATE / TIME		ID NUMBER	NAME	
	REASON VEHICLE TOWED <b>ARREST</b>							
	POWER UNIT	MAKE	YEAR	COLOR	UNIT NO.	VEHICLE IDENTIFICATION NO.	TAG NO.	STATE
TRAILER 1	MAKE	YEAR	COLOR	UNIT NO.	VEHICLE IDENTIFICATION NO.	TAG NO.	STATE	EXP. DATE
TRAILER 2	MAKE	YEAR	COLOR	UNIT NO.	VEHICLE IDENTIFICATION NO.	TAG NO.	STATE	EXP. DATE

TOW	TOW SELECTION TYPE <b>ROTATION WRECKER</b>	LOCATION VEHICLE INVENTORIED / TOWED FROM <b>TEQUESTA DR / PINE TREE DR</b>
	TOWING SERVICE <b>ALL TIME TOWING</b>	DAY TELEPHONE <b>5618425544</b>
	ADDRESS <b>1145 OLD DIXIE HWY</b>	NIGHT TELEPHONE
		CITY / STATE / ZIP <b>LAKE PARK FL</b>

STORAGE	VEHICLE STORAGE LOCATION <b>ALL TIME TOWING</b>	DAY TELEPHONE <b>5618425544</b>
	ADDRESS <b>1145 OLD DIXIE HWY</b>	NIGHT TELEPHONE
		CITY / STATE / ZIP <b>LAKE PARK FL</b>

VEHICLE INVENTORY & DAMAGE	<input type="checkbox"/> CELLULAR PHONE (MAKE/MODEL)	<input type="checkbox"/> WHEEL COVERS	INDICATE VEHICLE DAMAGE	
	<input type="checkbox"/> RADAR DETECTOR (MAKE/MODEL)	QTY <input type="checkbox"/> CUSTOM RIMS		
	<input type="checkbox"/> STEREO SYSTEM (RADIO / CD / TAPE, ETC).	QTY NUMBER OF TIRES (INCLUDE SPARE) <b>5</b>		
	<input type="checkbox"/> CB RADIO / 2 WAY RADIO	<input type="checkbox"/> TRUNK ACCESSIBLE		
	<input type="checkbox"/> TRAILER HITCH	<input type="checkbox"/> REAR SPOILER		
	PROPERTY IN VEHICLE			

OFFICER COMMENTS

**NO HOLD - MAY BE RELEASED**

WE THE UNDERSIGNED OFFICER(S) AND TOW DRIVER, HEREBY CERTIFY THAT THE ABOVE LISTED JOINT PROPERTY INVENTORY IS CORRECT TO THE BEST OF OUR KNOWLEDGE.

*J Franklin*

SIGNATURE OF TOW TRUCK DRIVER \_\_\_\_\_ DATE \_\_\_\_\_ SIGNATURE OF OFFICER \_\_\_\_\_

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

I, OFF. MICHAEL LONEY 1013, a duly certified Law Enforcement Officer or Correctional Officer,  
(Name of Officer reading Implied Consent Warning)

am a member of TELESTAR POLICE, and I do swear  
(Name of law enforcement agency)

or affirm that on or about the 1<sup>st</sup> day of JULY, 20 18, at 0115  P.M.  A.M.

DRIVER CONNELIUS HUGO VANDER WAAL  
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# V536 108 8129 0, state of FLORIDA, was placed under lawful arrest for

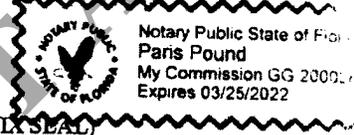
the offense of REFUSE TO SUBMIT by OFF. M LONEY and  
issued Citation # A86N34E (Name of Arresting Officer)

That on or about the 1<sup>st</sup> day of JULY, 20 18, at 0115  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.

[Signature]  
Signature of Law Enforcement Officer or  
Correctional Officer

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



The foregoing instrument was sworn and subscribed before  
me this 1 day of JULY, 20 18,  
by KNOWN,  
who is personally known to me or who has produced  
\_\_\_\_\_ as identification

Notary Public [Signature]

The foregoing instrument was sworn and subscribed before me:

Signature of Attesting Officer \_\_\_\_\_  
Title \_\_\_\_\_  
Date \_\_\_\_\_

Note: Mail or hand deliver to the designated Bureau of Administrative Reviews office, Department of Highway Safety and Motor Vehicles, with the driver's license, the appropriate copy of the UTC, and the probable cause affidavit.

SUBJECT: VANDER WAAL, [unclear] 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 Off. M. [unclear] of the TPD

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

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

# TESTING FACILITY TASK REPORT

AGENCY: TID

SUBJECT: VANDER WAAL, CONNOR H CASE NUMBER: 19-042130

DATE: 7/1/18 VIDEO TAPE NUMBER: n/a

BEGINNING TIME: 02:30 ENDING TIME: 02:33

BREATH TESTS RESULTS: 1) R TIME 02:32 A.M./P.M. 2) n/a TIME --- A.M./P.M.  
3) n/a TIME --- A.M./P.M. 4) n/a TIME --- A.M./P.M.

BREATH OPERATOR: P. P... # 24624

MAINTENANCE TECHNICIAN: J. KARL... # 1467

### TESTING OFFICER'S OBSERVATIONS

# REFUSED

SPEECH: SOBER

ATTITUDE: CALM QUIET

CLOTHING: ALL TORN BLUE JEANS AND WHITE T-SHIRT

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER: EYES CLEAR AND PUPILS EQUAL

COMMENTS: ARRIVED AT CENTER AT 02:30 THE 20  
MINUTE OBSERVATION PERIOD AT 02:00 HR

A. REFUSED TO TAKE TEST

A. READ UP

A. STATED HE'S UNCOMFORTABLE A/ AND REFUSED TO TAKE TEST  
AGAIN.

A. READ SIGN

A. STATED HE'S UNCOMFORTABLE AGAIN.

# REFUSED

A. ADVISED QIA

A. REFUSED TO ANSWER ANY QUESTIONS

SUBJECT: Vehicle Wipe / Corneal H 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? \_\_\_\_\_

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: OFFICER J. LONEY

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



**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	<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"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2018021781	Date: 07/01/20189
	Specialist Name/ID: howardt/7185