

0507050

Kimmu S92

1466

ARREST / NOTICE TO APPEAR Juvenile Referral Report			1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias		Juvenile		
OBTS Number Agency ORI Number FLO 500000 Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE			Agency Report Number (N.T.A.'s only) 06- 19-058727					
Charge Type: Check as many as apply <input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other			Weapon Seized / Type 2 1. Yes 2 No NONE Multiple Clearance Indicator 01					
Location of Arrest (Including Name of Business) INTRACOASTAL WATERWAY JSO BLUE HERON BRIDGE RIVIERA BCH 33403			Location of Offense (Business Name, Address) INTRACOASTAL WATERWAY JSO BLUE HERON BRIDGE RIVIERA BCH, 33403					
Date of Arrest 04/14/2019		Time of Arrest 17:06	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle RELEASED ON SCENE	
Name (Last, First, Middle) MACROSTIE, DONALD								
Race W - White I - American Indian B - Black C - Oriental/Asian		Sex W	Date of Birth 08/23/1963	Height 6'3"	Weight 275	Eye Color HAZEL	Hair Color BRW	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) NONE						Marital Status MARRIED	Religion CATHOLIC	
Local Address (Street, Apt. Number) 11882 62ND LANE NORTH						Phone (561) 267-6636	Indication of Alcohol Influence Drug Influence	
Permanent Address (Street, Apt. Number) WEST PALM BEACH, FL						Phone ()	Residence Type: 1. City 2. County 3. Florida 4. Out of State	
Business Address (Name, Street) (City) (State) (Zip)						Phone ()	Address Source FLORIDA DRIVER LICENSE	
D.L. Number, State M262-180-63-303-0; FL						Soc. Sec. Number [REDACTED]	Place of Birth (City, State) MINNEAPOLIS, MN	
						INS Number [REDACTED]	Citizenship US	
Co-Defendant Name (Last, First, Middle)								
						Race	Sex	Date of Birth
						<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large	<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile	
Co-Defendant Name (Last, First, Middle)								
						Race	Sex	Date of Birth
						<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large	<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile	
JUVENILE								
Parent Name (Last) (First) (Middle) Residence Phone <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other: ()								
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				
CODE								
Drug Activity S. Sell R. Smuggle K. Dispense/ Distribute M. Manufacture/ Produce/ Cultivate Z. Other			Drug Type N. N/A B. Barbiturates H. Hallucinogen P. Paraphernalia/ Equipment	E. Cocaine M. Marijuana S. Synthetics	G. Heroin O. Opium/Deriv.	U. Unknown Z. Other		
N. N/A P. Possess B. Buy T. Traffic O. Use			Charge Description BOATING UNDER THE INFLUENCE					
			Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 327.35(1)	Violation of ORD # DP		
Drug Activity Drug Type Amount / Unit Offense #			Warrant / Capias Number					
REFUSED			19-058727					
			Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number	Violation of ORD #		
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B.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 14th DAY OF APRIL 20 19, AT 16:45 AM PM

SUBJECT: MACROSTIE, DONALD CASE NUMBER: 19-058727

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: INV. J. SCHAEFER #8777
PERSONAL CONTACT

BOATING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS THAT THE DEFENDANT WAS OPERATING A VESSEL)
On 04/14/2019 at approximately 16:45hrs, while conducting selective boating enforcement in the area of the Intracoastal Waterway just south of the Blue Heron Bridge which is located in the City of Riviera Beach, Palm Beach County, Florida a white 2000 HydraSport vessel bearing Florida registration #FL8317MA with 10 passengers. The vessel was stopped for a vessel safety inspection regarding PFD's and other safety equipment. The operator and owner of the vessel was identified as "Donald Macrostie", by their Florida driver license.

OBSERVATION OF DRIVER:

Upon making contact with the driver who was identified by his Florida driver license as "DONALD MACROSTIE", I immediately detected an obvious and strong odor of an unknown alcoholic beverage emitting from his person and face area. This odor intensified as I spoke to Macrostie. Macrostie had glassy, glazed, and blood shot eyes. Macrostie's speech was slurred, slow, thick, and at times difficult to understand. Macrostie's movements were slow, deliberate, and lethargic with poor coordination. Macrostie had difficulty following directions given to him. Macrostie was wearing a no shirt, a black/blue /white bathing suit, and black water shoes.

DRIVER'S STATEMENTS:

Macrostie stated he would refuse to provide a breath sample after Implied Consent, which he stated he understood. Macrostie participated in Q&A and post Miranda and admitted to having a 12 pack of beer.

ODORS:

A strong and obvious odor of an unknown alcoholic beverage was emitting from his person and face area which intensified as I spoke to Macrostie.

GENERAL OBSERVATIONS

SPEECH: Macrostie's speech was slurred, slow, and thick, and at times difficult to understand.

ATTITUDE: talkative, polite, friendly, cooperative

CLOTHING: no shirt, a black/blue /white bathing suit, and black water shoes.

MEDICAL/OTHER: none stated

STATE OF FLORIDA
COUNTY OF PALM BEACH

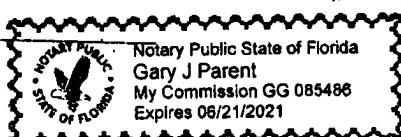
INV. J. SCHAEFER #8777

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 14th day of APRIL 20 19 by INV. J SCHAEFER #8777

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

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



APR 17 2023

SUBJECT: MACROSTIE, DONALD CASE NUMBER 19-058727

SEATED 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:

Macrostie would sway roughly in a side to side front to back pattern throughout the task. Macrostie did not touch the tip of the pen as directed to positively identify the point to be tracked. Macrostie was reminded numerous times to track the pen with his eyes only. Macrostie failed to keep his head still while tracking the stimulus. Macrostie had VGN.

FINGER TO NOSE:

I explained and demonstrated the instructions for the "Finger to Nose" task to Macrostie who stated that he understood. During the task, I observed Macrostie to sway roughly in a side to side, front to back pattern throughout the demonstration phase. Macrostie did not keep his eyes closed and had to be reminded numerous times. Macrostie's index finger did not touch the tip of the nose on 4 of 6 attempts. Macrostie used the hand other than that which was called. The sequence used for this task was L, R, L, R, R, L.

PALM PAT:

I explained and demonstrated the instructions for the "Palm Pat" task to Macrostie who stated the he understood. Macrostie started before being told, and or "copied me" after my instructions to, "stay like that until I tell you." After beginning the task, he failed to count as instructed, kept the edge of one hand on the other when turning, double patted, chopped, and failed to increase speed as instructed.

HAND COORDINATION:

I explained and demonstrated the instructions for the "Hand Coordination" task to Macrostie who stated the he understood. After beginning the task and during the forward steps, Macrostie failed to count out loud as instructed, and improperly touched his fists. During the clapping task, Macrostie failed to clap three times as instructed, only performing 1 clap. During the return steps, Macrostie improperly touched his fists, did not return his left hand to his chest, and did not place his hands in the final position.

ROMBERG ALPHABET:

I explained and demonstrated the instructions for the "Rhomberg Alphabet" task to Macrostie who stated that he understood. During the task, Macrostie would not keep his eyes closed. Macrostie incorrectly recited the alphabet.

BREATH TEST RESULTS:

1) REFUSED	2) REFUSED	3)	4)
------------	------------	----	----

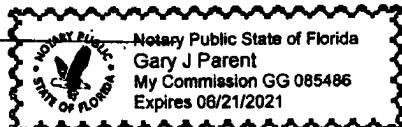
STATE OF FLORIDA
COUNTY OF PALM BEACH

INV. J. SCHAEFER #8777
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 14th day of APRIL 2019 by INV. J SCHAEFER #8777

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

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



APR 17 2019



STATE OF FLORIDA
FLORIDA FISH AND WILDLIFE CONSERVATION COMMISSION
DIVISION OF LAW ENFORCEMENT



REFUSAL TO SUBMIT TO BREATH, URINE OR BLOOD TESTING

In the County Court of the 15TH Judicial
Circuit in and for Palm Beach County, Florida

STATE OF FLORIDA
(PLAINTIFF)

v.

MACKUS T. DAVIS
DEFENDANT

Uniform Boating Citation No.

VBS 1084

AFFIDAVIT

I, INV. J. SCHAEFER, a law enforcement officer, who having been duly sworn, certify and state the following:

1. That on Friday, 04/19, 20¹⁹ at 12:52 AM probable
Day of Week Date (Month & Day) Year Time PM
cause existed to arrest the above named Defendant for a violation of section 327.35, Florida Statutes, as set forth in the attached narrative which is incorporated by references as if set forth fully herein.
2. That on that date and that time:
 The Defendant was under lawful arrest for an offense committed while the Defendant was operating a vessel while under the influence of alcoholic beverages, chemical substances, or controlled substances, and the Defendant was requested to submit to a breath test, urine test, or both a breath and a urine test; or
 The Defendant had appeared for treatment at a hospital, clinic, or other medical facility, the administration of a breath or urine test was impractical or impossible, and the Defendant was requested to submit to a blood test.
3. The Defendant was advised of both the penalties for a failure to submit to the blood, breath or urine test and the procedure for requesting a hearing.
4. The Defendant refused to submit to the blood, breath, or urine test(s).

FURTHER AFFIANT SAYETH NOT.

INV. J. SCHAEFER
Officer's Signature

AD272
ID No

PASO
Law Enforcement Agency

3228 Hwy Club Rd
Mailing Address

West Palm Beach FL 33406
City State Zip Code

SWORN TO AND SUBSCRIBED
BEFORE ME THIS 19 DAY

OF April 2019, 20¹⁹

Notary Public or Attesting Officer

Personally known to me
 Produced _____
as Identification

WITNESS LIST

19-058727

CASE NUMBER: _____

ARRESTING OFFICER: **INV. J. SCHAEFER #8777**

ADDRESS: 3228 GUN CLUB ROAD WEST PALM BEACH, FL 33406

PHONE NUMBERS (HOME): _____ (WORK) (561) 688-4001

CAN TESTIFY TO: SEE PROBABLE CAUSE AFFIDAVIT

NAME: D/S NICK CAMENE #6778 (MARINE UNIT)

ADDRESS: 3228 GUN CLUB ROAD WEST PALM BEACH, FL 33406

PHONE NUMBERS (HOME): _____ (WORK) (561)688-3000

CAN TESTIFY TO: VESSEL VIOLATION AND SIGNS OF IMPAIRMENT

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: _____

NAME: _____

ADDRESS: _____

PHONE NUMBERS (HOME): _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS: _____

PHONE NUMBERS (HOME): _____ (WORK) _____

APR 17 2013

TESTING FACILITY TASK REPORT

PBSO

AGENCY:

SUBJECT: Macrostie, Donald

CASE NUMBER: 19-059727

DATE: 04/14/17

VIDEO TAPE NUMBER: N/A

BEGINNING TIME: 1747

ENDING TIME: 1800

BREATH TESTS RESULTS: 1) R TIME 1752 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: G. Page # 7909

MAINTENANCE TECHNICIAN: Kazlukas # 6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: THICK, SLURRED

ATTITUDE: CALM, QUIET, CO-OPERATIVE, POLETTED

CLOTHING: MULTI-COLOR ATHLETIC SUIT, NO SHIRT, BLACK SHOES

MEDICAL CONDITIONS: HIGH BLOOD PRESSURE

MEDICATIONS: BLOOD PRESSURE

OTHER: EYES GLOSSY

REFUSED

A ADMITTED TO DRINKING AT LEAST 12 BEERS (A&T)

COMMENTS: ARRIVED AT MOBILE BAR A&T BECAUSE THE 20 MINUTE
DESOVATED PERIOD AT 1714 HRS.

A ASKED WHAT IF HE DOESN'T PASS OR TAKE TEST

A TO REED I/C

A ACKNOWLEDGED HE UNDERSTOOD I/C AND REFUSED TEST

A TO REED RIGHTS

REFUSED

A STATED HE UNDERSTOOD RIGHTS

A TO CONDUCTED Q-A

A ANSWERED QUESTIONS

APR 17 2013

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL

SUBJECT: Macostee, Douglas

CASE NUMBER: 19-058727

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) _____

Res on Cancer

SEARCHED

APR 17 2013

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL

SUBJECT: MACROSTIE, Donald CASE NUMBER: 19-059727

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 VESSEL AT THE TIME OF THE STOP/ACCIDENT? YES

WHERE WERE YOU GOING? LAKE PARK MARINA

WHAT ~~STREET OR HIGHWAY~~ WERE YOU ON? INTER COASTAL

DIRECTION OF TRAVEL? N WHERE DID YOU START? PEANUT ISLAND

WHAT TIME DID YOU START? 10K WHAT TIME IS IT NOW? 5:10K

WHAT IS TODAY'S DATE? 4/13/19 WHAT DAY OF THE WEEK IS IT? SUNDAY

WHAT COUNTY AND CITY ARE YOU IN NOW? PBC RIVIERA BEACH

WHEN DID YOU LAST EAT? 2 pm WHAT DID YOU EAT? RIBS

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? ENJOYING DAY ON BOAT

HOW MUCH DO YOU WEIGH? 270 HAVE YOU BEEN DRINKING? YES WHAT? BEER

HOW MUCH? 12 pack WHERE? PEANUT ISLAND WITH WHOM? FAMILY

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? YES ARE YOU UNDER THE INFLUENCE? NOT TO EXIST

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

WHAT? _____ WHERE? _____ WHEN? _____

WHAT LINE OF WORK ARE YOU IN? AC CONTRACTOR WHEN DID YOU LAST WORK? SAT.

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? NO

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? YES WHAT? BP RX WHEN? AM

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? NEEDS READER'S

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

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? MN WHERE? YES DISMISSED

INTERVIEWER: INV. G Schaefer #877 DATE: APR 17 2019

V331068

FLORIDA UNIFORM BOATING CITATION

COUNTY OF PALM BEACH	AGENCY: FWC <input checked="" type="checkbox"/> SO <input type="checkbox"/> PD <input type="checkbox"/> OTHER			
CITY (IF APPLICABLE)	N _____ deg _____ min _____ sec W _____ deg _____ min _____ sec			
IN THE COURT DESIGNATED BELOW THE UNDERSIGNED AFFIRMS THAT HE/SHE HAS JUST AND REASONABLE GROUNDS TO BELIEVE AND DOES BELIEVE THAT ON				
COMPLAINT (RETAINED BY THE COURT)				
DAY OF WEEK SUN	MONTH APRIL	DAY 14	YEAR 19	<input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.
NAME (PRINT) DONALD		MIDDLE -	LAST MACCUSTIE	
STREET 11882 62nd LANE NORTH		IF DIFFERENT THAN SHOWN ON REGISTRATION, CHECK HERE <input type="checkbox"/>		
CITY WPB		STATE FL	ZIP CODE 33412	
TELEPHONE NUMBER ()	DATE OF BIRTH 08 23 63	MO 08	DAY 23	YR 63
DRIVER LICENSE NUMBER OR OTHER ID M262180633030	SEX M	RACE W	SEX M	RACE W
STATE FL	TYPE OF ID E	I.D. EXP. DATE 19		
VESSEL REGISTRATION NUMBER FL8317MA	EXP. DATE 20	FUEL	PROPELLION	HP
YEAR 00	MAKE Hydra Sport	<input type="checkbox"/> OPEN <input type="checkbox"/> AIRBOAT	<input type="checkbox"/> CABIN <input type="checkbox"/> OTHER	LENGTH 262 COLOR WHT
UPON THE WATERS OF THE STATE OF FLORIDA, OR OTHER LOCATION, NAMELY INTRACOASTAL JSO BLUE HERON BRIDGE				
DID UNLAWFULLY COMMIT THE FOLLOWING OFFENSE. <input type="checkbox"/> CHECK ONLY ONE OFFENSE PER EACH CITATION.				

Inv. J SCHAEFER # 877

V331068

<input type="checkbox"/> WILLFUL OR WANTON RECKLESS OPERATION	<input type="checkbox"/> REGISTRATION CERTIFICATE NOT ON BOARD	<input type="checkbox"/> WATER SKI VIOLATION
<input type="checkbox"/> CARELESS OPERATION	<input type="checkbox"/> REGISTRATION NUMBER NOT PROPERLY DISPLAYED	<input type="checkbox"/> IMPROPER/INSUFFICIENT SAFETY EQUIPMENT OR LIGHTS
<input type="checkbox"/> VIOLATION OF NAVIGATION RULE	<input type="checkbox"/> OPERATION OF UNNUMBERED OR UNREGISTERED VESSEL	<input type="checkbox"/> NO BOATER I.D. CARD
<input type="checkbox"/> MANATEE VIOLATION	<input type="checkbox"/> FAILURE TO TRANSFER TITLE/REGISTRATION	<input type="checkbox"/> PWC VIOLATION
<input type="checkbox"/> SPEED/RESTRICTED AREA VIOLATION	<input type="checkbox"/> EXPIRED REGISTRATION	<input type="checkbox"/> OTHER (SEE COMMENTS)
<input type="checkbox"/> VESSEL LIVERY VIOLATION	<input checked="" type="checkbox"/> OPERATING A VESSEL UNDER THE INFLUENCE OF ALCOHOLIC BEVERAGES, CHEMICAL OR CONTROLLED SUBSTANCE OR OPERATING WITH AN UNLAWFUL BREATH/BLOOD ALCOHOL LEVEL OF .08% OR ABOVE REFUSED %	

DESCRIPTION OF VIOLATIONS OR COMMENTS PERTAINING TO OFFENSE:

BOATING UNDER THE INFLUENCE

IN VIOLATION OF: <input type="checkbox"/> ORDINANCE <input checked="" type="checkbox"/> STATE STATUTE	STATE 327.35(1)	RULE/ORDINANCE
ACCIDENT CASE <input type="checkbox"/> CAUSED ACCIDENT	PROPERTY DAMAGE <input type="checkbox"/> YES \$ 0	PERSONAL INJURY <input type="checkbox"/> YES NO FATALITY <input type="checkbox"/> YES NO
<input type="checkbox"/> YES NO <input type="checkbox"/> YES NO	<input type="checkbox"/> YES NO	<input type="checkbox"/> YES NO <input type="checkbox"/> YES NO

THIS CITATION IS FOR A CRIMINAL VIOLATION, COURT APPEARANCE IS REQUIRED, AS INDICATED BELOW.
 THIS CITATION IS FOR A CRIMINAL VIOLATION, COURT APPEARANCE IS NOT REQUIRED.
 THIS CITATION IS FOR AN INFRACTION WHICH DOES NOT REQUIRE APPEARANCE IN COURT. (SEE REVERSE)
 THIS CITATION IS FOR AN INFRACTION, COURT APPEARANCE IS REQUIRED AS INDICATED BELOW.

I AGREE AND PROMISE TO COMPLY AND ANSWER TO THE CHARGES AND INSTRUCTIONS SPECIFIED IN THIS CITATION. WILLFUL REFUSAL TO POST BOND OR ACCEPT AND SIGN THIS CITATION MAY RESULT IN ARREST. FAILURE TO APPEAR OR PROPERLY RESPOND TO THIS CITATION IS A SEPARATE AND ADDITIONAL CRIME.

X SIGNATURE OF DEFENDANT
COURT INFORMATIONYOU MUST READ REVERSE FOR COURT APPEARANCE REQUIREMENTS
DATE **MAY 9th 2019** TIME **0630**

CRIMINAL JUSTICE COMPLEX
3228 GOLF CLUB RD WPB
 LOCATION

<input checked="" type="checkbox"/> ARREST-DELIVERED TO: COUNTY JAIL		
<input type="checkbox"/> ACCEPTED BOND		
<input type="checkbox"/> ON SCENE AMOUNT 0	TYPE 0	RECEIPT NO. 0
DATE OF ARREST 04/14/19	ORG. OR UNIT 8777	I.D. NO. 0
RANK - SIGNATURE AND IDENTITY OF OFFICER FWC LE 190 (5/2)		

APR 17 2019



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

REVIEW COMPLETED BY

Booking Number: 2019012453	Date: 04/15/2019
	Specialist Name/ID: AM/31562

ARR 17 2019