

J#0256148

19CT 8306

P#1205

OBT Number		ARREST NOTICE TO APPEAR		1 Arrest 2 NTA		3 Request for Warrant 4 Request for Capias		01		Juvenile N	
Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-19-068380							
Charge Type Check as many as apply: ☐ 1 Felony ☐ 2 Traffic Felony ☐ 3 Misdemeanor ☒ 4 Traffic Misdemeanor ☐ 5 Ordinance ☐ 6 Other		Weapon Seized / Type 02 1 Yes 2 No		Multiple Clearance Indicator 01							
Location of Arrest (Including Name of Business) NB State Road 7 / Boynton Beach Blvd, Lake Worth, FL 33472				Location of Offense (Business Name Address) NB State Road 7 / Boynton Beach Blvd, Lake Worth, FL 33472							
Date of Arrest 05/07/2019		Time of Arrest 19:21		Booking Date 05/07/2019		Booking Time		Jail Date		Jail Time	
Name (Last, First, Middle) Comanici, Florin		Alias (Name, DOB Soc Sec #, Etc)									
Race W - White		Sex M		Date of Birth 07/09/1955		Height 6'00		Weight 190		Eye Color Brown	
Scars, Marks, Tattoos, Unique Physical Features (Location Type Description)		Mental Status Single		Religion CHRISTIAN		Indication of Alcohol Influence Y 1 City 2 County 3 Florida 4 Out of State 5 Other		Build Medium			
Local Address (Street, Apt. Number) At Large (Homeless)		(City)		(State)		(Zip)		Phone (561) 236-4578		Residence Type 02	
Permanent Address (Street, Apt. Number)		(City)		(State)		(Zip)		Phone		Address Source Verbal	
Business Address (Name, Street)		(City)		(State)		(Zip)		Phone		Occupation	
D/L Number, State C552240552490, FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) Constanza, Romania		Citizenship US			
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	
☐ Parent ☐ Legal Custodian ☐ Other		Address (Street, Apt. Number)		(City)		(State)		(Zip)		Residence 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							
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/Derv		P Paraphernalia/ Equipment S Synthetics		U Unknown Z Other			
Charge Description DUI		Counts 01		Domestic Violence ☐ Y ☒ N		Statute Violation Number 316.193(1)		Violation of ORD #			
Drug Activity N		Drug Type N		Amount / Unit		Offense # 19-068380		Warrant / Capias Number		Bond	
Charge Description Refusal to submit to breath test		Counts 01		Domestic Violence ☐ Y ☒ N		Statute Violation Number 316.1939(1)		Violation of ORD #			
Drug Activity N		Drug Type N		Amount / Unit		Offense # 19-068380		Warrant / Capias Number		Bond	
Charge Description Refusal to sign criminal citation		Counts 01		Domestic Violence ☐ Y ☒ N		Statute Violation Number 318.14(3)		Violation of ORD #			
Drug Activity N		Drug Type N		Amount / Unit		Offense # 19-068380		Warrant / Capias Number		Bond	
Charge Description		Counts		Domestic Violence ☐ Y ☒ N		Statute Violation Number		Violation of ORD #			
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond	
Location (Court, Room Number Address)											
Court Date and Time Month June Day 3rd Year 2019 Time 8:30 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 REFUSED TO SIGN 05/07/2019											
Signature of Defendant (or Juvenile and Parent/Custodian)											
Date Signed											
MOLD for other Agency Name		Signature of Arresting Officer D/S Ryan Dalton #32421				Name Verification (Printed by Arrestee)					
☐ Dangerous ☐ Suicidal ☐ Intake Copy		Name of Arresting Officer (Print) D/S Ryan Dalton #32421				(PRINT)					
ID #		ID # 32421				Agency PBSO					
Witness here if subject signed with an "X"		PAGE 01				OF 01					

PBCSO-0148 RD 8/97

GREEN - STATE ATTORNEY

YELLOW - AGENCY

PINK - AGENCY

GOLD - DEPT. OF CORRECTIONS (ONLY)

SCANNED
MAY 08 2019



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

PBSO CASE # 19-068380

PBSO ZONE 6-61

AGENCY CASE # _____

CRASH CASE # _____

TIME OF STOP/CRASH 18:15

DATE 05/07/2019

DAY Tuesday

SUBJECT'S NAME Comanici, Florin,

RACE W

SEX M

HGT 6'00

WGT 190

DOB 07/09/1955

LOCATION NB State Road 7 / Boynton Beach Blvd, Lake Worth, FL 33472

ARRESTING OFFICER'S NAME & ID D/S Ryan Dalton #32421 () AGENCY PBSO

DIVISION: District 6

NOTIFIED BY COMMO /

ARRIVAL AT FACILITY 20:07

ARREST TIME 19:21

BREATH RESULTS:

TESTING OFFICER'S ID 2644

PBSO VIDEOTAPE # N/A

SCANNED
MAY 08 2019

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 07 DAY OF May 20 19 AT 18:15 AM ☒ PM
SUBJECT: Comanici, Florin, CASE NUMBER: 19-068380

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: D/S Ryan Dalton #32421

PERSONAL CONTACT

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

I was dispatched to an agency assist call at the intersection of State Road 6 (US441) and Boynton Beach Blvd. We had received a "BOLO" (Be On The Lookout) for a white van traveling northbound on State Road 7. The caller had witnessed the vehicle driving recklessly; swerving across lanes and nearly striking other traffic. Shortly after the "BOLO", Boca Raton Police Officer A. Ziadie #746 was flagged down by a motorist who pointed out the white van, still traveling northbound on State Road 7. I spoke directly to Officer Ziadie who also confirmed that the white van bearing Florida tag PR0IN, had been drifting heavily across numerous lanes. He went on to describe that he observed the vehicle's driving pattern was dangerous and he felt it necessary to conduct a traffic stop on the vehicle to ensure the safety and welfare of the driver and others. Once the stop was completed, Officer Ziadie observed multiple clues of impairment and notified PBSO to send an on-duty unit.

OBSERVATION OF DRIVER:

When I arrived on scene, I observed that the driver was still in the drivers seat of the van. There were no other occupants in the vehicle. The driver was identified as Mr. Florin Comanici via his Florida DL. I approached and made contact with Mr. Comanici. I asked him if he knew why he was stopped; he replied that he did not. I explained the reason for the stop and why I was there. During my interaction with Mr. Comanici I would immediately smell the strong odor of an unknown alcoholic beverage coming from his breath as he spoke to me. His eyes were bloodshot/watery, his speech (with accent) was distinctly slurred and mumbled. His speech and mannerisms were also lethargic and slow.

DRIVER'S STATEMENTS:

As I spoke to Mr. Comanici, I confirmed that he was not diabetic, nor was he on and narcotics. He then informed me that he needed to get out and use the restroom immediately. I could see that he had partially urinated in his pants. Due to the numerous indicators of impairment that I had observed, and for fear of him driving or attempting to walk across the roadway, I offered to transport him to the gas station on the adjacent corner. He voluntarily agreed to be transported. Mr. Comanici was not handcuffed nor was he under arrest at the time. He was transported across the street to the gas station to use the restroom. Once completed I asked if he would perform field sobriety exercises; he said that he would try.

ODORS:

Strong odor of unknown alcoholic beverage coming from his breath/mouth.

GENERAL OBSERVATIONS

SPEECH: Accent. Distinct slur and was very mumbled. Repeated himself numerous times.

ATTITUDE: Polite

CLOTHING: White T-Shirt Blue Jeans, white shoes

MEDICAL/OTHER: Fractured rib, infected foot, high blood pressure

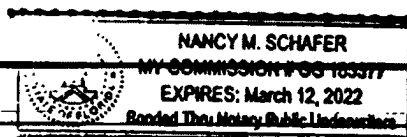
STATE OF FLORIDA
COUNTY OF PALM BEACH

D/S Ryan Dalton #32421
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 07 day of May 20 19 by D/S Ryan Dalton #32421

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

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



SCANNED
MAY 08 2019

SUBJECT: Comanici, Florin,

CASE NUMBER 19-068380

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:



LT EYE-LACK OF SMOOTH PURSUIT



RT EYE-LACK OF SMOOTH PURSUIT



LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX DEVIATION



RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX DEVIATION



LT EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES



RT EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

Other Observations:

During this exercise I also observed the following: he was swaying heavily; nearly fell over; his speech remained slurred; strong odor of alcoholic beverage from mouth; and he failed to follow the light with his eyes numerous times. He would look off into the distance and I had to instruct him multiple times to follow the light.

WALK & TURN:

The area for which the exercise was going to be performed was flat/level, clear of debris, and had a clearly marked white line. Mr. Comanici's balance was so impaired that he was barely able to stand on his own. He said that he would attempt the exercise. When walking to the line, he staggered heavily and had to be guided. I explained the instructions of getting into the starting position. He had to be shown which foot was his left and directed to put it on the line. As soon as he attempted to put his right foot directly in front, he raised his arms and nearly fell over. I had to render assistance in order to keep him from falling. Due to his heavily impaired state and my fear for his safety (falling), I did not feel it was safe to proceed.

ONE LEG STAND:

Unable to perform due to inability to stand on his own for very long.

FINGER TO NOSE:

I explained and demonstrated the exercise to Mr. Comanici. I asked if he understood the exercise as I explained it. I walked him through the exercise and while doing so, he began to attempt it. When he closed his eyes, he almost fell back and I had to aid in balancing him. I asked if he had an inner-ear infection, or fluid in his ears, or anything medically that would be causing this level of impairment. He made utterances that he would not be able to "pass" anything I asked him to do. He stated that he "was going to be honest" and that he had drank.

ROMBERG ALPHABET:

Unable to perform due to lack of balance and safety of Mr. Comanici

BREATH TEST RESULTS: Refusal

STATE OF FLORIDA
COUNTY OF PALM BEACH

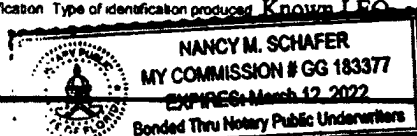
D/S Ryan Dalton #32421

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 07 day of May, 20 19 by D/S Ryan Dalton #32421

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

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



SCANNED
MAY 08 2019

TESTING FACILITY TASK REPORT

AGENCY: PBSO

SUBJECT: Comanici, Florin

DATE: 05/07/2019

BEGINNING TIME: 20:41

CASE NUMBER: 19-068380

VIDEO DVD NUMBER: N/A

ENDING TIME: 20:50

BREATH TESTS RESULTS: 1) REF TIME 20:46 A.M. ☐ P.M. ☒ 2) TIME A.M. ☐ P.M. ☐
3) TIME A.M. ☐ P.M. ☐ 4) TIME A.M. ☐ P.M. ☐

BREATH OPERATOR: N. Schafer, #2644

MAINTENANCE TECHNICIAN: J. Karlecke, #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: Subject speaks with an accent. Slurred at times.

ATTITUDE: Mostly cooperative

CLOTHING: White s/s shirt, blue jeans, white sneakers (Gray brace around chest area)

MEDICAL CONDITIONS: Fractured rib, infected foot, high blood pressure

MEDICATIONS: lisonopril (for bp), trazadone, several meds - cannot recall names.

OTHER:

Odor of unknown alcoholic beverage. Subject urinated himself. Subject was unsteady walking to holding cell.

COMMENTS:

A/O observed subject for 20 minutes.

Subject said no to breath test.

A/O read Implied Consent and subject requested to speak to a lawyer. A/O explained Implied Consent to subject and subject again refused breath test. Refusal taken by A/O @ 20:46 hours.

A/O read constitutional warnings - subject said he didn't understand all and A/O explained each warning individually.

No Q & A, as subject requested a lawyer.

SCANNED
MAY 08 2019

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

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

am a member of PALM BEACH COUNTY SHERIFF'S OFFICE, and I do swear
(Name of law enforcement agency)

or affirm that on or about the 07 day of MAY, 20 19, at 19:21 ☒ P.M. ☐ A.M.

DRIVER FLORIN COMANICI
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# C552-240-55-249-0, state of FLORIDA, was placed under lawful arrest for
the offense of DUI by D/S RYAN DALTON and
(Name of Arresting Officer)
issued Citation # A2G47HP

That on or about the 07 day of MAY, 20 19, at 20:46 ☒ P.M. ☒ A.M.

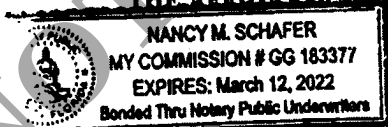
in PALM BEACH County,

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 of Law Enforcement Officer or
Correctional Officer

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



(AFFIX SEAL)

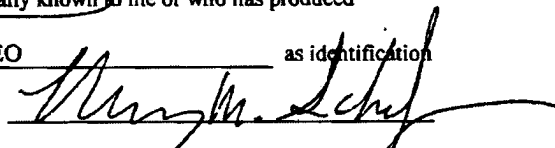
The foregoing instrument was sworn and subscribed before

me this 07 day of MAY, 20 19,

by D/S RYAN DALTON,

who is personally known to me or who has produced

KNOWN LEO as identification

Notary Public 

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.



FILING PACKAGE RECEIPT FORM

Check One:

- ☒ DHSMV - Bureau of Driver Improvement Hearing Office
☒ State Attorney's Office D.U.I. Intake
☐ Felony/Misdemeanor Filing Documentation

Case Number: **19-068380**

Defendant: **Comanici, Florin,**

Deputy Sheriff: **Ryan Dalton** ID. # **32421**

District: **6**

Date Submitted: _____

Sent By: _____

Supervisor Approval: _____

Received By Court Liaison: _____

Date/Time Received: _____

FILING PACKAGE LOGGED BY LIAISON
ON DATE AND TIME LISTED ABOVE

RETURN THIS ORIGINAL RECEIPT TO DEPUTY

SCANNED
MAY 08 2019

WITNESS LIST

CASE NUMBER: 19-068380

ARRESTING OFFICER: D/S Ryan Dalton #32421

ADDRESS: PBSO District 6 - 7894 S. Jog Road, Lake Worth FL 33467

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

CAN TESTIFY TO: Sole occupant/physical control of vehicle, field sobriety, refusal.

NAME: D/S D. Rodriguez #9475

ADDRESS: PBSO District 6 - 7894 S. Jog Road, Lake Worth FL 33467

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

CAN TESTIFY TO: Being on scene, indicators of impairment, towing of vehicle

NAME: Officer A. Ziadie #746 - Boca Raton PD

ADDRESS 100 NW 2nd Ave, Boca Raton FL 33432

PHONE NUMBERS (HOME) _____ (WORK) 561-620-6236

CAN TESTIFY TO: Driving pattern, traffic stop.

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) 0 (WORK) 0

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: _____

SCANNED
MAY 08 2019

SUBJECT: Comanche, F. 111 CASE NUMBER: 11-001315

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 Officer R. Dalton of the PCSO

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) Renee on Comanche

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) Renee on Comanche

SCANNED
MAY 08 2019

SUBJECT: Comanici, Florin CASE NUMBER: 11-041320

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: _____

SCANNED
MAY 08 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	☐	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	☐	539.001 FS	Other: All records relating to pawnbroker transactions.	
	☐	119.0712(2)	Other: Personal information contained within a motor vehicle record	

REVIEW COMPLETED BY

Booking Number: 2019015291	Date: 05/08/2019
	Specialist Name/ID: howardt/7185

SCANNED
MAY 08 2019