

0510394

190715677 1139

OBTS Number		ARREST / NOTICE TO APPEAR				1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		Juvenile		N	
Agency ORI Number FLO 502600			Agency Name PALM BEACH GARDENS POLICE DEPARTMENT				Agency Report Number (N.T.A.'s only) 78-19004978								
Charge Type: Check as many as apply.		<input type="checkbox"/> 1. Felony		<input type="checkbox"/> 3. Misdemeanor		<input type="checkbox"/> 5. Ordinance		Weapon Seized / Type 1. Yes 2. No		Multiple Clearance Indicator					
<input type="checkbox"/> 2. Traffic Felony		<input checked="" type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 6. Other											
Location of Arrest (Including Name of Business) HICKORY DR/PGA BLVD PBG FL 33418						Location of Offense (Business Name, Address) CENTRAL BLVD/PGA BLVD PBG FL 33418									
Date of Arrest 08/22/2019		Time of Arrest 22:53		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle KAUFF'S TOWING & RECOVERY OWNERS RESIDENCE			
Name (Last, First, Middle) BURTON, HALEY, ONEAL										Alias (Name, DOB, Soc. Sec. #, Etc.)					
Race W - White I - American Indian B - Black O - Oriental/Asian		W	Sex F	Date of Birth 03/29/1977		Height 5'1	Weight 130LBS	Eye Color HAZEL	Hair Color BLDE	Complexion fair	Build med				
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) ANGEL FISH- RIGHT ANKLE						Marital Status single		Religion CHRIST		Indication of Alcohol Influence Drug Influence Y N Unk. <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
Local Address (Street, Apt. Number) 4325 MAGNOLIA ST				(City) PALM BEACH GARDENS FL 33418		(State) FL		(Zip) 33458		Phone (561) 628-5325		Residence Type 1. City 2. County 3. Florida 4. Out of State 1			
Permanent Address (Street, Apt. Number) 1210 S OLD DIXIE HWY				(City) JUPITER		(State) FL		(Zip) 33458		Phone ()		Address Source NCIC/FCIC			
Business Address (Name, Street) 1210 S OLD DIXIE HWY				(City) JUPITER		(State) FL		(Zip) 33458		Phone ()		Occupation JUPITER MEDICAL			
D/L Number State B-635-334-77-609-0 FL		Soc. Sec. Number [REDACTED]		INS Number		Place of Birth (City, State) BUCHANNON, VA		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					
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> 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 <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										
Drug Activity N. N/A P. Possess		S. Sell 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 Description DUI-Driving while under influence				Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 316.193(1)		Violation of ORD #							
Drug Activity n/a		Drug Type n/a	Amount / Unit n/a		Offense # 19004978		Warrant / Capias Number		Bond						
Charge Description				Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation of ORD #							
Drug Activity		Drug Type	Amount / Unit		Offense #		Warrant / Capias Number		Bond						
Charge Description				Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation of ORD #							
Drug Activity		Drug Type	Amount / Unit		Offense #		Warrant / Capias Number		Bond						
Charge Description				Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation of ORD #							
Drug Activity		Drug Type	Amount / Unit		Offense #		Warrant / Capias Number		Bond						
Location (Court, Room Number, Address) NORTH COUNTY COURTHOUSE, 3188 PGA BOULEVARD, PALM BEACH GARDENS, FL 33410 - PH: (561) 662-6700															
Court Date and Time Month 09 Day 25 Year 2019 Time 10:00 AM <input checked="" type="checkbox"/> 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)										Date Signed 08/22/2019					
HOLD for other Agency Name				Signature of Arresting Officer				Name Verification (Printed by Arrestee)							
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal				<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other				(PRINT)							
Name of Arresting Officer (Print) Ofc. Sam Warren				I.D. # #463		Name of Arresting Officer (Print) Ofc. Sam Warren		I.D. # 463		Agency PBGPD					
Transporting Officer S. Warren				ID # 463		Agency PBGPD		PAGE 1 OF 1							
Witness here if subject signed with an -X-															

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 22 DAY OF AUGUST 20 19, AT 2236 hours AM PM

SUBJECT: BURTON, HALEY, ONEAL CASE NUMBER: 19004978

AGENCY: PALM BEACH GARDENS POLICE DEPT. ARRESTING OFFICER: Ofc. Sam Warren #463

PERSONAL CONTACT

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

I observed the traffic light at central/pga blvd change to green and I observed the vehicle to remain stopped at the light for an extra amount of time. When the vehicle moved from the intersection it was straddling the far-right solid white line (bicycle lane) eastbound on PGA Blvd. The vehicle was traveling slowly and a vehicle behind it overtook the vehicle in question. When the vehicle came to a stop in the final location it stopped in the middle of the road.

OBSERVATION OF DRIVER:

I observed the driver of the vehicle to have glassy, watery eyes. The driver had issues finding her ID (which was never located). The driver exited the vehicle to see if the wallet had fallen between the seats or in the door. When the driver exited the vehicle she lost balance and used the door/vehicle to attempt to main balance. When driver got back into the vehicle she almost fell losing balance.

DRIVER'S STATEMENTS:

The driver stated she was driving home from a Miami Dolphins game in Miami. The driver stated she pleads the 5th. The driver then stated on a scale of 1-10 (1 being sober and 10 being drunk) she was a 2. Driver stated she was almost home. Driver stated she had a glass of wine.

ODORS:

Unknown alcoholic beverage

GENERAL OBSERVATIONS

SPEECH: Slurred, Thick

ATTITUDE: Cooperative, Crying,

CLOTHING: Black pants, Blue shirt, wedge shoes

MEDICAL/OTHER: None

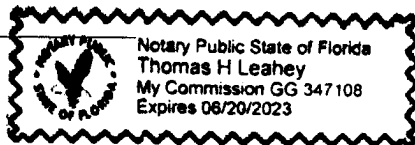
STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 22 day of August 20 19 by Ofc. Sam Warren

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

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



SCANNED
AUG 24 2019

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:

Swaying in place, hard time keeping feet together and arms down by the side, Moving her head slightly.

WALK & TURN:

The driver had issues getting into the instructional stance. The driver lost balance in the instructional stance. The driver did not remain in the instructional stance two times. I observed the driver to sway while the instructions were being given. The driver never made heel to toe contact but stepped on top of her foot instead. The driver missed heel to toe (separated) on 8 to 9 step on the second set of steps back. The driver stepped off the line during step 5 on the first and second set of steps. The driver turned incorrectly. The driver completed 12 steps on the first round and 10 on the second round. The drivers arms were not completely at her side. Driver stopped during the task. Driver did count aloud.

ONE LEG STAND:

I observed the driver to sway while in the instructional stance. The driver failed to remain in the instructional stance. The driver stated task before being told to begin. The driver put her foot down during the task. The driver paused in the middle of the exercise and looked at me as if she was confused. The driver used her arms for balance during the task. The driver stopped the task and stated "whatever, I'm fucking drunk".

ROMBERG ALPHABET:

Did not administer.

FINGER TO NOSE:

Did not administer.

BREATH TEST RESULTS:

1) n/a

2) n/a

3)

4)

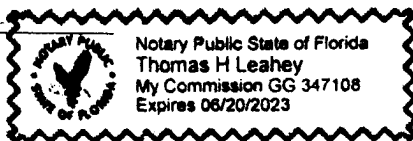
STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 22 day of August 20 19 by Ofc. Sam Warren

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

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



TESTING FACILITY TASK REPORT

AGENCY: PBG
SUBJECT: Burton, Haley O CASE NUMBER: 19-107175
DATE: 08/22/19 VIDEO TAPE NUMBER: N/A
BEGINNING TIME: 23:40 ENDING TIME: 23:46
BREATH TESTS RESULTS: 1) R TIME 23:43 A.M./PM 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: T Leakey #19183
MAINTENANCE TECHNICIAN: T Karlocke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: thick, slurred
ATTITUDE: cooperative, crying, fidgety
CLOTHING: black pants, blue shirt, no shoes
MEDICAL CONDITIONS: None
MEDICATIONS: None
OTHER: eyes glassy + blood shot

REFUSED

Δ stated she drank vodka - O+A
COMMENTS: arrived at center A/O conducted 20 minute observation period at 23:18 hrs.

Δ refused to provide breath test

A/O read I/C + Δ stated she understood I/C

Δ refused to provide breath test

A/O read rights + Δ stated she understood rights

A/O conducted O+A

REFUSED

Δ stopped answering questions

SUBJECT: Burton, Haley O

CASE NUMBER: 17-107175

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. S. Warren #463 of the PBG

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) [Signature]

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) [Signature]

SUBJECT: Burton, Haley O

CASE NUMBER: 19-107175

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? Highway 2

DIRECTION OF TRAVEL? S WHERE DID YOU START? M

WHAT TIME DID YOU START? 11:00 WHAT TIME IS IT NOW? 11:00

WHAT IS TODAY'S DATE? 5/20/19 WHAT DAY OF THE WEEK IS IT? Friday

WHAT COUNTY AND CITY ARE YOU IN NOW? ISC

WHEN DID YOU LAST EAT? 2:00 PM WHAT DID YOU EAT? Chicken Burger / fries

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? Watching football

HOW MUCH DO YOU WEIGH? 130 HAVE YOU BEEN DRINKING? Yes WHAT? Vodka

HOW MUCH? 11:00 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:



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

PBSO CASE # 19-107175 PBSO ZONE 3-15

AGENCY CASE # 19004978 CRASH CASE # _____

TIME OF STOP/CRASH 2236 DATE 8/22/19 DAY Thursday
B635334776090

SUBJECT'S NAME Burton, Haley, Oneal RACE W SEX F

HGT 5'1 WGT 130lbs DOB 3/29/77

LOCATION Central Blvd/PGA Blvd

ARRESTING OFFICER'S NAME & ID S. Wargen 403 AGENCY PB610

DIVISION: R/P

NOTIFIED BY COMMO yes

ARRIVAL AT FACILITY 23:18

BREATH RESULTS: Arrest Time 22:53

1. _____
2. REFUSED
3. _____
4. _____

TESTING OFFICER'S ID 19183 PBSO VIDEOTAPE # N/A

NOT A CERTIFIED COPY



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

PBSO CASE # _____ PBSO ZONE 3-13

AGENCY CASE # 19004978 CRASH CASE # _____

TIME OF STOP/CRASH 2236 hours DATE 08/22/2019 DAY THURSDAY

SUBJECT'S NAME BURTON HALEY ONEAL RACE W SEX F
LAST FIRST MID

HGT 5'1 WGT 130LBS DOB 03/29/1977

LOCATION HICKORY DR/PGA BLVD PBG FL 33418

ARRESTING OFFICER'S NAME & ID Ofc. Sam Warren #463 AGENCY PBGPD

DIVISION: Patrol

NOTIFIED BY COMMO Y

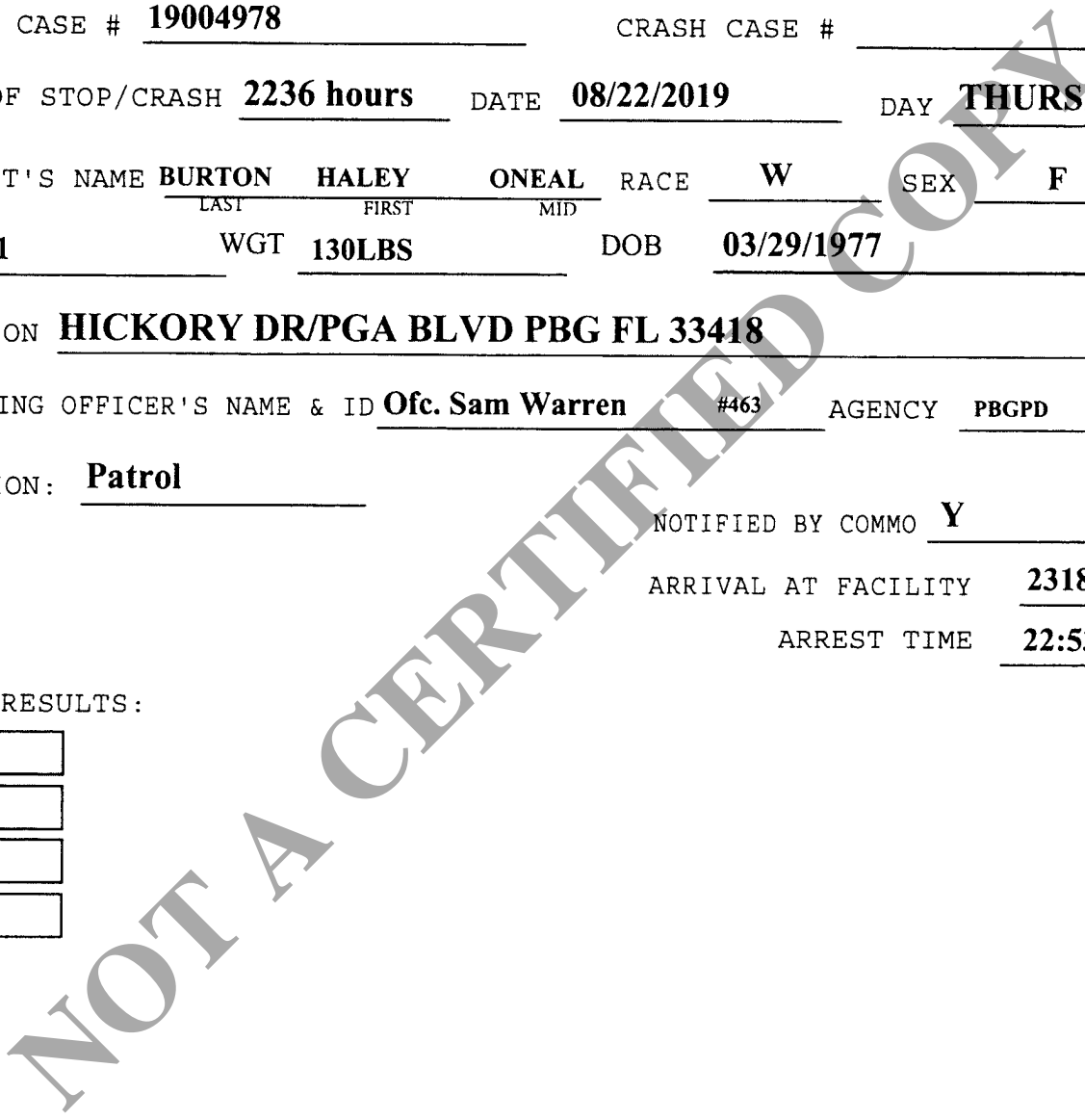
ARRIVAL AT FACILITY 2318

ARREST TIME 22:53

BREATH RESULTS:

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

TESTING OFFICER'S ID _____ PBSO VIDEOTAPE # _____



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

I, S. Warren 463, a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)

am a member of Palm Beach Gardens PD, and I do swear
(Name of law enforcement agency)

or affirm that on or about the 22 day of August, 20 19, at 2253 P.M. A.M.

DRIVER Halcy Oneal Burton,
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

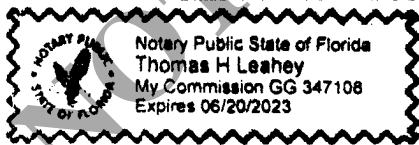
DL# B635334776090, state of Florida, was placed under lawful arrest for
the offense of DUI by S. Warren 463 and
(Name of Arresting Officer)
issued Citation # AS6H22E.

That on or about the 22 day of August, 20 19, at 2343 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] 463
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 23rd day of August, 20 19,
by _____,
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.

WITNESS LIST

CASE NUMBER: 19004978

ARRESTING OFFICER: Ofc. Sam Warren

ADDRESS: 10500 N. Military Trail, Palm Beach Gardens, FL 33410

PHONE NUMBERS (HOME): N/A (WORK) (561) 799-4445

CAN TESTIFY TO: Facts of Case

NAME: Ofc. P. Colletti 358

ADDRESS: 10500 N. Military Trail, Palm Beach Gardens, FL 33410

PHONE NUMBERS (HOME) N/A (WORK) (561) 799-4445

CAN TESTIFY TO: _____

NAME: _____

ADDRESS 10500 N. Military Trail, Palm Beach Gardens, FL 33410

PHONE NUMBERS (HOME) N/A (WORK) (561) 799-4445

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) _____

CAN TESTIFY TO: _____

NOT A CERTIFIED COPY

SCANNED
AUG 24 2019



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"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>	539.001 FS	Other: All records relating to pawnbroker transactions.	
	<input type="checkbox"/>	119.071(2)	Other: Personal information contained within a motor vehicle record	

REVIEW COMPLETED BY

Booking Number: 2019027561	Date: 08/23/2019
	Specialist Name/ID: howardt/7185