

ARREST / NOTICE TO APPEAR

18CF1094

1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capture

1 JUVENILE

ADMI STRAT TION	ORIS Number	Agency ORU Number <b>0500200</b>		Agency Name <b>Boca Raton Police Department</b>		Agency Report Number (N.T.A.'s only) <b>3, 2   2018-008751</b>		Multiple Clearance Indicator <b>N</b>				
DEF END ANT	Charge Type: Check as many as apply: <input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Location of Arrest (Including Name of Business) <b>2500 BUTTS RD, BOCA RATON, FL</b>		Location of Offense (Business Name, Address) <b>2500 BUTTS RD, BOCA RATON, FL 33431</b>		If Weapon Seized		Ester Type: <b>None/not Applicable</b>			
	Date of Arrest <b>06/29/2018</b>		Time of Arrest <b>02:58</b>		Booking Date <b>06/29/2018</b>		Booking Time <b>03:08</b>		Jail Date <b>06/29/2018</b>			
COD ERF	Name (Last, First, Middle) <b>SCHALLER, HENRY ALBERT III</b>		Alias:		Alias (Name, DOB, Soc. Sec. #, etc.)		Municipality <b>WESTWAY TOWING</b>		Race <b>W</b>			
	Sex <b>M</b>		Date of Birth <b>09/04/1990</b>		Height <b>6'01</b>		Weight <b>160</b>		Eye Color <b>BLUE</b>			
	Hair Color <b>BLONDE</b>		Complexion <b>LIGHT</b>		Build <b>Thin</b>		Marital Status <b>S</b>		Religion <b>CHRISTIAN</b>			
	Local Address (Street, Apt. Number) <b>5901 CATESBY ST, BOCA RATON, FL 33433</b>		(City)		(State)		(Zip)		Phone <b>(561) 393-5863</b>			
CH RGE	Personal Address (Street, Apt. Number) <b>5901 CATESBY ST, BOCA RATON, FL 33433</b>		(City)		(State)		(Zip)		Phone <b>(561) 393-5863</b>			
	Business Address (Name, Street) <b>COASTLINE PRESSURE CLEANING BOCA RATON</b>		(City)		(State)		(Zip)		Phone <b>(561) -</b>			
	DL Number, State <b>S460381903240 / FL</b>		INS Number		Place of Birth (City, State) <b>FORT LAUDERDALE,</b>		Citizenship		Occupation <b>Owner</b>			
	Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile			
J U V E N I L E	Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		<input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor			
	<input type="checkbox"/> Prison <input type="checkbox"/> Other		Name (Last, First, Middle)		Residence Phone		Business Phone		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile			
	<input type="checkbox"/> Legal Custodian		Address (Street, Apt. Number)		(City)		(State)		(Zip)			
	Notified by: (Name)		Date		Time		JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated					
C O D E	Released To: (Name)		Relationship		Date		Time		School Attended			
	The above address was 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's Office (Phone 355-2526) informed of any change of address.		<input type="checkbox"/> Yes, by: <input type="checkbox"/> No		Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property		Value of Property			
	Drug Activity S. Sell N. N/A P. Possess		S. Sell B. Buy T. Traffic		R. Snaggle D. Deliver E. Use		K. Dispense/ Distribute		M. Manufacture/ Prepare/ Cultivate		Z. Other	
	Drug Type N. N/A A. Amphetamine		B. Barbiturate C. Cocaine E. Heroin		H. Hallucinogen M. Marijuana O. Opium/Opium Deriv.		P. Paraphernalia/ Equipment S. Synthetic		U. Unknown Z. Other			
C H A R G E	Charge Description <b>DUI</b>		Amount / Unit		Offense #		Counts <b>I</b>		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N			
	Drug Activity <b>N</b>		Drug Type		Warrant / Citation Number <b>316.193(1)</b>		State Violation Number <b>316.193(1)</b>		Victims of ORC #			
	Charge Description <b>POSSESSION OF A CONTROLLED SUBSTANCE hash oil without</b>		Amount / Unit		Offense #		Counts <b>I</b>		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N			
	Drug Activity <b>N</b>		Drug Type		Warrant / Citation Number		State Violation Number <b>893.13(6A)</b>		Victims of ORC #			
I N T A K E	Charge Description		Amount / Unit		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N			
	Drug Activity		Drug Type		Warrant / Citation Number		State Violation Number		Victims of ORC #			
	Health / Apparent Physical Condition of Detainee <b>GOOD</b>		Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Information <input type="checkbox"/> Injuries		Explicit:		Released By <b>VAN CAMP</b>		Released To <b>PBCJ</b>			
	Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input checked="" type="checkbox"/> T.O.T. County Jail <input type="checkbox"/> Pooled Bond <input type="checkbox"/> South County Mental Health		PROPERTY - Received By <b>VAN CAMP</b>		Date Transported <b>06/29/2018</b>		Time Transported <b>00:00</b>		Other			
N O T I C E	<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court		<input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.		Location (Court, Room) <b>South County 200 W Atlantic Ave Delray Beach, FL 33444</b>		Court Date and Time <b>07/23/2018 08:30:00</b>					
	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 <b>JUN 29 2018</b>							
A D M I N	HOLD for Other Agency		Signature of Arresting Officer		Name Verification (Printed by Arrestee)							
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Resigned Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other		Name of Arresting Officer (Print) <b>VAN CAMP, J. A.</b>		I.D. # <b>747</b>		Agency <b>BOCA</b>		PAGE <b>1 of 1</b>			
	Inmate Number <b>0577001700</b>		Pouch #		Transmitting Officer <b>Kentecia</b>		I.D. # <b>800</b>		Agency <b>BOCA</b>			
					Witness here if subject signed with an "X".							

0499412 Henry in 800 JUN 04 2018 3887

PROBABLE CAUSE AFFIDAVIT

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

1 JUVENILE

Agency ORI Number <b>FL 0500200</b>	Agency Name <b>BOCA RATON POLICE DEPARTMENT</b>	Agency Report Number <b>3 2 2018-008751</b>
Charge Type: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Special Notes:

Name (Last, First, Middle) <b>SCHALLER, HENRY ALBERT III</b>	Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>09/04/1990</b>
Charge Description <b>893.13(6A) POSSESSION OF A CONTROLLED SUBSTANCE</b>	Charge Description <b>316.193(1) DUI</b>		

Victim's Name (Last, First, Middle) <b>STATE OF FLORIDA,</b>	Race	Sex	Date of Birth
Local Address (Street, Apt. Number) <b>100 NW 2ND AVE, BOCA RATON, FL 33432</b>	Phone <b>(561) -</b>	Address Source	
Business Address (Name, Street)	Phone <b>(56) -</b>	Occupation	

The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law.  
 The Person taken into custody...  
 committed the below acts in my presence.       was observed by \_\_\_\_\_ who told \_\_\_\_\_ that he/she saw the arrested person commit the below acts.  
 confessed to \_\_\_\_\_ admitting to the below facts.       was found to have committed the below acts, resulting from my (described) investigation.  
 On the 29 day of June, 2018 at 01:50 (Specifically include facts constituting cause for arrest.)

On 6-29-2018 at 0132 hours, while on routine patrol, I observed a Black 2013 Chevrolet Silverado bearing Fl Tag#AITE30 traveling westbound in the eastbound lanes on W. Glades Rd. The vehicle came to the intersection of W. Glades Rd. and Butts Rd. and turned northbound. The vehicle also had an obstructed tag and the flashers were on. I caught up with the car and conducted a traffic stop, the car stopped at 2500 Butts Rd. in Boca Raton, Fl. I walked to the driver's side portion of the car and made contact with a W/M identified as Henry Schaller. As I began speaking with Schaller, I detected a strong odor of an alcoholic beverage coming from his breath. Schaller also had a slurred speech and glossy eyes. I asked Schaller if he had consumed any alcohol tonight, Schaller advised that he did earlier in the night around 10. I asked Schaller where he was going and he said "Hillsborough and Military." I then asked Schaller where he was coming from and he said "probably coming from Camino." Ofc. Calhoun arrived on scene as back-up.

At this point I requested that Schaller exit his vehicle, which he did without incident. Once out of the car, I again asked Schaller where he was coming from, he advised he was coming from Kapow, which is a local restaurant. Schaller informed me that he consumed "two vodka and soda drinks" while he was there. Schaller did not feel as if he was impaired. I asked Schaller if he knew where he was, he looked around for a sign and said, "Glades and Butts Rd."

I then requested that Schaller consent to the standard field sobriety tasks to dispel my alarm he was driving impaired. He provided consent.

Schaller stated he takes ibuprofen but does not have any injuries.

The first task was the Horizontal Gaze Nystagmus. While observing HGN, lack of smooth pursuit was present in both eyes. Each eye had a constant jerking while at maximum

SCANNED

JUN 29 2018

SWORN AND SUBSCRIBED BEFORE ME  
**GRAHAM, KEITH T**  
 NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)  
06/29/2018  
 DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER  
**VAN CAMP, JEFFERY ALAN (747)**  
 NAME OF OFFICER (PLEASE PRINT)  
06/29/2018  
 DATE

PAGE 1 of 2

PROBABLE CAUSE AFFIDAVIT  
SUPPLEMENT

1. Arrest  
2. N.T.A.  
3. Request for Warrant  
4. Request for Copies

1

JUVENILE

DBTS Number

Agency ORI Number

FL 0500200

Agency Name

BOCA RATON POLICE DEPARTMENT

Agency Report Number

3 | 2 | 2018-008751

Charge Type:  
Check as many  
as apply.

- 1. Felony
- 2. Traffic Felony
- 3. Misdemeanor
- 4. Traffic Misdemeanor
- 5. Ordinance
- 6. Other

Special Notes:

Name (Last, First, Middle)

SCHALLER, HENRY ALBERT III

Alias

Race

Sex

Date of Birth

W

M

09/04/1990

deviation.

The second task was the Walk and Turn. Schaller did not maintain the starting position and I had to remind him on three different occasions to maintain the starting position. Schaller started the task early. Schaller took ten steps forward and fell off the line twice upon returning. He also did not go heel to toe the entire time.

The third task was the One Leg Stand. Schaller lost balance after six seconds. Schaller then got to ten seconds and stopped the task. I reminded him to continue the task until told to stop, he then started the task over correctly.

The fourth task was the Finger to Nose Task (L-R-L-R-R-L). On the first finger to nose sequence, he missed the tip of his nose, held his finger and asked "can I stop?" I had to remind him to bring his index finger directly back down to his side. On the next three finger to nose sequences he missed the tip of his nose. He was swaying during the task.

The fifth task was the Rhomberg Alphabet. Schaller recited the Alphabet correctly but sang through the task instead of in a slow non-rhythmic manner.

At 0150 hours, I placed Schaller under arrest for DUI per F.S.S. 316.193(1). A search incident to arrest was conducted on Schaller, where I located an E-Cigarette in his left pant pocket. The substance inside of the E-Cigarette was later tested with a BRPD issued test kit. The kit turned purple indicating a positive presence of THC, therefore, Schaller was further charged with possession of a controlled substance per F.S.S. 893.13(6a). The E-Cigarette was placed into BRPD Evidence.

I then transported Schaller to the Boca Raton Police Department where I conducted the 20 minute observation period. Ofc. Murphy responded to conduct the Intoxilyzer 8000. While in the DUI room, Schaller provided the breath samples of .141 and .136.

The vehicle was towed to Westway Towing.

Schaller was later taken to the Palm Beach County Jail without incident.

SCANNED

JUN 29 2018

SWORN AND SUBSCRIBED BEFORE ME

GRAHAM, KEITH T

NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

06/29/2018

PATEL

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

VAN CAMP, JEFFERY ALAN (747)

NAME OF OFFICER (PLEASE PRINT)

06/29/2018

DATE

PAGE

2 OF 2

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P.I.O.

NR

No offender has matched with provided search criteria.

- ▶ You are **NOT** required to enter information into each field. But you are required to enter at least ONE search criteria. A search list may be obtained by entering information into one or more fields.
- ▶ Enter the offender's last name and first name in the appropriate fields. If the offender has an unusual last or first name, use the wildcard search options for possible spelling variations (See 'Include Similar Names' \*)
- ▶ NOTE: The submissions received by the Database may NOT include all field information. For example, the Date of Birth may not be included or differ from your entry. So, if you do not receive any results after entering the offender's last name, first name, and a Date of Birth, try a search without a birth date.
- ▶ If no results occur after an initial search, try several variations or contact the FDLE DNA Investigative Support Database for assistance at 850-617-1300, FAX: 850-921-6086 or Email: dnadatabase@fdle.state.fl.us

First Name:

Last Name:

Date of Birth:

SSN:

DOC #:

FDLE #:

Include Similar Names

Click this box 'Include similar names' to run a wildcard search. With this type of search, entering the last name Smith, will return Smith, Smithson, Goldsmith, etc. Another option is to include a % sign within the name field to extend the search to all names with similar middle letters. For example, S%son will return Samson, Simpson, and Smithson. These searches may return very large result sets, so it is advisable to start with specific criteria, then adjust your search options until the desired record is found.

Name	Date of Birth	DOC #
No offender found for the search.		
(1 of 1)		<input type="button" value="10"/> {Exporters}

FDLE DNA Investigative Support Database  
 Phone: (850) 617-1300 Fax: (850) 921-6086  
 Email: dnadatabase@fdle.state.fl.us

NOT A CERTIFIED COPY

SCANNED  
JUN 29 2018

CASE#: 18-8751  
10-15: 0150  
OBV: 0205

## DUI INFLUENCE REPORT



BOCA RATON POLICE SERVICES DEPARTMENT

100 NW 2<sup>nd</sup> Avenue

Boca Raton, FL 33432

SCANNED

JUN 29 2018

ARRESTING OFFICER Off Van Camp

Name: Van Camp Phone # \_\_\_\_\_ Work # 561-335-1234

Address: 100 NW 2nd Ave Boca Raton FL 33432

Can testify to: investigation

Name: Callahan Phone # \_\_\_\_\_ Work # "

Address: "

Can testify to: investigation

Name: Murphy Phone # \_\_\_\_\_ Work # "

Address: "

Can testify to: booking

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Work # \_\_\_\_\_

Address: \_\_\_\_\_

Can testify to: \_\_\_\_\_

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Work # \_\_\_\_\_

Address: \_\_\_\_\_

Can testify to: \_\_\_\_\_

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Work # \_\_\_\_\_

Address: \_\_\_\_\_

Can testify to: \_\_\_\_\_

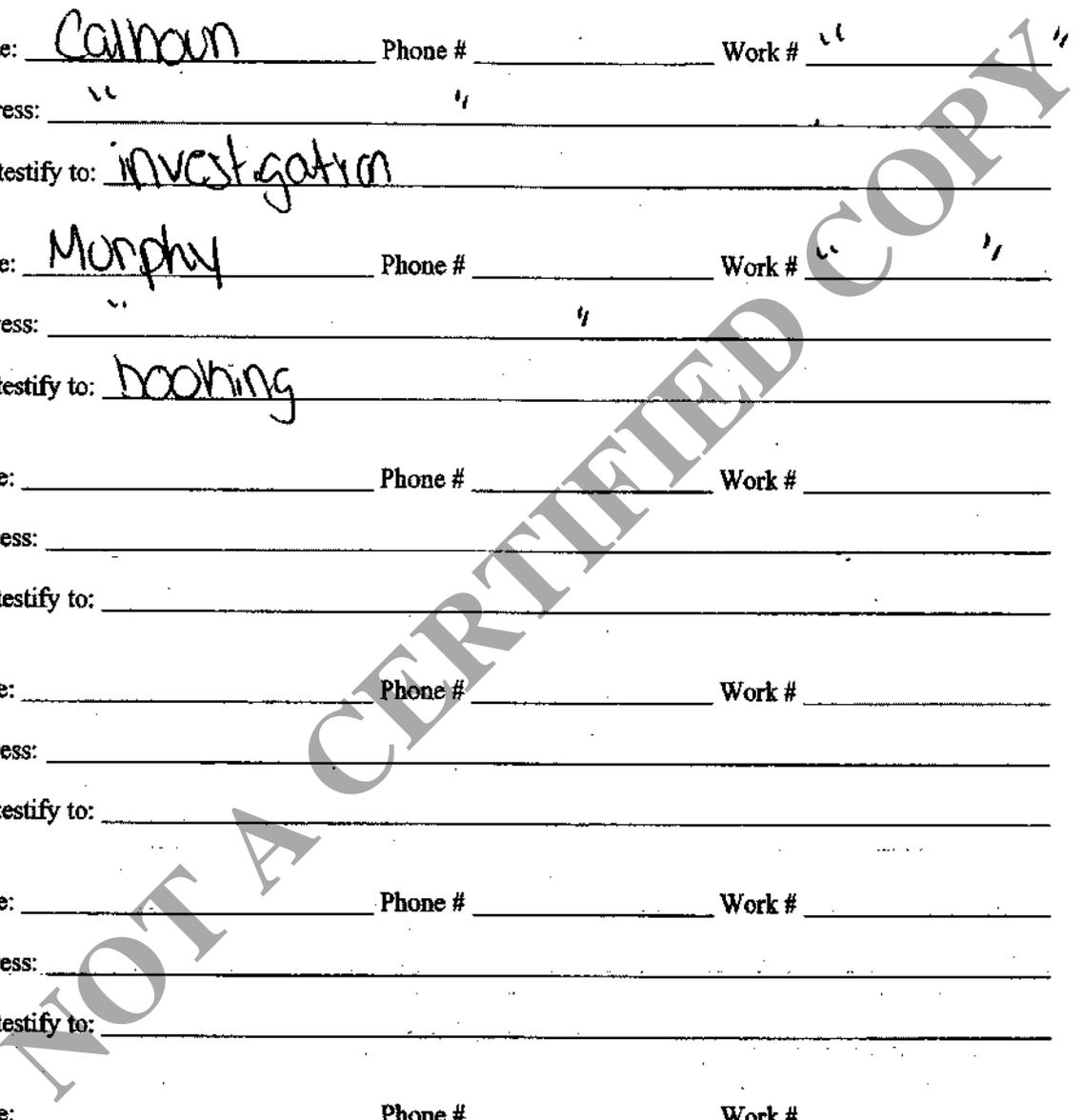
Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Work # \_\_\_\_\_

Address: \_\_\_\_\_

Can testify to: \_\_\_\_\_

**SCANNED**

**JUN 29 2018**





BOCA RATON POLICE SERVICES DEPARTMENT  
DUI INFLUENCE REPORT - PART II

To be filled out at testing facility

Agency Case # 2018-008751

I. INTRODUCTION (Instrument Operator faces video camera)

A. The day is Friday, June, 29, 2018  
(day) (month) (date) (year)

B. The time is now approximately 0227  AM/PM.

C. The following is in reference to case number 2018-008751.

D. Present at this time is Officer VanCamp, Murphy of the Boca Raton Police Department.  
(Officer's Name)

E. Officer VanCamp, have you arrested Henry Schaller in violation of Florida State Statute 316.193?  
(Defendant's name)

F. Did this violation occur within the City of Boca Raton, Palm Beach County, Florida? yes

G.  Mr./Mrs./Ms. Schaller, I am required to inform you these proceedings are being video recorded.

Operator Note: Video record breath request, breath sample, and interview.

NOT A CERTIFIED COPY

SCANNED  
JUN 29 2018

**II. AT THIS TIME THE ARRESTING OFFICER WILL REQUEST A BREATH SAMPLE.**

*Note: Read only the paragraph applicable to the type of test you are requesting.*

- A.** I am now requesting that you submit to a lawful test of your **BREATH** for the purpose of determining its alcohol content.
- B.** I am now requesting that you submit to a lawful test of your **URINE** for the purpose of determining its alcohol content.
- C.** I am now requesting that you submit to a lawful test of your **BLOOD** for the purpose of determining its alcohol content and the presence of chemical or controlled substances.

**IMPLIED CONSENT WARNINGS**

*Note: Read only if the subject does not comply with your request.*

I am ofc VanCamp of the BRPD.

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 Signature: on video

*Note: Also read for CDL holders:*

IN ADDITION, your refusal to submit will result in the loss of your commercial privileges for one year from today. If this is your **SECOND REFUSAL**, you will be permanently disqualified from operating a commercial motor vehicle.

*Note: After reading the implied consent warning, the arresting officer must request a breath sample again.*

**(IF REFUSAL THEN)**

At this time Mr./Mrs./Ms. \_\_\_\_\_ has refused to submit to a breath test.

The date is \_\_\_\_\_ and the time is \_\_\_\_\_ AM/PM.  
(month) (day) (year)

A refusal form will be completed by the arresting officer.

NOT A CERTIFIED COPY

SCANNED  
JUN 29 2018



BOCA RATON POLICE SERVICES DEPARTMENT

TESTING FACILITY TASK REPORT

SUBJECT: Henry Schaller

CASE #: 2018-008751 DATE: 6-29-18

BREATH TEST RESULTS

1) TIME 0141 0729 (AM/PM) 2) TIME 0126 0732 (AM/PM)

3) TIME \_\_\_\_\_ AM/PM 4) TIME \_\_\_\_\_ AM/PM

BREATH OPERATOR: Murphy

MAINTENANCE TECHNICIAN: Pare

TESTING OFFICER'S OBSERVATIONS

SPEECH: \_\_\_\_\_

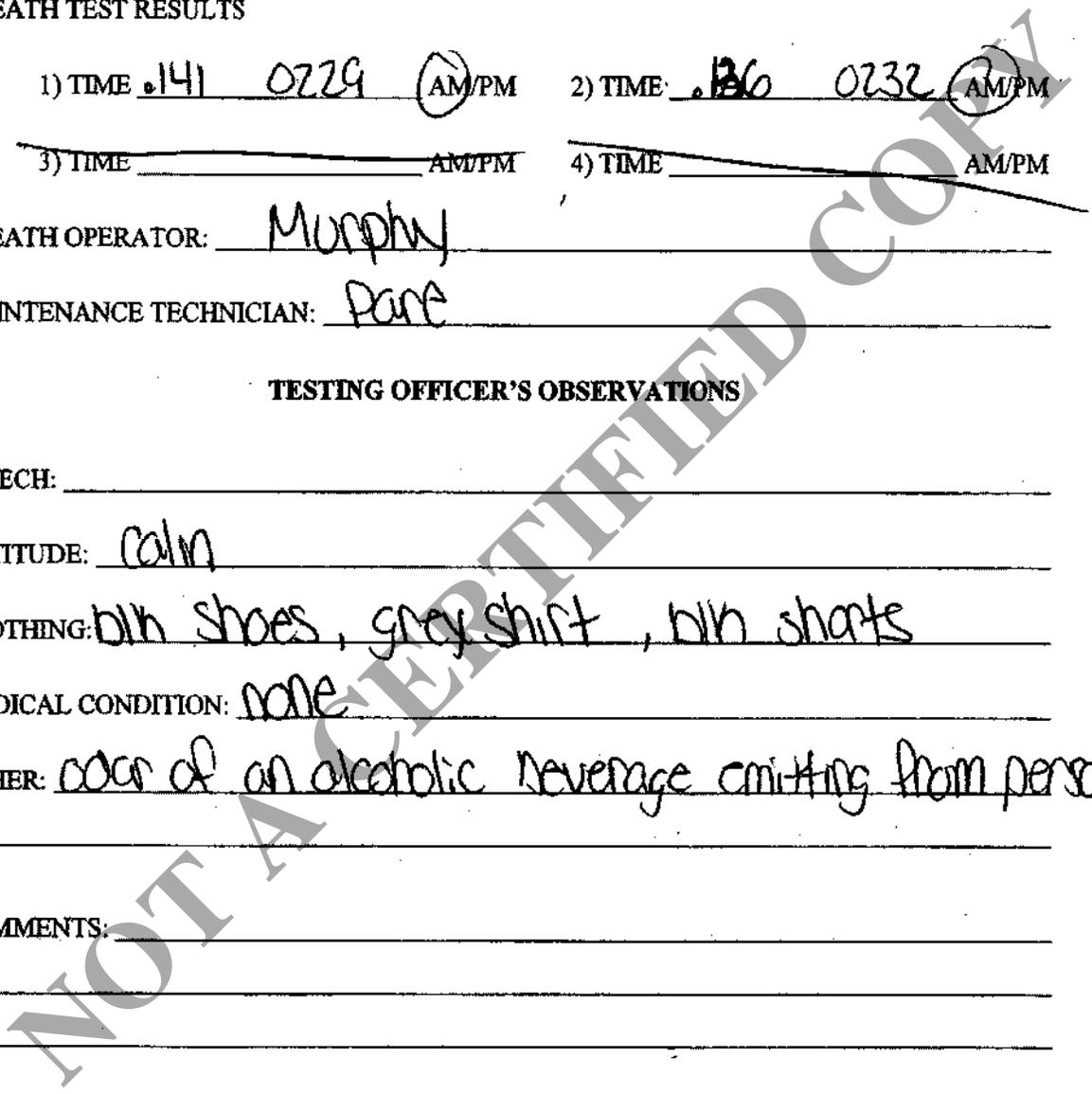
ATTITUDE: calm

CLOTHING: blu shoes, grey shirt, blu shorts

MEDICAL CONDITION: none

OTHER: odor of an alcoholic beverage emitting from person

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



SCANNED  
JUN 29 2018

**Identify yourself and state:**

I am required to warn you before you make any statement that you have the following Constitutional rights:

- (1) You have the right to remain silent and not answer any questions.
- (2) Any statement you make must be freely and voluntarily given.
- (3) You have a right to the presence and representation 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 and representation of a court appointed lawyer before you make any statement 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 be and will be used against you in a court of law.
- (8) Do you understand these rights as I have read them to you, and do you wish to speak to me?

Signed: on video Date: 6-29-18 Time: on video

**QUESTIONS AND ANSWERS**

Were you operating a motor vehicle at the time of the accident/stop? yes

Where were you going? Home

What street or highway were you on? Butts Rd.

Direction of travel? North

Where did you start driving from? BP Gas Station

What city (county) were you stopped in? Boca Raton

What time did you start? 6:00 AM AM/PM What time is it now? 0300 AM

What is today's date? 6-29-18 What day of the week is it? Friday

When did you last eat? Thursday Night What did you eat? Chicken / ETC

What have you been doing the past three hours prior to this stop/accident? Friends at Restaurant

How much do you weigh? 155 Have you been drinking? Yes What were you drinking?  
Vodka Sodas

How much? 2 Where? Kapaw / Hijir With whom were you drinking? Friends

When did you have your first drink? 9 AM/PM When did you stop drinking? 11:30 AM/PM

SCANNED  
JUN 29 2018

How did you consume your last two drinks? Slowly

Are you under the influence of alcohol now?  Yes  No

Can you feel the effects of alcohol?  Yes  No

Have you consumed alcohol since the accident?  Yes  No

Can you feel the effects of alcohol?  Yes  No

Have you consumed alcohol since the accident?  Yes  No How much? \_\_\_\_\_

What? \_\_\_\_\_ Where? \_\_\_\_\_

What line of work are you in? Pressure cleaning

When did you last work? 6 am - Today

Do you have any physical defects or injuries?  Yes  No If yes, explain: \_\_\_\_\_

Are you sick or injured?  Yes  No If yes, explain: \_\_\_\_\_

Do you limp?  Yes  No Did you get a bump on the head?  Yes  No

Were you in an accident today? No

Have you taken any drugs or smoked marijuana today? Yes - Marijuana

What? Marijuana When? \_\_\_\_\_

Have you seen a doctor or dentist today?  Yes  No Who? \_\_\_\_\_

Are you taking any prescription medications?  Yes  No What? \_\_\_\_\_ When? \_\_\_\_\_

Do you have: Epilepsy?  Yes  No Inner ear trouble?  Yes  No

Glass eye?  Yes  No Ear infection?  Yes  No

False teeth?  Yes  No Diabetes?  Yes  No

Any problems not correctable by glasses or contact lenses? No

Do you take insulin?  Yes  No If yes, when was your last injection? \_\_\_\_\_

Have you ever had a driver's license in any other state? No

I am now ending this video recording. The time is now approximately 2:40 (AM/PM).

The date is June, 29, 2018.  
(month) (day) (year)

SCANNED  
JUN 29 2018



**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)
I/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)-fe)	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: 2018021539	Date: 6/29/2018
	Specialist Name/ID: L.Rouse/ #6673

**SCANNED**  
**JUN 29 2018**