0319956 3600

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

OBTS Number | 1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias: 1 | Juvenile: N

ADMINISTRATIVE

Agency ORI Number | Agency Name: Palm Beach Police Department | Agency Report Number (N.T.A.'s only): 19-000118

Charge Type: Check as many as apply: ☐ 1. Felony ☐ 2. Traffic Felony ☑ 3. Misdemeanor ☑ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

Weapon Seized / Type: 1. Yes 2. No | Multiple Clearance Indicator: UK

Location of Arrest (Including Name of Business): 200 BLOCK OF CHILEAN AVE, PALM BEACH, FL 33480

Location of Offense (Business Name, Address): 200 BLOCK OF CHILEAN AVE, PALM BEACH, FL 33480

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
01/23/2019	2017					Kauffs Towing

DEFENDANT

Name (Last, First, Middle): HARTZ, JOHN CLINTON | Alias (Name, DOB, Soc. Sec. #, Etc.)

Race (W - White I - American Indian B - Black 0- Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	M	07/07/1969	602	198	BROWN	BROWN	Light	MEDIUM

Scars, Marks, Tatoos, Unique Physcal Features (Location, Type, Description): None | Marital Status: MARRIED | Religion: CHRISTIAN | Indication of: Alcohol Influence ☑ Y ☐ N ☐ Unk. Drug Influence ☐ Y ☐ N ☑ Unk.

Local Address (Street, Apt. Number): 434 CHILEAN AVE APT 4D | (City) (State) (Zip): PALM BEACH FL 33480 | Phone: (561) 805-9801 | Residence Type: 1. City 2. County 3. Florida 4. Out of State: 1

Permanent Address (Street, Apt. Number): 434 CHILEAN AVE APT 4D | (City) (State) (Zip): PALM BEACH FL 33480 | Phone: (917) 972-5116 | Address Source: FL Drivers License

Business Address (Name, Street) | (City) (State) (Zip) | Phone: ( ) | Occupation: REAL ESTATE

D/L Number, State: H632-463-69-247-0 | Soc. Sec. Number: [redacted] | INS Number | Place of Birth (City, State): MORRISTOWN, NJ | Citizenship: US

CO-DEF

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

JUVENILE

☐ Parent ☐ Legal Custodian ☐ 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 ☐ 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

CODE

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/Deriv. | P. Paraphernalia/ Equipment S. Synthetics | U. Unknown Z. Other

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
D.U.I. Property Damage	1	☐Y ☑N	316.193 (3) (C) (1)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant I Capias Number	Bond
N	N		19-000118		OR

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
LEAVING SCENE OF ACCIDENT	1	☐Y ☑N	316.061 (1)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
N	N		19-000118		OR

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐Y ☐N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐Y ☐N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

RECEIVED JAN 24 2019 BY: WB

2019 JAN 24 AM 9:14 CLERK CIRCUIT COURT PALM BEACH COUNTY FLORIDA

NOTICE TO APPEAR

Location (Court, Room Number, Address): 3228 Gun Club Rd., West Palm Beach, FL CRIMINAL JUSTICE COMPLEX

Court Date and Time: Month FEBRUARY Day 21 Year 2019 Time 0830 AM ✓ 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

X _____ Signature of Defendant (or Juvenile and Parent /Custodian) | Date Signed: 1-23-19

ADMIN

HOLD for other Agency Name: | Signature of Arresting Officer X _____ 9014 | Name Verification (Printed by Arrestee) (PRINT) JAN 24 AM 10 55

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other: | Name of Arresting Officer (Print) MACCARONE I.D. # 9214

Intake Deputy I.D. # Pouch # | Transporting Officer MACCARONE ID # Agency PBPD | Witness here if subject signed with an -X-

PAGE 1 OF 1

DISTRIBUTION: WHITE - COURT COPY | GREEN - STATE ATTORNEY | YELLOW - AGENCY | PINK - AGENCY | GOLD - DEFENDANT (N.T.A.'s ONLY)

PBSO #148 REV. 8/97

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2019 CT 1642

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 23 DAY OF JANUARY 20 2019, AT 2017 AM ✓ PM

SUBJECT: HARTZ, JOHN CLINTON CASE NUMBER: 19-000118

AGENCY: Palm Beach Police Department ARRESTING OFFICER: MACCARONE

PERSONAL CONTACT

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

While in the employee parking lot (217 Australian Ave), I observed a vehicle traveling eastbound in the 200 block of Australian Ave and it was dragging an unknown object from the undercarriage, causing a loud scraping noise. Officer Bido observed silver BMW 4-door bearing FL tag# 947UBW turning south on South County Road (in front of Bucaan Restaurant). Officer Bido observed an unknown fluid leaking profusely from the front of the vehicle. The vehicle traveled westbound in the 200 block of Chilean Ave and continued to leak the unknown fluid. Officer Bido conducted a traffic stop utilizing her overhead lights and made contact with the driver and sole occupant of the vehicle W/M John C. Hartz DOB: 07/07/1969. Officer Bido also observed extensive front driver's side damage on the vehicle. The unknown fluid continued to leak.

OBSERVATION OF DRIVER:

Driver's speech was slurred, eyes were bloodshot and the driver was swaying heavily and failed to maintain balance when he exited the vehicle.

DRIVER'S STATEMENTS:

Hartz stated he struck two vehicles on the 200 block of Australian Ave as he was leaving a friends house. Hartz stated that he had only consumed one alcoholic beverage, Vodka.

ODORS:

Strong odor of alcohol emanating from driver's breathe. Odor grew greater as Hartz began to speak.

GENERAL OBSERVATIONS

SPEECH: **Slurred**

ATTITUDE: **co-operative**

CLOTHING: **Sandals, blue shorts, green/white polo shirt**

MEDICAL/OTHER: **None**

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STATE OF FLORIDA
COUNTY OF PALM BEACH

MACCARONE
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 23 day of JANUARY 20 19 by MACCARONE

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

JAMES G. BRIGGS
Commission # GG 165618
Expires December 5, 2021
Bonded Thru Troy Fain Insurance 800-385-7019

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

SUBJECT: HARTZ, JOHN CLINTON CASE NUMBER 19-000118

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

- [x] LT EYE-LACK OF SMOOTH PURSUIT
- [x] RT EYE-LACK OF SMOOTH PURSUIT
- [x] LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION
- [x] RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION
- [x] LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES
- [x] RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

Other Observations:

Hartz continued to sway heavily. Hartz had a difficult time touching the tip of the stimulus,nearly missing it completely. Hartz followed the stimulus with his head and had to be instructed again not to do so. Hartz had a difficult time keeping focus on the stimulus.

WALK & TURN

Hartz was unable to remain in the instruction stage. Hartz continued to lose his balance while attempting to return to the instruction stage. Hartz attempted to begin the task before being instructed to do so. Although there was no physical line, Hartz was instructed to use the line that I showed him and he stated he understood the correct line. Hartz used his arms for balance during the entire task. Hartz missed heel to toe on all steps. Hartz completed twelve initial steps and completed an improper turn. Hartz then completed thirteen steps back.

ONE LEG STAND:

Hartz was unable to keep his feet together and continued to sway. Hartz stated he had "Vertigo". Hartz attempted to lift his foot but could not keep foot up. Hartz counted to approximately 1002. Hartz could not complete this task.

FINGER TO NOSE:

Hartz was unable to keep his feet together and continued to sway. Hartz was unsure which arm to raise initially. As Hartz attempted to tilt his head backwards, he took four steps backwards and nearly fell over. Hartz was unable to touch the tip of his finger to the tip of his nose and on some attempts missed his nose completely.

ROMBERG ALPHABET:

Hartz was unable to keep his feet together and continued to sway. Hartz was unable to keep head tilted back and used arms to balance. Hartz stated L,M,N,O,"C", took a long pause and continued the alphabet correctly until W,X,"R",Z.

BREATH TEST RESULTS: .264 .266

STATE OF FLORIDA
COUNTY OF PALM BEACH

MACCARONE
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 23 day of JANUARY 2019 by MACCARONE

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

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

JAMES G. BIGGS
Commission # GG 165618
Expires December 5, 2021
Bonded Thru Troy Fain Insurance 800-385-7019

NOT A CERTIFIED COPY

WITNESS LIST

CASE NUMBER: 19-000118

ARRESTING OFFICER: MACCARONE

ADDRESS: 345 S. County Rd Palm Beach FL, 33480

PHONE NUMBERS (HOME): (561)838-5454 (WORK) _____

CAN TESTIFY TO: Arrest

NAME: OFC. Steffick

ADDRESS: 345 S. County Rd. Palm Beach FL, 33480

PHONE NUMBERS (HOME) (561)838-5454 (WORK) _____

CAN TESTIFY TO: Arrest

NAME: OFC. BIDO

ADDRESS 345 S COUNTY ROAD

PHONE NUMBERS (HOME) 561-838-5454 (WORK) _____

CAN TESTIFY TO: Arrest/Traffic stop

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

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PHONE NUMBERS (HOME) _____ (WORK) _____

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CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

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

PBSO CASE # 19-029183 PBSO ZONE 3-23

AGENCY CASE # 19-000118 CRASH CASE #

TIME OF STOP/CRASH 1952 DATE 01/23/2019 DAY Wednesday

SUBJECT'S NAME HARTZ, JOHN CLINTON RACE W SEX M

HGT 602 WGT 198 DOB 07/07/1969

LOCATION 200 BLOCK OF CHILEAN AVE, PALM BEACH, FL 33480

ARRESTING OFFICER'S NAME & ID MACCARONE 9214 AGENCY Palm Beach Police Department

DIVISION: Patrol

NOTIFIED BY COMMO YES

ARRIVAL AT FACILITY 2045

ARREST TIME 2017

BREATH RESULTS:

1. .264
2. .266
3.
4.

TESTING OFFICER'S ID 7607 PBSO VIDEOTAPE # N/A

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TESTING FACILITY TASK REPORT

AGENCY: PBPD

SUBJECT: HARTZ JR, JOHN C

CASE NUMBER: 19-029183

DATE: Jan 23, 2019

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 2116

ENDING TIME: 2135

BREATH TESTS RESULTS: 1) .264 TIME 2123 A.M.☐ P.M.☒ 2) .266 TIME 2126 A.M.☐ P.M.☒

3) XX TIME XX A.M.☐ P.M.☐ 4) XX TIME XX A.M.☐ P.M.☐

BREATH OPERATOR: J Biggs# 7607

MAINTENANCE TECHNICAN: D/S J Karklecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SOMEWHAT SLURRED

ATTITUDE: UPSET, SHORT, COOPERATIVE WITH TECH

CLOTHING: GREEN/WHTE STRIPPED SHIRT,LIGHT BLUE SHORTS

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER:

EYES GLASSY, RED, BLOODSHOT
ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE ON SUBJECT

COMMENTS:

ARRESTING OFFICER CONDUCTED THE 20 MINUTE OBSERVATION BEGINNING AT 2045
SUBJECT REFUSED THE TEST INITIALLY
IMPLIED CONSENT WAS READ TO SUBJECT, SUBJECT THEN HAD TO USE RESTROOM
SUBJECT HAD IMPLIED CONSENT READ AGAIN
SUBJECT ADVISED HE WOULD SUBMIT TO THE BREATH TEST
SUBJECT WAS GIVEN THE INSTRUCTIONS FOR THE TEST
SUBJECT COMPLETED BOTH SAMPLES SUCCESSFULLY
MIRANDA WAS READ TO THE SUBJECT
SUBJECT WAS GIVEN THE RESULTS OF THE TEST
SUBJECT SUBMITTED TO THE QUESTIONS ASKED

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FLORIDA DEPARTMENT OF LAW ENFORCEMENT
ALCOHOL TESTING PROGRAM
BREATH ALCOHOL TEST AFFIDAVIT

Instrument Type: Intoxilyzer 8000
Instrument Registered To: PALM BEACH CO SO
Instrument Serial Number: 80-006239 Software: 8100.27
Date of Test: 01/23/2019

Date of Last Agency Inspection: 01/18/2019
Observation Period Began: 20:45
Subject's Name: JOHN C HARTZ DOB: 07/07/1969 Sex: M

The subject was observed for at least twenty-minutes prior to the administration of the breath test to ensure that the subject did not take anything orally and did not regurgitate.

Results:

Test	g/210L	Time
Diagnostics Check	OK	21:21
Air Blank	0.000	21:21
Control Test	0.080	21:22
Air Blank	0.000	21:22
Subject Sample #1	0.264	21:23
Air Blank	0.000	21:24
Air Blank	0.000	21:25
Subject Sample #2	0.266	21:26
Air Blank	0.000	21:27
Control Test	0.079	21:27
Air Blank	0.000	21:27
Diagnostics Check	OK	21:28

Cylinder Lot: 13518080A5
Exp: 08/05/2020

State of Florida, County of Palm Beach,

Personally appeared before me the undersigned authority, who (✓) is personally known to me or (__) produced _____ as identification, and who after being placed under oath, states:

I JAMES G BIGGS, hold a valid Breath Test Operator permit issued by the Florida Department of Law Enforcement, I administered the above breath test to the subject named above in accordance with Chapter 11D-8, Florida Administrative Code, and this form is a true and accurate report of that breath test.

Breath Test Operator: _____ Date: 1/23/19
Signature

Sworn to (or affirmed) before me this 23 day of Jan, 2019

_____ Off MacCarone
Signature of Notary Public-State of Florida Printed Name of Notary Public-State of Florida

Note: Pursuant to section 117.10, Florida Statutes, law enforcement officers, correctional officers, traffic accident investigation officers and traffic infraction enforcement officers are notaries public when engaged in the performance of official duties. In accordance with section 316.1934(5), F.S., this completed form is admissible without further authentication and is presumptive proof of the results herein. To be used in accordance with Section 316.1934(5), F.S., and in administrative proceedings pursuant to 322.2615, F.S.

FDLE/ATP FORM 38 - MARCH 2004, Ref. 11D-8.007

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SUBJECT: Hart, John CASE NUMBER: 12-[illegible]2

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) [signature]

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

SUBJECT: [illegible] CASE NUMBER: [illegible]

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? [illegible]

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? No

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: _____

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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	☐	119.0712(2)	Other: Personal Information contained in a motor vehicle record (s).	
	☐	393202(5)	Other: Person reporting Child Abuse	

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REVIEW COMPLETED BY

Booking Number: 2019002718	**Date:** 1/24/2019
	Specialist Name/ID: M. Tooks #8557