

0477715

ARREST / NOTICE TO APPEAR

1871

AD M I N I S T R A T I O N	OBTS Number	ARREST / NOTICE TO APPEAR			1 Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias	1	JUVENILE					
D E F E N D A N T	Agency ORI Number 0501700	Agency Name Jupiter Police Department	Agency Report Number (N.T.A.'s only) 5, 4 18-003658									
	Charge Type Check as many as apply: <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	If Weapon Seized Enter Type: NONE		Multiple Clearance Indicator								
C O D E D E F	Location of Arrest (Including Name of Business) 1475 INDIAN CREEK PKWY, JUPITER FL			Location of Offense (Business Name, Address) 1475 INDIAN CREEK PKWY, JUPITER, FL 33458								
	Date of Arrest 07/20/2018	Time of Arrest 03:31	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle					
	Name (Last, First, Middle) CULP, KENT GERALD			Alias (Name, DOB, Soc. Sec. #, Etc.)								
	Race W - White B - Black	Sex M	Date of Birth 12/25/1993	Height 5'09	Weight 200	Eye Color BLUE	Hair Color BROWN	Complexion FAIR	Build Medium			
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)			Marital Status S	Religion OTHER	Indication of: Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/> Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>							
Local Address (Street, Apt. Number) 8898 155TH PL N, WEST PALM BEACH, FL 33418			(City)	(State)	(Zip)	Phone (561) 745-9480	Residence Type: 1. City 2. County 3. Florida 4. Out of State 2					
Permanent Address (Street, Apt. Number) 8898 155TH PL N, WEST PALM BEACH, FL 33418			(City)	(State)	(Zip)	Phone (561) 745-9480	Address Source FL DL					
Business Address (Name, Street)			(City)	(State)	(Zip)	Phone	Occupation					
D/L Number, State C410507934650 / FL		Soc. Sec. Number	INS Number		Place of Birth (City, State) WELLINGTON, FL	Citizenship US						
C O D E D E F	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					
J U V E N I L E	<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____			Name (Last, First, Middle)			Residence Phone					
	<input type="checkbox"/> Legal Custodian			Address (Street, Apt. Number)			Business Phone					
	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. Institutionalized						
Released To: (Name)			Relationship	Date	Time							
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.			School Attended			Grade						
Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Description of Property			Value of Property						
C H A R G E	Drug Activity N. N/A P. Possess	S. Sell B. Buy T. Traffic	R. Swaggle D. Deliver E. Use	K. Disperse/ Distribute	M. Manufacture/ Produce/ Cultivate	2. 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. Synthetic	U. Unknown Z. Other	
	Charge Description DUI - DRIVING WHILE UNDER INFLUENCE						Statute Violation Number 316.193(1)	Violation of ORD #				
	Drug Activity	Drug Type N	Amount / Unit	Offense #	Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number	Bond				
	Charge Description						Statute Violation Number	Violation of ORD # JUL 20 AM 6:07				
Drug Activity						Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number	Bond
Charge Description						Statute Violation Number	Violation of ORD #					
Drug Activity						Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number	Bond
I N T A K E	Health / Appearance Physical Condition of Defendant						Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries Explain:					
	Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health						PROPERTY - Received By		Released By		Released To	
	Transported By						Date Transported	Time Transported	Other			
N O T I C E T O A P P E A R	<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) North County PALM BEACH GARD					
	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 COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.						Court Date and Time 08/22/2018 08:30:00					
	Signature of Defendant (or Juvenile and Parent/Custodian)						Date Signed 2018 JUL 21 AM 8:15					
A D M I N	HOLD for Other Agency						Signature of Arresting Officer [Signature] 327/1177					
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other						Name Verification (Printed by Arrestee) ROCHA, EUIS (PRINT)					
	Intake Deputy SMANN 8141						Transporting Officer E. Rocha I.D.# 327 Agency SPD					

2018 CT 12734

PROBABLE CAUSE AFFIDAVIT

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

1

JUVENILE

OBTS Number	Agency ORI Number FL 0501700		Agency Name JUPITER POLICE DEPARTMENT	Agency Report Number 5 4 18-003658
Charge Type: Check as many as apply.	<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) CULP, KENT GERALD	Alias	Race W	Sex M	Date of Birth 12/25/1993
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Charge Description 316.193(1) DUI - DRIVING WHILE UNDER INFLUENCE	Charge Description
Charge Description	Charge Description

Victim's Name (Last, First, Middle) State Of Florida	Race	Sex	Date of Birth
Local Address (Street, Apt. Number) (City) (State) (Zip)	Phone	Address Source	
Business Address (Name, Street) (City) (State) (Zip)	Phone	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 20 day of July, 2018 at 03:31 (Specifically include facts constituting cause for arrest.)

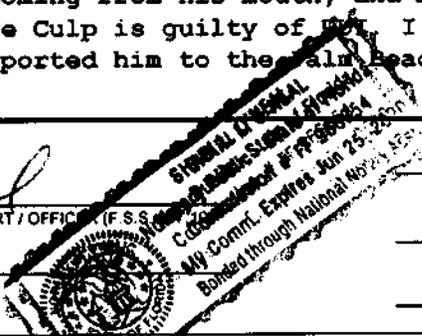
On Friday, July 20, 2018 at approximately 0309 hours I was dispatched to 1475 Indian Creek Pkwy, Jupiter FL, 33458 in reference to a person parked in the entrance to Jupiter First Church and passed out at the wheel.

PFC Counts was the first to arrive on scene and told me that he observed the driver, later identified as Kent G Culp (W/M 12/25/1993), asleep in the driver seat. PFC Counts stated that he tapped on the window attempting to get Culp's attention and Culp would lift his head and then put it back down to sleep again. PFC Counts said that once Culp was woken up again he tried to get him to open the driver door, but Culp had a difficult time opening the door to his car. Ultimately, Culp had to be assisted by MPO Salvemini who opened the door so Culp could step out.

Once I arrived on scene I spoke with Culp. Culp would not give me his name when asked and MPO Salvemini had to obtain it by running a computer check on the vehicle Culp was driving. The vehicle is a 2012 black Honda 4 door bearing Florida tag #508NWA. As I spoke with Culp I observed that he had glassy, bloodshot eyes, and detected a very strong odor of an unknown alcoholic substance coming from Culp's mouth as he spoke. Culp stated to me that he was at Jumby Bay drinking with friends. I asked Culp if he was willing to do some sobriety task to help me gauge his level of impairment and he refused. I explained to Culp the Taylor Warnings, he stated that he understood it and refused to perform the tasks a second time.

Culp was found asleep behind the wheel of a vehicle and parked in a hazardous location (blocking the entrance to a Church). As well as having a strong smell of an unknown alcoholic substance coming from his mouth, and blood shot eyes. Due to the reasons stated above I believe Culp is guilty of DUI. I placed Culp in handcuffs, put him in my patrol car, and transported him to the Palm Beach County Breath Alcohol Testing facility.

SWORN AND SUBSCRIBED BEFORE ME	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER <i>[Signature]</i> 327/1177
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S.) <i>[Signature]</i>	NAME OF OFFICER (PLEASE PRINT) ROCHA, LUIS (1177)
DATE <u>07-20-18</u>	DATE <u>07/20/2018</u>



Agency ORI Number **FL 0501700** Agency Name **JUPITER POLICE DEPARTMENT** Agency Report Number **5 | 4 | 18-003658**

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

Name (Last, First, Middle) **CULP, KENT GERALD** Race **W** Sex **M** Date of Birth **12/25/1993**

I then transported Culp to the Palm Beach County Breath Alcohol Testing Facility. I conducted a 20 minute observation period to ensure that Culp did not take anything by mouth or regurgitate. I then requested Culp provide a sample of his breath, to which he refused. Culp was read Implied Consent and he stated that he understood it. Culp refused to provide a sample of his breath when asked a second time. I read Culp his Miranda Rights from a prepared text. Pulp answered a few questions from a prepared questionnaire. I secured Culp in a holding cell and completed my paperwork.

I subsequently booked Kent G Culp into the Palm Beach County Jail where I charged him with DUI per FSS 316.193(1)

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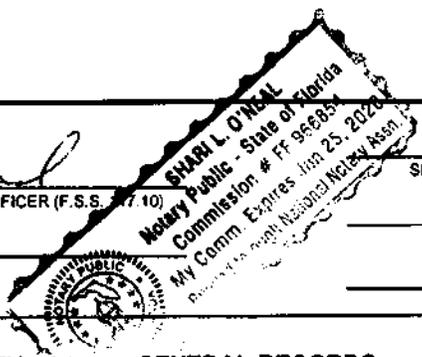
NOT A CERTIFIED COPY

SWORN AND SUBSCRIBED BEFORE ME

 NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 17.10)
 DATE **01-20-18**

 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
ROCHA, LUIS (1177)
 NAME OF OFFICER (PLEASE PRINT)
 DATE **07/20/2018**

 DATE



SUBJECT: Culp, Kent G CASE NUMBER: _____

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) Read on Camera

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) Read on Camera

SUBJECT: Culp, Kent G CASE NUMBER: _____

IMPLIED CONSENT FOR DUI IN A MOTOR VEHICLE

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-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.

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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) Read on Camera

TESTING FACILITY TASK REPORT

AGENCY: TPD

SUBJECT: Culp, Kent A

CASE NUMBER: 18-099053

DATE: 07/20/18

VIDEO TAPE NUMBER: N/A

BEGINNING TIME: 04:28

ENDING TIME: 04:34

BREATH TESTS RESULTS: 1) R TIME 04:30 AM/P.M. 2) N/A TIME — A.M./P.M.
3) N/A TIME — A.M./P.M. 4) N/A TIME — A.M./P.M.

BREATH OPERATOR: K. Moynihan #22079

MAINTENANCE TECHNICIAN: J. Kortecke #16467

TESTING OFFICER'S OBSERVATIONS

SPEECH: Surred

ATTITUDE: Calm, Quiet, Cooperative, Friendly,

CLOTHING: Black shorts, Green short sleeve T-shirt, Brown flipflops

MEDICAL CONDITIONS: None

MEDICATIONS: None

OTHER: Eyes glassy and blood shot, Odor of unknown alcoholic beverage on breath.

COMMENTS: Arrived at Testing Center, ALO began 80 minute observation period at 04:02 hrs.

REFUSED

A refused to take test.

ALO read I/C

A stated he understood I/C and again refused to take test.

ALO read Rights

A stated he understood his rights

ALO conducted A+A

REFUSED

A answered questions (some)

TESTING FACILITY TASK REPORT

AGENCY: TPD
SUBJECT: Culp, Kent G CASE NUMBER: 18-079053
DATE: 07/20/18 VIDEO TAPE NUMBER: N/A
BEGINNING TIME: 04:28 ENDING TIME: 04:34
BREATH TESTS RESULTS: 1) R TIME 04:30 A.M./P.M. 2) N/A TIME — A.M./P.M.
3) N/A TIME — A.M./P.M. 4) N/A TIME — A.M./P.M.

BREATH OPERATOR: K. Moynihan #39079
MAINTENANCE TECHNICIAN: J. Kariacke #64167

TESTING OFFICER'S OBSERVATIONS
SPEECH: Slurred
ATTITUDE: Calm, Quiet, Cooperative, Friendly
CLOTHING: Black shorts, Green short sleeve T shirt, Brown flip flops
MEDICAL CONDITIONS: None
MEDICATIONS: None
OTHER: Eyes glassy and blood shot. M. of alcohol in urine. Beverage on breath.

COMMENTS: Arrived at Testing Center, A/c began 90 minute observation period at 04:02 hrs.

REFUSED

A refused to take test.

A/c read TIC.

A stated he understood TIC and again refused to take test.

A/c read Rights

A stated he understood his Rights

A/c conducted A+A.

REFUSED

A answered questions (some).

SUBJECT: Culp, Kent A CASE NUMBER: _____

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? 530pm WHAT DID YOU EAT? Butter and chicken sandwich

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: _____

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

SUBJECT: Culp, Kent A

CASE NUMBER: _____

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? 5:30pm 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: _____

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



PALM BEACH COUNTY SHERIFF'S OFFICE

Florida State Statute Exemption Sheet

Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	<input type="checkbox"/>	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	<input type="checkbox"/>	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel.	
	<input type="checkbox"/>	119.071(2)(f)	Confidential informants (CIs).	
	<input type="checkbox"/>	119.071(2)(e)	Confession.	
Public Info. Exemptions	<input type="checkbox"/>	985.04(1)	Juvenile offender records.	
	<input type="checkbox"/>	119.071(h)(i)	Assets of a crime victim.	
	<input type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	<input type="checkbox"/>	394.4615(7)	Mental health information.	
	<input type="checkbox"/>	119.071(4)(d)(2)(a)	Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)	<input checked="" type="checkbox"/>	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	<input type="checkbox"/>	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	<input type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	<input type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2018024164	Date: 07/21/2018
	Specialist Name/ID: howardt/7185