19 CT 021204 MB

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

ADMINISTRATIVE

OBTS Number	Agency ORI Number	Agency Name	Agency Report Number (N.T.A.'s only)
	FLO 500000	PALM BEACH COUNTY SHERIFF'S OFFICE	06- 19-138003

ChargeType. 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): 2
Multiple Clearance Indicator: 1

Location of Arrest (Including Name of Business)	Location of Offense (Business Name, Address)
Boynton Beach Blvd/Jog Rd. , Boynton Beach, FL	Boynton Beach Blvd/Jog Rd. , Boynton Beach, FL

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
11/15/2019	1919					Atlantic Towing

DEFENDANT

Name (Last, First, Middle): **Walker, Kimberly, Ann**
Alias (Name, DOB, Soc. Sec. #, Etc.):

Race (W - White I - American Indian B - Black O - Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	F	3/29/1970	5'08	172	Green	Blonde	Fair	Med

Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description): neck, shoulder
Marital Status: Married
Religion: NONE
Indication of: Alcohol Influence: Y ☒ N ☐ Unk. ☐; Drug Influence: Y ☐ N ☐ Unk. ☒

Local Address (Street, Apt. Number) (City) (State) (Zip): 8182 Kendria Cove Ter, Boynton Bch, FL 33473
Phone: (954) 478-0354
Residence Type (1. City 2. County 3. Florida 4. Out of State): 2

Permanent Address (Street, Apt. Number) (City) (State) (Zip): ,
Phone: ( )
Address Source: Def

Business Address (Name, Street) (City) (State) (Zip):
Phone: ( )
Occupation: Finance

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
W426501706090, FL	[redacted]		Hialeah, FL	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 #
Driving Under The Influence (DUI)	1	☐Y ☒N	316.193(3)c(1)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
N	N	NA	19-138003		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

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

NOTICE TO APPEAR

Location (Court Room Number, Address): Criminal Justice Complex, 3228 Gun Club Road, West Palm Beach, FL 33406 - Ph: (561) 688-4600

Court Date and Time: Month 12 Day 5 Year 19 Time 8:30 AM X PM

I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.

Signature of Defendant or Juvenile and Parent/Custodian — Date Signed: 11/15/2019

ADMIN

HOLD for other Agency — Name:
☐ Dangerous ☐ Suicidal ☐ Resisted Arrest ☐ Other
SCANNED
Signature of Arresting Officer: X
Name of Arresting Officer (Print): Inv. A. Soloway #8586 — I.D. #: 8586
Name Verification (Printed by Arrestee): (PRINT)
Intake Deputy: NOV 16 2019 — ID # — Pouch #
Inv. A Soloway — ID #: 8586 — Agency: PBSO
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. 6/97

051269 3179

PROBABLE CAUSE AFFIDAVIT

ORTS Number:

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

ADMIN

Agency ORI Number: FLO 500000 | Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE | Agency Report Number: 06- 19-137964

Charge Type (Check as many as apply): 1. Felony 2. Traffic Felony 3. Misdemeanor [X] 4. Traffic Misdemeanor 5. Ordinance 6. Other

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
Walker Kimberly Ann		W	F	03/29/1970

CHARGES

Charge Description	Charge Description
D.U.I. 316.193(1)	
Charge Description	Charge Description

VICTIM

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
State of Florida			

Local Address (Street, Apt. Number) (City) (State) (Zip)	Phone	Address Source
Business Address (Name, Street) (City) (State) (Zip)	**Phone**	**Occupation**

PROBABLE CAUSE STATEMENT

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:

[X] committed the below acts in my presence
[ ] confessed to ... admitting to the below facts.
[X] was observed by Raphael Fis who told D/S D. Rodriguez that he/she saw the arrested person commit the below acts.
[ ] was found to have committed the below acts resulting from my (described) investigation.

On the 15th day of November 20 19 at 05:57 [ ] A.M. [X] P.M. (Specifically include facts constituting cause for arrest.)

On the above date and time, I responded to 6555 W. Boynton Beach Bouleveard in unincorporated Boynton Beach, Palm each County Florida in reference to a possible drunk driver.

Upon arrival, I observed a White Jeep Cherokee, bearing Florida Tag PH508V, parked in the south east corner of the 7-Eleven parking lot. Upon my approach I made contact with a woman sitting in the driver's seat, identified as Kimberly Walker by Florida Driver's License.

I introduced myself as a Palm Beach County Deputy Sheriff and she turned to face me. Her eyes were red ad glassy and a smell of an unknown alcoholic beverage emanated from her breath. Her hands shook and her body swayed left to right as she pleaded to go home.

ADMINISTRATIVE

STATE OF FLORIDA
COUNTY OF PALM BEACH

D/S D Rodriguez ID# 9475
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 15 day of November 20 19 by D/S D Rodriguez 9475

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

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

PAGE 1 OF 1

DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 15 DAY OF November 20 19, AT 1719 AM ✓ PM

SUBJECT: Walker, Kimberly, Ann CASE NUMBER: 19-138003

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: Inv. A. Soloway #8586

PERSONAL CONTACT

DRIVING PATTERN: Actual physical control (physical evidence or statements putting def. behind wheel of vehicle)

I responded to the area of Boynton Beach Blvd/S Jog Rd to assist CSA J Foster #9097 with crash involving a possible impaired driver. Upon my arrival the defendant was sitting in the driver's seat of her vehicle. Her vehicle was parked in the 711 Parking lot on the NW Corner. Foster stated when he arrived he observed the defendant's eyes to be blood shot and watery. Her speech was slurred. He observed several red cups in the rear of the floor as well as a small bottle of Fireball. The victim driver, Rafael Fis, provided a written statement and identified the defendant as the driver at the time of the crash. Fis stated he was traveling westbound on Boynton Beach Blvd approaching S Jog Rd when the defendant's vehicle crashed into the rear of his vehicle. Both vehicles pulled off into the parking lot of the 711. DS D Rodriguez #9097 was also on scene. She said the defendant was identified by her FL DL as Kimberly Walker. Rodriguez stated the defendant's eyes were red and glassy. She could also smell an unknown alcoholic beverage emanating from her breath. The defendant was swaying as she pleaded to go home.

OBSERVATION OF DRIVER:

The driver was unsteady on her feet and was swaying while speaking with me. Her eyes were red and glassy. There was a strong odor of an unknown alcoholic beverage coming from her breath. Her speech was slurred

DRIVER'S STATEMENTS:

The driver stated she was unable to stop for traffic and crashed into the vehicle in front of her. She said she drank 2 glasses of red wine at approximately 3pm. She denied being a diabetic or having any physical abnormalities.

ODORS:

There was a strong odor of an unknown alcoholic beverage coming from her breath.

GENERAL OBSERVATIONS

SPEECH: **slurred**

ATTITUDE: **compliant, crying**

CLOTHING: **tshirt, shorts, sneakers**

MEDICAL/OTHER: **stated stomach condition**

STATE OF FLORIDA
COUNTY OF PALM BEACH

Inv. A. Soloway #8586
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 15 day of November 20 19 by Inv. A. Soloway #8586

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

SCANNED
NOV 16 2019

Shari O'Neal (#2012)
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)

SHARI L. O'NEAL
Notary Public - State of Florida
Commission #
My Comm. Exp.

SUBJECT: Walker, Kimberly, Ann CASE NUMBER 19-138003

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

)ther Observations:

I was unable to observe HGN due to the defendant continuously moving her head and not following the stimulus.

WALK & TURN:

The defendant was unable to maintain the instructional position without holding onto a nearby wall. She lost her balance several times during the instructions. She incorrectly counted the instructional position as step one and incorrectly counted the 3 steps she took. She lost her balance and almost fell over. This task was terminated for her safety.

ONE LEG STAND:

The defendant put her foot down for each number she counted. She put her hands behind her, not by her side. I had to remind her several times to keep her arms by her side and her feet together during the instructions. She looked at me, not her raised foot.

FINGER TO NOSE:

The defendant was swaying during this task. She outstretched her arms during this task. She did not keep her head tilted back. She touched the bridge of her nose on all attempts.

ROMBERG ALPHABET:

The defendant was swaying during this task. She incorrectly recited the alphabet several times.

BREATH TEST RESULTS: .231 .229

TATE OF FLORIDA
OUNTY OF PALM BEACH

Inv. A. Soloway #8586
ignature of Arresting/Investigative Officer)

e foregoing instrument was sworn to or affirmed and subscribed before me this 15 day of November 20 19 by Inv. A. Soloway #8586

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

Shari O'Neal (#62129)
tary Public, Clerk & Comptroller Office (F.S. 117.10)

SHARI L. O'NEAL
Notary Public - State of Florida
Commission # FF 966854
My Comm. Expires Jan 25, 2020
Bonded through National Notary Assn.

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

PBSO CASE # 19-138003 PBSO ZONE 6-41

AGENCY CASE # _____ CRASH CASE # 19-137964

TIME OF STOP/CRASH 1719 DATE 11/15/2019 DAY Friday

SUBJECT'S NAME Walker, Kimberly, Ann RACE W SEX F

HGT 5'08 WGT 172 DOB 3/29/1970

LOCATION Boynton Beach Blvd/Jog Rd. , Boynton Beach, FL

ARRESTING OFFICER'S NAME & ID Inv. A. Soloway #8586 (8586) AGENCY Palm Beach County Sheriff's Office

DIVISION: DUI

NOTIFIED BY COMMO YES

ARRIVAL AT FACILITY 2005

ARREST TIME 1919

BREATH RESULTS: .239
.229

TESTING OFFICER'S ID 6212 PBSO VIDECTAPE # /

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: 80-006238 Software: 8100.27
Date of Test: 11/15/2019

Date of Last Agency Inspection: 11/15/2019
Observation Period Began: 20:05
Subject's Name: KIMBERLY A WALKER DOB: 03/29/1970 Sex F

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

Results:

Test	g/210L	Time
Diagnostics Check	OK	20:30
Air Blank	0.000	20:30
Control Test	0.081	20:30
Air Blank	0.000	20:31
Subject Sample #1	0.231	20:31
Air Blank	0.000	20:32
Air Blank	0.000	20:34
Subject Sample #2	0.229	20:34
Air Blank	0.000	20:35
Control Test	0.080	20:35
Air Blank	0.000	20:36
Diagnostics Check	OK	20:36

Cylinder Lot: 17919080A1
Exp: 08/05/2021

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 SHARI L O'BEAL, 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: 11/15/19
Signature

Sworn to (or affirmed) before me this 15 day of November, 2019.

_____ _____
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 while engaged in the performance of official duties. In accordance with section 315.1934(5), F.S., this completed form is admissible without further authentication and is presumptive proof of the results therein. To be used in accordance with Section 316.1934(5), F.S., and in administrative proceedings pursuant to 322.2615 F.S.

TESTING FACILITY TASK REPORT

AGENCY:

SUBJECT: CASE NUMBER:

DATE: VIDEO TAPE NUMBER:

BEGINNING TIME: ENDING TIME:

BREATH TESTS RESULTS: 1) TIME A.M./P.M. 2) TIME A.M./P.M.

3) TIME A.M./P.M. 4) TIME A.M./P.M.

BREATH OPERATOR:

MAINTENANCE TECHNICIAN:

TESTING OFFICER'S OBSERVATIONS

SPEECH:

ATTITUDE:

CLOTHING:

MEDICAL CONDITIONS: [redacted]

MEDICATIONS: [redacted]

OTHER:

COMMENTS:

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

SUBJECT: _____ 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)_____

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)_____

SUBJECT: _____ 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? _____ 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: _____

WITNESS LIST

CASE NUMBER: 19-138003

ARRESTING OFFICER: Inv. A. Soloway #8586
ADDRESS: PBSO
PHONE NUMBERS (HOME): (WORK) 561-688-3000
CAN TESTIFY TO: DUI INVESTIGATION

NAME: Fis, Rafael, R
ADDRESS: 8921 Starhaven Cv, Boynton Beach, FL 33473
PHONE NUMBERS (HOME) (646) 302 6691 (WORK) 0
CAN TESTIFY TO: wheel witness, crash victim

NAME: CSA J Foster #9097
ADDRESS PBSO
PHONE NUMBERS (HOME) (WORK)
CAN TESTIFY TO: crash investigation

NAME: DS D Rodriguez #9475
ADDRESS PBSO
PHONE NUMBERS (HOME) (WORK) 0
CAN TESTIFY TO: Observations of defendant

NAME:
ADDRESS
PHONE NUMBERS (HOME) (WORK)
CAN TESTIFY TO:

NAME:
ADDRESS
PHONE NUMBERS (HOME) (WORK)
CAN TESTIFY TO:

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ADDRESS
PHONE NUMBERS (HOME) (WORK)
CAN TESTIFY TO:

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.	10
	☐	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	☐	119.071(2)(j)1	Other: Addresses, telephone numbers and personal assets of domestic vio. and other specified crime victims	
	☐		Other:	

REVIEW COMPLETED BY

Booking Number: 2019036972	**Date:** 11/16/2019
	Specialist Name/ID: Tiara Jones/34072