19C118288

ARREST / NOTICE TO APPEAR

0511424

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

1 JUVENILE

ADMINISTRATION

OBTS Number

Agency ORI Number: 0501700

Agency Name: Jupiter Police Department

Agency Report Number (N.T.A.'s only): 5 4 19-004393

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

If Weapon Seized, Enter Type: NONE

Multiple Clearance Indicator

Location of Arrest (Including Name of Business): 815 E INDIANTOWN RD JUPITER FL 33477

Location of Offense (Business Name, Address): 815 E INDIANTOWN RD, JUPITER, FL 33477

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
10/01/2019	08:17					

DEFENDANT

Name (Last, First, Middle): MARKIEWICZ GRIBBIN, LAURA LYNN FERGUSON

Alias (Name, DOB, Soc. Sec. #, Etc.): Alias:

Race (W - White, B - Black, I - American Indian, O - Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	F	12/28/1989	5'05	142	GREEN	BLONDE /	FAIR	Thin M

Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description): TATT R WRIST / TATTOO ON WRIST

Marital Status: M Religion: OTHER

Indication of: Alcohol Influence ☐ Yes ☐ No ☐ Unk. ☒ Drug Influence

Local Address (Street, Apt. Number) (City) (State) (Zip): 8523 SE WILKES PLACE, HOBE SOUND, FL 33455

Phone: (772) 403-3298

Residence Type: 1. City 2. County 3. Florida 4. Out of State: 3

Permanent Address (Street, Apt. Number) (City) (State) (Zip): 8523 SE WILKES PLACE, HOBE SOUND, FL 33455

Phone: (772) 403-3298

Address Source: VERBAL

Business Address (Name, Street) (City) (State) (Zip):

Phone:

Occupation: Student

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
M622526899680 / FL	[redacted]		STUART, FL, United	US

CODEF

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 ☐ Other: ☐ Legal Custodian

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 Department and Released 2. TOT JAC 3. Incarcerated

Released To: (Name) Relationship | Date | Time

The above address was provided by ☐ defendant and/or ☐ 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.
☐ Yes, by: ☐ No:

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. Disperses/ 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. Synthetic U. Unknown Z. Other

CHARGE

Charge Description: DUI - REFUSAL TO SUBMIT WITH A PRIOR REFUSAL | Statute Violation Number: 316.1939(1) | Violation of ORD #

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
	N	/		1	☐ Y ☒ N		

CHARGE

Charge Description | Statute Violation Number | Violation of ORD # | Bond

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number
		/			☐ Y ☐ N	

CHARGE

Charge Description | Statute Violation Number | Violation of ORD # | Bond

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number
		/			☐ Y ☐ N	

INTAKE

Health / Apparent Physical Condition of Defendant | Any knowledge of the following: ☐ Mental ☐ Escape Risk ☐ Medication ☐ Deformities ☐ Injuries Explain:

Check which applies: ☐ Released O.R. ☐ Released to Parent/Guardian ☐ T O T. County Jail ☐ Posted Bond ☐ South County Mental Health | PROPERTY - Received By | Released By | Released To

Transported By | Date Transported | Time Transported | Other

NOTICE TO APPEAR

☒ INSTRUCTION NO. 1 - Mandatory appearance in court
☐ 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

Court Date and Time: 11/06/2019 08:30:00

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.

Signature of Defendant (or Juvenile and Parent/Custodian)

Oct 1 2019
Date Signed

No Photo Available

ADMIN

HOLD for Other Agency

☒ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other

Intake Deputy | I.D. # | Pouch #

Signature of Arresting Officer: 340/1182

Name of Arresting Officer (Print): FANDREY, CHRISTOPHER I.D. # 1182

Transporting Officer: C Fandrey I.D. # 340/1182 Agency JPD

Name Verification (Printed by Arrestee) (PRINT) Laura Gribbin

Witness here if subject signed with an "X"

PAGE 1 OF 1

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 1 DAY OF October 20 19, AT 0743 ✓ AM PM

SUBJECT: Markiewicz-Gribbin Laura L CASE NUMBER: 19-004393

AGENCY: JUPITER POLICE DEPARTMENT ARRESTING OFFICER: C Fandrey #340

PERSONAL CONTACT

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

On 10/01/2019 at approximately 0731hrs I was dispatched to a Be On the Look Out "BOLO" for a white F150 bearing FL Tag HYJH69. Northcom advised the driver of the vehicle was slurring her words and was passed out behind the wheel before traveling south on S US Highway 1 into Jupiter FL. Northcom then advised there was a caller who was following the white Ford pickup which turned into the church located at 815 E. Indiantown Rd, Jupiter Florida. Prior to my arrival on scene Northcom advised that the female driver was passed out behind the wheel.

OBSERVATION OF DRIVER:

Upon arrival I observed a white female who was later positively identified to be W/F Laura L. Markiewicz-Gribbin (12/28/1989) passed out in the drivers seat of the truck which was running. Markiewicz-Gribbin was slouched over the center console. Attempts to wake Markiewicz-Gribbin were made by knocking on the window which yielded negative results. The back passenger door was unlocked and the door was opened to try to wake Markiewicz-Gribbin. Markiewicz-Gribbin woke up and appeared upset. Markiewicz-Gribbin was crying and appeared nervous. While speaking with her, I asked if she was ok and she said no. Markiewicz-Gribbin would not initially elaborate.

DRIVER'S STATEMENTS:

Markiewicz-Gribbin initially refused to exit the vehicle because she said I was trying to get her into trouble and give her a DUI. Markiewicz-Gribbin stated she is on anxiety medication which makes her sleepy. Markiewicz-Gribbin stated that she has fallen asleep behind the wheel in the past. Markiewicz-Gribbin was evasive to my questions. Markiewicz-Gribbin continued to refuse to exit the vehicle and asked me to not do this to her. Markiewicz-Gribbin was told she was obstructing my investigation and needed to exit the vehicle to which she finally complied. Markiewicz-Gribbin also stated she thought she was in Hobe Sound.

ODORS:

None.

GENERAL OBSERVATIONS

SPEECH: **slurred**

ATTITUDE: **Initially uncooperative, emotional, sleepy, disoriented.**

CLOTHING: **black shirt, teal shorts, black slides**

MEDICAL/OTHER: **Anxiety**

STATE OF FLORIDA
COUNTY OF PALM BEACH

C Fandrey #340 10/1/19
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 01 day of October 20 19 by C Fandrey #340

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

O'Neal #6212
Notary Public, Clerk of Court, Officer (F.S.S 117.10)

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

SUBJECT: Markiewicz-Gribbin Laura CASE NUMBER 19-004393

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:

Markiewicz-Gribbin failed to keep her head still and appeared unsteady on her feet.

WALK & TURN:

Markiewicz-Gribbin was unable to maintain the starting position and was unsteady on her feet. While explaining the instructions Markiewicz-Gribbin stated she did not understand and asked me to reexplain and left the starting position. Markiewicz-Gribbin was asked to get back into the starting position again and I reexplained the instructions. Markiewicz-Gribbin stated she understood. Markiewicz-Gribbin missed heel to toe on nearly every step. Markiewicz-Gribbin paused at the 9th step. Markiewicz-Gribbin missed heel to toe each time on the 2nd set of 9 steps. Markiewicz-Gribbin utilized her arms for balance. Markiewicz-Gribbin stepped completely off the line on step 5.

ONE LEG STAND:

Markiewicz-Gribbin was explained the instructions to which she said to "1006?" I clarified the instructions to continue counting until I told her to stop. Markiewicz-Gribbin left the starting position before she was told to begin. Markiewicz-Gribbin was swaying and lifted her right foot. Markiewicz-Gribbin also hopped trying to keep her right foot off the ground. Markiewicz-Gribbin used her arms for balance and placed her foot down several times.

FINGER TO NOSE:

Markiewicz-Gribbin stated she understood the instructions and knew her left hand from her right hand. 1L Markiewicz-Gribbin touched the side of her nose with the pad of her finger and did not initially bring her hand back down. 1R Markiewicz-Gribbin used pad of her finger and touched her right eye. 2L Markiewicz-Gribbint touched tip of nose with pad. 2R Markiewicz-Gribbin touched tip of nose with pad. 3R Markiewicz-Gribbin brought up her left hand before returning it to her side and used right hand and touched the tip of her nose with pad. 3L Markiewicz-Gribbin touched her face with pad of finger.

ROMBERG ALPHABET:

Markiewicz-Gribbin stated she understood the directions. Markiewicz-Gribbin tilted her head back and closed her eyes before instructed. Markiewicz-Gribbin stated "A, B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R, S, T, U, V, W, X, Y, M, Z."

BREATH TEST RESULTS: | 1) Refused | 2) Refused. | 3) | 4) |

STATE OF FLORIDA
COUNTY OF PALM BEACH

C Fandrey #340 3/10/1182
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 01 day of October 2019 by C Fandrey #340

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

O'Neal #6212
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)

SHARI L. O'NEAL
Notary Public - State of Florida
Commission # [illegible]
My Comm. Expires Jan 28, 2022

SUBJECT: [illegible] CASE NUMBER: [illegible]

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) [illegible]

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) [illegible]

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: _____

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: _____

MEDICATIONS: _____

OTHER: _____

COMMENTS: _____

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

PBSO CASE # 19-121269 PBSO ZONE 3-19

AGENCY CASE # 19-004393 CRASH CASE #

TIME OF STOP/CRASH 0743 DATE 10/01/2019 DAY Tuesday

SUBJECT'S NAME Markiewicz-Gribbin (LAST) Laura (FIRST) L (MID) RACE White SEX Female

HGT 505 WGT 142 DOB 12/28/1989

LOCATION 815 E. Indiantown Rd, Jupiter, FL

ARRESTING OFFICER'S NAME & ID C Fandrey #340 AGENCY Jupiter PD

DIVISION: Road Patrol/Traffic

NOTIFIED BY COMMO Yes

ARRIVAL AT FACILITY 0904

ARREST TIME 0817

BREATH RESULTS:

1)
2)
3)
4)

TESTING OFFICER'S ID 6212 PBSO VIDEOTAPE # N/A

19-004393

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

I, **C Fandrey #340** (Name of Officer reading Implied Consent Warning), a duly certified Law Enforcement Officer or Correctional Officer, am a member of **Jupiter PD** (Name of law enforcement agency), and I do swear or affirm that on or about the **01** day of **OCTOBER**, 20 **19**, at **0817** ☐ P.M ☑ A.M.

DRIVER (Type or Print) **Laura** (FIRST NAME) **L** (MIDDLE OR MAIDEN NAME) **Markiewicz-Gribbin** (LAST NAME),

DL# **M622526899680**, state of **Florida**, was placed under lawful arrest for the offense of **DUI** by **C Fandrey #340** (Name of Arresting Officer) and issued Citation # **ATTBM9E**.

That on or about the **01** day of **OCTOBER**, 20 **19**, at **0928** ☐ P.M ☑ A.M.

in **PALM BEACH** County.

I requested that the driver submit to a ☒ **breath and/or** **urine** test to determine his or her blood alcohol level and/or the presence of chemical or controlled substances. I informed the driver that the refusal to submit to such test(s) would result in the suspension of his or her driving privilege for a period of one (1) year for a first refusal, or for a period of eighteen (18) months if his or her driving privilege had been previously suspended for refusing to submit to a breath, urine or blood test. I also informed the driver that he or she commits a misdemeanor by refusing to submit to a lawful test as requested above if his or her driving privilege has been previously suspended for refusal to submit to a lawful test of his or her breath, urine, or blood. Additionally, I informed the driver that if he or she holds a CDL, or was operating a CMV, refusal will result in the disqualification of the Commercial Driver's License/driving privilege for a period of one (1) year in the case of a first refusal or permanently if he or she has previously been disqualified as a result of a refusal to submit to any such lawful test. Nonetheless, the driver refused to submit to the test(s) requested.

340/1182
Signature of Law Enforcement Officer or Correctional Officer

THE AFFIDAVIT MUST BE NOTARIZED OR ATTESTED TO (F.S. 117.10)

SHARI L. O'NEAL
Notary Public - State of Florida
Commission # FF 980354
My Comm. Expires Jun 25, 2020
Bonded through National Notary

(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before me this **01** day of **October**, 20 **19**, by **C Fandrey #340**.

who is personally known to me or who has produced **Personally Known** as identification.

Notary Public **O'Neal #6212** S. O'Neal

The foregoing instrument was sworn and subscribed before me:

Signature of Attesting Officer

Title

Date

Note: Mail or hand deliver to the designated Bureau of Administrative Reviews office, Department of Highway Safety and Motor Vehicles, with the driver's license, the appropriate copy of the UTC, and the probable cause affidavit.

HSMV-BAR1001 (REV. 10/2016)

WITNESS LIST

CASE NUMBER: 19-004393

ARRESTING OFFICER: C Fandrey #340
ADDRESS: 210 MILITARY TRAIL JUPITER FL 33458
PHONE NUMBERS (HOME): _____ (WORK) 561-746-6201
CAN TESTIFY TO: SEE PC

NAME: Ofc. Kniffin
ADDRESS: 210 MILITARY TRAIL JUPITER FL 33458
PHONE NUMBERS (HOME) _____ (WORK) 561-746-6201
CAN TESTIFY TO: ASSISTING ON SCENE

NAME: Sgt. Salvemini
ADDRESS 210 Military Trail Jupiter FL 33458
PHONE NUMBERS (HOME) _____ (WORK) 561-746-6201
CAN TESTIFY TO: ASSISTING ON SCENE

NAME: Ofc. Coleman
ADDRESS 210 MILITARY TRAIL, JUPITER, FL, 33458
PHONE NUMBERS (HOME) _____ (WORK) 561-746-6201
CAN TESTIFY TO: FEMALE SEARCH

NAME: TINA V DESSIO
ADDRESS 1800 SE ST LUCIE BLVD 5 307 PORT ST LUCIE FL
PHONE NUMBERS (HOME) 772-267-8330 (WORK) _____
CAN TESTIFY TO: 911 CALLER

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

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

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

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

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

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	☐		Other:	
	☐		Other:	

REVIEW COMPLETED BY

Booking Number: 2019031959	**Date:** 10/1/2019
	Specialist Name/ID: J. Beck/9007