

0510461

19CT15834

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

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

OBTS Number	Agency ORI Number <b>FLO 502600</b>		Agency Name <b>PALM BEACH GARDENS POLICE DEPARTMENT</b>		Agency Report Number (N.T.A.'s only) <b>78- 19005019</b>	
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
Location of Arrest (Including Name of Business) <b>CENTRAL BLVD/PGA BLVD</b>			Location of Offense (Business Name, Address) <b>CENTRAL BLVD/PGA BLVD</b>			
Date of Arrest <b>08/25/2019</b>	Time of Arrest <b>02:50</b>	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle <b>KAUFF'S TOWING &amp; RECOVERY 4301 East Avenue, West Palm Beach, FL 33405</b>

Name (Last, First, Middle) **COOPER, LUCAS, MARK** Alias (Name, DOB, Soc. Sec. #, Etc.)

Race **W - White** Sex **M** Date of Birth **03/03/1995** Height **6'1** Weight **195** Eye Color **GREEN** Hair Color **BROWN** Complexion **fair** Build **med**

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)  
**"RELENTLESS"-LEFT HIP**

Local Address (Street, Apt. Number) (City) (State) (Zip) Phone  
**404 4TH TER PALM BEACH GARDENS FL 33418 (561) 236-4045**

Permanent Address (Street, Apt. Number) (City) (State) (Zip) Phone  
**404 4TH TER PALM BEACH GARDENS FL 33418 (561) 236-4045**

Business Address (Name, Street) (City) (State) (Zip) Phone  
**JUPITER MEDICAL**

D/L Number, State **C-160-533-95-083-0 FL** Soc. Sec. Number [REDACTED] INS Number [REDACTED] Place of Birth (City, State) **EVANSVILLE, IN** Citizenship **US**

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

Parent  Legal Custodian  Other  Name (Last) (First) (Middle) Residence Phone ( ) ( ) ( ) Business Phone ( ) ( ) ( )

Notified by: (Name) Date Time Juvenile Disposition  
1. Handled/ processed within Dept. and Released. 2. TOT HRS / OYS 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 355-2528) informed of any change of address.  
 Yes, by: (Name)  No: (Reason) School Attended Grade

Property Crime?  Yes  No Description of Property Value of Property

Drug Activity	S. Sell	R. Smuggle	K. Dispense/ Distribute	M. Manufacture/ Produce/ Cultivate	Z. Other	Drug Type	B. Barbiturate	C. Cocaine	H. Hallucinogen	M. Marijuana	O. Opium/Deriv.	P. Paraphernalia/ Equipment	S. Synthetics	U. Unknown
<b>DUI-Driving while under influence</b>						<b>316.193(1)</b>								
Counts	Domestic Violence	Statute Violation Number	Warrant / Capias Number	Bond										
<b>1</b>	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<b>316.193(1)</b>		<b>OR</b>										

Location (Court, Room Number, Address)  
**NORTH COUNTY COURTHOUSE, 3188 PGA BOULEVARD, PALM BEACH GARDENS, FL 33410 - PH: (561) 662-6700**

Court Date and Time  
Month **09** Day **25** Year **2019** Time **10:00** 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

Signature of Defendant (or Juvenile and Parent /Custodian) **[Signature]** Date Signed **08/25/2019**

HOLD for other Agency Name: Signature of Arresting Officer Name Verification (Printed by Arrestee)

Dangerous  Resisted Arrest  Suicidal  Other: Name of Arresting Officer (Print) I.D. #  
**Ofc. Sam Warren #463**

Transporting Officer ID # Agency  
**S. Warren 463 PBGPD**

Witness here if subject signed with an "X" **[Signature]** PAGE **1** OF **1**

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

AUG 27 2019

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 25 DAY OF AUGUST 20 19, AT 0250  AM  PM

SUBJECT: COOPER, LUCAS, MARK CASE NUMBER: 19005019

AGENCY: PALM BEACH GARDENS POLICE DEPT. ARRESTING OFFICER: Ofc. Sam Warren #463

## PERSONAL CONTACT

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

I observed the vehicle to straddle the far-right solid white line dividing the straight lane from the bicycle lane on Central Blvd southbound. At the intersection of Central/PGA Blvd the vehicle stopped fully over the stop bar. When the vehicle made the right turn it turned into the far outside lane (wide turn). The vehicle was slow to stop once I activated my emergency lights. The defendant (Cooper) was the sole occupant and driver of the vehicle.

## OBSERVATION OF DRIVER:

I observed the driver of the vehicle to have glassy and watery eyes. The driver was also sweating inside the vehicle and the A/C was on.

## DRIVER'S STATEMENTS:

The driver stated he was leaving a friend's house, who lives in Jupiter and driving home. The driver stated he had one drink (tonic/gin) at the house. I asked the driver on a scale of 1-10 (1 being sober and 10 being drunk) how he feels and he stated "2".

## ODORS:

Unknown odor of an alcoholic beverage

## GENERAL OBSERVATIONS

SPEECH: Slurred, Slow

ATTITUDE: Calm, Cooperative

CLOTHING: Gray shorts, Black shirt, Black flip flops

MEDICAL/OTHER: None

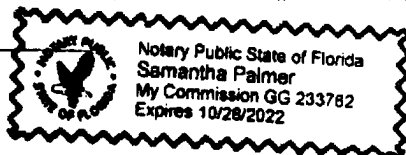
STATE OF FLORIDA  
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 25 day of AUGUST 20 19 by Ofc. Sam Warren

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

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



SCANNED  
AUG 27 2019

SUBJECT: COOPER, LUCAS, MARK

CASE NUMBER 19005019

**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

**Other Observations:**

Driver was sweating on his face with A/C on. Driver was slow to exit vehicle and slow to walk with a slight sway.

**WALK & TURN:**

The driver lost balance while in the instructional stance. The driver did not remain in the instructional stance as instructed and had to be told to get into the stance again. I observed the driver to sway while the instructions were being given. The driver missed heel to toe on steps 5, 6, 9 on the first round of steps and step 3,4 on the second round. Driver stepped off the line on steps 5, 6, 9 on first round of steps during the task. The driver stopped during the task after being instructed not to. The driver turned incorrectly. The driver raised his arms for balance. The driver did count aloud most of the task.

**ONE LEG STAND:**

I observed the driver to sway while in the instructional stance. The driver did not lift his foot approximately 6in, as instructed. Driver lost balance and swayed from count 12-13. Driver used arms for balance on count 12-13. Driver put his foot down on count 15.

**ROMBERG ALPHABET:**

The driver was instructed to recite the alphabet from A to Z. The driver recited the alphabet correctly. The driver opened his eyes briefly during the task.

**FINGER TO NOSE:**

The driver swayed while in the instructional stance. The driver failed to touch the tip of his finger to the tip of nose on attempts 1,2,3. The driver did not bring his hand back to his side on attempts 2,3.

**BREATH TEST RESULTS:** 1) .079    2) .077    3)    4)

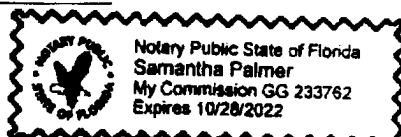
STATE OF FLORIDA  
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 25 day of AUGUST 2019 by Ofc. Sam Warren

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

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



SCANNED  
AUG 27 2019

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: 80-006027 Software: 8100.27  
Date of Test: 08/25/2019

Date of Last Agency Inspection: 08/16/2019  
Observation Period Began: 03:08  
Subject's Name: LUCAS M COOPER

DOB: 03/03/1995 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	04:14
	Air Blank	0.000	04:15
	Control Test	0.077	04:15
	Air Blank	0.000	04:15
	Subject Sample #1	0.079	04:16
	Air Blank	0.000	04:17
	Air Blank	0.000	04:19
	Subject Sample #2	0.077	04:19
	Air Blank	0.000	04:20
	Control Test	0.078	04:20
	Air Blank	0.000	04:21
	Diagnostics Check	OK	04:21

Cylinder Lot: 22817080A5  
Exp: 10/05/2019

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, LUCAS M COOPER, 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: 08/25/19  
Signature

Sworn to (or affirmed) before me this 25 day of August, 2019

Signature of Notary Public-State of Florida \_\_\_\_\_ Printed Name of Notary Public-State of Florida OPC. S. WARREN

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.



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

PBSO CASE # 19-107993 PBSO ZONE 3-13

AGENCY CASE # 19005019 CRASH CASE # \_\_\_\_\_

TIME OF STOP/CRASH 0226 DATE 08/25/2019 DAY SUNDAY

SUBJECT'S NAME COOPER LUCAS MARK RACE W SEX M  
LAST FIRST MID

HGT 6'1 WGT 195 DOB 03/03/1995

LOCATION CENTRAL BLVD/PGA BLVD

ARRESTING OFFICER'S NAME & ID Ofc. Sam Warren #463 AGENCY PBGPD

DIVISION: Patrol

NOTIFIED BY COMMO Y

ARRIVAL AT FACILITY 0308

ARREST TIME 02:50

BREATH RESULTS:

- 1) .079
- 2) .077
- 3) N/A
- 4) N/A

URINE

TESTING OFFICER'S ID 7909 PBSO VIDEOTAPE # N/A

SCANNED  
 AUG 27 2019

# TESTING FACILITY TASK REPORT

AGENCY: 726

SUBJECT: COOPER, L. (M) CASE NUMBER: 14-11780

DATE: 02/25/19 VIDEO TAPE NUMBER: 110

BEGINNING TIME: 0910 ENDING TIME: 0920

BREATH TESTS RESULTS: 1) 1009 TIME 0910 A.M./P.M. 2) 1009 TIME 0910 A.M./P.M.

3) 110 TIME — A.M./P.M. 4) 110 TIME — A.M./P.M.

BREATH OPERATOR: C. [unclear]

MAINTENANCE TECHNICIAN: [unclear]

## TESTING OFFICER'S OBSERVATIONS

SPEECH: [unclear]

ATTITUDE: [unclear]

CLOTHING: [unclear]

MEDICAL CONDITIONS: [unclear]

MEDICATIONS: [unclear]

OTHER: [unclear]

COMMENTS: [unclear]

[unclear]

[unclear]

[unclear]

[unclear]

[unclear]

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[unclear]

[unclear]

AUG 27 2019

### LABORATORY ANALYSIS REQUEST

This Form Must Be Included With the Property Receipt and Accompany the Evidence Submitted for Toxicology Analysis  
PRINT LEGIBLY OR TYPE

Agency: Palm Beach Gardens Police Department Case #: 19005019

Officer: Ofc. Sam Warren ID#: #463 District: \_\_\_\_\_ Division: \_\_\_\_\_ Phone #: (561) 799-4445

Email: swarren@pbgfl.com

Specimen Collected By: Ofc. S. Warren 463 Date: August 25, 2019 Time: 05:11 hours

Specimen Collected From: COOPER, LUCAS, MARK Age: 24 Sex: M Hgt: 6'1 Wgt: 195

Specimen Type:  Blood  Urine  Beverage  Other-Describe \_\_\_\_\_

Type of Case:  Traffic Accident  Fatality  DW/DUI  Other Date: 08/25/2019 Time: 0250

Was any medication administered by medical personnel prior to sample being drawn:  Yes  No

If yes, name of Medication(s): \_\_\_\_\_

Subject Arrested:  Yes  No

Breath Test Performed?  Yes  No Reading: .079 .077

Tests requested:  Blood Alcohol  Blood Drug Screen  Urine Drug Screen

*NOTE: Blood Alcohol analysis is performed on all blood specimens. Requested Blood Drug Screen may not be performed based on the laboratory protocol. If you have any questions, please contact the Chemistry/Toxicology Manager at 561-688-4203.*

DRE exam performed  Yes  No DRE Officer: \_\_\_\_\_ Agency: \_\_\_\_\_

DRE Opinion: \_\_\_\_\_

Drug History and Signs of Impairment (Please list any drugs, medications, or prescriptions the subject may have taken or were in his/her possession.)

# WITNESS LIST

CASE NUMBER: 19005019

ARRESTING OFFICER: Ofc. Sam Warren

ADDRESS: 10500 N. Military Trail, Palm Beach Gardens, FL 33410

PHONE NUMBERS (HOME): N/A (WORK) (561) 799-4445

CAN TESTIFY TO: Facts of Case

NAME: Ofc. J. LESKOW

ADDRESS: 10500 N. Military Trail, Palm Beach Gardens, FL 33410

PHONE NUMBERS (HOME) N/A (WORK) (561) 799-4445

CAN TESTIFY TO: \_\_\_\_\_

NAME: Ofc. K. Slaughter 500

ADDRESS 10500 N. Military Trail, Palm Beach Gardens, FL 33410

PHONE NUMBERS (HOME) N/A (WORK) (561) 799-4445

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: \_\_\_\_\_

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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: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

SCANNED  
AUG 27 2010

SUBJECT: CORNER LANE M 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? 12050 S

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: \_\_\_\_\_

SCANNED  
AUG 27 2010

SUBJECT: Carlos Lucas M 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) Res. Carlos Lucas M SCANNED

AUG 27 2010



**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"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

**REVIEW COMPLETED BY**

<b>Booking Number:</b> 2019027825	<b>Date:</b> 08/26/2019
	<b>Specialist Name/ID:</b> AM/31562

SCANNED  
AUS 27 2019