

Jct #0500222

1804.13269

Pch # 958

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

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

OBTS Number	Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number (N.T.A.'s only) <b>06-18102505</b>	
Charge Type: Check as many as apply:	<input type="checkbox"/> 1. Felony	<input checked="" type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance	Weapon Seized / Type 1. Yes 2. No		Multiple Clearance Indicator
Location of Arrest (Including Name of Business) <b>STATE RD 809 / MELALEUCA LN, WEST PALM BEACH, FL 33463</b>			Location of Offense (Business Name, Address) <b>STATE RD 809 / MELALEUCA LN WPB FL 33463</b>			
Date of Arrest <b>07/29/2018</b>	Time of Arrest <b>04:46</b>	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle

Name (Last, First, Middle) <b>MUHAISEN MAHDE F</b>		Alias (Name, DOB, Soc. Sec. #, Etc.)						
Race W - White I - American Indian B - Black O - Oriental/Asian	Sex <b>M</b>	Date of Birth <b>12/01/1990</b>	Height <b>5'07</b>	Weight <b>200</b>	Eye Color <b>BRN</b>	Hair Color <b>BRN</b>	Complexion <b>LIGHT</b>	Build <b>MED</b>
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>RIGHT ARM / LEFT ARM / NECK / CHEST / TORSO</b>			Marital Status <b>Single</b>	Religion <b>MUSLIM</b>	Indication of: Alcohol Influence Drug Influence			Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>
Local Address (Street, Apt. Number) <b>1216 VILLA LN</b>		(City) <b>BOYNTON BEACH, FL 33435</b>	(State)	(Zip)	Phone <b>(954) 822-1302</b>	Residence Type: 1. City 2. County 3. Florida 4. Out of State <b>1</b>		
Permanent Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone	Address Source <b>VERBAL</b>		
Business Address (Name, Street)		(City)	(State)	(Zip)	Phone	Occupation <b>CLERK</b>		
D/L Number, State <b>M250546904410</b>	Soc. Sec. Number		INS Number		Place of Birth (City, State) <b>CORAL SPRINGS, FL</b>	Citizenship <b>USA</b>		

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

<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian Other:	Address (Street, Apt. Number)			(City)	(State)	(Zip)	Residence 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 <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 (Phone 355-2526) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)					School Attended		Grade
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No	Description of Property			Value of Property			

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 Description <b>D.U.I.</b>	Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number <b>316.193 (1)</b>		Violation of ORD #					
Drug Activity	Drug Type	Amount / Unit	Offense # <b>18102505</b>	Warrant / Capias Number		Bond <b>OR</b>				
Charge Description	Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation of ORD #					
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond				
Charge Description	Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation of ORD #					
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond				
Charge Description	Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation of ORD #					
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond				

Location (Court Room Number, Address) <b>PALM BEACH COUNTY CRIMINAL JUSTICE COMPLEX - 3228 GUN CLUB RD WEST PALM BEACH FL, 33406</b>
Court Date and Time Month <b>AUGUST</b> Day <b>23</b> Year <b>2018</b> Time <b>08:30</b> AM <input checked="" type="checkbox"/> 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

07/29/2018  
Date Signed

Signature of Defendant (or Juvenile and Parent /Custodian)

HOLD for other Agency Name:	Signature of Arresting Officer <b>D/S Cisson J.</b>	Name Verification (Printed by Arrestee) <b>SCANNED</b>
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal	<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:	Name of Arresting Officer (Print) <b>D/S Cisson J.</b> I.D. # <b>24091</b>
Intake Deputy <b>D/S Cisson J.</b>	A.D. #	Pouch #
Transporting Officer <b>D/S Cisson J.</b>	ID # <b>24091</b>	Agency <b>PBSO</b>

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 29th DAY OF JULY 2018 AT 03:50  AM  PM

SUBJECT: MUHAISEN MAHDE F CASE NUMBER: 18102505

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: D/S Cisson J.

## PERSONAL CONTACT

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

**Makayla Frazier completed a sworn written statement that the silver vehicle struck the red vehicle and the driver of the silver vehicle exited the driver seat. The driver had a beard and sleeve tattoos on his arms.**

**Kyara Harris completed a sworn written statement that the tattooed guy (Muhaisen) was in a silver vehicle was speeding and struck the red car. The driver had a beard and a sleeve tattoos. The driver was wearing a white shirt and white shorts.**

### OBSERVATION OF DRIVER:

I observed that Muhaisen was wearing white shorts and white shirt. While questioning Muhaisen, he seemed to be confused by my questions. He had a difficult time answering me and had difficulty performing tasks such as locating his drivers license. I observed Muhaisen eyes appeared red and glassy. I observed that he was slurring his words. Muhaisen had a strong odor of an unknown alcoholic beverage coming from his person that would become stronger as he would speak. Muhaisen was already out of his vehicle, I then asked him to perform field sobriety tasks and he agreed.

### DRIVER'S STATEMENTS:

I asked if the driver had been drinking or used any drugs and Muhaisen stated no. I asked the driver what medical problems and/or previous injuries they had and he replied no. I asked if he wears any contacts or glasses and he replied no.

### ODORS:

Obvious odor of an unknown alcoholic beverage

## GENERAL OBSERVATIONS

**SPEECH: slurred, thick, slow**

**ATTITUDE: calm, compliant**

**CLOTHING: wearing white shorts and white shirt**

**MEDICAL/OTHER: NONE**

STATE OF FLORIDA  
COUNTY OF PALM BEACH

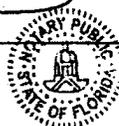
**D/S Cisson J.**

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 29th day of JULY 2018 by D/S Cisson J.

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

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



Samantha Palmer  
Commission # FP 72377  
Expires: OCT 23, 2018  
BONDED THRU  
1ST FLORIDA NOTARY, LLC

SCANNED

JUL 31 2018

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:

ECN - One positioned in the front of my vehicle, I continued my investigation. I instructed Muhaisen to keep his hands by their side, stand with his feet together, and follow a red light stimulus with his eyes not turning his head. I asked him if he understood my instructions. Muhaisen verbally stated he understood my instructions. Muhaisen however swayed while standing stationary. I observed both eyes to be red, bloodshot, and glossy. His left and right eye displayed equal pupil size, equal tracking, and a lack of smooth. I observed distinct and sustained nystagmus was present in both his left and right eye at maximum deviation during two separate four second evaluations. The onset of nystagmus was prior to a 45 degree angle in both his left and right eye during two separate four second evaluations. Vertical nystagmus was not present in both the left and right eye during two separate four second evaluations. While conducting the task I had to remind him to keep hands by his side, not turn his head and follow the stimulus multiple times.

WALK & TURN:

I positioned Muhaisen on a concrete/asphalt line which was on a smooth and level surface, free of any debris and well lit by the headlights on my vehicle and (nearby street lights as well as parking lot lights). I instructed the Muhaisen to place his left foot on the line and his right foot in front of the left touching heel to toe. I instructed him that he was to keep his hands at his side and stay in this position until I instructed him to do otherwise. I instructed him to walk nine heel to toe steps counting out loud, while watching his feet. On the ninth step he was to keep his front foot on the line and use his back foot, in a series of small steps, to turn around before walking nine heel to toe steps the opposite direction counting out loud and watching his feet. I demonstrated the task while I was verbally instructing him in the proper way to complete the task. During the task, I observed Muhaisen swayed while balancing, started too soon, stops walking to steady self, did not touch heel to toe, stepped off the line three times. Used arms to maintain balance (+6"), did not turn properly(loses balance while turning, stumbled, I asked Muhaisen what number he was on and he replied 17, I asked him what number I instructed him to go to and he replied 9.

ONE LEG STAND:

I placed Muhaisen with his feet together and arms at his side. I demonstrated the task as I verbally instructed him to raise one of his feet approximately six inches off of the ground, point his toe towards my patrol car, look at the raised foot, and count out loud 1001, 1002, 1003 and so on until told to stop. I asked Muhaisen if he understood the instructions and demonstration I provided. After Muhaisen stated he understood my instructions, the task was performed. While Muhaisen stood in the instructional position, I observed Muhaisen swayed while standing stationary. While raising his foot he swayed while balancing, put foot down within 30 seconds and could not do task (put foot down three times).

FINGER TO NOSE:

FINGER TO NOSE - I instructed Muhaisen to stand with his feet together, make each hand into a fist keeping, extended his index fingers and to place his palms facing up. Muhaisen was instructed to lower their arms by their side. I instructed and demonstrated the proper hand and arm position and for him to remain in this position while I demonstrated the rest of the task. I instructed and demonstrated Muhaisen to tilt his head back approximately 45 degrees and close their eyes while waiting for a verbal command of left or right. On the command of "left" or "right", Muhaisen would raise the requested hand, touch the tip of his finger to the tip of his nose, then bring their hand immediately back down to his side. During the instruction and demonstration of the task he swayed heavily while standing in the instructional position. Also while attempting to position him in the instructional stance he had difficulty with manual dexterity and struggled to extend his index fingers without using their middle fingers. I asked him if he understood the instructions I provided and he verbally stated he understood. I instructed Muhaisen to start the task as explained. During the task, I observed the driver did not touch the tip of his finger to the tip of his nose. Muhaisen touched his finger to the corner of his lip and under his nose.

ROMBERG ALPHABET:

RHOMBERG ALPHABET - I verbally inquired if Muhaisen could recite the entire English alphabet. He stated he was able to recite the English alphabet and I instructed him to place their feet together with his arms at their side and stay in this position until told to do otherwise. I instructed him that upon starting he was to tilt his head back approximately 45 degrees and close their eyes. He would begin to state the alphabet in a slow and methodical manner without singing or rhyming it. I asked him if he understood the instructions and he verbally replied he understood. During the instructions he continued to sway while standing stationary. I instructed Muhaisen to start the task as explained. During the task, I observed the driver swayed more than (+2") from side to side.

BREATH TEST RESULTS: Refused Refused Refused Refused

STATE OF FLORIDA
COUNTY OF PALM BEACH

D/S Cisson J.

(Signature of Arresting/Investigative Officer)

The foregoing instrument, was sworn to, affirmed and subscribed before me this 29th day of JULY 2018 by D/S Cisson J.

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

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



Samantha Palmer
Commission # PL-72377
Expires: OCT 23, 2018
BONDED THRU
1ST FLORIDA NOTARY, LLC

SCANNED
JUL 30 2018

# WITNESS LIST

CASE NUMBER: 18102505

ARRESTING OFFICER: D/S Cisson J.

ADDRESS: 3228 GUN CLUB RD WEST PALM BEACH, FL 33406

PHONE NUMBERS (HOME): \_\_\_\_\_ (WORK) 561-688-3600

CAN TESTIFY TO: FACTS OF CASE AND INVESTIGATING SUCH CASE

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

ADDRESS: 3228 GUN CLUB RD WEST PALM BEACH, FL 33406

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) 561-688-3000

CAN TESTIFY TO: FACTS OF CASE

NAME: FRAZIER, MAKAYLA

ADDRESS 1485 NW 1ST ST CT, BOYTON BEACH, FL 33435

PHONE NUMBERS (HOME) 561-843-8611 (WORK) \_\_\_\_\_

CAN TESTIFY TO: WHEEL WITNESS

NAME: HARRIS, KYARA

ADDRESS 3010 BERNARDO LN, RIVIERA BEACH, FL 33404

PHONE NUMBERS (HOME) (561) 843-8611 (WORK) 0

CAN TESTIFY TO: WHEEL WITNESS

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

ADDRESS \_\_\_\_\_

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

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

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

ADDRESS \_\_\_\_\_

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

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

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

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

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

ADDRESS \_\_\_\_\_

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

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

SCANNED

JUL 31 2018





# TESTING FACILITY TASK REPORT

AGENCY: PBSO/CISSON

SUBJECT: MUHAISEN, MAHDE

CASE NUMBER: 18-102505

DATE: Jul 29, 2018

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 0525

ENDING TIME: 0529

BREATH TESTS RESULTS: 1) R TIME 0528 A.M.  P.M.  2) XX TIME XX A.M.  P.M.   
3) XX TIME XX A.M.  P.M.  4) XX TIME XX A.M.  P.M.

BREATH OPERATOR: S. PALMER #24520

MAINTENANCE TECHNICIAN: J Karlecke #6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: ACCENT

ATTITUDE: CALM, QUIET, POLITE

CLOTHING: WHITE SHIRT, GREY SHORTS, WHITE SNEAKERS

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

## OTHER:

EYES: GLASSY AND BLOODSHOT

## COMMENTS:

ARRESTING OFFICER CONDUCTED THE 20 MINUTE OBSERVATION BEGINNING AT 0500  
SUBJECT REFUSED TO TAKE BREATH TEST  
A/O READ I/C  
SUBJECT STATED HE UNDERSTOOD I/C  
AND AGAIN REFUSED TO SUBMIT @ 0528  
A/O READ RIGHTS  
SUBJECT STATED HE UNDERSTOOD HIS RIGHTS  
AND REFUSED ANY QUESTIONING WITHOUT COUNSEL

SCANNED

JUL 30 2018

SUBJECT: MAHDI TAROUK, Muh... N CASE NUMBER: 18-102505

# 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 D. COBSON #24091 of the PBSC

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 SCANNED JUL 31 2018

SUBJECT: MURKINSON, MAUDE CASE NUMBER: 18-102505

# 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: D/S GIBSON #124091 SCANNED  
JUL 31 2018



# 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: 2018025190

Date: 07/30/2018

Specialist Name/ID: AM/31562

SCANNED  
JUL 31 2018