19CT18179AMB

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

OBTS Number:

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

ADMINISTRATIVE

Agency ORI Number	Agency Name	Agency Report Number (N.T.A.'s only)
FLO 500000	PALM BEACH COUNTY SHERIFF'S OFFICE	06- 19-120848

Charge Type (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

Multiple Clearance Indicator: 01

Location of Arrest (Including Name of Business): Okeechobee Blvd/ N Haverhill Road, West Palm Beach, Florida 33417

Location of Offense (Business Name, Address): Okeechobee Boulevard/ N Haverhill Road

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
09/30/2019	02:54					

DEFENDANT

Name (Last, First, Middle): Gabriel- Perez Mayda M

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

Race (W - White I - American Indian B - Black 0- Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	F	01/01/1996	5'01"	95	Brown	Brown	Light	Skinny

Scars, Marks, Tatoos, Unique Physcal Features (Location, Type, Description): left shoulder

Marital Status: Single | Religion: CATHOLIC

Indication of: Alcohol Influence Y ☒ N ☐ Unk. ☐; Drug Influence Y ☐ N ☐ Unk. ☒

Local Address (Street, Apt. Number) (City) (State) (Zip): 1218 S C Street Lake Worth, Florida 33460

Phone: (305) 879-6345

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

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

Phone: ( )

Address Source:

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

Phone: ( )

Occupation: unemployed

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
G164-553-96-501-0	[redacted]		Guatemala	Guatemala

CO-DEF

Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth		
				☐ 1. Arrested ☐ 2. At Large	☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile
				☐ 1. Arrested ☐ 2. At Large	☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile

JUVENILE

☐ Parent ☐ Legal Custodian ☐ Other:

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 #
D.U.I.	1	☐Y ☒N	316.193 (1)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
			19-120848		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): PALM BEACH COUNTY CRIMINAL JUSTICE COMPLEX - 3228 GUN CLUB RD WEST PALM BEACH FL, 33406

Court Date and Time: Month October Day 24th Year 2019 Time 08:30 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): [signature]

Date Signed: 09/30/2019

ADMIN

HOLD for other Agency Name:

☐ Dangerous ☐ Suicidal ☐ Resisted Arrest ☐ Other

Signature of Arresting Officer: [signature]

Name of Arresting Officer (Print): D/S C. Householder | I.D. #: #9418

Name Verification (Printed by Arrestee) (PRINT):

Intake Deputy: [signature] | ID # | Pouch #

Transporting Officer: CPL SORIANO | ID #: 9418 | 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 8/97

J# 0511392 P#

SCANNED OCT 01 2019

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 30th DAY OF September 20 2019 AT 02:26 ✓ AM PM

SUBJECT: Gabriel- Perez Mayda M CASE NUMBER: 19-120848

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: D/S C. Householder

PERSONAL CONTACT

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

On Monday, September 30th, 2019, at approximately 02:26 hours, I was stationary at the intersection of N Military and Southern Boulevard conducting traffic enforcement. I observed a gray Chevrolet truck traveling north bound on Military Trail in the number 3 lane. The gray chevrolet drifted right almost making contact with the curb. Cpl. Soriano ID# 9418 and I followed the vehicle from Southern Boulevard and observed the vehicle failing to maintain it's lane of travel, almost striking the curb multiple times. The vehicle made a left turn to travel westbound on Okeechobee Boulevard. A traffic stop was conducted at Okeechobee Boulevard and Haverhill Road when it was determined that it was no longer safe for the vehicle to remain on the road way.

OBSERVATION OF DRIVER:

I approached the vehicle on the passenger side, while Cpl. Soriano #9418 approached on the driver side and met with the driver. Cpl Soriano called me over to the driver's side of the vehicle where I observed the driver was a white female who was wearing a black skirt and a red shirt. I observed Mayda Gabriel- Perez' eyes appeared red and glossy. I observed two (2) open cans of Modelo beer located in the front seat cup holders. Mayda Gabriel- Perez was asked to exit the vehicle to perform field sobriety tasks which she agreed to.

DRIVER'S STATEMENTS:

I asked Mayda Gabriel- Perez if she had been drinking or used any drugs. Mayda Gabriel- Perez stated she had three (3) margaritas at Cielo's Lounge. I asked Mayda Gabriel- Perez what medical problems and/or previous injuries she had. Mayda Gabriel- Perez stated she has no medical problems and has no revious injuries. I asked Mayda Gabriel- Perez if she wore any glasses or contacts to correct her vision. She stated she is supposed to be wearing glasses. I asked Mayda Gabriel- Perez if she takes any medications? She stated she does not.

ODORS:

Obvious odor of an unknown alcoholic beverage

GENERAL OBSERVATIONS

SPEECH: **Soft, slow**

ATTITUDE: **calm, confused, confident**

CLOTHING: **wearing black shirt and red shirt**

MEDICAL/OTHER: **NONE**

STATE OF FLORIDA
COUNTY OF PALM BEACH

D/S C. Householder [signature]
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 30th day of September 20 19 by D/S C. Householder

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

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

Notary Public State of Florida
Thomas H Leahey
My Commission GG 347108
Expires 06/20/2023

SCANNED
OCT 01 2019

SUBJECT: Gabriel- Perez Mayda CASE NUMBER 19-120848

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:

HGN -Once positioned in the front of my vehicle, I continued my investigation. I instructed Mayda Gabriel- Perez to keep her hands by her side, stand with her feet together, and follow a blue light stimulus with her eyes not turning her head. I asked her if she understood my instructions. Once Mayda Gabriel- Perez verbally stated she understood my instructions. Mayda Gabriel- Perez swayed while standing stationary. I observed both eyes to be red, bloodshot, and glossy. Her left and right eye displayed equal pupil size, equal tracking, and a lack of smooth pursuit. I observed distinct and sustained nystagmus was present in both her 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 her left and right eye during two separate four second evaluations. Vertical nystagmus was present in both the left and right eye during two separate four second evaluations. While conducting the task I had to remind her to not turn her head and follow the stimulus multiple times.

WALK & TURN:

I positioned Mayda Gabriel- Perez on a yellow line created using yellow duct tape, which was on a smooth and level surface, free of any debris and well lit by the headlights on my vehicle and overhead lighting from the gas station. I instructed Mayda Gabriel- Perez to place her left foot on the line and her right foot in front of the left touching heel to toe. I instructed her that she was to keep her hands at her side and stay in this position until I instructed her to do otherwise. Once placed into the instructed position, I explained and demonstrated the rest of the task. During the task, I observed Mayda Gabriel- Perez swayed while balancing, failed to maintain the instructed position, did not touch heel to toe, used arms to maintain balance (+6"), did not turn properly by stepping offline and took an incorrect number of steps. Half way through the test, Mayda Gabriel- Perez had to be re-instructed on how to complete the task as she was unsure of how many steps to take. Mayda Gabriel- Perez was instructed twice on how to complete the test, both times stating she understood the instructions.

ONE LEG STAND:

I placed Mayda Gabriel- Perez with her feet together and arms at her side. Once she was placed into the instructed position, I explained and demonstrated the rest of the task. Once Mayda Gabriel- Perez stated she understood, the task was performed. Prior to raising her leg, Mayda Gabriel- Perez had to separate her feet to maintain her balance and keep from falling over. During the task, I observed Mayda Gabriel- Perez swayed while standing stationary. While raising her foot she swayed while balancing and raised her arms above 6 inches to balance. Mayda Gabriel- Perez did not count as instructed.

FINGER TO NOSE:

I instructed Mayda Gabriel- Perez to stand with her feet together, make each hand into a fist keeping, extended her index fingers and to place her palms facing up. She was instructed to lower her arms by her side. I instructed and demonstrated the proper hand and arm position and for her to remain in this position while I demonstrated the rest of the task. I instructed and demonstrated her to tilt her head back approximately 45 degrees and close her eyes while waiting for a verbal command of left or right. On the command of "left" or "right", she would raise the requested hand, touch the tip of her finger to the tip of her nose, then bring her hand immediately back down to her side. During the instruction and demonstration of the task she swayed while standing in the instructional position. I asked her if she understood the instructions I provided and she verbally stated she understood. I instructed her to start the task as explained. During the task, I observed Mayda Gabriel- Perez attempted to continue walking and had to be stopped to given the instructions again. Once explained again, the task was performed a second time, at which time you could see Mayda Gabriel- Perez failed to return arms to side, correct finger did not touch tip of nose, and lifted wrong hand before correctly using the instructed hand.

ROMBERG ALPHABET:

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

BREATH TEST RESULTS: 1) .122 | 2) .118 | 3) | 4)

STATE OF FLORIDA
COUNTY OF PALM BEACH

D/S C. Householder
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 30th day of September 20 19 by D/S C. Householder

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

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

Notary Public State of Florida
Thomas H Leahey
My Commission GG 347108
Expires 06/20/2023

WITNESS LIST

CASE NUMBER: 19-120848

ARRESTING OFFICER: D/S C. Householder
ADDRESS: 3228 GUN CLUB RD WEST PALM BEACH, FL 33406
PHONE NUMBERS (HOME): (WORK) 561-688-3000
CAN TESTIFY TO: FACTS OF CASE AND INVESTIGATING SUCH CASE

NAME: CPL SORIANO #9418
ADDRESS: 3228 GUN CLUB RD WEST PALM BEACH, FL 33406
PHONE NUMBERS (HOME) (WORK) 561-688-3000
CAN TESTIFY TO: FACTS OF CASE

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:

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:

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: 80-006477 Software: 8100.27
Date of Test: 09/30/2019

Date of Last Agency Inspection: 09/13/2019
Observation Period Began: 03:12
Subject's Name: MAYDA M GABRIEL PEREZ DOB: 01/01/1996 Sex: F

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	03:38
Air Blank	0.000	03:38
Control Test	0.080	03:39
Air Blank	0.000	03:39
Subject Sample #1	0.122	03:41
Air Blank	0.000	03:41
Air Blank	0.000	03:43
Subject Sample #2	0.118	03:44
Air Blank	0.000	03:45
Control Test	0.079	03:45
Air Blank	0.000	03:45
Diagnostics Check	OK	03:45

Cylinder Lot: 17319080A1
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 THOMAS H GAREY, 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: T Garey Date: 09/30/19
Signature

Sworn to (or affirmed) before me this 30th day of September 2019

Signature of Notary Public-State of Florida

D/S C Householder #27829
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 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.

FDLE/ATP FORM 38 - MARCH 2004, Ref. 11D-8.007

SUBJECT: Gabriel Ruiz, Wayne M CASE NUMBER: 19-130348

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) Read on Camera

TESTING FACILITY TASK REPORT

AGENCY: PBSO

SUBJECT: Gabriel Perez, Magdalena CASE NUMBER: 19 130848

DATE: 09/30/19 VIDEO TAPE NUMBER: N/A

BEGINNING TIME: 03:35 ENDING TIME: 03:56

BREATH TESTS RESULTS: 1) .122 TIME 03:41 A.M./P.M. 2) .118 TIME 03:44 A.M./P.M.

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

BREATH OPERATOR: J Leahey #19183

MAINTENANCE TECHNICIAN: J Kar locke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: thick, slurred

ATTITUDE: argumentative, talkative, fight/provocative

CLOTHING: black skirt, red tank top, black shoes

MEDICAL CONDITIONS: none

MEDICATIONS: none

OTHER: eyes glassy & bloodshot

A stated she drank 3 margaritas - Q+A

COMMENTS: arrived at center & conducted 20 minute observation began at 0315 hrs

A agreed to perform breath test

Tech read breath test results, & A stated she understood breath test results

A/O read rights & A stated she understood rights

A/O conducted Q+A

A answered questions

SCANNED
OCT 01 2019

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

PBSO #0129A REV.11/02

SUBJECT: Cabral Perez, Hayde M CASE NUMBER: 19 12548

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? Y

WHERE WERE YOU GOING? _____

WHAT STREET OR HIGHWAY WERE YOU ON? _____

DIRECTION OF TRAVEL? N/A 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: _____

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	☐	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	☐	539.001 FS	Other: All records relating to pawnbroker transactions.	
	☐	119.0712(2)	Other: Personal information contained within a motor vehicle record	

REVIEW COMPLETED BY

Booking Number: 2019031841	**Date:** 09/30/2019
	Specialist Name/ID: howardt7185