0504254 19CT 180 P/2021

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

ADMINISTRATIVE

OBTS Number	Agency ORI Number	Agency Name	Agency Report Number (N.T.A.'s only)
	FLO 500000	PALM BEACH COUNTY SHERIFF'S OFFICE	06- 19022083

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

Weapon Seized / Type: 2 | 1. Yes 2. No N/A

Multiple Clearance Indicator: 1

Location of Arrest (Including Name of Business): STATE ROAD 7/ FOREST HILL BLVD, WELLINGTON, FL, 33414

Location of Offense (Business Name, Address): STATE ROAD 7/ FOREST HILL BLVD WELLINGTON, FL, 33414

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
01/03/2019	21:40					

DEFENDANT

Name (Last, First, Middle): BIERLEIN MICHAEL DAVID — 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	M	2/24/1977	5'10	200	BRN	BRN	MED	MED

Scars, Marks, Tatoos, Unique Physcal Features (Location, Type, Description): TATTOO ON BACK

Marital Status: Married | Religion: NONE | Indication of: Alcohol Influence Y ☐ N ☒ Unk. ☐; Drug Influence Y ☐ N ☒ Unk. ☐

Local Address (Street, Apt. Number): 9179 ARTIST PL (City): LAKE WORTH (State): FL (Zip): 33467 | Phone: (561) 281-5848 | Residence Type: 1. City 2. County 3. Florida 4. Out of State: 2

Permanent Address (Street, Apt. Number): , (City) (State) (Zip) | Phone ( ) | Address Source: FL DL

Business Address (Name, Street) (City) (State) (Zip) | Phone ( ) | Occupation: GENERAL MANAGER

D/L Number, State: B645544770640 [redacted] | INS Number | Place of Birth (City, State): FAIRFAX, VA | Citizenship: YES

CO-DEF

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

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

JUVENILE

☐ Parent ☐ Legal Custodian ☐ Other:

Address (Street, Apt. Number) (City) (State) (Zip) | Residence Phone ( ) | 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/Denv. | P. Paraphernalia/ Equipment S. Synthetics | U. Unknown Z. Other

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
DUI - damage to property	1	☐Y ☒N	316.193(3C1)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
N	N	N/A	19022083		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): 3228 GUN CLUB RD WEST PALM BEACH FL 33406

Court Date and Time: Month 1 Day 31 Year 2019 Time 0830 AM X PM

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

Signature of Defendant (or Juvenile and Parent /Custodian) | Date Signed 01/03/2019

SCANNED JAN 05 2019

ADMIN

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

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other: | Name of Arresting Officer (Print): INV. G. LYNCH 8568 I.D. #: 8568 | JAN 4 AM 12:02

Intake Depu | Pouch # | Transporting Officer: INV. G. LYNCH 8568 ID #: 8568 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

D/s 0026 8657 P3/0

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D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 3 DAY OF JAN 20 19, AT 20:53 ✓ AM PM

SUBJECT: BIERLEIN MICHAEL DAVID CASE NUMBER: 19022083

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: INV. G. LYNCH 8568

PERSONAL CONTACT

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

On 1/3/19 I responded to State Road 7 (SR7)/ Forest Hill Blvd, in Palm Beach County, in reference to a vehicle crash with a possibly impaired driver. Upon arrival I met with Inv. Schneider id 8521, who was investigating the crash.

Inv. Schneider advised that V1 was traveling south on SR7 approaching Forest Hill Blvd. V1 failed to stop behind V2 and the front of V1 struck the rear of V2. Inv. Schneider advised that he noticed that Michael's eyes were glassy and his speech was slurred. Michael's movements were lethargic and uncoordinated. There was an odor of an unknown alcoholic beverage coming from Michael's breath. The driver of V2, Sharon Buchanan, positively identified the driver of V1, Michael Bierlein.

OBSERVATION OF DRIVER:

I met with Michael, who was still sitting in his vehicle. I had Michael exit his car and stand in front of my patrol car. Michael's movements were uncoordinated and he used his vehicle for support. I noticed that Michael's eyes were glassy and there was an odor of an unknown alcoholic beverage coming from his breath, which got stronger when he spoke. Michael's speech was slurred. Michael appeared unsteady and had a slight sway while standing still.

DRIVER'S STATEMENTS:

Michael stated that he had 4 beers approx 4 hours prior to the crash. Micahael stated that he did take perscription medications but would not advise what medications stating "it doesn't matter.

ODORS:

STRONG ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE COMING FROM SUBJECT'S BREATH.

GENERAL OBSERVATIONS

SPEECH: **Slurred**

ATTITUDE: **Calm/ Cooperative Moodswings from normal to crying**

CLOTHING:

MEDICAL/OTHER:

NOT A CERTIFIED COPY

STATE OF FLORIDA
COUNTY OF PALM BEACH

INV. G. LYNCH 8568
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 3 day of JAN 20 19 by INV. G. LYNCH 8568

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

James Biggs (#7607)
Notary Public, Clerk of Court, Officer (F.S.S 117.10)

JAMES G. BIGGS
Commission # GG 165618
Expires December 5, 2021
Bonded Thru Troy Fain Insurance 800-385-7019

SCANNED
JAN 0 5 2019

SUBJECT: BIERLEIN MICHAEL CASE NUMBER 19022083

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:

Michael was asked to stand with his feet together and place his hands by his sides. Michael was asked to focus on the stimulus and follow it with his eyes. Michael was told not to move his head to assist in following the stimulus. Michael showed equal pupil size that tracked equally. Both eyes lacked a smooth pursuit. I saw distinct and sustained Nystagmus at maximum deviation and onset of Nystagmus prior to 45 degrees in both eyes. Michael swayed while performing this task and had to be reminded to follow the stimulus several times and not to move his head. Michael also separated his feet for balance and did not keep his arms down at his sides.

WALK & TURN:

I performed the walk and turn task. I utilized yellow duct tape to make a straight level line, free of debris, that Michael advised he could see. I explained and demonstrated the task to Michael. During the instructions Michael was unable to maintain the instructional stance, stepping out of the position several times. Michael was advised to stand normally for the instructions. After completing the instructions Michael advised he understood and had no questions. During the task Michael did not walk heel to toe and stepped off the line. Michael used his arms for balance. Michael only took 2 steps and then refused to continue with the task walking away from the line. I advised Michael of Taylor warnings, which he advised he understood. I gave Michael a second opportunity to continue with the tasks, which he refused.

ONE LEG STAND:

REFUSED

FINGER TO NOSE:

REFUSED

ROMBERG ALPHABET:

REFUSED

NOT A CERTIFIED COPY

BREATH TEST RESULTS: | 1) REFUSED | 2) REFUSED | 3) | 4) |

STATE OF FLORIDA
COUNTY OF PALM BEACH

INV. G. LYNCH 8568
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 3 day of JAN 20 19 by INV. G. LYNCH 8568

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

James Biggs (#7607)
Notary Public, Clerk of Court, Officer (F.S.S 117.10)

JAMES G. BIGGS
Commission # GG 165618
Expires December 5, 2021
Bonded Thru Troy Fain Insurance 800-385-7019

SCANNED
JAN 0 5 2019

WITNESS LIST

CASE NUMBER: 19022083

ARRESTING OFFICER: INV. G. LYNCH 8568

ADDRESS: HQ

PHONE NUMBERS (HOME): _____ (WORK) 561 688 3000

CAN TESTIFY TO: FACTS OF CASE

NAME: INV.SCHNEIDER 8521

ADDRESS: HQ

PHONE NUMBERS (HOME) _____ (WORK) 561 688 3000

CAN TESTIFY TO: CRASH INVESTIGATION

NAME: SHARON BUCHANAN

ADDRESS 12448 175TH RD N, JUPITER, FL, 33478

PHONE NUMBERS (HOME) 561 578 0075 (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) 0 (WORK) 0

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: _____

NOT A CERTIFIED COPY

SCANNED
JAN 05 2019

TESTING FACILITY TASK REPORT

AGENCY: PBSO-LYNCH

SUBJECT: BIERLEIN, MICHAEL D

CASE NUMBER: 19-022083

DATE: Jan 3, 2019

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 2222

ENDING TIME: 2229

BREATH TESTS RESULTS: 1) REF TIME 2224 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: J Biggs# 7607

MAINTENANCE TECHNICAN: D/S J Karklecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED, MUSHED MOUTH

ATTITUDE: COOPERATIVE, IRRITATED

CLOTHING: GREEN SHIRT, BLACK PANTS

MEDICAL CONDITIONS: NONE

MEDICATIONS: HIGH BLOOD PRESSURE PILLS

OTHER:

EYES GLASSY, BLOODSHOT, RED
ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE ON SUBJECT

COMMENTS:

ARRESTING OFFICER CONDUCTED THE 20 MINUTE OBSERVATION BEGINNING AT 2200
SUBJECT REFUSED THE TEST INITIALLY
IMPLIED CONSENT WAS READ TO THE SUBJECT
SUBJET REFUSED ONCE AGAIN
MIRANDA WAS READ
SUBJECT SUBMITTED TO THE QUESTIONS

NOT A CERTIFIED COPY

SCANNED
JAN 0 5 2019

SUBJECT: Berlein, Michael D CASE NUMBER: 19-022083

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 Ina Lynch of the PBSO.

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
JAN 05 2013

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

PBSO 001298 REV. 06/11

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SUBJECT: Bierlein, Michael D CASE NUMBER: 18-022083

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? yes

WHERE WERE YOU GOING? home

WHAT STREET OR HIGHWAY WERE YOU ON? 441

DIRECTION OF TRAVEL? S WHERE DID YOU START? it doesn't matter

WHAT TIME DID YOU START? 8:15 WHAT TIME IS IT NOW? unk

WHAT IS TODAY'S DATE? 3rd WHAT DAY OF THE WEEK IS IT? Thursday

WHAT COUNTY AND CITY ARE YOU IN NOW? Palm Beach county

WHEN DID YOU LAST EAT? 3 hours ago WHAT DID YOU EAT? sandwich

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? nothing

HOW MUCH DO YOU WEIGH? 200 HAVE YOU BEEN DRINKING? NO 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? NO ARE YOU UNDER THE INFLUENCE? NO

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? NO HOW MUCH? —

WHAT? — WHERE? — WHEN? —

WHAT LINE OF WORK ARE YOU IN? restaurant WHEN DID YOU LAST WORK? today

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? NO WHAT? —

ARE YOU SICK OR INJURED? NO WHAT'S WRONG? —

DO YOU LIMP? NO DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? NO

WERE YOU IN AN ACCIDENT TODAY? yes

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? NO WHEN? —

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? NO WHO? — WHY? —

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? yes WHAT? acyclovir / amlodipine WHEN? this morning

DO YOU HAVE:

EPILEPSY? NO
GLASS EYE? NO
FALSE TEETH? NO
EAR INFECTION? NO
INNER EAR TROUBLE? NO
DIABETES? NO

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? NO

DO YOU TAKE INSULIN? NO IF SO, WHEN WAS YOUR LAST INJECTION? —

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? yes WHERE? VA

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SCANNED
JAN 05 2019

INTERVIEWER: —

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

PALM BEACH COUNTY SHERIFF'S OFFICE – **SWORN STATEMENT**

Per FL statute 837.012, whoever knowingly makes a false statement under oath shall be guilty of a misdemeanor of the first degree punishable by imprisonment up to 1 year.

☒ WITNESS ☐ VICTIM ☐ OTHER

CASE #:	ZONE:	SUSPECT:	DATE & TIME OF ORIGINAL EVENT/OFFENSE:
19 022083		Michael Bierlein	1/3/19 21:44
EVENT TYPE: DUI		DEPUTY: Ian Schneider	ID#: 850

COMPLETE EVERYTHING BELOW – PRINT LEGIBLY

LAST NAME:	FIRST NAME:	MIDDLE INITIAL:	RACE:	SEX:
Buchanan	Sharon	R	B	F

DATE OF BIRTH: (MM/DD/YYYY)	YOUR HEIGHT:	YOUR WEIGHT:	YOUR HAIR COLOR:	YOUR EYE COLOR:
02/16/1960	5'8"	187	Black/Gray	Dark Brown

YOUR HOME ADDRESS: ☐ CHECK IF HOMELESS	CITY:	STATE:	ZIP:
12448 175th Rd. N	Jupiter	FL	33478
YOUR WORK NAME & ADDRESS: ☐ CHECK IF UNEMPLOYED OR RETIRED	**CITY:**	**STATE:**	**ZIP:**
1950 Benoist Farms Rd	WPB	FL	33411

WORK PHONE: ☐ CHECK IF NONE	CELL PHONE: ☐ CHECK IF NONE	HOME PHONE: ☐ CHECK IF NONE	EMAIL: ☐ CHECK IF NONE
( )	( )	( )	

WRITE WHAT HAPPENED IN YOUR WORDS IN FULL DETAIL – PRINT LEGIBLY

I YOUR NAME: DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER...

Driving on Southern Blvd towards traffic light and out of NO where a car ran in front of my car. My son on I came out of the car, the driver of the car came out and he was smelling of alcohol slurring his words and seems drunk. I told him he should not drink & drive and he was telling me not to call the cops. I could tell he was drunk. Very drunk.

PAGE _____ OF _____

READ AND SIGN

I SWEAR AND AFFIRM THIS AND/OR THE ATTACHED STATEMENTS ARE CORRECT AND TRUE:

YOUR SIGNATURE: X S. R. B.

☒ DEPUTY SHERIFF ☐ NOTARY PUBLIC FSS: 117.10

SWORN TO AND SUBSCRIBED BEFORE ME TODAY:

DATE: 1/3/19 TIME: 22:30

SIGNATURE: _____ ID: 5521

*IF YOU **DO NOT WISH TO PROSECUTE**, COMPLETE THE ABOVE STATEMENT, READ THIS DISCLAIMER AND INITIAL BELOW:* I AM OF LEGAL AGE AND I AM THE REPORTED VICTIM OF A CRIME UNDER FLORIDA LAW. I HEREBY STATE THAT I **WILL NOT** COOPERATE ANY FURTHER WITH THE INVESTIGATION OF THE ALLEGED CRIME. I FURTHER RELEASE THE PALM BEACH COUNTY SHERIFF'S OFFICE OF ANY PRESENT OR FUTURE RESPONSIBILITY AS TO MY CASE. I ACKNOWLEDGE THAT I UNDERSTAND MY RIGHTS AS A CRIME VICTIM, **PARTICULARLY REGARDING VICTIM COMPENSATION ELIGIBILITY**, WHICH INCLUDES SUCH BENEFITS AS REIMBURSEMENT FOR: DISABILITY; LOST WAGES; LOSS OF SUPPORT; MEDICAL, DENTAL, MENTAL HEALTH COUNSELING AND FUNERAL EXPENSES. I AM AWARE I MAY BE GIVING UP THESE RIGHTS FOR MY FAMILY AND MYSELF BY INITIALLING BELOW. I AM TAKING THIS POSITION OF MY OWN FREE WILL KNOWING THAT THE CASE CANNOT BE FURTHER INVESTIGATED AND PROSECUTED WITH MY COOPERATION.

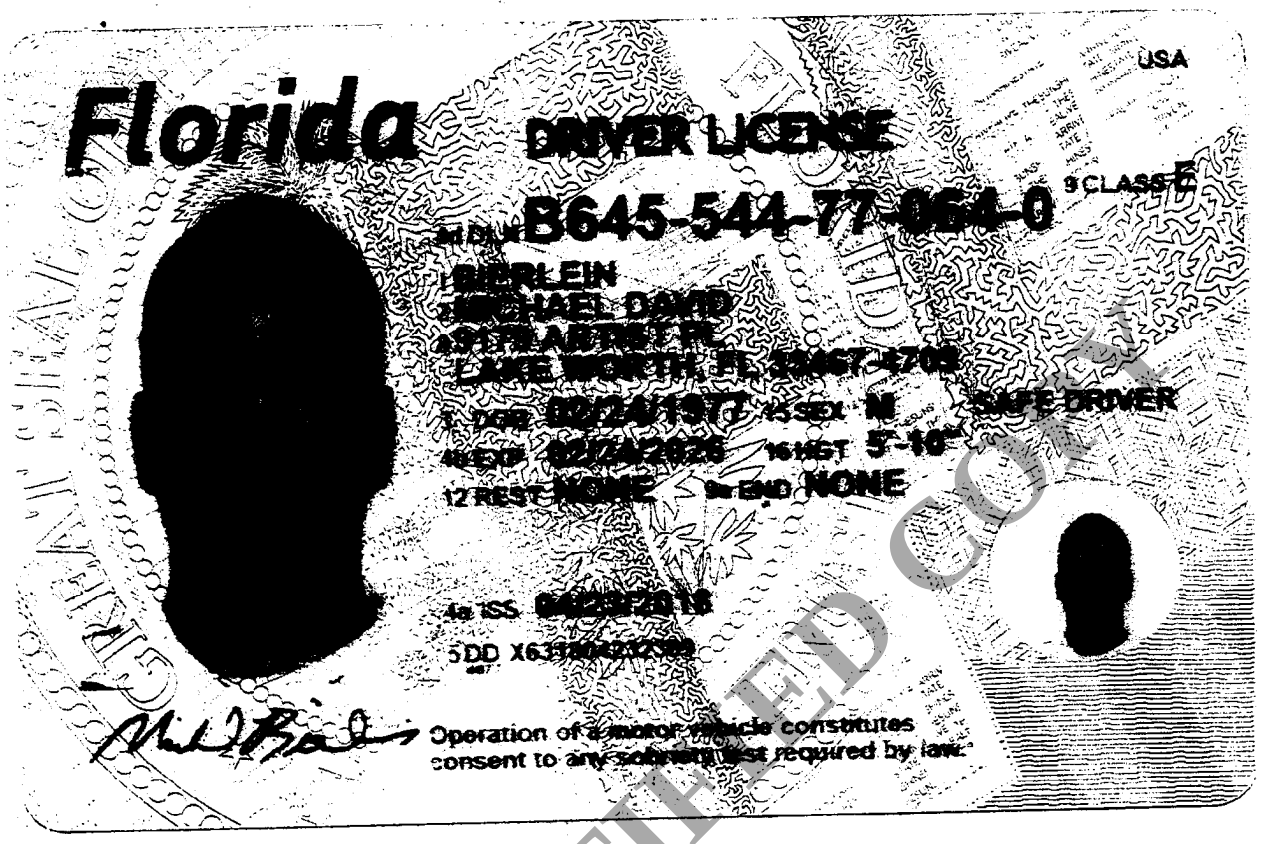
☐ DO NOT WISH TO PROSECUTE (INITIAL _____)

*(**PROSECUTION WAIVER NOT TO BE USED FOR CASES INVOLVING DOMESTIC OR DATING VIOLENCE PER G.O. 508.00**)*

WHITE - RECORDS COPY *CANARY* - STATE ATTORNEY COPY *PINK* - OFFICER'S COPY *GOLD* - WITNESS / VICTIM COPY

SCANNED JAN 07 2019

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SCANNED
JAN 0 5 2019

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:	

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REVIEW COMPLETED BY

Booking Number: 2019000336	**Date:** 1/4/2019
	Specialist Name/ID: LR/ #6673

SCANNED
JAN 05 2019