

ARREST / NOTICE TO APPEAR

18CT8716 AXK SB

| | | | | | | | | | | | |
|--|--|---|--|---|--|---|---------------------------|---|------------------------|--------------------------------------|--|
| OBTS Number | Agency ORI Number 0500200 | | Agency Name Boca Raton Police Department | | Agency Report Number (N.T.A.'s only) 3 2 2018-006766 | | 1. Arrest 2. N.T.A. | 3. Request for Warrant 4. Request for Capias | 1 | JUVENILE | |
| Charge Type: Check as many as apply | <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony | <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor | <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other | If Weapon Seized Enter Type None/not Applicable | | Multiple Clearance Indicator N | | | | | |
| Location of Arrest (Including Name of Business) 2000 W PALMETTO PARK RD, BOCA RATON, FL | | | | Location of Offense (Business Name, Address) 2000 W PALMETTO PARK RD, BOCA RATON, FL 33486 | | | | | | | |
| Date of Arrest 05/16/2018 | Time of Arrest 03:22 | Booking Date 05/16/2018 | Booking Time 03:32 | Jail Date 05/16/2018 | Jail Time 00:00 | Location of Vehicle WESTWAY TOWING | | | | | |
| Name (Last, First, Middle) LYNCH, MICHAEL THOMAS | | | | Alias: Alias (Name, DOB, Soc. Sec. #, Etc.) | | | | | | | |
| Race W - White B - Black | 1 - American Indian O - Oriental/Asian | Sex M | Date of Birth 07/19/1984 | Height 5'10 | Weight 210 | Eyes Color BLUE | Hair Color BALD | Complexion LIGHT | Build Medium | | |
| Local Address (Street, Apt. Number) 4261 NW 9TH CT, COCONUT CREEK, FL 33066 | | | | City COCONUT CREEK, FL | | State FL | | Zip 33066 | | Phone (754) 235-3337 | Residence Type: 1. City 3. Florida 2. County 4. Out of State 1 |
| Permanent Address (Street, Apt. Number) 4261 NW 9TH CT, COCONUT CREEK, FL 33066 | | | | City COCONUT CREEK, FL | | State FL | | Zip 33066 | | Phone (754) 235-3337 | Address Source FLDL |
| Business Address (Name, Street) DECK 84, | | | | City COCONUT CREEK, FL | | State FL | | Zip 33066 | | Phone | Occupation Chef |
| D/L Number, State LS20558842590 / FL | | Soc. Sec. Number | | INS Number | | Place of Birth (City, State) FORT LAUDERDALE, FL | | Citizenship US | | | |
| 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"/> Other: _____ Name (Last, First, Middle) _____ Residence Phone _____ <input type="checkbox"/> Legal Custodian _____ Business Phone _____ Address (Street, Apt. Number) _____ (City) _____ (State) _____ (Zip) _____ 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 <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's Office (Phone 355-2526) informed of any change of address. <input type="checkbox"/> Yes, by: _____ <input type="checkbox"/> No: _____ School Attended _____ Grade _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Property Crime? _____ Description of Property _____ Value of Property _____ | | | | | | | | | | | |
| Drug Activity: <input type="checkbox"/> Sell <input type="checkbox"/> Struggle <input type="checkbox"/> Dispense/Distribute <input type="checkbox"/> Manufacture/Produce/Cultivate <input type="checkbox"/> Other <input type="checkbox"/> N/A <input type="checkbox"/> Buy <input type="checkbox"/> Deliver <input type="checkbox"/> Use <input type="checkbox"/> Possess <input type="checkbox"/> Traffic <input type="checkbox"/> Use Drug Type: <input type="checkbox"/> N/A <input type="checkbox"/> A. Amphetamine <input type="checkbox"/> B. Barbiturate <input type="checkbox"/> C. Cocaine <input type="checkbox"/> E. Heroin <input type="checkbox"/> H. Hallucinogen <input type="checkbox"/> M. Marijuana <input type="checkbox"/> O. Opium/Deriv. <input type="checkbox"/> P. Pseudoephedrine/Equipment <input type="checkbox"/> S. Synthetic <input type="checkbox"/> U. Unknown <input type="checkbox"/> Z. Other | | | | | | | | | | | |
| Charge Description DUI | | | | | | Statute Violation Number 316.193(1) | | | Violation of ORD # | | |
| Drug Activity | Drug Type | Amount / Unit | Offense # | Counts | Domestic Violence | Warrant / Capias Number | | Bond | | | |
| | N | | | 1 | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | | | | | | |
| Charge Description | | | | | | Statute Violation Number | | | Violation of ORD # | | |
| Drug Activity | Drug Type | Amount / Unit | Offense # | Counts | Domestic Violence | Warrant / Capias Number | | Bond | | | |
| | | | | | <input type="checkbox"/> Y <input type="checkbox"/> N | | | | | | |
| Charge Description | | | | | | Statute Violation Number | | | Violation of ORD # | | |
| Drug Activity | Drug Type | Amount / Unit | Offense # | Counts | Domestic Violence | Warrant / Capias Number | | Bond | | | |
| | | | | | <input type="checkbox"/> Y <input type="checkbox"/> N | | | | | | |
| Health / Apparent Physical Condition of Defendant GOOD | | | | | | Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries Explain: _____ | | | | | |
| Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Posted Bond | | | | <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> South County Mental Health | | <input checked="" type="checkbox"/> T.O.T. County Jail | | PROPERTY - Received By VAN CAMP | | Released By VAN CAMP | Released To PBCJ |
| Transported By | | | | Date Transported 05/16/2018 | | Time Transported 00:00 | | Other | | | |
| <input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2. | | | | | | Location (Court, Room) South County 200 W Atlantic Ave Delray Beach, FL 33444 Court Date and Time 06/18/2018 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 CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED. | | | | | | No Photo Available | | | | | |
| Signature of Defendant (or Juvenile and Parent/Custodian) [Signature] | | | | | | Date Signed | | | | | |
| HOLD for Other Agency | | | | Signature of Arresting Officer [Signature] | | Name Verification (Printed by Arrestee) | | | | | |
| <input type="checkbox"/> Dangerous <input type="checkbox"/> Restricted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other | | | | Name of Arresting Officer (Print) VAN CAMP, J. A. | | LD. # 747 | | (PRINT) | | | |
| Intake Deputy | | LD. # | | Pouch # | | Transporting Officer TORSEW | | LD. # 754 | | Agency BOCA | PAGE 1 OF 1 |

MAY 17 2018

SCANNED

PROBABLE CAUSE AFFIDAVIT

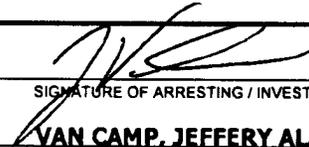
1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Copies **1** JUVENILE

| | | | | | | | | |
|---|--|--|--|--|--|--|-----------------|------------------------------------|
| OBT'S Number | | Agency OR: Number FL 0500200 | | Agency Name BOCA RATON POLICE DEPARTMENT | | Agency Report Number 3 2 2018-006766 | | |
| Charge Type: Check as many as apply. | | Special Notes: | | Name (Last, First, Middle) LYNCH, MICHAEL THOMAS | | Race W | Sex M | Date of Birth 07/19/1984 |
| <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 | | | | Local Address (Street, Apt. Number) 100 NW 2ND AVE, BOCA RATON, FL 33432 | | Phone (561) - | Address Source | |
| | | | | Business Address (Name, Street) (56) - | | Phone (56) - | Occupation | |

The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law.
 The Person taken into custody . . .
 committed the below acts in my presence. was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.
 confessed to _____ admitting to the below facts. was found to have committed the below acts, resulting from my (described) investigation.
 On the 16 day of May, 2018 at 02:26 (Specifically include facts constituting cause for arrest.)

On 5-16-2018 at 0205 hours, while on routine patrol, I observed a Silver Toyota vehicle bearing Fl Tag#741XMK traveling westbound on W. Palmetto Park Rd. I was traveling eastbound on W. Palmetto Park Rd. and saw that the Toyota ran through a solid red-light at the intersection of SW 4th Ave and W. Palmetto Park Rd. I conducted a U-turn in the roadway and began following the vehicle. The vehicle had an obstructed tag by having a dark colored plate completely covering the license plate. The vehicle continued to travel through another solid red-light at the intersection of the I-95 interchange and W. Palmetto Park Rd. Based on the above mentioned traffic infraction violations, I conducted a traffic stop on the car and made contact with a W/M, identified as Michael Lynch. Lynch was smoking a cigarette and it appeared as if he was attempting to mask the odor of an alcoholic beverage. Upon speaking with Lynch, he said that he was sorry and "had a cute girl in the car" which caused him to "punch it" through the intersection. Lynch had red/glossy eyes and a slowed reaction time. I asked Lynch how much alcohol he consumed tonight and he responded with "two drinks." Lynch stated that he had two pretty strong drinks. He also said that he wasn't buzzing "too bad." Ofc. Lima responded to the scene as back-up.

I then requested that Lynch exit his vehicle so that I could speak with him. Lynch exited his car without incident. Once outside of his car and not smoking a cigarette, I could smell the odor of an alcoholic beverage coming from his breath. Lynch stated that he was driving to a bar after eating and having a few drinks at a restaurant in Mizner Park. I informed Lynch that I wanted him to perform the standard roadside exercises to dispel my alarm he was driving impaired. Lynch advised that he didn't feel like doing the tasks. I informed him that his refusal to perform the tasks would result in me making a decision based on my observations thus far. Lynch asked if there was any way he could have an "Uber" pick him up. I told him that at this point I was requesting him to submit to the tasks. Lynch eventually provided consent.

| | | |
|---|--|----------------------------------|
| SWORN AND SUBSCRIBED BEFORE ME FRENZ MONATHAN RYAN NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) <u>05/16/2018</u> DATE | SIGNATURE OF ARRESTING / INVESTIGATING OFFICER  VAN CAMP, JEFFERY ALAN (747) NAME OF OFFICER (PLEASE PRINT) <u>05/16/2018</u> DATE | SCANNED MAY 17 2018 1 of 2 |
|---|--|----------------------------------|

| | | | | | |
|---|--|--|---|-----------------|------------------------------------|
| OBTs Number | PROBABLE CAUSE AFFIDAVIT SUPPLEMENT | 1. Arrest 2. N.T.A. | 3. Request for Warrant 4. Request for Capias | 1 | JUVENILE |
| Agency ORI Number FL 0500200 | Agency Name BOCA RATON POLICE DEPARTMENT | Agency Report Number 3 2 2018-006766 | | | |
| Charge Type: Check as many as apply | | Special Notes: | | | |
| <input type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other | | | | | |
| Name (Last, First, Middle) LYNCH, MICHAEL THOMAS | | | Race W | Sex M | Date of Birth 07/19/1984 |

He stated he was not taking medications and did not have any injuries. It should be noted that Lynch later informed me that he takes Adderall and Xanax.

I performed and demonstrated each task before he performed them.

The first task was the Horizontal Gaze Nystagmus. While observing HGN, lack of smooth pursuit was present in both eyes. Each eye had a constant jerking while at maximum deviation. Onset prior to 45 degrees was present in both eyes.

The second task was the Walk and Turn. Lynch did not maintain the starting position. Lynch did not go heel to toe the entire time as instructed. After his first 9 steps, he looked at me as if he was done but then continued the exercise after momentarily stopping.

The third task was the One Leg Stand. After explaining the task, Lynch asked what leg he should raise even after I had just explained to him that he could use whichever leg was more comfortable for him. Lynch started the task and stopped at the 1007 count. He then looked at me and asked how long he should go. He started the task over and was using his arms for balance.

The fourth task was the Finger to Nose (L-R-L-R-R-L). On the first finger to nose sequence, Lynch had his eyes open and it appeared as if he was keeping them open in order to guide the tip of his finger to the tip of his nose. I had to tell him to keep his eyes closed. On his third attempt he missed the tip of his nose.

The fifth task was the Rhomberg Alphabet. Lynch stated he has a college degree and would not have any issues with the task. Lynch got to the letter Q then said R, F, T, U, M, N, Q, Z.

Based on my investigation, I placed Lynch under arrest for DUI per F.S.S. 316.193(1) and transported him to the Boca Raton Police Dept. where I conducted the 20 minute observation. Ofc. Reissi responded and conducted the Intoxilyzer 8000. I asked Lynch to provide a legal sample of his breath but he refused. I read him implied consent and again he refused.

The vehicle was towed to Westway Towing.

Lynch was later transported to the Palm Beach County Jail.

SCANNED
MAY 17 2018

| | |
|---|--|
| SWORN AND SUBSCRIBED BEFORE ME <div style="text-align: center;"> FRENZ, JONATHAN RYAN <small>NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</small> 05/16/2018 <small>DATE</small> </div> | <div style="text-align: center;"> <small>SIGNATURE OF ARRESTING / INVESTIGATING OFFICER</small> VAN CAMP, JEFFERY ALAN (747) <small>NAME OF OFFICER (PLEASE PRINT)</small> 05/16/2018 <small>DATE</small> </div> |
| PAGE 2 OF 2 | |

18-6766

1015 - 0226

035 - 0237

DUI INFLUENCE REPORT



BOCA RATON POLICE SERVICES DEPARTMENT

100 NW 2nd Avenue

Boca Raton, FL 33432

SCANNED

MAY 17 2018



BOCA RATON POLICE SERVICES DEPARTMENT
DUI INFLUENCE REPORT - PART I

On the _____ day of _____, at _____ AM/PM:

Subject: _____ Case Number: _____

PERSONAL CONTACT

Driving Pattern: _____

Observation of Driver: _____

Driver's Statement: _____

Odors: _____

GENERAL OBSERVATIONS

Speech: _____

Attitude: _____

Clothing: _____

Medical Problems: _____

Medications: _____

Other: _____

Horizontal Gaze Nystagmus:

- | | |
|--|---|
| <input type="checkbox"/> Left eye does not follow smoothly | <input type="checkbox"/> Right eye does not follow smoothly |
| <input type="checkbox"/> Left eye jerks at 45 degrees angle or less | <input type="checkbox"/> Right eye jerks at 45 degrees angle or less |
| <input type="checkbox"/> Distinct jerking left eye maximum deviation | <input type="checkbox"/> Distinct jerking right eye maximum deviation |

Can not do, Why? _____

Walk and turn: _____

Can not do, Why? _____

One leg stand: _____

Can not do, Why? _____

Finger to nose: _____

Can not do, Why? _____

Alphabet (speech pattern): _____

Can not do, Why? _____

Breath/Blood test results: _____

State of Florida, County of Palm Beach,
Sworn and subscribed before me this _____ (date) by _____

Notary/Clerk of Court/ Officer (FSS 117.10) Date

Signature of Arresting Officer Name of Officer (print)

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MAY 17 2018

ARRESTING OFFICER: OFC. VanCamp

Name: OFC. Lima Phone # _____ Work # _____

Address: 100 NW 2nd Ave

Can testify to: Back up

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

NOT A CERTIFIED COPY

SCANNED
MAY 17 2018



BOCA RATON POLICE SERVICES DEPARTMENT
DUI INFLUENCE REPORT - PART II

To be filled out at testing facility

Agency Case # 18-6766

I. INTRODUCTION (Instrument Operator faces video camera)

A. The day is Wednesday, May, 16th, 2018.
(day) (month) (date) (year)

B. The time is now approximately 0300 AM/PM.

C. The following is in reference to case number 18-6766

D. Present at this time is Off. Vancamp of the Boca Raton Police Department.
(Officer's Name)

E. Officer Vancamp, have you arrested Michael Lynch in violation of
Florida State Statute 316.193? (Defendant's name)

F. Did this violation occur within the City of Boca Raton, Palm Beach County, Florida? Yes

G. Mr./Mrs./Ms. Lynch, I am required to inform you these
proceedings are being video recorded.

Operator Note: Video record breath request, breath sample, and interview.

NOT A CERTIFIED COPY

II. AT THIS TIME THE ARRESTING OFFICER WILL REQUEST A BREATH SAMPLE.

Note: Read only the paragraph applicable to the type of test you are requesting.

- (A) I am now requesting that you submit to a lawful test of your **BREATH** for the purpose of determining its alcohol content.
- B. I am now requesting that you submit to a lawful test of your **URINE** for the purpose of determining its alcohol content.
- C. I am now requesting that you submit to a lawful test of your **BLOOD** for the purpose of determining its alcohol content and the presence of chemical or controlled substances.

IMPLIED CONSENT WARNINGS

Note: Read only if the subject does not comply with your request.

I am VanCamp of the BRPD

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 Signature: On video

Note: Also read for CDL holders:

IN ADDITION, your refusal to submit will result in the loss of your commercial privileges for one year from today. If this is your SECOND REFUSAL, you will be permanently disqualified from operating a commercial motor vehicle.

Note: After reading the implied consent warning, the arresting officer must request a breath sample again.

(IF REFUSAL THEN)

At this time Mr./Mrs./Ms. LYNCH has refused to submit to a breath test.

The date is May, 16, 2018, and the time is 302 AM/PM.
(month) (day) (year)

A refusal form will be completed by the arresting officer.

NOT A CERTIFIED COPY



BOCA RATON POLICE SERVICES DEPARTMENT
JUVENILE CONSTITUTIONAL WARNINGS

Rights of suspects prior to custodial questioning.
Identify yourself and state:

I am required to warn you before you make any statement that you have the following Constitutional rights:

- (1) You have the right to remain silent and not answer any questions. *Tell me in your own words what you think this means.*
(You do not have to talk to me or answer any questions about this offense. You can be quiet if you want.)
- (2) Any statement you make must be freely and voluntarily given. *Tell me in your own words what you think this means.*
(If you do talk to me it has to be because you want to and not because anyone is forcing you to speak.)
- (3) You have a right to the presence and representation of a lawyer of your choice before you make any statement and during any questioning. *Tell me in your own words what you think this means.*
(You can talk to a lawyer before we ask you any questions and you can have him/her with you now, during our questioning.)
- (4) If you cannot afford a lawyer, you are entitled to the presence and representation of a court appointed lawyer before you make any statement and during any questioning. *Tell me in your own words what you think this means*
(If you do not have money for a lawyer and you want one, a lawyer will be given to you for free.)
- (5) If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent. *Tell me in your own words what you think this means.*
(If you decide to talk to me then change your mind, you can stop answering my questions at any time.)
- (6) I can make no threats or promises to induce you to make a statement. This must be of your own free will. *Tell me in your own words what you think this means*
(I am not allowed to threaten you or make you any promises to get you to talk to me. If you decide to talk, it must be because you want to.)
- (7) Any statement can be and will be used against you in a court of law. *Tell me in your own words what you think this means*
(Anything you say to me can and will be told to the judge or a jury in court. A judge is a person who decides if you have done something wrong. Sometimes a group of people called a jury decide this, but the Judge is the person who decides what punishment you get.)
- (8) Do you understand these rights as I have read them to you, and do you wish to speak to me?

Signed: _____ Date: _____ Time: _____

SCANNED

MAY 17 2018



BOCA RATON POLICE SERVICES DEPARTMENT
TESTING FACILITY TASK REPORT

SUBJECT: Michael Lynch

CASE #: 18-6766 DATE: 5/16/18

BREATH TEST RESULTS

1) TIME _____ AM/PM 2) TIME _____ AM/PM

3) TIME _____ AM/PM 4) TIME _____ AM/PM

BREATH OPERATOR: Reissi

MAINTENANCE TECHNICIAN: Pave

TESTING OFFICER'S OBSERVATIONS

SPEECH: _____

ATTITUDE: Calm

CLOTHING: orange shirt, Blk pants, Blk shoes

MEDICAL CONDITION: None

OTHER: ODor of

COMMENTS: _____

How did you consume your last two drinks? _____

Are you under the influence of alcohol now? Yes No

Can you feel the effects of alcohol? Yes No

Have you consumed alcohol since the accident? Yes No

Can you feel the effects of alcohol? Yes No

Have you consumed alcohol since the accident? Yes No How much? _____

What? _____ Where? _____

What line of work are you in? _____

When did you last work? _____

Do you have any physical defects or injuries? Yes No If yes, explain: _____

Are you sick or injured? Yes No If yes, explain: _____

Do you limp? Yes No

Did you get a bump on the head? Yes No

Were you in an accident today? _____

Have you taken any drugs or smoked marijuana today? _____

What? _____ When? _____

Have you seen a doctor or dentist today? Yes No Who? _____

Are you taking any prescription medications? Yes No What? _____ When? _____

Do you have: Epilepsy? Yes No

Inner ear trouble? Yes No

Glass eye? Yes No

Ear infection? Yes No

False teeth? Yes No

Diabetes? Yes No

Any problems not correctable by glasses or contact lenses? _____

Do you take insulin? Yes No If yes, when was your last injection? _____

Have you ever had a driver's license in any other state? _____

I am now ending this video recording. The time is now approximately 0307 AM/PM.

The date is May (month), 16th (day), 2018 (year).

SCANNED

MAY 17 2018



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"/> | | Choose an item. | |
| | <input type="checkbox"/> | | Choose an item. | |
| | <input type="checkbox"/> | | Choose an item. | |
| | <input type="checkbox"/> | | Choose an item. | |
| | <input type="checkbox"/> | | Choose an item. | |
| Other | <input type="checkbox"/> | | Other: | |
| | <input type="checkbox"/> | | Other: | |

REVIEW COMPLETED BY

| | |
|----------------------------|-------------------------------|
| Booking Number: 2018016448 | Date: 05/17/2018 |
| | Specialist Name/ID: D.Beavers |

SCANNED
MAY 17 2018