0507548 19CT8059 3424

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

OBTS Number | 1 Arrest 2 NTA 3 Request for Warrant 4 Request for Capias: 1 | Juvenile: N

ADMINISTRATIVE

Agency ORI Number	Agency Name	Agency Report Number (N.T.A.'s only)
FLO 500000	PALM BEACH COUNTY SHERIFF'S OFFICE	06- 19066191

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) | Multiple Clearance Indicator: 1

Location of Arrest (Including Name of Business)	Location of Offense (Business Name, Address)
JOG ROAD / FOUNTAINS DRIVE	JOG ROAD / FOUNTAINS DRIVE , GREENACRES FL 33467

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
05/01/2019	2349					JOY TOWING

DEFENDANT

Name (Last, First, Middle): LOPEZ GARCIA , MICHEL,
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	07/14/85	5-08	170	BROWN	BROWN	MED	MED

Scars, Marks, Tatoos, Unique Physcal Features (Location, Type, Description):
Marital Status: Single | Religion: CHRISTIAN | Indication of Alcohol Influence / Drug Influence: Y ☐ N ☐ Unk ☒

Local Address (Street, Apt Number) (City) (State) (Zip)	Phone	Residence Type (1 City 2 County 3 Florida 4 Out of State)
4631 GEORGIA PINES DRIVE, WEST PALM BEACH FL 33415	( )	2

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

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
L126540852540, FL	[redacted]		CUBA	US

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 — Name (Last) (First) (Middle) — 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 ☐ defendants 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 #
DRIVING UNDER THE INFLUENCE	1	☐Y ☒N	316.193(1)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant I Capias Number	Bond
N	N		19066191		

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): Criminal Justice Complex, 3228 Gun Club Road, West Palm Beach, FL 33406 - Ph: (561) 688-4600

Court Date and Time: Month MAY Day 30 Year 2019 Time 0830 AM ☒ PM ☐

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

Signature of Defendant (or Juvenile and Parent /Custodian) — Date Signed: 05/02/2019

ADMIN

HOLD for other Agency Name: ☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other

Signature of Arresting Officer

Name of Arresting Officer (Print): J. MCCOY — ID #: 33108

Intake Deputy — ID # — Pouch #

Transporting Officer: J. MCCOY — ID #: 33108 — Agency: PBSO

Name Verification (Printed by Arrestee) (PRINT)

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 #146 REV. 8/97

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PROBABLE CAUSE AFFIDAVIT

OBTS Number:

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

Juvenile: N

ADMIN

Agency ORI Number: FLO 500000

Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE

Agency Report Number: 06- 19066191

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

Special Notes: SUPPLEMENTAL PROBABLE CAUSE

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
Lopez Garcia, Michel,		W	M	07/14/1985

CHARGES

Charge Description	Charge Description
DUI 316.193(1)	
Charge Description	Charge Description

VICTIM

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
, ,			

Local Address (Street, Apt. Number) (City) (State) (zip)	Phone	Address Source
,	( )	
Business Address (Name, Street) (City) (State) (zip)	Phone	Occupation
	( )	GOVERNMENT

PROBABLE CAUSE STATEMENT

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.

☐ confessed to _____ admitting to the below facts.

☐ was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.

☒ was found to have commited the below acts, resulting from my (described) investigation.

On the 1 day of MAY 2019 at 11:00 ☐ A.M. ☒ P.M. (Specifically include facts constituting cause for arrest.)

*****SUPPLEMENTAL PC*****

On 5/1/19, I was patrolling the area of Jog Rd and Cresthaven Blvd, in the City of Greenacres, Palm Beach County FL, when I observed a silver in color Toyota Camry, bearing FL Tag JQMD08, driving southbound on Jog Rd at which time the vehicle exited its lane and nearly side swiped me, causing me to swerve out of my lane. I was then able to determine that the vehicle met the description of a BOLO that was just put out on the radio for a suspected impaired driver in a silver in color Toyota which was reportedly weaving in and out of traffic and nearly colliding with other vehicles on the roadway. I then observed the vehicle swerving in and out of it's lane on multiple occasions.

Based on the aforementioned driving pattern and the vehicle closely matching the BOLO of the suspected impaired driver, I activated my overhead emergency lights and conducted a traffic stop on the vehicle to conduct a welfare check on the driver. I then approached the vehicle and made contact with the driver, who was identified by his FL DL as Michael Lopez Garcia (W/M DOB 7/14/1985). I could smell the odor of an unknown alcoholic beverage emanating from Michael's person and face area. Michael also appeared to have bloodshot and dilated eyes and had difficulties maintaining eye contact. I also observed an open 32 oz. glass bottle with the label of "Natural Ice", containing an alcoholic beverage. Based on my initial observations, I requested another unit to respond to the scene.

This report is supplement to the original.

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ADMINISTRATIVE

STATE OF FLORIDA
COUNTY OF PALM BEACH

D/S J. FRANCIS
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 1 day of MAY 2019 by D/S J.FRANCIS #20627

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

D/S J. MCCOY #33108
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 01 DAY OF MAY 20 19, AT 2258 AM PM

SUBJECT: LOPEZ GARCIA , MICHEL, CASE NUMBER: 19066191

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: J. MCCOY

PERSONAL CONTACT

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

*****See D/S J. Francis #20627 supplemental probable cause affidavit.*****

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OBSERVATION OF DRIVER:

I made contact with the sole occupant of the vehicle who was later identified by his Florida Driver's License as W/M Michel Lopez Garcia (07/14/85). As I introduced myself and began speaking with Lopez who was still seating in the driver seat of the vehicle, I observed his eyes to be blood shot red and glassy. As Garcia was speaking his speech was extremely slurred and mumbled.

I relocated Garcia to the parking lot of 5750 Jog Road, Lake Worth for safety reasons. As Garcia was walking to the parking lot, I observed him stumbling over his own feet. As Garcia was standing, I observed him swaying from side to side approximately 2-3 inches.

It should be noted, inside the front seat cup holder I observed a 40 ounce Natty Ice beer which was still cold to the touch approximately 1/3 empty.

DRIVER'S STATEMENTS:

Garcia stated he was coming from his friends somewhere near the Military Trail area before he got stopped. Garcia told me he was on his way to 4631 Georgia Drive in West Palm Beach. It should be noted that Georgia Drive is located north where Garcia was stopped and he was traveling southbound. Garcia stated he had only 1 Corona at his friends house but that was earlier in the daytime around noon.

ODORS:

Immediately upon contact, I smelled on unknown alcoholic beverage coming from Garcia's breath as he spoke to me.

GENERAL OBSERVATIONS

SPEECH: **Slurred, Low and Raspy, Thick-Tongued, Mumbled, Confusing Speech**

ATTITUDE: **Mood Changes, Confused,**

CLOTHING: **Blue Shirt, Blue Jeans**

MEDICAL/OTHER: **N/A**

STATE OF FLORIDA
COUNTY OF PALM BEACH

J. MCCOY
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 2 day of May 20 19 by J. MCCOY

(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
Paris Pound
My Commission GG 200028
Expires 03/25/2022

SUBJECT: LOPEZ GARCIA , MICHEL, CASE NUMBER 19066191

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:

WALK & TURN:

Can't keep balance while listening to instructions (Garcia was swaying approximately 2-3 inches from side to side as he was standing). Forgets instructions (Garcia forgot my initial instructions which had to be repeated). Starts to soon (Garcia insisted on starting the exercise before I could finish demonstrating it even after I told not to start until told to do so). Improper amount of steps (Garcia took approximately 12 steps on the first attempt and approximately 13 on the way back even though he was instructed to only take 9. Improper turn (Garcia stopped and removed both his feet off the line even though he was instructed to keep one foot on the line).

ONE LEG STAND:

Can't keep balance while listening to instructions (Garcia was swaying approximately 2-3 inches from side to side as he was standing). Does not count (Garcia did not count as instructed, instead he remained quite for majority of the exercise). Garcia told me that his big toe hurts on his right foot so he could not lift it up in the air. It should be noted, prior to starting the exercise I asked Garcia if he had any injuries on his legs or hands and he told me no).

FINGER TO NOSE:

Can't keep balance while listening to instructions(Garcia was swaying approximately 2-3 inches from side to side as he was standing). Kept eyes open (Garcia kept his eyes open throughout majority of the exercise even though he was instructed to keep them close). Fails to return arms down to side (Garcia failed to return his arms down to his side on every attempt even though I instructed him to return both arms down to his side after every attempt). Fails to touch tip of nose (on the 3rd attempt, Garcia touched his mid nose with his left index finger, on the 4th attempt Garcia initially raised his right hand before he corrected himself and raised his left hand as instructed, on the 5th attempt Garcia touched his mid nose with his right index finger, on the 6th attempt Garcia initially raised his left hand before he corrected himself and raised his right hand as instructed, on the 7th attempt Garcia touched his mid nose area with his left index finger). Fails to keep head tilted back (Seconds after the exercise started, Garcia failed to keep his head tilted back and brought it back to the normal height)

ROMBERG ALPHABET:

Can't keep balance while listening to instructions (Garcia was swaying from side to side approximately 2-3 inches). Fails to keep head tilted back (Seconds after the exercise started, Garcia failed to keep his head tilted back and brought it back to the normal height). Improperly recites alphabet (Garcia stated "A, B, C, D, R..... A, B, C, D, R, E, U" then stated he didn't know the rest). It should be noted, before I started this exercise I asked if Garcia knew his alphabet from A-Z and he told me that he did.

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

STATE OF FLORIDA
COUNTY OF PALM BEACH

J. MCCOY
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 2 day of May 20 19 by J. MCCOY

(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
Paris Pound
My Commission GG 200028
Expires 03/25/2022

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SUBJECT: LOPEZ GARCIA, MICHEL CASE NUMBER: 19-066192

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: _____

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SUBJECT: LOPEZ GARCIA, MICHEL CASE NUMBER: 19-066191

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) 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

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TESTING FACILITY TASK REPORT

AGENCY: PBSO

SUBJECT: LOPEZ GARCIA, MICHEL CASE NUMBER: 19-066191

DATE: 05/02/19 VIDEO TAPE NUMBER: N/A

BEGINNING TIME: 00:58 ENDING TIME: 01:04

BREATH TESTS RESULTS: 1) R TIME 01 01 (A.M.)P.M. 2) N/A TIME — A.M./P.M.

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

BREATH OPERATOR: P. POUND #6437

MAINTENANCE TECHNICIAN: J. KAPUCKI #6461

REFUSED

TESTING OFFICER'S OBSERVATIONS

SPEECH: SPANISH SPEAKER TRANSLATED BY C. GONZALEZ PBSO

ATTITUDE: CALM QUIET

CLOTHING: BLUE JEANS BLUE SHIRT GRAY SNEAKERS

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER: EYES GLASSY AND BLOODSHOT

COMMENTS: ARRIVED AT CENTER A/O BEGAN THE 20 MINUTE OBSERVATION PERIOD AT 0033 HRS.

Δ. REFUSED TO TAKE TEST

A/O. READ I/.

Δ. UNDERSTOOD I/. AND WOULD REFUSE TEST AGAIN

A/O. READ RIGHTS

Δ. UNDERSTOOD RIGHT

REFUSED

Δ. INVOKED HIS RIGHTS TO COUNSEL.

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WITNESS LIST

CASE NUMBER: 19066191

ARRESTING OFFICER: J. MCCOY

ADDRESS: 3228 GUN CLUB ROAD, WEST PALM BEACH FL 33415

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

CAN TESTIFY TO: PROBABLE CAUSE AFFIDAVIT

NAME: D/S J. FRANCIS #20627

ADDRESS: 3228 GUN CLUB ROAD, WEST PALM BEACH FL 33415

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

CAN TESTIFY TO: TRAFFIC STOP

NAME: D/S J. RAMIREZ #26733

ADDRESS 3228 GUN CLUB ROA, WEST PALM BEACH FL 33415

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: TRANLATION

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: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

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CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

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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(b)	Other: Pawn Broker Information	
	☐	119.0712 (2)	Other: Personal Information Contained in a Motor Vehicle Record	

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REVIEW COMPLETED BY

Booking Number: 2019014611	**Date:** 5/2/2019
	Specialist Name/ID: M. Tooks #8557