

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 FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-19144247	
	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 NONE		Multiple Clearance Indicator 01			
DEFENDANT	Location of Arrest (Including Name of Business) MELALEUCA LN / MISTY PINES TRL. GREENACRES, FL. 33463				Location of Offense (Business Name, Address) MELALEUCA LN / MISTY PINES TRL. GREENACRES, FL. 33463			
	Date of Arrest 12/04/2019	Time of Arrest 0120	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle	
CO-DEF	Name (Last, First, Middle) ECHEVERRIA NELSON				Alias (Name, DOB, Soc. Sec. #, Etc.)			
	Race W - White 1 - American Indian B - Black 0 - Oriental/Asian	Sex W	Date of Birth 8/28/1963	Height 5'06"	Weight 180	Eye Color BROWN	Hair Color BROWN	Complexion MED
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) NONE				Marital Status Married	Religion CHRISTIAN	Indication of Alcohol Influence Drug Influence ☐ Y ☐ N ☐ Unk.	
	Local Address (Street, Apt. Number) (City) (State) (Zip) 5673 KIMBERTON WAY. LAKE WORTH, FL. 33463				Phone () NONE		Residence Type: 1. City 2. County 3. Florida 4. Out of State 1	
	Permanent Address (Street, Apt. Number) (City) (State) (Zip)				Phone		Address Source FL D/L	
	Business Address (Name, Street) (City) (State) (Zip)				Phone		Occupation BUS DRIVER	
	D/L Number, State E216-621-63-308-0, FL		INS Number		Place of Birth (City, State) WEST PALM BEACH, FL		Citizenship U.S.	
	Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth	☐ 1. Arrested ☐ 3. Felony ☐ 2. At Large ☐ 4. Misdemeanor ☐ 5. Juvenile
	Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth	☐ 1. Arrested ☐ 3. Felony ☐ 2. At Large ☐ 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 355-2528) informed of any change of address. ☐ Yes, by: (Name) ☐ No: (Reason)				School Attended				
Property Crime? ☐ Yes ☐ No				Description of Property				
Value of Property								
Drug Activity N. N/A P. Possess				S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. Dispense/ Distribute	M. Manufacture/ Produce/ Cultivate	
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 DRIVING UNDER THE INFLUENCE				Counts 1	Domestic Violence ☐ Y ☒ N	Statute Violation Number 316.193(1)
	Drug Activity N	Drug Type N	Amount / Unit NONE	Offense # 19144247	Warrant / Capias Number		Bond	
	Charge Description REFUSAL TO SIGN/ACCEPT SUMMONS				Counts 1	Domestic Violence ☐ Y ☒ N	Statute Violation Number 318.14(3)	
	Drug Activity N	Drug Type N	Amount / Unit NONE	Offense # 19144247	Warrant / Capias Number		Bond	
	Charge Description				Counts	Domestic Violence ☐ Y ☒ N	Statute Violation Number	
	Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond	
	Charge Description				Counts	Domestic Violence ☐ Y ☒ N	Statute Violation Number	
	Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond	
	Charge Description				Counts	Domestic Violence ☐ Y ☒ N	Statute Violation Number	
	Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond	
NOTICE TO APPEAR	Location (If Paid, Enter Business Address) CRIMINAL JUSTICE COMPLEX / 3228 GUN CLUB ROAD, WPB, FL 33406							
	Court Date and Time Month JANUARY Day 2 Year 2020 Time 8:30 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. 12/04/2019							
	Signature of Defendant (or Juvenile and Parent /Custodian)				Date Signed			
ADMIN	HOLD for other Agency Name:		Signature of Arresting Officer		Name Verification (Printed by Arrestee)			
	☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other:		Name of Arresting Officer (Print) INV. ZEITZ		(PRINT) DEC 4 8:31			
	Transporting Officer INV. ZEITZ		ID # 24970	Agency PBSO		PAGE 1 OF 1		
	Witness here if subject signed with an "X"							

DEC 04 2019

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 4TH DAY OF DECEMBER 20 19, AT 0009 ☒ AM ☐ PM
SUBJECT: ECHEVERRIA NELSON CASE NUMBER: 19144247

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: INV. ZEITZ

PERSONAL CONTACT

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

On the above date and time, I responded to the area of Melaleuca Ln and Misty Pines Trl in reference to a subject asleep behind the wheel. Upon arrival I met with D/S Norris who informed me of the following:

D/S Norris stated that he was traveling on Melaleuca Ln when he observed a gray Toyota bearing FL tag 748QKD stopped in the Eastbound lanes of Melaleuca Ln. The vehicle was partially against the curb and partially in the curb lane of Eastbound travel. D/S Norris observed a W/M asleep in the driver's seat. There was also a Natural Light can of beer in the center cup holder. D/S Norris was able to reach into the vehicle, put the vehicle in "Park" and turn the car off. After a number of attempts trying to wake the driver, he finally awoke. D/S Norris was able to identify the driver and sole occupant of the vehicle as Nelson Echeverria by his Florida Driver' license. D/S Norris provided a supplemental probable cause affidavit detailing his observations.

OBSERVATION OF DRIVER:

Upon making contact with the driver who was identified by his Florida driver license as Nelson Echeverria, I immediately detected an obvious and strong odor of an unknown alcoholic beverage emitting from his person and breath. This odor intensified as I spoke to him. He had glassy and glazed eyes. Echeverria's speech was slurred, slow, thick, and at times difficult to understand. His movements were slow, deliberate, and lethargic with poor coordination. He had an unsteady gait while walking to my patrol vehicle and stumbled while getting out of his vehicle. Echeverria also had difficulty following directions given to him. He was wearing a red t-shirt, multi-colored shorts, and gray shoes.

DRIVER'S STATEMENTS:

Pre-Miranda: Originally stated that he had nothing to drink. Echeverria changed his story to having a couple of beers when confronted with the Natural Light beer can found in the center console.

Stated that he was not sick or injured at all. I later found that Echeverria was possibly diabetic. Medics arrived and checked his vitals. All vitals, including blood sugar, were at normal levels.

ODORS:

A strong and obvious odor of an unknown alcoholic beverage was emitting from his person and breath which intensified as I spoke to him.

GENERAL OBSERVATIONS

SPEECH: Echeverria's speech was slurred, slow, and thick, and at times difficult to understand.

ATTITUDE: Pleading

CLOTHING: Red shirt with multi-colored shorts and gray shoes.

MEDICAL/OTHER: SEE BAT REPORT

STATE OF FLORIDA
COUNTY OF PALM BEACH

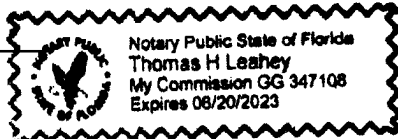
INV. ZEITZ

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 4th day of DECEMBER 20 19 by INV. ZEITZ

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

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



DEC 04 2019

SUBJECT Echeverria NelsonCASE NUMBER 19144247

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:☒ LT EYE-LACK OF SMOOTH PURSUIT☒ RT EYE-LACK OF SMOOTH PURSUIT☒ LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION☒ RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION☒ LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES☒ RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

Other Observations:

Echeverria would sway roughly in a side to side front to back pattern throughout the task. He was reminded numerous times to track the pen with his eyes only. He failed to keep his head still while tracking the stimulus.

WALK & TURN:

I explained and demonstrated the instructions for the "Walk & Turn" to Echeverria who stated that he understood. During the task, I observed him to sway roughly in a side to side, front to back pattern throughout the demonstration phase. He could not maintain his balance while listening to instructions. Echeverria stepped out of the instructional stance during the demonstration to catch his balance. He started the task before being instructed to do so. Echeverria missed heel-to-toe steps and stepped off the line. Echeverria almost fell during the task and I did not feel that Echeverria could complete the task without possibly injuring himself. The task was not completed.

ONE LEG STAND:

I explained and demonstrated the instructions for the "One Leg Stand" to Echeverria who stated that he understood. During the task, I observed him to sway roughly in a side to side, front to back pattern throughout the demonstration phase. He continued to sway while balancing on one leg. Echeverria started hopping in an attempt to maintain balance. He put his foot down to regain balance numerous times before the 30 seconds had elapsed. Echeverria started hopping erratically and again, I did not feel that the task could be completed safely. I stopped Echeverria before the task could be completed.

FINGER TO NOSE:

I explained and demonstrated the instructions for the "Finger to Nose" task to Echeverria who stated that he understood. During the task, I observed him to sway roughly in a side to side, front to back pattern throughout the demonstration phase. He did not keep his eyes closed and had to be reminded. He failed to return his arms down to his sides as instructed after touching his nose. Echeverria's index finger did not touch the tip of the nose on 4 of 6 attempts. He searched for the tip of his nose using the finger to find their nose prior to touching the tip. Echeverria also used the hand other than that which was called. The sequence used for this task was L, R, L, R, R, L.

ROMBERG ALPHABET:

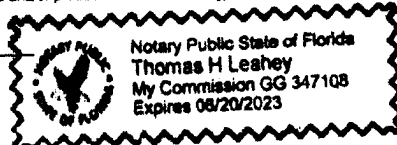
I explained and demonstrated the instructions for the "Rhombert Alphabet" task to Echeverria who stated that he understood. During the task, I observed him to sway roughly in a side to side, front to back pattern throughout the demonstration phase. He would sway more than 2 inches. Echeverria was allowed to count from 1-26 for this task. He incorrectly counted as instructed.

BREATH TEST RESULTS: REFUSEDSTATE OF FLORIDA
COUNTY OF PALM BEACHINV. ZEITZ

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 4th day of DECEMBER, 20 19 by INV. ZEITZ(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced PERSONALLY KNOWN LEO

Notary Public, State of Florida (F.S.S. 117.10)



DEC 04 2019

TESTING FACILITY TASK REPORT

AGENCY

PB30

SUBJECT: Echeverria, Nelson A

CASE NUMBER

19-144347

DATE: 12/04/19

VIDEO TAPE NUMBER

N/A

BEGINNING TIME: 01:58

ENDING TIME

02:06

BREATH TESTS RESULTS:

1) RTIME 02:05 AM/PM2) N/ATIME — AM/PM3) N/ATIME — AM/PM4) N/ATIME — AM/PMBREATH OPERATOR: T. Leakey #19183MAINTENANCE TECHNICIAN: J Karlecko #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: slurred, thick, deliberateATTITUDE: groggy, belligerent, cooperativeCLOTHING: Am flag shorts, red t-shirt, black sneakersMEDICAL CONDITIONS: diabetesMEDICATIONS: met forminOTHER: eyeglasses, bloodshot**REFUSED**COMMENTS: arrived at center A10 conducted 20 minute observation period at 01:35 hrsA refused to perform breath testA10 read I/c + A10 I/c + A stated he understood I/cA refused to perform breath test after first agreeingA10 read rights + A stated he understood rightsA10 did not attempt Q + A**REFUSED**A refused to answer questions

SCANNED

DEC 04 2019

SUBJECT: Echeverria, Nelson A CASE NUMBER: 19-144247

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

DEC 04 2019

SUBJECT: Echeverria, Nelson A CASE NUMBER: 19-144247

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? _____

INTERVIEWED BY _____

PBSO #0129C REV. 9/93

SCANNED
DEC 04 2019

STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL

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: 80-006238 Software: 8100.27
Date of Test: 12/04/2019

Date of Last Agency Inspection: 11/15/2019
Observation Period Began: 01:35
Subject's Name: NELSON A ECHEVERRIA

DOB: 08/28/1963 Sex: M

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		02:03
Air Blank	0.000	02:03
Control Test	0.080	02:04
Air Blank	0.000	02:04
Subject Sample #1 REF*		02:05
Air Blank	0.000	02:05
Control Test	0.080	02:06
Air Blank	0.000	02:06
Diagnostics Check OK		02:06

*Subject Test Refused

Cylinder Lot: 17919080A1
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 LEAHY, 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: _____

Signature

Date: 12/04/19

Sworn to (or affirmed) before me this 04th day of December, 2019

Signature of Notary Public-State of Florida

Tru P Zeitz #24970

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 322.219, F.S.

SCANNED

DEC 04 2019

**STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES
AFFIDAVIT OF REFUSAL TO SUBMIT TO
BREATH AND/OR URINE TEST**

I, INV. ZEITZ #24970, a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)

am a member of PALM BEACH COUNTY SHERIFF'S OFFICE, and I do swear
(Name of law enforcement agency)

or affirm that on or about the 4TH day of DECEMBER, 20 19, at 0120 ☐ P.M. ☒ A.M.

DRIVER NELSON ECHEVERRIA
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# E216-621-63-308-0, state of FLORIDA, was placed under lawful arrest for
the offense of DUI by INV. ZEITZ and
issued Citation # A2GD1OP
(Name of Arresting Officer)

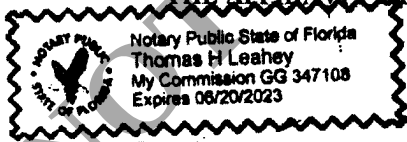
That on or about the 4TH day of DECEMBER, 20 19, at 0205 ☐ P.M. ☒ A.M.

in PALM BEACH County,

I requested that the driver submit to a ☒breath and/or ☐urine test to determine his or her blood alcohol level and/or the presence of chemical or controlled substances. I informed the driver that the refusal to submit to such test(s) would result in the suspension of his or her driving privilege for a period of one (1) year for a first refusal, or for a period of eighteen (18) months if his or her driving privilege had been previously suspended for refusing to submit to a breath, urine or blood test. I also informed the driver that he or she commits a misdemeanor by refusing to submit to a lawful test as requested above if his or her driving privilege has been previously suspended for refusal to submit to a lawful test of his or her breath, urine, or blood. Additionally, I informed the driver that if he or she holds a CDL, or was operating a CMV, refusal will result in the disqualification of the Commercial Driver's License/driving privilege for a period of one (1) year in the case of a first refusal or permanently if he or she has previously been disqualified as a result of a refusal to submit to any such lawful test. Nonetheless, the driver refused to submit to the test(s) requested.

Signature of Law Enforcement Officer or
Correctional Officer

THE AFFIDAVIT MUST BE NOTARIZED OR ATTESTED TO (F.S. 117.10)



(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before

me this 4TH day of DECEMBER, 20 19,

by INV. ZEITZ #24970,

who is personally known to me or who has produced

PERSONALLY KNOWN as identification

Notary Public T. Leahy

The foregoing instrument was sworn and subscribed before me:

Signature of Attesting Officer

Title _____

Date _____

Note: Mail or hand deliver to the designated Bureau of Administrative Reviews office, Department of Highway Safety and Motor Vehicles, with the driver's license, the appropriate copy of the UTC, and the probable cause affidavit.

FORM 10-100 (REV. 10/2016)

SCANNED
DEC 04 2019

WITNESS LIST

CASE NUMBER: 19144247

ARRESTING OFFICER: INV. ZEITZ

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

PHONE NUMBERS (HOME): _____ (WORK) (561) 688-4001

CAN TESTIFY TO: SEE DUI PROBABLE CAUSE AFFIDAVIT & OFFENSE REPORT

NAME: D/S NORRIS #24996

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

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

CAN TESTIFY TO: SEE SUPPLEMENTAL PROBABLE CASUE AFFIDAVIT

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (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: _____

NAME: _____

ADDRESS _____

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CAN TESTIFY TO: _____

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ADDRESS _____

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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: _____

SCANNED

DEC 04 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	☐	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: 2019038719

Date: 12/04/2019

Specialist Name/ID: howardt7185

SCANNED
DEC 04 2019