05052239

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

1173

OBTS Number | 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- 19035577

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

Location of Arrest (Including Name of Business): 136 MILITARY TRL. WEST PALM BEACH, FL. 33406

Location of Offense (Business Name, Address): 136 MILITARY TRL. WEST PALM BEACH, FL. 33415

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
02/10/2019	0454					

DEFENDANT

Name (Last, First, Middle): GONZALEZ OBIDIO WALDEMAR

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

Race (W - White I - American Indian B - Black O- Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	M	11/26/1996	5'04"	140	BROWN	BLACK	MED	THIN

Scars, Marks, Tatoos, Unique Physcal Features (Location, Type, Description): NONE

Marital Status: Single | Religion: CATHOLIC | Indication of: Alcohol Influence Y ☐ N ☐ Unk. ☐ / Drug Influence Y ☐ N ☐ Unk. ☒

Local Address (Street, Apt. Number) (City) (State) (Zip): 3406 OSWEGO AVE. WEST PALM BEACH, FL. 33409

Phone: (561) 410-9196

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 D/L

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

Phone: ( )

Occupation: BAKERY

DL Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
G524-659-96-426-0, FL	[redacted]		GUATEMALA	NON

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:

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 355-2626) 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 W/ PROPERTY DAMAGE	1	☐Y ☐N	316.193(3)(C)(1)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant I Capias Number	Bond
N	N	NONE	19035577		

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 I 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, WPB, FL 33406

Court Date and Time: Month FEBRUARY Day 28 Year 2019 Time 8:30 AM X PM

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

Signature of Defendant (or Juvenile and Parent /Custodian)

02/10/2019
Date Signed

ADMIN

HOLD for other Agency Name:

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other:

Issuing Deputy: Thomas 792 # Pouch #

Signature of Arresting Officer: X

Name of Arresting Officer (Print): INV. ZEITZ I.D. #: 24970

Transporting Officer: INV. ZEITZ ID #: 24970 Agency: PBSO

Name Verification (Printed by Arrestee) (PRINT)

Witness here if subject signed with an -X-

2019 FEB 1 AM 8:06

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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D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 10T DAY OF FEBRUARY 20 19, AT 0358 ✓ AM PM

SUBJECT: GONZALEZ OBIDIO WALDEMAR CASE NUMBER: 19035577

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 2/10/2019 at approximately 0415hrs, I was dispatched to the scene of a motor vehicle crash without injuries at 136 N Military Trl. West Palm Beach, FL 33409.

I arrived at the scene at approximately 0424hrs. After my independent crash investigation, based on physical evidence, and witness statements, I determined that, at approximately 0358hrs, the defendant, W/M Obidio Gonzalez, did indeed rear end V2 in the area of Haverhill Rd and Belvedere Rd before fleeing the scene. Witness and driver of V2, B/F Latoya Clayton, followed the vehicle to the area of 136 Military Trl where she was able to get the suspect driver to pull over. (See PBSO crash case #19035570)

Witness Latoya Clayton identified the defendant, to me, as the driver and sole occupant, of the gray Toyota Pickup truck bearing FL tag KDST62 at the time of the crash. Clayton completed a written sworn statement as to the events which transpired surrounding the crash.

D/S Blackman #8396 relayed to me that Gonzalez had articulable indicators of impairment, so he called for a DUI Unit to conduct a possible DUI investigation. D/S Blackman provided me with a written sworn supplemental Probable Cause Affidavit.

OBSERVATION OF DRIVER:

Upon making contact with the driver who was identified by his Florida driver license as W/M Obidio Gonzalez, I 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. Gonzalez had glassy, glazed, and blood shot eyes. His speech was difficult to understand. He had an unsteady gait while walking to my patrol vehicle and had difficulty following directions given to him. He was wearing a black shirt, black pants, and gray shoes.

DRIVER'S STATEMENTS:

Post Miranda (Read by D/S Sentmenat #24968 in Spanish)- Stated that he was driving the vehicle at the time of the crash. He also stated that he was drinking and threw beer out of the vehicle because he was scared. Gonzalez also admitted to driving away from the scene of the crash because he was scared.

Gonzalez refused to participate in roadside tasks. He informed D/S Sentmenat (Translation) that he was not going to participate because he knew that he was intoxicated. D/S Sentmenat advised Gonzalez of the Taylor Warnings in Spanish, which he stated that he understood. Gonzlez again refused to participate in roadside tasks.

ODORS:

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

GENERAL OBSERVATIONS

SPEECH: **His speech was at times difficult to understand.**

ATTITUDE: **Pleading, upset**

CLOTHING: **Black shirt with black pants 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 10th day of FEBRUARY 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, 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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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 #: 19 025577	ZONE: 1-21	SUSPECT: [illegible]	DATE & TIME OF ORIGINAL EVENT/OFFENSE: 2/10/19
EVENT TYPE: [illegible]	DEPUTY: [illegible]		ID#: 2491

COMPLETE EVERYTHING BELOW – PRINT LEGIBLY

LAST NAME: Clayton	FIRST NAME: LatoyA	MIDDLE INITIAL: B	RACE: B	SEX: F
DATE OF BIRTH: (MM/DD/YYYY) 12/07/1999	YOUR HEIGHT: 5'3	YOUR WEIGHT: 166	YOUR HAIR COLOR: BLK	YOUR EYE COLOR: Bro
YOUR HOME ADDRESS: 3136 Ave H W ☐ CHECK IF HOMELESS	CITY: Riviera Beach	STATE: FL	ZIP: 33404	
YOUR WORK NAME & ADDRESS: ☐ CHECK IF UNEMPLOYED OR RETIRED	CITY:	STATE:	ZIP:	

WORK PHONE: ☐ CHECK IF NONE ( )	CELL PHONE: ☐ CHECK IF NONE (561) 967-7608	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...

Dr. Havermill and Silvevere road at the [illegible] turning Concrete, a gray Hallmark Plank Spearing the race hitting the back of my car causing my neck and back to hurt. He then proceeded to flee the scene. So I followed him down military and Belvedere until he stop on the red light to tell him to pull to give me my information. He was a short Hispanic male wearing a black hat, black shirt, black pants, black shoes, and he explained that he was partying and had a few drinks.

PAGE 1 OF 1

READ AND SIGN

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

YOUR SIGNATURE: X [signature]

☐ DEPUTY SHERIFF ☐ NOTARY PUBLIC FSS: 117.10

SWORN TO AND SUBSCRIBED BEFORE ME TODAY:

DATE: 2/10/19 TIME: 5:06 PM

SIGNATURE: [signature] ID: 2491

*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 CAN ONLY 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**

PBSO #0134 REV. 12/11

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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 10TH day of FEBRUARY , 20 19 , at 0454 ☐ P.M ☒ A.M.

DRIVER OBIDIO WALDEMAR GONZALEZ ,
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# G524-659-96-426-0 , state of FLORIDA , was placed under lawful arrest for

the offense of DUI W/ PROPERTY DAMAGE by INV. ZEITZ and
(Name of Arresting Officer)

issued Citation # A2G41RP .

That on or about the 10TH day of FEBRUARY , 20 19 , at 0552 ☐ 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)

Notary Public State of Florida
Paris Pound
My Commission GG 200028
Expires 03/25/2022

(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before me this 10TH day of FEBRUARY , 20 19 , by INV. ZEITZ #24970 , who is personally known to me or who has produced PERSONALLY KNOWN as identification

Notary Public

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.

HSMV-BAR1001 (REV. 10/2016)

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TESTING FACILITY TASK REPORT

AGENCY: PBSO/ZEITZ

SUBJECT: GONALEZ, OBIDIO

CASE NUMBER: 19-035577

DATE: Feb 10, 2019

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 0537

ENDING TIME: 0555

BREATH TESTS RESULTS: 1) R TIME 0552 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: S. PALMER #24520

MAINTENANCE TECHNICAN: J Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: BROKEN ENGLISH

ATTITUDE: TALKATIVE, UPSET

CLOTHING: BLACK SHIRT, BLACK JEANS, GREY SNEAKERS

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER:

EYES GLASSY AND BLOODSHOT, ODOR OF UNKNOWN ALCOHOLIC BEVERAGE COMING FROM BREATH AND PERSON

COMMENTS:

ARRESTING OFFICER CONDUCTED THE 20 MINUTE OBSERVATION BEGINNING AT 0515
SUBJECT REFUSED TO TAKE BREATH TEST
SUBECT READ SPANISH TRANSLATED I/C X 2
SUBJECT STATED HE UNDERSTOOD I/C
AND AGAIN REFUSED TO TAKE BREATH TEST @ 0552
SUBJECT READ SPANISH TRANSLATED RIGHTS
SUBJECT STATED HE UNDERSTOOD RIGHTS
A/O DID NOT ATTEMPT Q&A

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WITNESS LIST

CASE NUMBER: 19035577

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: LATOYA CLAYTON

ADDRESS: 3136 AVE H. RIVIERA BEACH, FL. 33404

PHONE NUMBERS (HOME) 561-667-7608 (WORK) _____

CAN TESTIFY TO: WHEEL WITNESS

NAME: D/S BLACKMAN # 8396

ADDRESS 3228 GUN CLUB RD. WEST PALM BEACH, FL. 33406

PHONE NUMBERS (HOME) 561-688-3000 (WORK) 0

CAN TESTIFY TO: SEE SUPPLEMENTAL PROBABLE CASUE AFFIDAVIT

NAME: D/S SENTMANAT #24968

ADDRESS 3228 GUN CLUB RD. WEST PALM BEACH, FL. 33406

PHONE NUMBERS (HOME) 0 (WORK) 0

CAN TESTIFY TO: TRANSLATION

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

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SUBJECT: _____ CASE NUMBER: _____

IMPLIED CONSENT FOR DUI IN A MOTOR VEHICLE

NOTE: READ ONLY THE PARAGRAPH APPLICABLE TO THE TYPE OF TEST YOU ARE REQUESTING.

I am now requesting that you submit to a lawful test of your BREATH for the purpose of determining its alcohol content.

-OR-

I am now requesting that you submit to a lawful test of your URINE for the purpose of detecting the presence of chemical or controlled substances.

-OR-

I am now requesting that you submit to a lawful test of your BLOOD for the purpose of detecting its alcohol content and the presence of chemical or controlled substances.

NOTE: READ ONLY IF THE SUBJECT DOES NOT COMPLY WITH YOUR REQUEST.

I am _____ of the _____.

If you fail to submit to the test I have requested of you, your privilege to operate a motor vehicle will be suspended for a period of one (1) year for a first refusal, or eighteen (18) months if your privilege has been previously suspended as a result of a refusal to submit to a lawful test of your breath, urine or blood. Additionally, if you refuse to submit to the test I have requested of you and if your driving privilege has been previously suspended for a prior refusal to submit to a lawful test of your breath, urine or blood, you will be committing a misdemeanor. Refusal to submit to the test I have requested of you is admissible into evidence in any criminal proceeding.

SUBJECT'S SIGNATURE: (X)_____

CONSTITUTIONAL WARNINGS

I AM REQUIRED TO WARN YOU BEFORE YOU MAKE ANY STATEMENTS THAT YOU HAVE THE FOLLOWING RIGHTS:

1. You have the right to remain silent and not answer any questions.
2. Any statement must be freely and voluntarily given.
3. You have the right to the presence of a lawyer of your choice before you make any statement and during any questioning.
4. If you cannot afford a lawyer, you are entitled to the presence of a court appointed lawyer before you make any statements and during any questioning.
5. If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent.
6. I can make no threats or promises to induce you to make a statement. This must be of your own free will.
7. Any statement can and will be used against you in a court of law.

SUSPECT'S SIGNATURE: (X)_____

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SUBJECT: ENZOICZ CRUZ CASE NUMBER: [illegible]

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: INV. Cruz 11-24-10

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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	☐		Other:	
	☐		Other:	

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REVIEW COMPLETED BY

Booking Number: 2019004716	**Date:** 02/11/2019
	Specialist Name/ID: AM/31562