

0510517

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

1 Juvenile N

194

ADMINISTRATIVE	OBTS Number		Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-19-108760		
	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 checked="" type="checkbox"/> 4 Traffic Misdemeanor <input type="checkbox"/> 5 Ordinance <input type="checkbox"/> 6 Other		Weapon Seized / Type 2 Yes 1 No N/A		Multiple Clearance Indicator 02				
	Location of Arrest (Including Name of Business) COMMUNITY DRIVE / NORTH MILITARY TRAIL PBC				Location of Offense (Business Name, Address)				
DEFENDANT	Date of Arrest 08/27/2019	Time of Arrest 1333	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle		
	Name (Last, First, Middle) Skelley, Rae, Ellen				Alias (Name, DOB, Soc. Sec. # Etc.)				
	Race W - White I - American Indian B - Black O - Oriental/Asian W	Sex F	Date of Birth 8/20/1959	Height 5'04	Weight 130	Eye Color BLUE	Hair Color RED	Complexion Light	Build Slim
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status		Religion		Indication of Alcohol Influence / Drug Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk	
Local Address (Street, Apt. Number) 220 Kent M, West Palm Beach, FL 33417		(City)	(State)	(Zip)	Phone (561) 287-1754		Residence Type 1 City 2 County 3 Florida 4 Out of State 2		
Permanent Address (Street, Apt. Number) /, /		(City)	(State)	(Zip)	Phone ()		Address Source DAVID		
Business Address (Name, Street) /		(City)	(State)	(Zip)	Phone ()		Occupation STORE CLERK		
D/L Number, State S400725598000, FL		Soc. Sec. Number		INS Number N/A		Place of Birth (City, State) WPB, FL		Citizenship US	
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth		<input type="checkbox"/> 1 Arrested <input type="checkbox"/> 3 Felony <input type="checkbox"/> 2 At Large <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"/> 3 Felony <input type="checkbox"/> 2 At Large <input type="checkbox"/> 4 Misdemeanor <input type="checkbox"/> 5 Juvenile			
Parent / Legal Custodian / Other <input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> 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 <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 (Phone 355-2526) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)				School Attended		Grade			
Property Owned? <input type="checkbox"/> Yes <input type="checkbox"/> 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 Z Other		Drug Type N N/A A Amphetamine B Barbiturate C Cocaine E Heroin H Hallucinogen M Marijuana O Opium/deriv P Parapharmaka/Equipment S Synthetics U Unknown Z Other		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N			
Charge Description D.U.I.		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number 316.193(1)			
Drug Activity N		Drug Type N		Amount / Unit N/A		Offense # 19-108760			
Charge Description D.U.I. CRASH		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number 316.193(3)(C)(1)			
Drug Activity N		Drug Type N		Amount / Unit N/A		Offense # 19-108760			
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number			
Drug Activity		Drug Type		Amount / Unit		Offense #			
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number			
Drug Activity		Drug Type		Amount / Unit		Offense #			

FILED
2019 AUG 29 AM 9:45
SHERIFF
CLERK & COURT REPORTER
PALM BEACH COUNTY FLORIDA
WEST PALM BEACH COUNTY BRANCH

NOTICE TO APPEAR	Location (Court, Room Number, Address) North County Government Center/Courthouse, Courtroom #2, 3188 PGA Blvd., Palm Beach Gardens, FL 33410 - Ph: (561) 624-6608							
	Court Date and Time Month SEPTEMBER Day 18TH Year 2019 Time 0830 AM <input checked="" type="checkbox"/> 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) Rae Skelley Date Signed 08/27/2019							
ADMIN	HOLD for other Agency Name		Signature of Arresting Officer P. SCARTOZZI ID # 21289		Name Verification (Printed by Arrestor) P. SCARTOZZI ID # 21289			PAGE
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other		Name of Arresting Officer (Print) P. SCARTOZZI ID # 21289		Agency PBSO			1 OF 1
	D/S B. SHATARA ID # 71623		Transporting Officer SCARTOZZI ID # 21289		Agency PBSO			Witness here if subject signed with an 'X'

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 27TH DAY OF AUGUST 20 19, AT 1230 AM PM

SUBJECT: Skelley, Rae, Ellen CASE NUMBER: 19-108760

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: P. SCARTOZZI

PERSONAL CONTACT

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

On 8/27/2019 at approximately 1305 hours I was dispatched to assist a PBSO community service aide that was investigating a vehicle accident in the area of Community Drive and North Military trail, West Palm Beach, FL, 33417 in unincorporated Palm Beach County. Upon my arrival I was informed that there was a person on scene that was involved in the accident that may be intoxicated. I spoke with the witnesses of the accident who informed me of the following. While driving eastbound on Community drive her vehicle was struck by a smaller black SUV on the driver's front fender causing her vehicle to go off the road and end up on the far norther shoulder of Community Drive. Both driver and front seat passenger provided me with worn witness statements indicating they saw the driver of vehicle one in the drivers seat in actual physical control of the motor vehicle. They provided a description of the driver as a white female wearing a black shirt with red hair. I noticed this female, later identified as Rae Skelley standing next to her vehicle on Community Drive.

OBSERVATION OF DRIVER:

I approached Skelley and informed her that I was called here to conduct a DUI investigation because a witness on scene advised they smelled "alcohol" on her breath. Immediately upon making contact with Skelley I noticed the slight odor of an unknown alcoholic beverage emitting from her mouth area. This odor intensified as she spoke with me. Her eyes were blood shot and glassy and her movements were slow. She denied having any medical conditions, physical or mental disabilities. She denied having a speech impediment or being diabetic. She denied being color blind or having any major issues with her eyes. She denied having any medical condition which would cause her breath to display the unknown odor of an alcoholic beverage. I chose a smooth level portion of the as fault roadway free of obstructions and debris in order to perform road side tasks. I asked her to stand with her heels and toes together with her arms down to her sides. While standing her she would sway

DRIVER'S STATEMENTS:

in a side to side back to front manner more than 2 inches. She would step out of this starting position and had to be reminded how to stand several times. I then moved to the Horizontal pen light task. I placed a lighted stylus pen approximately 12 inches away from her face just above the eye brow line. She was instructed to follow the light with her eyes and eyes only and not to move her head. She had to be reminded several times to keep her head still. During the horizontal pen light task) task the drivers eyes displayed equal pupil size and equal tracking. The driver's eyes displayed lack of smooth pursuit, distinct and sustained Nystagmus at maximum deviation and distinct and sustained Nystagmus prior to 45 degrees. During the vertical pen light task the driver's eyes displayed equal pupil size and equal tracking. The driver's eyes displayed lack of smooth pursuit, distinct Nystagmus when looking all the way up. The driver's eyes also displayed onset of Nystagmus prior to 45 degrees when looking all the way up.

ODORS:

GENERAL OBSERVATIONS

SPEECH: Slow

ATTITUDE: Cooperative

CLOTHING: Black shirt, Blue jean pants, Black shoes.

MEDICAL/OTHER: The driver denied any medical conditions, physical disabilities, injuries and medication use and or use of recreational drugs.

STATE OF FLORIDA
COUNTY OF PALM BEACH

P. SCARTOZZI

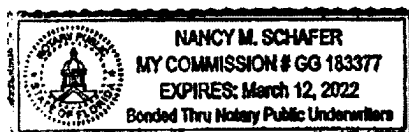
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 27th day of August 20 19 by P. SCARTOZZI

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

N. SCHAFER 2644

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



SUBJECT: Skelley, Rae, Ellen

CASE NUMBER 19-108760

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:

WALK & TURN:

I then moved to the Walk and Turn task. I chose the white fog line painted by the Florida Department of Transportation as a reference point for this task. She was asked to place her left foot on the ground with his right foot directly in front of it in the heel to toe position, and then place her arms at her sides and stay in this position while I demonstrated this task. She would sway roughly more than 2 inches, in a side to side, front to back pattern throughout the demonstration phase. She could not maintain her balance while listening to instructions. She would start walking down the line prior to me explain fully the standardized instructions. I tried several times however each time I would place her int he starting position she would start walking. She then claimed that she does not have good balance and when asked why she did not disclose this information when I asked her about medical problems she did not answer me. I asked if she wanted to continue with roadside tasks or refuse and she advised she wanted to refused.

ONE LEG STAND:

She was advised of her Taylor warnings after which she advised she understood and still refused to perform roadside tasks. Based on the totality of the circumstances She was placed under arrest for DUI crash. She was placed in PBSO issued handcuffs which were check for proper fit and double locked. She was then seat belted in the rear of my patrol vehicle and transported to the breath alcohol testing facility located at the main detention center. After arrival she was observed for a period of twenty minutes during which time she did not take anything by mouth or regurgitate. She was then brought into the breath testing room where I requested a sample of her breath for the purpose of determining it alcohol content. She agree and provided two adequate samples, the first being .279 and the second being .276. She was advised of her Miranda warnings after which she advised she understood and refused to answer any questions without an attorney present. She was booked into main jail without incident.

ROMBERG ALPHABET:

Refused

ROMBERG ALPHABET:

Refused

BREATH TEST RESULTS: .279 .276 N/A N/A

STATE OF FLORIDA
COUNTY OF PALM BEACH

P. SCARTOZZI

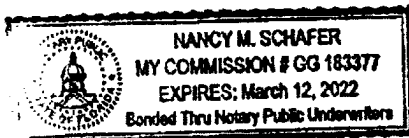
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 27th day of August 20 19 by P. SCARTOZZI

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

N. SCHAFER 2644

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



SUBJECT: SK-11-y, Rae L. CASE NUMBER: 11-106700

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: _____

WITNESS LIST

CASE NUMBER: 19-108760

ARRESTING OFFICER: P. SCARTOZZI

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

PHONE NUMBERS (HOME): 561-688-3400 (WORK) 561-688-3400

CAN TESTIFY TO: DUI INVESTIGATION

NAME: Nettie Jennings

ADDRESS: 1675 South 25th Court, Riviera Beach, FL, 33404

PHONE NUMBERS (HOME) 561-881-7222 (WORK) _____

CAN TESTIFY TO: Driver of vehicle 2, wheel witness

NAME: Belinda Sweeting

ADDRESS 1473 Silver Beach Road, Riviera Beach, FL, 33404

PHONE NUMBERS (HOME) 561-201-0685 (WORK) _____

CAN TESTIFY TO: Front passenger of vehicle 2, wheel witness

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: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NOT A CERTIFIED COPY

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: 80-006240 Software: 3100.27
Date of Test: 08/27/2019

Date of Last Agency Inspection: 08/16/2019
Observation Period Began: 14:08
Subject's Name: RAE E SKELLEY

DOB: 08/20/1959 Sex: F

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	14:35
	Air Blank	0.000	14:36
	Control Test	0.080	14:36
	Air Blank	0.000	14:36
	Subject Sample #1	0.279	14:38
	Air Blank	0.000	14:39
	Air Blank	0.000	14:40
	Subject Sample #2	0.276	14:41
	Air Blank	0.000	14:42
	Control Test	0.079	14:42
	Air Blank	0.000	14:43
	Diagnostics Check	OK	14:43

Cylinder Lot: 00919080A3
Exp: 03/05/2021

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 NANCY M. SCHAFER, 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: Nancy M. Schaffer Date: 8/27/19
Signature

Sworn to (or affirmed) before me this 27 day of August, 2019

Signature of Notary Public-State of Florida [Signature] Printed Name of Notary Public-State of Florida D/S P. Scartozzi

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(3), 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 322.2415, F.S.

TESTING FACILITY TASK REPORT

AGENCY:

SUBJECT: CASE NUMBER:

DATE: VIDEO DVD NUMBER:

BEGINNING TIME: ENDING TIME:

BREATH TESTS RESULTS: 1) TIME A.M. P.M. 2) TIME A.M. P.M.

3) TIME A.M. P.M. 4) TIME A.M. P.M.

BREATH OPERATOR:

MAINTENANCE TECHNICIAN:

TESTING OFFICER'S OBSERVATIONS

SPEECH:

ATTITUDE:

CLOTHING:

MEDICAL CONDITIONS:

MEDICATIONS:

OTHER:

COMMENTS:

Arresting officer observed subject for 20 minutes.

Subject agreed to breath test, then asked question (unsure).

A/O read Implied Consent and went over it again.

Subject agreed to breath test and provided 2 samples, as instructed.

I explained results.

A/O read constitutional warnings.

Subject unsure about Q & A - mentioned an attorney - no Q & A.



PALM BEACH COUNTY SHERIFF'S OFFICE
DUI TESTING FACILITY
INFORMATION SHEET

PBSO CASE # 19-108760 PBSO ZONE 3-21

AGENCY CASE # 19-108760 CRASH CASE # 19-108752

TIME OF STOP/CRASH 1230 DATE 08/27/2019 DAY Tuesday

SUBJECT'S NAME Skelley, Rae, Ellen RACE W SEX F

HGT 5'04 WGT 130 DOB 8/20/1959

LOCATION COMMUNITY DRIVE / NORTH MILITARY TRAIL PBC

ARRESTING OFFICER'S NAME & ID P. SCARTOZZI (21289) AGENCY Palm Beach County Sheriff's Office

DIVISION: D3 / RP

NOTIFIED BY COMMO YES

ARRIVAL AT FACILITY 14:08

ARREST TIME 1333

BREATH RESULTS:

. 279
. 276

TESTING OFFICER'S ID 2644 PBSO VIDEOTAPE # N/A

NOT A CERTIFIED COPY



FILING PACKAGE RECEIPT FORM

Check One:

- DHSMV - Bureau of Driver Improvement Hearing Office
- State Attorney's Office D.U.I. Intake
- Felony/Misdemeanor Filing Documentation

Case Number: 19-108760

Defendant: Skelley, Rae, Ellen

Deputy Sheriff. D/S P. SCARTOZZI ID. # 21289

District: 3

Date Submitted: _____

Sent By: _____

Supervisor Approval: _____

Received By Court Liaison: _____

Date/Time Received: _____

FILING PACKAGE LOGGED BY LIAISON
ON DATE AND TIME LISTED ABOVE

RETURN THIS ORIGINAL RECEIPT TO DEPUTY

NOT A CERTIFIED COPY

- Law Enforcement (Optional) Short Form Report
- Driver Report of Traffic Crash
- Driver Exchange of Information

REPORTING AGENCY CASE NUMBER 19108752			
DATE OF CRASH 08/27/2019	TIME OF CRASH 12:40	AM <input type="checkbox"/>	PM <input checked="" type="checkbox"/>

COUNTY OF CRASH PALM BEACH	PLACE OR CITY OF CRASH UNINCORPORATED	Check if Within City Limits <input type="checkbox"/>	CRASH OCCURRED ON STREET, ROAD, HIGHWAY COMMUNITY DRIVE
AT STREET ADDRESS # 800.00	OR FEET <input type="checkbox"/>	MILES <input type="checkbox"/>	OR FROM MILEPOST#
NORTH MILITARY TRAIL			

SECTION ONE <input checked="" type="checkbox"/> VEHICLE <input type="checkbox"/> NON - MOTORIST (optional) EMAIL OWNER/DRIVER					
YEAR 2002	MAKE (Chevy, Ford, Etc.) FORD	VEHICLE BODY TYPE (Car, Truck, Etc.)	VEHICLE LICENSE NUMBER Z33AHH	STATE FL	VIN 1FMYU03192KB55211
INSURANCE COMPANY GEICO GENERAL INSURANCE COMPANY		INSURANCE POLICY NUMBER 4099434047			
NAME OF VEHICLE OWNER RAE ELLEN SKELLEY		CURRENT ADDRESS (Number and Street) 220 KENT M		CITY AND STATE WEST PALM BEACH FL	ZIP CODE 33417
NAME OF DRIVER (Take From Driver License)/NON - MOTORIST RAE ELLEN SKELLEY		CURRENT ADDRESS (Number and Street) 220 KENT M		CITY AND STATE WEST PALM BEACH FL	ZIP CODE 33417
DRIVER LICENSE NUMBER S400725598000	STATE FL	DL TYPE	DRIVER/NON-MOTORIST HOME PHONE 561-287-1754	DRIVER/NON-MOTORIST BUSINESS PHONE	SEX FEMAL
NAME OF PASSENGER		CURRENT ADDRESS (Number and Street)		CITY AND STATE	DATE OF BIRTH 08/20/1959
NAME OF PASSENGER		CURRENT ADDRESS (Number and Street)		CITY AND STATE	ZIP CODE

SECTION TWO <input checked="" type="checkbox"/> VEHICLE <input type="checkbox"/> NON - MOTORIST (optional) EMAIL OWNER/DRIVER					
YEAR 2000	MAKE (Chevy, Ford, Etc.) ACUR	VEHICLE BODY TYPE (Car, Truck, Etc.)	VEHICLE LICENSE NUMBER 1184QN	STATE FL	VIN 19UUA5660YA004600
INSURANCE COMPANY LIBERTY MUTUAL INSURANCE COMPANY		INSURANCE POLICY NUMBER AO125151872640			
NAME OF VEHICLE OWNER NETTIE SWEETING JENNINGS		CURRENT ADDRESS (Number and Street) 1675 S 25TH CT		CITY AND STATE RIVIERA BEACH FL	ZIP CODE 33404
NAME OF DRIVER (Take From Driver License)/NON - MOTORIST NETTIE SWEETING JENNINGS		CURRENT ADDRESS (Number and Street) 1675 S 25TH CT		CITY AND STATE RIVIERA BEACH FL	ZIP CODE 33404
DRIVER LICENSE NUMBER J552637526091	STATE FL	DL TYPE	DRIVER/NON-MOTORIST HOME PHONE 561-881-7222	DRIVER/NON-MOTORIST BUSINESS PHONE	SEX FEMAL
NAME OF PASSENGER		CURRENT ADDRESS (Number and Street)		CITY AND STATE	DATE OF BIRTH 03/29/1952
NAME OF PASSENGER		CURRENT ADDRESS (Number and Street)		CITY AND STATE	ZIP CODE

SECTION THREE <input type="checkbox"/> VEHICLE <input type="checkbox"/> NON - MOTORIST (optional) EMAIL OWNER/DRIVER					
YEAR	MAKE (Chevy, Ford, Etc.)	VEHICLE BODY TYPE (Car, Truck, Etc.)	VEHICLE LICENSE NUMBER	STATE	VIN
INSURANCE COMPANY		INSURANCE POLICY NUMBER			
NAME OF VEHICLE OWNER		CURRENT ADDRESS (Number and Street)		CITY AND STATE	ZIP CODE
NAME OF DRIVER (Take From Driver License)/NON - MOTORIST		CURRENT ADDRESS (Number and Street)		CITY AND STATE	ZIP CODE
DRIVER LICENSE NUMBER	STATE	DL TYPE	DRIVER/NON-MOTORIST HOME PHONE	DRIVER/NON-MOTORIST BUSINESS PHONE	SEX
NAME OF PASSENGER		CURRENT ADDRESS (Number and Street)		CITY AND STATE	DATE OF BIRTH
NAME OF PASSENGER		CURRENT ADDRESS (Number and Street)		CITY AND STATE	ZIP CODE

WITNESSES			
NAME	CURRENT ADDRESS (Number and Street)	CITY AND STATE	ZIP CODE

INVESTIGATOR INVESTIGATOR RANK & SIGNATURE CSA GISELLE MOSLEY		ID/BADGE NUMBER 9181	DEPARTMENT PALM BEACH COUNTY	FHP <input type="checkbox"/>	SO <input checked="" type="checkbox"/>	PD <input type="checkbox"/>	OTHER <input type="checkbox"/>
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SIGNATURE OF DRIVER MAKING REPORT _____ DATE _____

HSMV 90011S

YOU MUST READ AND COMPLY WITH THE INSTRUCTIONS ON THE BACK OF THIS FORM

NO FURTHER ACTION REQUIRED BY YOU; REPORT COMPLETED BY LAW ENFORCEMENT AGENCY



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	<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"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>	539.001 FS	Other: All records relating to pawnbroker transactions.	
	<input type="checkbox"/>	119.0712(2)	Other: Personal information contained within a motor vehicle record	

REVIEW COMPLETED BY

Booking Number: 2019028129	Date: 08/28/2019
	Specialist Name/ID: howardt/7185