

0509966

190714342

1523

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

ADMINISTRATIVE	Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-19100599	
	Charge Type: Check as many as apply: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony		<input type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other	
	Location of Arrest (Including Name of Business) STATE ROAD 7/ BUSINESS PARKWAY ROYAL PALM BEACH/ FL/ 33411		Location of Offense (Business Name, Address) STATE ROAD 7/ BUSINESS PARKWAY ROYAL PALM BEACH/ FL/ 33411		Weapon Seized / Type 2 1. Yes 2 No N/A	
	Date of Arrest 08/05/2019		Time of Arrest 01:18		Multiple Clearance Indicator 1	
DEFENDANT	Name (Last, First, Middle) DAI RENEE WAI		Alias (Name, DOB, Soc. Sec. #, Etc.)			
	Race W - White I - American Indian B - Black O - Oriental/Asian W		Sex F		Date of Birth 7/6/1992	
	Height 5'3		Weight 150		Eye Color BRN	
	Hair Color BLK		Complexion MED		Build MED	
CC-DEF	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status Single		Religion NONE	
	Local Address (Street, Apt. Number) 131 BELLEZZA TER ROYAL PALM/ FL/ 33411		Phone (561) 603-5582		Indication of: Alcohol Influence <input type="checkbox"/> Drug Influence <input type="checkbox"/>	
	Permanent Address (Street, Apt. Number)		Phone		Residence Type: 1. City 2. County 3. Florida 4. Out of State 2	
	Business Address (Name, Street)		Phone		Address Source FL DL Occupation ASSISTANT	
JUVENILE	D/L Number, State D000739927460		Soc. Sec. Number		INS Number	
	Place of Birth (City, State) HONG KONG, CHINA		Citizenship YES			
	Co-Defendant Name (Last, First, Middle)		Race		Sex	
	Co-Defendant Name (Last, First, Middle)		Race		Sex	
CHARGE	Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other		Residence Phone		Business Phone	
	Address (Street, Apt. Number)		(City)		(State) (Zip)	
	Notified by: (Name)		Date		Time	
	Released To: (Name)		Relationship		Date	
CHARGE	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 355-2525) informed of any change of address. <input type="checkbox"/> Yes, by (Name) <input type="checkbox"/> No: (Reason)		School Attended		Grade	
	Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property		Value of Property	
	Drug Activity S Sell N N/A P Possess		R Smuggle D Deliver E Use		K Dispense/Distribute	
	M. Manufacture/ Produce/Cultivate		Z. Other		Drug Type N. N/A A. Amphetamine	
CHARGE	Charge Description DUI		Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
	Statute Violation Number 316.193(1)		Violation of ORD #			
	Drug Activity N		Drug Type N		Amount / Unit N/A	
	Offense # 19100599		Warrant / Capias Number			
CHARGE	Charge Description		Counts		Domestic Violence	
	Statute Violation Number		Violation of ORD #			
	Drug Activity		Drug Type		Amount / Unit	
	Offense #		Warrant / Capias Number			
CHARGE	Charge Description		Counts		Domestic Violence	
	Statute Violation Number		Violation of ORD #			
	Drug Activity		Drug Type		Amount / Unit	
	Offense #		Warrant / Capias Number			
CHARGE	Charge Description		Counts		Domestic Violence	
	Statute Violation Number		Violation of ORD #			
	Drug Activity		Drug Type		Amount / Unit	
	Offense #		Warrant / Capias Number			
NOTICE TO APPEAR	Location (Court Room Number, Address) 3228 GUN CLUB RD WEST PALM BEACH FL 33406					
	Court Date and Time Month 8 Day 29 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. 08/05/2019					
	Signature of Defendant (or Juvenile and Parent Custodian)					
ADMIN	Name		Signature of Arresting Officer		Name Verification (Printed by Arrestee)	
	Name		Name of Arresting Officer (Print) INV. G. LYNCH 8568		I.D. # 8568	
	Transporting Officer INV. G. LYNCH 8568		ID # 8568		Agency PBSO	
	Witness here if subject signed with an "X"		PAGE 1 OF 1			

AUG 06 2019

PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	Juvenile
OBTS Number	Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06-19-100599
ADMIN	Charge Type: Check as many as apply.		Special Notes:		
	<input type="checkbox"/> 1. Felony	<input type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance		
	<input type="checkbox"/> 2. Traffic Felony	<input checked="" type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 6. Other		
DEF	Name (Last, First, Middle) Dai Renee Wai		Alias	Race A	Sex F
	Date of Birth 07/06/1992				
CHARGES	D.U.I.		316.193(1)		
VICTIM	Victim's Name (Last, First, Middle) STATE OF FLORIDA		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	
<p>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</p> <p><input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.</p> <p><input type="checkbox"/> confessed to _____ admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the 5th day of AUGUST, 2019 at 0045 <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest)</p>					
<p>On the above date and time I was on patrol in my green and white marked PBSO cruiser asset(#78204) in the area of Mikado Rd and N. State Road 7, Royal Palm Beach FL 33411 when I noticed a white Tesla sports car speed past my vehicle at a visually estimated speed of 70 mph southbound on S.R. 7. I then activated my in-car Stalker dual radar system that then confirmed the speed of this vehicle to be 70 mph.</p> <p>I then was able to catch up and get behind the vehicle after it had made a 'U-turn' at Belvedere Rd and State Road 7. I initiated a stop on the vehicle, which was a white 2018 Tesla 4-door, FL tag-468PXI, activating my overhead lights. The vehicle initially pulled over, in the turn lane at business parkway, stopping briefly before then slowly continuing into the parking lot of 'Biotest Plasma Center, 100 Business parkway.</p> <p>When the vehicle finally came to a stop I made contact with the driver, a white female, who was eventually identified as Renee Dai (W/F 07/06/1992). I immediately noticed her slow body language and speech in response to my questions. I also noticed her eyes were glossy with her speech being slurred. I asked her if she had had any drinks that night and she responded with "just one earlier".</p> <p>I then asked for a DUI investigator to respond to my scene and Investigator G. Lynch (#8568) arrived and conducted his investigation, see supplement report.</p>					
PROBABLE CAUSE STATEMENT					
ADMINISTRATIVE	<p>STATE OF FLORIDA COUNTY OF PALM BEACH D/S P. Eckes (ID #) 19473</p> <p>(Signature of Arresting/Investigative Officer)</p> <p>The foregoing instrument was sworn to or affirmed and subscribed before me this 5th day of August, 2019 by D/S P. Eckes 19473</p> <p>(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced KNOWN</p> <p>Inv. Lynch #8568</p> <p>Notary Public, Clerk of Court, Officer (F.S.S. 117.10)</p>				
					PAGE OF

SCANNED

AUG 06 2019

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 5 DAY OF AUG 20 19, AT 00:41 AM PM

SUBJECT: DAI RENE WAI CASE NUMBER: 19100599

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: INV. G. LYNCH 8568

PERSONAL CONTACT

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

On 8/5/19 I responded to State Road 7/ Business Parkway, in Palm Beach County, in reference to a traffic stop, with a possibly impaired driver. Upon arrival I met with D/S Eckes ID 19473, who conducted the traffic stop.

D/S Eckes advised that while on routine patrol, traveling south on State Road 7, he observed a white Tesla car, bearing FL tag 468PXI, pass his patrol car at a high rate of speed. D/S Eckes estimated the speed of the car to be approximately 70mph in the posted 45mph zone. D/S Eckes activated his radar and got a speed reading of 70mph. D/S Eckes conducted a traffic stop for the infraction and made contact with the driver, Renee Dai. D/S Eckes noticed that Renee's speech was slow and slurred. Renee's movements were slow/ lethargic, and her eyes were glossy. Renee advised that she had 1 drink earlier.

OBSERVATION OF DRIVER:

I made contact with Renee, who was still seated in the driver seat of the car. I immediately noticed the odor of an unknown alcoholic beverage coming from the car. Renee's eyes were glassy and her speech was slow. I had Renee exit the car and stand in front of my patrol car. While exiting I noticed Renee's movements to be slow and deliberate and she used the door for support. While standing still, Renee exhibited a slight orbital sway. While speaking with Renee I could smell the odor of an unknown alcoholic beverage coming from her breath, which got stronger when she spoke. Renee advised that she had some red wine at approximately 8pm. Based on my observations and Renee's admission to drinking I asked her to perform standard field sobriety tasks.

DRIVER'S STATEMENTS:

Renee advised that she had 2 glasses of wine prior to driving.

ODORS:

ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE COMING FROM SUBJECT'S BREATH.

GENERAL OBSERVATIONS

SPEECH: slow

ATTITUDE: calm/ cooperative

CLOTHING: _____

MEDICAL/OTHER: _____

STATE OF FLORIDA
COUNTY OF PALM BEACH

INV. G. LYNCH 8568

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 5 day of AUG 20 19 by INV. G. LYNCH 8568

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

Notary Public, Clerk of Court, Officer, E.S.S.

Notary Public State of Florida
Samantha Palmer
My Commission GG 233762
Expires 10/28/2022

SCANNED
AUG 06 2019

SUBJECT DAI

RENEE

CASE NUMBER 19100599

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:

Renee was asked to stand with her feet together and place her hands by her sides. Renee was asked to focus on the stimulus and follow it with her eyes. Renee was told not to move her head to assist in following the stimulus. Renee showed equal pupil size that tracked equally. Both eyes lacked a smooth pursuit. I saw distinct and sustained Nystagmus at maximum deviation and onset of Nystagmus prior to 45 degrees in both eyes. I observed vertical nystagmus in both of Renee's eyes. I observed a lack of convergence in Renee's eyes, as her right eye did not converge.

WALK & TURN:

I utilized yellow duct tape to make a straight level line, free of debris, that Renee advised she could see. Renee was advised that if she thought her sandals would affect her balance she could take them off. Renee opted to keep her sandals on for the tasks. I explained and demonstrated the task to Renee. During the instructions Renee had difficulty maintaining the instructional position. After completing the instructions Renee advised she understood and had no questions. During the task Renee missed heel-to-toe steps and stepped off the line multiple times. Renee raised her arms, more than 6 inches, for balance. Each step was slow and deliberate and Renee paused several times for balance.

ONE LEG STAND:

I explained and demonstrated the task to Renee. After completing the instructions Renee advised she understood and had no questions. During the task Renee exhibited an orbital sway. Renee had to be reminded to look down at her foot.

FINGER TO NOSE:

I performed the finger to nose task. I explained and demonstrated the task to Renee. After completing the instructions Renee advised she understood and had no questions. During the task, Renee missed touching the tip of her nose on every attempt. On the first left command Renee failed to return her hand to her side. Throughout the task Renee exhibited an orbital sway.

ROMBERG ALPHABET:

I confirmed with Renee that he knew the complete alphabet, in order, prior to beginning the task. I explained and demonstrated the task to Renee. After completing the instructions Renee advised she understood and had no questions. During the task Renee exhibited an orbital sway. Renee failed to correctly recite the alphabet stating "C, E, E, F".

BREATH TEST RESULTS: 1) .110 2) .106 3) 4)

STATE OF FLORIDA
COUNTY OF PALM BEACH

INV. G. LYNCH 8568

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 5 day of AUG 20 19 by INV. G. LYNCH 8568

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

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



TESTING FACILITY TASK REPORT

AGENCY: PBSO/LYNCH

SUBJECT: DAI, RENEE

CASE NUMBER: 19-100599

DATE: Aug 5, 2019

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 0203

ENDING TIME: 0222

BREATH TESTS RESULTS: 1) .110 TIME 0208 A.M. P.M. 2) .106 TIME 0211 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 TECHNICIAN: J Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: LOW, SLOW

ATTITUDE: UPSET, CALM, COOPERATIVE

CLOTHING: FLORAL DRESS, WHITE SANDALS

MEDICAL CONDITIONS: CHRONIC MIGRANES AND BACKPAIN, FIBROMIALGA, INSOMNIA

MEDICATIONS: PAMELOR, ONDASTREON, FLEXRIL, MULXICAN, EMBRIL, AND SOME OTHERS

OTHER:

EYES: GLASSY AND BLOODSHOT, ODOR OF UNKNOWN ALCOHOLIC BEVERAGES COMING FROM BREATH, SUBJECT ADMITTED TO DRINKING 2 GLASSES OF RED WINE (Q&A)

COMMENTS:

ARRESTING OFFICER CONDUCTED THE 20 MINUTE OBSERVATION BEGINNING AT 0140
SUBJECT AGREED TO TAKE BREATH TEST
AND PROVIDED TWO ADEQUATE SAMPLES SUCCESSFULLY
TECH READ TEST RESULTS
SUBJECT STATED SHE UNDERSTOOD RESULTS
A/O READ RIGHTS
SUBJECT STATED SHE UNDERSTOOD HER RIGHTS
A/O CONDUCTED Q&A
SUBJECT ANSWERED QUESTIONS

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: 80-006478 Software: 8100.27
Date of Test: 08/05/2019

Date of Last Agency Inspection: 07/19/2019
Observation Period Began: 01:40
Subject's Name: RENEE W DAI

DOB: 07/06/1992 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	02:06
	Air Blank	0.000	02:06
	Control Test	0.081	02:07
	Air Blank	0.000	02:07
	Subject Sample #1	0.110	02:08
	Air Blank	0.000	02:09
	Air Blank	0.000	02:10
	Subject Sample #2	0.106	02:11
	Air Blank	0.000	02:12
	Control Test	0.060	02:12
	Air Blank	0.000	02:13
	Diagnostics Check	OK	02:13

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 SAMANTHA M PALMER, 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: _____ Date: 8/5/19
Signature

Sworn to (or affirmed) before me this 5 day of August, 2019

Signature of Notary Public-State of Florida _____ Printed Name of Notary Public-State of Florida INV. LUNCH # 8568

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 322.2615, F.S.

SUBJECT: 1911 R01-6 CASE NUMBER: 19-100599

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) Read in Camera

SUBJECT: _____ CASE NUMBER: 19-100599

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? yes

WHERE WERE YOU GOING? Flight instructor

WHAT STREET OR HIGHWAY WERE YOU ON? 441

DIRECTION OF TRAVEL? N WHERE DID YOU START? the area

WHAT TIME DID YOU START? 1:45 WHAT TIME IS IT NOW? 2:10

WHAT IS TODAY'S DATE? 11-1-19 WHAT DAY OF THE WEEK IS IT? Monday

WHAT COUNTY AND CITY ARE YOU IN NOW? Polk County, Iowa

WHEN DID YOU LAST EAT? 11:30 WHAT DID YOU EAT? chicken

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? working

HOW MUCH DO YOU WEIGH? 170 HAVE YOU BEEN DRINKING? yes WHAT? beer

HOW MUCH? 2 WHERE? at work WITH WHOM? with

WHEN DID YOU HAVE YOUR FIRST DRINK? 11:30 AND YOUR LAST DRINK? 1:30

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? beer

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? no ARE YOU UNDER THE INFLUENCE? no

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? no HOW MUCH? no

WHAT? no WHERE? no WHEN? no

WHAT LINE OF WORK ARE YOU IN? flight instructor WHEN DID YOU LAST WORK? today

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? no WHAT? no

ARE YOU SICK OR INJURED? no WHAT'S WRONG? no

DO YOU LIMP? no DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? getting in the car a few days ago

WERE YOU IN AN ACCIDENT TODAY? no

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? no WHEN? no

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? no WHO? no WHY? no

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? yes WHAT? penicillin WHEN? 11/1/19

DO YOU HAVE:

- EPILEPSY? no
- GLASS EYE? no
- FALSE TEETH? no
- EAR INFECTION? no
- INNER EAR TROUBLE? no
- DIABETES? no

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? yes

DO YOU TAKE INSULIN? no IF SO, WHEN WAS YOUR LAST INJECTION? no

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? no WHERE? no

INTERVIEWER: INV [signature]

WITNESS LIST

CASE NUMBER: 19100599

ARRESTING OFFICER: INV. G. LYNCH 8568

ADDRESS: HQ

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

CAN TESTIFY TO: FACTS OF CASE

NAME: D/S ECKES ID 19473

ADDRESS: DIST 9

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

CAN TESTIFY TO: TRAFFIC STOP

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 _____

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



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"/>			
Other	<input type="checkbox"/>	539.001(b)-(l)FSS, 539.003FSS	Other: Pawn Broker Information.	
	<input type="checkbox"/>	3119.0712 (2)	Other: Personal Information Contained in a Motor Vehicle Record	

REVIEW COMPLETED BY

Booking Number: 2019025516	Date: 8/5/2019
	Specialist Name/ID: M. Tooks #8557