0512385 19CT020644MB 1776

ARREST / NOTICE TO APPEAR

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

ADMINISTRATION

OBTS Number	Agency ORI Number	Agency Name	Agency Report Number (N.T.A.'s only)
	0500800	West Palm Beach Police Department	9 1 1 2019-0019060

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

If Weapon Seized — Enter Type: NOT APPLICABLE

Multiple Clearance Indicator:

Location of Arrest (Including Name of Business)	Location of Offense (Business Name, Address)
9835 OKEECHOBEE BLVD WPB, FL	9835 OKEECHOBEE BLVD, WEST PALM BEACH, FL 33407

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
11/07/2019	00:16	11/07/2019	00:26			

DEFENDANT

Name (Last, First, Middle): LEHIKOINEN, SATU ANNE — Alias:

Race (W - White, B - Black, I - American Indian, O - Oriental Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	F	09/02/1970	5'06	125	BLUE	BLOND OR	LIGHT	Small

Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description): | Marital Status: S | Religion: | Indication of: Alcohol Influence ☒ Yes ☐ No ☐ Unk. ☐ Drug Influence ☐

Local Address (Street, Apt. Number) (City) (State) (Zip): 2306 STOTESBURY WAY, WELLINGTON, FL 33414 | Phone: | Residence Type: 1. City 3. Florida 2. County 4. Out of State: 2

Permanent Address (Street, Apt. Number) (City) (State) (Zip): 2306 STOTESBURY WAY, WELLINGTON, FL 33414 | Phone: | Address Source: FL DL

Business Address (Name, Street) (City) (State) (Zip): | Phone: | Occupation: Teach

D.L. Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
L255781708221 / FL	[redacted]		FINLAND, Finland	

CO-DEF

Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	
				☐ 1. Arrested ☐ 3. Felony ☐ 5. Juvenile ☐ 2. At Large ☐ 4. Misdemeanor
Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	
				☐ 1. Arrested ☐ 3. Felony ☐ 5. Juvenile ☐ 2. At Large ☐ 4. Misdemeanor

JUVENILE

☐ Parent ☐ Other: ☐ Legal Custodian — 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 Department and Released 2. TOT JAC 3. Incarcerated

Released To: (Name) Relationship — Date — Time

The above address was provided by ☐ defendant and/or ☐ defendant's parents. The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address. ☐ Yes, by: ☐ No:

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. Disperses/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. Synthetic, U. Unknown, Z. Other

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #
DRIVING WHILE UNDER INFLUENCE	316.193(1)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
	N	/		1	☐ Y ☒ N		OR

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
		/			☐ Y ☐ N		

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
		/			☐ Y ☐ N		

INTAKE

Health / Apparent Physical Condition of Defendant — Any knowledge of the following: ☐ Mental ☐ Escape Risk ☐ Medication ☐ Deformities ☐ Injuries — Explain:

Check which applies: ☐ Released O.R. ☐ Released to Parent/Guardian ☒ T.O.T. County Jail ☐ Posted Bond ☐ South County Mental Health — PROPERTY - Received By — Released By — Released To

Transported By — Date Transported — Time Transported — Other

NOTICE TO APPEAR

☒ INSTRUCTION NO. 1 - Mandatory appearance in court.
☐ INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.

Location (Court, Room): Criminal Justice — CRIMINAL JUSTICE COMPLEX
Court Date and Time: 12/03/2019 08:00:00 — 3228 GUN CLUB ROAD

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

Signature of Defendant (or Juvenile and Parent/Custodian) — Date Signed

No Photo Available

ADMIN

HOLD for Other Agency — Signature of Arresting Officer — Name Verification (Printed by Arrestee) (PRINT)

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other

Name of Arresting Officer (Print): THOMAS, MICAH — I.D. #: 02094

Intake Deputy — Pouch # — Transporting Officer: THOMAS, MICAH — I.D. #: 2094 — Agency: WPBPD

Witness here if subject signed with an "X".

PAGE 1 OF 1

☐ COURT ☐ STATE ATTORNEY ☐ AGENCY ☐ CENTRAL RECORDS ☐ JAIL ☐ CRIME ANALYSIS ☐ P.I.O. ☐ DEFENDANT

NOV 07 2019

DUI PROBABLE CAUSE AFFIDAVIT

On the 07 Day of November at 0134 A.M. P.M.

Subject: Lehikoinen, Satu A. Case Number: 20190019060

Agency: West Palm Beach Police Department Arresting Officer: M. Thomas 2094

Personal Contact

Driving Pattern Actual physical control (physical evidence putting the driver behind the wheel)

Driver/sole occupant attempted to go through the drive-thru of McDonald's, however, they were closed. Being closed, McDonald's placed carts in the drive-thru lanes so no one could access the drive-thru. Driver crashed into the cart. After reversing, Driver spoke to a worker, and almost crashed into the same worker.

Observation of Driver

Driver appeared intoxicated. Driver's make-up was smeared on her face. Driver's eyes exhibited reddened conjunctiva. The strong odor of alcoholic beverage(s) emanated from Driver's head and mouth area.

Drivers Statements:

Driver agreed to conduct Field Sobriety Tasks.

Odors:

Strong odor of alcoholic beverage emanated from Driver's head and mouth area

General Observations

Speech: Foreign Accent

Attitude: Cooperative & Verbally Abusive

Clothing: Blue Dress

Medical Problems/Medications: High Blood Pressure

Other:

DUI PROBABLE CAUSE AFFIDAVIT

Subject: Lehikoinen, Satu A. Case Number: 20190019060

Roadside Tasks

Horizontal Gaze Nystagmus

- ■ Left Eye Does Not Follow Smoothly
- ■ Left Eye Jerks at 45 Degree Angle or Less
- ■ Distinct Jerking Left Eye at Maximum Deviation
- ■ Right Eye Does Not Follow Smoothly
- ■ Right Eye Jerks at 45 Degree Angle or Less
- ■ Distinct Jerking Right Eye at Maximum Deviation

Walk and Turn Task

During instructional phase, Driver couldn't stand as I stood. After completing example Driver was asked if she understood the instructions presented and if she had any question(s). Driver advised she understood what was presented and did not have any question(s). During task, Driver failed to make heel to toe contact, used arms for balance, failed to count out loud, stopped to steady herself, counted 25 steps on the first pass then 15 steps on the second pass, and stepped off the line. After the first 25 steps, I reminded the Driver to turn and take 9 heel to toe steps back towards her original location. Driver took 15 steps.

One Leg Stand

During instructional phase, Driver couldn't stand as I stood. After completing example Driver was asked if she understood the instructions presented and if she had any question(s). Driver advised she understood what was presented and did not have any question(s). During task, Driver walked towards me as she did during the walk and turn task. Driver never raised either foot.

Finger To Nose

After completing example Driver was asked if she understood the instructions presented and if she had any question(s). Driver advised she understood what was presented and did not have any question(s). During task, Driver was able to touch the tip of his nose with the tip of her finger 2 out of 6 attempts. The cadence requested was: Left, Right, Left, Right, Right, then Left.

Romberg Balance

Did not conduct

Breath Results from Instrument

1st Result: Refused | 2nd Result: Refused | 3rd Result (If Applicable): Refused

State of Florida

County of Palm Beach

The Following Instrument was notorized or sworn before me this 11/07/19 (DATE)

☐ Personaly Known ☐ Produced Identification ☐ Notary Public

NOV 07 2019

2094

Notary Public State of Florida
Thomas H Leahey
My Commission GG 347108
Expires 06/20/2023

Case No: 2019001906O

West Palm Beach Police Department

Statement

Please Fill out in full detail

Date of Statement: 11/06/19	Month: 11	Day: 06	Year: 2019	Time: 12:00
Offense: Drunk Driver				
Date of Offense:	Month: 11	Day: 06	Year: 2019	Time: 12:00
Location of Offense: 9835 Okeechobee Blvd				

Suspect (Last, First, Middle): Lehikuinen, Sam A.

District:

Person Code:

Name: (Last, First, Middle) Rodriguez Anthony.	Age: 28	DOB: 01/02/1991	Race: H	Sex: M
Address Res: 28 W 39 PL. Miami		Zip: 33012.	Phone: 305-833-1513	
Address Bus:		Zip:	Phone:	

Type of ID Shown: FL DL

ID# if applicable: R362 000 910 020

I, _____ do hearby voluntarily make the following statement withouth threat, coercion, offer of benefit, or favor by any persons whomsoever.

Came out of the store and heard this lady screamy out that she is calling the police I noticed her phone was lock and couldnt understand her speak she came to two close to us and asked her to back up after that she started to say that the manager hit her and verbaly asalted her so I called 911 and officer came to store and started his prosecuter. when I came out side to move my car she got in the car I asked her not to get in and she backed up and also almost hit with the car, that yellow con I had was under her car.

Sworn to and subscribed before me, this 07 day of November 19

I swear/affirm the above and/or attached statements are correct and true

Signature: _____

Notary Public: ☐ Law Enforcement: ☐ Name Key: ☐

Personally Known: ☐ Produced Identification: ☒ Type: WPBPD

My signature below means that I refuse to prosecute the person(s) named above for the alleged crime(s) that occurred to me or to the property under my control.

Signature: _____ Date: _____

(Department Policy Prohibits use of this section in domestic violence cases)

Victims Rights Booklet Provided? Yes: ☐ No: ☐

I will testify in court and prosecute criminally. Initials: A.R.

Miranda Warning Read? Yes: ☐ No: ☐

Page 1 of 1

PD533 (Rev. 9/9/2010) White: Record: Yellow: CID Pink: Victim

West Palm Beach Police Department

Case No: 2019 00 19060

Statement

Please Fill out in full detail

Date of Statement: Month: 11	Day: 06	Year: 2019	Time: 1200	
Offense: Drunk Driver				
Date of Offense: Month: 11	Day: 06	Year: 2019	Time: 1200	Suspect (Last, First, Middle): Lebkuecher, Sara A.
Location of Offense: 9835 Okeechobee Blvd.				District:
Person Code: Name: (Last, First, Middle) Arroyo Crystal L.		Age: 25	DOB: 04/06/1994	Race: H Sex: F
Address Res: West balfour pointe Dr. Apt. E West palm beach FL			Zip: 33411	Phone: 561 449 9055
Address Bus:			Zip:	Phone:
Type of ID Shown:		ID# if applicable:		

I, Crystal Arroyo do hearby voluntarily make the following statement withouth threat, coercion, offer of benefit, or favor by any persons whomsoever.

There was a white female screaming asking for the manager I came outside. she was verbally aggressive, walking towards me, I stated plenty of times to back away and she is gettin to close, I asked her to leave mcdonalds plenty of times, She wouldn't leave. She almost ran Anthony over. She kept approaching me while I was walking away. I was scared because she kept coming towards me. I called the police with Anthony. The white female was the only one driving, she stepped out the vehicle, she had no drink in her hand. I am the shift manager working at mcdonalds.

Sworn to and subscribed before me, this 07 day of November 19

Notary Public: ☐ Law Enforcement: ☐ Name Key:

Personally Known: ☐ Produced Identification: ☒ Type: WPBPD

I swear/affirm the above and/or attached statements are correct and true

Signature: Crystal Arroyo

My signature below means that I refuse to prosecute the person(s) named above for the alleged crime(s) that occurred to me or to the property under my control.

Signature: _____ Date: _____

(Department Policy Prohibits use of this section in domestic violence cases)

Victims Rights Booklet Provided? Yes: ☐ No: ☐

I will testify in court and prosecute criminally. Initials: C. A.

Miranda Warning Read? Yes: ☐ No: ☐

PD533 (Rev. 9/9/2010) White: Record: Yellow: CID Pink: Victim

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

PBSO CASE # 19-134783 PBSO ZONE 1-23

AGENCY CASE # 20190019060 CRASH CASE # N/A

TIME OF STOP/CRASH 2337 hours DATE 11/06/2019 DAY Wednesday

SUBJECT'S NAME Lehikoinen, Satu A. RACE W SEX F

HGT 506 WGT 135 DOB 09/02/1970

LOCATION 9835 Okeechobee Blvd.

ARRESTING OFFICER'S NAME & ID M. Thomas 2094 AGENCY WPBPD

DIVISION: Traffic

NOTIFIED BY COMMO yes

ARRIVAL AT FACILITY 0110

Arrest Time 0016

BREATH RESULTS:

1. REFUSED
2.
3.
4.

TESTING OFFICER'S ID 24520 PBSO VIDEOTAPE # N/A

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

I, Ofc. M. Thomas 2094, a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)

am a member of City of West Palm Beach Police Department, and I do swear
(Name of law enforcement agency)

or affirm that on or about the 07 day of November, 20 19, at 0134 ☐ P.M ☐ A.M.

DRIVER Satu A. Lehikoinen,
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# L255781708221, state of Florida, was placed under lawful arrest for

the offense of DUI by M. Thomas 2094 and
(Name of Arresting Officer)

issued Citation # AC6M1BE.

That on or about the 07 day of November, 20 19, at 0134 ☐ 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
Thomas H Leahey
My Commission GG 347108
Expires 08/20/2023

(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before me this 07 day of November, 20 19,

by _____.

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)

STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES
AFFIDAVIT OF REFUSAL TO SUBMIT TO

BLOOD TEST

I, Ofc. M. Thomas 2094, a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)

am a member of City of West Palm Beach Police Department, and I do swear
(Name of law enforcement agency)

or affirm that on or about the 07 day of November, 20 19, at 0134 ☐ P.M ☐ A.M.

DRIVER Satu A. Lehikoinen .
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# L255781708221, state of Florida, appeared for treatment at a hospital,

clinic, or other medical facility pursuant to s. 316.1932(1)(c), Florida Statutes, and a breath or urine test was impossible or impractical.

That on or about the 07 day of November, 20 19, at 0134 ☐ P.M ☐ A.M.

in Palm Beach County,

I requested that the driver submit to a **blood test** to determine his or her blood alcohol level and/or the presence of chemical or controlled substances in his or her blood. I informed the driver that refusal to submit to a blood test 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 if he or she holds a CDL, or was operating a CMV, refusal would 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 had been previously disqualified as a result of a refusal to submit to a breath, urine or blood test. The driver nonetheless refused to submit to a blood test.

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
Thomas H Leahey
My Commission GG 347108
Expires 06/20/2023

(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before me this 07 day of November, 20 19.

by M. Thomas 2094.

who is personally known to me or who has produced personally known as identification

Notary Public T Leahey

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-BAR1002 (REV. 10/16)

TESTING FACILITY TASK REPORT

AGENCY: WPPD/THOMAS

SUBJECT: LEHIKOINEN, SATU

CASE NUMBER: 19-134783

DATE: Nov 7, 2019

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 0132

ENDING TIME: 0146

BREATH TESTS RESULTS: 1) R TIME 0134 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: ACCENT, LOUD

ATTITUDE: MOODSWINGS, YELLING, UPSET, AGGRESSIVE, INSULTING/CRYING, EMOTIONAL

CLOTHING: BLUE PATTERN DRESS, NO SHOES

MEDICAL CONDITIONS: HIGH BLOOD PREESURE, ANGER PROBLEMS, MENTAL ILLNESS

MEDICATIONS: EVERYTHING

OTHER:

EYES:GLASSY AND BLOODSHOT,

COMMENTS:

ARRESTING OFFICER CONDUCTED THE 20 MINUTE OBSERVATION BEGINNING AT 0110
SUBJECT REFUSED TO TAKE BREATH TEST
A/O READ I/C
SUBJECT STATED SHE UNDERSTOOD I/C
AND AGAIN REFUSED TO TAKE BREATH TEST @ 0134
A/O READ RIGHTS
SUBJECT STATED SHE UNDERSTOOD RIGHTS
A/O CONDUCTED Q&A
SUBJECT ANSWERED QUESTIONS

NOV 07 2019

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.

NOV 07 2019

SUSPECT'S SIGNATURE: (X)_____

SUBJECT: _____ CASE NUMBER: _____

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: _____

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: 2019035996	**Date:** 11/07/2019
	Specialist Name/ID: howardt7185