0504688 NH 19MM 985-3046

ARREST/NOTICE TO APPEAR
Juvenile Referral Report

Check if Supplement is Attached

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

ADMINISTRATIVE

OBTS Number

Agency ORI Number: FL 0 5 0 0 6 0 0 | Agency Name: PALM BEACH POLICE DEPARTMENT | Agency Report Number (N.T.A.'s Only): 7 6 - 1 9 - 0 0 0 0 9 8

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: NONE | Multiple Clearance Indicator: U K

Location of Arrest (including Name of Business): 200 Block Royal Poinciana Way | Location of Offense (Business Name, Address): Roblix 35 Bradley Pl / 200 Blk Royal Poinciana Way

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
0 1 / 1 9 / 1 9	1 7 4 1					200 Blk Royal Poinciana Way

DEFENDANT

Name (Last, First, Middle): Kogan, Simone Leslie | Alias (Name, DOB, Soc. Sec. #, Etc.)

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	1 0 2 6 6 1	5'0	115	brown	blond	Fair	Medium

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description): NO | Marital Status: Single | Religion: Jewish | Indication of: Alcohol Influence Y ☐ N ☐ Unk ☐; Drug Influence Y ☐ N ☐ Unk ☒

Local Address (Street, Apt. Number): 3940 N Flagler Dr Apt 404 | (City): WPB | (State): FL | (Zip): 33407 | Phone: 561 5685771 | Residence Type: 1. City 2. County 3. Florida 4. Out of State: 2

Permanent Address (Street, Apt. Number): 3940 N. Flagler Dr Apt 404 | (City): WPB | (State): FL | (Zip): 33407 | Phone: ( ) | Address Source: FL DL

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

D/L Number, State: K250792618860 | Soc. Sec. Number: [redacted] | INS Number: | Place of Birth (City, State): Johannesburg, South Africa | Citizenship: U.S.

CO-DEF

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

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

JUVENILE

☐ Parent ☐ Legal Custodian ☐ 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. TOTAL HOURS/DAYS 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: (Name) ☐ No (Reason) | School Attended | Grade

Property Crime? ☐ Yes ☐ No | Description of Property | Value of Property

CODE

Drug Activity: N. N/A, P. Posess, 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. Barbituate, C. Cocaine, E. Heroin, H. Hallucinogen, M. Marijuana, O. Opium/Deriv., P. Paraphamalia/Equipment, S. Synthetic, U. Unknown, Z. Other

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
DUI	1	☐Y ☒	3 1 6 1 9 3 (2) A	

Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number	Bond
N	N		19-000098		O/R

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
Petit theft <$300		☐Y ☐N	8 1 2 0 1 4 (2) A	

Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number	Bond
N	N		19-000098		O/R

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/Unit	Offense #	Warrant/Capias Number	Bond

NOTICE TO APPEAR

Location (Court, Room Number, Address): Criminal Justice Complex 3228 Gunclub Rd WPB FL

Court Date and Time: Month Feb Day 12 Year 2019 Time 800 A.M. P.M.

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.

X [signature] Date Signed

PALM BEACH COUNTY, FL CLERK OF COURT GUN CLUB BRANCH 2019 JAN 20 AM 8:20

ADMIN

HOLD for other agency | Signature of Arresting Officer X [signature] Mdivaro | Name Verified with Defendant (Juvenile) (PRINT) | Received WB

☐ Dangerous ☒ Suicidal ☐ Resisted Arrest ☐ Other | I.D. # 9147 PBPD | JAN 23 2019

Intake Deputy [signature] I.D. # 485 Pouch # | Transporting Officer Mdivaro I.D. # 9147 Agency PBPD | Witness here if subject signed with an "X" | PAGE 1 OF 1

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PBPD #0148 REV. 03/15 DISTRIBUTION: White - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - JAIL GOLD - DEFENDANT (N.T.A's Only)

PROBABLE CAUSE AFFIDAVIT

ADMIN

OBTS Number:

1 Arrest 2 NTA 3. Request for Warrant 4. Request for Capias: 1

Juvenile:

Agency ORI Number: FL0 5 0 0 6 0 0

Agency Name: PALM BEACH POLICE DEPARTMENT

Agency Report Number: 76-19-00009811

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

Special Notes:

DEF.

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
Kogan, Simone Leslie		W	F	10/26/61

CHARGES

Charge Description	Charge Description
Petit theft < $300	
Charge Description	Charge Description

VICTIM

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
Delong, Andrew	W	M	08/31/61

Local Address (Street, Apt. Number)	(City)	(State)	(Zip)	Phone	Address Source
135 Bradley Place	Palm Beach	FL	33480	561-655-4120	

Business Address (Name, Street)	(City)	(State)	(Zip)	Phone	Occupation
Publix 135 Bradley Place	Palm Beach	FL	33480		Manager

PROBABLE CAUSE STATEMENT

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....

☐ committed the below acts in my presence.

☐ confessed to _____ admitting to the below acts.

☐ was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.

☒ was found to have committed the below acts, resulting from my (described) investigation.

On the 19 day of January 20 19 at 1741 ☐ A.M. ☒ P.M. (Specifically include facts constituting cause for arrest.)

I responded to 135 Bradley Place in reference to a theft in progress. Palm Beach Communications provided a BOLO of subject and vehicle. White female, wearing a tan top and black pants entering a red BMW unk bearing Florida tag KTAZ73. Upon arrival, I observe a red BMW driven by a white female exiting the Publix parking lot. I got behind the vehicle on the 200 Block of Sunset Ave. Followed the vehicle onto North County Rd then onto Royal Poinciana Way. I conducted a traffic stop on the red BMW bearing FL tag KTAZ73 in the 200 Block of Royal Poinciana. Driver was identified via FL DL as Simone Leslie Kogan (W/F DOB 10/26/61). Kogan was wearing a tan shirt + black pants (matching the BOLO). The victim (Andrew Delong W/M DOB 8/31/61) is the Publix manager at 135 Bradley Place. Delong advised Kogan was pacing back and forth with a cart full of groceries near the registers then exited the store passing all forms of payment. Delong followed her to her vehicle he confronted her about the stolen items ($207.93). Kogan then ditched the stolen items and left in her red BMW. A show-up was completed with Delong and resulted in a positive match.

ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

NOTARY PUBLIC / CLERK OF COURT / POLICE OFFICER

Notary Public State of Florida
Gary J Parent
My Commission GG 065486
Expires 06/21/2021

01/19/19
DATE

/s/ Molinaro
SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

Molinaro 9147
NAME OF OFFICER (PLEASE PRINT)

1/19/19
DATE

PAGE 1 OF 1

DISTRIBUTION: WHITE — Court Copy GREEN — State Attorney YELLOW — Agency PINK — Agency

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D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 19 DAY OF January 20 19 AT 1741 AM PM

SUBJECT: Simone Leslie Kogan CASE NUMBER: 19-000098

AGENCY: Palm Beach Police Department ARRESTING OFFICER: Molinaro 9147

PERSONAL CONTACT

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

- Observed Kogan ~~[illegible]~~ operating the vehicle, leaving the publix parking lot. ~~[illegible]~~ Got behind Kogan to conduct traffic Stop. ~~[illegible]~~ it She exited the vehicle once she stopped on Royal Poinciana way. At that point she was ~~[illegible]~~ out of her car.

OBSERVATION OF DRIVER:

- Responded to 135 Bradley St in reference to Petit theft.
- She drove around my marked police vehicle to exit parking lot ~~[illegible]~~
- made an incorrect right hand turn onto Royal Poinciana way from county in left hand lane

DRIVER'S STATEMENTS:

- No medical problem
- Did not take medication
- No brain injuries

ODORS:

- Smell of unknown alcoholic emitting from her person and mouth area

GENERAL OBSERVATIONS

SPEECH: slurred, slow

ATTITUDE: Confrontational at times

CLOTHING: Black pants, tan shirt, black shirt, black sandals

MEDICAL/OTHER: N/A

STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 19 day of JANUARY 2019 by OFC. J. MOLINARO

(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)

Notary Public State of Florida
Gary J Parent
My Commission GG 085486
Expires 06/21/2021

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SUBJECT: Simone Leslie Kogan CASE NUMBER: 19-000098

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

- [x] LT EYE-LACK OF SMOOTH PURSUIT
- [x] LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION
- [x] LT EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES
- [x] RT EYE-LACK OF SMOOTH PURSUIT
- [x] RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION
- [x] RT EYE- ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

Other Observations:

- bloodshot/glassy eyes
- unable to stand without swaying
- smell of unknown alcohol emanating from her person and mouth area

WALK & TURN:

- Began before told to start
- Did not correctly step heel to toe at any point during task
- used hands for balance (out to the side)
- stepped 15 times one way, then 9 steps back
- incorrectly turned

ONE LEG STAND:

- Began before told to start
- dropped foot multiple times to self correct and balance
- stumbled once
- incorrectly counted out loud (skipped numbers and did not say "one thousand" before each number as instructed)
- spread hands to the side to correct balance

FINGER TO NOSE:

ROMBERG/ALPHABET:

- told to count from 57 - 82
- unable to count upwards correctly; repeated and skipped numbers
- eyes were kept open

BREATH TEST RESULTS:

STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was notarized or sworn before me this 19 day of JANUARY, 2019 by OFC. T. MOLINARO 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)

Notary Public State of Florida
Gary J Parent
My Commission GG 085486
Expires 06/21/2021

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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: 80-006029 Software: 8100.27
Date of Test: 01/19/2019

Date of Last Agency Inspection: 01/18/2019
Observation Period Began: 18:20
Subject's Name: SIMONE L KOGAN DOB: 10/26/1961 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	19:05
Air Blank	0.000	19:05
Control Test	0.082	19:06
Air Blank	0.000	19:06
Subject Sample #1	SNL*	19:09
Air Blank	0.000	19:10
Air Blank	0.000	19:12
Subject Sample #2	0.138	19:12
Air Blank	0.000	19:13
Air Blank	0.000	19:15
Subject Sample #3	0.128	19:16
Air Blank	0.000	19:17
Control Test	0.080	19:17
Air Blank	0.000	19:18
Diagnostics Check	OK	19:18

*Slope Not Level (0.132 - Breath Sample Not Reliable to Determine Breath Alcohol Level)

Cylinder Lot: 13518080A5
Exp: 08/05/2020

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 GARY J PARENT, 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: 01/19/19
Signature

Sworn to (or affirmed) before me this 19 day of JANUARY, 2019

_____ OFC. T. MOLINARO
Signature of Notary Public-State of Florida Printed Name of Notary Public-State of Florida

Note: Pursuant to section 117.10, Florida Statutes, law enforcement officers, correctional officers, traffic accident investigation officers and traffic infraction enforcement officers are notaries public when engaged in the performance of official duties. In accordance with section 316.1934(5), F.S., this completed form is admissible without further authentication and is presumptive proof of the results herein. To be used in accordance with Section 316.1934(5), F.S., and in administrative proceedings pursuant to 322.2615, F.S.

FDLE/ATP FORM 38 - MARCH 2004, Ref. 11D-8.007

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WITNESS LIST

CASE NUMBER: [illegible]

ARRESTING OFFICER [illegible]

ADDRESS [illegible]

PHONE NUMBERS (HOME) [illegible] (WORK) _____

CAN TESTIFY TO: [illegible]

NAME: [illegible]

ADDRESS [illegible]

PHONE NUMBERS (HOME) [illegible] (WORK) _____

CAN TESTIFY TO: [illegible]

NAME: [illegible]

ADDRESS [illegible]

PHONE NUMBERS (HOME) [illegible] (WORK) _____

CAN TESTIFY TO: [illegible]

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

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PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

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TESTING FACILITY TASK REPORT

AGENCY: PBSO

SUBJECT: Kuc, [illegible] L CASE NUMBER: 10-027[illegible]

DATE: 01/[illegible]/10 VIDEO TAPE NUMBER: N/A

BEGINNING TIME: 1903 ENDING TIME: 1926

BREATH TESTS RESULTS: 1) .132 DUM TIME 1909 A.M./(P.M.) 2) .128 TIME 1912 A.M./(P.M.)

3) .128 TIME 1916 A.M./(P.M.) 4) N/A TIME — A.M./P.M.

BREATH OPERATOR: C. [illegible] "Tod"

MAINTENANCE TECHNICIAN: Kaiser "Hal"

TESTING OFFICER'S OBSERVATIONS

SPEECH: ACCENT

ATTITUDE: QUIET, COMPLIANT, REFLECTIVE, MOOD SWINGS

CLOTHING: BLACK LONG SLEEVE SHIRT, BLACK SWEATS

MEDICAL CONDITIONS: [illegible] / ASTHMA

MEDICATIONS: [illegible]

OTHER: [illegible], ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE ON BREATH

A ADMITTED TO DRINKING ONE OZ. VODKA (6:A)

COMMENTS: ADVISED OF CERTIFICATE TO BE ADMITTED AS [illegible] 120 HR

A ASKED TO TAKE TEST A WOULD NOT BLOW PROPERLY AFTER SEVERAL ATTEMPTS.

A/O R.A.F/C

A STATED SHE UNDERSTOOD I/C AND AGREED TO CONTINUE

A/O R-O RIGHTS

A STATED SHE UNDERSTOOD RIGHTS

TECH ADVISED TEST RESULT A STATED OK SHE UNDERSTOOD TEST RESULTS

A/O CONDUCTED Q+A

A ANSWERED QUESTIONS

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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: Koch, [illegible] L 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? No

WHERE WERE YOU GOING? Home

WHAT STREET OR HIGHWAY WERE YOU ON? [illegible]

DIRECTION OF TRAVEL? [illegible] WHERE DID YOU START? [illegible]

WHAT TIME DID YOU START? [illegible] WHAT TIME IS IT NOW? [illegible]

WHAT IS TODAY'S DATE? [illegible] WHAT DAY OF THE WEEK IS IT? [illegible]

WHAT COUNTY AND CITY ARE YOU IN NOW? [illegible]

WHEN DID YOU LAST EAT? [illegible] WHAT DID YOU EAT? [illegible]

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? [illegible]

HOW MUCH DO YOU WEIGH? [illegible] HAVE YOU BEEN DRINKING? [illegible] WHAT? [illegible]

HOW MUCH? [illegible] WHERE? [illegible] WITH WHOM? [illegible]

WHEN DID YOU HAVE YOUR FIRST DRINK? [illegible] AND YOUR LAST DRINK? [illegible]

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? [illegible]

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? [illegible] ARE YOU UNDER THE INFLUENCE? [illegible]

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? No HOW MUCH? _____

WHAT? _____ WHERE? _____ WHEN? _____

WHAT LINE OF WORK ARE YOU IN? [illegible] WHEN DID YOU LAST WORK? _____

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? [illegible] WHAT? _____

ARE YOU SICK OR INJURED? [illegible] WHAT'S WRONG? _____

DO YOU LIMP? [illegible] DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? [illegible]

WERE YOU IN AN ACCIDENT TODAY? [illegible]

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? No WHEN? _____

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? [illegible] WHO? _____ WHY? _____

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? Yes WHAT? [illegible] WHEN? _____

DO YOU HAVE:
- EPILEPSY? [illegible]
- GLASS EYE? [illegible]
- FALSE TEETH? [illegible]
- EAR INFECTION? [illegible]
- INNER EAR TROUBLE? [illegible]
- DIABETES? [illegible]

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

DO YOU TAKE INSULIN? [illegible] IF SO, WHEN WAS YOUR LAST INJECTION? _____

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? [illegible] WHERE? _____

INTERVIEWER: [illegible]

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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: 2019002267	**Date:** 01/20/2019
	Specialist Name/ID: AM/31562