ARREST / NOTICE TO APPEAR

OBTS Number: 0502790 | PH 717

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

ADMINISTRATION

Agency ORI Number	Agency Name	Agency Report Number (N.T.A.'s only)
0501700	Jupiter Police Department	5 | 4 | 19-003450

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:

Location of Arrest (Including Name of Business): 5500 MLITARY TRL/DONALD ROSS RD

Location of Offense (Business Name, Address): 5500 MILITARY TRL/DONALD ROSS RD, JUPITER, FL 33458

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
07/28/2019	19:26	07/28/2019	19:36	/ / : :		5500 MILITARY TRL

DEFENDANT

Name (Last, First, Middle): MAYFIELD, STEVEN K

Alias (Name, DOB, Soc. Sec. #, Etc.): 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	M	08/30/1985	5'10	186	GREEN	BROWN	LIGHT	Medium

Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description):

Marital Status: S | Religion: ATHEIST

Indication of: Alcohol Influence ☒ Yes ☐ No ☐ Unk. | Drug Influence

Local Address (Street, Apt. Number) (City) (State) (Zip): 5200 CENTRAL GARDENS WAY 203, PALM BEACH GARDENS, FL 33418

Phone:

Residence Type: 1. City 2. County 3. Florida 4. Out of State | 2

Permanent Address (Street, Apt. Number) (City) (State) (Zip): 5200 CENTRAL GARDENS WAY 203, PALM BEACH GARDENS, FL 33418

Phone:

Address Source: VERBAL

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

Phone:

Occupation: Slef

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
M143791853100 / FL	[redacted]		AKRON, OH, United	US

CO-DEF

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

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

JUVENILE

☐ Parent ☐ Other: ☐ Legal Custodian

Name (Last, First, Middle):

Residence Phone:

Address (Street, Apt. Number) (City) (State) (Zip): 1-OR

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. Dispense/ Distribute M. Manufacture/ Produce/ Cultivate Z. Other

Drug Type: N. N/A A. Amphetamine B. Barbiturate C. Cocaine E. Heroin H. Hallucinogen M. Marijuana O. Opium/Deriv. P. Paraphernalia/ Equipment S. Synthetic U. Unknown Z. Other

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #
DUI - 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		

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		

FILED
JUL 29 2019
SHARON R. BOCK
Clerk & Comptroller

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): North County PALM BEACH GARD

Court Date and Time: 09/04/2019 08:30:00

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 COMTEMPT 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: ☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other

Signature of Arresting Officer: #388/1216

Name Verification (Printed by Arrestee) (PRINT): JUL 28 PM 3:13

Name of Arresting Officer (Print) I.D. #: MCGILLICUDDY, STEVEN 1216

Intake Deputy I.D. # Pouch #: J.V.S B. SHATARA #7623

Transporting Officer I.D. # Agency: S. MCGILLICUDDY 388 JUPITE

Witness here if subject signed with an "X".

PAGE 1 OF 1

☒ COURT ☐ STATE ATTORNEY [redacted]

2019CTD14166 AUG 02 2019

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PROBABLE CAUSE AFFIDAVIT

ADMIN

OBTS Number:

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

JUVENILE:

Agency ORI Number	Agency Name	Agency Report Number
FL 0501700	JUPITER POLICE DEPARTMENT	5 | 4 | 19-003450

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
MAYFIELD, STEVEN K		W	M	08/30/1985

CHARGES

Charge Description	Charge Description
316.193(1) DUI - DRIVING WHILE UNDER INFLUENCE	

VICTIM

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
State Of Florida			

Local Address (Street, Apt. Number)	(City)	(State)	(Zip)	Phone	Address Source

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

PROBABLE CAUSE STATEMENT

The undersigned certifies and swears that he/she has just and resonable 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 facts.

☒ was observed by OFC. LOWE who told ME that he/she saw the arrested person committ the below acts.

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

On the 28 day of July, 2019 at 18:18 (Specifically include facts constituting cause for arrest.)

On 7/28/2019 at approximately 1818 hrs, I responded to the area of Military Trail/Donald Ross Road, in reference to a traffic nuisance investigation. Details of the call stated that there was a male subject passed out behind the wheel of a black BMW at the intersection. Upon arrival on scene, I observed a black BWM facing southbound on Military trail with PBCFR personnel and Ofc. Lowe on scene already. I spoke with Ofc. Lowe who advised me that upon arrival on scene, he observed the driver of the BMW, now known to me as Steven Mayfield (DEFENDANT) passed out behind the wheel of the vehicle. The vehicle in question is a black BMW 750 bearing FL tag CGV-Z18. Lowe advised me that upon waking up Mayfield he detected the strong odor of alcohol emitting from his person. Mayfield advised Lowe that he was diabetic. PBCFR evaluated Mayfield`s blood sugar on scene and determined that it was within normal limits (Station 16, RUN #80236). I then took over the investigation.

Upon contacting Mayfield, he was seated in the left rear passenger of his BMW. I introduced myself and advised him that the other officers had expressed concern about his possible impairment. I asked Mayfield where he was coming from and he said a party at his sister`s house. I asked how much he had to drink at the party. He was initially not honest but then stated that he had three "white claws". I asked him on a scale from 1-10 with 1 being sober and 10 being the most intoxicated he has ever been where would he rate himself. He stated he was at a three. While speaking to Mayfield I detected a strong odor of alcohol beverage emitting from his person and his breath. The odor of alcoholic beverage intensified as he spoke. Mayfield had glassy, bloodshot eyes and spoke with extremely slurred speech. I did not detect an accent.

I advised Mayfield that due to the indicators of impairment that I was observing I wanted to have him perform field sobriety exercises. He advised me that he would not participate in the exercises. I then read Mayfield his Taylor warning, advising him that if he did not participate in the exercises, then I would have to make a DUI arrest

ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

BEVERLY SUE OWEN
MY COMMISSION # GG 188278
EXPIRES: May 30, 2022
Bonded Thru Notary Public Underwriters

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

MCGILLICUDDY, STEVEN (1216)
NAME OF OFFICER (PLEASE PRINT)

07/28/2019
DATE

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

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ADMIN

OBTS Number

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

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

Agency ORI Number: FL 0501700

Agency Name: JUPITER POLICE DEPARTMENT

Agency Report Number: 5 | 4 | 19-003450

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): MAYFIELD, STEVEN K

Alias

Race	Sex	Date of Birth
W	M	08/30/1985

PROBABLE CAUSE STATEMENT

decision based on what I had observed thus far. I then asked him again if he would consent to participation in field sobriety exercises. He again refused. Based on my observations and the totality of the circumstances, I had probable cause to believe that Steven Mayfield was in operational control of a motor vehicle, and during such operation he was impaired by an alcoholic beverage and/or a chemical or controlled substance to the point where his normal faculties were impaired. I placed Mayfield under arrest for DUI at 1844 hrs.

I then transported Mayfield to the Palm Beach County Breath Alcohol Testing Center, arriving at 1918 hrs. I then placed him under the 20 minute observation period, during which I did not observe him consume nor regurgitate anything. We then went on video with BAT Technician (#3184) during which time I asked Mayfield for a breath sample. He refused. I then read him implied consent on video and he refused, with a marked refusal time at 1940 hrs. I then completed necessary paperwork and booked Mayfield into the Palm Beach County Jail on the above law offense. He was given a court date of 9/4/2019 at 0830 hrs at the North County Courthouse in Palm Beach Gardens, Fl. The vehicle was towed from the scene by North County Towing. My BWC was utilized during this investigation.

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ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117.10)

7/29
DATE

BEVERLY SUE OWEN
COMMISSION # GG 188278
EXPIRES: May 30, 2022
Bonded Thru Notary Public Underwriters

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER #3881126

MCGILLICUDDY, STEVEN (1216)
NAME OF OFFICER (PLEASE PRINT)

07/28/2019
DATE

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

19-003450

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

I, **Officer MCGILLICUDDY** (Name of Officer reading Implied Consent Warning), a duly certified Law Enforcement Officer or Correctional Officer,

am a member of **Jupiter Police Department** (Name of law enforcement agency), and I do swear

or affirm that on or about the **28TH** day of **JULY**, 20 **19**, at **1844** ☑ P.M ☐ A.M.

DRIVER (Type or Print) **STEVEN** (FIRST NAME) **K** (MIDDLE OR MAIDEN NAME) **MAYFIELD** (LAST NAME),

DL# **M143-791-85-310-0**, state of **FLORIDA**, was placed under lawful arrest for

the offense of **DUI 1ST OFFENSE** by **Officer MCGILLICUDDY** (Name of Arresting Officer) and

issued Citation # **AATBKQE**.

That on or about the **28TH** day of **JULY**, 20 **19**, at **1940** ☑ P.M ☐ A.M.

in **Palm Beach** County,

I requested that the driver submit to a X **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.

#388/1216

Signature of Law Enforcement Officer or Correctional Officer

THE AFFIDAVIT MUST BE NOTARIZED OR ATTESTED TO (F.S. 117.10)

The foregoing instrument was sworn and subscribed before me:

Signature of Attesting Officer

Title **POLICE OFFICER**

Date **7/28/2019**

(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before me this 28th day of July, 20 19,

by **Officer MCGILLICUDDY 388**,

who is personally known to me or who has produced

as identification.

Notary Public **Sue Owen (#3184)**

BEVERLY SUE OWEN
MY COMMISSION # GG 188278
EXPIRES: May 30, 2022
Bonded Thru Notary Public Underwriters

Note: Mail or hand deliver to the designated Bureau of Administrative Reviews office, Department of Highway Safety and Motor Vehicles, with the driver's license, the appropriate copy of the UTC, and the probable cause affidavit.

HSMV-BAR1001 (REV. 10/2016)

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

PBSO CASE # 19-098023 PBSO ZONE 3-16

AGENCY CASE # 19-003450 CRASH CASE #

TIME OF STOP/CRASH 1818 DATE 07/28/2019 DAY SUNDAY

SUBJECT'S NAME MAYFIELD (LAST) STEVEN (FIRST) K (MID) RACE W SEX M

HGT 5'10 WGT 186 DOB 8/30/1985

LOCATION S MILITARY TRAIL/DONALD ROSS ROAD

ARRESTING OFFICER'S NAME & ID MCGILLICUDDY 388 AGENCY JUPITER PD

DIVISION: POLICE

NOTIFIED BY COMMO Yes

ARRIVAL AT FACILITY 1918

ARREST TIME 1844

BREATH RESULTS:

1) REFUSED

2)

3)

4)

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TESTING OFFICER'S ID 3184 PBSO VIDEOTAPE # N/A

TESTING FACILITY TASK REPORT

AGENCY: _____

SUBJECT: _____ CASE NUMBER: _____

DATE: _____ VIDEO TAPE NUMBER: _____

BEGINNING TIME: _____ ENDING TIME: _____

BREATH TESTS RESULTS: REFUSED 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: _____

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WITNESS LIST

CASE NUMBER: 19-003450

ARRESTING OFFICER: MCGILLICUDDY

ADDRESS: 210 Military Trl. Jupiter, FL 33458

PHONE NUMBERS (HOME): _____ (WORK) (561) 746-6201

CAN TESTIFY TO: PC

NAME: OFC C. LOWE

ADDRESS: 210 MILITARY TRL

PHONE NUMBERS (HOME) _____ (WORK) 561-746-6201

CAN TESTIFY TO: DEFENDANT BEING IN OPERATIONAL CONTROL OF THE VEHICLE

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

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CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

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SUBJECT: _____ CASE NUMBER: _____

IMPLIED CONSENT FOR DUI IN A MOTOR VEHICLE

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

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

-OR-

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

-OR-

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

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

I am _____ of the _____.

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

SUBJECT'S SIGNATURE: (X)_____

CONSTITUTIONAL WARNINGS

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

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

SUSPECT'S SIGNATURE: (X) N/VEO

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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: _____

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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:	

NOT A CERTIFIED COPY

REVIEW COMPLETED BY

Booking Number: 2019024581	**Date:** 07/29/2019
	Specialist Name/ID: AM/31562