

0086308

19CT16112ASB

764

OBTS Number		<b>ARREST / NOTICE TO APPEAR Juvenile Referral Report</b>				1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	Juvenile	N		
ADMINISTRATION	Agency ORI Number <b>FL 0500300</b>	Agency Name <b>BOYNTON BEACH POLICE DEPT.</b>			Agency Report Number <b>34-19-048930</b>							
	Charge Type: Check as many as Apply.		<input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 8. Other		If Weapon Seized Enter Type		Multiple Clearance Indicator					
	Location of Arrest (Including Name of Business) <b>400 NE 10TH AVE, BOYNTON BEACH, FL, 33435</b>					Location of Offense (Business Name, Address) <b>400 NE 10TH AVE, BOYNTON BEACH, FL, 33435</b>						
DEFENDANT	Date of Arrest <b>08/29/2019</b>	Time of Arrest <b>2050</b>	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle					
	Name (Last, First, Middle) <b>MAESEL, STUART, RONALD</b>					Alias (Name, DOB, Soc. Sec. #, Etc)						
	W - White B - Black	I - American Indian O - Oriental / Asian	Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>03/12/1957</b>	Height <b>6'01"</b>	Weight <b>220</b>	Eye Color <b>BLU</b>	Hair Color <b>BALD</b>	Complexion <b>FAIR</b>	Build <b>HVY</b>	
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)					Marital Status <b>SINGLE</b>	Religion <b>N/A</b>	Indication of: Alcohol Influence <input type="checkbox"/> <input type="checkbox"/> Drug Influence <input type="checkbox"/> <input type="checkbox"/>				
	Local Address (Street, Apt. Number) <b>19 NE 10TH ST,</b>			(City) <b>DELRAY BEACH,</b>	(State) <b>FL,</b>	(Zip) <b>33444</b>	Phone <b>(954)554-3159</b>		Residence Type 1. City 3. Florida 2. County 4. Out of State			
	Permanent Address (Street, Apt. Number)			(City)	(State)	(Zip)	Phone		Address Source <b>FL DL</b>			
	Business Address (Street, Apt. Number)			(City)	(State)	(Zip)	Phone		Occupation <b>UNK</b>			
	DL Number, State <b>M240796570920</b>		INS Number		Place of Birth <b>BALTIMORE, MD</b>		Citizenship <b>YES</b>					
	Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large		<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile			
	Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large		<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 6. Juvenile			
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other		Name (Last)		(First)	(Middle)	Residence Phone						
Address (Street, Apt. Number)		(City)	(State)	(Zip)	Business Phone							
JUVENILE	Notified by: (Name)		Date	Time	Juvenile Disposition 1. Handled/Processed within Dept. and Released 2. TOT HRS/DYS 3. Incarcerated							
	Released To: (Name)		Relationship		Date	Time						
	The above address was 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's Office (Phone 561-355-2528) informed of any change of address:						School Attended		Grade			
	<input type="checkbox"/> Yes, By: (Name) <input type="checkbox"/> No: (Reason)		Description of Property				Value of Property					
	Property Crime? Yes <input type="checkbox"/> No <input type="checkbox"/>											
CHARGE	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. Barbituate C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana O. Opium/Deriv.	P. Paraphernalia/ Equipment S. Synthetic	U. Unknown Z. Other
	Charge Description <b>DUI</b>		Counts <b>01</b>	Domestic Violence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Statute Violation Number <b>316.193.1</b>		Violation of ORD#					
	Drug Activity <b>N</b>	Drug Type <b>N</b>	Amount/Unit <b>N/A</b>	Offense # <b>19-048930</b>	Warrant/Capias Number		Bond		<b>OR</b>			
	Charge Description		Counts	Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No	Statute Violation Number		Violation of ORD#					
	Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number		Bond					
CHARGE	Charge Description		Counts	Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No	Statute Violation Number		Violation of ORD#					
	Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number		Bond					
	Charge Description		Counts	Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No	Statute Violation Number		Violation of ORD#					
	Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number		Bond					
	Charge Description		Counts	Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No	Statute Violation Number		Violation of ORD#					
Drug Activity	Drug Type	Amount/Unit	Offense #	Warrant/Capias Number		Bond						
NOTICE TO APPEAR	<input type="checkbox"/> Instruction No. 1 Mandatory Appearance in Court <input type="checkbox"/> Instruction No. 2 You need not appear in Court but must Comply with instruction on reverse side.		Location (Court, Room Number, Address) <b>South County Courthouse, 200 West Atlantic Ave, Delray Beach, FL 33444</b>									
			Court Date and Time Month <b>SEPTEMBER</b> Day <b>23</b> Year <b>2019</b> Time <b>08:30</b>									
	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) <i>[Signature]</i>					Date Signed					
ADMIN	HOLD for other Agency Name:		Signature of Arresting Officer <i>[Signature]</i>			Name Verification (Printed by Arrestee) (PRINT)						
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print) <b>K. THOMAS</b>			I.D. # <b>1117</b>		BU#				
	Intake Deputy <i>[Signature]</i>		Pouch #	Transporting Officer <b>K. THOMAS</b>		I.D. # <b>1117</b>	Agency <b>BBPD</b>	Witness here is subject Signed with an 'X'.			Page <b>1 OF 1</b>	

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AUG 30 2019

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 29 DAY OF August 2019 AT 08:50  A.M.  P.M.

CASE #: 19048930 DEFENDANT: MAESEL, STUART, ROLAND

**PERSONAL CONTACT/DRIVING PATTERN/OBSERVATION OF DRIVER:**

On August 29, 2019 at approximately 2050 hrs, I responded to 400 NE 10<sup>th</sup> Ave in reference to a traffic stop being conducted by Officer C. Rivera #901.

Upon arrival I made contact with Officer C. Rivera. Officer C. Rivera advised that she observed a White 2009 Volkswagon bearing FL Tag #HMF60 make an illegal right turn from NE 5<sup>TH</sup> Ave to travel southbound on N. Federal Highway (N. SR 5). Officer Rivera conducted a registration check on the license plate from the vehicle which came back to a 2001 Green Jaguar and that the tag expired on 03/12/19. Officer Rivera advised that she then made a U-Turn to locate the vehicle. Officer Rivera advised that the vehicle was located in the 1000 block of N SR5. Based on the above infractions Officer Rivera advised that she conducted a traffic stop on said vehicle in the 400 block of NE 10<sup>TH</sup> AVE. Officer Rivera advised that she then made contact with the driver Maesel, Stuart (03/12/57). Upon making contact Officer Rivera advised that upon asking for Maesel's documentation she smelled the odor of an unknown alcoholic substance emanating from Maesel's body and breath. Officer Rivera advised that Maesel's speech was slurred and that his eyes were bloodshot/glassy. Officer Rivera then contacted me with the belief that Maesel was under the influence of an unknown alcoholic substance and to assist with a DUI investigation.

I then made contact with Maesel, who was still sitting in the driver seat of the vehicle. I introduced myself to Maesel and checked on his welfare. Within seconds I noticed Maesel's slurred speech pattern and the scent of an unknown alcoholic substance emanating from Maesel's body and breath. Maesel advised that he was not aware of the reason for the stop and that he was headed to his home in Delray Beach. Maesel appeared to be aggravated with the incident. Due to Maesel's actions I requested that he exited his vehicle and walked to the front of my fully marked patrol vehicle. Again Maesel appeared to be aggravated with the incident. While walking to the front of my patrol vehicle Maesel swayed side to side. Once in front of my patrol vehicle I asked Maesel if he had consumed any alcoholic beverages tonight. Maesel advised that he consumed a total of two beers. When asked where he was going, Maesel advised that he was going to his residence located in Delray Beach. Maesel was first seen by Officer Rivera traveling south on N. SR 5 then north on N. SR 5, traveling the opposite direction from his residence. Based on the above facts, I asked Maesel if he would be willing to submit to a series of Standardized

Field Sobriety Tasks, which he agreed to. Before beginning the tasks, I asked Maesel if he wears Eye glasses or contact, which he stated no. See the following:

Pen Exercise: During the task Maesel swayed side to side, numerous times and could not keep his hands down at his side. Maesel appeared to be annoyed with the exercise. Maesel had a difficult time following the stimulus with his eyes only, without moving his head. There were times where Maesel with not follow the stimulus at all and would look straight forward. During the task Maesel stepped away and just stopped.

**HORIZONTAL GAZE NYSTAGMUS:**

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Left eye does not follow smoothly                 | <input checked="" type="checkbox"/> Right eye does not follow smoothly                 |
| <input checked="" type="checkbox"/> Left eye prior to 45 degrees                      | <input checked="" type="checkbox"/> Right eye prior to 45 degrees                      |
| <input checked="" type="checkbox"/> Distinct jerking in left eye at maximum deviation | <input checked="" type="checkbox"/> Distinct jerking in right eye at maximum deviation |
| <input checked="" type="checkbox"/> Vertical Nystagmus in left eye                    | <input checked="" type="checkbox"/> Vertical Nystagmus in right eye                    |

**WALK AND TURN:**

The following was demonstrated and explained to Maesel, which he stated that he understood. During the instructional stage, Maesel could not keep his balance and started the task to soon numerous times. Maesel continued to sway side to side. Maesel was very argumentative and would talk over me, not allowing me to properly explain the task. During the walking stage, Maesel could not walk as directed and walked a total of eleven steps before turning around. Maesel walked in a normal manner, missing every heel to toe step. Maesel took eleven returning steps, in a normal manner as well. Maesel lost his balance multiple times throughout the task and used his arms for balance throughout the task.

**ONE LEG STAND:**

The following task was demonstrated and explained to Maesel, which he stated that he understood the task and had no questions. During the instructional stage Maesel kept speaking over me and could not stand with his hands down at his sides. I then had to re-explain the task to Maesel multiple times. Maesel then became argumentative and began to speak over me as I was explaining the task to him. At this time Officer Castro intervened and advised Maesel of his Taylor Warnings. Maesel advised that he understood. Maesel still refused to listen and follow directions. Due to Maesel's behavior and refusing to cooperate his actions were consider a refusal. Maesel did not complete the task.

**FINGER TO NOSE:**

Refused

**ROMBERG/ALPHABET:**

Refused

Based on the above facts, Maesel was placed into custody under suspicion of DUI (D/L and Spaced). Maesel was then placed in the back seat of my vehicle (4734) and was transported to

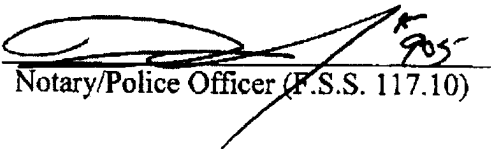
the Palm Beach County BAT facility. We arrived at the facility at 2145hrs, started my 20 minutes observations at 2147 and completed it at 2207. Upon completion I requested Maesel to provide a sample of his breath to determine the alcohol content, which he agreed to. Maesel provide two accurate breath samples which were .164 and .175. I then read Maesel his Miranda Warnings, which he stated that he understood. Maesel did not complete the Q & As. Investigation was completed at this time.

Based on the above facts I've established Probable Cause to arrest Maesel with 1M count of DUI pursuant with F.S.S. 316.193.1. Maesel was processed and later TOT PBCJ.

Incident was captured via BWC and in-car videos, which were later entered into the Boynton Beach Police Evidence. Maesel vehicle was removed from scene by Beck's Towing.

Nothing further.

The following instrument was sworn to before me this 29 day of August 2019  
By: PERSONALLY KNOWN/ K. THOMAS

  
Notary/Police Officer (F.S.S. 117.10)

  
Signature of Arresting Officer

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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: 80-006478 Software: 8100.27  
Date of Test: 08/29/2019

Date of Last Agency Inspection: 08/16/2019  
Observation Period Began: 21:47  
Subject's Name: STUART R MAESEL

DOB: 03/12/1957 Sex: M

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	22:14
	Air Blank	0.000	22:14
	Control Test	0.080	22:15
	Air Blank	0.000	22:15
	Subject Sample #1	0.164	22:16
	Air Blank	0.000	22:16
	Air Blank	0.000	22:18
	Subject Sample #2	0.175	22:20
	Air Blank	0.000	22:20
	Control Test	0.081	22:21
	Air Blank	0.000	22:21
	Diagnostics Check	OK	22:21

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 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: \_\_\_\_\_

Signature

Date: 08/29/19

Sworn to (or affirmed) before me this 29 day of AUGUST, 2019

Gary J. Parent III  
Signature of Notary Public-State of Florida

OFC. K. THOMAS  
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 322.56.5, F.S.

# TESTING FACILITY TASK REPORT

AGENCY: BBPD

SUBJECT: MAESEL, STUART R. CASE NUMBER: 19-109658

DATE: 08/29/19 VIDEO TAPE NUMBER: N/A

BEGINNING TIME: 2210 ENDING TIME: 2224

BREATH TESTS RESULTS: 1) .164 TIME 2216 A.M. (P.M.) 2) .175 TIME 2220 A.M. (P.M.)  
3) N/A TIME — A.M./P.M. 4) N/A TIME — A.M./P.M.

BREATH OPERATOR: G. PARENT #7909

MAINTENANCE TECHNICIAN: KAALECKE #6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: THICK

ATTITUDE: UPSET, COCKY, ARROGENT, THREATENING

CLOTHING: MINI GREEN SHORTS, L/S LT. BLUE STRIPPED BUTT-DOWN SHIRT, BROWN CROCKERS

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER: EYES GLASSY AND SLIGHTLY BLOODSHOT, ODOOR OF AN UNKNOWN ALCOHOLIC BEVERAGE ON BREATH

COMMENTS: ARRIVED AT CENTER A/O BEGAN THE 20 MINUTE OBSERVATION PERIOD AT 2147 HRS.

A WOULD NOT ANSWER MOST OF CAMERA FORMAT QUESTIONS BUT AGREED TO TAKE TEST

A/O READ RIGHTS

A STATED HE UNDERSTOOD RIGHTS

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TECH. READ BREATH TEST RESULTS A STATED THAT IS GOOD TECH. TOLD HIM NO HE IS OVER HE THEN STATED HE UNDERSTOOD BUT DOESN'T THINK ITS RIGHT

A/O ATTEMPTED Q+A

A ANSWERED A COUPLE OF QUESTIONS THEN EVOKES RIGHT.

SUBJECT: MAESEL, STUART R. CASE NUMBER: 19-048930

**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.

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SUSPECT'S SIGNATURE: (X) READ ON CAMERA

SUBJECT: MAESEL, STUART R CASE NUMBER: 19-048930

## 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? Home

WHAT STREET OR HIGHWAY WERE YOU ON? #1 I don't know

DIRECTION OF TRAVEL? W 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? NO 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? NO WHAT? \_\_\_\_\_

ARE YOU SICK OR INJURED? \_\_\_\_\_ WHAT'S WRONG? NO

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? \_\_\_\_\_

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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: \_\_\_\_\_

CASE #: 19048930

DEFENDANT: MAESEL, STUART, ROLAND

Arresting Officer: K. THOMAS

Address: 100 E. Boynton Beach Boulevard Boynton Beach, FL 33435

Phone Numbers: Home: \_\_\_\_\_ Work: (561) 742-6100

Name: D. CASTRO

Address: 209 N SEACREST BLVD, BOYNTON BEACH, FL, 33435

Phone Numbers: Home: \_\_\_\_\_ Work: (561)742-6100

Can testify to: THE INVESTIGATION

Name: C. RIVERA

Address: 209 N SEACREST BLVD, BOYNTON BEACH, FL, 33435

Phone Numbers: Home: \_\_\_\_\_ Work: 561)742-6100

Can testify to: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Can testify to: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_

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Address: \_\_\_\_\_

Phone Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Can testify to: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Can testify to: \_\_\_\_\_

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

REVIEW COMPLETED BY

Booking Number: 2019028414	Date: 08/30/2019
	Specialist Name/ID: howardt/7185

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