ARREST / NOTICE TO APPEAR

1SC120172 126

OBTS Number: 050 2949

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

JUVENILE: N

ADMINISTRATION

Agency ORI Number	Agency Name	Agency Report Number (N.T.A.'s only)
0501700	Jupiter Police Department (NR)	5 4 18-005476

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: 1

Location of Arrest (Including Name of Business)	Location of Offense (Business Name, Address)
2545 MILITARY TRL. JUPITER, FL 33458	2999 MILITARY TRL/INDIAN CREEK PKWY, JUPITER, FL

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
11/10/2018	21:10	11/10/2018	21:20			

DEFENDANT

Name (Last, First, Middle): HUTCHERSON, TINA LOUISE

Alias (Name, DOB, Soc. Sec. #, Etc.): Alias:

Race (W - White, I - American Indian, B - Black, O - Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	F	01/03/1971	5'04n	135	BLUE	BLACK	LIGHT	Thin

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

Marital Status: S — Religion: OTHER

Indications of: Alcohol Influence ☒ Yes ☐ No ☐ Unk; Drug Influence

Local Address (Street, Apt. Number)	(City)	(State)	(Zip)	Phone	Residence Type (1 City, 2 County, 3 Florida, 4 Out of State)
275 PALM AVE, JUPITER, FL 33477				(706) 457-4638	1

Permanent Address (Street, Apt. Number)	(City)	(State)	(Zip)	Phone	Address Source
275 PALM AVE, JUPITER, FL 33477				(706) 457-4638	SPOKEN

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

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
055359804 / GA	[redacted]		COLUMBUS, GA	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) — 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. — School Attended — Grade

☐ Yes, by ☐ No — 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 - ENHANCED BAC OVER .15	316.193(4) CY	

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
	N	/		1	☐ Y ☒ N		8/R

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): North County PALM BEACH GARD

Court Date and Time: 12/12/2018 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 CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.

X [signature]

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

No Photo Available

ADMIN

HOLD for Other Agency

☐ Dangerous ☐ Felon ☐ Resisted Arrest ☐ Other

Signature of Arresting Officer: [signature] 383

Name of Arresting Officer (Print): YOCHUM, CRAIG — ID #: 1185

Name Verification (Printed by Arrestee) (PRINT): (NR)

Intake Officer: [signature] — I.D. #: 4813 — Pouch #

Transporting Officer: OFC. C. YOCHUM — I.D. #: 383 — Agency: JPD

Witness here if subject signed with an "X"

PAGE 1 OF 1

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D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 10th DAY OF November 20 18, AT 8:49 AM ✓ PM

SUBJECT: Hutcherson Tina L CASE NUMBER: 18-005476

AGENCY: Jupiter Police Department ARRESTING OFFICER: Craig Yochum # 383

PERSONAL CONTACT

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

On the aforementioned date and time, I responded to the area of S.R. 809 (Military Trl.) and Indian Creek Pkwy., in the Town of Jupiter, Palm Beach County, FL as a backup unit for Sergeant Bujnowski who had conducted a traffic stop on a white 2015 Acura SUV bearing GA tag # CHA6670. Upon arrival, I was advised by Sgt. Bujnowski that he observed the aforementioned vehicle stopped, in the center lane of S.R. 809, near the Admiral's Crossing Plaza (3755 Military Trl.). It should be noted there are no traffic control devices in the area, other than a flashing emergency traffic control signal, near that location. Sgt. Bujnowski advised me the vehicle was not stopped for the emergency traffic control signal. Sgt. Bujnowski advised he followed the vehicle and conducted a traffic stop near the intersection of S.R. 809 and Indian Creek Pkwy. Sgt. Bujnowski advised the vehicle was somewhat slow to stop but stopped just east of the intersection, on Indian Creek Pkwy. When I made contact with Sgt. Bujnowski, he was holding the driver's GA driver license in his hand. See supplement from Sgt. Bujnowski.

OBSERVATION OF DRIVER:

I made contact with the driver, who was later identified to me to be Tina Hutcherson (w/f; 01/03/1971) by her valid GA driver license. I observed Hutcherson was sitting in the front driver seat of the aforementioned vehicle and she was the sole occupant of the vehicle. I immediately observed Hutcherson had bloodshot, glassy eyes. As I spoke with Hutcherson, I could smell the odor of an unknown alcoholic beverage on her breath, which intensified as she spoke. The more I spoke with Hutcherson, I could hear that she spoke with slurred speech. As I was standing outside the driver window of the vehicle, I observed Hutcherson was wearing a blue disposable wristband on her right wrist. I recognized this wristband to be commonly given out during events or at establishments that serve alcoholic beverages to identify individuals over the age of 21. When I requested Hutcherson exit her vehicle, I observed it appeared as though she was unsteady on her feet, as she was swaying back and forth while standing on the sidewalk.

DRIVER'S STATEMENTS:

Hutcherson advised she was coming from a chili cook off in Tequesta. From Sgt. Bujnowski's observations of the vehicle traveling north on S.R. 809, Hutcherson was traveling towards Tequesta. Hutcherson advised she consumed a few beers throughout the course of the day (stating she drank 2 12 ounce draft beers). Hutcherson advised she had consumed chili between her alcoholic beverage consumption. When asked, Hutcherson immediately consented to perform Standardized Field Sobriety Tasks. Hutcherson advised she did not have any medical conditions, or that she was taking any medications. Hutcherson advised she was wearing soft-lens contacts but that she did not have any problems with her eyes that were not corrected by contacts.

ODORS:

Odor of unknown alcoholic beverage on person, which intensified as Hutcherson spoke.

GENERAL OBSERVATIONS

SPEECH: **Slurred**

ATTITUDE: **Polite, Respectful, Cooperative**

CLOTHING: **Red shirt, White shorts, Brown sandals**

MEDICAL/OTHER: **None stated**

STATE OF FLORIDA
COUNTY OF PALM BEACH

583
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 10th day of November 20 18 by Officer Craig Yochum # 383

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

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

KERIANE MARIE MOYNIHAN
Notary Public - State of Florida
Commission # GG 035116
My Comm. Expires Oct 5, 2020
Bonded through National Notary Assn

NOT A CERTIFIED COPY

SUBJECT: Hutcherson Tina CASE NUMBER 18-005476

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

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

Other Observations:

Hutcherson had to be reminded several times to keep her head still and follow the stimulus only with her eyes. Hutcherson continued to slightly move her head while checking for Distinct and Sustained Nystagmus at Maximum Deviation and this task had to be completed three times for me to observe the nystagmus. Hutcherson would anticicpate the location of the stimulus and move her eyes to the location she thought the stimulus was going to move, prior to the stimulus moving to that location.

WALK & TURN:

During the Instructions Stage, Hutcherson started the task before being told to begin. I had to advise Hutcherson not to start until told to do so. When told to begin, Hutcherson missed heel-to-toe on every step, leaving gaps of several inches between the heel of one foot and the toe of the other. Hutcherson stepped off the line, to the right on steps 2, 5, and 7. Hutcherson turned improperly by pivoting on the balls of both her feet. After turning around, Hutcherson paused for several seconds, apparently forgetting to walk back down the line, as instructed. I reminded Hutcherson to walk back down the line and she again missed heel-to-toe on all nine steps, leaving gaps of several inches between steps. Hutcherson stepped off the line on steps 2 and 6.

ONE LEG STAND:

Hutcherson raised her right foot of the ground for this exercise. Hutcherson used her arms to balance herself throughout the exercise. Hutcherson placed her right foot on the ground several times during the timed 30 second period. Hutcherson had to be reminded several times to continue with the task until I told her to stop. Hutcherson appeared to lose her balance (to the front) after approximately 10 seconds and took one large step in front of her, placing her right foot on the ground to keep her balance.

FINGER TO NOSE:

On the first call of left, Hutcherson touched the pad of her left finger to the tip of her nose. On the first call of right, Hutcherson touched the pad of her right finger to the side of her nose (touching the outside left nostril). On the second call of left, Hutcherson touched the pad of her left finger to the tip of her nose. On the second call of right, Hutcherson touched the pad of her right finger to the tip of her nose. On the final call of right, Hutcherson initially raised her left arm from her side but corrected herself and touched the pad of her finger (around her first knuckle) to the tip of her nose. On the final call of left, Hutcherson touched the pad of her left finger to the tip of her nose.

ROMBERG ALPHABET:

During this exercise, I observed Hutcherson swaying from side to side. Hutcherson began the task as instructed but grouped the following letters together: QRS TUV WXYZ

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BREATH TEST RESULTS: 1) .173 | 2) .187 | 3) | 4)

STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer) 587

The foregoing instrument was sworn to or affirmed and subscribed before me this 10th day of November 20 18 by Officer Craig Yochum # 383

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

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

KERIANE MARIE MOYNIHAN
Notary Public - State of Florida
Commission # GG 036116
My Comm. Expires Oct 5 2020
Bonded through National Notary Assn.

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: 80-006240 Software: 8100.27
Date of Test: 11/10/2018

Date of Last Agency Inspection: 10/19/2018
Observation Period Began: 21:50
Subject's Name: TINA L HUTCHERSON DOB: 01/03/1971 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	22:23
Air Blank	0.000	22:23
Control Test	0.081	22:24
Air Blank	0.000	22:24
Subject Sample #1	0.173	22:26
Air Blank	0.000	22:27
Air Blank	0.000	22:28
Subject Sample #2	0.187	22:29
Air Blank	0.000	22:30
Control Test	0.080	22:30
Air Blank	0.000	22:30
Diagnostics Check	OK	22:31

Cylinder Lot: 05218080A3
Exp: 05/05/2020

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 KERIANE M MOYNIHAN, 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: Keriane M Moynihan Date: 11/10/18
Signature

Sworn to (or affirmed) before me this 10 day of November, 2018

Signature of Notary Public-State of Florida

Ofc. C. Yochum
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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PALM BEACH COUNTY SHERIFF'S OFFICE
DUI TESTING FACILITY
INFORMATION SHEET

PBSO CASE # 18-143385 PBSO ZONE 3-15

AGENCY CASE # 18-005476 CRASH CASE # _____

TIME OF STOP/CRASH 2049 DATE 11/10/2018 DAY Saturday

SUBJECT'S NAME Hutcherson (LAST) Tina (FIRST) L (MID) RACE W SEX F

HGT 5'04" WGT 135 DOB 01/03/1971

LOCATION S.R. 809/Indian Creek Pkwy Jupiter, FL 33458

ARRESTING OFFICER'S NAME & ID Craig Yochum #383 AGENCY Jupiter PD

DIVISION: Road Patrol

NOTIFIED BY COMMO Yes

ARRIVAL AT FACILITY 2150

ARREST TIME 2110

BREATH RESULTS:

1) .173
2) .187
3) N/A
4) N/A

TESTING OFFICER'S ID 22079 PBSO VIDEOTAPE # N/A

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SUBJECT: [redacted] CASE NUMBER: [redacted]

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) [redacted]

WHITE - STATE ATTY. YELLOW - DHSMV PINK - CENTRAL RECORDS GOLD - JAIL

PBSO #01298 REV. 06/11

NOT A CERTIFIED COPY

SUBJECT: [illegible] CASE NUMBER: [illegible]

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: Ofc Craig Yarbrough

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TESTING FACILITY TASK REPORT

AGENCY: [illegible]

SUBJECT: [illegible] CASE NUMBER: [illegible]

DATE: 11/1/11 VIDEO TAPE NUMBER: N/A

BEGINNING TIME: 2:58 ENDING TIME: 3:05

BREATH TESTS RESULTS: 1) .173 TIME 3:26 A.M./(P.M.) 2) .171 TIME 3:27 A.M./(P.M.)

3) N/A TIME — A.M./P.M. 4) N/A TIME — A.M./P.M.

BREATH OPERATOR: [illegible]

MAINTENANCE TECHNICIAN: [illegible]

TESTING OFFICER'S OBSERVATIONS

SPEECH: [illegible]

ATTITUDE: [illegible]

CLOTHING: [illegible]

MEDICAL CONDITIONS: [illegible]

MEDICATIONS: [illegible]

OTHER: [illegible]

COMMENTS: [illegible]

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WITNESS LIST

CASE NUMBER: 18-005476

ARRESTING OFFICER: Craig Yochum

ADDRESS: 210 Military Trl. Jupiter, FL 33458

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

CAN TESTIFY TO: PC

NAME: Sergeant Marc Bujnowski

ADDRESS: 210 Military Trl. Jupiter, FL 33458

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

CAN TESTIFY TO: Supplement

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

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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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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: 2018037706	**Date:** 11/11/2018
	Specialist Name/ID: AM/31562