

ARREST / NOTICE TO APPEAR

1760

OBTS Number: 0501700 Agency Name: Jupiter Police Department Agency Report Number (N.T.A.'s only): 5, 4 | 18-003913

Charge Type:  1. Felony  2. Traffic Felony  3. Misdemeanor  4. Traffic Misdemeanor  5. Ordinance  6. Other

Location of Arrest (Including Name of Business): 1199 INDIAN CREEK PKWY JUPITER, FL 33458 Location of Offense (Business Name, Address): 1199 INDIAN CREEK PKWY/MALLORY BLVD, JUPITER, FL 33458

Date of Arrest: 08/06/2018 Time of Arrest: 03:14 Booking Date: 08/06/2018 Booking Time: 03:14 Jail Date: 08/06/2018 Jail Time: 03:14 Location of Vehicle: 1199 INDIAN CREEK PKWY/MALLORY BLVD, JUPITER, FL 33458

Name (Last, First, Middle): SCHERER, TROY SHELBY Alias (Name, DOB, Sex, etc.): Alias:

Race: W - White Sex: M Date of Birth: 11/30/1986 Height: 5'11 Weight: 155 Eye Color: BLUE Hair Color: BLONDE / Complexion: LIGHT Build: Medium

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description): TATTL LEG/CROSS; TATT R ARM/TROY Marital Status: M Religion:  Indication of Alcohol Influence:  Yes  No  Unk.

Local Address (Street, Apt Number): 1014 CHEYENNE ST, JUPITER, FL 33458 (City) (State) (Zip) Phone:  Residence Type: 1. City 3 Florida 2. County 4. Out of State

Permanent Address (Street, Apt Number): 1014 CHEYENNE ST, JUPITER, FL 33458 (City) (State) (Zip) Phone:  Address Source: VERBAL

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

DL Number, State: S660817864300 / FL Soc Sec Number: [REDACTED] INS Number:  Place of Birth (City, State): VINYARD, NJ Citizenship: US

Co-Defendant Name (Last, First, Middle):  Race:  Sex:  Date of Birth:   1. Arrested  3. Felony  5. Juvenile

Co-Defendant Name (Last, First, Middle):  Race:  Sex:  Date of Birth:   2. At Large  4. Misdemeanor  6. Other

Parole  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 Department and Released 2. TOT JAC 3. Incarcerated

Retained 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.

Property Crime?  Yes  No Description of Property:  Value of Property:

Drug Activity: S Sell B Buy 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/Opium Deriv P Paraphernalia/Equipment S Synthetic U Unknown Z Other

Charge Description: DUI - ENHANCED BAC OVER .15 Statute Violation Number: 316.193(4) CY Violation of ORD #: OR

Drug Activity: N Drug Type:  Amount / Unit:  Offense #:  Counts: 1 Domestic Violence:  Y  N Warrant / Capas Number:  Bond:

Charge Description:  Statute Violation Number:  Violation of ORD #:

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

Charge Description:  Statute Violation Number:  Violation of ORD #:

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

Health / Apparent Physical Condition of Defendant:  Any knowledge of the following:  Miscal  Escape Risk  Medication  Delirium  Injuries Etc/tra

Check which apply:  Released O.R.  Released to Parent/Guardian  T.O.T. County Jail  PROPERTY - Received By:  Released By:  Released To:

Transported By:  Date Transported:  Time Transported:  Other:

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: 09/12/2018 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.

Signature of Defendant (or Juvenile and Parent/Custodian): [Signature] Date Signed:

No Photo Available

HOLD for Other Agency:  Dangerous  Retained Arrest  Recusal  Other

Signature of Arresting Officer: [Signature] ID #: 383 Name Verification (Printed by Arrestor):

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

Transporting Officer: OFC. C. YOGHUM ID #: 383 Agency: JPD

Witness here if subject signed with a "P":

PAGE: 1 of 1

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 6th DAY OF August 20 18 AT 1:42 AM PM

SUBJECT: Troy Scherer CASE NUMBER: 18-003913

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)  
MPO Fauntleroy advised he observed a white 2016 Chevrolet Impala bearing FL tag # IVKE73 traveling west on Indian Creek Pkwy travel over the solid white fog line and into the bicycle lane just passed the intersection at S Pennock Ln. MPO Fauntleroy further advised he followed the vehicle, observed it travel through the roundabout at the intersection of Indian Creek Pkwy. and S Central Blvd. and continue westbound on Indian Creek Pkwy. MPO Fauntleroy advised he observed the vehicle again drift out of its lane of travel, over the solid white fog line on the right side of the roadway, and travel in the bicycle lane. He further advised the vehicle pulled off the side of the road and stopped (on the north side of Indian Creek Pkwy) in an asphalt-paved dead space on the north side of Indian Creek Pkwy. prior to MPO Fauntleroy activating his overhead emergency lights to conduct a traffic stop. See supplement from MPO Fauntleroy.

### OBSERVATION OF DRIVER:

Upon arrival, I made contact with MPO Fauntleroy who advised me of the aforementioned series of events which led up to the traffic stop. He was holding the violator's driver license in his hand and I observed the driver license to belong to Troy Scherer (w/m; 11/30/1986). I approached the vehicle and made contact with Scherer, who was the sole-occupant of the vehicle. When I approached, Scherer's face was noticeably wet around his cheeks and bottom of his eyes, giving the appearance he had been crying. I observed mucus around Scherer's nose and asked if he was sick, which he stated he was not. I observed Scherer had bloodshot, glassy eyes. Scherer attempted at one point while I initially contacted him to unlock his cell phone, requiring he input a geometric pattern utilizing a series of dots. I observed Scherer was attempting to make an "S" on his phone and it took at least three times for him to successfully complete this pattern, as it appeared as though he was having issues making the small movements necessary with his thumb to unlock the phone.

### DRIVER'S STATEMENTS:

When asked, Scherer advised he consumed "a couple" drinks. I asked Scherer what a couple meant to him, asking if it meant 2, 3, or 4 and he replied, "yes." Scherer advised he was staying with his grandmother and he was almost home. Scherer advised he was coming from Average Joe's [local bar in Jupiter located on S.R. 706 (W Indiantown Rd.)]. While Scherer was talking, I noted he was slurring his speech slightly and also noted that he was very particular when pronouncing certain words.

### ODORS:

General stale smoke odor inside the vehicle. Faint odor of unknown alcoholic beverage on Scherer's breath, which intensified as he spoke.

## GENERAL OBSERVATIONS

SPEECH: Slurred, Particular when speaking

ATTITUDE: Cooperative, Respectful, Emotional (crying), Polite, Joking

CLOTHING: Orange long-sleeve shirt, tan shorts, gray shoes

MEDICAL/OTHER: None stated

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 6th day of August 20 18 by 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)



SHARI L. G'NEAL  
Notary Public - State of Florida  
Commission # FF 377434  
My Comm. Expires 12/31/2021  
Bonded through National Notary Association

**ROADSIDE TASKS**

**HORIZONTAL GAZE NYSTAGMUS:**

LT EYE-LACK OF SMOOTH PURSUIT

RT EYE-LACK OF SMOOTH PURSUIT

LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION

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:**

I observed Lack of Smooth pursuit in both Scherer's left and right eyes. I was only able to detect distinct and sustained nystagmus at maximum deviation in Scherer's left eye however, Scherer had to be reminded several times to keep his eyes on the stimulus, as he would not track and follow the stimulus as it was held at maximum deviation for long enough to determine if nystagmus was distinct and sustained in his right eye.

**WALK & TURN**

After explaining the starting position, Scherer placed his feet correctly on the line but lost his balance and stumbled, to his left, off the line. Scherer placed his feet back on the line but stepped off the line, to the right, with his right foot again to regain his balance. Scherer stumbled off the line at least one additional time before being advised to begin. Scherer began walking prior to being told taking approximately two heel-to-toe steps. I advised Scherer not to start yet and Scherer stepped back, placed his right foot in front of his left, took his right foot off the line again (putting it next to his left foot), advised me he was going to begin, and started walking. Scherer missed heel-to-toe on steps 2, 3, 6, 7, and 8. It should be noted that while missing heel-to-toe, Scherer did not leave gaps in his steps but touched the rear side of his front foot to the front of his rear foot. Scherer took a total of 14 steps in one direction, instead of 9. Scherer turned improperly by pivoting on the balls of both his feet. Scherer began walking back, missing heel-to-toe on steps 2, 5, 6, and 7. Scherer did not step directly in front of his rear foot on step 7 and only took about a half-step to the right of his left foot. Scherer took a total of 7 steps back down the line. Scherer raised his arms more than 6 inches from his sides throughout the 7 steps he took walking back down the line. Scherer stopped walking and advised, "I forgot a portion of it," indicating to me that he was finished with the exercise.

**ONE LEG STAND:**

Prior to beginning the task, and after the full explanation on how to complete the task was advised, Scherer repeated most of what I already explained and I gave him another, brief explanation of the task. I advised Scherer to begin and he asked if he was to count in "Mississippi's" and I advised him to bridge the gap between numbers with "one-thousand" instead. Scherer raised his right foot off the ground. Scherer counted 1003 twice. Scherer counted to 1006 and lost his balance, to the right, placing his right foot on the ground behind his left to steady himself. Prior to placing his foot on the ground, Scherer swayed heavily and noticeably to his left to regain his balance. Scherer raised his foot off the ground again, counted 1007, and immediately placed his foot back down and appeared to wait for my instruction and advised he was not going to argue with me. I asked if Scherer was refusing to complete the tasks and he advised he was not. At this time, I determined that Scherer was not going to complete this exercise and I terminated the task.

**FINGER TO NOSE:**

On the first call of left, Scherer appropriately touched finger to nose. On the first call of right, Scherer touched the tip of his finger to the bridge of his nose, just above the tip of his nose. On the second call of left, Scherer appropriately touched finger to nose. On the second call of right, Scherer touched the outside of his right nostril with the tip of his finger. On the final call of right, Scherer raised his left arm, quickly corrected himself, and appropriately touched his right finger to his nose. On the final call of left, Scherer touched the tip of his finger to the outside of his left nostril.

**ROMBERG ALPHABET:**

Scherer advised he was unable to recite the alphabet but could count from 1 to 26. While the task was being administered, Scherer was swaying noticeably in a front to back manner. Scherer did not miss any numbers or group any numbers together. Scherer stopped on the appropriate number.

**BREATH TEST RESULTS:** .173 .175

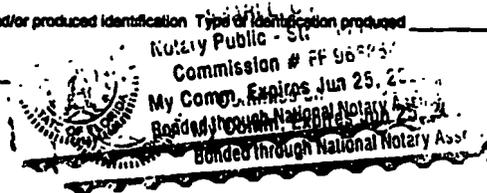
STATE OF FLORIDA  
COUNTY OF PALM BEACH

[Signature]  
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 6th day of August 2018 by 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

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



# WITNESS LIST

CASE NUMBER: 18-003913

ARRESTING OFFICER: Craig Yochum # 383

ADDRESS: 210 Military Trl. Jupiter, FL 33458

PHONE NUMBERS (HOME): \_\_\_\_\_ (WORK) (561) 746-6201

CAN TESTIFY TO: PC

NAME: MPO Demetrius Fauntleroy

ADDRESS: 210 Military Trl. Jupiter, FL 33458

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) (561) 746-6201

CAN TESTIFY TO: Supplement

NAME: Detective Troy Jenne

ADDRESS 210 Military Trl. Jupiter, FL 33458

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) (561) 746-6201

CAN TESTIFY TO: On Scene

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

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ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_



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

PBSO CASE # 18-105747 PBSO ZONE 3-13

AGENCY CASE # 18-003913 CRASH CASE # \_\_\_\_\_

TIME OF STOP/CRASH 0100 DATE 08/06/2018 DAY Monday

SUBJECT'S NAME Troy Scherer RACE W SEX M

HGT 6'00" WGT 204 DOB 11/30/1986

LOCATION Indian Creek Pkwy/Mallory Blvd. Jupiter, FL 33458

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

NOTIFIED BY COMMO Yes

ARRIVAL AT FACILITY 0225

ARREST TIME 0142

**BREATH RESULTS:**

- 1. .173
- 2. .175
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

TESTING OFFICER'S ID 6212 PBSO VIDEOTAPE # N/A

NOT A CERTIFIED COPY



Sunshine State

ORGAN DONOR

Operation of a motor vehicle requires consent to any sobriety test required by law.

NOT A CERTIFIED COPY

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: 08/06/2018

Date of Last Agency Inspection: 07/13/2018  
Observation Period Began: 02:25  
Subject's Name: TROY S SCHERER  
DOB: 11/30/1986 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	02:48
	Air Blank	0.000	02:49
	Control Test	0.080	02:49
	Air Blank	0.000	02:49
	Subject Sample #1	0.173	02:50
	Air Blank	0.000	02:51
	Air Blank	0.000	02:52
	Subject Sample #2	0.175	02:53
	Air Blank	0.000	02:54
	Control Test	0.079	02:54
	Air Blank	0.000	02:54
	Diagnostics Check	OK	02:54

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 SHARY L O'NEAL, 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: 08-06-18  
Signature

Sworn to (or affirmed) before me this 06 day of August, 2018

[Signature] #383  
Signature of Notary Public-State of Florida Printed Name of Notary Public-State of Florida  
Ofc. Yochum # 383

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.

SUBJECT: Timmy Schaefer CASE NUMBER: 18-003713

**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) KELIS W CAMERA

SUBJECT: T. J. SYNER CASE NUMBER: 18-003913

# 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: Det. Craig Yochum

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

# TESTING FACILITY TASK REPORT

AGENCY: \_\_\_\_\_  
SUBJECT: \_\_\_\_\_ CASE NUMBER: \_\_\_\_\_  
DATE: \_\_\_\_\_ VIDEO TAPE NUMBER: \_\_\_\_\_  
BEGINNING TIME: \_\_\_\_\_ ENDING TIME: \_\_\_\_\_  
BREATH TESTS RESULTS: 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: \_\_\_\_\_

NOT A CERTIFIED COPY



**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"/>	(iii) 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"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

**REVIEW COMPLETED BY**

Booking Number: 2018026064	Date: 8/6/2018
	Specialist Name/ID: M. Tooks #8557