

0513603

19CT 023740 NB

2877

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

1. Arrest
2. N.T.A.

3. Request for Warrant
4. Request for Capias

1

Juvenile

N

OBTS Number		Agency ORI Number FLO 502600		Agency Name PALM BEACH GARDENS POLICE DEPARTMENT		Agency Report Number (N.T.A.'s only) 78-19007603	
Charge Type: Check as many as apply: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony		<input type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Weapon Seized / Type <input checked="" type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	
Location of Arrest (Including Name of Business) NORTHLAKE AND SANDTREE DR. PBG, FL 33410		Location of Offense (Business Name, Address) NORTHLAKE AND SANDTREE DR. PBG, FL 33410					
Date of Arrest 12/27/2019	Time of Arrest 01:15	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle KAUFFS TOWING & RECOVERY 4301 East Avenue, West Palm Beach, FL 33405	
Name (Last, First, Middle) ANDERSON, WILLIAM, JOSEPH		Alias (Name, DOB, Soc. Sec. #, Etc.)					
Race W - White I - American Indian B - Black O - Oriental/Asian	Sex W M	Date of Birth 11/27/1986	Height 6'2"	Weight 160	Eye Color BLUE	Hair Color BLO	Complexion LIGHT
Build SM		Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status Single	Religion NONE	Indication of Alcohol/Drug Influence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/> 3. Florida <input type="checkbox"/> 4. Out of State	
Local Address (Street, Apt. Number) 1900 S EADS ST APT 704		(City) ARLINGTON, VA	(State) VA	(Zip) 222023040	Phone (561) 603-6184		Residence Type: <input type="checkbox"/> 1. City <input type="checkbox"/> 2. County <input type="checkbox"/> 3. Florida <input type="checkbox"/> 4. Out of State
Permanent Address (Street, Apt. Number) 1900 S EADS ST APT 704		(City) ARLINGTON, VA	(State) VA	(Zip) 222023040	Phone (561) 603-6184		Address Source NCIC / VA DL
Business Address (Name, Street)		(City)	(State)	(Zip)	Phone		Occupation
D/L Number, State A60112513 VA		Soc. Sec. Number		INS Number N/A		Place of Birth (City, State) WEST PALM BEACH, FL	Citizenship US
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 2. At Large <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"/> 3. Felony <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile	
Parent Legal Custodian <input type="checkbox"/> Parent <input type="checkbox"/> Other		Name (Last) (First)		(Middle)		Residence Phone	
Address (Street, Apt. Number)		(City)	(State)	(Zip)	Business Phone		
Notified by: (Name)		Date	Time	Juvenile Disposition 1. Handled/processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated			
Released To: (Name)		Relationship		Date	Time		
The above address 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 (Phone 355-2526) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)				School Attended		Grade	
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property			Value of Property		
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. Synthetics		U. Unknown Z. Other	
Charge Description DRIVING UNDER THE INFLUENCE		Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 316.193(1)		Violation of ORD #	
Drug Activity N	Drug Type N	Amount / Unit N	Offense #	Warrant / Capias Number		Bond	
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	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"/> Y <input checked="" type="checkbox"/> N	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"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation of ORD #	
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond	
Location (Court Room Number, Address) NORTH COUNTY COURTHOUSE, 3188 PGA BOULEVARD, PALM BEACH GARDENS, FL 33410 - PH: (561) 662-6700							
Court Date and Time Month JANUARY Day 29 Year 20 Time 10:00 AM <input checked="" type="checkbox"/> PM		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 12/27/2019					
Signature of Defendant (or Juvenile and Parent / Custodian)		Date Signed					
HOLD for other Agency Name:		Signature of Arresting Officer X [Signature]		Name Verification (Printed by Arrestee) John 502			
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		Name of Arresting Officer (Print) Off. Romero		I.D. # 502		(PRINT)	
Intake Deputy DEPT 2019		I.D. #		Pouch #		PAGE 1 OF 1	
Transporting Officer ROMERO		I.D. # 502		Agency BPGPD		Witness here if subject signed with an "X"	

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 27 DAY OF DECEMBER 20 19, AT 00:54 AM PM

SUBJECT: ANDERSON, WILLIAM, JOSEPH CASE NUMBER: 19007603

AGENCY: PALM BEACH GARDENS POLICE DEPT. ARRESTING OFFICER: Ofc. Romero ID-502
PERSONAL CONTACT

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

On Friday, December 27, 2019, at approximately 00:54 a. m., I responded to the area of Northlake Blvd and Sandtree Dr, Palm Beach Gardens, Palm Beach County, Florida, as a backup officer for Officer Komara, ID# 511. Refer to Officer Komara's supplemental report for further details regarding his contact with the vehicle. While at the scene, Officer Komara's requested I assist with a possible D.U.I. investigation.

Upon approach to the vehicle, I observed a white male, seated in the driver's seat. The male was identified via his Virginia Driver's License as William Joseph Anderson (11/27/1986).

OBSERVATION OF DRIVER:

While speaking with Anderson, I could smell the scent of an unknown alcoholic beverage emitting from Anderson's breath while at a conversational distance. I observed Anderson's pupils to be dilated more than a normal person; the sclera of his eyes to be reddened; his eyes to be watery; his face to be flushed, and his speech to be slurred. During this encounter, I noticed Anderson had an unsteady walk. Anderson seems confused and anxious.

DRIVER'S STATEMENTS:

Anderson agreed to perform SFST's. Anderson stated he did not have any ailments that would prohibit him from being able to operate a vehicle or perform daily tasks. Anderson said he drank 3 "Yuengling" with an old friend at the Brass Rain. Anderson performed the tasks on a flat surface that was well lit.

ODORS:

Odor of the impurities of an alcoholic beverage emitting from breath.

GENERAL OBSERVATIONS

SPEECH: Methodical

ATTITUDE: Calm, quiet and cooperative and polite

CLOTHING: blue polo shirt, tan shorts, gray sneakers

MEDICAL/OTHER: None mentioned

STATE OF FLORIDA
COUNTY OF PALM BEACH

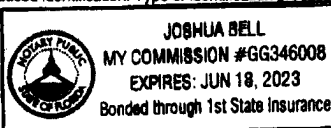

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 27 day of DECEMBER 20 19 by Ofc. Romero

(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 (F.S. § 2019.01)
SCANNED
DEC 27 2019



SUBJECT: ANDERSON, WILLIAM, JOSEPH CASE NUMBER 19007603

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

- | | |
|---|---|
| <input checked="" type="checkbox"/> LT EYE-LACK OF SMOOTH PURSUIT | <input checked="" type="checkbox"/> RT EYE-LACK OF SMOOTH PURSUIT |
| <input checked="" type="checkbox"/> LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION | <input checked="" type="checkbox"/> RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION |
| <input checked="" type="checkbox"/> LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES | <input checked="" type="checkbox"/> RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES |

Other Observations:

Refer to Agency PC for further details on HGN and other SFST's. Anderson found it challenging to focus on the stimulus and continued to move his head and anticipating my hand movements after being directed not to.

WALK & TURN:

I explained and demonstrated the instructions to Anderson, who stated he understood.

During the instruction stage, Anderson failed to maintain the position and stepped off-line, placing his feet shoulder-width apart. During the first set of steps, Anderson raised his arms more than six inches during the task for balance. Anderson did not perform the turn as instructed, failing to take a small series of steps to turn; On the return set of steps, Anderson missed heel-to-toe on steps 1, 2, 3

ONE LEG STAND:

I explained and demonstrated the instructions to Anderson, who stated he understood. Anderson was having a difficult time standing up straight. Anderson was visually swaying and did not keep his legs straight.

FINGER TO NOSE:

I explained and demonstrated the instructions to Anderson, who stated he understood. Anderson did not perform the task as instructed. He raised the appropriate finger, but he did not touch the tip of the finger to the tip of the nose as instructed and demonstrated.

ROMBERG ALPHABET:

Voice tone changed; recited quietly.

BREATH TEST RESULTS: .127 .115

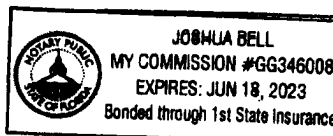
STATE OF FLORIDA
COUNTY OF PALM BEACH


(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 27 day of DECEMBER 2019 by Ofc. Romero

(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)





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

PBSO CASE # 19-152837 PBSO ZONE 3-13

AGENCY CASE # 19007603 CRASH CASE # _____

TIME OF STOP/CRASH 00:54 DATE 12/27/2019 DAY FRIDAY

SUBJECT'S NAME ANDERSON WILLIAM JOSEPH RACE W SEX M
LAST FIRST MID

HGT 6'2" WGT 160 DOB 11/27/1986

LOCATION NORTHLAKE AND SANDTREE DR. PBG, FL 33410

ARRESTING OFFICER'S NAME & ID Ofc. Romero ID-592 AGENCY PBGPD

DIVISION: Road Patrol NOTIFIED BY COMMO yes

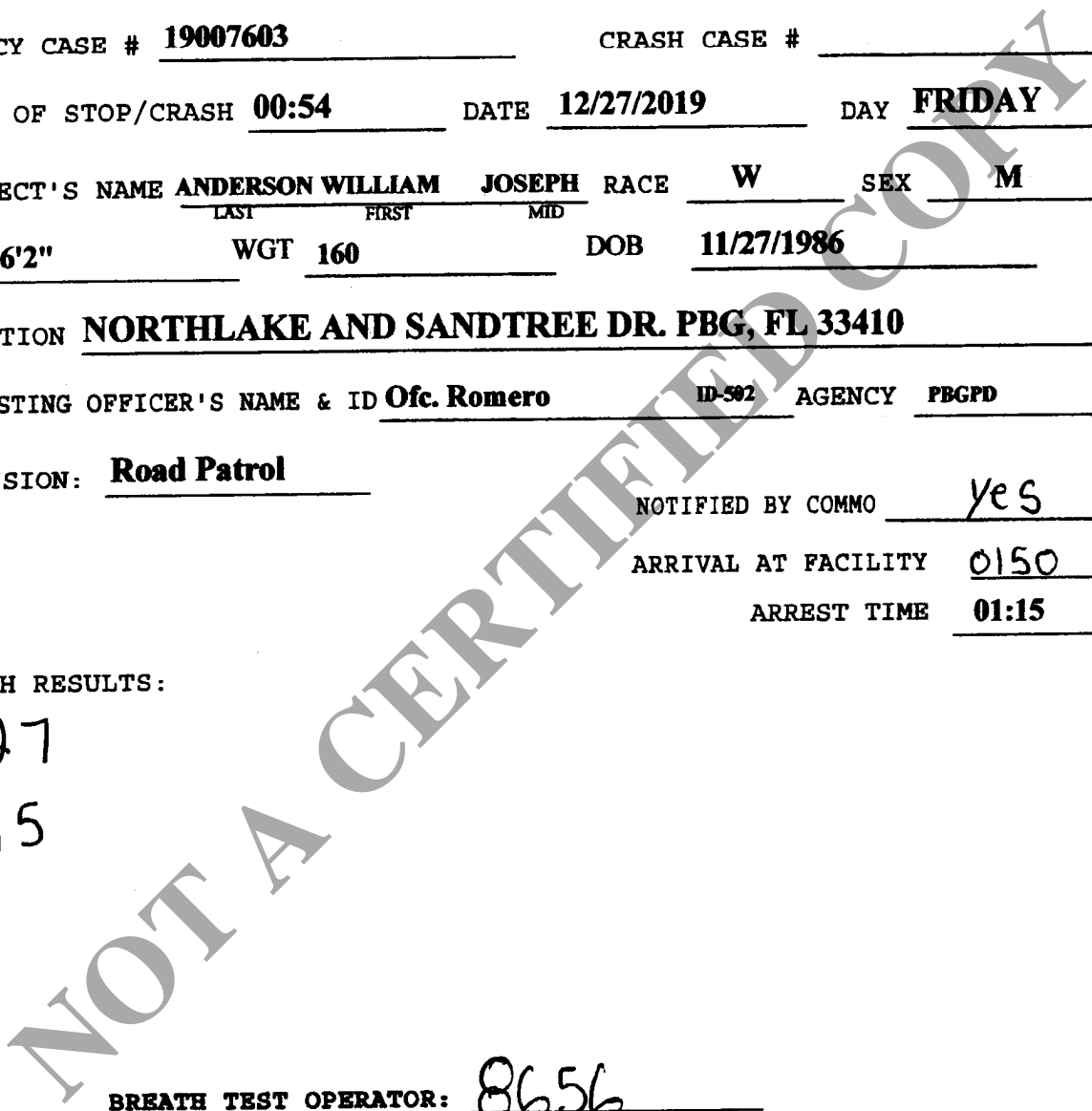
ARRIVAL AT FACILITY 0150

ARREST TIME 01:15

BREATH RESULTS:

.127

.115



BREATH TEST OPERATOR: 8656

SCANNED
DEC 27 2019

TESTING FACILITY TASK REPORT

AGENCY: PBG

SUBJECT: ANDERSON, WILLIAM J

CASE NUMBER: 19-152837

DATE: 12/27/19

VIDEO TAPE NUMBER: N/A

BEGINNING TIME: 0212

ENDING TIME: 0228

BREATH TESTS RESULTS: 1) .127 TIME 0217 A.M./P.M. 2) .116 TIME 0220 A.M./P.M.
3) N/A TIME XX A.M./P.M. 4) N/A TIME XX A.M./P.M.

BREATH OPERATOR: J. BELL #8656

MAINTENANCE TECHNICIAN: J. KARLECKE #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: _____

ATTITUDE: FIDGETY, COOPERATIVE

CLOTHING: BLUE POLO SHIRT, TAN SHORTS, GREY SNEAKERS

MEDICAL CONDITIONS: COLD

MEDICATIONS: AMOXICILLIN, COUGH MEDICATION

OTHER: EYES: BLOODSHOT, GLASSY

ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE COMING FROM BREATH

SUBJECT STATED HE DRANK 3 YUENGLING BEERS Q AND A

COMMENTS: ARRIVED AT CENTER A/O BEGAN 20 MIN OBSERVATION AT 0150 HRS

SUBJECT STATED HE WOULD TAKE BREATH TEST

A/O READ RIGHTS

SUBJECT STATED HE UNDERSTOOD HIS RIGHTS

A/O CONDUCTED Q AND A

SUBJECT ANSWERED SOME QUESTIONS

TECH READ BREATH TEST RESULTS

SUBJECT ACKNOWLEDGED HE UNDERSTOOD BREATH TEST RESULTS

WHITE - STATE ATTY. YELLOW - DESM V PINK - CENTRAL RECORDS GOLD - JAIL

SCANNED

DEC 27 2019

FLORIDA DEPARTMENT OF LAW ENFORCEMENT
ALCOHOL TESTING PROGRAM
BREATH ALCOHOL TEST AFFIDAVIT

Instrument Type: Intoxilyzer 8000
Instrument Registered To: PALM BEACH CO SO
Instrument Serial Number: 80-006029 Software: 8100.27
Date of Test: 12/27/2019

Date of Last Agency Inspection: 12/06/2019
Observation Period Began: 01:50
Subject's Name: WILLIAM J ANDERSON DOB: 11/27/1986 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	02:15
	Air Blank	0.000	02:15
	Control Test	0.081	02:15
	Air Blank	0.000	02:16
	Subject Sample #1	0.127	02:17
	Air Blank	0.000	02:18
	Air Blank	0.000	02:20
	Subject Sample #2	0.115	02:20
	Air Blank	0.000	02:21
	Control Test	0.079	02:21
	Air Blank	0.000	02:22
	Diagnostics Check	OK	02:22

Cylinder Lot: 17919080A1
Exp: 08/05/2021

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 JOSHUA J BELL, 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: 12/27/19
Signature

Sworn to (or affirmed) before me this 27 day of December, 2019

[Signature] OFC. Romero #502
Signature of Notary Public-State of Florida Printed Name of Notary Public-State of Florida

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

SCANNED

DEC 27 2019

SUBJECT: Anderson, William J

CASE NUMBER: 19-152837

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) Read on camera

SCANNED
PBSO #0129B REV. 06/11

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

DEC 27 2019

SUBJECT: Anderson, William J CASE NUMBER: 19-152837

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? Y

WHERE WERE YOU GOING? Home St.

WHAT STREET OR HIGHWAY WERE YOU ON? See above

DIRECTION OF TRAVEL? N WHERE DID YOU START? U.S. 1

WHAT TIME DID YOU START? Don't recall WHAT TIME IS IT NOW? Don't recall

WHAT IS TODAY'S DATE? 12/21/19 WHAT DAY OF THE WEEK IS IT? Friday

WHAT COUNTY AND CITY ARE YOU IN NOW? Don't recall

WHEN DID YOU LAST EAT? Don't recall WHAT DID YOU EAT? Don't recall

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? Don't recall

HOW MUCH DO YOU WEIGH? 175 HAVE YOU BEEN DRINKING? Yes WHAT? Don't recall

HOW MUCH? 3 WHERE? Don't recall WITH WHOM? Don't recall

WHEN DID YOU HAVE YOUR FIRST DRINK? Don't recall AND YOUR LAST DRINK? Don't recall

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? Don't recall

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? N ARE YOU UNDER THE INFLUENCE? Don't recall

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? Don't recall HOW MUCH? Don't recall

WHAT? Don't recall WHERE? Don't recall WHEN? Don't recall

WHAT LINE OF WORK ARE YOU IN? Don't recall WHEN DID YOU LAST WORK? Don't recall

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? Don't recall WHAT? Don't recall

ARE YOU SICK OR INJURED? Don't recall WHAT'S WRONG? Don't recall

DO YOU LIMP? Don't recall DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? Don't recall

WERE YOU IN AN ACCIDENT TODAY? Don't recall

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? Don't recall WHEN? Don't recall

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? Don't recall WHO? Don't recall WHY? Don't recall

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? Don't recall WHAT? Don't recall WHEN? Don't recall

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? _____

SCANNED
INTERVIEWER: Dic. Romera # 502
DEC 27 2019

WITNESS LIST

CASE NUMBER: 19007603

ARRESTING OFFICER: Ofc. Romero

ADDRESS: 10500 N. Military Trail, Palm Beach Gardens, FL 33410

PHONE NUMBERS (HOME): N/A (WORK) (561) 799-4445

CAN TESTIFY TO: Facts of Case

NAME: _____

ADDRESS: 10500 N. Military Trail, Palm Beach Gardens, FL 33410

PHONE NUMBERS (HOME) N/A (WORK) (561) 799-4445

CAN TESTIFY TO: _____

NAME: _____

ADDRESS 10500 N. Military Trail, Palm Beach Gardens, FL 33410

PHONE NUMBERS (HOME) N/A (WORK) (561) 799-4445

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: _____

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: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

SCANNED
DEC 27 2019



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"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>	782.04 (FS)	Other: Witness	
	<input type="checkbox"/>	415.107 (1)	Other: In order to protect the rights of the individual or other persons responsible for the welfare of a vulnerable adult, all records concerning reports of abuse, neglect, or exploitation of the vulnerable adult.	

REVIEW COMPLETED BY

Booking Number: 2019041037	Date: 12/27/2019
	Specialist Name/ID: M. Tooks #8557

RECEIVED
 DEC 27 2019