0474221 19 CT2886 2727

# ARREST / NOTICE TO APPEAR

1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias 5. Juvenile Referral | 1 | JUVENILE

**ADMINISTRATION**

OBTS Number

Agency ORI Number: 0500200 | Agency Name: Boca Raton Police Department | Agency Report Number (N.T.A.'s only): 3 2 2019-002001

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/not Applicable | Multiple Clearance Indicator

Location of Arrest (Including Name of Business): 6800 CONGRESS AVE, BOCA RATON, FL, 33487

Location of Offense (Business Name, Address): 6800 CONGRESS AVE, BOCA RATON, FL 33487

| Date of Arrest | Time of Arrest | Booking Date | Booking Time | Jail Date | Jail Time | Location of Vehicle |
|---|---|---|---|---|---|---|
| 02/09/2019 | 05:49 | 02/09/2019 | 05:59 | / / : : | | |

**DEFENDANT**

Name (Last, First, Middle): THOMPSON, YORAINY MARIA

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

| Race (W - White, B - Black, I - American Indian, O - Oriental/Asian) | Sex | Date of Birth | Height | Weight | Eye Color | Hair Color | Complexion | Build |
|---|---|---|---|---|---|---|---|---|
| B | F | 09/26/1992 | 5'01 | 101 | BROWN | BROWN | LIGHT | Small |

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

Marital Status: S | Religion: CHRISTIAN

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

Local Address (Street, Apt. Number) (City) (State) (Zip): 6178 FOREST HILL 206, WEST PALM BEACH, FL 33415 | Phone: (561) 309-8574 | Residence Type: 1. City 3. Florida 2. County 4. Out of State | /

Permanent Address (Street, Apt. Number) (City) (State) (Zip): 6178 FOREST HILL 206, WEST PALM BEACH, FL 33415 | Phone: (561) 309-8574 | Address Source: DEFENDANT

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

| D/L Number, State | Soc. Sec. Number | INS Number | Place of Birth (City, State) | Citizenship |
|---|---|---|---|---|
| T512973928460 / | [redacted] | | INDIANAPOLIS, IN, | |

**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 ☐ Legal Custodian ☐ 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

Released To: (Name) | Relationship | Date | Time

School Attended | Grade

The above address was provided by ☐ defendant and/or ☐ defendant's parents.
The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address.

☐ Yes, by: ☐ No:

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. Disperses/ Distribute, M. Manufacture/ Produce/ Cultivate, Z. Other

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

**CHARGE**

| Charge Description | Statute Violation Number | Violation of ORD # |
|---|---|---|
| DUI | 316.193(1) | |

| Drug Activity | Drug Type | Amount / Unit | Offense # | Counts | Domestic Violence | Warrant / Capias Number | Bond |
|---|---|---|---|---|---|---|---|
| | N | / | 2019-002001 | 1 | ☐ Y ☒ N | | |

**CHARGE**

| Charge Description | Statute Violation Number | Violation of ORD # |
|---|---|---|
| | | |

| Drug Activity | Drug Type | Amount / Unit | Offense # | Counts | Domestic Violence | Warrant / Capias Number | Bond |
|---|---|---|---|---|---|---|---|
| | | / | | | ☐ Y ☐ N | | |

**CHARGE**

| Charge Description | Statute Violation Number | Violation of ORD # |
|---|---|---|
| | | |

| Drug Activity | Drug Type | Amount / Unit | Offense # | Counts | Domestic Violence | Warrant / Capias Number | Bond |
|---|---|---|---|---|---|---|---|
| | | / | | | ☐ Y ☐ N | | |

**INTAKE**

Health / Apparent Physical Condition of Defendant: Received WB FEB 7 2019

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): South County 200 W Atlantic Ave Delray Beach, FL 33444

Court Date and Time: 03/11/2019 08:30:00

I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.

02/09/2019

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

No Photo Available

**ADMIN**

HOLD for Other Agency

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other

Intake Deputy | I.D. # | Pouch #

Signature of Arresting Officer: #814

Name of Arresting Officer (Print): HOOD, C. N. | I.D. #: 814

Transporting Officer: REINDER | I.D. #: 739 | Agency: BRPD

Name Verification (Printed by Arrestee) (PRINT)

Witness here if subject signed with an "X"

PAGE 1 OF 1

FEB 12 2019

2019 FEB 10 AM 10:42

# PROBABLE CAUSE AFFIDAVIT

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

**ADMIN**

OBTS Number:

Agency ORI Number: FL 0500200

Agency Name: BOCA RATON POLICE DEPARTMENT

Agency Report Number: 3 2 2019-002001

Special Notes:

Charge Type: Check as many as apply. ☐ 1. Felony ☐ 2. Traffic Felony ☒ 3. Misdemeanor ☐ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

**DEF**

| Name (Last, First, Middle) | Alias | Race | Sex | Date of Birth |
|---|---|---|---|---|
| THOMPSON, YORAINY MARIA | | B | F | 09/26/1992 |

**CHARGES**

| Charge Description | Charge Description |
|---|---|
| 316.193(1) DUI | |
| Charge Description | Charge Description |
| | |

**VICTIM**

| Victim's Name (Last, First, Middle) | Race | Sex | Date of Birth |
|---|---|---|---|
| STATE OF FLORIDA, | | | |

| Local Address (Street, Apt. Number) (City) (State) (Zip) | Phone | Address Source |
|---|---|---|
| 100 NW 2ND AVE, BOCA RATON, FL 33432 | (561) - | |
| **Business Address (Name, Street) (City) (State) (Zip)** | **Phone** | **Occupation** |
| | (56 ) - | |

The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law.

The Person taken into custody . . .

☐ committed the below acts in my presence.

☐ confessed to _____ admitting to the below facts.

☐ was observed by _____ who told _____ that he/she saw the arrested person committ the below acts.

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

On the 9 day of February, 2019 at 05:47 (Specifically include facts constituting cause for arrest.)

**PROBABLE CAUSE STATEMENT**

On 02/09/2019 at approximately 0231 hours, I responded to 6800 Congress Ave, in reference to a traffic stop for failing to maintain a single lane.

Upon arrival, I met with Officer Castillo, who explained that he stopped a red Chevy Cruz bearing FL tag 387QLS, and believed the driver was impaired. See his report for further.

After speaking with Officer Castillo, I made contact with the driver, Yorainy Thompson. She was still sitting in the driver`s seat.

Yorainy advised she was driving from a friend`s house and had a "little" to drink. She was unable to explain specifically what kind or how many drinks she consumed. Her eyes were red and glassy. She was crying and stated she was scared. Her speech was slurred. Her face was flush. I explained my observations and asked her if she would attempt the standard roadside sobriety tasks to dispel my alarm that she was impaired, which she consented to. I asked Yorainy to exit her vehicle, she had to use the vehicle for balance.

I asked her to walk to the front of my vehicle. While walking, she walked at a slow pace and appeared to be unsteady on her feet. Yorainy stated she had no injuries but takes Prozac. It should be noted that every task was explained and demonstrated to her.

The first task was the walk and turn. Yorainy had difficulty standing still and maintaining the starting position. She did not make heel to toe steps throughout the entire task. On her fourth step forward, she stepped off the line with her left foot. On her ninth step, she stepped off the line with her right foot. She walked 24 steps forward and stopped. She did not turn as instructed. Yorainy walked nine steps back. She only counted out loud on the way back.

NOT A CERTIFIED COPY

**ADMINISTRATIVE**

SWORN AND SUBSCRIBED BEFORE ME

GRAHAM, KEITH T
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

02/09/2019
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

HOOD, CALEB NELSON (814)
NAME OF OFFICER (PLEASE PRINT)

02/09/2019
DATE



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

ADMIN

OBTS Number

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

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

Agency ORI Number: FL 0500200
Agency Name: BOCA RATON POLICE DEPARTMENT
Agency Report Number: 3 2 2019-002001

Charge Type: Check as many as apply. ☐ 1. Felony ☐ 2. Traffic Felony ☒ 3. Misdemeanor ☐ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

Special Notes:

DEF

Name (Last, First, Middle): THOMPSON, YORAINY MARIA
Alias

| Race | Sex | Date of Birth |
|---|---|---|
| B | F | 09/26/1992 |

PROBABLE CAUSE STATEMENT

The second task was the one leg stand. While performing the task, Yorainy was unable to keep her foot 6 inches off the ground. She swayed and used her arms for balance. After she stated 1003, she stumbled to her left and had to place her right foot on the ground. After she stated 1012, she had to place her right foot on the ground.

The third task was the finger to nose (R-L-R-L-L-R). She missed the tip of her nose on the first "right" command. She missed the tip of her nose on the second "right" command. She missed the tip of her nose on the third "right" command.

The fourth task was the Rhomberg alphabet with recitation. She recited the alphabet in a rhythmic tone. While performing the task, Yorainy was unable to state the alphabet in the correct order. At one point, she stated the sequence "V, N".

At 0303 hours on 02/09/2019, I placed her under arrest. Her vehicle was removed by Westway Towing. I transported her to the BRPD booking facility.

Officer Deen conducted The Intoxilyzer 8000 testing. Yorainy provided the breath samples of .184% and .190% BrAC.

She was charged with DUI FSS 316.193(1). She was given the court date of 03/11/2019 at 8:30am. The video was submitted into evidence. After processing she was transported to Palm Beach County Jail.

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ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

GRAHAM, KEITH T
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

02/09/2019
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

HOOD, CALEB NELSON (814)
NAME OF OFFICER (PLEASE PRINT)

02/09/2019
DATE



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

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

Instrument Type: Intoxilyzer 8000
Instrument Registered To: BOCA RATON PD
Instrument Serial Number: 80-006622 Software: 8100.27
Date of Test: 02/09/2019

Date of Last Agency Inspection: 01/23/2019
Observation Period Began: 03:40
Subject's Name: YORAINY M THOMPSON DOB: 09/26/1992 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 | 04:05 |
| Air Blank | 0.000 | 04:05 |
| Control Test | 0.078 | 04:06 |
| Air Blank | 0.000 | 04:06 |
| Subject Sample #1 | 0.184 | 04:08 |
| Air Blank | 0.000 | 04:09 |
| Air Blank | 0.000 | 04:10 |
| Subject Sample #2 | 0.190 | 04:12 |
| Air Blank | 0.000 | 04:13 |
| Control Test | 0.078 | 04:13 |
| Air Blank | 0.000 | 04:14 |
| Diagnostics Check | OK | 04:14 |

Cylinder Lot: 13518080A5
Exp: 08/05/2020

State of Florida, County of Palm Beach,

Personally appeared before me the undersigned authority, who (__) is personally known to me or (X) produced FI DL as identification, and who after being placed under oath, states:

I ALYIA S DEEN, 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: _____ Date: 2/9/19
Signature

Sworn to (or affirmed) before me this 02 day of 09, 2019

_____ C.HOOD
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.

*FDLE/ATP FORM 38 - MARCH 2004, Ref. 11D-8.007*

NOT A CERTIFIED COPY

2019002001
1015 = 0303
0340
0400

# DUI INFLUENCE REPORT

NOT A CERTIFIED COPY

BOCA RATON POLICE SERVICES DEPARTMENT
100 NW 2nd Avenue
Boca Raton, FL 33432

Revised: July 9, 2018

ARRESTING OFFICER: C. Hood

Name: C. Hood Phone # 561 368 6201 Work # _____

Address: 6800 Congress Ave / 100 NW 2nd Ave

Can testify to: DUI Investigation

Name: J. Castillo Phone # 5613686201 Work # _____

Address: 6800 Congress Ave / 100 NW 2nd Ave

Can testify to: Traffic Stop

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

NOT A CERTIFIED COPY



-END OF PART ONE-

# BOCA RATON POLICE SERVICES DEPARTMENT

**DUI INFLUENCE REPORT – PART II**

To be filled out at testing facility

Agency Case # 2019-2001

**I. INTRODUCTION** (Instrument Operator faces video camera)

A. The day is Saturday (day), Feb (month), 9 (date), 2019 (year).

B. The time is now approximately 0404 AM/PM.

C. The following is in reference to case number 2019-2001.

D. Present at this time is C. Hood of the Boca Raton Police Department. (Officer's Name)

E. Officer Hood, have you arrested Yorainy Thompson (Defendant's name) in violation of Florida State Statute 316.193?

F. Did this violation occur within the City of Boca Raton, Palm Beach County, Florida? Yes

G. Mr./Mrs./Ms. Thompson, I am required to inform you these proceedings are being video recorded.

*Operator Note:* *Video record breath request, breath sample, and interview.*

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**II. AT THIS TIME THE ARRESTING OFFICER WILL REQUEST A BREATH SAMPLE.**

*Note: Read only the paragraph applicable to the type of test you are requesting.*

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

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

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

**IMPLIED CONSENT WARNINGS**

*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 Signature: _____

*Note: Also read for CDL holders:*

IN ADDITION, your refusal to submit will result in the loss of your commercial privileges for one year from today. If this is your SECOND REFUSAL, you will be permanently disqualified from operating a commercial motor vehicle.

*Note: After reading the implied consent warning, the arresting officer must request a breath sample again.*

**(IF REFUSAL THEN)**

At this time Mr./Mrs./Ms. _____ has refused to submit to a breath test.

The date is _____ (month), _____ (day), _____ (year), and the time is _____AM/PM.

A refusal form will be completed by the arresting officer.



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# BOCA RATON POLICE SERVICES DEPARTMENT

## JUVENILE CONSTITUTIONAL WARNINGS

**Rights of suspects prior to custodial questioning.**
**Identify yourself and state:**

I am required to warn you before you make any statement that you have the following Constitutional rights:

(1) You have the right to remain silent and not answer any questions. *Tell me in your own words what you think this means.*
***(You do not have to talk to me or answer any questions about this offense. You can be quiet if you want.)***

(2) Any statement you make must be freely and voluntarily given. *Tell me in your own words what you think this means.*
***(If you do talk to me it has to be because you want to and not because anyone is forcing you to speak.)***

(3) You have a right to the presence and representation of a lawyer of your choice before you make any statement and during any questioning. *Tell me in your own words what you think this means.*
***(You can talk to a lawyer before we ask you any questions and you can have him/her with you now, during our questioning.)***

(4) If you cannot afford a lawyer, you are entitled to the presence and representation of a court appointed lawyer before you make any statement and during any questioning. *Tell me in your own words what you think this means*
***(If you do not have money for a lawyer and you want one, a lawyer will be given to you for free.)***

(5) If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent. *Tell me in your own words what you think this means.*
***(If you decide to talk to me then change your mind, you can stop answering my questions at any time.)***

(6) I can make no threats or promises to induce you to make a statement. This must be of your own free will. *Tell me in your own words what you think this means*
***(I am not allowed to threaten you or make you any promises to get you to talk to me. If you decide to talk, it must be because you want to.)***

(7) Any statement can be and will be used against you in a court of law. *Tell me in your own words what you think this means*
***(Anything you say to me can and will be told to the judge or a jury in court. A judge is a person who decides if you have done something wrong. Sometimes a group of people called a jury decide this, but the Judge is the person who decides what punishment you get.)***

(8) Do you understand these rights as I have read them to you, and do you wish to speak to me?

Signed: _____ Date: _____ Time: _____

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# BOCA RATON POLICE SERVICES DEPARTMENT

## TESTING FACILITY TASK REPORT

SUBJECT: Yorainy M. Thompson

CASE #: 19-2001 DATE: 2/9/19

BREATH TEST RESULTS

1) TIME 0408 AM/PM 2) TIME 0412 AM/PM

3) TIME _____ AM/PM 4) TIME _____ AM/PM

BREATH OPERATOR: Deen 768

MAINTENANCE TECHNICIAN: Vancamp T62

### TESTING OFFICER'S OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Calm

CLOTHING: Black Shirt Jeans

MEDICAL CONDITION: N/A

OTHER: _____

COMMENTS: _____

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**Identify yourself and state:**

I am required to warn you before you make any statement that you have the following Constitutional rights:

(1) You have the right to remain silent and not answer any questions.
(2) Any statement you make must be freely and voluntarily given.
(3) You have a right to the presence and representation 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 and representation of a court appointed lawyer before you make any statement 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 be and will be used against you in a court of law.
(8) Do you understand these rights as I have read them to you, and do you wish to speak to me?

Signed: _____ Date: _____ Time: _____

**QUESTIONS AND ANSWERS**

Were you operating a motor vehicle at the time of the accident/stop? _____

Where were you going? _____

What street or highway were you on? _____

Direction of travel? _____

Where did you start driving from? _____

What city (county) were you stopped in? _____

What time did you start? _____ AM/PM What time is it now? _____

What is today's date? _____ What day of the week is it? _____

When did you last eat? _____ What did you eat? _____

What have you been doing the past three hours prior to this stop/accident? _____

How much do you weigh? _____ Have you been drinking? _____ What were you drinking? _____

_____

How much? _____ Where? _____ With whom were you drinking? _____

When did you have your first drink? _____ AM/PM When did you stop drinking? _____AM/PM

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How did you consume your last two drinks? _____

Are you under the influence of alcohol now? ☐ Yes ☐ No

Can you feel the effects of alcohol? ☐ Yes ☐ No

Have you consumed alcohol since the accident? ☐ Yes ☐ No

Can you feel the effects of alcohol? ☐ Yes ☐ No

Have you consumed alcohol since the accident? ☐ Yes ☐ No How much? _____

What? _____ Where? _____

What line of work are you in? _____

When did you last work? _____

Do you have any physical defects or injuries? ☐ Yes ☐ No If yes, explain:

_____

Are you sick or injured? ☐ Yes ☐ No If yes, explain:

_____

Do you limp? ☐ Yes ☐ No Did you get a bump on the head? ☐ Yes ☐ No

Were you in an accident today? _____

Have you taken any drugs or smoked marijuana today? _____

What? _____ When? _____

Have you seen a doctor or dentist today? ☐ Yes ☐ No Who? _____

Are you taking any prescription medications? ☐ Yes ☐ No What? _____ When? _____

Do you have: Epilepsy? ☐ Yes ☐ No Inner ear trouble? ☐ Yes ☐ No

Glass eye? ☐ Yes ☐ No Ear infection? ☐ Yes ☐ No

False teeth? ☐ Yes ☐ No Diabetes? ☐ Yes ☐ No

Any problems not correctable by glasses or contact lenses? _____

Do you take insulin? ☐ Yes ☐ No If yes, when was your last injection? _____

Have you ever had a driver's license in any other state? _____

I am now ending this video recording. The time is now approximately 0414 AM/PM.

The date is February (month), 9 (day), 2019 (year).

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PALM BEACH COUNTY
**SHERIFF'S OFFICE**
Florida State Statute Exemption Sheet

## Palm Beach County Sheriff's Office – Arrests Only

| | X | Florida State Statute | Description | Page Number(s) |
|---|---|---|---|---|
| L/E Exemptions | ☐ | 119.071(2)(d) | Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations. | |
| | ☐ | 943.053, 943.0525 | NCIC/FCIC/FBI and in-state FDLE/DOC. | |
| | ☐ | 119.071(4)(c) | Undercover personnel. | |
| | ☐ | 119.071(2)(f) | Confidential informants (CIs). | |
| | ☐ | 119.071(2)(e) | Confession. | |
| Public Info. Exemptions | ☐ | 985.04(1) | Juvenile offender records. | |
| | ☐ | 119.071(h)(i) | Assets of a crime victim. | |
| | ☐ | 395.3025(7)(a), 456.057(7)(a) | Medical information. | |
| | ☐ | 394.4615(7) | Mental health information. | |
| | ☐ | 119.071(4)(d)(2)(a) | Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children. | |
| Florida Rules of Judicial Administration 2.420 (Rule of 23) | ☒ | (iii) 119.0714(1)(i)-(j), (2)(a)-(e) | Social Security, bank account, charge, debit, and credit card numbers. | 2 |
| | ☐ | (viii) 394.4615(7) | Clinical records under the Baker Act. | |
| | ☐ | (xii) 741.30(3)(b) | The victim's address in a domestic violence action on petitioner's request. | |
| | ☐ | (xiii) 119.071(2)(h), 119.0714(1)(h) | Protected information regarding victims of child abuse or sexual offenses. | |
| | ☐ | | | |
| | ☐ | | | |
| | ☐ | | | |
| | ☐ | | | |
| | ☐ | | | |
| Other | ☐ | | Other: | |
| | ☐ | | Other: | |

NOT A CERTIFIED COPY

**REVIEW COMPLETED BY**

| | |
|---|---|
| **Booking Number:** 2019004624 | **Date:** 02/10/2019 |
| | **Specialist Name/ID:** AM/31562 |