

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 5 0 2 6 0 0		Agency Name PALM BEACH GARDENS POLICE DEPARTMENT		Agency Report Number 78 - 21005969				
Charge Type: Check as many as apply. <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Weapon Seized / Type 2 1. Yes 2. No		Multiple Clearance Indicator						
Location of Arrest (Including Name of Business) 4150 PGA BLVD, PBG, FL				Location of Offense (Business Name, Address) PGA BLVD/CAMPUS DR, PBG, FL						
Date of Arrest 12/31/2021	Time of Arrest 01:55	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle KAUFF'S TOWING AND RECOVERY 4701 EAST AVENUE, WPB, FL 33407				
Name (Last, First, Middle) MCGUIRE, BRITTANY, RAQUEL				Alias (Name, DOB, Soc. Sec. #, Etc.)						
Race W - White I - American Indian B - Black O - Oriental/Asian W	Sex F	Date of Birth 03/04/1985	Height 5'8	Weight 115	Eye Color BRO	Hair Color BRO	Complexion LGT	Build SMALL		
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status SINGLE	Religion	Indication of Alcohol Influence Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/> Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input checked="" type="checkbox"/>				
Local Address (Street, Apt. Number) 2000 PORTOFINO CIRCLE APT 116 PALM BEACH GARDENS FL 33418		(City) PALM BEACH GARDENS	(State) FL	(Zip) 33418	Phone (747) 220-4220	Residence Type: 1. City 2. County 3. Florida 4. Out of State 1				
Permanent Address (Street, Apt. Number) 2000 PORTOFINO CIRCLE APT 116 PALM BEACH GARDENS FL 33418		(City)	(State)	(Zip)	Phone	Address Source VERBAL				
Business Address (Name, Street)		(City)	(State)	(Zip)	Phone	Occupation				
D/L Number, State M260076855840 FL	Soc. Sec. Number	INS Number		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"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile				
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile				
Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other: Name (Last) (First) (Middle)		Address (Street, Apt. Number) (State) (Zip)				Residence Phone				
Address (Street, Apt. Number) (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 355-2528) 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 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)(A)		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				
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 FEBRUARY Day 2 Year 2022 Time 10:00 AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>										
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 FULLY 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. 12/31/2021										
Signature of Defendant (or Juvenile and Parent /Custodian) [Signature]										
HOLD for other Agency Name:		Signature of Arresting Officer [Signature]		Name Verification (Printed by Arrestee) (PRINT) JAN 01 2022						
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print) OFC. A. FLINK		I.D. # 514		PAGE 1 OF 1		
Inmate Deputy [Signature]		I.D. # Pouch #		Transporting Officer OFC. A. FLINK		ID # 514		Agency PBGPD		Witness here if subject signed with an "X" 1

DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'S ONLY)

1474-759 **1443**

PROBABLE CAUSE AFFIDAVIT

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

1

JUVENILE

OBTs Number		Agency ORI Number FL FL0502600		Agency Name Palm Beach Gardens Police Department		Agency Report Number 7 8 21-005969		
Charge Type: Check as many as apply		Special Notes:		Name (Last, First, Middle) MCGUIRE, BRITTANY RAQUEL		Race W	Sex F	Date of Birth 03/04/1985
<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				Victim's Name (Last, First, Middle) State Of Florida		Race	Sex	Date of Birth
Charge Description 316.193(1)(A) DUI - NORMAL FACULTIES IMPAIRED		Charge Description		Local Address (Street, Apt. Number) (City) (State) (Zip)		Phone		Address Source
Charge Description		Charge Description		Business Address (Name, Street) (City) (State) (Zip)		Phone		Occupation

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. was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.
 confessed to _____ admitting to the below facts. was found to have committed the below acts, resulting from my (described) investigation.
 On the 31 day of December, 2021 at 01:43 (Specifically include facts constituting cause for arrest.)

On 12/31/2021 at approximately 0143 this Officer arrived in the parking lot of 4150 PGA Blvd, PBG, FL, to assist Ofc Hennessy 409 on a traffic stop. Body worn camera and in car video were used.

Ofc Hennessy said he observed the vehicle, a Honda sedan (QVWM44/FL) traveling 15 MPH over the posted speed limit in the area of PGA Blvd and Campus Dr, PBG, FL. Ofc Hennessy further stated the vehicle took an extended period of time to pull over once he activated overhead red and blue lights. This Officer made contact with the driver and lone occupant of the vehicle, identified via Florida Driver License photo, Brittany McGuire (OF) while she was still in actual physical control of the vehicle.

McGuire had a flushed red face, watery eyes, slow slurred speech, and the obvious odor of an unknown alcoholic beverage emanating from her breath at conversational distance. McGuire said she was coming from work at Seasons 52, when asked how late restaurant is open, McGuire indicated it had closed at approximately 2200-2300 hours and that they were working to prepare for the holiday tomorrow. McGuire further stated she was on her way home and denied consuming alcohol and/or Cannabis and/or medication on this night.

Based on this Officer's observations, McGuire was asked to exit the vehicle to participate in Standardized Field Sobriety Exercises, to which she complied. McGuire said she did not have any medical conditions which would affect the exercises performed, McGuire only mentioned having one contact lense on her eye.

The first exercise conducted, was the Horizontal Gaze Nystagmus. The stimulus used, was a Toxoptix X3 with an illuminated red light. This Officer observed lack of smooth pursuit in both eyes. This Officer also observed sustained involuntary jerking in both eyes at maximum deviation and the onset of Nystagmus in both eyes prior to 45 degrees. Throughout the exercise, McGuire continuously blinked, which caused this Officer to take

ADMINISTRATIVE	SWORN AND SUBSCRIBED BEFORE ME			SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
			FLINK, ANDREW S (514) NAME OF OFFICER (PLEASE PRINT)	
	<u>12/31/2021</u> DATE		<u>12/31/2021</u> DATE	PAGE 1 of 2

COURT STATE ATTORNEY CENTRAL RECORDS JAIL CRIME AND SCANNED 0.0

JAN 01 2022

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

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

1

JUVENILE

A D M I N I S T R A T I V E	OBTS Number	Agency ORI Number FL FL0502600		Agency Name Palm Beach Gardens Police Department	Agency Report Number 7 8 21-005969
	Charge Type: Check as many as apply.	<input type="checkbox"/> 1. Felony	<input type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance	Special Notes:
	<input type="checkbox"/> 2. Traffic Felony	<input checked="" type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 6. Other		
DEF	Name (Last, First, Middle) MCGUIRE, BRITTANY RAQUEL	Alias	Race W	Sex F	Date of Birth 03/04/1985

additional passes, to ensure all observations were true and accurate.

The next exercise conducted, was the Walk and Turn. The line used was a strip of yellow tape placed upon the pavement by this Officer. McQuire asked to cover her left eye while conducting the exercise, this Officer advised she cannot. During the instructions, McQuire asked if this Officer could assist her after the ninth step to tell her when to turn around, this Officer denied this request. McQuire also started the exercise prior to being told to do so. During the first set of steps, McQuire missed heel-to-toe on seven steps and paused after her final step. McQuire conducted an improper turnaround by way of pivoting her feet. During the return set of steps, McQuire missed heel-to-toe on each step.

The final exercise conducted, was the One-Leg Stand. McQuire raised her right foot for the exercise. McQuire placed her foot down and raised her arms more than six inches from her sides. McQuire then switched feet and raised her left foot and again raised her arms more than six inches from her sides. McQuire was also swaying during the exercise. It should be noted, this Officer had to instruct McQuire to count aloud.

Based on this Officer's observations, McQuire was placed under arrest at 0155 hours. After being placed under arrest, McQuire claimed to be diabetic. Ofc Rigney 333 conducted a search of McQuire's person and asked McQuire if she was having an episode requiring attention, to which McQuire indicated she was not. At PBSO BAT, this Officer requested McQuire to provide a breath sample for the purpose of determining its alcohol content, to which she refused. This Officer read Florida Implied Consent to McQuire, twice, to which she acknowledged and again refused at 0304 hours.

Based on the results of the investigation, this Officer has probable cause to prove Brittany McQuire operated a motor vehicle, in the state of Florida, while under the influence to the extent her normal faculties were impaired, in violation of FSS 316.193(1) (A).

NOT A CERTIFIED COPY

A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME		<i>[Signature]</i>	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
	<i>[Signature]</i>		FLINK, ANDREW S (514)	NAME OF OFFICER (PLEASE PRINT)
	12/31/2021		12/31/2021	DATE

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**PALM BEACH GARDENS POLICE DEPARTMENT
DUI TESTING FACILITY INFORMATION SHEET**



PBSO Case #: 21-143503 PBSO Zone: 3-13

Agency Case #: 21005969 Crash Case #: _____

Incident Information:

Time of Stop/Crash: 0137 Date of Incident: 12/31/2021 Day: FRIDAY

Location of Incident: PGA BLVD/CAMPUS DR, PBG, FL

Arrest Information:

Time of Arrest: 01:55 Date of Arrest: 12/31/2021 Day: FRIDAY

Location of Arrest: 4150 PGA BLVD, PBG, FL

Subject's Name: (L) MCGUIRE, (F) BRITTANY, (M) RAQUEL

DOB: 03/04/1985 Race: W Sex: F Height: 5'8 Weight: 115 Hair BRO Eye BRO

Address: 2000 PORTOFINO CIRCLE APT 116 PALM BEACH GARDENS FL 33418 Phone: (747) 220-4220

Arresting Officer's Name: OFC. A.FLINK ID#: 514

Agency: PBGPD Division: TRAFFIC - DUI

Breath Results

- 1) **REFUSED** hrs.
- 2) **REFUSED** hrs.
- 3) - at - hrs.
- 4) - at - hrs.

---BAT Use---

BAT Notified:	<u>YES</u>
Arrival Time at BAT:	<u>0239</u>
Subject Arrest Time:	<u>01:55</u>

Breath Test Operator: LEAHEY, TOM 19183
PBSO

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JAN 01 2022

TESTING FACILITY TASK REPORT

AGENCY: PBG
SUBJECT: Mcguire, Brittany R
CASE NUMBER: 21-143503
DATE: Dec 31, 2021
VIDEO DVD NUMBER: n/a
BEGINNING TIME: 0301
ENDING TIME: 0309

BREATH TESTS RESULTS: 1) R TIME 0304 A.M. P.M. 2) n/a TIME 0 A.M. P.M.
3) n/a TIME 0 A.M. P.M. 4) n/a TIME 0 A.M. P.M.

BREATH OPERATOR: Thomas H Leahey #19183
MAINTENANCE TECHNICIAN: Jason Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: slurred, thick
ATTITUDE: calm, sleeping
CLOTHING: black/gold dress, black boots
MEDICAL CONDITIONS: none(PTSD, seizures, Diabetic)
MEDICATIONS: none (Klonopin, Kapra, Insulin - 2 weeks ago)

OTHER:

eyes are glassy and bloodshot
odor of unknown alcoholic beverage on breath

REFUSED

COMMENTS:

arrived at center A/O conducted 20 minute observation period at 0239 hrs
subject refused to perform breath test
A/O read I/C 2x & subject understood I/C
subject refused to perform breath test
A/O read rights & subject understood rights
A/O conducted Q&A
subject answered questions

REFUSED

SCANNED
JAN 01 2022

SUBJECT: 111' 3000 40 11 CASE NUMBER: _____

QUESTIONS AND ANSWERS

I AM NOW GOING TO ASK YOU SOME QUESTIONS. WITH THESE RIGHTS IN MIND, YOU MAY ANSWER SOME OF, ALL OF, OR NONE OF THE FOLLOWING QUESTIONS AS YOU LIKE.

WERE YOU OPERATING A MOTOR VEHICLE AT THE TIME OF THE STOP/ACCIDENT? Yes

WHERE WERE YOU GOING? Home

WHAT STREET OR HIGHWAY WERE YOU ON? 111th

DIRECTION OF TRAVEL? W WHERE DID YOU START? _____

WHAT TIME DID YOU START? _____ WHAT TIME IS IT NOW? 6:11

WHAT IS TODAY'S DATE? Jan 1st WHAT DAY OF THE WEEK IS IT? _____

WHAT COUNTY AND CITY ARE YOU IN NOW? 111th

WHEN DID YOU LAST EAT? 4 pm WHAT DID YOU EAT? _____

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? _____

HOW MUCH DO YOU WEIGH? 160 lbs HAVE YOU BEEN DRINKING? Yes 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? Yes ARE YOU UNDER THE INFLUENCE? Yes

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? 1st

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? Yes WHAT? _____

ARE YOU SICK OR INJURED? Yes WHAT'S WRONG? _____

DO YOU LIMP? Yes DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? Yes

WERE YOU IN AN ACCIDENT TODAY? Yes

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? Yes WHEN? _____

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? Yes WHO? _____ WHY? _____

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? Yes WHAT? _____ WHEN? _____

DO YOU HAVE:

EPILEPSY?	<u>No</u>
GLASS EYE?	<u>No</u>
FALSE TEETH?	<u>No</u>
EAR INFECTION?	<u>No</u>
INNER EAR TROUBLE?	<u>No</u>
DIABETES?	<u>No</u>

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DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? No

DO YOU TAKE INSULIN? No IF SO, WHEN WAS YOUR LAST INJECTION? _____

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? No WHERE? _____

INTERVIEWER: 111th _____

SUBJECT: 1105... CASE NUMBER: _____

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 Ch... of the T...

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) [Signature]

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.

SCANNED

JAN 01 2022

SUSPECT'S SIGNATURE: (X) [Signature]

STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES
AFFIDAVIT OF REFUSAL TO SUBMIT TO
BREATH AND/OR URINE TEST

I, OFC. A.FLINK, a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)

am a member of PALM BEACH GARDENS POLICE DEPARTMENT, and I do swear
(Name of law enforcement agency)

or affirm that on or about the 31ST day of DECEMBER, 20 21, at 01:55 P.M. A.M.

DRIVER BRITTANY RAQUEL MCGUIRE
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# M260076855840, state of FL, was placed under lawful arrest for

the offense of DRIVING UNDER THE INFLUENCE by OFC. A.FLINK and
(Name of Arresting Officer)

issued Citation # AECQOKE

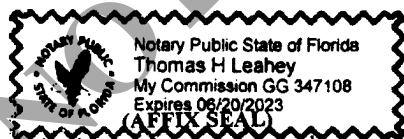
That on or about the 31ST day of DECEMBER, 20 21, at 0304 P.M. A.M.

in PALM BEACH County,

I requested that the driver submit to a X breath and/or urine test to determine his or her blood alcohol level and/or the presence of chemical or controlled substances. I informed the driver that the refusal to submit to such test(s) would result in the suspension of his or her driving privilege for a period of one (1) year for a first refusal, or for a period of eighteen (18) months if his or her driving privilege had been previously suspended for refusing to submit to a breath, urine or blood test. I also informed the driver that he or she commits a misdemeanor by refusing to submit to a lawful test as requested above if his or her driving privilege has been previously suspended for refusal to submit to a lawful test of his or her breath, urine, or blood. Additionally, I informed the driver that if he or she holds a CDL, or was operating a CMV, refusal will result in the disqualification of the Commercial Driver's License/driving privilege for a period of one (1) year in the case of a first refusal or permanently if he or she has previously been disqualified as a result of a refusal to submit to any such lawful test. Nonetheless, the driver refused to submit to the test(s) requested.

[Signature]
Signature of Law Enforcement Officer or Correctional Officer

THE AFFIDAVIT MUST BE NOTARIZED OR ATTESTED TO (F.S. 117.10)



The foregoing instrument was sworn and subscribed before

me this 31 day of DECEMBER, 20 21,

by OFC. A.FLINK,

who is personally known to me or who has produced

[Signature] as identification

Notary Public [Signature]

The foregoing instrument was sworn and subscribed before me:

Signature of Attesting Officer

Title

Date 12/31/2021

Note: Mail or hand deliver to the designated Bureau of Administrative Reviews office, Department of Highway Safety and Motor Vehicles, with the driver's license, the appropriate copy of the UTC, and the probable cause affidavit.

SCANNED

JAN 01 2022



PALM BEACH COUNTY SHERIFF'S OFFICE

Florida State Statute Exemption Sheet

Palm Beach County Sheriff's Office – Arrests Only

X	Florida State Statute	Description	Page Number(s)	
L/E Exemptions	<input type="checkbox"/>	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	<input type="checkbox"/>	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel.	
	<input type="checkbox"/>	119.071(2)(f)	Confidential informants (CIs).	
	<input type="checkbox"/>	119.071(2)(e)	Confession.	
Public Info. Exemptions	<input type="checkbox"/>	985.04(1)	Juvenile offender records.	
	<input type="checkbox"/>	119.071(h)(i)	Assets of a crime victim.	
	<input type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	<input type="checkbox"/>	394.4615(7)	Mental health information.	
	<input type="checkbox"/>	119.071(4)(d)(2)(a)	Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)	<input checked="" type="checkbox"/>	(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"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>	Other:		
	<input type="checkbox"/>	Other:		

REVIEW COMPLETED BY

Booking Number: 2021032901	Date: 12/31/2021
	Specialist Name/ID: M. Tooks #8557

SCANNED

JAN 01 2022