50-2021-CT-005341-ANB
J#0522430 P# 1768

☐ Check if Supplement is Attached

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

Juvenile: N

NH

ADMINISTRATIVE

OBTS Number:

Agency ORI Number: FL0 5 0 0 0 0 0

Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE

Agency Report Number (N.T.A.'s only): 0 6-2 1-0 5 1 1 7 7 9

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:

Multiple Clearance Indicator: 0 1

Location of Arrest (including Name of Business): 15TH AVE S / S Federal Hwy PBC

Location of Offense (Business Name, Address): 15TH AVE S / S Federal Hwy PBC

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
0 4 0 3 2 1	2 0 3 2					

DEFENDANT

Name (Last, First, Middle): WINTERS, AMANDA

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

Race: W - White, B - Black, I - American Indian, O - Oriental/Asian

Race	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	F	0 1 2 7 7 4	5'05"	140	Green	RED	Light	Small

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

Marital Status: Religion:

Indication of: Alcohol Influence / Drug Influence — Y ☒ / Unk ☒

Local Address (Street, Apt. Number): ESS 119.07(1) (City) (State) (Zip)

Phone: (469) 247-2010

Residence Type: 1. City 2. County 3. Florida 4. Out of State: 1

Permanent Address (Street, Apt. Number): AT LARGE (City) (State) (Zip)

Phone: ( )

Address Source: VERBAL

Business Address (Name, Street): (City) (State) (Zip)

Phone: ( )

Occupation:

D/L Number, State: W536011745270, FL

Soc. Sec. Number: [redacted]

INS Number: —

Place of Birth (City, State): Austin, Texas

Citizenship: US

CO-DEF

Co-Defendant (Last, First, Middle): Race: Sex: Date of Birth: ☐ 1. Arrested ☐ 2. At Large ☐ 3 Felony ☐ 4 Misdemeanor ☐ 5. Juvenile

Co-Defendant (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 Dept. and Released 2. TOT HRS/CYS 3. Incarcerated

Released To (Name) Relationship Date Time

The above address was provided by: ☐ defendant and / or ☐ defendant's parents. The child and / or parent was told to keep the Juvenile Court Clerk's Office (Phone (561) 355-6511) informed of any change of address ☐ Yes by: (Name) ☐ No (Reason)

School Attended: Grade:

Property Crime? ☐ Yes ☐ No

Description of Property:

Value of Property:

CODE

Drug Activity: N N/A, P Possess, S Sell, B Buy, T Traffic, R Smuggle, D Deliver, E Use, K Dispense/Distribute, M Manufacture/Produce/Cultivate, Z Other

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

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
D.U.I.	1	☐Y ☐N	316.193 (1)(a)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐Y ☐N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐Y ☐N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐Y ☐N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

NOTICE TO APPEAR

Location (Court Room Number, Address): North County, 3188 PGA blvd, PBG, FL, 33418

Court Date and Time: Month APRIL Day 28TH Year 2021 Time 0830 A.M. P.M.

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) Date Signed

NR

ADMIN

HOLD for other agency:

Signature of Arresting Officer: X 21284

Name Verification (Printed by Arrestee): (PRINT)

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other

Name of Arresting Officer (Print): Scarnozzi I.D. #: 21284

Intake Deputy	I.D. #	Pouch #	Transporting Officer	I.D. #	Agency
			9/S Umaz	8051	PSO

Witness here if subject signed with an "X"

PAGE 1 OF 1

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 3RD DAY OF APRIL 20 2021, AT 2011 AM PM

SUBJECT: Winters, Amanda, Kay CASE NUMBER: 21-051779

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: D/S P. SCARTOZZI

PERSONAL CONTACT

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

On 4/3/2021 at approximately 2011 hours I was conducting vehicle patrol, traveling southbound on South Federal Highway approaching 15th Ave South, Lake Worth Beach, FL, 33460. While traveling, I noticed a white in color vehicle bearing Florida license plate number QEJW10 traveling in front of me. While following, this vehicle would sway in a side to side manner within its travel lane. I activated my dash camera to capture the driving patten, which continued. This vehicle came close to the center median on a two lane roadway several times. I made the decision to conduct a traffic stop to ensure the driver was not sick, tired, or impaired. I activated my emergency lights and siren to signal the vehicle to pull over. The driver complied and pulled into a private driveway just north of 15th Ave South on the west side of the roadway. I approached the vehicle on the driver's side and made contact with the driver and sole occupant, Amanda Winters. Immediately upon making contact with Winters I noticed the strong odor of an unknown

OBSERVATION OF DRIVER:

alcoholic beverage emitting from her ace area, this odor intensified as she spoke with me. Her eyes were blood shot and glassy and her speech was slightly slurred. I explained why I was stopped the vehicle and asked Winters for her license registration and proof of insurance. She provided me with her Florida driver's license and informed me that she was driving a friends vehicle and did not know where the registration and insurance was. I then asked her how much she had to drink tonight and she advised she had a few glasses of wine. She advised she came from an event where she ran ten miles and during that event they would stop at various locations and drink wine. She estimated she had "a few glasses" of wine during this event. Based on my initial conversation, I observed enough articulable signs of impairment to conduct a DUI investigation. I asked Winters to step out of the vehicle and walk toward the front of my patrol vehicle

DRIVER'S STATEMENTS:

Winters denied having any medical or physical disabilities, she denied being diabetic. She was asked to stand with her heels and toes together with her arms down at her sides. While standing here, she would sway in a side to side front to back manner more than 2 inches. I then moved to the Horizontal Gaze Nystagmus task. task the drivers eyes displayed equal pupil size and equal tracking. The driver's eyes displayed lack of smooth pursuit, distinct and sustained Nystagmus at maximum deviation and distinct and sustained Nystagmus prior to 45 degrees.

ODORS:

GENERAL OBSERVATIONS

SPEECH: **Slow, thick, slurred, difficult to understand**

ATTITUDE: **Cooperative, uncooperative, mood swings, combative.**

CLOTHING: **BLACK SHIRT, BLACK PANTS, BLACK SHOES**

MEDICAL/OTHER: **The driver denied any medical conditions, physical disabilities, injuries and medication use and or use of recreational drugs.**

STATE OF FLORIDA
COUNTY OF PALM BEACH

D/S P. SCARTOZZI
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 3RD day of APRIL 20 2021 by D/S P. SCARTOZZI

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced PBSO DEPARTMENT ID CARD

Paris Pound (#24639)
Notary Public, Clerk of Court, Officer (F.S.S 117.10)

Notary Public State of Florida
Paris Pound
My Commission GG 200028
Expires 03/25/2022

SUBJECT: Winters, Amanda, Kay CASE NUMBER 21-051779

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

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

Other Observations:

WALK & TURN:

I then moved to the Walk and Turn Task. She was asked to place her left foot on the ground with her right foot directly in front of it in the heel to toe position with her arms down at her sides. I demonstrated the proper starting position. She would sway in a side to side back to front manner more than 2 inches during the demonstration phase. She could not maintain her balance while listening to instructions. She stepped out of the stance during the demonstration to catch her balance. She started the task before being instructe to do begin. She was given the standardized instructions for this task after which she advised she understood. On the first set of heel to toe steps she missed steps one through nine and stepped out of the stance. On the second set of heel to toe steps she missed steps or through nine and stepped out of the stance. She performed the turn other than the way it was demonstrated.

ONE LEG STAND:

I then moved to the One Leg Stand task. She was asked to stand with her feet and toes together with her arms at her sides and stay in this position while I demonstrate this task. She would sway in a side to side back to front manner more than 2 inches during the demonstration phase. She could not maintain her balance while listening to instructions. She stepped out of the stance during the demonstration to catch her balance. She was given the standardized instructions for this task after which she advised she understood. She continued to sway while balancing on one leg. She used her arms to balance by raising them more than s inches from her sides. She started hopping in an attempt to maintain her balance. She put her foot down to regain her balance at numerous times before the thirt seconds had elapsed. She put her foot down three times all before counting to thirty seconds, thusly not being able to complete the task.

FINGER TO NOSE:

I then moved to the Finger to Nose Task. She was asked to stand with her feet and toes together. She was then instructed to extend her arms outward so they would be parallel to the ground. She was then instructed to make a fist with both hands, extend her index /pointer finger on both hands, turn both hands toward the sky and then place both arms down at her sides and remain in this position while I gave the instructions. I demonstrated how to do get to this potion by the numbers. She was given the standardized instructio for this task after which she advised she understood. She would sway in a side to side back to front manner more than 2 inches during the demonstration phase. She did not keep her eyes closed and had to be reminded to do so. She failed to return her arms down to her sides as instructed after touching her nose. Her index finger did not touch her nose. Sh used the hand other than that which was called. The sequence used for this task was L, R, L, R, R, L. She was unable to perform the task.

ROMBERG ALPHABET:

I then moved to the Romberg Alphabet Task. She was asked to stand with his feet and toes together with her arms at her sides and stay in this position while I demonstrated this task. She would sway in a side to side back to front manner more than 2 inches during the demonstration phase and during th course of performing the task. She chose to recite the alphabet. She would not keep her eyes closed and had to be reminded numerous times to do so. Sh would sway more than 2 inches. She would use her arms for balance by raising them more than six inches. She incorrectly recited the alphabet.

BREATH TEST RESULTS: 1) Refused | 2) Refused | 3) N/A | 4) N/A

STATE OF FLORIDA
COUNTY OF PALM BEACH

D/S P. SCARTOZZI
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 3RD day of APRIL 20 2021 by D/S P. SCARTOZZI

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced PBSO DEPARTMENT ID CARD

Paris Pound (#24639)
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)

Notary Public State of Florida
Paris Pound
My Commission GG 200028
Expires 03/25/2022

WITNESS LIST

CASE NUMBER: 21-051779

ARRESTING OFFICER: D/S P. SCARTOZZI
ADDRESS: 3228 GUN CLUB ROAD, WEST PALM BEACH, FL, 33406
PHONE NUMBERS (HOME): 561-688-3400 (WORK) 561-688-3400
CAN TESTIFY TO: DUI INVESTIGATION

NAME:
ADDRESS:
PHONE NUMBERS (HOME) (WORK)
CAN TESTIFY TO:

NAME:
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PHONE NUMBERS (HOME) (WORK)
CAN TESTIFY TO:

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ADDRESS
PHONE NUMBERS (HOME) (WORK)
CAN TESTIFY TO:

TESTING FACILITY TASK REPORT

AGENCY: PBSO

SUBJECT: WINTERS, AMANDA K

CASE NUMBER: 21-051779

DATE: Apr 3, 2021

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 21:01

ENDING TIME: 21:04

BREATH TESTS RESULTS: 1) R TIME 21:03 A.M.☐ P.M.☒ 2) N/A TIME N/A A.M.☐ P.M.☐

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

BREATH OPERATOR: P.POUND #24639

MAINTENANCE TECHNICAN: J. KARLECKE# 6467

TESTING OFFICER'S OBSERVATIONS

REFUSED

SPEECH: SLURRED

ATTITUDE: CALM, QUIET

CLOTHING: GOLD DRESS, BLACK / GOLD TANK TOP, GRAY / WHITE / RED SNEAKERS

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER:

EYES: GLASSY AND BLOODSHOT

COMMENTS:

ARRIVED AT CENTER A/O BEGAN THE 20 MINUTE OBSERVATION PERIOD AT 20:37 HRS.

SUBJECT: STATED SHE WOULD LIKE TO TALK WITH HER HUSBAND

A/O: READ I/C

SUBJECT: STATED SHE UNDERSTOOD I/C AND REFUSED TO ANSWER IF SHE WOULD TAKE TEST.

A/O: CALLED REFUSAL

A/O: READ RIGHTS

REFUSED

SUBJECT: STATED SHE DID NOT UNDERSTAND RIGHTS

NO Q&A CONDUCTED

SUBJECT: STATED SHE WOULD LIKE TO SPEAK WITH HER HUSBAND

STATE OF FLORIDA

DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES

AFFIDAVIT OF REFUSAL TO SUBMIT TO

BREATH AND/OR URINE TEST

I, Deputy Sheriff PATRICK SCARTOZZI, a duly certified Law Enforcement Officer or Correctional Officer.
(Person reading Implied Consent Warning)

am a member of Palm Beach County Sheriffs Office, and I do swear
(Name of enforcement agency)

or affirm that on or about the THIRD day of April, 2021, at 9:04 PM

DRIVER (Type or Print) AMANDA (FIRST) KAY (MIDDLE OR MAIDEN) WINTERS (LAST).

DL # W536011745270, state of FL, was placed under lawful arrest for

the offense of DUI by Deputy Sheriff LE PATRICK SCARTOZZI and
(Name of Arresting Officer)

issued Citation # AEA7EKE.

That on or about the THIRD day of April, 2021, at 8:32 PM

in Palm Beach County.

I requested that the driver submit to a ☑ breath and/or ☐ urine test to determine his or her blood alchohol 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 (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 of Law Enforcement Officer or Correctional Officer

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

Notary Public State of Florida
Paris Pound
My Commission GG 200028
Expires 03/25/2022

(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before me this 3 day of April, 2021

by _____

who is personally known to me or who has produced _____ as identification.

Notary Public _____

The foregoing instrument was sworn and subscribed before me:

_____
Signature of Attesting Officer

Title _____

Date _____

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.

HSMV-BAR1001 (REV. 10/2016)

SUBJECT: _____ CASE NUMBER: _____

IMPLIED CONSENT FOR DUI IN A MOTOR VEHICLE

NOTE: READ ONLY THE PARAGR\PH 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)_____

SUBJECT: _____ 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? _____

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: _____

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:	

REVIEW COMPLETED BY

Booking Number: 2021008066	**Date:** 04/04/2021
	Specialist Name/ID: C. Denzel/8691