

0521725 21CT20011 1557

ADVISORY		ARREST / NOTICE TO APPEAR		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		JUVENILE	
Agency ORI Number <b>0501700</b>		Agency Name <b>Jupiter Police Department</b>		Agency Report Number (N.T.A.'s only) <b>5, 4   21-004250</b>							
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		If Weapon Seized Enter Type <b>UNARMED</b>		Multiple Clearance Indicator							
Location of Arrest (Including Name of Business) <b>FERN ST/N LOXAHATCHEE DR, JUPITER FL</b>				Location of Offense (Business Name, Address) <b>400 FERN ST/N LOXAHATCHEE DR, JUPITER, FL 33458</b>							
Date of Arrest <b>12/01/2021</b>		Time of Arrest <b>22:50</b>		Booking Date <b>12/01/2021</b>		Booking Time <b>23:00</b>		Jail Date		Jail Time	
Name (Last, First, Middle) <b>NUNN, APRYLE ELIZABETH</b>		Alias: <b>Alias (Name, DOB, Soc. Sec. #, Etc.)</b>									
Race W - White B - Black O - Oriental/Asian <b>W</b>		Sex <b>F</b>		Date of Birth <b>03/10/1977</b>		Height <b>5'03</b>		Weight <b>220</b>		Eye Color <b>BLUE</b>	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status <b>M</b>		Religion		Complexion <b>BLONDE /</b>		Build <b>LIGHT</b>		Build <b>Large</b>	
Local Address (Street, Apt. Number) <b>400 FERN ST UNIT 1B, JUPITER, FL 33478</b>		(City) <b>JUPITER</b>		(State) <b>FL</b>		(Zip) <b>33478</b>		Phone		Indication of: Alcohol Influence Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>	
Permanent Address (Street, Apt. Number) <b>400 FERN ST UNIT 1B, JUPITER, FL 33478</b>		(City) <b>JUPITER</b>		(State) <b>FL</b>		(Zip) <b>33478</b>		Phone		Residence Type: 1. City 2. County 3. Florida 4. Out of State <b>1</b>	
Business Address (Name, Street) <b>VERBAL</b>		(City) <b>JUPITER</b>		(State) <b>FL</b>		(Zip) <b>33478</b>		Phone		Address Source <b>VERBAL</b>	
D/L Number, State <b>NS00005775900 / FL</b>		Soc. Sec. Number <b>[REDACTED]</b>		INS Number		Place of Birth (City, State) <b>CHESTER COUNTY, PA</b>		Citizenship <b>US</b>			
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			
<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ <input type="checkbox"/> Legal Custodian		Name (Last, First, Middle)		Address (Street, Apt. Number)		(City)		(State)		(Zip)	
Notified by: (Name)		Date		Time		JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT IAC 3. Incorporated					
Released To: (Name)		Relationship		Date		Time					
The above address was 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's Office (Phone 355-2526) informed of any change of address.		School Attended		Grade		Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property		Value of Property	
Drug Activity N. N/A P. Possess		S. Sell B. Buy T. Traffic		R. Seizure 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 Description <b>DUI - BREATH .08 OR ABOVE</b>		Statute Violation Number <b>316.193(1)(C)</b>		Violation of ORD #							
Drug Activity <b>N</b>		Drug Type <b>N</b>		Amount / Unit <b>/</b>		Offense #		Counts <b>1</b>		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
Charge Description		Statute Violation Number		Violation of ORD #							
Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
Charge Description		Statute Violation Number		Violation of ORD #							
Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
Health / Apparent Physical Condition of Defendant		Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries		Explain:							
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Posted Bond		<input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> South County Mental Health		<input checked="" type="checkbox"/> T.O.T. County Jail		PROPERTY - Received By		Released By		Released To	
Transported By		Date Transported <b>12/01/2021</b>		Time Transported <b>23:00</b>		Other					
<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.		Location (Court, Room) <b>North County PALM BEACH GARD</b>		Court Date and Time <b>01/05/2022 08:30:00</b>							
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							
HOLD for Other Agency		Signature of Arresting Officer <b>[Signature]</b>		Name Verification (Printed by Arrestee) <b>SCANNED</b>							
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Seizure <input type="checkbox"/> Other		Name of Arresting Officer (Print) <b>MCGILLICUDDY, STEVEN</b>		I.D. # <b>1216</b>							
Pouch #		Transporting Officer <b>S. MCGILLICUDDY</b>		I.D. # <b>388</b>		Agency <b>JUPITE</b>		Witness here: _____		PAGE <b>1 OF 1</b>	

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 1ST DAY OF DECEMBER 20 21, AT 2243 AM PM ✓  
SUBJECT: NUNN APRYLE E CASE NUMBER: 21-004250  
AGENCY: Jupiter Police Department ARRESTING OFFICER: MCGILLICUDDY 388

## PERSONAL CONTACT

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

On 12/1/2021 at approximately 2243 hrs, I was driving west bound on W Indiantown Road in the area of N Hepburn Avenue. I observed a blue Chevrolet (JWIG37/FL) east bound on W Indiantown Road. The vehicle then made a dangerous and abrupt u-turn at a high rate of speed in front of me. I observed the back of the vehicle lose traction and nearly fishtail. The vehicle then accelerated carelessly at a high rate of speed west bound and took a dangerous wide turn north bound onto N Loxahatchee Drive, nearly striking the curb. I conducted a traffic stop on the vehicle and made contact with the driver Apryle Nunn (DEFENDANT) and front seat passenger, Richard Nunn (CO-DEFENDANT).

## OBSERVATION OF DRIVER:

Nunn had glassy bloodshot eyes and spoke with slightly slurred speech. I smelled an odor of unknown alcoholic beverage emitting from the vehicle, which intensified as Nunn spoke to me. She first denied drinking any alcohol and then admitting to drinking some wine. During the course of this part of the investigation, Richard Nunn became irate and was hindering my traffic stop. I ordered him to leave the traffic stop, which he initially did. He later returned and criminally obstructed my investigation. For those facts please see Ofc. Matonti's supplemental probable cause affidavit for his arrest.

## DRIVER'S STATEMENTS:

Nunn first denied drinking any alcohol and then admitted to drinking several glasses of wine. She later admitted to also taking "some shots".

## ODORS:

Odor of unknown alcoholic beverage emitting from person, which intensified as she spoke.

## GENERAL OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Cooperative

CLOTHING: Black Shirt, Jeans

MEDICAL/OTHER: N/A

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 2nd day of DECEMBER 20 21 by Officer MCGILLICUDDY 388

(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)

SCANNED

DEC 02 2021

SUBJECT: NUNN APRYLE CASE NUMBER 21-004250

**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:**

Onset of nystagmus was immediate. VGN was not present.

**WALK & TURN:**

- Lost balance in instructional position
- Stepped off line multiple times
- Used arms for balance
- Missed heel to toe on every step
- Improper turn
- Stopped while walking
- 6 of 8 clues

**ONE LEG STAND:**

- Put foot down
- Used arms for balance
- Swayed
- 3 of 4 clues

**FINGER TO NOSE:**

- 1L - IMPROPER
- 2R - IMPROPER
- 3L - IMPROPER
- 4R - IMPROPER
- 5R - IMPROPER
- 6L - IMPROPER

**ROMBERG ALPHABET:**

(B to X)

Correct sequence

**BREATH TEST RESULTS:** 1) .094 2) .093 3)  4)

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 2nd day of DECEMBER 2021 by Officer MCGILLICUDDY 388

(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)

SCANNED

DEC 02 2021

## WITNESS LIST

CASE NUMBER: 21-004250

ARRESTING OFFICER: MCGILLICUDDY

ADDRESS: 196 Military Trl. Jupiter, FL 33458

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

CAN TESTIFY TO: PC

NAME: OFC SHAFF

ADDRESS: MCGILLICUDDY

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

CAN TESTIFY TO: BACKUP

NAME: OFC WYAT

ADDRESS MCGILLICUDDY

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

CAN TESTIFY TO: BACKUP/TRAINING

NAME: SGT COUNIHAN

ADDRESS MCGILLICUDDY

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

CAN TESTIFY TO: BACKUP

NAME: SGT GIVEN

ADDRESS MCGILLICUDDY

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

CAN TESTIFY TO: BACKUP

NAME: OFC MATONTI

ADDRESS MCGILLICUDDY

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

CAN TESTIFY TO: BACKUP

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: \_\_\_\_\_

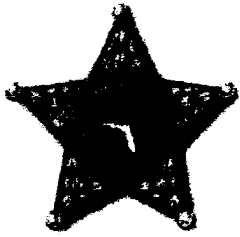
ADDRESS \_\_\_\_\_

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

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

SCANNED

DEC 02 2021



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

PBSO CASE # 21-133605 PBSO ZONE 3-16

AGENCY CASE # 21-004250 CRASH CASE # \_\_\_\_\_

TIME OF STOP/CRASH 2243 DATE 12/01/2021 DAY WEDNESDAY

SUBJECT'S NAME NUNN APRYLE E RACE W SEX F  
LAST FIRST MID

HGT 5'3 WGT 220 DOB 3/10/1977

LOCATION FERN ST/N LOXAHATCHEE DRIVE, JUPITER, FL

ARRESTING OFFICER'S NAME & ID MCGILlicuddy 388 AGENCY JUPITER PD

DIVISION: RP - TRF

NOTIFIED BY COMMO Yes

ARRIVAL AT FACILITY 2231

ARREST TIME 2250

BREATH RESULTS:

1)	.094
2)	.093
3)	N/A
4)	N/A

TESTING OFFICER'S ID 16877 PBSO VIDEOTAPE # N/A

SCANNED  
DEC 02 2021

# TESTING FACILITY TASK REPORT

AGENCY: Jupiter

SUBJECT: Nunn, Apryle E.

CASE NUMBER: 21-133605

DATE: Dec 2, 2021

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 23:54

ENDING TIME: 00:05

BREATH TESTS RESULTS: 1) .094 TIME 23:58 A.M. ☐ P.M. ☒ 2) .093 TIME 00:01 A.M. ☒ P.M. ☐  
3) N/A TIME A.M. ☐ P.M. ☐ 4) N/A TIME A.M. ☐ P.M. ☐

BREATH OPERATOR: R. Ragin #16877

MAINTENANCE TECHNICIAN: Jason Karlecke #6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Calm, cooperative

CLOTHING: Blue jeans, black sweater, black t-shirt, black shoes

MEDICAL CONDITIONS: None

MEDICATIONS: Birth control pills

## OTHER:

Eyes are red  
Odor of unknown alcoholic beverage on breath

## COMMENTS:

Arrived at center A/O started 20 minute observation period at 23:31 hrs.

Subject agreed to perform breath test.

A/O read rights.  
Subject stated she understood rights.

Tech read breath test results.  
Subject stated she understood breath test results.

A/O conducted Q&A.  
Subject answered Q&A.

SCANNED  
DEC 02 2021

**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: 80-006238 Software: 8100.27  
Date of Test: 12/02/2021

Date of Last Agency Inspection: 11/12/2021  
Observation Period Began: 23:31  
Subject's Name: APRYLE E NUNN

DOB: 03/10/1977 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	23:57
	Air Blank	0.000	23:57
	Control Test	0.080	23:58
	Air Blank	0.000	23:58
	Subject Sample #1	0.094	23:58
	Air Blank	0.000	23:59
	Air Blank	0.000	00:01
	Subject Sample #2	0.093	00:01
	Air Blank	0.000	00:02
	Control Test	0.080	00:02
	Air Blank	0.000	00:03
	Diagnostics Check	OK	00:03

Cylinder Lot: 02021080A1  
Exp: 03/05/2023

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 RENEE M RAGIN, 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: 12/02/21  
Signature

Sworn to (or affirmed) before me this 02 day of Dec, 2021

Signature of Notary Public-State of Florida \_\_\_\_\_ Printed Name of Notary Public-State of Florida Ofc. S. McGillicuddy #388

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

SUBJECT: NUNN, APRYLE E

CASE NUMBER: 21-004250

## 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 \_\_\_\_\_ Officer \_\_\_\_\_ of the **Jupiter Police Department**

If you refuse to take the test I have requested of you, your driving privilege will be suspended for a period of one (1) year for a FIRST REFUSAL, or eighteen (18) months if your driving privilege has been PREVIOUSLY SUSPENDED, or if you have been PREVIOUSLY FINED under s. 327.35215, for refusing to submit to a lawful test of your breath, urine, or blood. Additionally, if you refuse to take the test I have requested of you, and if your driving privilege has been previously suspended, or if you have been previously fined under s. 327.35215, for a refusal to submit to a lawful test of your breath, urine, or blood, you will be committing a misdemeanor, in addition to any other penalties which can be imposed by law. Refusal to submit to the test I have requested is admissible into evidence in any criminal proceeding.

SUBJECT'S SIGNATURE: \_\_\_\_\_ **Read on Camera** NUNN, APRYLE E

## CONSTITUTIONAL WARNINGS

I AM REQUIRED TO WARN YOU BEFORE YOU MAKE ANY STATEMENTS THAT YOU HAVE THE FOLLOWING RIGHTS:

You have the right to remain silent and not answer any questions.

Any statement must be freely and voluntarily given.

You have the right to the presence of a lawyer of your choice before you make any statement and during any questioning.

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.

If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent.

I can make no threats or promises to induce you to make a statement. This must be of your own free will.

Any statement can and will be used against you in a court of law.

SUSPECT'S SIGNATURE: \_\_\_\_\_ **Read on Camera** NUNN, APRYLE E

SCANNED  
DEC 02 2021





**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)
<b>L/E Exemptions</b>	<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.	
<b>Public Info. Exemptions</b>	<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.	
<b>Florida Rules of Judicial Administration 2.420 (Rule of 23)</b>	<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"/>			
<b>Other</b>	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

**REVIEW COMPLETED BY**

<b>Booking Number:</b> 2021030224	<b>Date:</b> 12/2/2021
	<b>Specialist Name/ID:</b> A. Pinkney/7796

SCANNED  
DEC 02 2021