

20 CT 151444 SB
ARREST / NOTICE TO APPEAR

OBT Number	Agency ORI Number 0500400	Agency Name Delray Beach Police Department	Agency Report Number (N.T.A.'s only) 4, 0 20-015278	1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	JUVENILE
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 None/not Applicable		Multiple Clearance Indicators		1	
Location of Arrest (Including Name of Business) LAKE IDA RD/N CONGRESS AVE DELRAY BEACH				Location of Offense (Business Name, Address) 1999 LAKE IDA RD/N CONGRESS AVE, DELRAY BEACH, FL			
Date of Arrest 11/22/2020	Time of Arrest 18:43	Booking Date 11/22/2020	Booking Time 18:53	Jail Date	Jail Time	Location of Vehicle	
Name (Last, First, Middle) HASSIBI, BRIANA LEWIS				Alias (Name, DOB, Soc. Sec. #, Etc.)			
Race W - White 1 - American Indian B - Black 2 - Oriental/Asian W				Sex F	Date of Birth 09/25/1979	Height 5'09	Weight 135
Eyes Color GREEN				Hair Color BROWN	Complexion LIGHT	Build MEDIUM	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status M	Religion NOT INDICA	Indication of: Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Drug Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>	
Local Address (Street, Apt. Number) 1175 NW 20TH AVE, DELRAY BEACH, FL 33445				Phone (561) 445-9500		Residence Type: 1. City 3. Florida 2. County 4. Out of State 1	
Permanent Address (Street, Apt. Number) 1175 NW 20TH AVE, DELRAY BEACH, FL 33445				Phone (561) 445-9500		Address Source DL	
Business Address (Name, Street) Unemployed				Phone		Occupation	
DVL Number, State H210072798450 / FL		Soc. Sec. Number		DHS Number		Place of Birth (City, State) ALLENTOWN, PA	
Citizenship US							
Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth	
Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth	
Name (Last, First, Middle)				Residence Phone			
Address (Street, Apt. Number)				Business Phone			
Notified by: (Name)				Date	Time	JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT IAC 3. Incarcerated	
Released To: (Name)				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. Possession				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. Amphetamines	B. Barbiturate C. Cocaine B. Heroin	H. Hallucinogen M. Marijuana O. Opium/Deriv.	P. Paraphernalia/ Equipment S. Synthetic
U. Unknown Z. Other							
Charge Description DUI-DAMAGE TO PERSON/PROPERTY				Statute Violation Number 316.193(3)(C)(I)		Violation of Ord #	
Drug Activity	Drug Type N	Amount / Unit	Offense #	Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number	
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	Warrant / Capias Number	
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	Warrant / Capias Number	
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			
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input checked="" type="checkbox"/> T.O.T. County Jail				PROPERTY - Received By		Released By	
<input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health				Date Transported		Time Transported	
Transported By				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) South County 200 W Atlantic Ave Delray Beach, FL 33444		Court Date and Time 12/14/2020 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 CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.				No Photo Available			
Signature of Defendant (or Juvenile and Parent/Custodian)				Date Signed			
HOLD for Other Agency				Signature of Arresting Officer		Name Verification (Printed by Arrestee) NOV 22 PM 10:02	
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Subsidy <input type="checkbox"/> Other				Name of Arresting Officer (Print) BONET, LUIS C		LD. # 1148	
Initials of Defendant				Transporting Officer BONET		LD. # 1148	
Pouch #				Agency DELRA		Witness here if subject signed with an "X".	

0519795

(X)R

#1442

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 22nd DAY OF November 20 20, AT 1752 ☐ AM ☒ PM
SUBJECT: Briana Lewis Hassibi CASE NUMBER: 20-015278
AGENCY: Delray Beach PD ARRESTING OFFICER: Ofc. Bonet 1148

PERSONAL CONTACT

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

On November 22nd, 2020, I responded to Lake Ida Rd/N Congress Ave in reference to a traffic accident involving a white Chevy Tahoe (FL Tag RJY099) and Delray Beach Patrol Vehicle 1532. Ofc. Reinhart arrived on scene immediately once the crash occur and observed the driver of the Chevy, Briana Hassibi, still entrapped inside of the Chevy. I made contact with the driver of the Chevy, Briana Hassibi, and the Ofc. Patrick who was driving the patrol vehicle.

OBSERVATION OF DRIVER:

Hassibi appeared impaired, had slurred and mumbled speech, had bloodshot and glassy eyes, and had droopy eyes. Hassibi also was using the car as stabilization and had numerous mood swings while on scene from being relaxed to crying to being relaxed again.

DRIVER'S STATEMENTS:

Post-Miranda, Hassibi stated that she drank two glasses of wine with her lunch at approximately 4pm. Hassibi stated that she takes numerous medications (celebrex, cymbalta, prednisone, and lisinopril) throughout the day for her medical issues. Hassibi also stated that she usually always drinks two glasses of wine every day with her meal. Hassibi stated that certain medications that she had taken does make her drowsy and are not supposed to be mixed with alcohol.

ODORS:

The odor of an unknown alcoholic beverage was emanating from her person.

GENERAL OBSERVATIONS

SPEECH: Slurred and mumbled speech

ATTITUDE: Cooperative and Polite

CLOTHING: Black Tanktop and Yellow Skirt

MEDICAL/OTHER: [REDACTED]

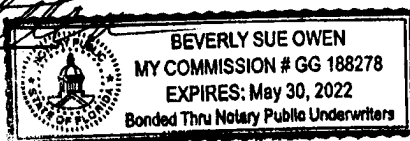
STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 22nd day of November 20 20 by Ofc. Luis Bonet 1148

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

Notary Public, Clerk of Court, Officer (F.S.S. 117.10)



SUBJECT: Briana Lewis Hassibi

CASE NUMBER 20-015278

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

☒ LT EYE-LACK OF SMOOTH PURSUIT

☒ RT EYE-LACK OF SMOOTH PURSUIT

☒ LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION

☒ RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION

☒ LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

☒ RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

Other Observations:

Hassibi moved her head during the exercise even though instructed not too.

WALK & TURN:

Hassibi was unable to complete this task due to her medical condition.

ONE LEG STAND:

Hassibi was unable to complete this task due to her medical condition.

FINGER TO NOSE:

Hassibi did not touch the tip of her nose 4 out of the six times. Hassibi also jerked her left hand when instructed to move her right hand.

ROMBERG ALPHABET:

Hassibi completed this task but was unable to keep her feet all the way together due to her medical conditions.

BREATH TEST RESULTS:

1) .271 2) .254 3) 4)

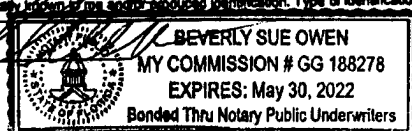
STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 22nd day of November, 2020 by Ofc. Luis Bonet 1148

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

Notary Public, Clerk of Court, Officer (F.S.S. 117.10)



TESTING FACILITY TASK REPORT

AGENCY: DELRAY BEACH P.D.

SUBJECT: HASSIBI, BRIANA LEWIS

CASE NUMBER: 20129554

DATE: 11/22/2020

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 1929

ENDING TIME: 1947

BREATH TESTS RESULTS: 1) .271 TIME 1935 A.M. ☐ P.M. ☒ 2) .254 TIME 1938 A.M. ☐ P.M. ☒
3) TIME A.M. ☐ P.M. ☐ 4) TIME A.M. ☐ P.M. ☐

BREATH OPERATOR: S. Owen #3184

MAINTENANCE TECHNICIAN: J. Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH:

ATTITUDE: CO-OPERATIVE, PLEASANT

CLOTHING: TENNIS SHOES, YELLOW SKIRT, BLACK TANK TOP

MEDICAL CONDITIONS:

MEDICATIONS:

OTHER:

DEFENDANT IN ACCIDENT

COMMENTS:

A/O AND DEFENDANT ARRIVED AT 1905 HOURS. DEFENDANT HAD GUM IN MOUTH, NEW OBSERVATION TIME WAS 1909 HRS. A/O OBSERVED 20 MINUTES. A/O REQUESTED BREATH TEST, TECH EXPLAINED RESULTS. A/O READ C/W DEFENDANT UNDERSTOOD RIGHTS. ANSWERED Q & A, ADMITTED DRINKING WINE (2 GLASSES) AT HER HOME. COULDN'T FEEL EFFECTS OF ALCOHOL. DEFENANT BLEW .271 AND .254.

**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: 80-006240 Software: 8100.27
Date of Test: 11/22/2020

Date of Last Agency Inspection: 11/13/2020

Observation Period Began: 19:09

Subject's Name: BRIANA L HASSIBI

DOB: 09/25/1979 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	19:32
Air Blank	0.000	19:33
Control Test	0.080	19:33
Air Blank	0.000	19:34
Subject Sample #1	0.271	19:35
Air Blank	0.000	19:36
Air Blank	0.000	19:37
Subject Sample #2	0.254	19:38
Air Blank	0.000	19:39
Control Test	0.079	19:39
Air Blank	0.000	19:40
Diagnostics Check	OK	19:40

Cylinder Lot: 14020080A1
Exp: 07/05/2022

State of Florida, County of Palm Beach

Personally appeared before me the undersigned authority, who (2) is personally known to me or () produced _____ as identification, and who after being placed under oath, states:

I SUE OWEN, hold a valid Breath Test Operator permit issued by the Florida Department of Law Enforcement, I administered the above breath test to the subject named above in accordance with Chapter 11D-8, Florida Administrative Code, and this form is a true and accurate report of that breath test.

Breath Test Operator: _____

Signature

Date: 11/22/2020

Sworn to (or affirmed) before me this 22nd day of November, 2020

Signature of Notary Public-State of Florida

ofc L. Bonet
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.

WITNESS LIST

CASE NUMBER: 20-015278

ARRESTING OFFICER: Ofc. Luis Bonet 1148

ADDRESS: 300 W Atlantic Ave Delray Beach FL 33444

PHONE NUMBERS (HOME): _____ (WORK) 561-243-7800

CAN TESTIFY TO: DUI Investigation

NAME: Ofc. Rodney Patrick

ADDRESS: 300 W Atlantic Ave Delray Beach FL 33444

PHONE NUMBERS (HOME) _____ (WORK) 561-243-7800

CAN TESTIFY TO: Driver of other vehicle involved. Wheel Witness

NAME: Ofc. Anna Reinhart

ADDRESS 300 W Atlantic Ave Delray Beach FL 33444

PHONE NUMBERS (HOME) _____ (WORK) 561-243-7800

CAN TESTIFY TO: Wheel Witness

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____



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

PBSO CASE # 20129554 PBSO ZONE 4-11

AGENCY CASE # 20-015278 CRASH CASE # 20-015278

TIME OF STOP/CRASH 17:52 DATE 11/22/20 DAY Sunday

SUBJECT'S NAME Briana Hassibi RACE W SEX F

HGT 5'01" WGT 140 lbs DOB 9/25/79

LOCATION Lake Ida Rd/S Congress Ave Delray Beach FL

ARRESTING OFFICER'S NAME & ID L. Banet 1148 AGENCY Delray Beach

DIVISION: Road Patrol

NOTIFIED BY COMMO yes

ARRIVAL AT FACILITY 1905hrs

Arrest Time 1843hrs

BREATH RESULTS:

1. .271
2. .254
3. /
4. /

TESTING OFFICER'S ID 3184

SUBJECT: _____ 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 _____ 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? Yes

WHERE WERE YOU GOING? to the store

WHAT STREET OR HIGHWAY WERE YOU ON? 1st St / Highway 10

DIRECTION OF TRAVEL? N WHERE DID YOU START? at home

WHAT TIME DID YOU START? 7:00 PM WHAT TIME IS IT NOW? 7:30 PM

WHAT IS TODAY'S DATE? 11/1/00 WHAT DAY OF THE WEEK IS IT? Monday

WHAT COUNTY AND CITY ARE YOU IN NOW? San Diego

WHEN DID YOU LAST EAT? 6:00 PM WHAT DID YOU EAT? burger

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? nothing

HOW MUCH DO YOU WEIGH? 165 HAVE YOU BEEN DRINKING? Yes WHAT? beer

HOW MUCH? 2 WHERE? at home WITH WHOM? alone

WHEN DID YOU HAVE YOUR FIRST DRINK? 7:00 PM AND YOUR LAST DRINK? 7:30 PM

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? by drinking

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? Yes ARE YOU UNDER THE INFLUENCE? Yes

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? Yes HOW MUCH? 2

WHAT? beer WHERE? at home WHEN? 7:30 PM

WHAT LINE OF WORK ARE YOU IN? unemployed WHEN DID YOU LAST WORK? 10/1/00

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? Yes WHAT? back pain

ARE YOU SICK OR INJURED? Yes WHAT'S WRONG? back pain

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? 7:00 PM

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? Yes WHO? Dr. Smith WHY? back pain

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? Yes WHAT? ibuprofen WHEN? 7:00 PM

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>

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? Never

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? Yes WHERE? California

INTERVIEWER: Officer Smith



**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"/>			
Other	<input type="checkbox"/>	F.C. Art. 1, Sect 16	Other: Marsy's Law	
	<input type="checkbox"/>	119.07(1)	Other: Bail bond agents and runners are confidential until investigation is completed or ceases to be "active".	

REVIEW COMPLETED BY

Booking Number: 2020027534

Date: 11/23/2020

Specialist Name/ID: VARGO/6665