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ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

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

OBTS Number		Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number (N.T.A.'s only) <b>06-20046870</b>					
Charge Type: Check as many as apply: <input checked="" 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		Weapon Seized / Type 2 1. Yes N/A 2. No		Multiple Clearance Indicator 01							
Location of Arrest (Including Name of Business) <b>PIPERS GLEN BLVD / S MILITARY TRL, BOYNTON BEACH FL 33436</b>				Location of Offense (Business Name, Address) <b>PIPERS GLEN BLVD / S MILITARY TRL,</b>							
Date of Arrest <b>03/08/2020</b>	Time of Arrest <b>0301</b>	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle City Towing, 421 NE 7th Ave., Boynton Beach, FL 33435, (561) 347-9794					
Name (Last, First, Middle) <b>WOOD, CHARLES, ANTHONY</b>				Alias (Name, DOB, Soc. Sec. #, Etc.)							
Race W - White I - American Indian B - Black O - Oriental/Asian	Sex <b>M</b>	Date of Birth <b>10/1/1970</b>	Height <b>6'2</b>	Weight <b>155</b>	Eye Color <b>BLU</b>	Hair Color <b>BLK</b>	Complexion <b>LIGHT</b>	Build <b>MEDIUM</b>			
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>NONE</b>				Marital Status <b>Single</b>		Religion <b>CHRISTIAN</b>		Indication of: Alcohol Influence Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>			
Local Address (Street, Apt. Number) (City) (State) (Zip) <b>12095 STONEHENGE CIR, BOYNTON BEACH / FL / 33437</b>				Phone <b>(561) 445-2903</b>		Residence Type: 1. City 2. County 3. Florida 4. Out of State <b>1</b>					
Permanent Address (Street, Apt. Number) (City) (State) (Zip)				Phone		Address Source					
Business Address (Name, Street) (City) (State) (Zip)				Phone		Occupation <b>SELF EMPLOYED</b>					
D/L Number, State <b>W300-141-70-361-0, FL</b>		Soc. Sec. Number		INS Number		Place of Birth (City, State) <b>JACKSONVILLE, FL</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				
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 / 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 checked="" type="checkbox"/> No		Description of Property		Value of Property							
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. Parapharmacia/ Equipment S. Synthetics	U. Unknown Z. Other
Charge Description <b>COCAINE POSS OF CONTROLLED SUBSTANCE</b>		Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number <b>893.13(6)(a)</b>		Violation of ORD #					
Drug Activity <b>P</b>	Drug Type <b>C</b>	Amount / Unit <b>0.2 (TPW)</b>	Offense # <b>20046870</b>	Warrant / Capias Number		Bond					
Charge Description <b>DRIVING UNDER THE INFLUENCE</b>		Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number <b>316.193(1)(A)</b>		Violation of ORD #					
Drug Activity <b>N</b>	Drug Type <b>N</b>	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) <b>3228 GUN CLUB RD WEST PALM BEACH FL 33406</b>											
Court Date and Time Month <b>APRIL</b> Day <b>6TH</b> Year <b>2020</b> Time <b>0830</b> AM <input checked="" type="checkbox"/> PM											
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. <b>03/08/2020</b>											
Signature of Defendant (or Juvenile and Parent /Custodian)				Date Signed							
HOLD for other Agency Name:		Signature of Arresting Officer <b>D.S. 35619</b>		Name Verification (Printed by Arresting Officer) <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>							
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal	<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:	Name of Arresting Officer (Print) <b>LEHENY #35619</b>		I.D. # <b>35619</b>		(PRINT)					
Transporting Officer <b>LEHENY</b>		ID # <b>35619</b>		Agency <b>PBSO</b>		PAGE <b>1 OF 1</b>					
Witness here if subject signed with an "X"											

SCANNED MAR 8 9 2020

PROBABLE CAUSE AFFIDAVIT

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

1

Juvenile N

Agency ORI Number: FLO 500000 Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE Agency Report Number: 06-20046870

Charge Type: 1. Felony 2. Traffic Felony 3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 6. Other Special Notes: Supp PC

Name (Last, First, Middle): WOOD, CHARLES, ANTHONY Alias: Race: W Sex: M Date of Birth: 10/1/1970

Charge Description: POSS OF CONTROLLED SUBSTANCE 893.13(6)(a) Charge Description: DRIVING UNDER THE INFLUENCE 316.193(1)(A)

Charge Description: Charge Description:

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

Local Address (Street, Apt. Number): Business Address (Name, Street): 3228 GUN CLUB ROAD WEST PALM BEACH FL 33406

Business Address (Name, Street): 3228 GUN CLUB ROAD WEST PALM BEACH FL 33406 Phone: (561) 688-3000 Occupation: Government

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: [X] committed the below acts in my presence. [X] was observed by D/S PUJOL who told D/S LEHENY #35619 that he/she saw the arrested person commit the below acts. [X] was found to have committed the below acts, resulting from my (described) investigation. On the 8TH day of MARCH 2020 at 0129 [X] A.M. [ ] P.M. (Specifically include facts constituting cause for arrest.)

After arresting Wood for DUI, I placed him in the rear of my patrol vehicle. D/S Pujol #8530 completed a vehicle inventory and a tow slip for the vehicle. D/S Pujol showed me a pack of Menthol cigarettes which contained a small white colored rock which I believe to be "crack" cocaine based on my training and experience. D/S Pujol stated he found the pack of cigarettes wedged in between the front passenger seat and the center console, easily accessible to Wood. It should be noted that no one else was in the vehicle.

I later tested the white colored rock substance using my department issued Cobalt Cocaine test kit which tested positive. Wood was arrested pursuant to Florida Statute 893.13(6)(a); Possession of Controlled Substance. I later weighed the cocaine at 0.2 grams (TPW) which was submitted into evidence.

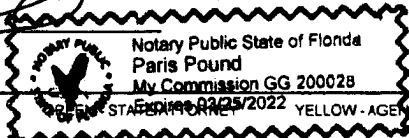
NOT A CERTIFICATE

PROBABLE CAUSE STATEMENT

STATE OF FLORIDA COUNTY OF PALM BEACH Signature of Arresting/Investigative Officer: [Signature] 35619 LEHENY #35619

The foregoing instrument was sworn to or affirmed and subscribed before me this 8TH day of MARCH 2020 by LEHENY PERSONALLY KNOWN LEO

(Print name of Arresting/Investigative Officer, who is personally known to me and who produced identification. Type of identification produced Paris Pound (#24639) My Commission GG 200028 Expires 03/25/2022



PAGE OF

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 8TH DAY OF MARCH 20 20, AT 0129 AM PM

SUBJECT: WOOD, CHARLES, ANTHONY CASE NUMBER: 20046870

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: LEHENY #35619

## PERSONAL CONTACT

DRIVING PATTERN: Actual physical control (physical evidence or statements putting def. behind wheel of vehicle)

At approximately 0129 hours, I was driving in my marked patrol vehicle eastbound on W Atlantic Ave, passing intersecting S Military Trl. As I continued east I observed a red 2004 Porsche, bearing license number CXPM76, traveling west bound at a high rate of speed. The vehicle turned north onto S Military Trl where it continued to accelerate. I caught up to the vehicle in the 13000 block of S Military Trl where I visually estimated the vehicle to be traveling at 65 mph. I used my department issued Stalker Radar (Serial #: AS015409) which gave a reading of 70 mph in a 45 mph zone. The vehicle changed lanes rapidly, merging from the number three lane to the number one lane. The vehicle also could not maintain a single lane, driving over the dotted white line several times. I initiated a traffic stop with a final resting place on Piper Glen Blvd, west of S Military Trl. I approached the driver side window where I met the driver, later identified by his passport as Charles Wood (10-01-70).

### OBSERVATION OF DRIVER:

Wood appeared nervous in the front driver seat. As I spoke to Wood, I noticed his eyes were red and glassy. Wood also had constricted pupils and was talking very fast. I asked Wood for the vehicle documents which he advised that he had the license plate to another vehicle attached to this vehicle. Wood looked around the cabin area several times for the vehicle documents but could not find them. While he looked for the documents, I noticed he had very sporadic and quick movements and was very talkative. When I bent down to shine a light into the cabin, I smelled an odor of an unknown alcoholic beverage coming from inside the vehicle.

### DRIVER'S STATEMENTS:

Wood stated he was in Delray Beach at Rocco Tacos then went to play pinball. Wood stated that he was on his way to see his daughters who lived in the area. He stated he did not have anything to drink earlier tonight. I advised Wood of my observations and asked if he wanted to participate in roadside tasks which he agreed to participate.

### ODORS:

Strong odor of an unknown alcoholic beverage.

## GENERAL OBSERVATIONS

SPEECH: Talkative and Fast.

ATTITUDE: Cooperative

CLOTHING: Blue Shirt, Jeans, and White shoes.

MEDICAL/OTHER: [REDACTED]

STATE OF FLORIDA  
COUNTY OF PALM BEACH

LEHENY #35619 *D/S 35619*

(Signature of Arresting/Investigative Officer)

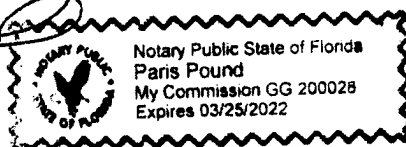
The foregoing instrument was sworn to or affirmed and subscribed before me this 8TH day of MARCH 20 20 by LEHENY #35619

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

Paris Pound (#24639)

Notary Public, Clerk of Court, County of Palm Beach, Florida

SCANNED  
MAR 09 2020



SUBJECT: WOOD, CHARLES, ANTHONY CASE NUMBER 20046870

**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 type="checkbox"/> LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION | <input type="checkbox"/> RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION |
| <input type="checkbox"/> LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES          | <input type="checkbox"/> RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES          |

**Other Observations:**

Swayed while standing during task and followed with his head.

**WALK & TURN:**

Wood had difficulty standing and remaining in the starting position. He lost balance while in the starting position stepping off the line. He then stood with his feet together while I continued my instructions. He did not count each step out loud as instructed. He made an improper turn by spinning around instead of taking a series of small steps. He missed heel to toe on several steps during the task.

**ONE LEG STAND:**

Wood swayed while standing during the task. He dropped his raised foot several times during the task. After dropping his raised foot initially, he lifted it back up and did not continue where he left off like I instructed him to.

**FINGER TO NOSE:**

Wood swayed while standing during the task. Wood missed the tip of his nose on several commands touching the the bridge of his nose instead.

**ROMBERG ALPHABET:**

Wood swayed while standing during the task.

**BREATH TEST RESULTS:** 1) .033 2) .034 3) 4)

STATE OF FLORIDA  
COUNTY OF PALM BEACH

LEHENY #35619

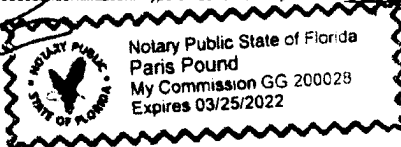
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 8TH day of MARCH 20 20 by LEHENY #35619

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

Paris Pound (#24639)

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



SCANNED

MAR 09 2020

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: 80-006477 Software: 8100.27  
Date of Test: 03/08/2020

Date of Last Agency Inspection: 02/14/2020  
Observation Period Began: 03:44  
Subject's Name: CHARLES A WOOD

DOB: 10/01/1970 Sex: M

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	04:10
	Air Blank	0.000	04:10
	Control Test	0.081	04:11
	Air Blank	0.000	04:11
	Subject Sample #1	0.033	04:12
	Air Blank	0.000	04:13
	Air Blank	0.000	04:14
	Subject Sample #2	0.034	04:15
	Air Blank	0.000	04:15
	Control Test	0.080	04:16
	Air Blank	0.000	04:16
	Diagnostics Check	OK	04:16

Cylinder Lot: 28719080A1  
Exp: 12/05/2021

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 PARIS D POUND, 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: 03/08/20

Sworn to (or affirmed) before me this 8<sup>th</sup> day of MARCH, 2020

D/S [Signature]  
Signature of Notary Public-State of Florida

o/s. J. LEHENY  
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.

SCANNED

FD-302 (REV. 11-15-83) FORM 38 - MARCH 2004, Ref. 11D-8.007

MAR 09 2020

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

20046870

I, LEHENY #35619, a duly certified Law Enforcement Officer or Correctional Officer,  
(Name of Officer reading Implied Consent Warning)

am a member of Palm Beach County Sheriff's Office, and I do swear  
(Name of law enforcement agency)

or affirm that on or about the 8 day of March, 20 20, at 0301  P.M.  A.M.

DRIVER CHARLES ANTHONY WOOD  
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# W300-141-70-361-0, state of Florida, was placed under lawful arrest for  
the offense of POSS OF CONTROLLED SUBSTANCE by LEHENY #35619 and  
issued Citation # A2GD7CP  
(Name of Arresting Officer)

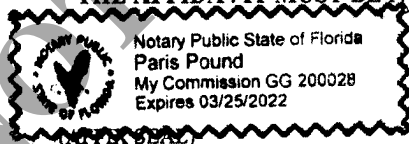
That on or about the 8TH day of MARCH, 20 20, at 0535  P.M.  A.M.

in Palm Beach County,

I requested that the driver submit to a  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.

D/S [Signature] 35619  
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:

The foregoing instrument was sworn and subscribed before  
me this 8TH day of MARCH, 20 20,  
by LEHENY #35619,

who is personally known to me or who has produced  
PERSONALLY KNOWN LEO as identification

Notary Public Paris Pound (#24639)

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.

SCANNED BY BAR1001 (REV. 10/2016)

MAR 09 2020

# WITNESS LIST

CASE NUMBER: 20046870

ARRESTING OFFICER: LEHENY #35619

ADDRESS: PBSO HQ 3228 GUN CLUB ROAD WEST PALM BEACH FL 33406

PHONE NUMBERS (HOME): \_\_\_\_\_ (WORK) 561-688-3000

CAN TESTIFY TO: SEE DUI PROBABLE CAUSE AFFIDAVIT & OFFENSE REPORT & IN CAR VIDEO

NAME: PUJOL #8530

ADDRESS: PBSO HQ 3228 GUN CLUB ROAD WEST PALM BEACH FL 33406

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) 561-688-3000

CAN TESTIFY TO: ROADSIDES / VEHICLE INVENTORY

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

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

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

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) 0

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

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

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

NAME: \_\_\_\_\_

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NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

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

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

NOT A CERTIFIED COPY

SCANNED  
MAR 8 9 2020



**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 checked="" type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	4
	<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"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2020007665	Date: 3/8/2020
	Specialist Name/ID: J. Beck/9007

SCANNED  
MAR 09 2020