

0523298

21CT7946ASB

NH

2826

OBTS Number		ARREST / NOTICE TO APPEAR		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		Juv. Ref. Report		1		Juv. Ref. Report		N							
Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-21065324																	
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		Weapon Seized / Type <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No N/A		Multiple Clearance Indicator 01																	
Location of Arrest (Including Name of Business) PHEASANT WAY / PHEASANT DR, BOCA RATON / FL / 33487		Location of Offense (Business Name, Address) PHEASANT WAY / PHEASANT DR, DELRAY BEACH / FL / 33487																			
Date of Arrest 05/13/2021		Time of Arrest 2350		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle BIG CITY TOWING									
Name (Last, First, Middle) STENDEROWICZ, DANIEL, ANTHONY														Alias (Name, DOB, Soc. Sec. #, Etc.)							
Race W - White I - American Indian B - Black O - Oriental/Asian W		Sex M		Date of Birth 9/9/1985		Height 5'5		Weight 160		Eye Color BLU		Hair Color BLO		Complexion LIGHT		Build MEDIUM					
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)														Marital Status Single		Religion NONE		Indication of Alcohol Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>		Indication of Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>	
Local Address (Street, Apt. Number) 4998 COVEY TRL, BOCA RATON, FL 33484		(City)		(State)		(Zip)		Phone (267) 980-1441		Residence Type: 1. City 2. County 3. Florida 4. Out of State 1		Address Source DEFENDANT		Occupation CONTRACTOR							
Permanent Address (Street, Apt. Number)		(City)		(State)		(Zip)		Phone													
Business Address (Name, Street) SELF EMPLOYED		(City)		(State)		(Zip)		Phone													
D/L Number, State S353-161-85-329-0, FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) PHILADELPHIA, PA		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											
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> 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. Paraphernalia/ Equipment S. Synthetics		U. Unknown Z. Other	
Charge Description DRIVING UNDER THE INFLUENCE (ENHANCED OVER .150)		Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number 316.193(4)		Violation of ORD #													
Drug Activity N		Drug Type N		Amount / Unit		Offense # 21065324		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) South County Courthouse, Courtroom #1, 200 W. Atlantic Ave., Delray Beach, FL 33444 - Ph: (561) 355-2996																					
Court Date and Time Month JUNE Day 10TH Year 2021 Time 1:00 AM																					
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) 05/13/2021																					
HOLD for other Agency Name		Signature of Arresting Officer D/S		Date Signed 35619		Name Verification (Printed by Arrestee) LEHENY #35619		(PRINT)													
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print) LEHENY #35619		I.D. # 35619		Agency PBSO		Witness here if subject signed with an "X"		PAGE 1 OF 1											

MAY 14 2021

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 13TH DAY OF MAY 20 21, AT 2318 AM PM

SUBJECT: STENDEROWICZ, DANIEL, ANTHONY CASE NUMBER: 21065324

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)

On 05-13-21 at approximately 2318 hours, I was stopped in my marked patrol vehicle, in the left turn lane of southbound S Military Trl in the area of intersecting Monterey Ln. As I was stopped, I observed a white 2020 Acura, bearing license number CDYH50, approaching from the rear traveling southbound at a high rate of speed. As the vehicle passed me in the number one lane, I visually estimated the vehicle to be traveling at 70 mph. I used my department issued Stalker Radar (Serial #: AS015409) which gave a reading of 73 mph in a 45 mph zone. I caught up to the vehicle and initiated a traffic stop with a final resting place at Pheasant Way and Pheasant Dr. I approached the driver side window where I met the driver and sole occupant, later identified by his Florida license as Daniel Stenderowicz (09-09-85).

OBSERVATION OF DRIVER:

I advised Stenderowicz for the reason of the stop and requested his vehicle information. I immediately noticed Stenderowicz' eyes were red and glassy and there was an odor of an unknown alcoholic beverage coming from the vehicle. As I spoke to him, I noticed his speech was also very slurred and mush mouthed. I also noticed a opened bottle of Corona beer behind the front passenger seat on the floor. After Stenderowicz agreed to perform roadside tasks, I had him exit the vehicle where he lost his balance and stumbled out of the vehicle. He also dropped his registration when trying to hand it to me.

DRIVER'S STATEMENTS:

Stenderowicz stated that he was at dinner with some friends and was on his way home. He stated he did have some drinks while he was out in the downtown Delray area.

ODORS:

Strong odor of an unknown alcoholic beverage.

GENERAL OBSERVATIONS

SPEECH: Slow, Slurred, and Mush Mouthed

ATTITUDE: Cooperative

CLOTHING: Black Polo, Khaki Shorts and Flip Flops

MEDICAL/OTHER: None

STATE OF FLORIDA
COUNTY OF PALM BEACH

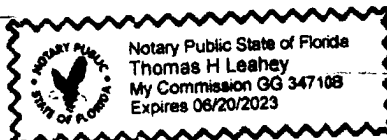
LEHENY #35619
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 14 day of MAY 20 21 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

Thomas Leahey (#19183)

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



SUBJECT: STENDEROWICZ, DANIEL, ANTH CASE NUMBER 21065324

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:

Swayed while standing during the task, and did not follow with eyes only moving his head.

WALK & TURN:

Stenderowicz had difficulty standing and remaining in the starting position. He lost balance while in the starting position stepping off the line several times stating "I can't do this." He stated he couldn't do this because of him working out his legs earlier. He missed heel to toe on several steps during the task and used his hands for balance. He lost his balance several times during the task, stumbling and having to reset himself on the line. He made an improper turn by pivoting around to return back down the line. It should be noted Stenderowicz stated "pivot" when making the turn.

ONE LEG STAND:

Stenderowicz swayed while standing during the task. He dropped his raised foot several times during the task. After dropping his foot the first time, I needed to instruct him to continue the task.

FINGER TO NOSE:

Stenderowicz swayed while standing during the task. When initially starting the task, Stenderowicz started leaning forward almost falling causing me to extend my hand to prevent him from falling. Stenderowicz continued the task but kept his eyes open during the duration of the task. He missed the tip of his nose several times during the task, touching the bridge of his nose instead.

ROMBERG ALPHABET:

Swayed while standing during the task.

BREATH TEST RESULTS: 1) .187 2) .192 3) 4)

STATE OF FLORIDA
COUNTY OF PALM BEACH

LEHENY #35619

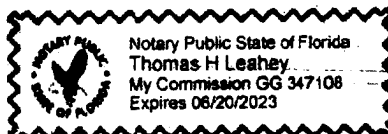
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 14 day of MAY 20 21 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

Thomas Leahey (#19183)

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





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

PBSO CASE # 21065324 PBSO ZONE 4-23

AGENCY CASE # / CRASH CASE #

TIME OF STOP/CRASH 2318 DATE 05/13/2021 DAY Thursday

SUBJECT'S NAME STENDEROWICZ, DANIEL, ANTHONY RACE W SEX M

HGT 5'5 WGT 160 DOB 9/9/1985

LOCATION PHEASANT WAY / PHEASANT DR, BOCA RATON / FL / 33487

ARRESTING OFFICER'S NAME & ID LEHENY #35619 (35619) AGENCY Palm Beach County Sheriff's Office

DIVISION: PATROL

NOTIFIED BY COMMO YES

ARRIVAL AT FACILITY 0032

ARREST TIME 2350

BREATH RESULTS:

1)	<u>.187</u>
2)	<u>.192</u>
3)	<u>n/a</u>
4)	<u>n/a</u>

TESTING OFFICER'S ID 19183 PBSO VIDEOTAPE # N/A

WITNESS LIST

CASE NUMBER: 21065324

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: D/S CAMPBELL #7844

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

PHONE NUMBERS (HOME) _____ (WORK) 561-688-3000

CAN TESTIFY TO: BACKUP

NAME: _____

ADDRESS: _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS: _____

PHONE NUMBERS (HOME) _____ (WORK) 0

CAN TESTIFY TO: _____

NAME: _____

ADDRESS: _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS: _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

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CAN TESTIFY TO: _____

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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: _____

TESTING FACILITY TASK REPORT

AGENCY: PBSO

SUBJECT: Stenderowicz Jr, Daniel A

DATE: May 14, 2021

BEGINNING TIME: 0054

CASE NUMBER: 21-065324

VIDEO DVD NUMBER: n/a

ENDING TIME: 0104

BREATH TESTS RESULTS: 1) .187 TIME 0058 A.M. ☒ P.M. ☐ 2) .192 TIME 0101 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

CLOTHING: coral pink shorts, black polo shirt, brown flip flops

MEDICAL CONDITIONS: none

MEDICATIONS: none

OTHER:

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

COMMENTS:

arrived at center A/O conducted 20 minute observation period at 0032 hrs

subject refused to perform breath test

A/O read I/C & subject understood I/C

subject agreed to perform breath test

A/O read rights & subject understood rights

tech read breath test results & subject understood breath test results

A/O attempted Q&A

subject declined to answer questions

SUBJECT: Stenderowicz, Daniel A CASE NUMBER: 21-065324

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 D/S J Leheny of the PBSO

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) Read on camera

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) Read on camera

SUBJECT: Stenderowicz, Daniel A CASE NUMBER: 21-065324

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: _____

**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: 80-006027 Software: 8100.27
Date of Test: 05/14/2021

Date of Last Agency Inspection: 04/09/2021

Observation Period Began: 00:32

Subject's Name: DANIEL A STENDEROWICZ

DOB: 09/09/1985 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	00:56
	Air Blank	0.000	00:57
	Control Test	0.079	00:57
	Air Blank	0.000	00:58
	Subject Sample #1	0.187	00:58
	Air Blank	0.000	00:59
	Air Blank	0.000	01:00
	Subject Sample #2	0.192	01:01
	Air Blank	0.000	01:02
	Control Test	0.079	01:02
	Air Blank	0.000	01:02
	Diagnostics Check	OK	01:02

Cylinder Lot: 22620080A2
Exp: 10/05/2022

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 THOMAS H LEAHEY, 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: T Lehey

Signature

Date: 05/14/21

Sworn to (or affirmed) before me this 14 day of May, 2021

DJS 35619
Signature of Notary Public-State of Florida

Ofc J Lehey #35619
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.



**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"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2021011686

Date: 05/14/2021

Specialist Name/ID: C. Denzel/8691