

0521280

50-2021-CT-001964-AMB

1272

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

1 Juvenile N

ADMINISTRATIVE	OBTS Number	Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-21033091				
	Charge Type: Check as many as apply.	<input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony	<input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other	Weapon Seized / Type 2 1. Yes 2. No	Multiple Clearance Indicator				
DEFENDANT	Location of Arrest (Including Name of Business) 8000 BLK SOUTHERN BLVD, WEST PALM BEACH, FL, 33411				Location of Offense (Business Name, Address) 8000 BLK SOUTHERN BLVD WEST PALM BEACH, FL, 33411					
	Date of Arrest 02/07/2021	Time of Arrest 0701	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle Kelle Sheehan's Towing			
	Name (Last, First, Middle) Venero Dayana		Alias (Name, DOB, Soc. Sec. #, Etc.)							
CO-DEF	Race W - White I - American Indian B - Black O - Oriental/Asian	Sex F	Date of Birth 12/26/1990	Height 5'00	Weight 165	Eye Color BROWN	Hair Color BROWN	Complexion MED	Build MED	
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) TATOOS				Marital Status Single	Religion UNK	Indication of Alcohol Influence Drug Influence Y N Unk <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
	Local Address (Street, Apt. Number) 930 BIGNONIA RD		(City) West Palm Beach, FL	(State) FL	(Zip) 33405	Phone (561) 985-3117		Residence Type: 1. City 2. County 3. Florida 4. Out of State 1		
	Permanent Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone		Address Source FLDL		
	Business Address (Name, Street)		(City)	(State)	(Zip)	Phone		Occupation		
JUVENILE	D/L Number, State V560160909660, FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) CUBA		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	
CHARGE	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 <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other:			Address (Street, Apt. Number)			(City)	(State)	(Zip)	Residence Phone () Business Phone ()
	Notified by: (Name)			Date	Time	Juvenile Disposition 1. Handled/processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated				
CHARGE	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	
CHARGE	Property Crime? <input type="checkbox"/> Yes <input 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	Charge Description D.U.I.		Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 316.193 (1)		Violation of ORD #			
	Drug Activity	Drug Type	Amount / Unit	Offense # 21033091	Warrant / Capias Number		Bond			
CHARGE	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	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	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			
NOTICE TO APPEAR	Location (Court Room Number, Address) PALM BEACH COUNTY CRIMINAL JUSTICE COMPLEX - 3228 GUN CLUB RD WEST PALM BEACH FL, 33406									
	Court Date and Time Month MARCH Day 4 Year 2021 Time 0830 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										
Signature of Defendant (or Juvenile and Parent /Custodian)						Date Signed 02/07/2021				
ADMIN	HOLD for other Agency Name		Signature of Arresting Officer X			Name Verification (Printed by Arrestee)				
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Sui Generis	<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other	Name of Arresting Officer (Print) CPL. D. Ramirez		ID # #26677	(PRINT)				
Inmate #	Pouch #	Transporting Officer CPL. D. Ramirez		ID # 26677	Agency PBSO	Witness here if subject signed with an 'X'				

PD 05116 REV. 0/97

DISTRIBUTION: WHITE - COURT COPY

GREEN - STATE ATTORNEY

YELLOW - AGENCY

PINK - AGENCY

GOLD - DEFENDANT (N.T.A.'S ONLY)

FEB 7 10:38

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 7 DAY OF February 20 2021, AT 0630 AM PM

SUBJECT: Venero Dayana CASE NUMBER: 21033091

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: CPL. D. Ramirez

PERSONAL CONTACT

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

On 02/07/2021 I responded to the 8000 Block of Southern Blvd, West Palm Beach, FL in reference to a call for service involving a driver passed out behind the wheel of the car blocking traffic.

Upon arrival I made contact with the Palm Beach County Fire Rescue Units on scene who were trying to get wake up the driver of the maroon 2014 Chevy Captiva with FL Tag: IU69QE. During the process the driver attempted to drive away and hit the Fire Rescue Unit parked in front of her vehicle.

At this point I instructed the driver to turned off the vehicle and give me her keys. She had a hard a time following my simple instructions so I had to ask her multiple times. See crash report #21-33085 for details of the crash investigation.

OBSERVATION OF DRIVER:

The driver was identified as Dayana Venero by her FLDL, while talking to her I noticed she had bloodshot eyes, slurred speech, the odor of an alcoholic beverage emerging from her breath and had a hard time understanding / following simple instructions. I also noticed that Dayana had a hard time keeping her balance and also struggled to walk in a straight line.

DRIVER'S STATEMENTS:

I explained to Dayana that I reasons to believe she was DUI and asked her to complete the field sobriety tasks. Dayana advised she understood and agreed to do so. Before the task started, I asked Dayana how much she had to drink, she advised she was drinking beers but did not remember how many she had. Dayana also advised she was not taking any medications and confirmed she did not have any recent injuries or surgeries

ODORS:

Alcoholic Beverage

GENERAL OBSERVATIONS

SPEECH: slow, unclear, slurred

ATTITUDE: calm, upset.

CLOTHING: wearing black pants, black shirt

MEDICAL/OTHER: According to the driver, NONE

STATE OF FLORIDA
COUNTY OF PALM BEACH

CPL. D. Ramirez

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 07 day of February 20 21 by _____

(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)



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:

Once positioned in the front of my vehicle, I continued my investigation. I instructed Dayana to keep her hands by their side, stand with her feet together, and follow a red light stimulus with her eyes not turning her head. I asked her if she understood my instructions. Dayana verbally stated she understood my instructions, however she swayed while standing stationary. I observed both eyes to be red, bloodshot, and glossy. Her left and right eye displayed equal pupil size, equal tracking, and a lack of smooth. I observed distinct and sustained nystagmus was present in both her left and right eye at maximum deviation during two separate four second evaluations. The onset of nystagmus was prior to a 45 degree angle in both her left and right eye during two separate four second evaluations. Vertical nystagmus was not present in both the left and right eye during two separate four second evaluations. While conducting the task I had to remind her to follow the stimulus multiple times.

WALK & TURN:

I positioned Dayana on a imaginary lane which was on a smooth and level surface, free of any debris. I instructed the Dayana to place her left foot on the line and her right foot in front of the left touching heel to toe. I instructed her that he was to keep her hands at her side and stay in this position until I instructed her to do otherwise. I instructed Dayana to walk nine heel to toe steps counting out loud, while watching her feet. On the ninth step he was to keep his front foot on the line and use his back foot, in a series of small steps, to turn around before walking nine heel to toe steps the opposite direction counting out loud and watching her feet. I demonstrated the task while I was verbally instructing her in the proper way to complete the task. After Dayana stated he understood my instructions, the task was performed. During the task, I observed the driver swayed while balancing, stops walking to steady self, did not touch heel to toe, used his harms for balance, and did not turn properly.

ONE LEG STAND:

I placed Dayana with his feet together and arms at her side. I demonstrated the task as I verbally instructed her to raise one of her feet approximately six inches off of the ground, point her toe towards myself, look at the raised foot, and count out loud 1001, 1002, 1003 and so on until told to stop. I asked Dayana if she understood the instructions and demonstration I provided. After Dayana stated he understood my instructions, the task was performed. While Dayana stood in the instructional position, I observed she swayed while standing stationary. While raising her foot he swayed while balancing, hopped, and put his foot down.

FINGER TO NOSE:

I instructed Dayana to stand with her feet together, make each hand into a fist keeping, extended his index fingers and to place her palms facing up. She was instructed to lower her arms by their side. I instructed and demonstrated the proper hand and arm position and for her to remain in this position while I demonstrated the rest of the task. I instructed and demonstrated her to tilt his head back approximately 45 degrees and close her eyes while waiting for a verbal command of left or right. On the command of "left" or "right", she would raise the requested hand, touch the tip of his finger to the tip of her nose, then bring their hand immediately back down to her side. During the instruction and demonstration of the task she swayed while standing in the instructional position. I asked her if he understood the instructions I provided and she verbally stated he understood. I instructed her to start the task as explained. During the task, I observed the Dayana failed to touch the tip of his nose with the tip of his finger as instructed and did not bring his hands down as instructed, and kept turning and moving his head.

ROMBERG ALPHABET:

I verbally inquired if Dayana could recite the entire English alphabet. She stated he could. I instructed Dayana to stand with her feet together, lower her arms by her side. I instructed and demonstrated the arm position and for her to remain in this position while I demonstrated the rest of the task. I instructed and demonstrated her to tilt his head back approximately 45 degrees and close her eyes. During the instruction and demonstration of the task she swayed while standing in the instructional position. I asked Dayana if she understood the instructions I provided and she verbally stated she understood. I instructed her to start the task as explained. During the task, I observed Dayana was able to recite the alphabet without issues

BREATH TEST RESULTS: 1) .169 2) .169 3) 4)

STATE OF FLORIDA
COUNTY OF PALM BEACH

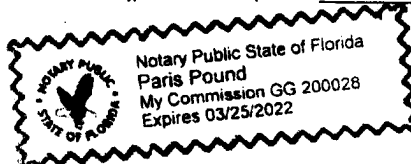
CPL. D. Ramirez

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 07 day of February 20 21 by

(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)



WITNESS LIST

CASE NUMBER: 21033091

ARRESTING OFFICER: CPL. D. Ramirez

ADDRESS: 3228 GUN CLUB RD WEST PALM BEACH, FL 33406

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

CAN TESTIFY TO: FACTS OF CASE AND INVESTIGATING SUCH CASE

NAME: D/S J. Berger #19466

ADDRESS: 3228 GUN CLUB RD WEST PALM BEACH, FL 33406

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

CAN TESTIFY TO: FACTS OF CASE

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) 0 (WORK) 0

CAN TESTIFY TO: _____

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ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NOT A CERTIFIED COPY

TESTING FACILITY TASK REPORT

AGENCY:

SUBJECT: CASE NUMBER:

DATE: VIDEO DVD NUMBER:

BEGINNING TIME: ENDING TIME:

BREATH TESTS RESULTS: 1) TIME A.M. P.M. 2) TIME A.M. P.M.

3) TIME A.M. P.M. 4) TIME A.M. P.M.

BREATH OPERATOR:

MAINTENANCE TECHNICAN:

TESTING OFFICER'S OBSERVATIONS

SPEECH:

ATTITUDE:

CLOTHING:

MEDICAL CONDITIONS:

MEDICATIONS:

OTHER:
EYES: GLASSY AND BLOODSHOT

COMMENTS:

ARRIVED AT CENTER A/O BEGAN THE 20 MINUTE OBSERVATION PERIOD AT 07:25 HRS.

SUBJECT: WHAT IS THE CONSEQUENCE IF I SAY NO

A/O: READ I/C, ALSO EXPLAINED I/C A FEW TIMES

SUBJECT: STATED SHE UNDERSTOOD I/C AND AGREED TO TAKE TEST

A/O: READ RIGHTS

SUBJECT: STATED SHE UNDERSTOOD RIGHTS

TECH: READ TEST RESULTS

SUBJECT: STATED SHE UNDESTOOD TEST RESULTS

NO Q&A CONDUCTED

SUBJECT: VENUE RO DAYANA

CASE NUMBER: 21 033091

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: VENEREO, DAYANA CASE NUMBER: 21-033091

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: _____
WHITE - STATE ATTY. YELLOW - DHSMV PINK - CENTRAL RECORDS GOLD - JAIL



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"/>		** (viii) Clinical records under the Baker Act. §394.4615(7), Fla. Stat.	
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>	119.071 (3)(A), 119.071 (3)(B)(1-3C)	Other: Security at the Jail..(Security of locations Housed at the jail)..	
	<input type="checkbox"/>	119.071(2)(J)	Other: MARSY'S LAW PROTECTED INFORMATION REGARDING VICTIM(S).	

REVIEW COMPLETED BY

Booking Number: 2021003148	Date: 2/8/2021
	Specialist Name/ID: M. Took #8557