

0519250

20 OCT 13 6 21

1038

OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		Juvenile <input checked="" type="checkbox"/> N											
Agency ORI Number FLO 502600		Agency Name PALM BEACH GARDENS POLICE DEPARTMENT				Agency Report Number (N.T.A.'s only) 78-20004742															
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 2 1. Yes 2. No		Multiple Clearance Indicator													
Location of Arrest (Including Name of Business) N MILITARY TRAIL/HOOD RD, PBG, FL						Location of Offense (Business Name, Address) 12000 N MILITARY TRAIL, PBG, FL															
Date of Arrest 10/23/2020		Time of Arrest 22:33		Booking Date		Booking Time		Jail Date		Jail Time											
Location of Vehicle KAUFF'S TOWING & RECOVERY 4301 East Avenue, West Palm Beach, FL 33405																					
Name (Last, First, Middle) WEIL, DEVIN, ARTHUR																					
Alias (Name, DOB, Soc. Sec. #, Etc.)																					
Race W - White I - American Indian B - Black O - Oriental/Asian		Sex M		Date of Birth 12/10/1970		Height 6'00		Weight 195		Eye Color HAZ		Hair Color BRO		Complexion LIGHT		Build MED					
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) TAT RIGHT LEG						Marital Status MARRIED		Religion PREBYST		Indication of Alcohol Influence Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>		Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input checked="" type="checkbox"/>									
Local Address (Street, Apt. Number) 600 S DIXIE HWY #801 WEST PALM BEACH FL 33401				(City)		(State)		(Zip)		Phone (704) 451-8768		Residence Type: 1. City 2. County 3. Florida 4. Out of State		2							
Permanent Address (Street, Apt. Number) 600 S DIXIE HWY #801 WEST PALM BEACH FL 33401				(City)		(State)		(Zip)		Phone ()		Address Source VERBAL									
Business Address (Name, Street)				(City)		(State)		(Zip)		Phone ()		Occupation									
D/L Number, State W400161704500 FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) PORTLAND, OR		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 355-2526) 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 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		Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number 316.193(1)(A)		Violation of ORD #													
Drug Activity N		Drug Type N		Amount / Unit		Offense #		Warrant / Capias Number		Bond OR											
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) NORTH COUNTY COURTHOUSE, 3188 PGA BOULEVARD, PALM BEACH GARDENS, FL 33410 - PH: (561) 662-6700																					
Court Date and Time Month NOVEMBER Day 25 Year 2020 Time 10:00 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) [Signature]										Date Signed 10/23/2020											
HOLD for other Agency Name:		Signature of Arresting Officer [Signature]				Name Verification (Printed by Arrestee) SCANNED															
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Name of Arresting Officer (Print) Ofc. ANDREW FLINK				I.D. # 514		(PRINT) OCT 24 2020		PAGE 1		OF 1							
Transporting Officer ANDREW FLINK		ID # 514		Agency PBGPD		Witness here if subject signed with an "X"															

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 23RD DAY OF OCTOBER 2020, AT 2221 AM PM
SUBJECT: WEIL, DEVIN, ARTHUR CASE NUMBER: 20004742
AGENCY: PALM BEACH GARDENS POLICE DEPT. ARRESTING OFFICER: Ofc. ANDREW FLINK 514

PERSONAL CONTACT

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

This Officer was conducting a traffic enforcement selective, in the area of 12000 block of N Military Trl, PBG, FL, when a vehicle was observed traveling at an increased rate of speed North bound in the middle through lane. Body worn camera and in car video were activated upon traffic stop. This Officer's initial visual estimate of the vehicle was approximately 80 MPH, in a posted 45 MPH zone. Using RADAR Stalker DSR2X (DB001317), rear antenna (KR027120), this Officer received a steady tone and reading of 80 MPH. The RADAR calibration was last checked on 06/17/2020 and was due on 12/17/2020. Prior to this tour of duty on this date, this Officer ensured the RADAR was in working order, to confirm the accuracy of the unit. At the end of this tour of duty, this Officer did the same. This Officer received RADAR/LIDAR certification on 05/31/2008, in Cannon AFB, NM. This Officer entered traffic behind the vehicle, a Audi sedan (IT56RK/FL) and initiated a traffic stop in the area of Hood Rd and N Military Trl, PBG, FL. This Officer made contact with the driver and sole occupant of the vehicle, identified via Florida Driver License photo, Devin Weil, while he was still in actual physical control of the vehicle.

OBSERVATION OF DRIVER:

Weil had a flushed red face, watery eyes, slurred speech, and the obvious odor of an unknown alcoholic beverage emanating from his breath at conversational distance. Weil had difficulty locating the requested paperwork and fumbled through a large stack of papers.

DRIVER'S STATEMENTS:

Weil said he was coming from West Palm and denied consuming any alcoholic beverages on this night.

ODORS:

Unknown alcoholic beverage

GENERAL OBSERVATIONS

PEECH: Slurred

ATTITUDE: Compliant

CLOTHING: Black shirt, grey shorts, black sneakers

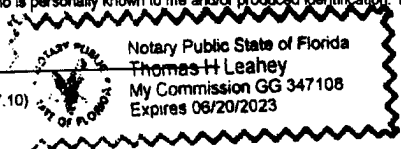
DIAGNOSIS/OTHER: Depression

STATE OF FLORIDA
CITY OF PALM BEACH

I, [Signature] Notary Public, do hereby certify that the foregoing instrument was sworn to or affirmed and subscribed before me this 23rd day of October 2020 by Ofc. ANDREW FLINK

I, [Signature] (Notary Public), 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
OCT 24 2020

SUBJECT: WEIL, DEVIN, ARTHUR

CASE NUMBER 20004742

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:

Weil was swaying back and forth while standing upright. Weil had to be told multiple times to follow the stimulus.

WALK & TURN:

During the instructions, Weil had difficulty getting into and maintaining the starting position. Weil also started the exercise prior to being told to do so. During the exercise, Weil raised his arms more than six inches from his sides and missed heel-to-toe on multiple steps. Weil also paused to regain balance multiple times. During the return, Weil again raised his arms, paused multiple times and stepped off the line.

ONE LEG STAND:

During the exercise, Weil raised his right foot. During the exercise, Weil placed his foot down multiple times prior to being told to do so. Weil also kept his arms raised more than six inches from his sides, hopped and swayed throughout the exercise.

ROMBERG ALPHABET:

Not conducted

FINGER TO NOSE:

Not conducted

BREATH TEST RESULTS: 1) REF 2) REF 3) - 4) -

STATE OF FLORIDA
COUNTY OF PALM BEACH

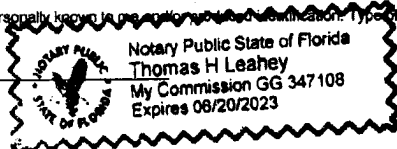
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 23rd day of October 2020 by Ofc. ANDREW FLINK

(Print name of Arresting/Investigative Officer), who is personally known to me, or who has been identified to me by a person whose identification produced

Personally Known

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



SCANNED
OCT 24 2020

TESTING FACILITY TASK REPORT

AGENCY: PBG
SUBJECT: Weil, Devin A
CASE NUMBER: 20-119704
DATE: 10/23/2020
VIDEO DVD NUMBER: N/A
BEGINNING TIME: 2327
ENDING TIME: 2329

BREATH TESTS RESULTS: 1) R TIME 2328 A.M. P.M. 2) n/a TIME 0 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, cooperative
CLOTHING: gray shorts, black t-shirt, black sneakers
MEDICAL CONDITIONS: depression, high blood pressure
MEDICATIONS: Prozac, lisinopril

OTHER:

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

COMMENTS:

arrived at center A/O conducted 20 minute observation period at 2305 hrs.
subject refused to perform breath test
A/O read I/C & subject understood I/C
subject refused to perform breath test
A/O did not read rights - subject invoked right to counsel
A/O did not attempt Q&A
subject invoked right to counsel

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OCT 24 2020



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

PBSO CASE # 20-119704 PBSO ZONE 3-13

AGENCY CASE # 20004742 CRASH CASE # _____

TIME OF STOP/CRASH 2221 DATE 10/23/2020 DAY FRIDAY

SUBJECT'S NAME WEIL DEVIN ARTHUR RACE W SEX M
LAST FIRST MID

HGT 6'00 WGT _____ DOB 12/10/1970

LOCATION 12000 N MILITARY TRAIL, PBG, FL

ARRESTING OFFICER'S NAME & ID Ofc. ANDREW FLINK 514 AGENCY PBGPD

DIVISION: TRAFFIC UNIT

NOTIFIED BY COMMO YES

ARRIVAL AT FACILITY 2305

ARREST TIME 22:33

BREATH RESULTS:

REFUSED

3) - _____

4) - _____

BREATH TEST OPERATOR: 19183

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OCT 24 2020

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

I, Ofc. ANDREW FLINK, a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)

am a member of Palm Beach Gardens Police Department, and I do swear
(Name of law enforcement agency)

or affirm that on or about the 23rd day of October, 20 20, at 22:33 P.M. A.M.

DRIVER DEVIN ARTHUR WEIL
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# W400161704500, state of FL, was placed under lawful arrest for

the offense of DRIVING UNDER THE INFLUENCE by Ofc. ANDREW FLINK and
(Name of Arresting Officer)

issued Citation # A56HDOE

That on or about the 23rd day of October, 20 20, at 2328 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.

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 23rd day of October, 20 20,

by Ofc. ANDREW FLINK,

who is personally known to me or who has produced
Personally Known as identification

Notary Public T. Leahey

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

OCT 24 2020

SUBJECT: Weil, Devin A

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? _____

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? _____

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OCT 24 2020

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

SUBJECT: Weil, Devin A.

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 OFC FLINK of the PEGPD

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 ref 232

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.

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OCT 24 2020

SUSPECT'S SIGNATURE: (X) _____

Read on camera



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

REVIEW COMPLETED BY

Booking Number: 2020025068	Date: 10/24/2020
	Specialist Name/ID: AM/31562

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OCT 24 2020