

J# 0577548

20CT8714 MB #1638

OBTS Number		<b>ARREST / NOTICE TO APPEAR</b> Juvenile Referral Report			1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	Juvenile	N
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>06-20088920</b>						
Charge Type: Check as many as apply.		1. Felony <input type="checkbox"/>		3. Misdemeanor <input type="checkbox"/>		5. Ordinance <input type="checkbox"/>		Weapon Seized / Type 2. Yes 2. No		Multiple Clearance Indicator <b>01</b>	
2. Traffic Felony <input type="checkbox"/>		4. Traffic Misdemeanor <input checked="" type="checkbox"/>		6. Other <input type="checkbox"/>		N/A					
Location of Arrest (Including Name of Business) <b>MILITARY TRAIL/ FOREST LANE WEST PALM, FL, 33415</b>						Location of Offense (Business Name, Address) <b>MILITARY TRAIL/ FOREST LANE, WEST PALM/ FL/ 33415</b>					
Date of Arrest <b>07/18/2020</b>		Time of Arrest <b>23:00</b>		Booking Date		Booking Time		Jail Date		Jail Time	
										Location of Vehicle <b>PALM BEACH FINEST TOWING</b>	
Name (Last, First, Middle) <b>Escobar Ramos, Dinmar, Ubaldo</b>											
Alias (Name, DOB, Soc. Sec. #, Etc.)											
Race W - White - American Indian B - Black O- Oriental/Asian		Sex <b>M</b>		Date of Birth <b>5/16/1996</b>		Height <b>5'08</b>		Weight <b>160</b>		Eye Color <b>BRN</b>	
										Hair Color <b>BLK</b>	
										Complexion <b>MED</b>	
										Build <b>MED</b>	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)						Marital Status		Religion		Indication of: Alcohol Influence Drug Influence	
Local Address (Street, Apt. Number) <b>4867 Gulfstream Rd, Lake Worth, FL 33461</b>						(City)		(State)		(Zip)	
Permanent Address (Street, Apt. Number)						(City)		(State)		(Zip)	
Business Address (Name, Street)						(City)		(State)		(Zip)	
D/L Number, State <b>E216178961760, FL</b>						Soc. Sec. Number		INS Number		Place of Birth (City, State) <b>GUTEMALA</b>	
										Citizenship <b>NO</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	
Parent Legal Custodian Other						Name (Last) (First) (Middle)					
Address (Street, Apt. Number)						(City)		(State)		(Zip)	
Notified by: (Name)						Date		Time		Residence Phone	
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 <b>DUI</b>		Counts <b>1</b>		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number <b>316.193(1A)</b>		Violation of ORD #			
Drug Activity <b>N</b>		Drug Type <b>N</b>		Amount / Unit		Offense # <b>20088920</b>		Warrant / Capias Number		Bond	
Charge Description <b>NO VALID LICENSE</b>		Counts <b>1</b>		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number <b>322.03(1)</b>		Violation of ORD #			
Drug Activity <b>N</b>		Drug Type <b>N</b>		Amount / Unit		Offense # <b>20088920</b>		Warrant / Capias Number		Bond	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input 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 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>8</b> Day <b>13</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 FULLY 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) <b>DENNAIR ESCOBAR</b>										Date Signed <b>07/18/2020</b>	
HOLD for other Agency Name:				Signature of Arresting Officer <b>X</b>				Name Verification (Printed by Arrestee) <b>JUL 19 AM 1:38</b>			
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print) <b>INV G. LYNCH 8568</b>		I.D. # <b>8568</b>		(PRINT)		PAGE	
Inmate Deputy <b>Dennis WPK</b>		I.D. #		Pouch #		Transporting Officer <b>INV G. LYNCH 8568</b>		ID # <b>8568</b>		Agency <b>PBSO</b>	
Witness here if subject signed with an "X"										1 of 1	

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 18 DAY OF JULY 20 20, AT 22:30  AM  PM

SUBJECT: Escobar Ramos, Dinmar, Ubaldo CASE NUMBER: 20088920

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: INV G. LYNCH 8568

## PERSONAL CONTACT

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

On 7/18/20 I responded to the area of Military Trail/ Cresthaven Blvd., in reference to a mobile eyes complaint of a possibly impaired driver. The complainant advised the suspect vehicle was a gray Dodge pick-up, bearing FL tag IM89TH, and was swerving all over the roadway. The pick-up was last seen southbound and the complainant was no longer following.

I located the truck southbound on Military Trail, as it came to a red light at Landar Ln. The truck pulled into the U-turn lane and stopped, approximately 2 car lengths from the light. The passenger of the truck then exited, into the roadway, and walked eastbound. When the light turned green the truck went back into the thru lane and continued southbound. The truck traveled extremely slow, only going 17mph in the posted 40mph zone. The truck drifted right, crossing over the right lane marker line, and then back into the left lane. The truck then drifted slowly into the next left turn lane, and activated the left turn signal. Based on the unusual driving pattern I became concerned that the driver was tired, ill, impaired, or having a vehicle issue. I activated my emergency lights and conducted a traffic stop. As I began to exit my patrol car the truck began to roll forward. The truck continued to roll forward every time I attempted to exit my patrol car and then began to drive southbound again. I activated my siren several times and advised over the PA system to stop the truck. The truck then pulled into the next left turn lane, and stopped.

## OBSERVATION OF DRIVER:

As I approached the truck it began to roll forward again and I knocked on the window, telling the driver to stop. The driver, Dinmar Escobar-Ramos, the sole occupant of the truck, stopped and attempted to roll down the driver's window, but rolled down the rear window. Dinmar then rolled down the driver window at which time I told him to place the truck in park and to shut the truck off. Dinmar had difficulty in placing the truck in park and removing the key. I immediately noticed Dinmar's eyes to be glassy and there was an odor of an unknown alcoholic beverage coming from the truck. Dinmar spoke some English and advised that he did not have a license. Dinmar advised that he had 1 beer prior to driving. D/S Juan Juardo id 20332 responded to translate. I had Dinmar exit the truck and stand in front of my patrol car. I then observed the odor of an unknown alcoholic beverage coming from Dinmar's breath, which got stronger when he spoke. Dinmar exhibited a slight sway while standing still. Dinmar then advised that he had 2 beers prior to driving and his last drink was approximately 2 hours prior. Based on my observations and Dinmar's admission to drinking I asked him to perform standard field sobriety tasks.

## DRIVER'S STATEMENTS:

Dinmar advised that he had 2 beers prior to driving and his last drink was approximately 2 hours prior.

## ODORS:

ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE COMING FROM SUBJECT'S BREATH.

## GENERAL OBSERVATIONS

## SPEECH:

ATTITUDE: Calm/ Cooperative

## CLOTHING:

MEDICAL/OTHER: NONE

STATE OF FLORIDA  
COUNTY OF PALM BEACH

INV G. LYNCH 8568

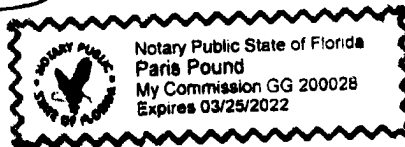
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 19 day of JULY 20 20 by INV G. LYNCH 8568

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

Paris Pound (#24639)

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



**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:**

Dinmar was asked to stand with his feet together and place his hands by his sides. Dinmar was asked to focus on the stimulus and follow it with his eyes. Dinmar was told not to move his head to assist in following the stimulus. I observed a lack of smooth pursuit in both of Dinmar's eyes and distinct and sustained nystagmus at maximum deviation. I observed onset of nystagmus prior to 45 degrees. I observe vertical nystagmus in both of Dinmar's eyes. Dinmar had to be reminded to follow the stimulus and not to move his head, several times. Dinmar exhibited a sway throughout the task.

**WALK & TURN:**

I utilized yellow duct tape to make a straight level, free of debris, that Dinmar advised he could see. I explained and demonstrated the task to Dinmar. During the instructions Dinmar was unable to maintain the instructions stance, stepping out of the position. After completing the instructions Dinmar advised he understood and had no questions. During the task Dinmar stepped off the line, and missed heel-to-toe steps several times. Dinmar used his arms for balance and paused to steady himself, several times. Dinmar took the incorrect number of steps, taking 13 steps down and did not turn as instructed. Dinmar took the incorrect number of steps back.

**ONE LEG STAND:**

I explained and demonstrated the task to Dinmar. After completing the instructions Dinmar advised he understood and had no questions. During the task Dinmar exhibited a sway. Dinmar used his arms for balance and put his foot down multiple times prior to 30 seconds elapsing. Dinmar had to be reminded to keep his leg straight and arms at his sides.

**FINGER TO NOSE:**

I explained and demonstrated the task to Dinmar. After completing the instructions Dinmar advised he understood. During the task Dinmar made no attempt to touch his nose, only raising his hand. Dinmar exhibited a sway throughout the task.

**ROMBERG ALPHABET:**

Prior to beginning Dinmar confirmed he knew the entire alphabet in Spanish, in order, without issue. I explained and demonstrated the task to Dinmar. After completing the instructions Dinmar advised he understood. During the task Dinmar exhibited a sway. While reciting the alphabet Dinmar paused several times. Dinmar failed to keep his arms at his sides.

**BREATH TEST RESULTS:** 1) VNM 2) .200 3) .199 4)

STATE OF FLORIDA  
COUNTY OF PALM BEACH

INV G. LYNCH 8568

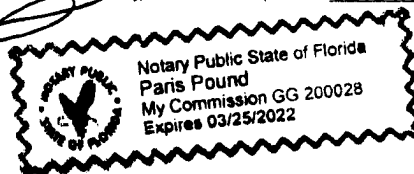
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 19 day of JULY 20 20 by INV G. LYNCH 8568

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

**Paris Pound (#24639)**

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



SCANNED  
JUL 19

**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: 80-006478 Software: 8100.27  
Date of Test: 07/19/2020

Date of Last Agency Inspection: 07/17/2020  
Observation Period Began: 23:22  
Subject's Name: DINMAR U ESCOBAR RAMOS

DOB: 05/16/1996 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	23:53
Air Blank	0.000	23:54
Control Test	0.080	23:54
Air Blank	0.000	23:55
Subject Sample #1	VNM*	23:58
Air Blank	0.000	23:59
Air Blank	0.000	00:00
Subject Sample #2	0.200	00:01
Air Blank	0.000	00:02
Air Blank	0.000	00:03
Subject Sample #3	0.199	00:04
Air Blank	0.000	00:05
Control Test	0.077	00:05
Air Blank	0.000	00:06
Diagnostics Check	OK	00:06

\*Volume Not Met (0.000 - Breath Sample Not Reliable to Determine Breath Alcohol Level)

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: \_\_\_\_\_ Date: 07/19/20  
Signature

Sworn to (or affirmed) before me this 19 day of July, 2020

Signature of Notary Public-State of Florida INK. Lynch # 8568  
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  
JUL 19 2020

# TESTING FACILITY TASK REPORT

AGENCY: PBSO

SUBJECT: ESCOBAR RAMOS, DINMAR U

CASE NUMBER: 20-088920

DATE: Jul 18, 2020

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 23:49

ENDING TIME: 00:13

BREATH TESTS RESULTS: 1) VNM.000 TIME 23:58 A.M.  P.M.  2) .200 TIME 00:01 A.M.  P.M.   
3) .199 TIME 00:04 A.M.  P.M.  4) N/A TIME N/A A.M.  P.M.

BREATH OPERATOR: P.POUND #24639

MAINTENANCE TECHNICAN: J. KARLECKE# 6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: SPANISH SPEAKER

ATTITUDE: TALKATIVE, LOUD

CLOTHING: BLUE JEANS, BLACK SHIRT, BROWN BOOTS

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

## OTHER:

EYES: GLASSY AND BLOODSHOT

1.VNM.000

TRANSLATED BY: B.LANDA PBSO #22055

## COMMENTS:

ARRIVED AT CENTER A/O BEGAN THE 20 MINUTE OBSERVATION PERIOD AT 23:22 HRS.

SUBJECT: REFUSED TO ANSWER FORMAT QUESTIONS

SUBJECT: AGREED TO TAKE TEST

SUBJECT: REFUSED TO FOLLOW TECH INSTRUCTIONS SUBJECT REFUSED TO BLOW TO GET TONE STARTED.

A/O: READ I/C 2XS

SUBJECT: STATED HE UNDERSTOOD I/C AND WOULD TAKE TEST

A/O: READ RIGHTS

SUBJECT: STATED HE UNDERSTOOD RIGHTS

TECH: READ TEST RESULTS SUBJECT: STATED HE UNDERSTOOD TEST RESULTS

NO Q&A CONDUCTED



SUBJECT: E. ... 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? \_\_\_\_\_

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: \_\_\_\_\_

# WITNESS LIST

CASE NUMBER: 20088920

ARRESTING OFFICER: INV G. LYNCH 8568

ADDRESS: HQ

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

CAN TESTIFY TO: FACTS OF CASE

NAME: D/S J. JURADO 20332

ADDRESS: DIST 1

PHONE NUMBERS (HOME) 0 (WORK) 561 688 3000

CAN TESTIFY TO: TRANSLATION

NAME: D/S LANDA 22055

ADDRESS DIST 1

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

CAN TESTIFY TO: B.A.T. TRANSLATION

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

ADDRESS \_\_\_\_\_

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

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

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

ADDRESS \_\_\_\_\_

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

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

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

ADDRESS \_\_\_\_\_

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

ADDRESS \_\_\_\_\_

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

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

SCANNED  
JUL 19 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 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"/>	539.001(B)-(1), 539.003 FSS	Other: Pawn Broker Information.	
	<input type="checkbox"/>	119.071(2)(f)	Other: MARSY'S LAW PROTECTED INFORMATION REGARDING VICTIM(S).	

**REVIEW COMPLETED BY**

<b>Booking Number:</b> 2020017266	<b>Date:</b> 7/19/2020
	<b>Specialist Name/ID:</b> M. Tooks #8557