

0521459 21 CT 002550 R X N B 1490

ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	Juvenile N
OBTS Number		Agency ORI Number FLO 502600		Agency Name PALM BEACH GARDENS POLICE DEPARTMENT	
Agency Report Number 78- 21000733		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 checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Weapon Seized / Type 2 1. Yes 2. No	
Location of Arrest (Including Name of Business) PGA BLVD/N MILITARY TRL		Location of Offense (Business Name, Address) PGA BLVD/N MILITARY TRL			
Date of Arrest 02/17/2021	Time of Arrest 00:19	Booking Date	Booking Time	Jail Date	Jail Time
Name (Last, First, Middle) Solares, Edriz, L		Location of Vehicle KAUFF'S TOWING & RECOVERY 4301 East Avenue, West Palm Beach, FL 33405			
Race W - White I - American Indian B - Black O - Oriental/Asian W		Sex F	Date of Birth 01/17/1992	Height 5'3"	Weight 110lbs
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) None		Marital Status Single	Religion NONE	Indication of Alcohol Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>	
Local Address (Street, Apt. Number) 13837 North Dr. West Palm Beach, FL 33411		Phone (561) 837-0717	Residence Type: 1. City 2. County 3. Florida 4. Out of State 2		
Permanent Address (Street, Apt. Number) 1280 Victoria Dr. West Palm Beach, FL 33406		Phone ()	Address Source Verbal		
Business Address (Name, Street) ()		Phone ()	Occupation Customer Relations		
D/L Number, State S462212925170 FL	Soc. Sec. Number [REDACTED]	INS Number	Place of Birth (City, State) CHICAGO, IL	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
Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other		Name (Last, First, Middle)			Residence Phone ()
Address (Street, Apt. Number)		(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
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
Charge Description DUI - Breath .08 or above		Counts 1	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 316.193(1)(C)	Violation of ORD #
Drug Activity N	Drug Type N	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
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) NORTH COUNTY COURTHOUSE, 3188 PGA BOULEVARD, PALM BEACH GARDENS, FL 33410 - PH: (561) 662-6700					
Court Date and Time Month MARCH Day 24 Year 2021 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)				Date Signed 02/17/2021	
HOLD for other Agency Name:		Signature of Arresting Officer [Signature] 452		Name Verification (Printed by Arrestee)	
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		Name of Arresting Officer (PRINT) Ofc. Robert Artola #452		(PRINT)	
Intake Deputy [Signature] A.D.#		Transporting Officer Ofc. Robert Artola ID# 452		Agency PBGPD	
Witness here if subject signed with an "X"				PAGE 1 OF 1	

DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'S ONLY)

SCANNED
FEB 18 2021

RECEIVED
FEB 17 2021
Palm Beach Gardens
CLERK

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 16 DAY OF February 2021, AT 11:50 AM PM

SUBJECT: Solares, Edriz, L CASE NUMBER: 21000733

AGENCY: PALM BEACH GARDENS POLICE DEPT. ARRESTING OFFICER: Ofc. Robert Artola #452

PERSONAL CONTACT

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

On February 16, 2021 I was on patrol in the area of Holly Dr. and N. Military Trl. Palm Beach Gardens, Palm Beach County, Florida; in my marked patrol vehicle. While on patrol, I observed a gray Ford truck drive past me at a high rate of speed northbound on N. Military Trl. in the left lane. I paced the vehicle for approximately 1 mile from Holly Dr. to PGA Blvd. at 80mph. I also observed the vehicle unable to maintain a single lane of travel swerving onto the left shoulder twice. The driver came to a sudden, abrupt stop for the steady red light at PGA Blvd. and stayed stopped through the entire duration of the green light. When I activated my lights and initiated a traffic stop for the above listed infractions, the driver came to a sudden abrupt stop again just north of the intersection.

OBSERVATION OF DRIVER:

I made contact with the driver and sole occupant of the vehicle and asked her, later identified as Edriz Solares, if she knew why I stopped her. Solares answered that it was because she was stopped for the green light at which point I explained she was also driving 80mph. Solares had glassy, watery eyes, and I could smell the distinct odor of unknown alcohol coming from her breath when talking to her. Solares provided me with her credit card twice instead of her driver's license. I told Solares to step out of the vehicle and observed her unsteady on her feet.

DRIVER'S STATEMENTS:

When making contact with Solares, she stated she was coming from a restaurant in Delray Beach and going home (13837 North Dr. West Palm Beach, FL 33411) which it should be noted is not a valid address. Solares believed she was in West Palm Beach and initially stated on scene she was on Okeechobee Blvd. and then stated at the BAT she was coming from West Palm Beach traveling on Belvedere Rd.

ODORS:

Odor of unknown alcoholic beverage.

GENERAL OBSERVATIONS

SPEECH: Inconsistent, confusing, and repetitive

ATTITUDE: Cooperative and emotional

CLOTHING: Dress

MEDICAL/OTHER: None

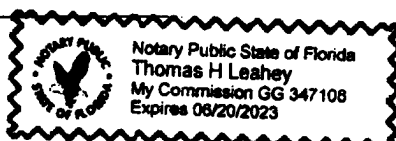
STATE OF FLORIDA
COUNTY OF PALM BEACH

[Signature] 452
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 17 day of February 2021 by Ofc. Robert Artola

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

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



SUBJECT: Solares, Edriz, L

CASE NUMBER 21000733

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

[X] LT EYE-LACK OF SMOOTH PURSUIT

[X] RT EYE-LACK OF SMOOTH PURSUIT

[X] LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION

[X] RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION

[X] LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

[X] RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

Other Observations:

Swaying back and forth. No VGN.

WALK & TURN:

Couldn't keep balance while listening to instructions and began multiple times before told to do so after being instructed not to begin. All steps missed heel to toe. Stepped off the line. Used arms for balance during the instruction period. Improper turn by turning other than way officer demanded.

ONE LEG STAND:

Swayed while balancing. Used arms to balance. Hopped. Put foot down before 30 seconds elapsed. Repeated one thousand and 15 multiple times when counting numerically.

ROMBERG ALPHABET:

Improper alphabet reciting "RISLMNOPZ".

FINGER TO NOSE:

Swayed and could not keep balance needing two officers close by to prevent her from falling. Does not keep eyes closed. Failed to return arms to side after each time after being reminded. Index part of finger did not touch nose and missed touching nose.

BREATH TEST RESULTS: 0.184 0.194

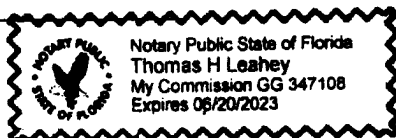
STATE OF FLORIDA COUNTY OF PALM BEACH

[Signature] 452 (Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 17 day of February 2021 by Ofc. Robert Artola

(Print name of Arresting/Investigative Officer), 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)





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

PBSO CASE # 21-036306 PBSO ZONE 3-13

AGENCY CASE # 21000733 CRASH CASE # _____

TIME OF STOP/CRASH 23:50 DATE 2/16/21 DAY Tue

SUBJECT'S NAME Edriz Solares RACE W SEX F

HGT 5'03" WGT 105 DOB 1/17/92

LOCATION PGA Blvd / N Military Trl.

ARRESTING OFFICER'S NAME & ID R. Artola #452 AGENCY PBG PD

DIVISION: Patrol

NOTIFIED BY COMMO Yes

ARRIVAL AT FACILITY 00:49

Arrest Time 0019

BREATH RESULTS:

1. .184
2. .194
3. N/A
4. N/A

TESTING OFFICER'S ID 19183

SUBJECT: Solares, Edriz L

CASE NUMBER: 21000733

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) Read on camera

SUBJECT: Solares, Edriz L CASE NUMBER: 21000 733

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? Yes

WHERE WERE YOU GOING? Home 13827 N ~~Bella~~ Ln

WHAT STREET OR HIGHWAY WERE YOU ON? Belvedere Rd.

DIRECTION OF TRAVEL? W WHERE DID YOU START? Rocco's Tacos WPB, FL

WHAT TIME DID YOU START? 7:00pm WHAT TIME IS IT NOW? 12:00am

WHAT IS TODAY'S DATE? 2/17/21 WHAT DAY OF THE WEEK IS IT? Tue

WHAT COUNTY AND CITY ARE YOU IN NOW? WPB, Palm Beach

WHEN DID YOU LAST EAT? 9:00pm WHAT DID YOU EAT? Tacos + Guac

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? Hanging out Rocco's Tacos

HOW MUCH DO YOU WEIGH? 110 HAVE YOU BEEN DRINKING? yes WHAT? Cocamigos, lime

HOW MUCH? 1 drink 1 shot WHERE? Rocco's WITH WHOM? Friend

WHEN DID YOU HAVE YOUR FIRST DRINK? 7:00pm AND YOUR LAST DRINK? 8:30pm

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? socially

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? yes ARE YOU UNDER THE INFLUENCE? No

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? _____ HOW MUCH? _____

WHAT? _____ WHERE? _____ WHEN? _____

WHAT LINE OF WORK ARE YOU IN? Customer Relations WHEN DID YOU LAST WORK? Today

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? No WHAT? _____

ARE YOU SICK OR INJURED? No WHAT'S WRONG? _____

DO YOU LIMP? No DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? No

WERE YOU IN AN ACCIDENT TODAY? No

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? No WHEN? _____

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? No WHO? _____ WHY? _____

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? yes WHAT? Birth Ctrl WHEN? _____

DO YOU HAVE:

EPILEPSY?	<u>No</u>
GLASS EYE?	<u>No</u>
FALSE TEETH?	<u>yes, crown side tooth</u>
EAR INFECTION?	<u>No</u>
INNER EAR TROUBLE?	<u>No</u>
DIABETES?	<u>No</u>

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? No

DO YOU TAKE INSULIN? No IF SO, WHEN WAS YOUR LAST INJECTION? _____

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? No WHERE? _____

INTERVIEWER: R. Artola #452

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: 80-006238 Software: 8100.27
Date of Test: 02/17/2021

Date of Last Agency Inspection: 02/12/2021
Observation Period Began: 00:49
Subject's Name: EDRIZ L SOLARES

DOB: 01/17/1992 Sex: F

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	01:13
	Air Blank	0.000	01:14
	Control Test	0.078	01:14
	Air Blank	0.000	01:15
	Subject Sample #1	0.184	01:15
	Air Blank	0.000	01:16
	Air Blank	0.000	01:18
	Subject Sample #2	0.194	01:19
	Air Blank	0.000	01:19
	Control Test	0.078	01:20
	Air Blank	0.000	01:20
	Diagnostics Check	OK	01:20

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

State of Florida, County of Palin 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 Lealey Date: 02/17/21
Signature

Sworn to (or affirmed) before me this 17th day of February 2021

[Signature] 452 Printed Name of Notary Public-State of Florida Dr R Artola #452

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.

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 TECHNICIAN:

TESTING OFFICER'S OBSERVATIONS

SPEECH:

ATTITUDE:

CLOTHING:

MEDICAL CONDITIONS:

MEDICATIONS:

OTHER:

eyes are glassy & bloddshot
odor of unknown alcoholic beverage on breath
subject had 1 drink & 1 shot at Rocco's Taco - Q&A

COMMENTS:

arrived at center A/O conducted 20 minute observation period at 0049 hrs
subject agreed to perform breath test
tech read breath test results & subject understood breath test results
A/O read rights & subject understood rights
A/O conducted Q&A
subject answered questions

WITNESS LIST

CASE NUMBER: 21000733

ARRESTING OFFICER: Ofc. Robert Artola

ADDRESS: 10500 N. Military Trail, Palm Beach Gardens, FL 33410

PHONE NUMBERS (HOME): N/A (WORK) (561) 799-4445

CAN TESTIFY TO: Facts of Case

NAME: Ofc. Zuccarelli #518

ADDRESS: 10500 N. Military Trail, Palm Beach Gardens, FL 33410

PHONE NUMBERS (HOME) _____ (WORK) (561) 799-4445

CAN TESTIFY TO: Scene Safety

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

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: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

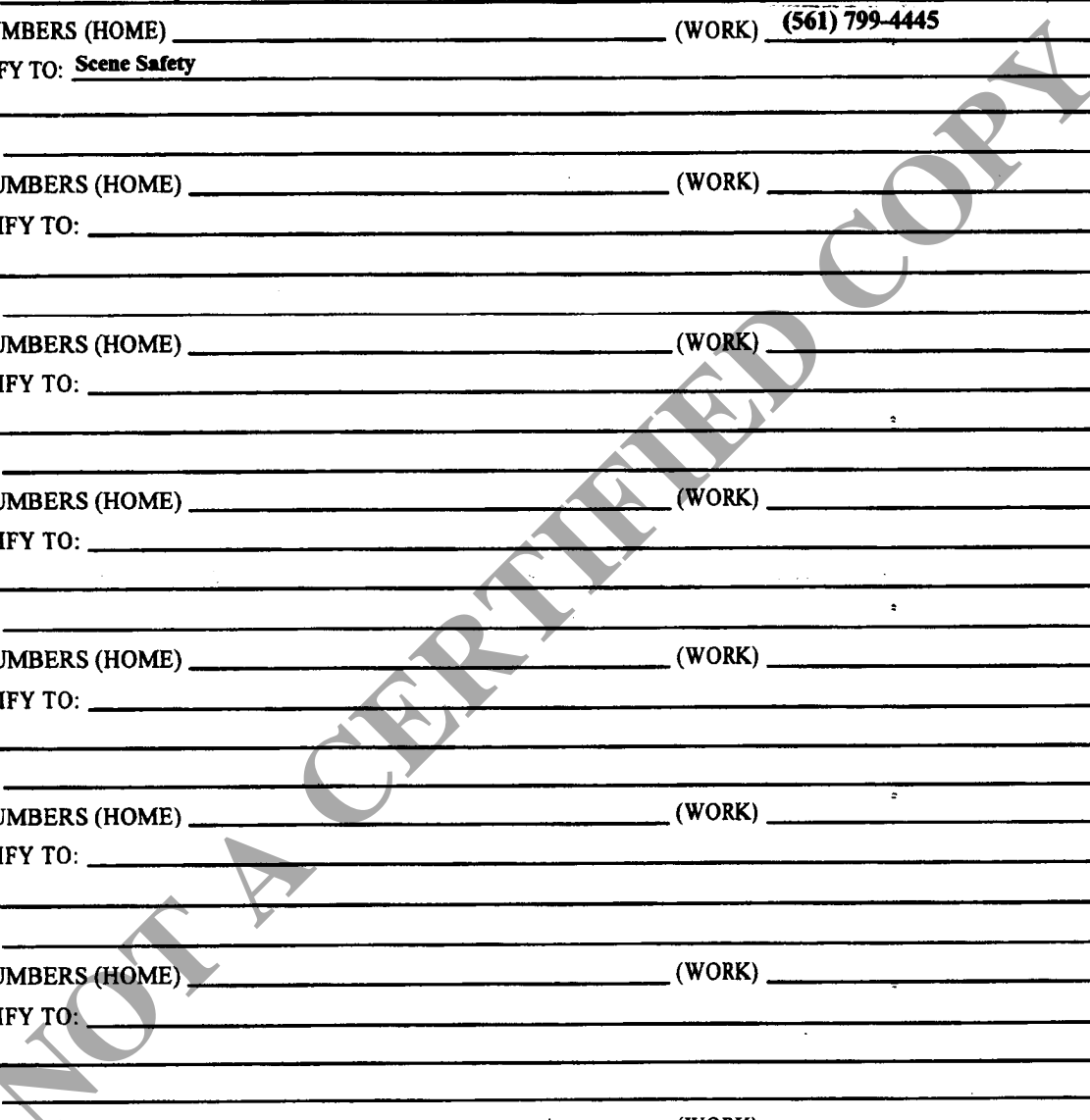
CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____





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"/>	119.0712(2)	Other: Personal information contained in a motor vehicle record	
	<input type="checkbox"/>	119.071(2)(j)	Other: MARSY'S LAW PROTECTED INFORMATION REGARDING VICTIM(S).	

REVIEW COMPLETED BY

Booking Number: 2021003979	Date: 2/17/2021
	Specialist Name/ID: M. Tooks #8557