

21CT12246ANB

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report1. Arrest  
2. N.T.A.  
3. Request for Warrant  
4. Request for Capias

1 Juvenile N

ADMINISTRATIVE	OBTS Number		Agency ORI Number <b>FLO 5 0 2 6 0 0</b>		Agency Name <b>PALM BEACH GARDENS POLICE DEPARTMENT</b>		Agency Report Number <b>78 - 21003233</b>	
	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 type="checkbox"/> 2. No		Multiple Clearance Indicator			
	Location of Arrest (Including Name of Business) <b>11700-BLK CENTRAL BLVD, PBG, FL</b>				Location of Offense (Business Name, Address) <b>12300-BLK CENTRAL BLVD, PBG, FL</b>			
	Date of Arrest <b>07/25/2021</b>		Time of Arrest <b>22:37</b>		Booking Date		Booking Time	
DEFENDANT	Name (Last, First, Middle) <b>BENSON, ERIC, CARL</b>		Alias (Name, DOB, Soc. Sec. #, Etc.)					
	Race W - White B - Black O - Oriental/Asian <b>W</b>		Sex <b>M</b>		Date of Birth <b>01/09/1971</b>		Height <b>5'8</b>	
	Weight <b>175</b>		Eye Color <b>BRO</b>		Hair Color <b>BRO</b>		Complexion <b>MED</b>	
	Build <b>MED</b>		Marital Status <b>MARRIED</b>		Religion <b>PENTACOS</b>		Indication of Alcohol Influence <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 3. Florida <input type="checkbox"/> 4. Out of State <input type="checkbox"/> 5. Unk.	
CO-DEF	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)							
	Local Address (Street, Apt. Number) <b>21 GLENCAIRN RD,</b>				(City) <b>PALM BEACH GARDENS, FL</b>		(Zip) <b>33418</b>	
	Permanent Address (Street, Apt. Number) <b>21 GLENCAIRN RD,</b>				(City) <b>PALM BEACH GARDENS, FL</b>		(Zip) <b>33418</b>	
	Business Address (Name, Street) <b>21 GLENCAIRN RD,</b>				(City) <b>PALM BEACH GARDENS, FL</b>		(Zip) <b>33418</b>	
JUVENILE	DL Number, State <b>B525203710090 FL</b>		Soc. Sec. Number		INS Number		Place of Birth (City, State) <b>ROCHESTER, PA</b>	
	Citizenship <b>US</b>		Co-Defendant Name (Last, First, Middle)		Race		Sex	
	Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth	
	Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth	
CHARGE	Parent Legal Custodian Other		Name (Last)		(First)		(Middle)	
	Address (Street, Apt. Number)		(City)		(State)		(Zip)	
	Notified by: (Name)		Date		Time		Juvenile Disposition 1. Handled/processed within Dept. and Released. 2. TOT HRS / LYS 3. Incarcerated	
	Released To: (Name)		Relationship		Date		Time	
CHARGE	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)							
	Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property		Value of Property		School Attended	
	Grade		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	
CHARGE	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>DRIVING UNDER THE INFLUENCE OVER .08</b>		Counts <b>1</b>	
	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number <b>316.193(1)(C)</b>		Violation of ORD #		Warrant / Capias Number	
CHARGE	Bond		Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
	Statute Violation Number		Violation of ORD #		Warrant / Capias Number		Bond	
	Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number	
	Violation of ORD #		Warrant / Capias Number		Bond		Charge Description	
CHARGE	Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #	
	Warrant / Capias Number		Bond		Charge Description		Counts	
	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #		Warrant / Capias Number	
	Bond		Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
CHARGE	Statute Violation Number		Violation of ORD #		Warrant / Capias Number		Bond	
	Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number	
	Violation of ORD #		Warrant / Capias Number		Bond		Charge Description	
	Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #	
NOTICE TO APPEAR	Location (Court Room Number, Address) <b>NORTH COUNTY COURTHOUSE, 3188 PGA BOULEVARD, PALM BEACH GARDENS, FL 33410 - PH: (561) 662-6700</b>		Court Date and Time Month <b>AUGUST</b> Day <b>25</b> Year <b>2021</b> Time <b>10:00</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 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 <b>07/25/2021</b>			
	HOLD for other Agency Name:				Signature of Arresting Officer <b>514</b>			
ADMIN	Name		Name of Arresting Officer (Print) <b>OFC. ANDREW FLINK</b>		ID # <b>514</b>		Name Verification (Printed by) <b>SCANNED JUL 26 2021 12:30</b>	
	Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Transporting Officer <b>OFC. A. FLINK</b>		ID # <b>514</b>		Agency <b>PBGPD</b>	
	Intake Deputy <b>DUNG (P)</b>		ID #		Agency		Without here if subject signed with an "X"	
	Page <b>1</b>		Page <b>1</b>		Page <b>1</b>		Page <b>1</b>	

DISTRIBUTION: WHITE - COURT COPY

GREEN - STATE ATTORNEY

YELLOW - AGENCY

PINK - AGENCY

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

# D.U.I. PROBABLE CAUSE AFFIDAVIT

On the 25TH day of JULY 2021 at 2225 ☐ AM ☒ PM

Subject: BENSON, ERIC, CARL Case Number: 21003233

Agency: PALM BEACH GARDENS POLICE DEPARTMENT Arresting Officer: OFC. ANDREW FLINK 514

## PERSONAL CONTACT

**DRIVING PATTERN:** (Actual Physical Control; Physical Evidence or Statements Putting Defendant Behind Wheel of Vehicle)

On 07/25/2021 at approximately 2225 hours, This Officer was on conducting a traffic enforcement selective in the area of the 12300-block of Central Blvd, PBG, FL, when a vehicle was observed traveling south bound at an increased rate of speed. Body worn camera and in car video were used. This Officer's initial visual estimation of the vehicle, was approximately 60 MPH in a posted 45 MPH zone. Using RADAR Stalker DSR2X (DB001317), rear antenna (KR027120) this Officer received a steady tone and reading of 60 MPH. The RADAR calibration was last checked on 05/27/2021 and was due on 11/27/2021. 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 initiated a traffic stop on the vehicle in the 11700 block of Central Blvd, PBG, FL. This Officer made contact with the driver of the vehicle, identified via Florida Driver License photo, Eric Benson, while he was still in actual physical control of the vehicle.

## OBSERVATION OF DRIVER:

Benson had watery, red eyes, flushed red face and the obvious odor of an unknown alcoholic beverage emanating from his breath. The odor increased as Benson spoke with this Officer.

## DRIVER STATEMENTS:

Benson said he was coming from Jupiter at a concert and was on his way home. Benson also said he did not believe he was speeding, rather that he was going about 45 MPH. It should be noted, when Benson's speed was observed via RADAR, his vehicle was the only vehicle traveling south bound in view. When asked if he's had anything to drink, he replied "a long time ago".

**ODORS:** Unknown alcoholic beverage

## GENERAL OBSERVATIONS

**SPEECH:** Seemingly normal

**ATTITUDE:** Compliant, upset

**CLOTHING:** Black shirt, black shorts, black sneakers

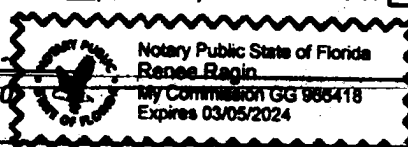
**MEDICAL/OTHER:** None stated

STATE OF FLORIDA  
COUNTY OF PALM BEACH

  
SIGNATURE OF ATTESTING OFFICER

The forgoing instrument was sworn to or affirmed and subscribed before me this 25th day of July 2021 by OFC. ANDREW FLINK 514 who is ☒ personally known to me or ☐ produced

  
Notary Public, Clerk of Court, Officer (FSS 117.10)



STAMP

# D.U.I. PROBABLE CAUSE AFFIDAVIT Cont.

Subject: BENSON, ERIC, CARL

Case Number: 21003233

## ROADSIDE TASKS

### HORIZONTAL GAZE NYSTAGMUS:

#### LEFT EYE

- ☒ Lack of Smooth Pursuit  
☒ Distinct & Sust. Nystag. at Max. Deviation  
☐ Onset of Nystagmus Prior to 45 Degrees

#### RIGHT EYE

- ☒ Lack of Smooth Pursuit  
☒ Distinct & Sust. Nystag. at Max. Deviation  
☒ Onset of Nystagmus Prior to 45 Degrees

### Other Observations:

### Walk and Turn

During the first set of steps, Benson raised his arms more than six inches from his sides and missed heel-to-toe multiple times. During the turnaround, Benson lost his balance and stepped to the side while taking a series of small steps. During the return set of steps, Benson again missed heel-to-toe multiple times, raised his arms more than six inches from his sides and stepped off the line once.

### One Leg Stand

During the exercise, Benson raised his right foot. Benson was swaying and kept his arms raised more than six inches from his sides. Benson also placed his foot down prior to being told to do so.

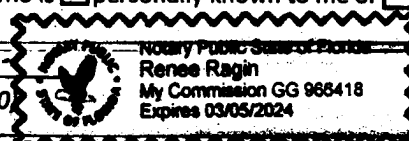
BREATH RESULTS: 1) .090 @ 2337 2) .095 @ 2341 3) - @ - 4) - @ -

STATE OF FLORIDA  
COUNTY OF PALM BEACH

SIGNATURE OF ATTESTING OFFICER

The forgoing instrument was sworn to or affirmed and subscribed before me this 25th day of July 2021 by  
OFC ANDREW FLINK 514 who is ☒ personally known to me or ☐ produced

Notary Public, Clerk of Court, Officer (FSS 117.10)



STAMP



**PALM BEACH GARDENS POLICE DEPARTMENT  
DUI TESTING FACILITY INFORMATION SHEET**



PBSO Case #: 21-089395 PBSO Zone: 3-13

Agency Case #: 21003233 Crash Case #: \_\_\_\_\_

**Incident Information:**

Time of Stop/Crash: 2225 Date of Incident: 07/25/2021 Day: SUNDAY

Location of Incident: 12300-BLK CENTRAL BLVD, PBG, FL

**Arrest Information:**

Time of Arrest: 22:37 Date of Arrest: 07/25/2021 Day: SUNDAY

Location of Arrest: 11700-BLK CENTRAL BLVD, PBG, FL

Subject's Name: (L) BENSON, (F) ERIC, (M) CARL

DOB: 01/09/1971 Race: W Sex: M Height: 5'8 Weight: 175 Hair BRO Eye BRO

Address: 21 GLENCAIRN RD, PALM BEACH GARDENS, FL 33418 Phone: (561) 596-7501

Arresting Officer's Name: OFC. ANDREW FLINK ID#: 514

Agency: PBGPD Division: TRAFFIC - DUI

**Breath Results**

- 1) .090 at 23:37 hrs.
- 2) .095 at 23 40 hrs.
- 3) - at - hrs.
- 4) - at - hrs.

**---BAT Use---**

BAT Notified: YES  
Arrival Time at BAT: 2303  
Subject Arrest Time: 22:37

Breath Test Operator: RAGIN 16877  
**PBSO**

**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: 80-006239 Software: 8100.27  
Date of Test: 07/25/2021

Date of Last Agency Inspection: 07/16/2021  
Observation Period Began: 23:03  
Subject's Name: ERIC C BENSON

DOB: 01/09/1971 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	23:35
	Air Blank	0.000	23:36
	Control Test	0.080	23:36
	Air Blank	0.000	23:37
	Subject Sample #1	0.090	23:37
	Air Blank	0.000	23:38
	Air Blank	0.000	23:40
	Subject Sample #2	0.095	23:41
	Air Blank	0.000	23:41
	Control Test	0.079	23:42
	Air Blank	0.000	23:42
	Diagnostics Check	OK	23:42

Cylinder Lot: 02021080A1  
Exp: 03/05/2023

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 RENEE M RAGIN, 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: 07/25/21  
Signature

Sworn to (or affirmed) before me this 25 day of July, 2021  
Off. A. Flink #514  
Signature of Notary Public-State of Florida 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.

SUBJECT: Benson, Eric C. 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: fc Pink 514

SUBJECT: Benson, Eric C.

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 Off Flink of the FELIX

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) \_\_\_\_\_

Not Read on Camera



**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)
<b>L/E Exemptions</b>	<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.	
<b>Public Info. Exemptions</b>	<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.	
<b>Florida Rules of Judicial Administration 2.420 (Rule of 23)</b>	<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"/>			
<b>Other</b>	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

**REVIEW COMPLETED BY**

**Booking Number:** 2021018454

**Date:** 7/26/2021

**Specialist Name/ID:** M. Took #8557