

DA301253 (0231253)

21 ET 2382
514

Check if Supplement is Attached

OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report				1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		Juvenile <input checked="" type="checkbox"/> N	
Agency ORI Number FL0 5 0 0 0 0 0		Agency Name BOYNTON BEACH POLICE DEPT PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 3 4 1 2 1 1 0 0 8 2 3 3							
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		Multiple Clearance Indicator	
Location of Arrest (including Name of Business) BOYNTON LAKES BLVD & HYPOCUSO RD. BOYNTON BEACH FL 33426						Location of Offense (Business Name, Address) BOYNTON LAKES BLVD & HYPOCUSO RD.					
Date of Arrest 0 2 1 2 2 1		Time of Arrest 2 3 4 5		Booking Date		Booking Time		Jail Date		Jail Time	
Name (Last, First, Middle) BLASER, ERIN LEIGH											
Alias (Name, DOB, Soc. Sec. #, Etc.)											
Race W - White B - Black		Sex W F		Date of Birth 0 4 0 4 7 8		Height 5 0 8		Weight 1 9 5		Eye Color GRN	
Hair Color BLOND		Complexion FAIR		Build MED		Marital Status SINGLE		Religion NA		Indication of Alcohol Influence Drug Influence	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) NONE OBSERVED						Residence Type 1. City 2. County 3. Florida 4. Out of State		Address Source		Occupation SKIN SPECIALIST	
Local Address (Street, Apt. Number) 1139 RIALTO DR.		(City) BOYNTON BCH, FL		(State) 33426		(Zip) (813) 602 3383		Phone		Citizenship US	
Permanent Address (Street, Apt. Number) SAME AS ABOVE		(City)		(State)		(Zip)		Phone		Address Source	
Business Address (Name, Street) SKIN BY AD		(City)		(State)		(Zip)		Phone		Occupation	
D/L Number, State B426 212 78 6240 FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) HARTFORD, CT		Citizenship		Residence Phone	
Co-Defendant (Last, First, Middle) NA		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 (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		Business Phone	
Address (Street, Apt. Number)		(City)		(State)		(Zip)		Date		Time	
Notified by: (Name)		Date		Time		Juvenile Disposition 1. Handled/Processed within Dept. and Released. 2. TOT HRS/DYS 3. Incarcerated		Date		Time	
Released To: (Name)		Relationship		Date		Time		School Attended		Grade	
The above address was 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's Office (Phone (561) 355-6511) 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		Drug Type N. N/A A. Amphetamine		B. Barbiturate C. Cocaine E. Heroin	
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 D.U.I (Revised)		Courts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number 3 1 1 6 1 1 A 3		Violation of ORD # N/A		Warrant / Capias Number N/A	
Drug Activity N		Drug Type N		Amount / Unit N/A		Offense # 21-008233		Warrant / Capias Number N/A		Bond N/A	
Charge Description		Courts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number		Violation of ORD #		Warrant / Capias Number	
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond	
Charge Description		Courts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number		Violation of ORD #		Warrant / Capias Number	
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond	
Charge Description		Courts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number		Violation of ORD #		Warrant / Capias Number	
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond	
Location (Court, Room Number, Address) SOUTH COUNTY COURT HOUSE											
Court Date and Time Month MARCH Day 8TH Year 2021 Time 830 A.M.											
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 02/13/2021					
HOLD for other agency		Signature of Arresting Officer N. WINLAND #839				Name Verification (Printed by Arresting Officer) N. WINLAND #839					
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Name of Arresting Officer (Print) N. WINLAND #839		(PRINT) @ [Signature]					
Intake Agency D. MORGAN		I.D. #		Pouch #		Transporting Officer N. WINLAND #839		Agency BBS		Witness here if subject signed with an 'X' on this form	

SCANNED
FEB 16 2021

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 12TH DAY OF FEBRUARY 2021, AT 1145 AM PM

SUBJECT: BLASER, ERIN LEIGH CASE NUMBER: BSPD 21-008233

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: DEC N. WINLAND #839
BOPMIR Beach Police Det. **PERSONAL CONTACT**

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

SGT NAUGHTY ADVISED SHE WITNESSED ERIN TURN IN AND OUT OF TWO TURNING LANES BEFORE RUNNING THE RED LIGHT @ HYPOLUKO RD & CONGRESS AVE. ERIN WAS TRAVELING WEST ON HYPOLUKO AND MADE THE ILLEGAL U-TURN TO THEN HEAD EAST ON HYPOLUKO RD.

OBSERVATION OF DRIVER:

FRUSTRATED - STRONG SMELL OF AN ALCOHOLIC BEVERAGE ABOUT ERIN'S PERSON - THIS INTENSIFIED WHEN SHE SPOKE.

DRIVER'S STATEMENTS:

CAME FROM ANCHOR INN / BAR. RESTAURANT AND WAS HEADING HOME. WHEN SGT. NAUGHTY STOPPED ERIN - SHE WAS LOST EVEN THOUGH SHE WAS CLOSE TO HER HOME OF 2 YEARS.

ODORS:

ALCOHOLIC BEVERAGE ODORS - THESE INTENSIFIED AS SHE SPOKE

GENERAL OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: 'SARCASTIC - MAKING JOKES - JUMPING FROM TOPIC TO TOPIC

CLOTHING: BURR TOP - JEANS - SLIDES

MEDICAL/OTHER:

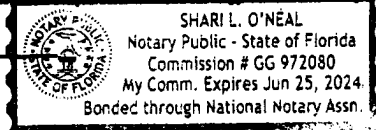
STATE OF FLORIDA
COUNTY OF PALM BEACH

Signature of Arresting Investigator Officer

The foregoing instrument was sworn to or affirmed and subscribed before me this 13TH day of FEBRUARY 2021

(Print name of Arresting Investigator Officer, who is personally known to me and the person and the location. Type of identification presented)

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



DEC. WINLAND #839

KNOW

SCANNED
FEB 16 2021

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:

WALK & TURN:

DIDNT LISTEN TO INSTRUCTIONS - DID NOT STEP HEEL TO TOE. DID NOT COUNT OUT LOUD, TOOK MORE THAN 9 STEPS. USED ARMS TO BALANCE.

ONE LEG STAND:

DO NOT LISTEN TO INSTRUCTIONS - USED ARMS TO BALANCE. DID NOT HOLD FOR 30 SECONDS. COUNTED WRONG / NOT AS INSTRUCTED.

FINGER TO NOSE:

DO NOT LISTEN TO INSTRUCTIONS - KEPT HAND ON NOSE DESPITE BEING TOLD NUMEROUS TIMES TO LOWER.

ROMBERG/ALPHABET:

DID NOT DO TOO BAD W/ THE ALPHABET. A SLIGHT RHYME WHEN RECITING

BREATH TEST RESULTS:

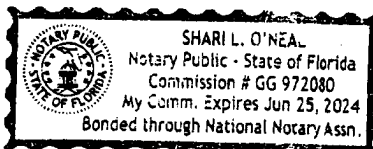
STATE OF FLORIDA
COUNTY OF PALM BEACH

[Signature] #839
(Signature of Arresting/Investigative Officer)

The foregoing instrument was notarized or sworn before me this 13TH day of FEBRUARY, 2021 by DEE. WINLAND #839

who is personally known to me and/or produced identification. Type of identification produced Known

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



SCANNED
FEB 16 2021



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

PBSO CASE # 21-035050 PBSO ZONE 6-12

AGENCY CASE # BBPD 21008233 CRASH CASE # N/A

TIME OF STOP/CRASH 2317 DATE 02/13/21 DAY FRIDAY

SUBJECT'S NAME BLASER, ERIN RACE WHITE SEX FEMALE

HGT 5'08 WGT 194 DOB 04/04/1978

LOCATION HYDOLUX RD & CONGRESS AVE

ARRESTING OFFICER'S NAME & ID WISLAND #839 AGENCY BBPD

DIVISION: Road Patrol

NOTIFIED BY COMMO ✓

ARRIVAL AT FACILITY 0014hrs

BREATH RESULTS:

Arrest Time 2345hrs

1. _____
2. _____
3. _____
4. _____

TESTING OFFICER'S ID 6212

NOT A CERTIFIED COPY

REFUSED

**SCANNED
FEB 16 2021**

SUBJECT: BLASER, ERIN L CASE NUMBER: BBPD 21-008233

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) READ ON CAMERA

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

**SCANNED
FEB 16 2021**

SUBJECT: BUTSER, ELIN CASE NUMBER: DAPD 21-008233

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

SCANNED
FEB 16 2021

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

I, N. WINLAND #839, a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)

am a member of BOYNTON BEACH POLICE DEPT., and I do swear
(Name of law enforcement agency)

or affirm that on or about the 12TH day of FEBRUARY, 2021, at 1145 P.M. A.M.

DRIVER ERIN LEIGH BLASER
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# B426-212-78-624-0 state of FLORIDA, was placed under lawful arrest for

the offense of D.U.I by OFF. N. WINLAND and
(Name of Arresting Officer)

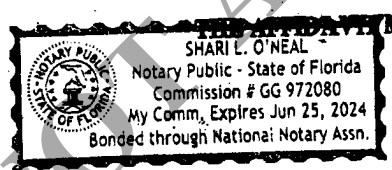
issued Citation # AC862JE

That on or about the 13TH day of FEBRUARY, 2021, at 0037 P.M. A.M.

in PALEMBACH 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] #839
Signature of Law Enforcement Officer or
Correctional Officer



(AFFIX SEAL)
The foregoing instrument was sworn and subscribed before
me this 13TH day of FEBRUARY, 2021,
by OFF. N. WINLAND,
who is personally known to me or who has produced

KNOWN as identification
Notary Public [Signature]

THE AFFIDAVIT MUST BE NOTARIZED OR ATTESTED TO (F.S. 117.10)

The foregoing instrument was sworn and subscribed before me:

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
FEB 16 2021

TESTING FACILITY TASK REPORT

AGENCY: BBPD OFC. WINLAND #839
SUBJECT: BLASER, ERIN L
CASE NUMBER: 21-035050
DATE: 02-13-21
VIDEO DVD NUMBER: N/A
BEGINNING TIME: 0035 HRS
ENDING TIME: 0039 HRS
BREATH TESTS RESULT: 1) [] TIME 0037 A.M. P.M. 2) [] TIME [] A.M. P.M.
3) [] TIME [] A.M. P.M. 4) [] TIME [] A.M. P.M.

REFUSEL

BREATH OPERATOR: S.O'NEAL #6212
MAINTENANCE TECHNICIAN: J. KARLECKE #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED
ATTITUDE: COOPERATIVE, TALKATIVE, SARCASTIC
CLOTHING: SHIRT- BLACK PANTS- LIGHT ACID WASH BLUE JEANS
MEDICAL CONDITIONS: NONE
MEDICATIONS: NONE

OTHER:

EYES: RED, GLASSY

COMMENTS:

20 MIN. OBSERVATION DONE BY A/O WINLAND #839
A/O REQUESTED THE BREATH TEST.
D REFUSED THE BREATH REQUEST.
A/O READ THE IMPLIED CONSENT ON CAMERA.
D UNDERSTOOD THE I/C AS READ.
D STILL REFUSED THE BREATH REQUEST AFTER THE I/C WAS READ TO HER.
C/W READ ON CAMERA TO THE D.
D REFUSED Q&A.

CERTIFIED COPY

SCANNED
FEB 16 2021

WITNESS LIST

CASE NUMBER: 21-008233

ARRESTING OFFICER WINLAND #839

ADDRESS 2100 HIGHROCKS RD. BOYNTON BEACH, FL 33426

PHONE NUMBERS (HOME) 561 742-6100 (WORK) _____

CAN TESTIFY TO: FACTS IN REPORT

NAME: SGT. NAULTY

ADDRESS 2100 HIGHROCKS RD. BOYNTON BEACH, FL 33426

PHONE NUMBERS (HOME) 561-742 6161 (WORK) _____

CAN TESTIFY TO: FACTS IN REPORT

NAME: _____

ADDRESS _____ (WORK) _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____ (WORK) _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____ (WORK) _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____ (WORK) _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____ (WORK) _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____ (WORK) _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____ (WORK) _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____ (WORK) _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

SCANNED
FEB 16 2021



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

REVIEW COMPLETED BY

Booking Number: 2021003715	Date: 2/14/21
	Specialist Name/ID: A. Pinkney/7796

SCANNED
FEB 16 2021