

0518922

20 OCT - 12565 PCH-906

OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report				1. Arrest	3. Request for Warrant	1	Juvenile	N	
Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE			Agency Report Number (N.T.A.'s only) 06-20113803						
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. 1. Yes 2. No		Multiple Clearance Indicator 01	
2. Traffic Felony <input type="checkbox"/>		4. Traffic Misdemeanor <input checked="" type="checkbox"/>		6. Other <input type="checkbox"/>							
Location of Arrest (Including Name of Business) SW 66TH AVE/ SANDALFOOT BLVD, Boca Raton, FL 33428					Location of Offense (Business Name, Address) SW 66TH AVE/ SANDALFOOT BLVD, Boca Raton, FL 33428						
Date of Arrest 10/06/2020		Time of Arrest 0253		Booking Date 03/31/2020		Booking Time		Jail Date		Jail Time	
Location of Vehicle 11408 Whisper Sound Dr, Boca Raton, FL 33428											
Name (Last, First, Middle) CALLE, FELIPE, AVELINO											
Alias (Name, DOB, Soc. Sec. #, Etc.)											
Race W - White I - American Indian B - Black O - Oriental/Asian		Sex W M	Date of Birth 5/15/1967		Height 5'10"	Weight 200	Eye Color Brown	Hair Color Brown	Complexion light	Build small	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) multiple tatoos on his both arms					Marital Status Single	Religion NONE	Indication of Alcohol Influence Drug Influence Y N Unk. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
Local Address (Street, Apt. Number) 22232 Boca Rancho Drive, Boca Raton, Florida 33428					Phone (954) 805-6215		Residence Type: 1. City 2. County 3. Florida 4. Out of State 2				
Permanent Address (Street, Apt. Number)					Phone		Address Source DL/ FCIC				
Business Address (Name, Street)					Phone		Occupation Casino Manager				
DL Number, State C400-241-67-1750		Soc. Sec. Number		INS Number		Place of Birth (City, State) Bristol, Pennsylvania		Citizenship US			
Co-Defendant Name (Last, First, Middle)					Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested	<input type="checkbox"/> 3. Felony	<input type="checkbox"/> 4. Misdemeanor	
Co-Defendant Name (Last, First, Middle)					Race	Sex	Date of Birth	<input type="checkbox"/> 2. At Large	<input type="checkbox"/> 3. Felony	<input type="checkbox"/> 4. Misdemeanor	
<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 checked="" type="checkbox"/> No		Description of Property			Value of Property						
Drug Activity S. Sell N. M/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/Derv.	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(1A) 60		Violation of ORD #		
Drug Activity					Drug Type	Amount / Unit	Offense # 20113803	Warrant / Capias Number		Bond	
Charge Description					Counts 1	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 1	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 1	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) South County Courthouse, Courtroom #1, 200 W. Atlantic Ave., Delray Beach, FL 33444 - Ph: (561) 355-2996											
Court Date and Time Month November Day 10TH Year 2020 Time 08:30 AM X 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 10/06/2020											
Signature of Defendant (or Juvenile and Parent /Custodian)								Date Signed			
HOLD for other Agency Name:					Signature of Arresting Officer X			Name Verification (Printed by Arrestee)			
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal Intake Deputy		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print) D/S ALVES, E			I.D. # 32404		(PRINT)		
Pouch #		Transporting Officer D/S ALVES, E			ID # 32404		Agency PBSO		PAGE		
Witness here if subject signed with an											

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 06TH DAY OF October 2020, AT 0253 PM

SUBJECT: CALLE, FELIPE, AVELINO CASE NUMBER: 20113803

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: D/S ALVES, E

PERSONAL CONTACT

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

I observed the defendant, who was identified by his Florida Driver's License, driving a Silver Lexus bearing Florida tag SLTCAR through a stop sign without stopping at the intersection of Sandalfoot Blyd and SW 66th Ave in unincorporated Boca Raton, Palm Beach County. The vehicle then continued driving in the neighborhood before being stopped. Felipe Calle was the driver and only occupant of the vehicle.

OBSERVATION OF DRIVER:

Felipe's eyes were glassy and bloodshot. He appeared restless, and appeared to be confused when I approached the window. I explained the reason for the traffic stop and asked for his driver licenses, registration, and proof of insurance. Felipe kept starring at this cellphone and did not replied back at first while starring at this cellphone. I was wearing a face mask and slightly removed the mask that is when I smelled an odor of unknown alcohol from Felipe's breath. I respond to the scene to conduct a DUI investigation.

DRIVER'S STATEMENTS:

As I waited for Felipe to provide his information, he kept silence while starring on his cellphone. I had to ask several times for his license. Felipe appeared to be in a mental loop as he was kept starring at this cellphone. After few minutes, he stated he did not know where was it.

ODORS:

Slight odor of unknown alcohol beverage that become stronger when he talked.

GENERAL OBSERVATIONS

SPEECH: low, confused.

ATTITUDE: cooperative and confused

CLOTHING: Yellow Shirt, blue Jeans, black flip flops

MEDICAL/OTHER: advised he was wearing contact lenses, but had no medical issues.

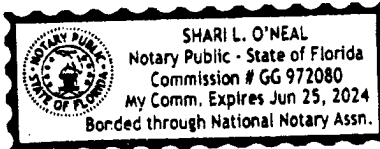
STATE OF FLORIDA
COUNTY OF PALM BEACH

D/S ALVES, E
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 06 day of October 2020 by D/S ALVES, E

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

Shari O'Neal (#6212)
Notary Public, Clerk of Court, Officer (F.S.S 117.10)



SCANNED
OCT 06 2020

SUBJECT: CALLE, FELIPE, AVELINO

CASE NUMBER 20113803

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:

Onset of nystagmus around 40 degrees. No resting nystagmus. Round and equal pupil sizes. VGN. Initially kept shaking and slight turning his head and moving his body.

WALK & TURN:

Did not maintain the instructional stance while walking. Failed to walk heel to toe, failed to walk on the white line straight. Did not count out loud. Did not take the proper number of steps (walked all the way to the end of the line). Did not perform the turn as instructed.

ONE LEG STAND:

Felipe was unable to complete the task. Felipe was unable to maintain his balance with his feet raised 6 feet off the ground.

FINGER TO NOSE:

Had to be reminded to lower his hands after touching his nose multiple times. Touched his septum instead of the tip of his nose on steps 1, 3, 4 and 6.

ROMBERG ALPHABET:

Felipe Said that he could recite the alphabet as instructed. Felipe failed to recite the alphabet. Felipe was also unable to count backwards from thirty to one.

BREATH TEST RESULTS: 1) [] 2) [] 3) [] 4) []

STATE OF FLORIDA
COUNTY OF PALM BEACH

D/S ALVES, E

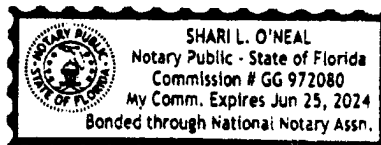
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 06 day of October 20 20 by D/S ALVES, E

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

Shari O'Neal (#6212)

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



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OCT 06 2020



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

PBSO CASE # 20113803 PBSO ZONE 7-63

AGENCY CASE # _____ CRASH CASE # _____

TIME OF STOP/CRASH 0230 DATE 10/06/2020 DAY Tuesday

SUBJECT'S NAME CALLE, FELIPE, AVELINO RACE W SEX M

HGT 5'10" WGT 200 DOB 5/15/1967

LOCATION SW 66TH AVE/ SANDALFOOT BLVD , Boca Raton, FL 33428

ARRESTING OFFICER'S NAME & ID D/S ALVES, E (32404) AGENCY Palm Beach County Sheriff's Office

DIVISION: D7

NOTIFIED BY COMMO YES

ARRIVAL AT FACILITY 0340

ARREST TIME 0253

BREATH RESULTS:

- 1) .221
- 2) .207
- 3) _____
- 4) _____

TESTING OFFICER'S ID 6212 PBSO VIDEOTAPE # /

WITNESS LIST

CASE NUMBER: 20113803

ARRESTING OFFICER: D/S ALVES, E

ADDRESS: Palm Beach County Sheriff's Office - 3228 Gun Club Rd - West Palm Beach, FL 33406

PHONE NUMBERS (HOME): _____ (WORK) (561) 688 3000

CAN TESTIFY TO: _____

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: _____

NAME: _____

ADDRESS _____

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CAN TESTIFY TO: _____

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: _____

SCANNED
OCT 06 2023

TESTING FACILITY TASK REPORT

AGENCY: 20-113803
SUBJECT: CALLE, FELIPE A. CASE NUMBER: 20-113785
DATE: 10-06-2020 VIDEO DVD NUMBER: N/A
BEGINNING TIME: 0404 HRS ENDING TIME: 0416 HRS
BREATH TESTS RESULTS: 1) .221 TIME 0409 A.M. P.M. 2) .207 TIME 0412 A.M. P.M.
3) TIME A.M. P.M. 4) TIME A.M. P.M.

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

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED
ATTITUDE: CALM, QUIET, COOPERATIVE
CLOTHING: SHIRT- YELLOW/PRINT PANTS-BLUE JEANS
MEDICAL CONDITIONS: NONE
MEDICATIONS: NONE

OTHER:

EYES: RED & GLASSY
ODOR OF UNKNOWN ALCOHOLIC BEVERAGE.

COMMENTS:

20 MIN. OBSERVATION DONE BY A/O ALVES #32404
A/O REQUESTED THE BREATH REQUEST ON CAMERA.
D SUBMITTED TO THE BREATH REQUEST.
D COMPLETED THE TEST CORRECTLY.
EXPLAINED THE RESULTS TO THE D.
A/O READ THE C/W ON CAMERA.
D REFUSED Q&A

SCANNED
OCT 06 2020

SUBJECT: Culle, Felipe A.

CASE NUMBER: 20-113803

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

SCANNED
OCT 06 2020

SUBJECT: Calle, Felipe A. CASE NUMBER: 20-113803

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: _____

SCANNED
OCT 06 2020

WHITE - STATE ATTY. YELLOW - DHSMV PINK - CENTRAL RECORDS GOLD - JAIL

**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: 10/06/2020

Date of Last Agency Inspection: 09/18/2020
Observation Period Began: 03:40
Subject's Name: FELIPE A CALLE

DOB: 05/15/1967 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	04:07
	Air Blank	0.000	04:08
	Control Test	0.079	04:08
	Air Blank	0.000	04:08
	Subject Sample #1	0.221	04:09
	Air Blank	0.000	04:10
	Air Blank	0.000	04:11
	Subject Sample #2	0.207	04:12
	Air Blank	0.000	04:12
	Control Test	0.078	04:13
	Air Blank	0.000	04:13
	Diagnostics Check	OK	04:13

Cylinder Lot: 14020080A1
Exp: 07/05/2022

State of Florida, County of Palm Beach.

Personally appeared before me the undersigned authority, who () is personally known to me or () produced ID as identification, and who after being placed under oath, states:

I SHARI L O'NEAL, 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: [Signature] Date: 10-06-20
Signature

Sworn to (or affirmed) before me this 06 day of October, 2020

[Signature] Signature of Notary Public-State of Florida
DIS Alves #32404 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
OCT 06 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	Other: PAWM BROKER INFORMATION	
	<input type="checkbox"/>	119.071(2)(J)	Other: MARSY'S LAW PROTECTED INFORMATION REGARDING VICTIM(S).	

REVIEW COMPLETED BY

Booking Number: 2020023556	Date: 10/6/2020
	Specialist Name/ID: M. Tooks #8557

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OCT 06 2020