

0521286 50 2021-CT-001968-ANB 2944

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Copies 1 Juvenile N

OBTS Number	Agency ORI Number <b>FLO 502600</b>		Agency Name <b>PALM BEACH GARDENS POLICE DEPARTMENT</b>		Agency Report Number (N.T.A.'s only) <b>78- 21000574</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 2 1. Yes 2. No		Multiple Clearance Indicator
Location of Arrest (Including Name of Business) <b>MIRAMAR LN/N MILITARY TRL, PBG, FL</b>			Location of Offense (Business Name, Address) <b>12000 N MILITARY TRL, PBG, FL</b>			
Date of Arrest <b>02/07/2021</b>	Time of Arrest <b>20:47</b>	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle <b>KAUFFS TOWING &amp; RECOVERY 4301 East Avenue, West Palm Beach, FL 33405</b>

Name (Last, First, Middle) <b>WILLIAMS, ISIS, DE LOS ANGELES</b>		Alias (Name, DOB, Soc. Sec. #, Etc.)						
Race W - White I - American Indian B - Black O - Oriental/Asian <b>W</b>	Sex <b>F</b>	Date of Birth <b>02/03/1968</b>	Height <b>5'10</b>	Weight <b>150</b>	Eye Color <b>BRO</b>	Hair Color <b>BRO</b>	Complexion <b>LGT</b>	Build <b>MED</b>
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>TAT L FOOT, LOWER BACK</b>			Marital Status <b>SINGLE</b>	Religion <b>CATHOLIC</b>	Indication of Alcohol Influence Drug Influence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk.			
Local Address (Street, Apt. Number) <b>4280 HAZEL AVENUE</b>		(City) <b>PALM BEACH GARDENS</b>	(State) <b>FL</b>	(Zip) <b>33410</b>	Phone <b>(561) 373-5532</b>		Residence Type: 1. City 2. County 3. Florida 4. Out of State <b>1</b>	
Permanent Address (Street, Apt. Number) <b>4280 HAZEL AVENUE</b>		(City) <b>PALM BEACH GARDENS</b>	(State) <b>FL</b>	(Zip) <b>33410</b>	Phone <b>( )</b>		Address Source <b>VERBAL</b>	
Business Address (Name, Street) <b>( )</b>		(City) <b>( )</b>	(State) <b>( )</b>	(Zip) <b>( )</b>	Phone <b>( )</b>		Occupation <b>( )</b>	
DL Number, State <b>W452404685430 FL</b>		Soc. Sec. Number <b>( )</b>		INS Number	Place of Birth (City, State) <b>SAN JOSE, COSTA RICA</b>		Citizenship <b>CR</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
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 <b>( )</b>
Address (Street, Apt. Number) (City) (State) (Zip)		Business Phone <b>( )</b>
Notified by: (Name)	Date	Time
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)		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>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 #				
Drug Activity <b>N</b>	Drug Type <b>N</b>	Amount / Unit	Offense #	Warrant / Capias Number		Bond				
Charge Description <b>DUI ENHANCED OVER .15</b>		Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number <b>316.193(4)</b>		Violation of ORD #				
Drug Activity <b>N</b>	Drug Type <b>N</b>	Amount / Unit	Offense #	Warrant / Capias Number		Bond				
Charge Description		Counts	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	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) <b>NORTH COUNTY COURTHOUSE, 3188 PGA BOULEVARD, PALM BEACH GARDENS, FL 33410</b>		Phone: <b>(561) 662-6700</b>	
Court Date and Time Month <b>MARCH</b> Day <b>10</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>02/07/2021</b>	

HOLD for other Agency Name:	Signature of Arresting Officer <b>(Signature) 514</b>	Name Verification (Printed by Arresting Officer) <b>(PRINT)</b>
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal	Name of Arresting Officer (Print) <b>Ofc. ANDREW FLINK</b>	I.D. # <b>514</b>
Intake Deputy	Transporting Officer <b>ANDREW FLINK</b>	ID # <b>514</b>
Pouch #	Agency <b>PBGPD</b>	Witness here if subject signed with an "X"

**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:**

During the exercise, Williams had to be told multiple times to follow instructions. This Officer observed Vertical Gaze Nystagmus in both eyes. Williams was also swaying back and forth during the exercise.

**WALK & TURN:**

During the instructions, Williams did not remain in the starting position, she stepped off the line. During the first set of steps, Williams stepped off the line. Williams missed heel-to-toe on almost each step and took 10 steps rather than nine. Williams also paused during the attempt. Williams then took an improper turnaround by coming off the line completely. During the return set, Williams missed heel-to-toe on multiple steps and took 10 steps rather than nine.

**ONE LEG STAND:**

During the exercise, Williams raised her right foot. Williams placed her foot down multiple times prior to being told to do so. At one point, Williams lost her balance and stepped backward. Williams was also swaying during the exercise.

**ROMBERG ALPHABET:**

Not conducted

**FINGER TO NOSE:**

Not conducted

**BREATH TEST RESULTS:** 1) .206 2) .204 3) - 4) -

STATE OF FLORIDA  
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 7th day of February 2021 by Ofc. ANDREW FLINK

(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)



# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 7TH DAY OF FEBRUARY 20 21, AT 2037 AM  PM

SUBJECT: WILLIAMS, ISIS, DE LOS ANGELES CASE NUMBER: 21000574

AGENCY: PALM BEACH GARDENS POLICE DEPT. ARRESTING OFFICER: Ofc. ANDREW FLINK 514

## PERSONAL CONTACT

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

This Officer was conducting a traffic selective enforcement in the area of 12000 N Military Trl, PBG, FL, when a vehicle was observed traveling at an increased rate of speed south bound in the inside through lane. This Officer's initial visual observation 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 12/17/2020 and was due on 06/17/2021. 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 also observed the vehicle drift from the outside through lane into the middle through lane, then back into the original lane. This Officer entered the same lane behind the vehicle, then this Officer initiated a traffic stop on the vehicle, a black Nissan sedan (RJA206/FL), on Miramar Ln, just east of N Military Trl, PBG, FL. This Officer made contact with the driver, identified via Florida Driver License photo, Isis Williams, while she was still in actual physical control of the vehicle.

### OBSERVATION OF DRIVER:

Williams had bloodshot eyes, slurred speech and the strong obvious odor of an unknown alcoholic beverage emanating from her breath at conversational distance. Williams had difficulty retrieving her documentation from her glovebox. This Officer shined a flashlight in an effort to assist Williams, to which she continued to fumble the key, then becoming frustrating and removing her seatbelt to lean further over to open the glovebox. When this Officer returned to gather the documents, Williams did not present her registration, only an expired insurance card. Williams' valid insurance card was later located in her wallet, which is where she retrieved her Driver License.

### DRIVER'S STATEMENTS:

Williams did not say where she was coming from, only that she was on her way to her residence on Hazel. It should be noted, the location where this Officer stopped Williams was not connected to Hazel, thus this Officer deduced Williams pulled into the location to not make contact. When asked how much she had to drink, Williams responded, "not a lot I'm just trying to get home".

### ODORS:

Unknown alcoholic beverage

## GENERAL OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Compliant

CLOTHING: Blue dress, brown flip-flops

MEDICAL/OTHER: Lupis

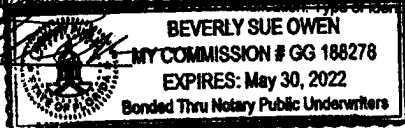
STATE OF FLORIDA  
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 7th day of February 20 21 by Ofc. ANDREW FLINK

(Print name of Arresting/Investigative Officer) who is personally known to me and the type of identification produced Personally Known

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



**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: 02/07/2021

Date of Last Agency Inspection: 01/15/2021

Observation Period Began: 21:15

Subject's Name: ISIS DE LOS ANGELES WILLIAMS

DOB: 02/03/1968 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	21:35
	Air Blank	0.000	21:35
	Control Test	0.079	21:36
	Air Blank	0.000	21:36
	Subject Sample #1	0.206	21:37
	Air Blank	0.000	21:37
	Air Blank	0.000	21:39
	Subject Sample #2	0.204	21:40
	Air Blank	0.000	21:40
	Control Test	0.078	21:41
	Air Blank	0.000	21:41
	Diagnostics Check	OK	21:41

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

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 SUE OWEN, 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: 02/07/2021  
Signature

Sworn to (or affirmed) before me this 7th day of February 2021  
[Signature] of A. FLINK  
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.



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

PBSO CASE # 21033248 PBSO ZONE 3-13

AGENCY CASE # 21000574 CRASH CASE # \_\_\_\_\_

TIME OF STOP/CRASH 2037 DATE 02/07/2021 DAY SUNDAY

SUBJECT'S NAME WILLIAMS ISIS DE LOS ANGELES RACE W SEX F  
LAST FIRST MID

HGT 5'10 WGT \_\_\_\_\_ DOB 02/03/1968

LOCATION MIRAMAR LN/N MILITARY TRL, PBG, FL

ARRESTING OFFICER'S NAME & ID Ofc. ANDREW FLINK 514 AGENCY PBGPD

DIVISION: TRAFFIC UNIT

NOTIFIED BY COMMO YES

ARRIVAL AT FACILITY 2115

ARREST TIME 20:47

BREATH RESULTS:

- 1) 206
- 2) 204
- 3) -
- 4) -

BREATH TEST OPERATOR: 3184

NOT A CERTIFIED COPY

# TESTING FACILITY TASK REPORT

AGENCY: PALM BEACH GARDENS P.D.

SUBJECT: WILLIAMS, ISIS DE LOS ANGELES

CASE NUMBER: 21033248

DATE: 02/07/2021

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 2136

ENDING TIME: 2145

BREATH TESTS RESULTS: 1) .206 TIME 2137 A.M.  P.M.  2) .204 TIME 2140 A.M.  P.M.   
3) TIME A.M.  P.M.  4) TIME A.M.  P.M.

BREATH OPERATOR: S. Owen #3184

MAINTENANCE TECHNICAN: J. Karlecke #6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH:

ATTITUDE: QUIET, CO-OPERATIVE

CLOTHING: SANDALS, FLOWERED JUMPSUIT

MEDICAL CONDITIONS: LUPUS

MEDICATIONS: THYROID, BLOOD PRESSURE, AND LUPUS MEDICATIONS

OTHER:

## COMMENTS:

A/O AND DEFENDANT ARRIVED AT 2115 HRS. A/O OBSERVED 20 MIUTES. A/O REQUEST BREATH TEST, DEFENDANT AGREED. NO PROBLEM WITH TEST, TECH GAVE RESULTS, A/O READ C/W, DEFENDANT UNDERSTOOD RIGHTS AND ANSWERED Q & A

SUBJECT: \_\_\_\_\_

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 UFC FLINK of the TBGPID

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: \_\_\_\_\_ 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? YES

WHERE WERE YOU GOING? home

WHAT STREET OR HIGHWAY WERE YOU ON? Military Trl

DIRECTION OF TRAVEL? S WHERE DID YOU START? Jupiter, Marciński Rd.

WHAT TIME DID YOU START? unknown WHAT TIME IS IT NOW? unknown

WHAT IS TODAY'S DATE? Feb 7<sup>th</sup> WHAT DAY OF THE WEEK IS IT? Sunday

WHAT COUNTY AND CITY ARE YOU IN NOW? PBC

WHEN DID YOU LAST EAT? 5 hours ago WHAT DID YOU EAT? Mahi Tuna

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? At a friends house

HOW MUCH DO YOU WEIGH? 150 HAVE YOU BEEN DRINKING? yes WHAT? Wine

HOW MUCH? Couple glasses WHERE? \_\_\_\_\_ WITH WHOM? \_\_\_\_\_

WHEN DID YOU HAVE YOUR FIRST DRINK? 2pm AND YOUR LAST DRINK? hour - two

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? \_\_\_\_\_

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? No 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? Medical Asst WHEN DID YOU LAST WORK? Friday

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? See video 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? 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: Off Flink 514



**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"/>	119.071 (3)(A), 119.071 (3)(B)(1-3C)	Other: Security at the Jail..(Security of locations Housed at the jail)..	
	<input type="checkbox"/>	119.071(2)(l)	Other: MARSY'S LAW PROTECTED INFORMATION REGARDING VICTIM(S).	

**REVIEW COMPLETED BY**

Booking Number: 2021003172	Date: 2/8/2021
	Specialist Name/ID: M. Tooks #8557