

0514243

NR

#3789

ARREST / NOTICE TO APPEAR

- 1. Arrest
- 2. N.T.A.
- 3. Request for Warrant
- 4. Request for Capias
- 5. Juvenile Referral

1 JUVENILE

OBTS Number	Agency ORI Number 0500200			Agency Name Boca Raton Police Department			Agency Report Number (N.T.A.'s only) 3 2 2020-001140				
Charge Type: Check as many as apply.	<input type="checkbox"/> 1. Felony	<input type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 5. Ordinance	<input type="checkbox"/> 6. Other	If Weapon Seized Enter Type	Multiple Clearance Indicator			
Location of Arrest (Including Name of Business) 4200 N DIXIE HWY BOCA RATON FL33431				Location of Offense (Business Name, Address) 4200 N DIXIE HWY, BOCA RATON, FL 33431							
Date of Arrest 01/24/2020	Time of Arrest 18:47	Booking Date 1/24/20	Booking Time 1631	Jail Date 1/24/20	Jail Time	Location of Vehicle westway					
Name (Last, First, Middle) VAN VOLKENBURG, JACK LAMONT				Alias (Name, DOB, Soc. Sec. #, Etc.)							
Race W - White I - American Indian B - Black O - Oriental/Asian		Sex M	Date of Birth 08/02/1965	Height 6'02	Weight 165	Eye Color BLUE	Hair Color BROWN	Complexion	Build Small		
Local Address (Street, Apt. Number) 2460 NE 4TH COURT, BOCA RATON, FL 33431				Permanent Address (Street, Apt. Number) 2460 NE 4TH COURT, BOCA RATON, FL 33431		Business Address (Name, Street)		Occupation self employed			
D/L Number, State V514432652820 / FL		INS Number		Place of Birth (City, State) DALLAS, TX, United		Citizenship USA					
Co-Defendant Name (Last, First, Middle)			Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor					
Co-Defendant Name (Last, First, Middle)			Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor					
<input type="checkbox"/> Parent <input type="checkbox"/> Other		Name (Last, First, Middle)				Residence Phone					
<input type="checkbox"/> Legal Custodian		Address (Street, Apt. Number)				Business Phone					
Notified by: (Name)		Date	Time	JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated							
Released To: (Name)		Relationship	Date	Time							
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 355-2626) informed of any change of address.					School Attended		Grade				
<input type="checkbox"/> Yes, by:		<input type="checkbox"/> No:		Property Crime?		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. Disperses/ 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. Synthetic	U. Unknown Z. Other
Charge Description DUI (INJURY TO PERSON OR PROPERTY)						Statute Violation Number 316.193(3)(c)		Violation of ORD #			
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number		Bond			
A	N	1 / A	2020-1140	1	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N						
Charge Description						Statute Violation Number		Violation of ORD #			
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number		Bond			
					<input type="checkbox"/> Y <input type="checkbox"/> N						
Charge Description						Statute Violation Number		Violation of ORD #			
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number		Bond			
					<input type="checkbox"/> Y <input type="checkbox"/> N						
Health / Apparent Physical Condition of Defendant						Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries Explain:					
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health			PROPERTY - Received By		Released By		Released To				
Transported By			Date Transported	Time Transported	Other						
<input type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input checked="" type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.						Location (Court, Room) South County 200 W Atlantic Ave Delray Beach, FL 33444		No Photo Available			
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.						Court Date and Time					
Signature of Defendant (or Juvenile and Parent/Custodian)						Date Signed					
HOLD for Other Agency		Signature of Arresting Officer		Name Verification (Printed by Arrestee)							
<input type="checkbox"/> Dangerous <input type="checkbox"/> Assisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other		Name of Arresting Officer (Print) PAPLA, A. H.		I.D. # 745		(PRINT)					
Inmate Deputy		Pouch #		Transporting Officer Felix		I.D. # BAPD		Agency			
Witness here if subject signed with an "X"											

FILED
 PAGE 1 OF 1
 JAN 25 2020
 CIRCUIT & COUNTY CLERK
 CRIMINAL DIV.

COURT STATE ATTORNEY AGENCY CENTRAL RECORDS JAIL CRIME ANALYSIS

SCANNED

JAN 25 2020

PROBABLE CAUSE AFFIDAVIT

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

1

JUVENILE

OBTS Number	Agency ORI Number FL 0500200		Agency Name BOCA RATON POLICE DEPARTMENT	Agency Report Number 3 2 2020-001140
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Charge Type: Check as many as apply	<input type="checkbox"/> 1. Felony	<input type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance	Special Notes:
	<input type="checkbox"/> 2. Traffic Felony	<input checked="" type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 6. Other	

Name (Last, First, Middle) VAN VOLKENBURG, JACK LAMONT	Alias	Race W	Sex M	Date of Birth 08/02/1965
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Charge Description 316.193(3A). DUI (INJURY TO PERSON OR PROPERTY)	Charge Description
Charge Description	Charge Description

Victim's Name (Last, First, Middle) Sof	Race	Sex	Date of Birth
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Local Address (Street, Apt. Number) 100 NW 2nd Ave Boca Raton FL 33432	(City)	(State)	(Zip)	Phone	Address Source
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Business Address (Name, Street)	(City)	(State)	(Zip)	Phone	Occupation
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The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law.

The Person taken into custody ...

committed the below acts in my presence. was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.

confessed to _____ admitting to the below facts. was found to have committed the below acts, resulting from my (described) investigation.

On the **24** day of **January**, **2020** at **18:39** (Specifically include facts constituting cause for arrest.)

On 1/24/20 at approximately 1524hrs while traveling SB on 4200 N Dixie Hwy I observed a vehicle accident that had just occurred.

I made contact with all parties involved and determined if there were injuries. While on scene I observed one of the drivers involved in the crash, W/M Jack Van Volenburg stumbling around and I could hear him slurring his words when he spoke to the other drivers. BRFD arrived on scene and asked Jack if he had any injuries. While BRFD was speaking to Jack I could smell an unknown alcoholic beverage emitting from his person getting stronger when he spoke. His eyes were also bloodshot and glossy. Jack continued to wander around the accident scene while BRFD assessed the other drivers. Based on my observations of Jack I called for an additional unit to assist me with a DUI Investigation. Officer Crawford #683 arrived on scene as back up. I obtained a taped-sworn statement from both the drivers involved in the crash placing Jack behind the wheel at the time of the accident.

CSO Montenegro arrived on scene and began the crash investigation. Once CSO Montenegro had completed her investigation I advised Jack that the crash investigation was complete and I was beginning a criminal DUI investigation. I read him his Miranda Warnings from a preprinted card. Jack advised he didn't wish to speak to me about the accident but advised he would do the road side sobriety exercises.

Jack advised that he had no injuries and no vision problems that are not corrected by glasses or contacts.

The exercises were performed on a flat and level surface, free of debris.

Officer Crawford #683 conducted HGN. Ofc Crawford advised that Jack had lack of smooth pursuit, on set of Nystagmus prior to 45 degrees and distinct and sustained Nystagmus at

SWORN AND SUBSCRIBED BEFORE ME	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
SHANNAHAN, TIMOTHY C NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 347.10)	PAPIA, AMIE H (745) NAME OF OFFICER (PLEASE PRINT)
01/24/2020 DATE	01/24/2020 DATE

OBTS Number	PROBABLE CAUSE AFFIDAVIT SUPPLEMENT		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	JUVENILE
Agency ORI Number FL 0500200	Agency Name BOCA RATON POLICE DEPARTMENT	Agency Report Number 3 2 2020-001140				
Charge Type: Check as many as apply. <input type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other				Special Notes:		
Name (Last, First, Middle) VAN VOLKENBURG, JACK LAMONT			Alias	Race W	Sex M	Date of Birth 08/02/1965

maximum deviation.

Walk and turn: He was unable to maintain the instruction stance because he lost his balance and stepped off the line and out of position. He wobbled while he walked, several of his steps were not heel to toe as seen by my BWD. He raised his arms for balance and did not count out loud as instructed to do so. He did not perform the turn correctly, instead he spun on the ball of his foot to complete the turn. He almost tripped over his heel during the second sequence.

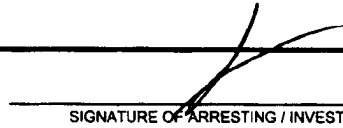
One Leg Stand: He wobbled and swayed in the starting position. He could not keep his foot raised and only raised his foot approximately 2 inches off the ground; he dropped his foot when he got to 1007 and looked at me as if he was done. At one point he lost his balance and almost touched the ground with his hand to stop him from falling over. He stopped when he got 1020.

Finger to Nose: His first movement with his left finger he touched the tip of his nose, began to lower his hand but then raised it again and asked "continue", the first 3 sequences he had to be reminded to return his hand to his side, on the 5th sequence he began to lift his left hand and then put it down to raise his right.

Alphabet: Jack advised that he had a bachelor's degree and knew the alphabet. He was instructed to recite the alphabet in a non rhythmic manner. He swayed while reciting the alphabet, got to the letter V and went to X, paused and finished the alphabet.

Based upon my investigation, I have probable cause to believe that Jack Van Volkenburg unlawfully did drive or be in actual physical control of a vehicle while under the influence of alcoholic beverages, or chemical substances as set forth in F.S. 877.111, or any substance controlled under Chapter 893 or any combination thereof, to the extent that his normal faculties were impaired, or while having a blood or breath alcohol level of .08 or higher, and during the course of driving a vehicle while under the influence of alcoholic beverages, or chemical substances as set forth in F.S. 877.111, or any substance controlled under Chapter 893 or any combination thereof, did cause or contribute to the cause of damage to the person and property of Melissa Green and Carl Benda , contrary to Florida Statute 316.193(3) (a) , (b) and (c) (1) .

At approximately 1617 hours, I placed Jack Van Volkenburg under arrest for DUI. I transported Jack to the Boca Raton Police Department for breath alcohol testing. Officer Crawford performed the twenty-minute observation and conducted the breath testing process. I asked Jack if he would provide a sample of his breath for breath alcohol testing. He complied and breath results were .126 and .127 at 1659 and 1702 hours. I again advised him of his constitutional rights for which he stated that he understood and advised he wished to now speak to me about the crash. Jack proceeded to answer the DUI Influence Report Questions. Jack was later transported to Boca Raton Regional Hospital for medical clearance. He was then transferred to the Palm Beach County Jail.

SWORN AND SUBSCRIBED BEFORE ME SHANNAHAN, TIMOTHY C <small>NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117.10)</small> 01/24/2020 <small>DATE</small>	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER  PAPIA, AMIE H (745) <small>NAME OF OFFICER (PLEASE PRINT)</small> 01/24/2020 <small>DATE</small>
PAGE 2 OF 2	

20-1140

FLORIDA DEPARTMENT OF LAW ENFORCEMENT
ALCOHOL TESTING PROGRAM
BREATH ALCOHOL TEST AFFIDAVIT

Instrument Type: Intoxilyzer 8000
Instrument Registered To: BOCA RATON PD
Instrument Serial Number: 80-006622 Software: 8100.27
Date of Test: 01/24/2020

Date of Last Agency Inspection: 12/27/2019
Observation Period Began: 16:35
Subject's Name: JACK L VAN VOLKENBURG

DOB: 08/02/1965 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	16:57
	Air Blank	0.000	16:58
	Control Test	0.079	16:58
	Air Blank	0.000	16:58
	Subject Sample #1	0.126	16:59
	Air Blank	0.000	17:00
	Air Blank	0.000	17:02
	Subject Sample #2	0.127	17:03
	Air Blank	0.000	17:04
	Control Test	0.079	17:04
	Air Blank	0.000	17:05
	Diagnostics Check	OK	17:05

Cylinder Lot: 22419080A3
Exp: 10/05/2021

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, A CRAWFORD, 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] #663 Date: 1/24/2020
Signature

Sworn to (or affirmed) before me this 24th day of January, 2020

[Signature] Signature of Notary Public-State of Florida Papia 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
JAN 25 2020

DUI INFLUENCE REPORT



NOT A COPY

BOCA RATON POLICE SERVICES DEPARTMENT

100 NW 2nd Avenue
Boca Raton, FL 33432

ARRESTING OFFICER: Papia

Name: ofc. Crawford Phone # 401 338 1234 Work # same

Address: 100 NW 2nd Ave. Boca Raton, FL

Can testify to: Roadside backup, breath testing

Name: CSO Montenegro Phone # same Work # same

Address: same

Can testify to: Crash investigation

Name: Melissa Green Phone # _____ Work # _____

Address: 185 nE 4th Ave apt 204E Delray Beach FL 33483

Can testify to: facts

Name: Carl Benda Phone # _____ Work # _____

Address: 4203 Tranquility Dr Highland Beach FL 33487

Can testify to: facts

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

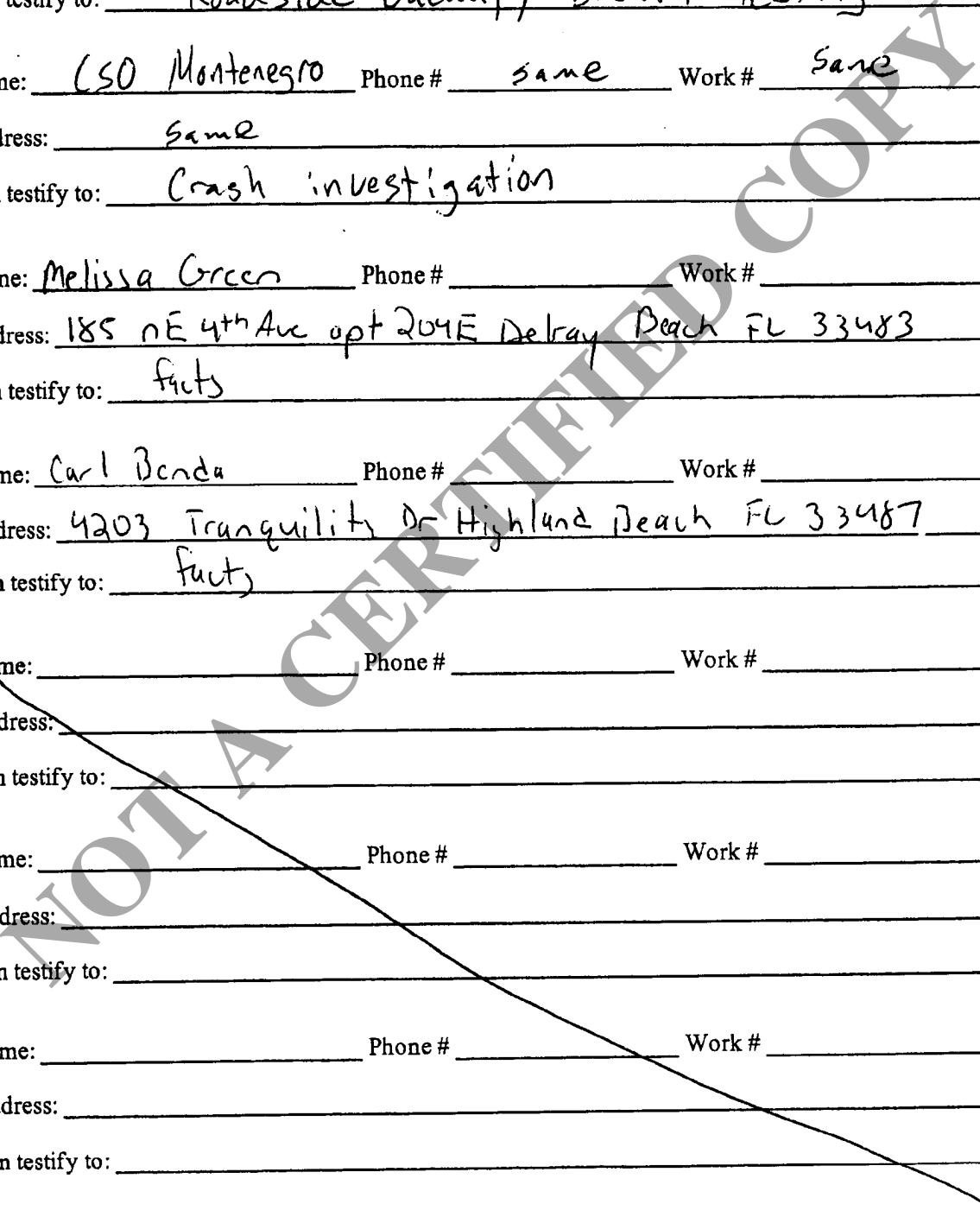
Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____





BOCA RATON POLICE SERVICES DEPARTMENT
DUI INFLUENCE REPORT - PART II

To be filled out at testing facility

Agency Case # 2020-1140

I. INTRODUCTION (Instrument Operator faces video camera)

A. The day is Friday, January, 24, 2020.
(day) (month) (date) (year)

B. The time is now approximately 4:56 AM/PM.

C. The following is in reference to case number 2020-1140.

D. Present at this time is Ofc's Papia/Crawford of the Boca Raton Police Department
(Officer's Name)

E. Officer Papia, have you arrested Jack Van Valkenburg in violation of
Florida State Statute 316.193? (Defendant's name)

F. Did this violation occur within the City of Boca Raton, Palm Beach County, Florida? yes

G. Mr./Mrs./Ms. Van Valkenburg, I am required to inform you these
proceedings are being video recorded.

Operator Note: *Video record breath request, breath sample, and interview.*

NOT A CERTIFIED COPY

II. AT THIS TIME THE ARRESTING OFFICER WILL REQUEST A BREATH SAMPLE.

Note: Read only the paragraph applicable to the type of test you are requesting.

- A.** I am now requesting that you submit to a lawful test of your **BREATH** for the purpose of determining its alcohol content.
- B.** I am now requesting that you submit to a lawful test of your **URINE** for the purpose of determining the presence of chemical or controlled substances.
- C.** I am now requesting that you submit to a lawful test of your **BLOOD** for the purpose of determining its alcohol content and the presence of chemical or controlled substances.

IMPLIED CONSENT WARNINGS

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 Signature: _____

Note: Also read for CDL holders:

IN ADDITION, your refusal to submit will result in the loss of your commercial privileges for one year from today. If this is your SECOND REFUSAL, you will be permanently disqualified from operating a commercial motor vehicle.

Note: After reading the implied consent warning, the arresting officer must request a breath sample again.

(IF REFUSAL THEN)

At this time Mr./Mrs./Ms. _____ has refused to submit to a breath test.

The date is _____, _____, and the time is _____ AM/PM.
(month) (day) (year)

A refusal form will be completed by the arresting officer.



BOCA RATON POLICE SERVICES DEPARTMENT
TESTING FACILITY TASK REPORT

SUBJECT: Jack Van Volkenburg

CASE #: 2020-1140 DATE: 1/24/20

BREATH TEST RESULTS

1) TIME .126/1659 AM/PM 2) TIME .127/1703 AM/PM
3) TIME — AM/PM 4) TIME — AM/PM

BREATH OPERATOR: Ofc. Crawford

MAINTENANCE TECHNICIAN: Ofc. Van Camp

TESTING OFFICER'S OBSERVATIONS

SPEECH: slow at times, slightly slurred

ATTITUDE: Calm, quiet

CLOTHING: blue polo shirt, black shorts, brown sandals

MEDICAL CONDITION: Vaso Vago (passes out w/needles),

OTHER: _____

COMMENTS: eyes are glassy + bloods hot. Odor of an unknown alcoholic beverage emanating from his breath.

SCANNED
JAN 25 2020

Identify yourself and state:

I am required to warn you before you make any statement that you have the following Constitutional rights:

- (1) You have the right to remain silent and not answer any questions.
- (2) Any statement you make must be freely and voluntarily given.
- (3) You have a right to the presence and representation 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 and representation of a court appointed lawyer before you make any statement 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 be and will be used against you in a court of law.
- (8) Do you understand these rights as I have read them to you, and do you wish to speak to me?

Signed: read on tape Date: 1/24/20 Time: read on tape

QUESTIONS AND ANSWERS

Were you operating a motor vehicle at the time of the accident/stop? yes

Where were you going? home

What street or highway were you on? Dixie Hwy

Direction of travel? South

Where did you start driving from? Oesola Park where BIL lives

What city (county) were you stopped in? Boca Raton

What time did you start? 4:40 AM/PM What time is it now? 9pm

What is today's date? 1/23 What day of the week is it? Friday

When did you last eat? this morning What did you eat? English muffin

What have you been doing the past three hours prior to this stop/accident? talking to my BIL

How much do you weigh? 160 Have you been drinking? yes What were you drinking? beer

How much? 2 beers Where? @ his house With whom were you drinking? Gary Wolf

When did you have your first drink? I didn't check the time AM/PM When did you stop drinking? I didn't check my watch AM/PM

How did you consume your last two drinks? by mouth/sip

Are you under the influence of alcohol now? Yes No

Can you feel the effects of alcohol? Yes No

Have you consumed alcohol since the accident? Yes No

Can you feel the effects of alcohol? Yes No

Have you consumed alcohol since the accident? Yes No How much? _____

What? _____ Where? _____

What line of work are you in? I teach CPR to health care providers

When did you last work? yesterday

Do you have any physical defects or injuries? Yes No If yes, explain:

I had chest surgery at age 14

Are you sick or injured? Yes No If yes, explain:

Do you limp? Yes No

Did you get a bump on the head? Yes No

Were you in an accident today? yes

Have you taken any drugs or smoked marijuana today? no

What? _____ When? _____

Have you seen a doctor or dentist today? Yes No Who? _____

Are you taking any prescription medications? Yes No What? _____ When? _____

Do you have: Epilepsy? Yes No

Inner ear trouble? Yes No

Glass eye? Yes No

Ear infection? Yes No

False teeth? Yes No

Diabetes? Yes No

Any problems not correctable by glasses or contact lenses? I don't think so

Do you take insulin? Yes No If yes, when was your last injection? _____

Have you ever had a driver's license in any other state? yes TX

I am now ending this video recording. The time is now approximately 5:19 AM/PM.

The date is January, 24th, 2020.
(month) (day) (year)

SCANNED
JAN 25 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"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2020002717	Date: 01/25/2020
	Specialist Name/ID: AM/31562

SCANNED
JAN 25 2020