

0889463

20CTT5371 NB 1119

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

OBTS Number	Agency ORI Number FLO 502600		Agency Name PALM BEACH GARDENS POLICE DEPARTMENT		Agency Report Number (N.T.A.'s only) 78-20005327	
Charge Type: Check as many as apply.	<input type="checkbox"/> 1. Felony	<input type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance	Weapon Seized / Type <input checked="" type="checkbox"/> N 1. Yes 2. No		Multiple Clearance Indicator
Location of Arrest (Including Name of Business) 3360 Burns Rd, Palm Beach Gardens, Fl 33410			Location of Offense (Business Name, Address) 9890 ALT AIA Palm Beach Gardens FL 33440			
Date of Arrest 11/29/2020	Time of Arrest 01:38	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle 4701 East Avenue, West Palm Beach, FL 33405

Name (Last, First, Middle) MARZILLI, JEREMY, MICHAEL						Alias (Name, DOB, Soc. Sec. #, Etc.)		
Race W - White I - American Indian B - Black O - Oriental/Asian	Sex M	Date of Birth 10/24/1991	Height 5-10	Weight 190	Eye Color GRN	Hair Color Blk	Complexion Lgt	Build Med
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) TATT half sleeve on upper left arm japanese tree				Mental Status Single	Religion NONE	Indication of: Alcohol Influence <input type="checkbox"/> Drug Influence <input type="checkbox"/>		Y N Unk. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Local Address (Street, Apt. Number) (City) (State) (Zip) 3230 Meridian way S, PBG FL, 33410		Phone (561) 339-5189		Residence Type: 1. City 2. County 3. Florida 4. Out of State 1				
Permanent Address (Street, Apt. Number) (City) (State) (Zip) 3230 Meridian way S, PBG FL, 33410		Phone (561) 339-5189		Address Source FL DL				
Business Address (Name, Street) (City) (State) (Zip) self employed		Phone ()		Occupation carpenter				
DL Number, State N624433913840 FL	Soc. Sec. Number	INS Number	Place of Birth (City, State) WPB, FL		Citizenship US			

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 Legal Custodian <input type="checkbox"/> Other:	Name (Last) (First) (Middle)	Address (Street, Apt. Number) (City) (State) (Zip)		Residence Phone () () () 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 defendant and / or 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.
 Yes, by: (Name) No: (Reason)

Property Crime? Yes 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 DUI BREATH .08 OR ABOVE		Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 316.193 (1)(c)		Violation of ORD #		Warrant / Capias Number		
Drug Activity N	Drug Type N	Amount / Unit N	Offense #		Statute Violation Number		Violation of ORD #		Warrant / Capias Number	
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation of ORD #		Warrant / Capias Number		
Drug Activity	Drug Type	Amount / Unit	Offense #		Statute Violation Number		Violation of ORD #		Warrant / Capias Number	
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation of ORD #		Warrant / Capias Number		
Drug Activity	Drug Type	Amount / Unit	Offense #		Statute Violation Number		Violation of ORD #		Warrant / Capias Number	
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation of ORD #		Warrant / Capias Number		
Drug Activity	Drug Type	Amount / Unit	Offense #		Statute Violation Number		Violation of ORD #		Warrant / Capias Number	

SCANNED
NOV 30 2020

Location (Court Room Number, Address)
NORTH COUNTY COURTHOUSE, 3188 PGA BOULEVARD, PALM BEACH GARDENS, FL 33410 - PH: (561) 662-6700

Court Date and Time
Month **DECEMBER** Day **16** Year **2020** Time **10:00** AM 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.

11/29/2020

Signature of Defendant (or Juvenile and Parent /Custodian)

Date Signed

HOLD for other Agency Name:	Signature of Arresting Officer [Signature]	Name Verification (Printed by Arrestee) NOV 29 AM 6:14
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal	<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:	(PRINT)
Intake Deputy D. Long 696	I.D. # Pouch # A. Wood 525	Agency PRCPD
Name of Arresting Officer (Print) Ofc. Wood #525		Witness here if subject signed with an "X" <input type="checkbox"/>
Transporting Officer Ofc. Wood		PAGE

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 29th DAY OF November 2020, AT 01:38 AM PM
SUBJECT: MARZILLI, JEREMY, MICHAEL CASE NUMBER: 20005327

AGENCY: PALM BEACH GARDENS POLICE DEPT. ARRESTING OFFICER: Ofc. Wood #525
PERSONAL CONTACT

DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUTTING DEF. BEHIND WHEEL OF VEHICLE)
On 11/29/2020 at approximately 0019 hrs, I arrived at Palm Gardens Medical Center to conduct a DUI investigation after a crash. Ofc. Keel #508 was on scene at the crash where he made contact with with a male, later identified as Jeremy Michael Marsilli by Florid DL, sitting in the driver's seat and the sole occupant of the vehicle. The vehicle, a white Mazda bearing FL Tag Y76FLI, was found crashed into the south side of the mobil gastaion located at 9890 ALT A1A with Marsilli in the driver seat.

OBSERVATION OF DRIVER:

I observed Marsilli's pupils to be dilated more than a normal persons, his eyes to be reddened, and his eyes to be watery. Marsilli's had a hard time focusing on my questions. After being medicaly cleared from the hospital I requested Marsilli exit the hospital to the parking lot to perform several field sobriety exercises. As he exited the building I noticed his walk to be unsteady as he walked to the parking lot.

DRIVER'S STATEMENTS:

Marsilli'd stated Post-Miranda that he had Five strong drinks then changed his statment to Five beers, two at a freinds out and three at the bar. Marsilli continued to change his statments throughout the interview, stating that his friends house was in Jupiter and later that it was in Gardens. He also stated that he drove to his friends and the bar but then later stated that he was dropped off at the gas station and crashed into the gastiions after getting in his car.

ODORS:

Strong odor of an unknown alcoholic substance

GENERAL OBSERVATIONS

SPEECH: Normal with a slight delay

ATTITUDE: Polite, Argumentative, Mood swing

CLOTHING: Bloody from nose and cut on upper lip

MEDICAL/OTHER: Marsilli stated he has no medical issues except the injuries from the crash. A bruised knee, a blood nose, and a cut on his upper lip

STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

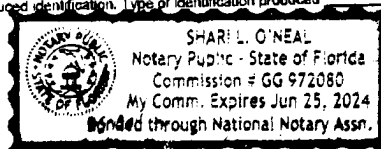
The foregoing instrument was sworn to or affirmed and subscribed before me this 29th day of November 2020

by Ofc. Wood

Personally Known

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

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



SCANNED
NOV 30 2020

SUBJECT: MARZILLI, JEREMY, MICHAEL CASE NUMBER 20005327

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, Marzilli had an orbital sway. He did not keep his hands at his sides and kept moving his head or looking at me and not the stimulus. He moved from the standing position several times during this task.

WALK & TURN:

During the instruction stage Marzilli did not keep his hands down at his sides and difficulty balancing first getting into the position. Marzilli used his arms for balance, none of his steps were heel-to-toe, he took too many steps and did an improper turn doing a dance move instead.

ONE LEG STAND:

During the instruction stage, Marzilli had an orbital sway and he did not keep his hands at his sides. Marzilli was not able to maintain balance and put his foot down. Marzilli counted to 10011 and then started back at 1001.

ROMBERG ALPHABET:

not attempted

FINGER TO NOSE:

not attempted

BREATH TEST RESULTS: 1) 138.132 2) 130 3) 4)

STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

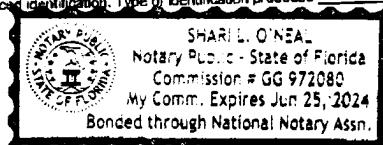
The foregoing instrument was sworn to or affirmed and subscribed before me this 29th day of November 2020

by Ofc. Wood

Personally Known

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

S. O'Neal
Notary Public, Clerk of Court, Officer (F.S.S. 17.10)



SCANNED
NOV 30 2020



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

PBSO CASE # 20-131495 PBSO ZONE 3-13

AGENCY CASE # 20-005327 CRASH CASE # _____

TIME OF STOP/CRASH 2331 DATE 11/29/20 DAY SUNDAY

SUBJECT'S NAME MARZILLI, JEREMY MICHAEL RACE W SEX M

HGT 5'10 WGT 190 DOB 10/24/1991

LOCATION 9890 ALT A1A

ARRESTING OFFICER'S NAME & ID A. WOOD #525 AGENCY PBG

DIVISION: PATROL

NOTIFIED BY COMMO NO

ARRIVAL AT FACILITY 0217

Arrest Time 0138

BREATH RESULTS:

1. .132
2. .130
3. N/A
4. N/A

TESTING OFFICER'S ID BELL 8656

NOT A CERTIFIED COPY

TESTING FACILITY TASK REPORT

AGENCY: PBG
SUBJECT: MARZILLI, JEREMY MICHAEL
CASE NUMBER: 20-131495
DATE: Nov 29, 2020
VIDEO DVD NUMBER: N/A
BEGINNING TIME: 0244
ENDING TIME: 0308

BREATH TESTS RESULTS: 1) .132 TIME 0249 A.M. P.M. 2) .130 TIME 0252 A.M. P.M.
3) N/A TIME XX A.M. P.M. 4) N/A TIME XX A.M. P.M.

BREATH OPERATOR: JOSHUA J BELL #8656
MAINTENANCE TECHNICAN: J. KARLECKE #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED
ATTITUDE: TALKATIVE, COOPERATIVE, MAKING JOKES
CLOTHING: GREY TEE SHIRT, BLACK SHORTS, BROWN SANDALS
MEDICAL CONDITIONS: NONE
MEDICATIONS: NONE

OTHER:

EYES: BLOODSHOT
ODOR OF UNKNOWN ALCOHOLIC BEVERAGE COMING FROM BREATH
SUBJECT STATED HE DRANK LIGHT BEER Q AND A

COMMENTS:

ARRIVED AT DUI TESTING FACILITY AND BEGAN THE 20 MINUTE OBSERVATION AT 0217 HOURS
SUBJECT STATED HE WOULD TAKE BREATH TEST
TECH READ BREATH TEST RESULTS
SUBJECT STATED HE UNDERSTOOD BREATH TEST RESULTS
A/O READ RIGHTS
SUBJECT STATED HE UNDERSTOOD HIS RIGHTS
A/O CONDUCTED Q AND A
SUBJECT ANSWERED Q AND A

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: 80-006240 Software: 8100.27
Date of Test: 11/29/2020

Date of Last Agency Inspection: 11/13/2020
Observation Period Began: 02:17
Subject's Name: JEREMEY M MARZILLI

DOB: 10/24/1991 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	02:47
	Air Blank	0.000	02:47
	Control Test	0.081	02:48
	Air Blank	0.000	02:48
	Subject Sample #1	0.132	02:49
	Air Blank	0.000	02:49
	Air Blank	0.000	02:51
	Subject Sample #2	0.130	02:52
	Air Blank	0.000	02:52
	Control Test	0.081	02:53
	Air Blank	0.000	02:53
	Diagnostics Check	OK	02:53

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 _____ as identification, and who after being placed under oath, states:

I JOSHUA J BELL, 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: 11/29/20
Signature

Sworn to (or affirmed) before me this 29 day of November, 2020
[Signature] OFC. A. WOOD #525
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: Marzilli, Jeremy M CASE NUMBER: 20005327

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

SUBJECT: Marzilli, Jeremy M CASE NUMBER: 20005327

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? A1+ A1A

DIRECTION OF TRAVEL? SE WHERE DID YOU START? Indian town + A1A

WHAT TIME DID YOU START? 0115 WHAT TIME IS IT NOW? 0145 - 0230

WHAT IS TODAY'S DATE? Sunday 4th 28th WHAT DAY OF THE WEEK IS IT? Sunday

WHAT COUNTY AND CITY ARE YOU IN NOW? WPB

WHEN DID YOU LAST EAT? 6:45 PM sat WHAT DID YOU EAT? TURKEY left overs

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? Eating TURKEY

HOW MUCH DO YOU WEIGH? 191 HAVE YOU BEEN DRINKING? YES WHAT? alcohol light beer

HOW MUCH? 1.32 WHERE? Palm Beach WITH WHOM? me, myself + I

WHEN DID YOU HAVE YOUR FIRST DRINK? 6:30 PM AND YOUR LAST DRINK? 10:00 PM

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? sipping light beer

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? not really ARE YOU UNDER THE INFLUENCE? no longer

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? NO HOW MUCH? _____

WHAT? _____ WHERE? _____ WHEN? _____

WHAT LINE OF WORK ARE YOU IN? carpentry WHEN DID YOU LAST WORK? wed.

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? NO WHAT? minor cuts + bruises from accident

ARE YOU SICK OR INJURED? injured WHAT'S WRONG? face cuts and bruises due to car being deployed

DO YOU LIMP? no DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? NO

WERE YOU IN AN ACCIDENT TODAY? YES

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? NO WHAT? _____ WHEN? _____

DO YOU HAVE:

EPILEPSY?	<u>NO</u>
GLASS EYE?	<u>NO</u>
FALSE TEETH?	<u>NO</u>
EAR INFECTION?	<u>not that I'm aware of</u>
INNER EAR TROUBLE?	<u>NO</u>
DIABETES?	<u>not yet</u>

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? NO

DO YOU TAKE INSULIN? I don't IF SO, WHEN WAS YOUR LAST INJECTION? _____

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? NO WHERE? _____

INTERVIEWER: Off. A. Wood #525

WITNESS LIST

CASE NUMBER: 20005327

ARRESTING OFFICER: Ofc. Wood

ADDRESS: 10500 N. Military Trail, Palm Beach Gardens, FL 33410

PHONE NUMBERS (HOME): N/A (WORK) (561) 799-4445

CAN TESTIFY TO: Facts of Case

NAME: Ofc. Keel, Sheldon

ADDRESS: 10500 N. Military Trail, Palm Beach Gardens, FL 33410

PHONE NUMBERS (HOME) N/A (WORK) (561) 799-4445

CAN TESTIFY TO: Investigation, scene safety

NAME: FTO. Trudeau, Ryan

ADDRESS 10500 N. Military Trail, Palm Beach Gardens, FL 33410

PHONE NUMBERS (HOME) N/A (WORK) (561) 799-4445

CAN TESTIFY TO: investigation. scene safety

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 _____

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 _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____



**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)
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: 2020027924	Date: 11/30/2020
	Specialist Name/ID: T Howard/7185