

0528213 50-2021-CT-020997-ASB 2135

OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		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- 21-139916					
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 1. Yes 2. No 2		Multiple Clearance Indicator 01							
Location of Arrest (Including Name of Business) 9250 W Indiantown Rd, Jupiter, FL 33478						Location of Offense (Business Name, Address) 9250 W Indiantown Rd, Jupiter, FL 33478					
Date of Arrest 12/19/2021		Time of Arrest 22:35		Booking Date 12/20/2021		Booking Time		Jail Date		Jail Time	
						Location of Vehicle East Coast Towing, 125 Venus St., Jupiter, FL 33458, (561) 744-3000					
Name (Last, First, Middle) Bergmann, Lance, Wolfgang											
Alias (Name, DOB, Soc. Sec. #, Etc.)											
Race W - White I - American Indian B - Black O - Oriental/Asian W		Sex M		Date of Birth 12/22/1970		Height 6'02		Weight 200		Eye Color blue	
								Hair Color brown		Complexion light	
										Build medium	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) none						Marital Status Single		Religion CHRISTIAN		Indication of Alcohol Influence Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>	
Local Address (Street, Apt. Number) (City) (State) (Zip) 12262 185th St N, Jupiter, FL 33478						Phone ()		Residence Type 1. City 2. County 3. Florida 4. Out of State 2			
Permanent Address (Street, Apt. Number) (City) (State) (Zip)						Phone ()		Address Source DL			
Business Address (Name, Street) (City) (State) (Zip)						Phone ()		Occupation Union staff representative			
D/L Number, State B625539704620, FL				Soc. Sec. Number		INS Number		Place of Birth (City, State) Chicago, IL		Citizenship US	
Co-Defendant Name (Last, First, Middle)						Race		Sex		Date of Birth	
Co-Defendant Name (Last, First, Middle)						Race		Sex		Date of Birth	
Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other <input type="checkbox"/>						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 type="checkbox"/> No						Description of Property		Value of Property			
Drug Activity N. N/A S. Sell B. Buy P. Possess T. Traffic						R. Smuggle D. Deliver E. Use		K. Dispense/ Distribute		M. Manufacture/ Product/ 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 with property damage						Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number 316.193(3)(c)(1)	
Drug Activity N						Drug Type N		Amount / Unit		Offense # 21-139916	
Warrant / Capias Number						Bond					
Charge Description						Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number	
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	
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	
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	
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 January Day 18 Year 2022 Time 08:30 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 12/19/2021											
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) (PRINT)		
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other						Name of Arresting Officer (Print) Inv. POINTU P.			I.D. # 16032		
Intake Deputy Spaw 8101						Transporting Officer D/S POINTU P.			I.D. # 16032		
						Agency PBSO			Witness here if subject signed with an "X"		
									PAGE 1 OF 1		

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 19th DAY OF December 20 21, AT 21:30 AM ☒ PM
SUBJECT: Bergmann, Lance, Wolfgang CASE NUMBER: 21-139916

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: Inv. POINTU P.

PERSONAL CONTACT

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

Lance Bergmann was driving a Ford Explorer bearing Florida tag NYMN34 Westbound on West Indiantown, in Palm Beach County Florida, and made a left turn to enter the gas station located at 9250 W Indiantown Rd, cutting in front and failing to yield to a Mercedes bearing Florida tag DBT1157 that was driven eastbound by Lea Wolfe. The Mercedes collided with the front right side of the Ford and finished its course against a pole on the south swale. Lea Wolfe sustained head injuries in the crash and was transported by Fire Rescue. Barbara Morello was at the gas station and heard the crash. She immediately came to render aid to Wolfe and saw Bergmann closing the door of the Ford and starting walking towards her. He was the only one near the car. Bergmann was identified by his Florida driver license and was also the registered owner of the Ford.

OBSERVATION OF DRIVER:

Bergmann had glassy and bloodshot eyes. He was swaying and had to lean on the fire truck to keep his balance. When he was walking, his gait was unsteady. An obvious odor of unknown alcohol beverage was coming from his breath.

DRIVER'S STATEMENTS:

Post Miranda, Bergmann admitted being the driver at the time of the crash. He said he was going home and decided to stop at the store to make a purchase. He said he slowed down before making his left turn, but the Mercedes was coming too fast. He refused to answer my questions regarding drinking. He would make spontaneous utterance he was impaired. He was very repetitive asking many times if the other driver was ok.

ODORS:

Obvious odor of unknown alcoholic beverage that become stronger when he talked.

GENERAL OBSERVATIONS

SPEECH: Slurred, slow

ATTITUDE: Cooperative, friendly, forgetfull

CLOTHING: gray shirt, tan shorts, black shoes

MEDICAL/OTHER: Blood pressure medication

STATE OF FLORIDA
COUNTY OF PALM BEACH

Inv. POINTU P.

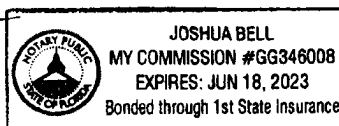
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 19 day of December 20 21 by Inv. POINTU P.

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

Joshua Bell (#8656)

Notary Public, Clerk of Court, Officer (F.S.S. 417.10)



SUBJECT: Bergmann, Lance, Wolfgang

CASE NUMBER 21-139916

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:

Pupils round and equal. No resting nystagmus. Equal tracking. Onset of HGN at approximately 30 degrees. VGN present. Swayed during the task and lost his balance. Had to be reminded multiple times to keep his head still.

WALK & TURN:

Bergmann could not maintain the instructional stance. He started before being told. He did not walk heel to toe on every steps. He stepped off the line multiple times. He used his arms to balance. He did not turn as instructed.

ONE LEG STAND:

Bergmann lowered his foot to the ground multiple times and stopped the task before being told. He swayed and use his arms to balance. He did not count as instructed.

FINGER TO NOSE:

Bergmann used the pad of his finger instead of the tip on all tasks. On task 1 and 2 he touched the bridge of his nose. On task 4 he touched his right cheek. He swayed during the task and lost his balance. He opened his eyes and tilted his head forward.

ROMBERG ALPHABET:

Bergmann did not recite the alphabet properly and swayed during the task.
For the modified Romberg balance, after confirming understanding the task, he did not perform.

BREATH TEST RESULTS: Refusal

STATE OF FLORIDA
COUNTY OF PALM BEACH

Inv. POINTU P.

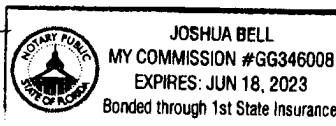
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 19 day of December 20 21 by Inv. POINTU P.

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

Joshua Bell (#8656)

Notary Public, Clerk of Court, Officer (F.S.S. 117.16)





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

PBSO CASE # 21-139916 PBSO ZONE 3-16
AGENCY CASE # _____ CRASH CASE # 21-139908
TIME OF STOP/CRASH 21:30 DATE 12/20/2021 DAY Monday
SUBJECT'S NAME Bergmann, Lance, Wolfgang RACE W SEX M
HGT 6'02 WGT 200 DOB 12/22/1970
LOCATION 9250 W Indiantown Rd, Jupiter, FL 33478
ARRESTING OFFICER'S NAME & ID Inv. POINTU P. (16032) AGENCY Palm Beach County Sheriff's Office
DIVISION: CID/DUI
NOTIFIED BY COMMO yes
ARRIVAL AT FACILITY 23:04
ARREST TIME 22:35

BREATH RESULTS:

REFUSED

TESTING OFFICER'S ID 8656 PBSO VIDEOTAPE # _____

SUBJECT: Bergmann, Lance Wolfgang CASE NUMBER: 21-139916

IMPLIED CONSENT FOR DUI IN A MOTOR VEHICLE

NOTE: READ ONLY THE PARAGRAPH APPLICABLE TO THE TYPE OF TEST YOU ARE REQUESTING.

I am now requesting that you submit to a lawful test of your BREATH for the purpose of determining its alcohol content.

-OR-

I am now requesting that you submit to a lawful test of your URINE for the purpose of detecting the presence of chemical or controlled substances.

-OR-

I am now requesting that you submit to a lawful test of your BLOOD for the purpose of detecting its alcohol content and the presence of chemical or controlled substances.

NOTE: READ ONLY IF THE SUBJECT DOES NOT COMPLY WITH YOUR REQUEST.

I am _____ of the _____.

If you fail to submit to the test I have requested of you, your privilege to operate a motor vehicle will be suspended for a period of one (1) year for a first refusal, or eighteen (18) months if your privilege has been previously suspended as a result of a refusal to submit to a lawful test of your breath, urine or blood. Additionally, if you refuse to submit to the test I have requested of you and if your driving privilege has been previously suspended for a prior refusal to submit to a lawful test of your breath, urine or blood, you will be committing a misdemeanor. Refusal to submit to the test I have requested of you is admissible into evidence in any criminal proceeding.

SUBJECT'S SIGNATURE: (X) _____

Read on camera

CONSTITUTIONAL WARNINGS

I AM REQUIRED TO WARN YOU BEFORE YOU MAKE ANY STATEMENTS THAT YOU HAVE THE FOLLOWING RIGHTS:

1. You have the right to remain silent and not answer any questions.
2. Any statement must be freely and voluntarily given.
3. You have the right to the presence of a lawyer of your choice before you make any statement and during any questioning.
4. If you cannot afford a lawyer, you are entitled to the presence of a court appointed lawyer before you make any statements and during any questioning.
5. If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent.
6. I can make no threats or promises to induce you to make a statement. This must be of your own free will.
7. Any statement can and will be used against you in a court of law.

SUSPECT'S SIGNATURE: (X) _____

Read on camera

SUBJECT: Bergmann, Lance Wolfgang CASE NUMBER: 21-139916

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: Inv. P. Pointu #16032

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

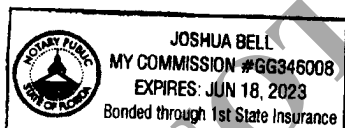
I, **Investigator LE** PATRICK POINTU, a duly certified Law Enforcement Officer or Correctional Officer,
(Person reading Implied Consent Warning)
am a member of Palm Beach County Sheriffs Office, and I do swear
(Name of enforcement agency)
or affirm that on or about the NINETEENTH day of December, 2021, at 22:35
DRIVER LANCE WOLFGANG BERGMANN
(Type or Print) FIRST MIDDLE OR MAIDEN LAST
DL # B625539704620, state of FL, was placed under lawful arrest for
the offense of DUI by Investigator LE PATRICK POINTU and
(Name of Arresting Officer)
issued Citation # AEA7XXE.

That on or about the EIGHTEENTH day of December, 2021, at 23:28
in Palm Beach County,

I requested that the driver submit to a ☒ breath and/or ☐ urine test to determine his or her blood alcohol level and/or the presence of chemical or controlled substances. I informed the driver that the refusal to submit to such test(s) would result in the suspension of his or her driving privilege for a period of (1) year for a first refusal, or for a period of eighteen (18) months if his or her driving privilege had been previously suspended for refusing to submit to a breath, urine, or blood test. I also informed the driver that he or she commits a misdemeanor by refusing to submit to a lawful test as requested above if his or her driving privilege has been previously suspended for refusal to submit to a lawful test of his or her breath, urine, or blood. Additionally, I informed the driver that if he or she holds a CDL, or was operating a CMV, refusal will result in the disqualification of the Commercial Driver's License/driving privilege for a period of one (1) year in the case of a first refusal or permanently if he or she has previously been disqualified as a result of a refusal to submit to any such lawful test. Nonetheless, the driver refused to submit to the test(s) requested.

Signature of Law Enforcement Officer or
Correctional Officer

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



(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before
me this 19 day of December, 2021
by INV. Pointu
who is personally known to me or who has produced
known as identification.

Notary Public [Signature]

HSMV-BAR1001 (REV. 10/2016)

The foregoing instrument was sworn and subscribed before me:

Signature of Attesting Officer

Title _____

Date _____

Note: Mail or hand deliver to the designated Bureau of Administrative Reviews office, Department of Highway Safety and Motor Vehicles, with the driver's license, the appropriate copy of the UTC and the probable cause affidavit.

WITNESS LIST

CASE NUMBER: 21-139916

ARRESTING OFFICER: Inv. POINTU P.

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: DUI Investigation, see PC

NAME: Wolfe, Lea,

ADDRESS: 866 Fathom Ct, North Palm Beach, FL 33408

PHONE NUMBERS (HOME) 0 (WORK) 0

CAN TESTIFY TO: Driving pattern

NAME: Morello, Barbara, Jane

ADDRESS: 4885 Sw Bimini Cir S, Palm City, FL 34990

PHONE NUMBERS (HOME) (503) 319 3005 (WORK) 0

CAN TESTIFY TO: Wheel witness

NAME: _____

ADDRESS: _____

PHONE NUMBERS (HOME) 0 (WORK) 0

CAN TESTIFY TO: _____

NAME: _____

ADDRESS: _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS: _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

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PHONE NUMBERS (HOME) _____ (WORK) _____

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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: _____

TESTING FACILITY TASK REPORT

AGENCY: PBSO

SUBJECT: BERGNABB, LANCE WOLFGANG

CASE NUMBER: 21-139916

DATE: Dec 19, 2021

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 2326

ENDING TIME: 2330

BREATH TESTS RESULTS: 1) R TIME 2328 A.M. ☒ P.M. ☐ 2) XX TIME XX A.M. ☐ P.M. ☐
3) XX TIME XX A.M. ☐ P.M. ☐ 4) XX TIME XX A.M. ☐ P.M. ☐

REFUSED

BREATH OPERATOR: JOSHUA J BELL #8656

MAINTENANCE TECHNICIAN: J. KARLECKE #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: ARGUMENTATIVE AT TIMES, COOPERATIVE

CLOTHING: GREY SWEATER, GREY SHORTS, GREY SHOES

MEDICAL CONDITIONS: HYPERTENTION

MEDICATIONS: ATENOLOL

OTHER:

EYES: BLOODSHOT, GLASSY

COMMENTS:

ARRIVED AT DUI TESTING FACILITY AND BEGAN THE 20 MINUTE OBSERVATION AT 2304 HOURS

SUBJECT STATED HE WOULD NOT TAKE BREATH TEST

A/O READ I.C

SUBJECT STATED HE UNDERSTOOD I.C

SUBJECT AGAIN STATED HE WOULD NOT TAKE BREATH TEST

REFUSAL TIME 2328 HOURS

A/O READ RIGHTS

SUBJECT STATED HE UNDERSTOOD HIS RIGHTS

SUBJECT ASKED FOR A LAWYER BEFORE QUESTIONING

REFUSED



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

REVIEW COMPLETED BY

Booking Number: 2021032058

Date: 12/20/2021

Specialist Name/ID: T Howard/7185