

0520525

21 CT 3 NB

1509

ARREST / NOTICE TO APPEAR

1 Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias 5. Request for Warrant 6. Request for Capias 1 JUVENILE

ADMISSION STATEMENT

OBTS Number: _____

Agency ORI Number: **0500700** Agency Name: **Riviera Beach Police Department** Agency Report Number (N.T.A.'s only): **8, 4 20-09572**

Charge Type: 1. Felony 2. Traffic Felony 3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 6. Other

Check as many as apply: Felony Traffic Felony Misdemeanor Traffic Misdemeanor Ordinance Other

If Weapon Seized: _____ Enter Type: **Not Applicable/none** Multiple Clearance Indicator: **2**

Location of Arrest (Including Name of Business): **4000 W BLUE HERON BLVD, RIVIERA BEACH FL** Location of Offense (Business Name, Address): **4000 W BLUE HERON BLVD, RIVIERA BEACH, FL 33404**

Date of Arrest: **12/31/2020** Time of Arrest: **19:14** Booking Date: **12/31/2020** Booking Time: **19:24** Jail Date: **//** Jail Time: _____ Location of Vehicle: _____

DEFENDANT

Name (Last, First, Middle): **RICHTER, MARK A** Alias: _____ Alias (Name, DOB, Soc. Sec. #, Etc.): _____

Race: **W - White** 1 - American Indian **W** 2 - Black **M** 3 - Oriental/Asian **07/13/1961** Height: **6'02** Weight: **212** Eye Color: **BLUE** Hair Color: **BALD** Complexion: **FAIR** Build: **Large**

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description): _____ Marital Status: **S** Religion: **NONE** Indication of Alcohol Influence: Yes No Unit:

Local Address (Street, Apt. Number) (City) (State) (Zip): **1943 HOLMAN DR, JUNO BEACH, FL 33408** Phone: **(561) 401-3110**

Permanent Address (Street, Apt. Number) (City) (State) (Zip): **1943 HOLMAN DR, JUNO BEACH, FL 33408** Phone: **(561) 401-3110**

Business Address (Name, Street) (City) (State) (Zip): _____ Phone: _____

Occupation: **DEFENDANT**

D/L Number, State: **R236541612530 / FL** Soc. Sec. Number: _____ INS Number: _____ Place of Birth (City, State): **NEW YORK, NY, United** Citizenship: **US**

CO-DEFENDANT

Co-Defendant Name (Last, First, Middle): _____ Race: _____ Sex: _____ Date of Birth: _____ 1. Arrested 2. At Large 3. Felony 4. Misdemeanor 5. Juvenile

Co-Defendant Name (Last, First, Middle): _____ Race: _____ Sex: _____ Date of Birth: _____ 1. Arrested 2. At Large 3. Felony 4. Misdemeanor 5. Juvenile

JUVENILE

Parent Other: _____ Name (Last, First, Middle): _____ Residence Phone: _____

Legal Custodian _____ Address (Street, Apt. Number) (City) (State) (Zip): _____ Business Phone: _____

Notified by: (Name) _____ Date _____ Time _____

Released To: (Name) _____ Date _____ Time _____

JUVENILE DISPOSITION
1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated

The above address was provided by defendant and/or defendant's parents. The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address.

Property Crime? Yes No Description of Property: _____ Value of Property: _____

CHARGE

Drug Activity: **N. N/A** S. Sell **N** R. Smuggle **N** K. Disperse/Distribute **N** M. Manufacture/Produce/Cultivate **N** Z. Other **N** Drug Type: **N. N/A** B. Barbiturate **N** H. Hallucinogen **N** P. Paraphernalia/Equipment **N** U. Unknown **N** F. Possess **N** T. Traffic **N** D. Deliver **N** E. Use **N** C. Cocaine **N** M. Marijuana **N** O. Opium/Deriv. **N** S. Synthetic **N** Z. Other **N**

CHARGE

Charge Description: **DUI - DRIVING WHILE UNDER INFLUENCE (MISDEMEANOR)** Statute Violation Number: **316.193(1)(A)** Violation of ORD #: _____

Drug Activity: **N** Drug Type: **N** Amount / Unit: **/** Offense #: **20-09572** Counts: **1** Domestic Violence: Y N Warrant / Capias Number: _____ Bond: _____

CHARGE

Charge Description: **DUI - REFUSAL TO SUBMIT TO BREATH OR URINE WITH A PRIOR REF** Statute Violation Number: **316.193(9)** Violation of ORD #: _____

Drug Activity: **N** Drug Type: **N** Amount / Unit: **/** Offense #: **20-09572** Counts: **1** Domestic Violence: Y N Warrant / Capias Number: _____ Bond: _____

CHARGE

Charge Description: _____ Statute Violation Number: _____ Violation of ORD #: _____

Drug Activity: _____ Drug Type: _____ Amount / Unit: _____ Offense #: _____ Counts: _____ Domestic Violence: Y N Warrant / Capias Number: _____ Bond: _____

INFORMANTS

Health / Apparent Physical Condition of Defendant: _____ Any knowledge of the following: Mental Escape Risk Medication Deformities Injuries

Check which applies: Released O.R. Released to Parent/Guardian T.O.T. County Jail Posted Bond South County Mental Health

Transported By: _____ Date Transported: _____ Time Transported: _____ Other: _____

NOTICE TO APPEAR

INSTRUCTION NO. 1 - Mandatory appearance in court
 INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.

Location (Court, Room): **North County PALM BEACH GARD**
Court Date and Time: **01/28/2021 08:30:00**

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: _____

No Photo Available

ADMISSION

HOLD for Other Agency: _____

Dangerous Resisted Arrest Suicidal Other

Signature of Arresting Officer: **CHARELUS, O. J.** I.D. #: **6809**

Name Verification (Printed by Arrestee): _____ (PRINT)

Intake Deputy: **OPS LOANAN 5007** I.D. #: _____ Pouch #: _____ Transporting Officer: **OFC. CHARELUS** I.D. #: **6809** Agency: **RBDP**

Witness here if subject signed with me: _____

PAGE: **1 OF 1**

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 31st DAY OF December 2020, AT 6:50 AM PM

SUBJECT: Mark Richter CASE NUMBER: 20-09572

AGENCY: RBPD ARRESTING OFFICER: Ofc. Charelus

PERSONAL CONTACT

#6809

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

Sgt. Fashaw #4392 was in the 1900 Block of W Blue Heron Blvd traveling westbound when he observed the subjects vehicle traveling at a high rate of speed in the outside lane. Sgt. Fashaw got behind the vehicle and observed the driving patterns. The vehicle attempted to merge into the middle lane and almost collided with an unknown Camero on the driver's side. The subjects vehicle came to a stop at Blue Heron and Garden road still traveling westbound. When the light turned green, the vehicle then drove off at a high rate of speed. Due to the speed, Sgt. Fashaw had to catch up to the vehicle and initiate the traffic stop at Blue Heron Blvd and I-95 before the north bound on ramp. Sgt. Fashaw made contact with the driver identified to be the above subject.

OBSERVATION OF DRIVER:

Officer Charelus responded to the traffic stop and made contact with the driver, who appeared to have slurred speech and glassy blood shot eyes. The driver also had a strong odor of an unknown alcoholic beverage coming from his breath.

DRIVER'S STATEMENTS:

Mark stated he had 3. When asked to explain what "3" meant, he advised that he had 3 drinks approximately an hour and a half ago.

ODORS:

Strong odor of an unknown alcoholic beverage coming from his breath.

GENERAL OBSERVATIONS

SPEECH: slurred, stuttered

ATTITUDE: cooperative, calm, polite,

CLOTHING: Clean

MEDICAL/OTHER: None

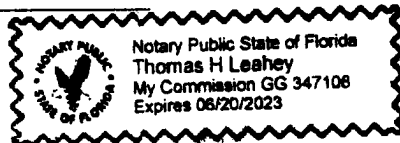
STATE OF FLORIDA
COUNTY OF PALM BEACH

Charelus #6809
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 31st day of Decemeber 2020 by Ofc. O.Charelus #6809

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

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



SUBJECT: Mark Richter

CASE NUMBER 20-09572

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

LT EYE-LACK OF SMOOTH PURSUIT

RT EYE-LACK OF SMOOTH PURSUIT

LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION

RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION

LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

Other Observations:

Lack of LOC, Mark was unable to keep his head straight and swayed from side to side during the exercise.

WALK & TURN:

Due to the risk of a fall and injury, Officer Charelus did not administer the task.

ONE LEG STAND:

Due to the risk of a fall and injury, Officer Charelus did not administer the task.

FINGER TO NOSE:

When Officer Charelus told Mark to tilt his head back, he swayed back and had to catch himself from falling. Due to the risk of a fall and injury, Officer Charelus did not administer the task.

ROMBERG ALPHABET:

Mark stated he would not be able to complete the exercise.

BREATH TEST RESULTS:

1) Refusal	2)	3)	4)
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STATE OF FLORIDA
COUNTY OF PALM BEACH

Charelus #6809
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 31st day of December 2020 by Ofc. O.Charelus #6809

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

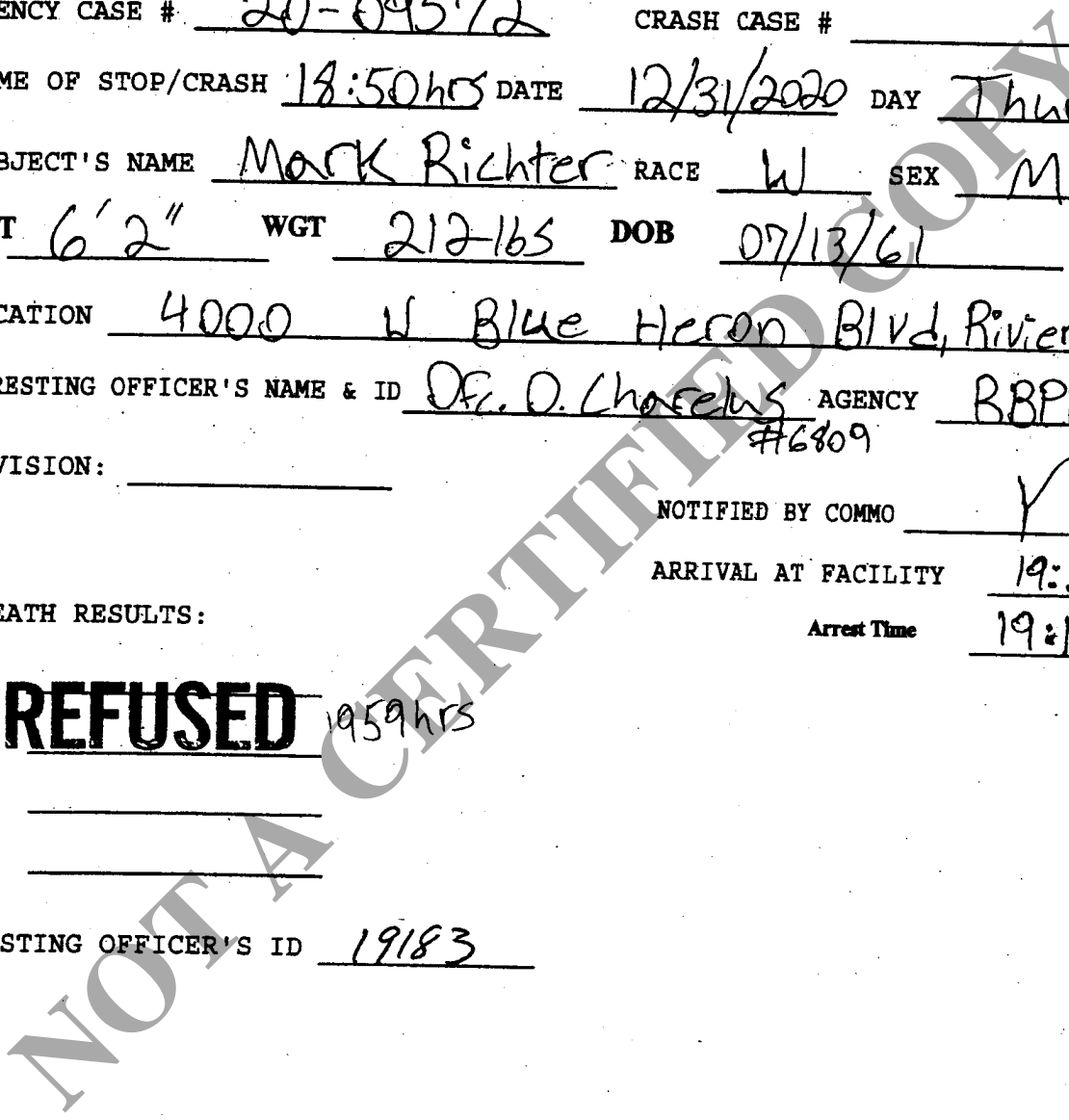
P. Leahy
Notary Public, Clerk of Court, Officer (F.S.S 117.10)





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

PBSO CASE # 20142241 PBSO ZONE 3-13
 AGENCY CASE # 20-09572 CRASH CASE # _____
 TIME OF STOP/CRASH 18:50hrs DATE 12/31/2020 DAY Thursday
 SUBJECT'S NAME Mark Richter RACE W SEX M
 HGT 6'2" WGT 212lbs DOB 07/13/61
 LOCATION 4000 W Blue Heron Blvd, Riviera Beach FL
 ARRESTING OFFICER'S NAME & ID Off. D. Chasels AGENCY BBPD 33404
 #6809
 DIVISION: _____ NOTIFIED BY COMMO Y
 ARRIVAL AT FACILITY 19:35 hrs
 Arrest Time 19:14 hrs
 BREATH RESULTS:
 1. **REFUSED**
 2. 1959hrs
 3. _____
 4. _____
 TESTING OFFICER'S ID 19183



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

I, Officer O.Charelus #6809, a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)

am a member of Riviera Beach Police Department, and I do swear
(Name of law enforcement agency)

or affirm that on or about the 31st day of December, 20 20, at 7:14 P.M. A.M.

DRIVER Mark Alfred Richter
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# R236541612530, state of Florida, was placed under lawful arrest for


the offense of DUI by Ofc.Charelus #6809 and
(Name of Arresting Officer)

issued Citation # AE8N5JE

That on or about the 31st day of December, 20 20, at 7:59 P.M. A.M.

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 one (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)



The foregoing instrument was sworn and subscribed before
me this 31st day of December, 20 20,
by Ofc.Charelus #6809

who is personally known to me or who has produced
Kuorn as identification

Notary Public T. Leahey

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.

TESTING FACILITY TASK REPORT

AGENCY:

SUBJECT:

CASE NUMBER:

DATE:

VIDEO DVD NUMBER:

BEGINNING TIME:

ENDING TIME:

BREATH TESTS RESULTS: 1) TIME A.M. P.M. 2) TIME A.M. P.M.
3) TIME A.M. P.M. 4) TIME A.M. P.M.

BREATH OPERATOR:

MAINTENANCE TECHNICIAN:

TESTING OFFICER'S OBSERVATIONS

SPEECH:

ATTITUDE:

CLOTHING:

MEDICAL CONDITIONS:

MEDICATIONS:

OTHER:

eyes are glassy & bloodshot
odor of unknown alcoholic beverage on breath

REFUSED

COMMENTS:

Arrived at center A/O conducted 20 minute observation period 1935 hrs

refused to perform breath test

& subject understood I/C

o perform breath test

's & subject understood rights

tions

REFUSED

WITNESS LIST

CASE NUMBER: 20-09572

ARRESTING OFFICER: Ofc. O.Charelius #6809

ADDRESS: 600 W Blue Heron Blvd, Riviera Beach, FL 33404

PHONE NUMBERS (HOME): 561-845-4123 (WORK) 561-315-3541

CAN TESTIFY TO: DUI Investigation

NAME: Sgt. B.Fashaw #4392

ADDRESS: 600 W Blue Heron Blvd, Riviera Beach, FL 33404

PHONE NUMBERS (HOME) 561-845-4126 (WORK) 561-758-2316

CAN TESTIFY TO: Traffic Stop and Wheel Witness

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 _____

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NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

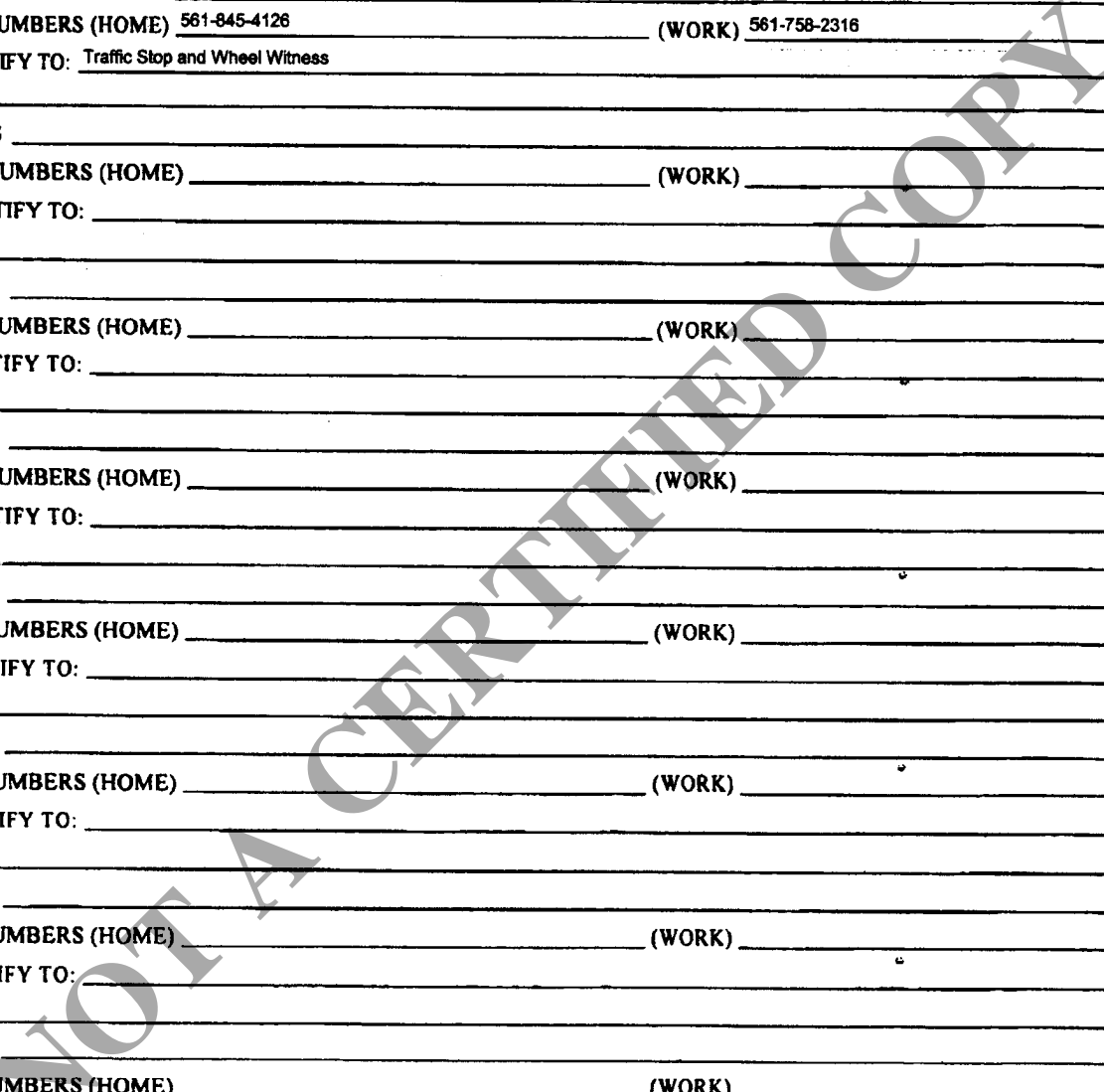
CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____



SUBJECT: Interview Report #

CASE NUMBER: 20-09572

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) _____
Red on [unclear]

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) _____
Red on [unclear]

SUBJECT: Smith, Mark A CASE NUMBER: 20-09572

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: _____



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"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>	119.0712(2)	Other: Personal information contained in a motor vehicle record	
	<input type="checkbox"/>	119.071(2)(J)	Other: MARSY'S LAW PROTECTED INFORMATION REGARDING VICTIM(S).	

REVIEW COMPLETED BY

Booking Number: 2020030587	Date: 1/1/2021
	Specialist Name/ID: M. Tooks #8557