

051754 50-2020-CT-008692 AMB 3199

ADMINISTRATIVE		ARREST / NOTICE TO APPEAR Juvenile Referral Report				1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1 N	
OBTS Number		Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06- 20-088005					
Charge Type: Check as many as apply:		<input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Weapon Seized / Type 2 1. Yes 2. No NONE		Multiple Clearance Indicator 01					
Location of Arrest (Including Name of Business) 16931 W. Alan Black Blvd						Location of Offense (Business Name, Address) 16931 W. Alan Black Blvds					
Date of Arrest 07/16/2020		Time of Arrest 01:11		Booking Date		Booking Time		Jail Date		Jail Time	
Name (Last, First, Middle) Grant		Megan		Kathleen		Alias (Name, DOB, Soc. Sec. #, Etc.) Sisters Towing					
Race W - White I - American Indian B - Black O - Oriental/Asian		Sex W F		Date of Birth 01/13/1991		Height 5'07		Weight 135LBS		Eye Color Brn	
										Hair Color Brn	
										Complexion Light	
										Build Small	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) Tattoos on both Feet						Mental Status Single		Religion NONE		Indication of Alcohol Influence Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk <input type="checkbox"/>	
Local Address (Street, Apt. Number) 2305 N. Congress Ave Apt 11						(City) Boynton Beach FL		(Zip) 33436		Phone (561) 215-1945	
Permanent Address (Street, Apt. Number)						(City)		(State)		(Zip)	
Business Address (Name, Street)						(City)		(State)		(Zip)	
D/L Number, State G653-551-91-513-0						INS Number		Place of Birth (City, State) West Palm Beach FL		Citizenship Yes	
Co-Defendant Name (Last, First, Middle)						Race		Sex		Date of Birth	
Co-Defendant Name (Last, First, Middle)						Race		Sex		Date of Birth	
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other:						Residence Phone () () ()					
Address (Street, Apt. Number)						(City)		(State)		(Zip)	
Business Phone () () ()											
Notified by: (Name)						Date		Time		Juvenile Disposition 1. Handed/ 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		S. Sell N. N/A P. Possess		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 DRIVING UNDER THE INFLUENCE w/ Property						Counts 1		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number 316.193(3)(C)(1)	
Drug Activity N						Drug Type N		Amount / Unit .161/.166		Offense # 20-088005	
Warrant / Capias Number						Bond		OR			
Charge Description						Counts		Domestic Violence		Statute Violation Number	
Drug Activity						Drug Type		Amount / Unit		Offense #	
Warrant / Capias Number						Bond					
Charge Description						Counts		Domestic Violence		Statute Violation Number	
Drug Activity						Drug Type		Amount / Unit		Offense #	
Warrant / Capias Number						Bond					
Charge Description						Counts		Domestic Violence		Statute Violation Number	
Drug Activity						Drug Type		Amount / Unit		Offense #	
Warrant / Capias Number						Bond					
Location (Court Room Number, Address) CRIMINAL JUSTICE COMPLEX / 3228 GUN CLUB ROAD, WPB, FL 33406											
Court Date and Time Month August Day 13 Year 2020 Time 08:30 AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>											
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 07/16/2020	
HOLD for other Agency Name:				Signature of Arresting Officer INV. M. SMITH				Name Verification (Printed by Arrestee) (PRINT)			
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:				Name of Arresting Officer (Print) INV. M. SMITH				I.D.# 9621			
Intake Deputy D. Collins 7622				Pouch #				Transporting Officer Smith			
ID #				ID # 9621				Agency PBSO			
Witness here if subject signed with an -X"										PAGE 1 OF 1	

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 16TH DAY OF July 20 20, AT 23:54 AM PM
SUBJECT: Grant Megan Kathleen CASE NUMBER: 20-088005

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: INV. M. SMITH

PERSONAL CONTACT

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

On 07/16/2020 at approximately 00:20hrs, I was dispatched to the scene of a motor vehicle crash with out injuries at 16931 W. Alan Black Blvd, which is located in Loxahatchee, Florida.

I arrived at the scene at approximately 00:42hrs. After my independent crash investigation, based on physical evidence, and witness statements, I determined that, at approximately 23:54hrs, the defendant, did indeed leave the road way entering a ditch before hitting a FPL light pole. (See FBSO crash case #20-087994)

Witness Betty Argue, identified the defendant, to me, as the driver of the vehicle at the time of the crash. Argue completed a written sworn statement as to the events which transpired surrounding the crash.

D/S Heckler #6609 relayed to me that Grant had articulable indicators of impairment, so he called for a DUI Unit to conduct a possible DUI investigation.

OBSERVATION OF DRIVER:

Upon making contact with the driver who was identified by their Florida Driver License as Megan Grant, I immediately detected an obvious and strong odor of an unknown alcoholic beverage emitting from her person and face area. This odor intensified as I spoke to Grant. Grant had glassy, glazed, and blood shot eyes. Grants's speech was slurred, slow, thick, and at times difficult to understand. Grants's movements were slow and deliberate. Grant was lethargic in her movements with poor coordination. Grant had an unsteady gait while walking to my patrol vehicle and had difficulty following directions given to her. Grant was wearing a camo t-shirt, green and white shorts, and no shoes. All the clothing appeared wet.

DRIVER'S STATEMENTS:

Post Miranda Grant stated that she had been drinking Tequila and already knew she was going to fail a breath test.

Once at the BAT Grant stated again that we could smell the Tequila on her breath

ODORS:

obvious and strong odor of an unknown alcoholic beverage emitting from her person and face area

GENERAL OBSERVATIONS

SPEECH: slurred, slow, thick, and at times difficult to understand.

ATTITUDE: Calm, Emotional, Talkative,

CLOTHING: camo t-shirt, green and white shorts, and no shoes

MEDICAL/OTHER: See BAT Report

STATE OF FLORIDA
COUNTY OF PALM BEACH

INV. M. SMITH

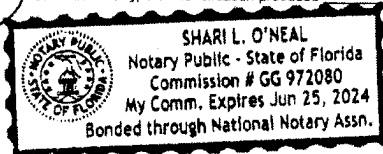
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 16th day of July 20 2020 by INV. M. SMITH

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

Shari O'Neal (#6212)

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



SUBJECT: Grant

Megan

CASE NUMBER

20-088005

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:

Grant would sway roughly in a side to side front to back pattern throughout the task. Grant did positively identify the point to be tracked. Grant was reminded numerous times to track the pen with her eyes only. Grant failed to keep her head still while tracking the stimulus.

WALK & TURN:

I explained and demonstrated the instructions for the "Walk & Turn" to Grant who stated that she understood. During the task, I observed Grant to sway roughly in a side to side, front to back pattern throughout the demonstration phase. Grant could not maintain her balance while listening to instructions. Grant stepped out of the instructional stance during the demonstration to catch her balance. Grant started the task before being instructed to do so. Grant performed an improper turn by turning other than which was demonstrated. Additionally, Grant performed the incorrect number of steps.

ONE LEG STAND:

I explained and demonstrated the instructions for the "One Leg Stand" to Grant who stated that she understood. During the task, I observed Grant to sway roughly in a side to side, front to back pattern throughout the demonstration phase. Grant continued to sway while balancing on one leg. Grant used her arms to balance raising them more than 6 inches from her sides. Grant failed to count out loud by thousands as instructed. Grant put her foot / leg up more then 6 inches.

FINGER TO NOSE:

I explained and demonstrated the instructions for the "Finger to Nose" task to Grant who stated that she understood. During the task, I observed Grant to sway roughly in a side to side, front to back pattern throughout the demonstration phase. Grant did not keep her eyes closed and had to be reminded numerous times. Grant's index finger did not touch the nose on 6 of 6 attempts. The sequence used for this task was L, R, L, R, R, L.

ROMBERG ALPHABET:

I explained and demonstrated the instructions for the "Rhomberg Alphabet" task to Grant who stated that she understood. During the task, I observed Grant to sway roughly in a side to side, front to back pattern throughout the demonstration phase. Grant would not keep their eyes closed and had to be reminded numerous times. Grant would sway more than 2 inches. Grant correctly recited the alphabet.

BREATH TEST RESULTS: .161 .166

STATE OF FLORIDA
COUNTY OF PALM BEACH

INV. M. SMITH

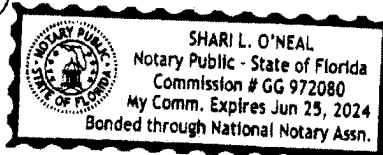
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 16th day of July 202020 by INV. M. SMITH

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

Shari O'Neal (#6212)

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



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

Instrument Type: Intoxilyzer 8000
Instrument Registered To: PALM BEACH CO SO
Instrument Serial Number: 80-006478 Software: 8100.27
Date of Test: 07/16/2020

Date of Last Agency Inspection: 06/26/2020
Observation Period Began: 01:50
Subject's Name: MEGAN K GRANT

DOB: 01/13/1991 Sex: F

The subject was observed for at least twenty-minutes prior to the administration of the breath test to ensure that the subject did not take anything orally and did not regurgitate.

Results:	Test	g/210L	Time
	Diagnostics Check	OK	02:17
	Air Blank	0.000	02:17
	Control Test	0.081	02:18
	Air Blank	0.000	02:18
	Subject Sample #1	0.161	02:19
	Air Blank	0.000	02:20
	Air Blank	0.000	02:21
	Subject Sample #2	0.166	02:22
	Air Blank	0.000	02:23
	Control Test	0.080	02:23
	Air Blank	0.000	02:23
	Diagnostics Check	OK	02:24

Cylinder Lot: 28719080A1
Exp: 12/05/2021

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 SHARI L O'NEAL, 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: S. O'Neal Date: 07-16-20
Signature

Sworn to (or affirmed) before me this 16 day of July, 2020

[Signature] Inv. Smith #9621
Signature of Notary Public-State of Florida Printed Name of Notary Public-State of Florida

Note: Pursuant to section 117.10, Florida Statutes, law enforcement officers, correctional officers, traffic accident investigation officers and traffic infraction enforcement officers are notaries public when engaged in the performance of official duties. In accordance with section 316.1934(5), F.S., this completed form is admissible without further authentication and is presumptive proof of the results herein. To be used in accordance with Section 316.1934(5), F.S., and in administrative proceedings pursuant to 322.2615, F.S.



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

PBSO CASE # 20-088005 PBSO ZONE 15-41

AGENCY CASE # _____ CRASH CASE # 20-087994

TIME OF STOP/CRASH 23:54 DATE 07/16/2020 DAY Thursday

SUBJECT'S NAME Grant Megan Kathleen RACE W SEX F
LAST FIRST MID

HGT 5'07 WGT 135LBS DOB 01/13/1991

LOCATION 16931 W. Alan Black Blvd

ARRESTING OFFICER'S NAME & ID Inv. M. Smith 9621 AGENCY PBSO

DIVISION: VCD/DUI

NOTIFIED BY COMMO YES

ARRIVAL AT FACILITY 01:50

ARREST TIME 01:11

BREATH RESULTS:

.161
.166

TESTING OFFICER'S ID 6212 PBSO VIDEOTAPE # N/A

WITNESS LIST

CASE NUMBER: 20-088005

ARRESTING OFFICER: INV. M. SMITH

ADDRESS: 3228 GUN CLUB ROAD WEST PALM BEACH, FL 33406

PHONE NUMBERS (HOME): _____ (WORK) (561) 688-3000

CAN TESTIFY TO: SEE DUI PROBABLE CAUSE AFFIDAVIT, OFFENSE REPORT, & IN-CAR VIDEO

NAME: D/S Heckler 6609

ADDRESS: 3228 Gun Club Rd West Palm Beach Fl 33406

PHONE NUMBERS (HOME) _____ (WORK) 561-688-3000

CAN TESTIFY TO: Crash Investigation

NAME: Betty Argue

ADDRESS: 16886 W. Alan Black Black Blvd Loxahatchee Fl

PHONE NUMBERS (HOME) _____ (WORK) 561-345-0110

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: _____

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: _____

NOT A CERTIFIED COPY

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: VERY RED, GLASSY
ODOR OF UNKNOWN ALCOHOLIC BEVERAGE.

COMMENTS:

20 MIN. OBSERVATION DONE BY A/O SMITH #9621
A/O REQUESTED THE BREATH TEST ON CAMERA.
D SUBMITTED TO THE BREATH REQUEST.
D COMPLETED THE TEST CORRECTLY.
C/W READ ON CAMERA.
EXPLAINED THE RESULTS TO THE D .
Q&A CONDUCTED.

SUBJECT: Grant, Megan M. CASE NUMBER: 20-032005

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) Megan M. Grant

SUBJECT: Grant, Megan V. CASE NUMBER: 20-022005

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, leaving the house

WHAT STREET OR HIGHWAY WERE YOU ON? _____

DIRECTION OF TRAVEL? E WHERE DID YOU START? Drive way in to house

WHAT TIME DID YOU START? No Idea WHAT TIME IS IT NOW? 2:00 AM

WHAT IS TODAY'S DATE? 07/16 WHAT DAY OF THE WEEK IS IT? Thursday

WHAT COUNTY AND CITY ARE YOU IN NOW? West Palm Beach

WHEN DID YOU LAST EAT? couple hours ago WHAT DID YOU EAT? Pork + Yellow Rice

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? fighting with cousin

HOW MUCH DO YOU WEIGH? 130lbs HAVE YOU BEEN DRINKING? yes WHAT? Tequila

HOW MUCH? Drink half WHERE? House WITH WHOM? _____

WHEN DID YOU HAVE YOUR FIRST DRINK? _____ AND YOUR LAST DRINK? _____

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? own free will

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? NO ARE YOU UNDER THE INFLUENCE? NO ^{the} today

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

WHAT? _____ WHERE? _____ WHEN? _____

WHAT LINE OF WORK ARE YOU IN? Medical Field WHEN DID YOU LAST WORK? yesterday

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? NO WHAT? _____

ARE YOU SICK OR INJURED? NO WHAT'S WRONG? _____

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

WERE YOU IN AN ACCIDENT TODAY? Yes

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? _____ 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>NO</u>
INNER EAR TROUBLE?	<u>Deaf in left ear</u>
DIABETES?	<u>No</u>

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

DO YOU TAKE INSULIN? NO IF SO, WHEN WAS YOUR LAST INJECTION? _____

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? yes WHERE? Georgia

INTERVIEWER: _____

WHITE - STATE ATTY. YELLOW - DHSMV PINK - CENTRAL RECORDS GOLD - JAIL



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

REVIEW COMPLETED BY

Booking Number: 2020017052	Date: 7/16/2020
	Specialist Name/ID: B Evans / 23649