

# Arrest Report

J- 0518130

P- 3049

20CT10131ASB

NH

FLORIDA HIGHWAY PATROL  
P.O. BOX 540007, GREENACRES, FL 33454

Report Date / Time 8/20/2020 01:03 AM	Report Number FHP99ARR827640	Case Number/Cad Number FHPL20OFF045820 / LWRC20CAD122730	Reporting Officer Name Z. TODD
Originating Agency ORI	Occur Date Time Range 08/20/2020 00:04:32 -	Jurisdiction	Clearance

### Location of Occurrence

County PALM BEACH	Location Type PUBLIC PLACE	Location Description ROADWAY
Street Number SR-9	Street SB GATEWAY BLVD	Apt/Lot/Bldg LAKE WORTH
City LAKE WORTH	State FL	Zip Code 33460

### Defendant

First Name MICHAEL	Middle Name A	Last Name NIKIC	Suffix	Race WHITE	Sex MALE	Height 603	Weight 203	Hair BRO	Eyes BRO
MNI #	SSN [REDACTED]	Date of Birth 12/23/1981	Age 38	ID Type O	Drivers License or other ID 912355159	State NY	OCA / Agency ID		
Place of Birth:	NEW YORK, USA								
Address	* RESIDENCE / 290 N OLIVE AVE, WEST PALM BEACH, FL 33401 /								

### Arrest

Arrest Date/Time 8/20/2020 12:35:44 AM	Arrest Location Type RESIDENCE	Arrest Location Description RESIDENCE
Street Number SR-9	Street SB GATEWAY BLVD	Apt/Lot/Bldg PALM BEACH
City LAKE WORTH	State FL	Zip Code 33460

### Charge : S

Counts 1	Charge 316.193.1a	Bond Amount \$0.00	<input checked="" type="checkbox"/> No Bond
Charge Degree S	Charge Level MISDEMEANOR	General Offense Code DUI-UNLAW BLD ALCH	
Charge Description DUI INFLUENCE OF ALCOHOL OR DRUGS			

### Charge : S

Counts 1	Charge 318.14.3	Bond Amount \$0.00	<input checked="" type="checkbox"/> No Bond
Charge Degree S	Charge Level MISDEMEANOR	General Offense Code RESIST OFFICER	
Charge Description REFUSE TO ACCEPT SIGN CITATION OR POST BOND			
Is Arrestee Juvenile? No			
Type of Arrest On-View Arrest (apprehension without a warrant or previous incident report)			

Arrest Report

Page 1 of 6

DS Collins 7622

AUG 20 2020

Z. Todd TPR4/41

Report Date / Time 8/20/2020 01:03 AM	Report Number FHP99ARR827640	Case Number/Cad Number FHPL20OFF045820 / LWRC20CAD122730	Reporting Officer Name Z. TODD
Originating Agency ORI	Occur Date Time Range 08/20/2020 00:04:32 -	Jurisdiction	Clearance

**Bond Set by Court**

Bond Amount	<input type="checkbox"/> No Bond
Bond Type(s)	

**Probable Cause**

On August 19, 2020 I was on routine patrol in my marked patrol car in Palm Beach County. I was notified via the radio of a hit and run that just occurred on I-95 (State Road 9) south of 10th Ave N in the right lane. I was advised by Tpr. Parent that a dark colored SUV with an orange tag hit a cone in the roadway in the left lane. Capt. K. Strickland advised that he observed a dark colored suv traveling southbound in the center lane traveling at a high rate of speed. He also advised that he conducted a pace clock of the vehicle at 110mph in a 65mph zone. I then observed the vehicle and activated my emergency lights and sirens to initiate a traffic stop on the vehicle. The vehicle then yielded to the right paved shoulder of the roadway. I approached the vehicle and observed that the driver was the sole occupant of the vehicle. I requested that the driver present a DL, registration and proof of insurance. As he talked, I observed that he had bloodshot glassy eyes, slurred thick speech, and the odor of an unknown alcoholic beverage was emitting from his breath as he talked. I then had him step out of the vehicle and stand in front of my patrol car. As he stood in front of me, I observed that he had bloodshot glassy eyes, slurred thick speech, an orbital sway and the odor of an unknown alcoholic beverage was emitting from his breath as he talked. I requested that he conduct field sobriety exercises and he inquired about the consequences. I explained Taylor Warnings and he stated that he understood. He then agreed to conduct the exercises. He was later identified as Michael Nickic by his NY DL.

**Horizontal Gaze Nystagmus**

Before beginning the exercises, I checked to see if Mr. Nikic was wearing glasses or contact lenses. It was determined that Mr. Nikic was not wearing glasses. I then checked Mr. Nikic's eyes and observed equal tracking and equal pupil size. Mr. Nikic was instructed to place his feet together and place his hands down at his side. He then was instructed to keep his head still and follow the stimulus with his eyes and his eyes only. He was also instructed to keep looking at the stimulus until

AUG 20 2020

Report Date / Time 8/20/2020 01:03 AM	Report Number FHP99ARR827640	Case Number/Cad Number FHPL20OFF045820 / LWRC20CAD122730	Reporting Officer Name Z. TODD
Originating Agency ORI	Occur Date Time Range 08/20/2020 00:04:32 -	Jurisdiction	Clearance

told not to. Mr. Nikic verbally indicated that he understood.

- Lack of smooth pursuit, left eye
- Lack of smooth pursuit, right eye

He was unable to follow the stimulus and follow instructions and the test was concluded.

During the exercise Mr. Nikic had to be told to stay in the proper position and not to move his head during the exercise. I also observed Mr. Nikic to have orbital sway and glassy red eyes.

#### Walk and Turn Exercise

The area was level and free of debris. Mr. Nikic verbally indicated that he saw the line on the ground. Mr. Nikic was instructed to put his left foot on the line, then place his right foot on the line ahead of the left foot in a heel to toe manner. I then demonstrated this position. Mr. Nikic was instructed not to begin untold to do so. Mr. Nikic verbally indicated that he has understood all instructions up to this point. Mr. Nikic was then instructed to take 9 heel to toe steps on the line when told to do so. I then demonstrated this. Mr. Nikic was then instructed to turn on the ninth step and to keep the front foot on the line and to take a series of small steps with the foot on the line. I then demonstrated this for Mr. Nikic. Mr. Nikic was also instructed to keep his arms at his sides and to watch his feet during the exercise. Mr. Nikic was also instructed to count aloud and to not stop once he begins the exercise. He was also instructed to keep his arms at his sides at all times.

He took 7 steps forward and missed heel to toe, stepped off the line and used his arms for balance. He then completed the turn incorrectly and took 7 steps back down the line. As he walked on the line he missed heel to toe and had a sway as he walked. He was also unable to maintain balance in the instructional position and started to soon.

#### One Leg Stand Exercise

Report Date / Time 8/20/2020 01:03 AM	Report Number FHP99ARR827640	Case Number/Cad Number FHPL20OFF045820 / LWRC20CAD122730	Reporting Officer Name Z. TODD
Originating Agency ORI	Occur Date Time Range 08/20/2020 00:04:32 -	Jurisdiction	Clearance

Mr. Nikic was instructed to stand with his feet together and to place his arms down at his side. Mr. Nikic was instructed to maintain that position until told to do so. Once told to do so, Mr. Nikic was instructed to raise one foot approximately 6 inches off the ground and to keep both legs straight with both arms at his side. He was also instructed to look at the elevated foot and count aloud in the manner of one thousand-one, one thousand-two and so on until told to stop. Mr. Nikic verbally indicated that he understood the instructions after I demonstrated to him.

Mr. Nikic was told to begin and raised his right foot. During the exercise Mr. Nikic displayed an orbital sway. Mr. Nikic did not look down at his foot during the exercise and placed his foot down.

#### Finger To Nose

Mr. Nikic was instructed stand with his feet together and arms at his side and to have his index fingers pointed out. He was instructed to not start and stay in that position until told to do so. He stated that he understood. I then demonstrated the position. Mr. Nikic was then instructed to when told to start to close both eyes and tilt his head back. When told to do so he was instructed to bring the hand I directed upward, touching the tip of your finger to the tip of his nose. I then demonstrated this. He was then instructed to after touching the tip of the nose to immediately bring his hand down to his side. He stated that he understood. I then demonstrated and he stated that he understood. He was instructed to raise his hand in the following order, left, right, left, right, and right, left.

- Left: Missed. Pad
- Right: Missed. Pad
- Left: Missed. Pad
- Right: Missed. Pad
- Right: Missed. Pad
- Left: Missed. Pad

#### Modified Rhomberg Balance:

Report Date / Time 8/20/2020 01:03 AM	Report Number FHP99ARR827640	Case Number/Cad Number FHPL20OFF045820 / LWRC20CAD122730	Reporting Officer Name Z. TODD
Originating Agency ORI	Occur Date Time Range 08/20/2020 00:04:32 -	Jurisdiction	Clearance

He completed the exercise and counted out loud. He stopped the exercise after 40 seconds.

He was then placed under arrest for DUI and transported to the Palm Beach County Jail. Once I arrived at the testing center, I conducted a 20-minute observation. At no time did he regurgitate or take anything by mouth. I then requested that he provide a lawful sample of his breath and inquired to the consequences. I read and explained implied consent and he stated that he understood and refused the test. He then refused to sign the summons. He was then booked into the county jail.

The above incident occurred in Palm Beach County.

**Jail Booking Facility**

Booking Date/Time 8/20/2020 01:30 AM	Booking County PALM BEACH	Booking Facility PALM BEACH COUNTY CORRECTIONS	Booking Facility Phone (561) 688-4400
Booking Facility Location 3228 GUN CLUB ROAD WEST PALM BEACH, FLORIDA 33406		Booking Number	
Booking Comments			

**Court**


Court County PALM BEACH	Court Location 200 WEST ATLANTIC AVE. DELRAY BEACH, FL 33444		
Court PALM BEACH SOUTH COUNTY COURTHOUSE	Court Phone 561-274-1530	Court Appearance Date / Time 09/21/2020 1:00PM	Court Fine
Comments			

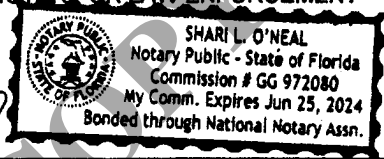
Officer Name Rank / ID # Z. TODD TPR	Involvement On Report / Reporting Role REPORTING OFFICER	Officer Agency Org/Unit FLORIDA HIGHWAY PATROL FHPL/LWRCC/PALM BEACH/ISR804 JSOF SR702
---	--	---

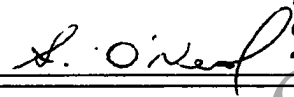
AUG 20 2020

Report Date / Time 8/20/2020 01:03 AM	Report Number FHP99ARR827640	Case Number/Cad Number FHPL20OFF045820 / LWRC20CAD122730	Reporting Officer Name Z. TODD
Originating Agency ORI	Occur Date Time Range 08/20/2020 00:04:32 -	Jurisdiction	Clearance

The undersigned certifies and swears that he/she has just and reasonable grounds to believe that the above named Defendant, committed violation(s), of law, on the below date(s) and time(s), as listed in the probable cause associated with this report:

<b>Reporting Officer</b>			Sworn and subscribed before me, the undersigned authority This the <u>20</u> day of <u>August</u> , <u>2020</u> DEPUTY OF THE COURT, NOTARY OR LAW ENFORCEMENT
Officer Name Z. TODD	Office Rank TPR	Officer ID No 4141	
Officer Agency FLORIDA HIGHWAY PATROL			
Officer Signature 			





<input type="radio"/> No Bill / Petition	<input type="radio"/> Issue Warrant	<input type="radio"/> Prosecution Approved	Signature of Assistant State Attorney	Date
--	-------------------------------------	--	---------------------------------------	------

NOT A CERTIFIED COPY

SEARCHED  
AUG 20 2020

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

I, Z. TODD, a duly certified Law Enforcement Officer or Correctional Officer,  
(Name of Officer reading Implied Consent Warning)

am a member of FLORIDA HIGHWAY PATROL, and I do swear  
(Name of law enforcement agency)

or affirm that on or about the 20 day of August, ~~2020~~ at 12:35  P.M.  A.M.

DRIVER MICHAEL A NIKIC  
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# 912355159, state of NY, was placed under lawful arrest for

316.193(1)  
the offense of D.U.I. - ALCOHOL OR DRUGS (MISDEMEANOR) by Z. TODD and  
(Name of Arresting Officer)

issued Citation # A76XVNE

That on or about the 20 day of August, 20 20, at 0143  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]  
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 20 day of August, 20 20,  
by \_\_\_\_\_,

who is personally known to me or who has produced  
\_\_\_\_\_ 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.



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

PBSO CASE # 20-098999 PBSO ZONE 16-32

AGENCY CASE # FHP2200FF045820 CRASH CASE # \_\_\_\_\_

TIME OF STOP/CRASH 0011 DATE 8/20/2020 DAY THU

SUBJECT'S NAME MICHAEL NIKIC RACE W SEX M

HGT 6'03 WGT 203 DOB 12/23/1981

LOCATION I-95 SB GATEWAY BLVD

ARRESTING OFFICER'S NAME & ID TODD 4141 AGENCY FHP L

DIVISION: DUP

NOTIFIED BY COMMO Y

ARRIVAL AT FACILITY 0118

Arrest Time 0035

BREATH RESULTS:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

TESTING OFFICER'S ID 6212

NOT A CERTIFIED COPY

REFUSED

# TESTING FACILITY TASK REPORT

AGENCY: FHP-L TRP. TODD #4141

SUBJECT: NIKIC, MICHAEL

CASE NUMBER: 20-098999

DATE: 08-20-20

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 0140 HRS

ENDING TIME: 0144 HRS

BREATH TESTS RESULTS: 1) R TIME 0143 A.M.  P.M.  2) TIME A.M.  P.M.   
3) TIME A.M.  P.M.  4) TIME A.M.  P.M.

BREATH OPERATOR: S.O'NEAL #6212

MAINTENANCE TECHNICAN: J. KARLECKE #6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: LOUD, YELLING AT TIMES

ATTITUDE: AGITATED, OBNOXIOUS, ARGUMENTATIVE, INSULTING, PROFANE, MOODSWINGS, DIFFICULT

CLOTHING: SHIRT-PINK PANTS- BLACK JEANS DISTRESSED

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

## OTHER:

EYES: BLOODSHOT, GLASSY

ODOR OF UNKNOWN ALCOHOLIC BEVERAGE

## COMMENTS:

20 MIN. OBSERVATION DONE BY A/O TRP. TODD #4141  
A/O REQUESTED THE BREATH TEST.  
IMPLIED CONSENT READ ON CAMERA.  
D WAS GOING BACK AND FORTH.  
D REFUSED THE BREATH REQUEST.  
C/W READ ON CAMERA.  
NO Q&A CONDUCTED.

SUBJECT: NIXIC, MICHAEL A

CASE NUMBER: \_\_\_\_\_

## 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: \_\_\_\_\_ CASE NUMBER: \_\_\_\_\_

# 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**  
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**

<b>Booking Number:</b> 2020019776	<b>Date:</b> 08/20/2020
	<b>Specialist Name/ID:</b> T Howard/7185