

20CT6086AMB

0235286 / 2214

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

1. Arrest 3. Request for Warrant
2. N.T.A. 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- 20-066188	
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 2 1. Yes NONE 2. No	
Location of Arrest (Including Name of Business) 1620 Primrose Ln Wellington FL 33414 (Primrose Park)		Location of Offense (Business Name, Address) 1620 Primrose Ln Wellington FL					
Date of Arrest 05/06/2020	Time of Arrest 21:08	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle Priority Towing	
Name (Last, First, Middle) Lakatos Nathan James		Alias (Name, DOB, Soc. Sec. #, Etc.)					
Race W - White I - American Indian B - Black O - Oriental/Asian	Sex M	Date of Birth 04/15/1980	Height 5'9	Weight 220	Eye Color Green	Hair Color Brown	Complexion Light
Build Large		Mental Status Single		Religion CHRISTIAN		Indication of: Alcohol Influence <input type="checkbox"/> Y <input type="checkbox"/> N Drug Influence <input type="checkbox"/> Y <input type="checkbox"/> N	
Local Address (Street, Apt. Number) 1651 Hollhock Rd Wellington FL 33414		Phone (561) 315-4929		Residence Type: 1. City 2. County 3. Florida 4. Out of State 2			
Permanent Address (Street, Apt. Number)		Phone		Address Source FLORIDA DRIVER LICENSE			
Business Address (Name, Street)		Phone		Occupation Unemployed			
D/L Number, State L232-630-80-135-0		Soc. Sec. Number		INS Number		Place of Birth (City, State) Danville Indiana	
Citizenship Yes		Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	<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 Other		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. <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 B Buy D Deliver T Traffic 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		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		Statute Violation Number 316.193(1)(A)	
Charge Description DRIVING UNDER THE INFLUENCE		Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 316.193(1)(A)		Violation of ORD #	
Drug Activity Drug Type Amount / Unit N N Refusal		Offense # 20-066188	Warrant / Capias Number		Bond		
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation of ORD #	
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		Violation of ORD #	
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		Violation of ORD #	
Drug Activity Drug Type Amount / Unit		Offense #	Warrant / Capias Number		Bond		
<p align="center">CRIMINAL JUSTICE COMPLEX / 3228 GUN CLUB ROAD, WPB, FL 33406</p> <p>Court Date and Time Month July Day 2ND Year 2020 Time 08:30 AM <input checked="" type="checkbox"/> PM</p> <p>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.</p> <p><i>Nathan Lakatos</i> Signature of Defendant (or Juvenile and Parent /Custodian) Date Signed 05/06/2020</p>							
HOLD for other Agency Name:		Signature of Arresting Officer <i>INV. M. SMITH</i>		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. M. SMITH		I.D. # 9621		PAGE	
Intake Deputy <i>SPAWN BIG</i>		Transporting Officer Smith		ID # 9621		Agency PBSO	
Witness here if subject signed with an "X"						1 OF 1	

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 6TH DAY OF May 2020, AT 19:49 AM PM
SUBJECT: Lakatos Nathan James CASE NUMBER: 20-066188

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 05/06/2020 at approximately 20:20hrs, I was dispatched to the scene of a motor vehicle crash without injuries at, 1620 Primrose Ln which is located in the Village of Wellington, Florida.

I arrived at the scene at approximately 20:40hrs. After my independent crash investigation, based on physical evidence, and witness statements, I determined that, at approximately 19:45hrs, the defendant, did indeed side swipe a vehicle that was parked in the grass. (See PBSO crash case #20-066181)

D/S Brown #8678 relayed to me that Nathan Lakatos had articulable indicators of impairment, so he called for a DUI Unit to conduct a possible DUI investigation. D/S Brown provided me with a written sworn supplemental Probable Cause Affidavit.

OBSERVATION OF DRIVER:

Upon making contact with the driver who was identified by their Florida Driver License as Nathan James Lakatos, I immediately detected an obvious and strong odor of an unknown alcoholic beverage emitting from his person and face area. This odor intensified as I spoke to Lakatos. Lakatos had glassy, glazed, and blood shot eyes. Lakatos's speech was slurred, slow, thick, and at times difficult to understand. Lakatos's movements were slow and deliberate. Lakatos was lethargic in his movements with poor coordination. Lakatos had an unsteady gait while walking to my patrol vehicle and had difficulty following directions given to him. Lakatos was wearing a blue shirt, tan pants, and black shoes. All the clothing appeared neat.

DRIVER'S STATEMENTS:

Pre Miranda Lakatos stated that he was driving around the neighborhood in hopes to charge his vehicles battery when he side swiped a vehicle.

Post Miranda Lakatos stated that he drank a malt liqueur called Hurricane which he purchased at Publix. While en route to the BAT Lakatos stated that he was going to the liqueur store.

ODORS:

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

GENERAL OBSERVATIONS

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

ATTITUDE: Calm, Cooperative, Emotional,

CLOTHING: blue shirt, tan pants, and black 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, affirmed and subscribed before me this 6th day of May 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

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



SUBJECT Lakatos

Nathan

CASE NUMBER

20-066188

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:

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

WALK & TURN:

I explained and demonstrated the instructions for the "Walk & Turn" to Lakatos who stated that he understood. During the task, I observed Lakatos to sway roughly in a side to side, front to back pattern throughout the demonstration phase. Lakatos could not maintain his balance while listening to instructions. Lakatos stepped out of the instructional stance during the demonstration to catch his balance. Lakatos started the task before being instructed to do so. Lakatos would stop walking to steady himself, Lakatos, missed heel-to-toe steps and stepped off the line. Lakatos used his arms for balance by raising them more than six inches. Lakatos performed an improper turn. Additionally, Lakatos performed the incorrect number of steps.

ONE LEG STAND:

I explained and demonstrated the instructions for the "One Leg Stand" to Lakatos who stated that he understood. During the task, I observed Lakatos to sway roughly in a side to side, front to back pattern throughout the demonstration phase. Lakatos continued to sway while balancing on one leg. Lakatos used his arms to balance raising them more than 6 inches from his sides. Lakatos started hopping in an attempt to maintain balance. Lakatos put his foot down to regain balance numerous times before the 30 seconds had elapsed.

FINGER TO NOSE:

I explained and demonstrated the instructions for the "Finger to Nose" task to Lakatos who stated that he understood. During the task, I observed Lakatos to sway roughly in a side to side, front to back pattern throughout the demonstration phase. Lakatos did not keep his eyes closed and had to be reminded numerous times. Lakatos failed to return his arms down to his sides as instructed after touching his nose. Lakatos index finger did not touch the nose on 6 of 6 attempts. Lakatos searched for the tip of their nose using the finger to find their nose prior to touching the tip. The sequence used for this task was L, R, L, R, R, L.

ROMBERG ALPHABET:

I explained and demonstrated the instructions for the "Rhombert Alphabet" task to Lakatos who stated that he understood. During the task, I observed Lakatos to sway roughly in a side to side, front to back pattern throughout the demonstration phase. Lakatos would not keep their eyes closed and had to be reminded numerous times. Lakatos would sway more than 2 inches. Lakatos would use his arms for balance by raising them more than 6 inches. Lakatos incorrectly recited the alphabet.

BREATH TEST RESULTS: Refusal Refusal

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 6th day of May 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

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



WITNESS LIST

CASE NUMBER: 20-066188

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 J. Brown 8678

ADDRESS: 3228 Gun Club Rd West Palm Beach Fl 33406

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

CAN TESTIFY TO: Crash Report, Wheel Witness, Supplemental PC

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

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) _____

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PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

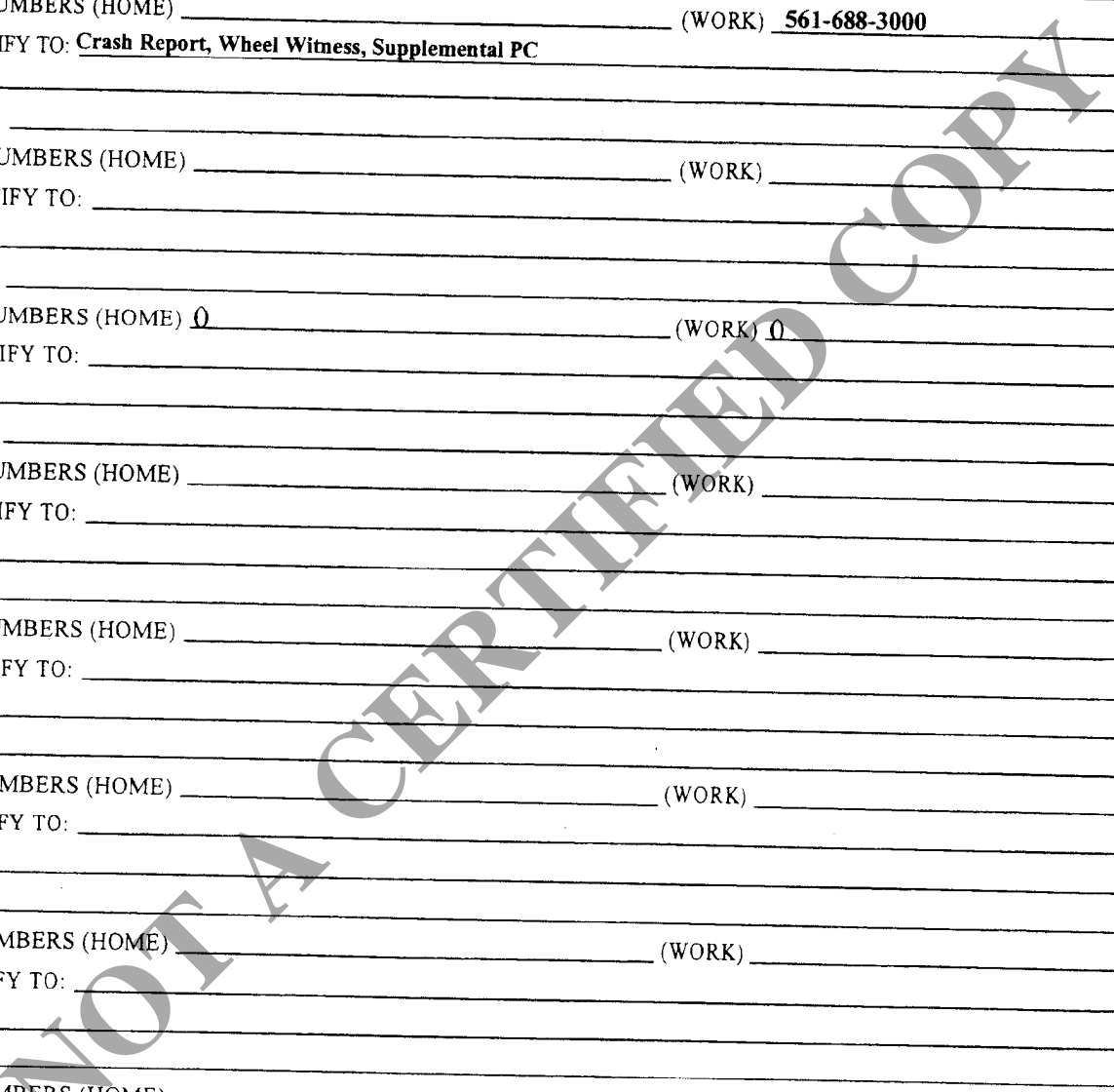
CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____



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: GLASSY AND BLOODSHOT

SUBJECT: STATED HE HAD HURRICANE BEER IN Q&A

COMMENTS:

ARRIVED AT CENTER A/O BEGAN THE 20 MINUTE OBSERVATION PERIOD AT 21:43 HRS.

SUBJECT: REFUSED TO TAKE TEST.

A/O: READ I/C

SUBJECT: STATED HE UNDERSTOOD I/C AND WOULD REFUSED TEST AGAIN.

A/O: READ RIGHTS

SUBJECT: STATED HE UNDERSTOOD RIGHTS.

A/O: CONDUCTED Q&A

SUBJECT: ANSWERED QUESTIONS.

REFUSED

REFUSED

SUBJECT: CARATOS, NATHAN J CASE NUMBER: 20-066188

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 Camery

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 Camery

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

SUBJECT: LAKATOS, NATHAN J CASE NUMBER: 20-066188

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? _____

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? YES

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

WHAT? _____ WHERE? _____ WHEN? _____

WHAT LINE OF WORK ARE YOU IN? NO WHEN DID YOU LAST WORK? 6:30 PM

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? NO

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? NO
 GLASS EYE? NO
 FALSE TEETH? NO
 EAR INFECTION? NO
 INNER EAR TROUBLE? NO
 DIABETES? NO

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? NO WHERE? _____

INTERVIEWER: _____

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

I, INV. M. SMITH, a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)

am a member of PBSO, and I do swear
(Name of law enforcement agency)

or affirm that on or about the 6TH day of May, 20 20, at 21:08 P.M. A.M.

DRIVER Nathan James Lakatos
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# L232-630-80-135-0, state of FLORIDA, was placed under lawful arrest for

the offense of DRIVING UNDER THE INFLUENCE by INV. M. SMITH and
(Name of Arresting Officer)

issued Citation # A2GD76P

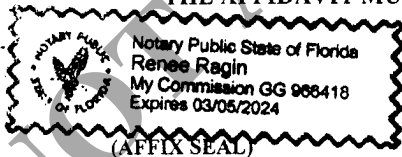
That on or about the 6th day of May, 20 20, at 22:08 P.M. A.M.

in PALM BEACH County,

I requested that the driver submit to a X 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:

Signature of Attesting Officer

The foregoing instrument was sworn and subscribed before me this 6th day of May, 20 2020,

Title Date / / 2020

by INV. M. SMITH,

who is personally known to me or who has produced PERSONALLY KNOWN LEO as identification

Notary Public

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**
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"/>	119.0712 (2)	Other: Personal information contained in a motor vehicle record	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2020012063	Date: 5/7/2020
	Specialist Name/ID: M. Tooks #8557