

0514252

20 OCT 14 71 SB 1445

ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	Juvenile	N
OBTS Number		Agency ORI Number FL 0500300		Agency Name BOYNTON BEACH POLICE DEPT.		Agency Report Number 34-20-004567
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		If Weapon Seized Enter Type		Multiple Clearance Indicator
Location of Arrest (Including Name of Business) 100 N SR 5, BOYNTON BEACH, FLORIDA, 33435				Location of Offense (Business Name, Address) 100 N SR 5, BOYNTON BEACH, FLORIDA, 33435		
Date of Arrest 01/25/2020	Time of Arrest 0226	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
Name (Last, First, Middle) WOODS, NATHANAE THOMAS						
W - White B - Black	I - American Indian O - Oriental / Asian	Race W	Sex M	Date of Birth 12/18/1995	Height 603	Weight 220
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) LEFT WRIST (DREAM CATCHER)		Marital Status SINGLE	Religion N/A	Indication of Alcohol Influence <input type="checkbox"/>	Indication of Drug Influence <input type="checkbox"/>	Y N Unk. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Local Address (Street, Apt. Number) 6350 DAVIE RD UNIT 309, DAVIE, FLORIDA, 33314		Phone () -	Residence Type 1. City 3. Florida 2. County 4. Out of State		3	
Permanent Address (Street, Apt. Number)		Phone	Address Source VERBAL			
Business Address (Street, Apt. Number)		Phone	Occupation ADVOCATE			
D/L Number, State W320-638-95-458-0 / FL		Soc. Sec. Number	INS Number	Place of Birth CLERKSBERG, WV	Citizenship US	
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	
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 Name (Last, First, Middle)		Residence Phone				
Legal Custodian		Business Phone				
Other		Address (Street, Apt. Number)				
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 was 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's Office (Phone 561-355-2528) informed of any change of address: <input type="checkbox"/> Yes, By: (Name) <input type="checkbox"/> No: (Reason)				School Attended		Grade
Property Crime? Yes <input type="checkbox"/> No <input type="checkbox"/>		Description of Property		Value of Property		
Drug Activity N. N/A P. Possess		S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. Dispense/Distribute	M. Manufacture/Produce/Cultivate	Z. Other
Drug Type N. N/A A. Amphetamine		B. Barbituate C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana O. Opium/Deriv.	P. Paraphernalia/Equipment S. Synthetic	U. Unknown Z. Other	
Charge Description DUI PROPERTY DAMAGE		Counts 1	Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No	Statute Violation Number 316.193.3.C.1		Violation of ORD#
Drug Activity		Drug Type	Amount/Unit	Offense # 20-004567	Warrant/Capias Number	Bond
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No	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"/> Yes <input type="checkbox"/> No	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"/> Yes <input type="checkbox"/> No	Statute Violation Number	Violation of ORD#	
Drug Activity		Drug Type	Amount/Unit	Offense #	Warrant/Capias Number	Bond
<input type="checkbox"/> Instruction No. 1 <input type="checkbox"/> Instruction No. 2 You need not appear in Court but must comply with instruction on reverse side.		Location (Court, Room Number, Address) South County Courthouse, 200 West Atlantic Ave, Delray Beach, FL 33444				
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.		Court Date and Time Month 02 Day 24 Year 2020 Time 830 <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M.		Date Signed		
Signature of Defendant (or Juvenile and Parent/Custodian) <i>Nathan Woods</i>		Signature of Arresting Officer <i>Officer Castro</i>		Name Verification (Printed by Arrestee) (PRINT)		
HOLD for other Agency Name:		Name of Arresting Officer (Print) OFFICER CASTRO		I.D. # 905	BU#	
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal Intake Reporty <i>W. Jones 6/26</i>		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Transporting Officer OFFICER CASTRO	I.D. # 905	Agency BBPD
Witness here is subject signed with "X"		Page 1 OF 1		FILED		

FILED
 JAN 26 2020
 CIRCUIT & COUNTY COURTS
 (CRIMINAL DIV.)

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 25 DAY OF January 2020 AT 0147 A.M. P.M.

CASE #: 20-004567 DEFENDANT: WOODS, NATHANAEL THOMAS

PERSONAL CONTACT/DRIVING PATTERN/OBSERVATION OF DRIVER:

I responded just south of the intersection of Boynton Beach Blvd (SR 804) and Federal Highway (SR 5) in reference to a Vehicular Crash. This incident occurred within the City of Boynton Beach, Palm Beach County, Florida. Upon arrival I observed a 2013 Gold Chevrolet Malibu bearing West Virginia tag 1UF101 on the sidewalk on the east side of the roadway. The vehicle had heavy front right corner damage and the front right wheel had fallen off. To the rear of the vehicle was a large steel traffic control box that was struck by the vehicle, with activated wires fully exposed. In front of a marked patrol vehicle I observed a W/M, later identified as Woods, Nathanael (12/18/95) standing, speaking with officers.

I then made contact with Officer Hall, who was the first officer in scene. Officer Hall advised that upon his arrival he observed Woods standing outside the vehicle, reaching inside from the opened front window. Officer Hall advised that the vehicle was no running. Woods advised Officer Hall that he was traveling to his residence in Davie from an establishment in Davie. Woods advised that he doesn't recall how the crash occurred. Officer Hall advised that while speaking with Woods he detected an odor of an unknown alcoholic beverage emanating from Woods' breath, which intensified as he spoke. Woods advised Officer Hall that he had been drinking a little bit. Officer Hall advised that he spoke with witness W/M Hall, Luis (10/19/66), who was still on scene. See Officer Hall's supplement for further.

I then spoke with Hall, who advised that he heard a noise and when he looked towards the direction he observed the above vehicle strike a bus stop. Hall advised that he then went to check on Woods' welfare, who appeared to be okay. Hall advised that he observed Woods operating the vehicle. Hall completed a supplement via BWC.

I then made contact with Woods. Woods appeared to be okay and have no visual injuries. Woods advised that he did not recall how the crash occurred. Woods advised that he had left an establishment in Davie and was heading to his residence in Davie. Woods believed that he was Davie at time of the investigation. Woods advised that he was just traveling and out of nowhere mounted the sidewalk and struck something. While speaking with Woods, I detected the odor of an unknown alcoholic beverage emanating from his breath, which intensified as he spoke. Woods' eyes were glassy and his speech was thick and slurred. As Woods try to stand out straight, away from the vehicle, he would sway side to

side. I then requested Woods to walk to the front of my fully marked patrol vehicle, which he agreed to. While walking he swayed side to side. I also noticed that he only had one shoe on. Woods advised that his right shoes was in his vehicle. Once in front of my vehicle I advised Woods that the investigation was being video and audio recorded, which he stated that he understood. Further speaking with Woods, I advised him that he was not in the City of Davie but in the City of Boynton Beach. Woods was speechless and did not believe me. While speaking with Woods I still observed and detected the same signs of impairment that I did before. Therefore I advised Woods that I've concluded my crash investigation and was now conducting a criminal DUI investigation, which he stated that he understood. I then advised Woods of his Miranda Warnings, which he stated that he understood. Further speaking with Woods he advised that he was leaving a bar in Davie and while there had consumed three Vodka and Soda drinks. Woods believed that it was approximately 12pm but in reality it was approximately 2am. Therefore Woods had been possibly traveling for almost 2.5 hours heading home. Based on the above facts, I requested Woods to submit to a series of Standardized Field Sobriety Task, which he agreed to. Prior to beginning I asked Woods if he had any injuries and/or disabilities I should be aware of, which he stated no. Woods then advised that he had blisters on his left front, which makes him limp. See the following:

Pen Exercise: During the task Woods swayed side to side, numerous times. Woods lost his balance during the task. Woods failed to keep his head still, following the stimulus left to right. There were times Woods did not following the stimulus at all. Woods stated "I'm so intoxicated, I'm so sorry", "I'm just drunk, I'm so sorry".

HORIZONTAL GAZE NYSTAGMUS:

- | | |
|--|---|
| <input type="checkbox"/> Left eye does not follow smoothly | <input type="checkbox"/> Right eye does not follow smoothly |
| <input type="checkbox"/> Left eye prior to 45 degrees | <input type="checkbox"/> Right eye prior to 45 degrees |
| <input type="checkbox"/> Distinct jerking in left eye at maximum deviation | <input type="checkbox"/> Distinct jerking in right eye at maximum deviation |
| <input type="checkbox"/> Vertical Nystagmus in left eye | <input type="checkbox"/> Vertical Nystagmus in right eye |

WALK AND TURN:

The following task was demonstrated and explained to Woods, which he stated that he understood. During the instruction stage, Woods sways side to side and lost his balance. During the walking stage, Woods took 8 steps forward, missing heel to toe and stepped off the line. Woods then just stopped and asked for further instructions. Woods completed an improper turn. Woods took 8 steps back, missing heel to toe and stepped off the line.

ONE LEG STAND:

The following task was demonstrated and explained to Woods, which he stated that he understood. During the instruction stage Woods swayed side to side. During the balancing stage Woods raised his right foot and dropped it/lost his balance prior to the 30 seconds.

FINGER TO NOSE:

The following task was demonstrated and explained to Woods, which he stated that he understood. During the instruction stage Woods swayed side to side and lost his balance. During the exercise stage, Woods missed the tip of his nose on the second and third LEFT hand command. Woods failed to return his hand back to his side after every command. Woods stated "I'm Intoxicated".

ROMBERG/ALPHABET:

The following task was demonstrated and explained to Woods, which he stated that he understood. During the instruction stage Woods swayed side to side. During the exercise stage Woods recited the alphabet correctly but in a fast manner.

Woods was then placed in the back seat of my patrol vehicle (#4734). I started my 20 minutes observations at 0227hrs and completed it at 0247hrs. Upon completion I requested Woods to provide a sample of his breath to determine the alcohol content, which he agreed to. Woods provided a sample of .240 and .239. I then read Woods his Miranda Warnings again, which he stated that he understood. Q&As were completed.

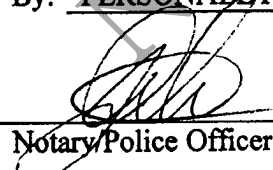
Based on the above facts I've established Probable Cause to arrest Woods with 1M count of DUI W/ Property Damage pursuant with F.S.S. 316.193.3.C.1. Due to the fact that Woods was involved in a crash he was transported to a local hospital reference medical clearance and was later TOT PBCJ.

Copy of the SFST and BAT video was later entered into the Boynton Beach Police Evidence Department. Incident was captured via BWC as well. Woods' vehicle was removed from scene by Beck's Towing.

Nothing Further.

The following instrument was sworn to before me this 25 day of January 2020

By: PERSONALLY KNOWN / OFFICER CASTRO #905



Notary/Police Officer (F.S.S. 117.10)



Signature of Arresting Officer

CASE #: 20-004567

DEFENDANT: WOODS, NATHANAEL THOMAS

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.

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.

I am now requesting that you submit to a lawful test of your BLOOD for the purpose of determining 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 OFFICER CASTRO #905 of the Boynton Beach Police Department

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.

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 statements can and will be used against you in a court of law.

Suspect's Signature: _____

Read on Video

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

Instrument Type: Intoxilyzer 8000
Instrument Registered To: BOYNTON BEACH PD
Instrument Serial Number: 80-001190 Software: 8100.27
Date of Test: 01/25/2020

Date of Last Agency Inspection: 12/23/2019
Observation Period Began: 02:27
Subject's Name: NATHANAEL T WOODS

DOB: 12/18/1995 Sex: M

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	02:57
	Air Blank	0.000	02:57
	Control Test	0.078	02:58
	Air Blank	0.000	02:58
	Subject Sample #1	0.240	02:59
	Air Blank	0.000	02:59
	Air Blank	0.000	03:01
	Subject Sample #2	0.239	03:02
	Air Blank	0.000	03:02
	Control Test	0.077	03:03
	Air Blank	0.000	03:03
	Diagnostics Check	OK	03:03

Cylinder Lot: 684131
Exp: 01/23/2020

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 DENNIS CASTRO, 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: _____

Signature

Date: 01/25/20

Sworn to (or affirmed) before me this 25 day of JANUARY, 2020

Signature of Notary Public-State of Florida: _____ Printed Name of Notary Public-State of Florida: OFCA Acosta

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.

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

Instrument Type: Intoxilyzer 9900
Instrument Registered To: BOYNTON BEACH PD
Instrument Serial Number: 80-001190 Software: 8100.27
Date of Test: 01/25/2020

Date of Last Agency Inspection: 12/23/2019
Observation Period Began: 02:27
Subject's Name: NATHANAEL T WOODS

DOB: 12/18/1995 Sex: M

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	02:57
	Air Blank	0.000	02:57
	Control Test	0.078	02:58
	Air Blank	0.000	02:58
	Subject Sample #1	0.240	02:59
	Air Blank	0.000	02:59
	Air Blank	0.000	03:01
	Subject Sample #2	0.239	03:02
	Air Blank	0.000	03:02
	Control Test	0.077	03:03
	Air Blank	0.000	03:03
	Diagnostics Check	OK	03:03

Cylinder Lot: 684131
Exp: 01/23/2020

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 DENNIS CASTRO, 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: [Signature] #905 Date: 01/25/20
Signature

Sworn to (or affirmed) before me this 25 day of JANUARY, 2020

Signature of Notary Public-State of Florida: [Signature] Printed Name of Notary Public-State of Florida: OFC Acosta

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.

TESTING FACILITY TASK REPORT

CASE #: 20-004567

DEFENDANT: WOODS, NATHANAEL THOMAS

Date: 1/25/20

Video Tape #: 4734

BREATH TEST RESULTS:

1. .240 g/210L Time 2:59 a.m. p.m. 3. _____ g/210L Time _____ a.m. p.m.
2. .239 g/210L Time 3:02 a.m. p.m. 4. _____ g/210L Time _____ a.m. p.m.

BREATH OPERATOR: OFFICER CASTRO #905

MAINTENANCE TECHNICIAN: OFFICER CASTRO #905

TESTING OFFICER'S OBSERVATIONS

SPEECH: THICK, SLURRED

ATTITUDE: COOPERATIVE

CLOTHING: BLUE SHIRT, GRAY SHORTS, SOCKS

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER: _____

COMMENTS:

- DEF PROVIDED TWO BREATH SAMPLES
- MIRANDA WARNINGS READ, ACKNOWLEDGED
- Q&As COMPLETED

NOT A CERTIFIED COPY

CASE #: 20-004567

DEFENDANT: WOODS, NATHANAEL THOMAS

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.

Where you operating a motor vehicle at the time of the stop/Accident? YES

Where were you going? HOME

What Street or Highway were you on? I'M NOT SURE

What was you direction of travel? EAST, WEST, I DON'T KNOW, DAVIE

Where did you start from? NOT IN BOYNTON, DAVIE

What time did you start? 1130

What time is it now? I DON'T KNOW

What is today's date? 24TH

What day of the week is it? FRIDAY, SATURDAY

What City and County are you in now? BROWARD

When did you last eat? 11AM

What did you eat? SALAD

What have you been doing for the last three hours? DRINKING, I'M NOT GOING TO LIE

How much do you weigh? 220

Have you been drinking? YES

What have you been drinking? VODKA AND SODA

How much? 3

With whom? MYSELF

When did you have your first drink? I'M NOT SURE, MAYBE 10

When did you have your last drink? A WHILE AGO

Can you feel the effects of the alcohol? NO

Are you under the influence? A LITTLE BIT

Have you consumed any alcohol since the stop/accident? NO

How much? - What? - Where? - When? -

What line of work are you in? WORK AT FAU

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? A LITTLE BIT BECAUSE OF BLISTERS

Did you receive a bump on the head recently? NO

Where you in an accident today? YES

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 Fungal Infection NO

Ear infection NO Inner ear trouble NO Diabetes NO

Do you have any problems with you 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? WEST VIRIGINA

Interviewer: OFFICER CASTRO #905

CASE #: 20-004567

DEFENDANT: WOODS, NATHANAEL THOMAS

Arresting Officer: CASTRO #905

Address: 209 N. SEACREST BLVD, BOYNTON BEACH, FLORIDA, 33435

Phone Numbers: Home: _____ Work: (561) 742-6100

Name: OFFICER HALL #1112

Address: 209 N. SEACREST BLVD, BOYNTON BEACH, FLORIDA, 33435

Phone Numbers: Home: _____ Work: 561-742-6100

Can testify to: THE INCIDENT

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: _____

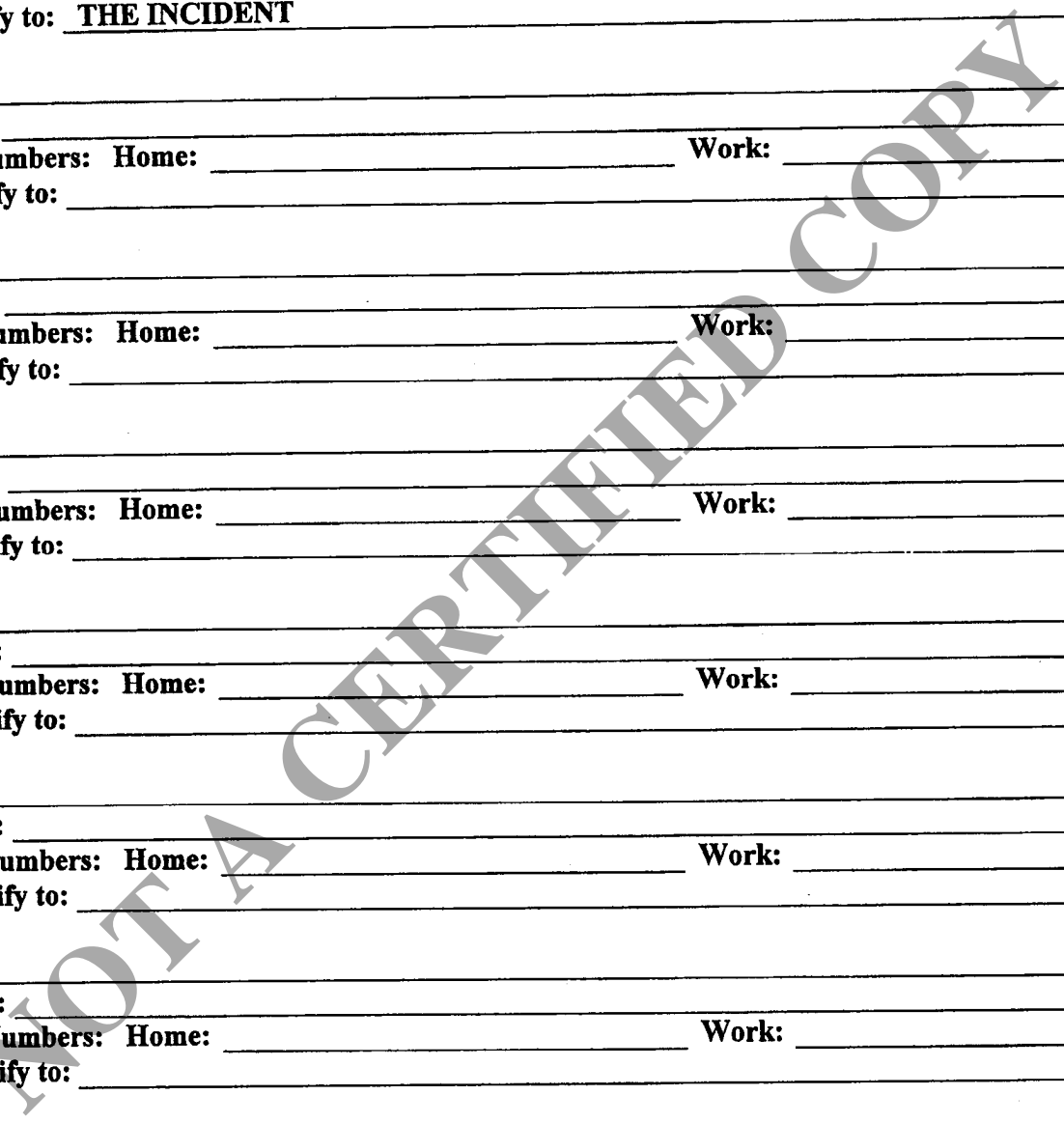
Can testify to: _____

Name: _____

Address: _____

Phone Numbers: Home: _____ Work: _____

Can testify to: _____





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: 2020002757	Date: 01/26/2020
	Specialist Name/ID: AM/31562