

20CT 013 214 AX MB
ARREST / NOTICE TO APPEAR
 Juvenile Referral Report

1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias Juvenile N

OBTS Number 0416341	Agency ORI Number FLO 50000	Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number (N.T.A.'s only) 06-20-118011	504
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 <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No
Location of Arrest (Including Name of Business) 607 N M Street, Lake Worth FL		Location of Offense (Business Name, Address) 607 N M Street, Lake Worth FL		
Date of Arrest 10/18/2020	Time of Arrest 2007	Booking Date	Booking Time	Jail Date

Name (Last, First, Middle) Perez-Ramos, Pablo, E		Aliases (Name, DOB, Soc. Sec. #, Etc.)		
Race W - White I - American Indian	Sex M	Date of Birth 7/8/1981	Height 5'4"	Weight 160
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) none		Marital Status Single	Religion None	Indication of: Alcohol Influence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N Drug Influence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
Local Address (Street, Apt. Number) 607 N M Street, Lake Worth, FL 33460		Phone (561) 983 1701	Residence Type: <input type="checkbox"/> 1. City <input type="checkbox"/> 2. County <input checked="" type="checkbox"/> 3. Florida <input type="checkbox"/> 4. Out of State	
Permanent Address (Street, Apt. Number)		Phone	Address Source Def	
Business Address (Name, Street)		Phone	Occupation cashier	
D/L Number, State P626665812480, FL	Soc. Sec. Number	INS Number	Place of Birth (City, State) Guatemala Huehuetenango Guatemala	

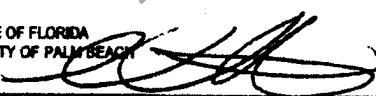
Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony
Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	<input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor
Parent / Legal Custodian / Other:	Name (Last)	(First)	(Middle)	Residence Phone
Address (Street, Apt. Number)				Business Phone

Notified by: (Name)	Date	Time	Juvenile Disposition Handled/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.			School Attended	Grade
Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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. 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						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 N	Drug Type N	Amount / Unit	Offense # 20-118011	Warrant / Capias Number		Bond				
Charge Description No Driver License						Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 322.03(1)		Violation of ORD #
Drug Activity N	Drug Type N	Amount / Unit	Offense # 20-118011	Warrant / Capias Number		Bond				
Charge Description REFUSED TO SIGN/ACCEPT SUMMONS						Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 318.14(3)		Violation of ORD #
Drug Activity N	Drug Type N	Amount / Unit	Offense # 20-118011	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				

Location (Court, Room Number, Address) Criminal Justice Complex, 3228 Gun Club Road, West Palm Beach, FL 33406 - Ph: (561) 688-4600	
Court Date and Time Month 11 Day 12 Year 20 Time 8:30 AM X PM	
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) Refused	Date Signed 10/18/2020

HOLD for other Agency Name:	Signature of Arresting Officer X	Name Verification (Printed by Arrestee)
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:	Name of Arresting Officer (Print) A. Soloway 8586	(PRINT)
Intake Deputy B. Shaden 7623	I.D. # 8586 Pouch #	Transporating Officer A. Soloway 8586
I.D. # 8586 Agency PBSO		Witness here if subject signed with an "X" <input type="checkbox"/>

ADMIN	Agency ORI Number FLO 500000	Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 06-20-118011
	Charge Type: Check as many as apply.		Special Notes: SUP PC
DEF	Name (Last, First, Middle) Perez-Ramos Pablo E		Alias
	Race W	Sex M	Date of Birth 07/08/1981
CHARGES	Charge Description DUI	316/193(1)	Charge Description
	Charge Description		Charge Description
VICTIM	Victim's Name (Last, First, Middle) STATE OF FLORIDA		Race -
	Local Address (Street, Apt. Number)	(City) (State) (zip)	Phone () ()
	Business Address (Name, Street)	(City) (State) (zip)	Phone () ()
<p>The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law. The Person taken into custody</p> <p><input checked="" type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.</p> <p><input type="checkbox"/> confessed to _____ admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the 18TH day of OCTOBER 2020 at 08:07 <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p> <p>On October 18, 2020 at approximately 1834 hours, I was dispatched to 607 N M St in the city of Lake Worth reference to a possible hit and run motor vehicle accident which occurred in the area of Lake Worth Rd / S A Street.</p> <p>Christopher Hartney (Complainant) followed the suspect vehicle till it stopped in the driveway located at 607 N M Street in the city of Lake Worth FL. The suspect vehicle was a white Mazda 3 bearing FL tag of IC07PZ. It should be noted that Christopher never lost sight of the vehicle and he also never observed no one exiting the vehicle when it parked.</p> <p>Upon my arrival, I approached the driver side of the vehicle to speak with the driver and the vehicle was still idling. The driver of the white Mazda 3 was identified as Pablo Perez-Ramos DOB 07/08/1981. Pablo advised that he was never issued a Florida Driver's License. Upon making contact with the driver outside of his vehicle, 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 Pablo. Pablo had glassy, glazed, and blood shot eyes. Pablo's speech was slurred, slow, thick, and at times difficult to understand. While speaking with Pablo he had an obvious sway.</p> <p>Pablo Perez-Ramos showed signs of possible impairment so I requested a DUI Unit to conduct an assessment. This affidavit is for supplemental purposes only.</p>			
<p>STATE OF FLORIDA COUNTY OF PALM BEACH</p> <p> D/S Valentín (Signature of Arresting/Investigative Officer)</p> <p>The foregoing instrument was sworn to or affirmed and subscribed before me this 18 day of OCTOBER 2020 by D/S Valentín (Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced KNOWN</p> <p>INV. SOLOWAY Notary Public, Clerk of Court, Officer (F.S.S. 117.10)</p>			
ADMINISTRATIVE	<p>PAGE 1 OF 1</p>		

NOT A CERTIFIED COPY

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 18 DAY OF October 20 20, AT 1834 AM PM

SUBJECT: Perez-Ramos, Pablo, E CASE NUMBER: 20-118011

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: A. Soloway 8586

PERSONAL CONTACT

DRIVING PATTERN: Actual physical control (physical evidence or statements putting def. behind wheel of vehicle)

I responded to assist D/S Valenin #31847 with a possible impaired driver. Upon my arrival he advised me: On October 18, 2020 at approximately 1834 hours, I was dispatched to 607 N M St in the city of Lake Worth reference to a possible hit and run motor vehicle accident which occurred in the area of Lake Worth Rd / S A Street.

Christopher Hartney (Complainant) followed the suspect vehicle till it stopped in the driveway located at 607 N M Street in the city of Lake Worth FL. The suspect vehicle was a white Mazda 3 bearing FL tag of IC07PZ. It should be noted that Christopher never lost sight of the vehicle and he also never observed no one exiting the vehicle when it parked.

Upon my arrival, I approached the driver side of the vehicle to speak with the driver and the vehicle was still idling. The driver of the white Mazda 3 was identified as Pablo Perez-Ramos DOB 07/08/1981. Pablo advised that he was never issued a Florida Driver's License. Upon making contact with the driver outside of his vehicle, 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 Pablo. Pablo had glassy, glazed, and blood shot eyes. Pablo's speech was slurred, slow, thick, and at times difficult to understand. While speaking with Pablo he had an obvious sway.

OBSERVATION OF DRIVER:

Upon my arrival the defendant was standing next to his vehicle. His eyes were red and glassy. There was an odor of an unknown alcoholic beverage on his breath. He talked over me several times. He became belligerent and argumentative. He was swaying while standing.

DRIVER'S STATEMENTS:

I read the defendant his Miranda Warnings which he stated he understood. The defendant stated he was coming from a friend's house where he drank 2 Corona beers. He denied having any significant medical problems. He stated he had lived in the United States for 16 years and never obtained a driver license.

322 07/11 No valid DL 318.14(3) Refused to accept sobriety

ODORS:

There was an odor of an unknown alcoholic beverage on the defendant's breath.

GENERAL OBSERVATIONS

SPEECH: _____

ATTITUDE: argumentative

CLOTHING: shorts, shoes, tshirt

MEDICAL/OTHER: stated none

STATE OF FLORIDA
COUNTY OF PALM BEACH

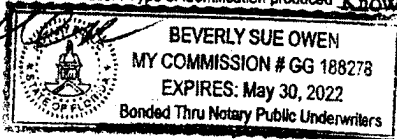
A. Soloway 8586
Signature of Arresting/Investigative Officer

The foregoing instrument was sworn to or affirmed and subscribed before me this 18 day of October 20 20 by A. Soloway 8586

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

Sue Owen (#3184)

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



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:

The defendant separated his feet during this task.

WALK & TURN:

The defendant became argumentative during the tasks. I explained that if he failed to perform the tasks it could be used against him and I would be forced to conclude my investigation and base my decision as to his impairment solely on the fact at hand.

The defendant had difficulty in comprehending the placing of his right foot in front of his left foot even after showing me which foot was his right foot. He took 12 steps on the first pass and 10 steps on the second pass. He did not count his steps out-loud. He stepped off the line and missed heel to toe several times. He began the task before being instructed to begin.

ONE LEG STAND:

The defendant stated he did not know how to count. However, he later stated he attended college. He put his foot down several times before 30 seconds elapsed. He did not look at his raised foot. The defendant told me that I couldn't perform the tasks either.

FINGER TO NOSE:

The defendant did not attempt to touch his nose on all attempts. Instead, he tilted his head left or right on the instruction of left or right.

ROMBERG ALPHABET:

The defendant incorrectly recited the alphabet in Spanish.

BREATH TEST RESULTS:

STATE OF FLORIDA
COUNTY OF PALM BEACH

A. Soloway 8586

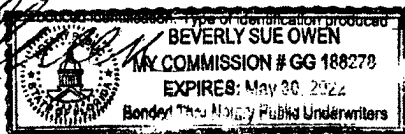
Signature of Arresting/Investigative Officer

This foregoing instrument was sworn to or affirmed and subscribed before me this 18 day of October, 2020 by A. Soloway 8586

Print name of Arresting/Investigative Officer; who is personally known to me and is duly commissioned. Type of identification produced: known LEO

Sue Owen (#3184)

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



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:

INTERPRETER, D/S CRISPIN #34263

COMMENTS:

A/O AND DEFENDANT ARRIVED AT 2020 HOURS. A/O OBSERVED 20 MINUTES. A/O REQUESTED BREATH TEST THRU INTERPRETER, DEFENDANT ASKED WHY HE WAS ARRESTED. A/O READ I/C, DEFENDANT REFUSED TO TAKE TEST WANTED AN ATTORNEY. C/W READ ON SCENE.

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

20-118011

I, A. Soloway 8586, a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)

am a member of Palm Beach County Sheriff's Office, and I do swear
(Name of law enforcement agency)

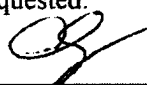
or affirm that on or about the 18 day of October, 20 20, at 2007 P.M. A.M.

DRIVER Pablo E Perez-Ramos
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# P626665812480, state of Florida, was placed under lawful arrest for
the offense of Driving Under the Influence by A. Soloway 8586 and
issued Citation # A2GDAGP
(Name of Arresting Officer)

That on or about the 18 day of OCTOBER, 20 20, at 2045 P.M. A.M.
in Palm Beach County.

I requested that the driver submit to a **breath and/or** **urine** test to determine his or her blood alcohol level and/or the presence of chemical or controlled substances. I informed the driver that the refusal to submit to such test(s) would result in the suspension of his or her driving privilege for a period of one (1) year for a first refusal, or for a period of eighteen (18) months if his or her driving privilege had been previously suspended for refusing to submit to a breath, urine or blood test. I also informed the driver that he or she commits a misdemeanor by refusing to submit to a lawful test as requested above if his or her driving privilege has been previously suspended for refusal to submit to a lawful test of his or her breath, urine, or blood. Additionally, I informed the driver that if he or she holds a CDL, or was operating a CMV, refusal will result in the disqualification of the Commercial Driver's License/driving privilege for a period of one (1) year in the case of a first refusal or permanently if he or she has previously been disqualified as a result of a refusal to submit to any such lawful test. Nonetheless, the driver refused to submit to the test(s) requested.


Signature of Law Enforcement Officer or
Correctional Officer

THE AFFIDAVIT MUST BE NOTARIZED OR ATTESTED TO (F.S. 117.10)

The foregoing instrument was sworn and subscribed before me:

(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before
me this 18 day of October, 20 20,
by A. Soloway 8586,

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

Notary Public Sue Owen (#3184)

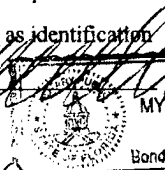
HSMV-BAR1001 (REV. 10/2016)

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.


SUE OWEN
MY COMMISSION # GG 188278
EXPIRES: May 30, 2022
Bonded Thru Notary Public Underwriters

SUBJECT: Perez-Ramos, Pablo E. CASE NUMBER: 20118011

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? 12:00

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? ow

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? _____

HOW MUCH DO YOU WEIGH? _____ HAVE YOU BEEN DRINKING? ow 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: _____

SUBJECT: Perez-Ramos, Pablo E. CASE NUMBER: 20118011

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 Inv Soloway by interpretation of the PBSO

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 Scene



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 checked="" type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	8
	<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 type="checkbox"/>	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	
	<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: 2020024645	Date: 10/19/2020
	Specialist Name/ID: AM/31562