

029250

22 CT 2070 ANB

ARREST / NOTICE TO APPEAR		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	Juvenile N
OBTS Number		Agency ORI Number FLO 0500700		Agency Name RIVIERA BEACH POLICE DEPARTMENT		Agency Report Number 84 - 22-00870	
Charge Type: Check as many as apply: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony		<input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Weapon Seized / Type 2 1. Yes N/A 2. No	
Location of Arrest (Including Name of Business) 901 45TH ST, WEST PALM BEACH, FL 33407		Location of Offense (Business Name, Address) 5280 N OCEAN DR, RIVIERA BEACH, FL 33404					
Date of Arrest 02/06/2022	Time of Arrest 19:40	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle KAUFF'S TOWING 4701 EAST AVE, WEST PALM BEACH, FL	
Name (Last, First, Middle) KLEIN, RANDI, LYNN		Alias (Name, DOB, Soc. Sec. #, Etc.)					
Race W - White I - American Indian B - Black O - Oriental/Asian W	Sex F	Date of Birth 8/9/1963	Height 500	Weight 100	Eye Color BRO	Hair Color BLN	Complexion FAIR
Build SMALL		Marital Status Single		Religion NONE		Indication of: Alcohol Influence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Drug Influence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
Stars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Local Address (Street, Apt. Number) 37 YACHT CLUB DR APT 201, NORTH PALM BEACH, FL 33408		Phone (561) 389-6269		Residence Type: 1. City 2. County 3. Florida 4. Out of State 2	
Permanent Address (Street, Apt. Number) 37 YACHT CLUB DR APT 201, NORTH PALM BEACH, FL 33408		Phone		Address Source DEFENDANT		Occupation EMPLOYED	
Business Address (Name, Street) WEST PALM BEACH, FL		Phone		Citizenship US		Place of Birth (City, State) WEST PALM BEACH, FL	
D/L Number, State K450-732-63-789-0 FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) WEST PALM BEACH, FL	
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth	
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth	
Parent / Legal Custodian / Other: Name (Last, First, Middle) 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 395-2526) informed of any change of address. <input type="checkbox"/> Yes, by (Name) <input type="checkbox"/> No (Reason)		School Attended		Grade		Value of Property	
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property		Value of Property		Drug Activity	
S. Sell N. N/A P. Possess		R. Smuggle D. Deliver E. Use		K. Dispense/ Distribute		M. Manufacture/ Produce/ Cultivate	
Z. Other		Drug Type N. N/A A. Amphetamine		B. Barbiturate C. Cocaine E. Heroin		H. Hallucinogen M. Marijuana O. Opium/deriv.	
P. Paraphernalia/ Equipment S. Synthetics		U. Unknown Z. Other		Statute Violation Number 316.1939(1)		Violation of ORD #	
Charge Description DUI - REFUSAL TO SUBMIT BAL TESTING		Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number	
Drug Activity N		Drug Type N		Amount / Unit N/A		Offense # 22-00870	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number	
Drug Activity		Drug Type		Amount / Unit		Offense #	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number	
Drug Activity		Drug Type		Amount / Unit		Offense #	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number	
Drug Activity		Drug Type		Amount / Unit		Offense #	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number	
Drug Activity		Drug Type		Amount / Unit		Offense #	
Location (Court, Room Number, Address) 3188 PGA BLVD, PALM BEACH GARDENS, FL		Court Date and Time Month MARCH Day 7 Year 2022 Time 0830 AM <input checked="" type="checkbox"/> PM		North County Courthouse		I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED	
Signature of Defendant (or Juvenile and Parent /Custodian)		Date Signed 02/06/2022		Name Verification (Printed by Arrestee)		Witness here if subject signed with an "X"	
HOLD for other Agency Name: <input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Signature of Arresting Officer SEC. B. SPEAROW		Name of Arresting Officer (Print) SEC. B. SPEAROW		I.D. # 6440	
Intake # 10103		I.D. #		Pouch #		Transporting Officer OFC. B. SPEAROW	
I.D. #		Pouch #		Agency RBPB		I.D. # 6440	
WHITE - COURT COPY		GREEN - STATE ATTORNEY		YELLOW - AGENCY		PINK - AGENCY	
GOLD - DEFENDANT (N.T.A.'s ONLY)							

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PAGE 1

D.U.I. PROBABLE CAUSE AFFIDAVIT Cont.

Subject: KLEIN, RANDI, LYNN

Case Number: 22-00870

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

LEFT EYE

- ☐ Lack of Smooth Pursuit
- ☐ Distinct & Sust. Nystag. at Max. Deviation
- ☐ Onset of Nystagmus Prior to 45 Degrees

RIGHT EYE

- ☐ Lack of Smooth Pursuit
- ☐ Distinct & Sust. Nystag. at Max. Deviation
- ☐ Onset of Nystagmus Prior to 45 Degrees

Other Observations:

TASK NOT ADMINISTERED DUE TO VEHICLE CRASH.

Walk and Turn

TASK NOT ADMINISTERED DUE TO VEHICLE CRASH.

One Leg Stand

TASK NOT ADMINISTERED DUE TO VEHICLE CRASH.

Rhomberg

TASK NOT ADMINISTERED DUE TO VEHICLE CRASH.

Finger to Nose

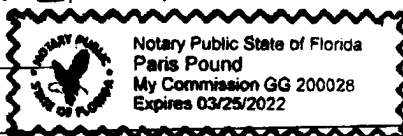
TASK NOT ADMINISTERED DUE TO VEHICLE CRASH.

BREATH RESULTS: 1) ___ @ ___ 2) ___ @ ___ 3) ___ @ ___ 4) ___ @ ___

STATE OF FLORIDA
COUNTY OF PALM BEACH

The forgoing instrument was sworn to or affirmed and subscribed before me this 6 day of FEBRUARY 2022 by
OFF. B. SPEAROW 6440 who is ☐ personally known to me or ☐ produced

Notary Public, Clerk of Court, Officer (FSS 117.10)



SIGNATURE OF ATTESTING OFFICER

SCANNED
FEB 08 2022

D.U.I. PROBABLE CAUSE AFFIDAVIT

On the 6 day of FEBRUARY 2022 at 1840 ☐ AM ☒ PM

Subject: KLEIN, RANDI, LYNN Case Number: 22-00870

Agency: RIVIERA BEACH POLICE DEPARTMENT Arresting Officer: OFC. B. SPEAROW 6440

PERSONAL CONTACT

DRIVING PATTERN: (Actual Physical Control; Physical Evidence or Statements Putting Defendant Behind Wheel of Vehicle)

NOT OBSERVED DUE TO ARRIVAL ON SCENE AFTER VEHICLE CRASH. WHEEL WITNESS IDENTIFIED KLEIN AS DRIVER OF THE VEHICLE.

OBSERVATION OF DRIVER:

DRIVER APPEARED TO BE DISORIENTED PRIOR TO BEING TRANSPORTED TO THE HOSPITAL.

DRIVER STATEMENTS:

POST MIRANDA, AND WHILE AT THE HOSPITAL, DRIVER STATED SHE HAD A COUPLE DRINKS (GIN AND TONIC) WHILE OUT ON A BOAT WITH HER BOYFRIEND AND OTHER INDIVIDUALS.

ODORS: ODOR OF INTOXICATING BEVERAGE EMANATING FROM BREATH

GENERAL OBSERVATIONS

SPEECH: SLURRED, SLOW, DRAWN OUT

ATTITUDE: CONFUSED, ANGRY, FORGETFUL

CLOTHING: T-SHIRT AND JEAN SKIRT, NOT SOILED

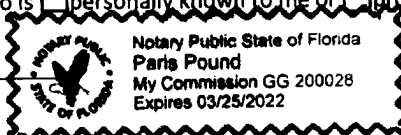
MEDICAL/OTHER: NONE

STATE OF FLORIDA
COUNTY OF PALM BEACH

SIGNATURE OF ATTESTING OFFICER

The forgoing instrument was sworn to or affirmed and subscribed before me this 6 day of FEBRUARY 2022 by
OFC. B. SPEAROW 6440 who is ☐ personally known to me or ☐ produced

Notary Public, Clerk of Court, Officer (FSS 117.10)



STAMP

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FEB 08 2022

22-00870

DUI WITNESS LIST

Arresting Officer: OFC. B. SPEAROW 6440 Email: bspearow@rbpublicsafety.org
 Agency Address: 600 W BLUE HERON BLVD Phone: (561) 845-4123
 Can Testify To: REFUSAL TO SUBMIT ARREST, INVESTIGATION POST-CRASH

Backup Officers: OFC. J. BENNETT #6797
 Agency Address: 600 W BLUE HERON BLVD Phone: (561) 845-4123
 Can Testify To: CRASH INVESTIGATION

Crash Investigator: OFC. J. BENNETT #6797 Email: jbennett@rbpublicsafety.org
 Agency Address: 600 W BLUE HERON BLVD Phone: (561) 845-4123

Breathalyzer Technician: P. POUND ID: 24639 Agency: PBSO

DRE: _____ ID# _____ Agency Case #: _____
 Agency Address: _____ Phone: _____ Email: _____

Name: JAQUA RICHARDSON Involvement: CALLER
 Address: 769 VENETO DR APT 304, LAKE PARK, FL 33403 Phone: (561) 598-5621
 Can Testify To: VEHICLE CRASH AND WHEEL WITNESS ☒ Wheel Witness

Name: DUANE ELDREDGE Involvement: WITNESS
 Address: 5280 N OCEAN DR APT 5E, RIVIERA BEACH, FL 33404 Phone: (845) 372-7422
 Can Testify To: WHEEL WITNESS ☒ Wheel Witness

Name: _____ Involvement: _____
 Address: _____ Phone: _____
 Can Testify To: _____ ☐ Wheel Witness

Name: _____ Involvement: _____
 Address: _____ Phone: _____
 Can Testify To: _____ ☐ Wheel Witness

Name: _____ Involvement: _____
 Address: _____ Phone: _____
 Can Testify To: _____ ☐ Wheel Witness

Name: _____ Involvement: _____
 Address: _____ Phone: _____
 Can Testify To: _____ ☐ Wheel Witness

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FEB 08 2022

TESTING FACILITY TASK REPORT

AGENCY: RBPD

SUBJECT: KLEIN, RANDI L

CASE NUMBER: 22-033392

DATE: Feb 6, 2022

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 20:45

ENDING TIME: 20:55

BREATH TESTS RESULTS: 1) R TIME 20:53 A.M. ☐ P.M. ☒ 2) N/A TIME N/A A.M. ☐ P.M. ☒
3) N/A TIME N/A A.M. ☐ P.M. ☐ 4) N/A TIME N/A A.M. ☐ P.M. ☐

BREATH OPERATOR: P.POUND #24639

MAINTENANCE TECHNICIAN: J. KARLECKE# 6467

TESTING OFFICER'S OBSERVATIONS

REFUSED

SPEECH: SLURRED

ATTITUDE: TALKATIVE, UPSET, LOUD, PROFANITY

CLOTHING: BLUE JEAN SKIRT, BLUE / WHITE SHIRT, WHITE SANDALS

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER:

COMMENTS:

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

SUBJECT: WHAT IF SHE DO NOT TAKE TEST

A/O: READ I/C TWO TIMES, ALSO EXPLAINED I/C

SUBJECT: REFUSED TO ANSWER IF SHE UNDERSTOOD I/C SUBJECT KEPT ASKING FOR HER LAWYER

A/O: READ RIGHTS

SUBJECT: STATED SHE UNDERSTOOD RIGHTS

NO Q&A CONDUCTED

SUBJECT: INVOKED HER RIGHTS TO COUNSEL

REFUSED

SCANNED
FEB 08 2022



RIVIERA BEACH POLICE DEPARTMENT
DUI TESTING FACILITY INFORMATION SHEET

PBSO Case #: 22-033392 PBSO Zone: 3-21

Agency Case #: 22-00870 Crash Case #: 22-00870

Incident Information:

Time of Stop/Crash: 1840 Date of Incident: 02/06/2022 Day: SUNDAY

Location of Incident: 5280 N OCEAN DR, RIVIERA BEACH, FL 33404

Arrest Information:

Time of Arrest: 19:40 Date of Arrest: 02/06/2022 Day: SUNDAY

Location of Arrest: 901 45TH ST, WEST PALM BEACH, FL 33407

Subject's Name: (L) KLEIN, (F) RANDI, (M) LYNN

DOB: 8/9/1963 Race: W Sex: F Height: 500 Weight: 100

Arresting Officer's Name: OFC. B. SPEAROW ID#: 6440

Agency: RBPD Division: PATROL

Breath Results

- 1) REFUSED at hrs.
2) REFUSED at hrs.
3) REFUSED at hrs.
4) REFUSED at hrs.

---BAT Use---

BAT Notified: Y
Arrival Time at BAT: 2021
Subject Arrest Time: 19:40

Breath Test Operator: 24639

SCANNED
FEB 08 2022

22-00870

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

I, **OFC. B. SPEAROW**, a duly certified Law Enforcement Officer or Correctional Officer,
 (Name of Officer reading Implied Consent Warning)

am a member of **RIVIERA BEACH POLICE DEPARTMENT**, and I do swear
 (Name of law enforcement agency)

or affirm that on or about the **6** day of **FEBRUARY**, 20 **22**, at **19:40** ☒ P.M. ☐ A.M.

DRIVER **RANDI LYNN KLEIN**
 (Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# **K450-732-63-789-0**, state of **FL**, was placed under lawful arrest for

the offense of **DUI - REFUSAL TO SUBMIT BAL TESTING** by **OFC. B. SPEAROW** and
 (Name of Arresting Officer)

issued Citation # **AF81L1E**

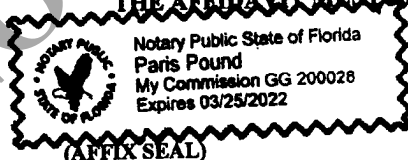
That on or about the **6** day of **FEBRUARY**, 20 **22**, at **20:53** ☒ P.M. ☐ A.M.

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 this **6** day of **FEBRUARY**, 20 **22**,

by **OFC. B. SPEAROW**,

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

Notary Public

HSMV-BAR1001 (REV. 10/2016)

The foregoing instrument was sworn and subscribed before me:

Signature of Attesting Officer

Title **POLICE OFFICER**

Date **2/6/2022**

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.

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FEB 08 2022

SUBJECT: _____ 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) _____

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) _____

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FEB 08 2022

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

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: _____

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL

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FEB 08 2022



**PALM BEACH COUNTY
SHERIFF'S OFFICE**
Florida State Statute Exemption Sheet

Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	<input type="checkbox"/>	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	<input type="checkbox"/>	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel.	
	<input type="checkbox"/>	119.071(2)(f)	Confidential informants (CIs).	
	<input type="checkbox"/>	119.071(2)(e)	Confession.	
Public Info. Exemptions	<input type="checkbox"/>	985.04(1)	Juvenile offender records.	
	<input type="checkbox"/>	119.071(h)(i)	Assets of a crime victim.	
	<input type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	<input type="checkbox"/>	394.4615(7)	Mental health information.	
	<input type="checkbox"/>	119.071(4)(d)(2)(a)	Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)	<input checked="" type="checkbox"/>	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	<input type="checkbox"/>	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	<input type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	<input type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2022003475	Date: 2/7/2022
	Specialist Name/ID: M. Took #8557

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