

J-0516624

WCT-6682

P-3777

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		Agency ORI Number <b>FLO 502600</b>		Agency Name <b>PALM BEACH GARDENS POLICE DEPARTMENT</b>		Agency Report Number (N.T.A.'s only) <b>78- 20002519</b>				
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 <input checked="" type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No				
Location of Arrest (Including Name of Business) <b>3400 JARDIN CT, PBG, FL</b>				Location of Offense (Business Name, Address) <b>ALT A1A/BURNS RD, PBG, FL</b>						
Date of Arrest <b>05/24/2020</b>	Time of Arrest <b>22:56</b>	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle <b>3400 JARDIN CT, PBG, FL</b>				
Name (Last, First, Middle) <b>NGUYEN, RICHARD,</b>				Alias (Name, DOB, Soc. Sec. #, Etc.)						
Race W - White / - American Indian B - Black / - Oriental/Asian	Sex <b>M</b>	Date of Birth <b>12/12/1962</b>	Height <b>5'4</b>	Weight <b>130</b>	Eye Color <b>BRO</b>	Hair Color <b>BLA</b>	Complexion <b>LIGHT</b>			
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>N/A</b>				Marital Status <b>MARRIED</b>	Religion <b>CHRISTIAN</b>	Indication of Alcohol Influence Drug Influence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unk.				
Local Address (Street, Apt. Number) <b>3400 JARDIN CT #101</b>		(City) <b>PALM BEACH GARDENS, FL</b>	(State) <b>FL</b>	(Zip) <b>33410</b>	Phone <b>(850) 625-6622</b>	Residence Type: 1. City 2. County 3. Florida 4. Out of State <b>1</b>				
Permanent Address (Street, Apt. Number) <b>3400 JARDIN CT #101</b>		(City) <b>PALM BEACH GARDENS, FL</b>	(State) <b>FL</b>	(Zip) <b>33410</b>	Phone <b>( )</b>	Address Source <b>VERBAL</b>				
Business Address (Name, Street)		(City)	(State)	(Zip)	Phone <b>( )</b>	Occupation				
D/L Number, State <b>N250740624520 FL</b>		Sec. Sec. Number <b>[REDACTED]</b>		INS Number	Place of Birth (City, State) <b>NHATRAHE, VIETNAM</b>	Citizenship <b>US</b>				
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					
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other		Name (Last)	(First)	(Middle)	Residence Phone <b>( )</b>					
Address (Street, Apt. Number)		(City)	(State)	(Zip)	Business Phone <b>( )</b>					
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 <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 355-2528) 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 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 <b>DRIVING UNDER THE INFLUENCE OVER .08</b>		Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number <b>316.193(1)(C)</b>		Violation of ORD #				
Drug Activity <b>N</b>	Drug Type <b>N</b>	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				
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) <b>NORTH COUNTY COURTHOUSE, 3188 PGA BOULEVARD, PALM BEACH GARDENS, FL 33410 - PH: (561) 662-6700</b>										
Court Date and Time Month <b>JULY</b> Day <b>1</b> Year <b>2020</b> Time <b>1330</b> AM <input checked="" type="checkbox"/> 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. <b>05/24/2020</b>										
Signature of Defendant (or Juvenile and Parent /Custodian)				Date Signed						
HOLD for other Agency Name:		Signature of Arresting Officer <b>[Signature]</b>		Name Verification (Printed by Arrestee)						
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print) <b>Ofc. ANDREW FLINK</b>		I.D. # <b>514</b>				
Intake Deputy		I.D. #	Pouch #	Transporting Officer <b>ANDREW FLINK</b>		ID # <b>514</b>				
				Agency <b>PBGPD</b>		Witness here if subject signed with an "X" <b>1</b>				

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 24TH DAY OF MAY 20 20, AT 2244 AM  PM

SUBJECT: NGUYEN, RICHARD, CASE NUMBER: 20002519

AGENCY: PALM BEACH GARDENS POLICE DEPT. ARRESTING OFFICER: Ofc. ANDREW FLINK 514  
**PERSONAL CONTACT**

**DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUTTING DEF. BEHIND WHEEL OF VEHICLE)**

While traveling North bound on Alt A1A, approaching Burns Rd, PBG, FL, this Officer observed a vehicle traveling at an increased rate of speed, South bound on Alt A1A in the inside through lane. This Officer's initial visual estimation of the vehicle, was approximately 75 MPH in a posted 45 MPH zone. Using RADAR Stalker DSR2X (S/N DB001317) (Front Antenna #KC086606), this Officer received a steady tone and reading of 75 MPH. It should be noted, the RADAR unit was checked for accuracy at the start and conclusion of this tour of duty. This Officer conducted a U-turn and entered traffic flow behind the vehicle, a black Toyota sedan (EHFT69/FL). The vehicle turned on to N Entrada Way, followed by this Officer, at no point was visual lost of the vehicle. This Officer initiated a traffic stop on the vehicle and made contact with the driver and sole occupant, identified via Florida Driver License photo, Richard Nguyen, while he was still in actual physical control of the vehicle.

**OBSERVATION OF DRIVER:**

Nguyen had watery eyes, slurred speech and the odor of an unknown alcoholic beverage emanating from his breath at conversational distance. The intensity of the odor would increase as Nguyen would speak.

**DRIVER'S STATEMENTS:**

Nguyen said he was going to his house and coming from a friend's house. Nguyen would later utter that he had consumed "two beers", on this evening.

**ODORS:**

Unknown alcoholic beverage

## GENERAL OBSERVATIONS

**SPEECH:** Slurred

**ATTITUDE:** Compliant

**CLOTHING:** Black shirt, blue jeans, teal/grey sneakers

**MEDICAL/OTHER:** None stated.

STATE OF FLORIDA  
COUNTY OF PALM BEACH

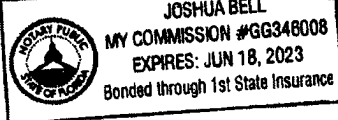
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 24th day of May 2020 by Ofc. ANDREW FLINK

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

Personally Known

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



MAY 20 2020

SUBJECT: NGUYEN, RICHARD,

CASE NUMBER 20002519

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:

Swaying while standing upright. Nguyen had to be told instructions multiple times. This Officer observed six out of six indicators of possible impairment.

WALK & TURN:

During the instructions, Nguyen would not stay in the starting position. Nguyen stepped off the line and raised his arms, without being told to do so. Nguyen also started twice prior to being told to do so. During the first set of steps, Nguyen missed heel-to-toe and took 14 steps rather than nine as instructed. After the turnaround, Nguyen took 12 steps rather than nine as instructed. Nguyen also missed heel-to-toe on several steps. This Officer observed four out of eight indicators of possible impairment.

ONE LEG STAND:

Nguyen started the exercise and was not performing as required. Nguyen was explained the exercise again and attempted the exercise a second time. Nguyen placed his foot down multiple times and was swaying throughout the duration. Nguyen also raised his arms more than six inches from his sides. This Officer observed three out of four indicators of possible impairment.

ROMBERG ALPHABET:

Not conducted.

FINGER TO NOSE:

Not conducted.

BREATH TEST RESULTS: 1) [ ] 2) [ ] 3) - [ ] 4) - [ ]

STATE OF FLORIDA  
COUNTY OF PALM BEACH

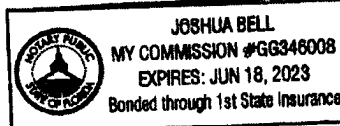
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 24th day of May 2020 by Ofc. ANDREW FLINK

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

Personally Known

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



MAY 24 2020



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

PBSO CASE # 20-071599 PBSO ZONE 3-13

AGENCY CASE # 20002519 CRASH CASE # \_\_\_\_\_

TIME OF STOP/CRASH 2244 DATE 05/24/2020 DAY SUNDAY

SUBJECT'S NAME NGUYEN RICHARD RACE A SEX M  
LAST FIRST MID

HGT 5'4 WGT 130 DOB 12/12/1962

LOCATION 3400 JARDIN CT, PBG, FL

ARRESTING OFFICER'S NAME & ID Ofc. ANDREW FLINK 514 AGENCY PBGPD

DIVISION: TRAFFIC UNIT

NOTIFIED BY COMMO yes

ARRIVAL AT FACILITY 2329

ARREST TIME 22:56

**BREATH RESULTS:**

- 1) .101
- 2) .098
- 3) -N/A
- 4) -N/A

BREATH TEST OPERATOR: 8556

NOT A CERTIFIED COPY

# TESTING FACILITY TASK REPORT

AGENCY: PBG

SUBJECT: NGUYEN, RICHARD

CASE NUMBER: 20-071599

DATE: May 24, 2020

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 2351

ENDING TIME: 0005

BREATH TESTS RESULTS: 1) .101 TIME 2359 A.M.  P.M.  2) .098 TIME 0002 A.M.  P.M.   
3) N/A TIME XX A.M.  P.M.  4) N/A TIME XX A.M.  P.M.

BREATH OPERATOR: JOSHUA J BELL #8656

MAINTENANCE TECHNICIAN: J. KARLECKE #6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: BROKEN ENGLISH

ATTITUDE: TALKATIVE, COOPERATIVE

CLOTHING: BLUE LONG SLEEVE BUTTON UP, BLUE JEANS, GREY/BLUE SNEAKERS

MEDICAL CONDITIONS: HIGH BLOOD PRESSURE, DIABETES

MEDICATIONS: MEDS FOR ABOVE MEDICAL CONDITIONS

## OTHER:

EYES: GLASSY

ODOR OF UNKNOWN ALCOHOLIC BEVERAGE COMING FROM BREATH

## COMMENTS:

ARRIVED AT DUI TESTING FACILITY AND BEGAN THE 20 MINUTE OBSERVATION AT 2329 HOURS

SUBJECT STATED HE WOULD TAKE BREATH TEST  
SUBJECT ASKED IF HE SHOULD TAKE BREATH TEST

A/O READ I.C AND EXPLAINED  
SUBJECT STATED HE WOULD TAKE BREATH TEST

A/O READ RIGHTS  
SUBJECT STATED HE DID NOT UNDERSTAND HIS RIGHTS

TECH READ BREATH TEST RESULTS AND EXPLAINED  
SUBJECT ACKNOWLEDGED HE UNDERSTOOD BREATH TEST RESULTS

Q AND A NOT CONDUCTED DUE TO SUBJECT NOT UNDERSTANDING HIS RIGHTS

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

Instrument Type: Intoxilyzer 8000  
Instrument Registered To: PALM BEACH CO SO  
Instrument Serial Number: 80-006240 Software: 8100.27  
Date of Test: 05/25/2020

Date of Last Agency Inspection: 05/15/2020  
Observation Period Began: 23:29  
Subject's Name: RICHARD NGUYEN

DOB: 12/12/1962 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	23:56
	Air Blank	0.000	23:57
	Control Test	0.081	23:57
	Air Blank	0.000	23:58
	Subject Sample #1	0.101	23:59
	Air Blank	0.000	00:00
	Air Blank	0.000	00:02
	Subject Sample #2	0.098	00:02
	Air Blank	0.000	00:03
	Control Test	0.079	00:03
	Air Blank	0.000	00:04
	Diagnostics Check	OK	00:04

Cylinder Lot: 28719080A1  
Exp: 12/05/2021

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 JOSHUA J BELL, 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: 5/25/20

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

Signature of Notary Public-State of Florida

Printed Name of Notary Public-State of Florida

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.

SUBJECT: Nguyen, Richard 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 (A. Pink) of the FBPD

If you fail to submit to the test I have requested of you, your privilege to operate a motor vehicle will be suspended for a period of one (1) year for a first refusal, or eighteen (18) months if your privilege has been previously suspended as a result of a refusal to submit to a lawful test of your breath, urine or blood. Additionally, if you refuse to submit to the test I have requested of you and if your driving privilege has been previously suspended for a prior refusal to submit to a lawful test of your breath, urine or blood, you will be committing a misdemeanor. Refusal to submit to the test I have requested of you is admissible into evidence in any criminal proceeding.

SUBJECT'S SIGNATURE: (X) Read on camera

## CONSTITUTIONAL WARNINGS

I AM REQUIRED TO WARN YOU BEFORE YOU MAKE ANY STATEMENTS THAT YOU HAVE THE FOLLOWING RIGHTS:

1. You have the right to remain silent and not answer any questions.
2. Any statement must be freely and voluntarily given.
3. You have the right to the presence of a lawyer of your choice before you make any statement and during any questioning.
4. If you cannot afford a lawyer, you are entitled to the presence of a court appointed lawyer before you make any statements and during any questioning.
5. If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent.
6. I can make no threats or promises to induce you to make a statement. This must be of your own free will.
7. Any statement can and will be used against you in a court of law.

SUSPECT'S SIGNATURE: (X) Read on camera A. Pink

SUBJECT: Nguyen, Richard 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: Ofc. FIAK #514



**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)(f)	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: 2020013409	Date: 5/25/2020
	Specialist Name/ID: B Evans / 23649