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ARREST / NOTICE TO APPEAR

ADMI NIST RATI ON	OBTS Number	Agency ORI Number <b>0501700</b>		Agency Name <b>Jupiter Police Department</b>	Agency Report Number (N.T.A.'s only) <b>5   4   20-002955</b>	1 Arrest 2 N.T.A.	3 Request for Warrant 4 Request for Capias	<b>1</b>	JUVENILE		
DEF END ANT	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: <b>NONE</b>	Multiple Clearance Indicator					
	Location of Arrest (Including Name of Business) <b>7699 W INDIANTOWN RD/FLORIDA TURNPIKE</b>					Location of Offense (Business Name, Address) <b>7699 W INDIANTOWN RD/FLORIDA TPKE, JUPITER, FL</b>					
D E F E N D A N T	Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle				
	<b>08/28/2020</b>		<b>19:59</b>								
	Name (Last, First, Middle) <b>WATKINS, ROBERT KIMBER J</b>					Alias:					
	Race	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build		
	<b>W - White</b>	<b>M</b>	<b>07/11/1945</b>	<b>6'03</b>	<b>220</b>	<b>GREEN</b>	<b>GRAY</b>	<b>FAIR</b>	<b>Large</b>		
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)					Mental Status	Religion	Indication of Alcohol Influence Drug Influence			
						<b>M</b>	<b>OTHER</b>	Yes <input type="checkbox"/> No <input type="checkbox"/> Unit <input type="checkbox"/>			
	Local Address (Street, Apt. Number) <b>17119 ALEXANDER RUN, JUPITER, FL 33478</b>					Phone	Residence Type				
						<b>(561) 719-0006</b>	1 City 3 Florida 2 County 4 Out of State				
	Permanent Address (Street, Apt. Number) <b>17119 ALEXANDER RUN, PBSO, FL 33478</b>					Phone	Address Source				
					<b>(561) 719-0006</b>	<b>FL DL</b>					
Business Address (Name, Street) <b>W325771452510 / FL</b>					Phone	Occupation <b>Retired</b>					
D/L Number, State <b>W325771452510 / FL</b>		Soc. Sec. Number	INS Number	Place of Birth (City, State) <b>NEW YORK, NY</b>		Citizenship <b>US</b>					
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor						
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor						
<input type="checkbox"/> Parent <input type="checkbox"/> Other		Name (Last, First, Middle)			Residence Phone						
<input type="checkbox"/> Legal Custodian		Address (Street, Apt. Number)			Business Phone						
Notified by (Name)		Date	Time	JUVENILE DISPOSITION <input type="checkbox"/> 1. Handled/Processed within Department and Released <input type="checkbox"/> 2. TOT JAC <input type="checkbox"/> 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 355-2526) informed of any change of address.					School Attended	Grade					
<input type="checkbox"/> Yes, by <input type="checkbox"/> No					Property Crime?	Description of Property			Value of Property		
					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
C O D E	Drug Activity	S Sell	R. Smuggle	K. Disperse/ Distribute	M. Manufacture/ Produce/ Cultivate	Z. Other	Drug Type	B. Barbiturate	H. Hallucinogen	P. Paraphernalia/ Equipment	U. Unknown 2. Other
	N. Possess	T. Traffic	D. Deliver	E. Use			N. N/A A. Amphetamine	C. Cocaine	M. Marijuana	O. Opium/Deriv	S. Synthetic
C H A R G E	Charge Description <b>DUI - DRIVING UNDER THE INFLUENCE/NORMAL FACULTIES IMPAIRED</b>					Statute Violation Number <b>316.193(1)(A)</b>	Violation of ORD #				
	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond <b>OR</b>			
					<b>1</b>	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N					
C H A R G E	Charge Description					Statute Violation Number	Violation of ORD #				
	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond			
						<input type="checkbox"/> Y <input checked="" type="checkbox"/> N					
C H A R G E	Charge Description					Statute Violation Number	Violation of ORD #				
	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond			
						<input type="checkbox"/> Y <input checked="" type="checkbox"/> N					
I N T A K E	Health / Apparent Physical Condition of Defendant					Any knowledge of the following <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries					
	Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail					PROPERTY - Received By		Released By		Released To	
	<input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health										
N O T I C E T O A P P E A R	<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.					Location (Court, Room) <b>North County PALM BEACH GARD</b>					
						Court Date and Time <b>09/30/2020 08:30:00</b>					
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.										No Photo Available <b>INP</b>	
<b>X Unable to sign</b>					Signature of Defendant (or Juvenile and Parent/Custodian)						
					Date Signed						
A D M I N	HOLD for Other Agency					Signature of Arresting Officer <b>Chris 340</b>					
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other					Name of Arresting Officer (Print) <b>FANDREY, CHRISTOPHER</b>					
	Take Deputy <b>DS Collins 7022</b>					ID # <b>1182</b>					
					Transporting Officer <b>C Fandrey</b>						
					ID # Agency <b>340 JPD</b>						
					Name Verification (Printed by Arrestee) <b>SCANNED</b>						
					(PRINT) <b>AUG 29 2020</b>						
					PAGE <b>1 OF 1</b>						
					Witness here if subject signed with an "X"						

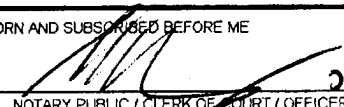

PROBABLE CAUSE AFFIDAVIT

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


1

JUVENILE

A D M I N I S T R A T I V E	OBTS Number		Agency ORI Number <b>FL 0501700</b>		Agency Name <b>JUPITER POLICE DEPARTMENT</b>		Agency Report Number <b>5   4   20-002955</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		Special Notes:		Name (Last, First, Middle) <b>WATKINS, ROBERT KIMBER J</b>		Race <b>W</b>	Sex <b>M</b>
C H A R G E S	Charge Description <b>316.193(1)(A) DUI - DRIVING UNDER THE INFLUENCE/NORMAL</b>		Charge Description		Charge Description		Charge Description	
	Victim's Name (Last, First, Middle) <b>State Of Florida</b>		Race		Sex		Date of Birth	
V I C T I M	Local Address (Street, Apt. Number) (City) (State) (Zip)		Phone		Address Source			
	Business Address (Name, Street) (City) (State) (Zip)		Phone		Occupation			
P R O B A B L E C A U S E	<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.</p> <p>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 <b>28</b> day of <b>August</b>, <b>2020</b> at <b>19:59</b> (Specifically include facts constituting cause for arrest.)</p>							
	<p>The following was captured on Jupiter Police Department issued Axon BWC.</p> <p>On 8/28/2020 at approximately 1847hrs I was dispatched to the area of N Alt A1A and Center Street in reference to a careless driver that was being followed by the caller. While enroute, Nortcom continually provided updates about the location of the vehicle. Northcom advised that the vehicle was all over the roadway and nearly caused several vehicle crashes. Jupiter Police Officer First Class R. Kolenich #314 located the vehicle near N Central Blvd and W Indiantown Road. While behind the vehicle he stated the vehicle was failing to maintain its lane and a traffic stop was conducted for the traffic violation. PFC Kolenich stated via the police radio that the vehicle was failing to immediately pullover. PFC. Kolenich followed the vehicle until it pulled over just west of the Florida Turnpike on W Indiantown Rd.</p> <p>I arrived on scene and approached the driver side of the vehicle to make contact with the driver. I made contact with the driver of the vehicle who was positively identified by his Florida Class E Driver License to be WM Robert K. Watkins Jr. 7/11/45. While attempting to retrieve his license out of his wallet he appeared to try and slide it out of his wallet on the top, however his wallet required him to slide his license out on the side. After waiting for a while I informed Robert that he needed to slide his license out of the side. I then asked Robert for his registration and insurance to which he struggled to provide them for a couple of minutes. While speaking with Robert he clearly was unable to divide his attention to provide the requested information. Robert yelled at his passenger to retrieve the documentation from the glove box. When his passenger handed Robert a bag of wet wipes he appeared to try and open the package as if still looking for his registration and insurance. Robert finally provided his registration but not his insurance as it was out of date. Robert was asked on a scale of 1-10 with 1 being completely sober and 10 being the most drunk he has ever been in his life where he thought he was. Robert replied about a 1-2. Robert stated he thought he</p>							
A D M I N I S T R A T I V E	<p>SWORN AND SUBSCRIBED BEFORE ME</p> <p><i>[Signature]</i> <b>08/28/2020</b></p> <p>NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</p> <p>DATE</p>				<p><i>[Signature]</i> <b>340</b></p> <p>SIGNATURE OF ARRESTING / INVESTIGATING OFFICER</p> <p><b>FANDREY, CHRISTOPHER (1182)</b></p> <p>NAME OF OFFICER (PLEASE PRINT)</p> <p><b>08/28/2020</b></p> <p>DATE</p>			
	<p><b>08/28/2020</b></p> <p>DATE</p>				<p><b>SCANNED</b></p> <p><b>AUG 29 2020</b></p> <p>DATE</p>			

DBTS Number Agency ORI Number <b>FL 0501700</b>	PROBABLE CAUSE AFFIDAVIT SUPPLEMENT Agency Name <b>JUPITER POLICE DEPARTMENT</b>	1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias <b>1</b>	JUVENILE Agency Report Number <b>5   4   20-002955</b>
Charge Type: Check as many as apply <input type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other		Special Notes:	
Name (Last, First, Middle) <b>WATKINS, ROBERT KIMBER J</b>		Race <b>W</b>	Sex <b>M</b>
		Date of Birth <b>07/11/1945</b>	
P R O B A B L E  C A U S E  S T A T E M E N T	<p>was ok to drive. Robert was asked about taking any medication to which he initially denied. Robert also stated he was not using glasses or contacts although his FL DL has a corrective lenses requirement.</p> <p>Robert was asked to step out of the vehicle and he did. While Robert was exiting the vehicle he was clearly unable to easily stand on his own. He continually leaned on his vehicle to support him. Robert stated that he usually has issues standing and stated he recently had neck surgery and had back issues. I also noted that Robert had red bloodshot glassy eyes and the strong odor of an unknown alcoholic beverage coming from his person which grew stronger the more I spoke with him. I again asked Robert on a scale of 1-10 with 1 being completely sober and 10 being the most drunk he has ever been where he thought he was. Robert stated about 2 or 3 but again said he felt that he was ok to drive. At this point, based off of driving pattern of Robert, his statements, and my observations, I believed he may be too intoxicated to safely operate a vehicle. I asked Robert to conduct Seated Battery of Roadside Tasks to which he agreed.</p> <p>I offered Robert a ride in my patrol car to which he refused and said that he was able to walk. I moved my vehicle to the parking lot of the CVS just west of the Florida Turnpike. After getting into the parking lot I observed Sgt. Kimbark and PFC. Kolenich supporting Robert as he was walking to bench next to the building. Robert was again asked if he was willing to complete the roadside tasks because he moved a short distance. Robert again agreed to the roadside tasks.</p> <p><b>Horizontal Gaze Nystagmus Task-</b>          Robert denied wearing contacts and stated he had no injuries other than his neck and back and was not under a care of a doctor or a dentist other than his neck injury. Robert stated he took pain medication for his neck but stated the bottles do not tell him to not drive or mix with alcohol. Robert failed to follow the red light with his eyes only multiple times during the task. I observed Lack of smooth pursuit, distinct and sustained nystagmus at max deviation, onset prior to 45 degrees, and vertical nystagmus in both eyes.</p> <p><b>Hand Coordination Task-</b>          Robert did not maintain the starting position for the task while being instructed. Robert stated he understood the instructions and did not have any questions. On task 1 Robert had an improper count and improper touch of his fists. Robert moved his fists in a step like fashion in excess of 10 times. Robert never completed task 2 by not clapping. Robert did not perform task 3 and he did not perform task 4.</p> <p><b>Palm Pat Task-</b>          Robert stated that he understood the instructions and did not have any questions although he did not maintain the starting position. During the performance stage of the task, Robert rotated both hands over each other and clapped. He did not turn over only</p>		
A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME  NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) <b>08/28/2020</b> DATE		 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER <b>FANDREY, CHRISTOPHER (1182)</b> NAME OF OFFICER (PLEASE PRINT) <b>08/28/2020</b> DATE
		PAGE <b>2 OF 4</b>	

SCANNED  
AUG 29 2020

OBTs Number Agency ORI Number <b>FL 0501700</b>	<b>PROBABLE CAUSE AFFIDAVIT SUPPLEMENT</b>	1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias	<b>1</b>	JUVENILE
Agency Name <b>JUPITER POLICE DEPARTMENT</b>	Agency Report Number <b>5   4   20-002955</b>			
Charge Type: Check as many as apply. <input type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other			Special Notes:	
Name (Last, First, Middle) <b>WATKINS, ROBERT KIMBER J</b>		Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>07/11/1945</b>
<p>his top hand as he was instructed.</p> <p><b>Finger to Nose Task-</b>          Robert did not maintain the starting position as instructed. Robert stated he understood the instructions and did not have any questions. When told to begin he did not close his eyes and tilt his head back and had to be reminded. 1 left he hesitated, did not use fingertip, and did not return his hand down. 1 right he hesitated, searched, did not use fingertip, and did not return his hand back down. 2 left he searched, did not use fingertip, missed tip of nose, and did not bring hand back down. 2 right he searched, did not use fingertip, and did not bring his hand back down. 3 right he brought his hand down and then searched, did not use fingertip, and did not bring hand down. 3 left he searched, did not use fingertip, missed tip of the nose, and did not bring his hand back down.</p> <p><b>Romberg Alphabet Task-</b>          Robert stated he had 2.5 of John Hopkins to which he later clarified to have 2.5 years of college education. Robert stated he understood the instructions and did not have any questions. Robert failed to keep his head tilted back and moved his head during the task. Robert completed the task correctly otherwise.</p> <p>Based upon the entire investigation and Robert's poor performance on Field Sobriety Exercises, I developed probable cause to arrest and charge Robert with DUI pursuant to Florida State Statutes. Robert was searched for contraband which yielded negative results. Robert was later handcuffed in the front and struggled to stand up to and struggled to sit down in the patrol vehicle. Based on Robert being handcuffed in the front a waist belt was requested in order to secure Robert's hands. After MPO Banegas arrived on the scene with the waist belt, attempts to have Robert get out of the patrol car were made. Robert struggled to get out of the vehicle but was later secured using the waist belt. While attempting to have Robert sit down again in the vehicle, he was attempting to push his arms through the handcuffs to grab his pant legs to help place his feet inside the vehicle. While doing this, his wrists rubbed on the handcuffs and caused his wrists to slightly bleed.</p> <p>Due to Robert struggling to even stand up on his own and the cuts to his wrists, he was transported to the Jupiter Medical Center for medical clearance. Upon arrival to the Jupiter Medical Center Emergency Room, multiple nurses and the doctor advised that the medical clearance would take several hours. At this point it was clear that requesting a breath sample at the Palm Beach County BAC Facility would be impossible and impractical due to the unknown amount of time it would take to be medically cleared. Robert was stopped at approximately 1917hrs, arrested at 1959hrs, and arrived at JMC at approximately 2034hrs. Robert agreed to a blood draw at approximately 2140hrs and signed the consent to blood draw on BWC video.</p>				
SWORN AND SUBSCRIBED BEFORE ME  NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) <b>08/28/2020</b> DATE		 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER <b>FANDREY, CHRISTOPHER (1182)</b> NAME OF OFFICER (PLEASE PRINT) <b>08/28/2020</b> DATE		
		PAGE <b>3 OF 4</b>		

SCANNED  
AUG 29 2020

PROBABLE CAUSE AFFIDAVIT  
SUPPLEMENT

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

1

JUVENILE

A D M I N	OBT Number	Agency ORI Number <b>FL 0501700</b>		Agency Name <b>JUPITER POLICE DEPARTMENT</b>	Agency Report Number <b>5   4   20-002955</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



D E F	Name (Last, First, Middle) <b>WATKINS, ROBERT KIMBER J</b>	Alias	Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>07/11/1945</b>
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Robert's blood was drawn by Jupiter Medical Center ER Nurse Thomas Haninson ID # 13341 per the instructions of the blood draw kit. The Blood draw kit was later secured and placed into Jupiter Police Department Evidence.

After being medically cleared for jail, Robert was transported to the Palm Beach County Jail without further incident. Roberts vehicle was towed from the scene by All Hooked Up Towing and his passenger was transported to her residence by Ofc. Jurac.

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	 NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
	<b>08/28/2020</b> DATE	<b>FANDREY, CHRISTOPHER (1182)</b> NAME OF OFFICER (PLEASE PRINT)
		<b>08/28/2020</b> DATE

PAGE  
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SCANNED

AUG 29 2020

# WITNESS LIST

CASE NUMBER: 20-002955

ARRESTING OFFICER: C Fandrey

ADDRESS: 210 MILITARY TRAIL JUPITER FL 33458

PHONE NUMBERS (HOME): \_\_\_\_\_ (WORK) 561-746-6201

CAN TESTIFY TO: SEE PC

NAME: Officer Kolenich

ADDRESS: 210 MILITARY TRAIL JUPITER FL 33458

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) 561-746-6201

CAN TESTIFY TO: Assisting on Scene and PC for stop.

NAME: \_\_\_\_\_

ADDRESS 210 Military Trail Jupiter FL 33458

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) 561-746-6201

CAN TESTIFY TO: Assisting on Scene

NAME: \_\_\_\_\_

ADDRESS 210 Military Trail Jupiter FL 33458

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) 561-746-6201

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

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CAN TESTIFY TO: \_\_\_\_\_

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CAN TESTIFY TO: \_\_\_\_\_

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ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

SCANNED

AUG 29 2020



**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: 2020020478	Date: 08/29/2020
	Specialist Name/ID: T Howard/7185

SCANNED  
AUG 29 2020