

21CT4652 MB
 1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias
 1 N N

ARREST / NOTICE TO APPEAR
 Juvenile Referral Report

ADMINISTRATIVE	OBTS Number		Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-21-048007	
	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 1. Yes 2. No	
	Location of Arrest (Including Name of Business) Hypoluxo Rd./ Gleawood Dr., Boynton Beach FL				Location of Offense (Business Name, Address) Hypoluxo Rd./ Gleawood Dr., Boynton Beach FL			
	Date of Arrest 03/23/2021		Time of Arrest 2256		Booking Date		Booking Time	
DEFENDANT	Name (Last, First, Middle) Dickerson, Samantha, Ann							
	Alias (Name, DOB, Soc. Sec. #, Etc.)							
	Race W - White I - American Indian B - Black O - Oriental/Asian		Sex W F		Date of Birth 6/6/1995		Height 5'07	
	Weight 165		Eye Color Br		Hair Color Br		Complexion Med	
	Build Med		Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) ribs, spine, inner right wrist, outer right forearm, both hands		Marital Status Single		Religion NONE	
	Indication of Alcohol Influence Y N Unk. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Indication of Drug Influence Y N Unk. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Residence Type: 1. City 2. County 3. Florida 4. Out of State		2	
	Local Address (Street, Apt. Number) (City) (State) (Zip) 11010 90th St S, Boynton Beach, FL 33472				Phone (765) 729 8306		Address Source DEFENDANT	
	Permanent Address (Street, Apt. Number) (City) (State) (Zip)				Phone		Occupation	
	Business Address (Name, Street) (City) (State) (Zip)				Phone		Eye lash extensions	
	D/L Number, State D262781957060, FL		Sec. Sec. Number		INS Number		Place of Birth (City, State) Muncie IN	
Citizenship US		Co-Defendant Name (Last, First, Middle)		Race		Sex		
Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large		<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile				
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		
<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large		<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile						
Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other:		Name (Last) (First) (Middle)		Residence Phone				
Address (Street, Apt. Number) (City) (State) (Zip)		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 <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. <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				
CHARGE	Drug Activity N. N/A S. Sell 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. Amphetamines		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(3)(1)	
	Violation of ORD #		Warrant / Capias Number		Bond			
Drug Activity N		Drug Type		Amount / Unit		Offense # 21-048007		
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		
Violation of ORD #		Warrant / Capias Number		Bond				
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		
Violation of ORD #		Warrant / Capias Number		Bond				
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		
Violation of ORD #		Warrant / Capias Number		Bond				
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		
Violation of ORD #		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 4 Day 22 Year 21 Time 8:30 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 WILLEFULLY 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 03/23/2021								
HOLD for other Agency Name:		Signature of Arresting Officer		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) Cpl. A. Soloway 8586		I.D. # 8586		
Inmate Deputy WMA 682		Pouch #		Transporting Officer A. SOLOWAY 8586		ID # 8586		
Agency PBSO		Witness here if subject signed with an "X"		PAGE		1 OF 1		

0522212 1021

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 23 DAY OF March, 2021, AT 2157 AM PM

SUBJECT: Dickerson, Samantha, Ann CASE NUMBER: 21-048007

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

PERSONAL CONTACT

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

I responded to assist with a crash involving a possible impaired driver. Upon arrival I met with DS Carbone #24088 advised me the defendant had an odor of an unknown alcoholic beverage on her breath and was swaying. The defendant's vehicle's front bumper crashed into the rear bumper of the victim, Megan Cantave's, bumper. Cantave stated she observed the defendant exit her vehicle and begin knocking on her window. Cantave told me the defendant was the same person who was driving at the time of the crash. The defendant was identified as Samantha Dickerson by her FL DL.

OBSERVATION OF DRIVER:

Upon my arrival the defendant was standing on the northside sidewalk. I requested she walk to the front of my car. Her gait was unsteady as she walked. As she spoke, I could smell an odor of an unknown alcoholic beverage on her breath. Her eyes were red and glassy.

DRIVER'S STATEMENTS:

The defendant stated she was coming from the Anchor Inn where she drank one Michelob Ultra beer. She stated she was uninjured in the crash. She stated she has numerous medical condition and takes numerous medications. She stated she does not have any physical abnormalities. She stated she couldn't perform the tasks sober.

ODORS:

As she spoke, I could smell an odor of an unknown alcoholic beverage on her breath.

GENERAL OBSERVATIONS

SPEECH:

ATTITUDE: compliant

CLOTHING: tank top, jeans, no shoes

MEDICAL/OTHER: stated numerous medical conditions

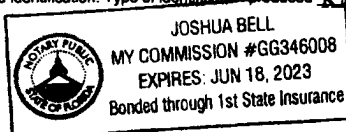
STATE OF FLORIDA
COUNTY OF PALM BEACH

Cpl. A. Soloway 8586
Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 24 day of March, 2021 by Cpl. 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

Joshua Bell (#8656)
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)



SCANNED
MAR 24 2021

SUBJECT: Dickerson, Samantha, Ann

CASE NUMBER 21-048007

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:

Defendant was swaying during this task.

HAND COORDINATION:

I instructed the defendant how to perform this task and I demonstrated this task. The defendant acknowledged the understanding of how to perform this task and did not have any questions. I initially gave her the instructions on the Walk and Turn Task. She asked what happens if she can't do it sober. She then stated she has vertigo, so I requested she perform the Hand Coordination task. She did not rotate her fists in a backwards fashion on the count of 6, 7, 8, and 9. She did not touch her fist back to her chest. She did not open her hands and say done.

PALM PAT:

I instructed the defendant how to perform this task and I demonstrated this task. The defendant acknowledged the understanding of how to perform this task and did not have any questions. The defendant did not speed up the counting as instructed.

FINGER TO NOSE:

I instructed the defendant how to perform this task and I demonstrated this task. The defendant acknowledged the understanding of how to perform this task and did not have any questions. The defendant used the pad of her finger on attempts 1, 2, and 4. She touched the side of her nose on attempts 2 and 5. She used the incorrect hand on attempts 5 and 6. She failed to return her arm to her side on all attempts.

ROMBERG ALPHABET:

I instructed the defendant how to perform this task and I demonstrated this task. The defendant acknowledged the understanding of how to perform this task and did not have any questions. The defendant correctly counted from 1-26. She was swaying during this task.

BREATH TEST RESULTS: (1) .197 (2) .198 (3) (4)

STATE OF FLORIDA
COUNTY OF PALM BEACH

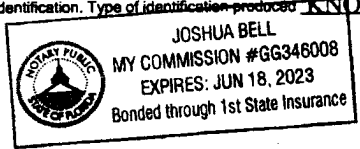
Cpl. A. Soloway 8586
Signature of Arresting/Investigative Officer

The foregoing instrument was sworn to or affirmed and subscribed before me this 24 day of March 2021 by Cpl. A. Soloway 8586

SCANNED
MAR 24 2021

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

Joshua Bell (#8656)
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 TECHNICAN:

TESTING OFFICER'S OBSERVATIONS

SPEECH:
ATTITUDE:
CLOTHING:
MEDICAL CONDITIONS:
MEDICATIONS:

OTHER:
EYES: BLOODSHOT, GLASSY

COMMENTS:

ARRIVED AT DUI TESTING FACILITY AND BEGAN THE 20 MINUTE OBSERVATION AT 2315 HOURS
SUBJECT STATED SHE WOULD TAKE BREATH TEST
BREATH TEST COMPLETED
TECH READ BREATH TEST RESULTS
SUBJECT STATED SHE UNDERSTOOD BREATH TEST RESULTS
A/O READ RIGHTS ON SCENE
SUBJECT STATED SHE REMEMBERED HER RIGHTS
SUBJECT DECLINED TO ANSWER Q AND A

SCANNED
MAR 24 2021

SUBJECT: Dickerson, Samantha Ann CASE NUMBER: 21-048007

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) Read on camera on 3/24/2021

SCANNED
MAR 24 2021
5:40:00

SUBJECT: Dickerson, Samantha Ann CASE NUMBER: 21-048007

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: Cpt. A. Selway #8586

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

SCANNED
MAR 24 2021

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: 03/23/2021

Date of Last Agency Inspection: 03/12/2021

Observation Period Began: 22:56

Subject's Name: SAMANTHA A DICKERSON

DOB: 06/06/1995 Sex: F

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	23:41
	Air Blank	0.000	23:42
	Control Test	0.079	23:42
	Air Blank	0.000	23:43
	Subject Sample #1	0.197	23:43
	Air Blank	0.000	23:44
	Air Blank	0.000	23:46
	Subject Sample #2	0.198	23:46
	Air Blank	0.000	23:47
	Control Test	0.079	23:47
	Air Blank	0.000	23:48
	Diagnostics Check	OK	23:48

Cylinder Lot: 22620080A2
Exp: 10/05/2022

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: 03/23/21
Signature

Sworn to (or affirmed) before me this 23 day of March, 2021

Signature of Notary Public-State of Florida [Signature] Printed Name of Notary Public-State of Florida Cpl. A. Soloway # 8586

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.

WITNESS LIST

CASE NUMBER: 21-048007

ARRESTING OFFICER: Cpl. A. Soloway 8586

ADDRESS: PBSO

PHONE NUMBERS (HOME): _____ (WORK) 561 386 9001

CAN TESTIFY TO: DUI INVESTIGATION

NAME: DS Carbone #24088

ADDRESS: PBSO

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: crash investigation.

NAME: Cantave, Megan, Lexine

ADDRESS 1812 Seminole Palms Dr, Lake Worth, FL 33463

PHONE NUMBERS (HOME) _____ (WORK) 0

CAN TESTIFY TO: wheel witness

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) 0

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

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CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NOT A CERTIFIED COPY

SCANNED
MAR 24 2021



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"/>	119.0712(2)	Other: Personal information contained in a motor vehicle record	
	<input type="checkbox"/>	119.071(2)(J)	Other: MARSY'S LAW PROTECTED INFORMATION REGARDING VICTIM(S).	

REVIEW COMPLETED BY

Booking Number: 2021007103	Date: 3/24/2021
	Specialist Name/ID: M. Tooks #8557