

0530059

22CT 4057NB

1623

OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		Juvenile		N									
Agency ORI Number FLO 5 0 2 6 0 0		Agency Name PALM BEACH GARDENS POLICE DEPARTMENT				Agency Report Number 78 - 22001304															
Charge Type: Check as many as apply:		☐ 1. Felony ☒ 2. Traffic Felony		☐ 3. Misdemeanor ☒ 4. Traffic Misdemeanor		☐ 5. Ordinance ☐ 6. Other		Weapon Seized / Type 2 1. Yes 2. No		Multiple Clearance Indicator											
Location of Arrest (Including Name of Business) 1081 RAINTREE LN, PBG, FL 33410						Location of Offense (Business Name, Address) 1081 RAINTREE LN, PBG, FL 33410															
Date of Arrest 03/11/2022		Time of Arrest 20:49		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle KAUFF'S TOWING AND RECOVERY 4701 EAST AVENUE, WPB, FL 33407									
Name (Last, First, Middle) HAINES, SANDRA, JEAN												Alias (Name, DOB, Soc. Sec. #, Etc.)									
Race W - White I - American Indian B - Black O - Oriental/Asian		Sex W F		Date of Birth 11/10/1943		Height 5'8		Weight 170		Eye Color BLU		Hair Color BLN		Complexion LGT		Build MED					
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)										Marital Status SINGLE		Religion NOT STATED		Indication of Alcohol Influence Y ☒ N ☐ Unk. ☐		Drug Influence Y ☐ N ☐ Unk. ☐					
Local Address (Street, Apt. Number) 1081 RAINTREE LN,				(City) PALM BEACH GARDENS, FL 33410				(State) FL				(Zip) 33410				Phone (561) 315-5375					
Permanent Address (Street, Apt. Number) 1081 RAINTREE LN,				(City) PALM BEACH GARDENS, FL 33410				(State) FL				(Zip) 33410				Phone					
Business Address (Name, Street)				(City)				(State)				(Zip)				Phone					
D/L Number, State H520790439100 FL				Soc. Sec. Number				INS Number				Place of Birth (City, State) CHICAGO, IL				Citizenship US					
Co-Defendant Name (Last, First, Middle)				Race				Sex				Date of Birth				☐ 1. Arrested ☐ 2. At Large ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile					
Co-Defendant Name (Last, First, Middle)				Race				Sex				Date of Birth				☐ 1. Arrested ☐ 2. At Large ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile					
☐ Parent ☐ Legal Custodian ☐ 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 ☐ defendant and / or ☐ 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. ☐ Yes, by: (Name) ☐ No: (Reason)										School Attended				Grade							
Property Crime? ☐ Yes ☐ 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 ☐ Y ☒ N		Statute Violation Number 316.193(1)(A)		Violation of ORD #													
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond											
Charge Description		Counts		Domestic Violence ☐ Y ☒ N		Statute Violation Number		Violation of ORD #													
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond											
Charge Description		Counts		Domestic Violence ☐ Y ☒ N		Statute Violation Number		Violation of ORD #													
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond											
Charge Description		Counts		Domestic Violence ☐ Y ☒ N		Statute Violation Number		Violation of ORD #													
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond											
Location (Court Room Number, Address) NORTH COUNTY COURTHOUSE, 3188 PGA BOULEVARD, PALM BEACH GARDENS, FL 33410 PH: (561) 662-6700												Court Date and Time Month APRIL Day 16 Year 2022 Time 10:00 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																					
Signatures of Defendant (or Juvenile and Parent / Custodian)												Date Signed 03/11/2022									
Name: NO Detainer paperwork												Name Verification (Printed by Arrestee)									
☐ Dangerous ☐ Suicidal		☐ Resisted Arrest ☐ Other:		Name of Arresting Officer (Print) OFC. A. FLINK				I.D. # 514		(PRINT)											
Intake Deputy		I.D. #		Pouch #		Transporting Officer OFC. A. FLINK				I.D. # 514		Agency PBGPD									
Witness here if subject signed with an "X"												PAGE 1 OF 1									

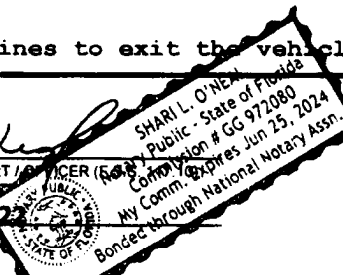
DISTRIBUTION: WHITE - COURT COPY

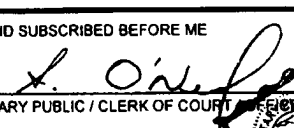
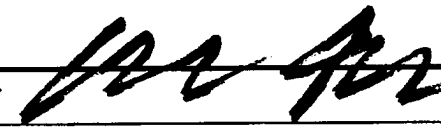
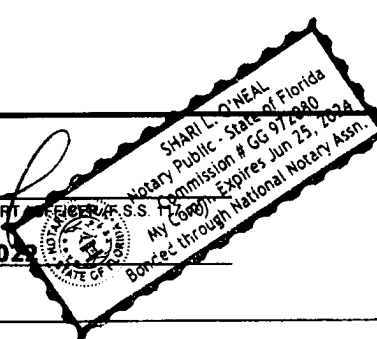
GREEN - STATE ATTORNEY

YELLOW - AGENCY

PINK - AGENCY

GOLD - DEFENDANT (N.T.A.'s ONLY)

OBT Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	JUVENILE
Agency ORI Number	Agency Name		Agency Report Number						
FL FL0502600	Palm Beach Gardens Police Department		7 8 22-001304						
Charge Type: Check as many as apply. ☐ 1. Felony ☐ 3. Misdemeanor ☐ 5. Ordinance ☐ 2. Traffic Felony ☒ 4. Traffic Misdemeanor ☐ 6. Other			Special Notes:						
Name (Last, First, Middle)			Alias		Race	Sex	Date of Birth		
HAINES, SANDRA JEAN					W	F	11/10/1943		
Charge Description			Charge Description						
316.193(1)(A) DUI - NORMAL FACULTIES IMPAIRED									
Charge Description			Charge Description						
Victim's Name (Last, First, Middle)					Race	Sex	Date of Birth		
State Of Florida									
Local Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone		Address Source		
Business Address (Name, Street)		(City)	(State)	(Zip)	Phone		Occupation		
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: ☒ committed the below acts in my presence. ☐ confessed to _____ admitting to the below facts. ☐ was observed by _____ who told _____ that he/she saw the arrested person commit the below acts. ☒ was found to have committed the below acts, resulting from my (described) investigation. On the <u>11</u> day of <u>March</u>, <u>2022</u> at <u>20:39</u> (Specifically include facts constituting cause for arrest.) On 03/11/22 at approximately 2039 hours this Officer was dispatched to 1081 Raintree Ln, Palm Beach Gardens, FL, in regard to a vehicle hitting a mailbox. Body worn camera and in car video were used. The caller advised a gold Camry sedan had hit a mailbox and bushes and was still on scene. Ofc Arnold 441 arrived first and made contact with the driver of a gold Honda Accord (YK9MD/FL), identified via Florida Driver License photo, Sandra Haines (OF) while she was still in actual physical control of same. While Ofc Arnold was with Haines, this Officer was at 3654 Holly Dr, PBG, FL, in regard to a vehicle, matching the description of the Honda striking a tree and departing the area. An anonymous neighbor met with this Officer, as did a passing motorist. The neighbor said she heard a loud crash and observed the vehicle next to a tree at a vacant residence. The motorist advised this Officer, she was traveling east bound on Holly Dr, when an opposite direction vehicle turned across her lane, went through a yard and struck a standing tree. The motorist further stated she followed the vehicle through the neighborhood and ended up north bound on Alt A1A, where she stopped following. This Officer completed the investigation at the original location and determined no victim was available for the palm tree. This Officer then proceeded to Ofc Arnolds location to continue the investigation. Ofc Arnold told this Officer Haines said she was coming from "Angelos" in Jupiter. This Officer made contact with Haines while she was still in the driver seat. Haines appeared heavily intoxicated, having bloodshot watery eyes, slow slurred mumbled speech, flushed red face and the strong obvious odor of an unknown alcoholic beverage emanating from her breath at conversational distance. Haines appeared completely unaware she was in a collision, despite her passenger side airbags being deployed and her vehicle hood being bent up. This Officer asked Haines to exit the vehicle to show her the damage. Haines stumbled									
SWORN AND SUBSCRIBED BEFORE ME  _____ NOTARY PUBLIC / CLERK OF COURT / JUDGE (Please Print)					_____ SIGNATURE OF ARRESTING / INVESTIGATING OFFICER FLINK, ANDREW S (514) NAME OF OFFICER (PLEASE PRINT)				
_____ DATE					_____ DATE				

OBTS Number		PROBABLE CAUSE AFFIDAVIT SUPPLEMENT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	JUVENILE
Agency ORI Number FL FL0502600	Agency Name Palm Beach Gardens Police Department	Agency Report Number 7 8 22-001304							
Charge Type: ☐ 1. Felony ☐ 3. Misdemeanor ☐ 5. Ordinance ☐ 2. Traffic Felony ☒ 4. Traffic Misdemeanor ☐ 6. Other				Special Notes:					
Name (Last, First, Middle) HAINES, SANDRA JEAN				Race W		Sex F		Date of Birth 11/10/1943	
while walking and grabbed on to this Officers right arm and shoulder to assist in balance. Haines was bewildered by the damage to the front end of her vehicle, which also consisted of a clear strike to a pole or tree. This Officer determined this was a tree matching that of the original scene, as the width appeared similar and there was bark in the vehicle grill. This Officer asked Haines where she was coming from to which she replied Jupiter. Since Haines appeared oblivious to the fact she hit anything, this Officer did not afford her crash privilege and thus continued the investigation. Based on this Officers observations, Haines was asked to participate in Standardized Field Sobriety Exercises. Haines said she did not have any medical conditions which would affect the exercises performed. The first exercise performed, was the Horizontal Gaze Nystagmus. The stimulus used, was a Streamlight Stylus. Haines did not follow instructions on any of the passes across her face by the stimulus. Haines moved her head, looked at this Officer and looked at the flashlight. Haines was told multiple times to not move her head to which she disregarded. This Officer determined Haines was most likely too impaired to understand the instructions and ended the exercise. The second exercise was the Walk and Turn. The line used was a strip of yellow tape placed upon the pavement by this Officer. When Haines walked past this Officer, the odor of feces was detected and when this Officer looked at the rear of Haines, observed it to be wet. Haines was unable to get into the starting position and started prior to being told to do so. This Officer demonstrated the starting position and told Haines to do the same, however, she was unable to do so. Haines would switch her left foot and right foot on the line and did not line her feet up. After explaining this several times, this Officer determined Haines was too impaired to understand and follow simple instructions and thus the exercises were ended and Haines was placed under arrest at 2049 hours. At PBSO BAT, this Officer requested Haines to provide a breath sample for the purpose of determining its alcohol content, to which she refused. This Officer read Florida Implied Consent to Haines, twice, to which she acknowledged and again refused at 2200 hours. Based on the results of the investigation, this Officer has probable cause to prove Sandra Haines operated a motor vehicle, in the state of Florida, while under the influence, to the extent her normal faculties were impaired, in violation of FSS 316.193(1) (A).									
SWORN AND SUBSCRIBED BEFORE ME  NOTARY PUBLIC / CLERK OF COURT 03/11/2022 DATE				 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER FLINK, ANDREW S (514) NAME OF OFFICER (PLEASE PRINT) 03/11/2022 DATE					
				PAGE 2 OF 2					

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P.I.O.

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

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

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

or affirm that on or about the **11TH** day of **MARCH**, 20 **22**, at **20:49** ☒ P.M. ☐ A.M.

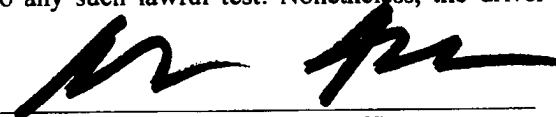
DRIVER **SANDRA** **JEAN** **HAINES**,
 (Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# **H520790439100**, state of **FL**, was placed under lawful arrest for
 the offense of **DRIVING UNDER THE INFLUENCE** by **OFC. A.FLINK** and
 issued Citation # **AECR7E**
 (Name of Arresting Officer)

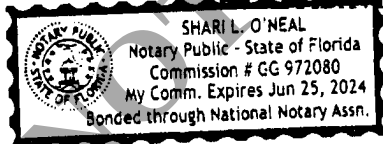
That on or about the **11TH** day of **MARCH**, 20 **22**, at **2200** ☒ P.M. ☐ A.M.

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)



(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before

me this **11TH** day of **MARCH**, 20 **22**,

by **OFC. A.FLINK**,

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

Date **03/11/2022**

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.



**PALM BEACH GARDENS POLICE DEPARTMENT
DUI TESTING FACILITY INFORMATION SHEET**



PBSO Case #: 22-045279 PBSO Zone: 3-13

Agency Case #: 22001304 Crash Case #: _____

Incident Information:

Time of Stop/Crash: 2030 Date of Incident: 03/11/2022 Day: FRIDAY

Location of Incident: 1081 RAINTREE LN, PBG, FL 33410

Arrest Information:

Time of Arrest: 20:49 Date of Arrest: 03/11/2022 Day: FRIDAY

Location of Arrest: 1081 RAINTREE LN, PBG, FL 33410

Subject's Name: (L) HAINES, (F) SANDRA, (M) JEAN

DOB: 11/10/1943 Race: W Sex: F Height: 5'8 Weight: 170 Hair BLN Eye BLU

Address: 1081 RAINTREE LN, PALM BEACH GARDENS, FL 33410 Phone: (561) 315-5375

Arresting Officer's Name: OFC. A.FLINK ID#: 514

Agency: PBGPD Division: TRAFFIC - DUI

Breath Results

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

---BAT Use---

BAT Notified: YES
Arrival Time at BAT: 2135
Subject Arrest Time: 20:49

Breath Test Operator: POUND 24639
PBSO

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:

COMMENTS:

ARRIVED AT CENTER A/O BEGAN THE 20 MINUTE OBSERVATION PERIOD AT 21:35 HRS.

SUBJECT: REFUSED TO TAKE TEST

A/O: READ I/C TWO TIMES

SUBJECT: STATED SHE UNDERSTOOD I/C AND REFUSED TEST

A/O: READ RIGHTS

SUBJECT: STATED SHE DID NOT UNDERSTAND RIGHTS

NO Q&A CONDUCTED

REFUSED

REFUSED

SUBJECT: Harold S. Anderson 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: _____

SUBJECT: Frank, LINDA J 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) [Signature]

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) [Signature]



**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	☐	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	☐	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	☐	119.071(4)(c)	Undercover personnel.	
	☐	119.071(2)(f)	Confidential informants (CIs).	
	☐	119.071(2)(e)	Confession.	
Public Info. Exemptions	☐	985.04(1)	Juvenile offender records.	
	☐	119.071(h)(i)	Assets of a crime victim.	
	☐	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	☐	394.4615(7)	Mental health information.	
	☐	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)	☒	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	☐	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	☐	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	☐	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	☐			
	☐			
	☐			
	☐			
	☐			
	☐			
Other	☐		Other:	
	☐		Other:	

REVIEW COMPLETED BY

Booking Number: 2022006530	Date: 3/12/2022
	Specialist Name/ID: Pinkneya/7796