

20 CT - 1584

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 FLO 502600		Agency Name PALM BEACH GARDENS POLICE DEPARTMENT		Agency Report Number (N.T.A.'s only) 78-20000603	
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	<input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No	Multiple Clearance Indicator
Location of Arrest (Including Name of Business) 2500 PGA BLVD, PBG, FL			Location of Offense (Business Name, Address) PGA BLVD/FAIRCHILD GARDENS AV, PBG, FL			
Date of Arrest 01/27/2020	Time of Arrest 22:49	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle 2500 PGA BLVD, PBG, FL

Name (Last, First, Middle) MCWILLIAMS, SUSAN,		Alias (Name, DOB, Soc. Sec. #, Etc.)						
Race W - White 1 - American Indian B - Black 0 - Oriental/Asian	Sex W	Date of Birth 04/30/1957	Height 5'5	Weight 140	Eye Color BLU	Hair Color BRO	Complexion LIGHT	Build SMALL
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) N/A			Marital Status	Religion	Indication of Alcohol Influence Drug Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk.			
Local Address (Street, Apt. Number) 3110 SURF WAY #4		(City) RIVIERA BEACH, FL	(State) 33404	(Zip)	Phone (646) 657-8726	Residence Type: 1. City 2. County 3. Florida 4. Out of State 2		
Permanent Address (Street, Apt. Number) 3110 SURF WAY #4		(City) RIVIERA BEACH, FL	(State) 33404	(Zip)	Phone ()	Address Source VERBAL		
Business Address (Name, Street)		(City)	(State)	(Zip)	Phone ()	Occupation CHIEF FINANCIAL OFFICER		
D/L Number, State M245780576500 FL		Soc. Sec. Number		INS Number	Place of Birth (City, State) ENDICOT, NY		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	
<input type="checkbox"/> 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	

Drug Activity N. N/A S. Sell T. 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 <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 316.193(1)(A)	Violation of ORD #				
Drug Activity N	Drug Type N	Amount / Unit	Offense #		Warrant / Capias Number	Bond OR				
Charge Description			Counts	Domestic Violence <input type="checkbox"/> Y <input 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 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 type="checkbox"/> N	Statute Violation Number	Violation of ORD #				
Drug Activity	Drug Type	Amount / Unit	Offense #		Warrant / Capias Number	Bond				

FILED
JAN 28 2020
CIRCUIT & COUNTY COURTS
(CRIMINAL DIV)

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 FEBRUARY Day 26 Year 2020 Time 10:00 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					
Signature of Defendant (or Juvenile and Parent /Custodian)				Date Signed 01/27/2020	

HOLD for other Agency Name:	Signature of Arresting Officer [Signature]	Name Verification (Printed by Arresting Officer) JAN 28 2020 1:00
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal	<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:	(PRINT)
Notable Injury #	Pouch #	Witness here if subject signed with arrest JAN 28 2020
Name of Arresting Officer (Print) Ofc. ANDREW FLINK		I.D. # 514
Transporting Officer ANDREW FLINK		Agency PBPGPD

DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'S ONLY)

0514317

1152

SCANNED

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 27TH DAY OF JANUARY 2020, AT 2234 AM PM
SUBJECT: MCWILLIAMS, SUSAN, CASE NUMBER: 20000603

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 in the area of PGA Blvd and Fairchild Gardens Av, PBG, FL, I observed a vehicle stopped beyond the stop bar East bound at a red light. The vehicle, a Toyota sport utility (DFI04/FL), was stopped across the crosswalk, with the rear bumper beyond the stop bar as well. I entered the outside through lane behind the vehicle as we continued East bound. As we approached Campus Dr, the traffic signal changed to yellow. The vehicle applied the brakes and slowed, the rapid accelerated through the yellow light and continued East bound on PGA Blvd. I activated my overhead red and blue lights to initiate a traffic stop on the vehicle, in the 2500 block of PGA Blvd. I made contact with the driver, identified via Florida Driver License photo, Susan McWilliams, while she was still in the driver seat of the vehicle, in full actual physical control.

OBSERVATION OF DRIVER:

McWilliams had a flushed red face, slow slurred speech, heavy droopy eyelids, bloodshot watery eyes and the obvious odor of an unknown alcoholic beverage emanating from her breath. The odor was detectable at conversational distance and increased in intensity as she spoke with this Officer. McWilliams had difficulty focusing on more than one task at a time.

DRIVER'S STATEMENTS:

McWilliams initially she had consumed water, then admitted to consuming a glass of wine. McWilliams later said she was unsure how much wine she had consumed because she "had sex" since consuming the wine.

ODORS:

Unknown alcoholic beverage

GENERAL OBSERVATIONS

SPEECH: Slow slurred

ATTITUDE: Compliant

CLOTHING: Grey blouse, dark grey pants, black platform shoes.

MEDICAL/OTHER: None stated.

STATE OF FLORIDA
COUNTY OF PALM BEACH

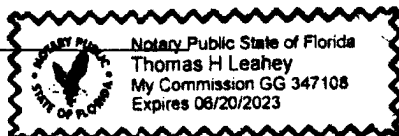
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 27th day of January 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)



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JAN 28 2020

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 type="checkbox"/> LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES | <input type="checkbox"/> RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES |

Other Observations:

Swaying while standing up straight.

WALK & TURN:

During the exercise, she raised her right arm more than six inches from her side to balance. On the turnaround, she did not leave her front foot planted as instructed, thus she started the return set of steps with the incorrect foot.

ONE LEG STAND:

During the exercise, McWilliams was swaying side to side and raised her arms more than six inches from her sides.

FINGER TO NOSE:

McWilliams started the exercise early. During the exercise, McWilliams was swaying orbitally and during two "left" commands, she touched under her nose.

ROMBERG ALPHABET:

During the exercise, McWilliams had an orbital sway and estimated 30 seconds in approximately 49 seconds.

BREATH TEST RESULTS: 1) .045 2) .045 3) - 4) -

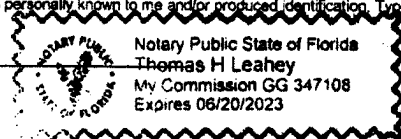
STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 27th day of January 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

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



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JAN 28 2020



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

PBSO CASE # 20-031192 PBSO ZONE 3-13

AGENCY CASE # 20000603 CRASH CASE # _____

TIME OF STOP/CRASH 2234 DATE 01/27/2020 DAY MONDAY

SUBJECT'S NAME MCWILLIAMS SUSAN RACE W SEX F
LAST FIRST MID

HGT 5'5 WGT _____ DOB 04/30/1957

LOCATION 2500 PGA BLVD, PBG, FL

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

DIVISION: TRAFFIC UNIT

NOTIFIED BY COMMO yes

ARRIVAL AT FACILITY 2320

ARREST TIME 22:49

BREATH RESULTS:

- 1) .045
- 2) .045
- 3) NA
- 4) NA

urine provided

BREATH TEST OPERATOR: Leahy 1983

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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: 80-006239 Software: 8100.27
Date of Test: 01/27/2020

Date of Last Agency Inspection: 01/17/2020

Observation Period Began: 23:20

Subject's Name: SUSAN MCWILLIAMS

DOB: 04/30/1957 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	23:44
	Air Blank	0.000	23:44
	Control Test	0.080	23:44
	Air Blank	0.000	23:45
	Subject Sample #1	0.045	23:45
	Air Blank	0.000	23:46
	Air Blank	0.000	23:48
	Subject Sample #2	0.045	23:48
	Air Blank	0.000	23:49
	Control Test	0.080	23:49
	Air Blank	0.000	23:50
	Diagnostics Check	OK	23:50

Cylinder Lot: 17919080A1
Exp: 08/05/2021

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 THOMAS H LEAHEY, 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: T Leahy

Signature

Date: 01/27/2020

Sworn to (or affirmed) before me this 27th day of January, 2020

Signature of Notary Public-State of Florida

Ofc A Flink #514
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.

TESTING FACILITY TASK REPORT

AGENCY: PO6
SUBJECT: M Williams Susan CASE NUMBER: 20-031192
DATE: 11/27/2020 VIDEO TAPE NUMBER: N/A
BEGINNING TIME: 23:42 ENDING TIME: 23:59
BREATH TESTS RESULTS: 1) .045 TIME 23:45 A.M./P.M. 2) .045 TIME 23:48 A.M./P.M.
3) N/A TIME — A.M./P.M. 4) N/A TIME — A.M./P.M.
BREATH OPERATOR: T. Bentley # 17183
MAINTENANCE TECHNICIAN: J Karlock # 467

TESTING OFFICER'S OBSERVATIONS

SPEECH: not heard, slurred
ATTITUDE: calm, cooperative
CLOTHING: gray pants, gray sweater, black shoes
MEDICAL CONDITIONS: none
MEDICATIONS: none
OTHER: eyes glassy, slurred

Δ stated checked large blood wine - 474
COMMENTS: arrived at center A/D conduct 20 minute observation period at 23:20 hrs

Δ agreed to perform breath test
Tech read breath test results + Δ stated she understood breath test results
A/D requested urine @ 23:51
Δ agreed to provide urine @ 23:52
A/D read rights + Δ stated she understood rights.
A/D read I/C + Δ stated she understood I/C
A/D provided 474
Δ answered questions
Δ provided urine 00:03

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SUBJECT: M. W. Adams, Susan CASE NUMBER: _____

IMPLIED CONSENT FOR DUI IN A MOTOR VEHICLE

NOTE: READ ONLY THE PARAGRAPH APPLICABLE TO THE TYPE OF TEST YOU ARE REQUESTING.

I am now requesting that you submit to a lawful test of your BREATH for the purpose of determining its alcohol content.

-OR-

I am now requesting that you submit to a lawful test of your URINE for the purpose of detecting the presence of chemical or controlled substances.

-OR-

I am now requesting that you submit to a lawful test of your BLOOD for the purpose of detecting its alcohol content and the presence of chemical or controlled substances.

NOTE: READ ONLY IF THE SUBJECT DOES NOT COMPLY WITH YOUR REQUEST.

I am _____ of the _____

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

SUBJECT'S SIGNATURE: (X) _____

CONSTITUTIONAL WARNINGS

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

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

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SUSPECT'S SIGNATURE: (X) Rad...

SUBJECT: M Williams, Susan 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? YES

WHERE WERE YOU GOING? TO WORK

WHAT STREET OR HIGHWAY WERE YOU ON? FED HIGHWAY

DIRECTION OF TRAVEL? WEST WHERE DID YOU START? 1111 N. 11th St

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? _____

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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? MT

INTERVIEWER: _____



LABORATORY ANALYSIS REQUEST

This Form Must Be Included With the Property Receipt and Accompany the Evidence Submitted for Toxicology Analysis
 PRINT LEGIBLY OR TYPE

Agency: Palm Beach Gardens Police Department Case #: 20000603

Officer: Ofc. ANDREW FLINK ID#: 514 District: _____ Division: _____ Phone #: (561) 799-4445

Email: aflink@pbgfl.com

Specimen Collected By: FLINK 514 Date: January 28, 2020 Time: 0003

Specimen Collected From: MCWILLIAMS, SUSAN, Age: 62 Sex: F Hgt: 5'5 Wgt: 140

Specimen Type: Blood Urine Beverage Other-Describe _____

Type of Case: Traffic Accident Fatality DW/DUI Other Date: _____ Time: _____

Was any medication administered by medical personnel prior to sample being drawn: Yes No

If yes, name of Medication(s): N/A

Subject Arrested: Yes No

Breath Test Performed? Yes No Reading: .045 .045 - -

Tests requested: Blood Alcohol Blood Drug Screen Urine Drug Screen

NOTE: Blood Alcohol analysis is performed on all blood specimens. Requested Blood Drug Screen may not be performed based on the laboratory protocol. If you have any questions, please contact the Chemistry/Toxicology Manager at 561-688-4203.

DRE exam performed Yes No DRE Officer: _____ Agency: _____

DRE Opinion: _____

Drug History and Signs of Impairment (Please list any drugs, medications, or prescriptions the subject may have taken or were in his/her possession.)

McWilliams had a flushed red face, slow slurred speech, heavy droopy eyelids, bloodshot watery eyes and the obvious odor of an unknown alcoholic beverage emanating from her breath. The odor was detectable at conversational distance and increased in intensity as she spoke with this Officer. McWilliams had difficulty focusing on more than one task at a time. McWilliams said she did not consume any narcotics.

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 JAN 28 2020



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: 2020003020	Date: 01/28/2020
	Specialist Name/ID: T Howard/7185

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JAN 28 2020