

20CT10965

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

1
Juvenile N

OBTS Number		Agency ORI Number FLO 502600		Agency Name PALM BEACH GARDENS POLICE DEPARTMENT		Agency Report Number (N.T.A.'s only) 78-20003980	
Charge Type: Check as many as apply.		1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/>		3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/>		5. Ordinance <input type="checkbox"/> 6. Other <input type="checkbox"/>	
Location of Arrest (Including Name of Business) NORTHLAKE BLVD AND JOB RD, PBG, FL 33410		Location of Offense (Business Name, Address) Northlake Blvd / Job rd PBG-FL 33410					
Date of Arrest 09/07/2020	Time of Arrest 00:34	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle KALFF'S TOWING & RECOVERY 4361 East Avenue, West Palm Beach, FL 33405	
Name (Last, First, Middle) JONES, WESLEY, TADD		Aliases (Name, DOB, Soc. Sec. #, Etc.) Wesley					
Race W - White I - American Indian B - Black O - Oriental/Asian	Sex M	Date of Birth 03/12/1961	Height 5'9"	Weight 230	Eye Color BLUE	Hair Color GRAY	Complexion LIGHT
Build MED		Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) ONE ON EAT ARM		Marital Status Married	Religion NONE	Indication of: Alcohol Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>	
Local Address (Street, Apt. Number) 8281 WOODS MUIR DR		(City) WEST PALM BCH	(State) FL	(Zip) 33412	Phone (561) 662-2911	Residence Type: 1. City <input type="checkbox"/> 2. County <input type="checkbox"/> 3. Florida <input type="checkbox"/> 4. Out of State <input type="checkbox"/> 2	
Permanent Address (Street, Apt. Number) 8281 WOODS MUIR DR		(City) WEST PALM BCH	(State) FL	(Zip) 33412	Phone (561) 662-2911	Address Source NCIC	
Business Address (Name, Street)		(City)	(State)	(Zip)	Phone	Occupation UNK	
D.L. Number, State J-520-819-61-092-0 FL		INS Number		Place of Birth (City, State) Hialeah, FL		Citizenship US	
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth		<input type="checkbox"/> 1. Arrested <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"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile	
Parent 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 355-2528) informed of any change of address.				School Attended		Grade	
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property			Value of Property		
Drug Activity N. N/A P. Possess	S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. Dispense/ Distribute	M. Manufacture/ Produce/ Cultivate	Z. Other	Drug Type N. N/A A. Amphetamine	B. Barbiturate C. Cocaine E. Heroin
H. Hallucinogen M. Marijuana O. Opium/Deriv.		P. Paraphernalia/ Equipment		S. Synthetics		U. Unknown Z. Other	
Charge Description DUI - BREATH .08 OR ABOVE		Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 316.193(1)(C)		Violation of ORD #	
Drug Activity	Drug Type	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	
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 OCTOBER Day 7 Year 20 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 09/07/2020			
HOLD for other Agency Name:		Signature of Arresting Officer 502		Name Verification (Printed by Arrestee) SEP 7 10 25 19			
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:		Name of Arresting Officer (Print) Ofc. Romero		I.D. # ID-502		(PRINT)	
State Deputy 05081112032		Transporting Officer Ofc. Romero		ID # 502		Agency PBGPD	
Pouch #		Witness here if subject signed		PAGE 1			

DISTRIBUTION: WHITE - COURT COPY
0154195

GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A. ONLY)

SCANNED OF 1

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 7 DAY OF SEPTEMBER 20 20, AT 00:13 AM PM

SUBJECT: JONES, WESLEY, TADD CASE NUMBER: 20003980

AGENCY: PALM BEACH GARDENS POLICE DEPT. ARRESTING OFFICER: Ofc. Romero ID-592

PERSONAL CONTACT

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

On Monday, September 7, 2020, at approximately 00:13 a.m., while conducting patrol in the vicinity of Northlake Blvd and Military Trail, in Palm Beach Gardens, FL. I observed a black BMW bearing Florida tag: GEPR92, unable to maintain lane and swerving. I also watched the vehicle drifting out of the right lane into shoulder multiple times. After the above observation, I activated my emergency lights conducting a traffic stop in reference to the about mentioned traffic violations.

Upon approach to the vehicle, I observed a white male, seated in the driver's seat. I identified myself as an officer with the Palm Beach Gardens Police Department and requested his driver's license. The male was identified via his Florida Driver's License as Jones Tadd Wesley (03/12/1961).

OBSERVATION OF DRIVER:

While standing next to the window, I smell the odor of alcohol coming from within the car. I asked Jones to step out so I can speak to him, to ascertain whether the odor was coming from him. Outside of the car, I could smell the scent of an unknown alcoholic beverage emitting from Jones's breath while at a conversational distance. Jones's eyes were bloodshot and watery, and he seems confused and anxious.

DRIVER'S STATEMENTS:

I asked Jones if he consumed any alcohol in which he initially stated no but later said that he had two whiskeys after his diner at Rocco's Tacos. I asked Jones to perform a series of Standardized Field Sobriety Tasks (SFST's). Jones agreed to perform SFST's. Jones stated that he has no physical defects, problems with his eyes, and has not been under any doctor or dentist care. Jones performed the tasks on a flat surface that was well lit.

ODORS:

GENERAL OBSERVATIONS

SPEECH: Slow, thick, slurred

ATTITUDE: Cooperative

CLOTHING: BLACK/GREEN SHORT SLEEVE BUTTON UP, TAN PANTS BROWN DRESS SHOES

MEDICAL/OTHER: Jones stated that he has no physical defects, problems with his eyes, and has not been under any doctor or dentist care.

STATE OF FLORIDA
COUNTY OF PALM BEACH

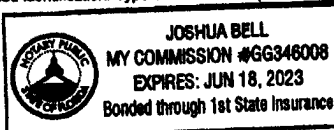
[Signature]
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 7 day of september 2020 by Ofc. Romero

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

Personally Known

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



SCANNED
SEP 07 2020

SUBJECT: JONES, WESLEY, TADD

CASE NUMBER 20003980

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:

Jones needed to be reminded several times to keep his head still and to follow the stimulus.

WALK & TURN:

I explained and demonstrated the instructions to Jones, who stated he understood. During the instruction stage, Jones was unable to place himself in the starting position. During the first set of steps, Jones failed to step heel to toe consistently; he used his arms for balance; was unsteady on his feet; made an improper turn, failing to take a small series of steps to turn. On the return set of steps, Jones was observed using his arms for balance and missing heel to toe consistently.

ONE LEG STAND:

I explained and demonstrated the instructions to Jones, who stated he understood. Upon beginning the exercise, Jones swayed while balancing. He raised his arms over six inches to keep his balance. Jones placed his foot down several times during the exercise.

FINGER TO NOSE:

I explained and demonstrated the instructions to Jones, who stated he understood. Jones did not perform the task as instructed. Jones raised the appropriate finger but did not touch the tip of the finger to the tip of the nose as instructed and demonstrated.

FINGER TO NOSE:

BREATH TEST RESULTS: .080 .081

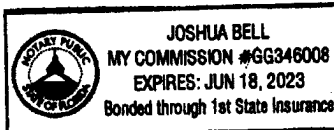
STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 7 day of september, 2020 by Ofc. Romero

(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)



SCANNED
SEP 07 2020

WITNESS LIST

CASE NUMBER: 20003980

ARRESTING OFFICER: Ofc. Romero

ADDRESS: 10500 N. Military Trail, Palm Beach Gardens, FL 33410

PHONE NUMBERS (HOME): N/A (WORK) (561) 799-4445

CAN TESTIFY TO: Facts of Case

NAME: _____

ADDRESS: 10500 N. Military Trail, Palm Beach Gardens, FL 33410

PHONE NUMBERS (HOME) N/A (WORK) (561) 799-4445

CAN TESTIFY TO: _____

NAME: _____

ADDRESS 10500 N. Military Trail, Palm Beach Gardens, FL 33410

PHONE NUMBERS (HOME) N/A (WORK) (561) 799-4445

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

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PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

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CAN TESTIFY TO: _____

NAME: _____

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PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

SCANNED
SEP 07 2020



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

PBSO CASE # 20-104628 PBSO ZONE 3-13

AGENCY CASE # 20003980 CRASH CASE # N/A

TIME OF STOP/CRASH 0013 DATE 09/07/20 DAY MONDAY

SUBJECT'S NAME JONES, TADD WESLEY RACE W SEX M

HGT 5'9 WGT 230 DOB 03/12/1961

LOCATION NORTHLAKE BLVD AND JOB RD, PBG, FL 33410

ARRESTING OFFICER'S NAME & ID OFC. J. ROMERO #502 AGENCY PBGPD

DIVISION: ROAD PATROL

NOTIFIED BY COMMO YES

ARRIVAL AT FACILITY 0110

Arrest Time 0034

BREATH RESULTS:

1. .080
2. .081
3. N/A
4. N/A

TESTING OFFICER'S ID BELL 8656

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SEP 07 2020

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: 09/07/2020

Date of Last Agency Inspection: 08/14/2020
Observation Period Began: 01:10
Subject's Name: TADD W JONES

DOB: 03/12/1961 Sex: M

The subject was observed for at least twenty-minutes prior to the administration of the breath test to ensure that the subject did not take anything orally and did not regurgitate.

Results:	Test	g/210L	Time
	Diagnostics Check	OK	01:35
	Air Blank	0.000	01:35
	Control Test	0.079	01:36
	Air Blank	0.000	01:36
	Subject Sample #1	0.080	01:37
	Air Blank	0.000	01:37
	Air Blank	0.000	01:39
	Subject Sample #2	0.081	01:40
	Air Blank	0.000	01:41
	Control Test	0.078	01:41
	Air Blank	0.000	01:42
	Diagnostics Check	OK	01:42

Cylinder Lot: 14020080A1
Exp: 07/05/2022

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: 09/07/20

Sworn to (or affirmed) before me this 07 day of September, 2020

Signature of Notary Public-State of Florida

Printed Name of Notary Public-State of Florida

Note: Pursuant to section 117.10, Florida Statutes, law enforcement officers, correctional officers, traffic accident investigation officers and traffic infraction enforcement officers are notaries public when engaged in the performance of official duties. In accordance with section 316.1934(5), F.S., this completed form is admissible without further authentication and is presumptive proof of the results herein. To be used in accordance with Section 316.1934(5), F.S., and in administrative proceedings pursuant to 322.2615, F.S.

TESTING FACILITY TASK REPORT

AGENCY: PBG
SUBJECT: JONES, TADD WESLEY
CASE NUMBER: 20-104628
DATE: Sep 7, 2020
VIDEO DVD NUMBER: N/A
BEGINNING TIME: 0133
ENDING TIME: 0144

BREATH TESTS RESULTS: 1) .080 TIME 0137 A.M. P.M. 2) .081 TIME 140 A.M. P.M.
3) N/A TIME XX A.M. P.M. 4) N/A TIME XX A.M. P.M.

BREATH OPERATOR: JOSHUA J BELL #8656
MAINTENANCE TECHNICIAN: J. KARLECKE #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH:
ATTITUDE: QUIET, COOPERATIVE / TALKATIVE
CLOTHING: BLACK/GREEN SHORT SLEEVE BUTTON UP, TAN PANTS BROWN DRESS SHOES
MEDICAL CONDITIONS: NONE
MEDICATIONS: NONE

OTHER:

EYES: BLOODSHOT
ODOR OF UNKNOWN ALCOHOLIC BEVERAGE COMING FROM BREATH

COMMENTS:

ARRIVED AT DUI TESTING FACILITY AND BEGAN THE 20 MINUTE OBSERVATION AT 0110 HOURS

TECH READ BREATH TEST RESULTS
SUBJECT STATED HE UNDERSTOOD BREATH TEST RESULTS

A/O READ RIGHTS
SUBJECT STATED HE UNDERSTOOD HIS RIGHTS

SUBJECT DECLINED TO ANSWER Q AND A

SCANNED
SEP 07 2020

SUBJECT: Jones, Todd W CASE NUMBER: 20003980

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

SCANNED
SEP 07 2020

SUBJECT: Jones, Tadd W CASE NUMBER: 20003980

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: OIC. J. Romero # 502

SCANNED
SEP 07 2000



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: 2020021159	Date: 9/7/2020
	Specialist Name/ID: B Evans / 23649

SCANNED
 SEP 07 2020