0535788 22CT18693MB62

# ARREST / NOTICE TO APPEAR
Juvenile Referral Report

OBTS Number | 1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias: 1 | Juvenile:

## ADMINISTRATIVE

| Agency ORI Number | Agency Name | Agency Report Number (N.T.A.'s only) |
|---|---|---|
| FLO 502700 | PALM SPRINGS POLICE DEPARTMENT | 06-82- 22-025504 |

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) | Location of Offense (Business Name, Address) |
|---|---|
| S. CONGRESS AVE. @ FOREST HILL BLVD., PALM SPRINGS, FL | S. CONGRESS AVE. @ FOREST HILL BLVD., PALM SPRINGS, FL |

| Date of Arrest | Time of Arrest | Booking Date | Booking Time | Jail Date | Jail Time | Location of Vehicle |
|---|---|---|---|---|---|---|
| 11/05/22 | 0514 | | | | | PRIORITY TOWING |

## DEFENDANT

Name (Last, First, Middle): DAZA, KEVIN | Alias (Name, DOB, Soc. Sec. #, Etc.)

| Race (W - White I - American Indian B - Black 0- Oriental/Asian) | Sex | Date of Birth | Height | Weight | Eye Color | Hair Color | Complexion | Build |
|---|---|---|---|---|---|---|---|---|
| W | M | 01/14/95 | 5'11" | 205 lbs. | GRN | BRO | FAIR | MED |

Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description): TATTOOS: LEFT ARM AND CHEST | Marital Status: SIN | Religion: CATHOLIC | Indication of: Alcohol Influence ☑ Y ☐ N ☐ Unk. / Drug Influence ☐ Y ☐ N ☑ Unk.

| Local Address (Street, Apt. Number) (City) (State) (Zip) | Phone | Residence Type (1. City 2. County 3. Florida 4. Out of State) |
|---|---|---|
| 1520 FOREST LAKES CIRCLE, WEST PALM BEACH FL 33406 | (561) 267-9897 | 2 |

| Permanent Address (Street, Apt. Number) (City) (State) (Zip) | Phone | Address Source |
|---|---|---|
| 1520 FOREST LAKES CIRCLE, WEST PALM BEACH FL 33406 | (561) 267-9897 | DEFENDANT |

| Business Address (Name, Street) (City) (State) (Zip) | Phone | Occupation |
|---|---|---|
| BARTON ASSOCIATES | ( ) | STAFFER |

| D/L Number, State | Soc. Sec. | INS Number | Place of Birth (City, State) | Citizenship |
|---|---|---|---|---|
| D200500950140, FL | [redacted] | | MIAMI, FL | US |

## CO-DEF

| 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 |
| | | | | ☐ ☐ | ☐ ☐ ☐ |

## 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 355-2526) informed of any change of address. ☐ Yes, by: (Name) ☐ No: (Reason) | School Attended | Grade

Property Crime? ☐ Yes ☐ No | Description of Property | Value of Property

## CODE

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

| Charge Description | Counts | Domestic Violence | Statute Violation Number | Violation of ORD # |
|---|---|---|---|---|
| DRIVING UNDER THE INFLUENCE (DUI) | 1 | ☐Y ☐N | 316.193 (1a) | |

| Drug Activity | Drug Type | Amount / Unit | Offense # | Warrant / Capias Number | Bond |
|---|---|---|---|---|---|
| N | N | 327.127 | 22-025504 | | |

## CHARGE

| Charge Description | Counts | Domestic Violence | Statute Violation Number | Violation of ORD # |
|---|---|---|---|---|
| | | ☐Y ☐N | | |

| Drug Activity | Drug Type | Amount / Unit | Offense # | Warrant / Capias Number | Bond |
|---|---|---|---|---|---|
| | | | | | |

## CHARGE

| Charge Description | Counts | Domestic Violence | Statute Violation Number | Violation of ORD # |
|---|---|---|---|---|
| | | ☐Y ☐N | | |

| Drug Activity | Drug Type | Amount / Unit | Offense # | Warrant / Capias Number | Bond |
|---|---|---|---|---|---|
| | | | | | |

## CHARGE

| Charge Description | Counts | Domestic Violence | Statute Violation Number | Violation of ORD # |
|---|---|---|---|---|
| | | ☐Y ☐N | | |

| Drug Activity | Drug Type | Amount / Unit | Offense # | Warrant / Capias Number | Bond |
|---|---|---|---|---|---|
| | | | | | |

## NOTICE TO APPEAR

Location (Court, Room Number, Address): CRIMINAL JUSTICE COMPLEX 3228 GUN CLUB RD WEST PALM BEACH, FL 33406

Court Date and Time: Month NOV Day ~~17~~ 29 Year 2022 Time ~~8:30~~ 1000 AM ✓ 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

## ADMIN

HOLD for other Agency Name: | Signature of Arresting Officer: Ryan McCluskey | Name Verification (Printed by Arrestee) (PRINT)

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other: | Name of Arresting Officer (Print): RYAN MCCLUSKEY I.D. #: 160

Intake Deputy I.D. # Pouch # | Transporting Officer ID # Agency: RYAN MCCLUSKEY 160 PSPD | Witness here if subject signed with an "X"

PAGE 1 OF 1

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# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 28 DAY OF SUNDAY 20 22, AT 1:45 ✔ AM PM

SUBJECT: DAZA, KEVIN CASE NUMBER: 22-025504

AGENCY: PALM SPRINGS POLICE DEPARTMENT ARRESTING OFFICER: Ryan McCluskey #160

## PERSONAL CONTACT

DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUTTING DEF. BEHIND WHEEL OF VEHICLE)
On 11/05/22, at approximately 4:53 AM, I was traveling south on S. Congress Ave. and passing througgh the intersection of Forest Hill Blvd., Palm Springs, FL. I had a solid green light as I entered the intersection. A black 2022 Toyota Camry 4-door, bearing Florida license plate Y61SYJ, ran the red light as the Toyota traveled west on Forest Hill Blvd. through the intersection. The Toyota passed in front of me and I swerved to avoid collision as my vehicle spun out and stopped. I just missed getting hit by the Toyota as it ran the red light and continued west without stopping. I activated my blue flashing lights and stopped the driver at Tucker Rd. and Forest Hill Blvd. I identified the driver with his Florida dirvers license as Kevin Daza.

OBSERVATION OF DRIVER:
The driver was avoiding looking at me. I directed him to look at me and saw that he had bloodshot and glassy eyes. The driver moved slow and deliberate. The driver spoke slow and deliberate. The driver had a wrist band on his wrist, which was consistant with club entry.

DRIVER'S STATEMENTS:

The driver stated that he drank a tequilla and soda.

ODORS:
I could smell a strong odor of an unknown alcoholic beverage on the driver's breath.

## GENERAL OBSERVATIONS

SPEECH: The driver's speech was slow and deliberate.

ATTITUDE: The driver was calm and sedate.

CLOTHING: The driver was were brown shoes, blue jean pants, and gray shirt..

MEDICAL/OTHER: The driver said he had some type of brain injury about 10 years prior.

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**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 5 day of NOVEMEBER 20 22 by Ryan McCluskey #160

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

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

**SUBJECT:** DAZA, KEVIN **CASE NUMBER** 22-025504

## ROADSIDE TASKS

### HORIZONTAL GAZE NYSTAGMUS:

- ☑ LT EYE-LACK OF SMOOTH PURSUIT
- ☑ RT EYE-LACK OF SMOOTH PURSUIT
- ☑ LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION
- ☑ RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION
- ☑ LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES
- ☑ RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

**Other Observations:**
The driver swayed during the HGN exercise.

### WALK & TURN

1. The driver's feet cam apart and he lost her balance while in the starting position.
2. The driver started the exercise too soon.
3. The driver did walk back on the line, but instead walked in an "L" pattern.
4. The driver had 2"-6" of space between her heel and toe on mulitple steps.
5. The driver took too many steps.
6. The driver to not turn around as instructed.
7. Th edriver paused to steady himself as he walked.

### ONE LEG STAND:

1. The driver swayed.
2. The driver dropped her foot too soon.
3. The driver bent raised leg and standing leg.
4. The driver did look at raised foot as instructed.

### FINGER TO NOSE:

1. The driver did not return his hand out to the side as instructed.
2. The driver opened eyes
3. The driver swayed

### ROMBERG ALPHABET:

The driver was instructed to say the alphabet from "D" to "S". The driver said the alphabet slow and deliberate from D to S. The driver opened peeked and swayed.

**BREATH TEST RESULTS:** .132 & .127

*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 5 day of NOV 20 22 by Ryan McCluskey #160

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

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

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

PBSO CASE # 22-126455 PBSO ZONE 1-31

AGENCY CASE # 2022-25504 CRASH CASE # N/A

TIME OF STOP/CRASH 0453 hrs DATE 11/05/22 DAY _____

SUBJECT'S NAME DAZA, KEVIN RACE W SEX M

HGT 5'11" WGT 205 lbs DOB 1-14-95

LOCATION Forest Hill Blvd @ S. Congress Ave Palm Springs

ARRESTING OFFICER'S NAME & ID McCloskey 160 AGENCY Palm Springs PD

DIVISION: ROAD

NOTIFIED BY COMMO ✓

ARRIVAL AT FACILITY 0527

Arrest Time 0514

BREATH RESULTS:

1. .132
2. .127
3. _____
4. _____

TESTING OFFICER'S ID 16877

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# D.U.I. Witness List

Subject Name: DAZA, KEVIN Case #: 22-025504

Arresting Officer: Ryan McCluskey #160
~~Palm Springs Police Department - 230 Cypress Ln Palm Springs, FL. 33461~~
Phone #: _____ Cell #: _____
Can Testify to: DUI Investigation

Assisting Officer 1: _____
Agency Name: Palm Springs Police Department
Address: _____
Phone #: _____ Cell #: _____
Can Testify to: _____

Assisting Officer 2: Ofc. Shackelford
Agency Name: Palm Springs Police Dept.
Address: 230 Cypress Lane, Palm Springs, FL 33461
Phone #: _____ Cell #: _____
Can Testify to: Bank up

Assisting Officer 3: Ofc. Pope
Agency Name: Palm Springs Police Dept.
Address: 230 Cypress Lane, Palm Springs, FL 33461
Phone #: _____ Cell #: _____
Can Testify to: DUI Investigation

Other Witness 1: _____
Address: _____
Phone #: _____ Cell #: _____
Can Testify to: _____

Other Witness 2: _____
Address: _____
Phone #: _____ Cell #: _____
Can Testify to: _____

Other Witness 3: _____
Address: _____
Phone #: _____ Cell #: _____
Can Testify to: _____

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# TESTING FACILITY TASK REPORT

AGENCY: PSPD

SUBJECT: Daza, Kevin

CASE NUMBER: 22-126455

DATE: Nov 5, 2022

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 05:50

ENDING TIME: 06:02

BREATH TESTS RESULTS: 1) .132 TIME 05:54 A.M. ☒ P.M. ☐ 2) .127 TIME 05:57 A.M. ☒ P.M. ☐

3) N/A TIME ——— A.M. ☐ P.M. ☐ 4) N/A TIME ——— A.M. ☐ P.M. ☐

BREATH OPERATOR: R. Ragin #16877

MAINTENANCE TECHNICAN: Jason Karlecke #6467

**TESTING OFFICER'S OBSERVATIONS**

SPEECH: Slurred

ATTITUDE: Calm, cooperative

CLOTHING: Blue jeans, LS black shirt, brown shoes

MEDICAL CONDITIONS: None

MEDICATIONS: None

**OTHER:**

Eyes are glassy & red
odor of unknown alcoholic beverage on breath

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**COMMENTS:**

Arrived at center A/O started 20 minute observation period at 05:27 hrs.

Subject agreed to perform breath test.

Tech read breath test results.

A/O read rights.
Subject stated he understood rights.

A/O attempted Q&A.
Subject refused to answer Q&A.

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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: 80-006238 Software: 8100.27
Date of Test: 11/05/2022

Date of Last Agency Inspection: 10/21/2022
Observation Period Began: 05:27
Subject's Name: KEVIN DAZA DOB: 01/14/1995 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 | 05:52 |
| Air Blank | 0.000 | 05:53 |
| Control Test | 0.079 | 05:53 |
| Air Blank | 0.000 | 05:54 |
| Subject Sample #1 | 0.132 | 05:54 |
| Air Blank | 0.000 | 05:55 |
| Air Blank | 0.000 | 05:57 |
| Subject Sample #2 | 0.127 | 05:57 |
| Air Blank | 0.000 | 05:58 |
| Control Test | 0.078 | 05:58 |
| Air Blank | 0.000 | 05:59 |
| Diagnostics Check | OK | 05:59 |

Cylinder Lot: 29821080A4
Exp: 12/05/2023

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 RENEE M RAGIN, 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: _____ Date: 11/05/22
Signature

Sworn to (or affirmed) before me this 05 day of Nov., 2022

_____ Ofc. R. McCluskey #160
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.

*FDLE/ATP FORM 38 - MARCH 2004, Ref. 11D-8.007*

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SUBJECT: Diaz, Kevin CASE NUMBER: 22-25504

# 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 determining 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 refuse to take the test I have requested of you, your driving privilege will be suspended for a period of one (1) year for a FIRST REFUSAL, or eighteen (18) months if your driving privilege has been PREVIOUSLY SUSPENDED, or if you have been PREVIOUSLY FINED under s. 327.35215, for refusing to submit to a lawful test of your breath, urine, or blood. Additionally, if you refuse to take the test I have requested of you, and if your driving privilege has been previously suspended, or if you have been previously fined under s. 327.35215, for a refusal to submit to a lawful test of your ***breath, urine*** or blood, you will be committing a misdemeanor, in addition to any other penalties which can be imposed by law.

Refusal to submit to the test I have requested is admissible into evidence in any criminal proceeding.

Do you understand what I have just read to you? YES <or> NO Do you still refuse to submit to this test? YES <or> NO

***NOTE: IF THE SUBJECT POSSESSES A COMMERCIAL DRIVER'S LICENSE (CDL), READ THE FOLLOWING,***

If you are a Commercial Driver License (CDL) holder or were driving a Commercial Motor Vehicle (CMV), your refusal to submit to testing will result in the loss of your commercial driving privilege for a period of one year from today. If this is your SECOND REFUSAL, you will be permanently disqualified from holding a CDL or operating a CMV.

Do you understand what I have just read to you? YES <or> NO Do you still refuse to submit to this test? YES <or> NO

SUBJECTS 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)_____

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

SUBJECT: Diaz, Kevin CASE NUMBER: 22-25504

# 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: McCluskey

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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: | |

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**REVIEW COMPLETED BY**

| | |
|---|---|
| **Booking Number:** 2022028943 | **Date:** 11/06/2022 |
| | **Specialist Name/ID:** C. Smith/39657 |