0551768 24CT16189 AMB 1432

☐ Marsy's Law invoked - CVI present

ARREST / NOTICE TO APPEAR

O. On-View 3. Request for Warrant S. Summons T. Taken into Custody

O | JUVENILE ☐

ADMINISTRATION

OBTS Number	Agency ORI Number	Agency Name	Agency Report Number (N.T.A.'s only)
	0500800	West Palm Beach Police Department	9 | 4 | 2024-0013775

Charge Type: Check as many as apply. ☐ 1. Felony ☐ 2. Traffic Felony ☐ 3. Misdemeanor ☒ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

If Weapon Seized: Enter Type: UNARMED

Multiple Clearance Indicator:

Location of Arrest (Including Name of Business)	Location of Offense (Business Name, Address)
204 AVILA RD, WPB FL	3999 S DIXIE HWY/SOUTHERN BLVD, WEST PALM BEACH,

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
08/22/2024	19:17	08/22/2024	19:27	/ / : :		

DEFENDANT

Name (Last, First, Middle): KEHLER, ALYSON MARIE Alias:

Alias (Name, DOB, Soc. Sec. #, Etc.):

Race (W - White, B - Black, I - American Indian, A - Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	F	07/24/1982	5'02	110	BLUE	BLOND OR	LIGHT	Small

Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description)	Marital Status	Religion	Indication of: Alcohol Influence / Drug Influence
	M	NONE	☒ Yes ☐ No ☐ Unk.

Local Address (Street, Apt. Number)	(City)	(State)	(Zip)	Home Phone	Residence Type: 1. City 2. County 3. Florida 4. Out of State
1323 SE 17TH ST 369, FT LAUDERDALE, FL 33316				(305) 393-6737	3

Permanent Address (Street, Apt. Number)	(City)	(State)	(Zip)	Mobile Phone	Address Source
1323 SE 17TH ST 369, FT LAUDERDALE, FL 33316					FL ID

Business Address (Name, Street)	(City)	(State)	(Zip)	Work Phone	Occupation

DL Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
K460013827640 / FL	[redacted]		FLINT, MI, United	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
				☐ 1. Arrested ☐ 2. At Large ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile

JUVENILE

☐ Parent ☐ Other: ☐ Legal Custodian

Name (Last, First, Middle): 1. 25 4,000

Residence Phone:

Address (Street, Apt. Number) (City) (State) (Zip)

Business Phone:

Notified by: (Name) Date Time

JUVENILE DISPOSITION: 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated

Released To: (Name) Relationship Date Time

The above address was provided by ☐ defendant and/or ☐ defendant's parents.
The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address.
☐ Yes, by: ☐ No:

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. Disperse/ 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. Synthetic U. Unknown Z. Other

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #
DUI BREATH ALCOHOL 0.08 OR MORE PER 210 L	316.193(1C)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
	N	/	24-13775	1	☐ Y ☒ N		

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #
LEAVING SCENE OF CRASH INVOLVING DAMAGE	316.061(1)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
	N	/	24-13775	1	☐ Y ☒ N		

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
					☐ Y ☐ N		

INTAKE

Health / Apparent Physical Condition of Defendant:

Any knowledge of the following: ☐ Mental ☐ Escape Risk ☐ Medication ☐ Deformities ☐ Injuries
Explain:

Check which applies: ☐ Released O.R. ☐ Released to Parent/Guardian ☐ T.O.T. County Jail ☐ Posted Bond ☐ South County Mental Health

PROPERTY - Received By:

Released By: AUG 22

Released To:

Transported By:

Date Transported: / / Time Transported: : Other:

NOTICE TO APPEAR

☒ INSTRUCTION NO. 1 - Mandatory appearance in court
☐ INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.

Location (Court, Room): Criminal Justice CRIMINAL JUSTICE COMPLEX

Court Date and Time: 09/26/2024 08:30:00 3228 GUN CLUB ROAD

No Photo Available

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

I CONSENT TO RECEIVE REMINDERS OF COURT DATE(S) AND TIMES FOR THIS CASE BY TEXT MESSAGE TO THE NUMBER IDENTIFIED HERE.
I UNDERSTAND THAT STANDARD TEXT MESSAGE RATES MAY APPLY
AND THAT I MAY REVOKE THIS CONSENT VIA THE TEXT MESSAGE SYSTEM IF I CHOOSE. (305) 393-6737 INITIAL

ADMIN

HOLD for Other Agency:

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other

Intake Deputy: I.D. # Pouch #

Signature of Arresting Officer: #2207

Name of Arresting Officer (Print): GITTENS, THOMAS I.D. # 02263

Transporting Officer: GITTENS I.D. # 2263 Agency: WPBPD

Name Verification (Printed by Arrestee) (PRINT)

Witness here if subject signed with an "X".

PAGE 1 OF 1

FILED PBC - GUN CLUB '24 AUG 23 AM5:36

DUI PROBABLE CAUSE AFFIDAVIT

On the 22nd Day of August at 1848 A.M. P.M.

Subject: Alyson M. Kehler Case Number: 20240013775

Agency: West Palm Beach Police Department Arresting Officer: Gittens #2263

Personal Contact

Driving Pattern Actual physical control (physical evidence putting the driver behind the wheel)

On August 22, 2024, at approximately 1815 I responded to a hit and run accident. Dispatch advised the suspect vehicle from the hit and run had stopped at 204 Avila Rd. Officer Mendez was first to arrive on scene and found the suspect driver seated in the driver seat in physical control of the vehicle.

Observation of Driver

Upon arrival I made contact with the driver of the suspect vehicle, Alyson Kehler. I observed Kehler had a strong odor of an unknown alcoholic beverage emanating from her breath that became stronger as she spoke. Kehler's eyes were glassy. Kehler was very unsteady as she stood and had to hold on to her vehicle to steady herself.

Drivers Statements:

After the accident investigation was completed, I explained to Kehler the accident investigation was completed and I would now be conducting a DUI investigation. I read Kehler her Miranda Warnings, and she stated she understood. After being read her Miranda Warnings, I asked Kehler to tell me what happened with the accident. Kehler stated she had gotten of work and went to a restaurant where she had two glasses of wine. Kehler said after leaving the restaurant to go home she was driving home. Kehler stated she was driving her vehicle and was the sole occupant. Kehler advised while driving south on S Dixie Hwy she hit a vehicle from behind near the intersection of Southern Blvd. I later spoke with the other driver involved in the accident, Sofia Cullet. Cullet advised she saw Kehler in physical control of her vehicle.

Odors:

I observed Kehler had a strong odor of an unknown alcoholic beverage emanating from her breath that became stronger as she spoke.

General Observations

Speech: Normal

Attitude: Cooperative

Clothing: White shirt and gray skirt

Medical Problems/Medications: None

Other:

DUI PROBABLE CAUSE AFFIDAVIT

Subject: Alyson M. Kehler **Case Number:** 20240013775

Roadside Tasks

Horizontal Gaze Nystagmus

- [x] Left Eye Does Not Follow Smoothly
- [x] Left Eye Jerks at 45 Degree Angle or Less
- [x] Distinct Jerking Left Eye at Maximum Deviation
- [x] Right Eye Does Not Follow Smoothly
- [x] Right Eye Jerks at 45 Degree Angle or Less
- [x] Distinct Jerking Right Eye at Maximum Deviation

I explained to Kehler I would be checking her eyes and gave her instructions to follow my finger with her eyes and only her eyes. I held up my left index finger and told Kehler to look at the tip of my finger. I told Kehler to keep her head still. Kehler stated she understood. I checked Kehler's eyes for equal pupil size and resting nystagmus. Kehler had equal pupil size and did not have resting nystagmus. I told Kehler with her eyes and only her eyes only to follow the tip of my finger. I started passes with my finger from center to maximum deviation then back to center on each eye to check Kehler's eyes for equal tracking. Kehler's eyes tracked equally. After medically qualifying Kehler I immediately started passes on each eye from center to maximum deviation then back to center to check for lack of smooth pursuit. During the passes I saw nystagmus in each eye. After checking for lack of smooth pursuit I immediately started passes on each eye to check for distinct and sustained nystagmus at maximum deviation. I moved my finger from center to maximum deviation, holding at maximum deviation for approximately eight seconds then back to center for both eyes. During the passes I saw distinct and sustained nystagmus at maximum deviation in each eye. I started passes on each eye to check for onset of nystagmus prior to 45 degrees. I saw nystagmus prior to 45 degrees in each eye. After checking for onset of nystagmus prior to 45 degrees, I started two passes for vertical nystagmus and did not see nystagmus in either eye.

Walk and Turn Task

I instructed Kehler to stand with her feet together and her arms down by her side. I asked Kehler to put her right heel touching her left toe along a line (painted line) extending straight off her left toe and to remain standing in that position until I told her to begin the evaluation. While attempting to get Kehler into the instructional position she almost fell over numerous times. Due to Kehler's inability to stand without nearly falling over I did not believe the evaluation could be conducted safely.

One Leg Stand

After being unable to conduct the walk and turn evaluation I attempted to have Kehler conduct the one leg stand evaluation. I asked Kehler to stand with her feet together and her arms down by her side and I would tell her when to begin. Kehler again nearly fell over numerous times and stated I can't do this. Due to Kehler's inability to stand without falling over, I had to end the SFSTs.

Finger To Nose

Unable to safely conduction

Romberg Balance

Unable to safely conduction

Breath Results from Instrument

1st Result	2nd Result	3rd Result (If Applicable)
*SNM	0.413	0.403

State of Florida

County of Palm Beach

The Following Instrument was notorized or sworn before me this _____ (DATE)

- [ ] Personaly Known
- [ ] Produced Identification
- [ ] Notary Public

1276

Notary / Clerk of Courts / Officer (FSS: 117.10)

#3203

Signature of Arresting Officer

FLORIDA DEPARTMENT OF LAW ENFORCEMENT
ALCOHOL TESTING PROGRAM
BREATH ALCOHOL TEST AFFIDAVIT

Instrument Type: Intoxilyzer 8000
Instrument Registered To: WEST PALM BEACH PD
Instrument Serial Number: 80-001235 Software: 8100.27
Date of Test: 08/22/2024

Date of Last Agency Inspection: 07/18/2024
Observation Period Began: 19:10
Subject's Name: ALYSON M KEHLER DOB: 07/24/1982 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	19:47
Air Blank	0.000	19:48
Control Test	0.079	19:48
Air Blank	0.000	19:49
Subject Sample #1	0.413	19:49
Air Blank	0.000	19:50
Air Blank	0.000	19:52
Subject Sample #2	0.403	19:52
Air Blank	0.000	19:53
Control Test	0.079	19:54
Air Blank	0.000	19:54
Diagnostics Check	OK	19:54

Cylinder Lot: 402872586
Exp: 10/12/2026

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 ALINA MENDEZ, 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: 2276 Date: 8/22/24
Signature

Sworn to (or affirmed) before me this 22 day of August, 2024

~~#2203~~ G. Hew, T.B. #2203
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

FLORIDA DEPARTMENT OF LAW ENFORCEMENT
ALCOHOL TESTING PROGRAM
BREATH ALCOHOL TEST AFFIDAVIT

Instrument Type: Intoxilyzer 8000
Instrument Registered To: WEST PALM BEACH PD
Instrument Serial Number: 80-001235 Software: 8100.27
Date of Test: 08/22/2024

Date of Last Agency Inspection: 07/18/2024
Observation Period Began: 19:10
Subject's Name: ALYSON M KEHLER DOB: 07/24/1982 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	19:41
Air Blank	0.000	19:41
Control Test	0.080	19:42
Air Blank	0.000	19:42
Subject Sample #1	SNM*	19:43
Air Blank	0.000	19:43
Control Test	0.080	19:44
Air Blank	0.000	19:44
Diagnostics Check	OK	19:44

*Slope Not Met

Cylinder Lot: 402872586
Exp: 10/12/2026

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 ALINA MENDEZ, 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: _____ 7276 Date: 8/22/24
Signature

Sworn to (or affirmed) before me this 22 day of August, 2024

_____ #2263
Signature of Notary Public-State of Florida

G. Hew, T.B. #2263
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

West Palm Beach Police Department
Breath Testing Facility Report

Defendant: Kehler, Alyson **Case #:** 20240013775

Arresting Officer: Mendez#2276 **Date:** 08/22/2024

Breath Test Resutls:

0.413	g/210L	1949	Time	____ g/210L	____ Time
0.403	g/210L	1952	Time	____ g/210L	____ Time

Note: Times are in Military Time

Breath Operator: A. Mendez #2276

Maintenance Technician Inv J Ingrassia #1857

Testing Officer Observations:

Speech: Slurred

Attitude: Calm and polite

Clothing: White shirt, white jacket, gray skirt, and blue shoes

Medical Conditions: None

Medications: None stated

Other: None

Arrival Time at Facility/ Time Twenty (20) Minute Observation Started: 1910

Comments:

Kehler arrived at WPBPD booking and the 20-minute observation period began.

Kehler was asked if she would submit to a breath test, in which, she agreed to do so.

On the first attempt to take Kehler first breath sample, the Intoxilyzer machine read Slope Not Met.

A second attempt was conducted to obtain an accurate breath sample.

On the second attempt, the machine read the above breath samples.

SUBJECT: _____ 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: _____ 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.

SUSPECT'S SIGNATURE: (X)_____

Palm Beach County Sheriff's Office

Florida State Statute Exemption Sheet

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	☒	119.071(4)(c)	Undercover personnel	
	☐	119.071(2)(e)	Confession	
Public Info. Exemptions	☐	FL Const. Art. I, s. 16(b)(5)	Marsy's Law – victim information shall be redacted. The term "victim" also includes the victim's lawful representative, the parent or guardian of a minor, or the next of kin of a homicide victim. The term "victim" does not include the accused (ref. page 99 of the CRTM for additional information)	
	☐	119.071(2)(j)	Home/employment telephone number, home/employment address, or personal assets of a person who has been the victim of sexual battery, aggravated child abuse, aggravated stalking, harassment, aggravated battery or domestic violence	
	☐	119.0712(2)	Personal information contained in a motor vehicle record	
	☐	316.650(11)	Driver information contained in a uniform traffic citation	
	☐	119.071(4)(d)2.a.	Home addresses, telephone numbers, dates of birth, and photographs of active/former LE personnel, spouses, and children	
Florida Rules of Judicial Administration 2.420	☒	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers	2
	☐	(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	☐			
	☐			
	☐			
	☐			

REVIEW COMPLETED BY

Booking Number: 2024022736	**Date:** 8/23/2024
	Specialist Name/ID#: Joe Kovach 44820