

07-10-2023

23CT9669

2101

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 - 23002577														
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 1. Yes 2. No		Multiple Clearance Indicator									
Location of Arrest (Including Name of Business) 11701 LAKE VICTORIA GARDENS AVE, PALM BEACH GARDENS, FL, 33410					Location of Offense (Business Name, Address) 11701 LAKE VICTORIA GARDENS AVE, PALM BEACH GARDENS, FL, 33410														
Date of Arrest 05/12/2023	Time of Arrest 23:57	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) LANDRUM, ASHLEY, NICOLE								Alias (Name, DOB, Soc. Sec. #, Etc.)											
Race W - White 1 - American Indian B - Black 0 - Oriental/Asian	Sex F	Date of Birth 04/21/1990	Height 5'6	Weight 130	Eye Color BRO	Hair Color BRO	Complexion LGT	Build SML											
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)					Marital Status SINGLE	Religion NOT STATED	Indication of: Alcohol Influence <input type="checkbox"/> Y <input type="checkbox"/> N Drug Influence <input type="checkbox"/> Y <input type="checkbox"/> N		Unk. <input type="checkbox"/>										
Local Address (Street, Apt. Number) 4907 MIDTOWN LN UNIT 1405, PALM BEACH GARDENS, FL 33418				(City)	(State)	(Zip)	Phone (281) 222-8288		Residence Type 1. City 2. County 3. Florida 4. Out of State 1										
Permanent Address (Street, Apt. Number) 4907 MIDTOWN LN UNIT 1405, PALM BEACH GARDENS, FL 33418				(City)	(State)	(Zip)	Phone		Address Source VERBAL										
Business Address (Name, Street)				(City)	(State)	(Zip)	Phone		Occupation										
D/L Number, State L-536-014-90-641-0 FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) BOCA RATON, FL		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 P. Possess 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				Drug Type	Amount / Unit	Offense #		Warrant / Capias Number				Bond							
Charge Description DUI PROPERTY DAMAGE				Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 316.193(3)(C)(1)				Violation of ORD #									
Drug Activity				Drug Type	Amount / Unit	Offense #		Warrant / Capias Number				Bond							
Charge Description				Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" 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 checked="" 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 JUNE Day 14 Year 2023 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																			
05/12/2023																			
Signature of Defendant (or Juvenile and Parent / Custodian)											Date Signed								
HOLD for other Agency Name:				Signature of Arresting Officer				Name Verification (Printed by Arrestee)											
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal				<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:				Name of Arresting Officer (Print) A. FLINK				I.D. # 514							
Intake Deputy				I.D. #		Pouch #		Transporting Officer A. FLINK		ID # 514		Agency PBGPD		Witness here if subject signed with an -X- 1 of 1					

SCANNED

MAY 13 2023

FILED PBC - GUN CLUB - 23 MAY 13 AM 8:05

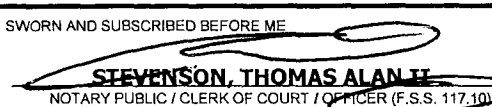
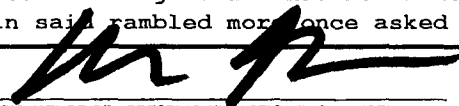
AM

PROBABLE CAUSE AFFIDAVIT


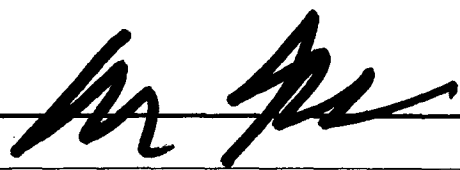
1. Arrest 3. Request for Warrant
2. N.T.A. 4. Request for Capias

1

JUVENILE

A D M I N I S T R A T I V E	OBTS Number		Agency ORI Number FL FL0502600		Agency Name Palm Beach Gardens Police Department		Agency Report Number 7 8 23-002577	
	Charge Type: Check as many as apply.		Special Notes:		Name (Last, First, Middle) LANDRUM, ASHLEY NICOLE		Race W	Sex F
C H A R G E S	<input type="checkbox"/> 1. Felony		<input type="checkbox"/> 3. Misdemeanor		<input type="checkbox"/> 5. Ordinance		Date of Birth 04/21/1990	
	<input type="checkbox"/> 2. Traffic Felony		<input checked="" type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 6. Other			
V I C T I M	Charge Description 316.193(1)(A) DUI - NORMAL FACULTIES IMPAIRED		Charge Description 316.193(3)(C)1 DUI CAUSING PROPERTY DAMAGE		Victim's Name (Last, First, Middle) SHAFER, KAITLYNN MARIE		Race W	Sex F
	Local Address (Street, Apt. Number) 9946 62ND TER S C, BOYNTON BEACH, FL 33437		Phone (561) 827-8303		Address Source		Date of Birth 05/25/1996	
P R O B A B L E	Business Address (Name, Street)		Phone		Occupation			
<p>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 ...</p> <p><input checked="" type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts. <input type="checkbox"/> confessed to _____ admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <u>12</u> day of <u>May</u>, <u>2023</u> at <u>23:42</u> (Specifically include facts constituting cause for arrest.)</p> <p>On 05/12/2023 at approximately 2342 hours, this Officer was dispatched to the parking lot of Downtown at the Gardens, 11701 Lake Victoria Gardens Av, PBG, FL, in regard to a vehicle collision. Body worn camera and in car video were used.</p> <p>This Officer made contact with the driver of the Ford Mustang (QRCG50/FL), identified via Florida Driver License photo, Kaitlynn Shafer (VI). Shafer said the other vehicle, a Jeep Grand Cherokee (EDEZ86/FL) just rear-ended her at the stop sign. Shafer further said the driver of the Jeep, identified via Florida Driver License photo, Ashley Landrum (OF) fell while trying to get back into the Jeep. This Officer asked Shafer if she saw Landrum behind the wheel, she replied "she was absolutely behind the wheel". Shafer further stated she observed Landrum driving very quickly through the other parking lot prior to the collision. Shafer expressed further concerns Landrum was "fucked up" and under the influence.</p> <p>Ofc Arnold 441 met with a witness, identified via Florida Driver License photo, Alexandria Wilson (WI) who was parked behind Landrum. Wilson confirmed a similar account as Shafer and also identified Landrum as the driver and also expressed concerns she was driving under the influence.</p> <p>Next this Officer spoke with Landrum, who displayed many indicators of severe intoxication. From this Officer's first arrival and while speaking with Shafer, this Officer observed Landrum stumbling about the scene and leaning on her vehicle to remain upright. This Officer noticed Landrum had extremely slurred thick speech, low droopy eyelids, red watery eyes, flushed red face and the strong obvious odor of an unknown alcoholic beverage emanating from her breath at conversational distance. When asked what happened Landrum said "she short stopped the stop sign", "I tried to stop, she did not, she got out". Landrum further said she "was confronting me and had her friend behind me" and nothing further. Landrum then again said rambled more once asked if</p>								
S W O R N	SWORN AND SUBSCRIBED BEFORE ME		SIGNATURE OF ARRESTING / INVESTIGATING OFFICER		DATE		PAGE	
	 STEVENSON, THOMAS ALAN II NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) <u>05/13/2023</u> DATE		 FLINK, ANDREW S (514) NAME OF OFFICER (PLEASE PRINT) <u>05/13/2023</u> DATE				1 OF 2	

10

OBTS Number Agency ORI Number FL FLO502600	PROBABLE CAUSE AFFIDAVIT SUPPLEMENT	1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	JUVENILE
Agency Name Palm Beach Gardens Police Department	Agency Report Number 7 8 23-002577				
Charge Type: Check as many as apply. <input type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other					Special Notes:
Name (Last, First, Middle) LANDRUM, ASHLEY NICOLE			Race W	Sex F	Date of Birth 04/21/1990
<p>there was anything else she wanted to say.</p> <p>Ofc Arnold advised Landrum of her Miranda Warnings to which she acknowledged and invoked counsel. When this Officer reapproached Landrum, she was standing where irrigation water was spraying despite having plenty of dry area to stand. This Officer confirmed with Landrum about invoking her right to counsel and advised her the crash investigation was complete and this was now a driving under the influence investigation. This Officer advised Landrum of her Taylor Warnings to which she acknowledged and still maintained her right to counsel. Landrum was immediately placed under arrest at 2357 hours.</p> <p>On the roadside, this Officer requested Landrum provide a breath sample for the purpose of determining its alcohol content, to which she refused and rambled. This Officer read Florida Implied Consent to Landrum, via Florida DOT Cards, to which she acknowledged and again refused at 0006 hours. It should be noted Landrum was also driving on an expired driver license on this night, as of 04/21/2023. Landrum was medically cleared for incarceration at Gardens Medical Center.</p> <p>Based on the results of the investigation, this Officer has probable cause to prove Ashley Landrum operated a motor vehicle, in the county of Palm Beach, in the state of Florida, while under the influence, in violation of FSS 316.193(1) (A). Landrum's actions while driving under the influence damaged property belonging to another person, in violation of FSS 316.193(3) (C) (1).</p>					
A D M I N I S T R A T I V E	<p style="font-size: 2em; opacity: 0.3; transform: rotate(-30deg);">NOT A CERTIFIED COPY</p>				
SWORN AND SUBSCRIBED BEFORE ME  STEVENSON, THOMAS ALBRITTON <small>NOTARY PUBLIC / CLERK OF COURT / JUDGE (E.S.S. 117.10)</small> 05/13/2023 <small>DATE</small>			 <small>SIGNATURE OF ARRESTING / INVESTIGATING OFFICER</small> FLINK, ANDREW S (514) <small>NAME OF OFFICER (PLEASE PRINT)</small> 05/13/2023 <small>DATE</small>		
					PAGE 2 OF 2

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.



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



PBSO Case #: _____ PBSO Zone: 3-13
 Agency Case #: 23002577 Crash Case #: 25157112

Incident Information:

Time of Stop/Crash: 2338 Date of Incident: 05/12/2023 Day: FRIDAY
 Location of Incident: 11701 LAKE VICTORIA GARDENS AVE, PALM BEACH GARDENS, FL, 33410

Arrest Information:

Time of Arrest: 23:57 Date of Arrest: 05/12/2023 Day: FRIDAY
 Location of Arrest: 11701 LAKE VICTORIA GARDENS AVE, PALM BEACH GARDENS, FL, 33410

Subject's Name: (L) LANDRUM, (F) ASHLEY, (M) NICOLE

DOB: 04/21/1990 Race: W Sex: F Height: 5'6 Weight: 130 Hair BRO Eye BRO

Address: 4907 MIDTOWN LN UNIT 1405, PALM BEACH GARDENS, FL 33418 Phone: (281) 222-8288

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

Agency: PBGPD Division: TRAFFIC UNIT

Breath Results

- 1) REF at 00:06 hrs.
- 2) _____ at _____ hrs.
- 3) _____ at _____ hrs.
- 4) _____ at _____ hrs.

---BAT Use---

BAT Notified: NO
 Arrival Time at BAT: _____
 Subject Arrest Time: 23:57

Breath Test Operator: _____
 PBSO

STATE OF FLORIDA
AFFIDAVIT OF REFUSAL TO SUBMIT TO
BREATH TEST

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

member of PALM BEACH GARDENS POLICE DEPARTMENT, and I do swear
(Name of Law Enforcement Agency)

or affirm that on or about the 12TH day of MAY, 20 23, at 23:57 P.M. A.M.

DRIVER ASHLEY NICOLE LANDRUM
FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL # L-536-014-90-641-0, state of FL, was placed under lawful arrest for
the offense of DRIVING UNDER THE INFLUENCE by A. FLINK
(Name of Arresting Officer)
issued citation # AHU6L9E

That on or about the 13TH day of MAY, 20 23, at 0006 P.M. A.M.

in PALM BEACH County,

I requested that the driver submit to a BREATH test for the purpose of determining its alcohol
content. I informed the driver that the refusal to submit to such test 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, or if he or she
had been previously fined under s. 327.35215, F.S., 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,
or if he or she has been previously fined under s. 327.35215, F.S., for refusal to submit to a lawful
test of his or her breath, urine, or blood. Nonetheless, the driver refused to submit to the test
requested.

[Signature]
Signature of Law Enforcement Officer or Correctional Officer

THE AFFIDAVIT MUST BE NOTARIZED OR ATTESTED TO (s. 117.10, F.S.)

The foregoing instrument was sworn and subscribed before me:

[Signature] # 353
Signature of Attesting Officer

(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before me
this 13 day of MAY, 20 23,
by A. FLINK, who is
personally known to me or who has produced
as identification.
Notary Public

Title SERGEANT
Date 05/13/2023

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.

SUBJECT: Landrum Ashley 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 determining the presence of chemical or controlled substances.

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

I am OFF FLINK of the PBGPD

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) Read on camera

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

SUBJECT: Landrum, Ashley 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: OFC FLINK 514



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"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2023012527	Date: 5/13/2023
	Specialist Name/ID: Chantel Daniels/30347