

23CT 372ASB

ADVISORY	OBTS Number		ARREST / NOTICE TO APPEAR				1. Arrest (No Warrant) 3. Request for Warrant 6. Arrest (Warrant) 4. Request for Capias 2. N.T.A. 5. Juvenile Referral		1	JUVENILE	
	Agency ORI Number 0500200		Agency Name Boca Raton Police Department			Agency Report Number (N.T.A.'s only) 3, 2 2023-000362					
	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		If Weapon Seized Enter Type UNARMED		Multiple Clearance Indicator		
STATION	Location of Arrest (Including Name of Business) 200 N FEDERAL HWY, BOCA RATON, FL 33432					Location of Offense (Business Name, Address) 200 N FEDERAL HWY, BOCA RATON, FL 33432					
	Date of Arrest 01/08/2023	Time of Arrest 01:24	Booking Date 01/08/2023	Booking Time 01:34	Jail Date 01/08/2023	Jail Time 02:47	Location of Vehicle WESTWAY				
	Name (Last, First, Middle) POLLACK, COLBY JILL										
DEFENDANT	Alias: _____ Alias (Name, DOB, Soc. Sec. #, Etc.) _____										
	Race W - White 1 - American Indian B - Black O - Oriental/Asian	Sex W	Date of Birth 10/25/1991	Height 5'06	Weight 180	Eye Color BROWN	Hair Color BROWN	Complexion LIGHT	Build M	Indication of Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>	
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) None					Marital Status S	Religion	Indication of Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>			
	Local Address (Street, Apt. Number) (City) (State) (Zip) 17095 DARLINGTON CT, BOCA RATON, FL 33496				Phone (561) 504-1230		Residence Type: 1. City 3. Florida 2. County 4. Out of State		13		
	Permanent Address (Street, Apt. Number) (City) (State) (Zip) 17095 DARLINGTON CT, BOCA RATON, FL 33496				Phone (561) 504-1230		Address Source				
	Business Address (Name, Street) (City) (State) (Zip)				Phone		Occupation				
	D/L Number, State P420110918850 / FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) LONG ISLAND, NY		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"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor		
	Co-Defendant Name (Last, First, Middle)					Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor		
	JUVENILE	<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ Name (Last, First, Middle)									
<input type="checkbox"/> Legal Custodian											
Address (Street, Apt. Number) (City) (State) (Zip)											
Business Phone											
Notified by: (Name) _____ Date _____ Time _____											
Released To: (Name) _____ Relationship _____ Date _____ Time _____											
The above address was 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's Office (Phone 355-2526) informed of any change of address.											
Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No											
Description of Property _____ Value of Property _____											
CODE	Drug Activity S. Sell R. Smuggle K. Disperse/Distribute M. Manufacture/Produce Cultivate Z. Other					Drug Type N. N/A B. Barbiturate H. Hallucinogen P. Paraphernalia/Equipment S. Synthetic U. Unknown Z. Other					
	N. N/A B. Buy D. Deliver E. Use					A. Amphetamine C. Cocaine E. Heroin M. Marijuana O. Opium/Derv. S. Synthetic					
CHARGE	Charge Description DRIVE UNDER INFLUENCE ALC						Statute Violation Number 316.193(1A)		Violation of ORD #		
	Drug Activity	Drug Type N	Amount/Unit	Offense #	Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant/Capias Number		Bond		
	Charge Description						Statute Violation Number		Violation of ORD #		
JNTAKE	Health - Apparent Physical Condition of Defendant GOOD					Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries Explain					
	Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input checked="" type="checkbox"/> T.O.T. County Jail					PROPERTY - Received By 868		Released By 868		Released To PBCJ	
	Transported By 868					Date Transported 01/08/2023		Time Transported 02:47		Other	
NOTICE TO APPEAR	<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.					Location (Court, Room) South County 200 W Atlantic Ave Delray Beach, FL 33444					
	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 COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.					Court Date and Time 02/06/2023 08:30:00					
	Signature of Defendant (or Juvenile and Parent/Custodian) _____ Date Signed _____										
ADVISORY	HOLD for Other Agency					Signature of Arresting Officer					
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other					Name of Arresting Officer (Print) WILLIAMS, D.					
	Intake Dept. Dunnig I.D. # _____ Pouch # _____					I.D. # 868 Agency BOCA					
Witness here if subject signed with an "X" _____											

0537286

JAN 09 2023

PH 161

No Photo Available

PROBABLE CAUSE AFFIDAVIT

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

1 JUVENILE

OBTS Number	Agency ORI Number FL FL0500200		Agency Name BOCA RATON POLICE DEPARTMENT	Agency Report Number 3 2 2023-000362
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) POLLACK, COLBY JILL	Alias	Race W	Sex F	Date of Birth 10/25/1991
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Charge Description 316.193(1A) DUI	Charge Description
Charge Description	Charge Description

Victim's Name (Last, First, Middle) STATE OF FLORIDA,	Race B	Sex M	Date of Birth
Local Address (Street, Apt. Number) (City) (State) (Zip) 100 NW 2ND AVE, BOCA RATON, FL 33432	Phone (561) 338-1234	Address Source	
Business Address (Name, Street) (City) (State) (Zip)	Phone (561)	Occupation	

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 ...

committed the below acts in my presence. was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.

confessed to _____ admitting to the below facts. was found to have committed the below acts, resulting from my (described) investigation.

On the 8 day of January, 2023 at 01:24 (Specifically include facts constituting cause for arrest.)

On 1/8/2023, at approximately 0112 hours, I was traveling northbound on Federal Highway approaching SE 3rd St. I observed a black Audi (FL L45VZ) pull onto Federal Highway NB from SE 1st St. The vehicle then began to rapidly accelerate passing all other traffic. I visually estimated the vehicle's speed to be 68 MPH in a clearly posted 35 MPH zone. I activated my calibrated front-mounted Stalker radar and confirmed the vehicle's speed at 68 MPH. I activated my emergency equipment, accelerated, and began to catch up to the vehicle. I was able to overtake the vehicle and conducted a traffic stop at approximately 900 N Federal Highway.

I walked up to the driver's side window and identified the driver as Colby Pollack. Pollack advised she was driving home from a bar called "The original fat cats" where she consumed "a couple of shots". In speaking with Colby, I observed the smell of alcohol emanating from her breath as well as her to have bloodshot and watery eyes. Due to Colby's driving behavior, her self-admission of alcohol consumption, and additional post-stop observation I requested Colby participate in Filed Sobriety Exercises (FSEs) to which she declined. I explained to Colby that I would be forced to make an arrest decision based solely on my current observations and that her refusal to participate is admissible in court. Colby acknowledged she understood and still refused to participate.

Due to the totality of the circumstances and my training/experience, I feel the defendant is too impaired to operate a motor vehicle safely. The defendant was placed under arrest at 0124 hours, for driving under the influence. Colby was placed in handcuffs that were checked for tightness and double-locked.

The vehicle was towed by Westway towing. The tow log was completed and submitted by Officer Rosario.

Colby was transported to the BRPD DUI room. Officer Careccia conducted the 20-minute

SWORN AND SUBSCRIBED BEFORE ME <u>ZIADIE, ANDREW C</u> NOTARY PUBLIC / CLERK OF COURT / OFFICER (S.S. 117.10) <u>01/08/2023</u> DATE	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER <u>WILLIAMS, DAVID (868)</u> NAME OF OFFICER (PLEASE PRINT) <u>01/08/2023</u> DATE
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FLORIDA DEPARTMENT OF LAW ENFORCEMENT
ALCOHOL TESTING PROGRAM
BREATH ALCOHOL TEST AFFIDAVIT

Instrument Type: Intoxilyzer 8000
Instrument Registered To: BOCA RATON PD
Instrument Serial Number: 80-006622 Software: 8100.27
Date of Test: 01/08/2023

Date of Last Agency Inspection: 12/15/2022
Observation Period Began: 01:38
Subject's Name: COLBY J POLLACK
DOB: 10/25/1991 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		02:07
	Air Blank	0.000	02:08
	Control Test	0.079	02:08
	Air Blank	0.000	02:09
	Subject Sample #1 REF*		02:09
	Air Blank	0.000	02:09
	Control Test	0.080	02:10
	Air Blank	0.000	02:10
	Diagnostics Check OK		02:10

*Subject Test Refused

Cylinder Lot: 02422080A1
Exp: 02/05/2024

State of Florida, County of Palm Beach

Personally appeared before me the undersigned authority, who X is personally known to me or () produced _____ as identification, and who after being placed under oath, states:

I, _____, 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: 1/8/23
Signature

Sworn to (or affirmed) before me this 8th day of January, 2023

[Signature] Signature of Notary Public-State of Florida
David Williams 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.

**STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES
AFFIDAVIT OF REFUSAL TO SUBMIT TO
BREATH AND/OR URINE TEST**

I, David Williams, a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)

am a member of Boca Raton Police, and I do swear
(Name of law enforcement agency)

or affirm that on or about the 8 day of January, 2023, at 0124 P.M. A.M.

DRIVER Colby Jill Pouack,
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# 0420110918850, state of Florida, was placed under lawful arrest for
the offense of DUI by David Williams and
issued Citation # AKLQLE
(Name of Arresting Officer)

That on or about the 8 day of January, 2023, at 0205 P.M. A.M.
in Palm Beach County,

I requested that the driver submit to a breath and/or urine test to determine his or her blood alcohol level and/or the presence of chemical or controlled substances. I informed the driver that the refusal to submit to such test(s) 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 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 for refusal to submit to a lawful test of his or her breath, urine, or blood. Additionally, I informed the driver that if he or she holds a CDL, or was operating a CMV, refusal will result in the disqualification of the Commercial Driver's License/driving privilege for a period of one (1) year in the case of a first refusal or permanently if he or she has previously been disqualified as a result of a refusal to submit to any such lawful test. Nonetheless, the driver refused to submit to the test(s) requested.

[Signature] 868
Signature of Law Enforcement Officer or
Correctional Officer

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

The foregoing instrument was sworn and subscribed before me:

Rosario 862
Signature of Attesting Officer

Title Officer

Date 1/8/23

(AFFIX SEAL)
The foregoing instrument was sworn and subscribed before
me this _____ day of _____, 20____,
by _____,
who is personally known to me or who has produced
_____ as identification
Notary Public _____

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.

25-000362

20 min: 0138

XIS 0124

DUI INFLUENCE REPORT



BOCA RATON POLICE SERVICES DEPARTMENT
100 NW 2nd Avenue
Boca Raton, FL 33432



BOCA RATON POLICE SERVICES DEPARTMENT
DUI INFLUENCE REPORT - PART I

On the 8th day of January, at 0124 ~~AM~~/PM:
Subject: Coiby Pollock Case Number: 2023-000362

PERSONAL CONTACT

Driving Pattern: _____

CPL

Observation of Driver: _____

CPL

Driver's Statement: _____

CPL

Odors: _____

GENERAL OBSERVATIONS

Speech: _____

Attitude: _____
CPL

Clothing: _____

Medical Problems: _____

Medications: _____

Other: _____

Horizontal Gaze Nystagmus:

- Left eye does not follow smoothly
- Right eye does not follow smoothly
- Left eye jerks at 45 degrees angle or less
- Right eye jerks at 45 degrees angle or less
- Distinct jerking left eye maximum deviation
- Distinct jerking right eye maximum deviation

Can not do, Why? _____

Walk and turn: _____

CCU

Can not do, Why? _____

One leg stand: _____

CCU

Can not do, Why? _____

Finger to nose: _____

CCU

Can not do, Why? _____

Alphabet (speech pattern): _____

CCU

Can not do, Why? _____

Breath/Blood test results: _____

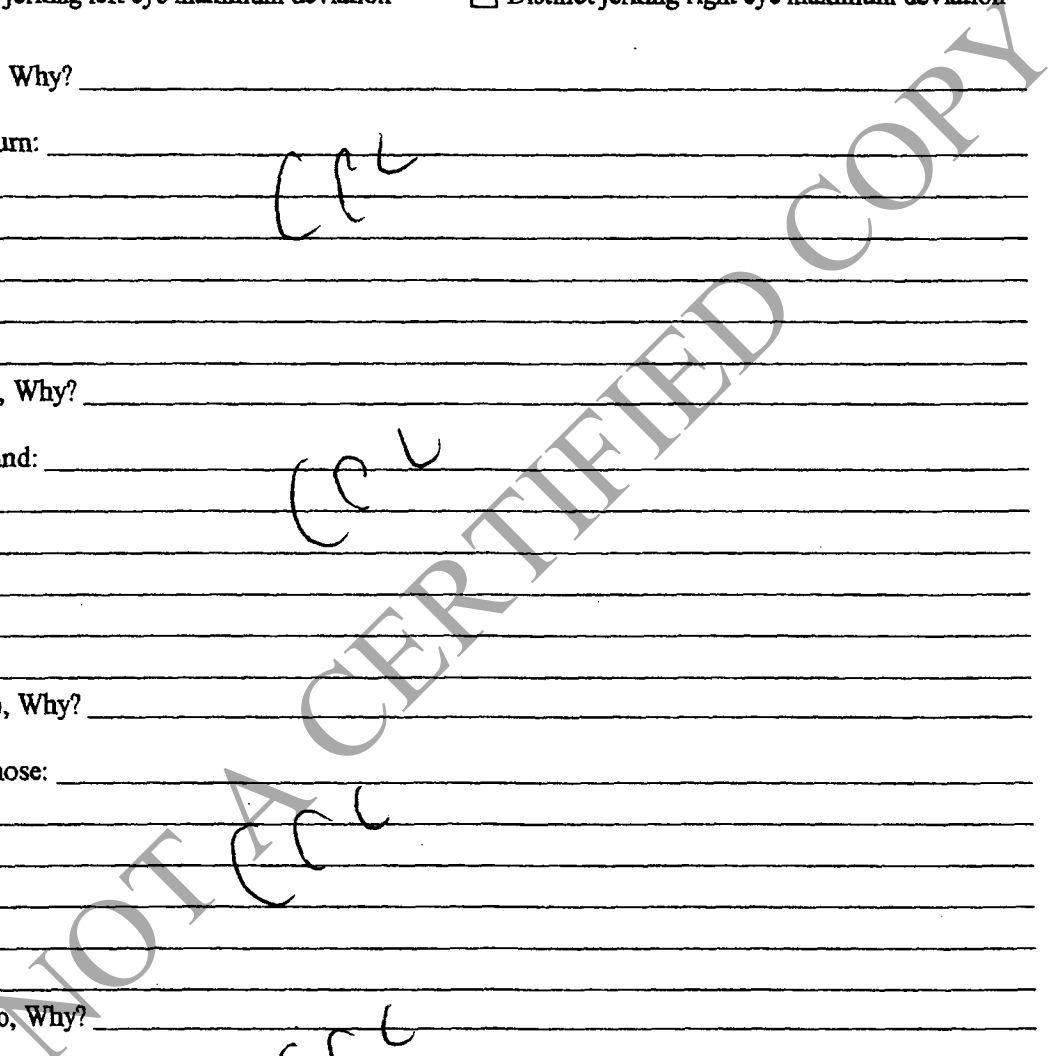
State of Florida, County of Palm Beach,
Sworn and subscribed before me this 1/8/23 (date) by Dfc Carreccion

[Signature]
Notary/Clerk of Court/ Officer (FSS 117.10)

1/8/23
Date

[Signature]
Signature of Arresting Officer

David Williams
Name of Officer (print)



ARRESTING OFFICER: David Williams

Name: Careccia Phone # _____ Work # _____

Address: _____

Can testify to: BTO

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

NOT A CERTIFIED COPY



BOCA RATON POLICE SERVICES DEPARTMENT
DUI INFLUENCE REPORT - PART II

To be filled out at testing facility

Agency Case # 2023-000362

I. INTRODUCTION (Instrument Operator faces video camera)

A. The day is 8th Sunday, January, 8th 2023
(day) (month) (date) (year)

B. The time is now approximately 0203 AM/PM.

C. The following is in reference to case number 23-000362.

D. Present at this time is Ofc Williams of the Boca Raton Police Department.
(Officer's Name)

E. Officer Williams, have you arrested Colby Pollock in violation of
Florida State Statute 316.193? (Defendant's name)

F. Did this violation occur within the City of Boca Raton, Palm Beach County, Florida? Yes

G. Mr./Mrs./Ms. Pollock, I am required to inform you these
proceedings are being video recorded.

Operator Note: Video record breath request, breath sample, and interview.

NOT A CERIFIED COPY

II. AT THIS TIME THE ARRESTING OFFICER WILL REQUEST A BREATH SAMPLE.

Note: Read only the paragraph applicable to the type of test you are requesting.

- A. I am now requesting that you submit to a lawful test of your **BREATH** for the purpose of determining its alcohol content.
- B. 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.
- C. I am now requesting that you submit to a lawful test of your **BLOOD** for the purpose of determining its alcohol content and the presence of chemical or controlled substances.

IMPLIED CONSENT WARNINGS

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 Signature: _____

Note: Also read for CDL holders:

IN ADDITION, your refusal to submit will result in the loss of your commercial privileges for one year from today. If this is your SECOND REFUSAL, you will be permanently disqualified from operating a commercial motor vehicle.

Note: After reading the implied consent warning, the arresting officer must request a breath sample again.

(IF REFUSAL THEN)

At this time Mr./Mrs./Ms. _____ has refused to submit to a breath test.

The date is _____, _____, _____, and the time is _____ AM/PM.
(month) (day) (year)

A refusal form will be completed by the arresting officer.



BOCA RATON POLICE SERVICES DEPARTMENT
JUVENILE CONSTITUTIONAL WARNINGS

**Rights of suspects prior to custodial questioning.
Identify yourself and state:**

I am required to warn you before you make any statement that you have the following Constitutional rights:

- 1 You have the right to remain silent and not answer any questions. *Tell me in your own words what you think this means.
(You do not have to talk to me or answer any questions about this offense. You can be quiet if you want.)*
- 2 Any statement you make must be freely and voluntarily given. *Tell me in your own words what you think this means.
(If you do talk to me it has to be because you want to and not because anyone is forcing you to speak.)*
- 3 You have a right to the presence and representation of a lawyer of your choice before you make any statement and during any questioning. *Tell me in your own words what you think this means.
(You can talk to a lawyer before we ask you any questions and you can have him/her with you now, during our questioning.)*
- 4 If you cannot afford a lawyer, you are entitled to the presence and representation of a court appointed lawyer before you make any statement and during any questioning. *Tell me in your own words what you think this means
(If you do not have money for a lawyer and you want one, a lawyer will be given to you for free.)*
- 5 If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent. *Tell me in your own words what you think this means.
(If you decide to talk to me then change your mind, you can stop answering my questions at any time.)*
- 6 I can make no threats or promises to induce you to make a statement. This must be of your own free will. *Tell me in your own words what you think this means
(I am not allowed to threaten you or make you any promises to get you to talk to me. If you decide to talk, it must be because you want to.)*
- 7 Any statement can be and will be used against you in a court of law. *Tell me in your own words what you think this means
(Anything you say to me can and will be told to the judge or a jury in court. A judge is a person who decides if you have done something wrong. Sometimes a group of people called a jury decide this, but the Judge is the person who decides what punishment you get.)*
- 8 Do you understand these rights as I have read them to you, and do you wish to speak to me?

igned: _____ Date: _____ Time: _____



BOCA RATON POLICE SERVICES DEPARTMENT
TESTING FACILITY TASK REPORT

SUBJECT: Colby Pollock

CASE #: 23-000362 DATE: 1/8/23

BREATH TEST RESULTS

1) TIME Refuse AM/PM 2) TIME _____ AM/PM
3) TIME _____ AM/PM 4) TIME _____ AM/PM

BREATH OPERATOR: Careccia 893

MAINTENANCE TECHNICIAN: Crawford

TESTING OFFICER'S OBSERVATIONS

SPEECH: _____

ATTITUDE: _____

CLOTHING: _____

MEDICAL CONDITION: _____


OTHER: _____

COMMENTS: _____

Identify yourself and state:

I am required to warn you before you make any statement that you have the following Constitutional rights:

- (1) You have the right to remain silent and not answer any questions.
- (2) Any statement you make must be freely and voluntarily given.
- (3) You have a right to the presence and representation 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 and representation of a court appointed lawyer before you make any statement 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 be and will be used against you in a court of law.
- (8) Do you understand these rights as I have read them to you, and do you wish to speak to me?

Signed:  Date: 1/8/23 Time: 0210

QUESTIONS AND ANSWERS

Were you operating a motor vehicle at the time of the accident/stop? Yes

Where were you going? Home

What street or highway were you on? Federal

Direction of travel? North

Where did you start driving from? Mizner Park

What city (county) were you stopped in? Palm Beach

What time did you start? idk AM/PM What time is it now? 2 something

What is today's date? 1/7/23 What day of the week is it? Saturday

When did you last eat? 1900 What did you eat? italian food

What have you been doing the past three hours prior to this stop/accident? crying

How much do you weigh? 145 Have you been drinking? NO What were you drinking? -

How much? / Where? / With whom were you drinking? ✓

When did you have your first drink? / AM/PM When did you stop drinking? / AM/PM



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

REVIEW COMPLETED BY

Booking Number: 2023000709	Date: 1/8/2023
	Specialist Name/ID: Chantel Daniels/30347