23CT15253 mB

ADMINISTRATIVE

OBTS Number	Arrest / Notice to Appear Juvenile Referral Report	1. Arrest 3. Request for Warrant 2. N.T.A. 4. Request for Capias	1 Juvenile ☐
Agency ORI Number FL 0502700	Agency Name PALM SPRINGS POLICE DEPARTMENT	Agency Report Number 82- 2023-18479	☐ Marsy's Law CVI FL. Const. Art.1 § 16(b)

Charge Type: Check as many as apply.	☐ 1. Felony ☐ 2. Traffic Felony ☒ 4. Traffic Misdemeanor ☐ 3. Misdemeanor ☐ 5. Ordinance ☐ 6. Other	Weapon Seized / Type	Multiple Clearance Indicator

Location of Arrest (Including Business Name)	Location of Offense (Business Name, Address)
1135 S. Congress Ave, Palm Springs, FL 33461	1135 S. Congress Ave, Palm Springs, FL 33461

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
8/27/23	0339hrs					

DEFENDANT

Name (Last, First, Middle): Pereira Martinez, Moises — Alias:

Race: W – White I – American Indian B – Black O – Oriental/Asian	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	M	5/10/93	5'10	200	Brown	Black	Light	Medium

Scars, Marks, Tattoos, Unique Physical features (Location, Type, Description)	Marital Status	Religion	Indication Of Alcohol Influence Drug Influence	YES / NO
None	N/A	N/A		NO

Local Address (Street, Apt, Number) (City) (State) (Zip)	Phone	Residence Type: 1 City 2 County 3 Florida 4 Out of State
3754 Blue Ridge Rd, West Palm Beach, FL, 33406		2

Permanent Address (Street, Apt, Number) (City) (State) (Zip)	Phone	Address Source
3754 Blue Ridge Rd, West Palm Beach, FL , 33406		FL DL

Business Address (Street, Apt, Number) (City) (State) (Zip)	Phone	Occupation
		Contruction

D/L Number, State	Social Security Number	INS Number	Place of Birth (City, State)	Citizenship
P665-540-93-170-0	[redacted]		Havana, Cuba	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 ☐ Other ☐ Legal Custodian — Name (Last, First, Middle) — Residence Phone

Local 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 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: (name) ☐ 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. Dispense/ Distribute M. Manufacture Z. Other Produce/ Cultivate

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	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
DUI	1	No	316.193(1)a	

Drug Activity	Drug Type	Amount / Unit	Offense Number	Warrant / Capias Number	Bond
N	N	N/A	2023-18479		

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #

Drug Activity	Drug Type	Amount / Unit	Offense Number	Warrant / Capias Number	Bond

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #

Drug Activity	Drug Type	Amount / Unit	Offense Number	Warrant / Capias Number	Bond

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #

Drug Activity	Drug Type	Amount / Unit	Offense Number	Warrant / Capias Number	Bond

NOTICE TO

☐ Instruction No. 1 Mandatory Appearance in Court
☐ Instruction No. 2 You need not appear in Court but must comply with instructions on Reverse side.

Location (Court, Room Number, Address): CJC - 3228 Gun Club Rd. WPB, FL 33406

Court Date and Time — Month: September Day: 28th Year: 2023 Time: 0830 ☒ A.M. ☐ P.M.

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:
☐ Dangerous ☐ Suicidal ☐ Resisted Arrest ☐ Other

~~Signature of Arresting Officer~~

Name of arresting Officer (Print): Ofc. Fardella — I.D.#: 193

Name Verification (Printed by Arrestee) (PRINT)

FILED PBC GUN CLUB
'23 AUG 28 AM 7:06

Intake Deputy	I.D.#	Pouch #	Transporting Officer	I.D.#	Agency
Fardella, Ofc.			Ofc. Fardella	193	PSPD

Witness here if subject signed with X

F4261 DISTRIBUTION: 1 COURT COPY, 2 - STATE ATTORNEY, 1 – AGENCY, 1 – JAIL, 1 – DEFENDANT(NTA"S ONLY) PDF FORM 10/2012

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JH 05429091

PH 1150

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 27th DAY OF August 20 23, AT 0339hrs ✓ AM PM

SUBJECT: Pereira Martinez, Moises CASE NUMBER: 2023-18479

AGENCY: Palm Springs Police Department ARRESTING OFFICER: Ofc. Fardella #193

PERSONAL CONTACT

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

On August 27th, 2023 at approximately 0300hrs, I responded to a vehicle crash at 1135 S. Congress Ave, Palm Springs, FL 33461 involving a single vehicle and a utility pole. Upon arrival, I made contact with Ofc. Metayer # 209 who was first on scene of the vehicle crash. Ofc. Metayer advised me when arriving on scene he observed the vehicle off the roadway and a single occupant (driver) getting out of the vehicle. Ofc. Metayer advised me there were no witnesses while he was making contact with the driver.

I asked the driver how did the accident occur, which he stated he believes he lost control due to wet roads and veered off the roadway, striking the pole.

OBSERVATION OF DRIVER:

I made contact with the driver, positively identified as Moises Pereira Martinez from FL DL#. P665-540-93-170-0. I observed Martinez had his hands in his pockets and had appeared to have urinated on himself. As I approached Martinez closer, I noticed a strong odor of an unknown alcoholic beverage emitting from Martinez. Martinez had bloodshot and glassy eyes and had flushed face. While speaking with Martinez, he appeared concerned and kept placing a hand slightly in his pocket.

DRIVER'S STATEMENTS:

Martinez stated he had went to his friends house in Miami, and had 3 Corona beers prior to going to see his friend at approximately 3-4pm. Martinez stated he last ate food at approximately 4pm and denied drinking past 3-4pm.

ODORS:

cologne, unknown alcoholic beverage

GENERAL OBSERVATIONS

SPEECH: **low and raspy, mumbled**

ATTITUDE: **cooperative, confused, polite**

CLOTHING: **soiled in the front of pants (possible urination)**

MEDICAL/OTHER: **Martinez stated he has no medical conditions**

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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 27th day of August 20 23 by Ofc. Fardella #193

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

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

SHARI L. O'NEAL
Notary Public - State of Florida
Commission # GG 972080
My Comm. Expires Jun 25, 2024
Bonded through National Notary Assn.

SUBJECT: Pereira Martinez, Moises **CASE NUMBER** 2023-18479

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

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

Other Observations:

Martinez lost focus of the stimuli several times on right and left side.
Martinez moved his head while tracking smooth pursuit.

Walk and Turn:
- **Improper Turn**
- **Used Arms to balance**

One Leg Stand:
- **Put foot down three times**

Finger to Nose:
- **Martinez failed to touch tip of nose on several attempts.**
- **Martinez failed to put finger back in resting place several times.**
- **Martinez moved left hand prematurely to guess the next request.**

Modified Romberg:
- **Failed to keep eyes closed**

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BREATH TEST RESULTS: 1) .104 | 2) .098 | 3) | 4)

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 27th day of August 20 23 by Ofc. Fardella #193

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

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

SHARI L. O'NEAL
Notary Public - State of Florida
Commission # GG 972080
My Comm. Expires Jun 25, 2024
Bonded through National Notary Assn.

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

PBSO CASE # 23-103850 PBSO ZONE 1-32

AGENCY CASE # 23-18479 CRASH CASE # 23-18476

TIME OF STOP/CRASH 0304 DATE 8/27/23 DAY Sunday

SUBJECT'S NAME Pereira Martinez Moises (LAST FIRST MID) RACE W SEX M

HGT 5'10 WGT 200 DOB 5/10/1993

LOCATION 1135 S. Congress Ave, Palm Springs, FL 33461

ARRESTING OFFICER'S NAME & ID Fardella #193 AGENCY PSPD

DIVISION: Trassic

NOTIFIED BY COMMO

ARRIVAL AT FACILITY 0400 hrs

ARREST TIME 0339 hrs

BREATH RESULTS:

1) .104
2) .098
3)
4)

TESTING OFFICER'S ID 6212 PBSO VIDEOTAPE # N/A

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TESTING FACILITY TASK REPORT

AGENCY: PSPD OFC. FARDELLA #193

SUBJECT: PEREIRA MARTINEZ, MOISES

CASE NUMBER: 23-103850

DATE: 08-27-23

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 04:22 HRS

ENDING TIME: 04:33 HRS

BREATH TESTS RESULTS: 1) .104 TIME 04:27 A.M. ☒ P.M. ☐ 2) .098 TIME 04:30 A.M. ☒ P.M. ☐

3) TIME A.M. ☐ P.M. ☐ 4) TIME A.M. ☐ P.M. ☐

BREATH OPERATOR: S. O'NEAL #6212

MAINTENANCE TECHNICAN: J. KARLECKE #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SPANISH SPEAKING, SELECTIVE ENGLISH

ATTITUDE: CALM, COOPERATIVE

CLOTHING: SHIRT- LIGHT GRAY/PRINT PANTS- DRK GRAY

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER:

EYES: BLOODSHOT, GLASSY
ODOR OF UNKNOWN ALCOHOLIC BEVERAGE

COMMENTS:

20 MIN. OBSERVATION CONDUCTED BY A/O FARDELLA #193

D READ THE BREATH REQUEST IN SPANISH.
D SUBMITTED TO THE TEST.
EXPLAINED THE PROCEDURE TO THE BEST OF MY ABILITY.
D COMPLETED THE TEST CORRECTLY.
EXPLAINED THE RESULTS TO THE D.
NO Q&A CONDCUTED.

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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: 80-006029 Software: 8100.27
Date of Test: 08/27/2023

Date of Last Agency Inspection: 08/11/2023
Observation Period Began: 04:00
Subject's Name: MOISES PEREIRA MARTINEZ DOB: 05/10/1993 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	04:25
Air Blank	0.000	04:26
Control Test	0.079	04:26
Air Blank	0.000	04:27
Subject Sample #1	0.104	04:27
Air Blank	0.000	04:28
Air Blank	0.000	04:30
Subject Sample #2	0.098	04:30
Air Blank	0.000	04:31
Control Test	0.079	04:31
Air Blank	0.000	04:32
Diagnostics Check	OK	04:32

Cylinder Lot: 15922080A3
Exp: 08/05/2024

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 SHARI L O'NEAL, 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: S. O'Neal Date: 08-27-23
Signature

~~Sworn to~~ (or affirmed) before me this 27 day of August, 2023

193

Signature of Notary Public-State of Florida

Ofc. Fardello #193
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:_____ 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 _____ 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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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: _____

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WITNESS LIST

CASE NUMBER: 2023-18479

ARRESTING OFFICER: Ofc. Fardella #193

ADDRESS: 230 Cypress Lane Palm Springs, Florida 33461

PHONE NUMBERS (HOME): 561-968-8243 (WORK) 561-968-8243

CAN TESTIFY TO: DUI Investigation and Crash Investigation

NAME: Sgt. Annunziata #166

ADDRESS: 230 Cypress Ln, Palm Springs, FL 33461

PHONE NUMBERS (HOME) 561-968-8243 (WORK) _____

CAN TESTIFY TO: Spanish Translation

NAME: Ofc. Metayer #209

ADDRESS 230 Cypress Ln, Palm Springs, FL 33461

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: Initial contact with driver

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) 0 (WORK) 0

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

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NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

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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	☐	316.650(b)	Other: Driver information contained in a uniform traffic citation.	
	☐		Other:	

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REVIEW COMPLETED BY

Booking Number: 2023022416	**Date:** 8/28/2023
	Specialist Name/ID: R.Castro/40259