0538549 2023CT-003796ANS3410

# ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

## ADMINISTRATIVE

| Agency ORI Number | Agency Name | Agency Report Number |
|---|---|---|
| FLO 5 0 2 6 0 0 | PALM BEACH GARDENS POLICE DEPARTMENT | 78 - 23-001149 |

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

Weapon Seized / Type: 1. Yes 2. No | Multiple Clearance Indicator:

| Location of Arrest (Including Name of Business) | Location of Offense (Business Name, Address) |
|---|---|
| 6249 PGA Blvd, Palm Beach Gardens, Fl 334 | PGA Blvd/Mirasol Dr |

| Date of Arrest | Time of Arrest | Booking Date | Booking Time | Jail Date | Jail Time | Location of Vehicle |
|---|---|---|---|---|---|---|
| 02/27/2023 | 01:36 | | | | | Kauffs Towing |

## DEFENDANT

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

| Race (W - White I - American Indian B - Black 0- Oriental/Asian) | Sex | Date of Birth | Height | Weight | Eye Color | Hair Color | Complexion | Build |
|---|---|---|---|---|---|---|---|---|
| W | M | 7/11/1972 | 6' 3" | 250 | Blue | Blonde | Medium | Medium |

Scars, Marks, Tatoos, Unique Physcal Features (Location, Type, Description): None | Marital Status: Single | Religion: CATHOLIC | Indication of: Alcohol Influence Y ☑ N ☐ Unk. ☐; Drug Influence Y ☐ N ☐ Unk. ☑

| Local Address (Street, Apt. Number) (City) (State) (Zip) | Phone | Residence Type: 1. City 2. County 3. Florida 4. Out of State |
|---|---|---|
| 1702 STOKES LN, NASHVILLE, TN 37215 | (615) 969-1404 | 4 |

| Permanent Address (Street, Apt. Number) (City) (State) (Zip) | Phone | Address Source |
|---|---|---|
| 1702 STOKES LN, NASHVILLE, TN 37215 | (615) 969-1404 | DL |

| Business Address (Name, Street) (City) (State) (Zip) | Phone | Occupation |
|---|---|---|
| | | Unemployed |

| D/L Number, State | Soc. Sec. # | INS Number | Place of Birth (City, State) | Citizenship |
|---|---|---|---|---|
| 097663149 TN | [redacted] | | New Castle, Deleware | US |

## CO-DEF

| Co-Defendant Name (Last, First, Middle) | Race | Sex | Date of Birth | 1. Arrested 2. At Large | 3. Felony 4. Misdemeanor 5. Juvenile |
|---|---|---|---|---|---|
| | | | | ☐ ☐ | ☐ ☐ ☐ |
| Co-Defendant Name (Last, First, Middle) | Race | Sex | Date of Birth | 1. Arrested 2. At Large | 3. Felony 4. Misdemeanor 5. Juvenile |
| | | | | ☐ ☐ | ☐ ☐ ☐ |

## JUVENILE

☐ Parent ☐ Legal Custodian ☐ Other: | Name (Last) (First) (Middle) | Residence Phone

Address (Street, Apt. Number) (City) (State) (Zip) | Business Phone

Notified by: (Name) OR | Date | Time | Juvenile Disposition: 1. Handled/ processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated

Released To: (Name) | Relationship | Date | Time

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

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

## CODE

Drug Activity: N. N/A P. Possess S. Sell B. Buy T. Traffic D. Deliver E. Use R. Smuggle K. Dispense/ Distribute M. Manufacture/ Produce/ Cultivate Z. Other

Drug Type: N. N/A A. Amphetamine B. Barbiturate C. Cocaine E. Heroin H. Hallucinogen M. Marijuana O. Opium/Deriv. P. Paraphernalia/ Equipment S. Synthetics U. Unknown Z. Other

## CHARGE

| Charge Description | Counts | Domestic Violence | Statute Violation Number | Violation of ORD # |
|---|---|---|---|---|
| DUI | 1 | ☐Y ☒N | 316.193(1)(A) | |

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

(1)

CHARGE

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

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

CHARGE

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

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

CHARGE

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

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

## NOTICE TO APPEAR

Location (Court, Room Number, Address): 3188 PGA Blvd, PBG, FL 33418

Court Date and Time: Month March Day 29 Year 2023 Time 10:00 ☐ AM ☑ PM

I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED

X _____ 02/27/2023
Signature of Defendant (or Juvenile and Parent / Custodian) | Date Signed

## ADMIN

HOLD for other Agency Name: | Signature of Arresting Officer X _____ 489 | Name Verification (Printed by Arrestee) FEB 27 AM 9:00

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other: | Name of Arresting Officer (Print) R. Smith | I.D. # 489 | (PRINT) _____

Issue Deputy Bonilla 1838 | I.D. # | Pouch # | Transporting Officer R. Smith | ID # 489 | Agency PBGPD | Witness here if subject refused to sign X _____ | PAGE 1 OF 1

DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'s ONLY)

NOT A CERTIFIED COPY

SCANNED FEB 28 2023

# D.U.I. PROBABLE CAUSE AFFIDAVIT

On the 27 day of Febraury 2023 at 01:30 ☑ AM ☐ PM

Subject: Wargny, Robert, Case Number: 23-001149

Agency: *PALM BEACH GARDENS POLICE DEPARTMENT* Arresting Officer: R. Smith 489

## PERSONAL CONTACT

**DRIVING PATTERN:** (Actual Physical Control; Physical Evidence or Statements Putting Defendant Behind Wheel of Vehicle)

I observed a gray Toyota Minivan, bearing NY Tag KGA9307, turning left from southbound Mirasol Drive on to eastbound PGA Boulevard. The vehicle turned into the westbound lanes, traveling against traffic. The vehicle then drove over the curb on onto the sidewalk and proceeded to drive along the sidewalk into the Mirasol Walk plaza. The male, identified by his Tennessee DL as Robert Wargny, exited the vehicle immediately after stopping.

**OBSERVATION OF DRIVER:**

The driver refused to follow commands to stay in the vehicle after it came to a stop. Driver was unsteady when getting out of the vehicle.

While speaking with the driver, I noted glassy water eyes and a smell of an unknown alcoholic beverage emanating from his breath that grew stronger as he spoke.

**DRIVER STATEMENTS:**

Driver stated that he had come from a bar and pointed north.

Driver stated that he had been drinking and that he was not ok to drive.

**ODORS:** Odor of an unknown alcoholic beverage emitting from the subjects breath that grew strong as he spoke

## GENERAL OBSERVATIONS

**SPEECH:** Normal

**ATTITUDE:** Mood swings between cooperative and uncooperative

**CLOTHING:** green shorts, golf polo

**MEDICAL/OTHER:** none

STATE OF FLORIDA
COUNTY OF PALM BEACH

R. Smith 489
*SIGNATURE OF ATTESTING OFFICER*

The foregoing instrument was sworn to or affirmed and subscribed before me this 27 day of February 2023 by R. Smith 489 who is ☐ personally known to me or ☐ produced _____.

*Notary Public, Clerk of Court, Officer (FSS 117.10)*

MADELIN GONZALEZ
Notary Public
State of Florida
Comm# HH225716
Expires 2/7/2026

SCANNED
STAMP FEB 28 2023

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# D.U.I. PROBABLE CAUSE AFFIDAVIT Cont.

Subject: **Wargny, Robert,** Case Number: **23-001149**

## ROADSIDE TASKS

**HORIZONTAL GAZE NYSTAGMUS:**

| *LEFT EYE* | *RIGHT EYE* |
|---|---|
| ☐ Lack of Smooth Pursuit | ☐ Lack of Smooth Pursuit |
| ☐ Distinct & Sust. Nystag. at Max. Deviation | ☐ Distinct & Sust. Nystag. at Max. Deviation |
| ☐ Onset of Nystagmus Prior to 45 Degrees | ☐ Onset of Nystagmus Prior to 45 Degrees |

**Other Observations:**

**Walk and Turn**

Refused

**One Leg Stand**

Refused

**Finger to Nose**

Refused

**BREATH RESULTS: 1)** Refused @ 0237 **2)** Refused @ 0237 **3)** _____ @ _____ **4)** _____ @ _____

**STATE OF FLORIDA**
**COUNTY OF PALM BEACH**

489
*SIGNATURE OF ATTESTING OFFICER*

The foregoing instrument was sworn to or affirmed and subscribed before me this 27 day of February 2023 by R. Smith 489 who is ☒ personally known to me or ☐ produced _____.

*Notary Public, Clerk of Court, Officer (FSS 117.10)*

MADELIN GONZALEZ
Notary Public
State of Florida
Comm# HH225716
Expires 2/7/2026

SCANNED
FEB 28 2023

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23-001149

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

I, R. Smith , a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)

am a member of PALM BEACH GARDENS POLICE DEPARTMENT , and I do swear
(Name of law enforcement agency)

or affirm that on or about the 27 day of Febraury , 20 23 , at 01:36 ☐ P.M ☑ A.M.

DRIVER Robert Wargny ,
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# 097663149 , state of TN , was placed under lawful arrest for

the offense of DUI by R. Smith and
(Name of Arresting Officer)

issued Citation # AGEV2FE .

That on or about the 27 day of Febraury , 20 23 , at 02:37 ☐ P.M ☑ A.M.

in PALM BEACH County,

I requested that the driver submit to a X **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 of Law Enforcement Officer or
Correctional Officer

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

MADELIN GONZALEZ
Notary Public
State of Florida
Comm# HH225716
Expires 2/7/2026
(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before me this 27 day of February, 20 23 , by R. Smith , who is personally known to me or who has produced _____ as identification

Notary Public _____

The foregoing instrument was sworn and subscribed before me:

_____
Signature of Attesting Officer

Title _____

Date _____

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.

HSMV-BAR1001 (REV. 10/2016)

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SCANNED
FEB 28 2023

SUBJECT: WHITNEY, ROBERT T CASE NUMBER: 23-040813

# 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) REFUSED 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) REFUSED ON CAMERA

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SCANNED
FEB 28 2023

WHITE: STATE ATTY. YELLOW: DHSMV PINK: CENTRAL RECORDS GOLDENROD

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: _____

SCANNED
FEB 28 2023

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23-001149

# DUI WITNESS LIST

**Arresting Officer:** R. Smith 489 Email: _____
Agency Address: 10500 N Military Trl, PBG, FL 33410 Phone: (561) 799-4445
Can Testify To: Facts of the case

**Backup Officers:** Kaitlyn Luscavich
Agency Address: 10500 N Military Trl, PBG, FL 33410 Phone: (561) 799-4445
Can Testify To: Driving Pattern and Driver Actions

**Crash Investigator:** _____ Email: _____
Agency Address: _____ Phone: _____

**Breathalyzer Technician:** M. Gonzalez ID: 40577 Agency: PBSO

**DRE:** _____ ID# _____ Agency Case #: _____
Agency Address: _____ Phone: _____ Email: _____

---

**Name:** _____ Involvement: _____
Address: _____ Phone: _____
Can Testify To: _____ ☐ Wheel Witness

**Name:** _____ Involvement: _____
Address: _____ Phone: _____
Can Testify To: _____ ☐ Wheel Witness

**Name:** _____ Involvement: _____
Address: _____ Phone: _____
Can Testify To: _____ ☐ Wheel Witness

**Name:** _____ Involvement: _____
Address: _____ Phone: _____
Can Testify To: _____ ☐ Wheel Witness

**Name:** _____ Involvement: _____
Address: _____ Phone: _____
Can Testify To: _____ ☐ Wheel Witness

**Name:** _____ Involvement: _____
Address: _____ Phone: _____
Can Testify To: _____ ☐ Wheel Witness

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SCANNED
FEB 28 2023

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

PBSO CASE # 23-040893 PBSO ZONE 3-15

AGENCY CASE # 23-001149 CRASH CASE # _____

TIME OF STOP/CRASH 01:30 DATE 2/27/23 DAY Monday

SUBJECT'S NAME Wargny (LAST) Robert (FIRST) T (MID) RACE W SEX M

HGT 6'3 WGT 252 DOB 7/11/72

LOCATION PGA Blvd/Mirasol Dr

ARRESTING OFFICER'S NAME & ID R. Smith 489 AGENCY PBGPD

DIVISION: _____

NOTIFIED BY COMMO Yes

ARRIVAL AT FACILITY 209

ARREST TIME 0136

BREATH RESULTS:

1) _____
2) _____
3) _____
4) REFUSED

TESTING OFFICER'S ID 40577 PBSO VIDEOTAPE # N/A

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SCANNED
FEB 28

# TESTING FACILITY TASK REPORT

AGENCY: PBG

SUBJECT: WARGNY, ROBERT T

CASE NUMBER: 23-040893

DATE: Feb 27, 2023

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 02:35

ENDING TIME: 02:39

BREATH TESTS RESULTS: 1) .R TIME 02:37 A.M. ☒ P.M. ☐ 2) N/A TIME N/A A.M. ☒ P.M. ☐

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

BREATH OPERATOR: M. GONZALEZ #40577

MAINTENANCE TECHNICAN: J. KARLECKE# 6467

**TESTING OFFICER'S OBSERVATIONS**

SPEECH: SLURRED

ATTITUDE: TALKATIVE, RUDE, DEMANDING

CLOTHING: GREEN SHORTS, GREEN/WHITE SHIRT, WHITE SNEAKER

MEDICAL CONDITIONS: NONE

MEDICATIONS: LOTS OF MEDICATION

REFUSED

**OTHER:**

EYES: GLASSY AND BLOODSHOT

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**COMMENTS:**

ARRIVED AT CENTER A/O BEGAN THE 20 MINUTE OBSERVATION PERIOD AT 02:09 HRS.

SUBJECT: REFUSED TO TAKE TEST

A/O: READ I/C
SUBJECT: STATED HE UNDERSTOOD I/C AND REFUSED TO TAKE TEST, ASKED FOR HIS ATTORNEY

A/O: READ RIGHTS
SUBJECT: STATED HE UNDERSTOOD RIGHTS.

A/O: NO Q & A
SUBJECT: INVOKED RIGHTS TO COUNSEL

REFUSED

SCANNED
FEB 28

PALM BEACH COUNTY
**SHERIFF'S OFFICE**
**Florida State Statute Exemption Sheet**

## Palm Beach County Sheriff's Office – Arrests Only

| | X | Florida State Statute | Description | Page Number(s) |
|---|---|---|---|---|
| L/E Exemptions | ☐ | 119.071(2)(d) | Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations. | |
| | ☐ | 943.053, 943.0525 | NCIC/FCIC/FBI and in-state FDLE/DOC. | |
| | ☐ | 119.071(4)(c) | Undercover personnel. | |
| | ☐ | 119.071(2)(f) | Confidential informants (CIs). | |
| | ☐ | 119.071(2)(e) | Confession. | |
| Public Info. Exemptions | ☐ | 985.04(1) | Juvenile offender records. | |
| | ☐ | 119.071(h)(i) | Assets of a crime victim. | |
| | ☐ | 395.3025(7)(a), 456.057(7)(a) | Medical information. | |
| | ☐ | 394.4615(7) | Mental health information. | |
| | ☐ | 119.071(4)(d)(2)(a) | Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children. | |
| Florida Rules of Judicial Administration 2.420 (Rule of 23) | ☒ | *(iii)* 119.0714(1)(i)-(j), (2)(a)-(e) | Social Security, bank account, charge, debit, and credit card numbers. | 2 |
| | ☐ | (viii) 394.4615(7) | Clinical records under the Baker Act. | |
| | ☐ | (xii) 741.30(3)(b) | The victim's address in a domestic violence action on petitioner's request. | |
| | ☐ | (xiii) 119.071(2)(h), 119.0714(1)(h) | Protected information regarding victims of child abuse or sexual offenses. | |
| | ☐ | | | |
| | ☐ | | | |
| | ☐ | | | |
| | ☐ | | | |
| | ☐ | | | |
| Other | ☐ | | Other: | |
| | ☐ | | Other: | |

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**REVIEW COMPLETED BY**

| | |
|---|---|
| **Booking Number:** 2023005417 | **Date:** 2/28/2023 |
| | **Specialist Name/ID:** T.Howard/7185 |

SCANNED
FEB 28 2023