C5394467 23CT6217 N.B 174

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 - 23001865

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

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

Location of Arrest (Including Name of Business): Ballen Isles Dr, PBG, FL, 33410

Location of Offense (Business Name, Address): PGA Blvd/Shady Lakes Dr, PBG , FL, 33410

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
04/04/2023	21:36					KAUFF'S TOWING AND RECOVERY 4701 EAST AVENUE, WPB, FL 33407

DEFENDANT

Name (Last, First, Middle): Cerbone, Tracey, Elena

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	F	07/12/1961	503	116	Brown	Blonde	Light	Small

Scars, Marks, Tatoos, Unique Physcal Features (Location, Type, Description):

Marital Status: | Religion: | Indication of: Alcohol Influence Y ☑ N ☐ Unk. ☐; Drug Influence Y ☐ N ☐ Unk. ☑

Local Address (Street, Apt. Number) (City) (State) (Zip): 801 S Olive Ave Apt 1510, WPB, FL | Phone: (772) 285-1286 | Residence Type: 1. City 2. County 3. Florida 4. Out of State

Permanent Address (Street, Apt. Number) (City) (State) (Zip): Same as | Phone: | Address Source: FLDL

Business Address (Name, Street) (City) (State) (Zip): | Phone: | Occupation: Retired

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
C615-805-61-752-0 FL	[redacted]		New York, NY	US

CO-DEF

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

JUVENILE

☐ Parent ☐ Legal Custodian ☐ Other: Name (Last) G.M. (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 ☐ 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 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

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
DRIVING UNDER THE INFLUENCE	1	☐Y ☒N	316.193(1)(A)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant I 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 I 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

SCANNED APR - 5 2023

NOTICE TO APPEAR

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 May Day 4th Year 2023 Time 10:00 AM X 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

Signature of Defendant (or Juvenile and Parent /Custodian) | Date Signed: 04/04/2023

ADMIN

HOLD for other Agency Name: | Signature of Arresting Officer: x [signature] 545

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other: | Name of Arresting Officer (Print): J. Kahn | I.D. #: 545

Intake Done: [signature] | I.D. # | Pouch # | Transporting Officer: J. Kahn 545 | ID #: 514 | Agency: Road Patrol

Name Verification (Printed by Arrestee) (PRINT) APR 5 AM 12:55

Witness here if subject signed with an -X"

PAGE 1 OF 1

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FILED PBC GUN CLUB '23 APR 5 AM 6:39

AB

D.U.I. PROBABLE CAUSE AFFIDAVIT

On the 4th day of April 2023 at 21:10 ☐ AM ☑ PM

Subject: Cerbone, Tracey, Elena Case Number: 23001865

Agency: *PALM BEACH GARDENS POLICE DEPARTMENT* Arresting Officer: J. Kahn 545

PERSONAL CONTACT

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

-Bobbing in lane.
-Stopped at a red light on a crosswalk.
-Traveling slower than the speed limit in the left lane with traffic passing to the right (35mph in a posted 45mph zone with traffic flowing at 50mph).

OBSERVATION OF DRIVER:

-Fluch face.
-Bloodshot/Watery eyes.

DRIVER STATEMENTS:

Returning home from dinner at Lynora's restaurant where she had a glass of wine.

ODORS: unknown alcoholic beverage

GENERAL OBSERVATIONS

SPEECH: slurred, stutered

ATTITUDE: compliant

CLOTHING:

MEDICAL/OTHER: takes prescription medications, has balance issues and vertigo

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STATE OF FLORIDA
COUNTY OF PALM BEACH

J Kahn 545
SIGNATURE OF ATTESTING OFFICER

The forgoing instrument was sworn to or affirmed and subscribed before me this 4th day of April 20 23 by J. Kahn 545 who is ☐ personally known to me or ☐ produced _____.

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

STAMP

D.U.I. PROBABLE CAUSE AFFIDAVIT Cont.

Subject: **Cerbone, Tracey, Elena** Case Number: **23001865**

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:

Equal pupil size, equal tracking, no resting nystagmus. No vertical nystagmus. Swayed orbitally.

Walk and Turn

-Unable to maintain balance during instruction phase.
-Stopped during task.
-Missed heel-to-toe.
-Stepped off the line.
-Used arms for balance.
-Improper turn.
Refer to Probable Cause Affidavit for further details.

One Leg Stand

-Swayed.
-Used arms for balance.
-Shuffled.
-Puts foot down.
-Lifted/lowered raised foot during task.
-Task was not completed for suspects safety.
Refer to Probable Cause Affidavit for further details.

Rhomberg

-Swayed.
-Properly Recited: A-B-C-D-E-F-G-H-I-J-K-L-M-N-O-P-Q-R-S-T-U-V-W-X-Y-Z

Finger to Nose

-Lowered head.
-Wrong finger.
L: Pad / Tip
R: Tip /Eye
L: Pad / Tip
R: Pad / Tip
R: Tip / Side
L: Pad / Tip

BREATH RESULTS: 1) .021 @ 22:40 2) .020 @ 22:43 3) _____ @ _____ 4) Urine @ 22:55

STATE OF FLORIDA
COUNTY OF PALM BEACH

J Kahn 545
SIGNATURE OF ATTESTING OFFICER

The forgoing instrument was sworn to or affirmed and subscribed before me this 4th day of April 20 23 by J. Kahn 545 who is ☐ personally known to me or ☐ produced _____.

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

STAMP

NOT A CERTIFIED COPY

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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23001865

DUI WITNESS LIST

Arresting Officer: J. Kahn 545 Email: jkahn@pbgfl.com
Agency Address: 10500 N Military Trail, Palm Beach Gardens, FL 33410 Phone: (561) 799-4445
Can Testify To: Facts of Case

Backup Officers: Y. Borgela, A. Wood
Agency Address: 10500 N Military Trail, Palm Beach Gardens, FL 33410 Phone: (561) 799-4445
Can Testify To: Scene Safety and Search

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

Breathalyzer Technician: _____ ID: _____ 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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PALM BEACH GARDENS POLICE DEPARTMENT
DUI TESTING FACILITY INFORMATION SHEET

PBSO Case #: 23- 053909 PBSO Zone: 3-13

Agency Case #: 23001865 Crash Case #: _____

Incident Information:

Time of Stop/Crash: 21:10 Date of Incident: 04/04/2023 Day: Tuesday

Location of Incident: PGA Blvd/Shady Lakes Dr, PBG , FL, 33410

Arrest Information:

Time of Arrest: 21:36 Date of Arrest: 04/04/2023 Day: Tuesday

Location of Arrest: Ballen Isles Dr, PBG, FL, 33410

Subject's Name: (L) Cerbone, (F) Tracey, (M) Elena

DOB: 07/12/1961 Race: W Sex: F Height: 503 Weight: 116 Hair Blonde Eye Brown

Address: 801 S Olive Ave Apt 1510, WPB, FL Phone: (772) 285-1286

Arresting Officer's Name: J. Kahn ID#: 545

Agency: Road Patrol Division: Patrol

Breath Results

1) .021 at 22:40 hrs.
2) .020 at 22:43 hrs.
3) N/A at N/A hrs.
4) URINE at 22:55 hrs.

---BAT Use---

BAT Notified:	YES
Arrival Time at BAT:	22:13
Subject Arrest Time:	21:36

Breath Test Operator: 24639
PBSO

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TESTING FACILITY TASK REPORT

AGENCY: PBG

SUBJECT: CERBONE, TRACEY E

CASE NUMBER: 23-053909

DATE: Apr 4, 2023

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 22:36

ENDING TIME: 22:49

BREATH TESTS RESULTS: 1) .021 TIME 22:40 A.M.☐ P.M.☒ 2) .020 TIME 22:43 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: P.POUND #24639

MAINTENANCE TECHNICAN: J. KARLECKE# 6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: PRONOUNCED

ATTITUDE: CALM, TALKATIVE

CLOTHING: COLORFUL PANTS, PINK SHIRT , TAN HEELS

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER:

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COMMENTS:

ARRIVED AT CENTER A/O BEGAN THE 20 MINUTE OBSERVATION PERIOD AT 22:13 HRS.

SUBJECT: AGREED TO TAKE TEST

TECH: READ TEST RESULTS
SUBJECT: STATED SHE UNDERSTOOD TEST RESULTS

A/O: ASKED FOR A URINE SAMPLE AT 22:46 HRS
SUBJECT: STATED SHE WOULD PROVIDE A URINE SAMPLE

A/O: READ I/C
SUBJECT: STATED SHE UNDERSTOOD I/C AND WOULD PROVIDE A URINE SAMPLE AT 22:48 HRS

A/O: READ RIGHTS
SUBJECT: STATED SHE UNDERSTOOD RIGHTS

A/O: ATTEMPTED Q&A
SUBJECT: REFUSED QUESTIONS

SUBJECT: PROVIDED A URINE SAMPLE AT 22:55 HRS
NO DRE CONDUCTED

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: 80-006240 Software: 8100.27
Date of Test: 04/04/2023

Date of Last Agency Inspection: 03/10/2023
Observation Period Began: 22:13
Subject's Name: TRACEY E CERBONE DOB: 07/12/1961 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	22:38
Air Blank	0.000	22:38
Control Test	0.080	22:39
Air Blank	0.000	22:39
Subject Sample #1	0.021	22:40
Air Blank	0.000	22:41
Air Blank	0.000	22:43
Subject Sample #2	0.020	22:43
Air Blank	0.000	22:44
Control Test	0.080	22:44
Air Blank	0.000	22:45
Diagnostics Check	OK	22:45

Cylinder Lot: 08622080A1
Exp: 06/05/2024

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 PARIS D POUND, 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: _____ Date: 04/04/2023
Signature

Sworn to (or affirmed) before me this 4th day of APRIL, 2023

_____ OFC. J. KAHN
Signature of Notary Public-State of Florida Printed Name of Notary Public-State of Florida

Note: Pursuant to section 117.10, Florida Statutes, law enforcement officers, correctional officers, traffic accident investigation officers and traffic infraction enforcement officers are notaries public when engaged in the performance of official duties. In accordance with section 316.1934(5), F.S., this completed form is admissible without further authentication and is presumptive proof of the results herein. To be used in accordance with Section 316.1934(5), F.S., and in administrative proceedings pursuant to 322.2615, F.S.

FDLE/ATP FORM 38 - MARCH 2004, Ref. 11D-8.007

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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	☐		Other:	
	☐		Other:	

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REVIEW COMPLETED BY

Booking Number: 2023008814	**Date:** 4/5/2023
	Specialist Name/ID: Chantel Daniels/30347