

ARREST / NOTICE TO APPEAR		19CT3088	
CITY Number		JUVENILE ☐	
Agency ORI Number 0500200		Agency Name Boca Raton Police Department	
Agency Report Number (N.T.A.'s only) 3, 2 2019-002403			
Charge Type ☐ 1 Felony ☐ 2 Traffic Felony ☐ 3 Misdemeanor ☒ 4 Traffic Misdemeanor ☐ 5 Ordinance ☐ 6 Other		If Weapon Seized ☐ None/not Applicable Multiple Charges Indicated ☐	
Location of Arrest (Including Name of Resident) 1599 N MILITARY TRL		Location of Offense (Business Name, Address) 1599 N MILITARY TRL, BOCA RATON, FL 33486	
Date of Arrest 02/16/2019	Time of Arrest 01:25	Booking Date 02/16/2019	Booking Time 01:35
Name (Last, First, Middle) ALTUVE QUINTERO, ACHIRANA COROMOTO		Alias (Name, DOB, Sex, Age, etc.)	
Race W - White B - Black O - Other/Asian W		Sex M - Male F - Female F	
Date of Birth 10/11/1973		Height 5'04	
Weight 145		Eye Color BLUE	
Hair Color BLONDE		Complexion LIGHT	
Local Address (Street, Apt. Number) 6109 BELLEZA LN 402, BOCA RATON, FL 33433		Phone (786) 740-0127	
Permanent Address (Street, Apt. Number) 6109 BELLEZA LN 402, BOCA RATON, FL 33433		Phone (786) 740-0127	
Business Address (Name, Street) CENTURY 21, BOYNTON BEACH		Occupation Realtor	
DL Number, State A431003738710 / FL		Place of Birth (City, State) CARACAS, Venezuela	
Co-Defendant Name (Last, First, Middle) _____		Date of Birth _____	
Co-Defendant Name (Last, First, Middle) _____		Date of Birth _____	
☐ Felony ☐ Legal Custodian		Name (Last, First, Middle) _____	
Address (Street, Apt. Number) _____		Date of Birth _____	
Notified by (Name) _____		Date _____	
Released To (Name) _____		Relationship _____	
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.		School Attended _____	
☐ Yes, by _____ ☐ No		Description of Property _____	
Drug Activity S - Sell M - Mkt P - Possess		Drug Type M - MJA A - Amphetamine	
S - Sell M - Mkt P - Possess		S - Sell M - Mkt P - Possess	
Charge Description DUI		State Violation Number 316.193(1)	
Drug Activity N		Amount / Unit /	
Offense # 1		Domestic Violence ☐ Y ☒ N	
Charge Description DUI		State Violation Number 316.193(1)	
Drug Activity N		Amount / Unit /	
Offense # 1		Domestic Violence ☐ Y ☒ N	
Charge Description DUI		State Violation Number 316.193(1)	
Drug Activity N		Amount / Unit /	
Offense # 1		Domestic Violence ☐ Y ☒ N	
Health / Apparent Physical Condition of Defendant GOOD		Any knowledge of the following ☐ Mental ☐ Escape Risk ☐ Medication ☐ Delirium ☐ Injury	
Check which applies ☐ Released O.R. ☐ Released to Parent/Guardian ☒ TOT County Jail		PROPERTY - Received By _____	
Released By _____		Released To _____	
Transported By _____		Date Transported _____	
Time Transported _____		Other _____	
☒ INSTRUCTION NO. 1 - Mandatory appearance in court ☐ 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	
Court Date and Time 03/19/2019 08:30:00		No Photo Available	
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) [Signature]	
Date Signed 03/19/2019		Name Verification (Printed by Arrestor) [Signature]	
Name of Arresting Officer (Print) PAYNE, J. S.		ID # 815	
Title of Arresting Officer Valdes		Agency 703 BPD	
Holder for Other Agency 0505402		Page 1	

0505402

Valdes 703

SCA 167
FEB 16 2019
FEB 17 2019

17 AM 8:2

CASE Number		PROBABLE CAUSE AFFIDAVIT		1 Arrest 2 N.T.A. 3 Request for Warrant 4 Request for Capias		1	JUVENILE	
ADMINISTRATIVE	Agency ORI Number FL 0500200		Agency Name BOCA RATON POLICE DEPARTMENT		Agency Report Number 3 2 2019-002403			
	Charge Type ☐ 1 Felony ☐ 3 Misdemeanor ☐ 5 Ordinance ☐ 2 Traffic Felony ☒ 4 Traffic Misdemeanor ☐ 6 Other		Special Notes					
DEFENSE	Name (Last, First, Middle) ALTUVE QUINTERO, ACHIRANA COROMOTO				Place W	Sex F	Date of Birth 10/11/1973	
	Charge Description 316.193(1) DUI		Charge Description					
CHARGES	Charge Description		Charge Description					
	Charge Description		Charge Description					
VICTIM	Victim's Name (Last, First, Middle) STATE OF FLORIDA,				Place	Sex	Date of Birth	
	Local Address (Street, Apt. Number) 100 NW 2ND AVE, BOCA RATON, FL 33432				Phone (561) -	Address Source		
TIM	Business Address (Name, Street) (City) (State) (Zip)				Phone (56) -	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 ☐ confessed to _____ admitting to the below facts. ☐ was observed by _____ who told _____ that he/she saw the arrested person commit the below acts. ☒ was found to have committed the below acts, resulting from my (described) investigation On the <u>16</u> day of <u>February</u>, <u>2019</u> at <u>01:25</u> (Specifically include facts constituting cause for arrest.)								
Vehicle in Motion On 02/16/2018, at approximately 0050 hours, I responded to the area of W Yamato Road and N Military Trail in reference to a possible drunk driver being followed by a concerned citizen. According to the citizen, he was following a silver Toyota Rav 4 southbound on I-95 from West Palm Beach and observed it having trouble maintaining a single lane while almost colliding with several trucks. He continued to follow the vehicle as it exited I-95 onto Congress, entering the city of Boca Raton. While the Rav 4 was stopped at the light, he pulled up beside it and asked the female driver if she was okay. According to the caller, the female driver had difficulty raising her head up and said that she was okay. He continued to follow the vehicle south until law enforcement was able to make contact. As I approached the intersection of Spanish River and Military Trail, I noticed the Rav 4, bearing FL - EHGY75, in the middle southbound lane with the caller directly behind it. He pointed to the Rav 4 to acknowledge that it was the vehicle he had been following. I then maneuvered behind the vehicle as it progressed through the intersection. For the first 100 yards, the Rav 4 was driving in both the left and middle lanes, while swerving left to right repeatedly. It was then that I initiated a traffic stop on the vehicle, activating my emergency lights and siren. Officer Castillo was also nearby in the next lane with his emergency lights and siren activated to assist. The vehicle continued driving southbound on Military Trail for the next 35 blocks, ignoring our commands to pull over. While I drove up to the driver's side to attempt to gain the drivers attention, I observed a white female driver looking straight ahead, appearing to be completely oblivious to the lights and sirens of 2 marked patrol vehicles. As the vehicle approached the traffic light of Town Center and Military, it finally came to stop, at which time Officer Castillo dismounted from his patrol vehicle and knocked repeatedly on the passenger side window. The driver, later identified by her Florida Driver's License as Achirana Altuve, finally acknowledged our presence and turned off								
ADMINISTRATIVE	SWORN AND SUBSCRIBED BEFORE ME GRAHAM, KEITH T NOTARY PUBLIC / CLERK OF COURT / OFFICER (S.S. 117.10) <u>02/16/2019</u> DATE				SIGNATURE OF ARRESTING / INVESTIGATING OFFICER PAYNE, JONATHAN SIMON (815) NAME OF OFFICER (PLEASE PRINT) <u>02/16/2019</u> FEB 17 2019 DATE			
					PAGE 1 of 3			

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P.I.O.

CIBTS Number		PROBABLE CAUSE AFFIDAVIT SUPPLEMENT		1 Arrest 2 N.T.A.	3 Request for Warrant 4 Request for Capias	1	JUVENILE
Agency ORI Number FL 0500200	Agency Name BOCA RATON POLICE DEPARTMENT	Agency Report Number 3 2 2019-002403					
Charge Type: ☐ 1 Felony ☐ 3 Misdemeanor ☐ 5 Ordinance Check as many as apply ☒ 2 Traffic Felony ☒ 4 Traffic Misdemeanor ☐ 6 Other		Special Notes					
Name (Last, First, Middle) ALTUVE QUINTERO, ACHIRANA COROMOTO				Race W	Sex F	Date of Birth 10/11/1973	
her vehicle. Altuve was cited for failing to obey a traffic control device, (marked lane dividers), F.S.S. 316.074(1). Personal Contact While speaking with Altuve, I noticed a slight language barrier as she was primarily a Spanish speaker but did understand and speak English. Altuve claimed that she did not notice the blue and red emergency lights directly behind her, nor the loud sirens, as she continued driving home. Overall, Altuve's eyes were mostly clear with slight redness and normally sized pupils. Based on her unsafe driving pattern, I asked her if she had consumed any alcoholic beverages prior to the traffic stop, to which she replied with yes. Altuve claimed that she had 1 or 2 glasses of Prosecco (sparkling wine) while at work. She clarified by stating she is a real estate agent and was celebrating. Altuve acknowledged that she was not currently on any prescribed medication, did not consume any drugs, had no head trauma, and no serious injuries or illnesses besides. Altuve stated that she was coming from her office in Hypoluxo (Boynton Beach). I suspected Altuve was under the influence of alcohol and asked her if she would be willing to perform Standardized Field Sobriety Tasks to help me assess whether or not she was capable of safely operating a motor vehicle. Altuve acknowledged my request and stated she would. Pre-Arrest Screening I asked Altuve about her health, to know if she was sick or injured, to which she told me that she was in good health and had no serious illnesses or conditions besides. I asked Altuve if she had any sort of head trauma to which she said no. Standardized Field Sobriety Tasks The SFST was conducted roadside at night, with streetlights and vehicle lights on to help illuminate the ground. The surface was a level, dry-paved hardtop. Only the rear emergency lights on my patrol car were utilized after the initial stop during the SFST for traffic control. During my conduction of the HGN, Altuve moved both her head and eyes to track the pen tip despite my clear instructions. Once she began to track it properly, I observed distinct and sustained Nystagmus at maximum deviation in both her left and right eyes, as well as a lack of smooth pursuit. I gave the instructions for the Walk and Turn, to which Altuve stated she understood, as well as a demonstration of exactly what I expected her to mimic. (I used the painted white line in the middle of the road for the Walk and Turn as a reference and guide). In							
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CRIME ANALYSIS

P.I.O.

2 of 3

17 2019

CIBTS Number		PROBABLE CAUSE AFFIDAVIT SUPPLEMENT		1 Arrest 2. N.T.A.	3 Request for Warrant 4. Request for Copies	1	JUVENILE
Agency ORI Number FL 0500200	Agency Name BOCA RATON POLICE DEPARTMENT	Agency Report Number 3 2 2019-002403					
Charge Type Check as many as apply ☐ 1 Felony ☐ 3 Misdemeanor ☐ 5 Ordinance ☐ 2 Traffic Felony ☒ 4 Traffic Misdemeanor ☐ 6 Other		Special Notes:					
Name (Last, First, Middle) ALTUVE QUINTERO, ACHIRANA COROMOTO				Race W	Sex F	Date of Birth 10/11/1973	
addition, Officer Castillo repeated the instructions in Spanish to assure she understood what was being asked of her. Altuve never executed a proper heel-to-toe step, leaving approximately 5-6 inches of a gap between her feet as she walked. Both feet were slightly staggered instead of following a direct line. Altuve walked 13 steps forward instead of the 9 that were instructed, often repeating the same number over in the process (6 and 9). She also walked 13 steps back. Next, I gave the instructions for the One Leg Stand, which Altuve stated he understood. This task was also instructed in Spanish. Before starting, I asked her if she had any pre-existing injuries to either of her legs which would hinder her from performing, to which she said no. At this time, I urged her to remove her medium heeled footwear for her safety and benefit. Altuve at no time looked at her foot as she counted, but instead looked directly ahead. I also gave her the option to count aloud in Spanish instead of English. Aluve once again repeated the same numbers while progressing through her count. Instead of keeping her arms at her sides, she raised them slightly to assist with balancing. I next gave the instructions for the Finger to Nose Task. During the task, Altuve failed to return her arms back to her sides several times despite my instructions. She also failed to touch the tip of her nose on most of the attempts, touching the bottom of nostrils instead. Based upon my training, experience, and the circumstances during this incident, Altuve was arrested for DUI per F.S.S. 316.193(1) and transported to Boca Raton for processing. Officer Murphy operated the Intoxilyzer 8000. While in the DUI room, Dean agreed to provide a sample of her breath, producing readings of .158 and .151, both well passed the legal limit of .08. Altuve received citations for violating F.S.S. 316.074(1) (A8EU93E) and 316.193(1) (A6LQ6XE). Officer Leyva conducted an inventory search of the driver's vehicle and stayed with it until it was towed from the scene by Emerald towing. Altuve was transported to the Palm Beach County Jail where she was booked without incident.							
SWORN AND SUBSCRIBED BEFORE ME GRAHAM KEITH T <i>#7m</i> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) 02/16/2019 DATE SIGNATURE OF ARRESTING / INVESTIGATING OFFICER PAYNE JONATHAN SIMON (815) NAME OF OFFICER (PLEASE PRINT) 02/16/2019 DATE							

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STATE ATTORNEY

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CRIME ANALYSIS

P. I. O.

**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: 02/16/2019

Date of Last Agency Inspection: 01/23/2019

Observation Period Began: 01:55

Subject's Name: ACHIRANA C ALTUVE QUINTERO

DOB: 10/11/1973 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	02:20
Air Blank	0.000	02:20
Control Test	0.079	02:21
Air Blank	0.000	02:21
Subject Sample #1	VNM*	02:24
Air Blank	0.000	02:25
Air Blank	0.000	02:27
Subject Sample #2	0.158	02:28
Air Blank	0.000	02:30
Air Blank	0.000	02:31
Subject Sample #3	0.151	02:33
Air Blank	0.000	02:34
Control Test	0.074**	02:34
Air Blank	0.000	02:35

*Volume Not Met (0.150 - Breath Sample Not
Reliable to Determine Breath Alcohol Level)
**Control Outside Tolerance

Cylinder Lot: 13518080A5
Exp: 08/05/2020

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 BRITTANIE J MURPHY, 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]

Signature

Date: 2-16-19

Sworn to (or affirmed) before me this 16 day of Feb, 2019

[Signature]
Signature of Notary Public-State of Florida

Payne
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.

SCANNED
FEB 17 2019

Case#: 19-2403

1015 : 0125

08N : 0155

DUI INFLUENCE REPORT



BOCA RATON POLICE SERVICES DEPARTMENT

100 NW 2nd Avenue

Boca Raton, FL 33432

ARRESTING OFFICER: Payne

Name: Payne Phone # _____ Work # 561-338-1234

Address: 100 NW 2nd Ave Boca Raton FL 33432

Can testify to: investigation

Name: Fabelo Phone # _____ Work # "

Address: "

Can testify to: "

Name: Castillo Phone # _____ Work # "

Address: "

Can testify to: "

Name: Murphy Phone # _____ Work # "

Address: "

Can testify to: Doohing

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

BOCA RATON POLICE SERVICES DEPARTMENT
DUI INFLUENCE REPORT - PART II

To be filled out at testing facility

Agency Case # 2019-002403

I. INTRODUCTION (Instrument Operator faces video camera)

A. The day is Saturday February 16 2019
(day) (month) (date) (year)

B. The time is now approximately 0219 AM/PM.

C. The following is in reference to case number 2019-002403

D. Present at this time is dc Payne, Murphy of the Boca Raton Police Department.
(Officer's Name)

E. Officer Payne, have you arrested Altuve, Achirama 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. Altuve I am required to inform you these
proceedings are being video recorded.

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

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.

- x/ 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 ORC DAYNE of the BRPD

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: on video

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.

CASE #: 19-2403 DATE: 2-16-19

1) TIME VNM 0224 (AM)/PM
2) TIME 0.158 0228 (AM)/PM
3) TIME .151 0233 (AM)/PM
4) TIME _____ (AM)/PM

MAINTENANCE TECHNICIAN: VanCamp

SPEECH: not fallacious

CLOTHING: pink top, red pants, no shoes

OTHER: odor of alcoholic beverage emitting from person. red 3 glassy eyes

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: on video Date: 2/16/19 Time: 0740

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? Military Trl

Direction of travel? South

Where did you start driving from? WORK (Hypoluxo)

What city (county) were you stopped in? BOCA RATON

What time did you start? Not Sure AM/PM What time is it now? 2100

What is today's date? 2/15/19 What day of the week is it? Fr

When did you last eat? lunch What did you eat? SALAD

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

How much do you weigh? 135 Have you been drinking? Y What were you drinking? WINE

How much? 3 glasses Where? At work With whom were you drinking? CO workers

When did you have your first drink? 1800 AM/PM When did you stop drinking? 2000 AM/PM

How did you consume your last two drinks? Sip

Are you under the influence of alcohol now? ☒ Yes ☐ No

Can you feel the effects of alcohol? ☐ Yes ☒ No

Have you consumed alcohol since the accident? ☐ Yes ☐ No

Can you feel the effects of alcohol? ☒ Yes ☐ No

Have you consumed alcohol since the accident? ☐ Yes ☒ No How much? /

What? / Where? /

What line of work are you in? Real estate

When did you last work? last night

Do you have any physical defects or injuries? ☐ Yes ☒ No If yes, explain: /

Are you sick or injured? ☐ Yes ☒ No If yes, explain: /

Do you limp? ☐ Yes ☒ No Did you get a bump on the head? ☐ Yes ☒ No

Were you in an accident today? NO

Have you taken any drugs or smoked marijuana today? NO

What? / When? /

Have you seen a doctor or dentist today? ☐ Yes ☒ No Who? /

Are you taking any prescription medications? ☐ Yes ☒ No What? / When? /

Do you have: Epilepsy? ☐ Yes ☒ No Inner ear trouble? ☒ Yes ☐ No Vertigo

Glass eye? ☐ Yes ☒ No Ear infection? ☐ Yes ☒ No

False teeth? ☐ Yes ☒ No Diabetes? ☐ Yes ☒ No

Any problems not correctable by glasses or contact lenses? NO

Do you take insulin? ☐ Yes ☒ No If yes, when was your last injection? /

Have you ever had a driver's license in any other state? NO

I am now ending this video recording. The time is now approximately 0245 (AM/PM)

The date is FEB (month), 16 (day), 2019 (year)

SCANNED

FEB 17 2019



**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)
I/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.	
	☐	(xlii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	☐			
	☐			
	☐			
	☐			
Other	☐		Other:	
	☐		Other:	

REVIEW COMPLETED BY

Date: 02/17/2019

Specialist Name/ID: AM/31562

Booking Number: 2019005448

SCANNED
FEB 17 2019