ARREST / NOTICE TO APPEAR

1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias 5. Juvenile Referral

1 JUVENILE

ADMINISTRATION

OBTS Number

Agency ORI Number: 0500200

Agency Name: Boca Raton Police Department

Agency Report Number (N.T.A.'s only): 3 | 2 | 2019-006403

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

If Weapon Seized — Enter Type: None/not Applicable

Multiple Clearance Indicator

Location of Arrest (Including Name of Business): 1400 W GLADES RD, BOCA RATON FL

Location of Offense (Business Name, Address): 1400 W GLADES RD, BOCA RATON, FL 33431

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
05/05/2019	23:38	05/05/2019	23:48			TOWED

DEFENDANT

Name (Last, First, Middle): LETNER, AMBRA MARIHA

Alias (Name, DOB, Soc. Sec. #, Etc.): Alias:

Race (W - White, B - Black, I - American Indian, O - Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	F	04/28/1983	5'07	120	GREEN	BROWN	LIGHT	Small

Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description): SCAR L THIGH / 3RD DEGREE BURN

Marital Status: S — Religion: NONE

Indication of: Alcohol Influence ☒ Yes ☐ No ☐ Unk. — Drug Influence

Local Address (Street, Apt. Number): 160 NW 9th St (City): Boca Raton (State): FL (Zip): 33432 — Phone: (950) 860-0251

Residence Type: 1. City 2. County 3. Florida 4. Out of State: 1

Permanent Address (Street, Apt. Number): same as above (City) (State) (Zip) — Phone: (950) 860-0251

Address Source: FL DL

Business Address (Name, Street): MASSAGE ENVY, 4125 N FEDERAL HWY (City) (State) (Zip) — Phone: (561) 750-6606

Occupation: Fda

DL Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
L356013836480 / FL	[redacted]		ASHLAND, OR, United	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

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

Notified by: (Name) — Date — Time — JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 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: ☐ 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. Dispenses/ 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. Synthetic U. Unknown Z. Other

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #
DUI	316.193(1)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
	N	/		1	☐ Y ☒ N		

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
		/			☐ Y ☐ N		

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
		/			☐ Y ☐ N		

INTAKE

Health / Apparent Physical Condition of Defendant: GOOD

Any knowledge of the following: ☐ Mental ☐ Escape Risk ☐ Medication ☐ Deformities ☐ Injuries — Explain: NONE

Check which applies: ☐ Released O.R. ☐ Released to Parent/Guardian ☒ T.O.T. County Jail ☐ Posted Bond ☐ South County Mental Health

PROPERTY - Received By — Released By — Released To

Transported By — Date Transported: / / — Time Transported: : — Other

NOTICE TO APPEAR

☒ 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: 06/10/2019 08:30:00

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.

Ambra Letner — 5-6-19

Signature of Defendant (or Juvenile and Parent/Custodian) — Date Signed

No Photo Available

ADMIN

HOLD for Other Agency

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other

Signature of Arresting Officer

Name of Arresting Officer (Print): MURPHY, B. J. — I.D. #: 751

Name Verification (Printed by Arrestee): (PRINT) AMBRA LETNER

Witness here if subject signed with an "X".

Intake Deputy — I.D. # — Pouch #

Transporting Officer: MURPHY — I.D. #: 751 — Agency: BRPD

0507661

13/4

PROBABLE CAUSE AFFIDAVIT

1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Copies | 1 | JUVENILE

ADMIN

OBTS Number:

Agency ORI Number: FL 0500200 | Agency Name: BOCA RATON POLICE DEPARTMENT | Agency Report Number: 3 | 2 | 2019-006403

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

Special Notes:

DEF

Name (Last, First, Middle): LETNER, AMBRA MARIHA | Alias | Race: W | Sex: F | Date of Birth: 04/28/1983

CHARGES

Charge Description: 316.193(1) DUI

Charge Description:

Charge Description:

Charge Description:

VICTIM

Victim's Name (Last, First, Middle): STATE OF FLORIDA, | Race | Sex | Date of Birth

Local Address (Street, Apt. Number) (City) (State) (Zip): 100 NW 2ND AVE, BOCA RATON, FL 33432 | Phone: (561) - | Address Source

Business Address (Name, Street) (City) (State) (Zip): | Phone: (56) - | Occupation

PROBABLE CAUSE STATEMENT

The undersigned certifies and swears that he/she has just and resonable 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 committ the below acts.

☒ was found to have committed the below acts, resulting from my (described) investigation.

On the 5 day of May, 2019 at 23:38 (Specifically include facts constituting cause for arrest.)

On 5/5/2019 at approximately 2318 hours, I was dispatched to 1400 W Glades Rd in reference to an accident.

Upon arrival, I observed multiple vehicles in the entrance to the west of Shake Shack. I first approached a vehicle bearing FL Tag#KNHQ17 that had a large amount of smoke coming from the engine compartment. There was a W/F, later identified as Ambra Letner, sitting in the driver`s seat with the vehicle running. I asked Letner to step out of the vehicle and she took the keys out of the ignition and stepped to the side of the road. I then checked on the other vehicles and no other occupants were inside the vehicles. Officer Keniston then arrived on scene and took over the investigation. It should be noted that Letner stated that she was on her cell phone when she hit the other vehicle. See the accident report for further.

Once Officer Keniston was completed with his accident investigation, Officer Keniston explained to Letner that he was now finished and I was now going to be taking over the investigation. I explained to Letner that I was now going to be conducting a DUI investigation. I read Letner her Constitutional Rights from a pre-printed BRPD issued card and she stated she understood. Letner advised that she was out celebrating Cinco De Mayo at an unknown bar in east Boca Raton. She stated that she drank an unknown amount of tequila, both in a shot form and in margaritas. Based upon my interaction with Letner, her statements, red and glassy eyes, and a strong odor of an alcoholic beverage emitting from her person, I asked her to submit to some road side exercises to dispel my alarm that she was driving under the influence. Letner stated that she did not want to. I then advised Letner of her Taylor Warnings and explained my observations to her. Letner again refused. I then placed Letner into handcuffs.

Letner was then placed under arrest for DUI under FSS 316.193(1). I transported her to BRPD booking. I conducted the 20 minute observation period and then Officer Deen

ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

WOLLSCHLAGER, ANTHONY J
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

05/06/2019
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

MURPHY, BRITTANIE JEAN (751)
NAME OF OFFICER (PLEASE PRINT)

05/06/2019
DATE

COURT STATE ATTORNEY CENTRAL RECORDS JAIL CRIME ANALYSIS P. I. O.

ADMIN

OBTS Number

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

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

Agency ORI Number	Agency Name	Agency Report Number
FL 0500200	BOCA RATON POLICE DEPARTMENT	3 | 2 | 2019-006403

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

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
LETNER, AMBRA MARIHA		W	F	04/28/1983

PROBABLE CAUSE STATEMENT

arrived to conduct the intoxilyzer 8000. I asked Letner to provide a breath sample and she refused. I then read her implied consent and requested a second time for her to provide a breath sample; she again refused. She was then TOT CJ.

It should be noted that Jean Carlos Galue Castro, the other party involved in the accident, also provided a written witness statement that advised Letner was the subject behind the wheel at the time of the accident.

ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

WOLLSCHLAGER, ANTHONY J
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

05/06/2019
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

MURPHY, BRITTANIE JEAN (751)
NAME OF OFFICER (PLEASE PRINT)

05/06/2019
DATE

COURT STATE ATTORNEY CENTRAL RECORDS JAIL 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: 05/06/2019

Date of Last Agency Inspection: 04/19/2019
Observation Period Began: 23:50
Subject's Name: AMBRA M LETNER DOB: 04/28/1983 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	00:33
Air Blank	0.000	00:34
Control Test	0.078	00:34
Air Blank	0.000	00:35
Subject Sample #1	REF*	00:35
Air Blank	0.000	00:35
Control Test	0.078	00:36
Air Blank	0.000	00:36
Diagnostics Check	OK	00:36

*Subject Test Refused

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

State of Florida, County of Palm Beach,

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

I ALYIA S DEEN, 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] 768 Date: 5/6/19
Signature

Sworn to (or affirmed) before me this 05 day of 06, 2019

[signature]
Signature of Notary Public-State of Florida

Murphy 751
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

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

I, Brittanie Murphy (Name of Officer reading Implied Consent Warning), a duly certified Law Enforcement Officer or Correctional Officer, am a member of Boca Raton Police Dept (Name of law enforcement agency), and I do swear or affirm that on or about the 05 day of 05, 20 19, at 2338 ☒ P.M ☐ A.M.

DRIVER (Type or Print) Ambra M Letner (FIRST NAME / MIDDLE OR MAIDEN NAME / LAST NAME),

DL# L356013836480, state of Florida, was placed under lawful arrest for the offense of DUI 316.193 by Brittanie Murphy (Name of Arresting Officer) and issued Citation # A6LQ7PE.

That on or about the 05 day of 06, 20 19, at 1232 ☐ 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.

751
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:

768
Signature of Attesting Officer

Title Police Officer

Date May 6, 2019

(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.

HSMV-BAR1001 (REV. 10/2016)

CCN#: 19-6403
10-15: 2338
OBV-2350

DUI INFLUENCE REPORT

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

ARRESTING OFFICER: Murphy

Name: Ofc Murphy Phone # _____ Work # [redacted]

Address: 100 NW 2nd Ave Boca Raton FL 33432

Can testify to: investigation

Name: Ofc Henriston Phone # _____ Work # " "

Address: " "

Can testify to: accident investigation

Name: Ofc Calhoun Phone # _____ Work # " "

Address: " "

Can testify to: booking

Name: Dean Phone # _____ Work # " "

Address: " "

Can testify to: booking

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

-END OF PART ONE-

[redacted]

DUI INFLUENCE REPORT – PART II

To be filled out at testing facility

Agency Case # 2019-006403

I. INTRODUCTION (Instrument Operator faces video camera)

A. The day is $Monday (day), May (month), 6 (date), 2019 (year).

B. The time is now approximately 1230 (AM/PM).

C. The following is in reference to case number 2019-006403.

D. Present at this time is ~~Ofc Lettieri~~ Ofc Deen, Ofc Murphy of the Boca Raton Police Department. (Officer's Name)

E. Officer Murphy, have you arrested Ambra Lehner (Defendant's name) in violation of Florida State Statute 316.193?

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

G. Mr./Mrs./Ms. Lehner, 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.

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 Sgt Murphy 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)

Letner

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

The date is 05 (month), 06 (day), 2019 (year), and the time is 1232 AM/PM.

A refusal form will be completed by the arresting officer.

[redacted]

BOCA RATON POLICE SERVICES DEPARTMENT

TESTING FACILITY TASK REPORT

SUBJECT: Ambra Letner

CASE #: 2019-006403 DATE: 5-6-19

BREATH TEST RESULTS

Refused

1) TIME _____ AM/PM 2) TIME _____ AM/PM

3) TIME _____ AM/PM 4) TIME _____ AM/PM

BREATH OPERATOR: Murphy

MAINTENANCE TECHNICIAN: Van Camp

TESTING OFFICER'S OBSERVATIONS

SPEECH: Slurred

ATTITUDE:

CLOTHING: blue shirt, black jeans, blk boots

MEDICAL CONDITION: none

OTHER: strong odor of an alcoholic beverage emitting from person

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: 5-6-19 Time: on video

QUESTIONS AND ANSWERS

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

Where were you going? _____

What street or highway were you on? _____

Direction of travel? _____

Where did you start driving from? _____

What city (county) were you stopped in? _____

What time did you start? _____ AM/PM What time is it now? _____

What is today's date? _____ What day of the week is it? _____

When did you last eat? _____ What did you eat? _____

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

How much do you weigh? _____ Have you been drinking? _____ 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

How did you consume your last two drinks? _____

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? _____

When did you last work? _____

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? _____

Have you taken any drugs or smoked marijuana today? _____

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

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

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

Any problems not correctable by glasses or contact lenses? _____

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? _____

I am now ending this video recording. The time is now approximately _____ AM/PM.

The date is May (month), 6 (day), 2019 (year).

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	☐	943.031 (2)	Other: Names of Gangs Criminal Activity	
	☐	119.0712 (2)	Other: Personal Information Contained in a Motor Vehicle Record	

REVIEW COMPLETED BY

Booking Number: 2019015032	**Date:** 5/6/2019
	Specialist Name/ID: M. Tooks #8557