

ARREST / NOTICE TO APPEAR

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

1 JUVENILE

190517757

2092-1235070

Agency ORI Number 0500200	Agency Name Boca Raton Police Department	Agency Report Number (N.T.A.'s only) 3, 2 2019-012908
Charge Type: 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 N
Location of Arrest (Including Name of Business) 100 NE 28TH ST BOCA RATON FL		Location of Offense (Business Name, Address) 100 NE 28TH ST, BOCA RATON, FL 33431
Date of Arrest 09/24/2019	Time of Arrest 19:29	Booking Date 09/24/2019
Booking Time 19:39	Jail Date	Jail Time
Location of Vehicle N/A		
Name (Last, First, Middle) ADAMS, BONITA PICKETT		
Alias: ADAMS, BONITA PICKETT		
Race W - White B - Black O - Oriental/Asian W	Sex F	Date of Birth 03/18/1973
Height 5'09	Weight 125	Eye Color BLUE
Hair Color BLONDE	Complexion LIGHT	Build Medium
Marital Status S		Religion CHRISTIAN
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Indication of Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>
Local Address (Street, Apt. Number) 100 NE 28TH ST 100, BOCA RATON, FL 33431		Phone (561) 860-6995
Permanent Address (Street, Apt. Number) 100 NE 28TH ST 100, BOCA RATON, FL 33431		Phone (561) 860-6995
Business Address (Name, Street) GREAT CLIPS, BOCA RATON		Phone (561) -
D/L Number, State A352075735980 / FL	INS Number	Place of Birth (City, State) ANDERSON, IN
Citizenship US		
Co-Defendant Name (Last, First, Middle)	Race	Sex
Co-Defendant Name (Last, First, Middle)	Race	Sex
Name (Last, First, Middle)		Residence Phone
Address (Street, Apt. Number)		Business Phone
Notified by: (Name)	Date	Time
Relationship	Date	Time
The above address was provided by <input type="checkbox"/> defendant and/or <input type="checkbox"/> 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
Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property
Drug Activity		Statute Violation Number
Charge Description DUI		Statute Violation Number 316.193(1)
Charge Description REFUSE TO SUBMIT DUI TEST AFTER LIC SUSP		Statute Violation Number 316.1939(1)
Charge Description OPERATING VEH WHILE DL SUSPENDED/CANCELLED/REVOKED		Statute Violation Number 322.34(2)
Health / Apparent Physical Condition of Defendant GOOD		Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input checked="" type="checkbox"/> T.O.T. County Jail		PROPERTY - Received By SAAVEDRA
Released By SAAVEDRA		Released To PBCJ
INSTRUCTION NO. 1 - Mandatory appearance in court		No Photo Available
INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.		
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/Guardian)		Date Signed 9/24/19
Name of Arresting Officer SAAVEDRA, A.		LD # 777
Name of Transporting Officer SAAVEDRA		LD # 777
Agency BRPD		Agency BRPD
Witness here if subject signed with an "X".		PAGE 1 OF 1

SEP 25 2019

PROBABLE CAUSE AFFIDAVIT

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

1

JUVENILE

OBTS Number	Agency ORI Number FL 0500200		Agency Name BOCA RATON POLICE DEPARTMENT		Agency Report Number 3 2 2019-012908	
Charge Type: Check as many as apply.	<input type="checkbox"/> 1. Felony	<input type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance	Special Notes:		
	<input type="checkbox"/> 2. Traffic Felony	<input checked="" type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 6. Other			
Name (Last, First, Middle) ADAMS, BONITA PICKETT	Alias	Race W	Sex F	Date of Birth 03/18/1973		
Charge Description 316.193(1) DUI	Charge Description 322.34(2) OPERATING VEH WHILE DL SUSPENDED/CANCELL					
Charge Description 316.1939(1E) REFUSE TO SUBMIT DUI TEST AFTER LIC S	Charge Description					
Victim's Name (Last, First, Middle) STATE OF FLORIDA,	Race	Sex	Date of Birth			
Local Address (Street, Apt. Number) 100 NW 2ND AVE, BOCA RATON, FL 33432	(City)	(State)	(Zip)	Phone (561) -	Address Source DEFENDANT	
Business Address (Name, Street)	(City)	(State)	(Zip)	Phone (56) -	Occupation	
<p>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.</p> <p>The Person taken into custody . . .</p> <p><input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.</p> <p><input type="checkbox"/> confessed to _____ admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <u>24</u> day of <u>September</u>, <u>2019</u> at <u>19:29</u> (Specifically include facts constituting cause for arrest.)</p> <p>This incident was recorded on MVR.</p> <p>On 09/24/2019, at 1812 hours, I responded to 100 NE 28th St, in reference to a civil matter. The complainant Gael Pasquet informed BRPD that his girlfriend Bonita Adams took his silver 2000 Mercedes-Benz M-Class bearing FL tag LFXL12, without his authorization and he just wanted her to return it. See Officer Murphy report (19-12907) for further.</p> <p>As we were conducting the investigation, Officer Maguire and I observed the above vehicle being driven by a W/F, who was later identified by her FL ID as Bonita Adams. Adams parked the vehicle at 196 NE 28th St, which is two houses east from the above mentioned address. Officer Murphy then asked Adams to shut off the vehicle, which initially she refused to do so because she believed she was going to go to jail for stealing the car. It should be noted that upon making contact with Adams, she had a strong odor of an alcoholic beverage emitting from her breath, her eyes were red and glassy, her speech was slurred. Officer Murphy then informed Adams that this was a civil matter and she was not going to go to jail in reference to her investigation. Officer Murphy then was able to get Adams to step out of the car and was able to finish her investigation.</p> <p>I then informed Adams that Officer Murphy had concluded her investigation, and now I was starting a DUI investigation. I asked Adams if she had anything to drink tonight and she stated 1oz of Vodka. Officer Murphy then located a Skol Premiun Vodka bottle (750ML) in Adam's purse. Adams, then stated that was the bottle that she had been drinking from. The bottle was 3/4 full. Adams advised that she started drinking at 1500 hours. I then asked her a what time she finished drinking and she stated 1900 hours. I then asked Adams if she takes any medication and she stated Aleve. I then asked Adams if she had any injuries and she advised that she has a sore neck and shoulder. I then</p>						
ADMONISTRATIVE	SWORN AND SUBSCRIBED BEFORE ME		SIGNATURE OF ARRESTING / INVESTIGATING OFFICER			
	BROWN, KEISHA L		SAAVEDRA, ALONSO (777)			
	NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)		NAME OF OFFICER (PLEASE PRINT)			
	<u>09/24/2019</u>		<u>09/24/2019</u>			
	DATE		DATE			
			PAGE 1 OF 3			

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

SEP 25 2019

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

1. Arrest
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Name (Last, First, Middle) ADAMS, BONITA PICKETT	Alias	Race W	Sex F	Date of Birth 03/18/1973
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asked Adams when the last time was she had something to eat and she stated 1100 hours. I then informed Adams of my observations up to this point and asked if she would consent to perform some standardized field sobriety tasks to dispel my alarm she was driving impaired. Adams consented to perform the field sobriety tasks.


I explained and demonstrated each task to Adams before she performed them.

The first task was the Horizontal Gaze Nystagmus. While performing the task, Adams showed equal pupil size and no resting nystagmus. Adams had lack of smooth pursuit and distinct and sustained nystagmus at maximum deviation for both eyes. Adams displayed onset of nystagmus prior to forty-five degrees in both eyes. Adams was slightly swaying side to side while performing the task. Adams had a hard time following my stylus and continued to move her head side to side, even after being told not to do it.

The second task was the Walk and Turn. She was not able to maintain the starting position. Started the task before being told to do so. While walking forward, she took 8 steps forward and did not touch heel to toe on any of them. She stepped off the line. She did not perform the turn as instructed. After completing the turn, she lifted her leg up like she was dancing. She then took 12 steps back. She only touched heel to toe on steps 2 and 8.

The third task was the One Leg Stand. While holding the starting position she was slightly swaying side to side. She started the task before being told to do so. I then informed her to wait until I tell her to begin. As I continue with my instructions, she started performing the task again. She had to be reminded a third time not to start the task until being told to do so. Adams, then stated how many more tasks she needs to do. I informed Adams that the task is voluntary and if she wishes to continue, which she stated yes. Adams continued doing whatever she wanted while I was explaining the instructions. When she started the task, she lifted her leg more than 6 inches. She was using her arms for balance. She was unable to maintain her balance. While counting step 1013 she leaned forward and nearly fell to the ground. She then stopped the task before being told to do so.

The fourth task was the Finger to Nose. The sequence is as follows (L-R-L-R-R-L). As I was giving her the instructions she continued to talk over me. L-Missed the tip of her nose and touched her right nostril, then corrected herself. She held her finger for two seconds. R- Missed tip of her nose and touched her left nostril, then corrected herself. Adams, then brought her head forward and open her eyes. I then informed her she needed to close eyes and tilt her head back, and she began touching the tip of her nose without being told to do so. I then had to remind Adams of the instructions. I then asked Adams if she wanted to start the task again and she stated yes. L-Missed the tip of her nose and touched her right nostril. She then held her finger for two seconds. R- Missed the tip of her nose and touched her left nostril. She then held her

SWORN AND SUBSCRIBED BEFORE ME BROWN, KEISHA L NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) 09/24/2019 DATE	 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER SAAVEDRA, ALONSO (777) NAME OF OFFICER (PLEASE PRINT) 09/24/2019 DATE	PAGE 2 of 3
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PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

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A D M I N I S T R A T I V E	ORIS Number	Agency ORS Number FL 0500200		Agency Name BOCA RATON POLICE DEPARTMENT	Agency Report Number 3 2 2019-012908
	Change Type: Check as many as apply.	Special Notes:			

D E F	Name (Last, First, Middle) ADAMS, BONITA PICKETT	Alias	Race W	Sex F	Date of Birth 03/18/1973
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finger for two seconds. L-Missed the tip of her nose and touched her right nostril. She then held her finger for two seconds. R- She tilted her head forward and open her eyes. She touched the tip of her nose and held her finger for two seconds. I then reminded her to close her eyes and tilt her head back. R- She lifted her left finger halfway and then corrected herself. She touched the tip of her nose and held her finger for two seconds. L- Touched the tip of her nose and held her finger for two seconds.

The fifth task was the Rhomberg Alphabet. She was slightly swaying and was able to recite the alphabet with no issues.

At 1929 hours, I placed Bonita Adams under arrest for DUI per F.S.S. 316.193(1). Adams was transported to the Boca Raton Police Department for processing. While being transported Adams began using racial slurs words towards me. Officer Renteria conducted the Intoxilyzer Testing. I then asked Adams to provide us with a breath sample, which she refused. I then read her Implied Consent and she stated she understood. I then reminded Adams that she was prior refusals and she stated that she was aware of it. Adams was issued a refusal on 08/28/2008, 12/15/2010 and lastly on 05/24/2012. I then asked Adams again to provide us with a breath sample, which she refused again. At 2015 hours, Adams was issued a refusal. Adams was then additionally charged with Refusal to submit to testing per F.S.S. 316.1939(1e) and with Driving with a suspended license with knowledge per F.S.S. 322.34(2). Adams was transported to Palm Beach County jail for final disposition.

The vehicle was retrieved by the registered owner.

NOT A CERTIFIED COPY

A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME		
	BROWN, KEISHA L	NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
	09/24/2019	DATE	SAAVEDRA, ALONSO (777)
			NAME OF OFFICER (PLEASE PRINT)
		09/24/2019	DATE
			PAGE 3 OF 3

10-15 : 1937

obs: 1948

DUI INFLUENCE REPORT



BOCA RATON POLICE SERVICES DEPARTMENT

100 NW 2nd Avenue

Boca Raton, FL 33432

SCANNED

SEP 25 2019

ARRESTING OFFICER: Ofc. Saavedra

Name: Ofc. Murphy Phone # _____ Work # _____

Address: 100 NW 2nd Ave (Boca Raton)

Can testify to: Road sides

Name: Ofc. Maguire Phone # _____ Work # _____

Address: 100 NW 2nd Ave

Can testify to: Road sides

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

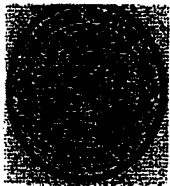
Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

NOT A CERTIFIED COPY



BOCA RATON POLICE SERVICES DEPARTMENT

TESTING FACILITY TASK REPORT

SUBJECT: Bonita P. Adams

CASE #: 2019012908 DATE: 9/24/19

BREATH TEST RESULTS

1) TIME Refused 2014 AM/PM 2) TIME Refused 2014 AM/PM

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

BREATH OPERATOR: ofc. Penteria

MAINTENANCE TECHNICIAN: ofc. Van Camp

TESTING OFFICER'S OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Calm with angry out bursts

CLOTHING: brown shirt, blk pants

MEDICAL CONDITION: None

OTHER: _____

COMMENTS: Mrs. Adams has red glossy eyes, strong odor of alcohol emanating from her breath. Mrs. Adams uttered she last ate at 2pm and has been drinking vodka.

BOCA RATON POLICE SERVICES DEPARTMENT
DUI INFLUENCE REPORT - PART II

To be filled out at testing facility

Agency Case # 2019012908

I. INTRODUCTION (Instrument Operator faces video camera)

A. The day is Tuesday, September, 24, 2019.
(day) (month) (date) (year)

B. The time is now approximately 8 13 AM/PM

C. The following is in reference to case number 2019012908

D. Present at this time is Off. Saavedra of the Boca Raton Police Department.
(Officer's Name)

E. Officer Saavedra, have you arrested Bonita Adams 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. Adams, I am required to inform you these
proceedings are being video recorded.

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

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SCANNED

SEP 25 2019

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 ofc. Saavedra 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: See 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. ^{Benita Adams} ~~Mrs~~ Ms ^{8:15 PM} Adams has refused to submit to a breath test.

The date is September, 24, 2019 and the time is 8 15 AM/PM
(month) (day) (year)

A refusal form will be completed by the arresting officer.

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: See video Date: _____ Time: _____

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 8:17 AM PM

The date is September, 24, 2019.
(month) (day) (year)

SCANNED
SEP 25 2019

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: 09/24/2019

Date of Last Agency Inspection: 08/06/2019
Observation Period Began: 19:48
Subject's Name: BONITA P ADAMS

DOB: 03/18/1973 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	20:11
	Air Blank	0.000	20:11
	Control Test	0.080	20:11
	Air Blank	0.000	20:12
	Subject Sample #1	REF*	20:14
	Air Blank	0.000	20:14
	Control Test	0.080	20:14
	Air Blank	0.000	20:15
	Diagnostics Check	OK	20:15

*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 () produced N/A as identification, and who after being placed under oath, states:

I BARTOLO RENTERIA, 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] Date: 9/24/19
Signature

Sworn to (or affirmed) before me this 24 day of September, 2019

[Signature] X Ofc. Saavedra
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.



**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	<input type="checkbox"/>	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	<input type="checkbox"/>	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel.	
	<input type="checkbox"/>	119.071(2)(f)	Confidential informants (CIs).	
	<input type="checkbox"/>	119.071(2)(e)	Confession.	
Public Info. Exemptions	<input type="checkbox"/>	985.04(1)	Juvenile offender records.	
	<input type="checkbox"/>	119.071(h)(i)	Assets of a crime victim.	
	<input type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	<input type="checkbox"/>	394.4615(7)	Mental health information.	
	<input type="checkbox"/>	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)	<input checked="" type="checkbox"/>	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	<input type="checkbox"/>	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	<input type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	<input type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>	539.001 FS	Other: All records relating to pawnbroker transactions.	
	<input type="checkbox"/>	119.0712(2)	Other: Personal information contained within a motor vehicle record	

REVIEW COMPLETED BY

Booking Number: 2019031209	Date: 09/25/2019
	Specialist Name/ID: howardt7185

SCANNED
SEP 25 2019