| _          | 10000                                                                                                                | - 400567                                                    | (NOTICE )                      |                      | 4.0             |                                        |                                                   | - 4                                             | حاحا                     | مر                                    |                  |
|------------|----------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|--------------------------------|----------------------|-----------------|----------------------------------------|---------------------------------------------------|-------------------------------------------------|--------------------------|---------------------------------------|------------------|
|            | OBTS Number                                                                                                          |                                                             | / NOTICE 1<br>iile Referral    |                      | AK              |                                        | Arrest 3. Re-<br>I.T.A. 4. Re-                    | quest for Warrant<br>quest for Capias           | 1                        | Juven                                 | nile N           |
| 13E        | FLO 502600 PALM BE                                                                                                   | ACH GARDENS                                                 | POLICE D                       | EPARTI               | NENT A          | gency Res                              | ort Number (N.<br>9003528                         | T.A.'s only)                                    |                          | •                                     |                  |
| STRA       | ChargeType: 1. Felony 2. Traffic Felony 2. Traffic Felony                                                            | 3. Misdemeanor                                              | 5. C                           | Ordinance<br>Other   |                 |                                        | on Seized / Type<br>1. Yes                        |                                                 | Multipl                  |                                       |                  |
| ADMINISTRA | Location of Arrest (Including Name of Business) NORTHLAKE BLVD/N MILITA                                              |                                                             | <u>., ., .</u>                 | Location             | of Offense      | (Business N                            | 2. No<br>lame, Address)                           | TWATER OF                                       | Indica                   | tor                                   |                  |
| ۲          | Date of Arrest Time of Arrest                                                                                        |                                                             | looking Time                   | Jail Date            |                 | Time                                   | Location of Ve                                    | LITARY TI                                       | VING &                   | RECOVERY                              | 7                |
| H          | 06/11/2019 00:55  Name (Last, First, Middle)                                                                         |                                                             |                                |                      |                 | Alias (Name                            | 4301 East<br>DOB, Soc. Sec.                       | Avenue, West                                    | Palm B                   | each, FL                              | , 33405          |
|            | LLORET, CAR                                                                                                          | LOS, ALBER                                                  | TO Heigh                       | nt I                 | Weight          |                                        |                                                   |                                                 | an la via a              | Done                                  |                  |
|            | W - White I - American Indian B - Black 0- Oriental/Asian  Scars, Marks, Tatoos, Unique Physical Features (Locatio   | 04/08/197                                                   | 5                              | 5'7                  | 19              | 90 BR                                  | O B                                               | RO LI                                           | aplexion<br>GHT          | Build<br>MEI                          | DIUM             |
|            | Local Address (Street, Apt, Number)                                                                                  |                                                             |                                |                      | Mari<br>DI      | tal Status<br>V                        | Religion CATHOL                                   | Indication of: Alcohol Influence Drug Influence | ence<br>ce               |                                       | Unk.             |
| ENDANT     | 11202 MYRTLE OAK CT PALM                                                                                             | BEACH GARD                                                  | ENS FL                         | (Zip<br>33410        |                 | Phone 305 ) 79                         | 93-1011                                           | Residence Ty<br>1. City<br>2. County            | 3. Flo                   | rida<br>t of State                    | 2                |
| DEFEI      | Permanent Address (Street, Apt. Number) 11202 MYRTLE OAK CT PALM                                                     | BEACH GARD                                                  | (State)<br>ENS FL 3            | (Zip<br>33410        |                 | Phone                                  |                                                   | Address Sour                                    |                          |                                       |                  |
|            | Business Address (Name, Street)                                                                                      | (City)                                                      | (State)                        | (Zip                 | ,               | Phone                                  |                                                   | Occupation FPL                                  |                          |                                       |                  |
|            | D/L Number, State<br>L630101571280 FL                                                                                | er er                                                       |                                | INS                  | lumber          |                                        |                                                   | of Birth (City, State)                          |                          | Citizens                              | ship             |
| L.         | Co-Defendant Name (Last, First, Middle)                                                                              |                                                             | <del></del>                    | Race                 | Sex             | Date of E                              | orb                                               | ANA, CB                                         | □ 3.                     | US<br>Felony                          |                  |
| CO-DE      | Co-Defendant Name (Last, First, Middle)                                                                              |                                                             |                                | Race                 | Sex             | Date of B                              |                                                   | 2. At Large                                     | ☐ 5.<br>☐ 3.             | Misdemear<br>Juvenile<br>Felony       |                  |
| Н          | ☐ Parent Name (Last)                                                                                                 | (First)                                                     |                                |                      | (Midd           | (e)                                    |                                                   | 2. At Large                                     | ☐ 4.<br>☐ 5.<br>esidence | Misdemean<br>Juvenile                 | ior              |
|            | Legal Custodian Other: Address (Street, Apt. Number)                                                                 | (City)                                                      |                                |                      | (Sta            |                                        | (7:5)                                             |                                                 | )                        |                                       |                  |
|            | Notified by. (Name)                                                                                                  | (City)                                                      |                                |                      |                 |                                        | (Zip)                                             | (                                               | usiness P                | none                                  |                  |
| ENILE      |                                                                                                                      |                                                             | Date                           | Tin                  | 18              | Juvenile<br>1. Handk<br>Dept. s        | Disposition<br>ad/processed with<br>and Released. | in 2. TOT HRS<br>3. Incarcer                    |                          |                                       | 1                |
| JŲ.        | Released To: (Name)                                                                                                  |                                                             | Relationsh                     |                      | <b>&gt;</b>     |                                        |                                                   | Date                                            |                          | Time                                  |                  |
| l          | The above address provided bydefendant and / o to keep the Juvenile Court Clerk (Phone \$55-2526) in:Yes, by: (Name) | or defendant's parents formed of any change of No. (Reason) | The child and 7<br>of address. | or parent w          | s told          | School                                 | Attended                                          |                                                 |                          | Grad                                  | •                |
|            | Property Crime? Description of Property  Yes No                                                                      |                                                             |                                |                      |                 | Value                                  | of Property                                       |                                                 |                          | I                                     |                  |
| CODE       |                                                                                                                      | ispense/ M. Manufact<br>istribute Produce/<br>Cultivate     | ure/ Z. Other                  | N, N/A               |                 | B. Barbitum<br>C. Cocsine<br>E. Heroin | M, Marij                                          | cinogen P. P.<br>uana E                         | arapheme<br>quipment     |                                       | Inknown<br>Other |
| GE K       | Charge Description DRIVING UNDER THE INFLUENCE                                                                       | Counts                                                      | Violence                       |                      | iolation Nur    |                                        | O. Opiui                                          | M/Denv. 5, 5                                    | /nthetics<br>Vio         | lation of OR                          | tD#              |
| CHARC      | Drug Activity Drug Type Amount / Unit                                                                                | Offense #                                                   | □Y ⊡N                          | 316.193<br>Warrant I | Capias Nur      | mber                                   |                                                   |                                                 | Bond                     | ·                                     |                  |
| Н          | Charge Description                                                                                                   | Counts                                                      | Domestic                       | Statute V            | iolation Nur    | mber                                   |                                                   |                                                 | Vic                      | olation of O                          | RD#              |
| CHARGE     | DUI OVER .15 Drug Activity Drug Type   Amount / Unit                                                                 | Offense #                                                   | Violence<br>□Y • N             |                      | Gapias Nur      |                                        |                                                   |                                                 | Bond                     | · · · · · · · · · · · · · · · · · · · |                  |
| Ö          | Charge Description                                                                                                   | Counts                                                      | Domestic                       |                      | iolation Nur    |                                        |                                                   |                                                 | <u> </u>                 |                                       |                  |
| CHARGE     |                                                                                                                      |                                                             | Violence                       |                      |                 |                                        |                                                   |                                                 | Vio                      | lation of OF                          | ₹D#              |
| CH)        | Drug Activity Drug Type Amount I Unit                                                                                | Offense #                                                   |                                | Warrant /            | Capias Nur      | nber                                   |                                                   | 3.                                              | Bond                     | 2                                     |                  |
| RGE        | Charge Description                                                                                                   | Counts                                                      | Domestic<br>Violence           | 1                    | iolation Nun    | nber                                   |                                                   | Sz.                                             |                          | olision of O                          | RD#              |
| CHARGE     | Drug Activity Drug Type Amount / Unit                                                                                | Offense #                                                   |                                |                      | Capias Nu       | mber                                   |                                                   | 23                                              | Board                    | =                                     |                  |
| 2          | NORTH COUNTY COURTHOUSI                                                                                              | E 3188 PCA RO                                               | III EVAD                       | D DAI                | M RF            | ACHC                                   | ADDENC                                            | FI 32/10 1                                      | DU. 72                   | TE1) 661                              | 6700             |
| TO APPEAR  | Court Date and Time                                                                                                  |                                                             |                                | W, I AI              |                 |                                        | \                                                 | <i>,</i> 395                                    | 25                       | •                                     | ;-07 <b>0</b> 0  |
| E TO /     | Month JULY Day 17 I AGREE 70 APPEAR AT THE TIME AND PLACE DESIGNATION OF THE COURT AS REQUIRED                       | Year A                                                      | E OFFENSE                      | Time<br>CHARGED C    | 10<br>PR TO PAY | THE FINE                               | AM Z<br>SUBSCRIBED.                               | I UNDERSTAND T                                  | M TAH                    |                                       | LFULLY           |
| NOTICE     | Them                                                                                                                 |                                                             | -EAK, IHAT I                   | MAY BE HE            | -D IN CON.      |                                        | COURT AND A W                                     | ARRANTFOR MY                                    | ARREST<br>(J)<br>COS     |                                       | ISSUED           |
| Н          | Signature of Defendant (or Juvenile and Par<br>HOLD for other Agency                                                 | ent /Custodian) Signature of Appasting Of                   | ficer M                        | ,                    |                 | Nome V                                 | Date Signed                                       | Pro Assesses                                    |                          |                                       |                  |
| إ          | Name:                                                                                                                | x // L                                                      | 11/                            | 2-5                  | 14              |                                        | rification (Printed                               | uy Arrestee)                                    |                          |                                       |                  |
| ADMIN      | Dangerous Resisted Arrest Other:                                                                                     | Name of Arresting Office<br>ANDREW FLINK                    | er (Pfint)                     | 514                  | I.D. #          | (PRINT)                                |                                                   | _                                               |                          | PA                                    | GE               |
|            | Intake Deputy 14NN 810 I.D. # Pouch #                                                                                | Transporting Officer A FLINK                                | ID#<br><b>514</b>              |                      | Agency<br>PBGPD | Wilness                                | nere if subject vio                               | BOANI                                           | VE!                      | <b></b>                               | of 1             |
|            | DISTRIBUTION: WHITE-COURT COPY                                                                                       | GREEN - STATE ATTO                                          | RNEY YE                        | ELLOW - AG           | ENCY            | PINK - A                               | GENCY G                                           | OLD WE HOANT                                    | 2019                     | ONLY)                                 |                  |

### ROADSIDE TASKS

| HORIZONTAL GAZE NYSTAGMUS:                                                                                                                                       |                                                                                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| LT EYE-LACK OF SMOOTH PURSUIT                                                                                                                                    | RT EYE-LACK OF SMOOTH PURSUIT                                                                                                                                                    |
| LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION                                                                                                          | RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION                                                                                                                          |
| LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES                                                                                                                   | RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES                                                                                                                                   |
| ther Observations:                                                                                                                                               |                                                                                                                                                                                  |
| Swaying while standing still                                                                                                                                     |                                                                                                                                                                                  |
| VALK & TURN                                                                                                                                                      |                                                                                                                                                                                  |
| nches from his side. Lloret took 28 steps rather than nin loret executed an improper turn around. Lloret missed loret also raised his arms more than six inches. | stepped off the line. Lloret raised his arms more than six e as instructed. Lloret also stopped to regain his balance. heel-to-toe on four steps and again stepped off the line. |
| ONE LEG STAND:                                                                                                                                                   |                                                                                                                                                                                  |
| loret raised his right arm more than six inches. Lloret in its right foot. Lloret put his right foot down four times.                                            | put his left foot down three times, then switched to raising<br>Lloret swayed while balancing as well.                                                                           |
| ROMBERG ALPHABET:                                                                                                                                                |                                                                                                                                                                                  |
| Not performed                                                                                                                                                    |                                                                                                                                                                                  |
|                                                                                                                                                                  |                                                                                                                                                                                  |
| FINGER TO NOSE:                                                                                                                                                  |                                                                                                                                                                                  |
| Not performed                                                                                                                                                    |                                                                                                                                                                                  |
| REATH TEST RESULTS: 1) .15 2) .143                                                                                                                               | 3) 4)                                                                                                                                                                            |
| TATE OF FLORIDA OUNTY OF PALM BEACH                                                                                                                              |                                                                                                                                                                                  |
| ignative of Arresting Investigative Officer)  to foreigning instrument was sworn to engint may and subscribed before me this 11th day of June                    |                                                                                                                                                                                  |
| rint name of Amesting/Investigative Officer, who is personally known to me and/or produced identification. T                                                     | ype of identification produced Personally Known                                                                                                                                  |
| plary Public, Clerk of Court, Officer (F.S.S. 117.10)                                                                                                            | Notary Public State of Florida Samantha Palmer Samantha Palmer My Commission GG 233762 SCANNED Expires 10/28/2022                                                                |
|                                                                                                                                                                  | WW 1 1 2019                                                                                                                                                                      |

## D.U.I. PROBABLE CAUSE AFFIDAVIT

| ON THE 21st                                                   | DAY OF March                                                                                                     | 20 19              | , AT                                   | 0040                                    | AM PM             |            |
|---------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|--------------------|----------------------------------------|-----------------------------------------|-------------------|------------|
| SUBJECT: LLOR                                                 | ET, CARLOS, ALBER                                                                                                | то                 |                                        | _ CASE NUMBER:                          | 19003528          |            |
| GENCY: PALM B                                                 | EACH GARDENS POLI                                                                                                | ICE DEPT. PERSONAL | ARRESTIN<br>CONTAC                     | IG OFFICER: ANDR                        | EW FLINK          | 514        |
| DRIVING PATTER                                                | N: ACTUAL PHYSICAL CONTI                                                                                         | ROL (PHYSICAL EVID | ENCE OR STA                            | ATEMENTS PUTTING DE                     | F. BEHIND WHEEL O | F VEHICLE) |
| imit, causing ot<br>single lane. The                          | ed by Ofc Yacinthe 460,<br>ther traffic to become ob<br>evehicle drifted into the<br>s Lloret in full physical a | ostructed and ha   | ve to pass.<br>on the sho              | The vehicle was u<br>ulder of the roadw | nable to maintai  | n a        |
|                                                               |                                                                                                                  |                    |                                        |                                         | <b>3</b> *        |            |
| BSERVATION O                                                  | F DRIVER:                                                                                                        |                    |                                        |                                         |                   |            |
| Slurred speech,                                               |                                                                                                                  |                    | (F                                     |                                         |                   |            |
| RIVER'S STATE                                                 | MENTS:                                                                                                           |                    |                                        |                                         |                   |            |
|                                                               | vas coming from Miller'<br>owling alley where he ha                                                              |                    | oret said n                            | e had two or three                      | urinks. I nen ne  | said ne    |
|                                                               | age emanating from bre                                                                                           | eath               | ······································ |                                         |                   |            |
| SPEECH: Sluri                                                 | GE                                                                                                               | NERAL OBS          | SERVA'                                 | TIONS                                   |                   |            |
| ATTITUDE: Co                                                  |                                                                                                                  |                    |                                        |                                         |                   |            |
| CLOTHING: Gre                                                 | y polo, black pants, blac                                                                                        | ek shoes           |                                        |                                         |                   |            |
| EDICAL/OTHER                                                  | : Heart condition                                                                                                |                    | <del></del>                            |                                         |                   |            |
| TE OF FLORIDA JNTY OF PALM BEAG                               | 9                                                                                                                |                    |                                        | -                                       |                   |            |
| atyre of Arresting/Investigative oregoing instrument was swon | n to or affirmed and subscribed before me this                                                                   | 11th day of June   |                                        |                                         | DREW FLIN         | <u>K</u>   |
| geme of Arresting/Investigati                                 |                                                                                                                  |                    | e of identification pro                | oduced Person                           | onally Known      |            |
| y Public, Clerk of Court, Office                              | ***************************************                                                                          | · Samantha P       | State of Florida                       | <u> </u>                                | SCANNE            | -D         |
|                                                               | <u> </u>                                                                                                         | orno Expires 10/28 | on GG 233762<br>/2022                  | \$                                      | JUN 11 201        |            |

| 35 m                       | A MARKET A |              |  |
|----------------------------|------------|--------------|--|
| SUBJECT: LLORET            | (ARTOS A   | CASE NUMBER: |  |
| ~ · - J - · · · · <u> </u> |            |              |  |

# 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 pur                                                                                                              | rpose of determin                                                                               | ng its alcohol                                                                                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|
| content.                                                                                                                                                                                                                                                  | -0                                                                                                                                            | R-                                                                                                                              |                                                                                                 |                                                                                                            |
| I am now requesting that you submit to<br>chemical or controlled substances.                                                                                                                                                                              |                                                                                                                                               |                                                                                                                                 | ose of detecting the                                                                            | ne presence of                                                                                             |
|                                                                                                                                                                                                                                                           | -0                                                                                                                                            | R-                                                                                                                              |                                                                                                 |                                                                                                            |
| I am now requesting that you submit to and the presence of chemical or control                                                                                                                                                                            | o a lawful test of your<br>olled substances.                                                                                                  | BLOOD for the purp                                                                                                              | pose of detecting                                                                               | ts alcohol content                                                                                         |
|                                                                                                                                                                                                                                                           |                                                                                                                                               |                                                                                                                                 |                                                                                                 |                                                                                                            |
| NOTE: READ ONLY IF                                                                                                                                                                                                                                        | THE SUBJECT DO                                                                                                                                | ES NOT COMPLY W                                                                                                                 | <u>VITH YOUR REQ</u>                                                                            | UEST.                                                                                                      |
|                                                                                                                                                                                                                                                           |                                                                                                                                               |                                                                                                                                 |                                                                                                 |                                                                                                            |
| I am                                                                                                                                                                                                                                                      |                                                                                                                                               | _ of the                                                                                                                        | <b>)</b>                                                                                        |                                                                                                            |
| If you fail to submit to the test I have reperiod of one (1) year for a first refusal, of a refusal to submit to a lawful test of requested of you and if your driving prof your breath, urine or blood, you will is admissible into evidence in any crim | equested of you, your<br>or eighteen (18) mont<br>your breath, urine or<br>ivilege has been previ<br>be committing a misd<br>inal proceeding. | r privilege to operate<br>ths if your privilege ha<br>blood. Additionally, i<br>ously suspended for a<br>emeanor. Refusal to si | a motor vehicle was been previously if you refuse to sula prior refusal to submit to the test I | Il be suspended for suspended as a resulomit to the test I have ubmit to a lawful teshave requested of you |
| OTTO DOWN CONTROLLED AA                                                                                                                                                                                                                                   |                                                                                                                                               |                                                                                                                                 |                                                                                                 |                                                                                                            |
| SUBJECT'S SIGNATURE: (X)                                                                                                                                                                                                                                  |                                                                                                                                               |                                                                                                                                 |                                                                                                 |                                                                                                            |
|                                                                                                                                                                                                                                                           |                                                                                                                                               |                                                                                                                                 |                                                                                                 |                                                                                                            |
| <u>CC</u>                                                                                                                                                                                                                                                 | <u>ONSTITUTION</u>                                                                                                                            | NAL WARNIN                                                                                                                      | <u>GS</u>                                                                                       |                                                                                                            |
| I AM REOUIRED TO WARN YOU BEFO                                                                                                                                                                                                                            | DE VOUMARE ANV                                                                                                                                | CTATEMENTS THAT                                                                                                                 | VALLUAVE TUE E                                                                                  | OLI OWING DICHTS                                                                                           |
|                                                                                                                                                                                                                                                           |                                                                                                                                               |                                                                                                                                 | TOUTIAVE THE P                                                                                  | OLLOWING MOTE                                                                                              |
| 1. You have the right to remain silent                                                                                                                                                                                                                    | and not answer any                                                                                                                            | questions.                                                                                                                      |                                                                                                 |                                                                                                            |
| 2. Any statement must be freely and                                                                                                                                                                                                                       | oluntarily given.                                                                                                                             |                                                                                                                                 |                                                                                                 |                                                                                                            |
| 3. You have the right to the presence questioning.                                                                                                                                                                                                        | of a lawyer of your c                                                                                                                         | hoice before you mak                                                                                                            | ke any statement a                                                                              | nd during any                                                                                              |
| 4. If you cannot afford a lawyer, you statements and during any question                                                                                                                                                                                  | are entitled to the prening.                                                                                                                  | esence of a court appo                                                                                                          | ointed lawyer befo                                                                              | re you make any                                                                                            |
| 5. If at any time during the interview                                                                                                                                                                                                                    | you do not wish to a                                                                                                                          | nswer any questions,                                                                                                            | you are privileged                                                                              | l to remain silent.                                                                                        |
| 6. I can make no threats or promises                                                                                                                                                                                                                      | to induce you to mal                                                                                                                          | ke a statement. This n                                                                                                          | nust be of your ov                                                                              | n free will.                                                                                               |
| 7. Any statement can and will be used                                                                                                                                                                                                                     | d against you in a cou                                                                                                                        | irt of law.                                                                                                                     | •                                                                                               |                                                                                                            |
|                                                                                                                                                                                                                                                           |                                                                                                                                               |                                                                                                                                 | 4 5 1                                                                                           | NED                                                                                                        |
|                                                                                                                                                                                                                                                           |                                                                                                                                               |                                                                                                                                 | SCAN                                                                                            | INLL                                                                                                       |
| SUSPECT'S SIGNATURE: (X)                                                                                                                                                                                                                                  | REAU                                                                                                                                          | ON CAMER                                                                                                                        | THE JUN 1                                                                                       | ่                                                                                                          |
|                                                                                                                                                                                                                                                           |                                                                                                                                               |                                                                                                                                 |                                                                                                 |                                                                                                            |

PINK - CENTRAL RECORDS

WHITE - STATE ATTY. YELLOW - DHSMV

|          | 110 | 0 1 7 | 1 : 3 | 1 000 | Λ  |
|----------|-----|-------|-------|-------|----|
| SUBJECT: | CUU | KE I  | , LAK | Los   | 17 |

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? Londing with the Company of th |
| HOW MUCH DO YOU WEIGH? HAVE YOU BEEN DRINKING? WHAT? WHAT?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| HOW MUCH DO YOU WEIGH? HAVE YOU BEEN DRINKING? WHAT? WHERE? WHERE? WHERE?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| WHEN DID YOU HAVE YOUR FIRST DRINK? 6.30 AND YOUR LAST DRINK?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| HOW DID YOU CONSUME YOUR LAST TWO DRINKS? Handle Consumer 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? WHERE? WHEN? WHAT LINE OF WORK ARE YOU IN?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? WHAT? 1/2004                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 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? WHEN?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| DO YOU HAVE: EPILEPSY?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 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? SCANNED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| INTERVIEWED / JUN 11 2019                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| PBSO 20129C REV. 9/93 WHITE - STATE ATTY. YELLOW - DHSMV PINK - CENTRAL RECORDS GOLD - JAIL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |

# TESTING FACILITY TASK REPORT

|                                                                                                               | AGENCY: PBGPO                           |
|---------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| SUBJECT: LLOKET CARLOS A                                                                                      | CASE NUMBER:                            |
| a de la companya de | VIDEO TAPE NUMBER:                      |
| BEGINNING TIME: 01 42                                                                                         |                                         |
| BREATH TESTS RESULTS: 1) ./50 TIME O                                                                          | 1.40 (M/P.M. 2) .143 TIME 01.45 KM/P.M. |
| 3) N/A TIME                                                                                                   | A.M./P.M. 4) A.M./P.M.                  |
| BREATH OPERATOR: Pound # 24639                                                                                | A.M./P.M. 4) A.M./P.M.                  |
| MAINTENANCE TECHNICIAN: J. RARCECKE "                                                                         |                                         |
| TESTING OFFICER'S OBSERVATIONS                                                                                |                                         |
| SPEECH: SCURRUS                                                                                               |                                         |
| ATTITUDE: CALM QUIET                                                                                          |                                         |
| CLOTHING: GARY PONTS (IGHT BIO                                                                                | C SHIRT, EXACK DRESS SHOPS              |
| MEDICAL CONDITIONS: HEART                                                                                     |                                         |
| MEDICATIONS: BIOOD THINNERS                                                                                   |                                         |
| OTHER: EYES                                                                                                   |                                         |
| → IN OIA                                                                                                      |                                         |
| A. STATED HE HAD 3"3                                                                                          | HOTS OF CROWN THEN 2 HOTS LATE          |
| COMMENTS: ARRIVED AT                                                                                          | NTER A/O BEGAN THE 20                   |
| MINUTE DESERVATION DE                                                                                         | HIGO AT 01:20 HRS.                      |
|                                                                                                               |                                         |
| A. AGREED 70 7                                                                                                | TAKE TEST.                              |
| AS. ROND RIGHTS                                                                                               |                                         |
|                                                                                                               |                                         |
| A. STATED HE UNDERS.                                                                                          | TOUD RIGHTS                             |
|                                                                                                               |                                         |
| A/S. CONDUCTED Q+A                                                                                            |                                         |
|                                                                                                               | **************************************  |
| A. ANSWERS QUESTIONS.                                                                                         |                                         |
|                                                                                                               |                                         |
| TECH. KLAD KESUCTS                                                                                            |                                         |
|                                                                                                               | SCANNED                                 |
| A. STATED HE UNDERSTOO                                                                                        | DE RESULTS. JUN 1 1 2019                |
| WHITE STATE ATTY. YELLOW DHS                                                                                  | MV PINK - CENTRAL RECORDS GOLD - JAIL   |

# 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: 80-006238 Software: 8100.27

Date of Test: 06/11/2019

Date of Last Agency Inspection: 05/03/2019

Observation Period Began: 01:20 Subject's Name: CARLOS A LLORET

DOB: 04/08/1957 Sex: M

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.

|          |                   | A Company of the Comp |       |              |
|----------|-------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|--------------|
| Results: | Test              | g/210L                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Time  |              |
|          | Diagnostics Check | OK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 01:44 |              |
|          | Air Blank         | 0.000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 01:45 | <b>A y '</b> |
|          | Control Test      | 0.080                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 01:45 |              |
|          | Air Blank         | 0.000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 01:45 |              |
|          | Subject Sample #1 | 0.150                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 01:46 |              |
|          | Air Blank         | 0.000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 01:46 | y            |
|          | Air Blank         | 0.000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 01:48 |              |
|          | Subject Sample #2 | 0.143                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 01:49 |              |
|          | Air Blank         | 0.000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 01:49 |              |
|          | Control Test      | 0.079                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 01:50 |              |
|          | Air Blank         | 0.000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 01:50 |              |
|          | Diagnostics Check | OK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 01:50 |              |

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 \_\_\_\_\_\_ as identification, and who after being placed under oath, states:

I PARIS D POUND , hold a valid Breath Tost 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: 04/11/19

Sworn to (or affirmed) before me this 1/14 day of JUNE , 2019

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

SCANNED JUN 11 200

# 1

# PALM BEACH COUNTY SHERIFY'S OFFICE DUI TESTING FACILITY

| PBSO CASE # 19-08/070. PBSO ZONE 3-1            | 3        |
|-------------------------------------------------|----------|
| AGENCY CASE # CRASE CASE #                      |          |
| TIME OF STOP/CRASH $06/11/19$ DATE 0040 DAY $7$ | UESDAY.  |
| SUBJECT'S NAME LLORET, CARLOS RACE W SEX        | M        |
| HGT 5'7 WGT 190 DOB 04 108                      | 1 1957   |
| LOCATION NORTHLAKE BLUD / MILITARY TR           |          |
| ARRESTING OFFICER'S NAME & ID FUNK 514 AGENCY F | PBGPD    |
| DIVISION: ROAD                                  | <b>√</b> |
| NOTIFIED BY COMMO                               | <i></i>  |
| ARRIVAL AT FACILITY                             | 01:20    |
| BREATH RESULTS:                                 | 0055     |
| 1                                               |          |
| 2 143                                           | ·        |
| 3. N/A                                          |          |
| 1 1/2                                           |          |
|                                                 | ·        |
| TESTING OFFICER'S ID 24639 PBSO VIDEOTAPE # W/A |          |

SCANNED JUN 1 1 2019



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

|                                                             | X | Florida State Statute                   | Description                                                                                                                                                                | Page Number(s) |
|-------------------------------------------------------------|---|-----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
|                                                             |   | 119.071(2)(d)                           | Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations. |                |
| ions                                                        |   | 943.053, 943.0525                       | NCIC/FCIC/FBI and in-state FDLE/DOC.                                                                                                                                       |                |
| L/E Exemptions                                              |   | 119.071(4)(c)                           | Undercover personnel.                                                                                                                                                      |                |
| L/E E                                                       |   | 119.071(2)(f)                           | Confidential informants (Cls).                                                                                                                                             |                |
|                                                             |   | 119.071(2)(e)                           | Confession.                                                                                                                                                                |                |
| Z.                                                          |   | 985.04(1)                               | Juvenile offender records.                                                                                                                                                 |                |
| mptio                                                       |   | 119.071(h)(i)                           | Assets of a crime victim.                                                                                                                                                  |                |
| Public Info. Exemptions                                     |   | 395.3025(7)(a),<br>456.057(7)(a)        | Medical information.                                                                                                                                                       |                |
| olic Inf                                                    |   | 394.4615(7)                             | Mental health information.                                                                                                                                                 |                |
| P.                                                          |   | 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.                                            |                |
|                                                             | × | (iii) 119.0714(1)(i)-(j),<br>(2)(a)-(e) | Social Security, bank account, charge, debit, and credit card numbers.                                                                                                     | 2              |
|                                                             |   | (viii) 394.4615(7)                      | Clinical records under the Baker Act.                                                                                                                                      |                |
| ıf 23)                                                      |   | (xii) 741.30(3)(b)                      | The victim's address in a domestic violence action on petitioner's request.                                                                                                |                |
| Rule                                                        |   | (xiii) 119.071(2)(h),<br>119.0714(1)(h) | Protected information regarding victims of child abuse or sexual offenses.                                                                                                 |                |
| Florida Rules of Judicial Administration 2.420 (Rule of 23) |   |                                         |                                                                                                                                                                            |                |
| al Administr                                                |   |                                         |                                                                                                                                                                            |                |
| es of Judiciz                                               |   |                                         |                                                                                                                                                                            |                |
| Florida Rul                                                 |   |                                         |                                                                                                                                                                            |                |
|                                                             |   |                                         |                                                                                                                                                                            |                |
| Other                                                       |   | 539.001 FS                              | Other: All records relating to pawnbroker transactions.                                                                                                                    |                |
| ర                                                           |   | 119.0712(2)                             | Other: Personal information contained within a motor vehicle record                                                                                                        |                |

#### REVIEW COMPLETED BY

| Booking Number: 2019019176 | Date: 06/11/2019                 |
|----------------------------|----------------------------------|
| pooring number: 50130131/9 | Specialist Name/ID: howardt/7185 |

SCANNED JUN 11 2019