

ACT13713

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

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

1

Juvenile  N

ADMINISTRATIVE	OBTS Number		Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number (N.T.A.'s only) <b>06-19096611</b>	
	Charge Type: Check as many as apply.		1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/>		3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input checked="" type="checkbox"/>		5. Ordinance <input type="checkbox"/> 6. Other <input type="checkbox"/>	
	Location of Arrest (Including Name of Business) <b>7715 FOREST HILL BLVD WEST PALM BEACH FL, 33413</b>		Location of Offense (Business Name, Address) <b>7715 FOREST HILL BLVD WEST PALM BEACH FL, 33413</b>		Weapon Seized / Type 2 1. Yes 2. No N/A		Multiple Clearance Indicator <b>01</b>	
DEFENDANT	Date of Arrest <b>07/24/2019</b>		Time of Arrest <b>1524</b>		Booking Date		Booking Time	
	Name (Last, First, Middle) <b>MCLAUGHLIN DAMON</b>		Sex <b>M</b>		Date of Birth <b>11/11/1975</b>		Height <b>6'00</b>	
	Race <b>W - White 1 - American Indian</b>		Eye Color <b>BROWN</b>		Hair Color <b>BROWN</b>		Complexion <b>MED</b>	
CO-DEF	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>R/L FOREARM TRIBAL TATTOO</b>		Marital Status <b>Single</b>		Religion <b>NONE</b>		Indication of: Alcohol Influence <input type="checkbox"/> Drug Influence <input type="checkbox"/>	
	Local Address (Street, Apt. Number) <b>675 SUNNY SOUTH AVE BOYNTON BEACH FL, 33426</b>		Phone <b>(561) 789-9001</b>		Residence Type: 1. City 2. County 3. Florida 4. Out of State		FL DL <b>2</b>	
	Permanent Address (Street, Apt. Number)		Business Address (Name, Street)		Phone		Occupation <b>UNEMPLOYED</b>	
JUVENILE	D/L Number, State <b>M242160754110, FL</b>		Soc. Sec. Number		INS Number		Place of Birth (City, State) <b>PHILADELPHIA</b>	
	Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth	
	Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth	
NOTICE TO APPEAR	Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other <input type="checkbox"/>		Address (Street, Apt. Number)		(City)		(State)	
	Notified by: (Name)		Date		Time		Juvenile Disposition 1. Handled/processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated	
	Released To: (Name)		Relationship		Date		Time	
CHARGE	The above address provided by <input type="checkbox"/> defendant and / or <input type="checkbox"/> defendant's parents The child and / or parent was told to keep the Juvenile Court Clerk (Phone 355-2528) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)		School Attended		Grade		Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Description of Property		Value of Property		Drug Activity		Drug Type	
	Amount / Unit		Offense #		Statute Violation Number		Violation of ORD #	
ADMIN	HOLD for other Agency Name:		Signature of Arresting Officer		Name Verification (Printed by Arrestee)		Date Signed	
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:		Name of Arresting Officer (Print) <b>D/S A. TEJEDA</b>		I.D. # <b>31814</b>		Witness here if subject signed with an "X"	
	Intake Deputy <b>05 TORRES 8097</b>		I.D. #		Pouch #		PAGE <b>1 OF 1</b>	

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KIR

#475

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 24TH DAY OF JULY 20 19, AT 1454 AM PM ✓  
SUBJECT: MCLAUGHLIN DAMON CASE NUMBER: 19096611

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: D/S A. TEJEDA  
**PERSONAL CONTACT**

DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUTTING DEF. BEHIND WHEEL OF VEHICLE)  
**DEFENDANT WAS THE DRIVER AND SOLE OCCUPANT OF THE VEHICLE. DEFENDANT VERBALLY STATED UPON INITIAL CONTACT THAT HE HAD TOO MUCH TO DRINK.**

### OBSERVATION OF DRIVER:

**DEFENDANT HAD A STRONG ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE COMING FROM HIS BREATH. DEFENDANT HAD TROUBLE KEEPING HIS BALANCE. DEFENDANT WAS UNABLE TO STAND WITHOUT USING HIS ARMS FOR BALANCE. DEFENDANT HAD A SLURRED SPEECH. DEFENDANT ALSO HAD TROUBLE UNDERSTANDING AND ANSWERING QUESTIONS.**

### DRIVER'S STATEMENTS:

**DEFENDANT SPONTANEOUSLY UTTERED THAT HE HAD TOO MUCH TO DRINK. DEFENDANT WAS UNABLE TO ANSWER HIS HOME ADDRESS, PHONE NUMBER. DEFENDANT HAD TROUBLE ANSWERING QUESTIONS.**

### ODORS:

**ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE COMING FROM HIS PERSON.**

## **GENERAL OBSERVATIONS**

**SPEECH: SLURRED SPEECH**

**ATTITUDE: CALM AND COOPERATIVE AT FIRST. ONCE ARRESTED VERBALLY AGGRESSIVE**

**CLOTHING: NEAT AND CLEAN**

### MEDICAL/OTHER:

**ALL ROADSIDES CAPTURED ON IN-CAR VIDEO**

STATE OF FLORIDA  
COUNTY OF PALM BEACH

**D/S A. TEJEDA**

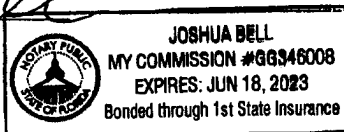
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 24TH day of JULY 20 19 by D/S A. TEJEDA

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced KNOWN

**A. BELL #8656**

Notary Public, Clerk of Court, Officer (F.S. 117.10)



**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

**Other Observations:**

**DEFENDANT WAS UNABLE TO KEEP HIS BALANCE. DEFENDANT WAS UNABLE TO KEEP HIS HEAD STEADY. DEFENDANT MOVED HIS HEAD FOLLOWING THE STIMULUS 3 TIMES.**

**WALK & TURN:**

**THE DEFENDANT WAS PLACED INTO THE INSTRUCTIONAL STANCE FOR THE WALK AND TURN AND GIVEN INSTRUCTIONS. THE DEFENDANT STATED THAT HE UNDERSTOOD THE INSTRUCTIONS. DURING THE FIRST NINE STEPS THE DEFENDANT MISSED STEPS 2-6, STEPPED OFF THE LINE 3 SEPARATE TIMES, DID NOT WALK HEEL TO TOE, TOOK 10 STEPS AND TURNED AROUND WRONG. DURING THE NEXT NINE STEPS THE DEFENDANT DID NOT WALK HEEL TO TOE, AND TOOK AN IMPROPER NUMBER OF STEPS, BY TAKING 10 STEPS. THE DEFENDANT ALSO USED HIS ARMS TO BALANCE HIM.**

**ONE LEG STAND:**

**THE DEFENDANT WAS PLACED INTO THE INSTRUCTIONAL STANCE FOR THE ONE LEG STAND AND GIVEN INSTRUCTIONS. THE DEFENDANT STATED THAT HE UNDERSTOOD THE INSTRUCTIONS. THE DEFENDANT USED HIS LEFT LEG. AFTER APPROXIMATELY 4 SECONDS THE DEFENDANT LOST HIS BALANCE STEPPING TO HIS LEFT. THE DEFENDANT USED HIS ARMS TO HELP BALANCE HIMSELF. THE DEFENDANT THEN LIFTED HIS LEFT FOOT AGAIN AND STARTED COUNTING FROM 1. THE DEFENDANT KEPT HIS EYES CLOSED DURING THE EXERCISE. THE DEFENDANT SAID THE NUMBER'S 13, 14, 15, AND 16 TWICE EACH.**

**FINGER TO NOSE:**

**THE DEFENDANT WAS PLACED INTO THE INSTRUCTIONAL STANCE FOR THE FINGER TO NOSE AND GIVEN INSTRUCTIONS. THE DEFENDANT STATED THAT HE UNDERSTOOD THE INSTRUCTIONS. WHEN TOLD LEFT FOR THE FIRST TIME THE DEFENDANT USED HIS LEFT HAND MIDDLE FINGER. THE DEFENDANT ALSO USED THE MIDDLE OF HIS MIDDLE FINGER. THE DEFENDANT THEN USED THE MIDDLE PART OF HIS FINGER FOR THE FOLLOWING 3 FINGERS. WHEN TOLD RIGHT ON THE 5TH TIME DEFENDANT LIFTED HIS LEFT HAND AT FIRST.**

**ROMBERG ALPHABET:**

**THE DEFENDANT WAS PLACED INTO THE INSTRUCTIONAL STANCE FOR THE ROMBERG ALPHABET AND GIVEN INSTRUCTIONS. THE DEFENDANT STATED THAT HE UNDERSTOOD THE INSTRUCTIONS. THE DEFENDANT STATED HIS HIGHEST LEVEL OF EDUCATION WAS HIGH SCHOOL WITH A DIPLOMA AND CAN RECITE THE ENTIRE ALPHABET WITHOUT ISSUES. THE DEFENDANT OPENED HIS EYES BETWEEN LETTERS A-C. BETWEEN LETTERS F-H THE DEFENDANT SWAYED TO HIS LEFT. BETWEEN LETTERS L-P THE DEFENDANT RECITED THEM IN A RHYTHMIC MANNER. BETWEEN LETTERS Q-S THE DEFENDANT AGAIN OPENED HIS EYES.**

**BREATH TEST RESULTS:** 1)  2)  3)  4)

STATE OF FLORIDA  
COUNTY OF PALM BEACH

**D/S A. TEJEDA**

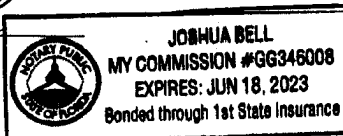
(Signature of Arresting/Investigative Officer)

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(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced KNOWN

**A. BELL #8656**

Notary Public, Clerk of Court, Office (F.S.S 117.10)



# TESTING FACILITY TASK REPORT

AGENCY: PBSO

SUBJECT: MCLAUGHLIN, DAMON

CASE NUMBER: 19-096611

DATE: 07/24/19

VIDEO TAPE NUMBER: \_\_\_\_\_

N/A

BEGINNING TIME: 1609

ENDING TIME: 1623

BREATH TESTS RESULTS: 1) .188 TIME 1614 A.M./P.M. 2) .183 TIME 1618 A.M./P.M.  
3) N/A TIME XX A.M./P.M. 4) N/A TIME XX A.M./P.M.

BREATH OPERATOR: J. BELL #8656

MAINTENANCE TECHNICIAN: J. KARLECKE #6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED, MUSHMOUTHED

ATTITUDE: EMOTIONAL, CRYING, VULGAR, MOOD SWINGS

CLOTHING: GREEN POLO SHIRT, BLACK SHORTS, BLUE SLIDE SANDALS

MEDICAL CONDITIONS: [REDACTED]

MEDICATIONS: [REDACTED]

OTHER: EYES: BLOODSHOT, GLASSY, WATERY

ODOR OF AN UNKNOWN ALCHOLIC BEVERAGE COMING FROM BREATH

SUBJECT STATED HE DRANK A FEW BEERS (Q AND A)

COMMENTS: ARRIVED AT CENTER A/O BEGAN 20 MIN OBSERVATION AT 154 HRS

SUBJECT AGREED TO TAKE BREATH TEST

A/O READ RIGHTS

SUBJECT STATED HE UNDERSTOOD HIS RIGHTS

A/O CONDUCTED Q AND A

SUBJECT ANSWERED SOME QUESTIONS THAN ASKED FOR HIS LAWYER

TECH READ BREATH TEST RESULTS AND EXPLAINED

SUBJECT STATED HE UNDERSTOOD BREATH TEST RESULTS

SUBJECT: McLaughlin, Damon

CASE NUMBER: 19-096611

## IMPLIED CONSENT FOR DUI IN A MOTOR VEHICLE

NOTE: READ ONLY THE PARAGRAPH APPLICABLE TO THE TYPE OF TEST YOU ARE REQUESTING.

I am now requesting that you submit to a lawful test of your BREATH for the purpose of determining its alcohol content.

-OR-

I am now requesting that you submit to a lawful test of your URINE for the purpose of detecting the presence of chemical or controlled substances.

-OR-

I am now requesting that you submit to a lawful test of your BLOOD for the purpose of detecting its alcohol content and the presence of chemical or controlled substances.

NOTE: READ ONLY IF THE SUBJECT DOES NOT COMPLY WITH YOUR REQUEST.

I am \_\_\_\_\_ of the \_\_\_\_\_

If you fail to submit to the test I have requested of you, your privilege to operate a motor vehicle will be suspended for a period of one (1) year for a first refusal, or eighteen (18) months if your privilege has been previously suspended as a result of a refusal to submit to a lawful test of your breath, urine or blood. Additionally, if you refuse to submit to the test I have requested of you and if your driving privilege has been previously suspended for a prior refusal to submit to a lawful test of your breath, urine or blood, you will be committing a misdemeanor. Refusal to submit to the test I have requested of you is admissible into evidence in any criminal proceeding.

SUBJECT'S SIGNATURE: (X) \_\_\_\_\_

## CONSTITUTIONAL WARNINGS

I AM REQUIRED TO WARN YOU BEFORE YOU MAKE ANY STATEMENTS THAT YOU HAVE THE FOLLOWING RIGHTS:

1. You have the right to remain silent and not answer any questions.
2. Any statement must be freely and voluntarily given.
3. You have the right to the presence of a lawyer of your choice before you make any statement and during any questioning.
4. If you cannot afford a lawyer, you are entitled to the presence of a court-appointed lawyer before you make any statements and during any questioning.
5. If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent.
6. I can make no threats or promises to induce you to make a statement. This must be of your own free will.
7. Any statement can and will be used against you in a court of law.

SUSPECT'S SIGNATURE: (X) Read on camera

SUBJECT: McLaughlin, Damon CASE NUMBER: 19-096611

### 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? YES

WHERE WERE YOU GOING? Home

WHAT STREET OR HIGHWAY WERE YOU ON? NOT SURE

DIRECTION OF TRAVEL? NO WHERE DID YOU START? Home

WHAT TIME DID YOU START? NOT SURE WHAT TIME IS IT NOW? NO IDEA

WHAT IS TODAY'S DATE? I DON'T KNOW WHAT DAY OF THE WEEK IS IT? I DON'T KNOW

WHAT COUNTY AND CITY ARE YOU IN NOW? POWERS BROOK COUNTY DENVER BROOK FC

WHEN DID YOU LAST EAT? 4 HRS AGO WHAT DID YOU EAT? SOUP

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? EATING SOUP

HOW MUCH DO YOU WEIGH? 185 HAVE YOU BEEN DRINKING? YES WHAT? Beer

HOW MUCH? 3 BEER WHERE? Home WITH WHOM? myself

WHEN DID YOU HAVE YOUR FIRST DRINK? 11:00 AM AND YOUR LAST DRINK? 11:30 AM

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? drank them.

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? NO ARE YOU UNDER THE INFLUENCE? NO

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? NO HOW MUCH? —

WHAT? — WHERE? — WHEN? —

WHAT LINE OF WORK ARE YOU IN? unemployed WHEN DID YOU LAST WORK? —

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? yes WHAT? knee injury

ARE YOU SICK OR INJURED? NO WHAT'S WRONG? —

DO YOU LIMP? yes DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? yes

WERE YOU IN AN ACCIDENT TODAY? NO

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? NO WHEN? —

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? NO WHO? — WHY? —

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? yes WHAT? — WHEN? —

DO YOU HAVE: — REQUESTED LAWYER —  
EPILEPSY? \_\_\_\_\_  
GLASS EYE? \_\_\_\_\_  
FALSE TEETH? \_\_\_\_\_  
EAR INFECTION? \_\_\_\_\_  
INNER EAR TROUBLE? \_\_\_\_\_  
DIABETES? \_\_\_\_\_

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? \_\_\_\_\_

DO YOU TAKE INSULIN? \_\_\_\_\_ IF SO, WHEN WAS YOUR LAST INJECTION? \_\_\_\_\_

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? \_\_\_\_\_ WHERE? \_\_\_\_\_

INTERVIEWER: DJS A TRYAG #31814

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: 80-006239 Software: 8100.27  
Date of Test: 07/24/2019

Date of Last Agency Inspection: 07/19/2019

Observation Period Began: 15:48

Subject's Name: DAMON MCLAUGHLIN

DOB: 11/11/1975 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.

Results:	Test	g/210L	Time
	Diagnostics Check	OK	16:12
	Air Blank	0.000	16:13
	Control Test	0.079	16:13
	Air Blank	0.000	16:13
	Subject Sample #1	0.188	16:14
	Air Blank	0.000	16:15
	Air Blank	0.000	16:17
	Subject Sample #2	0.183	16:18
	Air Blank	0.000	16:19
	Control Test	0.078	16:19
	Air Blank	0.000	16:20
	Diagnostics Check	OK	16:20

Cylinder Lot: 00919080A3  
Exp: 03/05/2021

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 JOSHUA J BELL, hold a valid Breath Test Operator permit issued by the Florida Department of Law Enforcement, I administered the above breath test to the subject named above in accordance with Chapter 11D-8, Florida Administrative Code, and this form is a true and accurate report of that breath test.

Breath Test Operator: *J Bell* Signature Date: 07/24/19

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

*[Signature]* Signature of Notary Public-State of Florida D/S A. Tejada #31814 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.

# WITNESS LIST

CASE NUMBER: 19096611

ARRESTING OFFICER: D/S A. TEJEDA

ADDRESS: 3228 GUN CLUB ROAD WEST PALM BEACH, FL 33406

PHONE NUMBERS (HOME): \_\_\_\_\_ (WORK) 5616883600

CAN TESTIFY TO: DUI INVESTIGATION AND ACTS OF CASE

NAME: ADAM D'ANDRIA

ADDRESS: 3228 GUN CLUB ROAD WEST PALM BEACH, FL 33406

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) 561-688-3400

CAN TESTIFY TO: PLACING DEFENDANT BEHIND THE WHEEL.

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

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NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NOT A CERTIFIED COPY



**Palm Beach County Sheriff's Office – Arrests Only**

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	<input type="checkbox"/>	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	<input type="checkbox"/>	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel.	
	<input type="checkbox"/>	119.071(2)(f)	Confidential informants (CIs).	
	<input type="checkbox"/>	119.071(2)(e)	Confession.	
Public Info. Exemptions	<input type="checkbox"/>	985.04(1)	Juvenile offender records.	
	<input type="checkbox"/>	119.071(h)(i)	Assets of a crime victim.	
	<input type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	7
	<input type="checkbox"/>	394.4615(7)	Mental health information.	
	<input type="checkbox"/>	119.071(4)(d)(2)(a)	Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)	<input checked="" type="checkbox"/>	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	<input type="checkbox"/>	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	<input type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	<input type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

**REVIEW COMPLETED BY**

Booking Number: 2019024157	Date: 7/24/2019
	Specialist Name/ID: J. Beck/9007