

# 19CT17803

## ARREST NOTICE TO APPEAR Juvenile Referral Report

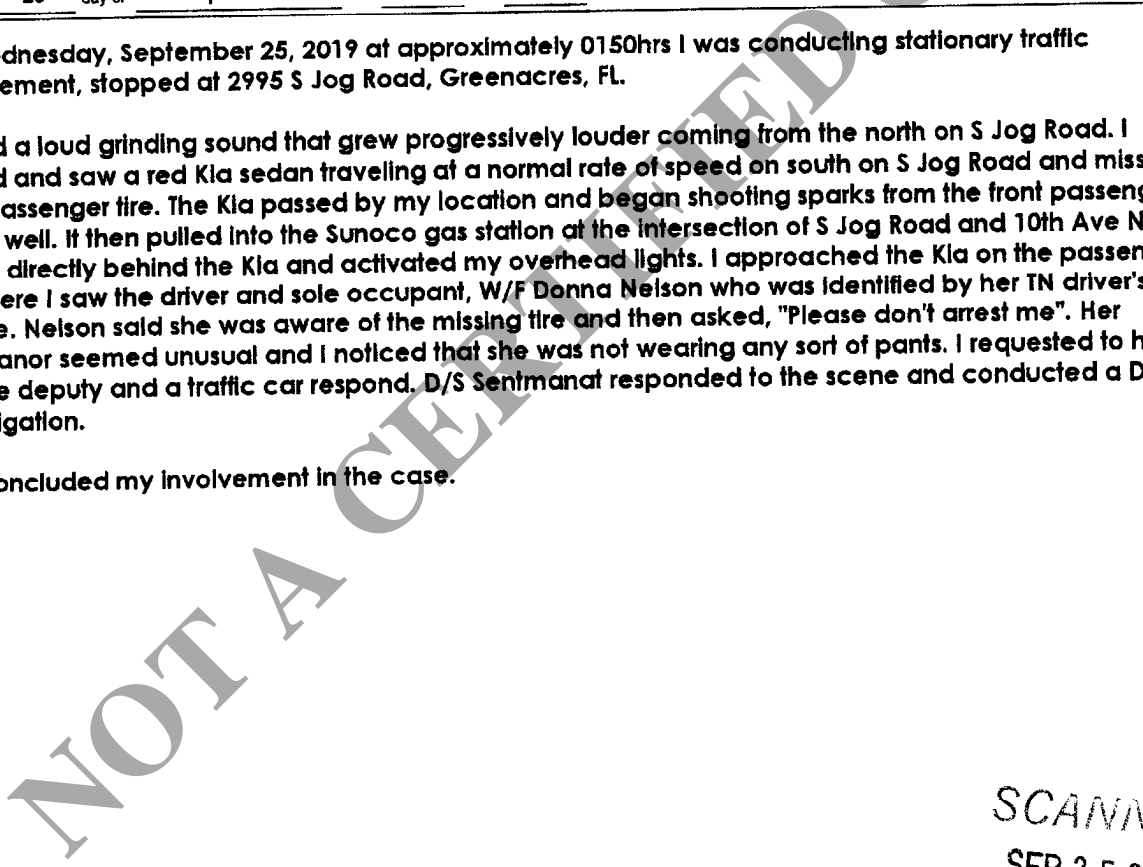
OBTS Number		Agency ORI Number <b>FLO 50000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number (N.T.A.'s only) <b>06-19118967</b>		1. Arrest <input type="checkbox"/> 2. N.T.A. <input type="checkbox"/> 3. Request for Warrant <input type="checkbox"/> 4. Request for Capias <input type="checkbox"/>		1 <input type="checkbox"/> Juvenile <input type="checkbox"/>	
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"/>		Weapon Seized / Type 2. 1. Yes <input type="checkbox"/> 2. No <input checked="" type="checkbox"/> NONE		Multiple Clearance Indicator 01	
Location of Arrest (Including Name of Business) 3985 10TH AVENUE NORTH, GREENACRES, FL 33463 (SUNOCO)						Location of Offense (Business Name, Address) 3985 10TH AVENUE NORTH, GREENACRES, FL 33463					
Date of Arrest 09/25/2019		Time of Arrest 0238		Booking Date		Booking Time		Jail Date		Jail Time	
Name (Last, First, Middle) <b>NELSON, DONNA, ELIZABETH</b>						Alias (Name, DOB, Soc. Sec. #, Etc.)					
Race W - White 1 - American Indian B - Black 0 - Oriental/Asian		Sex W <input type="checkbox"/> F <input checked="" type="checkbox"/>		Date of Birth 04/03/1998		Height 5'02"		Weight 128		Eye Color BROWN	
Hair Color BLACK		Complexion FAIR		Build SMALL		Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status SINGLE		Religion NONE	
Local Address (Street, Apt. Number) 4454 DOROTHEA DRIVE, GREENACRES, FL 33463		City (State) (Zip)		Phone (561) 502-6463		Residence Type: 1. City <input type="checkbox"/> 2. County <input type="checkbox"/> 3. Florida <input checked="" type="checkbox"/> 4. Out of State <input type="checkbox"/>		Indication of: Alcohol Influence <input type="checkbox"/> Drug Influence <input checked="" type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input checked="" type="checkbox"/>	
Permanent Address (Street, Apt. Number) 4454 DOROTHEA DRIVE, GREENACRES, FL 33463		City (State) (Zip)		Phone (561) 502-6463		Address Source DEFENDANT - VERBAL		Business Address (Name, Street) N/A		Occupation UNEMPLOYED	
D/L Number, State N425165986230, FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) REFUSED - WPB, FL		Citizenship U.S.			
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile <input type="checkbox"/>			
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile <input type="checkbox"/>			
Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other <input type="checkbox"/>		Name (Last) (First) (Middle)		Residence Phone		Address (Street, Apt. Number) (City) (State) (Zip)		Business Phone			
Notified by: (Name)		Date		Time		Juvenile Disposition 1. Handled/processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated					
Released To: (Name)		Relationship		Date		Time					
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 356-2526) informed of any change of address.		School Attended		Grade							
Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property		Value of Property							
Drug Activity N. N/A P. Possess		S. Sell B. Buy T. Traffic		R. Smuggle D. Deliver E. Use		K. Dispense/ Distribute		M. Manufacture/ Produce/ Cultivate		Z. Other	
Drug Type N. N/A A. Amphetamine		B. Barbiturate C. Cocaine E. Heroin		H. Hallucinogen M. Marijuana O. Opium/Deriv.		P. Paraphernalia/ Equipment S. Synthetics		U. Unknown Z. Other			
Charge Description D.U.I.		Counts 01		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number 316.193(1)		Violation of ORD #			
Drug Activity N		Drug Type N		Amount / Unit N/A		Offense # 19118967		Warrant / Capias Number		Bond OR	
Charge Description REFUSAL TO SIGN A CRIMINAL CITATION		Counts 01		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number 318.14(3)		Violation of ORD #			
Drug Activity N		Drug Type N		Amount / Unit N/A		Offense # 19118967		Warrant / Capias Number		Bond OR	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #			
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #			
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond	
Location (Court, Room Number, Address) <b>CRIMINAL JUSTICE COMPLEX 3228 GUN CLUB ROAD, WEST PALM BEACH, FL 33406</b>											
Court Date and Time Month <b>OCTOBER</b> Day <b>17TH</b> Year <b>2019</b> Time <b>8:30</b> AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>											
I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED											
Signature of Defendant (or Juvenile and Parent / Custodian) <i>(Handwritten Signature)</i>										Date Signed	
HOLD for other Agency Name:		Signature of Arresting Officer <i>(Handwritten Signature)</i>				Name Verification (Printed by Arrestee)					
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:		Name of Arresting Officer (Print) D/S A. SENTMANAT				I.D. # 24968		(PRINT)			
Intake Deputy <i>(Handwritten Name)</i>		I.D. #		Pouch #		Transporting Officer A. SENTMANAT		I.D. # 24968		Agency PBSO	
Wishes here if subject signed with an -X-											

OBTS Number		<b>PROBABLE CAUSE AFFIDAVIT</b>		1. Arrest 2. N.T.A.	3. Request For Warrant 4. Request For Capture	1	Juvenile <input type="checkbox"/>
Agency ORI Number <b>FLO 5 0 0 0 0</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number <b>06</b>		<b>19118967</b>	
Charge Type Check as many as apply		Special Notes					
<input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other							
Defendant Name (Last, First, Middle) <b>Nelson Donna</b>				Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>04/03/1998</b>	
Charge <b>DUI</b>		Charge					
Charge		Charge					
Victim Name (Last, First, Middle)				Race	Sex	Date of Birth	
Local Address (Street, Apt. Number)		City	State <b>FL</b>	Zip	Phone	Address Source	
Business Address (Street, Apt. Number)		City	State	Zip	Phone	Occupation	
The undersign swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law. The person taken into custody...							
<input type="checkbox"/> committed the below acts in my presence.		<input type="checkbox"/> was observed by _____ who told that he/she saw the arrested person commit the below acts.					
<input type="checkbox"/> confessed to admitting to the below facts.		<input type="checkbox"/> was found to have committed the below acts, resulting from (described) investigation.					
On the <u>25</u> day of <u>September</u> 20 <u>19</u> at <u>0153</u> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM							

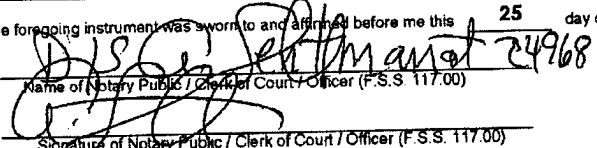
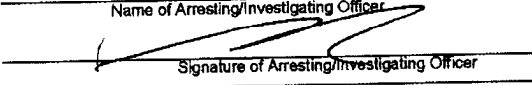
On Wednesday, September 25, 2019 at approximately 0150hrs I was conducting stationary traffic enforcement, stopped at 2995 S Jog Road, Greenacres, FL.

I heard a loud grinding sound that grew progressively louder coming from the north on S Jog Road. I looked and saw a red Kia sedan traveling at a normal rate of speed on south on S Jog Road and missing its front passenger tire. The Kia passed by my location and began shooting sparks from the front passenger wheel well. It then pulled into the Sunoco gas station at the intersection of S Jog Road and 10th Ave N. I pulled directly behind the Kia and activated my overhead lights. I approached the Kia on the passenger side where I saw the driver and sole occupant, W/F Donna Nelson who was identified by her TN driver's license. Nelson said she was aware of the missing tire and then asked, "Please don't arrest me". Her demeanor seemed unusual and I noticed that she was not wearing any sort of pants. I requested to have a female deputy and a traffic car respond. D/S Sentmanat responded to the scene and conducted a DUI investigation.

This concluded my involvement in the case.



SCANNED  
SEP 25 2019

The foregoing instrument was sworn to and affirmed before me this <u>25</u> day of <u>September</u> 20 <u>19</u> , by:	
<b>D/S Miller</b> <b>24991</b>	
Name of Arresting/Investigating Officer	
 Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	
 Signature of Arresting/Investigating Officer	
Page <b>1</b> of <b>1</b>	



**PALM BEACH COUNTY SHERIFF'S OFFICE  
DUI TESTING FACILITY  
INFORMATION SHEET**

PBSO CASE # 19118967 PBSO ZONE 16-12

AGENCY CASE # \_\_\_\_\_ CRASH CASE # \_\_\_\_\_

TIME OF STOP/CRASH 0153 DATE 09/25/2019 DAY 03

SUBJECT'S NAME NELSON, DONNA, ELIZABETH RACE W SEX F

HGT 5'02" WGT 128 DOB 04/03/1998

LOCATION 3985 10TH AVENUE NORTH, GREENACRES, FL 33463

ARRESTING OFFICER'S NAME & ID A. SENTMANAT AGENCY PBSO

DIVISION: 16

NOTIFIED BY COMMO YES

ARRIVAL AT FACILITY 0255hrs

ARREST TIME 0238

BREATH RESULTS:

**REFUSED**

TESTING OFFICER'S ID 6212 PBSO VIDEOTAPE # N/A

SCANNED  
SEP 25 2019

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 25TH DAY OF SEPTEMBER 20 19, AT 0153  AM  PM

SUBJECT: NELSON, DONNA, ELIZABETH CASE NUMBER: 19118967

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: A. SENTMANAT #24968

## PERSONAL CONTACT

DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUTTING DEF. BEHIND WHEEL OF VEHICLE)

On Wednesday September 25, 2019 at approximately 0153hrs I responded to Sunoco Gas Station located at 3985 10th Avenue North, Greenacres, FL 33463 in reference to D.U.I. investigation. D/S M. Miller #24991 had stopped a vehicle that had been riding on a rim. See D/S Miller's attached Supplemental Probable Cause Affidavit.

## OBSERVATION OF DRIVER:

Upon arrival I observed W/F Donna Elizabeth Nelson (04/03/98) sitting in the driver's seat and I immediately smelled a strong odor of an unknown alcoholic beverage coming from her breath. I asked her to exit the vehicle and she used the side of the vehicle to steady herself. As she stood in front of me Nelson was swaying side to side. At one point while speaking she stumbled to the left.

## DRIVER'S STATEMENTS:

Nelson advised that she had nothing to drink and continued stating she had nothing to drink.

## ODORS:

Nelson had a very strong odor of an unknown alcoholic beverage coming from her breath/person.

## GENERAL OBSERVATIONS

**SPEECH:** Slurred at times

**ATTITUDE:** Mostly uncooperative and her mood would go up and down.

**CLOTHING:** Black top, black shorts, white/black sandals

**MEDICAL/OTHER:** Unknown she refused to state her medical condition because she was "not required by law to tell me".

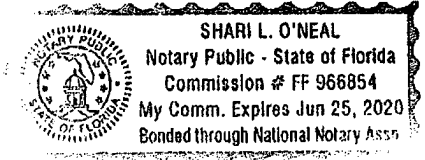
STATE OF FLORIDA  
COUNTY OF PALM BEACH

A. SENTMANAT #24968  
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 25th day of September 20 19 by A. Sentmanat

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

Shari L. O'Neal  
Notary Public, Clerk of Court, Officer (F.S.S 117.10)



SCANNED  
SEP 25 2019

SUBJECT: NELSON, DONNA, ELIZABETH CASE NUMBER 19118967

**ROADSIDE TASKS**

**HORIZONTAL GAZE NYSTAGMUS:**

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> LT EYE-LACK OF SMOOTH PURSUIT                           | <input checked="" type="checkbox"/> RT EYE-LACK OF SMOOTH PURSUIT                           |
| <input checked="" type="checkbox"/> LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION | <input checked="" type="checkbox"/> RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION |
| <input checked="" type="checkbox"/> LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES          | <input checked="" type="checkbox"/> RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES          |

**Other Observations:**

While standing to check her "eyes" she was swaying side to side and had to be told several times to stop movng her head.

**WALK & TURN:**

Nelson had difficulties standing in the starting position. She stumbled to the right twice, to the left one, and stumbled back once. Nelson did not count out loud and kept her arms out to help balance herself. She did not walk heel to toe and had a 2 inch to 3 inch separation. Nelson took 13 steps the first time, made an improper turn, and took 14 steps on the walk back. She also started this task twice after being told to not start until she was instructed to.

**ONE LEG STAND:**

Nelson while in the starting position was swaying side to side. She lowered her foot on counts 6 and 14.

**FINGER TO NOSE:**

While attempting this task Nelson stumbled to the left and stumbled back once. She missed once on the left and twice on the right.

**ROMBERG ALPHABET:**

Nelson recited the alphabet and stop at the letter V. She told me that she forgot what letter followed because she had Dyslexia and because I did not let her rhyme it. Nelson began to rhyme it and she said, X, Y, M, and Z.

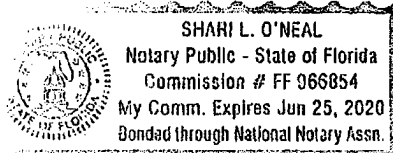
**BREATH TEST RESULTS:**      refused                      refused

STATE OF FLORIDA  
COUNTY OF PALM BEACH  
A. SENTMANAT #24968  
*(Signature)*  
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 25th day of September 2019 by A. Sentmanat

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

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



SCANNED  
SEP 25 2019

WITNESS LIST

CASE NUMBER: 19118967

ARRESTING OFFICER: A. SENTMANAT #24968

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

PHONE NUMBERS (HOME): (WORK) 561-688-3400

CAN TESTIFY TO: ROADSIDE TASKS AND THE B.A.T.

NAME: D/S M. MILLER

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

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

CAN TESTIFY TO: DRIVING PATTERN AND TRAFFIC STOP

NAME:

ADDRESS

PHONE NUMBERS (HOME) (WORK)

CAN TESTIFY TO:

NAME:

ADDRESS

PHONE NUMBERS (HOME) (WORK)

CAN TESTIFY TO:

NAME:

ADDRESS

PHONE NUMBERS (HOME) (WORK)

CAN TESTIFY TO:

NAME:

ADDRESS

PHONE NUMBERS (HOME) (WORK)

CAN TESTIFY TO:

NAME:

ADDRESS

PHONE NUMBERS (HOME) (WORK)

CAN TESTIFY TO:

NAME:

ADDRESS

PHONE NUMBERS (HOME) (WORK)

CAN TESTIFY TO:

NAME:

ADDRESS

PHONE NUMBERS (HOME) (WORK)

CAN TESTIFY TO:

NAME:

ADDRESS

PHONE NUMBERS (HOME) (WORK)

CAN TESTIFY TO:

NAME:

ADDRESS

PHONE NUMBERS (HOME) (WORK)

CAN TESTIFY TO:

SCANNED  
SEP 25 2008





SUBJECT: N.Y. State Police CASE NUMBER: 19-12967

# 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? \_\_\_\_\_

HOW MUCH DO YOU WEIGH? \_\_\_\_\_ HAVE YOU BEEN DRINKING? \_\_\_\_\_ WHAT? \_\_\_\_\_

HOW MUCH? \_\_\_\_\_ WHERE? \_\_\_\_\_ WITH WHOM? \_\_\_\_\_

WHEN DID YOU HAVE YOUR FIRST DRINK? \_\_\_\_\_ AND YOUR LAST DRINK? \_\_\_\_\_

HOW DID YOU CONSUME 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 LINE OF WORK ARE YOU IN? \_\_\_\_\_ WHEN DID YOU LAST WORK? \_\_\_\_\_

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? \_\_\_\_\_ WHAT? \_\_\_\_\_

ARE YOU SICK OR INJURED? \_\_\_\_\_ WHAT'S WRONG? \_\_\_\_\_

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? \_\_\_\_\_

DO YOU HAVE:

- 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: \_\_\_\_\_

SCANNED  
SEP 25 2018



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

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	<input type="checkbox"/>	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	<input type="checkbox"/>	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel.	
	<input type="checkbox"/>	119.071(2)(f)	Confidential informants (CIs).	
	<input type="checkbox"/>	119.071(2)(e)	Confession.	
Public Info. Exemptions	<input type="checkbox"/>	985.04(1)	Juvenile offender records.	
	<input type="checkbox"/>	119.071(h)(i)	Assets of a crime victim.	
	<input type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	<input type="checkbox"/>	394.4615(7)	Mental health information.	
	<input type="checkbox"/>	119.071(4)(d)(2)(a)	Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)	<input checked="" type="checkbox"/>	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	<input type="checkbox"/>	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	<input type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	<input type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>	415.107 (1)	Other: Elderly Abuse	
	<input type="checkbox"/>	3119.0712 (2)	Other: Personal Information Contained in a Motor Vehicle Record	

**REVIEW COMPLETED BY**

Booking Number: 2019031231	Date: 09/25/2019
	Specialist Name/ID: M. Tooks #8557

**SCANNED**  
**SEP 25 2019**