050 3754

2615

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	Agency Name	Agency Report Number (N.T.A.'s only)
	FLO 502600	PALM BEACH GARDENS POLICE DEPARTMENT	78- 18007130

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

Weapon Seized / Type: 2 (1. Yes 2. No) | Multiple Clearance Indicator:

Location of Arrest (Including Name of Business)	Location of Offense (Business Name, Address)
4431 PGA BLVD, PALM BEACH GARDENS, FL 33410	4431 PGA BLVD, PALM BEACH GARDENS, FL 33410

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
11/21/2018	22:02					

DEFENDANT

Name (Last, First, Middle): BAUMGARTNER, JAMES, WILLIAM — Alias (Name, DOB, Soc. Sec. #, Etc.): JIM

Race (W - White I - American Indian B - Black G - Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	M	06/22/1960	600	158	BLU	BRO	LGT	SMALL

Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description): NONE

Marital Status: MARRIED — Religion: CHRISTIAN — Indication of: Alcohol Influence ☐ Y ☐ N ☐ Unk. / Drug Influence ☐ ☐ ☑

Local Address (Street, Apt. Number) (City) (State) (Zip): — Phone: ( ) — Residence Type: 1. City 2. County 3. Florida 4. Out of State: 3

Permanent Address (Street, Apt. Number) (City) (State) (Zip): 28950 SOMERS DRIVE, NAPLES, FL 34119 — Phone: (239) 529-7558 — Address Source: FL DRIVER'S LICENSE

Business Address (Name, Street) (City) (State) (Zip): RETIRED — Phone: ( ) — Occupation: RETIRED

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
B526459602220 FL	[redacted]		DULUTH, MN	USA

CO-DEF

Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	☐ 1. Arrested ☐ 2. At Large	☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile
Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	☐ 1. Arrested ☐ 2. At Large	☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile

JUVENILE

☐ Parent ☐ Legal Custodian ☐ Other: — 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 ☐ defendant and / or ☐ defendant's parents. The child and / or parent was told to keep the Juvenile Court Clerk (Phone 355-2526) informed of any change of address. ☐ Yes, by: (Name) ☐ No (Reason) — School Attended — Grade

Property Crime? ☐ Yes ☐ No — Description of Property — Value of Property

CODE

Drug Activity: N. N/A, P. Possess, S. Sell, B. Buy, T. Traffic, R. Smuggle, D. Deliver, E. Use, K. 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

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
DUI - PROPERTY DAMAGE	1	☐Y ☒N	316.193(3)(c)(1)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
N	N	N/A	1		

1

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
DUI - ENHANCED BAC OVER .15		☐Y ☐N	316.193(4)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
N	N	N/A	2		

2

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐Y ☐N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐Y ☐N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

NOTICE TO APPEAR

NORTH COUNTY COURTHOUSE, 3188 PGA BOULEVARD, PALM BEACH GARDENS, FL 33410 - PH: (561) 662-6700

Court Date and Time: Month 12 Day 26 Year 18 Time 10:00 AM X PM

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) — Date Signed: 11/21/2018

ADMIN

HOLD for other Agency Name. ☐ Dangerous ☐ Suicidal ☐ Resisted Arrest ☐ Other:

Signature of Arresting Officer: #471 — Name of Arresting Officer (Print): Ofc. Cameron Carver — I.D. #: #471

Name Verification (Printed by Arrestee) (PRINT)

Intake Deputy: SMNN 8101 — I.D. # — Pouch # — Transporting Officer: C. Carver #471 — I.D. # — Agency: PBGPD

Witness here if subject signed with an "X"

PAGE 1 OF 1

DISTRIBUTION: WHITE - COURT COPY — GREEN - STATE ATTORNEY — YELLOW - AGENCY — PINK - AGENCY — GOLD - DEFENDANT (N.T.A.'s ONLY)

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D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 21 DAY OF November 20 18, AT 21:20 AM ✓ PM

SUBJECT: BAUMGARTNER, JAMES, WILLIAM CASE NUMBER: 18007130

AGENCY: PALM BEACH GARDENS POLICE DEPT. ARRESTING OFFICER: Ofc. Cameron Carver #471

PERSONAL CONTACT

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

Officer David Coslay #488, who provided a sworn-oral statement advising the following: Ofc. Coslay had just completed his traffic stop and provided the driver, identified by his Florida Driver's License as James William Baumgartner, with his citation. Ofc. Coslay was walking back to his marked "Palm Beach Gardens Police" vehicle, which was parked behind Baumgartner's vehicle, when Baumgartner reversed his vehicle into Ofc. Coslay's vehicle. Ofc. Coslay stated Baumgartner began to drive off until Ofc. Coslay yelled at him, at which point Baumgartner was informed of the crash. Refer to the Florida Traffic Crash Report for crash details. Refer to Ofc. Coslay's supplement for further details.

OBSERVATION OF DRIVER:

While speaking with Baumgartner, his speech was rapid, slurred and he repeated himself. While speaking with Baumgartner I could smell the odor of the impurities of an alcoholic beverage emitting from his breath.

DRIVER'S STATEMENTS:

Post-Miranda, Baumgartner stated he drank one and a half glasses of wine and repeatedly admitting fault for the crash.

ODORS:

dor of the impurities of an alcoholic beverage emitting from his breath.

GENERAL OBSERVATIONS

SPEECH: **Fast, Slurred, Mumbled**

ATTITUDE: **Calm, Quiet, Polite, Fidgety, Talktative**

CLOTHING: **White shirt, khaki shorts, black shoes**

MEDICAL/OTHER: **High Blood Pressure and Sleep Disorder (Rx Crestor and Xanex)**

STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 22 day of November 20 2018 by Ofc. Cameron Carver

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

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

Notary Public State of Florida
Samantha Palmer
My Commission GG 233762
Expires 10/28/2022

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SUBJECT: BAUMGARTNER, JAMES, WILLIAM **CASE NUMBER** 18007130

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:

REFUSED

WALK & TURN:

REFUSED

ONE LEG STAND:

REFUSED

ROMBERG ALPHABET:

REFUSED

FINGER TO NOSE:

REFUSED

BREATH TEST RESULTS: VNM .186 .182

STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to (affirmed) and subscribed before me this 22 day of November 2018 by Ofc. Cameron Carver

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

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

Notary Public State of Florida
Samantha Palmer
My Commission GG 233782
Expires 10/28/2022

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TESTING FACILITY TASK REPORT

AGENCY: PBG/CARVER

SUBJECT: BAUMGARTNER, JAMES

CASE NUMBER: 18-147438

DATE: Nov 21, 2018

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 2254

ENDING TIME: 2321

BREATH TESTS RESULTS: 1) VNM TIME 2300 A.M.☐ P.M.☒ 2) .186 TIME 2303 A.M.☐ P.M.☒

3) .182 TIME 2307 A.M.☐ P.M.☒ 4) XX TIME XX A.M.☐ P.M.☐

BREATH OPERATOR: S. PALMER #24520

MAINTENANCE TECHNICAN: J Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLIGHT SLUR

ATTITUDE: CALM, QUIET, POLITE, FIDGETTY

CLOTHING: WHITE SHIRT, KHAKI SHORTS, BLACK SHOES

MEDICAL CONDITIONS: HIGH CHOLESTEROL

MEDICATIONS: CRESTOR, XANEX

OTHER:

EYES GLASSY AND BLOODSHOT, ODOR OF UNKNOWN ALCOHOLIC BEVERAGE COMING FROM BREATH,

---

COMMENTS:

ARRESTING OFFICER CONDUCTED THE 20 MINUTE OBSERVATION BEGINNING AT 2230
SUBJECT AGREED TO TAKE BREATH TEST
SUBJECT HAD DIFFICULTY FOLLOWING INSTRUCTION
A/O READ I/C, SUBJECT STATED HE UNDERSTOOD I/C
AND AGAIN AGREED TO TAKE BREATH TEST
SUBJECT PROVIDED TWO ADEQUATE BREATH SAMPLES SUCCESSFULLY
TECH READ RESULTS, SUBJECT STATED HE UNDERSTOOD RESULTS
A/O READ RIGHTS @ SCENE AND AGAIN ON CAMERA
SUBJECT STATED HE UNDERSTOOD RIGHTS
A/O CONDUCTED Q&A
SUBJECT ANSWERED QUESTION

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FLORIDA DRIVER EXCHANGE OF INFORMATION

CRASH DATE	TIME OF CRASH	REPORTING AGENCY CASE NUMBER	HSMV CRASH REPORT NUMBER
11/21/2018	9:20 PM	18007130	88928118

COUNTY OF CRASH	PLACE OF CITY OF CRASH	CRASH OCCURRED ON STREET, ROAD, HIGHWAY
PALM BEACH	PALM BEACH GARDENS ☒ Within City Limits	PGA BLVD

AT STREET ADDRESS #	OR	FEET	MILES	N	S	E	W	AT / FROM INTERSECTION WITH STREET, ROAD, HIGHWAY	OR FROM MILEPOST #
4431				☐	☐	☐	☐		

SECTION 1 ☒ VEHICLE ☐ NON-MOTORIST

YEAR	MAKE	STYLE/BODY TYPE	VEHICLE LICENSE NUMBER	STATE	VIN
2011	PORS	4DR	LC6GK	FL	WP0AA2A73BL010516

INSURANCE COMPANY	INSURANCE POLICY NUMBER
GEICO GENERAL INSURANCE COMPANY	4300645910

NAME OF VEHICLE OWNER	CURRENT ADDRESS	CITY & STATE	ZIP CODE
JAMES W. BAUMGARTNER	28950 SOMERS DR	NAPLES, FL	34119

NAME OF DRIVER/NON-MOTORIST	CURRENT ADDRESS	CITY & STATE	ZIP CODE
JAMES W. BAUMGARTNER	28950 SOMERS DR	NAPLES, FL	34119

DRIVER LICENSE NUMBER	STATE	DL TYPE	SEX	DATE OF BIRTH	DRIVER/NON-MOTORIST PHONE NUMBER
B526459602220	FL	E	M	06/22/1960	(239) 529-7558

SECTION 2 ☒ VEHICLE ☐ NON-MOTORIST

YEAR	MAKE	STYLE/BODY TYPE	VEHICLE LICENSE NUMBER	STATE	VIN
2010	DODG	4DR	XC4459	FL	2B3AA4CV6AH215655

INSURANCE COMPANY	INSURANCE POLICY NUMBER
FL MUNICIPAL INS. TRUST	07

NAME OF VEHICLE OWNER	CURRENT ADDRESS	CITY & STATE	ZIP CODE
CITY OF PALM BEACH GARDENS	10500 N MILITARY TRAIL	PALM BEACH GARDENS,	33410

NAME OF DRIVER/NON-MOTORIST	CURRENT ADDRESS	CITY & STATE	ZIP CODE

DRIVER LICENSE NUMBER	STATE	DL TYPE	SEX	DATE OF BIRTH	DRIVER/NON-MOTORIST PHONE NUMBER

SECTION ☐ VEHICLE ☐ NON-MOTORIST

YEAR	MAKE	STYLE/BODY TYPE	VEHICLE LICENSE NUMBER	STATE	VIN

INSURANCE COMPANY	INSURANCE POLICY NUMBER

NAME OF VEHICLE OWNER	CURRENT ADDRESS	CITY & STATE	ZIP CODE

NAME OF DRIVER/NON-MOTORIST	CURRENT ADDRESS	CITY & STATE	ZIP CODE

DRIVER LICENSE NUMBER	STATE	DL TYPE	SEX	DATE OF BIRTH	DRIVER/NON-MOTORIST PHONE NUMBER

SECTION ☐ VEHICLE ☐ NON-MOTORIST

YEAR	MAKE	STYLE/BODY TYPE	VEHICLE LICENSE NUMBER	STATE	VIN

INSURANCE COMPANY	INSURANCE POLICY NUMBER

NAME OF VEHICLE OWNER	CURRENT ADDRESS	CITY & STATE	ZIP CODE

NAME OF DRIVER/NON-MOTORIST	CURRENT ADDRESS	CITY & STATE	ZIP CODE

DRIVER LICENSE NUMBER	STATE	DL TYPE	SEX	DATE OF BIRTH	DRIVER/NON-MOTORIST PHONE NUMBER

REPORTING OFFICER

ID/BADGE NUMBER	RANK & NAME	DEPARTMENT	FHP	SO	PD	OTHER
471	CAMERON CARVER	PALM BEACH GARDENS POLICE DEPARTMENT	☐	☐	☒	☐

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WITNESS LIST

CASE NUMBER: 18007130

ARRESTING OFFICER: Ofc. Cameron Carver

ADDRESS: 10500 N. Military Trail, Palm Beach Gardens, FL 33410

PHONE NUMBERS (HOME): N/A (WORK) (561) 799-4445

CAN TESTIFY TO: Facts of Case

NAME: Ofc. David Coslay, Jr. #488

ADDRESS: 10500 N. Military Trail, Palm Beach Gardens, FL 33410

PHONE NUMBERS (HOME) N/A (WORK) (561) 799-4445

CAN TESTIFY TO: Facts of Crash

NAME: Ofc. Daniel Machado #497

ADDRESS 10500 N. Military Trail, Palm Beach Gardens, FL 33410

PHONE NUMBERS (HOME) N/A (WORK) (561) 799-4445

CAN TESTIFY TO: On-Scene Officer

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:

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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:

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SUBJECT: _____ CASE NUMBER: _____

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)_____

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SUBJECT: _____ 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? _____

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? NO 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? NO WHAT'S WRONG? _____

DO YOU LIMP? NO DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? NO

WERE YOU IN AN ACCIDENT TODAY? _____

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? _____ 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? NO IF SO, WHEN WAS YOUR LAST INJECTION? _____

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

INTERVIEWER: _____

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Palm Beach County Sheriff's Office – Arrests Only

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

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REVIEW COMPLETED BY

Booking Number: 2018038964	**Date:** 11/22/2018
	Specialist Name/ID: howardt/7185