J# 0511708 19CT19019 3525 P# ~~3525~~ 3525

FCIC CHECK: ☑ YES ☐ NO
OBTS #

ARREST / NOTICE TO APPEAR
JUVENILE REFERRAL
15TH JUDICIAL CIRCUIT

1. Arrest 2. Notice to Appear 3. Arrest Affidavit 4. Compl. Affidavit 5. Request Capias 6. Juvenile Ref. — 1 — Juvenile ☐

ADMINISTRATIVE

Agency ORI Number	Agency Name	Agency Case #
FL0503700	FLORIDA ATLANTIC UNIVERSITY POLICE	19-0795

Check Type. Check as many as apply: ☐ 1. Felony ☐ 2. Traffic Felony ☐ 3. Misdemeanor ☑ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other/Capias

Weapon Seized? ☐ Yes ☑ No — Type — Agency Arrest # or Court Case #

Location of Arrest (Include Name of Business)	City	Business Name, Address	City
777 GLADES RD 33431	BOCA RATON	777 GLADES RD 33431	BOCA RATON

Date of Arrest	Time of Arrest	Date of Booking	Time of Booking	Jail Date	Jail Time	Fingerprinted By:
10/12/2019	1722 hrs					☐ ID Only ☐ AFIS ☐ Criminal

Booking #	SID #	Other ID #	FCIC/NCIC #	DOC #	FBI #

DEFENDANT

Name (Last, First, Middle, Suffix)			Alias/Maiden
BRODEY	KAMRYN	ALLISON	

Race: W-White I-American Indian B-Black A-Oriental/Asian O-Other	Sex	Date Of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	F	2/3/2000	5'08"	136 LBS	BLU	BLN	FAIR	THIN

SCARS/MARKS/TATOOS (Location/Describe): NONE

Indication of: Alcohol Influence ☑ Yes ☐ No ☐ Unk. Drug Influence ☐ Yes ☑ No ☐ Unk.

Local Address	City	State	Zip Code	Phone #	1 City 2 County 3 FL 4 Out-of-State
15150 SW 24TH PL	DAVIE	FL	33326	(954) 397-3800	1

Permanent Address	City	State	Zip Code	Phone #	Address Source
15150 SW 24TH PL	DAVIE	FL	33326	(954) 397-3800	ELVIS

Street Address	City	State	Zip Code	Phone #	Occupation

DL #	DL State	[redacted]	INS #	Place Of Birth	Country of Citizenship
B630501005430	FL			PLANTATION, FL	US OF AMERICA

CO-DEF

Co-Defendant Name (Last, First, Middle)	Race	Sex	Date Of Birth	☐ Arrested At Large	☐ Felony ☐ Misdemeanor ☐ Juvenile
Co-Defendant Name (Last, First, Middle)	Race	Sex	Date Of Birth	☐ Arrested At Large	☐ Felony ☐ Misdemeanor ☐ Juvenile

CODE

Activity: S. Sell B. Buy T. Traffic R. Smuggle D. Deliver E. Use K. Dispense/Distribute M. Manufacture/Produce/Cultivate Z. Other N. N/A P. Possess

Type: N. N/A A. Amphetamine B. Barbiturate C. Cocaine E. Heroin H. Hallucinogen M. Marijuana O. Opium/Deriv. P. Paraphernalia/ Equipment S. Synthetic U. Unknown Z. Other

CHARGE #

Charge Description	Counts	F.S.S. / Ordinance	State Statute	Ordinance #
DUI-UNLAW BLD ALCH - DUI ALCOHOL OR DRUGS	1	☑ F.S.S. ☐ Ordinance	316.193(1)	

Drug Activity	Drug Type	Drug Amount	State Attorney Number	Court Number	Bond Amount
N	N				OR

☐ PC Capias ☐ AC ☐ BW ☐ FW ☐ PW ☐ Juv. PU ☐ Citation #

Offense/Issued Date ☐ Writ. Att. ☐ Injunction ☐ Order of Arrest #

CHARGE #

Charge Description	Counts	F.S.S. / Ordinance	State Statute	Ordinance #
		☐ F.S.S. ☐ Ordinance		

Drug Activity	Drug Type	Drug Amount	State Attorney Number	Court Number	Bond Amount

☐ PC Capias ☐ AC ☐ BW ☐ FW ☐ PW ☐ Juv. PU ☐ Citation #

Offense/Issued Date ☐ Writ. Att. ☐ Injunction ☐ Order of Arrest #

CHARGE #

Charge Description	Counts	F.S.S. / Ordinance	State Statute	Ordinance #
		☐ F.S.S. ☐ Ordinance		

Drug Activity	Drug Type	Drug Amount	State Attorney Number	Court Number	Bond Amount

☐ PC Capias ☐ AC ☐ BW ☐ FW ☐ PW ☐ Juv. PU ☐ Citation #

Offense/Issued Date ☐ Writ. Att. ☐ Injunction ☐ Order of Arrest #

NOTICE TO APPEAR

☐ Mandatory Appearance in Court.
☐ You need not appear in Court, but must comply with attached instructions.

Location: SOUTH COUNTY COURTHOUSE 200 W. ATLANTIC AVE, DELRAY BEACH FL 33444 Date: 11/04/2019 Time: 0830

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

Defendant/Juvenile Signature	Parent/Guardian Signature	Released To:	Date	Time
X [signature]				

ADMINISTRATIVE

☐ Miranda Warning — Hold For (Agency): — Verified By:

Adults Only ☐ Hold for First Appearance ☐ Do Not Bond Out — Reason:

I swear/affirm the above and attached statements are true and correct.

[signature]
Officer's / Complainant's Signature

RANDY GODINEZ 0459
Name(Printed) ID NO.

Sworn and subscribed before me, the undersigned authority this 12 day of OCT 20 19

[signature]
Signature of Person Administering Oath

RANDY GODINEZ OFF
Name(Printed) Title

BOND INFORMATION

Bond Date	Bond Charge #	Bond Charge #

Type: 1. ROR 2. Cash 3. Surety 4. Bail Bond 5. Cert. 6. Other

Bond Type	Bond Type

Return to Court ☐ A.M. ☐ P.M.
Date: Time:

Released ☐ A.M. ☐ P.M.
Date: Time:

Released by:

OCT 13 AM 12:56

Page 1 of 3

DS calling 7622

PROBABLE CAUSE CONTINUATION

Agency ORI Number	Agency Name	Agency Case #	OBTS #
FL0503700	FLORIDA ATLANTIC UNIVERSIT	19-0795	

Name (Last, First, Middle, Suffix)			Date Of Birth
BRODEY	KAMRYN	ALLISON	2/3/2000

PROBABLE CAUSE STATEMENT 1

The undersigned certifies and swears that he/she has just and reasonable grounds to believe that the above named defendant committed the following violation of law:

On 10/12/2019 , at 05:05 (Specifically include facts constituting cause for arrest.)

On Saturday, October 12, 2019 at or about 1705 hours, at the location of Florida Atlantic University (FAU) Boca Raton Campus on East University Drive and north of Glades Road, which is located within the jurisdictional limits of the Florida Atlantic University, within Palm Beach County and the State of Florida, the above named defendant did commit the violation of Driving Under the Influence (D.U.I) F.S.S 316.193(1)

I responded to the above-mentioned location reference to a traffic accident. Upon arrival, the defendant advised she was on actual physical control of the black Lexus bearing Florida plate KEZP24. This statement was corroborated by her passenger and an independent wheel witness. During the traffic accident, I observed the defendant to have bloodshot watery eyes as well as the odor of an unknown alcoholic beverage coming from her mouth. After concluding the traffic accident, an investigation ensued reference to the defendant driving under the influence.

The defendant consented to the standardized field sobriety tasks procedures, which I conducted.

Before initiating the Horizontal Gaze Nystagmus, the defendant advised she understood and comprehended the instructions. The defendant showed a lack of smooth pursuit on her left eye and distinct and sustained nystagmus on the left and right eye at maximum deviation. The defendant also showed nystagmus prior to 45 degrees on her left eye. Before starting the Walk and Turn, the defendant advised she understood and comprehended the instructions. While conducting the instructional phase of the Walk and Turn, the defendant was unable to maintain her balance. The defendant also utilized her arms for balance while walking on a line. It should be noted that the defendant walked ten steps instead of the instructed nine, this occurred in both directions. The defendant failed to count aloud and performed an improper turn. Before starting the One Leg Stand, the defendant advised she understood and comprehended the instructions. When performing the One Leg Stand the defendant did not count in order and was unable to maintain her leg straight. In thirty seconds, the defendant counted out loud to twenty-one.

It should be noted that the defendant advised she had an alcoholic beverage earlier in the day.

Based on the facts, I am charging the above-named defendant with:

F.S.S 316.193(1), Driving Under The Influence.

P.C. Exists for Charge(s): ☐ YES ☐ NO

Judge's Signature _____ Date _____

Officer's / Complainant's Signature

RANDY GODINEZ 0459

ID NO.

Name(ORIMM-BELL
MY COMMISSION #GG348008
EXPIRES: JUN 18, 2023
Bonded through 1st State Insurance

PROBABLE CAUSE CONTINUATION

Agency ORI Number	Agency Name	Agency Case #	OBTS #
FL0503700	FLORIDA ATLANTIC UNIVERSIT	19-0795	

Name (Last, First, Middle, Suffix): BRODEY KAMRYN ALLISON — Date Of Birth: 2/3/2000

WITNESS

First Name	Middle	Last Name	Suffix	Phone #1
Street Address		City	State / Zip Code	Phone #2

WITNESS

First Name	Middle	Last Name	Suffix	Phone #1
Street Address		City	State / Zip Code	Phone #2

DEFENDANT

Marital Status _____ # of Dependents _____ Length in County _____ Property Owner _____ Address of Property _____

Place of Employment (Name and address) _____ Length of Employment _____ Previous Employment (if current less than 2 years) _____

ADVISORY AND SOLVENCY HEARING

The Defendant named on the Arrest/Notice to Appear document came before me for an Advisory and Solvency hearing on the _____ day of _____, 20____, at _____ am/pm, and was advised by me on the charge against him/her, his/her right to remain silent, that any statements by him/her may be used against him/her, his/her right to counsel, and, if he/she is financially unable to afford counsel, that counsel forthwith will be appointed: of his/her right to communicate with his/her counsel, family or friends, and that reasonable implementation will be afforded him/her to contact the foregoing.

I FURTHER CERTIFY THAT:

- ☐ Defendant has advised the court that he/she has retained counsel, or will retain counsel.
- ☐ The court investigated the Defendant's solvency and found the Defendant solvent and financially able to secure counsel.
- ☐ The court investigated the Defendant's solvency and appointed the Public Defender to represent Defendant.
- ☐ The Defendant waived right to counsel at the first appearance only.
- ☐ The Court reviewed the Advisory and finds (there is / there is not) probable cause to hold the bind over the Defendant for trial.
- ☐ The probable cause determination is hereby passed 72 hours.
- ☐ Order of No Imprisonment (ONI)

BOND ACTION TAKEN, if any _____ JUDGE: _____

- ☐ I, having been found solvent and financially able to secure counsel, hereby waive counsel until my attorney files an appearance in this case or until I file a written request for a review of my solvency and ability to secure counsel.
- ☐ I hereby waive right to counsel at the first appearance only. Defendant's Signature _____
- ☐ I hereby acknowledge receipt of a copy of the foregoing complaint and advisory

Defendant's Signature _____ Defendant's Attorney Signature _____

WAIVER

I have been advised of my rights to a Preliminary Hearing in Case Number(s) _____ in which I am the defendant, and I desire to waive and do hereby waive my right to such Preliminary Hearing concerning all of the charges against me in said case(s).

Defendant's Signature _____

FIRST APPEARANCE

ARRAIGNMENT, JUDGMENT, SENTENCE, AND ORDER

Said Defendant was arraigned for trial on _____ and entered a plea of _____ to the charge(s) as set forth herein. After hearing the evidence and duly considering the same, the Court finds you, the defendant _____ of said charge(s); AND IT IS ORDERED AND ADJUDGED that you, the Defendant, are _____ as charged of said offense(s) and set forth herein.
IT IS, THEREFORE, the Judgement, Order, and Sentence of the Court that you, the Defendant, be imprisoned in the county jail of _____ County, FL, for the term of _____ days, and pay a fine of $_____ and $_____ the cost herein; and in default of such payment that you, the Defendant, stand committed to the County Jail of _____ County, FL, for a term of _____ days.
DONE, ORDERED, AND ADJUDGED in open Court at _____ County, FL, on _____.

JUDGE _____ COUNTY COURT in and for _____ County, Florida.

FIRST APPEARANCE

Charge	Action	Date

Bond Amount $ _____ Cash/Surety: Receipt # _____

ESTREATED BY (Judge): _____ Date: _____

Officer's / Complainant's Signature _____ RANDY _____ GODINEZ _____ 0459
Name (Printed) ID NO.

JOSHUA BELL
MY COMMISSION #GG346008
EXPIRES: JUN 16, 2023

Page 3 of 3

WITNESS LIST

CASE NUMBER: 19-0795

ARRESTING OFFICER: RANDY GODINEZ
ADDRESS: 777 GLADES RD BOCA RATON, FL 53431
PHONE NUMBERS (HOME): ______ (WORK): 561-297-3500
CAN TESTIFY TO: RESPONDING TO THE TRAFFIC CRASH SCENE, INTERVIEWING DEFENDENT, AND PERFORMING SFST.

NAME: ______
ADDRESS: ______
PHONE NUMBERS (HOME): ______ (WORK): ______
CAN TESTIFY TO: ______

NAME: ZACHARY DOUGLAS WATTS
ADDRESS: 13711 WHITE BARK PL TAMPA, FL 33625
PHONE NUMBERS (HOME): 813-210-0241 (WORK): ______
CAN TESTIFY TO: BEING PASSENGER AT TIME OF CRASH. PASSENGER IN DEF. VEHICL

NAME: GINNIE MARIE NIXON
ADDRESS: 29904 BRIARTHORN LOOP, WESLEY CHAPEL, FL 33454
PHONE NUMBERS (HOME): 813-527-1783 (WORK): ______
CAN TESTIFY TO: BEING IN VEHICLE ACCIDENT WITH DEFENDANT. OBSERVED DEFENT DRIVING VEHICLE AT TIME OF CRASH.

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: ______

WHITE - STATE ATTY   YELLOW - DHSMV   PINK - CENTRAL RECORDS   GOLD - JAIL

TESTING FACILITY TASK REPORT

AGENCY: FAU

SUBJECT: BRODEY, KAMRYN A CASE NUMBER: 19-125510

DATE: 10/12/19 VIDEO TAPE NUMBER: N/A

BEGINNING TIME: 1929 ENDING TIME: 1941

BREATH TESTS RESULTS: 1) .109 TIME 1934 A.M./P.M. 2) .110 TIME 1941 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: LOW

ATTITUDE: EMOTHIONAL, CRYING, POLITE, COOPERATIVE

CLOTHING: RED TUBE TOP, BLUE JEAN SHORTS, WHITE HIGHTOP CONVERSE

MEDICAL CONDITIONS: NONE

MEDICATIONS: BIRTH CONTROL

OTHER: EYES:BLOODSHOT, WATERY

ODOR OF AN UNKNOWN ALCHOLIC BEVERAGE COMING FROM BREATH

COMMENTS: ARRIVED AT CENTER A/O BEGAN 20 MIN OBSERVATION AT 1822 HRS

SUBJECT STATED SHE WOULD TAKE BREATH TEST

TECH READ BREATH TEST RESULTS

SUBJECT STATED SHE UNDERSTOOD BREATH TEST RESULTS

A/O READ RIGHTS

SUBJECT ACKNOWLEDGED SHE UNDERSTOOD HER RIGHTS

SUBJECT ASKED FOR A LAWYER BEFORE QUESTIONING

PRODUCTION SOLUTIONS WHITE - STATE ATTY. YELLOW - DHSMV PINK - CENTRAL RECORDS GOLD - JAIL

SUBJECT: Bradley [illegible] A CASE NUMBER: [illegible]

IMPLIED CONSENT FOR DUI IN A MOTOR [illegible]

[illegible] READ ONLY THE PARAGRAPH APPLICABLE TO THE TYPE OF TEST [illegible]

[illegible] that you submit to a lawful test of your BREATH for the purpose [illegible]

OR

[illegible] that you submit to a lawful test of your URINE for the purpose of [illegible]

OR

[illegible] that you submit to a lawful test of your BLOOD for the purpose of [illegible]

[illegible] DOES NOT COMPLY WITH [illegible]

[illegible] of the [illegible]

[illegible] your privilege to operate [illegible] your privilege [illegible] or urine [illegible] Additionally [illegible] suspended [illegible] any criminal proceedings.

SUBJECT'S SIGNATURE: (X) ______________________

CONSTITUTIONAL WARNINGS

[illegible] ANY STATEMENTS THAT [illegible]

1. [illegible] any questions.
2. [illegible]
3. [illegible] to the presence of a lawyer of your choice before you [illegible]
4. If you cannot afford a lawyer, you are entitled to the presence of a court appointed [illegible] any questions.
5. [illegible] you do not wish to answer any questions, you [illegible]
6. [illegible] you to make a statement. This [illegible]
7. Any [illegible] in a court of law.

SUSPECT'S SIGNATURE: [illegible]

[illegible]

SUBJECT: [illegible] A ____________ CASE NUMBER: ____________

QUESTIONS AND ANSWERS

I AM NOW GOING TO ASK YOU SOME QUESTIONS. WITH THESE RIGHTS IN MIND, YOU MAY [illegible] [illegible] 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 CO[illegible] NOW? ____________

WHEN DID YOU [illegible] ____________ WHAT DID YOU EAT? ____________

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? ____________

[illegible] ____________ HAVE YOU BEEN DRINKING? ____________ WHAT [illegible]

[illegible] ____________ WHERE? ____________ WITH WHOM? ____________

WHEN DID YOU HAVE YOUR FIRST DRINK? ____________ AND YOUR LAST [illegible]

[illegible] YOU CONSUME YOUR LAST [illegible]? ____________

[illegible] EFFECTS OF [illegible]? ____________ ARE YOU UNDER THE [illegible]

[illegible] ANY ALCOHOL SINCE [illegible]? ____________ HOW MUCH [illegible]

WHAT? ____________ WHERE? ____________ WHEN? ____________

WHAT LINE OF WORK ARE YOU IN? ____________ WHEN [illegible]

[illegible] WHAT? ____________

[illegible]

INTERVIEWER: ____________

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: 80-006240 Software: 8100.27
Date of Test: 10/12/2019

Date of Last Agency Inspection: 09/13/2019
Observation Period Began: 18:22
Subject's Name: KAMRYN A BRODEY DOB: 02/03/2000 Sex: F

The subject was observed for at least twenty-minutes prior to the administration of the breath test to ensure that the subject did not take anything orally and did not regurgitate.

Results:

Test	g/210L	Time
Diagnostics Check	OK	19:32
Air Blank	0.000	19:32
Control Test	0.081	19:33
Air Blank	0.000	19:33
Subject Sample #1	0.109	19:34
Air Blank	0.000	19:35
Air Blank	0.000	19:36
Subject Sample #2	0.110	19:37
Air Blank	0.000	19:38
Control Test	0.080	19:38
Air Blank	0.000	19:39
Diagnostics Check	OK	19:39

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 Date: 10/12/19
Signature

Sworn to (or affirmed) before me this 12 day of October, 2019

Ofc. Randy Godinez #0459 OFC. R. Godinez #0459
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

PALM BEACH COUNTY
SHERIFF'S OFFICE
Florida State Statute Exemption Sheet

Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	☐	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	☐		Other:	
	☐		Other:	

REVIEW COMPLETED BY

Booking Number: 2019033313	**Date:** 10/13/2019
	Specialist Name/ID: LaToya Rouse/ #6673