ARREST / NOTICE TO APPEAR
Juvenile Referral Report

OBTS Number: 0501717 | 1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias: 1 | Juvenile: N

ADMINISTRATIVE

Agency ORI Number	Agency Name	Agency Report Number (N.T.A.'s only)
FLO 500000	PALM BEACH COUNTY SHERIFF'S OFFICE	06- 18-125326

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 N/A

Multiple Clearance Indicator: 1

Location of Arrest (Including Name of Business)	Location of Offense (Business Name, Address)
LAKE WORTH RD/ SOUTH SHORE BLVD, WELLINGTON, FL, 33414	LAKE WORTH RD/ SOUTH SHORE BLVD WELLINGTON, FL, 33414

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
09/23/2018	23:00					

DEFENDANT

Name (Last, First, Middle): GRAVES MEGHAN LYNN

Alias (Name, DOB, Soc. Sec. #, Etc.):

Race	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W - White I - American Indian B - Black O - Oriental/Asian: W	F	6/7/1986	5'4	115	BRN	BLONDE	MED	MED

Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description)	Marital Status	Religion	Indication of:	Y	N	Unk.
TATTOOS OF FEET AND HIP	Single	CATHOLIC	Alcohol Influence	☐	☐	☐
			Drug Influence	☐	☒	☐

Local Address (Street, Apt. Number)	(City)	(State)	(Zip)	Phone	Residence Type
13692 SHEFFIELD ST	WELLINGTON	FL	33414	(310) 614-4463	1 City 2. County 3. Florida 4. Out of State

Permanent Address (Street, Apt. Number)	(City)	(State)	(Zip)	Phone	Address Source
				( )	DEFENDANT

Business Address (Name, Street)	(City)	(State)	(Zip)	Phone	Occupation
				( )	SALES

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
G612552867070	[redacted]		MORRIS TOWN, NJ	YES

CO-DEF

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

JUVENILE

☐ Parent ☐ Legal Custodian ☐ Other

Address (Street, Apt. Number)	(City)	(State)	(Zip)	Residence Phone	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	1	☐Y ☒N	316.193(1)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
N	N	N/A	18-125326		

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

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

FILED
SEP 24 2018
SHARON R. BOCK
Clerk & Comptroller

NOTICE TO APPEAR

3228 GUN CLUB RD WEST PALM BEACH FL 33406

Court Date and Time: Month 10 Day 18 Year 2018 Time 0830 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: 09/23/2018

ADMIN

HOLD for other Agency Name: | Signature of Arresting Officer: X | Name Verification (Printed by Arrestee): SEP 24 AM 1:32 (PRINT)

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other

Name of Arresting Officer (Print): INV. G. LYNCH 8568 I.D. #: 8568

Witness here if subject signed with an "X"

Transporting Officer: INV. G. LYNCH 8568 ID #: 8568 Agency: PBSO

PAGE 1 OF 1

DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A. ONLY)

PBSO 6148 REV. 8/97

Received WB

2018 CTO 1747

SEP 24 2018

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OBTS Number

PROBABLE CAUSE AFFIDAVIT

1 Arrest 3 Request For Warrant
2 NTA 4 Request For Capias

1

Juvenile ☐

Agency ORI Number	Agency Name	Agency Report Number
FLO 5 0 0 0 0 0	PALM BEACH COUNTY SHERIFF'S OFFICE	06 18-125326

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

Special Notes

Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth
Graves Meghan Lynn	W	F	6/7/1988

Charge	Charge
DUI	
Charge	Charge

Victim Name (Last, First, Middle)	Race	Sex	Date of Birth

Local Address (Street, Apt. Number)	City	State	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

☐ committed the below acts in my presence

☐ was observed by _____ who told _____ that he/she saw the arrested person commit the below acts

☐ confessed to admitting to the below facts

☐ was found to have committed the below acts, resulting from (described) investigation

On the 23 day of SEPT 20 18 at 2230 ☐ AM ☒ PM

ON SUNDAY, SEPTEMBER 23, 2018 AT APPROXIMATELY 2230 HOURS, I, DEPUTY SCHNEIDER, WAS IN THE AREA OF LAKE WORTH ROAD AND EQUESTRIAN DRIVE, IN THE VILLAGE OF WELLINGTON, PALM BEACH COUNTY FLORIDA, 33414. WHILE CONDUCTING STATIONARY RADAR I OBSERVED A VEHICLE APPROACHING AT A HIGH RATE OF SPEED. I VISUALLY ESTIMATED THE SPEED AT 80 MPH AND WHEN I ACTIVATED MY PBSO DEPARTMENT ISSUED RADAR I RECEIVED A LOUD DOPPLER TONE AND A DIGITAL READ OUT OF 79 MPH. I PULLED OUT BEHIND THE VEHICLE AND OBSERVED THE VEHICLE FAIL TO MAINTAIN A SINGLE LANE OF TRAVEL BY WEAVING OVER THE RIGHT FOG LINE COVERING THE LINE WITH THEIR TIRE.

I INITIATED A TRAFFIC STOP AND APPROACHED THE VEHICLE. UPON CONTACT WITH THE DRIVER I IMMEDIATELY NOTICED A MODERATE ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE EMANATING FROM THE VEHICLE. THE DRIVER, LATER IDENTIFIED BY HER FLORIDA ISSUED DRIVERS LICENSE AS MEGHAN LYNN GRAVES, HAD BLOOD SHOT EYES AND A SLIGHT SLUR IN HER SPEECH. MS. GRAVES APPEARED TIRED AND SLEEPY AND WHEN ASKED IF SHE HAD ANY ALCOHOL TO DRINK SHE STATED TWO BEERS OVER FOUR HOURS.

MS. GRAVES WAS ASKED FOR HER DRIVERS LICENSE, REGISTRATION AND PROOF OF VALID INSURANCE BUT SHE WAS UNABLE TO PROVIDE THE INSURANCE. SHE STATED IT WAS ON HER PHONE AND REQUESTED A MOMENT TO RETRIEVE IT. I REQUESTED SHE LOOK FOR THE INSURANCE AND WAIT IN HER VEHICLE, I TOLD HER I WOULD BE BACK IN A MOMENT.

I WENT BACK TO MY PATROL CAR AND REQUESTED DUI INVESTIGATOR LYNCH 8568 RESPOND TO THE SCENE FOR FURTHER EVALUATION.

I RETURNED TO HER VEHICLE TO INQUIRE ABOUT THE INSURANCE AND FOUND MS. GRAVES ASLEEP. UPON ME ASKING FOR THE INSURANCE SHE IMMEDIATELY AWOKE AND TOLD ME SHE WAS UNABLE TO FIND IT.

INVESTIGATOR LYNCH ARRIVED AND I EXPLAINED WHAT I HAD OBSERVED AND I TURNED THE INVESTIGATION OVER TO HIM FOR FURTHER EVALUATION.

NOT A CERTIFIED COPY

The foregoing instrument was sworn to and affirmed before me this 23 day of SEPT 20 18, by

INV LYNCH 8568
Name of Notary Public / Clerk of Court / Officer (F S S 117 00)

Signature of Notary Public / Clerk of Court / Officer (F S S 117 00)

DS SCHNEIDER 8723
Name of Arresting/Investigating Officer

Signature of Arresting/Investigating Officer

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 24 DAY OF SEPT 20 18 AT 22:28 AM ✓ PM

SUBJECT: GRAVES MEGHAN LYNN CASE NUMBER: 18-125326

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: INV. G. LYNCH 8568

PERSONAL CONTACT

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

On 9/23/18 I responded to Lake Worth Rd/ South Shore Blvd, in Palm Beach County, in reference to a traffic stop with a possibly impaired driver. Upon arrival I met with D/S Schneider id 8723, who had conducted the traffic stop.

D/S Schneider advised that while he was conducting stationary radar speed enforcement on Lake Worth Rd when he observed a gray Toyota Rav4, bearing FL tag KAGC09, traveling west at a high rate of speed. He visually estimated the speed of the vehicle to be 80mph in the 45mph zone and got a speed reading of 79mph on his radar. D/S Schneider got behind the vehicle and observed it weaving over the right lane line and conducted a traffic stop for the violations. D/S Schneider made contact with the driver, Meghan Graves, the sole occupant of the vehicle. He noticed there was an odor of an unknown alcoholic beverage coming from the vehicle. Graves's eyes were bloodshot and glassy and there was a slight slur in her speech. Graves admitted to drinking 2 beers prior to driving. While Graves attempted to look up a copy of her vehicle insurance on her phone D/S Schneider went back to his vehicle to check Graves's driver's license. Upon returning to the vehicle a few moments later he found that Graves had fallen asleep.

OBSERVATION OF DRIVER:

I made contact with Graves, who was sitting in the driver seat. I had Graves exit the car and stand in front of my patrol car. I noticed that Graves had difficulty walking in a straight line. Graves's eyes were bloodshot and glassy. There was an odor of an unknown alcoholic beverage coming from her breath, which got stronger when she spoke. Graves advised that she had been drinking prior to driving and had 2 beers over the past 4 hours. Based on my observations and Graves's admission to driving I asked Graves to perform standard field sobriety tasks.

DRIVER'S STATEMENTS:

Had 2 beers over the past 4 hours.

ODORS:

ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE COMING FROM SUBJECT'S BREATH.

GENERAL OBSERVATIONS

SPEECH: **slightly slurred**

ATTITUDE: **CALM**

CLOTHING:

MEDICAL/OTHER:

NOT A CERTIFIED COPY

STATE OF FLORIDA
COUNTY OF PALM BEACH

INV. G. LYNCH 8568
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 24 day of SEPT 20 18 by INV. G. LYNCH 8568

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

Sue Owen (#3184)
(Notary Public, Clerk of Court, Officer (F.S.S 117.10)

BEVERLY SUE OWEN
MY COMMISSION # GG 188278
EXPIRES: May 30, 2022
Bonded Thru Notary Public Underwriters

SUBJECT: GRAVES MEGHAN CASE NUMBER 18-125326

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

- [x] LT EYE-LACK OF SMOOTH PURSUIT
- [x] RT EYE-LACK OF SMOOTH PURSUIT
- [x] LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION
- [x] RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION
- [x] LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES
- [x] RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

Other Observations:

Graves was asked to stand with her feet together and place her hands by her sides. Graves was asked to focus on the stimulus and follow it with her eyes. Graves was told not to move her head to assist in following the stimulus. Graves showed equal pupil size that tracked equally. Both eyes lacked a smooth pursuit. I saw distinct and sustained Nystagmus at maximum deviation and onset of Nystagmus prior to 45 degrees in both eyes. Graves swayed while performing this task and had to be reminded not to move her head.

WALK & TURN:
REFUSED

ONE LEG STAND:
REFUSED

FINGER TO NOSE:
REFUSED

ROMBERG ALPHABET:
REFUSED

BREATH TEST RESULTS: 1) REFUSED | 2) REFUSED | 3) REFUSED | 4) REFUSED

STATE OF FLORIDA
COUNTY OF PALM BEACH

INV. G. LYNCH 8568
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 24 day of SEPT 2018 by INV. G. LYNCH 8568

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

Sue Owen (#3184)
(Notary Public, Clerk of Court, Officer (F.S.S 117.10)

BEVERLY SUE OWEN
MY COMMISSION # GG 188278
EXPIRES: May 30, 2022
Bonded Thru Notary Public Underwriters

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WITNESS LIST

CASE NUMBER: 18-125326

ARRESTING OFFICER: INV. G. LYNCH 8568

ADDRESS: HQ

PHONE NUMBERS (HOME): _____ (WORK) 561 688 3000

CAN TESTIFY TO: FACTS OF CASE

NAME: D/S SCHNEIDER 8723

ADDRESS: DIST 8

PHONE NUMBERS (HOME) _____ (WORK) 561 688 3000

CAN TESTIFY TO: TRAFFIC STOP

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) 0 (WORK) 0

CAN TESTIFY TO: _____

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CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NOT A CERTIFIED COPY

TESTING FACILITY TASK REPORT

AGENCY: PBSO

SUBJECT: Graves, Meghan Lynn CASE NUMBER: 18-125326

DATE: 9/23-9/24/18 ~~VIDEO TAPE NUMBER:~~ N/A

BEGINNING TIME: 0005 ENDING TIME: 0008

BREATH TESTS RESULTS: 1) REFUSED TIME 0007 A.M./P.M. 2) ~~TIME~~ ~~A.M./P.M.~~

3) ~~TIME~~ ~~A.M./P.M.~~ 4) TIME A.M./P.M.

BREATH OPERATOR: S. Owen #3184

MAINTENANCE TECHNICIAN: J. Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH:

ATTITUDE: quiet, co-operative

CLOTHING: Flip Flops, grey dress

MEDICAL CONDITIONS: [redacted]

MEDICATIONS: inhaler 2x day sometime nebulizer

OTHER: odor of unknown Alcoholic beverage

COMMENTS: A/O & arrived at 2345 hrs
A/O observed 20 minutes
A/O requested breath test, & refused
A/O read I/C, & understood, still refused
A/O read C/W, & understood rights
Asked for Attorney - NO Q & A

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SUBJECT: Graves, Meghan Lynn CASE NUMBER: 18-125326

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 Inv. Lynch of the PBSO.

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) Read on Camera

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

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

PBSO #81298 REV. 06/11

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SUBJECT: Graves, Meghan Lynn CASE NUMBER: 18-125326

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? asked

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? for

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? attorney

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: _____

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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.	7
	☐	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	☐	119.014(3A)(13)(1-3C)	Other: Keep Separate - Court Documents/Official Records	
	☐	119.071(2c)	Other: Active Criminal intelligence Information	

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REVIEW COMPLETED BY

Booking Number: 2018031939	**Date:** 09/24/2018
	Specialist Name/ID: WATSON/6665