0279983 19CF209997

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

ADMINISTRATIVE

OBTS Number	Agency ORI Number	Agency Name	Agency Report Number (N.T.A.'s only)
	FLO 500000	PALM BEACH COUNTY SHERIFF'S OFFICE	06- 19043314

Charge Type: Check as many as apply. [ ] 1. Felony [x] 2. Traffic Felony [ ] 3. Misdemeanor [x] 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)
State Road 7/Lake Worth Road, W Palm Beach FL	State Road 7/Lake Worth Road, W Palm Beach FL

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
03/01/2019	2311					D and D Towing

DEFENDANT

Name (Last, First, Middle): **Mann, Michael, A** | Alias (Name, DOB, Soc. Sec. #, Etc.)

Race (W - White I - American Indian B - Black O- Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	M	12/6/1984	6'00	200	BL	Br	Med	Med

Scars, Marks, Tatoos, Unique Physcal Features (Location, Type, Description): none | Marital Status: Married | Religion: NONE | Indication of: Alcohol Influence [Y] Drug Influence [Y] | N [ ] | Unk. [ ]

Local Address (Street, Apt. Number) (City) (State) (Zip)	Phone	Residence Type: 1. City 2. County 3. Florida 4. Out of State
283 Berenger Walk, Wellington, FL 33414	(561) 248 3554	2

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

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

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
M500541844460, FL	[redacted]		winter haven, FL	US

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 - Crash with injuries	1	[ ] Y [ ] N	316.193(3)c(1)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant I Capias Number	Bond
n	n		19043314		

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
Leaving the scene of a crash with injuries	1	[ ] Y [x] N	316.027(2)a	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
N	N		19043314		

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
Leaving the scene of a crash with property damage	1	[ ] Y [x] N	316.061(1)	

Drug Activity	Drug Type	Amount I Unit	Offense #	Warrant / Capias Number	Bond
N	N		19043314		20

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

Location (Court, Room Number, Address): **Criminal Justice Complex, 3228 Gun Club Road, West Palm Beach, FL 33406 - Ph: (561) 688-4600**

Court Date and Time: Month 3 Day 28 Year 19 Time 8:30 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: 03/01/2019

2019 MAR -3 AM 8:19

ADMIN

HOLD for other Agency Name: | Signature of Arresting Officer: X | Name Verification (Printed by Arrestee) (PRINT)

[ ] Dangerous [ ] Resisted Arrest [ ] Suicidal [ ] Other:

Name of Arresting Officer (Print): A. Soloway 8586 I.D. #: 8586

Intake Deputy I.D. # Pouch # | Transporting Officer: J Schaeffer ID #: 8777 Agency: PBSO

Witness here if subject signed with an X

SCANNED MAR -3 2019

PAGE 1 OF 1

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

PBSO #148 REV. 8/97

MAR 2 AM 3:46

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OBTS Number

PROBABLE CAUSE AFFIDAVIT

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

ADMIN

Agency ORI Number	Agency Name	Agency Report Number
FLO 500000	PALM BEACH COUNTY SHERIFF'S OFFICE	06- 19043314

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

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
Mann, Michael, A		W	M	12/6/1984

CHARGES

Charge Description		Charge Description	
DUI - Crash with injuries	316.193(3)c(1)	Leaving the scene of a crash with injuries	316.027(1)a
Charge Description		Charge Description	
Leaving the scene of a crash with property damage	316.061(1)		

VICTIM

Victim's Name (Last, First, Middle)			Race	Sex	Date of Birth
, ,					
Local Address (Street, Apt. Number)	(City) (State) (zip)	Phone	Address Source		
,		( )			
Business Address (Name, Street)	(City) (State) (zip)	Phone	Occupation		
		( )			

PROBABLE CAUSE STATEMENT

The undersigned certifies and 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.
☐ confessed to _____ admitting to the below facts.
☐ was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.
☒ was found to have commited the below acts, resulting from my (described) investigation.

On the 1 day of March 2019 at 2240 ☐ A. M. ☒ P.M. (Specifically include facts constituting cause for arrest.)

On 3/1/19 at approximately 2245hrs I responded to the area of State Road 7/Lake Worth Road in reference to a hit and run crash with injuries. The 911 caller stated the suspect vehicle was traveling north on State Road 7. The caller described the vehicle as a dark SUV with a rear flat tire. The suspect vehicle was smoking and leaking fluids as it drove. I was then advised the suspect vehicle had turned onto Stribling Road and stopped in front of Emerald Cove Middle School. The witness stated the driver exited his vehicle and described the suspect as a white male approximately 35 years old, wearing a long sleeve shirt and jeans.

I arrived to Emerald Cove Middle School and observed the witness's vehicle parked behind the suspect vehicle. The suspect vehicle was a dark colored 2015 Chevy SUV bearing FL tag ESPZ62. A male matching the suspect description was standing next to the suspect vehicle. The suspect identified himself with his FL driver license as Michael Mann. He stated he was in a crash but left because he had to pick up his daughter at the school. I asked him if he was injured and he said no and he refused medical attention.

The suspect vehicle had sustained significant damage to the entire passenger side. Both driver side tires were flat and the rims were severely damaged. Both passenger and driver side curtain airbags had deployed. PBCFR arrived and medically checked the suspect.

I read Mann his Miranda warnings of which he stated he understood. Mann requested his attorney. I requested he submit to roadside tasks, of which he refused. I the placed Mann under arrest for DUI and Leaving the Crash Scene with Injuries and Property Damage. I explained to Mann that if he failed to perform roadsides it could be used against him in court. He said he understood and still refused.

Due to the significant nature of this crash, Mann was transported to Wellington Medical for medical evaluation and clearance. Medical staff cleared him and released him for transport to jail.

The victim vehicle was a 2014 red Hyundai 2 door bearing FL tag ILKB92. This vehicle sustained significant damage to its front end. The driver was identified as Daniel Delosrios. He was taken to Wellington Medical for medical treatment of his injuries. He complained of head, neck, back and hand pain. He was diagnosed with a concussion while at the hospital. He was still being evaluated at the time of this report. Delosrios stated he was traveling westbound on Lake Worth Road and was attempting to turn left onto State Road 7 on a green traffic signal, when the suspect vehicle crossed into his vehicle's path.

NOT A CERTIFIED COPY

ADMINISTRATIVE

STATE OF FLORIDA
COUNTY OF PALM BEACH

A. Soloway 8586
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 2 day of March 2019 by A Soloway

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

Paris Pound (#24639)
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)

Notary Public State of Florida
Paris Pound
My Commission GG 200028
Expires 03/25/2022

SCANNED
MAR - 3 2019

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PBSO #0004 REV. 04/01

ADMIN

OBTS Number

PROBABLE CAUSE AFFIDAVIT

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

Agency ORI Number	Agency Name	Agency Report Number
FLO 500000	PALM BEACH COUNTY SHERIFF'S OFFICE	06- 19043314

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

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
Mann, Michael, A		W	M	12/6/1984

CHARGES

Charge Description		Charge Description	
DUI - Crash with injuries	316.193(3)c(1)	Leaving the scene of a crash with injuries	316.027(1)a
Charge Description		Charge Description	
Leaving the scene of a crash with property damage	316.061(1)		

VICTIM

Victim's Name (Last, First, Middle)			Race	Sex	Date of Birth
, ,					
Local Address (Street, Apt. Number)	(City) (State) (zip)	Phone	Address Source		
,		( )			
Business Address (Name, Street)	(City) (State) (zip)	Phone	Occupation		
		( )			

PROBABLE CAUSE STATEMENT

The undersigned certifies and 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.
☐ confessed to _____ admitting to the below facts.
☐ was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.
☒ was found to have commited the below acts, resulting from my (described) investigation.

On the 1 day of March 20 19 at 2240 ☐ A. M. ☒ P.M. (Specifically include facts constituting cause for arrest.)

I spoke with a witness, Ewan Rowe,to this crash. Rowe stated he was driving northbound on State Road 7 approaching Lake Worth Road. He stated he observed the suspect vehicle pass him at approximately 80-90 MPH (in a 55MPH zone). Rowe stated the traffic signal for northbound travel was red for approximately 2 seconds when the suspect went into the intersection. The suspect vehicle crossed into the path of the victim vehicle. The suspect vehicle was stuck in the passenger side by the front of the victim's vehicle. Rowe then followed the suspect vehicle northbound on State Road 7. The suspect vehicle turned right onto Stribling Road and stopped in front of Emerald Cove Middle. The suspect drove approximately 1.5 miles before stopping. Rowe observed the suspect exit the vehicle and enter onto the school property. The suspect then came back moments later with the suspects daughter. Rowe identified the suspect to me while on scene.

Based on my investigation, there is probable cause to charge Mann with:

DUI- Crash with injuries
Leaving the scene of a crash with injuries
Leaving the scene of a crash with property damage

NOT A CERTIFIED COPY

ADMINISTRATIVE

STATE OF FLORIDA
COUNTY OF PALM BEACH

A. Soloway 8586
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 2 day of March 20 19 by A. Soloway 8586

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

Paris Pound (#24639)
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)

Notary Public State of Florida
Paris Pound
My Commission GG 209028
Expires 03/25/2022

SCANNED
MAR - 2 2019

PBSO #0004 REV. 04/01 DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 1 DAY OF March 20 19, AT 2240 AM ✓ PM

SUBJECT: Mann, Michael, A CASE NUMBER: 19043314

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: A. Soloway 8586

PERSONAL CONTACT

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

See attached supplemental PC

OBSERVATION OF DRIVER:

The driver had an odor of an unknown alcoholic beverage on his breath. This odor became more apparent as he spoke to me. The driver's eyes were red and watery. The driver's eye lids were drooping. The driver was swaying as he spoke with me.

DRIVER'S STATEMENTS:

The driver stated he was coming from a bowling alley at Atlantic Ave/ Lyons Road. The driver stated he drank one beer.

ODORS:

The driver had an odor of an unknown alcoholic beverage on his breath.

GENERAL OBSERVATIONS

SPEECH:

ATTITUDE: **compliant**

CLOTHING: **jeans, sneakers, long sleeve shirt**

MEDICAL/OTHER: **stated none**

NOT A CERTIFIED COPY

STATE OF FLORIDA
COUNTY OF PALM BEACH

A, Soloway 8586
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 2 day of March 20 19 by A. Soloway 8586

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

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

Notary Public State of Florida
Paris Pound
My Commission GG 200028
Expires 03/25/2022

SCANNED
MAR - 3 2019

SUBJECT: Mann, Michael, A **CASE NUMBER** 19043314

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

ROMBERG ALPHABET:
REFUSED

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

STATE OF FLORIDA
COUNTY OF PALM BEACH

A. Soloway 8586
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 2 day of March 20 19 by A. Soloway 8586

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

Paris Pound (#24639)
Notary Public, Clerk of Court, Officer (F.S.S 117.10)

Notary Public State of Florida
Paris Pound
My Commission GG 200028
Expires 03/25/2022

NOT A CERTIFIED COPY

SCANNED
MAR - 3 2019

PALM BEACH COUNTY SHERIFF'S OFFICE – **SWORN STATEMENT**

Per FL statute 837.012, whoever knowingly makes a false statement under oath shall be guilty of a misdemeanor of the first degree punishable by imprisonment up to 1 year.

☐ WITNESS ☑ VICTIM ☐ OTHER

CASE #: 19-043314	ZONE: 1-45	SUSPECT:	DATE & TIME OF ORIGINAL EVENT/OFFENSE: 03-01-19 22:40
EVENT TYPE: CRASH Hit and Run W/Injuries	DEPUTY: Lynch.		ID#:

COMPLETE EVERYTHING BELOW – PRINT LEGIBLY

LAST NAME:	FIRST NAME:	MIDDLE INITIAL:	RACE:	SEX:
De los Rios	Daniel			M

DATE OF BIRTH: (MM/DD/YYYY)	YOUR HEIGHT:	YOUR WEIGHT:	YOUR HAIR COLOR:	YOUR EYE COLOR:
03/30/98	~~5'6~~ 6'	165	Black	Dark Brown

YOUR HOME ADDRESS: ☐ CHECK IF HOMELESS	CITY:	STATE:	ZIP:
10310 Cuddlebeetum Rd	Lakeworth	FL	33449

YOUR WORK NAME & ADDRESS: ☐ CHECK IF UNEMPLOYED OR RETIRED	CITY:	STATE:	ZIP:
Verizon.	Jupiter	FL.	

WORK PHONE: ☐ CHECK IF NONE	CELL PHONE: ☐ CHECK IF NONE	HOME PHONE: ☐ CHECK IF NONE	EMAIL: ☐ CHECK IF NONE
( )	(561) 602-2760	( )	

WRITE WHAT HAPPENED IN YOUR WORDS IN FULL DETAIL – PRINT LEGIBLY

I, YOUR NAME: Daniel De Los Rios. DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER...

Was travelin on ~~441~~ LAKE WORTH RD NEARING THE INTERSECTION AT 441 (SR 7). ONCE I had A GREEN LIGHT I PROCEEDED TO MAKE A LEFT TURN ONTO 441 (SR 7) TO TRAVEL SOUTH. AT THIS TIME, A BLACK SUV THAT WAS TRAVELLING NORTHBOUND ON 441 (SR 7) RAN THE RED LIGHT. BOTH VEHICLES COLLIDED AT THE INTERSECTION. THE BLACK SUV KEPT TRAVELING NORTHBOUND AND DID NOT STOP. AS A RESULT, MY VEHICLE SUFFERED HEAVY FRONTEND DAMAGE. I SUFFERED A HEAD CONCUSSION AS MY HEAD HIT THE WINDSHILD. I ALSO SUFFERED LOWER BACK PAIN AS A RESULT OF THE IMPACT ~~AND~~ AND RIGHT HAND PAIN.

PAGE 1 OF 1

READ AND SIGN

I SWEAR AND AFFIRM THIS AND/OR THE ATTACHED STATEMENTS ARE CORRECT AND TRUE:

YOUR SIGNATURE: X [signature]

☐ DEPUTY SHERIFF ☐ NOTARY PUBLIC FSS: 117.10

SWORN TO AND SUBSCRIBED BEFORE ME TODAY:

DATE: 3-2-19 TIME: 00:23

SIGNATURE: [signature] ID: 5418

*IF YOU **DO NOT WISH TO PROSECUTE**, COMPLETE THE ABOVE STATEMENT, READ THIS DISCLAIMER AND INITIAL BELOW:* I AM OF LEGAL AGE AND I AM THE REPORTED VICTIM OF A CRIME UNDER FLORIDA LAW. I HEREBY STATE THAT I **WILL NOT** COOPERATE ANY FURTHER WITH THE INVESTIGATION OF THE ALLEGED CRIME. I FURTHER RELEASE THE PALM BEACH COUNTY SHERIFF'S OFFICE OF ANY PRESENT OR FUTURE RESPONSIBILITY AS TO MY CASE. I ACKNOWLEDGE THAT I UNDERSTAND MY RIGHTS AS A CRIME VICTIM, **PARTICULARLY REGARDING VICTIM COMPENSATION ELIGIBILITY**, WHICH INCLUDES SUCH BENEFITS AS REIMBURSEMENT FOR: DISABILITY; LOST WAGES; LOSS OF SUPPORT; MEDICAL, DENTAL, MENTAL HEALTH COUNSELING AND FUNERAL EXPENSES. I AM AWARE I MAY BE GIVING UP THESE RIGHTS FOR MY FAMILY AND MYSELF BY INITIALLING BELOW. I AM TAKING THIS POSITION OF MY OWN FREE WILL KNOWING THAT THE CASE CAN ONLY BE FURTHER INVESTIGATED AND PROSECUTED WITH MY COOPERATION. ☐ DO NOT WISH TO PROSECUTE (INITIAL _____)

(PROSECUTION WAIVER NOT TO BE USED FOR CASES INVOLVING DOMESTIC OR DATING VIOLENCE PER G.O. 508.00)

WHITE - RECORDS COPY ***CANARY*** - STATE ATTORNEY COPY ***PINK*** - OFFICER'S COPY ***GOLD*** - WITNESS / VICTIM COPY

PBSO #0134 REV. 12/11

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SCANNED MAR - 3 2019

PALM BEACH COUNTY SHERIFF'S OFFICE – **SWORN STATEMENT**

Per FL statute 837.012, whoever knowingly makes a false statement under oath shall be guilty of a misdemeanor of the first degree punishable by imprisonment up to 1 year.

☐ WITNESS ☑ VICTIM ☐ OTHER

CASE #: 19-043314	ZONE: 1-45	SUSPECT:	DATE & TIME OF ORIGINAL EVENT/OFFENSE: 03-01-19 22:40
EVENT TYPE: CRASH Hit and Run W/Injuries	DEPUTY: Lynch.		ID#:

COMPLETE EVERYTHING BELOW – PRINT LEGIBLY

LAST NAME:	FIRST NAME:	MIDDLE INITIAL:	RACE:	SEX:
De los Rios	Daniel			M

DATE OF BIRTH: (MM/DD/YYYY)	YOUR HEIGHT:	YOUR WEIGHT:	YOUR HAIR COLOR:	YOUR EYE COLOR:
03/30/98	~~6'5~~ 6'	165	Black	Dark Brown

YOUR HOME ADDRESS: ☐ CHECK IF HOMELESS	CITY:	STATE:	ZIP:
10310 Clubhouse turn Rd	Lakeworth	FL	33449
YOUR WORK NAME & ADDRESS: ☐ CHECK IF UNEMPLOYED OR RETIRED	**CITY:**	**STATE:**	**ZIP:**
Verizon.	Jupiter	FL	

WORK PHONE: ☐ CHECK IF NONE	CELL PHONE: ☐ CHECK IF NONE	HOME PHONE: ☐ CHECK IF NONE	EMAIL: ☐ CHECK IF NONE
( )	(561) 602-2760	( )	

WRITE WHAT HAPPENED IN YOUR WORDS IN FULL DETAIL – PRINT LEGIBLY

I YOUR NAME: Daniel De Los Rios. DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER...

Was travelin on ~~441~~ LAKE WORTH RD NEARING THE INTERSECTION AT 441 (SR 7). ONCE I had A GREEN LIGHT I PROCEEDED TO MAKE A LEFT TURN ONTO 441 (SR 7) TO TRAVEL SOUTH. AT THIS TIME, A BLACK SUV THAT WAS TRAVELLING NORTHBOUND ON 441 (SR 7) RAN THE RED LIGHT. BOTH VEHICLES COLLIDED AT THE INTERSECTION. THE BLACK SUV KEPT TRAVELING NORTHBOUND AND DID NOT STOP. AS A RESULT, MY VEHICLE SUFFERED HEAVY FRONTEND DAMAGE. I SUFFERED A HEAD CONCUSSION AS MY HEAD HIT THE WINDSHIELD. I ALSO SUFFERED LOWER BACK PAIN AS A RESULT OF THE IMPACT ~~AND~~ AND RIGHT HAND PAIN.

PAGE 1 OF 1

READ AND SIGN

I SWEAR AND AFFIRM THIS AND/OR THE ATTACHED STATEMENTS ARE CORRECT AND TRUE:

YOUR SIGNATURE: X [signature]

☑ DEPUTY SHERIFF ☐ NOTARY PUBLIC FSS: 117.10

SWORN TO AND SUBSCRIBED BEFORE ME TODAY:

DATE: 3-2-19 TIME: 00:23

SIGNATURE: [signature] ID: 5418

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☐ DO NOT WISH TO PROSECUTE (INITIAL _____)

(PROSECUTION WAIVER NOT TO BE USED FOR CASES INVOLVING DOMESTIC OR DATING VIOLENCE PER G.O. 508.00)

WHITE - RECORDS COPY ***CANARY*** - STATE ATTORNEY COPY ***PINK*** - OFFICER'S COPY ***GOLD*** - WITNESS / VICTIM COPY

PBSO #0134 REV. 12/11

NOT A CERTIFIED COPY

SCANNED
MAR - 3 2019

PALM BEACH COUNTY SHERIFF'S OFFICE – **SWORN STATEMENT**

Per FL statute 837.012, whoever knowingly makes a false statement under oath shall be guilty of a misdemeanor of the first degree punishable by imprisonment up to 1 year.

☒ WITNESS ☐ VICTIM ☐ OTHER

CASE #: 19-043304	ZONE:	SUSPECT:	DATE & TIME OF ORIGINAL EVENT/OFFENSE: 3/1/19
EVENT TYPE: Crash Leaving the Scene		DEPUTY:	ID#:

COMPLETE EVERYTHING BELOW – PRINT LEGIBLY

LAST NAME: Rowe	FIRST NAME: Evan	MIDDLE INITIAL: W	RACE: B	SEX: M
DATE OF BIRTH: (MM/DD/YYYY) 02/27/87	YOUR HEIGHT: 602	YOUR WEIGHT: 185	YOUR HAIR COLOR: Bald	YOUR EYE COLOR: BLO
YOUR HOME ADDRESS: 3316 Confetti LN ☐ CHECK IF HOMELESS	CITY: Margate	STATE: FL	ZIP: 33063	
YOUR WORK NAME & ADDRESS: ☐ CHECK IF UNEMPLOYED OR RETIRED	CITY:	STATE:	ZIP:	
WORK PHONE: ☐ CHECK IF NONE ( )	CELL PHONE: ☐ CHECK IF NONE 954 804 7386	HOME PHONE: ☐ CHECK IF NONE ( )	EMAIL: ☐ CHECK IF NONE Evan.Rowe@gmail.com	

WRITE WHAT HAPPENED IN YOUR WORDS IN FULL DETAIL – PRINT LEGIBLY

I YOUR NAME: Evan Rowe — DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER.

OBSERVED DARK COLORED CHEVY TRAVERSE SPEED BY AND RUN THE LIGHT AT LAKE WORTH RD & 441 (VEHICLE HEADING NORTH ON 441). VEHICHE WAS T BOWED AT INTERSECTION. I STOPPED TO HELP & WHEN APPROACHING HIS TRUCK HE TOOK OFF CONTINUING NORTH. I FOLLOWED HIM & CALLED 911 TO ID THE TAG UNTIL HE STOPPED AT A SCHOOL. WHITE MALE IN LATE THIRTIES EARLY 40'S. BLUE JEANS & DARK GRAY LONG SLEEVE

PAGE 1 OF 1

READ AND SIGN

I SWEAR AND AFFIRM THIS AND/OR THE ATTACHED STATEMENTS ARE CORRECT AND TRUE:

YOUR SIGNATURE: X [signature]

☒ DEPUTY SHERIFF ☐ NOTARY PUBLIC FSS: 117.10

SWORN TO AND SUBSCRIBED BEFORE ME TODAY:

DATE: 3/1/19 TIME: 2251

SIGNATURE: [signature] ID: [illegible]

*IF YOU **DO NOT WISH TO PROSECUTE**, COMPLETE THE ABOVE STATEMENT, READ THIS DISCLAIMER AND INITIAL BELOW:* I AM OF LEGAL AGE AND I AM THE REPORTED VICTIM OF A CRIME UNDER FLORIDA LAW. I HEREBY STATE THAT I **WILL NOT** COOPERATE ANY FURTHER WITH THE INVESTIGATION OF THE ALLEGED CRIME. I FURTHER RELEASE THE PALM BEACH COUNTY SHERIFF'S OFFICE OF ANY PRESENT OR FUTURE RESPONSIBILITY AS TO MY CASE. I ACKNOWLEDGE THAT I UNDERSTAND MY RIGHTS AS A CRIME VICTIM, **PARTICULARLY REGARDING VICTIM COMPENSATION ELIGIBILITY**, WHICH INCLUDES SUCH BENEFITS AS REIMBURSEMENT FOR: DISABILITY; LOST WAGES; LOSS OF SUPPORT; MEDICAL, DENTAL, MENTAL HEALTH COUNSELING AND FUNERAL EXPENSES. I AM AWARE I MAY BE GIVING UP THESE RIGHTS FOR MY FAMILY AND MYSELF BY INITIALLING BELOW. I AM TAKING THIS POSITION OF MY OWN FREE WILL KNOWING THAT THE CASE CAN ONLY BE FURTHER INVESTIGATED AND PROSECUTED WITH MY COOPERATION.

☐ DO NOT WISH TO PROSECUTE (INITIAL _____)

(PROSECUTION WAIVER NOT TO BE USED FOR CASES INVOLVING DOMESTIC OR DATING VIOLENCE PER G.O. 508.00)

WHITE **- RECORDS COPY** ***CANARY*** **- STATE ATTORNEY COPY** ***PINK*** **- OFFICER'S COPY** ***GOLD*** **- WITNESS / VICTIM COPY**

PBSO #0134 REV. 12/11

NOT A CERTIFIED COPY

SCANNED MAR - 3 2019

PALM BEACH COUNTY SHERIFF'S OFFICE – **SWORN STATEMENT**

Per FL statute 837.012, whoever knowingly makes a false statement under oath shall be guilty of a misdemeanor of the first degree punishable by imprisonment up to 1 year.

☒ WITNESS ☐ VICTIM ☐ OTHER

CASE #: 19-043364	ZONE:	SUSPECT:	DATE & TIME OF ORIGINAL EVENT/OFFENSE: 3/1/19
EVENT TYPE: Assist leaving the scene		DEPUTY:	ID#:

COMPLETE EVERYTHING BELOW – PRINT LEGIBLY

LAST NAME: Rowe	FIRST NAME: Ewan	MIDDLE INITIAL: W	RACE: B	SEX: M
DATE OF BIRTH: (MM/DD/YYYY) 02/27/87	YOUR HEIGHT: 6'02	YOUR WEIGHT: 185	YOUR HAIR COLOR: Bald	YOUR EYE COLOR: BRO
YOUR HOME ADDRESS: 3316 Confetti LN ☐ CHECK IF HOMELESS	CITY: Margate	STATE: FL	ZIP: 33063	
YOUR WORK NAME & ADDRESS: ☐ CHECK IF UNEMPLOYED OR RETIRED	CITY:	STATE:	ZIP:	
WORK PHONE: ☐ CHECK IF NONE ( )	CELL PHONE: ☐ CHECK IF NONE 954 804 7386	HOME PHONE: ☐ CHECK IF NONE ( )	EMAIL: ☐ CHECK IF NONE Ewan.Rowe@gmail.com	

WRITE WHAT HAPPENED IN YOUR WORDS IN FULL DETAIL – PRINT LEGIBLY

I YOUR NAME: Ewan Rowe

DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER...

OBSERVED DARK COLORED CHEVY TRAVERSE SPEED BY AND RUN THE LIGHT AT LAKE WORTH RD & 441 (VEHICLE HEADING NORTH ON 441). VEHICHE WAS T BOWED AT INTERSECTION. I STOPPED TO HELP & WHEN APPROACHING HIS TRUCK HE TOOK OFF CONTINUING NORTH. I FOLLOWED HIM & CALLED 911 TO ID THE TAG UNTIL HE STOPPED AT A SCHOOL. WHITE MALE IN LATE THIRTIES EARLY 40'S. BLUE JEANS & DARK GRAY LONG SLEEVE

PAGE 1 OF 1

READ AND SIGN

I SWEAR AND AFFIRM THIS AND/OR THE ATTACHED STATEMENTS ARE CORRECT AND TRUE:

YOUR SIGNATURE: X Ewan Rowe

☐ DEPUTY SHERIFF ☐ NOTARY PUBLIC FSS: 117.10

SWORN TO AND SUBSCRIBED BEFORE ME TODAY:

DATE: 3/1/19 TIME: 2251

SIGNATURE: _____ ID: _____

*IF YOU **DO NOT WISH TO PROSECUTE**, COMPLETE THE ABOVE STATEMENT, READ THIS DISCLAIMER AND INITIAL BELOW:* I AM OF LEGAL AGE AND I AM THE REPORTED VICTIM OF A CRIME UNDER FLORIDA LAW. I HEREBY STATE THAT I **WILL NOT** COOPERATE ANY FURTHER WITH THE INVESTIGATION OF THE ALLEGED CRIME. I FURTHER RELEASE THE PALM BEACH COUNTY SHERIFF'S OFFICE OF ANY PRESENT OR FUTURE RESPONSIBILITY AS TO MY CASE. I ACKNOWLEDGE THAT I UNDERSTAND MY RIGHTS AS A CRIME VICTIM, **PARTICULARLY REGARDING VICTIM COMPENSATION ELIGIBILITY**, WHICH INCLUDES SUCH BENEFITS AS REIMBURSEMENT FOR: DISABILITY; LOST WAGES; LOSS OF SUPPORT; MEDICAL, DENTAL, MENTAL HEALTH COUNSELING AND FUNERAL EXPENSES. I AM AWARE I MAY BE GIVING UP THESE RIGHTS FOR MY FAMILY AND MYSELF BY INITIALLING BELOW. I AM TAKING THIS POSITION OF MY OWN FREE WILL KNOWING THAT THE CASE CAN ONLY BE FURTHER INVESTIGATED AND PROSECUTED WITH MY COOPERATION.

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PBSO #0134 REV. 12/11

NOT A CERTIFIED COPY

SCANNED MAR - 3 2019

STATE OF FLORIDA 19043314
DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES
AFFIDAVIT OF REFUSAL TO SUBMIT TO
BREATH AND/OR URINE TEST

I, A. Soloway 8586, a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)
am a member of Palm Beach County Sheriff's Office, and I do swear
(Name of law enforcement agency)
or affirm that on or about the 1 day of March, 20 19, at 2311 ☑ P.M. ☐ A.M.

DRIVER Michael A Mann,
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# M500541844460, state of Florida, was placed under lawful arrest for the offense of DUI - Crash with injuries by A. Soloway 8586 and
(Name of Arresting Officer)
issued Citation # A2G43BP

That on or about the 2 day of MARCH, 20 19, at 0040 ☐P.M. ☑A.M.

in Palm Beach County,

I requested that the driver submit to a ☐ **breath and/or** ☐ **urine** test to determine his or her blood alcohol level and/or the presence of chemical or controlled substances. I informed the driver that the refusal to submit to such test(s) would result in the suspension of his or her driving privilege for a period of one (1) year for a first refusal, or for a period of eighteen (18) months if his or her driving privilege had been previously suspended for refusing to submit to a breath, urine or blood test. I also informed the driver that he or she commits a misdemeanor by refusing to submit to a lawful test as requested above if his or her driving privilege has been previously suspended for refusal to submit to a lawful test of his or her breath, urine, or blood. Additionally, I informed the driver that if he or she holds a CDL, or was operating a CMV, refusal will result in the disqualification of the Commercial Driver's License/driving privilege for a period of one (1) year in the case of a first refusal or permanently if he or she has previously been disqualified as a result of a refusal to submit to any such lawful test. Nonetheless, the driver refused to submit to the test(s) requested.

Signature of Law Enforcement Officer or Correctional Officer

THE AFFIDAVIT MUST BE NOTARIZED OR ATTESTED TO (F.S. 117.10)

Notary Public State of Florida
Paris Pound
My Commission GG 200028
Expires 03/25/2022

(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before me this 2 day of March, 20 19, by A. Soloway 8586, who is personally known to me or who has produced KNOWN LEO as identification

Notary Public Paris Pound (#24639)

The foregoing instrument was sworn and subscribed before me:

Signature of Attesting Officer

Title

Date

Note: Mail or hand deliver to the designated Bureau of Administrative Reviews office, Department of Highway Safety and Motor Vehicles, with the driver's license, the appropriate copy of the UTC, and the probable cause affidavit.

HSMV-BAR1001 (REV. 10/2016)

NOT A CERTIFIED COPY

SCANNED
MAR - 3 2019

WITNESS LIST

CASE NUMBER: 19043314

ARRESTING OFFICER: A. Soloway 8586
ADDRESS: PBSO
PHONE NUMBERS (HOME): _____ (WORK) _____
CAN TESTIFY TO: DUI Investigation
NAME: Inv J Schaefer 8777
ADDRESS: PBSO
PHONE NUMBERS (HOME) _____ (WORK) _____
CAN TESTIFY TO: Back up, Transport
NAME: Rowe, Ewan, Worrel Walter
ADDRESS 3316 Confetti Ln, Margate, FL 33063
PHONE NUMBERS (HOME) 0 (WORK) 0
CAN TESTIFY TO: Witness to crash. Identified suspect.
NAME: Inv G Lynch 8568
ADDRESS PBSO
PHONE NUMBERS (HOME) _____ (WORK) 0
CAN TESTIFY TO: Crash Investigation
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: _____

NOT A CERTIFIED COPY

SCANNED
MAR - 3 2019

SUBJECT: MANN, MICHAEL A CASE NUMBER: 19-043314

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 A. SOLOWAY 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 ON SCENE

NOT A CERTIFIED COPY

SCANNED
MAR - 3 2019

SUBJECT: MANN, MICHAEL CASE NUMBER: 19-043314

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: _____

NOT A CERTIFIED COPY

SCANNED
MAR - 3 2019

TESTING FACILITY TASK REPORT

AGENCY: PBSO

SUBJECT: MANN MICHAEL A CASE NUMBER: 19-043314

DATE: 03/02/19 VIDEO TAPE NUMBER: N/A

BEGINNING TIME: 00:39 ENDING TIME: 00:41

BREATH TESTS RESULTS: 1) R TIME 00:40 A.M./P.M. 2) N/A TIME — A.M./P.M.

3) N/A TIME — A.M./P.M. 4) N/A TIME — A.M./P.M.

BREATH OPERATOR: P. POUND # 24634

MAINTENANCE TECHNICIAN: T. KARLICKE # 6467

REFUSED

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: CALM, QUIET

CLOTHING: BLUE JEANS, BLACK SHIRT, BLACK SNEAKERS

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER: EYES GLASSY AND BLOODSHOT

COMMENTS: ARRIVED AT CENTER A/O BEGAN THE 20 MINUTE OBSERVATION PERIOD AT 00:13 HRS.

A. REFUSED TO TAKE TEST.

A/O. READ I/C

A. STATED HE UNDERSTOOD I/C AND WOULD REFUSE TEST AGAIN.

A/O. STATED RIGHTS WERE READ ON SCENE

A/O. ATTEMPTED Q+A

REFUSED

A. REFUSED QUESTIONS.

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SCANNED
MAR - 3 2019

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:	

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REVIEW COMPLETED BY

Booking Number: 2019007310	**Date:** 03/03/2019
	Specialist Name/ID: AM/31562

SCANNED
MAR - 3 2019