



		<b>PROBABLE CAUSE AFFIDAVIT</b>		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	Juvenile	
ADMIN	OBTS Number	Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number <b>06-190105043</b>		
	Charge Type: Check as many as apply.	<input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony	<input checked="" type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other	Special Notes <b>SUPPLEMENTAL PC</b>			
DEED	Name (Last, First, Middle) <b>Quinones, Oscar, A</b>		Alias	Race <b>S</b>	Sex <b>M</b>	Date of Birth <b>09/19/1955</b>		
	Charge Description <b>DUI</b>		Charge Description					
CHARGES	Charge Description		Charge Description					
	Charge Description		Charge Description					
VICTIM	Victim's Name (Last, First, Middle) <b>State of Florida,</b>		Race	Sex	Date of Birth			
	Local Address (Street, Apt. Number) <b>3228 Gun Club Road WPB, FL 33409</b>		(City)	(State)	(zip)	Phone		Address Source
	Business Address (Name, Street) <b>3228 Gun Club Road WPB, FL 33409</b>		(City)	(State)	(zip)	Phone		Occupation <b>GOVERNMENT</b>
<p>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</p> <p><input checked="" type="checkbox"/> committed the below acts in my presence.      <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.</p> <p><input type="checkbox"/> confessed to _____ admitting to the below facts.      <input type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <u>17</u> day of <u>Aug</u> 20<u>19</u> at <u>0026</u> <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p>								
<b>(Supplemental P.C.)</b>								
<p>On 8-17-19 at about 0026 hours, I (Sgt. DeJoy) while on duty in my fully marked Palm Beach County Sheriff's vehicle and in the area of Wellington Trace at Foresthill Blvd Within the Village of Wellington, Palm Beach County, observed a 2011 Silver Dodge Truck tag:DFCV49 stopped in the center lane on Wellington Trace about 100 yards prior to the intersecting road of Foresthill Blvd. As, my patrol vehicle approached the Dodge truck's location, I observed the Dodge truck pull forward at about 7 mile an hour, the driver activated the Dodge's right turn signal and then stop in the right turn lane on Wellington Trace at Foresthill Blvd about 5 vehicle lengths from the intersection. I positioned my marked patrol vehicle behind the Dodge. The Dodge pulled up to the red light and stopped. The Dodge then made a wide right turn onto Foresthill Blvd. The Dodge continued to drive slowly in the right plaza turn lane on Foresthill Blvd which lead to the parking lot of Burger FI. The Dodge then slowly drove into the parking lot and parked crooked in a parking spot. I activated my emergency lights and approached the driver. I was concerned for the welfare of the driver. Upon speaking with the driver who was later identified by his Florida Driver's License as S/M Oscar Quinones, I immediately observed through his open driver's door window red glossy eyes and he had slow body movements. He opened the drivers door and provided me his driver's licenses. I smelled the obvious odor of an unknown alcoholic beverage coming from the cab of the Dodge. DUI 13 D/S Zeitz arrived and conducted a DUI investigation. This concluded my involvement in this DUI investigation. The Dodge Truck was turned over to Johanna who was the daughter of Oscar.</p>								
ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH		<b>Matthew DeJoy</b>					
	(Signature of Arresting/Investigative Officer)							
	The foregoing instrument was sworn to or affirmed and subscribed before me this <u>17</u> day of <u>AUGUST</u> 20 <u>19</u> by <u>Sgt. DeJoy</u>							
(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced <u>Known</u>								
Notary Public, Clerk of Court Officer (F.S.S. 117.10)								
		PAGE 1 OF 1						

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 17 DAY OF AUGUST 20 19, AT 0026 AM PM

SUBJECT: QUINONES OSCAR NELSON CASE NUMBER: 19105043

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: INV. ZEITZ

## PERSONAL CONTACT

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

On the above date and time, I responded to the area of Forest Hill Blvd and Wellington Trace in reference to a traffic stop with a suspected impaired driver. Upon arrival I met with Sgt. Dejoy #24986 who informed me of the following:

St. Dejoy observed a vehicle stopped in the middle of the Wellington Trace just before the intersection of Forest Hill Blvd. The vehicle then continued on Wellington Trace under 10mph before coming to a stop at the intersection a number of car lengths from the intersection. The vehicle then made a wide right turn to travel on Forest Hill Blvd. the vehicle pulled into the plaza at the Southwest corner of the intersection where Sgt. Dejoy conducted a welfare check on the driver.

Sgt Dejoy observed a number of articulable indicators of impairment. He called for a DUI unit to respond to conduct a DUI investigation. Sgt Dejoy provided a sworn statement detailing his observations.

### OBSERVATION OF DRIVER:

Upon making contact with the driver who was identified by his Florida driver license as Oscar Quinones, I immediately detected an obvious and strong odor of an unknown alcoholic beverage emitting from his person and breath. This odor intensified as I spoke to him. He had glassy, glazed, and blood shot eyes. Quinones' speech was slurred, slow, thick, and at times difficult to understand. His movements were slow, deliberate, and lethargic with poor coordination. He had an unsteady gait while walking to my patrol vehicle and on multiple occasions needed assistance to keep from falling over. Quinones had difficulty following directions given to him. He was wearing a blue shirt, denim pants, and gray shoes.

### DRIVER'S STATEMENTS:

Pre-Miranda: Stated that he was coming from a party and had 6 beers.

### ODORS:

A strong and obvious odor of an unknown alcoholic beverage was emitting from his person and breath which intensified as I spoke to him.

## GENERAL OBSERVATIONS

SPEECH: Quinones' speech was slurred, slow, thick, and at times difficult to understand.

ATTITUDE: Polite and cooperative

CLOTHING: Blue shirt with denim pants and gray shoes

MEDICAL/OTHER: SEE BAT REPORT

STATE OF FLORIDA  
COUNTY OF PALM BEACH

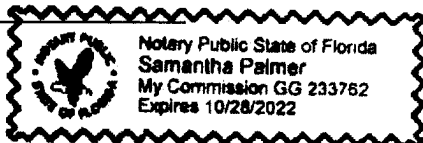
INV. ZEITZ

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 17 day of AUGUST 20 19 by INV. ZEITZ

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

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



SCANNED  
AUG 18 2019

**ROADSIDE TASKS**

**HORIZONTAL GAZE NYSTAGMUS:**

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

**Other Observations:**

Quinones would sway roughly in a side to side front to back pattern throughout the task. He did not touch the tip of the pen as directed to positively identify the point to be tracked. He was reminded numerous times to track the pen with his eyes only. He failed to keep his head still while tracking the stimulus. VGN was observed.

**WALK & TURN:**

I explained and demonstrated the instructions for the "Walk & Turn" to Quinones who stated that he understood. He was placed into the instructional stance, where he had difficulty maintaining his balance. He was so unstable on his feet that I allowed him to stand normally so that he would not fall and injure himself. Once the instructions were given and Quinones stated that he understood, I placed him back into the instructional stance and allowed him to begin. Quinones was unable to maintain his balance and within the first few steps he would fall off of the line and stop the task on his own saying that he could not do it. This happened on several attempts.

**ONE LEG STAND:**

I explained and demonstrated the instructions for the "One Leg Stand" to Quinones who stated that he understood. During the task, I observed him to sway roughly in a side to side, front to back pattern throughout the demonstration phase. He continued to sway while balancing on one leg and was extremely unsteady. Quinones was unable to maintain his balance at all. I feared that Quinones would injure himself if he was allowed to attempt the task, therefore the task was not completed.

**FINGER TO NOSE:**

I explained and demonstrated the instructions for the "Finger to Nose" task to Quinones who stated that he understood. During the task, I observed him to sway roughly in a side to side, front to back pattern throughout the demonstration phase. With his head tilted back and eyes closed, Quinones was unable to maintain his balance. Numerous times myself and my backup unit reacted to Quinones in fear that he was going to fall and injure himself. Quinones was unable to complete the task.

**ROMBERG ALPHABET:**

As evident by the previous task, Quinones was clearly unable to stand with his head tilted back and his eyes closed. For fear of Quinones injuring himself, this task was not conducted.

**BREATH TEST RESULTS:**     .156                     .150

STATE OF FLORIDA  
COUNTY OF PALM BEACH

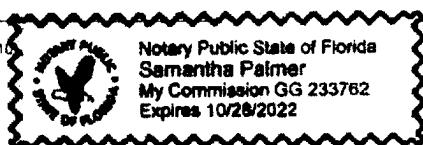
**INV. ZEITZ**

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 17 day of AUGUST 2019 by INV. ZEITZ

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

Notary Public, Clerk of Court, Officer (F.S.S. 117.16)



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) \_\_\_\_\_

SUBJECT: INV. 2011-12970 CASE NUMBER: 10045

# 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: INV. 2011-12970

# TESTING FACILITY TASK REPORT

AGENCY: PBSO/ZEITZ

SUBJECT: QUINONES, OSCAR

CASE NUMBER: 19-105043

DATE: Aug 17, 2019

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 0236

ENDING TIME: 0247

BREATH TESTS RESULTS: 1) .156 TIME 0241 A.M.  P.M.  2) .150 TIME 0244 A.M.  P.M.   
3) XX TIME XX A.M.  P.M.  4) XX TIME XX A.M.  P.M.

BREATH OPERATOR: S. PALMER #24520

MAINTENANCE TECHNICIAN: J Karlecke #6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: ACCENT

ATTITUDE: CALM, QUIET, COOPERATIVE,

CLOTHING: BLUE POLO SHIRT, BLUE JEANS, GREY SHOES

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

## OTHER:

EYES: GLASSY AND BLOODSHOT, ODOR OF UNKNOWN ALCOHOLIC BEVERAGES COMING FROM BREATH, UNSTEADY ON HIS FEET

## COMMENTS:

ARRESTING OFFICER CONDUCTED THE 20 MINUTE OBSERVATION BEGINNING AT 0215  
SUBJECT AGREED TO TAKE BREATH TEST  
AND PROVIDED TO ADEQUATE SAMPLES SUCCESSFULLY  
A/O READ RIGHTS  
SUBJECT STATED HE UNDERSTOOD RIGHTS  
TECH READ TEST RESULTS  
SUBJECT STATED HE UNDERSTOOD RESULTS  
A/O ATTEMPTED Q&A  
SUBJECT REFUSED QUESTIONING

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: 80-006478 Software: 8100.27  
Date of Test: 08/17/2019

Date of Last Agency Inspection: 08/16/2019  
Observation Period Began: 02:15  
Subject's Name: OSCAR NELSON QUINONES DOB: 09/19/1955 Sex: M

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	02:38
	Air Blank	0.000	02:39
	Control Test	0.080	02:39
	Air Blank	0.000	02:40
	Subject Sample #1	0.156	02:41
	Air Blank	0.000	02:42
	Air Blank	0.000	02:43
	Subject Sample #2	0.150	02:44
	Air Blank	0.000	02:45
	Control Test	0.078	02:45
	Air Blank	0.000	02:45
	Diagnostics Check	OK	02:45

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 SAMANTHA M PALMER, 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 110-8, Florida Administrative Code, and this form is a true and accurate report of that breath test.

Breath Test Operator: [Signature] Date: 8/17/19  
Signature

Sworn to (or affirmed) before me this 17 day of August, 2019  
[Signature] INV. Zeitz #24970  
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.

# WITNESS LIST

CASE NUMBER: 19105043

ARRESTING OFFICER: INV. ZEITZ

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

PHONE NUMBERS (HOME): \_\_\_\_\_ (WORK) (561) 688-4001

CAN TESTIFY TO: SEE DUI PROBABLE CAUSE AFFIDAVIT & OFFENSE REPORT

NAME: SGT. DEJOY #24986

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

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) 561-688-3000

CAN TESTIFY TO: SEE SUPPLEMENTAL PROBABLE CASUE AFFIDAVIT

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) 0 (WORK) 0

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

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CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NOT A CERTIFIED COPY



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

**REVIEW COMPLETED BY**

Booking Number: 2019026902	Date: 8/17/2019
	Specialist Name/ID: J. Beck/9007