0399157

18GR135884

ARREST / NOTICE TO APPEAR

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

1 JUVENILE

ADMINISTRATION

OBTS Number

Agency ORI Number: 0501700

Agency Name: Jupiter Police Department

Agency Report Number (NTA's only): 5 4 18-005756

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

If Weapon Seized, Enter Type: NONE

Multiple Clearance Indicator: 01

Location of Arrest (Including Name of Business): 600 BLK S ORANGE AVE, JUPITER 33458

Location of Offense (Business Name, Address): 600 S ORANGE AVE, JUPITER, FL 33458

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
11/29/2018	18:03	11/29/2018	18:13			EAST COAST TOWING

DEFENDANT

Name (Last, First, Middle): ROWE, STEPHANIE ANN

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

Race (W - White, B - Black, I - American Indian, O - Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	F	04/07/1992	5'04	150	GREEN	BROWN	LIGHT	Thin

Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description): TATT U CHEST / YOU ONLY LIVE ONCE; TATT L CALF / DEBORA;

Marital Status: S

Religion: OTHER

Indication of Alcohol Influence: Yes ☒ No ☐ Unk ☐ Drug Influence

Local Address (Street, Apt Number) (City) (State) (Zip): 13840 158TH ST N, JUPITER, FL 33478

Phone: (561) 768-1507

Residence Type (1 City, 2 County, 3 Florida, 4 Out of State): 1

Permanent Address (Street, Apt Number) (City) (State) (Zip): 13840 158TH ST N, JUPITER, FL 33478

Phone: (561) 768-1507

Address Source: DEF

Business Address (Name, Street) (City) (State) (Zip): MCDONALDS, JUPITER FARMS

Phone:

Occupation: Cashier

DL Number, State: R000781926270 / FL

Soc Sec Number: [redacted]

INS Number:

Place of Birth (City, State): PBG FL

Citizenship: 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 ☐ Other ☐ Legal Custodian

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 Department and Released; 2 TOT JAC; 3 Incarcerated

Released To (Name): Relationship: Date: Time:

The above address was provided by ☐ defendant and/or ☐ defendant's parents.
The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address.

☐ Yes, by ☐ No

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 Synthetic, U Unknown, X Other

CHARGE

Charge Description: DUI-DAMAGE TO PERSON/PROPERTY

Statute Violation Number: 316.193(3)(C)(1)

Violation of ORD #:

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
	N	/		1	☐ Y ☒ N		

CHARGE

Charge Description:

Statute Violation Number:

Violation of ORD #:

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
		/			☐ Y ☐ N		

CHARGE

Charge Description:

Statute Violation Number:

Violation of ORD #:

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
		/			☐ Y ☐ N		

INTAKE

Health / Apparent Physical Condition of Defendant:

Any knowledge of the following: ☐ Mental ☐ Escape Risk ☐ Medication ☐ Deformities ☐ Injuries

Explain:

Check which applies: ☐ Released O R ☐ Released to Parent/Guardian ☐ T O T County Jail ☐ Posted Bond ☐ South County Mental Health

PROPERTY - Received By: Released By: Released To:

Transported By: Date Transported: / / : : Time Transported: Other:

NOTICE TO APPEAR

☒ INSTRUCTION NO. 1 - Mandatory appearance in court

☐ INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.

Location (Court Room): North County PALM BEACH GARD

Court Date and Time: 01/09/2019 08:30:00

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.

X [signature] Signature of Defendant (or Juvenile and Parent/Custodian)

11/29/18 Date Signed

No Photo Available

ADMIN

HOLD for Other Agency:

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other

Intake Deputy: [signature] ID # 1334 Pouch #

Signature of Arresting Officer: [signature]

Name of Arresting Officer (Print): BORROWS, ANDREW ID # 1138

Transporting Officer: OFC A BORROWS ID # 380 Agency JPD

Name Verification (Printed by Arrestee) (PRINT):

Witness here if subject signed with an "X"

PAGE 1 OF 1

☐ COURT ☐ DEFENDANT ☐ AGENCY ☐ CENTRAL RECORDS ☒ JAIL ☐ CRIME ANALYSIS ☐ P. I. O. ☐ DEFENDANT

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DEC 02 2018

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PROBABLE CAUSE AFFIDAVIT

ADMIN

OBTS Number:

1 Arrest 2 NTA 3 Request for Warrant 4 Request for Capias: **1**

JUVENILE:

Agency ORI Number	Agency Name	Agency Report Number
FL 0501700	JUPITER POLICE DEPARTMENT	5 4 18-005756

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

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
ROWE, STEPHANIE ANN		W	F	04/07/1992

CHARGES

Charge Description	Charge Description
DUI W PROPERTY DAMAGE 316.193(3)(C)(1)	

VICTIM

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
State Of Florida			

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

☐ 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 my (described) investigation

On the 29 day of November, 2018 at 17:45 (Specifically include facts constituting cause for arrest.)

On the above date at approximately 1745 hours I responded to the 600 block of South Orange Street in the Town of Jupiter, Palm Beach County, Florida in reference to conducting a DUI investigation.

Officer Owen called me and asked me to respond as he completed a hit and run investigation. The driver in the crash, Stephanie Rowe, had been stopped after leaving the scene of a crash at the intersection of West Indiantown Road and Maplewood Drive. Officer Owen concluded Rowe was at fault in the crash. Officer Owen advised that he noticed signs of impairment including the odor of an unknown alcoholic beverage and slurred speech when he was issuing paperwork to Rowe for the crash.

I responded and spoke to Rowe. I first read Rowe her Miranda Rights from a prepared text, which Rowe stated she understood. Rowe stated she`d consumed "one" beer and smoked Weed earlier in the day. Rowe admitted to being the driver in the crash. Rowe agreed to complete SFSTs. I noticed several signs of impairment during roadsides, which will be documented in a forthcoming SFST Affidavit. Based on my observations and those of Officer Owen and his previous investigation, I placed Rowe under arrest for DUI. I secured Rowe in handcuffs, which I checked for spacing and double locked. I transported Rowe to the Palm Beach County Breath Alcohol Testing Facility where I conducted a 20 minute observation period. Rowe agreed to provide a sample of her breath. Rowe subsequently provided samples of .105 and .109.

I secured Rowe in a holding cell while I completed my paperwork. I then booked Rowe into the Palm Beach County Jail where I charged her with DUI with Property Damage per FSS 316.193(3)(C)(1).

I used my issued body worn camera on scene. Rowe was polite and cooperative during my encounter with her.

ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

Notary Public State of Florida
Gary J Parent
My Commission GG 085485
Expires 06/21/2021

NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

11/29/2018
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

BORROWS, ANDREW (1138)
NAME OF OFFICER (PLEASE PRINT)

11/29/2018
DATE

PAGE 1 OF 1

COURT STATE ATTORNEY CENTRAL RECORDS JAIL CRIME ANALYSIS P.I.G.

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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: 80-006477 Software: 8100.27
Date of Test: 11/29/2018

Date of Last Agency Inspection: 11/23/2018
Observation Period Began: 18:47
Subject's Name: STEPHANIE A ROWE DOB: 04/07/1992 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	19:13
Air Blank	0.000	19:13
Control Test	0.081	19:13
Air Blank	0.000	19:14
Subject Sample #1	0.105	19:15
Air Blank	0.000	19:15
Air Blank	0.000	19:17
Subject Sample #2	0.109	19:18
Air Blank	0.000	19:18
Control Test	0.081	19:19
Air Blank	0.000	19:19
Diagnostics Check	OK	19:19

Cylinder Lot: 05218080A3
Exp: 05/05/2020

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 GARY J PARENT, 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: _____ Date: 11/29/18
Signature

Sworn to (or affirmed) before me this 29 day of NOVEMBER, 2018

_____ OFC. A. BORROWS
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

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DEC 02 2018

WITNESS LIST

CASE NUMBER: 18-005756

ARRESTING OFFICER: Ofc. A. Borrows 380 / 1138
ADDRESS: 210 Military Trail, Jupiter Fl 33458
PHONE NUMBERS (HOME): _____ (WORK) 561 746 6201
CAN TESTIFY TO: PC

NAME: Officer Matthew Owen 331
ADDRESS: 210 Military Trail, Jupiter Fl 33458
PHONE NUMBERS (HOME) _____ (WORK) 561 746 6201
CAN TESTIFY TO: Crash investigation

NAME: PFC Scott Kimbark 367
ADDRESS 210 Military Trail, Jupiter Fl 33458
PHONE NUMBERS (HOME) _____ (WORK) 561 746 6201
CAN TESTIFY TO: Stopping Officer

NAME: Officer Kelly Anderson 313
ADDRESS 210 Military Trail, Jupiter Fl 33458
PHONE NUMBERS (HOME) 0 (WORK) 561 746 6201
CAN TESTIFY TO: Took witness Statements

NAME: Angela Pearson
ADDRESS 27435 SILVER THATCH DR WESLEY CHAPEL FL 33544
PHONE NUMBERS (HOME) 813 767 7330 (WORK) _____
CAN TESTIFY TO: Witnessed crash

NAME: Danielle Defazio
ADDRESS 6701 MALLARDS COVE RD APT 23G, Jupiter Fl 33458
PHONE NUMBERS (HOME) 561 281 9007 (WORK) _____
CAN TESTIFY TO: Witnessed crash

NAME: Christopher Best
ADDRESS 1168 MADISON CHASE APT 3 , WPB FL 33411
PHONE NUMBERS (HOME) 561 339 8921 (WORK) _____
CAN TESTIFY TO: Witnessed crash

NAME: Chris Horn
ADDRESS 1114 NEOGA STREEET, Jupiter Fl 33458
PHONE NUMBERS (HOME) 561 222 6189 (WORK) _____
CAN TESTIFY TO: Witnessed crash, followed suspect vehicle

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

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

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

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PALM BEACH COUNTY SHERIFF'S OFFICE
DUI TESTING FACILITY
INFORMATION SHEET

PBSO CASE # 18-150056 PBSO ZONE 3-14

AGENCY CASE # 18-005756 CRASH CASE #

TIME OF STOP/CRASH 1659 DATE 11/29/2018 DAY Thursday

SUBJECT'S NAME Rowe (LAST) Stephanie (FIRST) Ann (MID) RACE W SEX F

HGT 504 WGT 150 DOB 4/7/1992

LOCATION 6th Street / Orange Avenue

ARRESTING OFFICER'S NAME & ID Ofc. A. Borrows 380 / 1138 AGENCY Jupiter Police Department

DIVISION: Traffic

NOTIFIED BY COMMO Yes

ARRIVAL AT FACILITY 1847

ARREST TIME 1803

BREATH RESULTS:

1) .105
2) .109
3) N/A
4) N/A

TESTING OFFICER'S ID 7909 PBSO VIDEOTAPE # N/A

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TESTING FACILITY TASK REPORT

AGENCY: J[illegible]

SUBJECT: [illegible] CASE NUMBER: [illegible]

DATE: [illegible] VIDEO TAPE NUMBER: [illegible]

BEGINNING TIME: 1911 ENDING TIME: 1925

BREATH TESTS RESULTS: 1) .105 TIME 1915 A.M./(P.M.) 2) .104 TIME 1918 A.M./(P.M.)

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

BREATH OPERATOR: C[illegible]

MAINTENANCE TECHNICIAN: [illegible]

TESTING OFFICER'S OBSERVATIONS

SPEECH: Normal, slurred

ATTITUDE: [illegible] cooperative

CLOTHING: Black shirt, black t-shirt, [illegible]

MEDICAL CONDITIONS: [illegible]

MEDICATIONS: [illegible]

OTHER: [illegible] odor of alcoholic beverages admitted

Δ Admitted to [illegible] (6+)

COMMENTS: [illegible]

Δ Agreed to test

A/O advised of the refusal affidavit and of

Δ Subject [illegible] to the breath test

to read and sign the refusal affidavit

A/O [illegible]

Δ [illegible] witness

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DEC 02 2018

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

PBSO #0129A REV.11/02

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SUBJECT: _____ CASE NUMBER: 57

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: _____ 380/1138

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DEC 02 2018

SUBJECT: [illegible] CASE NUMBER: 18-[illegible]

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.

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SUSPECT'S SIGNATURE: (X)_____ [illegible] on scene

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

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: 2018039715	**Date:** 11/30/2018
	Specialist Name/ID: AM/31562

SCANNED
DEC 02 2019