ARREST / NOTICE TO APPEAR

OBTS Number: 05039943

1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias 5. Juvenile Referral: 1

JUVENILE ☐

1861223570140

ADMINISTRATION

Agency ORI Number	Agency Name	Agency Report Number (N.T.A.'s only)
0500200	Boca Raton Police Department	3 2 2018-017217

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/not Applicable

Multiple Clearance Indicator:

Location of Arrest (Including Name of Business)	Location of Offense (Business Name, Address)
200 N MILITARY TRL BOCA RATON 33486	200 N MILITARY TRL, BOCA RATON, FL 33486

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
12/20/2018	19:16	12/20/2018	19:45	12/20/2018	20:27	EMERALD

DEFENDANT

Name (Last, First, Middle): SALDIVAR, STEPHANIE ANNABELLE — Alias: — Alias (Name, DOB, Soc. Sec. #, Etc.):

Race (W - White, B - Black, I - American Indian, Q - Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	F	08/16/1987	4'11	105	BROWN	BLACK	MEDIUM	Small

Marital Status: M — Religion:

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

Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description):

Local Address (Street, Apt. Number) (City) (State) (Zip)	Phone	Residence Type: 1. City 2. County 3. Florida 4. Out of State
23380 LIBERTY BELL TER, BOCA RATON, FL 33433	(561) -	1

Permanent Address (Street, Apt. Number) (City) (State) (Zip)	Phone	Address Source
23380 LIBERTY BELL TER, BOCA RATON, FL 33433	(561) -	FL DL

Business Address (Name, Street) (City) (State) (Zip)	Phone	Occupation
FLASHBANK, BOCA RATON	(561) -	Sales

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
S431781877960 / FL	[redacted]		MIAMI, FL, United	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 Z. Other

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #
DUI	316.193(1)	

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

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: GOOD

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
BISSOON	BISSOON	COUNTY JAIL

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): South County 200 W Atlantic Ave Delray Beach, FL 33444

Court Date and Time: 01/21/2019 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 COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.

Signature of Defendant (or Juvenile and Parent/Custodian) — Date Signed

ADMIN

HOLD for Other Agency — ☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other

Intake Deputy — I.D. # — Pouch #

Signature of Arresting Officer

Name of Arresting Officer (Print): BISSOON, S. R. — I.D. #: 664

Transporting Officer: BISSOON — I.D. #: 664 — Agency: BRPD

Name Verification (Printed by Arrestee) (PRINT)

Witness here if subject signed with an "X".

NOT A CERTIFIED COPY

DEC 21 AM 12:55

PROBABLE CAUSE AFFIDAVIT

OBTS Number:

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

ADMIN

Agency ORI Number	Agency Name	Agency Report Number
FL 0500200	BOCA RATON POLICE DEPARTMENT	3 | 2 | 2018-017217

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
SALDIVAR, STEPHANIE ANNABELLE		W	F	08/16/1987

CHARGES

Charge Description	Charge Description
316.193(1) DUI	
Charge Description	Charge Description

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
100 NW 2ND AVE, BOCA RATON, FL 33432	(561) -	
Business Address (Name, Street) (City) (State) (Zip)	**Phone**	**Occupation**
	(56) -	

PROBABLE CAUSE STATEMENT

The undersigned certifies and swears that he/she has just and resonable 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 CSO GANTHIER who told OFC BISSOON that he/she saw the arrested person committ the below acts.

☒ was found to have committed the below acts, resulting from my (described) investigation.

On the 20 day of December, 2018 at 19:16 (Specifically include facts constituting cause for arrest.)

On 12/20/2018 I responded to 200 N Military Trl in reference to back up CSO Ganthier who was investigating a traffic crash. See his report for crash details. I met with CSO Ganthier who advised that Stephanie Saldivar was involved in aa two car crash and was the at fault party in the crash. He then stated that the vehicle had a strong odor of marijuana coming from inside of her 2016 white Volkswagen bearing Fl tag#BTZT11. He also advised that he could smell an odor of an alcoholic beverage emanating from her person and she was slurring her speech. CSO Ganthier then advised Saldivar that he had completed his investigation and was now turning it over to me to complete my investigation.

I then met asked Saldivar and I read her Constitutional Warnings in the presence of CSO Ganthier and she advised that she understood and would answer my questions without an attorney present. I asked her what happened that caused the accident and Saldivar explained that she tried to change lanes and another car slammed on their breaks and changed lanes which resulted in her hitting the other vehicle. I asked her if she had been drinking and she stated that she had two glasses of wine as she did some work at her house. I also asked her about the marijuana odor that was coming from inside her vehicle and she stated that she had people in her car who were around marijuana earlier in the day. Saldivar was slurring her speech and her eyes were glossy and blood shot.

Based on my observations I then asked her if she would submit to the roadside sobriety tasks to dispel my alarm that she was under the influence. Saldivar agreed to perform the tasks. I then walked her over to a well-lit area and asked her if she had any medical problems or medical issues that would prevent her from doing the tasks. Saldivar stated that she had no physical or medical problems that would prevent her from doing the tasks. The tasks that were conducted were the Walk and Turn, One Leg Stand, Finger to Nose, and the Rhomberg Alphabet.

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ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

GRAHAM, KEITH T #114
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

12/20/2018
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

BISSOON, STEPHEN R (664)
NAME OF OFFICER (PLEASE PRINT)

12/20/2018
DATE

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

OBTS Number

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

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

ADMIN

Agency ORI Number	Agency Name	Agency Report Number
FL 0500200	BOCA RATON POLICE DEPARTMENT	3 | 2 | 2018-017217

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

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
SALDIVAR, STEPHANIE ANNABELLE		W	F	08/16/1987

PROBABLE CAUSE STATEMENT

The first SFST was the Walk and Turn. Saldivar failed to maintain her feet heel to toe during the instructional phase. As she walked the line she failed to keep her feet heel to toe. She made an improper turn by just turning around instead of the way that I instructed her to. She walked 9 steps forward and then 12 steps backward. She didn`t count as instructed.

The second SFST was the One Leg Stand. Saldivar failed to keep her foot six inches off the ground. She swayed during the task. She put her foot down during the task. She failed to count as instructed and swayed during the task.

The third SFST was the Finger to Nose (L-R-L-R-R-L). When I said left she kept her finger on her nose for an extended period until I asked her if she understood the task instructions. We then started the task again. On the first left, she touched the left side of her nose. On the first right she touched the right side of her nose. The second left she touched the left side of her nose. The second right she touched left side of her nose. On the third right, she touched the left side of her nose. On the third left she touched the left side of her nose.

The fourth SFST was the Rhomberg Alphabet which she was unable to recite properly. Based on my investigation I placed her under arrest for DUI. Ofc. Alvarez searched Saldivar and I then transported her to BRPD.

Ofc. Renteria responded as my Breath Test operator and we both conducted the twenty-minute observation. Saldivar was then taken into the BAT room where she was asked to provide a breath sample. Saldivar then asked what would happen if she refused and I then read her Implied Consent Warnings and she agreed to provide two breath samples of .091 and .081. I also reminded her of her Constitutional Warnings which she advised she understood and she started answering questions and then decided not to answer anymore. See DUI influence report.

Stephanie Saldivar is being charged under F.S.S. 316.193(1) for DUI. She was transported to Palm Beach county jail for final disposition. Saldivar`s vehicle was towed by Emerald.

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ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

GRAHAM, KEITH T #76
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

12/20/2018
DATE

664
SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

BISSOON, STEPHEN R (664)
NAME OF OFFICER (PLEASE PRINT)

12/20/2018
DATE

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

FLORIDA DEPARTMENT OF LAW ENFORCEMENT
ALCOHOL TESTING PROGRAM
BREATH ALCOHOL TEST AFFIDAVIT

Instrument Type: Intoxilyzer 8000
Instrument Registered To: BOCA RATON PD
Instrument Serial Number: 80-006622 Software: 8100.27
Date of Test: 12/20/2018

Date of Last Agency Inspection: 11/09/2018
Observation Period Began: 19:45
Subject's Name: STEPHANIE A SALDIVAR DOB: 08/16/1987 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	20:11
Air Blank	0.000	20:12
Control Test	0.078	20:12
Air Blank	0.000	20:12
Subject Sample #1	0.091	20:15
Air Blank	0.000	20:16
Air Blank	0.000	20:18
Subject Sample #2	0.081	20:19
Air Blank	0.000	20:20
Control Test	0.077	20:21
Air Blank	0.000	20:21
Diagnostics Check	OK	20:21

Cylinder Lot: 13518080A5
Exp: 08/05/2020

State of Florida, County of Palm Beach,

Personally appeared before me the undersigned authority, who (✓) is personally known to me or (__) produced N/A as identification, and who after being placed under oath, states:

I BARTOLO PENTERIA, 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: [signature] #800 Date: 12-20-18
Signature

Sworn to (or affirmed) before me this 20 day of December, 2018

x [signature] x Stephen Bisson
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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2018017217
10-15 : 1916
obs: 1945

DUI INFLUENCE REPORT



NOT A CERTIFIED COPY

BOCA RATON POLICE SERVICES DEPARTMENT
100 NW 2nd Avenue
Boca Raton, FL 33432

Revised: July 9, 2018

ARRESTING OFFICER: Bissoon

Name: Caleb Phone # _____ Work # _____

Address: _____

Can testify to: Roadsides

Name: Alvarez Phone # _____ Work # _____

Address: _____

Can testify to: Search

Name: Ganthier Phone # _____ Work # _____

Address: _____

Can testify to: Accident

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

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-END OF PART ONE-

BOCA RATON POLICE SERVICES DEPARTMENT

DUI INFLUENCE REPORT – PART II

To be filled out at testing facility

Agency Case # 20180177217

I. INTRODUCTION (Instrument Operator faces video camera)

A. The day is Thursday (day), December (month), 20 (date), 2019 (year).

B. The time is now approximately 807 AM/PM.

C. The following is in reference to case number 20180177217.

D. Present at this time is Ofc. Bissoon (Officer's Name) of the Boca Raton Police Department.

E. Officer Bissoon, have you arrested Stephanie Saldivar (Defendant's name) in violation of Florida State Statute 316.193?

F. Did this violation occur within the City of Boca Raton, Palm Beach County, Florida? Yes

G. Mr./Mrs./Ms. Saldivar, I am required to inform you these proceedings are being video recorded.

Operator Note: *Video record breath request, breath sample, and interview.*

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II. AT THIS TIME THE ARRESTING OFFICER WILL REQUEST A BREATH SAMPLE.

Note: Read only the paragraph applicable to the type of test you are requesting.

— A. I am now requesting that you submit to a lawful test of your **BREATH** for the purpose of determining its alcohol content.

B. I am now requesting that you submit to a lawful test of your **URINE** for the purpose of determining the presence of chemical or controlled substances.

C. I am now requesting that you submit to a lawful test of your **BLOOD** for the purpose of determining its alcohol content and the presence of chemical or controlled substances.

IMPLIED CONSENT WARNINGS

Note: Read only if the subject does not comply with your request.

I am Ofc. Bisson 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 Signature: _____

Note: Also read for CDL holders:

IN ADDITION, your refusal to submit will result in the loss of your commercial privileges for one year from today. If this is your SECOND REFUSAL, you will be permanently disqualified from operating a commercial motor vehicle.

Note: After reading the implied consent warning, the arresting officer must request a breath sample again.

(IF REFUSAL THEN)

At this time Mr./Mrs./Ms. _____ has refused to submit to a breath test.

The date is _____ (month), _____ (day), _____ (year), and the time is _____AM/PM.

A refusal form will be completed by the arresting officer.

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BOCA RATON POLICE SERVICES DEPARTMENT

TESTING FACILITY TASK REPORT

SUBJECT: Stephanie Saldivar

CASE #: 20180177217 DATE: 12-20-18

BREATH TEST RESULTS

1) TIME .091/2015 AM/PM 2) TIME .081/2019 AM/PM

3) TIME _____ AM/PM 4) TIME _____ AM/PM

BREATH OPERATOR: Renteria

MAINTENANCE TECHNICIAN: Van Camp

TESTING OFFICER'S OBSERVATIONS

SPEECH: low

ATTITUDE: Calm

CLOTHING: gray dress

MEDICAL CONDITION: None

OTHER: _____

COMMENTS: Stephanie was calm and mostly quiet. I was able to smell an odor of alcohol emenate from her person. She also had blood shot red eyes.

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Identify yourself and state:

I am required to warn you before you make any statement that you have the following Constitutional rights:

(1) You have the right to remain silent and not answer any questions.
(2) Any statement you make must be freely and voluntarily given.
(3) You have a right to the presence and representation 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 and representation of a court appointed lawyer before you make any statement 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 be and will be used against you in a court of law.
(8) Do you understand these rights as I have read them to you, and do you wish to speak to me?

Signed: _____ Date: _____ Time: _____

QUESTIONS AND ANSWERS

Were you operating a motor vehicle at the time of the accident/stop? Yes

Where were you going? Mom's house.

What street or highway were you on? Palmetto & Military

Direction of travel? South.

Where did you start driving from? Boynton Beach.

What city (county) were you stopped in? _____

What time did you start? Before AM/PM What time is it now? _____

What is today's date? _____ What day of the week is it? _____

When did you last eat? _____ What did you eat? _____

What have you been doing the past three hours prior to this stop/accident? _____

How much do you weigh? _____ Have you been drinking? _____ What were you drinking? _____

_____

How much? _____ Where? _____ With whom were you drinking? _____

When did you have your first drink? _____ AM/PM When did you stop drinking? _____ AM/PM

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How did you consume your last two drinks? _____

Are you under the influence of alcohol now? ☐ Yes ☐ No

Can you feel the effects of alcohol? ☐ Yes ☐ No

Have you consumed alcohol since the accident? ☐ Yes ☐ No

Can you feel the effects of alcohol? ☐ Yes ☐ No

Have you consumed alcohol since the accident? ☐ Yes ☐ No How much? _____

What? _____ Where? _____

What line of work are you in? _____

When did you last work? _____

Do you have any physical defects or injuries? ☐ Yes ☐ No If yes, explain:

Refused

_____

Are you sick or injured? ☐ Yes ☐ No If yes, explain:

_____

Do you limp? ☐ Yes ☐ No Did you get a bump on the head? ☐ Yes ☐ No

Were you in an accident today? _____

Have you taken any drugs or smoked marijuana today? _____

What? _____ When? _____

Have you seen a doctor or dentist today? ☐ Yes ☐ No Who? _____

Are you taking any prescription medications? ☐ Yes ☐ No What? _____ When? _____

Do you have: Epilepsy? ☐ Yes ☐ No Inner ear trouble? ☐ Yes ☐ No

Glass eye? ☐ Yes ☐ No Ear infection? ☐ Yes ☐ No

False teeth? ☐ Yes ☐ No Diabetes? ☐ Yes ☐ No

Any problems not correctable by glasses or contact lenses? _____

Do you take insulin? ☐ Yes ☐ No If yes, when was your last injection? _____

Have you ever had a driver's license in any other state? _____

I am now ending this video recording. The time is now approximately 2023 AM/PM

The date is December (month), 20 (day), 2018 (year).

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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.	
	☐	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	☐	539.001 FS	Other: All records relating to pawnbroker transactions.	
	☐	119.0712(2)	Other: Personal information contained within a motor vehicle record	

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REVIEW COMPLETED BY

Booking Number: 2018042059	**Date:** 12/20/2018
	Specialist Name/ID: howardt/7185