0502708 FHP 783 18 CF 019899 SB

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

☐ Check if Supplement is Attached

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

Juvenile ☐

ADMINISTRATIVE

OBTS Number

Agency ORI Number: FLO 5 0 0 0 0 0 0

Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE

Agency Report Number (N.T.A.'s only): 0 6 - 1 8 - 2 1 0 2 4

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

Multiple Clearance Indicator

Location of Arrest (including Name of Business): 2765 10th Ave N, Walmart Palm Springs, FL 33461

Location of Offense (Business Name, Address): Walmart 2765 10th Ave,

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
1 1 0 1 1 8	2 2 3 3					Walmart 2765 10th Ave, Palm Springs, FL

DEFENDANT

Name (Last, First, Middle): Uperty, Sudan Prasad

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	M	0 6 2 4 9 0	507	125	Brown	Black	Olive	Thin

Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description): None

Marital Status: SIN — Religion: None

Indication of: Alcohol Influence ☒ Y ☐ N ☐ Unk; Drug Influence ☐ Y ☐ N ☒ Unk

Local Address (Street, Apt. Number) (City) (State) (Zip): 505 Meadows Cir Boynton Beach FL 33436

Phone: (561) 612 9922

Residence Type: 1. City 2. County 3. Florida 4. Out of State: 2

Permanent Address (Street, Apt. Number) (City) (State) (Zip): 505 Meadows Cir Boynton Beach FL 33436

Phone: ( )

Address Source: Defendant's DL

Business Address (Name, Street) (City) (State) (Zip)

Phone: ( )

Occupation: Professor

D/L Number, State: U163795902242 [redacted]

INS Number

Place of Birth (City, State): Kavrepalanchock, NAPA

Citizenship: NO

CO-DEF

Co-Defendant (Last, First, Middle)	Race	Sex	Date of Birth	
				☐ 1. Arrested ☐ 2. At Large ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile
Co-Defendant (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 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: (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. Synthetic U. Unknown Z. Other

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
DUI	1	☒ Y ☐ N	316193(1)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
N/A	N/A	.230 BAC	18-21024		OR

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐ Y ☐ N		

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

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐ Y ☐ N		

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

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐ Y ☐ N		

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

FILED NOV 3 2018 BOCK

NOTICE TO APPEAR

Location (Court, Room Number, Address): 3228 Gun Club, West Palm Beach, FL 33406

Court Date and Time: Month 11 Day 29 Year 18 Time 830 A.M. P.M.

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

ADMIN

HOLD for other agency

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other:

Intake Deputy: Thomas #126 I.D. # Pouch #

Signature of Arresting Officer: x Ofc Guerrier 189

Name of Arresting Officer (Print) I.D. #: Ofc. Guerrier PBSO

Transporting Officer: Ofc. Guerrier #189 J.D. # Agency

Name Verification (Printed by Arrestee) (PRINT)

Witness here if subject signed with an "X"

PAGE 1 OF 1

PBSO #0146 REV 09/07 DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'s ONLY)

NOT A CERTIFIED COPY

SUBJECT: Uperty, Sudan K CASE NUMBER: 2018-21024

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

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

Other Observations: Uperty had difficulty maintain his balance. He swayed while standing. He was very talkative and interrupted Sgt. Fequiere while ~~during~~ he was given Uperty the instructions.

WALK & TURN:
- did not follow instructions
- started early
- Started/stop 3 times
- Stepped off the line appox. 10 times
- Repeated himself several times about his knee injurie
- did not complete the task.

ONE LEG STAND:
- did not follow instructions
- unable to maintain balance
- bend his knee
- used arms to maintain balance
- Lost balance multiple times
- started/stop several times
- did not complete task.

FINGER TO NOSE:
- did not follow instructions
- failed to touch ~~his nose~~ the top of his nose each times
- took a step forward everytime he touched his nose
- started/stop task two times
- did not follow instruction on hand placement + movement

ROMBERG/~~ALPHABET~~: Modified version - kept finger on his nose
- did not follow instruction
- Started early
- Counted out loud

BREATH TEST RESULTS: 1st: .230 2nd: .230

STATE OF FLORIDA
COUNTY OF PALM BEACH

OFC Guerrier #189
(Signature of Arresting/Investigative Officer)

The foregoing instrument was notarized or sworn before me this 2nd day of November, 2018 by OFC Guerrier

who is personally ~~known~~ to me and/or produced identification. Type of identification produced _____

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

SHARI L. O'NEAL
Notary Public - State of Florida
Commission # FF 966854
My Comm. Expires Jun 25, 2020
Bonded through National Notary Assn

NOT A CERTIFIED COPY

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 1st DAY OF November 20 18 AT 2133 AM (PM)

SUBJECT: Uperty, Sudan P CASE NUMBER: 2018-21024

AGENCY: PSPD (Palm Springs) ARRESTING OFFICER: Ofc. Guerrier #189

PERSONAL CONTACT

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

Defendant, Sudan Uperty was involved in a vehicle crash. The driver of vehicle 2, Joseph Campo (witness) stated he observed Uperty driving a Maroon Honda in the parking lot of Walmart, located at 2765 10th Ave N, Palm Springs, FL 33461. He advised he observed Uperty driving straight in the parking area and then Uperty swerved towards his vehicle. Campo stated Uperty hit the front of his vehicle and he head to run after Uperty to

OBSERVATION OF DRIVER: get him to stop.

When I made contact with Uperty (defendant) to conduct the vehicle crash investigation, I immediately observed his ~~eyes~~ Uperty eyes were glossy and Red. I observed Uperty ~~was~~ having difficulty maintaining his balance while walking. Uperty had slurred speech and he was spitting while talking.

DRIVER'S STATEMENTS:

Upon completing the vehicle crash investigation, I advised Uperty that I will be conducting a DUI investigation. Uperty acknowledge that understood. He stated he had an argument with his girlfriend and he had one beer, 3202.

ODORS:

While conducting the crash investigation, I smelled a strong odor of an unknown alcoholic beverage emanating from Upertys Breath.

GENERAL OBSERVATIONS

SPEECH: Slurred, Spitting while talking

ATTITUDE: Uncooperative, talkative,

CLOTHING: Clean clothes, Gray shirt, pants and sneakers

MEDICAL/OTHER: No medical issues. Uperty stated he had a knee injury from playing soccer.

STATE OF FLORIDA
COUNTY OF PALM BEACH

Ofc Guerrier #189
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 2nd day of November 20 18 by Ofc Guerrier #189

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

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

SHARI L. OLIVER
Notary Public - State of Florida
Commission # FF 9[illegible]
My Comm. Expires Jun 2[illegible]
Bonded through National [illegible]

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PALM SPRINGS POLICE DEPARTMENT

STATEMENT

☑ Witness ☐ Victim ☐ Other

Please complete in detail

[redacted]

[redacted]

I, Joseph J. Campo do hereby voluntarily make the following statement without threat, coercion, offer of benefit or favor by any person(s) whomsoever.

I was parked in the [illegible] parking Lot. The [illegible] driver male Arab looking [illegible] in my direction in front passenger [illegible] and proceeded to drive away. I had to throw my seat belt [illegible] this car to make him stop. I was NOT injured [illegible] for [illegible] after

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I will prosecute criminally	Yes ✓	No	Initial JC	I will testify in court	Yes ✓	No	Initial JC

Sworn to and subscribed before me, this 1st day of November, 20 18

Signature Police Notary FSS 117.10

I Swear/Affirm the above and/or attached statements are correct and true:

Signature

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: 80-006240 Software: 8100.27
Date of Test: 11/01/2018

Date of Last Agency Inspection: 10/19/2018
Observation Period Began: 23:15
Subject's Name: SUDAN P UPRETY DOB: 06/24/1990 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	23:45
Air Blank	0.000	23:45
Control Test	0.081	23:46
Air Blank	0.000	23:46
Subject Sample #1	0.230	23:47
Air Blank	0.000	23:47
Air Blank	0.000	23:49
Subject Sample #2	0.230	23:50
Air Blank	0.000	23:50
Control Test	0.080	23:51
Air Blank	0.000	23:51
Diagnostics Check	OK	23:51

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 JAMES G BIGGS, 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: 11/1/18
Signature

Sworn to (or affirmed) before me this 1 day of Nov, 2018

OFC Guerrier #189 OFC Guerrier
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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TESTING FACILITY TASK REPORT

AGENCY: PSPD-GUERRIER

SUBJECT: UPRETY, SUDAN P

CASE NUMBER: 18-139969

DATE: Nov 2, 2018

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 2337

ENDING TIME: 0004

BREATH TESTS RESULTS: 1) .230 TIME 2347 A.M. ☒ P.M. ☐ 2) .230 TIME 2350 A.M. ☒ P.M. ☐

3) XX TIME XX A.M. ☐ P.M. ☐ 4) XX TIME XX A.M. ☐ P.M. ☐

BREATH OPERATOR: J Biggs# 7607

MAINTENANCE TECHNICAN: D/S J Karklecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED, ACCENT

ATTITUDE: UNCOOPERATIVE, UPSET, UNSTABLE

CLOTHING: GREEN SHIRT, GRAY PANTS

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER:

EYES RED, GLASSY, BLOODSHOT
STRONG ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE ON SUBJECT

COMMENTS:

ARRESTING OFFICER CONDUCTED THE 20 MINUTE OBSERVATION BEGINNING AT 2315
SUBJECT REFUSED THE TEST INITIALLY
IMPLIED CONSENT WAS READ AND EXPLAINED TO SUBJECT
SUBJECT STATED HE WANTED TO SUBMIT AFTER THAT
INSTRUCTIONS FOR THE TEST WERE GIVEN TO THE SUBJECT
SUBJECT COMPELETED BOTH SAMPLES SUCCESSFULLY
RESULTS WERE GIVEN TO THE SUBJECT
MIRANDA WAS READ TO SUBJECT
SUBJECT ANSWERED THE QUESTIONS SARCASTICALLY

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

PBSO CASE # 18-139969 PBSO ZONE 1-31

AGENCY CASE # 2018-21024 CRASH CASE # 2018-21013

TIME OF STOP/CRASH 2131 hrs DATE 11/01/18 DAY Thursday

SUBJECT'S NAME Uprety, Sudan Prasad RACE B SEX M

HGT 507 WGT 125 DOB 06/24/90

LOCATION 2765 10th Ave, Palm Springs, FL 33461

ARRESTING OFFICER'S NAME & ID Guerrier #189 AGENCY Palm Springs PD

DIVISION: Road Patrol

NOTIFIED BY COMMO

ARRIVAL AT FACILITY 2315

ARREST TIME 2333 hrs

BREATH RESULTS:

1. .230
2. .230
3.
4.

TESTING OFFICER'S ID 7607 PBSO VIDEOTAPE # N/A

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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) _____

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SUBJECT: _____ CASE NUMBER: _____

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? NO 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: _____

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WITNESS LIST

CASE NUMBER: [illegible]

ARRESTING OFFICER [illegible] #189

ADDRESS [illegible]

PHONE NUMBERS (HOME) 561 968-8243 (WORK) _____

CAN TESTIFY TO: _____

NAME: Joseph Campo

ADDRESS 3495 Lynwood Dr. #1, Lake Worth FL 33461

PHONE NUMBERS (HOME) 631-559-6494 (WORK) _____

CAN TESTIFY TO: Vehicle Crash Driver U2

NAME: Sgt. Fequiere #115

ADDRESS [illegible]

PHONE NUMBERS (HOME) [illegible] (WORK) _____

CAN TESTIFY TO: [illegible]

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

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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
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: 2018036632	**Date:** 11/02/2018
	Specialist Name/ID: AM/31562