0503799 18CT022339187

# ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

**ADMINISTRATIVE**

| Agency ORI Number | Agency Name | Agency Report Number (N.T.A.'s only) |
|---|---|---|
| FLO 500000 | PALM BEACH COUNTY SHERIFF'S OFFICE | 06- 18155780 |

Charge Type: Check as many as apply. ☐ 1. Felony ☐ 2. Traffic Felony ☐ 3. Misdemeanor ☒ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other | Weapon Seized / Type 1. Yes 2. No | Multiple Clearance Indicator

| Location of Arrest (Including Name of Business) | Location of Offense (Business Name, Address) |
|---|---|
| Jog Rd at Northtree Blvd Boynton Beach FL 33436 | Jog Rd at Northtree Blvd Boynton Beach FL 33436 |

| Date of Arrest | Time of Arrest | Booking Date | Booking Time | Jail Date | Jail Time | Location of Vehicle |
|---|---|---|---|---|---|---|
| 12/15/2018 | 01:00 | | | | | Big City Towing |

**DEFENDANT**

| Name (Last, First, Middle) | | | Alias (Name, DOB, Soc. Sec. #, Etc.) |
|---|---|---|---|
| Rodriguez Cespedes | Talia | E | |

| Race (W - White I - American Indian B - Black O- Oriental/Asian) | Sex | Date of Birth | Height | Weight | Eye Color | Hair Color | Complexion | Build |
|---|---|---|---|---|---|---|---|---|
| W | F | 12/31/1995 | 5'06 | 160 | Bro | Bla | Med | Med |

| Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description) | Marital Status | Religion | Indication of: | Y | N | Unk. |
|---|---|---|---|---|---|---|
| | Sing | Aethiest | Alcohol Influence | ☐ | ☒ | ☐ |
| | | | Drug Influence | ☐ | ☒ | ☐ |

| Local Address (Street, Apt. Number) | (City) | (State) | (Zip) | Phone | Residence Type: 1. City 2. County 3. Florida 4. Out of State |
|---|---|---|---|---|---|
| 985 Manor Dr Apt 45-C | Palm Springs | FL | 33461 | (561 ) | 2 |

| Permanent Address (Street, Apt. Number) | (City) | (State) | (Zip) | Phone | Address Source |
|---|---|---|---|---|---|
| , | | | | ( ) | FL DL |

| Business Address (Name, Street) | (City) | (State) | (Zip) | Phone | Occupation |
|---|---|---|---|---|---|
| | | | | ( ) | Student |

| D/L Number, State | Soc. Sec. Number | INS Number | Place of Birth (City, State) | Citizenship |
|---|---|---|---|---|
| R362805959710 | [redacted] | | Cuba | 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 | 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/Denv. | P. Paraphernalia/ Equipment S. Synthetics | U. Unknown Z. Other

**CHARGE**

| Charge Description | Counts | Domestic Violence | Statute Violation Number | Violation of ORD # |
|---|---|---|---|---|
| DUI w/ Prop Dmg | 2 | ☐Y ☒N | 316.193(3c1) | |

| Drug Activity | Drug Type | Amount / Unit | Offense # | Warrant / Capias Number | Bond |
|---|---|---|---|---|---|
| N | N | | 18155780 | | OR |

**CHARGE**

| Charge Description | Counts | Domestic Violence | Statute Violation Number | Violation of ORD # |
|---|---|---|---|---|
| DUI w/ Injury | 1 | ☐Y ☒N | 316.193(3c1) | |

| Drug Activity | Drug Type | Amount / Unit | Offense # | Warrant / Capias Number | Bond |
|---|---|---|---|---|---|
| N | N | | 18155780 | | OR |

**CHARGE**

| Charge Description | Counts | Domestic Violence | Statute Violation Number | Violation of ORD # |
|---|---|---|---|---|
| | | ☐Y ☐N | Received WB | |

| Drug Activity | Drug Type | Amount / Unit | Offense # | Warrant / Capias Number | Bond |
|---|---|---|---|---|---|
| | | | | DEC 17 2018 | |

**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**

PALM BEACH COUNTY COURTHOUSE CRIMINAL JUSTICE COMPLEX, 3228 GUN CLUB RD, WEST PALM BEACH, FL 33406 - PH: (561) 355-2996

Court Date and Time: Month January Day 10 Year 2019 Time 08:30 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: 12/15/2018

**ADMIN**

| HOLD for other Agency Name: | Signature of Arresting Officer X | Name Verification (Printed by Arrestee) (PRINT) |
|---|---|---|
| ☐ Dangerous ☐ Suicidal ☐ Resisted Arrest ☐ Other: | Name of Arresting Officer (Print) Inv. J. Schneider I.D # 8501 | |
| Intake Deputy I.D. # Pouch # | Transporting Officer Inv. J. Schneider ID # 8501 Agency PBSO | Witness here if subject signed with an "X" |

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

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# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 14 DAY OF December 20 18, AT 23:47 AM ✓ PM

SUBJECT: Rodriguez Cespedes Talia E CASE NUMBER: 18155780

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: Inv. J. Schneider

## PERSONAL CONTACT

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

**Was the primary cause for a motor vehicle collisoin where she executed a left turn in front of oncoming traffic in the intersection of Jog Rd and Northtree Blvd. During the collision the front seat passenger of her vehicle sustained a broken leg. The opposing driver and passenger sustained minor injuries and were transported. Their vehicle was also damaged.**

OBSERVATION OF DRIVER:

**Obvious seat belt marking from left shoulder towards the center right side of her body. While speaking I observed the odor of a unknown alcoholic beverage coming from her breath and person. I also noted her eyes were red, bloodshot and glossy.**

DRIVER'S STATEMENTS:

**Ive had more to drink than I should have. AFter W&T she stated Im obviously drunk.**

ODORS:

**Odor of a unknown alcoholic beverage coming from her breath and person**

## GENERAL OBSERVATIONS

SPEECH: **Slow and low**

ATTITUDE: **Cooperative**

CLOTHING: **Black dress and heels (removed)**

MEDICAL/OTHER: **Stated none**

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STATE OF FLORIDA
COUNTY OF PALM BEACH

Inv. J. Schneider
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 15 day of December 20 18 by Inv. J. Schneider

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

Keriane Moynihan (#22079)
Notary Public, Clerk of Court, Officer (F.S.S 117 10)

KERIANE MARIE MOYNIHAN
Notary Public - State of Florida
Commission # GG 036116
My Comm. Expires Oct 5, 2020
Bonded through National Notary Assn

SUBJECT: Rodriguez Cespedes Talia CASE NUMBER 18155780

## ROADSIDE TASKS

### HORIZONTAL GAZE NYSTAGMUS:

- [x] LT EYE-LACK OF SMOOTH PURSUIT
- [x] RT EYE-LACK OF SMOOTH PURSUIT
- [x] LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION
- [x] 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:**

**Front to rear sway while standing stationary. No VGN.**

WALK & TURN:

**Difficulty in maintaining the instrutuctional stance departing from it before repositioning. Starting the task she proceeded nine steps, turned as instructed but raised her arms for balance and stumbled. She resumed walking with her arms elevated stepping off the line.**

ONE LEG STAND:

**She swayed while standing stationary in the instructional position. While elevating her foot she had to be reminded to continue watching the elevated foot. She also counted seven, nine and seventeen twice.**

FINGER TO NOSE:

**She swayed while standing stationary in the instructional position. While performing the task she utilized the pad of her finger on more than one occasion.**

ROMBERG ALPHABET:

**She swayed while standing stationary in the instructional position. Performing this task in Spanish she was observed to be reciting it in a rhythmic manner contrary to instruction.**

**BREATH TEST RESULTS:** .091 .098

STATE OF FLORIDA
COUNTY OF PALM BEACH

Inv. J. Schneider
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 15 day of December 2018 by Inv. J. Schneider

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

Keriane Moynihan (#22079)
Notary Public, Clerk of Court, Officer (F.S.S 117.10)

KERIANE MARIE MOYNIHAN
Notary Public - State of Florida
Commission # GG 036116
My Comm. Expires Oct 5, 2020
Bonded through National Notary Assn.

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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: 80-006238 Software: 8100.27
Date of Test: 12/15/2018

Date of Last Agency Inspection: 12/14/2018
Observation Period Began: 01:25
Subject's Name: TALIA E RODRIGUEZ CESPEDES DOB: 12/31/1995 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 | 02:20 |
| Air Blank | 0.000 | 02:20 |
| Control Test | 0.078 | 02:20 |
| Air Blank | 0.000 | 02:21 |
| Subject Sample #1 | 0.091 | 02:21 |
| Air Blank | 0.000 | 02:22 |
| Air Blank | 0.000 | 02:24 |
| Subject Sample #2 | 0.098 | 02:24 |
| Air Blank | 0.000 | 02:25 |
| Control Test | 0.078 | 02:25 |
| Air Blank | 0.000 | 02:26 |
| Diagnostics Check | OK | 02:26 |

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 _____ as identification, and who after being placed under oath, states:

I KERIANE M MOYNIHAN, 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: Keriane M Moynihan Date: 12/15/18
Signature

Sworn to (or affirmed) before me this 15 day of December, 2018

Signature of Notary Public-State of Florida

Inv. J. Schneider
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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# WITNESS LIST

CASE NUMBER: 18155780

ARRESTING OFFICER: Inv. J. Schneider

ADDRESS: 3228 Gun Club Rd West Palm Beach FL 33406

PHONE NUMBERS (HOME): _____ (WORK) 561 762 - 4714

CAN TESTIFY TO: DUI Investigation

NAME: Elmer Sroka

ADDRESS: 5746 Lake George Pl Lake Worth FL 33463

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: Crash Party/

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 _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

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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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SUBJECT: Rodriguez Esparza, Talia L. CASE NUMBER: 14-155750

# 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: T. J. Smith

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# TESTING FACILITY TASK REPORT

AGENCY: PBSO

SUBJECT: [illegible] CASE NUMBER: 15 [illegible]

DATE: 12/[illegible]/11 VIDEO TAPE NUMEER: N/A

BEGINNING TIME: 02.15 ENDING TIME: 02.34

BREATH TESTS RESULTS: 1) .111 TIME 02.21 A.M.)P.M. 2) .114 TIME 2.34 A.M.)P.M.

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

BREATH OPERATOR: [illegible]

MAINTENANCE TECHNICIAN: [illegible]

TESTING OFFICER'S OBSERVATIONS

SPEECH: [illegible]

ATTITUDE: [illegible]

CLOTHING: [illegible]

MEDICAL CONDITIONS: [illegible]

MEDICATIONS: [illegible]

OTHER: [illegible]

COMMENTS: [illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

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

PBSO #0129A REV.11/02

SUBJECT: [illegible] CASE NUMBER: 15-155730

# 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) Refused to sign

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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:** 2018041444 | **Date:** 12/16/2018 |
| | **Specialist Name/ID:** AM/31562 |