0464694 1867 17529 1644

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

ADMINISTRATIVE

OBTS Number

Agency ORI Number: FLO 500000

Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE

Agency Report Number (N.T.A.'s only): 06- 18-126540

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

Weapon Seized / Type: 2 (1. Yes 2. No)

Multiple Clearance Indicator: 02

Location of Arrest (Including Name of Business): 6500 Lake Island Drive, Boynton Beach, FL 33467

Location of Offense (Business Name, Address): 6500 Lake Island Drive, Boynton Beach, FL, 33472

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
09/27/2018	00:58					Big City Towing

DEFENDANT

Name (Last, First, Middle): Ferrales, Tomas, Ramon

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

Race (W - White I - American Indian, B - Black 0- Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	M	02/29/1964	5'09	200	Blue	Gray	Medium	Medium

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

Marital Status: Single

Religion: CHRISTIAN

Indication of: Alcohol Influence (Y ☒ N ☐ Unk. ☐) Drug Influence (Y ☐ N ☐ Unk. ☒)

Local Address (Street, Apt. Number) (City) (State) (Zip): 5865 Parkwalk Drive, Boynton Beach, FL, 33472

Phone: (305) 733-3377

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

Permanent Address (Street, Apt. Number) (City) (State) (Zip): Same,

Phone: ( )

Address Source: Arrestee

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

Phone: ( )

Occupation: Vehicle Salesman

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
F642-816-64-069-0, FL	[redacted]		Camaguay,Cuba	No

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/Deriv. P. Paraphernalia/ Equipment S. Synthetics U. Unknown Z. Other

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
Driving Under the Influence	1	☐Y ☒N	316.193(1)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant I Capias Number	Bond
N	N	N/A	18-126540		OR

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
DUI w/ Damage to property of another or another person	1	☐Y ☒N	316.193(3)(c)1	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
N	N	N/A	18-126450		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

NOTICE TO APPEAR

Location (Court, Room Number, Address): 200 W Atlantic Ave, Delray Beach, FL 33444

Court Date and Time: Month October Day 22 Year 2018 Time 8:30 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: 09/27/2018

ADMIN

HOLD for other Agency Name:

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other

Intake Deputy | I.D.# | Pouch #

Signature of Arresting Officer: X [signature] 12782

Name of Arresting Officer (Print): D/S Bradley Labrys | I.D. #: 12782

Transporting Officer: D/S Bradley Labrys | ID #: 12782 | Agency: PBSO

Name Verification (Printed by Arrestee) (PRINT)

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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CLERK OF THE CIRCUIT COURT BY: DEPUTY CLERK 2018 SEP 28 AM 7:52

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 27th DAY OF September 20 18, AT 12:08 ✓ AM PM

SUBJECT: Ferrales, Tomas, Ramon CASE NUMBER: 18-126540

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: D/S Bradley Labrys

PERSONAL CONTACT

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

I was dispatched to be a back-up unit to a vehicle crash with unknown injuries. Upon arriving at the scene of the crash, I noted a black 2003 Lexus GS300 bearing FL tag: JXEV44 had apparently jumped a curb and got stuck. I checked the vehicle and noted damage to the front bumper consistent with having jumped the curb. D/S Ramirez, having already made contact with the driver, advised me that the driver was possibly driving under the influence. I spoke with the driver, Tomas, who was seated in the drivers seat of his registered vehicle. D/S Ramirez said that when he arrived to the scene, Tomas had the vehicle in reverse trying to move it from the crash scene. I checked inside of the vehicle and noted that both the driver's airbag and the passenger side airbag had deployed.

OBSERVATION OF DRIVER:

Upon speaking with Tomas, his speech pattern was slow and he was slow to answer questions. Upon PBCFR arriving, they asked Tomas to exit the vehicle. Upon exiting the vehicle and walking towards the back of his vehicle, I noted that Tomas was unbalanced while walking and used his hand to support himself on his vehicle while walking. I also noted that Tomas swayed while standing and talking with PBCFR. Tomas had to constantly reposition his feet while standing because he seemed to be having trouble with his balance.

DRIVER'S STATEMENTS:

On scene, I read Tomas his Miranda Warnings from a PBSO issued Miranda Warning card. Tomas stated that he understood the warnings and wished to speak with me. I asked Tomas if he had been drinking and he stated that he had in fact been drinking. He said that he had 2 alcoholic beverages earlier in the night. Upon arriving at the PBSO BAT, Tomas said that he had 2 Crown Royal and Diet Coke mixed beverages. After refusing to submit to a breath test, Tomas answered questions after again being read his Miranda warnings. When asked if he had been involved in a motor vehicle crash, Tomas said no. I had to remind Tomas of the position that he was found in, in regard to his vehicle. Upon providing me his address, Tomas originally said that he lived in the Northtree community where the crash occurred. I double checked his address with him later in the morning and he advised that he lives in Aberdeen and not in Northtree. He could not provide an explanation as to why he was in the Northtree Community. At the hospital, Tomas told nursing staff that he was the driver of the vehicle in a motor vehicle crash.

ODORS:

Upon speaking with Tomas outside of the vehicle, prior to beginning tasks, I smelled the odor of an unknown alcoholic beverage, based on my training and life experience's, coming from Tomas' breath and intensifying as he spoke to me.

GENERAL OBSERVATIONS

SPEECH: **Slowed speech and delay in answering questions.**

ATTITUDE: **Mixed between calm and agitated.**

CLOTHING: **Red Button-up shirt, Blue Jean pants, Gray shoes**

MEDICAL/OTHER: **Tomas said that he had bad knees but they wouldn't prevent him from participating in tasks. Additionally, Tomas said that he doesn't take any medications and that he doesn't have diabetes.**

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STATE OF FLORIDA
COUNTY OF PALM BEACH

D/S Bradley Labrys 12782
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 27th day of September 20 18 by D/S Bradley Labrys

(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)

Notary Public State of Florida
Paris Pound
My Commission GG 200028
Expires 03/25/2022

NED
02 2019

STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES
AFFIDAVIT OF REFUSAL TO SUBMIT TO
BREATH AND/OR URINE TEST

I, Bradley Labrys , a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)

am a member of Palm Beach County Sheriff's Office , and I do swear
(Name of law enforcement agency)

or affirm that on or about the 27 day of September , 20 18 , at 12:58 ☐ P.M ☒ A.M.

DRIVER Tomas, Ramon, Ferrales ,
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# F642-816-64-069-0 , state of FLORIDA , was placed under lawful arrest for

the offense of Driving Under the Influence by D/S Bradley Labrys and
(Name of Arresting Officer)

issued Citation # A2G3SAP .

That on or about the 27 day of September , 20 18 , at 02:14 ☐ P.M ☒ A.M.

in PALM BEACH COUNTY County,

I requested that the driver submit to a ☒**breath and/or** ☐**urine** test to determine his or her blood alcohol level and/or the presence of chemical or controlled substances. I informed the driver that the refusal to submit to such test(s) would result in the suspension of his or her driving privilege for a period of one (1) year for a first refusal, or for a period of eighteen (18) months if his or her driving privilege had been previously suspended for refusing to submit to a breath, urine or blood test. I also informed the driver that he or she commits a misdemeanor by refusing to submit to a lawful test as requested above if his or her driving privilege has been previously suspended for refusal to submit to a lawful test of his or her breath, urine, or blood. Additionally, I informed the driver that if he or she holds a CDL, or was operating a CMV, refusal will result in the disqualification of the Commercial Driver's License/driving privilege for a period of one (1) year in the case of a first refusal or permanently if he or she has previously been disqualified as a result of a refusal to submit to any such lawful test. Nonetheless, the driver refused to submit to the test(s) requested.

12782
Signature of Law Enforcement Officer or
Correctional Officer

THE AFFIDAVIT MUST BE NOTARIZED OR ATTESTED TO (F.S. 117.10)

Notary Public State of Florida
Paris Pound
My Commission GG 200028
Expires 03/25/2022

(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before me:

Signature of Attesting Officer

The foregoing instrument was sworn and subscribed before

me this 27th day of September , 20 18 ,

by _____ ,

who is personally known to me or who has produced

_____ as identification

Notary Public _____

Title Deputy Sheriff

Date 09/28/2018

Note: Mail or hand deliver to the designated Bureau of Administrative Reviews office, Department of Highway Safety and Motor Vehicles, with the driver's license, the appropriate copy of the UTC, and the probable cause affidavit.

HSMV-BAR1001 (REV. 10/2016)

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SUBJECT: Ferrales, Tomas, Ramon CASE NUMBER 18-126540

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
- [x] LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES
- [x] RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

Other Observations:

While performing the Horizontal Gaze nystagmus, I noted that Tomas' eyes were glassy. Additionally, he repeatedly moved his head. Prior to administering the task, I asked Tomas to point to the tip of the pen to indicate that he knew which piece was the tip. He successfully located the tip of the pen. When checking for nystagmus in the right eye, prior to reaching maximum deviation, Tomas was unable to follow the pen to maximum deviation. However, at the maximum point reached, sustained nystagmus was witnessed.

WALK & TURN:

Couldn't keep balance while listening to instructions.
Stops walking to steady self
Misses heel to toe
Steps off the line
Uses arms for balance
Improper turn
Incorrect number of steps

ONE LEG STAND:

Sways while balancing
Uses arms to balance
Puts foot down
Cannot do test. Said that he couldn't complete the task and put his foot down.

FINGER TO NOSE:

Does not keep eyes closed
Fails to return arms to side
Index finger does not touch nose
Uses wrong hand for test

ROMBERG ALPHABET:

BREATH TEST RESULTS:

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STATE OF FLORIDA
COUNTY OF PALM BEACH

D/S Bradley Labrys 12782
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 27th day of September 2018 by D/S Bradley Labrys

(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)

Notary Public State of Florida
Paris Pound
My Commission GG 200028
Expires 03/25/2022

TESTING FACILITY TASK REPORT

AGENCY: PPSO

SUBJECT: PERRALTA, TOMAS R CASE NUMBER: 15-126540

DATE: 09/20/15 VIDEO TAPE NUMBER: N/A

BEGINNING TIME: 2212 ENDING TIME: 0245

BREATH TESTS RESULTS: 1) R TIME 0014 A.M./P.M. 2) N/A TIME ---- A.M./P.M.

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

BREATH OPERATOR: R. POOLE # 4631

MAINTENANCE TECHNICIAN: T. LAMELLE # 6461

TESTING OFFICER'S OBSERVATIONS

REFUSED

SPEECH: SLURRED

ATTITUDE: [illegible]

CLOTHING: [illegible]

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER: [illegible]

1. [illegible]

COMMENTS: [illegible] 2 HOUR OBSERVATION PERIOD AT 0245 HRS.

2. [illegible]

N/A [illegible]

3. [illegible]

N/A [illegible]

4. [illegible]

REFUSED

N/A [illegible]

5. [illegible]

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SUBJECT: TORRALES Tomas K CASE NUMBER: 11-126340

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 D. Gray of the PBSO.

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) READ ON CAMERA

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) READ ON CAMERA

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SUBJECT: Fournier Jump K CASE NUMBER: AF 122540

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: _____

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WITNESS LIST

CASE NUMBER: 18-126540

ARRESTING OFFICER: D/S Bradley Labrys

ADDRESS: 3228 Gun Club Rd, West Palm Beach, FL 33406

PHONE NUMBERS (HOME): 561-688-3000 (WORK) 561-688-4860

CAN TESTIFY TO: DUI Investigation

NAME: D/S Jamie Ramirez

ADDRESS: 3228 Gun Club Rd, West Palm Beach, FL 33406

PHONE NUMBERS (HOME) 561-688-3000 (WORK) 561-688-4860

CAN TESTIFY TO: Being first on scene and initial interaction

NAME: D/S George Mastics III

ADDRESS 3228 Gun Club Rd, West Palm Beach, FL 33406

PHONE NUMBERS (HOME) 561-688-3400 (WORK) 561-688-3400

CAN TESTIFY TO: Completing paperwork and assisting D/S Labrys on scene

NAME: D/S Chris Ward

ADDRESS 3228 Gun Club Rd, West Palm Beach, FL 33406

PHONE NUMBERS (HOME) 0 (WORK) 0

CAN TESTIFY TO: Assisting D/S Labrys with completing DUI investigation

NAME: D/S Dylan Robinette

ADDRESS 3228 Gun Club Rd, West Palm Beach, FL 33406

PHONE NUMBERS (HOME) 561-688-3400 (WORK) 561-688-3400

CAN TESTIFY TO: Being on scene of the crash

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:

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
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: 2018032402	**Date:** 09/28/2018
	Specialist Name/ID: AM/31562