0504454

1/20

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: N

ADMINISTRATIVE

Agency ORI Number: FLO 500000

Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE

Agency Report Number (N.T.A.'s only): 06- 19-024499

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: NA

Multiple Clearance Indicator: 1

Location of Arrest (Including Name of Business): LAKEWORTH RD @ SOUTHSHORE BLVD, WELLINGTON, FL 33414

Location of Offense (Business Name, Address): LAKEWORTH RD @ SOUTHSHORE BLVD, WELLINGTON, FL 33414

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
1/10/19	2200					PRIORITY TOWING

DEFENDANT

Name (Last, First, Middle): GREENE, TYLER WELLS

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	8/23/1989	5'6	145	BRN	BRN	MED	MED

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

Marital Status: SINGLE | Religion: NONE

Indication of: Alcohol Influence ☑ Y ☐ N ☐ Unk. | Drug Influence ☑ Y ☐ N ☐ Unk.

Local Address (Street, Apt. Number) (City) (State) (Zip): UNK

Phone: (423) 3667940

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

Permanent Address (Street, Apt. Number) (City) (State) (Zip): 474 KING ST C CHARLESTON, SC 29403

Phone: ( )

Address Source: DL

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

Phone: ( )

Occupation: HORSE RIDER

D/L Number, State: [redacted] / SC

Soc. Sec. Number: [redacted]

INS Number:

Place of Birth (City, State): BRISTOL, TN

Citizenship: USA

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: 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 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: DUI | Counts: 1 | Domestic Violence ☐ Y ☑ N | Statute Violation Number: 316.193 (1) | Violation of ORD #

Drug Activity: U | Drug Type: U | Amount / Unit: N/A | Offense #: 19-024499 | Warrant I Capias Number | Bond: OR

CHARGE

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

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

CHARGE

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

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

CHARGE

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

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

RECEIVED
JAN 14 2019
BY: WB

NOTICE TO APPEAR

Location (Court, Room Number, Address): CRIMINAL JUSTICE COMPLEX @ 3228 GUN CLUB RD WPB, FL 33406

Court Date and Time: Month 1 Day 31 Year 2019 Time 8:30 ☑ AM ☐ 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

Refused to sign

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

FILED
JAN 11 2019
SHARON R. BOCK
Clerk & Comptroller

ADMIN

HOLD for other Agency Name:

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other:

Intake Deputy I.D. # Pouch #

Signature of Arresting Officer: x 8276

Name of Arresting Officer (Print): DANIEL MERCIER I.D. # 8236

Transporting Officer: DANIEL MERCIER ID # 8236 Agency: PBSO

Name Verification (Printed by Arrestee) (PRINT)

Witness here if subject signed via a

PAGE 1 OF 1

DISTRIBUTION WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT

PBSO #148 REV. 8/97

D/S Order 8057 Pg 10

2019CT833

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

PBSO CASE # 19-024499 PBSO ZONE 8-32

AGENCY CASE # 19024499 CRASH CASE # NA

TIME OF STOP/CRASH 0025 DATE 1/10/19 DAY THURSDAY

SUBJECT'S NAME GREENE, TYLER WELLS RACE W SEX M

HGT 5'6 WGT 145 DOB 8/23/1989

LOCATION LAKEWORTH RD @ SOUTHSHORE BLVD, WELLINGTON, FL 33414

ARRESTING OFFICER'S NAME & ID DS DANIEL MERCIER 8236 AGENCY PBSO

DIVISION: RP8

NOTIFIED BY COMMO YES

ARRIVAL AT FACILITY 2220

ARREST TIME 2200

BREATH RESULTS:

1) .217
2) .206
3)
4)

TESTING OFFICER'S ID 6212 PBSO VIDEOTAPE # ——

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D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 10th DAY OF JANUARY 20 19, AT 2133 AM ✓ PM

SUBJECT: GREENE, TYLER WELLS CASE NUMBER: 19-024499

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: DS DANIEL MERCIER 8236

PERSONAL CONTACT

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

I stopped the defendant's vehicle, a black BMW 328i bearing SC tag NVM799, near the intersection of Lake Worth Rd and Southshore Blvd, in the Village of Wellington, Beach County, Florida, for speeding (75/40) (All speeds were determined by visual estimation and confirmed by proper pacing technique using PBSO pace car asset #79103 / VIN# 1FM5K8AR5JGA84347, which was properly calibrated and certified at the time).

OBSERVATION OF DRIVER:

I made contact with the defendant, later identified by SC DL as, Tyler Wells Greene. I asked him why he was speeding. He replied that he was lost and didn't know where he was staying while here in Wellington. I went back to my car to write his ticket. While writing the citation, the defendant spontaneously exited his vehicle. He seemed to stumble and sway. I shouted to stay in the car. He got back into the car and began fumbling with his stuff. He then climbed into the back seat and opened the right rear door. At that point, I asked him to exit the car to sign his citation. He fumbled with the door, leaned on the car for balance. He swayed when he stood and stumbled when he walked. He had slurred speech. I asked if he had any medical problems, or took any medications. He said he takes Clonipin for anxiety. I asked how much he had had to drink. He said, "one drink earlier."

I asked the defendant to perform voluntary roadside tasks. The defendant refused consented and I conducted the SFSTs with the following results;

DRIVER'S STATEMENTS:

Pre Miranda / spontaneous roadside admissions: "Clonipin and one drink earlier"

Post Miranda roadside admissions: NA

Post Miranda admissions enroute to / or at BAT: Consented to breath and gave samples of .217 and .206. REFUSED Q&A. Spontaneously rambled, called me "dick" "asshole" and "white supremacist", and said I "voted for Trump because I'm a white asshole and low IQ voter."

ODORS:

GENERAL OBSERVATIONS

SPEECH: **slurred, slow, illogical, incessant, pleading, cursing**

ATTITUDE: **polite, friendly, cooperative THEN annoyed, pleading, argumentative, threatening**

CLOTHING: **ORANGE JACKET AND WHTE SHORTS**

MEDICAL/OTHER: **SFSTs conducted on in car video. Defendant states no medical problems or medications. Based on my training and experience, and the totality of the circumstances, I determined that probable cause existed for the defendant's arrest for DUI, in violation of FSS 316.193(1).**

STATE OF FLORIDA
COUNTY OF PALM BEACH

DS DANIEL MERCIER 8236
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 10th day of January 20 19 by INV. DANIEL MERCIER

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

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

Bonded through National Notary Assn.

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SUBJECT: GREENE, TYLER WELLS **CASE NUMBER** 19-024499

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

☐ LT EYE-LACK OF SMOOTH PURSUIT

☐ RT EYE-LACK OF SMOOTH PURSUIT

☐ LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION

☐ 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:

I saw no resting nystagmus, equal pupil size, and equal tracking. Although I repeated the instructions and the task multiple times, the defendant never followed my instructions and I was unable to check for the standardized clues. The defendant failed to maintain the instructional stance, swayed throughout the task, failed to follow and anticipated the stimulus, and moved his head, in spite of repeated reminders not to.

WALK & TURN:

The defendant failed to maintain the instructional stance, and started before being told, after my instructions to, "stay like that until I tell you." After stating that he understood the instructions, the defendant missed heel to toe multiple times, stepped off the line multiple times, raised his arms for balance, took the wrong number of steps, made an improper turn, and stopped walking to regain his balance. The defendant also failed to count out loud as instructed, and asked for further instructions.

ONE LEG STAND:

The defendant failed to maintain the instructional stance after my instructions to, "stay like that until I tell you." After stating that he understood the instructions, the defendant put his foot down multiple times, used his arms for balance, swayed throughout the task, stumbled and nearly fell, tried the other foot, and spontaneously stopped the task.

FINGER TO NOSE:

The defendant failed to maintain the instructional stance, after my instructions to, "stay like that until I tell you." After stating that he understood the instructions, the defendant failed to keep his eyes closed and head back, failed to return his hands to his side, used the wrong hand on the last right, and missed tip of finger and or tip of nose multiple times.

ROMBERG ALPHABET:

The defendant stated that he could say the alphabet in English. The defendant then failed to maintain the instructional stance. After stating that he understood the instructions, the defendant failed to keep his eyes closed and head back, swayed throughout the task, and misstated the letters approximately as follows, "A,B,C,D,E,F,Z, Q,R,S,T,Z,U,V,X,Y,Z."

BREATH TEST RESULTS: 1) .217 | 2) .206 | 3) | 4)

STATE OF FLORIDA
COUNTY OF PALM BEACH

DS DANIEL MERCIER 8236
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 10th day of January 2019 by INV. DANIEL MERCIER

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

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

NOT A CERTIFIED COPY

WITNESS LIST

CASE NUMBER: 19-024499

ARRESTING OFFICER: DS DANIEL MERCIER 8236

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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PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

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TESTING FACILITY TASK REPORT

AGENCY: [illegible]

SUBJECT: [illegible] CASE NUMBER: [illegible]

DATE: 01-01-19 VIDEO TAPE NUMBER: N/A

BEGINNING TIME: [illegible] ENDING TIME: [illegible]

BREATH TESTS RESULTS: 1) [illegible] TIME [illegible] A.M./P.M. 2) [illegible] TIME [illegible] A.M./P.M.

3) _____ TIME _____ A.M./P.M. 4) _____ 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]

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

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: G. T[illegible] CASE NUMBER: 16-[illegible]

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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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: 80-006029 Software: 8100.27
Date of Test: 01/10/2019

Date of Last Agency Inspection: 12/14/2018
Observation Period Began: 22:20
Subject's Name: TYLER W GREENE DOB: 08/23/1989 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	22:45
Air Blank	0.000	22:46
Control Test	0.081	22:46
Air Blank	0.000	22:47
Subject Sample #1	0.217	22:48
Air Blank	0.000	22:48
Air Blank	0.000	22:50
Subject Sample #2	0.206	22:51
Air Blank	0.000	22:51
Control Test	0.079	22:52
Air Blank	0.000	22:52
Diagnostics Check	OK	22:52

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 SHARI L O'NEAL, 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: S. O'Neal Date: 01-10-19
Signature

Sworn to (or affirmed) before me this 10 day of January, 2019

8236 D/S Mercier #8236
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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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: 2019001236	**Date:** 1/11/2019
	Specialist Name/ID: LR/ #6673