0503947 18000738 3467

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- 18158033

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 N/A
Multiple Clearance Indicator: 1

Location of Arrest (Including Name of Business): MILITARY TRAIL/ PURDY LN WEST PALM, FL, 33415
Location of Offense (Business Name, Address): MILITARY TRAIL/ PURDY LN WEST PALM, FL, 33415

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
12/21/2018	02:20					

DEFENDANT

Name (Last, First, Middle): ALMENDARES-FUNES WILSON JOHAN
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	2/25/1990	6'	192	BRN	BLK	MED	MED

Scars, Marks, Tatoos, Unique Physcal Features (Location, Type, Description): TATTOO ON LEFT FOREARM
Marital Status: Single
Religion: CATHOLIC
Indication of: Alcohol Influence ☐ Y ☒ N ☐ Unk. / Drug Influence ☐ ☒ ☐

Local Address (Street, Apt. Number): 882 SW CARMELITE ST (City): PT ST LUCIE, FL, 34983 (State) (Zip)
Phone: (772) 267-2826
Residence Type: 1. City 2. County 3. Florida 4. Out of State: 2

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

Business Address (Name, Street) (City) (State) (Zip)
Phone: ( )
Occupation: ROOFER

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
A455890900650	[redacted]		HONDURAS	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 355-2528) 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 #
DUI	1	☐Y ☒N	316.193(1)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
N	N	N/A	18158033		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

NOTICE TO APPEAR

Location (Court, Room Number, Address)
3228 GUN CLUB RD WEST PALM BEACH FL 33406

Court Date and Time
Month 1 Day 17 Year 2019 Time 0830 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: 12/21/2018

ADMIN

HOLD for other Agency Name:
☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other:
Intake Deputy: D.S. Collins 7607 I.D.# Pouch #

Signature of Arresting Officer: X
Name of Arresting Officer (Print): INV. G. LYNCH 8568 I.D.# 8568
Transporting Officer: INV. G. LYNCH 8568 ID# 8568 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

DEC 21 AM 4:31

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D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 21 DAY OF DEC 20 18, AT 01:39 ✓ AM PM

SUBJECT: ALMENDARES-FUNES WILSON JOHAN CASE NUMBER: 18158033

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: INV. G. LYNCH 8568

PERSONAL CONTACT

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

On 12/21/18, at approximately 0139hrs, while on routine patrol, traveling south on Military Trail, I observed a blue Chevrolet Camero, bearing FL tag KFPG77, traveling north on Military Trail. I visually estimated the speed of the vehicle between 60-70mph in the posted 40mph zone. The vehicle was also traveling without any lights on. I got behind the vehicle and conducted a traffic stop for the infractions.

OBSERVATION OF DRIVER:

I made contact with the driver, Wilson Almendares-Funes. I immediately noticed that Wilson's eyes were glassy. There was an odor of an unknown alcoholic beverage coming from inside the vehicle. I noticed that Wilson was wearing a green/white paper wrist band, which is commonly used for patrons at bars/ nightclubs. Wilson's movements were uncoordinated and he fumbled with his wallet and paperwork while trying to retrieve his information. Due to Wilson speaking very little English I had D/S J. Jurado id 20332 respond to translate. Wilson advised that he had 2 drinks approximately 5 hours prior.
I had Wilson exit his car and stand in front of my patrol car. I then smelled the odor of an unknown alcoholic beverage coming from Wilson's breath, which got stronger when he spoke. Wilson appeared unsteady and swayed while standing still. Based on my observations and Wilson's admission to drinking prior to driving I asked him to perform standard field sobriety tasks.

DRIVER'S STATEMENTS:

Had 2 drinks approx 5 hours prior.

ODORS:

STRONG ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE COMING FROM SUBJECT'S BREATH.

GENERAL OBSERVATIONS

SPEECH:

ATTITUDE: **Calm/ Cooperative**

CLOTHING:

MEDICAL/OTHER:

STATE OF FLORIDA
COUNTY OF PALM BEACH

INV. G. LYNCH 8568
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 21 day of DEC 20 18 by INV. G. LYNCH 8568

(Print name of Arresting/Investigative Officer), who is personally known to me or has produced KNOWN

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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SUBJECT: ALMENDARES-FUNES WILSON CASE NUMBER 18158033

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:

Wilson was asked to stand with his feet together and place his hands by his sides. Wilson was asked to focus on the stimulus and follow it with his eyes. Wilson was told not to move his head to assist in following the stimulus. Wilson showed equal pupil size that tracked equally. Both eyes lacked a smooth pursuit. I saw distinct and sustained Nystagmus at maximum deviation and onset of Nystagmus prior to 45 degrees in both eyes. Wilson swayed while performing this task and had to be reminded not to move his head.

WALK & TURN:

I performed the walk and turn task. I utilized a white parking space line, which was a straight level line, free of debris, which Wilson advised he could see. I explained and demonstrated the task to Wilson. During the instructions Wilson was unable to maintain the heel-to-toe position, separating his feet for balance and attempted to begin the task prior to being instructed to do so. After explaining and demonstrating the task Wilson advised he understood and had no questions. During the task Wilson stepped off the line once. Wilson missed heel-to-toe steps and paused to steady himself several times. Wilson did not turn as instructed and stumbled backward. Wilson did not take the correct number of steps, taking only 8 steps on the first set and 7 steps on the second set of steps.

ONE LEG STAND:

I performed the one leg stand task. I explained and demonstrated the task to the Wilson. During the instructions Wilson attempted to begin the task. After explaining the instructions to Wilson advised he understood and had no questions. During the task Wilson had to be reminded to look down at his foot. Wilson swayed and put his foot down once prior to 30 seconds elapsing.

FINGER TO NOSE:

I perform the finger to nose task. Wilson was placed in the instructional stance for the finger to nose task. I explained and demonstrated to Wilson. After finishing the instructions Wilson advised he understood and had no questions. During the task Wilson missed touching the tip of his nose on every attempt. Wilson failed to keep his head tilted back throughout the task. Wilson failed to immediately return his hand to his side after touching his nose several times. On the third right command Wilson began to use his left first.

ROMBERG ALPHABET:

Due to Wilson advising he did not know the alphabet but he could count to 50 a modified Romberg alphabet task was performed, in which he was asked to count from 1 to 30, in Spanish. I explained and demonstrated the task to Wilson. After finishing the instructions Wilson advised he understood and had no questions. During the task Wilson swayed, more than 2 inches. Wilson attempted to count in English, making multiple errors. I then advised Wilson again he could perform the task in Spanish. Wilson then attempted the task in Spanish. Wilson again swayed, more than 2 inches but counted correctly.

BREATH TEST RESULTS: 1) .205 | 2) .201 | 3) | 4)

STATE OF FLORIDA
COUNTY OF PALM BEACH

INV. G. LYNCH 8568
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 21 day of DEC 20 18 by INV. G. LYNCH 8568

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

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.

NOT A CERTIFIED COPY

WITNESS LIST

CASE NUMBER: 18158033

ARRESTING OFFICER: INV. G. LYNCH 8568

ADDRESS: HQ

PHONE NUMBERS (HOME): _____ (WORK) 561 688 3000

CAN TESTIFY TO: FACTS OF CASE

NAME: D/S J. JUARDO 20332

ADDRESS: DIST 1

PHONE NUMBERS (HOME) _____ (WORK) 561 688 3000

CAN TESTIFY TO: TRANSLATION

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: _____

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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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TESTING FACILITY TASK REPORT

AGENCY: PBSO

SUBJECT: Almendarez Fune., Wilson J CASE NUMBER: 18-158033

DATE: 12/31/18 VIDEO TAPE NUMBER: N/A

BEGINNING TIME: 03:08 ENDING TIME: 03:23

BREATH TESTS RESULTS: 1) .205 TIME 03:14 (A.M)/P.M. 2) .201 TIME 03:18 (A.M)/P.M.

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

BREATH OPERATOR: K. Mayorga #2209

MAINTENANCE TECHNICIAN: J. Rivera #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: Spanish Speaking

ATTITUDE: Crying Fine, Rambling, Upset, cooperative

CLOTHING: Blue Jeans with holes, Red long sleeve t Shirt, Red and Black Sneakers

MEDICAL CONDITIONS: None

MEDICATIONS: Stopped taking them a few months ago

OTHER: Eyes glassy and bloodshot. Odor of unknown alcoholic beverage on breath.

COMMENTS: Arrived at Testing Center, Ato began 20 Minute Observation Period at 03:44 hrs

D agreed to take Test.

Ato read Rights
D stated he understood his Rights.

Tech read Breath Test Results, D acknowledged he understood his results.

D+A Not contacted
D shall Not be answer.

Translation in Spanish conducted by D/S I Jurado #20332

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SUBJECT: Amendares Funes, Wilson J CASE NUMBER: 18-158033

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) Read on Camera

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SUBJECT: Almendarez Fuentes, Wilson J CASE NUMBER: 18-158033

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? _____

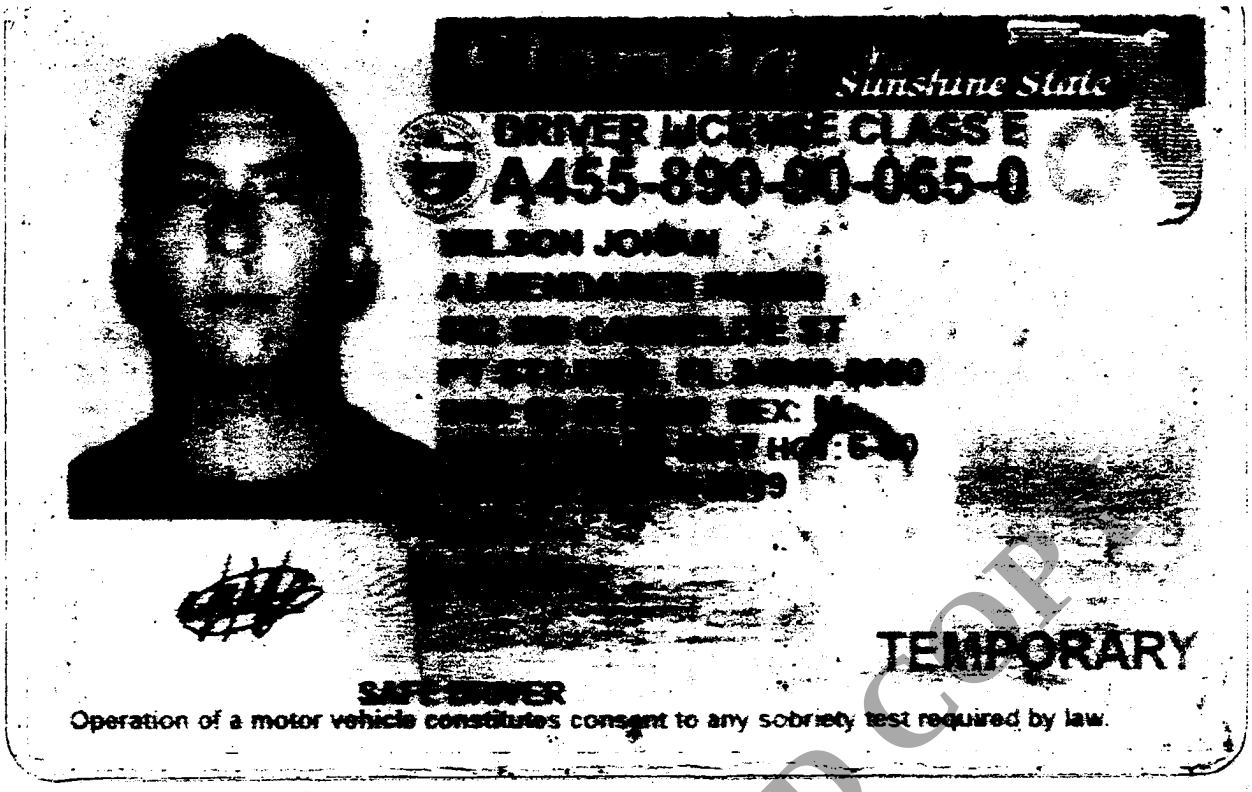
DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? _____

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: 80-006238 Software: 8100.27
Date of Test: 12/21/2018

Date of Last Agency Inspection: 12/14/2018
Observation Period Began: 02:44
Subject's Name: WILSON J ALMENDARES FUNES DOB: 02/25/1990 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	03:11
Air Blank	0.000	03:11
Control Test	0.080	03:11
Air Blank	0.000	03:12
Subject Sample #1	0.205	03:14
Air Blank	0.000	03:15
Air Blank	0.000	03:16
Subject Sample #2	0.201	03:18
Air Blank	0.000	03:19
Control Test	0.078	03:19
Air Blank	0.000	03:20
Diagnostics Check	OK	03:20

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: 12/21/2018
Signature

Sworn to (or affirmed) before me this 21 day of December, 2018

Signature of Notary Public-State of Florida

Jan G. Lynch
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	☐	539.001, F.S., 539.003, F.S.	Other: Pawn Broker Information	
	☐	943.031(2)	Other: Names of Gangs Criminal Activity	

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REVIEW COMPLETED BY

Booking Number: 2018042072	**Date:** 12/21/2018
	Specialist Name/ID: M. Tooks #8557