

7# 0538446 22CT23 SB #46

|   |  |                                 |  |   |  |  |  |   |   |  |  |   |  |  |  |   |  |  |  |                        |  |
|---|--|---------------------------------|--|---|--|--|--|---|---|--|--|---|--|--|--|---|--|--|--|------------------------|--|
| AD<br>M<br>I<br>N<br>I<br>S<br>T<br>R<br>A<br>T<br>I<br>O<br>N  | OBTS Number  |                                 | ARREST / NOTICE TO APPEAR  |   |  |  | 1. Arrest (No Warrant) 3. Request for Warrant<br>6. Arrest (Warrant) 4. Request for Capias<br>2. N.T.A. 5. Juvenile Referral |   | 1 | JUVENILE   |  |   |  |  |  |   |  |  |  |                        |  |
|   | Agency ORI Number<br><b>0500200</b>  |                                 | Agency Name<br><b>Boca Raton Police Department</b>   |   |  | Agency Report Number (N.T.A.'s only)<br><b>3, 2   2022-00008</b>   |  |   |   |  |  |   |  |  |  |   |  |  |  |                        |  |
| D<br>E<br>F<br>E<br>N<br>D<br>A<br>N<br>T   | Charge Type:<br>Check as many as apply   |                                 | <input type="checkbox"/> 1. Felony<br><input type="checkbox"/> 2. Traffic Felony<br><input checked="" type="checkbox"/> 3. Misdemeanor<br><input checked="" type="checkbox"/> 4. Traffic Misdemeanor<br><input type="checkbox"/> 5. Ordinance<br><input type="checkbox"/> 6. Other |   | If Weapon Seized<br>Enter Type: <b>UNARMED</b>   |  | Multiple Clearance Indicator   |   |   |  |  |   |  |  |  |   |  |  |  |                        |  |
|   | Location of Arrest (Including Name of Business)<br><b>215 N FEDERAL HWY, 215 N FEDERAL HWY, BOCA RATON, FL</b> |                                 |  |   | Location of Offense (Business Name, Address)<br><b>800 N FEDERAL HWY, BOCA RATON, FL 33432</b> |  |  |   |   |  |  |   |  |  |  |   |  |  |  |                        |  |
| Date of Arrest<br><b>01/01/2022</b>   |  | Time of Arrest<br><b>01:11</b>  |  | Booking Date<br><b>01/01/2022</b>                         |  | Booking Time<br><b>01:21</b>   |  | Jail Date   |   | Jail Time  |  | Location of Vehicle   |  |  |  |   |  |  |  |                        |  |
| Name (Last, First, Middle)<br><b>GARGUM, MUFTAH SALEM R</b>   |  |                                 |  |   |  |  |  |   |   | Alias (Name, DOB, Soc. Sec. #, Etc.)   |  | Alias:  |  |  |  |   |  |  |  |                        |  |
| Race<br>W - White<br>B - Black  |  | Sex<br><b>M</b>                 |  | Date of Birth<br><b>03/22/1958</b>                        |  | Height<br><b>5'11</b>  |  | Weight<br><b>180</b>  |   | Eye Color<br><b>BROWN</b>  |  | Hair Color<br><b>BROWN</b>                                      |  | Complexion<br><b>DARK</b>  |  | Build<br><b>Medium</b>  |  |  |  |                        |  |
| Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)   |  |                                 |  |   |  |  |  |   |   | Marital Status<br><b>M</b>   |  | Religion  |  | Indication of Alcohol Influence<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unit <input type="checkbox"/> |  | Drug Influence<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unit <input type="checkbox"/> |  |  |  |                        |  |
| Local Address (Street, Apt. Number)<br><b>1534 SE 10TH ST, DEERFIELD BEACH, FL 33441</b>  |  |                                 |  | (City)  |  | (State)  |  | (Zip)   |   | Phone<br><b>(561) 542-7920</b>   |  | Residence Type:<br>1. City 2. County 3. Florida 4. Out of State |  | 2  |  |   |  |  |  |                        |  |
| Permanent Address (Street, Apt. Number)<br><b>1534 SE 10TH ST, DEERFIELD BEACH, FL 33441</b>  |  |                                 |  | (City)  |  | (State)  |  | (Zip)   |   | Phone<br><b>(561) 542-7920</b>   |  | Address Source<br><b>SELF</b>                                   |  |  |  |   |  |  |  |                        |  |
| Business Address (Name, Street)   |  |                                 |  | (City)  |  | (State)  |  | (Zip)   |   | Phone  |  | Occupation  |  |  |  |   |  |  |  |                        |  |
| D.V. Number, State<br><b>G625556581020 / FL</b>   |  |                                 |  | Soc. Sec. Number  |  | INS Number   |  | Place of Birth (City, State)<br><b>MARAG, Libya</b>   |   | Citizenship<br><b>US</b>   |  |   |  |  |  |   |  |  |  |                        |  |
| Co-Defendant Name (Last, First, Middle)   |  | Race                            |  | Sex   |  | Date of Birth  |  | <input type="checkbox"/> 1. Arrested<br><input type="checkbox"/> 2. At Large<br><input type="checkbox"/> 3. Felony<br><input type="checkbox"/> 4. Misdemeanor<br><input type="checkbox"/> 5. Juvenile |   |  |  |   |  |  |  |   |  |  |  |                        |  |
| Co-Defendant Name (Last, First, Middle)   |  | Race                            |  | Sex   |  | Date of Birth  |  | <input type="checkbox"/> 1. Arrested<br><input type="checkbox"/> 2. At Large<br><input type="checkbox"/> 3. Felony<br><input type="checkbox"/> 4. Misdemeanor<br><input type="checkbox"/> 5. Juvenile |   |  |  |   |  |  |  |   |  |  |  |                        |  |
| <input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ Name (Last, First, Middle)<br><input type="checkbox"/> Legal Custodian  |  |                                 |  |   |  |  |  |   |   | Residence Phone  |  |   |  |  |  |   |  |  |  |                        |  |
| Address (Street, Apt. Number)   |  |                                 |  |   |  |  |  |   |   | (City)   |  | (State)   |  | (Zip)  |  | Business Phone  |  |  |  |                        |  |
| Notified by: (Name)   |  | Date                            |  | Time  |  | JUVENILE DISPOSITION<br>1. Handled/Processed within Department and Released<br>2. TOT JAC<br>3. Incarcerated |  |   |   |  |  |   |  |  |  |   |  |  |  |                        |  |
| Released To: (Name)   |  | Relationship                    |  | Date  |  | Time   |  |   |   |  |  |   |  |  |  |   |  |  |  |                        |  |
| The above address was provided by <input type="checkbox"/> defendant and/or <input type="checkbox"/> 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.  |  |                                 |  |   |  |  |  |   |   | School Attended  |  | Grade   |  |  |  |   |  |  |  |                        |  |
| Property Crime?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |  | Description of Property         |  |   |  | Value of Property  |  |   |   |  |  |   |  |  |  |   |  |  |  |                        |  |
| Drug Activity<br>N. N/A<br>P. Possess   |  | S. Sell<br>B. Buy<br>T. Traffic |  | R. Smuggle<br>D. Deliver<br>E. Use                        |  | K. Disperse/<br>Distribute   |  | M. Manufacture/<br>Produce/<br>Cultivate  |   | Z. Other   |  | Drug Type<br>A. Amphetamine                                     |  | B. Barbiturate<br>C. Cocaine<br>E. Heroin  |  | H. Hallucinogen<br>M. Marijuana<br>O. Opium/Deriv.  |  | P. Paraphernalia/<br>Equipment<br>S. Synthetic |  | U. Unknown<br>Z. Other |  |
| Charge Description<br><b>DUI</b>  |  |                                 |  |   |  |  |  |   |   | Statute Violation Number<br><b>316.193(1)(c)</b>   |  | Violation of ORD #  |  |  |  |   |  |  |  |                        |  |
| Drug Activity   |  | Drug Type<br><b>N</b>           |  | Amount / Unit   |  | Offense #  |  | Counts<br><b>1</b>  |   | Domestic Violence<br><input type="checkbox"/> Y <input checked="" type="checkbox"/> N  |  | Warrant / Capias Number   |  | Bond   |  |   |  |  |  |                        |  |
| Charge Description  |  |                                 |  |   |  |  |  |   |   | Statute Violation Number   |  | Violation of ORD #  |  |  |  |   |  |  |  |                        |  |
| Drug Activity   |  | Drug Type                       |  | Amount / Unit   |  | Offense #  |  | Counts  |   | Domestic Violence<br><input type="checkbox"/> Y <input type="checkbox"/> N   |  | Warrant / Capias Number   |  | Bond   |  |   |  |  |  |                        |  |
| Charge Description  |  |                                 |  |   |  |  |  |   |   | Statute Violation Number   |  | Violation of ORD #  |  |  |  |   |  |  |  |                        |  |
| Drug Activity   |  | Drug Type                       |  | Amount / Unit   |  | Offense #  |  | Counts  |   | Domestic Violence<br><input type="checkbox"/> Y <input type="checkbox"/> N   |  | Warrant / Capias Number   |  | Bond   |  |   |  |  |  |                        |  |
| Health / Apparent Physical Condition of Defendant   |  |                                 |  |   |  |  |  |   |   | Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries<br>Explain: |  |   |  |  |  |   |  |  |  |                        |  |
| Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input checked="" type="checkbox"/> T.O.T. County Jail   |  |                                 |  | PROPERTY - Received By<br><b>BRPD</b>                     |  | Released By<br><b>BRPD</b>   |  | Released To<br><b>PBCJ</b>  |   |  |  |   |  |  |  |   |  |  |  |                        |  |
| Transported By<br><b>BRPD</b>   |  |                                 |  | Date Transported<br><b>01/01/2022</b>                     |  | Time Transported<br><b>05:21</b>   |  | Other   |   |  |  |   |  |  |  |   |  |  |  |                        |  |
| <input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court<br><input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court<br>but must comply with instructions on Page 2.  |  |                                 |  |   |  |  |  |   |   | Location (Court, Room)<br><b>South County 200 W Atlantic Ave Delray Beach, FL 33444</b>  |  | Court Date and Time<br><b>02/01/2022 08:30-00</b>               |  |  |  |   |  |  |  |                        |  |
| 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 COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED. |  |                                 |  |   |  |  |  |   |   | No Photo Available   |  |   |  |  |  |   |  |  |  |                        |  |
| Signature of Defendant (or Juvenile and Parent/Custodian)<br><b>FA custody</b>  |  |                                 |  |   |  |  |  |   |   | Date Signed  |  |   |  |  |  |   |  |  |  |                        |  |
| HOLD for Other Agency   |  |                                 |  | Signature of Arresting Officer<br><b>WALTER, E. R.</b>    |  |  |  | Name Verification (Printed by Arrestee)   |   |  |  |   |  |  |  |   |  |  |  |                        |  |
| <input type="checkbox"/> Dangerous<br><input type="checkbox"/> Resisted Arrest<br><input type="checkbox"/> Suicidal<br><input type="checkbox"/> Other   |  |                                 |  | Name of Arresting Officer (Print)<br><b>WALTER, E. R.</b> |  |  |  | I.D. #<br><b>848</b>  |   |  |  |   |  |  |  |   |  |  |  |                        |  |
| Inmate Deputy<br><b>Officer HUNTER</b>  |  |                                 |  | I.D. #<br><b>724</b>                                      |  |  |  | Pouch #   |   |  |  |   |  |  |  |   |  |  |  |                        |  |
| Transporting Officer<br><b>L. Madotta</b>   |  |                                 |  | I.D. #<br><b>847</b>                                      |  |  |  | Agency<br><b>BRPD</b>   |   |  |  |   |  |  |  |   |  |  |  |                        |  |
| Witness here if subject signed with an "X".   |  |                                 |  |   |  |  |  |   |   | PAGE<br>1 OF 1   |  |   |  |  |  |   |  |  |  |                        |  |




L. Madotta 847

PROBABLE CAUSE AFFIDAVIT

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

**1** JUVENILE

|  |  |  |   |
|--|--|--|---|
| A<br>D<br>M<br>I<br>N<br>I<br>S<br>T<br>R<br>A<br>T<br>I<br>V<br>E | OBTS Number<br><br>Agency ORI Number<br><b>FL FL0500200</b>  | Agency Name<br><b>BOCA RATON POLICE DEPARTMENT</b> | Agency Report Number<br><b>3   2   2022-000008</b>            |
|  | Charge Type:<br>Check as many as apply:<br><input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance<br><input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other  |  | Special Notes:  |
|  | Name (Last, First, Middle)<br><b>GARGUM, MUFTAH SALEM R</b>  |  | Race: <b>W</b> Sex: <b>M</b> Date of Birth: <b>03/22/1958</b> |
|  | Charge Description<br><b>316.193(1) DUI</b>  |  | Charge Description  |
|  | Victim's Name (Last, First, Middle)<br><b>STATE OF FLORIDA,</b>  |  | Race: <b>U</b> Sex: <b>U</b> Date of Birth:                   |
|  | Local Address (Street, Apt. Number) (City) (State) (Zip)<br><b>100 NW 2ND AVE, BOCA RATON, FL 33432</b>  |  | Phone: <b>(561) 338-1234</b> Address Source:                  |
|  | Business Address (Name, Street) (City) (State) (Zip)   |  | Phone: <b>(561) -</b> Occupation:                             |
|  | The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law.<br>The Person taken into custody ...<br><input checked="" type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.<br><input type="checkbox"/> confessed to _____ admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.<br>On the <u>1</u> day of <u>January</u> , <u>2022</u> at <u>04:23</u> (Specifically include facts constituting cause for arrest)   |  |   |
|  | This incident was captured on MVR and classified as evidence.<br><br>On 01-01-2022, at approximately 0100 hours, I was on routine patrol when I observed a gold Mercedes Benz (FL HXIT83) make a right turn out of the shopping plaza at 6000 N Federal Hwy and begin driving south on Federal Hwy. The vehicle made a quick and wide turn which is what caused me to notice it. I continued to watch the vehicle as it went south on Federal Hwy. The vehicle would swerve from one side of the lane (L2) to the other. During my observations the vehicle would cross over the center dividing lane separating L2 from L1. On numerous occasions it also entered the grass area along the outside median. The vehicle then changed lanes from L2 to L1 without signaling. On two occasions the vehicle entered an adjacent lane almost striking another vehicle. At approximately 800 N. Federal Hwy I activated my lights while behind the vehicle to conduct a traffic stop. The vehicle continued going until NE 2nd St where it made a right turn and stopped in a Parking lot.<br><br>On approach I spoke with the driver and sole occupant, Muftah-Salem Gargum. While speaking with Gargum I observed the following signs of impairment, he had glassy eyes, and there was a strong odor of an alcoholic beverage emanating from his person. When I requested his driver's license, registration, and insurance, he struggled to find his insurance. He shuffled through his wallet removing numerous cards and pieces of paper before asking what he was looking for. I reminded him that I needed his insurance and he continued looking. He eventually provided me with an insurance that was expired. I requested a current insurance card. Again, Gargum searched through his wallet removing numerous cards and papers before asking what he was looking for.<br><br>I then asked Gargum where he was coming from. Gargum stated that he had just left Novella, the restaurant where he works, and was driving home. He stated he had one drink as part of a celebration with his co-workers after the last customer left at 2400 hours |  |   |
|  | SWORN AND SUBSCRIBED BEFORE ME<br><br><div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p style="text-align: center;"><b>SHANNAHAN, TIMOTHY C</b><br/>NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117.10)</p> <p style="text-align: center;"><u>01/01/2022</u><br/>DATE</p> </div> <div style="width: 45%;"> <p style="text-align: center;">SIGNATURE OF ARRESTING / INVESTIGATING OFFICER</p> <p style="text-align: center;"><b>WALTER ERIC ROCCO (848)</b><br/>NAME OF OFFICER (PLEASE PRINT)</p> <p style="text-align: center;"><u>01/01/2022</u><br/>DATE</p> </div> </div>   |  |   |
|  |  |  | PAGE<br><b>1</b> OF <b>3</b>                                  |

|   |  |  |  |   |                 |                                    |  |  |
|---|--|--|--|---|-----------------|------------------------------------|--|--|
| OBTS Number   | <b>PROBABLE CAUSE AFFIDAVIT<br/>SUPPLEMENT</b>   |  | 1. Arrest<br>2. N.T.A.                             | 3. Request for Warrant<br>4. Request for Capias | <b>1</b>        | JUVENILE                           |  |  |
| A<br>D<br>M<br>I<br>N<br>I<br>S<br>T<br>R<br>A<br>T<br>I<br>V<br>E  | Agency ORI Number<br><b>FL FL0500200</b>   | Agency Name<br><b>BOCA RATON POLICE DEPARTMENT</b> | Agency Report Number<br><b>3   2   2022-000008</b> |   |                 |                                    |  |  |
| Charge Type: Check as many as apply. <input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance<br><input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other   |  |  |  |   |                 |                                    |  |  |
| Name (Last, First, Middle) <b>GARGUM, MUFTAH SALEM R</b>  |  |  |  |   |                 |                                    |  |  |
|   |  |  |  | Race<br><b>W</b>                                | Sex<br><b>M</b> | Date of Birth<br><b>03/22/1958</b> |  |  |
| <p>on 12-31-2021. The one drink was a Johnny Walker Black on the rocks. Later he advised that he had two drinks with his co-workers, a Johnny Walker Black neat (with no ice) and a glass of champaign after the last customer left at 2300 hours on 12-31-2021. Later he advised that he had three drinks, one Johnny Walker Black, a glass of champaign, and a beer.</p> <p>Based on Gargum's driving pattern and my observations, I requested that Gargum exit the vehicle and perform a series of sobriety tasks to dispel my concern he was driving impaired. Gargum agreed to do so, while exiting, Gargum was unstable on his feet and when he was standing. Gargum advised that he had not seen any doctors or dentist, had not taken any medication that would affect his ability to drive, did not have any injuries or deformities that would affect his ability to perform these task's, was not diabetic, and was comfortable in his shoes.</p> <p>The first task was the horizontal gaze nystagmus. While standing in the starting position Gargum was visibly swaying. After explaining the task, Gargum advised he understood. Upon starting Gargum followed the stimulus with his head instead of his eyes. I stopped and explained the task again. Again, Gargum followed the stimulus with his head. I stopped and re-explained the task. On the third attempt Gargum followed with only his eyes. Gargum showed nystagmus at maximum deviation. There was also a lack of smooth pursuit. Gargum on several occasions would stop following the stimulus and would look at me.</p> <p>For each of the following tasks, I read from a pre-printed department issued instruction sheet. I read the task and then demonstrated the tasks to Gargum. The next task was the walk and turn. Gargum struggled to stand in the starting position and feel off the line several times prior to starting. Gargum also began the task several time prior to being instructed to begin. When performing the task's, Gargum fell off the line several times and used his arms for balance during the duration of the task.</p> <p>The next task was the one leg stand. Gargum began the exercise, placed his lifted foot down several times for balance and then quit. I advised him to regain his balance and continue the task. When Gargum resumed the task, he did so by walking down the line similar to the previous task. I stop Gargum and reread the instructions. As I was reading the instruction Gargum again began walking down the line. I stopped Gargum and finished the instructions which he advised he understood. Again, Gargum began walking down the line. At this point I ended this task.</p> <p>The next task was to estimate the passage of time (30 seconds). Gargum estimated this in 24 seconds.</p> <p>The last task was the finger to nose. The order was L-R-L-R-R-L. There was nothing of significance observed in this exercise.</p> |  |  |  |   |                 |                                    |  |  |
| SWORN AND SUBSCRIBED BEFORE ME<br><br><table style="width:100%;"> <tr> <td style="width:50%; text-align: center;"> <b>SHANNAHAN, TIMOTHY C</b><br/> <small>NOTARY PUBLIC / CLERK OF COURT / OFFICER (S.S. 117.10)</small><br/><br/> <b>01/01/2022</b><br/> <small>DATE</small> </td> <td style="width:50%; text-align: center;"> <br/> <small>SIGNATURE OF ARRESTING / INVESTIGATING OFFICER</small><br/><br/> <b>WALTER, ERIC ROCCO (848)</b><br/> <small>NAME OF OFFICER (PLEASE PRINT)</small><br/><br/> <b>01/01/2022</b><br/> <small>DATE</small> </td> </tr> </table>  |  |  |  |   |                 |                                    | <b>SHANNAHAN, TIMOTHY C</b><br><small>NOTARY PUBLIC / CLERK OF COURT / OFFICER (S.S. 117.10)</small><br><br><b>01/01/2022</b><br><small>DATE</small> | <br><small>SIGNATURE OF ARRESTING / INVESTIGATING OFFICER</small><br><br><b>WALTER, ERIC ROCCO (848)</b><br><small>NAME OF OFFICER (PLEASE PRINT)</small><br><br><b>01/01/2022</b><br><small>DATE</small> |
| <b>SHANNAHAN, TIMOTHY C</b><br><small>NOTARY PUBLIC / CLERK OF COURT / OFFICER (S.S. 117.10)</small><br><br><b>01/01/2022</b><br><small>DATE</small>  | <br><small>SIGNATURE OF ARRESTING / INVESTIGATING OFFICER</small><br><br><b>WALTER, ERIC ROCCO (848)</b><br><small>NAME OF OFFICER (PLEASE PRINT)</small><br><br><b>01/01/2022</b><br><small>DATE</small> |  |  |   |                 |                                    |  |  |
|   |  |  |  |   |                 | PAGE<br><b>2 of 3</b>              |  |  |

|   |   |   |                                    |                       |
|---|---|---|------------------------------------|-----------------------|
| OBTS Number<br><br>Agency ORI Number<br><b>FL FL0500200</b>   | <b>PROBABLE CAUSE AFFIDAVIT<br/>SUPPLEMENT</b>  | 1. Arrest<br>2. N.T.A.<br>3. Request for Warrant<br>4. Request for Capias | <b>1</b>                           | JUVENILE              |
| Agency Name<br><b>BOCA RATON POLICE DEPARTMENT</b>  | Agency Report Number<br><b>3   2   2022-000008</b>  |   |                                    |                       |
| Charge Type: Check as many as apply.<br><input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance<br><input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other  |   |   | Special Notes:                     |                       |
| Name (Last, First, Middle)<br><b>GARGUM, MUFTAH SALEM R</b>   |   |   | Race<br><b>W</b>                   | Sex<br><b>M</b>       |
|   |   |   | Date of Birth<br><b>03/22/1958</b> |                       |
| <p>Based on all my observations I determined that Gargum was operating a vehicle under the influence of drugs or alcohol contrary to Florida Statute 316.193(1). I placed Gargum in handcuffs which were checked for tightness and double locked. I transported him to the Boca Raton Police Department where Gargum later provided two samples of his breath (0.131 and 0.145). Gargum was later transported to Palm Beach County Jail. Gargum was issued a citation failure to maintain a single lane (ADR6CUE) and a citation for DUI (A6LQFSE). Gargum's daughter, Sofia Gargum, responded to the scene and collected his vehicle at his request.</p> |   |   |                                    |                       |
| NOT A CERTIFIED COPY  |   |   |                                    |                       |
| PROBABLE CAUSE STATEMENT  | SWORN AND SUBSCRIBED BEFORE ME<br><br><div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p style="text-align: center;"><b>SHANNAHAN, TIMOTHY C</b></p> <p style="text-align: center; font-size: 0.8em;">NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. § 117.10)</p> <p style="text-align: center;"><b>01/01/2022</b></p> <p style="text-align: center; font-size: 0.8em;">DATE</p> </div> <div style="width: 45%; text-align: center;"> <p style="font-size: 0.8em;">SIGNATURE OF ARRESTING / INVESTIGATING OFFICER</p> <p style="text-align: center;"><b>WALTER, ERIC ROCCO (848)</b></p> <p style="text-align: center; font-size: 0.8em;">NAME OF OFFICER (PLEASE PRINT)</p> <p style="text-align: center;"><b>01/01/2022</b></p> <p style="text-align: center; font-size: 0.8em;">DATE</p> </div> </div> |   |                                    |                       |
| ADMINISTRATIVE  |   |   |                                    | PAGE<br><b>3 of 3</b> |

22- 8

10-15: 0211

Obsv: 0219

## DUI INFLUENCE REPORT



BOCA RATON POLICE SERVICES DEPARTMENT  
100 NW 2<sup>nd</sup> Avenue  
Boca Raton, FL 33432



BOCA RATON POLICE SERVICES DEPARTMENT  
DUI INFLUENCE REPORT - PART I

On the 1st day of January, at 0211 AM/PM:

Subject: Gargum, Muftah-Salem Case Number: 22-8

PERSONAL CONTACT

Driving Pattern: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Observation of Driver: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Driver's Statement: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Odors: \_\_\_\_\_  
\_\_\_\_\_

GENERAL OBSERVATIONS

Speech: \_\_\_\_\_

Attitude: \_\_\_\_\_

Clothing: \_\_\_\_\_

Medical Problems: \_\_\_\_\_

Medications: \_\_\_\_\_

Other: \_\_\_\_\_

NOT A CERTIFIED COPY

See PC

Horizontal Gaze Nystagmus:

- |  |   |
|--|---|
| <input type="checkbox"/> Left eye does not follow smoothly           | <input type="checkbox"/> Right eye does not follow smoothly           |
| <input type="checkbox"/> Left eye jerks at 45 degrees angle or less  | <input type="checkbox"/> Right eye jerks at 45 degrees angle or less  |
| <input type="checkbox"/> Distinct jerking left eye maximum deviation | <input type="checkbox"/> Distinct jerking right eye maximum deviation |

Can not do, Why? \_\_\_\_\_

Walk and turn: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Can not do, Why? \_\_\_\_\_

One leg stand: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Can not do, Why? \_\_\_\_\_

Finger to nose: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Can not do, Why? \_\_\_\_\_

Alphabet (speech pattern): \_\_\_\_\_

Can not do, Why? \_\_\_\_\_

Breath/Blood test results: \_\_\_\_\_

State of Florida, County of Palm Beach,  
Sworn and subscribed before me this \_\_\_\_\_ (date) by \_\_\_\_\_.

\_\_\_\_\_  
Notary/Clerk of Court/ Officer (FSS 117.10) Date

\_\_\_\_\_  
Signature of Arresting Officer Name of Officer (print)

ARRESTING OFFICER: ofc. Walter

Name: ofc. Walter Phone # \_\_\_\_\_ Work # \_\_\_\_\_

Address: \_\_\_\_\_

Can testify to: Traffic stop - Driver Contact - BAT Room

Name: ofc. CASAS Phone # \_\_\_\_\_ Work # \_\_\_\_\_

Address: \_\_\_\_\_

Can testify to: BAT Room

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Work # \_\_\_\_\_

Address: \_\_\_\_\_

Can testify to: \_\_\_\_\_

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Work # \_\_\_\_\_

Address: \_\_\_\_\_

Can testify to: \_\_\_\_\_

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Work # \_\_\_\_\_

Address: \_\_\_\_\_

Can testify to: \_\_\_\_\_

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Work # \_\_\_\_\_

Address: \_\_\_\_\_

Can testify to: \_\_\_\_\_

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Work # \_\_\_\_\_

Address: \_\_\_\_\_

Can testify to: \_\_\_\_\_





BOCA RATON POLICE SERVICES DEPARTMENT  
DUI INFLUENCE REPORT - PART II

To be filled out at testing facility

Agency Case # 22-8

I. INTRODUCTION (Instrument Operator faces video camera)

A. The day is Saturday, January, 1st, 2022.  
(day) (month) (date) (year)

B. The time is now approximately 0242 AM/PM.

C. The following is in reference to case number 22-8.

D. Present at this time is ofc. Walter of the Boca Raton Police Department.  
(Officer's Name)

E. Officer Walter, have you arrested Gargum, Muftah-salem in violation of  
Florida State Statute 316.193? (Defendant's name)

F. Did this violation occur within the City of Boca Raton, Palm Beach County, Florida? yes

G.  Mr./Mrs./Ms. Muftah-salem Gargum, I am required to inform you these  
proceedings are being video recorded.

Operator Note: *Video record breath request, breath sample, and interview.*

NOT A CERTIFIED COPY

**II. AT THIS TIME THE ARRESTING OFFICER WILL REQUEST A BREATH SAMPLE.**

*Note: Read only the paragraph applicable to the type of test you are requesting.*

- A.** I am now requesting that you submit to a lawful test of your **BREATH** for the purpose of determining its alcohol content.
- B.** I am now requesting that you submit to a lawful test of your **URINE** for the purpose of determining the presence of chemical or controlled substances.
- C.** I am now requesting that you submit to a lawful test of your **BLOOD** for the purpose of determining its alcohol content and the presence of chemical or controlled substances.

**IMPLIED CONSENT WARNINGS**

*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 Signature: \_\_\_\_\_

*Note: Also read for CDL holders:*

IN ADDITION, your refusal to submit will result in the loss of your commercial privileges for one year from today. If this is your **SECOND REFUSAL**, you will be permanently disqualified from operating a commercial motor vehicle.

*Note: After reading the implied consent warning, the arresting officer must request a breath sample again.*

**(IF REFUSAL THEN)**

At this time ~~Mr.~~ Mrs./Ms. \_\_\_\_\_ has refused to submit to a breath test.

The date is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, and the time is \_\_\_\_\_ AM/PM.  
(month) (day) (year)

A refusal form will be completed by the arresting officer.



BOCA RATON POLICE SERVICES DEPARTMENT  
JUVENILE CONSTITUTIONAL WARNINGS

**Rights of suspects prior to custodial questioning.  
Identify yourself and state:**

I am required to warn you before you make any statement that you have the following Constitutional rights:

- (1) You have the right to remain silent and not answer any questions. *Tell me in your own words what you think this means.  
(You do not have to talk to me or answer any questions about this offense. You can be quiet if you want.)*
- (2) Any statement you make must be freely and voluntarily given. *Tell me in your own words what you think this means.  
(If you do talk to me it has to be because you want to and not because anyone is forcing you to speak.)*
- (3) You have a right to the presence and representation of a lawyer of your choice before you make any statement and during any questioning. *Tell me in your own words what you think this means.  
(You can talk to a lawyer before we ask you any questions and you can have him/her with you now, during our questioning.)*
- (4) If you cannot afford a lawyer, you are entitled to the presence and representation of a court appointed lawyer before you make any statement and during any questioning. *Tell me in your own words what you think this means  
(If you do not have money for a lawyer and you want one, a lawyer will be given to you for free.)*
- (5) If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent. *Tell me in your own words what you think this means.  
(If you decide to talk to me then change your mind, you can stop answering my questions at any time.)*
- (6) I can make no threats or promises to induce you to make a statement. This must be of your own free will. *Tell me in your own words what you think this means  
(I am not allowed to threaten you or make you any promises to get you to talk to me. If you decide to talk, it must be because you want to.)*
- (7) Any statement can be and will be used against you in a court of law. *Tell me in your own words what you think this means  
(Anything you say to me can and will be told to the judge or a jury in court. A judge is a person who decides if you have done something wrong. Sometimes a group of people called a jury decide this, but the Judge is the person who decides what punishment you get.)*
- (8) Do you understand these rights as I have read them to you, and do you wish to speak to me?

Signed: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_



BOCA RATON POLICE SERVICES DEPARTMENT  
TESTING FACILITY TASK REPORT

SUBJECT: Gargum, Muftah - Salem

CASE #: 22-8 DATE: 1-1-22

BREATH TEST RESULTS .131 .145

1) TIME 0248 AM/PM 2) TIME 0251 AM/PM

3) TIME \_\_\_\_\_ AM/PM 4) TIME \_\_\_\_\_ AM/PM

BREATH OPERATOR: Ofc. J. CASAS

MAINTENANCE TECHNICIAN: Ofc. Van Camp

TESTING OFFICER'S OBSERVATIONS

SPEECH: Slurred, thick

ATTITUDE: Cooperative - Calm

CLOTHING: white shirt, black pants, Black shoes

MEDICAL CONDITION: \_\_\_\_\_

OTHER: bloodshot eyes

COMMENTS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Identify yourself and state:**

I am required to warn you before you make any statement that you have the following Constitutional rights:

- (1) You have the right to remain silent and not answer any questions.
- (2) Any statement you make must be freely and voluntarily given.
- (3) You have a right to the presence and representation 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 and representation of a court appointed lawyer before you make any statement 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 be and will be used against you in a court of law.
- (8) Do you understand these rights as I have read them to you, and do you wish to speak to me?

Signed: Lead on Camera Date: \_\_\_\_\_ Time: \_\_\_\_\_

**QUESTIONS AND ANSWERS**

Were you operating a motor vehicle at the time of the accident/stop? \_\_\_\_\_

Where were you going? \_\_\_\_\_

What street or highway were you on? \_\_\_\_\_

Direction of travel? \_\_\_\_\_

Where did you start driving from? \_\_\_\_\_

What city (county) were you stopped in? \_\_\_\_\_

What time did you start? \_\_\_\_\_ AM/PM What time is it now? \_\_\_\_\_

What is today's date? \_\_\_\_\_ What day of the week is it? \_\_\_\_\_

When did you last eat? \_\_\_\_\_ What did you eat? \_\_\_\_\_

What have you been doing the past three hours prior to this stop/accident? \_\_\_\_\_

How much do you weigh? \_\_\_\_\_ Have you been drinking? \_\_\_\_\_ What were you drinking? \_\_\_\_\_

How much? \_\_\_\_\_ Where? \_\_\_\_\_ With whom were you drinking? \_\_\_\_\_

When did you have your first drink? \_\_\_\_\_ AM/PM When did you stop drinking? \_\_\_\_\_ AM/PM

How did you consume your last two drinks? \_\_\_\_\_

Are you under the influence of alcohol now?  Yes  No

Can you feel the effects of alcohol?  Yes  No

Have you consumed alcohol since the accident?  Yes  No

Can you feel the effects of alcohol?  Yes  No

Have you consumed alcohol since the accident?  Yes  No How much? \_\_\_\_\_

What? \_\_\_\_\_ Where? \_\_\_\_\_

What line of work are you in? \_\_\_\_\_

When did you last work? \_\_\_\_\_

Do you have any physical defects or injuries?  Yes  No If yes, explain: \_\_\_\_\_

Are you sick or injured?  Yes  No If yes, explain: \_\_\_\_\_

Do you limp?  Yes  No Did you get a bump on the head?  Yes  No

Were you in an accident today? \_\_\_\_\_

Have you taken any drugs or smoked marijuana today? \_\_\_\_\_

What? \_\_\_\_\_ When? \_\_\_\_\_

Have you seen a doctor or dentist today?  Yes  No Who? \_\_\_\_\_

Are you taking any prescription medications?  Yes  No What? \_\_\_\_\_ When? \_\_\_\_\_

Do you have: Epilepsy?  Yes  No Inner ear trouble?  Yes  No

Glass eye?  Yes  No Ear infection?  Yes  No

False teeth?  Yes  No Diabetes?  Yes  No

Any problems not correctable by glasses or contact lenses? \_\_\_\_\_

Do you take insulin?  Yes  No If yes, when was your last injection? \_\_\_\_\_

Have you ever had a driver's license in any other state? \_\_\_\_\_

I am now ending this video recording. The time is now approximately 0255 AM/PM.

The date is January, 1st, 2022.  
(month) (day) (year)

**IMPORTANT INSTRUCTIONS REGARDING A NON-CRIMINAL TRAFFIC  
INFRACTION NOT REQUIRING A COURT APPEARANCE**

If you were charged with a civil infraction, you must complete one of the following options **WITHIN 30 CALENDAR DAYS** of the date of this citation. If you fail to comply **WITHIN 30 CALENDAR DAYS**, your driving privilege will be suspended until you comply. You will then be subject to additional penalties. Please see the front of the citation for the contact information for the Clerk of Court in the county where this violation occurred.

**OPTION 1:** You may pay the civil penalty listed on the front of this citation to the Clerk of Court. You must enclose this citation if you mail payment, which may be a money order or a cashier's check. The clerk \_\_\_\_\_ does \_\_\_\_\_ does not accept personal checks. You may pay this citation on-line at [www.payfclerk.com](http://www.payfclerk.com). Payment of the civil penalty is considered a conviction and points will be assessed, if applicable. Proof of compliance in the form of a driver license or registration certificate, whichever is applicable, is required in addition to payment if you were cited for driver license expired less than 6 months, expired tag less than 6 months, failure to display a valid driver license or failure to display a valid registration. You will be required to complete a driver improvement course if you are convicted of running a red light or passing a school bus. Your driving privilege will be suspended if you are convicted of not providing proof of insurance. Accumulation of points may increase the cost of your insurance.

**OPTION 2:** If you were cited for expired driver license, failure to display a valid driver license, expired tag, failure to possess a valid registration, or no proof of insurance, you may show proof to the Clerk of Court that you had a valid driver license, tag/registration, or insurance, whichever is applicable, at the time of the offense. The charge will be dismissed upon payment of a dismissal fee.

**OPTION 3:** If you **DO NOT** hold a commercial driver license and you were cited for driver license expired 6 months or less, expired tag 6 months or less, failure to display a valid driver license, failure to possess a valid registration, no proof of insurance, or driving while license suspended (see s. 322.34(10a) F.S.), you may elect to show proof of compliance to the Clerk of Court in the form of a valid driver license, registration, or proof of insurance, whichever is applicable. You may only make one such election per 12 month period and no more than 3 elections in a lifetime. You must pay court costs and adjudication will be withheld.

**OPTION 4:** If you **DO NOT** hold a commercial driver's license, you may be eligible to elect to complete a Florida driver improvement course. You must contact the Clerk of Court to make this election. You may make only 1 such election per 12 month period and not more than 5 elections in your lifetime. Please visit [www.flhsmv.gov](http://www.flhsmv.gov) for a list of approved courses and to determine your eligibility for this election. Adjudication will be withheld and points will not be assessed. You must pay a civil penalty and court costs. This option is not available for certain traffic offenses, including driver license, tag, and registration violations. Completion of a driver improvement course is required if you are cited for running a red light/traffic control device, even if you do not make this election.

**OPTION 5:** You may elect a court hearing by contacting the Clerk of Court. If you request a hearing and the County Judge/Magistrate/Hearing Officer determines that you have committed the offense, the County Judge/Magistrate/Hearing Officer may impose a penalty of up to \$500 (or \$1,000 if a fatality occurred) and/or require completion of a driver improvement course. Points may be assessed. If it is determined that no infraction has been committed, no cost or penalties shall be imposed.

**OPTION 6:** If you were cited with a non-criminal violation of operating a motor vehicle in an unsafe condition (s. 316.610 F.S.) or not properly equipped (s. 316.610, F.S. or s. 316.2935, F.S.), you may have the defect corrected, then contact your local county or city law enforcement agency to have the correction certified below. You must pay the local law enforcement agency \$ \_\_\_\_\_ for this service. You may then mail or present this affidavit of compliance along with \$ \_\_\_\_\_ to the Clerk of Court within 30 calendar days of the date of this citation. No points will be assessed. This option does not apply to a commercial motor vehicle or a transit bus owned by a governmental entity.

**FAULTY EQUIPMENT AFFIDAVIT OF COMPLIANCE  
(Law Enforcement Use Only)**

I certify that the defective equipment described herein has been corrected and complies with the requirements of the Florida traffic laws.

DATE \_\_\_\_\_ ASSIGNED DHSMV AGENCY#: \_\_\_\_\_

Signed \_\_\_\_\_  
Name, Title, and ID #

**Information Regarding Review Hearing**

**FINAL ORDER**

This will serve as notice of final order of license suspension/disqualification effective on the date it was issued to you. You may request a formal or informal review of the suspension/disqualification.

If you want the department to conduct a review of your suspension/disqualification, you must request such review at the location indicated on the reverse side. Your request must be submitted in writing within ten calendar days following the date of suspension/disqualification, and include your complete name, address, date of birth, driver license number, residence and work telephone numbers, date of suspension/disqualification, citation number and county where the suspension/disqualification occurred.

**INFORMAL REVIEW**

The informal review shall consist solely of an examination of the materials submitted by you and the law enforcement officer or correctional officer.

**FORMAL REVIEW**

The formal review allows you to be heard and present witnesses in regard to this suspension/disqualification.

**DRIVING WITH AN UNLAWFUL BLOOD OR BREATH  
ALCOHOL LEVEL (.08 OR ABOVE)**

1. Whether the arresting law enforcement officer had probable cause to believe that the person was driving or in actual physical control of a motor vehicle in this state while under the influence of alcoholic beverages or controlled substances (DUI).
2. Whether the person had an unlawful blood or breath alcohol level (.08 or above).

**REFUSAL TO SUBMIT TO A BREATH, BLOOD OR URINE TEST**

1. Same as number 1 above.
2. Whether the person refused to submit to any such test after being requested to do so by a law enforcement officer or correctional officer.
3. Whether the person was told that if he or she refused to submit to such test, his or her privilege to operate a motor vehicle would be suspended.

**IN CASE OF A DISQUALIFICATION THE FOLLOWING ISSUES  
WILL BE CONSIDERED:**

**DRIVING WITH AN UNLAWFUL BLOOD OR BREATH  
ALCOHOL LEVEL (.08 OR ABOVE)**

1. Whether the arresting law enforcement officer had probable cause to believe that the person was driving or in actual physical control of a commercial motor vehicle, or any motor vehicle if the driver holds a commercial driver's license, in this state while he or she had any alcohol, chemical substances, or controlled substances in his or her body.
2. Whether the person had an unlawful blood-alcohol level or breath-alcohol level of 0.08 or higher.

**REFUSAL TO SUBMIT TO A BREATH, BLOOD, OR URINE TEST**

1. Same as number one above.
2. Whether the person refused to any such test after being requested to do so by a law enforcement officer or correctional officer.
3. Whether the person was told that if he or she refused to submit to any such test, his or her privilege to operate a commercial motor vehicle would be disqualified.

**FAILURE TO REQUEST A REVIEW WITHIN THE 10 DAY PERIOD SHALL RESULT IN THE  
WAIVER OF YOUR RIGHT TO A REVIEW OF THE SUSPENSION/DISQUALIFICATION.**

**Location of Administrative Reviews Hearing Offices**

- |  |  |  |
|--|--|--|
| 1. <b>Clearwater 33762</b><br>4585 140th Avenue North<br>Suite 1002        | 6. <b>Jacksonville 32219-3597</b><br>7439 Wilson Boulevard,<br>Room #9 | 11. <b>Panama City 32401-2230</b><br>The Lincoln Center 237 W. 15th Street |
| 2. <b>Daytona Beach 32114-4663</b><br>995 Orange Avenue                    | 7. <b>Lake Worth 33467</b><br>6801 Lake Worth Road,<br>Suite 230       | 12. <b>Pensacola 32504-6331</b><br>7282 Plantation Road,<br>Suite 406      |
| 3. <b>Fort Myers 33901</b><br>4048 Evans Avenue,<br>Suite 305              | 8. <b>Lauderdale Lakes 33311</b><br>3708 West Oakland Park Boulevard   | 13. <b>Tallahassee 32301-3817</b><br>504-A Capital Circle S.E.             |
| 4. <b>Fort Pierce 34982-8105</b><br>3220 South Federal Highway,<br>Suite B | 9. <b>Miami 33135-1422</b><br>2515 West Flagler Street                 | 14. <b>Tampa 33610-4479</b><br>2814 East Hillsborough Avenue               |
| 5. <b>Gainesville 32609-2861</b><br>2815 N.W. 13th Street, Suite 302       | 10. <b>Melbourne 32901-7121</b><br>2325 S. Babcock Street, Suite B     | 15. <b>Orlando 32810-4221</b><br>4101 Clarcona-Ocoee Road,<br>Suite 152    |
|  |  | 16. <b>Winter Springs 32708</b><br>290 East State Road 434                 |





**Palm Beach County Sheriff's Office – Arrests Only**

|   | X                                   | Florida State Statute                   | Description  | Page Number(s) |
|---|-------------------------------------|---|--|----------------|
| L/E Exemptions  | <input type="checkbox"/>            | 119.071(2)(d)                           | Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations. |                |
|   | <input type="checkbox"/>            | 943.053, 943.0525                       | NCIC/FCIC/FBI and in-state FDLE/DOC.   |                |
|   | <input type="checkbox"/>            | 119.071(4)(c)                           | Undercover personnel.  |                |
|   | <input type="checkbox"/>            | 119.071(2)(f)                           | Confidential informants (CIs).   |                |
|   | <input type="checkbox"/>            | 119.071(2)(e)                           | Confession.  |                |
| Public Info. Exemptions                                     | <input type="checkbox"/>            | 985.04(1)                               | Juvenile offender records.   |                |
|   | <input type="checkbox"/>            | 119.071(h)(i)                           | Assets of a crime victim.  |                |
|   | <input type="checkbox"/>            | 395.3025(7)(a),<br>456.057(7)(a)        | Medical information.   |                |
|   | <input type="checkbox"/>            | 394.4615(7)                             | Mental health information.   |                |
|   | <input type="checkbox"/>            | 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) | <input checked="" type="checkbox"/> | (iii) 119.0714(1)(i)-(j),<br>(2)(a)-(e) | Social Security, bank account, charge, debit, and credit card numbers.   | 2              |
|   | <input type="checkbox"/>            | (viii) 394.4615(7)                      | Clinical records under the Baker Act.  |                |
|   | <input type="checkbox"/>            | (xii) 741.30(3)(b)                      | The victim's address in a domestic violence action on petitioner's request.  |                |
|   | <input type="checkbox"/>            | (xiii) 119.071(2)(h),<br>119.0714(1)(h) | Protected information regarding victims of child abuse or sexual offenses.   |                |
|   | <input type="checkbox"/>            |   |  |                |
|   | <input type="checkbox"/>            |   |  |                |
|   | <input type="checkbox"/>            |   |  |                |
|   | <input type="checkbox"/>            |   |  |                |
| Other   | <input type="checkbox"/>            |   | Other:   |                |
|   | <input type="checkbox"/>            |   | Other:   |                |

REVIEW COMPLETED BY

|                            |                                    |
|----------------------------|------------------------------------|
| Booking Number: 2022000041 | Date: 1/2/2022                     |
|                            | Specialist Name/ID: M. Tooks #8557 |