

5-0528527

229118

SG

P-1277

ARREST / NOTICE TO APPEAR

- 1. Arrest (No Warrant)
- 2. N.T.A.
- 3. Request for Warrant
- 4. Request for Capias
- 5. Juvenile Referral

1 JUVENILE

OBTS Number: _____ Agency Name: **Boca Raton Police Department** Agency Report Number (N.T.A.'s only): **3 | 2 | 2022-000157**

Agency ORI Number: **0500200**

Charge Type: 1. Felony 2. Traffic Felony 3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 6. Other

Location of Arrest (Including Name of Business): **3000 AIRPORT RD, BOCA RATON, FL 33431** Location of Offense (Business Name, Address): **3000 AIRPORT RD, BOCA RATON, FL 33431**

Date of Arrest: **01/05/2022** Time of Arrest: **01:21** Booking Date: **01/05/2022** Booking Time: **01:43** Jail Date: **01/05/2022** Jail Time: **01:43** Location of Vehicle: **WESTWAY TOWING**

Name (Last, First, Middle): **BENJAMIN, RYAN RICHARD** Alias: _____ Alias (Name, DOB, Soc. Sec. #: Etc.): _____

Race: **W - White** Sex: **M** Date of Birth: **05/10/1980** Height: **6'01** Weight: **170** Eye Color: **BROWN** Hair Color: **BROWN** Complexion: **LIGHT** Build: **Thin**

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description): _____ Marital Status: **S** Religion: **NONE** Indication of Alcohol Influence: Yes No Unk. Drug Influence

Local Address (Street, Apt. Number): **32 SE 2ND AVE 606, DELRAY BEACH, FL 33444** (City) (State) (Zip) Phone: **(401) 743-2428** Residence Type: 1. City 2. Country 3. Florida 4. Out of State | 2

Permanent Address (Street, Apt. Number): **32 SE 2ND AVE 606, DELRAY BEACH, FL 33444** (City) (State) (Zip) Phone: **(401) 743-2428** Address Source: **FL DL**

Business Address (Name, Street): **HEALTH CONSULTANT,** (City) (State) (Zip) Phone: _____ Occupation: **Ceo**

D/L Number, State: **B525736801700 / FL** [Redacted] INS Number: _____ Place of Birth (City, State): **TOWANDA, PA, United** Citizenship: **US**

Co-Defendant Name (Last, First, Middle): _____ Race: _____ Sex: _____ Date of Birth: _____ 1. Arrested 3. Felony 5. Juvenile 2. At Large 4. Misdemeanor

Co-Defendant Name (Last, First, Middle): _____ Race: _____ Sex: _____ Date of Birth: _____ 1. Arrested 3. Felony 5. Juvenile 2. At Large 4. Misdemeanor

Parent Other: _____ Name (Last, First, Middle): _____ Residence Phone: _____

Legal Custodian _____ Address (Street, Apt. Number): _____ (City) (State) (Zip) Business Phone: _____

Notified by (Name): _____ Date: _____ Time: _____ JUVENILE DISPOSITION: 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated

Released To (Name): _____ Relationship: _____ Date: _____ Time: _____

The above address was provided by defendant and/or 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.

Property Crime? Yes No Description of Property: _____ Value of Property: _____

Charge Description: **DRIVE UNDER INFLUENCE ALC** Statute Violation Number: **316.193(1A)** Violation of ORD #: _____

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
N	N	/	/	1	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N		

Charge Description: _____ Statute Violation Number: _____ Violation of ORD #: _____

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
					<input type="checkbox"/> Y <input type="checkbox"/> N		

Charge Description: _____ Statute Violation Number: _____ Violation of ORD #: _____

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
					<input type="checkbox"/> Y <input type="checkbox"/> N		

Health / Apparent Physical Condition of Defendant: **GOOD** Any knowledge of the following: Mental Escape Risk Medication Deformities Injuries

Check which applies: Released O.R. Released to Parent/Guardian T.O.T. County Jail Posted Bond South County Mental Health

PROPERTY - Received By: **J. CASAS 818** Released By: _____ Released To: **TOT CJ**

Transported By: _____ Date Transported: _____ Time Transported: _____ Other: _____

INSTRUCTION NO. 1 - Mandatory appearance in Court INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.

Location (Court, Room): **South County 200 W Atlantic Ave Delray Beach, FL 33444** Court Date and Time: **02/07/2022 08:30:00**

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: **1/5/22**

HOLD for Other Agency: _____ Signature of Arresting Officer: _____ Name Verification (Printed by Arrestee): _____

Dangerous Resisted Arrest Suicidal Other

Name of Arresting Officer (Print): **CASAS, J.** I.D. #: **818** (PRINT) **Ryan Benjamin**

Intervenor: **OT Montecarlo** I.D. #: _____ Pouch #: _____ Transporting Officer: **POSSAT** I.D. #: **830** Agency: **BRPD** Witness here if subject signed with an "X": _____

PAGE 1 OF 1

PROBABLE CAUSE AFFIDAVIT

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

1 JUVENILE

OBTS Number	Agency ORI Number FL FL0500200		Agency Name BOCA RATON POLICE DEPARTMENT	Agency Report Number 3 2 2022-000157
Charge Type: Check as many as apply.				Special Note:
<input type="checkbox"/> 1. Felony	<input type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 3. Misdemeanor	<input checked="" type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other

Name (Last, First, Middle) BENJAMIN, RYAN RICHARD	Alias	Race W	Sex M	Date of Birth 05/10/1980
Charge Description 316.193(1A) DUI	Charge Description			
Charge Description	Charge Description			

Victim's Name (Last, First, Middle) State of Florida	Race	Sex	Date of Birth
Local Address (Street, Apt. Number) (City) (State) (Zip)	Phone	Address Source	
Business Address (Name, Street) (City) (State) (Zip)	Phone	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.
 The Person taken into custody ...
 committed the below acts in my presence. was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.
 confessed to _____ admitting to the below facts. was found to have committed the below acts, resulting from my (described) investigation.
 On the 5 day of January, 2022 at 01:21 (Specifically include facts constituting cause for arrest.)

On 1/5/2022, at approximately 0056 hours, I was clearing from a traffic stop in the area of 1500 W Glades Rd when I observed a white infinity Q50 (FL - LRWG49) stopped at the intersection of W Glades Rd and NW 15th Ave. The Infiniti was in the right eastbound through-lane. I then observed the Infiniti reverse, and turn the wheel, causing the vehicle to block the left and center through-lanes at a slant. The vehicle remained stopped, blocking the through-lanes at a slant, for approximately 15 seconds before it pulled forward toward the intersection. The Infiniti then stopped in the left through-lane while it waited for the red light to turn green. When the light turned green, the Infiniti made a left turn from the through-lane and began traveling northbound on Airport Rd. I initiated a traffic stop on the vehicle after completing the turn and the vehicle came to a stop in the area of 3000 Airport Rd.

I approached the vehicle from the driver side and made contact with the driver of the vehicle, Ryan Benjamin (identified via FL DL). While speaking with Benjamin, I observed that his eyes were red and glassy, his speech was thick and slurred, and he had an overwhelmingly strong odor of an unknown alcoholic beverage emanating from his breath when he spoke. Benjamin provided me with his FL DL but was slow to provide his registration and proof of insurance. He needed to be reminded several times to provide these documents.

According to Benjamin, he was on his way home to Delray Beach. Benjamin stated he had been at Capital Grill. When asked how much alcohol he consumed this evening, Benjamin stated he drank approximately 3 beers. According to Benjamin, he was not sick or injured. Benjamin claimed he had a broken ankle but then said it happened a few years ago. According to Benjamin, the ankle injury caused him to limp. Ankle injury aside, Benjamin stated he felt comfortable walking in the shoes he was wearing. Benjamin also advised that he had not consumed any prescription medications or drugs and had not smoked any marijuana. Lastly, Benjamin stated he was not diabetic or epileptic, and did

SWORN AND SUBSCRIBED BEFORE ME	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
SCANNED NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117.10) KINGMAN, DARRYL	
<u>01/05/2022</u> DATE	CASAS, JAVIER (818) NAME OF OFFICER (PLEASE PRINT)
	<u>01/05/2022</u> DATE
	PAGE 1 OF 3

OBTS Number	PROBABLE CAUSE AFFIDAVIT SUPPLEMENT		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	JUVENILE
A D M I N I S T R A T I V E	Agency ORI Number FL FLO500200	Agency Name BOCA RATON POLICE DEPARTMENT	Agency Report Number 3 2 2022-000157			
Charge Type: Check as many as apply: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other					Special Notes:	
D E F	Name (Last, First, Middle) BENJAMIN, RYAN RICHARD			Race W	Sex M	Date of Birth 05/10/1980
P R O B A B L E	<p>not have anything wrong with his eyes that isn't corrected by glasses or contacts. I then requested that Benjamin submit to Standardized Field Sobriety Exercises, and he agreed to participate.</p> <p>The first exercise was Horizontal Gaze Nystagmus. I administered the instructions and Benjamin stated that he understood. I first ensured that Benjamin's eyes had equal pupil sizes and tracked equally. I then continued with the exercise. Benjamin displayed lack of smooth pursuit, distinct and sustained nystagmus at maximum deviation, and onset of nystagmus prior to 45 degrees in both eyes. He also displayed Vertical Gaze Nystagmus and lack of convergence.</p> <p>The second exercise was the Walk and Turn. I began to administer the instructions and placed Benjamin in the starting position. Benjamin had difficulty getting into the starting position, claimed it was difficult to do because of his ankle, and said "I couldn't do this if I was sober". Benjamin then took a few steps down the line without being instructed to do so. While taking these steps, I observed that Benjamin missed heel-to-toe, stepped off the line and used his arms for balance. Because Benjamin kept claiming that his ankle injury did not allow him to properly perform this exercise, I offered to move on to the next exercise and he agreed to bypass this exercise and continue with the others.</p> <p>The third exercise was the One-Leg Stand. I administered the instructions and demonstrated how the exercise should be completed. Benjamin stated he understood. Benjamin swayed, used his arms for balance, and put his foot down several times during the exercise.</p> <p>The fourth exercise was the Finger to Nose. I confirmed that Benjamin knew his left from his right by asking him to show me his left hand and then his right hand. I then administered the instructions and Benjamin stated he understood. The pattern was L-R-L-R-R-L.</p> <p>L - Touched under his left nostril and held his finger in place. R - Touched under his right nostril and held his finger in place. L - Touched his right nostril, held his finger in place, and had his eyes open. R - Touched his right nostril and held his finger in place. R - Raised his left hand, corrected himself, used his right hand to touch his right nostril, held his finger in place, and had his eyes open. L - Touched his left nostril, held his finger in place, and had his eyes open.</p> <p>The final exercise was the modified Romberg balance test. I demonstrated the passage of 30 seconds using a stopwatch, administered the instructions and conducted the exercise. Benjamin estimated the passage of 30 seconds in 49 seconds. He also swayed while the exercise was being conducted.</p>					
C A U S E	<p>SWORN AND SUBSCRIBED BEFORE ME</p> <p style="text-align: center;">KINGMAN, DARRYL NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117.10)</p> <p style="text-align: center;">01/05/2022 DATE</p>					
S T A T E M E N T	<p style="text-align: center;"> SIGNATURE OF ARRESTING / INVESTIGATING OFFICER</p> <p style="text-align: center;">CASAS, JAVIER (818) NAME OF OFFICER (PLEASE PRINT)</p> <p style="text-align: center;">01/05/2022 DATE</p>					
A D M I N I S T R A T I V E						PAGE 2 OF 3

22-157
Benjamin, Ryan
DOB: 05/10/1980
Arrest: 0121H

DUI INFLUENCE REPORT



BOCA RATON POLICE SERVICES DEPARTMENT
100 NW 2nd Avenue
Boca Raton, FL 33432

See PIC & Video



BOCA RATON POLICE SERVICES DEPARTMENT
DUI INFLUENCE REPORT - PART I

On the _____ day of _____, at _____ AM/PM:

Subject: _____ Case Number: _____

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 EIC & Video

Horizontal Gaze Nystagmus:

- Left eye does not follow smoothly
- Left eye jerks at 45 degrees angle or less
- Distinct jerking left eye maximum deviation
- Right eye does not follow smoothly
- Right eye jerks at 45 degrees angle or less
- 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: J. Casas

Name: J. Rosario Phone # 561-338-1234 Work # _____

Address: 100 NW 3rd Ave, Boca Raton, FL

Can testify to: SFSTS

Name: B. De La Riva Phone # 561-338-1234 Work # _____

Address: 100 NW 3rd Ave, Boca Raton, FL

Can testify to: Break Tech

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

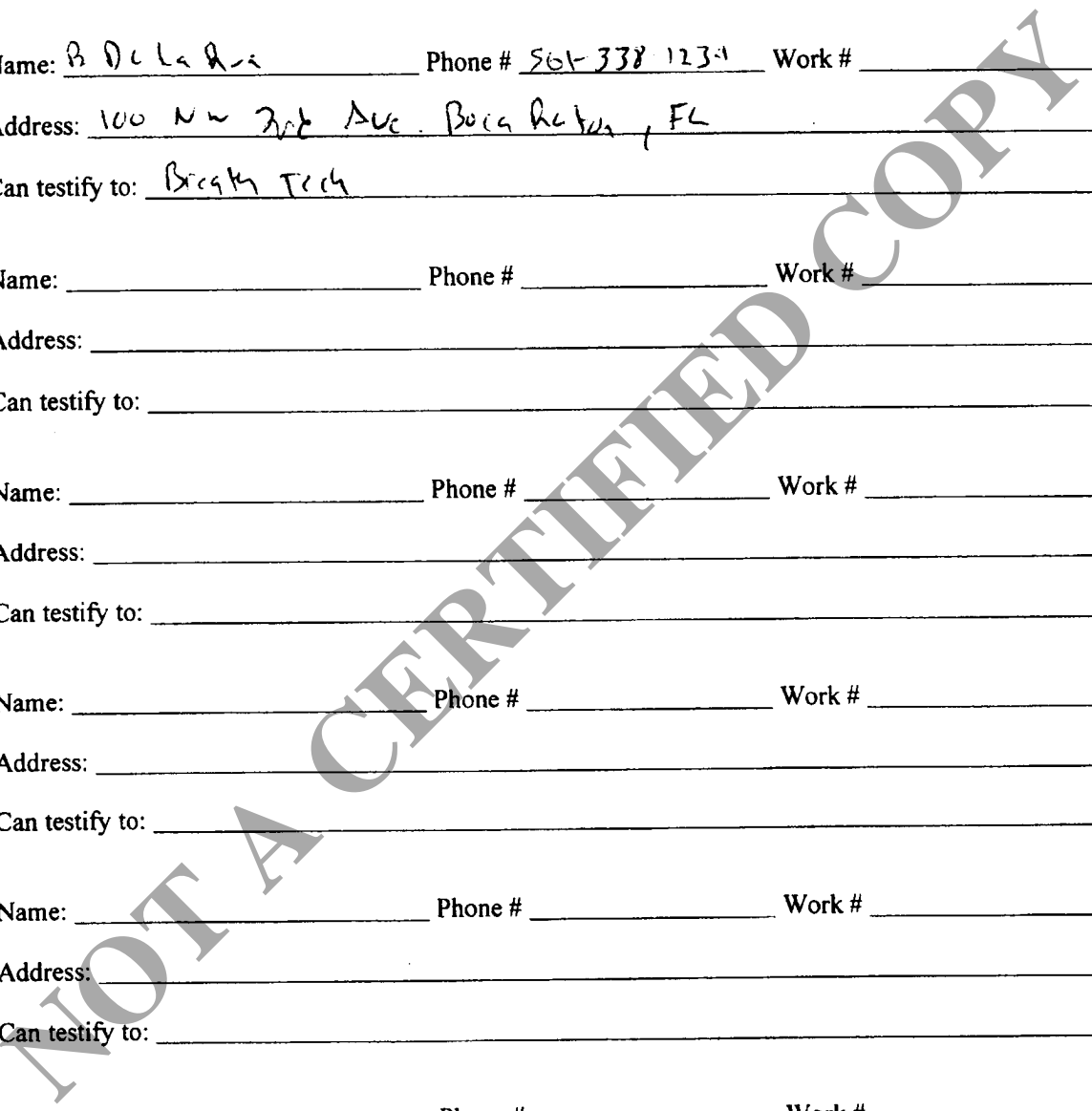
Address: _____

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 # 2022-157

I. INTRODUCTION (Instrument Operator faces video camera)

A. The day is Wednesday, January, 05, 2022.
(day) (month) (date) (year)

B. The time is now approximately 0209 AM/PM.

C. The following is in reference to case number 2022-157.

D. Present at this time is Officer T. Cass's of the Boca Raton Police Department.
(Officer's Name)

E. Officer Cass's, have you arrested Ryan Benjamin 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. Benjamin, 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 J. Casaj of the Boca Raton Police Dept.

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: DAVID DEO

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. Benjamin has refused to submit to a breath test.

The date is January, 5, 2022, and the time is 0211 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: Benjamin, Ryan

CASE #: 2022-157 DATE: 01-05-2022

BREATH TEST RESULTS

- 1) TIME Refused AM/PM 2) TIME 0211 AM/PM
- 3) TIME Refused AM/PM 4) TIME 0211 AM/PM

BREATH OPERATOR: B. De La Rosa

MAINTENANCE TECHNICIAN: J. Vancamp

TESTING OFFICER'S OBSERVATIONS

SPEECH: Slurr

ATTITUDE: Good, Repetitive

CLOTHING: Blue Jacket, Blue Jeans

MEDICAL CONDITION: none

OTHER: red face, 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: Read 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

Refused

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 0213 AM/PM.

The date is January, 5, 2022.
(month) (day) (year)



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), 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), (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), 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"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2022000297	Date: 01/06/2022
	Specialist Name/ID: T Howard/7185