

2023 CT-23290 ANB

Agency ICR Number FL0502600		Agency Name PALM BEACH GARDENS POLICE DEPARTMENT		Agency Report Number 78 - 23066431	
Charge Type: Check as many as apply.		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 <input type="checkbox"/>		Weapon Subst / Type 2. 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>	
Location of Arrest (Including Name of Business) Alternate AIA/Lighthouse Dr. PALM BEACH GARDENS, FL, 33410		Location of Offense (Business Name, Address) Alternate AIA/Lighthouse Dr. PALM BEACH GARDENS, FL, 33410			
Date of Arrest 12/31/2023	Time of Arrest 01:24	Booking Date	Booking Time	Jail Date	Jail Time
Name (Last, First, Middle) Markey, Colin, R		Alias (Name, DOB, Soc. Sec. #, Etc.)			
Race W - White 1 - American Indian B - Black 0 - Oriental/Asian	Sex W M	Date of Birth 11/19/1990	Height 600	Weight 170	Eye Color Blue
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) None		Marital Status Single	Religion NONE	Indication of Alcohol Influence Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>	
Local Address (Street, Apt. Number) (City) (State) (Zip) 817 Delmar Way Apt. 410 Delray Beach, FL 33483		Phone (914) 584-7709		Residence Type: 1. City <input type="checkbox"/> 2. County <input type="checkbox"/> 3. Florida <input type="checkbox"/> 4. Out of State <input checked="" type="checkbox"/>	
Permanent Address (Street, Apt. Number) (City) (State) (Zip) 817 Delmar Way Apt. 410 Delray Beach, FL 33483		Phone		Address Source Verbal	
Business Address (Name, Street) (City) (State) (Zip) Unemployed		Phone		Occupation Unemployed	
D/L Number, State 238365221 CT	Soc. Sec. Number	INS Number		Place of Birth (City, State) Stanford, CT	Citizenship US
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	
Parent Legal Custodian Other: Name (Last) (First) (Middle)		Residence Phone		Business Phone	
Address (Street, Apt. Number) (City) (State) (Zip)		Business Phone		Residence Phone	
Notified by: (Name) (Date) (Time)		Juvenile Disposition 1. Handled/Processed within Dept. and Released. <input type="checkbox"/> 2. TOT HRS / DYS <input type="checkbox"/> 3. Incarcerated <input type="checkbox"/>		Grade	
Released To: (Name) (Relationship) (Date) (Time)		School Attended		Grade	
The above address 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 (Phone 355-2626) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No, (Reason)		Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property	
Drug Activity N. N/A S. Sell P. Possess		R. Smuggle D. Deliver E. Use		K. Dispense/Distribute M. Manufacture/Produce/Cultivate Z. Other	
Drug Type N. N/A		B. Barbiturate C. Cocaine E. Heroin		H. Hallucinogen M. Marijuana O. Opium/Deriv. P. Paraphernalia/Equipment S. Synthetics U. Unknown Z. Other	
Charge Description DUI - Breath Above .08		Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 316.193(1)(C)	
Drug Activity Drug Type Amount / Unit N N N		Offense #		Warrant / Capias Number	
Charge Description DUI - Breath Above .15		Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 316.193(4)	
Drug Activity Drug Type Amount / Unit N N N		Offense #		Warrant / Capias Number	
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number	
Drug Activity Drug Type Amount / Unit		Offense #		Warrant / Capias Number	
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number	
Drug Activity Drug Type Amount / Unit		Offense #		Warrant / Capias Number	
Location (Court Name, Address) NORTH COUNTY COURTHOUSE, 3188 PGA BOULEVARD, PALM BEACH GARDENS, FL 33410 - PH: (561) 662-6700					
Court Date and Time Month January Day 31 Year 2024 Time 10:00 AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>					
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 12/31/2024	
HOLD for other Agency Name:		Signature of Arresting Officer		Name Verification (Printed by Arrestee)	
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:		Name of Arresting Officer (Print) OFC. Lovett		(PRINT)	
Initiate Deputy J. M. 1016		I.D. #	Pouch #	Transporting Officer OFC. Lovett	ID # 523
Agency FBGPD		Agency FBGPD		Witness here if subject signed with an -X* 1 OF 1	

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PROBABLE CAUSE AFFIDAVIT

Arrested 2. Victim of Offense 3. Request for Release 4. Request for Waiver JUVENILE

Agency ORJ Number: FL FL0502600 Agency Name: Palm Beach Gardens Police Department Agency Identification Number: 7 8 23-006631

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

Name (Last, First, Middle): MARKEY, COLIN R. Race: W Sex: M Date of Birth: 11/19/1990

Charge Description: 316.193(1)(C) DUI - BREATH .08 OR ABOVE; 316.193(4) DUI - BAC ABOVE .15

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. On the 31 day of December 2023 at 02:59

On December 31st, 2023, at approximately 01:06 a.m., I initiated a traffic stop on a grey Jeep SUV, bearing FL tag 57CCSC, at the intersection of Alternate A1A and Lighthouse Dr. in the City of Palm Beach Gardens, FL. During the traffic stop, I made contact with Colin Markey, identified by his CT driver license, the driver and sole occupant of the vehicle. During the pen light task, Markey stated he understood all instructions. During the walk and turn task, Markey stated he understood all instructions.

SWORN AND SUBSCRIBED BEFORE ME. NOTARY PUBLIC / CLERK OF COURT / OFFICER (S.S. 117.10) THOMAS HENRY LEAHEY. SIGNATURE OF ARRESTING / INVESTIGATING OFFICER: LOVETT, JAMES (523). DATE: 12/31/2023

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

Arrest 2-N.T.A. 1-Request for Warrant 1-Requesting Officer's Name CAPTAIN JUVENILE

Agency Number: **FL FL0502600** Agency Name: **Palm Beach Gardens Police Department** 7 | 8 23-005531

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

Name (Last, First, Middle): **MARKEY, COLIN R** Race: **W** Sex: **M** Date of Birth: **11/19/1990**

steps, he took 10 steps, stepped off the line on his 10th step, paused to regain balance on his first two steps, missed heel to toe once, and also placed his index fingers on his nose during the task. He then made an improper turn. During his second set of steps, he took 12 steps and used his arms for balance.

During the one leg stand task, he did not raise his foot approximately 6 inches off the ground, he looked up from his foot and off into the horizon (a method used to maintain balance based on my training and experience) and did not count.

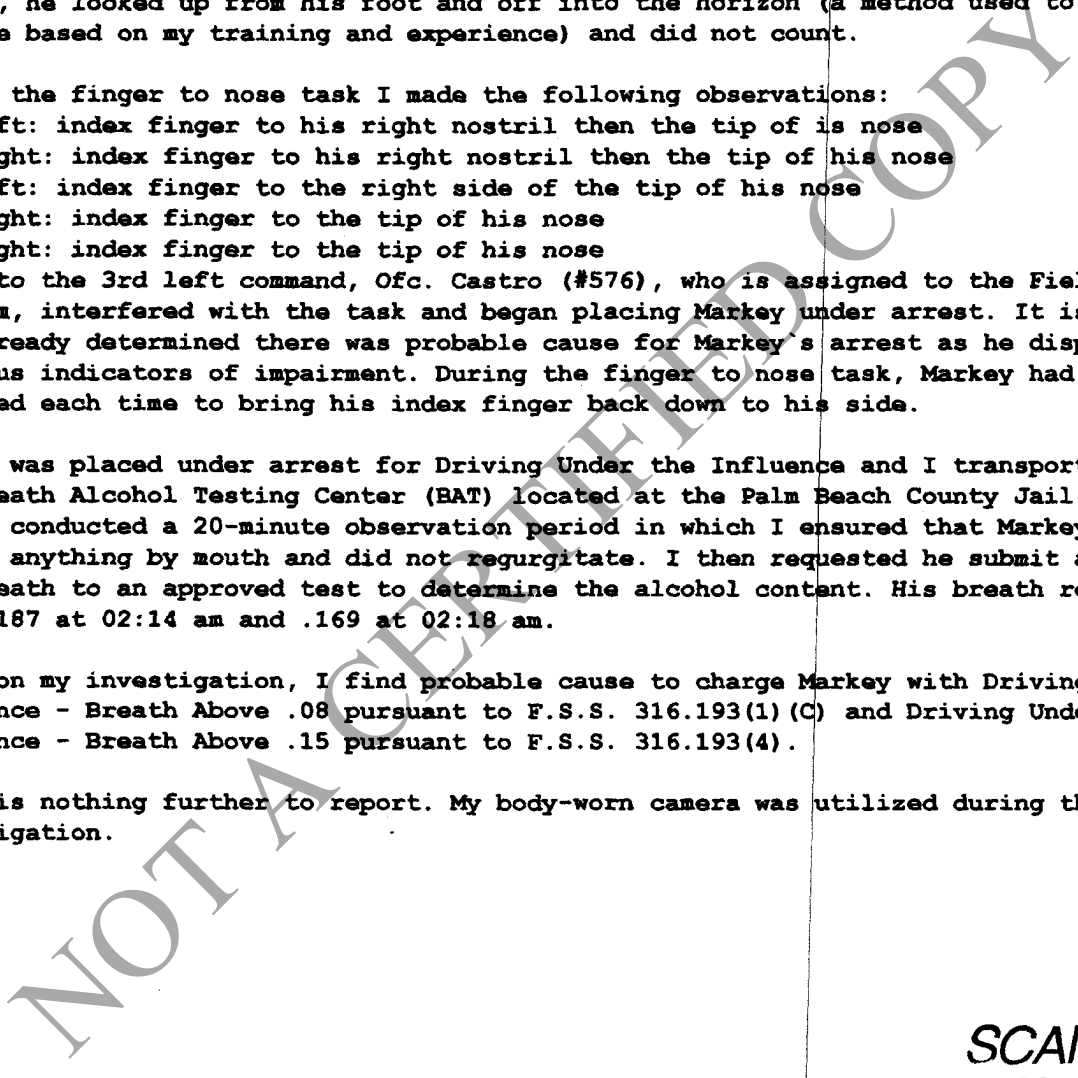
During the finger to nose task I made the following observations:
1st left: index finger to his right nostril then the tip of his nose
1st right: index finger to his right nostril then the tip of his nose
2nd left: index finger to the right side of the tip of his nose
2nd right: index finger to the tip of his nose
3rd right: index finger to the tip of his nose

Prior to the 3rd left command, Ofc. Castro (#576), who is assigned to the Field Training program, interfered with the task and began placing Markey under arrest. It is noted, I had already determined there was probable cause for Markey's arrest as he displayed numerous indicators of impairment. During the finger to nose task, Markey had to be reminded each time to bring his index finger back down to his side.

Markey was placed under arrest for Driving Under the Influence and I transported him to the Breath Alcohol Testing Center (BAT) located at the Palm Beach County Jail. At the BAT, I conducted a 20-minute observation period in which I ensured that Markey did not ingest anything by mouth and did not regurgitate. I then requested he submit a sample of his breath to an approved test to determine the alcohol content. His breath results were .187 at 02:14 am and .169 at 02:18 am.

Based on my investigation, I find probable cause to charge Markey with Driving Under the Influence - Breath Above .08 pursuant to F.S.S. 316.193(1)(C) and Driving Under the Influence - Breath Above .15 pursuant to F.S.S. 316.193(4).

There is nothing further to report. My body-worn camera was utilized during this investigation.



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SWORN AND SUBSCRIBED BEFORE ME
Signature: *J. Lovett*
Notary Public / Clerk of Court / Officer F.S.S. 117.10
Date: 12/31/2023
Signature of Arresting / Investigating Officer: **LOVETT, JAMES (523)**
Name of Officer (Please Print): **LOVETT, JAMES (523)**
Date: **12/31/2023**

TESTING FACILITY TASK REPORT

AGENCY: PBG
SUBJECT: Markey, Colin R
CASE NUMBER: 23-142649
DATE: Dec 31, 2023
VIDEO DVD NUMBER: N/A
BEGINNING TIME: 0210
ENDING TIME: 0220

BREATH TESTS RESULTS: 1) .187 TIME 0214 A.M. P.M. 2) .169 TIME 0218 A.M. P.M.
3) n/a TIME 0 A.M. P.M. 4) n/a TIME 0 A.M. P.M.

BREATH OPERATOR: Thomas H Leahey #19183
MAINTENANCE TECHNICIAN: Jason Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: slurred
ATTITUDE: talkative, calm
CLOTHING: blue jeans, blue l/s shirt, white sneakers
MEDICAL CONDITIONS: Tremfiya
MEDICATIONS: psoriasis

OTHER:

eyes are glassy and bloodshot
odor of unknown alcoholic beverage on breath

COMMENTS:

arrived at center A/O conducted 20 minute observation period 0148 hrs
Subject agreed to perform breath test
subject completed breath test
A/O read rights & subject understood rights
tech read breath test results & subject understood rights
A/O did not attempt Q&A

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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: 80-006239 Software: 8100.27
 Date of Test: 12/31/2023

Date of Last Agency Inspection: 12/08/2023
 Observation Period Began: 01:48
 Subject's Name: COLIN R MARKEY

DOB: 11/19/1990 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	02:12
	Air Blank	0.000	02:13
	Control Test	0.080	02:13
	Air Blank	0.000	02:14
	Subject Sample #1	0.187	02:14
	Air Blank	0.000	02:15
	Air Blank	0.000	02:17
	Subject Sample #2	0.169	02:18
	Air Blank	0.000	02:18
	Control Test	0.079	02:18
	Air Blank	0.000	02:19
	Diagnostics Check	OK	02:19

Cylinder Lot: 06723080A5
 Exp: 04/05/2025

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 THOMAS H LEAHEY, 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: T Leahey Date: 12/31/23
 Signature

Sworn to (or affirmed) before me this 31 day of December 2023

Signature of Notary Public-State of Florida: [Signature] Printed Name of Notary Public-State of Florida: Of J Lovett #523

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.

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**PALM BEACH GARDENS POLICE DEPARTMENT
DUI TESTING FACILITY INFORMATION SHEET**



PBSO Case #: 23-142649 PBSO Zone: 3-13

Agency Case #: 23006631 Crash Case #: _____

Incident Information:

Time of Stop/Crash: 01:06 Date of Incident: 12/31/2023 Day: Sunday

Location of Incident: Alternate A1A/Lighthouse Dr. PALM BEACH GARDENS, FL, 33410

Arrest Information:

Time of Arrest: 01:24 Date of Arrest: 12/31/2024 Day: Sunday

Location of Arrest: Alternate A1A/Lighthouse Dr. PALM BEACH GARDENS, FL, 33410

Subject's Name: (L) Markey, (F) Colin, (M) R

DOB: 11/19/1990 Race: W Sex: M Height: 600 Weight: 170 Hair Brown Eye Blue

Address: 817 Delmar Way Apt. 410 Delray Beach, FL 33483 Phone: (914) 584-7709

Arresting Officer's Name: OFC. Lovett ID#: 523

Agency: PBGPD Division: ROAD PATROL

Breath Results

- 1) .187 at 0214 hrs.
- 2) .169 at 0218 hrs.
- 3) N/A at --- hrs.
- 4) N/A at --- hrs.

---BAT Use---

BAT Notified:	<u>YES</u>
Arrival Time at BAT:	<u>01:48</u>
Subject Arrest Time:	<u>01:24</u>

Breath Test Operator: Leahy 19183

PBSO

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DUI WITNESS LIST

23006631

Arresting Officer: OFC. Lovett 523 Email: Jlovett@pbgfl.com

Agency Address: 10500 N Military Trail, Palm Beach Gardens, FL 33410 Phone: (561) 799-4445

Can Testify To: Facts of Case

Backup Officers: Ofc. Castro (576) Ofc. Hennessy (409) Ofc. Speed (569)

Agency Address: 10500 N Military Trail, Palm Beach Gardens, FL 33410 Phone: (561) 799-4445

Can Testify To: Back up officers

Crash Investigator: _____ Email: _____

Agency Address: _____ Phone: - _____

Breathalyzer Technician: Leahey ID: 19183 Agency: PBSO

DRE: _____ ID# _____ Agency Case #: _____

Agency Address: _____ Phone: _____ Email: _____

Name: _____ **Involvement:** _____

Address: _____ **Phone:** _____

Can Testify To: _____ Wheel Witness

Name: _____ **Involvement:** _____

Address: _____ **Phone:** _____

Can Testify To: _____ Wheel Witness

Name: _____ **Involvement:** _____

Address: _____ **Phone:** _____

Can Testify To: _____ Wheel Witness

Name: _____ **Involvement:** _____

Address: _____ **Phone:** _____

Can Testify To: _____ Wheel Witness

Name: _____ **Involvement:** _____

Address: _____ **Phone:** _____

Can Testify To: _____ Wheel Witness

Name: _____ **Involvement:** _____

Address: _____ **Phone:** _____

Can Testify To: _____ Wheel Witness

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SUBJECT: _____ CASE NUMBER: _____

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? _____

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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: _____

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

SUBJECT: _____

CASE NUMBER: _____

IMPLIED CONSENT FOR DUI IN A MOTOR VEHICLE

NOTE: READ ONLY THE PARAGRAPH APPLICABLE TO THE TYPE OF TEST YOU ARE REQUESTING.

I am now requesting that you submit to a lawful test of your **BREATH** for the purpose of determining its alcohol content.

OR

I am now requesting that you submit to a lawful test of your **URINE** for the purpose of determining 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 refuse to take the test I have requested of you, your driving privilege will be suspended for a period of one (1) year for a FIRST REFUSAL, or eighteen (18) months if your driving privilege has been PREVIOUSLY SUSPENDED, or if you have been PREVIOUSLY FINED under s. 327.35215, for refusing to submit to a lawful test of your breath, urine, or blood. Additionally, if you refuse to take the test I have requested of you, and if your driving privilege has been previously suspended, or if you have been previously fined under s. 327.35215, for a refusal to submit to a lawful test of your **breath, urine** or blood, you will be committing a misdemeanor, in addition to any other penalties which can be imposed by law.

Refusal to submit to the test I have requested is admissible into evidence in any criminal proceeding.

Do you understand what I have just read to you? YES <or> NO Do you still refuse to submit to this test? YES <or> NO

NOTE: IF THE SUBJECT POSSESSES A COMMERCIAL DRIVER'S LICENSE (CDL), READ THE FOLLOWING,

If you are a Commercial Driver License (CDL) holder or were driving a Commercial Motor Vehicle (CMV), your refusal to submit to testing will result in the loss of your commercial driving privilege for a period of one year from today. If this is your SECOND REFUSAL, you will be permanently disqualified from holding a CDL or operating a CMV.

Do you understand what I have just read to you? YES <or> NO Do you still refuse to submit to this test? YES <or> NO

SUBJECTS SIGNATURE: (X) _____

CONSTITUTIONAL WARNINGS

I AM REQUIRED TO WARN YOU BEFORE YOU MAKE ANY STATEMENTS THAT YOU HAVE THE FOLLOWING RIGHTS:

1. You have the right to remain silent and not answer any questions.
2. Any statement must be freely and voluntarily given.
3. You have the right to the presence of a lawyer of your choice before you make any statement and during any questioning.
4. If you cannot afford a lawyer, you are entitled to the presence of a court appointed lawyer before you make any statements and during any questioning.
5. If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent.
6. I can make no threats or promises to induce you to make a statement. This must be of your own free will.
7. Any statement can and will be used against you in a court of law.

SUSPECT'S SIGNATURE: (X) _____

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WHITE: STATE ATTY.

YELLOW: DHSMV

PINK: CENTRAL RECORDS

GOLD: JAIL



Palm Beach County Sheriff's Office
 Florida State Statute Exemption Sheet

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel	
	<input type="checkbox"/>	119.071(2)(e)	Confession	
Public Info. Exemptions	<input type="checkbox"/>	FL Const. Art. I, s. 16(b)(5)	Marsy's Law – victim information shall be redacted. The term "victim" also includes the victim's lawful representative, the parent or guardian of a minor, or the next of kin of a homicide victim. The term "victim" does not include the accused (ref. page 99 of the CRTM for additional information)	
	<input type="checkbox"/>	119.071(2)(j)	Home/employment telephone number, home/employment address, or personal assets of a person who has been the victim of sexual battery, aggravated child abuse, aggravated stalking, harassment, aggravated battery or domestic violence	
	<input type="checkbox"/>	119.0712(2)	Personal information contained in a motor vehicle record	
	<input type="checkbox"/>	316.650(11)	Driver information contained in a uniform traffic citation	
	<input type="checkbox"/>	119.071(4)(d)2.a.	Home addresses, telephone numbers, dates of birth, and photographs of active/former LE personnel, spouses, and children	
Florida Rules of Judicial Administration 2.420	<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"/>	(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"/>			
Other	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			

REVIEW COMPLETED BY

Booking Number: 2023034053	Date: 12/31/2023
	Specialist Name/ID#: Rebeca Castro/40259

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