

☐ Marsy's Law CVI FL Const. Art.1 § 16(b)

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

☐ Check if Supplement is Attached

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

1

Juvenile

OBTS Number		Agency ORI Number FLOI: 5 0 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 0 6 - 26052644	
Charge Type: Check as many as apply: ☐ 1. Felony ☐ 2. Traffic Felony ☐ 3. Misdemeanor ☒ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other		If Weapon Seized		Multiple Clearance Indicator 1		Enter Type	
Location of Arrest (including Name of Business) N DIXIE HIGHWAY/3RD AVENUE N LAKE WORTH BEACH, FL 33460				Location of Offense (Business Name, Address) N DIXIE HIGHWAY/LUCERNE AVE LAKE WORTH BEACH, FL 33460			
Date of Arrest 04/17/26		Time of Arrest 2110		Booking Date		Booking Time	
Jail Date		Jail Time		Location of Vehicle			
Name (Last, First, Middle) BALES DARRIN				Alias (Name, DOB, Soc. Sec. #, Etc.)			
Race W - White B - Black I - American Indian O - Oriental/Asian W		Sex M		Date of Birth 11/19/1977		Height 5'09	
Weight 170		Eye Color BROWN		Hair Color BROWN		Complexion FAIR	
Build MEDIUM		Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) NONE VISIBLE		Marital Status SINGLE		Religion None	
Indication of: Alcohol Influence Drug Influence Y ☐ N ☐ Unk ☐		Residence Type: 1. City 2. County 3. Florida 4. Out of State 1		Address Source FL DL		Occupation TEACHER	
D/L Number, State B420170774190 FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) MAIN	
Citizenship USA		Co-Defendant (Last, First, Middle)		Race		Sex	
Date of Birth		☐ 1. Arrested ☐ 2. At Large		☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile			
Co-Defendant (Last, First, Middle)		Race		Sex		Date of Birth	
☐ 1. Arrested ☐ 2. At Large		☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile					
☐ Parent ☐ Legal Custodian ☐ Other		Name (Last) (First) (Middle)		Residence Phone ()		Business Phone ()	
Address (Street, Apt. Number) (City) (State) (Zip)		Notified by: (Name) (Date) (Time)		Juvenile Disposition 1. Handled/Processed within Dept. and Released. 2. TOT HRS/DYS 3. Incarcerated		Date Time	
Released To: (Name) Relationship		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 (561) 355-6511) informed of any change of address. ☐ Yes, by: (Name) ☐ No (Reason)		School Attended		Grade	
Property Crime? ☐ Yes ☐ No		Description of Property		Value of Property			
Drug Activity N. N/A S. Possess S. Sell B. Buy P. Traffic		R. Smuggle D. Deliver E. Use		K. Dispense/ Distribute		M. Manufacture/ Produce/ Cultivate	
Z. Other		Drug Type N. N/A A. Amphetamine		B. Barbiturate C. Cocaine E. Heroin		H. Hallucinogen M. Marijuana O. Opium/Deriv.	
P. Paraphernalia/ Equipment S. Synthetic		U. Unknown Z. Other		Charge Description D.U.I.		Counts 1	
Domestic Violence ☐ Y ☒ N		Statute Violation Number 316.193(1)(A)		Violation of ORD #			
Drug Activity N		Drug Type N		Amount / Unit		Offense #	
Warrant / Capias Number		Bond		Charge Description		Counts	
Domestic Violence ☐ Y ☒ N		Statute Violation Number		Violation of ORD #			
Drug Activity		Drug Type		Amount / Unit		Offense #	
Warrant / Capias Number		Bond		Charge Description		Counts	
Domestic Violence ☐ Y ☒ N		Statute Violation Number		Violation of ORD #			
Drug Activity		Drug Type		Amount / Unit		Offense #	
Warrant / Capias Number		Bond		Charge Description		Counts	
Domestic Violence ☐ Y ☒ N		Statute Violation Number		Violation of ORD #			
Drug Activity		Drug Type		Amount / Unit		Offense #	
Warrant / Capias Number		Bond		Location (Court, Room Number, Address) 3228 GUN CLUB ROAD, WEST PALM BEACH, FL 33406		Court Date and Time Month MAY Day 14 Year 2026 Time 0830 A.M. ☒ P.M. ☐	
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) 04/17/26		Date Signed			
I consent to receive text reminders of court date(s) and times for this case by automated technology to the mobile number identified above. I understand that standard text message rates may apply, and that I may revoke this consent via the text message system if I choose.		Signature					
HOLD for other agency		Signature of Arresting Officer X		Name Verification (Printed by Arrestee)			
☐ Dangerous ☐ Suicidal		☐ Resisted Arrest ☐ Other		Name of Arresting Officer (Print) K. MELLERS		I.D. # 32423	
Intake Deputy		D. #		Pouch #		Transporting Officer K. MELLERS	
I.D. #		Agency PBSO		Witness here if subject signed with an "X"		PAGE 1 OF 1	

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 17TH DAY OF APRIL 20 26, AT 2051

☐ AM ☒ PM

SUBJECT: BALES DARRIN CASE NUMBER: 26052644

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: K. MELLERS 32423

PERSONAL CONTACT

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

I OBSERVED A 2021 WHITE SUBARU UTILITY VEHICLE BEARING TAG 96BJDP TRAVELING WEST ON LUCERNE AVENUE APPROACHING THE NORTH DIXIE HIGHWAY INTERSECTION WHICH DISPLAYED A STEADY RED SIGNAL FOR WEST BOUND TRAFFIC. I OBSERVED THE UTILITY COMPLETE A RIGHT TURN ON RED TO TRAVEL NORTH ON DIXIE HIGHWAY, SWERVING OUT OF ITS LANE. I CONDUCTED A TRAFFIC STOP OF THE WHITE SUBARU AND MADE CONTACT WITH A WHITE MALE LATER IDENTIFIED AS DARRIN BALES, WHO WAS SEATED IN THE DRIVER SEAT OF THE CAR.

OBSERVATION OF DRIVER:

UPON MAKING CONTACT WITH DARRIN I OBSERVED HIS EYES WERE GLOSSY, BLOOD SHOT RED. HE MADE SLOW DELIBERATE MOVEMENTS WHEN ATTEMPTING TO RETRIEVE HIS DRIVER'S LICENSE, PROOF OF INSURANCE, AND REGISTRATION. BALES NEEDED ME TO REPEAT MYSELF AS I REQUESTED HIS DOCUMENTATION, UNABLE TO REMEMBER EVERYTHING I REQUESTED. BALES ALSO APPEARED CONFUSED AND LETHARGIC THROUGHOUT OUR INITIAL INTERACTION.

DRIVER'S STATEMENTS:

BALES STATED HE CONSUMED AT LEAST FOUR ALCOHOLIC BEVERAGES THAT EVENING, WITH THE LAST ONE BEING APPROXIMATELY 35 MINUTES AGO.

ODORS:

I DETECTED THE ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE EMANATING FROM HIS FACIAL AREA WHICH INTENSIFIED AS HE SPOKE.

GENERAL OBSERVATIONS

SPEECH: BALES EXHIBITED SLURRED, THICK SPEECH.

ATTITUDE: BALES WAS INITIALLY COOPERATIVE, HOWEVER GREW FRUSTRATED AND CONFUSED THROUGHOUT INTERAC

CLOTHING: BALES WORE A BLUE SHIRT, BLUE JEANS, BROWN SHOES.

MEDICAL/OTHER: BALES STATED HE DID NOT HAVE ANY MEDICAL CONDITIONS.

STATE OF FLORIDA
COUNTY OF PALM BEACH

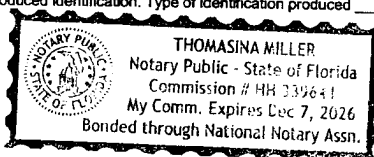
K. MELLERS 32423
Signature of Arresting/Investigative Officer)

I, the foregoing instrument was sworn to or affirmed and subscribed before me this 17TH day of APRIL 20 26 by K. MELLERS 32423

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

Thomasina Miller

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



SUBJECT: BALES

DARRIN

CASE NUMBER 26052644

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS / LIGHTED PEN STIMULUS TASK: SFST

☒ LT EYE-LACK OF SMOOTH PURSUIT

☒ RT EYE-LACK OF SMOOTH PURSUIT

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

☒ RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION

☒ LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

☒ RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

Other Observations:

WALK & TURN: SFST

I EXPLAINED AND DEMONSTRATED THE INSTRUCTIONS FOR THE WALK AND TURN FOR BALES WHO STATED HE UNDERSTOOD. DURING THE TASK BALES STARTED PRIOR TO BEING INSTRUCTED TO DO SO. BALES WAS UNABLE TO MAINTAIN THE STARTING POSITION WHILE RECEIVING THE DEMONSTRATION STEPPED OFF LINE, STOPPED TO STEADY HIMSELF, FAILED TO COUNT OUT LOUD, CONDUCTED AN IMPROPER TURN OTHER THAN DEMONSTRATED, FAILED TO KEEP HIS ARMS AT HIS SIDE, AND MISSED HEEL TO TOE ON EVERY STEP OF THE TASK.

ONE LEG STAND: SFST

I EXPLAINED AND DEMONSTRATED THE INSTRUCTIONS FOR THE ONE LEG STAND FOR BALES, WHO STATED HE UNDERSTOOD. DURING THE TASK BALES PUT HIS FOOT DOWN PRIOR TO 30 SECONDS ELAPSING. BALES FAILED TO FOCUS ON THE TIP OF HIS TOES, KEEP HIS ARMS AT HIS SIDE RAISING THEM MORE THAN SIX INCHES TO MAINTAIN HIS BALANCE, FAILED TO KEEP HIS FOOT PARALLEL TO THE GROUND, AND FAILED TO RAISE HIS FOOT SIX INCHES OFF THE GROUND.

FINGER TO NOSE:

I EXPLAINED AND DEMONSTRATED THE INSTRUCTIONS FOR THE FINGER TO NOSE TASK FOR BALES WHO STATED HE UNDERSTOOD. DURING THE TASK BALES FAILED TO TOUCH THE TIP OF HIS FINGER TO THE TIP OF HIS NOSE FOR EVERY SEQUENCE OF THE TASK. BALES RAISED HIS FINGER TO HIS FOREHEAD FOR EVERY SEQUENCE OF THE TASK. BALES SWAYED AS HE PERFORMED THE TASK FROM SIDE TO SIDE. BALES DID NOT KEEP HIS FEET TOGETHER.

ROMBERG ALPHABET:

I EXPLAINED AND DEMONSTRATED THE INSTRUCTIONS FOR THE ROMBERG ALPHABET FOR BALES WHO STATED HE UNDERSTOOD. BALES DID NOT INITIALLY TILT HIS HEAD BACK. BALES SWAYED FROM SIDE TO SIDE AS HE PERFORMED THE TASK. BALES DID NOT RECITE THE ALPHABET CORRECTLY, MISSING SEVERAL LETTERS AS HE PERFORMED THE TASK.

BREATH TEST RESULTS: 1) .155 2) .155 3) 4)

STATE OF FLORIDA
COUNTY OF PALM BEACH

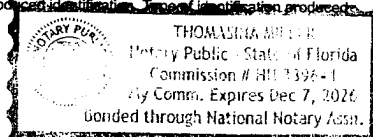
K. MELLERS 32423

Signature of Arresting/Investigative Officer)

I, the foregoing instrument was sworn to or affirmed and subscribed before me this 17TH day of APRIL 26 by K. MELLERS 32423

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

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



WITNESS LIST

CASE NUMBER: 26052644

ARRESTING OFFICER: K. MELLERS

ADDRESS: 3228 GUN CLUB ROAD, WPB FLORIDA 33403

PHONE NUMBERS (HOME): 561-603-8671 (WORK) _____

CAN TESTIFY TO: FACTS OF CASE

NAME: _____

ADDRESS: _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

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PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

TESTING FACILITY TASK REPORT

AGENCY: PBSO

SUBJECT: BALES, DARRIN J.

CASE NUMBER: 26-052644

DATE: Apr 17, 2026

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 21:51

ENDING TIME: 22:04

BREATH TESTS RESULTS: 1) .155 TIME 21:57 A.M. ☐ P.M. ☒ 2) .155 TIME 22:00 A.M. ☐ P.M. ☒
3) N/A TIME N/A A.M. ☐ P.M. ☐ 4) N/A TIME N/A A.M. ☐ P.M. ☐

BREATH OPERATOR: T. MILLER #41017

MAINTENANCE TECHNICIAN: J. KARLECKE# 6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: CALM, POLITE, COOPERATIVE

CLOTHING: BLUE SHIRT, BLUE JEANS, BROWN LOAFERS

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER:

EYES: RED & GLASSY

COMMENTS:

ARRIVED AT CENTER A/O BEGAN THE 20 MINUTE OBSERVATION PERIOD AT 21:28 HRS.

SUBJECT: AGREED TO TAKE TEST.

A/O: READ RIGHTS.

SUBJECT: STATED HE UNDERSTOOD RIGHTS.

TECH: READ TEST RESULTS.

SUBJECT: STATED HE UNDERSTOOD TEST RESULTS.

NO Q & A CONDUCTED.

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?	_____

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: _____

**PALM BEACH COUNTY
SHERIFF'S OFFICE**

SHERIFF RIC L. BRADSHAW



DUI Breath Implied Consent

****NOT APPLICABLE WITH VOLUNTARY CONSENT****

DEFENDANT'S NAME: _____ CASE NO: _____

DATE OF ARREST: _____ TIME OF ARREST: _____

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

Will you take the test? YES _____ NO _____

NOTE: READ ONLY IF THE ANSWER TO THE ABOVE IS "NO"

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. Additionally, if you refuse to take the test I have requested of you, you will be committing a misdemeanor of the SECOND DEGREE if this is your first refusal, in addition to any other penalties which can be imposed by law. 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, your driving privilege will be suspended for a period of eighteen (18) months. Additionally, you will be committing a misdemeanor of the FIRST DEGREE, 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 _____ NO _____

Do you still refuse to submit to this test? YES _____ NO _____

NOTE: IF THE SUBJECT POSSESSES A COMMERCIAL DRIVER LICENSE (CDL), READ THE FOLLOWING, REGARDLESS OF WHETHER THE SUBJECT IS OPERATING A COMMERCIAL MOTOR VEHICLE (CMV)

In addition, if you hold a Commercial Driver's License (CDL), or were driving a Commercial Motor Vehicle (CMV), your refusal to submit to testing will result in the loss of your commercial driving privileges for one year from today. If this is your second refusal, you will be permanently disqualified from operating a Commercial Motor Vehicle (CMV).

Do you understand what I have just read to you? YES _____ NO _____

Do you still refuse to submit to this test? YES _____ NO _____

Date read: _____ Time read: _____ Location read: _____

LAW ENFORCEMENT OFFICER NAME (printed): _____ ID: _____

LAW ENFORCEMENT OFFICER SIGNATURE: _____

WHITE: STATE ATTY.

YELLOW: DHSMV

PINK: CENTRAL RECORDS

GOLD: JAIL

**FLORIDA DEPARTMENT OF LAW ENFORCEMENT
ALCOHOL TESTING PROGRAM
BREATH ALCOHOL TEST AFFIDAVIT**

Instrument Type: Intoxilyzer 8000
Instrument Registered To: PALM BEACH COUNTY SO
Instrument Serial Number: 80-006476 Software: 8100.27
Date of Test: 04/17/2026

Date of Last Agency Inspection: 04/17/2026

Observation Period Began: 21:28

Subject's Name: DARRIN J BALES

DOB: 11/19/1977 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	21:55
	Air Blank	0.000	21:56
	Control Test	0.079	21:56
	Air Blank	0.000	21:56
	Subject Sample #1	0.155	21:57
	Air Blank	0.000	21:58
	Air Blank	0.000	22:00
	Subject Sample #2	0.155	22:00
	Air Blank	0.000	22:01
	Control Test	0.077	22:01
	Air Blank	0.000	22:02
	Diagnostics Check	OK	22:02

Cylinder Lot: 19825080A2
Exp: 09/05/2027

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 THOMASINA B MILLER, 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: [Signature] Date: 04/17/26
Signature

Sworn to (or affirmed) before me this 17 day of April, 2026

[Signature] 015. B. MILLER
Signature of Notary Public-State of Florida Printed Name of Notary Public-State of Florida

Note: Pursuant to section 117.10, Florida Statutes, law enforcement officers, correctional officers, traffic accident investigation officers and traffic infraction enforcement officers are notaries public when engaged in the performance of official duties. In accordance with section 316.1934(5), F.S., this completed form is admissible without further authentication and is presumptive proof of the results herein. To be used in accordance with Section 316.1934(5), F.S., and in administrative proceedings pursuant to 322.2615, F.S.

NOT A CERTIFIED COPY





Palm Beach County Sheriff's Office

Florida State Statute Exemption Sheet

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	☐	119.071(4)(c)	Undercover personnel	
	☐	119.071(2)(e)	Confession	
Public Info. Exemptions	☐	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)	
	☐	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	
	☒	119.0712(2)	Personal information contained in a motor vehicle record	10
	☒	316.650(11)	Driver information contained in a uniform traffic citation	11, 12
	☐	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	☒	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers	2
	☐	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request	
	☐	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses	
	☐			
	☐			
Other	☐			
	☐			
	☐	817.568	Criminal use of personal identification information. (INMATE PIN NUMBERS)	
	☐	415.107 (1)	ELDERLY NEGLECT ABUSE	

REVIEW COMPLETED BY

Booking Number: 2026010120	Date: 4/18/2026
	Specialist Name/ID#: MTools #8557