

05445044

50-2024-CT-003810 ASB

1205

ARREST / NOTICE TO APPEAR

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

1

JUVENILE

AD M I N I S T R A T I O N	ORBS Number		Agency ORI Number 0500400		Agency Name Delray Beach Police Department		Agency Report Number (N.T.A.'s only) 4, 0 24-002948					
D E F E N D A N T	Charge Type Check as many as apply: ☐ 1 Felony ☐ 2 Traffic Felony ☒ 3 Misdemeanor ☒ 4 Traffic Misdemeanor ☐ 5 Ordinance ☐ 6 Other		If Weapon Seized Enter Type UNARMED		Multiple Clearance Indicator 1							
	Location of Arrest (Including Name of Business) 725 W ATLANTIC AVE Delray Bch FL 33444		Location of Offense (Business Name, Address) 725 W ATLANTIC AVE, DELRAY BEACH, FL 33444									
	Date of Arrest 03/02/2024	Time of Arrest 02:27	Booking Date 03/02/2024	Booking Time 02:37	Jail Date	Jail Time	Location of Vehicle					
	Alias (Name, DOB, Soc. Sec. #, Etc.)											
	Name (Last, First, Middle) BROWNE, ERIKA		Alias:									
	Race W - White B - Black O - Oriental/Asian W	Sex F	Date of Birth 04/21/1972	Height 5'05	Weight 150	Eye Color BROWN	Hair Color BROWN	Complexion MEDIUM	Build MED			
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status		Religion		Indication of Alcohol Influence Yes ☒ No ☐ Unk. ☐		Drug Influence Yes ☐ No ☐ Unk. ☐			
	Local Address (Street, Apt. Number) 1800 SE 4TH ST 2, POMPANO BEACH, FL 33060		(City) (POMPANO BEACH)		(State) (FL)		(Zip) (33060)		Phone			
	Permanent Address (Street, Apt. Number) 1800 SE 4TH ST 2, POMPANO BEACH, FL 33060		(City) (POMPANO BEACH)		(State) (FL)		(Zip) (33060)		Phone			
	Business Address (Name, Street) 1800 SE 4TH ST 2, POMPANO BEACH, FL 33060		(City) (POMPANO BEACH)		(State) (FL)		(Zip) (33060)		Phone			
D/I Number, State B650200726410 / FL		INS Number		Place of Birth (City, State) Edison, NY		Citizenship US						
C O D E F E N D E E	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 ☐ Legal Custodian		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 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.		School Attended		Grade							
	☐ Yes, by: ☐ No		Property Crime? ☐ Yes ☒ No		Description of Property		Value of Property					
	Drug Activity N N/A P Possess		S Sell B Buy T Traffic	R Smuggle D Deliver E Use	K Disperses/ 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 DWI/DUI (ALCOHOL & DRUGS)		Statute Violation Number 316.153(1)(A)		Violation of ORD # DWI/DUI (ALCOHOL)		Bond					
Drug Activity		Drug Type N	Amount / Unit	Offense #	Counts 1	Domestic Violence ☐ Y ☒ N	Warrant / Capias Number					
Charge Description		Statute Violation Number		Violation of ORD #		Bond						
Drug Activity		Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence ☐ Y ☐ N	Warrant / Capias Number					
Charge Description		Statute Violation Number		Violation of ORD #		Bond						
Drug Activity		Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence ☐ Y ☐ N	Warrant / Capias Number					
Health / Apparent Physical Condition of Defendant		Any knowledge of the following Explain		☐ Mental ☐ Escape Risk ☐ Medication ☐ Deformities ☐ Injuries								
Check which applies: ☐ Released O.R. ☐ Posted Bond ☐ South County Mental Health		☒ T.O.T. County Jail		PROPERTY - Received By		Released By		Released To				
Transported By VASQUEZ		Date Transported 03/02/2024		Time Transported 03:08		Other		FILED PBC - GUN CLUB 12 MAR 2024 8:10				
☒ 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 04/04/2024 08:30:00		No Photo Available						
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								
HOLD for Other Agency		Signature of Arresting Officer		Name Verification (Printed by Arrestee)								
☐ Dangerous ☐ Suicidal		☐ Resisted Arrest ☐ Other		Name of Arresting Officer (Print) VASQUEZ, FELIPE		I.D. # 1256		PAGE 1 OF 1				
Indicting/Deputy Bonilla 18342		Pouch #		Transporting Officer VASQUEZ		I.D. # 1256		Agency DBPD				
						Witness here if subject signed with an "X"						

☒ COURT ☐ STATE ATTORNEY ☐ AGENCY ☐ CENTRAL RECORDS ☐ JAIL ☐ CRIME ANALYSIS ☐ P.I.O. ☐ DEFENDANT

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 02 DAY OF March, 2024 AT 0201 HRS,

IN THE CITY OF Delray Beach, COUNTY OF PALM BEACH, STATE OF FLORIDA,

SUBJECT: Erika Browne CASE NUMBER: 24-002948

AGENCY: Delray Beach Police ARRESTING OFFICER: Vasquez

PERSONAL CONTACT

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

On Saturday, March 2, 2024, I responded to 725 W Atlantic Avenue in reference to a call of a drunk driver. Upon arrival, contact was made with Erika Browne, who was the sole occupant of a 2016 black Honda HR-V FL tag UZ60F which was position stationary facing south towards Atlantic Ave. Browne vehicle had minor damages to the front driver side of the bumper along with a flat front right tire. As I was speaking with Browne, she shifted the vehicle to drive and started to drive off. I immediately asked Browne to place the vehicle in park and turn the vehicle off. Browne failed to comply with my verbal directives and attempted to put the vehicle in drive and at this time I opened the driver door, placed the vehicle in drive and turned the vehicle off.

OBSERVATION OF DRIVER:

The defendant appeared to be impaired. The defendant had red glassy eyes, slurred and mumbled speech, slow blinking, unable to stand without swaying and I could smell the odor of an unknown alcoholic beverage coming from her breath.

DRIVERS STATEMENTS:

The defendant originally stated that she was coming from Pompano, then stated that she was with her boyfriend who worked at Taverns on Atlantic. The defendant stated that she was eating and drinking.

ODORS:

DEFENDANT HAD THE ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE COMING FROM HIS BREATH.

GENERAL OBSERVATIONS

SPEECH: Slurred, Slow, mumbled

ATTITUDE: Confused.

CLOTHING: Green shirt, Blue pants, and black shoes

MEDICAL/OTHER: None

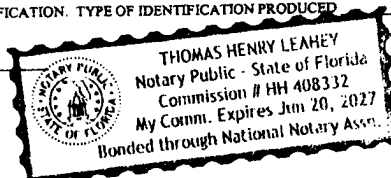
STATE OF FLORIDA
COUNTY OF PALM BEACH

(SIGNATURE OF ARRESTING OFFICER)

THE FORGOING INSTRUMENT WAS SWORN TO OR AFFIRMED AND SUBSCRIBED BEFORE ME THIS 02 DAY OF March, 2024 BY Vasquez

WHO IS PERSONALLY KNOWN TO ME AND/OR PRODUCED IDENTIFICATION. TYPE OF IDENTIFICATION PRODUCED Krany

NOTARY PUBLIC, CLERK OF COURT, OFFICER (FSS 117.10)



SUBJECT: Erika Browne

CASE #: 24-002948

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS: OF 6

☐ 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: OF 8

Refused

ONE LEG STAND: OF 4

Refused

FINGER TO NOSE: OF 4

Refused

ROMBERG ALPHABET: OF 4

Refused

BREATH TEST RESULTS: 1) 0.229 2) 0.221 3) 4)

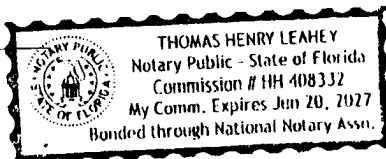
STATE OF FLORIDA
COUNTY OF PALM BEACH

(SIGNATURE OF ARRESTING OFFICER)

THE FORGOING INSTRUMENT WAS SWORN TO OR AFFIRMED AND SUBSCRIBED BEFORE ME THIS 02 DAY OF March, 2024 BY Vasquez

WHO IS PERSONALLY KNOWN TO ME AND/OR PRODUCED IDENTIFICATION. TYPE OF IDENTIFICATION PRODUCED Cum

NOTARY PUBLIC, CLERK OF COURT OFFICER (FSS 17.10)





LABORATORY ANALYSIS REQUEST

This Form Must Be Included With the Property Receipt and Accompany the Evidence Submitted for Toxicology Analysis
PRINT LEGIBLY OR TYPE

Agency: Delray Beach Police Case #: 24-002948
Officer: Vasquez ID#: 1256 District: Division: Patrol Phone: 561-243-780
Email: Vasquezf@mydelraybeach.com

Specimen Collected By: Date: Time:

Specimen Collected From: Erika Browne Age: Sex: F Hgt: 5'5 Wgt: 120

Specimen Type: ☐ Blood ☐ Urine ☐ Beverage ☐ Other—Describe

Type of Case: ☐ Traffic Accident ☐ Fatality ☒ DWI/DUI ☐ Other Date: 03/02/2024 Time: 0231

Was any medication administered by medical personnel prior to sample being drawn: ☐ Yes ☐ No

If yes, name of Medication(s):

Subject Arrested: ☒ Yes ☐ No

Breath Test Performed? ☒ Yes ☐ No Reading:

Tests requested: Blood Alcohol Blood Drug Screen Urine Drug Screen

NOTE: Blood Alcohol analysis is performed on all blood specimens. Requested Blood Drug Screen may not be performed based on the laboratory protocol. If you have any questions, please contact the Chemistry/Toxicology Manager at 561-688-4203.

DRE exam performed: ☐ Yes ☐ No DRE Officer: Agency:

DRE Opinion:

Drug History and Signs of Impairment (Please list any drugs, medications, or prescriptions the subject may have taken or were in his/her possession.)

TESTING FACILITY TASK REPORT

AGENCY: DBPD

SUBJECT: Browne, Erika

DATE: Mar 2, 2024

BEGINNING TIME: 0318

CASE NUMBER: 24-039629

VIDEO DVD NUMBER: N/A

ENDING TIME: 0330

BREATH TESTS RESULTS: 1) .229 TIME 0324 A.M. ☒ P.M. ☐ 2) .221 TIME 0327 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 TECHNICAN: Jason Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: slurred, thick

ATTITUDE: fidgety

CLOTHING: blue jeans, green shirt, black shoes

MEDICAL CONDITIONS: none

MEDICATIONS: none

OTHER:

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

COMMENTS:

arrived at center A/O conducted 20 minute observation period 0252 hrs

subject agreed to perform breath test

subject completed breath test

A/O read rights & subject did not understand rights

tech read breath test results & subject understood breath test results

A/O did not attempt Q&A

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

Instrument Type: Intoxilyzer 8000
Instrument Registered To: PALM BEACH CSO
Instrument Serial Number: 80-001741 Software: 8100.27
Date of Test: 03/02/2024

Date of Last Agency Inspection: 02/16/2024

Observation Period Began: 02:52

Subject's Name: ERIKA BROWNE

DOB: 04/21/1972 Sex: F

The subject was observed for at least twenty-minutes prior to the administration of the breath test to ensure that the subject did not take anything orally and did not regurgitate.

Results:	Test	g/210L	Time
	Diagnostics Check	OK	03:21
	Air Blank	0.000	03:21
	Control Test	0.079	03:22
	Air Blank	0.000	03:22
	Subject Sample #1	0.229	03:23
	Air Blank	0.000	03:24
	Air Blank	0.000	03:26
	Subject Sample #2	0.221	03:27
	Air blank	0.000	03:27
	Control Test	0.060	03:28
	Air Blank	0.000	03:28
	Diagnostics Check	OK	03:28

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. LERNEY, 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 Loney Date: 03/02/2024
Signature

Sworn to (or affirmed) before me this 02 day of March, 2024
[Signature] Ofc F Vasquez #1250
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 16.1934(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 16.1934(5), F.S., and in administrative proceedings pursuant to 322.2615, F.S.



PALM BEACH COUNTY SHERIFF'S OFFICE
DUI TESTING FACILITY
INFORMATION SHEET

PBSO CASE # 24-039629 PBSO ZONE 4-22
AGENCY CASE # 24-002948 CRASH CASE # _____
TIME OF STOP/CRASH 2:01am DATE 3-2-24 DAY Saturday
SUBJECT'S NAME ERIKA BROWN RACE W SEX female
HGT 5'5" WGT 150 DOB 4-21-72
LOCATION 725 W ATLANTIC AVE Delray Beach FL 33444
ARRESTING OFFICER'S NAME & ID VASQUEZ 1256 AGENCY Delray beach
DIVISION: _____ NOTIFIED BY COMMO Yes
ARRIVAL AT FACILITY 02:52
BREATH RESULTS: Arrest Time 02:31
1. .229
2. .221
3. N/A
4. N/A
TESTING OFFICER'S ID 19183

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) _____

WHITE: STATE ATTY.

YELLOW: DHSMV

PINK: CENTRAL RECORDS

GOLD: JAIL

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: _____

PBSO #0129C REV. 9/93 WHITE - STATE ATTY. YELLOW - DHSMV PINK - CENTRAL RECORDS GOLD - JAIL

D.U.I. WITNESS LIST

CASE #: 24-002948

ARRESTING OFFICER: Vasquez

ADDRESS: 300 W Atlantic Ave, Delray Beach, FL 33444

PHONE NUMBERS (HOME): 561-243-7800 (WORK):

CAN TESTIFY TO:

NAME: Ofc. Soto

ADDRESS: 300 W Atlantic Ave, Delray Beach FL 33444

PHONE NUMBERS (HOME): 561-243-7800 (WORK):

CAN TESTIFY TO:

NAME:

ADDRESS:

PHONE NUMBERS (HOME): (WORK):

CAN TESTIFY TO:

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CAN TESTIFY TO:

NAME:

ADDRESS:

PHONE NUMBERS (HOME): (WORK):

CAN TESTIFY TO:



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	
	☐	316.650(11)	Driver information contained in a uniform traffic citation	
	☐	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	☐			
	☐			
	☐			
	☐			

REVIEW COMPLETED BY

Booking Number: 2024005770	Date: 3/3/2024
	Specialist Name/ID#: J. Gaines/ 44177