

OBTS Number		24 CT 2480 SB		ARREST / NOTICE TO APPEAR		1 Arrest 2 N.T.A. 3 Request for Warrant 4 Request for Capias		1		JUVENILE	
Agency ORI Number 0500400		Agency Name Delray Beach Police Department		Agency Report Number (N.T.A.'s only) 4, 0 24-033635		24-001943		BS			
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) 1000 W ATLANTIC AVE		Location of Offense (Business Name, Address) 1000 W ATLANTIC AVE, DELRAY BEACH, FL 33444									
Date of Arrest 02/12/2024	Time of Arrest 00:55	Booking Date 2/12/24	Booking Time 313	Jail Date	Jail Time	Location of Vehicle					
Name (Last, First, Middle) DE OLIVEIRA, FABIANA STEFANIA		Alias: Alias (Name, DOB, Soc. Sec. #, Etc.)									
Race W - White B - Black O - Oriental/Asian W F		Sex F		Date of Birth 05/04/1979		Height 5'06		Weight 150 lbs		Eye Color BRN	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status CHRISTIAN		Religion		Complexion Medium		Build THIN		Indication of Alcohol Influence Yes ☒ No ☐ Unk ☐	
Local Address (Street, Apt. Number) 1242 S MILITARY TRL 1023, DEERFIELD BEACH, FL 33442		(City) DEERFIELD BEACH		(State) FL		(Zip) 33442		Phone		Residence Type 1 City 2 County 3 Florida 4 Out of State 1 2	
Permanent Address (Street, Apt. Number) 1242 S MILITARY TRL 1023, DEERFIELD BEACH, FL 33442		(City) DEERFIELD BEACH		(State) FL		(Zip) 33442		Phone		Address Source VERBAL	
Business Address (Name, Street) D/L Number, State D416257796640 / FL		(City) DEERFIELD BEACH		(State) FL		(Zip) 33442		Phone		Occupation house cleaner	
Soc. Sec. Number		DHS Number		Place of Birth (City, State) BRAZIL, Brazil		Citizenship USA					
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		☐ 1 Arrested ☐ 2 At Large ☐ 3 Felony ☐ 4 Misdemeanor ☐ 5 Juvenile			
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		☐ 1 Arrested ☐ 2 At Large ☐ 3 Felony ☐ 4 Misdemeanor ☐ 5 Juvenile			
☐ Parent ☐ Legal Custodian		Name (Last, First, Middle)						Residence Phone			
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.		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. Disperse/ 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 DRIVING WHILE UNDER INFLUENCE		Statute Violation Number 316.193(1)A		Violation of ORD #							
Drug Activity		Drug Type N		Amount / Unit		Offense #		Counts		Domestic Violence ☐ Y ☒ N	
Charge Description		Statute Violation Number		Violation of ORD #							
Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence ☐ Y ☐ N	
Charge Description		Statute Violation Number		Violation of ORD #							
Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence ☐ Y ☐ N	
Health / Apparent Physical Condition of Defendant		Any knowledge of the following: ☐ Mental ☐ Escape Risk ☐ Medication ☐ Deformities ☐ Injuries		Explain:							
Check which applies: ☐ Released O.R. ☐ Posted Bond		☐ Released to Parent/Guardian ☐ South County Mental Health		☐ TOT County Jail		PROPERTY - Received By		Released By		Released To	
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 03/07/2024 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 COMTEMPT 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 B. Schultz 1257		Name Verification (Printed by Arrestee) (PRINT)							
☐ Dangerous ☐ Suicidal		☐ Resisted Arrest ☐ Other		Name of Arresting Officer (Print) SCHULTZ, BROOKE		I.D. # 1257				PAGE 1 OF 1	
Initiating Deputy B. Schultz 1234		I.D. #		Pouch #		Transporting Officer B. Schultz 1257		I.D. # 1257		Agency	
Witness here if subject signed with an "X"											

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

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 11 DAY OF February, 2024 AT 10:48 pm
IN THE CITY OF DELRAY BEACH, COUNTY OF PALM BEACH, STATE OF FLORIDA

Case No: 24-001943 Defendant: De Oliveira, Fabiana Stefania
Agency: Delray Beach Police Arresting Ofc: Ofc. Brooke Schultz

PERSONAL CONTACT/DRIVING PATTEDRIVER:

The following incident occurred within the City of Delray Beach, Palm Beach County Florida.

On 2/11/2024 at approximately 2248 hours, two Delray Beach police officers were conducting a traffic stop when another vehicle struck the rear patrol vehicle which pushed it forward into the next patrol vehicle. I responded to the scene to conduct a DUI investigation.

Upon arrival, I made contact with the driver of the vehicle, who was identified by FL DL as Fabiana Stefania De Oliveira. At the time of my arrival, De Oliveira was sitting in the driver's seat of her vehicle in full physical control of the vehicle.

I requested De Oliveira step out of the vehicle. I spoke with De Oliveira, who had the strong odor of alcohol coming from her breathe. De Oliveira advised she went out to a club with her sister in Deerfield Beach and was heading home to her residence in Deerfield Beach. When I inquired about how she got to Delray Beach, she was uncertain. When additional officers on scene asked what direction she was traveling, she stated she was going north, despite Deerfield Beach being south of Delray Beach. It should also be noted that De Oliveira's vehicle was facing west on Atlantic Avenue.

I observed De Oliveira's eyes to be glossy with dilated pupils. De Oliveira consented to Roadside Tasks. During the Horizontal Gaze Nystagmus, De Oliveira stated that she understood the instructions. During this task, De Oliveira's eyes were unable to smoothly follow the tip of my pen and for most of the task would just look straight. I reminded De Oliveira of the instructions although she failed to follow the pen with her eyes.

I explained and demonstrated the Walk and Turn Task to De Oliveira which she stated she understood. De Oliveira failed to maintain a straight line and stepped off the line multiple times, losing balance and almost falling over. She also lost count during the initial 9 steps. After completing the first set of 9 steps, De Oliveira stood still and needed an additional reminder to turn around and continue the exercise. When walking back, she failed to touch her toe to heel and did not count the proper number of steps.

I explained and demonstrated the One Leg Stand which she stated she understood. De Oliveira did not count out loud during the task, failing to follow instructions. She also lost balance two times and needed to put her foot down on the ground.

I explained and demonstrated the Finger to Nose task which she stated she understood. De Oliveira failed to keep her eyes closed and head tilted back. She also left the tip of her finger on her nose until the next instruction was given several times.

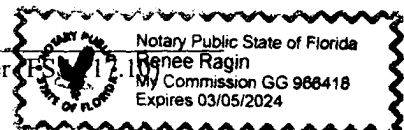
De Oliveira stated that she knew the Alphabet but was unable to recite it. De Oliveira was placed under arrest for Driving Under the Influence and was transported to the Palm Beach County DUI Testing Facility. De Oliveira refused to consent to the blood alcohol test.

After being read her Miranda Constitutional Warnings and stating she understood, De Oliveira stated again that she was at a club and had three glasses of white wine.

The foregoing instrument was sworn to before me this 12 day of February, 2024
by Officer Ofc. Brooke Schultz

B. Schultz
Arresting Officer

[Signature]
Notary/Police Officer



SUBJECT: De Oliveira, Fabiana Stefania CASE NUMBER 24-001943

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

- | | |
|---|---|
| ☐ 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:

I explained and demonstrated the Walk and Turn Task to De Oliveira which she stated she understood. De Oliveira failed to maintain a straight line and stepped off the line multiple times, losing balance and almost falling over. She also lost count during the initial 9 steps. After completing the first set of 9 steps, De Oliveira stood still and needed an additional reminder to turn around and continue the exercise. When walking back, she failed to touch her toe to heel and did not count the proper number of steps.

ONE LEG STAND:

I explained and demonstrated the One Leg Stand which she stated she understood. De Oliveira did not count out loud during the task, failing to follow instructions. She also lost balance two times and needed to put her foot down on the ground.

FINGER TO NOSE:

I explained and demonstrated the Finger to Nose task which she stated she understood. De Oliveira failed to keep her eyes closed and head tilted back. She also left the tip of her finger on her nose until the next instruction was given several times.

ROMBERG ALPHABET:

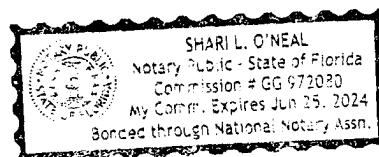
De Oliveira stated that she knew the Alphabet but was unable to recite it.

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

The foregoing instrument was sworn to before me this 12 day of February, 2024
by Officer Ofc. Brooke Schultz

Arresting Officer

Notary/Police Officer (FSS 117.10)



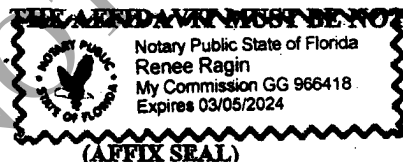
**STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES
AFFIDAVIT OF REFUSAL TO SUBMIT TO
BREATH AND/OR URINE TEST**

I, Brooke Schultz, a duly certified Law Enforcement or Correctional Officer, am a
(Name of Officer reading Implied Consent Warning)
member of Delray Beach Police Department, and I do swear
(Name of Law Enforcement Agency)
or affirm that on or about the 11 day of February, 2024, at 11:34 ☒ P.M. ☐ A.M.
DRIVER Fabiana Stefania De Oliveira
FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME
DL # D416257796640, state of Florida, was placed under lawful arrest for
the offense of DUI damage to property by Brooke Schultz and
(Name of Arresting Officer)
issued citation # A12010E.

That on or about the 12 day of February, 2024, at 12:26 ☐ P.M. ☒ A.M.
in Palm Beach County,

I requested that the driver submit to a ☐ breath and/or ☐ urine test to determine his or her blood alcohol level and/or the presence of chemical or controlled substances. I informed the driver that the refusal to submit to such test(s) would result in the suspension of his or her driving privilege for a period of one (1) year for a first refusal, or for a period of eighteen (18) months if his or her driving privilege had been previously suspended, or if he or she had been previously fined under s. 327.35215, F.S., for refusing to submit to a breath, urine, or blood test. I also informed the driver that he or she commits a misdemeanor by refusing to submit to a lawful test as requested above if his or her driving privilege has been previously suspended, or if he or she has been previously fined under s. 327.35215, F.S., for refusal to submit to a lawful test of his or her breath, urine, or blood. Additionally, I informed the driver that if he or she holds a Commercial Driver's License (CDL), or was operating a commercial motor vehicle, refusal will result in the disqualification of the CDL for a period of one (1) year in the case of a first refusal or permanently if he or she has previously been disqualified as a result of a refusal to submit to any such lawful test. Nonetheless, the driver refused to submit to the test(s) requested.

B. Schultz
Signature of Law Enforcement Officer or Correctional Officer



The foregoing instrument was sworn and subscribed before me this 12 day of Feb, 2024,
by Schultz,
who is personally known to me or who has produced
as identification.

Notary Public Renee Ragin

HSMV-BAR1001 (REV. 09/2021)

The foregoing instrument was sworn and subscribed before me:

Signature of Attesting Officer

Title _____
Date _____

Note: Mail or hand deliver to the designated Bureau of Administrative Reviews office, Department of Highway Safety and Motor Vehicles, with the driver's license, the appropriate copy of the UTC, and the probable cause affidavit.

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) _____

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: _____

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL

WITNESS LIST

Case No: 24-001943 Defendant: De Oliveira, Fabiana Stefania

Arresting Officer: Ofc. Brooke Schultz

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

Phone Numbers: Home: 561-243-7800 Work: _____

Name: Ofc. Nick Cooper (Crash investigator)

Address: Delray Beach Police Department

Phone Numbers: Home: 561-243-7800 Work: _____

Can testify to: wheel witness

Name: Ofc. Ben Sacks

Address: Delray Beach Police Department

Phone Numbers: Home: 561-243-7800 Work: _____

Can testify to: wheel witness + crash

Name: Ofc. Kevin Garcia

Address: Delray Beach Police Department

Phone Numbers: Home: 561-243-7800 Work: _____

Can testify to: wheel witness + crash

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: _____

Can testify to: _____

TESTING FACILITY TASK REPORT

AGENCY: DBPB

SUBJECT: De Oliveira, Fabiana S.

DATE: Feb 12, 2024

BEGINNING TIME: 00:21

CASE NUMBER: 24-033635

VIDEO DVD NUMBER: N/A

ENDING TIME: 00:36

BREATH TESTS RESULTS: 1) Refused TIME 00:26 A.M. ☒ P.M. ☐ 2) N/A TIME A.M. ☐ P.M. ☐

3) N/A TIME A.M. ☐ P.M. ☐ 4) N/A TIME A.M. ☐ P.M. ☐

BREATH OPERATOR: R. Ragin #16877

MAINTENANCE TECHNICIAN: Jason Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: Slurred, Accent

ATTITUDE: Calm, cooperative, crying, slow

CLOTHING: Tan shirt, black tank top, blue jacket, brown heels

MEDICAL CONDITIONS: Thyroid

MEDICATIONS: Yes

OTHER:

Eyes are glassy & bloodshot
odor of unknown alcoholic beverage on breath
Subject stated in Q&A she had 3 glasses of white wine

COMMENTS:

Arrived at center A/O started 20 minute observation period at 23:57 hrs.

Subject refused to perform breath test.

A/O read I/C and explained I/C.

Subject refused to take test.

A/O read rights.
Subject stated he understood rights.

A/O conducted Q&A.



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

PBSO CASE #: 24-033635 PBSO ZONE: 4.11
AGENCY CASE #: 24-001943 DHSMV CRASH #: 26086573
TIME OF CRASH/STOP: 10:48 pm DATE: 02/11/2024 DAY: Sunday
DEFENDANT: De Oliveira, Fabiana Stefania RACE: White SEX: Female
HGT: 5'06 WGT: 150 Lbs DOB: 5/4/1979
LOCATION: 1000 W Atlantic Ave, Delray Beach
ARRESTING OFC: Ofc. Brooke Schultz ID: 1257 AGENCY: Delray Beach Police
DIVISION: Patrol

NOTIFIED BY COMM: Y

ARRIVAL AT FACILITY: 11:57 pm

TIME OF ARREST: 11:34 pm

DATE OF ARREST: 02-11-24

BREATH RESULTS:

- 1.
- 2.
- 3.
- 4.

REFUSED

TESTING OFC. ID: 16877

PBSO VIDEOTAPE #: N/A



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: 2024003917	Date: 2/12/2024
	Specialist Name/ID#: MTooks #8557