02/17/2025 24CT3389 4/66

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

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

OBTS Number

ADMINISTRATIVE

Agency ORI Number	Agency Name	Agency Report Number
FLO 5 0 2 6 0 0	PALM BEACH GARDENS POLICE DEPARTMENT	78 - 24000954

ChargeType: Check as many as apply: ☐ 1. Felony ☐ 2. Traffic Felony ☐ 3. Misdemeanor ☒ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

Weapon Seized / Type: 2 (1. Yes 2. No) | Multiple Clearance Indicator:

Location of Arrest (Including Name of Business): ALT A1A JNO PGA PASS, PALM BEACH GARDENS, FL, 33410

Location of Offense (Business Name, Address): BURNS RD/N MILITARY TRL, PALM BEACH GARDENS, FL, 33410

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
02/23/2024	22:27					KAUFF'S TOWING AND RECOVERY 4701 EAST AVENUE, WPB, FL 33407

DEFENDANT

Alias (Name, DOB, Soc. Sec. #, Etc.)

Name (Last, First, Middle): **ELLIOTT, MATTHEW, RAYMOND**

Race (W - White I - American Indian, B - Black 0- Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	M	09/09/1981	6'00	225	BLU	BRO	LGT	LAR

Scars, Marks, Tatoos, Unique Physcal Features (Location, Type, Description):

Marital Status: SINGLE | Religion: OTHER | Indication of: Alcohol Influence Y ☑ N ☐ Unk. ☐; Drug Influence Y ☐ N ☐ Unk. ☑

Local Address (Street, Apt. Number): 11809 SW FOX BROWN RD (City) INDIANTOWN (State) FL (Zip) 34956 | Phone: (772) 486-1699 | Residence Type: 1. City 2. County 3. Florida 4. Out of State: 3

Permanent Address (Street, Apt. Number): 11809 SW FOX BROWN RD (City) INDIANTOWN (State) FL (Zip) 34956 | Phone: | Address Source: VERBAL

Business Address (Name, Street): (City) (State) (Zip) | Phone: | Occupation:

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
E-430-556-81-329-0 FL	[redacted]		LOS ANGELES, CA	US

CO-DEF

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

JUVENILE

☐ Parent ☐ Legal Custodian ☐ Other: | Name (Last) (First) (Middle) | Residence Phone

Address (Street, Apt. Number) (City) (State) (Zip) | Business Phone

1-1400
2-1400

Notified by: (Name) | Date | Time | Juvenile Disposition 1. Handled/ processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated

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

The above address provided by ☐ defendant and / or ☐ defendant's parents The child and / or parent was told to keep the Juvenile Court Clerk (Phone 355-2526) informed of any change of address. ☐ Yes, by: (Name) ☐ No: (Reason) | School Attended | Grade

Property Crime? ☐ Yes ☐ No | Description of Property | Value of Property

CODE

Drug Activity: N. N/A P. Possess | S. Sell B. Buy T. 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. Synthetics | U. Unknown Z. Other

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
DRIVING UNDER THE INFLUENCE OVER .08	1	☐Y ☒N	316.193(1)(C)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant I Capias Number	Bond
N	N	.264			

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
DUI OVER .15	1	☐Y ☒N	316.193(4)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
N	N	.264			

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐Y ☐N		

Drug Activity	Drug Type	Amount I Unit	Offense #	Warrant / Capias Number	Bond

FILED PBC - GUN CLUB
'24 FEB 24 AM 5:29

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐Y ☐N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

NOTICE TO APPEAR

Location (Court Room Number, Address): **NORTH COUNTY COURTHOUSE, 3188 PGA BOULEVARD, PALM BEACH GARDENS, FL 33410 - PH: (561) 662-6700**

Court Date and Time: Month MARCH Day 27 Year 2024 Time 1000 AM X PM

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: 02/23/2024

ADMIN

HOLD for other Agency Name: | Signature of Arresting Officer: X | Name Verification (Printed by Arrestee) (PRINT)

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other:

Intake Deputy	I.D. #	Pouch #	Name of Arresting Officer (Print)	I.D. #	Witness here if subject signed with an -X"
			A. FLINK	514	

Transporting Officer	ID #	Agency
OFC. FLINK	514	PBGPD

Ofc Castro 576

PAGE 1 OF 1

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PROBABLE CAUSE AFFIDAVIT

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

ADMIN

OBTS Number		Agency Report Number
		7 | 8 | 24-000954

Agency ORI Number	Agency Name	Special Notes
FL FL0502600	Palm Beach Gardens Police Department	

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

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
ELLIOTT, MATTHEW RAYMOND		W	M	09/09/1981

CHARGES

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

VICTIM

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
State Of Florida			

Local Address (Street, Apt. Number) (City) (State) (Zip)	Phone	Address Source
Business Address (Name, Street) (City) (State) (Zip)	**Phone**	**Occupation**

PROBABLE CAUSE STATEMENT

The undersigned certifies and swears that he/she has just and resonable 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.

☐ confessed to _____ admitting to the below facts.

☐ was observed by _____ who told _____ that he/she saw the arrested person committ the below acts.

☒ was found to have committed the below acts, resulting from my (described) investigation.

On the 23 day of February, 2024 at 22:09 (Specifically include facts constituting cause for arrest.)

On 02/23/2024 at approximately 2209 hours, this Officer was traveling north bound on N Military Trl, approaching Burns Rd, PBG, FL, when this Officer first observed a vehicle, a Chevrolet Silverado (CQ8179/FL) driving carelessly. Body worn camera and in car video were activated upon traffic stop.

The vehicle surpassed the stop bar on a red light, then stopped beyond the stop bar, in the crosswalk while making a right-hand turn onto Burns Rd. While traveling east bound the vehicle drifted over the dividing line into the inside through lane. The vehicle then changed lanes into the inside through lane. While in the inside through lane, it drifted over the double yellow line one time. The vehicle then traveled north bound on Alt A1A in the outside through lane, where it twice drifted into the bicycle lane. This Officer initiated a traffic stop on same just north of PGA Pass. This Officer approached the driver side and made contact with the driver, identified via Florida Driver License photo, Matthew Elliott (OF) while he was still in actual physical control of same. Elliott immediately opened the driver door as this Officer approached. This Officer was able to detect the obvious odor of an unknown alcoholic beverage emanating from Elliott`s breath. This Officer also observed Elliott having red watery eyes, low heavy eyelids, a slur in his speech and a flushed red face.

Elliott said he was on his way to see a band at Voodoo Bayou and was coming from his house in Indiantown. Based on this Officer`s observations, this Officer expressed concern to Elliott that he may be under the influence. Elliott denied consuming alcohol, narcotics and/or medication on this night. This Officer requested Elliott exit the vehicle to participate in Standardized Field Sobriety Exercises, to which he complied. Elliott mentioned medical conditions which would affect standing exercises, thus seated exercises were conducted. The exercises were conducted, while Elliott sat on the tailgate of his vehicle.

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ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117.10)

02/24/2024
DATE

SHARI L O'NEAL
Notary Public - State of Florida
Commission # GG 977080
My Comm. Expires June 13, 2024
Bonded through National Notary Assn.

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

FLINK, ANDREW S (514)
NAME OF OFFICER (PLEASE PRINT)

02/24/2024
DATE

COURT STATE ATTORNEY CENTRAL RECORDS JAIL CRIME ANALYSIS P. I. O.

ADMIN

OBTS Number

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

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

Agency ORI Number: FL FL0502600

Agency Name: Palm Beach Gardens Police Department

Agency Report Number: 7 | 8 | 24-000954

Special Notes:

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

DEF

Name (Last, First, Middle): ELLIOTT, MATTHEW RAYMOND

Alias

Race	Sex	Date of Birth
W	M	09/09/1981

PROBABLE CAUSE STATEMENT

Based on the results of the investigation, this Officer has probable cause to charge Matthew Elliott with driving under the influence to the extent his normal faculties were impaired, with an unlawful breath alcohol content, in violation of FSS 316.193(1)(C). The degree to which he was impaired by alcohol, was in violation of FSS 316.193(4).

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ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117.10)

02/24/2024
DATE

SHARI L. O'NEAL
Notary Public - State of Florida
Commission # GG 972030
My Comm. Expires Jun 25, 2024
Bonded through National Notary Assn.

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

FLINK, ANDREW S (514)
NAME OF OFFICER (PLEASE PRINT)

02/24/2024
DATE

COURT STATE ATTORNEY CENTRAL RECORDS JAIL CRIME ANALYSIS P. I. O.

PALM BEACH GARDENS POLICE DEPARTMENT
DUI TESTING FACILITY INFORMATION SHEET

PBSO Case #: 24-037344 PBSO Zone: 3-13

Agency Case #: 24000954 Crash Case #: _____

Incident Information:

Time of Stop/Crash: 2209 Date of Incident: 02/23/2024 Day: FRIDAY

Location of Incident: BURNS RD/N MILITARY TRL, PALM BEACH GARDENS, FL, 33410

Arrest Information:

Time of Arrest: 22:27 Date of Arrest: 02/23/2024 Day: FRIDAY

Location of Arrest: ALT A1A JNO PGA PASS, PALM BEACH GARDENS, FL, 33410

Subject's Name: (L) ELLIOTT, (F) MATTHEW, (M) RAYMOND

DOB: 09/09/1981 Race: W Sex: M Height: 6'00 Weight: 225 Hair BRO Eye BLU

Address: 11809 SW FOX BROWN RD INDIANTOWN FL 34956 Phone: (772) 486-1699

Arresting Officer's Name: A. FLINK ID#: 514

Agency: PBGPD Division: TRAFFIC UNIT ☐ Marcy's Law CVI FL. Const. Art. 1 § 16(b)

Breath Results

1) .252 at 23:23 hrs.
2) .244 at 23:26 hrs.
3) _____ at _____ hrs.
4) _____ at _____ hrs.

---BAT Use---

BAT Notified: YES
Arrival Time at BAT: 2255
Subject Arrest Time: 22:27

Breath Test Operator: ONEAL 6212
PBSO

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TESTING FACILITY TASK REPORT

AGENCY: PBG OFC. FLINK #514

SUBJECT: ELLIOTT, MATTHEW R.

CASE NUMBER: 24-037344

DATE: Feb 23, 2024

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 23:18 HRS

ENDING TIME: 23:28 HRS

BREATH TESTS RESULTS: 1) .252 TIME 23:23 A.M.☐ P.M.☒ 2) .264 TIME 23:28 A.M.☐ P.M.☒

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

BREATH OPERATOR: S.O'NEAL #6212

MAINTENANCE TECHNICAN: J. KARLECKE #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH:

ATTITUDE: CALM, COOPERATIVE

CLOTHING: SHIRT- BLK/PRINT PANTS- BLUE JEANS

MEDICAL CONDITIONS: HIGH BLOOD PRESSURE

MEDICATIONS: MEDS.

OTHER:

EYES: VERY RED, GLASSY
FACE: FLUSHED
ODOR OF UNKNOWN ALCOHOLIC BEVEARGE

COMMENTS:

20 MIN. OBSERVATION CONDUCTED BY A/O FLINK #514

A/O REQUESTED THE BREATH TEST.
D SUBMITTED TO THE BREATH REQUEST.
D COMPLETED THE TEST CORRECTLY.
A/O ATTEMPTED TO READ THE C/W ON CAMERA, D STATED HE PLED THE FIFTH. D STATED HE KNEW HIS RIGHTS.
NO Q&A CONDUCTED.

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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 CSO
Instrument Serial Number: 80-006029 Software: 8100.27
Date of Test: 02/23/2024

Date of Last Agency Inspection: 02/16/2024
Observation Period Began: 22:55
Subject's Name: MATTHEW RAYMOND ELLIOTT DOB: 09/09/1981 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	23:21
Air Blank	0.000	23:22
Control Test	0.079	23:22
Air Blank	0.000	23:22
Subject Sample #1	0.252	23:23
Air Blank	0.000	23:24
Air Blank	0.000	23:25
Subject Sample #2	0.264	23:26
Air Blank	0.000	23:26
Control Test	0.079	23:27
Air Blank	0.000	23:27
Diagnostics Check	OK	23:27

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 SHARI L O'NEAL, 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: S. O'Neal Date: 02-23-24
Signature

Sworn to (or affirmed) before me this 23 day of February, 2024

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.

FDLE/ATP FORM 38 - MARCH 2004, Ref. 11D-8.007

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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

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: _____

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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	☐			
	☐			
	☐			
	☐			

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REVIEW COMPLETED BY

Booking Number: 2024005042	**Date:** 2/24/2024
	Specialist Name/ID#: C. Daniels/ 30347