0545953 2023CT-23012 ASA 3809

# ARREST / NOTICE TO APPEAR
## Juvenile Referral Report

OBTS Number

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

1 Juvenile N

**ADMINISTRATION**

| Agency ORI Number | Agency Name | Agency Report Number |
|---|---|---|
| FL0500300 | BOYNTON BEACH POLICE DEPT. | 34-23-064705 |

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: N/A

Multiple Clearance Indicator: 01

| Location of Arrest (Including Name of Business) | Location of Offense (Business Name, Address) |
|---|---|
| I95 South of Hypoluxo Road, Boynton Bch, FL, 33426 | I95 South of Hypoluxo Road, Boynton Bch, FL, 33426 |

| Date of Arrest | Time of Arrest | Booking Date | Booking Time | Jail Date | Jail Time | Location of Vehicle |
|---|---|---|---|---|---|---|
| 12/28/2023 | 0245 hrs | | | | | Becks Tow Yard |

**DEFENDANT**

Name (Last, First, Middle): Mager, Samantha Elizabeth

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

| W - White I - American Indian B - Black O - Oriental / Asian | Race | Sex | Date of Birth | Height | Weight | Eye Color | Hair Color | Complexion | Build |
|---|---|---|---|---|---|---|---|---|---|
| | W | F | 11/26/2002 | 504 | 120 | Brn | Blnd | Med | Sm |

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)

Marital Status: Single

Religion: Christian

Indication of: Y N Unk.
Alcohol Influence ☒ ☐ ☐
Drug Influence ☐ ☐ ☒

| Local Address (Street, Apt. Number) (City) (State) (Zip) | Phone | Residence Type 1. City 3. Florida 2. County 4. Out of State |
|---|---|---|
| 15163 82nd Lane North, West Palm Beach, FL, 33401 | (561)670-4843 | 2 |

| Permanent Address (Street, Apt. Number) (City) (State) (Zip) | Phone | Address Source |
|---|---|---|
| | ( ) - | Def |

| Business Address (Street, Apt. Number) (City) (State) (Zip) | Phone | Occupation |
|---|---|---|
| | ( ) - | Horse Trainer |

| D/L Number, State | See Soc. Sec. Number | INS Number | Place of Birth | Citizenship |
|---|---|---|---|---|
| M260785029260 / FL | [redacted] | | West Palm Bch, FL | 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

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 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 561-355-2526) 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. Barbituate C. Cocaine E. Heroin H. Hallucinogen M. Marijuana O. Opium/Deriv. P. Paraphernalia/ Equipment S. Synthetic U. Unknown Z. Other

**CHARGE**

| Charge Description | Counts | Domestic Violence | Statute Violation Number | Violation of ORD# |
|---|---|---|---|---|
| DUI | 01 | ☐ Yes ☒ No | 316.193(1)(c) | - |

| Drug Activity | Drug Type | Amount/Unit | Offense # | Warrant/Capias Number | Bond |
|---|---|---|---|---|---|
| N | N | - | 23-064705 | - | - |

**CHARGE**

| Charge Description | Counts | Domestic Violence | Statute Violation Number | Violation of ORD# |
|---|---|---|---|---|
| | | ☐ Yes ☐ No | | |

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

**CHARGE**

| Charge Description | Counts | Domestic Violence | Statute Violation Number | Violation of ORD# |
|---|---|---|---|---|
| | | ☐ Yes ☐ No | | |

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

**CHARGE**

| Charge Description | Counts | Domestic Violence | Statute Violation Number | Violation of ORD# |
|---|---|---|---|---|
| | | ☐ Yes ☐ No | | |

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

**NOTICE TO APPEAR**

☐ Instruction No. 1 Mandatory Appearance in Court
☐ Instruction No. 2 You need not appear in Court but must Comply with instruction on reverse side.

Location (Court, Room Number, Address): South County Courthouse, 200 West Atlantic Ave, Delray Beach, FL 33444

Court Date and Time: Month January Day 22nd Year 2024 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) — 12/28/2023 Date Signed

**ADMIN.**

HOLD for other Agency Name:

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other:

Signature of Arresting Officer: Ofc. Wertman

Name of Arresting Officer (Print): Ofc. Wertman I.D. # 1111

Name Verification (Printed by Arrestee) (PRINT)

BU#

Intake Deputy I.D. # Pouch #

Transporting Officer Wertman 1111 Agency BOPD

Witness here is subject Signed with an "X".

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## D.U.I. PROBABLE CAUSE AFFIDAVIT

**ON THE** 28th **DAY OF** December **2023 AT** 0210 ☒ **A.M** ☐ **P.M.**

**CASE #:** 23-064705 **DEFENDANT:** Mager, Samantha Elizabeth

**PERSONAL CONTACT/DRIVING PATTERN/OBSERVATION OF DRIVER:**

On Thursday, 12/28/2023 at approximately 0210 hours, Sergeant Barrios was on patrol entering I95 southbound from Hypoluxo Road when he observed a Red 2017 BMW X3 bearing FL / 87DFX turn left from the westbound lanes onto the I95 southbound entrance. Sergeant Barrios advised the front passenger tire was blown and the vehicle was being driven on the rim. At that time, a traffic stop was conducted, activating emergency blue/red lights on a marked BBPD patrol vehicle. Sergeant Barrios contacted the sole occupant W/F Mager, Samantha who stated she was driving north to go home. Sergeant Barrios informed of an unknown odor of an alcoholic beverage coming from her person and she had a difficult time exiting and walking from the vehicle.

After being briefed, I contacted Mager informing I am now going to be investigating the suspicion of driving under the influence. Mager was provided her Miranda rights acknowledging she understood and agreed to the Standardized Field Sobriety Tasks. Mager stated she was at Renegades, line dancing and had one alcoholic beverage. Mager further stated she was driving home and believed she was traveling north on I95 but was actually driving south. Mager was also unable to provide a reason for the blown passenger side front tire. Mager was asked if she suffers from medical conditions or wear glasses answering no. Please see below,

**HORIZONTAL GAZE NYSTAGMUS:**

- ☒ Left eye does not follow smoothly
- ☒ Left eye prior to 45 degrees
- ☒ Distinct jerking in left eye at maximum deviation
- ☒ Vertical Nystagmus in left eye
- ☒ Right eye does not follow smoothly
- ☒ Right eye prior to 45 degrees
- ☒ Distinct jerking in right eye at maximum deviation
- ☒ Vertical Nystagmus in right eye

**WALK AND TURN:**

The following task was explained and demonstrated to Mager, acknowledging she understood. During the instruction stage Mager was unable to remain the starting position and started prior to being directed. During the walking stage Mager missed every heel to toe and did not count out loud. Mager was provided the opportunity to redo the task and again missed the heel to toe, completing the task.

**ONE LEG STAND:**

The following task was explained and demonstrated to Mager who acknowledged she understood. During the instruction Mager had a difficult time keeping her arms at her side. During the exercise Mager placed her foot back on the ground halfway through the exercise and bent her leg at the knee, completing the task.

**FINGER TO NOSE:**

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The following task was explained and demonstrated, stating she understood. During the exercise Mager did not return her finger to her side after each direction, completing the task.

**ROMBERG/ALPHABET:**
The follow task was explained and understood. During the exercise Mager quickly recited the alphabet, no other observations/clues were noted, completing the exercise.

Based on the above facts, Mager, Samantha was taken into custody under the suspicion of DUI, placed in handcuffs and transported to the Palm Beach County BAT. On arrival at the BAT, the 20-minute observation started at 0308 hours and completed at 0328 hours. Upon completion I requested Mager to provide a sample of her breath to determine the alcohol content, which she agreed. Mager provided a sample of .129 (0341 hours) and a second sample of .131 (0344 hours). I then read Mager her Miranda warnings which she understood and agreed to the questions and answers.

Based on the above, I established Probable Cause to charge Mager, Samantha with one count of DUI pursuant to F.S.S 316.193(1)(C). Mager was processed and turned over the Palm Beach County Jail.

Body camera activated. The vehicle and collected/towed from the scene by Becks.

The following instrument was sworn to before me this 28 day of December 2023

By: _____

Notary/Police Officer (F.S.S. 117.10)

Signature of Arresting Officer

THOMASINA MILLER
Notary Public - State of Florida
Commission # HH 339641
My Comm. Expires Dec 7, 2026
Bonded through National Notary Assn.

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

PBSO CASE # 23-141847 PBSO ZONE 6-12

AGENCY CASE # 23-064705 CRASH CASE #

TIME OF STOP/CRASH 0210 DATE 12/28/23 DAY THUR

SUBJECT'S NAME MAGER, SAMANTHA ELIZABETH (LAST, FIRST, MID) RACE W SEX F

HGT 504 WGT 120 DOB 11/26/02

LOCATION I95 SOUTH BOUND FROM HYPOLUXO RD

ARRESTING OFFICER'S NAME & ID WERTMAN #1111 AGENCY BBPD

DIVISION: R.P.

NOTIFIED BY COMMO yes

ARRIVAL AT FACILITY 0308 HRS

ARREST TIME 0245 HRS

BREATH RESULTS:

1) .129
2) .131
3) N/A
4) N/A

TESTING OFFICER'S ID 4/1017 PBSO VIDEOTAPE # N/A

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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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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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# 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: 12/28/2023

Date of Last Agency Inspection: 12/08/2023
Observation Period Began: 03:08
Subject's Name: SAMANTHA E MAGER DOB: 11/26/2002 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 | 03:39 |
| Air Blank | 0.000 | 03:40 |
| Control Test | 0.080 | 03:40 |
| Air Blank | 0.000 | 03:40 |
| Subject Sample #1 | 0.129 | 03:41 |
| Air Blank | 0.000 | 03:42 |
| Air Blank | 0.000 | 03:43 |
| Subject Sample #2 | 0.131 | 03:44 |
| Air Blank | 0.000 | 03:45 |
| Control Test | 0.080 | 03:45 |
| Air Blank | 0.000 | 03:45 |
| Diagnostics Check | OK | 03:46 |

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 THOMASINA E 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: Thomasina Miller Date: 12/28/23
Signature

Sworn to (or affirmed) before me this 28 day of December, 2023

Signature of Notary Public-State of Florida

Ofc. G. Weitman
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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CASE #: 23-064705 DEFENDANT: Mager, Samantha Elizabeth

Arresting Officer: Wertman
Address: 100 E. Boynton Beach Boulevard Boynton Beach, Fl. 33435
Phone Numbers: Home: _____ Work: (561) 742-6100

Name: Sergeant Barrios
Address: 2100 High Ridge Road. Boynton Beach, FL, 33426
Phone Numbers: Home: _____ Work: 561-742-6100
Can testify to: Driving pattern and SFST

Name: Sergeant Schlak
Address: 2100 High Ridge Road, Boynton Beach, FL, 33426
Phone Numbers: Home: _____ Work: 561-742-6100
Can testify to: SFST

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: _____

Name: _____
Address: _____
Phone Numbers: Home: _____ Work: _____
Can testify to: _____

Name: _____
Address: _____
Phone Numbers: Home: _____ Work: _____
Can testify to: _____

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# TESTING FACILITY TASK REPORT

AGENCY: BBPD

SUBJECT: MAGER, SAMANTHA .E.

CASE NUMBER: 23-141847

DATE: Dec 28, 2023

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 03:36

ENDING TIME: 03:52

BREATH TESTS RESULTS: 1) .129 TIME 03:41 A.M. ☒ P.M. ☐ 2) .131 TIME 03:44 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 TECHNICAN: J. KARLECKE# 6467

**TESTING OFFICER'S OBSERVATIONS**

SPEECH: PRONOUNCED

ATTITUDE: CALM

CLOTHING: BLUE LONG SLEEVE SHIRT, BLACK LEGGINGS, BLACK BOOTS

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

**OTHER:**

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**COMMENTS:**

ARRIVED AT CENTER A/O BEGAN THE 20 MINUTE OBSERVATION PERIOD AT 03:08 HRS.

SUBJECT: AGREED TO TAKE TEST.

A/O: READ RIGHTS.
SUBJECT: STATED SHE UNDERSTOOD RIGHTS.

TECH: READ TEST RESULTS.
SUBJECT: ACKNOWLEDGE SHE UNDERSTOOD TEST RESULTS.

A/O: CONDUCTED Q & A.
SUBJECT: ANSWERED QUESTIONS.

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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:** 2023033841 | **Date:** 12/28/2023 |
| | **Specialist Name/ID#:** T.HOWARD/7185 |

SCANNED
DEC 28 2023