50-2024-CT-005638 ASB

05478235

3524

ARREST / NOTICE TO APPEAR

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

ADMINISTRATION

OBTS Number			
Agency ORI Number: 0502000	Agency Name: Lantana Police Department	Agency Report Number (N.T.A.'s only): 6 | 4 | 24-001482	

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 | Multiple Clearance Indicator: 1

Location of Arrest (Including Name of Business)	Location of Offense (Business Name, Address)
S DIXIE HWY/E LAKE WORTH AVE, 430 S DIXIE HWY/E LAKE	430 S DIXIE HWY/E LAKE WORTH AVE, LANTANA, FL 33462

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
03/31/2024	22:04	03/31/2024	22:14	03/31/2024	22:20	

DEFENDANT

Name (Last, First, Middle): BENSE, SAMANTHA PATRICIA — Alias:

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

Race (W - White, B - Black, I - American Indian, O - Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	F	03/17/1979	5'03	115	BROWN	BLONDE OR	LIGHT	S

Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description) | Marital Status | Religion | Indication of: Alcohol Influence ☒ Yes ☐ No ☒ Unk ☐ Drug Influence

Local Address (Street, Apt. Number)	(City)	(State)	(Zip)	Phone	Residence Type: 1. City 3. Florida 2. County 4. Out of State
3450 S OCEAN BLVD 212, PALM BEACH, FL ~~33450~~		33480		(561) 866-8371	1

Permanent Address (Street, Apt. Number)	(City)	(State)	(Zip)	Phone	Address Source
3450 S OCEAN BLVD 212, PALM BEACH, FL ~~33450~~		33480		(561) 866-8371	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
B520795795971 / FL	[redacted]		RUTLAND, VT, United	US

CO-DEFENDANT

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 ☐ Other: ☐ 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. ☐ Yes, by: ☐ No:

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. Disperses/ Distribute M. Manufacture/ Produce/ Cultivate Z. Other

Drug Type: N. N/A A. Amphetamine B. Barbiturate C. Cocaine E. Heroin H. Hallucinogen O. Opium/Deriv P. Paraphernalia/ Equipment M. Marijuana S. Synthetic U. Unknown Z. Other

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #
DUI-DRIVING UNDER THE INFLUENCE	316.193(1)(A	

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
	N	/		1	☐ Y ☒ N		1,000

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #
REFUSE TO SIGN CITATION	318.14(3)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
	N	/		1	☐ Y ☒ N		250

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
		/			☐ Y ☐ N		

INTAKE

Health / Apparent Physical Condition of Defendant | Any knowledge of the following. ☐ Mental ☐ Escape Risk ☐ Medication ☐ Deformities ☐ Injuries — Explain:

Check which applies: ☐ Released O.R. ☐ Released to Parent/Guardian ☒ T.O.T. County Jail ☐ Posted Bond ☐ South County Mental Health

PROPERTY - Received By	Released By	Released To
OFC. MURDOCK	OFC. MURDOCK	PBCJ

Transported By	Date Transported	Time Transported	Other
OFC. MURDOCK	03/31/2024	22:04	

NOTICE TO APPEAR

☒ 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): 200 W Atlantic Ave, DELRAY BEACH

Court Date and Time: 04/25/2024 08:30:00

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.

No Photo Available

Signature of Defendant (or Juvenile and Parent/Custodian) | Date Signed

FILED PBC - GUN CLUB '24 APR 1 AM 6:26

ADMIN

HOLD for Other Agency | Signature of Arresting Officer

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other

Name of Arresting Officer (Print)	I.D. #
MURDOCK, LOGAN R	941

Name Verification (Printed by Arrestee) (PRINT) APR 1 AM 1:05

Intake Deputy	I.D. #	Pouch #
	3606	

Transporting Officer	I.D. #	Agency
OFC. MURDOCK	941	LANTA

Witness here if subject signed with an "X".

PAGE 1 OF 1

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

NOT A CERTIFIED COPY

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 31 DAY OF March 20 24, AT 2130 AM / PM

SUBJECT: Bense, Samantha CASE NUMBER: 24-001482

AGENCY: Lantana PD ARRESTING OFFICER: Ofc. Murdock

PERSONAL CONTACT

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

Not observed- I, Officer Murdock (ID 941), was conducting traffic after a traffic crash (Lantana case #: 24-001481). Samantha P. Bense (03/17/1979) pulled up to the crash site attempting to get home.

OBSERVATION OF DRIVER:

Upon contact with the driver I could smell a strong scent of alcoholic beverages coming from Bense's breath. Bense had slurred speach and glossy eyes.

DRIVER'S STATEMENTS:

Bense stated she was just trying to get home.

ODORS:

Strong scent of alcoholic beverages coming from Bense's breath

GENERAL OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Cocky, Talkative

CLOTHING: In good order

MEDICAL / OTHER:

STATE OF FLORIDA
COUNTY OF PALM BEACH

941

(Signature of Arresting / Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 31 day of March 20 24 by Ofc. L. Murdock

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

Thomasina Miller

Notary Public, Clerk of Court, Officer (F.S.S 1 17.10)

THOMASINA MILLER
Notary Public - State of Florida
Commission # HH 335547
My Comm. Expires Dec 7, 2026
Bonded through National Notary Assn.

NOT A CERTIFIED COPY

SUBJECT: Bense, Samantha **CASE NUMBER:** 24-001482

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS :

- ✔ LT EYE-LACK OF SMOOTH PURSUIT
- ✔ LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX DEVIATION
- ✔ LT EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES
- ✔ RT EYE-LACK OF SMOOTH PURSUIT
- ✔ RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX DEVIATION
- ✔ RT EYE- ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

Other Observations:

WALK & TURN:

Refused

ONE LEG STAND:

Used arms to balance/Put foot down

FINGER TO NOSE :

Did not administer

ROMBERG / ALPHABET :

Did not administer

BREATH TEST RESULTS : Refused

NOT A CERTIFIED COPY

STATE OF FLORIDA
COUNTY OF PALM BEACH

941

(Signature of Arresting / Investigative Officer)

The foregoing instrument was notarized or sworn before me this 31 day of March 20 24 by Ofc. L. Murdock

who is personally known to me and/or produced identification. Type of identification produced _____

Notary Public, Clerk of Court, Officer F.S.S. 117-10)

THOMASINA MILLER
Notary Public - State of Florida
Commission # HH 319641
My Comm. Expires Dec 7, 2026
Bonded through National Notary Assn.

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

PBSO CASE # 24-048775 PBSO ZONE 1-11

AGENCY CASE # Lantana 24-001482 CRASH CASE # _____

TIME OF STOP/CRASH 2130 DATE 03/31/2024 DAY Sunday

SUBJECT'S NAME Samantha P. Bense RACE W SEX F

HGT 5'3" WGT 115 DOB 03/17/1979

LOCATION S Dixie Hwy / E Lake Worth Ave, Lantana

ARRESTING OFFICER'S NAME & ID Ofc. J Mulock 941 AGENCY Lantana PD

DIVISION: _____ NOTIFIED BY COMMO yes

ARRIVAL AT FACILITY 22:28

BREATH RESULTS: Arrest Time 2204

1. _____
2. _____
3. REFUSED
4. _____

TESTING OFFICER'S ID 4107

NOT A CERTIFIED COPY

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

I, Ofc. L. Murdock, a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)

am a member of Lantana Police Department, and I do swear
(Name of law enforcement agency)

or affirm that on or about the 31 day of March, 20 24, at 2204 ☑ P.M ☐ A.M.

DRIVER Samantha Patricia Bense,
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# B520-795-79-597-1, state of Florida, was placed under lawful arrest for

the offense of DUI by Ofc. L. Murdock and
(Name of Arresting Officer)

issued Citation # AHU9BLE.

That on or about the 31 day of March, 20 24, at 2259 ☑ 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 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 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 CDL, or was operating a CMV, refusal will result in the disqualification of the Commercial Driver's License/driving privilege 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.

Signature of Law Enforcement Officer or
Correctional Officer

THIS AFFIDAVIT MUST BE NOTARIZED OR ATTESTED TO (F.S. 117.10)

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

(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before me this 31 day of March, 20 24, by _____, who is personally known to me or who has produced _____ as identification.

Notary Public Thomasina Miller

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.

HSMV-BAR1001 (REV. 10/2016)

NOT A CERTIFIED COPY

WITNESS LIST

CASE NUMBER: 24-001482

ARRESTING OFFICER _____

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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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: _____

NOT A CERTIFIED COPY

TESTING FACILITY TASK REPORT

AGENCY: LPD

SUBJECT: BENSE, SAMANTHA .P.

CASE NUMBER: 24-048775

DATE: Mar 31, 2024

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 22:52

ENDING TIME: 23:01

BREATH TESTS RESULTS: 1) R TIME 22:59 A.M.☐ P.M.☒ 2) N/A TIME N/A 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: SLOW

ATTITUDE: IRRITATED

CLOTHING: WHITE DRESS, MULTICOLOR SANDALS

MEDICAL CONDITIONS: ALLERGIC TO ANTIBIOTICS

MEDICATIONS: NONE

REFUSED

OTHER:

EYES: GLASSY

COMMENTS:

ARRIVED AT CENTER A/O BEGAN THE 20 MINUTE OBSERVATION PERIOD AT 22:28 HRS.

SUBJECT: REFUSED TO ANSWER FORMAT QUESTIONS.

SUBJECT: REFUSED TO ANSWER IF SHE WOULD TAKE TEST.

A/O: READ I/C (2X).
SUBJECT: WOULD NOT ACKNOWLEDGE IF SHE UNDERSTOOD I/C AND REFUSED TO ANSWER IF SHE WOULD TAKE TEST.

A/O: GAVE SUBJECT MULTIPLE OPPORTUNITIES TO ANSWER IF SHE WOULD PROVIDE A BREATH SAMPLE.
SUBJECT REFUSED TO ANSWER.

A/O: CALLED A REFUSAL AT 22:59 HRS.

A/O: READ RIGHTS.
SUBJECT: WOULD NOT ACKNOWLEDGE IF SHE UNDERSTOOD RIGHTS.

NO Q & A CONDUCTED.

REFUSED

NOT A CERTIFIED COPY

SUBJECT: Bruce Lamonthan P. CASE NUMBER: 24-001482

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: _____

NOT A CERTIFIED COPY

SUBJECT: Brit Samuelle P 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 Ofc. Murdock of the Lantana Police Department

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) Read on Camera

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) Read on Camera

NOT A CERTIFIED COPY

WHITE: STATE ATTY. YELLOW: DHSMV PINK: CENTRAL RECORDS GOLD: JAIL

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: 2024008625	**Date:** 4/1/2024
	Specialist Name/ID#: J. Gaines/ 44177