24CT3793 SB 0299235

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

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

☐ Check if Supplement is Attached

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

Juvenile: N

ADMINISTRATIVE

OBTS Number:

Agency ORI Number: FL0 5 0 0 0 0 0

Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE

Agency Report Number: 0 6 -| 24-039608 ( )

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: 0 1

Location of Arrest (including Name of Business): **Palmetto Park Road / Beracasa Way, Boca Raton, FL 33433**

Location of Offense (Business Name, Address): **Palmetto Park Road / Beracasa Way, Boca Raton, FL 33433**

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
03/01/2024	23:58	03/02/2024				Boca Ratea Towing, 1655B 1st Ct., Boca Ratea, FL 33431, (561) 750-9522

DEFENDANT

Name (Last, First, Middle): **Cruz, Tiffany, Marie**

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	6/19/1984	5'07	180	hazel	brown	light	medium

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description): **tatoos ankle, wrist, back**

Marital Status: **Divorced** Religion: **CATHOLIC** Indication of: Alcohol Influence ☒ Y ☐ N ☐ Unk; Drug Influence ☐ Y ☐ N ☒ Unk

Local Address (Street, Apt. Number) (City) (State) (Zip): **9892 Liberty Rd, Boca Raton, FL 33434**

Mobile Phone: **(561) 715 4179**

Residence Type: 1. City 2. County 3. Florida 4. Out of State: **2**

Permanent Address (Street, Apt. Number) (City) (State) (Zip):

Phone: ( )

Address Source: **DL**

Business Address (Name, Street) (City) (State) (Zip):

Phone: ( )

Occupation: **sales**

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
C620813847190, FL	[redacted]		Brooklyn, NY	US

CO-DEF

Co-Defendant (Last, First, Middle) | Race | Sex | Date of Birth | ☐ 1. Arrested ☐ 2. At Large | ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile

Co-Defendant (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) 355-6511) informed of any change of address. School Attended Grade

☐ Yes, by: (Name) ☐ No (Reason)

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. Synthetic; U. Unknown Z. Other

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
Driving Under the Influence with injuries and property damage (enhanced)	1	☐ Y ☒ N	316.193(3)(c)(1)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
N	N		24-039608		

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

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

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

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

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

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

NOTICE TO APPEAR

Location (Court, Room Number, Address): **South County Courthouse, Courtroom #1, 200 W. Atlantic Ave., Delray Beach, FL 33444 - Ph: (561) 355-2996**

Court Date and Time: Month **March** Day **28th** Year **2024** Time **08:30** 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) Date Signed 3/2/24

I consent to receive text reminders of court date(s) and times for this case by automated technology to the mobile number identified above. I understand that standard text message rates may apply, and that I may revoke this consent via the text message system if I choose. Signature

ADMIN

HOLD for other agency

☐ Dangerous ☐ Suicidal ☐ Resisted Arrest ☐ Other:

Signature of Arresting Officer: X

Name of Arresting Officer (Print): D/S POINTU P. I.D. #: 16032

Name Verification (Printed by Arrestee) (PRINT)

Intake Deputy I.D. # Pouch #

Transporting Officer: D/S POINTU P. I.D. #: 16032 Agency: PBSO

Witness here if subject signed with an "X"

PAGE 1 OF ___

PBSO #0148 REV. 11/22 DISTRIBUTION: COURT COPY STATE ATTORNEY AGENCY AGENCY DEFENDANT (N.T.A.'s ONLY)

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PALM BEACH COUNTY CLERK & COMPTROLLER '24 MAR 2 AM 7:34

0299235 1/14

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 1st DAY OF March 20 24, AT 22:49 AM ✓PM

SUBJECT: Cruz, Tiffany, Marie CASE NUMBER: 24-039608

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: D/S POINTU P.

PERSONAL CONTACT

DRIVING PATTERN: Actual physical control (physical evidence or statements putting def. behind wheel of vehicle)

Carline Jean-Pierre was standing in a Toyota RAV4 on the left turning lane of eastbound Palmetto Park Road, at the intersection with Beracasa Way, in unincorporated Boca Raton, Palm Beach County, Florida, waiting to cross. Tiffany Cruz was driving a Kia Carnival bearing Florida 69AMZS on westbound lane 1 of Palmetto Park Road, west of Powerline Road. Cruz failed to maintain her lane of traffic and swerved to the left, colliding with the front of the Toyota. David Cox was in his car behind the Toyota and witnessed the crash. Carline Jean-Pierre sustained injuries in the crash. Cruz was the sole occupant of the Kia and its registered owner.

OBSERVATION OF DRIVER:

Cruz had glassy and bloodshot eyes. Her gait was unsteady and an obvious odor of unknown alcoholic beverage was coming from her person and became stronger when she talked.

DRIVER'S STATEMENTS:

Cruz said she was coming from her mother's funeral and drank two glasses of wine. Post Miranda she admitted drinking three glasses of wine and three beers.
She denied any injury or illnesses. She denied taking any medication or drugs.

ODORS:

Obvious odor of unknown alcoholic beverage that became stronger when she talked.

GENERAL OBSERVATIONS

SPEECH: **Slow, low**

ATTITUDE: **Polite, cooperative**

CLOTHING: **red shirt, gray pants, black shoes**

MEDICAL/OTHER: **None disclosed**

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STATE OF FLORIDA
COUNTY OF PALM BEACH

D/S POINTU P.
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 2nd day of March 20 24 by D/S POINTU P.

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

Joshua Bell (#8656)
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)

JOSHUA BELL
Notary Public - State of Florida
Commission # HH 418882
My Comm. Expires Jul 9, 2027
Bonded through National Notary Assn.

SUBJECT: Cruz, Tiffany, Marie **CASE NUMBER** 24-039608

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

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

Other Observations:

Pupils round and equal. No resting nystagmus. Equal tracking. Onset of HGN at approximately 30 degrees. VGN present. LOC present. Swayed during the task. Lost her balance

WALK & TURN:

Cruz could not maintain the instructional stance. Once asked to start, she stepped off the line multiple times and used her arms to balance. She walked all the way to the end of the line, taking an improper number of steps and not counting them out loud. She also stopped during the task.

ONE LEG STAND:

Cruz attempted to raise her right leg. She put it down multiple time, used her arms to balance and swayed. She also counted "1, 2, 3.." instead of "1001, 1002..." as instructed.

FINGER TO NOSE:

Cruz had to be reminded on tasks 1 and 2 to lower her hand. On tasks 1 and 3 she touched her left cheek, on tasks 5 and 6 she touched the bridge of her nose. On task 2 she touched the right side of her nose. She swayed during the task.

ROMBERG ALPHABET:

Cruz recited the alphabet properly but lost her balance during the task.
For the Romberg balance, she stopped the 30 seconds count at approximately 50 seconds.

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BREATH TEST RESULTS: | 1) 0.234 | 2) 0.232 | 3) | 4) |

STATE OF FLORIDA
COUNTY OF PALM BEACH

D/S POINTU P.
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 2nd day of March 20 24 by D/S POINTU P.

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

Joshua Bell (#8656)
Notary Public, Clerk of Court, Officer (F.S.S 117.10)

JOSHUA BELL
Notary Public - State of Florida
Commission # HH 418882
My Comm. Expires Jul 9, 2027
Bonded through National Notary Assn.

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

PBSO CASE # **24-039608** PBSO ZONE **7-22**

AGENCY CASE # _____ CRASH CASE # **24-039603**

TIME OF STOP/CRASH **22:49** DATE **03/01/2024** DAY **Friday**

SUBJECT'S NAME **Cruz, Tiffany, Marie** RACE **W** SEX **F**

HGT **5'07** WGT **180** DOB **6/19/1984**

LOCATION **Palmetto Park Road / Beracasa Way, Boca Raton, FL 33433**

ARRESTING OFFICER'S NAME & ID **D/S POINTU P. (16032)** AGENCY **Palm Beach County Sheriff's Office**

DIVISION: **District 7 RP**

NOTIFIED BY COMMO **yes**

ARRIVAL AT FACILITY **00:27**

ARREST TIME **23:58**

BREATH RESULTS:

1) .234
2) .232
3) —
4) —

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TESTING OFFICER'S ID **8656** PBSO VIDEOTAPE # _____

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 CSO
Instrument Serial Number: 80-006029 Software: 8100.27
Date of Test: 03/02/2024

Date of Last Agency Inspection: 02/16/2024
Observation Period Began: 00:27
Subject's Name: TIFFANY M CRUZ DOB: 06/19/1984 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	00:53
Air Blank	0.000	00:53
Control Test	0.081	00:53
Air Blank	0.000	00:54
Subject Sample #1	0.234	00:55
Air Blank	0.000	00:55
Air Blank	0.000	00:57
Subject Sample #2	0.232	00:58
Air Blank	0.000	00:58
Control Test	0.079	00:59
Air Blank	0.000	00:59
Diagnostics Check	OK	00:59

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 JOSHUA J BELL, 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: _____ Date: 03/02/24
Signature

Sworn to (or affirmed) before me this 02 day of March, 2024

_____ D/S P. Pointu #16032
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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WITNESS LIST

CASE NUMBER: 24-039608

ARRESTING OFFICER: D/S POINTU P.

ADDRESS: Palm Beach County Sheriff's Office - 3228 Gun Club Rd - West Palm Beach, FL 33406

PHONE NUMBERS (HOME): _____ (WORK) (561) 490 0221

CAN TESTIFY TO: DUI Investigation, see PC

NAME: Cox, David, Lee

ADDRESS: 22183 Majestic Woods Way, Boca Raton, FL 33428

PHONE NUMBERS (HOME) 0 (WORK) 0

CAN TESTIFY TO: Wheel witness, driving pattern. See recorded sworn statement

NAME: Jean Pierre, Carline,

ADDRESS 9500 Sw 3rd St Apt A221, Boca Raton, FL 33428

PHONE NUMBERS (HOME) 0 (WORK) 0

CAN TESTIFY TO: Wheel witness, driving pattern

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) 0 (WORK) 0

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

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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: PBSO

SUBJECT: CRUZ, TIFFANY MARIE

CASE NUMBER: 24-039608

DATE: Mar 2, 2024

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 0050

ENDING TIME: 0105

BREATH TESTS RESULTS: 1) .234 TIME 0055 A.M. ☒ P.M. ☐ 2) .232 TIME 0058 A.M. ☒ P.M. ☐

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

BREATH OPERATOR: JOSHUA J BELL #8656

MAINTENANCE TECHNICAN: J. KARLECKE #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: MUMBLING

ATTITUDE: QUIET, COOPERATIVE

CLOTHING: RED POLO SHIRT, BLACK PANTS, BLACK SHOES

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER:

EYES: BLOODSHOT, GLASSY

COMMENTS:

ARRIVED AT DUI TESTING FACILITY AND BEGAN THE 20 MINUTE OBSERVATION AT 0027 HOURS

SUBJECT STATED SHE WOULD TAKE BREATH TEST

BREATH TEST COMPLETED

A/O READ RIGHTS
SUBJECT STATED SHE UNDERSTOOD HER RIGHTS

TECH READ BREATH TEST RESULTS
SUBJECT STATED SHE UNDERSTOOD BREATH TEST RESULTS

A/O CONDUCTED Q AND A
SUBJECT ANSWERED Q AND A

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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	3-4
	☐	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: 2024005761	**Date:** 3/2/2024
	Specialist Name/ID#: C.Daniels 30347