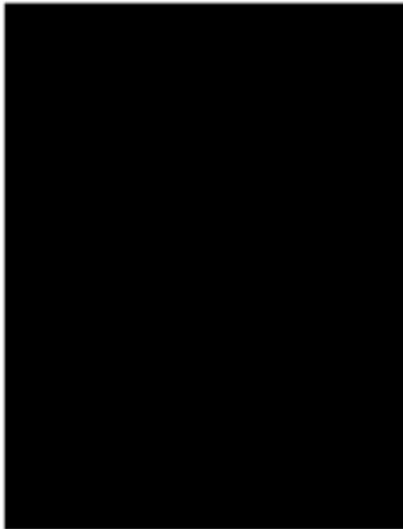


STATE OF FLORIDA
Department of Highway Safety & Motor Vehicles

D r i v e r A n d V e h i c l e I n f o r m a t i o n D a t a b a s e

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D.A.V.I.D. Individual Summary Page



DL/ID Number Class Status
[Redacted] E VALID

ZACHARY SAMUEL BRYAN

All Addresses on File

Date of Birth Sex Height State of Birth
[Redacted] [Redacted] [Redacted] [Redacted]

Restrictions Endorsements

Issue Date Duplicate Date Expiration Date
04-29-04 08-03-05 06-03-10

SSN Form Number
[Redacted] [Redacted]

Conditional Messages
[Redacted]

Driver License Transactions

Record	DL/ID Number	Transaction Date	Issue Date	Update Time	Lic Type	Issue Type	Change Type	FL Disp
View	[Redacted]	08-03-05	04-29-04	08-04-05 00:29:11	DL	Replacement	None	Surrendered
View	[Redacted]	05-05-05	04-29-04	05-06-05 00:07:30	DL	Duplicate	None	Lost
View	[Redacted]	05-05-05	04-29-04	05-06-05 00:07:08		Exam Only	None	
View	[Redacted]	04-29-04	04-29-04	04-29-04 17:08:19	LL	Original	None	

No Vehicles On File for this individual

[Photo Array](#) [Signature Array](#)

SUBJECT TO PROTECTIVE ORDER PARAGRAPHS 7, 8, 9, 10, 15, and 17

Historical Driver License Activity

Vehicle Insurance

Previous Vehicles

New Search

Main Menu

Printed by Joe Recarey at 162.143.16.135 on September 22, 2005 at 11:27AM

<https://www.hsmv.flcjn.net/servlet/DLSummary>

9/22/2005

SDNY_GM_02763486

SUBJECT TO PROTECTIVE ORDER PARAGRAPHS 7, 8, 9, 10, 15, and 17

EFTA_00250328

EFTA01333322



FAX TRANSMITTAL PALM BEACH POLICE DEPARTMENT

CRIMINAL INVESTIGATIONS

345 South County Road
Palm Beach, Florida 33480

Voice (561) 838-5470

Fax (561) 838-5491

This message is intended for the use of the individual or entity to which it is addressed and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution or copy of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone and return the original message to us via the U.S. Postal Service.

TO: [REDACTED]

AGENCY: Summit Christian School

SUBJECT: Information Request

FROM: [REDACTED]

DATE: 04/06/05 TIME: 1532PM

COMMENTS: _____

Respectfully request student/parent information regarding Zack Bryan. I am currently conducting an investigation where Zack Bryan may be considered a witness. Because this is an open investigation, all information is considered confidential and is not to be released. We appreciate your assistance with this matter. You may fax the requested information to the number listed above.

PAGES INCLUDING THIS PAGE: __1__

SDNY_GM_02763487

SUBJECT TO PROTECTIVE ORDER PARAGRAPHS 7, 8, 9, 10, 15, and 17

EFTA_00250329

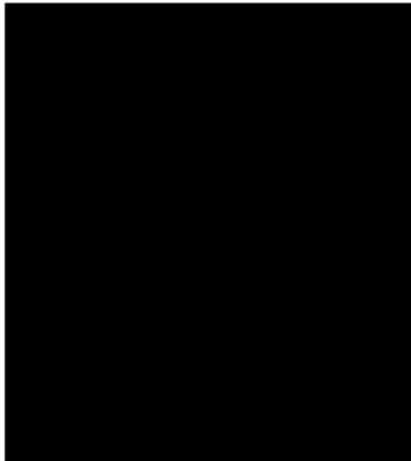
EFTA01333323

STATE OF FLORIDA
Department of Highway Safety & Motor Vehicles

D r i v e r A n d V e h i c l e I n f o r m a t i o n D a t a b a s e

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D.A.V.I.D. Individual Summary Page



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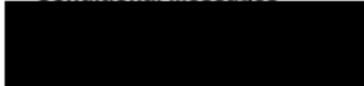
ZACHARY SAMUEL BRYAN
[Redacted]

Date of Birth Sex Height State of Birth
[Redacted]

Restrictions Endorsements

Issue Date Duplicate Date Expiration Date
04-29-04 06-03-10

Conditional Messages



SSN Form Number
[Redacted]

Driver License Transactions

Record	DL/ID Number	Transaction Date	Issue Date	Update Time	Lic Type	Issue Type	Change Type	FL Disp
View	[Redacted]	04-29-04	04-29-04	04-29-04 17:08:19	LL	Original	None	

No Vehicles On File for this individual

- [Photo Array](#)
- [Historical Driver License Activity](#)
- [Previous MV Addresses](#)
- [Vehicle Insurance](#)
- [Previous Vehicles](#)

SUBJECT TO PROTECTIVE ORDER PARAGRAPHS 7, 8, 9, 10, 15, and 17