

21CF275 MB

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

1. Arrest 3. Request for Warrant 01 Juvenile N
2. N.T.A. 4. Request for Capias

OBTS Number		Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-21-023889				
Charge Type: Check as many as apply.		Weapon Seized / Type		Multiple Clearance Indicator						
<input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony		<input checked="" type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		2 1. Yes 2. No						
Location of Arrest (Including Name of Business) Lyons Rd / Boynton Beach Blvd, Boynton Beach, FL 33472				Location of Offense (Business Name, Address) Lyons Rd / Boynton Beach Blvd, Boynton Beach, FL 33472						
Date of Arrest 01/09/2021	Time of Arrest 16:22	Booking Date 01/09/2021	Booking Time	Jail Date	Jail Time	Location of Vehicle				
Name (Last, First, Middle) Miller, Ashley, Lauren				Alias (Name, DOB, Soc. Sec. #, Etc.)						
Race W - White I - American Indian B - Black O - Oriental/Asian	Sex W	Date of Birth 2/24/1988	Height 5'5"	Weight 115	Eye Color Green	Hair Color Brown	Complexion Light	Build Small		
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) Several tattoos on her hands, arms and fingers				Marital Status Single	Religion NONE	Indication of Alcohol/Drug Influence Y N Unk. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
Local Address (Street, Apt. Number) 9832 Grand Verde Way Apt 205, Boca Raton, FL 33428		(City)	(State)	(Zip)	Phone (952) 452-6614	Residence Type 1. City 3. Florida 2. County 4. Out of State 02				
Permanent Address (Street, Apt. Number)				(City)	(State)	(Zip)	Phone	Address Source Verbal		
Business Address (Name, Street)				(City)	(State)	(Zip)	Phone	Occupation		
D/L Number, State B212036459105, MN,		Soc. Sec. Number		INS Number		Place of Birth (City, State) Jacksonville, FL		Citizenship US		
Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile			
Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile			
Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other:		Name (Last)		(First)	(Middle)	Residence Phone				
Address (Street, Apt. Number)				(City)	(State)	(Zip)	Business Phone			
Notified by: (Name)		Date	Signature	Juvenile Disposition Handled/processed within Dept. and Released.		2. TOT HRS / DYS 3. Incarcerated				
Released To: (Name)		Relationship		Date	Time					
The above address provided by <input type="checkbox"/> defendant and / or <input type="checkbox"/> 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. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No. (Reason)				School Attended		Grade				
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property		Value of Property						
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/Derv.	P. Paraphernalia/ Equipment S. Synthetics	U. Unknown Z. Other
Charge Description DUI w/ Property Damage		Counts 01	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 316.193(3)(c)(1)		Violation of ORD #				
Drug Activity N	Drug Type N	Amount / Unit	Offense # 21-023889	Warrant / Capias Number		Bond				
Charge Description Possession of Heroin		Counts 01	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 893.13(6)(a)		Violation of ORD #				
Drug Activity P	Drug Type E	Amount / Unit 7g TPW	Offense # 21-023889	Warrant / Capias Number		Bond				
Charge Description Introduction of controlled substance into county facility (heroin)		Counts 01	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 951.22(1)(h)		Violation of ORD #				
Drug Activity R	Drug Type E	Amount / Unit 7g TPW	Offense # 21-023889	Warrant / Capias Number		Bond				
Charge Description Resist Officer w/out Violence		Counts 01	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 843.02		Violation of ORD #				
Drug Activity N	Drug Type N	Amount / Unit	Offense # 21-023889	Warrant / Capias Number		Bond				
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 February Day 8 Year 2021 Time 8:30 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 01/09/2021										
Signature of Defendant (or Juvenile and Parent /Custodian)					Date Signed					
HOLD for other Agency Name:			Signature of Arresting Officer <i>R. Dalton</i>			Name Verification (Printed by Arrestee)				
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:			Name of Arresting Officer (Print) R. Dalton			(PRINT)				
Intake Deputy I.D. # Pouch #			Transporting Officer ID # Agency D/S R. Dalton 32421 PBSO			Witness here if subject signed with an "X" 01 OF 01				

FILED
IAN 10 2021
JOSEPH ABRUZZO, CLERK
PALM BEACH COUNTY, FL

PROBABLE CAUSE AFFIDAVIT

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

01 Juvenile N

OBTS Number, Agency ORI Number (FLO 500000), Agency Name (PALM BEACH COUNTY SHERIFF'S OFFICE), Agency Report Number (06-21-023889), Charge Type (DUI w/ Property Damage, 316.193(3)(c)1), Special Notes (Supplemental PC)

Name (Last, First, Middle) Miller, Ashley, Lauren, Alias, Race, Sex, Date of Birth (2/24/1988), Charge Description (DUI w/ Property Damage, 316.193(3)(c)1), Charge Description (Possession of Heroin, 893.13(6)(a)), Charge Description (Introduction of controlled substance into county facility (heroin), 951.22(1)(h)), Charge Description (Resist Officer w/out Violence, 843.02)

Victim's Name (Last, First, Middle) State of Florida, Local Address (Street, Apt. Number), Business Address (Name, Street), Race, Sex, Date of Birth, Address Source, Occupation

The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law. The Person taken into custody [X] committed the below acts in my presence. [] was observed by _____ who told _____ that he/she saw the arrested person commit the below acts. [] confessed to _____ admitting to the below facts. [X] was found to have committed the below acts, resulting from my (described) investigation. On the 9 day of January 20 21 at 14:35 [] A.M. [X] P.M. (Specifically include facts constituting cause for arrest.)

At approximately 19:45 hours (after the DUI processing), Ashley Miller was walked over to the intake area of the Palm Beach County Jail for booking/processing. Due to the clothes she was wearing at the time, corrections personnel had Ashley change into a jail uniform. Ashley became very uncooperative and was telling D/S Matthew #5549 that she would not change into the uniform. Due to Ashley's failure to obey a lawful order and her becoming verbally aggressive, several other female corrections personnel went to assist. Cpl White #8240, D/S Jennings #35648, and Sgt McClain #7827 all went in to assist.

I was standing just outside the changing room and could hear a scuffle ensue. Ashley kept saying "no" to changing and refusing to comply with the deputies. I could hear them repeatedly telling her what to do and her arguing back with them. Suddenly, as D/S Jennings and the other personnel were instructing Ashley to shake out her bra, I could hear one of the corrections Deputies saying "she's got a baggy in her hand." When the Deputies attempted to retrieve the baggy from Ashley, she began to forcefully resist and refused to let go of the baggy. It took several of the deputies to restrain Ashley and get her back into handcuffs. In doing so, Ashley finally let go of the clear plastic baggy that she had been hiding in her bra. One of the Deputies immediately retrieved the contraband and handed it to me. The plastic baggy contained a light brown powder which was later field tested. A small sample of the brown powdery substance field tested positive for heroin using the NARK Marquis Reagent and negative for cocaine using the Cobalt Reagent.

I interviewed D/S Jennings, D/S Matthew, Cpl White and Sgt McCain who had all been in the room and had observed that Ashley had smuggled in the contraband and consistently refused to obey their lawful orders. Afterwards, I spoke to Ashley directly (post-Miranda). Due to the powdery nature and the risk of exposure, I asked her what it will test positive for. She admitted that she "forgot" it was in there and "it should be heroin." She also said that she had bought it from a new dealer and was unsure if there could be anything else in it (i.e. fentanyl).

Based on the corrections personnel's statements to me, coupled with the post-Miranda admission, along with the subsequent field testing, probable cause exists that Ashley Miller was in violation of the following Florida Statutes: FSS 893.13(6)(a) - Possession of heroin; FSS 951.22(1)(h) - Introduction of contraband (heroin) into a county facility; and FSS 843.02 - Resist officer without violence. The additional charges were added to her Rough Arrest form under the same case number as the DUI charge.

STATE OF FLORIDA COUNTY OF PALM BEACH R. Dalton 732-12-1 (Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 9 day of January 20 21 by R. Dalton Known LEO (Print name of Arresting/Investigative Officer, 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) SHARI L. O'NEAL Notary Public - State of Florida Commission # GG 972080 My Comm. Expires Jun 25, 2024

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 9 DAY OF January 2021, AT 14:35 AM PM

SUBJECT: Miller, Ashley, Lauren CASE NUMBER: 21-023889

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: R. Dalton #32421

PERSONAL CONTACT

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

I was dispatched to a vehicle crash near the intersection of northbound Lyons Rd and Boynton Beach Blvd, in unincorporated Boynton Beach, Palm Beach County. The caller stated that the driver of the other vehicle (Escalade) appeared to be impaired. When I arrived on scene, both vehicles had pulled into the parking lot of the Wawa and both drivers were still in their vehicles. CSA Hilton and D/S Rodriguez #9476 had arrived on scene prior to my arrival and had made mention to me that the driver of the Escalade seemed impaired. The vehicles involved were a Lexus bearing Florida tag TR2AQ, and a Cadillac Escalade bearing Minnesota tag 254WGX. The driver the Escalade was identified as Ms. Ashley Miller via her Minnesota driver's license (#B212036459105).

OBSERVATION OF DRIVER:

During the crash investigation and while interacting with Ashely, she exhibited several indicators of impairment, to include: slow, slurred speech, droopy eyes, very slow and lethargic mannerisms. D/S Rodriguez conducted and completed her crash investigation (PBSO Case # 21-023868), after which I informed Ashley that I would be conducting a criminal investigation for DUL. I read her Miranda rights to which she acknowledged that she understood. While speaking to her, I observed that she continued to exhibit numerous indicators of impairment. For example, when asked for her license, she would rummage through her purse and pull out various items to hand to me. At one point, she said she was giving me her license, then tried to squirt lotion in my hand. Her speech remained heavily impaired and her account of the incident was very inconsistent. She kept talking about random topics and trailed off as she spoke. I asked if she would be willing to perform field sobriety exercises, to which she agreed. She stated that she did not have any medical problems, and described how she does Yoga and was a gymnast. When asked, she said she only took medication for ADHD. I observed that as she stepped out of the vehicle she was very unbalanced, needing to lean on the vehicle for support. She also staggered heavily as she walked back towards my vehicle where the exercise were later performed.

DRIVER'S STATEMENTS:

When asked for urine at the BAT, she made several post-Miranda remarks that she would have fetanyl and methadone in her system as well. She said that she was trying to "get her dosage right." She also provided post-Miranda statements that she is prescribed alprazolam and other medication for her ADHD.

ODORS:

None

GENERAL OBSERVATIONS

SPEECH: Extremely slurred, mumbled, incoherent

ATTITUDE: Polite

CLOTHING: White sweater, black pants, multi-colored shoes

MEDICAL/OTHER: ADHD and anxiety

STATE OF FLORIDA
COUNTY OF PALM BEACH

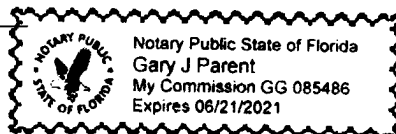
R. Dalton #32421
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to of affirmed and subscribed before me this 9 day of January 2021 by R. Dalton #32421

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

Gary Parent (#7909)

Notary Public, Clerk of Court, Officer (F.S.S. 117.10)



SUBJECT: Miller, Ashley, Lauren

CASE NUMBER 21-023889

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:



LT EYE-LACK OF SMOOTH PURSUIT



RT EYE-LACK OF SMOOTH PURSUIT



LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION



RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION



LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES



RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

Other Observations:

During the exercise I also observed that she had a difficult time following my instructions. She swayed while standing, often stopped looking at the light, and would repeatedly just stare at me or off in the distance.

WALK & TURN:

The next exercise I asked her to perform was the walk and turn. I explained and demonstrated the exercise until she acknowledged that she understood. For this exercise she was advised that she could attempt it with or without her shoes; she attempted it both ways. During her attempt(s) at the exercise I observed that she exhibited the followings clues of impairment: attempted to begin the exercise before being instructed to do so; she stepped off the line several times; she did not touch heel-to-toe, she was unable to maintain her balance while listening the instructions; she raised her arms for balance, and she improperly performed the turn-around. Ashley was given several opportunities to attempt the exercise, however she continued to not do it as instructed. She would sometimes stagger as she walked and appeared to be at risk for falling over. I ensured I remained close by in the event that she lost her balance entirely.

ONE LEG STAND:

She was then asked to perform the One Leg Stand. I explained and demonstrated the exercise to her several times until she confirmed she understood. During her attempt(s) at the exercise, Ashley exhibited the following clues of impairment: swayed while balancing; she put her foot down several times; and she raised her arms away from her side. I also observed that she kept her knee bent, and was resting her heel and toe on the ground. She was very unbalanced during her attempts at the exercise, leading me to stop and move on for fear of her falling and injuring herself.

FINGER TO NOSE:

The last exercise I asked Ashley to perform was the Finger-to-Nose exercise. After explaining and demonstrating the exercise to her, she acknowledged that she understood. While attempting the exercise I observed that Ashley failed to close her eyes and barely tilted her head back. When directed to bring her hand up, she stood there with her arms stretched to the side and wouldn't touch her nose. She made random remarks about building trust when closing her eyes. She continued to not perform the exercise as instructed, even after careful explanation and her confirming she understood.

ROMBERG ALPHABET:

NOT PERFORMED (FALL RISK)

BREATH TEST RESULTS: 1) .000 2) .000 3) URINE 4)

STATE OF FLORIDA
COUNTY OF PALM BEACH

R. Dalton #32421

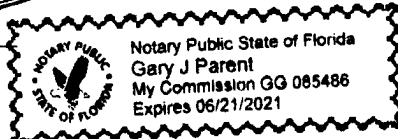
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 9 day of January 20 21 by R. Dalton #32421

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

Gary Parent (#7909)

Notary Public, Clerk of Court, Officer (F.S.S. 117.10)



TESTING FACILITY TASK REPORT

AGENCY:

SUBJECT:

DATE:

BEGINNING TIME:

CASE NUMBER:

VIDEO DVD NUMBER:

ENDING TIME:

BREATH TESTS RESULTS: 1) TIME A.M. P.M. 2) TIME A.M. P.M.

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

BREATH OPERATOR:

MAINTENANCE TECHNICIAN:

TESTING OFFICER'S OBSERVATIONS

SPEECH:

ATTITUDE:

CLOTHING:

MEDICAL CONDITIONS:

MEDICATIONS:

OTHER:

Eyes glassy, pupils constricted.

COMMENTS:

Arrived at Center A/O began the 20 minute observation at 1754 hrs..

Subject agreed to take test.

Tech read test results.

Subject stated she understood test results.

A/O requested a urine sample.

Subject agreed to provide a urine sample.

A/O read I/C.

Subject again agreed to provide a urine sample at 1829 hrs..

A/O stated that he read rights at the scene.

A/O did not attempt Q&A.

Subject declined DRE evaluation.

SUBJECT: MULLER, ARNOLD L. CASE NUMBER: 21-023889

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 detecting the presence of chemical or controlled substances.

-OR-

I am now requesting that you submit to a lawful test of your BLOOD for the purpose of detecting its alcohol content and 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 fail to submit to the test I have requested of you, your privilege to operate a motor vehicle will be suspended for a period of one (1) year for a first refusal, or eighteen (18) months if your privilege has been previously suspended as a result of a refusal to submit to a lawful test of your breath, urine or blood. Additionally, if you refuse to submit to the test I have requested of you and if your driving privilege has been previously suspended for a prior refusal to submit to a lawful test of your breath, urine or blood, you will be committing a misdemeanor. Refusal to submit to the test I have requested of you is admissible into evidence in any criminal proceeding.

SUBJECT'S SIGNATURE: (X) _____
Ross 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) _____
Ross on Camera at scene

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL

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: 80-006240 Software: 8100.27
Date of Test: 01/09/2021

Date of Last Agency Inspection: 12/11/2020
Observation Period Began: 17:54
Subject's Name: ASHLEY L MILLER

DOB: 02/24/1988 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	18:18
	Air Blank	0.000	18:19
	Control Test	0.082	18:19
	Air Blank	0.000	18:20
	Subject Sample #1	0.000	18:20
	Air Blank	0.000	18:21
	Air Blank	0.000	18:23
	Subject Sample #2	0.000	18:23
	Air Blank	0.000	18:24
	Control Test	0.081	18:24
	Air Blank	0.000	18:25
	Diagnostics Check	OK	18:25

Cylinder Lot: 14020080A1
Exp: 07/05/2022

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 GARY J PARENT, 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: 01/09/21
Signature

Sworn to (or affirmed) before me this 09 day of JANUARY, 2021

Signature of Notary Public-State of Florida _____ Printed Name of Notary Public-State of Florida D/S R. DALTON

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.

PALM BEACH COUNTY SHERIFF'S OFFICE – SWORN STATEMENT

Per FL statute 837.012, whoever knowingly makes a false statement under oath shall be guilty of a misdemeanor of the first degree punishable by imprisonment up to 1 year.



WITNESS VICTIM OTHER

CASE #: 21-023889	ZONE: 6-62	SUSPECT: Ashley Miller	DATE & TIME OF ORIGINAL EVENT/OFFENSE: 1/9/21 14:35
EVENT TYPE: DUI crash	DEPUTY: R. Dalton	ID#: 32421	

COMPLETE EVERYTHING BELOW – PRINT LEGIBLY

LAST NAME: FLANNAGAN	FIRST NAME: QUYNHCHI	MIDDLE INITIAL: T	RACE: Asian	SEX: F
DATE OF BIRTH: (MM/DD/YYYY) 10/17/62	YOUR HEIGHT: 5'11 1/2"	YOUR WEIGHT: 105	YOUR HAIR COLOR: Black	YOUR EYE COLOR: Brown
YOUR HOME ADDRESS: 7529 Greenville Circle	<input type="checkbox"/> CHECK IF HOMELESS	CITY: Lake worth	STATE: FL	ZIP: 33467
YOUR WORK NAME & ADDRESS:	<input type="checkbox"/> CHECK IF UNEMPLOYED OR RETIRED	CITY:	STATE:	ZIP:
WORK PHONE: <input type="checkbox"/> CHECK IF NONE ()	CELL PHONE: <input type="checkbox"/> CHECK IF NONE (561) 441-5733	HOME PHONE: <input type="checkbox"/> CHECK IF NONE ()	EMAIL:	<input type="checkbox"/> CHECK IF NONE

WRITE WHAT HAPPENED IN YOUR WORDS IN FULL DETAIL – PRINT LEGIBLY

YOUR NAME: 1 QUYNHCHI FLANNAGAN	DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER...
<p><i>I was driving north on Lyons just south of Boynton Beach Blvd. I came to a stop with a red light and a car in front of me for about a minute when the white female in a black cadillac Escalade hit me from behind. She had yelled out it's a bump and we follow each other into the Wawa gas station north of Boynton Beach. and called 911. she was white female with a lot of make up.</i></p>	
PAGE 1 OF 1	

READ AND SIGN

I SWEAR AND AFFIRM THIS AND/OR THE ATTACHED STATEMENTS ARE CORRECT AND TRUE:	<input checked="" type="checkbox"/> DEPUTY SHERIFF <input type="checkbox"/> NOTARY PUBLIC FSS: 117.10
YOUR SIGNATURE: X [Signature]	SWORN TO AND SUBSCRIBED BEFORE ME TODAY: DATE: 1/9/21 TIME: 15:15 SIGNATURE: [Signature] ID: 32421

IF YOU DO NOT WISH TO PROSECUTE, COMPLETE THE ABOVE STATEMENT, READ THIS DISCLAIMER AND INITIAL BELOW: I AM OF LEGAL AGE AND I AM THE REPORTED VICTIM OF A CRIME UNDER FLORIDA LAW. I HEREBY STATE THAT I WILL NOT COOPERATE ANY FURTHER WITH THE INVESTIGATION OF THE ALLEGED CRIME. I FURTHER RELEASE THE PALM BEACH COUNTY SHERIFF'S OFFICE OF ANY PRESENT OR FUTURE RESPONSIBILITY AS TO MY CASE. I ACKNOWLEDGE THAT I UNDERSTAND MY RIGHTS AS A CRIME VICTIM, PARTICULARLY REGARDING VICTIM COMPENSATION ELIGIBILITY, WHICH INCLUDES SUCH BENEFITS AS REIMBURSEMENT FOR: DISABILITY; LOST WAGES; LOSS OF SUPPORT; MEDICAL, DENTAL, MENTAL HEALTH COUNSELING AND FUNERAL EXPENSES. I AM AWARE I MAY BE GIVING UP THESE RIGHTS FOR MY FAMILY AND MYSELF BY INITIALING BELOW. I AM TAKING THIS POSITION OF MY OWN FREE WILL KNOWING THAT THE CASE CAN ONLY BE FURTHER INVESTIGATED AND PROSECUTED WITH MY COOPERATION. DO NOT WISH TO PROSECUTE (INITIAL _____)

WITNESS LIST

CASE NUMBER: 21-023889

ARRESTING OFFICER: R. Dalton #32421

ADDRESS: PBSO District 6 - 7869 S. Jog Rd, Boynton Beach FL 33463

PHONE NUMBERS (HOME): _____ (WORK) 561-688-3000

CAN TESTIFY TO: Crash investigation, field sobriety, arrest, breath test, and urine

NAME: _____

ADDRESS: _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) 0

CAN TESTIFY TO: _____

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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

JAN 17 2021



Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	<input type="checkbox"/>	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	<input type="checkbox"/>	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel.	
	<input type="checkbox"/>	119.071(2)(f)	Confidential informants (CIs).	
	<input type="checkbox"/>	119.071(2)(e)	Confession.	
Public Info. Exemptions	<input type="checkbox"/>	985.04(1)	Juvenile offender records.	
	<input type="checkbox"/>	119.071(h)(i)	Assets of a crime victim.	
	<input type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	<input type="checkbox"/>	394.4615(7)	Mental health information.	
	<input type="checkbox"/>	119.071(4)(d)(2)(a)	Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)	<input checked="" type="checkbox"/>	(iii) 119.0714(1)(i)-(j), 2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	<input type="checkbox"/>	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	<input type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	<input type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2021000741	Date: 01/10/2021
	Specialist Name/ID: C. Anastasi/#21908