

J- 0350913 0515236

20CT31213B

P- 2711

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

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

OBTS Number		Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number (N.T.A.'s only) <b>06-20-044373</b>					
Charge Type: Check as many as apply: <input 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		Weapon Seized / Type 2 1. Yes 2. No		Multiple Clearance Indicator 01							
Location of Arrest (Including Name of Business) <b>4600 Blk Woolbright Rd, Boynton Beach, FL, 33436</b>				Location of Offense (Business Name, Address) <b>4600 Blk Woolbright Rd, Boynton Beach, FL, 33436</b>							
Date of Arrest <b>03/01/2020</b>	Time of Arrest <b>21:45</b>	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle <b>4600 Blk Woolbright Rd, Boynton Beach, FL, 33436</b>					
Name (Last, First, Middle) <b>Stewart, Cynthia, Denise</b>				Alias (Name, DOB, Soc. Sec. #, Etc.)							
Race W - White I - American Indian B - Black O - Oriental/Asian w f	Sex m f	Date of Birth <b>1/19/1974</b>	Height <b>5'02</b>	Weight <b>130lb</b>	Eye Color <b>Brown</b>	Hair Color <b>black</b>	Complexion <b>Med</b>	Build <b>Med</b>			
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) N/a				Marital Status <b>Divorced</b>		Religion <b>CATHOLIC</b>		Indication of: Alcohol Influence Drug Influence Y N Unk. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Local Address (Street, Apt. Number) <b>1820 Banyan Creek Cir N, Boynton Beach, FL, 33436</b>				Phone <b>(561) 375-9228</b>		Residence Type: 1. City 2. County 3. Florida 4. Out of State <b>2</b>		Address Source <b>FL DL</b>			
Permanent Address (Street, Apt. Number)				Phone		Occupation <b>Teacher</b>					
Business Address (Name, Street)				Phone							
D/L Number, State <b>s363104745190,</b>		Soc. Sec. Number		INS Number		Place of Birth (City, State) <b>Boynton Beach, FL</b>		Citizenship <b>US</b>			
Co-Defendant Name (Last, First, Middle)				Race		Sex		Date of Birth			
Co-Defendant Name (Last, First, Middle)				Race		Sex		Date of Birth			
<input type="checkbox"/> 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		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 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/deriv.		P. Paraphernalia/ Equipment S. Synthetics		U. Unknown Z. Other			
Charge Description <b>Driving Under The Influence with property Damage and/or Injuries</b>				Counts <b>01</b>		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number <b>316.193(3C1)</b>		Violation of ORD #	
Drug Activity <b>N</b>		Drug Type <b>N</b>		Amount / Unit		Offense # <b>20-044373</b>		Warrant / Capias Number		Bond	
Charge Description				Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #	
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond	
Charge Description				Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #	
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond	
Charge Description				Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #	
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond	
Location (Court, Room Number, Address) <b>South County Courthouse, Courtroom #1, 200 W. Atlantic Ave., Delray Beach, FL 33444 - Ph: (561) 355-2996</b>											
Court Date and Time <b>Month March Day 30 Year 2020 Time 8:30 AM X PM</b>											
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 <b>03/01/2020</b>											
Signature of Defendant (or Juvenile and Parent /Custodian)						Date Signed					
HOLD for other Agency Name:				Signature of Arresting Officer <b>X [Signature]</b>				Name Verification (Printed by Arrestee) (PRINT)			
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print) <b>D/S B. Swearingen</b>				I.D. # <b>36179</b>			
Intake Deputy <b>JACOB [Signature]</b>		I.D. #		Pouch #		Transporting Officer <b>D/S B. Swearingen</b>		ID # <b>36179</b>		Agency <b>PBSO</b>	
Witness here if subject signed with an "X"						PAGE <b>1</b> OF <b>1</b>					

MAR 02 2020

OBTS Number		<b>PROBABLE CAUSE AFFIDAVIT</b>		1. Arrest	3. Request for Warrant	1	Juvenile	N
Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number <b>06-20-044373</b>				
Charge Type: Check as many as apply.		Special Notes:						
<input type="checkbox"/> 1. Felony		<input type="checkbox"/> 3. Misdemeanor		<input type="checkbox"/> 5. Ordinance				
<input type="checkbox"/> 2. Traffic Felony		<input type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 6. Other				
Name (Last, First, Middle) <b>Stewart, Cynthia, Denise</b>		Alias		Race w	Sex f	Date of Birth 1/19/1974		
Charge Description <b>Driving Under The Influence with property Damage and/or injuries</b>		316.193(3C1)		Charge Description				
Charge Description				Charge Description				
Victim's Name (Last, First, Middle) <b>State of Florida, ,</b>		Race		Sex	Date of Birth			
Local Address (Street, Apt. Number)		(City)	(State)	(zip)	Phone		Address Source	
Business Address (Name, Street)		(City)	(State)	(zip)	Phone		Occupation	
<p>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</p> <p><input type="checkbox"/> committed the below acts in my presence.      <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.</p> <p><input type="checkbox"/> confessed to _____ admitting to the below facts.      <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <u>1st</u> day of <u>March</u> 20<u>20</u> at <u>08:50</u> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p>								
<p><b>Pen Light Task (Horizontal Gaze Nystagmus [HGN]):</b></p> <p>The defendant was placed with their feet together and hands down by their side. The defendant was instructed to await the completion of the instructions prior to beginning the task. I then instructed the defendant on the task. The defendant stated that they clearly understood my instructions for the task. I placed my stimulus in front of the defendant and ask the defendant if they could see it to which she said "yes." I asked the defendant what color the stimulus was to which they answered. "silver and black." I asked the defendant to touch the tip of the stimulus with her finger which the defendant did without issue. Upon commencing the Pen Light Task (HGN) the defendant moved their head side to side instead of following with their eyes only, anticipated the stimulus. I had to reinstruct the defendant multiple times during the task to follow the stimulus with their eyes only. During the task, I observed that the defendant had equal pupil size and did not exhibit resting nystagmus. The defendant's eyes tracked equally.</p>								
STATE OF FLORIDA COUNTY OF PALM BEACH		<p style="text-align: center;"><b>D/S B. Swearingen</b></p> <p>(Signature of Arresting/Investigative Officer)</p>						
<p>The foregoing instrument was sworn to or affirmed and subscribed before me this <u>1</u> day of <u>March</u> 20<u>20</u> by <u>D/S B. Swearingen</u></p> <p>(Print name of Arresting/Investigative Officer, who is personally known to me, and produces identification) Produced <u>Known LEO</u></p>								
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)		<p style="text-align: center;"><b>BEVERLY SUE OWEN</b>          Notary Public, State of Florida          COMMISSION # GG 188278          EXPIRES: May 30, 2022          Bonded Thru Notary Public Underwriter</p>						
PAGE		1 OF 1						

NOT A CERTIFIED COPY

PROBABLE CAUSE STATEMENT

ADMINISTRATIVE

**SCANNED**  
MAR 02 2020

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 1st DAY OF March 20 20, AT 08:50 AM  PM  
SUBJECT: Stewart, Cynthia, Denise CASE NUMBER: 20-044373

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: D/S B. Swearingen

## PERSONAL CONTACT

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

At approximately 2100 hrs, I was called to the scene of a traffic collision with property damage and/or injuries near the intersection of Woolbright Rd and Military Trl, in unincorporated Palm Beach County, Florida.

I arrived at the scene at approximately 2110 hrs. My independent traffic collision investigation, based on physical evidence and witness statements, determined that, at approximately 0000 hrs, the defendant collided with V2 and V3 which was properly stopped for the westbound red light. (See PBSO crash case #20-044373 for more detailed information about the crash).

Witness, Jonathan Owirka, identified the defendant, Stewart Cynthia, to me as the driver / sole occupant, of the defendant's vehicle at the time of the collision. (See the signed sworn written witness statement or sworn videotaped interview for more detail).

D/S Antonetti #8381 told me that the defendant had articulable indicators of impairment, so they called for a DUI unit to conduct a possible DUI investigation. D/S Antonetti stated a witness saw the defendant enter the 7/11 convenience store post crash, drink water, and immediately start vomiting. (See Elaine Wolf's Sworn statement).

## OBSERVATION OF DRIVER:

I made contact with the defendant, later identified by their FL DL as, Cynthia Denise Stewart. I observed that the defendant had red, watery, bloodshot eyes. The defendant had slurred, slowed, lethargic, speech, and the odor of an unknown alcoholic beverage, based on my training and life experiences, that came from their breath which intensified as they spoke to me. I read the defendant their Miranda rights from a Pre Printed PBSO Miranda Rights card. They stated they understood and voluntarily spoke with me. I asked the defendant if they had any medical problems or had taken any medications and the defendant said no.

I asked the defendant to perform voluntary roadside tasks. The defendant refused, so I gave the Taylor Warnings and explained the evidence that I had already observed including odor of and unknown alcoholic beverage, swaying, driving pattern and behavior. I again asked the defendant to complete the voluntary roadside tasks and the defendant complied.

## DRIVER'S STATEMENTS:

Post Miranda the Defendant stated the crash happened because her car jumped the curb. I asked the defendant if they had any medical conditions and they stated "no" I asked the defendant if they had any physical limitations, they stated "no".

Enroute to Bat the Defendant stated that she was previously arrested for DUI and that she was drunk then, but not now.

## ODORS:

I could smell the odor of an unknown alcoholic beverage, based on my training and life experiences, that came from the defendants breath and intensified as he spoke to me.

## GENERAL OBSERVATIONS

SPEECH: Repetitive

ATTITUDE: Upset

CLOTHING: Blue Jeans, Brown high heal Shoes , Gray Jacket, White shirt

MEDICAL/OTHER: I conducted the Standardized Field Sobriety Tasks (SFSTs) in front of D/S J. Antonetti's PBSO vehicle in car video system with the following results. The area appeared Flat and even to the naked eye, Dark and Lit by the lights on the patrol vehicle and clear of any large debris. It was Warm/cold and Not Windy. The area was dry. The defendant stated that he had no known medical conditions.

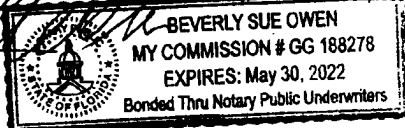
STATE OF FLORIDA  
COUNTY OF PALM BEACH

D/S B. Swearingen  
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 1 day of March 20 20 by D/S B. Swearingen

(Print name of Arresting/Investigative Officer) who is personally known to me and/or produced identification. If not personally known, state how identified. Known LEO

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



MAR 02 2020

SUBJECT: Stewart, Cynthia, Denise

CASE NUMBER 20-044373

**ROADSIDE TASKS**

**HORIZONTAL GAZE NYSTAGMUS:**

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> LT EYE-LACK OF SMOOTH PURSUIT                           | <input checked="" type="checkbox"/> RT EYE-LACK OF SMOOTH PURSUIT                           |
| <input checked="" type="checkbox"/> LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION | <input checked="" type="checkbox"/> RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION |
| <input checked="" type="checkbox"/> LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES          | <input checked="" type="checkbox"/> RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES          |

**Other Observations:**

See P.C.

**WALK & TURN:**

I used a white line located on the side of the road. The defendant agreed the line was straight I had the defendant place their left foot on the line with their right foot in front of the left, heel to toe. I instructed the defendant to remain in the position throughout my instructions and demonstration. The defendant was instructed not to start the task prior to me telling them to begin. The defendant acknowledged and stated they completely understood my instructions. The defendant was then instructed on the task which I also demonstrated. The defendant swayed during my instructions. The defendant came out of the stance and started the task prior to me telling them to begin. Once the defendant was told to begin the task they missed heel to toe, stepped off the line, used their arms for balance, slowed to balance/steady themselves, and continued to do the tasks after the tasks were complete. When the defendant was asked why they didn't walk heel to toe as instructed she said that she had been a model and that was how she walked. She acknowledged that she failed to follow instructions.

**ONE LEG STAND:**

The defendant was instructed to stand with their feet together and their hands down by their side. They were then instructed to remain in the position throughout the instructions and demonstration until instructed to begin. The defendant acknowledged and stated that they clearly understood the instructions. The defendant swayed while in the instructional position. The defendant came out of the instructional position and started the task prior to being told to begin. After being told to begin the defendant put their foot down prior to being told to stop, used their arms for balance, and swayed. The defendant did not count in the manner instructed. The defendant did not continue counting from where they left off after putting their foot down as instructed and spontaneously stopped the task prior to being told to do so.

**FINGER TO NOSE:**

The defendant was instructed to stand with their feet together and their hands down by their side. The defendant was then instructed to remain in the position throughout the instructions and demonstration until instructed to begin. The defendant acknowledged and stated that they clearly understood these instructions. The defendant swayed while in the instructional position. The defendant mimicked me by tilting their head back and raising their arms prior to being told to start. I instructed the defendant on the task and demonstrated the task. The defendant acknowledged the instructions stating that they clearly understood them. The defendant did not tip their head back or close his eyes when told to begin as instructed. The defendant proceeded to miss for the tip of their nose with the tip of their finger, started with the wrong hand, and did not bring their hand immediately bring back as instructed after numerous reminders to do so. The defendant did not keep their head tilted back and opened their eyes during the task. The defendant swayed throughout the task.

**MODIFIED ROMBERG:**

The defendant was instructed to stand with their feet together and their hands down by their side. The defendant was then instructed to remain in the position throughout the instructions and demonstration until instructed to begin. The defendant acknowledged and stated that they clearly understood these instructions. The defendant swayed while in the instructional position. The defendant mimicked me by tilting their head back prior to me telling them to begin. The defendant did not properly complete the alphabet.

**BREATH TEST RESULTS:** 1) .194    2) .194    3)    4)

STATE OF FLORIDA  
COUNTY OF PALM BEACH

D/S B. Swearingen *Blo*  
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 1 day of March 2020 by D/S B. Swearingen

(Print name of Arresting/Investigative Officer) who is sworn to and subscribed to the foregoing instrument produced herein. Type or print name of officer produced Known LEO

*[Signature]*  
Notary Public, State of Florida (F.S.S. 117.10)  
**SCANNED**  
BEVERLY SUE OWEN  
NOTARY COMMISSION # GG 188278  
EXPIRES: May 30, 2022  
Bonded Thru Notary Public Underwriters

MAR 02 2020

**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 #: <b>20-044373</b>	ZONE: <b>6-9</b>	SUSPECT: <b>Cybil Stewart</b>	DATE & TIME OF ORIGINAL EVENT/OFFENSE: <b>1945 &amp; 3/1/20</b>
EVENT TYPE: <b>Vehicle Accident</b>		DEPUTY: <b>B. Shearinger</b>	ID#: <b>36179</b>

**COMPLETE EVERYTHING BELOW – PRINT LEGIBLY**

LAST NAME: <b>Owirka</b>	FIRST NAME: <b>Jonathan</b>	MIDDLE INITIAL: <b>M</b>	RACE: <b>W</b>	SEX: <b>M</b>
DATE OF BIRTH: (MM/DD/YYYY) <b>11/27/93</b>	YOUR HEIGHT: <b>6'2"</b>	YOUR WEIGHT: <b>200</b>	YOUR HAIR COLOR: <b>Bro</b>	YOUR EYE COLOR: <b>Bro</b>
YOUR HOME ADDRESS: <b>7788 Lake Champlain Ct</b>	<input type="checkbox"/> CHECK IF HOMELESS	CITY: <b>Delray Beach</b>	STATE: <b>FL</b>	ZIP: <b>33440</b>
YOUR WORK NAME & ADDRESS:	<input type="checkbox"/> CHECK IF UNEMPLOYED OR RETIRED	CITY:	STATE:	ZIP:
WORK PHONE: <input checked="" type="checkbox"/> CHECK IF NONE	CELL PHONE: <input type="checkbox"/> CHECK IF NONE <b>(561) 789 5166</b>	HOME PHONE: <input checked="" type="checkbox"/> CHECK IF NONE	EMAIL: <b>jowirka@gmail.com</b>	<input type="checkbox"/> CHECK IF NONE

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

1   YOUR NAME: **Jonathan Owirka**

DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER...

I was in my vehicle stopped 3 car lengths from intersection in straight lane. Blue Chevy travelling N on Military attempted to make R turn onto E<sup>bound</sup> Woolbright. Blue Chevy collided w/ White Challenger (inside turning lane) & causing White Challenger to collide w/ Silver truck (directly R of White Challenger). It appeared Blue Chevy was either travelling too fast or lost control of wheel resulting in Blue Chevy not completing the R turn & causing the collision. Post collision, Blue Chevy reversed quickly & pulled car to SE corner of intersection. Driver of Blue Chevy began apologizing to other drivers & walked to 7-11 across street.

PAGE \_\_\_\_\_ OF \_\_\_\_\_

**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: <b>X [Signature]</b>	SWORN TO AND SUBSCRIBED BEFORE ME TODAY:
	DATE: <b>03/01/20</b> TIME: <b>21:34</b>
	SIGNATURE: <b>[Signature]</b> ID: <b>12782</b>

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: (1) MEDICAL; (2) LOST WAGES; (3) LOSS OF SUPPORT; (4) MEDICAL, DENTAL, MENTAL HEALTH COUNSELING AND FUNERAL EXPENSES. I AM AWARE I MAY BE GIVING UP THESE RIGHTS FOR MY FAMILY AND MYSELF BY INITIALLING 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 \_\_\_\_\_)

(PROSECUTION WAIVER NOT TO BE USED FOR CASES INVOLVING DOMESTIC OR DATING VIOLENCE PER G.O. 508.00)

WHITE - RECORDS COPY   CANARY - STATE ATTORNEY COPY   PINK - OFFICER'S COPY   GOLD - WITNESS / VICTIM COPY

**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 #: 20-044373	ZONE: 6-31	SUSPECT: Cynthia Stewart	DATE & TIME OF ORIGINAL EVENT/OFFENSE: 3/1/20 1440
EVENT TYPE: Vehicle Accident		DEPUTY: B. Swearingen	ID#: 36179

**COMPLETE EVERYTHING BELOW – PRINT LEGIBLY**

LAST NAME: Wolf	FIRST NAME: Elaine	MIDDLE INITIAL: S	RACE: W	SEX: F
DATE OF BIRTH: (MM/DD/YYYY) 02/10/1984	YOUR HEIGHT: 5'7	YOUR WEIGHT: 230	YOUR HAIR COLOR: BIK	YOUR EYE COLOR: BLUE
YOUR HOME ADDRESS: 11190 Military Trail	<input type="checkbox"/> CHECK IF HOMELESS	CITY: Boynton Beach	STATE: FL	ZIP: 33434
YOUR WORK NAME & ADDRESS:	<input type="checkbox"/> CHECK IF UNEMPLOYED OR RETIRED	CITY:	STATE:	ZIP:
WORK PHONE: <input type="checkbox"/> CHECK IF NONE (561) 737-8560	CELL PHONE: <input type="checkbox"/> CHECK IF NONE (561) 907 2244	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: Elaine Wolf	DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER...
<p>Been this lady come stumbling in the store wearing a white t shirt blue jeans and a jacket she went straight to the water door grabbed 2 bottles of water and went to the bathroom w/out paying for them and started drinking the water down, then I told her she had to come out and she started vomiting in my trash can some guy she was with came 3, paid for the waters and was trying to help her get herself normal, at that point I knew she was involved in the wreck and was clearly under the influence of something by the way she was acting.</p>	
PAGE _____ OF _____	

**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 <i>[Signature]</i>	SWORN TO AND SUBSCRIBED BEFORE ME TODAY: DATE: 3/1/20   TIME: 2100 SIGNATURE: <i>[Signature]</i> ID: 36179

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 MYSELF 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 \_\_\_\_\_)



SUBJECT: Stewart, Cynthia Denise CASE NUMBER: 20-044373

## 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 D/S SWearingen of the PBSO

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) 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) asked for attorney - NOT DONE

SUBJECT: Stewart, Cynthia Denise CASE NUMBER: 20-044373

### 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? asked for

WHAT TIME DID YOU START? \_\_\_\_\_ WHAT TIME IS IT NOW? \_\_\_\_\_

WHAT IS TODAY'S DATE? \_\_\_\_\_ WHAT DAY OF THE WEEK IS IT? Attorney

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? NOT

HOW MUCH DO YOU WEIGH? \_\_\_\_\_ HAVE YOU BEEN DRINKING? NOT WHAT? \_\_\_\_\_

HOW MUCH? \_\_\_\_\_ WHERE? \_\_\_\_\_ WITH WHOM? \_\_\_\_\_

WHEN DID YOU HAVE YOUR FIRST DRINK? \_\_\_\_\_ AND YOUR LAST DRINK? one

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: \_\_\_\_\_

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

SCANNED  
MAR 02 2020

**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: 80-006477 Software: 8100.27  
Date of Test: 03/01/2020

Date of Last Agency Inspection: 02/14/2020

Observation Period Began: 22:12

Subject's Name: CYNTHIA D STEWART

DOB: 01/19/1974 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	22:35
Air Blank	0.000	22:37
Control Test	0.081	22:37
Air Blank	0.000	22:38
Subject Sample #1	0.194	22:39
Air Blank	0.000	22:39
Air Blank	0.000	22:41
Subject Sample #2	0.194	22:42
Air Blank	0.000	22:43
Control Test	0.079	22:43
Air Blank	0.000	22:44
Diagnostics Check	OK	22:44

Cylinder Lot: 28719080A1  
Exp: 12/05/2021

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 SUE OWEN, 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: [Signature] Date: 03/01/2020  
Signature

Sworn to (or affirmed) before me this 1st day of March, 2020.

[Signature] D/S B. Swearingen  
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.

# WITNESS LIST

CASE NUMBER: 20-044373

ARRESTING OFFICER: D/S B. Swearingen

ADDRESS: 3228 Gun Club Rd, West Palm Beach, FL 33415

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

CAN TESTIFY TO: DUI Investigation

NAME: D/S J. Antonetti

ADDRESS: 3228 Gun Club Rd, West Palm Beach, FL 33415

PHONE NUMBERS (HOME) 561-688-3000 (WORK) \_\_\_\_\_

CAN TESTIFY TO: Back Up Officer

NAME: D/S B. Labrys

ADDRESS 3228 Gun Club Rd, West Palm Beach, FL 33415

PHONE NUMBERS (HOME) 561-688-3000 (WORK) \_\_\_\_\_

CAN TESTIFY TO: Back up Officer

NAME: Elaine Wolf

ADDRESS 1190 Military Trl, Boynton Beach, FL, 33436

PHONE NUMBERS (HOME) 561-737-8560 (WORK) 0

CAN TESTIFY TO: Defendant vomiting

NAME: Jonathan Owirka

ADDRESS 7788 Lake Champlain Ct, Delray Beach, FL, 33446

PHONE NUMBERS (HOME) 561-789-5166 (WORK) \_\_\_\_\_

CAN TESTIFY TO: wheel witness

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: \_\_\_\_\_

SCANNED

MAR 07 2020

NOT A CERTIFIED COPY



**PALM BEACH COUNTY  
SHERIFF'S OFFICE**

Florida State Statute Exemption Sheet

**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"/>	539.001(B)(1), 539.003	Other: Pawn Broker Information	
	<input type="checkbox"/>	415.107 (1)	Other: In order to protect the rights of the individual or other persons responsible for the welfare of a vulnerable adult, all records concerning reports of abuse, neglect, or exploitation of the vulnerable adult.	

**REVIEW COMPLETED BY**

Booking Number: 2020006992	Date: 3/2/2020
	Specialist Name/ID: M. Tooks #8557

SCANNED  
MAR 02 2020