

OBTS Number 20200101908 ARREST NOTICE TO APPEAR		Arrest Referral Report		1. Arrest	3. Request for Warrant	1	Juvenile	N		
Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-20-032447						
Charge Type: Check as many as apply.		1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/>		3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input checked="" type="checkbox"/>		5. Ordinance <input type="checkbox"/> 6. Other <input type="checkbox"/>		Weapon Seized / Type 2 1. Yes 2. No NONE	Multiple Clearance Indicator 01	
Location of Arrest (Including Name of Business) PALMETTO CIR N AND DEL PRADO S				Location of Offense (Business Name, Address) Palmetto Circle N and Del Prado S Boca Raton FL 33433						
Date of Arrest 01/30/2020	Time of Arrest 2257	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle ACCESS TOWING				
Name (Last, First, Middle) Honeycutt Terri Anne				Alias (Name, DOB, Soc. Sec. #, Etc.)						
Race W - White 1 - American Indian B - Black 0 - Oriental/Asian	Sex F	Date of Birth 06/13/1979	Height 5'07	Weight 121	Eye Color BRW	Hair Color BLD	Complexion FAIR	Build SLIM		
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status Single	Religion NONE	Indication of: Alcohol Influence <input type="checkbox"/> Drug Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>				
Local Address (Street, Apt. Number) 10254 Serene Meadow Dr N		(City) Boca Raton, FL	(State) 33428	(Zip)	Phone (407) 970-0402	Residence Type: 1. City 2. County 3. Florida 4. Out of State 1				
Permanent Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone	Address Source FL DL				
Business Address (Name, Street)		(City)	(State)	(Zip)	Phone	Occupation PHILANTHROPIST				
D/L Number, State H523801797130, FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) TUCSON AZ	Citizenship USA			
Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 2. At Large <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"/> 3. Felony <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile			
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other		Address (Street, Apt. Number)				(City)	(State)	(Zip)	Residence 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.						School Attended		Grade		
<input type="checkbox"/> Yes, by: (Name)		<input type="checkbox"/> No: (Reason)		Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property		Value of Property		
Drug Activity N. 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 DUI w/ property damage		Counts 1	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 .214/.199	Offense # 20-032447	Warrant / Capias Number		Bond				
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input 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 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 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) CRIMINAL JUSTICE COMPLEX / 3228 GUN CLUB ROAD, WPB, FL 33406										
Court Date and Time Month 02 Day 27 Year 2020 Time 0830 AM <input checked="" type="checkbox"/> 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.										
Signature of Defendant (or Juvenile and Parent / Custodian) <i>[Signature]</i>						Date Signed 01/30/2020				
HOLD for other Agency Name:		Signature of Arresting Officer <i>[Signature]</i>			Name Verification (Printed by Arrestee) <i>[Signature]</i>					
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal	<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:	Name of Arresting Officer (Print) INV. SCHNEIDER 8723		I.D. # 8723		PAGE 1 OF 1				
Intake Deputy <i>[Signature]</i>	I.D. # 8101	Pouch #	Transporting Officer INV. SCHNEIDER 8723		ID # 8723		Agency PBSO		Witness here if subject signed with an "X" 1 OF 1	

0514419

3342

SCANNED
JAN 31 2020
DEFENDANT (N.T.A.'s ONLY)

PROBABLE CAUSE AFFIDAVIT

1 Arrest 2 NTA 3 Request for Warrant 4 Request for Capias

19

Juvenile

OBTS Number Agency ORI Number Agency Name Agency Report Number

FLO 5 0 0 0 0 0 PALM BEACH COUNTY SHERIFF'S OFFICE 20-032447

Charge Type 1 Felony 2 Traffic Felony 3 Misdemeanor 4 Traffic Misdemeanor 5 Ordinance 6 Other Special Notes Supp PC

Name (Last, First, Middle) Honeycutt, Terri A. Alias Race W Sex f Date of Birth 6/13/1979

Charge Description DUI Charge Description

Charge Description Charge Description

Victim's Name (Last, First, Middle) State of Florida 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

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 [] committed the below acts in my presence. [] confessed to [] was observed by [] who told [] that he/she saw the arrested person commit the below acts. [] was found to have committed the below acts, resulting from my (described) investigation.

On the 30th day of January 20 20 at 8:35 [] A.M [x] P.M (Specifically include facts constituting cause for arrest.)

On Thursday, January 30th, 2020, I was sent to a report of a vehicle crash at the intersection of Palmetto Circle North at Del Prado Circle South in the unincorporated area of Boca Raton in Palm Beach County. When I arrived, I saw three vehicles in the roadway, two of which were involved in the crash. Palm Beach County Fire Rescue personnel were already on scene. Both drivers of the cars were already out of their vehicles and were standing on the sidewalk. One of the drivers, w/f Terri Honeycutt was taken to the PBCFR rescue truck for a brief medical evaluation. Once she was released, I spoke to her during the civil crash investigation and I asked her what direction she was traveling. She explained to me that she had been at an awards ceremony in the area of Clint Moore Road and she was on her way home. She originally said she was on Del Prado Circle south at the stop sign. It was later determined she was actually traveling southbound on Palmetto Circle North. She seemed very confused as to her location and as to what happened during the crash. While speaking to her, I could smell the odor of an alcoholic beverage on her breath.

The third car in the roadway was a witness, Katherin Beron. Ms. Beron said she rolled up to the crash as it was happening but her car was not damaged. Ms. Beron was not able to state the direction of the cars prior to the crash. However it was later learned that she saw Ms. Honeycutt behind the wheel at the time the crash. she assisted Ms. Honeycutt out of her car.

The DUI unit was requested for further investigation.

PROBABLE CAUSE STATEMENT (Empty lines for additional text)

STATE OF FLORIDA COUNTY OF PALM BEACH (Signature of Arresting/Investigative Officer) 9082

The foregoing instrument was sworn to or affirmed and subscribed before me this 30th day of January 20 20 by E. Jensen

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

Notary Public, Clerk of Court, Officer (F.S. 117.10) 8223

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 30 DAY OF January 2020, AT 2024 AM PM
SUBJECT: Honeycutt Terri Anne CASE NUMBER: 20-032447
AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: INV. SCHNEIDER 8723

PERSONAL CONTACT

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

On 01/30/2020 at approximately 2126 hrs, I was dispatched to the scene of a motor vehicle crash without injuries at the intersection of Palmetto Cir N and Del Prado S, which is located in unincorporated Palm Beach County, Florida.

I arrived at the scene at approximately 2157hrs. After my independent crash investigation, based on physical evidence, and witness statements, I determined that, at approximately 2020hrs, the defendant, Honeycutt, did indeed collide with V1. (See PBSO crash case #20-032416)

Witness Beron, identified the defendant, to me, as the driver and sole occupant, of the white Lexus IS 250 bearing FL tag ELAB14 at the time of the crash. Beron completed a written sworn statement as to the events which transpired surrounding the crash.

Witness Belolo, identified the defendant, to me, as the driver and sole occupant, of the white Lexus IS 250 bearing FL tag ELAB14 at the time of the crash. Belolo completed a written sworn statement as to the events which transpired surrounding the crash.

D/S Jensen # 9582 relayed to me that Honeycutt had articulable indicators of impairment, so he called for a DUI Unit to conduct a possible DUI investigation. D/S Jensen provided me with a written sworn supplemental Probable Cause Affidavit.

OBSERVATION OF DRIVER:

Upon making contact with the driver who was identified by her Florida driver license as Honeycutt, I immediately detected an obvious and strong odor of an unknown alcoholic beverage emitting from her person and face area. This odor intensified as I spoke to Honeycutt. Honeycutt had glassy, glazed, and blood shot eyes. Honeycutt's speech was slurred, slow and thick. Honeycutt's movements were slow and deliberate. Honeycutt was wearing a print cocktail dress and heels. Honeycutt was also wrapped in a yellow survival blanket provided by Palm Beach County Fire Rescue. All the clothing appeared neat and orderly.

DRIVER'S STATEMENTS:

Post-Miranda: Honeycutt stated she consumed two 6 oz glasses of Rose.

Honeycutt consented to breath and made post Miranda admissions that she was driving after having two drink(s) and was involved in an motor vehicle crash.

ODORS:

A strong and obvious odor of an unknown alcoholic beverage was emitting from her person and face area which intensified as I spoke to Honeycutt.

GENERAL OBSERVATIONS

SPEECH: Honeycutt's speech was slurred, slow and thick.

ATTITUDE: polite, friendly, cooperative

CLOTHING: Blue print dress and heels

MEDICAL/OTHER: See BAT report

STATE OF FLORIDA
COUNTY OF PALM BEACH

INV. SCHNEIDER 8723

Signature of Arresting/Investigative Officer

The foregoing instrument was sworn to or affirmed and subscribed before me this 30 day of January 2020 by INV. SCHNEIDER 8723

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

Shari O'Neal (#6212)

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

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

Other Observations:

Honeycutt would sway roughly in a side to side front to back pattern throughout the task. Honeycutt did touch the tip of the pen as directed to positively identify the point to be tracked. Honeycutt was reminded to track the pen with her eyes only. Honeycutt did show VGN.

WALK & TURN:

I explained and demonstrated the instructions for the "Walk & Turn" to Honeycutt who stated she understood. During the task, I observed Honeycutt to sway roughly in a side to side, front to back pattern throughout the demonstration phase. Honeycutt could not maintain her balance while listening to instructions. Honeycutt stepped out of the instructional stance during the demonstration to catch her balance. Honeycutt started the task before being instructed to do so. Honeycutt missed heel-to-toe steps and stepped off the line. Honeycutt used her arms for balance by raising them more than six inches. Honeycutt performed an improper turn. She lost her balance while turning and turned other than which was demonstrated. Additionally, Honeycutt performed the incorrect number of steps.

ONE LEG STAND:

I explained and demonstrated the instructions for the "One Leg Stand" to Honeycutt who stated that she understood. During the task, I observed Honeycutt to sway roughly in a side to side, front to back pattern throughout the demonstration phase. Honeycutt continued to sway while balancing on one leg. Honeycutt used her arms to balance raising them more than 6 inches from her sides. Honeycutt failed to count properly by thousands as instructed. Honeycutt put her foot down to regain balance numerous times before the 30 seconds had elapsed.

FINGER TO NOSE:


I explained and demonstrated the instructions for the "Finger to Nose" task to Honeycutt who stated that she understood. During the task, I observed Honeycutt to sway roughly in a side to side, front to back pattern throughout the demonstration phase. Honeycutt searched for the tip of her nose using the finger to find their nose prior to touching the tip. The sequence used for this task was L, R, L, R, R, L.

ROMBERG ALPHABET:

I explained and demonstrated the instructions for the "Rhombert Alphabet" task to Honeycutt who stated that she understood. During the task, I observed Honeycutt to sway roughly in a side to side, front to back pattern throughout the demonstration phase. Honeycutt recited the alphabet correctly but sang it.

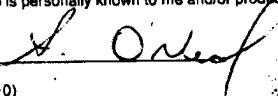
BREATH TEST RESULTS: .214 .199

STATE OF FLORIDA
COUNTY OF PALM BEACH

INV. SCHNEIDER 8723 
Signature of Arresting/Investigative Officer)

This foregoing instrument was sworn to or affirmed and subscribed before me this 30 day of January 2020 by INV. SCHNEIDER 8723

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

Shari O'Neal (#6212) 
Notary Public, Clerk of Court, Officer (F.S.S 117.10)

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

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 #: 20-032416	ZONE: 7-11	SUSPECT:	DATE & TIME OF ORIGINAL EVENT/OFFENSE: 11/30/20 11/29/20
EVENT TYPE: DOF		DEPUTY: D/S MARGARET	ID#: 14976

COMPLETE EVERYTHING BELOW – PRINT LEGIBLY

LAST NAME: Beron	FIRST NAME: KATHERIN	MIDDLE INITIAL:	RACE: Hisp.	SEX: F
DATE OF BIRTH: 07/07/1999 (MM/DD/YYYY)	YOUR HEIGHT: 5'6	YOUR WEIGHT: 185	YOUR HAIR COLOR: Brown	YOUR EYE COLOR: Brown
YOUR HOME ADDRESS: 7420 Champagne Pl.	<input type="checkbox"/> CHECK IF HOMELESS	CITY: Boca Raton	STATE: FL	ZIP: 33433
YOUR WORK NAME & ADDRESS: Pandora Jewelry 6000 Glades Rd	<input type="checkbox"/> CHECK IF UNEMPLOYED OR RETIRED	CITY: Boca Raton	STATE: FL	ZIP: 33431
WORK PHONE: <input type="checkbox"/> CHECK IF NONE	CELL PHONE: <input type="checkbox"/> CHECK IF NONE (954) 305-2348	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: KATHERIN BERON	DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER...
<p>As I exited my driveway, I was going forward on Palmetto Cir. N. Upon so the drive crash happened around me between Del Prado Cir and Palmetto N. I witnessed a white lexus in front of me and noticed the person in the vehicle. I approached and asked if she needed any help getting out. She stad stated yes and I opened the driver's side and helped her out. The lady was white, with black heels, blonde hair and a blue floral dress. Afterwards the police and mid-length fire department arrived.</p>	
PAGE <u>1</u> OF <u>1</u>	

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: 11/30/20 TIME: 2130 SIGNATURE: <i>[Signature]</i> ID: 14976

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 _____)

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 #: 20-032416	ZONE: 7-11	SUSPECT: Honeycutt, Terri	DATE & TIME OF ORIGINAL EVENT/OFFENSE: 1/30/20 2023
EVENT TYPE: DUI	DEPUTY: JENSEN	ID#: 9582	

COMPLETE EVERYTHING BELOW – PRINT LEGIBLY

LAST NAME: Zamir	FIRST NAME: CHANA	MIDDLE INITIAL: TUA	RACE: White	SEX: F
DATE OF BIRTH: (MM/DD/YYYY) 02/03/1997	YOUR HEIGHT: 5' 1/2"	YOUR WEIGHT: 109 lbs	YOUR HAIR COLOR: Brown	YOUR EYE COLOR: Brown (dark)
YOUR HOME ADDRESS: 21913 Lake Forest Circle, Unit 105	<input type="checkbox"/> CHECK IF HOMELESS	CITY: BOCA RATON	STATE: FL	ZIP: 33433
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 (977) 476 6046	HOME PHONE: <input type="checkbox"/> CHECK IF NONE ()	EMAIL: ChanaZamir@gmail.com	<input type="checkbox"/> CHECK IF NONE

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

YOUR NAME: 1 CHANA TUA Zamir	DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER...
<p>As my husband (Jonathan Belto) and I were driving south on Palmetto circle north, we witnessed an accident. we were driving the car behind a blond woman who was driving a white Lexus. A Black car did not make the stop at the intersection although there was a stop sign and crashed into the white car as the female blond driver was driving straight. The female car blond driver remained in the car in shock for a few minutes as her airbags blew up. The lady in the black car exited her car to check on the female driving the Lexus. Eventually she exited the car and dialed 911.</p>	
PAGE 1 OF 1	

READ AND SIGN

I SWEAR AND AFFIRM THIS AND/OR THE ATTACHED STATEMENTS ARE CORRECT AND TRUE:	<input type="checkbox"/> DEPUTY SHERIFF <input type="checkbox"/> NOTARY PUBLIC FSS: 117.10
YOUR SIGNATURE: X Chana Zamir	SWORN TO AND SUBSCRIBED BEFORE ME TODAY: DATE: 1/30/20 TIME: 2:20
	SIGNATURE: <i>[Signature]</i> ID: 9582

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 _____)

(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 #: 20 032 416	ZONE: 7-11	SUSPECT: HONEY CUT# TEAM	DATE & TIME OF ORIGINAL EVENT/OFFENSE: 1/30/20 2023
EVENT TYPE: D.U.I.		DEPUTY: JENSEN	ID#: 9592

COMPLETE EVERYTHING BELOW – PRINT LEGIBLY

LAST NAME: Belolo	FIRST NAME: Jonathan	MIDDLE INITIAL:	RACE: W	SEX: M
DATE OF BIRTH: (MM/DD/YYYY) 05/10/1990	YOUR HEIGHT: 5'6"	YOUR WEIGHT: 157lb	YOUR HAIR COLOR: Black	YOUR EYE COLOR: Brown
YOUR HOME ADDRESS: <input type="checkbox"/> CHECK IF HOMELESS 2913 Lake Forest Circle, Unit 105		CITY: Boca Raton	STATE: FL	ZIP: 33433
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) 789-9359	HOME PHONE: <input type="checkbox"/> CHECK IF NONE ()	EMAIL: Jon.belolo@gmail.com	<input type="checkbox"/> CHECK IF NONE

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

YOUR NAME: **Jonathan Belolo**

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

I was driving down Southbound on Palmetto Circle North when a black car sped through a stop sign off Del Prado Circle and collided with the white Lexus. I stopped and put my hazard lights on and got out of the car. I approached the white Lexus and it was smoking from the hood. The woman from the Honda Civic came out and approached the window of the Lexus. The woman in the Lexus got out of the car and I talked to her, asked if she called 911. She was in shock and I turned off her car and took her phone and helped her call 911. I spoke with her and she stated "I wasn't at fault". We then spoke about airbags and waited for police to come. Once they came I left with my wife to eat dinner and came back home to see police were still on site.

PAGE _____ OF _____

READ AND SIGN

I SWEAR AND AFFIRM THIS AND/OR THE ATTACHED STATEMENTS ARE CORRECT AND TRUE:	<input type="checkbox"/> DEPUTY SHERIFF <input type="checkbox"/> NOTARY PUBLIC FSS: 117.10
YOUR SIGNATURE: X	SWORN TO AND SUBSCRIBED BEFORE ME TODAY: DATE: 1/30/20 TIME: 2200
	SIGNATURE: ID: 9592

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 _____)

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: 80-006239 Software: 8100.27
Date of Test: 01/31/2020

Date of Last Agency Inspection: 01/17/2020
Observation Period Began: 23:34
Subject's Name: TERRI A HONEYCUTT

DOB: 06/13/1979 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	23:59
	Air Blank	0.000	00:00
	Control Test	0.080	00:00
	Air Blank	0.000	00:01
	Subject Sample #1	0.214	00:01
	Air Blank	0.000	00:02
	Air Blank	0.000	00:03
	Subject Sample #2	0.199	00:04
	Air Blank	0.000	00:05
	Control Test	0.080	00:05
	Air Blank	0.000	00:05
	Diagnostics Check	OK	00:06

Cylinder Lot: 17919080A1
Exp: 08/05/2021

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 SHARI L O'NEAL, 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: *S. O'neal* Date: 01-31-20
Signature

Sworn to (~~or affirmed~~) before me this 31 day of January, 2020

[Signature] Signature of Notary Public-State of Florida Inv. Schneider # 8723
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.



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

PBSO CASE # 20-032447 PBSO ZONE 7-11

AGENCY CASE # _____ CRASH CASE # 20-032416

TIME OF STOP/CRASH 2024 DATE 01/30/2020 DAY Thursday

SUBJECT'S NAME Honeycutt Terri Anne RACE W SEX F
LAST FIRST MID

HGT 5'07 WGT 121 DOB 06/13/1979

LOCATION PALMETTO CIR S AND DEL PRADO N

ARRESTING OFFICER'S NAME & ID INV. SCHNEIDER 8723 AGENCY PBSO

DIVISION: VCD/DUI

NOTIFIED BY COMMO YES

ARRIVAL AT FACILITY 2334

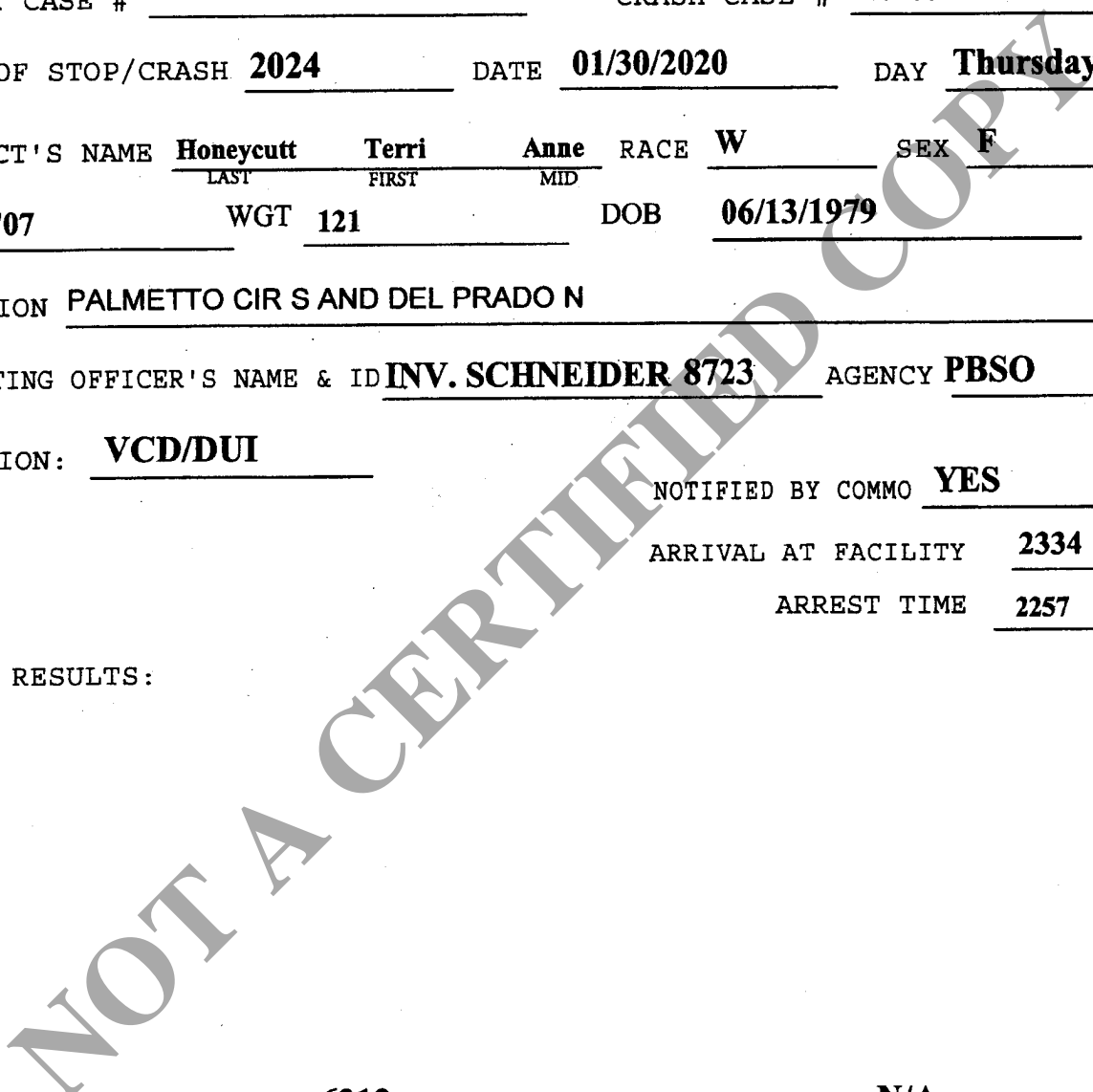
ARREST TIME 2257

BREATH RESULTS:

.214

.199

TESTING OFFICER'S ID 6212 PBSO VIDEOTAPE # N/A



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 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) _____

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) _____

SUBJECT: Hampden, T. A. CASE NUMBER: 20-022447

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? Yes

WHERE WERE YOU GOING? home

WHAT STREET OR HIGHWAY WERE YOU ON? following GPS (Chittinore)

DIRECTION OF TRAVEL? back WHERE DID YOU START? Grand's house (Hampden & Eg)

WHAT TIME DID YOU START? 6:15 WHAT TIME IS IT NOW? 7:30

WHAT IS TODAY'S DATE? 3/25 WHAT DAY OF THE WEEK IS IT? Saturday

WHAT COUNTY AND CITY ARE YOU IN NOW? Worcester County - Worcester

WHEN DID YOU LAST EAT? 5:00 WHAT DID YOU EAT? Salmon, Chicken, French Fries

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? driving & relaxing

HOW MUCH DO YOU WEIGH? 151 HAVE YOU BEEN DRINKING? no WHAT? Alcohol, Beer

HOW MUCH? 2 beer bottles WHERE? Grand's house WITH WHOM? 50 years

WHEN DID YOU HAVE YOUR FIRST DRINK? 2:30 AND YOUR LAST DRINK? 7:00

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? in a wine glass

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? no ARE YOU UNDER THE INFLUENCE? no

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? no HOW MUCH? —

WHAT? — WHERE? — WHEN? —

WHAT LINE OF WORK ARE YOU IN? Police Officer WHEN DID YOU LAST WORK? 30 days

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? no WHAT? —

ARE YOU SICK OR INJURED? no WHAT'S WRONG? —

DO YOU LIMP? no DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? no

WERE YOU IN AN ACCIDENT TODAY? yes

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? no WHEN? —

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? no WHO? — WHY? —

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? no 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? no

DO YOU TAKE INSULIN? no IF SO, WHEN WAS YOUR LAST INJECTION? —

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? no WHERE? —

INTERVIEWER: J. Schneider 8723



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"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>	782.04 (FS)	Other: Witness	
	<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: 2020003465	Date: 1/31/2020
	Specialist Name/ID: M. Tooks #8557



FLORIDA DUI UNIFORM TRAFFIC CITATION **A2GD5RP**

COUNTY OF Palm Beach	<input type="checkbox"/> (1) F.H.P. <input type="checkbox"/> (2) P.D. <input checked="" type="checkbox"/> (3) S.O. <input type="checkbox"/> (4) OTHER
CITY (IF APPLICABLE)	AGENCY NAME PBSO
	AGENCY #

IN THE COURT DESIGNATED BELOW THE UNDERSIGNED CERTIFIES THAT HE/SHE HAS JURY AND REASONABLE GROUND TO BELIEVE AND DOES BELIEVE THAT ON

COMPLAINT (RETAINED BY COURT)

DAY OF WEEK Thurs	MONTH Jan	DAY 30	YEAR 2020	TIME 1057	<input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.
NAME (PRINT) FIRST Terri	MIDDLE Anna	LAST Honigcatt	IF DIFFERENT THAN ONE ON DRIVER LICENSE "X" HERE		
STREET 1054 Serene Meadows Dr N	CITY Dola Rada	STATE FL	ZIP CODE 33433		
TELEPHONE NUMBER 407 700 0402	DATE OF BIRTH 6/13/79	RACE W	SEX F	HT 5'7"	WT 130
DRIVER LICENSE NUMBER 1H522801795130	STATE FL	CLASS E	CDL LICENSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	YR LICENSE EXP 25	COMMERCIAL VEHICLE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
YR VEHICLE 2017	MAKE LEXUS	STYLE UT	COLOR White	PLACARDED HAZARDOUS MATERIAL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
VEHICLE LICENSE NO. FLAD514	TRAILER TAG NO.	STATE FL	YEAR TAG EXPIRES 2021	3-14 PASSENGERS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
ON A PUBLIC STREET OR HIGHWAY, OR OTHER LOCATION, NAMELY Palmbeach Cir N4 Del Prado				MOTORCYCLE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
				COMPANION CITATIONS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

FT. _____ MILES _____ OF ROAD

DID UNLAWFULLY COMMIT THE OFFENSE OF DRIVING UNDER THE INFLUENCE OF ALCOHOLIC BEVERAGES, CHEMICAL OR CONTROLLED SUBSTANCES; DID DRIVE, OR WAS IN ACTUAL PHYSICAL CONTROL OF A VEHICLE, WHILE UNDER THE INFLUENCE OF AN ALCOHOLIC BEVERAGE/CHEMICAL SUBSTANCE/CONTROLLED SUBSTANCE TO THE EXTENT HIS/HER ABILITIES WERE IMPAIRED, OR WITH A BLOOD OR BREATH ALCOHOL LEVEL OF .08 OR ABOVE OF **0.14/100**

COMMENTS PERTAINING TO OFFENSE: *Out w/ Property Damage* YES NO

AGGRESSIVE DRIVER PASSENGER < 18 YEARS STATE STATUTE SECTION **316.13 (3)(b)**

CRASH DAMAGE TO OTHER PROPERTY HARMY TO ANOTHER SERIOUS BODILY HARMY TO ANOTHER FATAL

YES NO YES NO YES NO YES NO

THIS IS A CRIMINAL VIOLATION, COURT APPEARANCE REQUIRED, AS INDICATED BELOW.

COURT DATE **2/27/2020 0830**

COURT AND LOCATION **3228 Sun Club Rd West Palm Beach FL 33406**

ARREST DELIVERED TO **Pbc Jail** DATE **1/31/2020**

I AGREE AND PROMISE TO COMPLY AND ANSWER TO THE CHARGES AND INSTRUCTIONS SPECIFIED IN THIS CITATION. WILLFUL REFUSAL TO ACCEPT AND SIGN THE CITATION MAY RESULT IN ARREST. I UNDERSTAND BY SIGNATURE IS NOT AN ADMISSION OF GUILT OR WAIVER OF RIGHTS. IF YOU NEED REASONABLE FACILITY ACCOMMODATIONS TO COMPLY WITH THIS CITATION, CONTACT THE CLERK OF THE COURT.

SIGNATURE OF VIOLATOR *Terri Honigcatt*

EFFECTIVE IMMEDIATELY, YOUR DRIVING PRIVILEGE IS SUSPENDED/DISQUALIFIED FOR:

DRIVING WITH AN UNLAWFUL BLOOD OR BREATH ALCOHOL LEVEL. THIS SUSPENSION IS FOR A PERIOD OF SIX MONTHS IF THIS IS THE FIRST VIOLATION OR ONE YEAR IF PREVIOUSLY SUSPENDED FOR DRIVING WITH AN UNLAWFUL BLOOD OR BREATH ALCOHOL LEVEL. IF YOU HOLD A CDL OR YOU ARE OPERATING A CMV, YOUR COMMERCIAL DRIVER LICENSE/PRIVILEGE WILL ALSO BE DISQUALIFIED FOR ONE YEAR FOR THE FIRST OFFENSE OR PERMANENTLY DISQUALIFIED FOR A SUBSEQUENT OFFENSE.

REFUSAL TO SUBMIT TO LAWFUL BREATH, BLOOD OR URINE TEST SECTION 322.2615, F. S. THIS SUSPENSION IS FOR A PERIOD OF ONE YEAR IF THIS IS A FIRST REFUSAL OR 18 MONTHS IF PREVIOUSLY SUSPENDED FOR THIS OFFENSE. IF YOU HOLD A CDL OR YOU ARE OPERATING A CMV, YOUR COMMERCIAL DRIVER LICENSE/PRIVILEGE WILL ALSO BE DISQUALIFIED FOR A PERIOD OF ONE YEAR FOR A FIRST REFUSAL OR PERMANENTLY DISQUALIFIED FOR A SUBSEQUENT REFUSAL.

LICENSE SURRENDERED? YES NO REASON _____

ELIGIBLE FOR PERMIT? YES NO REASON _____

UNLESS INELIGIBLE, THIS CITATION SHALL SERVE AS A TEMPORARY DRIVER LICENSE AND WILL EXPIRE AT MIDNIGHT ON THE 10TH DAY FOLLOWING THE DATE OF SUSPENSION.

AT THE **Lander del Lago** BUREAU OF ADMINISTRATIVE REVIEWS OFFICE, YOU MAY REQUEST, WITHIN 10 DAYS AFTER THE DATE OF SUSPENSION, A REVIEW OF SUSPENSION BY THE DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES OR A REVIEW TO DETERMINE ELIGIBILITY FOR A RESTRICTED LICENSE IF THIS IS YOUR FIRST DUI RELATED OFFENSE. SEE REVERSE SIDE.

OFFICER SIGNATURE **THU Schneider** BADGE NO. **8723** ID. NO. **DUI**

NOT A CERTIFICATE