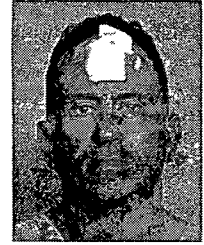




Broward County Sheriff's Office

MM 21-007025MM10A

Booking Report



CIS #	122100805	BCCN #	946542	Booking Sheet Control Date and Time	
OBTs	607298289	Print Clearance	11/23/21 10 32 25	Prints	Yes
				11/23/21 12 00 08	
Arrest #	DR 2100805	Offense Report #	10-2111-003631	Agency	DEERFIELD BEACH

Last Name	SINGERMAN, AARON ELLIS					SSN #	[REDACTED]
First Middle							

Race	Sex	Height	Weight	Eyes	Hair	Comp	Age Admitted	DOB	Place of Birth	State	FDLE
W	M	602	245	GRN	BRO	LGT	41	1/23/1980	METARIE		0

Permanent Address	16598 FLUER DE LIS WAY DELARY BEACH FL 33446	Months of Residence	120
-------------------	--	---------------------	-----

Arrest Date	11/23/21 02 53 00	Place of Arrest	1107 NE 4TH DR	Arresting Officer	18795 GUZMAN
-------------	-------------------	-----------------	----------------	-------------------	--------------

Inmate Logged Date	11/23/21 10 08 58	Inmate Log Type	FULL INTAKE	Place Admitted	MAIN
--------------------	-------------------	-----------------	-------------	----------------	------

Intake Comments SP/CO-8802 29/54-8802 W/C-18599

Alias Last name, First, Middle, DOB

Warrants Officer Id bs18599

Scars, Marks, Tattoos

Release Date/Time	Release Reason	Release Authorized By
-------------------	----------------	-----------------------

Charge No	Charge Initiation Date	Statute	Warrant/Capias	Level	M	C	B	Type	Bond Amount	
1	11/23/21 11 51	316 193-4b1		4M	Y			BOND	\$1,000 00	
Charges			DUI UBAL > 15 OR ACCOM BY PERS < 18YOA							
Booking Off ID			bs11012		County		Judge			

Charge No	Charge Initiation Date	Statute	Warrant/Capias	Level	M	C	B	Type	Bond Amount	
2	11/23/21 11 51	327 35(8)		1M	Y			BOND	\$100 00	
Charges			BUI AND DAMAGE PROPERTY OR PERSON							
Booking Off ID			bs11012		County		Judge			

Charge No	Charge Initiation Date	Statute	Warrant/Capias	Level	M	C	B	Type	Bond Amount	
3	11/23/21 11 51	327 35(8)		1M	Y			BOND	\$100 00	
Charges			BUI AND DAMAGE PROPERTY OR PERSON							
Booking Off ID			bs11012		County		Judge			

Charge No	Charge Initiation Date	Statute	Warrant/Capias	Level	M	C	B	Type	Bond Amount	
4	11/23/21 11 52	327 35(1)		2M	Y			BOND	\$500 00	
Charges			BOATING UNDER THE INFLUENCE FIRST							
Booking Off ID			bs11012		County		Judge			

* End of Report *

NOT FOR PUBLIC ACCESS - OFFICIAL COPY

T & A CREDITIAL
2021 NOV 23 PM 12:09

COMPLAINT AFFIDAVIT
SHADED FIELDS MUST BE ANSWERED IF DEFENDANT NOT IN CUSTODY

ARREST FORM

BROWARD COUNTY
ARREST # _____

OBTS # _____

Filing Agency BROWARD COUNTY SO		Offense Report 10-2111-003631		Local ID#	FDLE	FBI	ISS#			
Defendant's Last Name SINGERMAN			First Middle AARON ELLIS		SUF		Alias/Street Name	Citizenship US		
Race W	Sex M	Hgt 6'02	Wgt 245	Hair BLACK	Eyes GREE	Comp LIGHT	Age 41	DOB 01/23/1980	Birth Place	
Permanent Address 16598 FLEUR DE LIS WAY, DELRAY BEACH, FL 33446							Scars Marks TT			
Residence Type		(1) City	(2) County	Local Address 16598 FLEUR DE LIS WAY, DELRAY BEACH, FL 33446			Place of Employment		Length	
How long defendant in Broward County 0		Breathalyser By/CCN FRAZIER/14364		Reading .249	Place of Arrest 1107 NE 4TH DR		Date/Time Arrested 11/23/2021 02 53	Arresting Officer(s) CCN GUZMAN, JOSE M (18795)		
Officer Injured Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	Unit DUI	Zone 1002	Beat	Shift ALPH	Trans Unit	PMD Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	Transporting Officer/CCN		Pick-up Time	Time Arrived/BSO
TYPE / ACTIVITY		Type	E-Heroin	P-Paraphernalia/Equipment	Activity	T-Traffic	M-Manufacture/Produce/Cultivate	Indication of		Y N UK
L		N-N/A	H-Hallucinogen	S-Synthetic	N-N/A	A-Smuggle	K-Dispense/Distribute	Alcohol Influence		<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		A-Amphetamine	M-Marijuana	U-Unknown	P-Possess	D-Deliver	Z-Other	Drug Influence		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		B-Barbiturate	O-Opium/Deriv	Z-Other	S-Sell	E-Use				
		C-Cocaine			B-Buy					

Attach Defendant's Photo

Defendant's Vehicle Make: _____ Type: _____ Year: _____ Color: _____ VIN# _____
 Vehicle Towed To _____ Tag#: _____ Other Identifiers or remarks: _____

Name of victim(s) (if corporation exact legal name and state of incorporation) State Of Florida			
Count #	Offenses Charged	WC# / Citation # (if applicable)	FS or Capias/Warrant #
1	DUI UBAL > 15 OR ACCOM BY PERS < 18YOA		316 193-4B1
1	DUI-UNLAW BLD ALCH-BUI DAMAGE PROPERTY OR PERSON OF ANOTHER		327.35(8) SV
1	DUI-UNLAW BLD ALCH-BUI DAMAGE PROPERTY OR PERSON OF ANOTHER		327.35(8) SV
1	BOATING UNDER THE INFLUENCE (BUI)		327.35(1) SV

Probable Cause Affidavit

Before me this date personally appeared GUZMAN, JOSE M (18795) who being first duly sworn deposes and says that on 23 day of November (year) 2021 at 1107 NE 4TH DR, DEERFIELD BEACH, FL 33441 (crime location) the above named defendant committed the above offenses charged and the facts showing probable cause to believe the same are as follows

En-Route 0125 / On-Scene 0129 / In Custody 0253
 Requested By L seeding CCN#10194
 Responded To 1107 NE 4th Dr, Deerfield Beach Broward Co, Florida

At the above date and time, I was dispatched to the above location Upon arrival I made
 * * * Continued * * *

Under penalties of perjury I declare that I have read the foregoing and that the facts stated therein are true and correct to the best of my knowledge and belief

Officer/Affiant's Signature [Signature] **GUZMAN, JOSE M (18795)**
 Officer's Name/CCN

Regional Traffic Enforcement
 Officer's Division **21 NOV 24 PM 12:09**

STATE OF FLORIDA
 COUNTY OF BROWARD

Sworn to (or affirmed) and subscribed before me this 23 day of November, 2021 (year),
 by GUZMAN, JOSE M (name and title) who is personally known to me or has produced _____ as identification

Notary Public Deputy Clerk of the Court or Assistant State Attorney

MS/10194
 Title/Rank and CCN

Print Type or Stamp Commissioned Name of Notary Public

(SEAL)

Seventeenth Judicial Circuit
 Broward County
 State of Florida

FIRST APPEARANCE/ARREST FORM

(SHOULD ADDITIONAL SPACE BE NEEDED, USE THE PROBABLE CAUSE AFFIDAVIT CONTINUATION (BSO DB#2a))

BSO DB-#2 (Revised 05/00)

Orig - Court
 2nd - State Attorney
 3rd - Filing Agency
 4th - Arresting Agency

COURT COPY

SPICCO 8802 29/54 8802 W/C 18509

COMPLAINT AFFIDAVIT
PROBABLE CAUSE AFFIDAVIT CONTINUATION

ARREST FORM

BROWARD COUNTY

ARREST #

OBTS #

Filing Agency BROWARD COUNTY SO	Offense Report 10-2111-003631	Local ID#	FDLE	FBI	SS#
Defendant's Last Name SINGERMAN	First AARON	Middle ELLIS	SUF	Alias/Street Name	Citizenship US
Name of victim(s) (if corporation exact legal name and state of incorporation)					
Count #	Offenses Charged	WC# / Citation # (if applicable)		FS or Capias/Warrant #	
	*** SEE PAGE 1 ***				

Probable Cause Affidavit

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contact with Dep Clark CCN# 19602, who stated he was dispatched to the above location in reference to a boat smashing into parked boats and also struck a dock The complainant told 911 dispatcher that the boat was spinning in circles driving recklessly Deputy Clark observed the boat approaching up through the channel and signaled the operator of the boat to stop and pull over using his flashlight Dep Clark observed the defendant under physical control of the boat using both hands to steer While attempting to stop and park the boat the defendant struck another boat that was parked to the right Dep Clark got the defendant off the boat and the passenger onto dry land Dep Clark observed both individuals to be impaired, Dep Clark observed the following signs of impairment red glossy eyes, slurred speech and a strong odor of alcoholic beverage coming from the defendant The defendant also had a laceration to his forehead

Deputy J Dunning from the BSO marine unit responded and conducted a crash investigation for the several boats that were struck and the damaged dock Dep Dunning advised he observed several damages to the boat on the front and the rear where the four outboard engines were located Deputy Dunning observed an open container of Rum that was on the seat of the boat, the container was completely consumed

Deerfield Beach Fire Rescue responded on scene and conducted a medical check on the laceration that the defendant had The defendant refused any medical treatment and refused to be taken to a local hospital

During my encounter with the defendant, I observed the following signs of impairment red glossy eyes, slurred speech, unsteady on his feet and a strong odor of alcoholic

* * * Continued * * *

I swear the above statement is correct and true to the best of my knowledge and belief

[Signature]
Officer/Affiant's Signature

GUZMAN, JOSE M (18795)
Officer's Name/CCN

Regional Traffic Enforcement
Officer's Division

STATE OF FLORIDA
COUNTY OF BROWARD

Sworn to (or affirmed) and subscribed before me this 23 day of November, 2021 (year),
by GUZMAN, JOSE M (name and title), who is personally known to me or has produced _____ as identification

Notary Public, Deputy, Clerk of the Court or Assistant State Attorney

MS/10184
Title/Rank and CCN

Print Type or Stamp Commissioned Name of Notary Public

(SEAL)

Seventeenth Judicial Circuit
Broward County
State of Florida

FIRST APPEARANCE/ARREST FORM

COURT COPY

BSO DB-#2a (Revised 05/00)

Orig - Court
2nd - State Attorney
3rd - Filing Agency
4th - Arresting Agency

NOV 24 2021 PM 12:09
CENTRAL

COMPLAINT AFFIDAVIT
PROBABLE CAUSE AFFIDAVIT CONTINUATION

ARREST FORM

BROWARD COUNTY

ARREST #

OBTS #

Filing Agency BROWARD COUNTY SO	Offense Report 10-2111-003631	Local ID#	FDATE	FBI	SS#
Defendant's Last Name SINGERMAN	First AARON ELLIS	Middle	SUF	Alias/Street Name	Citizenship US
Name of victim(s) (if corporation exact legal name and state of incorporation)					
Count #	Offenses Charged	WC# / Citation # (if applicable)		FS or Capias/Warrant #	
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beverage coming from the defendant's mouth I advised the defendant that the crash investigation was over, and I was conducting a criminal DUI investigation The defendant was given roughly 45 minutes to gain his baring on land and loose his sea legs I asked the defendant what happened, the defendant advised that he had gone out with his friend to learn how to drive the boat I asked the defendant if he was aware, he had struck several boats and damaged a dock and the defendant advised that he was not sure The defendant advised that he launched the boat out of the city of Boca Raton and was going for a short drive when he got lost in his attempt to return to his house I asked the defendant if he had any alcoholic drinks tonight, the defendant advised he only had two beers I asked the defendant if he was willing to do field sobriety exercises, the defendant advised that he would

I asked the defendant the following questions and received the following responses

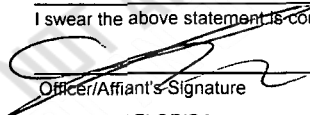
- Are you diabetic No
- Taking any medications NO
- Do you wear glasses or contacts NO
- Any problems with your eyes NO
- Any problems that would prevent you from walking normally NO
- Are you sick or injured NO

Next, the defendant performed the following sobriety exercises and I made the listed observations

* Horizontal Gaze Nystagmus

I swear the above statement is correct and true to the best of my knowledge and belief

*** Continued ***



Officer/Affiant's Signature

GUZMAN, JOSE M (18795)

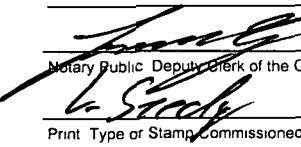
Officer's Name/CCN

Regional Traffic Enforcement

Officer's Division
021 0V 24 PH 12:09
T & M GENERAL

STATE OF FLORIDA
COUNTY OF BROWARD

Sworn to (or affirmed) and subscribed before me this 23 day of November, 2021 (year),
by GUZMAN, JOSE M (name and title), who is personally known to me or has produced
_____ as identification



Notary Public, Deputy Clerk of the Court or Assistant State Attorney

Print Type or Stamp, Commissioned Name of Notary Public

18795

Title/Rank and CCN

(SEAL)

Seventeenth Judicial Circuit
Broward County
State of Florida

FIRST APPEARANCE/ARREST FORM

COURT COPY

Orig - Court
2nd - State Attorney
3rd - Filing Agency
4th - Arresting Agency

COMPLAINT AFFIDAVIT
PROBABLE CAUSE AFFIDAVIT CONTINUATION

ARREST FORM

BROWARD COUNTY
ARREST #

OBTS #

Filing Agency BROWARD COUNTY SO	Offense Report 10-2111-003631	Local ID#	FDLE	FBI	SS#
Defendant's Last Name SINGERMAN	First AARON ELLIS	Middle	SUF	Alias/Street Name	Citizenship US
Name of victim(s) (if corporation exact legal name and state of incorporation)					
Count #	Offenses Charged	WC# / Citation # (if applicable)		FS or Capias/Warrant #	
	*** SEE PAGE 1 ***				

Probable Cause/Affidavit

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(equal pupil size / equal tracking / no resting nystagmus)

- Lack of smooth pursuit in both eyes
- Eye-nystagmus distinct and sustained at maximum deviation in both eyes
- Eye-nystagmus distinct prior to 45 degrees in both eyes
- Vertical nystagmus was noted in both eyes
- Kept moving head and had a hard time following the stimuli

*** Walk and Turn**

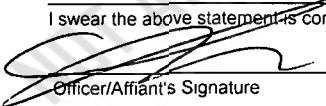
- Lost balance during instruction x3
- Started early x3
- Subject paused while walking - completely stopped and did not return back, the defendant said he was done and stopped
- Did not touch heel-to-toe - Missed every single step forward and back
- Stepped off line x4
- Raised arms for balance
- Incorrect number of steps Forward 18, Back 13
- Incorrect turn
- Did not complete exercise
- Did not look at feet while walking

*** One Leg Stand**

- Lost balance during instruction
- Started early
- Swayed while balancing
- Raised arms for balance

*** Continued ***

I swear the above statement is correct and true to the best of my knowledge and belief


Officer/Affiant's Signature

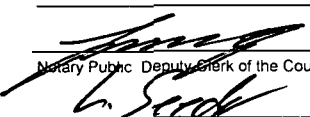
GUZMAN, JOSE M (18795)
Officer's Name/CCN

Regional Traffic Enforcement
Officer's Division

STATE OF FLORIDA
COUNTY OF BROWARD

Sworn to (or affirmed) and subscribed before me this 23 day of November 2021 (year) by GUZMAN, JOSE M (name and title), who is personally known to me or has produced

as identification


Notary Public, Deputy Clerk of the Court or Assistant State Attorney

18795/10194
Title/Rank and CCN

Print Type or Stamp Commissioned Name of Notary Public

(SEAL)

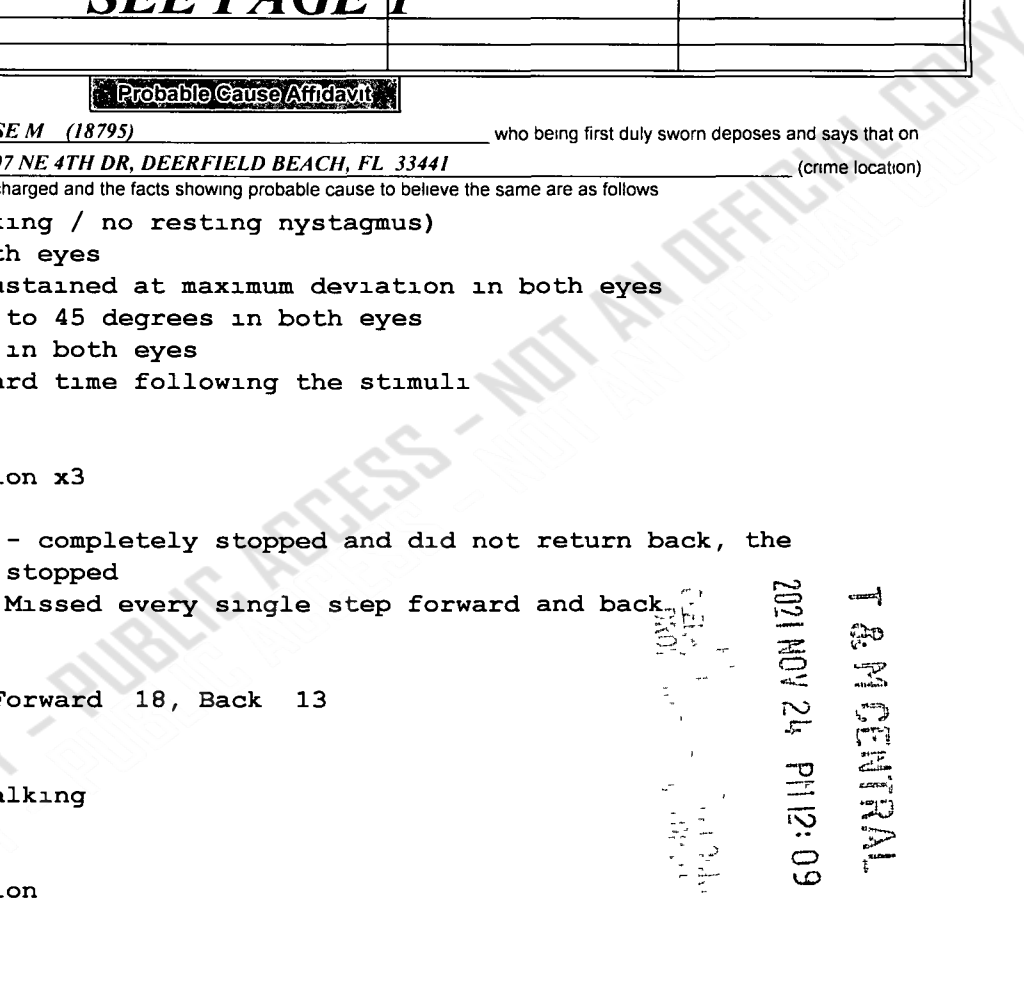
Seventeenth Judicial Circuit
Broward County
State of Florida

FIRST APPEARANCE/ARREST FORM

BSO DB-#2a (Revised 05/00)

COURT COPY

Orig - Court
2nd - State Attorney
3rd - Filing Agency
4th - Arresting Agency



2021 NOV 24 PM 12:09
T & M CENTRAL

COMPLAINT AFFIDAVIT
PROBABLE CAUSE AFFIDAVIT CONTINUATION

ARREST FORM

BROWARD COUNTY

ARREST #

OBTS #

Filing Agency BROWARD COUNTY SO	Offense Report 10-2111-003631	Local ID#	FILE	FS#	SS#
Defendant's Last Name SINGERMAN	First AARON ELLIS	Middle	SUF	Alias/Street Name	Citizenship US
Name of victim(s) (if corporation exact legal name and state of incorporation)					
Count #	Offenses Charged	WC# / Citation # (if applicable)		FS or Capias/Warrant #	
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- Hopped while balancing
- Put foot down x7
- Stopped / Paused during exercise
- Did not look at foot
- Did not keep leg straight
- Did not count in "one-thousands"

* Finger to Nose

- Lost balance while listening to instructions
- Started before being instructed
- Did not keep head tilted back
- Did not keep eyes closed
- Failed to return arms to side
- Missed finger to nose Missed every attempt
- Swayed while standing

* Romberg Balance

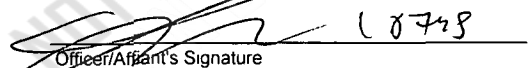
- Swayed while standing
- Eyelid tremors
- Lost balance while standing
- Opened eyes after 22 seconds

T & M ORIGINAL
2021 NOV 24 PM 12:09

Next, I determined there was probable cause to arrest the defendant for BUI After

*** Continued ***

I swear the above statement is correct and true to the best of my knowledge and belief


Officer/Affiant's Signature

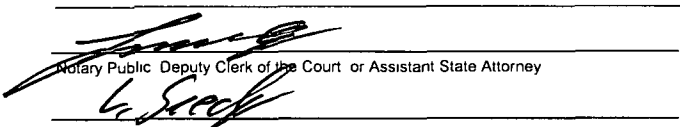
GUZMAN, JOSE M (18795)
Officer's Name/CCN

Regional Traffic Enforcement
Officer's Division

STATE OF FLORIDA
COUNTY OF BROWARD

Sworn to (or affirmed) and subscribed before me this 23 day of November 2021 (year)
by GUZMAN, JOSE M (name and title), who is personally known to me or has produced

as identification


Notary Public Deputy Clerk of the Court or Assistant State Attorney

MS/12194
Title/Rank and CCN

Print Type or Stamp Commissioned Name of Notary Public

(SEAL)

Seventeenth Judicial Circuit
Broward County
State of Florida

FIRST APPEARANCE/ARREST FORM

COURT COPY

BSO DB-#2a (Revised 05/00)

Orig - Court
2nd - State Attorney
3rd - Filing Agency
4th - Arresting Agency

COMPLAINT AFFIDAVIT
PROBABLE CAUSE AFFIDAVIT CONTINUATION

ARREST FORM

BROWARD COUNTY

ARREST #

OBTS #

Filing Agency BROWARD COUNTY SO	Offense Report 10-2111-003631	Local ID #	FOLE	FBI	SS #
Defendant's Last Name SINGERMAN	First AARON ELLIS	Middle	SUF	Alias/Street Name	Citizenship US
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Probable Cause Affidavit


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being handcuffed, I asked the defendant to submit to a Breath test

The defendant consented to the breath test, and following a twenty-minute observation period, the defendant provided two valid breath samples (0 236 BrAC & 0 249 BrAC)

The defendant's boat was removed by SEA TOW

T & M GENERAL
2021 NOV 24 PM 12:09

I swear the above statement is correct and true to the best of my knowledge and belief


 (P 725)
Officer/Affiant's Signature

GUZMAN, JOSE M (18795)
Officer's Name/CCN

Regional Traffic Enforcement
Officer's Division

STATE OF FLORIDA
COUNTY OF BROWARD

Sworn to (or affirmed) and subscribed before me this 23 day of November 2021 (year),
by GUZMAN, JOSE M (name and title) who is personally known to me or has produced _____ as identification


Notary Public Deputy Clerk of the Court or Assistant State Attorney

WLS/10184
Title/Rank and CCN

Print Type or Stamp Commissioned Name of Notary Public
(SEAL)

Seventeenth Judicial Circuit
Broward County
State of Florida

FIRST APPEARANCE/ARREST FORM

COURT COPY

- Orig - Court
- 2nd - State Attorney
- 3rd - Filing Agency
- 4th - Arresting Agency

GUZMAN
(18795)
 FLORIDA UNIFORM BOATING CITATION

V486026

COUNTY OF BROWARD-10		<input type="checkbox"/> FWC <input checked="" type="checkbox"/> SO <input type="checkbox"/> PD <input type="checkbox"/> OTHER	
CITY (IF APPLICABLE) DEERFIELD BEACH		AGENCY BROWARD COUNTY	
IN THE COURT DESIGNATED BELOW THE UNDERSIGNED CERTIFIES THAT HE/SHE HAS JUST AND REASONABLE GROUNDS TO BELIEVE AND DOES BELIEVE THAT ON		SUMMONS (VIOLATOR'S COPY)	
DAY OF WEEK TUESDAY	MONTH 11	DAY 23	YEAR 2021
NAME (PRINT) AARON ELLIS SINGERMAN		TIME 04:23 <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M.	
STREET 16598 FLEUR DE LIS WAY		IF DIFFERENT THAN SHOWN ON REGISTRATION, CHECK HERE	
CITY DELRAY BEACH	STATE FL	ZIP CODE 33446	
TELEPHONE NUMBER	DATE OF BIRTH 01 23	YR 80	RACE W
DRIVER LICENSE NUMBER OR OTHER I.D. S 5 2 6 0 0 5 8 0 0 2 3 0	STATE FL	TYPE OF I.D. 2023	
VESSEL REGISTRATION NUMBER UNK	EXP DATE	FUEL	PROPULSION
YEAR	MAKE	<input type="checkbox"/> OPEN <input type="checkbox"/> CABIN <input type="checkbox"/> PWC	LENGTH
UPON THE WATERS OF THE STATE OF FLORIDA, OR OTHER LOCATION NAMELY 1107 NE 4TH DR		<input type="checkbox"/> AIRBOAT <input type="checkbox"/> OTHER	
DID UNLAWFULLY COMMIT THE FOLLOWING OFFENSE CHECK ONLY ONE OFFENSE PER EACH CITATION			

- WILLFUL OR WANTON RECKLESS OPERATION
- CARELESS OPERATION
- VIOLATION OF NAVIGATION RULE
- MANATEE VIOLATION
- SPEED/RESTRICTED AREA VIOLATION
- VESSEL LIVERY VIOLATION
- OPERATING A VESSEL UNDER THE INFLUENCE OF ALCOHOLIC BEVERAGES CHEMICAL OR CONTROLLED SUBSTANCES OR OPERATING WITH AN UNLAWFUL BREATH/BLOOD ALCOHOL LEVEL OF 08% OR ABOVE
- REGISTRATION CERTIFICATE NOT ON BOARD
- REGISTRATION NUMBER NOT PROPERLY DISPLAYED
- OPERATION OF UNNUMBERED OR UNREGISTERED VESSEL
- FAILURE TO TRANSFER TITLE/REGISTRATION
- EXPIRED REGISTRATION
- WATER SKI VIOLATION
- IMPROPER/INSUFFICIENT SAFETY EQUIPMENT OR LIGHTS
- NO BOATER I.D. CARD
- PWC VIOLATION
- OTHER (SEE COMMENTS)

DESCRIPTION OF VIOLATIONS OR COMMENTS PERTAINING TO OFFENSE

IN VIOLATION OF	STATUTE	RULE/ORDINANCE
<input type="checkbox"/> ORDINANCE <input type="checkbox"/> STATE STATUTE	327.35(1)(A)	
ACCIDENT CASE	CAUSED ACCIDENT	PROPERTY DAMAGE
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
		PERSONAL INJURY
		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
		FATALITY
		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

- THIS CITATION IS FOR A CRIMINAL VIOLATION COURT APPEARANCE IS REQUIRED AS INDICATED BELOW
- THIS CITATION IS FOR A CRIMINAL VIOLATION COURT APPEARANCE IS NOT REQUIRED
- THIS CITATION IS FOR AN INFRACTION WHICH DOES NOT REQUIRE APPEARANCE IN COURT (SEE REVERSE)
- THIS CITATION IS FOR AN INFRACTION COURT APPEARANCE IS REQUIRED AS INDICATED BELOW

I AGREE AND PROMISE TO COMPLY AND ANSWER TO THE CHARGES AND INSTRUCTIONS SPECIFIED IN THIS CITATION WILLFUL REFUSAL TO POST BOND OR ACCEPT AND SIGN THIS CITATION MAY RESULT IN ARREST FAILURE TO APPEAR OR PROPERLY RESPOND TO THIS CITATION IS A SEPARATE AND ADDITIONAL CRIME

X SIGNATURE OF DEFENDANT _____ YOU MUST READ REVERSE FOR VIOLATOR EDUCATION REQUIREMENTS

COURT INFORMATION

DATE _____ TIME _____

TO BE SET

COURT _____

LOCATION _____

ARREST DELIVERED TO _____

ACCEPTED BOND ON SCENE (AMOUNT) _____ TYPE _____ RECEIPT NO _____

DATE OF ARREST _____ ORG OR UNIT _____

GUZMAN, J

RANK SIGNATURE AND IDENTITY OF OFFICER _____ ID NO _____

FWC LE 190 (Rev 5/02)

COURT APPEARANCE INSTRUCTIONS

If you desire to plead NOT GUILTY to the charge, your personal appearance in court is required as indicated on the face of this notice Posting of bail does not relieve you of the requirement of appearance and in the event of nonappearance, the court may both forfeit the bail and issue a warrant for your arrest. If you desire to plead GUILTY or NOLO CONTENDERE and you need not appear in court as indicated on the reverse of this notice, you may present this notice within 10 days at

() Clerk of Courts Office () Judge's Office () Other

Location _____

Any time from _____ (Date) _____ (Hour) to _____ (Date) _____ (Hour)

And pay a fine of \$ _____ in () Cash () Personal Check () Other

DEFENDANT'S NAME/ADDRESS (PRINT)

THE WAIVER BELOW MUST BE COMPLETED AND ATTACHED READ CAREFULLY

Your failure to answer this summons in the manner prescribed will result in a warrant being issued on a separate and additional charge

APPEARANCE PLEA OF GUILTY OR NOLO CONTENDERE AND WAIVER

DATE _____

CAUSE, Violation of Section No _____ of (State Statute)

In consideration of my not appearing in court, I, the undersigned, do hereby enter my appearance on the Affidavit for the offense charged on the other side of this notice and WAIVE the reading of the Affidavit in the above named cause and the right to be present at the trial of said action I hereby enter a plea of

(Check appropriate plea) () GUILTY () NOLO CONTENDERE

and WAIVE the right to prosecute, appeal or error proceedings I understand the nature of the charge against me, I understand my right to have counsel and I WAIVE this right and the right to a continuance. I WAIVE my right to trial before a Judge or jury I enter my plea to the charge being fully aware that my signature to this plea will have the same affect as a judgement of the court. I understand that I may be required to enroll in, attend, and successfully complete an approved boating safety course and file proof with the Fish and Wildlife Conservation Commission, 620 South Meridian Street, Tallahassee, FL 32399 1600 I further understand that my privilege to operate a vessel will be suspended until I have done so, if so required I must comply with this violator education requirement if

- 1 this is a criminal charge, or
- 2 this charge caused a recreational accident as list in s 327 30, F S or
- 3 I have been convicted of any boating charge listed in s 327 731(1), F S within the 12 months preceding the date of this citation Violations listed in s 327 731(1), F S, include careless operation, 327 33(2), water skiing violations, 327 37, interference with navigation, 327 44, restricted areas and speed limits, 327 46, 327 22, 327 60, 370 12(2), safety equipment and lights, 327 50, muffling devices, 327 65, navigation rules, 327 33(3)(b), personal watercraft, 327 39

\$ _____ Total Fine and Costs

Defendant's Signature _____

Receipt Number _____ Address _____

Title (Clerk, Deputy Clerk, Deputy Bailiff) _____ Signature of Person Accepting Waiver _____

RESERVED FOR CLERK'S OFFICE USE

2021 NOV 24 PM 12:09
 T & M CENTRAL
 PUBLIC AFFAIRS
 BROWARD COUNTY

GUZMAN 102111003631 (18795)



FLORIDA UNIFORM TRAFFIC CITATION AFDVC0E

Form fields including County of Broward-10, Agency Name Broward County, Date/Time Tuesday 11/23/2021 04:23, Name Aaron Ellis Singerman, Street 16598 Fleur de Lis Way, City Delray Beach, FL 33446, Driver License S526005800230, Vehicle 0, Location 1107 NE 4th Dr.

Offense section: DID UNLAWFULLY COMMIT THE FOLLOWING OFFENSE CHECK ONLY ONE OFFENSE EACH CITATION. Includes checkboxes for Unlawful Speed, Careless Driving, Violation of Traffic Control Device, etc.

Other violations or comments section: DUI-UNLAW BLD ALCH-BUI DAMAGE PROPERTY OR PERSON OF ANOTHER. Includes checkboxes for Aggressive Driving, In Violation of State Statute, etc.

Civil Penalty and Court Information section: CIVIL PENALTY IS \$, COURT INFORMATION DATE, TIME, TO BE SET COURT, LOCATION.

Additional Comments and Signature section: ADDITIONAL COMMENTS, ARREST DELIVERED TO, I AGREE AND PROMISE TO COMPLY AND ANSWER TO THE CHARGES AND INSTRUCTIONS SPECIFIED IN THIS CITATION.

Signature of Violator section: X SIGNATURE OF VIOLATOR (SIGNATURE IS REQUIRED IF INFRACTION REQUIRES APPEARANCE IN COURT). Includes fields for Rank, Name of Officer, Badge No, ID No, Troop Unit.

IMPORTANT INSTRUCTIONS REGARDING A NON-CRIMINAL TRAFFIC INFRACTION NOT REQUIRING A COURT APPEARANCE

If you were charged with a civil infraction you must complete one of the following options within 30 calendar days of the date of this citation. If you fail to comply within 30 calendar days, your driving privilege will be suspended until you comply.

Option 1: You may pay the civil penalty listed on the front of the citation to the Clerk of Court. You must enclose this citation if you mail payment which may be a money order or a cashier's check.

Option 2: If you were cited for expired driver license, failure to display a valid driver license, expired tag, failure to possess a valid registration, or no proof of insurance you may show proof to the Clerk of Court.

Option 3: If you do not hold a commercial driver license and you were cited for driver license expired 6 months or less, expired tag 6 months or less, failure to display a valid driver license, failure to possess a valid registration no proof of insurance or driving while license suspended.

Option 4: If you do not hold a commercial driver license, you may be eligible to elect to complete a Florida driver improvement course. You must contact the Clerk of Court to make this election.

Option 5: You may elect a court hearing by contacting the Clerk of Court. If you request a hearing and the County Judge/Magistrate/Hearing Officer determines that you have committed the offense, the County Judge/Magistrate/Hearing Officer may impose a penalty of up to \$500 (or \$1,000 if a fatality occurred) and/or require completion of a driver improvement course.

Option 6: If you were cited with a non-criminal violation of operating a motor vehicle in an unsafe condition (s 316.610 F.S.) or not properly equipped (s. 316.610, F.S. or s. 316.2935 F.S.), you may have the defect corrected, then contact your local county or city law enforcement agency.

FAULTY EQUIPMENT AFFIDAVIT OF COMPLIANCE (Law Enforcement Use Only)

I certify that the defective equipment described herein has been corrected and complies with the requirements of the Florida traffic laws.

DATE, ASSIGNED DHSMV AGENCY #, Signed (Name, Title, and ID #)

Handwritten notes and stamps: 22-11-2021, P 12:00, and other markings.

GUZMAN
(18795)

102111003631



FLORIDA UNIFORM TRAFFIC CITATION AFDVC1E

COUNTY OF BROWARD-10		<input type="checkbox"/> (1) FHP <input type="checkbox"/> (2) P D <input checked="" type="checkbox"/> (3) S O <input type="checkbox"/> (4) OTHER	
CITY (IF APPLICABLE) DEERFIELD BEACH		AGENCY NAME BROWARD COUNTY	
IN THE COURT DESIGNATED BELOW THE UNDERSIGNED CERTIFIES THAT HE/SHE HAS JUST AND REASONABLE GROUNDS TO BELIEVE AND DOES BELIEVE THAT ON		SUMMONS (VIOLATOR'S COPY)	
DAY OF WEEK TUESDAY	MONTH 11	DAY 23	YEAR 2021
NAME (PRINT) FIRST AARON		MIDDLE ELLIS	LAST SINGERMAN
STREET 16598 FLEUR DE LIS WAY			
CITY DELRAY BEACH		STATE FL	ZIP CODE 33446
TELEPHONE NUMBER	DATE OF BIRTH MO 01 DAY 23 YR 1980	RACE W	SEX M HGT 602
DRIVER LICENSE NUMBER S526005800230	STATE FL CLASS E	CDL LICENSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	YR LICENSE EXP 2023
VEHICLE MAKE 0	VEHICLE STYLE	COLOR	VEHICLE TYPE 0
UPON A PUBLIC STREET OR HIGHWAY OR OTHER LOCATION NAMEDLY 1107 NE 4TH DR		MOTORCYCLE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
DID UNLAWFULLY COMMIT THE FOLLOWING OFFENSE CHECK ONLY ONE OFFENSE EACH CITATION			
<input type="checkbox"/> UNLAWFUL SPEED _____ MPH SPEED APPLICABLE _____ MPH			
<input type="checkbox"/> CARELESS DRIVING <input type="checkbox"/> CHILD RESTRAINT <input type="checkbox"/> EXPIRED DRIVER LICENSE SIX (6) MONTHS OR LESS			
<input type="checkbox"/> VIOLATION OF TRAFFIC CONTROL DEVICE <input type="checkbox"/> SAFETY BELT VIOLATION <input type="checkbox"/> EXPIRED DRIVER LICENSE MORE THAN SIX (6) MONTHS			
<input type="checkbox"/> FAILURE TO STOP AT A TRAFFIC SIGNAL <input type="checkbox"/> IMPROPER OR UNSAFE EQUIPMENT <input type="checkbox"/> NO VALID DRIVER LICENSE			
<input type="checkbox"/> IMPROPER LANE CHANGE OR COURSE <input type="checkbox"/> EXPIRED TAG SIX (6) MONTHS OR LESS <input type="checkbox"/> DRIVING WHILE LICENSE SUSPENDED OR REVOKED			
<input type="checkbox"/> NO PROOF OF INSURANCE <input type="checkbox"/> EXPIRED TAG MORE THAN SIX (6) MONTHS <input type="checkbox"/> DRIVING UNDER THE INFLUENCE			
<input type="checkbox"/> VIOLATION OF RIGHT-OF WAY <input type="checkbox"/> IMPROPER PASSING <input type="checkbox"/> Passenger Under 18 Yrs			

MM 21-007025 MM 10A

OTHER VIOLATIONS OR COMMENTS PERTAINING TO OFFENSE DUI-UNLAW BLD ALCH-BUI DAMAGE PROPERTY OR PERSON OF ANOTHER		RE-EXAM <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
SECTION 327.35-3C1		SUB SECTION
CRASH <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	PROPERTY DAMAGE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	INJURY TO ANOTHER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
SERIOUS BODILY INJURY TO ANOTHER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		FATAL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
<input checked="" type="checkbox"/> CRIMINAL VIOLATION COURT APPEARANCE REQUIRED AS INDICATED BELOW		
<input type="checkbox"/> INFRACTION COURT APPEARANCE REQUIRED AS INDICATED BELOW		
<input type="checkbox"/> INFRACTION WHICH DOES NOT REQUIRE APPEARANCE IN COURT		

AFDVC1E

CIVIL PENALTY IS \$ _____

COURT INFORMATION DATE _____ TIME _____

TO BE SET

COURT _____

LOCATION _____

ADDITIONAL COMMENTS _____

ARREST DELIVERED TO _____ DATE _____

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 MY 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 COURT

X SIGNATURE OF VIOLATOR (SIGNATURE IS REQUIRED IF INFRACTION REQUIRES APPEARANCE IN COURT)

GUZMAN, J 18795

RANK NAME OF OFFICER BADGE NO ID NO TROOP UNIT

I CERTIFY THIS CITATION WAS DELIVERED TO THE PERSON CITED ABOVE AND CERTIFY THE CHARGE ABOVE

ADDITIONAL OFFICER _____

RANK NAME OF OFFICER BADGE NO ID NO TROOP UNIT

HSMV 75901 (Rev 06/19)

IMPORTANT INSTRUCTIONS REGARDING A NON-CRIMINAL TRAFFIC INFRACTION NOT REQUIRING A COURT APPEARANCE

If you were charged with a civil infraction, you must complete one of the following options within 30 calendar days of the date of this citation. If you fail to comply within 30 calendar days, your driving privilege will be suspended until you comply. You will then be subject to additional penalties. Please see the front of the citation for the contact information for the Clerk of Court in the county where this violation occurred.

Option 1. You may pay the civil penalty listed on the front of the citation to the Clerk of Court. You must enclose this citation if you mail payment, which may be a money order or a cashier's check. The clerk _____ does _____ does not accept personal checks. You may pay this citation on line at www.payfilclerk.com. Payment of the civil penalty is considered a conviction and points will be assessed if applicable. Proof of compliance in the form of a driver license or registration certificate, whichever is applicable, is required in addition to payment if you were cited for driver license expired less than six months, expired tag less than six months, failure to display a valid driver license or failure to display a valid registration. You will be required to complete a driver improvement course if you are convicted of running a red light or passing a school bus. Your driving privilege will be suspended if you are convicted of not providing proof of insurance. Accumulation of points may increase the cost of your insurance.

Option 2. If you were cited for expired driver license, failure to display a valid driver license, expired tag, failure to possess a valid registration, or no proof of insurance, you may show proof to the Clerk of Court that you had a valid driver license, tag/registration, or insurance whichever is applicable, at the time of the offense. The charge will be dismissed upon payment of a dismissal fee.

Option 3. If you do not hold a commercial driver license and you were cited for driver license expired 6 months or less, expired tag 6 months or less, failure to display a valid driver license, failure to possess a valid registration, no proof of insurance or driving while license suspended [see s 322.34(10)(a) F.S.], you may elect to show proof of compliance to the Clerk of Court in the form of a valid driver license, registration or proof of insurance whichever is applicable. You may make only one such election per 12 month period and no more than three such elections in your lifetime. You must pay court costs and adjudication will be withheld.

Option 4. If you do not hold a commercial driver license, you may be eligible to elect to complete a Florida driver improvement course. You must contact the Clerk of Court to make this election. You may make only one such election per 12 month period and no more than five elections in your lifetime. Please visit www.flhsmv.gov for a list of approved courses and to determine your eligibility for this election. Adjudication will be withheld and points will not be assessed. You must pay a civil penalty and court costs. This option is not available for certain traffic offenses, including driver license, tag, and registration violations. Completion of a driver improvement course is required if you are cited for registering a red light/traffic control device even if you do not make this election.

Option 5. You may elect a court hearing by contacting the Clerk of Court. If you request a hearing and the County Judge/Magistrate/Hearing Officer determines that you have committed the offense, the County Judge/Magistrate/Hearing Officer may impose a penalty of up to \$500 (or \$1,000 if a fatality occurred) and/or require completion of a driver improvement course. Points may be assessed if it is determined that no infraction has been committed. No cost or penalties shall be imposed.

Option 6. If you were cited with a non-criminal violation of operating a motor vehicle in an unsafe condition (s 316.610 F.S.) or not properly equipped (s 316.610, F.S. or s 316.2935, F.S.), you may have the defect corrected, then contact your local county or city law enforcement agency to have the correction certified below. You must pay the local law enforcement agency \$ _____ for this service. You may then mail or present this affidavit of compliance along with \$ _____ to the Clerk of Court within 30 calendar days of the date of this citation. No points will be assessed. This option does not apply to a commercial motor vehicle or a transit bus owned by a governmental entity.

FAULTY EQUIPMENT AFFIDAVIT OF COMPLIANCE

(Law Enforcement Use Only)

I certify that the defective equipment described herein has been corrected and complies with the requirements of the Florida traffic laws.

DATE _____ ASSIGNED DHSMV AGENCY # _____

Signed _____ (Name, Title, and ID #)

TBM CENTRAL
21 NOV 28 PM 12:10