0320561 26 CF - 7504 AMB 3566

Marcy's Law CVI FL. Const. Art. 1 § 16(b)

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

ADMINISTRATIVE

OBTS Number	Agency ORI Number	Agency Name	Agency Report Number
	FLO 5 0 2 6 0 0	PALM BEACH GARDENS POLICE DEPARTMENT	78 - 78-26003034

Charge Type: Check as many as apply. [ ] 1. Felony [ ] 2. Traffic Felony [ ] 3. Misdemeanor [X] 4. Traffic Misdemeanor [ ] 5. Ordinance [ ] 6. Other

Weapon Seized / Type: 2 (1. Yes 2. No) | Multiple Clearance Indicator:

Location of Arrest (Including Name of Business)	Location of Offense (Business Name, Address)
Exxon 9730 Alt A1A, PALM BEACH GARDENS, FL, 33410	SR811(Alt A1A) at Richard Rd, PALM BEACH GARDENS, FL, 33410

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle KAUFF'S TOWING AND RECOVERY
06/15/2026	01:00					4701 EAST AVENUE, WPB, FL 33407

DEFENDANT

Name (Last, First, Middle): Ewart, Sabrina, Marie | Alias (Name, DOB, Soc. Sec. #, Etc.)

Race (W - White I - American Indian B - Black O- Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	F	11/17/1986	505	115	Blue	Blonde	Light	Small

Scars, Marks, Tatoos, Unique Physcal Features (Location, Type, Description): | Marital Status: Single | Religion: CHRISTIAN | Indication of: Alcohol Influence [Y] Drug Influence [Y] | N [ ] | Unk. [ ]

Local Address (Street, Apt. Number) (City) (State) (Zip)	Phone	Residence Type: 1. City 2. County 3. Florida 4. Out of State
13007 SE Coral LN, Hobe Sound, FL 33455	(561) 676-5619	3

Permanent Address (Street, Apt. Number) (City) (State) (Zip)	Phone	Address Source
		FLDL

Business Address (Name, Street) (City) (State) (Zip)	Phone	Occupation
		Self-Employed

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
E630793869170 FL	[redacted]		Ft. Lauderdale, FL	US

CO-DEF

Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	[ ] 1. Arrested [ ] 2. At Large	[ ] 3. Felony [ ] 4. Misdemeanor [ ] 5. Juvenile
Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	[ ] 1. Arrested [ ] 2. At Large	[ ] 3. Felony [ ] 4. Misdemeanor [ ] 5. Juvenile

JUVENILE

[ ] Parent [ ] Legal Custodian [ ] Other: | Name (Last) (First) (Middle) | Residence Phone

1 - 1000

Address (Street, Apt. Number) (City) (State) (Zip) | Business Phone

2 - 1000

Notified by: (Name) | Date | Time | Juvenile Disposition: 1. Handled/ processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated

3 - 250 X 2

Released To: (Name) | Relationship | Date | Time

The above address provided by [ ] defendant and / or [ ] 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. [ ] Yes, by: (Name) [ ] No: (Reason) | School Attended | Grade

Property Crime? [ ] Yes [ ] No | Description of Property | Value of Property

CODE

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

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
DUI - Breath Above .08	1	[ ] Y [X] N	316.193(1)(C)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant I Capias Number	Bond
N	N	N			1000

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
DUI - BAC .15 or Above	1	[ ] Y [X] N	316.193(4)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
N	N	N			1000

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
Willful Refusal to Sign Criminal Citations	2	[ ] Y [X] N	318.14(3)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
N	N	N			250 X 2

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		[ ] Y [X] N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

NOTICE TO APPEAR

Location (Court, Room Number, Address): NORTH COUNTY COURTHOUSE, 3188 PGA BOULEVARD, PALM BEACH GARDENS, FL 33410 - PH: (561) 662-6700

Court Date and Time: Month July Day 15 Year 2026 Time 10:00 AM [X] PM [ ] JUN 15 4:04

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

X _____ 06/15/2026

Signature of Defendant (or Juvenile and Parent /Custodian) | Date Signed

FILED PBC - GUN CLUB '26 JUN 15 AM 8:58

ADMIN

HOLD for other Agency Name: | Signature of Arresting Officer: X J Kahn #545

[ ] Dangerous [ ] Resisted Arrest [ ] Suicidal [ ] Other:

Name of Arresting Officer (Print): OFC J. Kahn | I.D. #: 545

Name Verification (Printed by Arrestee) (PRINT) | SIGNED

Intake Deputy: [illegible] I.D. # 7201 | Pouch # | Transporting Officer: OFC J. Kahn | ID #: 545 | Agency: PBGPD

Witness here if subject signed with an X

PAGE 1 OF 1

JUN 15 2026

NOT A CERTIFIED COPY

PROBABLE CAUSE AFFIDAVIT

ADMIN

OBTS Number:

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

JUVENILE:

Agency ORI Number	Agency Name	Agency Report Number
FL FL0502600	Palm Beach Gardens Police Department	7 | 8 | 26-003034

Charge Type: Check as many as apply. ☐ 1. Felony ☐ 2. Traffic Felony ☐ 3. Misdemeanor ☒ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
EWART, SABRINA MARIE	EWART, SABRINA MARIE	W	F	11/17/1986

CHARGES

Charge Description	Charge Description
316.193(1)(C) DUI - BREATH .08 OR ABOVE	316.193(4) DUI - BAC ABOVE .15
318.14(3) REFUSE - WILLFULLY REFUSE TO SIGN & ACCE	318.14(3) REFUSE - WILLFULLY REFUSE TO SIGN & ACCE

VICTIM

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
State Of Florida			

Local Address (Street, Apt. Number)	(City)	(State)	(Zip)	Phone	Address Source

Business Address (Name, Street)	(City)	(State)	(Zip)	Phone	Occupation

PROBABLE CAUSE STATEMENT

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.

☐ was observed by _____ who told _____ that he/she saw the arrested person committ the below acts.

☐ confessed to _____ admitting to the below facts.

☒ was found to have committed the below acts, resulting from my (described) investigation.

On the 15 day of June, 2026 at 00:38 (Specifically include facts constituting cause for arrest.)

On Monday, June 15, 2026, at approximately 00:32 hours, North County Communications (Northcom/dispatch) received a complaint from an anonymous bystander (did not answer the phone on callback to provide a statement), that an impaired white female was leaving Brass Ring pub, located at 200 US Highway 1 in the Village of North Palm Beach, Palm Beach County, FL. The complainant advised the female was possibly names Sabrina, and she was leaving in a gray Mercedes SUV bearing Florida tag 140IK. The complainant tailed the vehicle from Brass Ring pub to Old Dixie, and from Old Dixie into the jurisdiction of Palm Beach Gardens. Specifically, the caller observed the vehicle pull into the Exxon gas station at 9730 Alt A1A in the City of Palm Beach Gardens, Palm Beach County, Florida.

Upon arrival in the area, SR811 (Alt A1A) and Lighthouse Dr, I observed a newer model gray SUV at the outside gas pump of Exxon. This vehicle was bordering the road and was occupied by a white female. I approached the vehicle from behind and observed the Florida license plate to be 140IK, matching the description provided by the anonymous caller. I conducted an investigatory stop on the vehicle, according to Navarette v California, and contacted the driver and sole occupant, Sabrina Ewart. Ewart made a face indicating she was less than enthused with police contact and opened the window of her vehicle.

I began my field interview where Ewart indicated that she was okay. She initially responded that she was not coming from the Brass Ring pub but immediately corrected. She did not know how long she was patronizing the Brass Ring, but she stated that she consumed two beers. I requested for Ewart to exit her vehicle, and it took her approximately a minute, she turned the car off, rolled up the windows, put on her cardigan, and complained that she wasn`t dressed. After "dressing," herself with her cardigan, it took Ewart approximately another ten to twenty seconds to finish exiting her vehicle. Ewart struggled with her balance as she exited the vehicle, she stumbled

NOT ACCREDITED COPY

ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

06/15/24

DATE

THOMASINA MOSLEY
Notary Public - State of Florida
Commission # HH 339621
My Comm. Expires Dec 7, 2026
Bonded through National Notary Assn.

#545

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

KAHN, JUSTIN (545)

NAME OF OFFICER (PLEASE PRINT)

06/15/2026

DATE

PAGE 1 OF 3

COURT | STATE ATTORNEY | CENTRAL RECORDS | JAIL | CRIME ANALYSIS | P. I. O.

Rec'd 2026

ADMIN

OBTS Number	PROBABLE CAUSE AFFIDAVIT SUPPLEMENT	1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias	1	JUVENILE

Agency ORI Number	Agency Name	Agency Report Number
FL FL0502600	Palm Beach Gardens Police Department	7 | 8 | 26-003034

Charge Type: Check as many as apply. ☐ 1. Felony ☐ 2. Traffic Felony ☐ 3. Misdemeanor ☒ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
EWART, SABRINA MARIE	EWART, SABRINA MARIE	W	F	11/17/1986

PROBABLE CAUSE STATEMENT

and supported herself on the side of the SUV. Upon exiting the vehicle, Ewart took several wobbling steps to where I guided her.

Throughout my contact I observed the following signs and symptoms:
Ewart had bloodshot and watery eyes.
She had the strong and apparent odors of an unknown alcoholic beverage emanating from her breath.
Her speech was slurred.
She was unbalanced and had reduced coordination.

I requested for Ewart to participate in Standardized Field Sobriety Tasks. Instead of answer my question Ewart made a comment about my pronunciation of the word participate. I asked Ewart to participate again and she consented. Based on her answers, I find Ewart has no conditions that could alter her performance on SFST`s.

The first task was Horizontal Gaze Nystagmus. The stimulus was my Toxoptix X3 illuminated soft red. I did not observe resting nystagmus. Ewart presented equal tracking and equal pupil size. Ewart presented lack of smooth pursuit, distinct and sustained nystagmus at maximum deviation, and immediate onset of nystagmus. It should be noted that Ewart could not keep her head still, so I guided her into a more supportive position, and she still moved her head. Ewart also could not consistently track the stimulus as instructed. Ewart had a heavy front to back sway. I concluded this task early as Ewart could not follow my simple instructions.

The second task was Walk and Turn, I applied a strip of yellow duct tape to the pavement and checked the area for flatness and debris. I provided the instructions to this task multiple times. Ewart left the instructional position against my instructions. When given the instructions to begin, Ewart only did the first performance phase of the task. On the first phase she missed heel to toe steps, stepped off the line, used her arms for balance, and took an incorrect turn. After taking the incorrect turn, she stopped the task and asked what to do next. I asked if she believed she satisfactorily completed the task and she stated yes.

The third task was One Leg Stand, and Ewart could not complete or attempt this task as instructed.

At the end of SFST`s having failed to dispel my suspicions of her impairment, I placed Ewart into custody for DUI. Her vehicle was inventoried and removed from the scene by Kauff`s towing rotation. See OFC A. Millers supplement for any evidence found during the course of the inventory. I transported Ewart to the Palm Beach County Breath Testing Center (BAT). I conducted a twenty-minute observation period where Ewart did not consume or regurgitate anything.

NOT A CERTIFIED COPY

ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117.10)

06/15/26

DATE

THOMASINA MILLER
Notary Public - State of Florida
Commission # HH [illegible]
My Comm. Expires Dec [illegible], 2026
Bonded through National Notary Assn.

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

KAHN, JUSTIN (545)

NAME OF OFFICER (PLEASE PRINT)

06/15/2026

DATE

COURT STATE ATTORNEY CENTRAL RECORDS JAIL CRIME ANALYSIS P. I. O.

ADMIN

OBTS Number	PROBABLE CAUSE AFFIDAVIT SUPPLEMENT	1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Copies	1	JUVENILE

Agency ORI Number	Agency Name	Agency Report Number
FL FL0502600	Palm Beach Gardens Police Department	7 | 8 | 26-003034

Charge Type: Check as many as apply. ☐ 1. Felony ☐ 2. Traffic Felony ☐ 3. Misdemeanor ☒ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
EWART, SABRINA MARIE	EWART, SABRINA MARIE	W	F	11/17/1986

PROBABLE CAUSE STATEMENT

I presented Ewart before BTO Miller PBSO 41017 and a breath testing instrument. Ewart answered identifying questions. She consented to providing a breath sample. Ewart provided two samples .216 at 02:00 and .217 at 02:03. I asked her to sign her criminal citations and she refused.

Based on the totality of the circumstances, I find probable cause exists that Sabrina Ewart was operating her motor vehicle while Impaired, such that her BrAC an hour after arrest was over .08 and .15 in violation of FSS 316.193(1)(C) and FSS 316.193(4). Finally, when offered to sign her citations, Ewart refused to do so for two counts in violation of FSS 318.14(3). My department issued body worn and in-vehicle camera`s were utilized.

NOT A CERTIFIED COPY

ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117.10)

04/15/24
DATE

THOMASINA MILLER
Notary Public - State of Florida
Commission # HH [illegible]
My Comm. Expires [illegible]
Bonded through National Notary [illegible]

545
SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

KAHN, JUSTIN (545)
NAME OF OFFICER (PLEASE PRINT)

06/15/2026
DATE

COURT STATE ATTORNEY CENTRAL RECORDS JAIL CRIME ANALYSIS P. I. O.

78-26003034

DUI WITNESS LIST

Arresting Officer: OFC J. Kahn 545 Email: jkahn@pbgfl.gov
Agency Address: 10500 N MILITARY TRL, PBG, FL 33410 Phone: (561) 799-4445
Can Testify To: FACTS OF CASE

Backup Officers: OFC A. Miller (613), SGT G. Leblanc (363)
Agency Address: 10500 N MILITARY TRL, PBG, FL 33410 Phone: (561) 799-4445
Can Testify To: Scene Safety

Crash Investigator: _____ Email: _____
Agency Address: _____ Phone: _____

Breathalyzer Technician: Miller ID: 41017 Agency: PBSO

DRE: _____ ID# _____ Agency Case #: _____
Agency Address: _____ Phone: _____ Email: _____

Name: _____ Involvement: _____
Address: _____ Phone: _____
Can Testify To: _____ ☐ Wheel Witness

Name: _____ Involvement: _____
Address: _____ Phone: _____
Can Testify To: _____ ☐ Wheel Witness

Name: _____ Involvement: _____
Address: _____ Phone: _____
Can Testify To: _____ ☐ Wheel Witness

Name: _____ Involvement: _____
Address: _____ Phone: _____
Can Testify To: _____ ☐ Wheel Witness

Name: _____ Involvement: _____
Address: _____ Phone: _____
Can Testify To: _____ ☐ Wheel Witness

Name: _____ Involvement: _____
Address: _____ Phone: _____
Can Testify To: _____ ☐ Wheel Witness

NOT A CERTIFIED COPY

PALM BEACH GARDENS POLICE DEPARTMENT
DUI TESTING FACILITY INFORMATION SHEET

PBSO Case #: 26-069284 PBSO Zone: 3-13

Agency Case #: 78-26003034 Crash Case #: _____

Incident Information:

Time of Stop/Crash: 00:38 Date of Incident: 06/15/2026 Day: Monday

Location of Incident: SR811(Alt A1A) at Richard Rd, PALM BEACH GARDENS, FL, 33410

Arrest Information:

Time of Arrest: 01:00 Date of Arrest: 06/15/2026 Day: Monday

Location of Arrest: Exxon 9730 Alt A1A, PALM BEACH GARDENS, FL, 33410

Subject's Name: (L) Ewart, (F) Sabrina, (M) Marie

DOB: 11/17/1986 Race: W Sex: F Height: 505 Weight: 115 Hair Blonde Eye Blue

Address: 13007 SE Coral LN, Hobe Sound, FL 33455 Phone: (561) 676-5619

DL: E630793869170 ST: FL SSN: _____ Division: DUI Unit

Arresting Officer Name: OFC J. Kahn ID# 545 Agency: PBGPD

☐ **Marcy's Law CVI** FL. Const. Art. 1 § 16(b)

Testing Results

1) .216 at 02:00 hrs.
2) .217 at 02:03 hrs.
3) N/A at N/A hrs.
4) N/A at N/A hrs.

☐ Urine Obtained at _____ hrs.
☐ Urine Refused at _____ hrs.

---BAT Use---

BAT Notified:	YES
Arrival Time at BAT:	01:30
Subject Arrest Time:	01:00

Breath Test Operator: Miller 41017
PBSO

NOT A CERTIFIED COPY

TESTING FACILITY TASK REPORT

AGENCY: PBG

SUBJECT: EWART, SABRINA .A.

CASE NUMBER: 26-069284

DATE: Jun 15, 2026

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 01:55

ENDING TIME: 02:07

BREATH TESTS RESULTS: 1) .216 TIME 02:00 A.M. ☒ P.M. ☐ 2) .217 TIME 02:03 A.M. ☒ P.M. ☐

3) N/A TIME N/A A.M. ☐ P.M. ☐ 4) N/A TIME N/A A.M. ☐ P.M. ☐

BREATH OPERATOR: T. MILLER #41017

MAINTENANCE TECHNICAN: J. KARLECKE# 6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLOW

ATTITUDE: CALM

CLOTHING: BEIGE SWEATER, GREEN DRESS, WHITE SANDALS

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER:

EYES: RED & GLASSY

COMMENTS:

ARRIVED AT CENTER A/O BEGAN THE 20 MINUTE OBSERVATION PERIOD AT 01:30 HRS.

SUBJECT: AGREED TO TAKE TEST.

A/O: READ RIGHTS.
SUBJECT: STATED SHE UNDERSTOOD RIGHTS.

TECH: READ TEST RESULTS.
SUBJECT: STATED SHE UNDERSTOOD TEST RESULTS.

NO Q & A CONDUCTED.

NOT A CERTIFIED COPY

FLORIDA DEPARTMENT OF LAW ENFORCEMENT
ALCOHOL TESTING PROGRAM
BREATH ALCOHOL TEST AFFIDAVIT

Instrument Type: Intoxilyzer 8000
Instrument Registered To: PALM BEACH CSO
Instrument Serial Number: 80-006029 Software: 8100.27
Date of Test: 06/15/2026

Date of Last Agency Inspection: 05/22/2026
Observation Period Began: 01:30
Subject's Name: SABRINA M EWART DOB: 11/17/1986 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	01:58
Air Blank	0.000	01:59
Control Test	0.078	01:59
Air Blank	0.000	01:59
Subject Sample #1	0.216	02:00
Air Blank	0.000	02:01
Air Blank	0.000	02:03
Subject Sample #2	0.217	02:03
Air Blank	0.000	02:04
Control Test	0.077	02:04
Air Blank	0.000	02:05
Diagnostics Check	OK	02:05

Cylinder Lot: 25-3342
Exp: 02/09/2028

State of Florida, County of Palm Beach.

Personally appeared before me the undersigned authority, who (X) ~~is~~ personally known to me or (__) produced _____ as identification, and who after being placed under oath, states:

I THOMASINA E MILLER, 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: Thomasina Miller Date: 06/15/26
Signature

Sworn to (or affirmed) before me this 15 day of June, 2026

J Thu #345 Ofc. J. Kahn
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.

FDLE/ATP FORM 38 - MARCH 2004, Ref. 11D-8.007

NOT A CERTIFIED COPY

SUBJECT: **Ewart, Sabrina, Marie** CASE NUMBER: **78-26003034**

CONSTITUTIONAL WARNINGS

I AM REQUIRED TO WARN YOU BEFORE YOU MAKE ANY SATEMENTS 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.

SUBJECT'S SIGNATURE: *Read on Camera*

ADVERTENCIAS CONSTITUCIONALES

TENGO LA OBLIGACIÓN DE ADVERTIRLE ANTES DE HACER CUALQUIER DECLARACIÓN QUE USTED TIENE LOS SIGUIENTES DERECHOS:

1. Tienes el derecho de quedarse callado o en silencio y no responder a ninguna pregunta.
2. Tpta declaración debe ser libre y voluntariamente.
3. Tienes el derecho a la presencia de un abogado de su elección antes de harcer cualquier declaración y durante cualquier interrogatorio.
4. Si no puedes pagar un abogado, tienes el derecho a la presencia de un abogado designado por la corte antes de hacer cualqueir declaración y durante cualquier interrogatorio.
5. Si en algún momento durante la entrevista no deseas contester ninguna preguna, tienes el privilegio de quedarse callado.
6. No puedo hacer amenazas o promesas para inducirle a una declaración. Esto debe ser por su propia voluntad.
7. Cualquier declaración puede ser y será usado en su contra en una corte de leyes.

FIRMA DE: SOSPECHOSO: *Read on Camera*

NOT A CERTIFIED COPY

PALM BEACH COUNTY
SHERIFF'S OFFICE
SHERIFF RIC L. BRADSHAW

DUI Breath Implied Consent

NOT APPLICABLE WITH VOLUNTARY CONSENT

DEFENDANT'S NAME: Ewt, Sabina Marie CASE NO: 26003034

DATE OF ARREST: 06/15/26 TIME OF ARREST: 0100

I am now requesting that you submit to a lawful test of your **BREATH** for the purpose of determining its alcohol content.

Will you take the test? YES X NO ___

NOTE: *READ ONLY IF THE ANSWER TO THE ABOVE IS "NO"*

If you refuse to take the test I have requested of you, your driving privilege will be suspended for a period of one (1) year for a FIRST REFUSAL. Additionally, if you refuse to take the test I have requested of you, you will be committing a misdemeanor of the SECOND DEGREE if this is your first refusal, in addition to any other penalties which can be imposed by law. If you refuse to take the test I have requested of you, and if your driving privilege has been PREVIOUSLY SUSPENDED, or if you have been PREVIOUSLY FINED under s. 327.35215, for a refusal to submit to a lawful test of your breath, urine, or blood, your driving privilege will be suspended for a period of eighteen (18) months. Additionally, you will be committing a misdemeanor of the FIRST DEGREE, in addition to any other penalties which can be imposed by law. Refusal to submit to the test I have requested is admissible into evidence in any criminal proceeding.

Do you understand what I have just read to you? YES_____ NO_____

Do you still refuse to submit to this test? YES_____ NO_____

NOTE: *IF THE SUBJECT POSSESSES A COMMERCIAL DRIVER LICENSE (CDL), READ THE FOLLOWING, REGARDLESS OF WHETHER THE SUBJECT IS OPERATING A COMMERCIAL MOTOR VEHICLE (CMV)*

In addition, if you hold a Commercial Driver's License (CDL), or were driving a Commercial Motor Vehicle (CMV), your refusal to submit to testing will result in the loss of your commercial driving privileges for one year from today. If this is your second refusal, you will be permanently disqualified from operating a Commercial Motor Vehicle (CMV).

Do you understand what I have just read to you? YES_____ NO_____

Do you still refuse to submit to this test? YES_____ NO_____

Date read: _____ Time read: _____ Location read: _____

LAW ENFORCEMENT OFFICER NAME (printed): _____ ID: _____

LAW ENFORCEMENT OFFICER SIGNATURE: _____

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

FORM #0126BR REV 09/25

NOT A CERTIFIED COPY

SUBJECT: Evert, Sabina Marie CASE NUMBER: 26003034

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? _____

WHAT TIME DID YOU START? _____ WHAT TIME IS IT NOW? _____

WHAT IS TODAY'S DATE? _____ WHAT DAY OF THE WEEK IS IT? _____

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? _____

HOW MUCH DO YOU WEIGH? _____ HAVE YOU BEEN DRINKING? _____ WHAT? _____

HOW MUCH? _____ WHERE? _____ WITH WHOM? _____

WHEN DID YOU HAVE YOUR FIRST DRINK? _____ AND YOUR LAST DRINK? _____

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: _____

NOT A CERTIFIED COPY

SUBJECT: Event, Sabrina Marie CASE NUMBER: 26003034

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? _____

WHAT TIME DID YOU START? _____ WHAT TIME IS IT NOW? _____

WHAT IS TODAY'S DATE? _____ WHAT DAY OF THE WEEK IS IT? _____

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? _____

HOW MUCH DO YOU WEIGH? _____ HAVE YOU BEEN DRINKING? _____ WHAT? _____

HOW MUCH? _____ WHERE? _____ WITH WHOM? _____

WHEN DID YOU HAVE YOUR FIRST DRINK? _____ AND YOUR LAST DRINK? _____

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: _____

NOT A CERTIFIED COPY

PALM BEACH COUNTY
SHERIFF'S OFFICE
SHERIFF RIC L. BRADSHAW

DUI Breath Implied Consent

NOT APPLICABLE WITH VOLUNTARY CONSENT

DEFENDANT'S NAME: Ewart, Sabrina Marie CASE NO: 26003034

DATE OF ARREST: 06/15/26 TIME OF ARREST: 0100

I am now requesting that you submit to a lawful test of your **BREATH** for the purpose of determining its alcohol content.

Will you take the test? YES X NO____

NOTE: *READ ONLY IF THE ANSWER TO THE ABOVE IS "NO"*

If you refuse to take the test I have requested of you, your driving privilege will be suspended for a period of one (1) year for a FIRST REFUSAL. Additionally, if you refuse to take the test I have requested of you, you will be committing a misdemeanor of the SECOND DEGREE if this is your first refusal, in addition to any other penalties which can be imposed by law. If you refuse to take the test I have requested of you, and if your driving privilege has been PREVIOUSLY SUSPENDED, or if you have been PREVIOUSLY FINED under s. 327.35215, for a refusal to submit to a lawful test of your breath, urine, or blood, your driving privilege will be suspended for a period of eighteen (18) months. Additionally, you will be committing a misdemeanor of the FIRST DEGREE, in addition to any other penalties which can be imposed by law. Refusal to submit to the test I have requested is admissible into evidence in any criminal proceeding.

Do you understand what I have just read to you? YES_____ NO_____

Do you still refuse to submit to this test? YES_____ NO_____

NOTE: *IF THE SUBJECT POSSESSES A COMMERCIAL DRIVER LICENSE (CDL), READ THE FOLLOWING, REGARDLESS OF WHETHER THE SUBJECT IS OPERATING A COMMERCIAL MOTOR VEHICLE (CMV)*

In addition, if you hold a Commercial Driver's License (CDL), or were driving a Commercial Motor Vehicle (CMV), your refusal to submit to testing will result in the loss of your commercial driving privileges for one year from today. If this is your second refusal, you will be permanently disqualified from operating a Commercial Motor Vehicle (CMV).

Do you understand what I have just read to you? YES_____ NO_____

Do you still refuse to submit to this test? YES_____ NO_____

Date read: _____ Time read: _____ Location read: _____

LAW ENFORCEMENT OFFICER NAME (printed): _____ ID: _____

LAW ENFORCEMENT OFFICER SIGNATURE: _____

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

FORM #01268R REV 09/25

NOT A CERTIFIED COPY

Palm Beach County Sheriff's Office

Florida State Statute Exemption Sheet

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	☐	119.071(4)(c)	Undercover personnel	
	☐	119.071(2)(e)	Confession	
Public Info. Exemptions	☐	FL Const. Art. I, s. 16(b)(5)	Marsy's Law – victim information shall be redacted. The term "victim" also includes the victim's lawful representative, the parent or guardian of a minor, or the next of kin of a homicide victim. The term "victim" does not include the accused (ref. page 99 of the CRTM for additional information)	
	☐	119.071(2)(j)	Home/employment telephone number, home/employment address, or personal assets of a person who has been the victim of sexual battery, aggravated child abuse, aggravated stalking, harassment, aggravated battery or domestic violence	
	☐	119.0712(2)	Personal information contained in a motor vehicle record	
	☐	316.650(11)	Driver information contained in a uniform traffic citation	
	☐	119.071(4)(d)2.a.	Home addresses, telephone numbers, dates of birth, and photographs of active/former LE personnel, spouses, and children	
Florida Rules of Judicial Administration 2.420	☒	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers	2
	☐	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request	
	☐	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses	
	☐			
	☐			
Other	☐			
	☐			
	☐			
	☐			

NOT A CERTIFIED COPY

REVIEW COMPLETED BY

Booking Number: 2026015848	**Date:** 6/15/2026
	Specialist Name/ID#: T. Howard/7185