

0485211

1628

OBTS Number		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	Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE			Agency Report Number (N.T.A.'s only) 06-17-037817					
	Charge Type: Check as many as apply.		1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/>		3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/>		5. Ordinance <input type="checkbox"/> 6. Other <input type="checkbox"/>		Weapon Seized / Type 1. Yes <input type="checkbox"/> 2. No <input checked="" type="checkbox"/> N/A		Multiple Clearance Indicator 01
	Location of Arrest (Including Name of Business) NB S SR 7 / ATLANTIC AVE, DELRAY BEACH, FL 33446						Location of Offense (Business Name, Address) NB S SR 7 / ATLANTIC AVE, DELRAY BEACH, FL 33446,				
DEFENDANT	Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle EASTERN TOWING				
	Name (Last, First, Middle) KUSHNER, ABBEY, E										
	Alias (Name, DOB, Soc. Sec. #, Etc.)										
	Race	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build		
	W - White 1 - American Indian B - Black 0 - Oriental/Asian	W	F	09/05/1955	5'03"	170	BRN	BRN	MED	MED	
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) NONE					Marital Status DIVORCED		Religion JEWISH		Indication of: Alcohol Influence <input type="checkbox"/> Drug Influence <input type="checkbox"/>	
	Local Address (Street, Apt. Number) (City) (State) (Zip) 11128 LAKEAIRE CIR, BOCA RATON, FL 33498					Phone (561) 302-1324		Residence Type: 1. City <input type="checkbox"/> 2. County <input type="checkbox"/> 3. Florida <input type="checkbox"/> 4. Out of State <input checked="" type="checkbox"/>			
	Permanent Address (Street, Apt. Number) (City) (State) (Zip)					Phone		Address Source FL DL			
	Business Address (Name, Street) (City) (State) (Zip)					Phone		Occupation PERSONAL ASSISTANT			
	D/L Number, State FL DL K256005558250			Soc. Sec. Number		INS Number		Place of Birth (City, State) QUEENS, NY		Citizenship USA	
CO-DEF	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			
JUVENILE	<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other: (1702)										
	Address (Street, Apt. Number) (City) (State) (Zip) Business Phone										
	Notified by: (Name)				Date	Time	Juvenile Disposition 1. Handled/processed within Dept. and Released.		2. TOT HRS / DYS 3. Incarcerated		
	Released To: (Name)				Relationship			Date	Time		
	The above address provided by <input type="checkbox"/> defendant and / or <input type="checkbox"/> defendant's parents The child and / or parent was told to keep the Juvenile Court Clerk (Phone 355-2526) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)						School Attended		Grade		
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property				Value of Property					
CHARGE	Drug Activity: S. Sell N. N/A P. Possess S. Sell: B. Buy T. Traffic R. Smuggle: D. Deliver E. Use K. Dispense/Distribute M. Manufacture/Producer/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 CRASH WITH INJURY			Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 316.193 (3C1)			Violation of ORD #		
	Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number			Bond			
	N	N/A	N/A	17-037817							
	Charge Description Counts Domestic Violence Statute Violation Number Violation of ORD # Drug Activity Drug Type Amount / Unit Offense # Warrant / Capias Number Bond										
NOTICE TO APPEAR	Location (Court, Room Number, Address) NORTH COUNTY COURTHOUSE / 3188 PGA BLVD, PALM BEACH GARDENS, FL 33410										
	Court Date and Time Month MARCH Day 8TH Year 2017 Time 08:30 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) [Signature] Date Signed 02/09/2017										
	Name Verification (Printed by Arrestee) FEB 10 AM 12:55										
ADMIN	HOLD for other Agency Name:		Signature of Arresting Officer [Signature]			Name of Arresting Officer (Print) Inv. S. Levey #9415 I.D. # 9415					
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:		Name of Arresting Officer (Print) Inv. S. Levey #9415			I.D. # 9415			Agency PBSO		
	Initials/Date [Signature]		Transporting Officer INV. S. LEVEY			ID # 9415			Agency PBSO		

PROBABLE CAUSE AFFIDAVIT

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

Juvenile

OBTS Number

Agency ORI Number

Agency Name

Agency Report Number

FLO 500000

PALM BEACH COUNTY SHERIFF'S OFFICE

06-17037817

Charge Type:
Check as many as apply.

1. Felony

2. Traffic Felony

3. Misdemeanor

4. Traffic Misdemeanor

5. Ordinance

6. Other

Special Notes:

Name (Last, First, Middle)

Kushner, Abbey E

Alias

Race

Sex

Date of Birth

W

F

9/5/55

Charge Description

DUI Crash w/injury

Charge Description

Charge Description

Charge Description

Victim's Name (Last, First, Middle)

The 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.

was observed by _____ who told

confessed to _____ admitting to the below facts.

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 9 day of February 20 17 at 8:57 A.M. P.M. (Specifically include facts constituting cause for arrest.)

On February 09, 2017 I was dispatched to State Road 7 and Atlantic Ave in unincorporated Delray Beach for a motor vehicle crash with injuries. Upon arrival, I observed a white BMW (Florida TAG# HDZR43) partially blocking the #1 north bound travel lane. The second vehicle involved in the crash Florida Tag (Y34jhg) was facing north bound in the center median area.

I observed a white female, who is now known to me as ABBEY KUSHNER standing in the center median leaning up against a speed limit pole. I requested to know who the drivers involved in the crash were. Kushner raised her hand and advised she was the driver of the white BMW. When Kushner spoke, I noted her speech to be extremely slurred and difficult to understand. Kushner stated that she was not injured in the crash, so I requested to see her driver's license, registration and proof of insurance. Kushner attempted to walk over to her BMW. As Kushner walked towards her car, I noted that she was extremely unsteady on her feet and she grabbed onto her vehicle for balance. Kushner fumbled with papers in her vehicle for a short period of time to locate her wallet. Kushner pulled her wallet out and had difficulty getting her license from her purse. Kushner handed me her license and again asked what I needed. I once again requested the registration and proof of insurance. After a short time, Kushner provided her registration. I had to again ask for the insurance. After a short period of time, Kushner handed me a vehicle repair bill. I handed back to her and once again requested to see her insurance. Kushner once again provided another vehicle repair bill. After another short period of time, she did provide a insurance card. While speaking with Kushner, she stated that she was on her way home to Boca Raton. Kushner actually had driven through the Boca Raton area already and was traveling north when the crash occurred.

While I was standing by with Kushner, she attempted to drink from a clear water bottle that was in the vehicle. I took the bottle from her and did not permit her to have anything until the DUI investigator arrived. Once the DUI Investigator arrived, the scene was turned over to him. Please refer to his reports for further information on this case.

STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting Investigative Officer)

A. Balocik #24099

The foregoing instrument was sworn to or affirmed and subscribed before me this 9th day of February 20 17 by D/S D. Balocik

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

Personally Known LEO

Notary Public, Clerk of Court, Officer (F.S.S. 117.16)

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D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 9TH DAY OF FEB 20 17, AT 2056 AM PM

SUBJECT: KUSHNER, ABBEY, E CASE NUMBER: 17-037817

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: Inv. S. Levey #9415

PERSONAL CONTACT

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

ON 02/09/2017 AT 2110 HOURS I WAS REQUESTED TO RESPOND TO A MOTOR VEHICLE COLLISION ON SOUTH STATE ROAD 7, NORTH OF ATLANTIC AVE, IN THE UNINCORPORATED AREA OF DELRAY BEACH. UPON MY ARRIVAL AT APPROXIMATELY 2125 HOURS, I MADE CONTACT WITH D/S D. BALOCIK #24099, WHO INFORMED ME OF THE FOLLOWING IN HIS SUPPLEMENTAL PC. "ON FEBRUARY 09, 2017 I WAS DISPATCHED TO STATE ROAD 7 AND ATLANTIC AVE IN UNINCORPORATED DELRAY BEACH FOR A MOTOR VEHICLE CRASH WITH INJURIES. UPON ARRIVAL, I OBSERVED A WHITE BMW (FLORIDA TAG# HDZR43) PARTIALLY BLOCKING THE #1 NORTH BOUND TRAVEL LANE. THE SECOND VEHICLE INVOLVED IN THE CRASH FLORIDA TAG (Y34JHQ) WAS FACING NORTH BOUND IN THE CENTER MEDIAN AREA. I OBSERVED A WHITE FEMALE, WHO IS NOW KNOWN TO ME AS ABBEY KUSHNER STANDING IN THE CENTER MEDIAN LEANING UP AGAINST A SPEED LIMIT POLE. I REQUESTED TO KNOW WHO THE DRIVERS INVOLVED IN THE CRASH WERE. KUSHNER RAISED HER HAND AND ADVISED SHE WAS THE DRIVER OF THE WHITE BMW. WHEN KUSHNER SPOKE, I NOTED HER SPEECH TO BE EXTREMELY SLURRED AND DIFFICULT TO UNDERSTAND. KUSHNER STATED THAT SHE WAS NOT INJURED IN THE CRASH, SO I REQUESTED TO SEE HER DRIVER'S LICENSE, REGISTRATION AND PROOF OF INSURANCE. KUSHNER ATTEMPTED TO WALK OVER TO HER BMW, AS KUSHNER WALKED TOWARDS HER CAR, I NOTED THAT SHE WAS EXTREMELY UNSTEADY ON HER FEET AND SHE GRABBED ONTO HER VEHICLE FOR BALANCE. KUSHNER FUMBLER WITH PAPERS IN HER VEHICLE FOR A SHORT PERIOD OF TIME TO LOCATE HER WALLET. KUSHNER PULLED HER WALLET OUT AND HAD DIFFICULTY GETTING HER LICENSE FROM HER PURSE. KUSHNER HANDED ME HER LICENSE AND AGAIN ASKED WHAT I NEEDED. I ONCE AGAIN REQUESTED THE REGISTRATION AND PROOF OF INSURANCE. AFTER A SHORT TIME, KUSHNER PROVIDED HER REGISTRATION. I HAD TO AGAIN ASK FOR THE INSURANCE. AFTER A SHORT PERIOD OF TIME, KUSHNER HANDED ME A VEHICLE REPAIR BILL. I HANDED BACK TO HER AND ONCE AGAIN REQUESTED TO SEE HER INSURANCE. KUSHNER ONCE AGAIN PROVIDED ANOTHER VEHICLE REPAIR BILL. AFTER ANOTHER SHORT PERIOD OF TIME, SHE DID PROVIDE A INSURANCE CARD. WHILE SPEAKING WITH KUSHNER, SHE STATED THAT SHE WAS ON HER WAY HOME TO BOCA RATON. KUSHNER ACTUALLY HAD DRIVEN THROUGH THE BOCA RATON AREA ALREADY AND WAS TRAVELING NORTH WHEN THE CRASH OCCURRED. WHILE I WAS STANDING BY WITH KUSHNER, SHE ATTEMPTED TO DRINK FROM A CLEAR WATER BOTTLE THAT WAS IN THE VEHICLE. I TOOK THE BOTTLE FROM HER AND DID NOT PERMIT HER TO HAVE ANYTHING UNTIL THE DUI INVESTIGATOR ARRIVED. ONCE THE DUI INVESTIGATOR ARRIVED, THE SCENE WAS TURNED OVER TO HIM. PLEASE REFER TO HIS REPORTS FOR FURTHER INFORMATION ON THIS CASE."

OBSERVATION OF DRIVER:

UPON MY ARRIVAL ON SCENE, I OBSERVED THAT ABBEY WAS STANDING, LEANING ON HER VEHICLE USING IT FOR BALANCE. I OBSERVED THAT HER EYES WERE BLOODSHOT, GLASSY, AND WATERY. WHILE STANDING NEAR ABBEY, I OBSERVED THAT SHE HAD THE ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE COMING FROM HER. AS SHE SPOKE TO ME THE SLIGHT ODOR, BECAME VERY OBVIOUS AND POTENT OF AN UNKNOWN ALCOHOLIC BEVERAGE COMING FROM HER BREATH AS SHE SPOKE TO ME. SO MUCH SO, TO THE POINT THAT I PHYSICALLY HAD TO BACK AWAY FROM HER. HER SPEECH WAS SLURRED, AND AT TIMES WAS DIFFICULT TO UNDERSTAND. WHILE TALKING TO HER WHEN READING MIRANDA TO HER, SHE WAS LEANING ON HER VEHICLE, AND WHILE SHE WAS WALKING TO THE FRONT OF HER CAR, SHE HAD TO USE THE VEHICLE TO MAINTAIN STANDING.

DRIVER'S STATEMENTS:

I INFORMED ABBEY THAT I HAD COMPLETED MY TRAFFIC CRASH INVESTIGATION, AND WAS GOING TO BEGIN A DUI INVESTIGATION. I THEN ATTEMPTED TO READ HER MIRANDA FROM THE PREPARED FORM. SHE CONTINUALLY INTERRUPTED ME INFORMING ME WITHOUT BEING QUESTIONED, THAT HER CAT DIED TODAY, AND SHE SPONTANEOUSLY STATED THAT SHE HAD ONE DRINK, AND SHE CRASHED. I ATTEMPTED SEVERAL TIMES TO READ HER MIRANDA FROM THE FORM, HOWEVER SHE WAS TALKED OVER SEVERAL TIMES. I THEN DID NOT ASK ANY QUESTIONS REGARDING THE CRASH. I ASKED IF SHE WOULD BE WILLING TO DO ROADSIDE TASKS. SHE ASKED WHAT THEY ENTAILED. I INFORMED HER THAT THEY INCLUDED A WALKING TASK. SHE SAID WHAT IF SHE CAN'T WALK, I THEN TOLD HER THAT I COULD HAVE HER DO A SEATED BATTERY OF TASKS. WHEN I ASKED IF SHE WOULD DO THEM, SHE SAID SHE WAS NOT SURE. I THEN INFORMED HER THAT I COULD NOT FORCE HER TO DO THE ROADSIDE TASKS, BUT I WOULD LIKE HER TO DO THEM. I ALSO SAID IF SHE DID NOT DO THEM THAT SHE WAS GOING TO FORCE ME TO MAKE A DECISION BASED ON THE EVIDENCE THAT WAS IN FRONT OF ME, AND THAT IT COULD BE USED AS EVIDENCE AT A LATER DATE OF TIME.

ODORS:

ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE COMING FROM HER. AS SHE SPOKE TO ME THE SLIGHT ODOR, BECAME VERY OBVIOUS AND POTENT OF AN UNKNOWN ALCOHOLIC BEVERAGE COMING FROM HER BREATH AS SHE SPOKE TO ME. SO MUCH SO, TO THE POINT THAT I PHYSICALLY HAD TO BACK AWAY FROM HER.

GENERAL OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: CALM, UPSET DUE TO CAT DYING

CLOTHING: BLUE SHIRT, BLACK PANTS, TAN SHOES

MEDICAL/OTHER: ****All roadside tasks were attempted to be conducted on in car video****

STATE OF FLORIDA
COUNTY OF PALM BEACH

Inv. S. Levey #9415

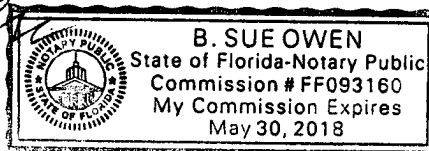
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 9TH day of FEB 20 17 by Inv. S. Levey #9415

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

Sue Owen (#3184)

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



SUBJECT: KUSHNER, ABBEY, E

CASE NUMBER 17-037817

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

LT EYE-LACK OF SMOOTH PURSUIT

RT EYE-LACK OF SMOOTH PURSUIT

LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION

RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION

LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

Other Observations:

REFUSED

WALK & TURN:

REFUSED

ONE LEG STAND:

REFUSED

FINGER TO NOSE:

REFUSED


ROMBERG ALPHABET:

REFUSED

BREATH TEST RESULTS:

STATE OF FLORIDA
COUNTY OF PALM BEACH

Inv. S. Levey #9415

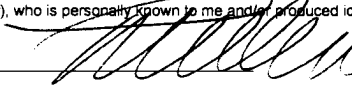


(Signature of Arresting/Investigative Officer)

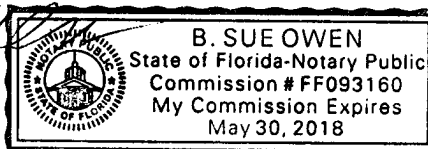
The foregoing instrument was sworn to or affirmed and subscribed before me this 9TH day of FEB 2017 by Inv. S. Levey #9415

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

Sue Owen (#3184)



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



NOT A CERTIFIED COPY

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 #:	17-037817	ZONE:	4-31	SUSPECT:	Abbey Kushner	DATE & TIME OF ORIGINAL EVENT/OFFENSE:	2/9/17 @ 2055
EVENT TYPE:	DUI Crash			DEPUTY:	Inv. S. Levey #9415	ID#:	9415

COMPLETE EVERYTHING BELOW – PRINT LEGIBLY

LAST NAME:		FIRST NAME:		MIDDLE INITIAL:	RACE:	SEX:	
REID		JONATHAN		G	W	M	
DATE OF BIRTH:	(MM/DD/YYYY)	YOUR HEIGHT:	YOUR WEIGHT:	YOUR HAIR COLOR:	YOUR EYE COLOR:		
02/20/1980		5'9"	160	Brown	Brown		
YOUR HOME ADDRESS:		<input type="checkbox"/> CHECK IF HOMELESS		CITY:	STATE:	ZIP:	
7349 Briella Drive				Boynton Beach	FL	33437	
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	HOME PHONE:	<input type="checkbox"/> CHECK IF NONE	EMAIL:	<input type="checkbox"/> CHECK IF NONE
()		(561) 482-8838		()			

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

YOUR NAME:	DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER...
1 JONATHAN REID	
<p>I witnessed the female driver, cut me off, I had to apply the brakes honked my horn she started speeding off and weaving. I was behind her heading North on 4th until the accident occurred. I witnessed the female driver exit the vehicle she appeared to be confused and intoxicated.</p>	
PAGE 1 OF 1	

READ AND SIGN

I SWEAR AND AFFIRM THIS AND/OR THE ATTACHED STATEMENTS ARE CORRECT AND TRUE:	<input checked="" type="checkbox"/> DEPUTY SHERIFF <input type="checkbox"/> NOTARY PUBLIC FSS: 117.10
YOUR SIGNATURE: <u>X Jonathan Reid</u>	SWORN TO AND SUBSCRIBED BEFORE ME TODAY:
	DATE: 02/09/17 TIME: 2122
	SIGNATURE: <u>[Signature]</u> ID: 22071

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 INITIALLING BELOW. I AM TAKING THIS POSITION OF MY OWN FREE WILL KNOWING THAT THE CASE CAN ONLY BE FURTHER INVESTIGATED AND PROSECUTED WITH MY COOPERATION. DO NOT WISH TO PROSECUTE (INITIAL _____)

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

TESTING FACILITY TASK REPORT

AGENCY: PBSO
SUBJECT: KUSHNER, Abbey E CASE NUMBER: 17-037817
DATE: 2/9/17 VIDEO TAPE NUMBER: DVD # 62108
BEGINNING TIME: 2311 ENDING TIME: 2333
BREATH TESTS RESULTS: 1) .180 TIME 2326 A.M./P.M. (P.M.) 2) .186 TIME 2331 A.M./P.M. (P.M.)
3) TIME A.M./P.M. 4) TIME A.M./P.M.

BREATH OPERATOR: J. Owen #3184
MAINTENANCE TECHNICIAN: J. Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: talkative, didn't listen, slurred

ATTITUDE: crying, upset, eat diet tonight, competitive

CLOTHING: sock sliders, black tights, black top

MEDICAL CONDITIONS: urine problems, anxiety

MEDICATIONS: vesicare, Synthroid, Xanax

OTHER: SAD went out with X boyfriend & had drink, eat
died tonight after 18 yrs. A allowed to go to
bathroom during observation

COMMENTS: A/O & A arrived at 2228 hrs

A/O observed 20 minutes

A put water in mouth when going to bathroom

New observation 2250 hrs

A/O observed another 20 minutes

A/O requested breath test, A asked consequences

A/O read I/C, A didn't understand. Wanted to
know what would happen if she did blow,

A agrees A/O & tech explained refusal plus
results several times. Had really hard time

understanding, A agrees (finally) A tried several
times before giving both samples. A/O read

CLW A understood tech explained results.

A refused Q&A

SUBJECT: KUSHNER, Abbey E. CASE NUMBER: 17-037817

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 Inv. Levey of the PBSO

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

SUBJECT'S SIGNATURE: (X) Read on Camera

CONSTITUTIONAL WARNINGS

I AM REQUIRED TO WARN YOU BEFORE YOU MAKE ANY STATEMENTS THAT YOU HAVE THE FOLLOWING RIGHTS:

1. You have the right to remain silent and not answer any questions.
2. Any statement must be freely and voluntarily given.
3. You have the right to the presence of a lawyer of your choice before you make any statement and during any questioning.
4. If you cannot afford a lawyer, you are entitled to the presence of a court appointed lawyer before you make any statements and during any questioning.
5. If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent.
6. I can make no threats or promises to induce you to make a statement. This must be of your own free will.
7. Any statement can and will be used against you in a court of law.

SUSPECT'S SIGNATURE: (X) Read on Camera

SUBJECT: KUSHNER, Abbey E CASE NUMBER: 17-032817

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: _____

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

WITNESS LIST

CASE NUMBER: 17-037817

ARRESTING OFFICER: Inv. S. Levey #9415

ADDRESS: 3228 GUN CLUB ROAD, WEST PALM BEACH, FL 33406

PHONE NUMBERS (HOME): N/A (WORK) 561-688-3000

CAN TESTIFY TO: The elements of the crime of DUI - Arresting officer

NAME: D/S D. BALOCIK #24099

ADDRESS: 3228 GUN CLUB ROAD, WEST PALM BEACH, FL 33406

PHONE NUMBERS (HOME) N/A (WORK) 561-688-3000

CAN TESTIFY TO: Backup Officer on scene - Gave supplemental PC

NAME: Jonathan Reid

ADDRESS 7349 BRIELLA DR, BOYNTON BEACH, FL 33437

PHONE NUMBERS (HOME) 561-486-6838 (WORK) _____

CAN TESTIFY TO: Witness, observed crash, filled out witness statement

NAME: Paul A. McCallum

ADDRESS 1323 MONTERAY WAY GREENACRES, FL 33413 - - - -561-400-0390

PHONE NUMBERS (HOME) 0 (WORK) 0

CAN TESTIFY TO: Other driver involved in crash

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

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NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

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