

ARREST REPORT

\$0.00

Report Date / Time 08/30/2017 09:26 PM	Agency Case/O FHPL170FF0		OCA Number	Case Number	OBTS Numb	Offender Based Transaction System	Jail Bo	ooking Nun	nber		her Numb NRC17C	er AD15807	6	
OCATION OF OCCURR	ENCE													
County PALM BEACH		dress 95 SB 0.5 NOF	L/S , LAKE	WORTH, FL 3	3461		•				•	_		
Range of Occurrence Date/Time 08/30/2017 08:17 PM to 08/3	0/2017 08:17 PM							N 26	e 10.1776	;	Longite W 80	de 5.5465		
ERSON: SUSPECT													HAZ(
First Name ALLYSON	Middle Name FAITH		t Name CKNER			Date of Birth 12/06/1974	Age 42	Race W	Sex F	Height 504	Weight 120	Hair BRO	Eyes -BRO	
Master Name Index Number	Place of Birth NEW YORK	Blooklyn	Nation USA		lì	SSN		Driver's L L256006			State FL	Class o	гТуре	
Address 7943 NEW HOLLAND WAY			City BOY	NTON BEAC	Н	County	ear	L	State FL	Zip Cod 33437	е Р	hone		
HARGES	430					The state of	D							
Counts Charge Number 1 316.193.1		AW BLD ALCH												
Charge Degree	Charge Level MISDEMEANOR		neral Offense Co INCIPAL	de				Hate Crim	• 🗖	omestic V	iolence	Bond An	ount \$0.00	

PROBABLE CAUSE

DUI ALCOHOL OR DRUGS

On August, 30th 2017 I Trooper Lucas M. Tavares (3913/1555) with the Florida Highway Patrol was on active patrol in Palm Beach County, Florida. I was in a marked FHP unit equipped with overhead emergency lights and external siren. At approximately 8:30 p.m. I received a call from Capt. Strickland (053) in reference to a possible impaired driver that was located on his crash scene. He stated to me that one of the drivers involved in the crash was possibly impaired. The crash was located on Interstate-95 (southbound) / JNO 10th Ave N.

then arrived on scene and made contact with Capt. Strickland and both parties involved in the crash. The driver of vehicle two (Idaliz Hernandez/ H655409956230) stated that while she was traveling southbound on Interstate-95 she observed a white in color Volkswagon traveling southbound on Interstate-95. She stated that the vehicle was all over the road going from lane to lane. They stated that the vehicle then traveled right (west) towards their vehicle and the right side of the White vehicle collided with the left side of their vehicle. She stated they then pulled over onto the left shoulder and then she made contact with the driver of the white vehicle. She stated that the driver was a white female who I later identified to be Allyson F. Luckner by her Florida's Driver's license: (L256-006-74-946-0). Ms. Hernandez stated that she observed Ms. Luckner seated behind the wheel the White Volkswagen.

then made contact with Ms. Luckner. Ms. Luckner was standing outside her vehicle, I was talking to her about the vehicle crash. I observed her eyes to be bloodshot and watery. Her speech was slurred and at some points incoherent. While standing she was swaying heavily.

Crash Investigator: Capt. Strickland (053) Crash report Number: 82813501-1

Suspect Vehicle: 2017 White Volkswagen 4-door, with Florida Tag: (HSXY80) attached. Vehicle registered to Suspect: Allyson F. Luckner.

At approximately 8:50 p.m. Capt. Strickland advised me that he has completed his crash investigation. Based upon my observations of Ms. Luckner I advised her that the crash investigation is completed and im now doing a criminal investigation for driving while under the influence. I then advised Ms. Luckner the Miranda warning and asked her if she understood the rights I just read to her. She stated yes. I asked her if she previously requested a law enforcement officer to allow her to speak with a lawyer and she stated no. I asked her if she is willing to talk with us now and she stated yes.

then asked Ms. Luckner to explain the crash that just occurred. She stated that she was traveling southbound on I-95 when a car struck her. I asked her if she was driving and she stated yes. I asked her where she was coming from and she stated the "View" in West Palm. I asked her if she had anything to drink that night and she stated yes one wine a long time ago.

While talking to Ms. Luckner I could detect a strong odor of an unknown alcoholic beverage on her breath that grew stronger as she speke. 🖼 eyes were blood shot and watery, her speech was slurred and at some points incoherent.

then asked MS. Luckner to perform field sobriety exercises and she stated that she would.

Standardized Field Sobriety Exercises (SFSE):

The area for the following roadside exercises was level hard surface and was free of debris. The weather was clear.

We started Field Sobriety exercises on the left shoulder of Interstate-95. While on the left shoulder Ms. Luckner stated that she wasn't comfortable performing the exercises on the side of I-95 due to the slight slope of the shoulder and passing vehicles. I then had Tpr. Denis (1704) Pat Ms. Luckner down and we relocated off the interstate 95 to a parking lot located on 10th Ave N. just west of interstate 95.

Horizontal Gaze Nystagmus:

advised the subject to stand straight with their feet together and arms down by their side. I asked subject if they wear any glasses or contacts, they advised they do not. For the exercise I used my issued red pen light and illuminated it with a Streamlight white in color flash light. I asked the subject if they could see the red pen light, they stated yes. The subject was asked about any current medical conditions, they stated that they did not have any. I advised the subject to follow the red pen light with their eyes and eyes only, and to not move their head. I asked subject if they understood the instructions I gave to them. They stated yes. I asked if they had any questions they stated no.

The following was observed during Horizontal Gaze Nystagmus:

The subject had dilated pupils.

ARREST REPORT Op1 Howen Trans FHP99ARR140306

Page 1 of 3

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AUG 31 AH12:03

Report Date / Time 08/30/2017 09:26 PM	Agency Case/Offense Number FHPL17OFF070509	OCA Number ** Originating Apanoy Case Number	OBTS Number Offender Based Transaction System	Jail Booking Number	Other Number LWRC17CAD158076
RT EYE-DISTINCT & LT- EYE-ONSET OF I		S AT MAX. DEVIATION 5 DEGREES			
Ms. Luckner was swaying and v straight. Ms. Luckner was talkin					to keep her head
The following was observed du	ring Vertical Gaze Nystagm	us:			
Subject did not have Vertical G	aze Nystagmus.				
Walk and Turn Exercise:					1
Interaction Phase:					
The area for the following roads I advised the subject to place the arms down by their side and to demonstrated by myself. Subject exercise. Subject advised me the	eir left foot on the white line stay in that position until I a ct advised that they would b	e and their right foot dire dvise them to begin the se able to perform the ex	ctly in front of it, touching I exercise. This exercise wa ercise. Subject advised th	heel to toe. I advised the as first explained to the s	subject to keep their subject then was
The following was observed d	uring the instructional phase	e of the exercise:			
While in the starting position Magave to her.	s. Luckner lost balance and	stepped out of the starti	ng position. Ms. Luckner s	stated that she understo	od all the directions !
- The following was observed d	uring the walking phase of t	the exercise:			
Ms. Luckner used arms for bala	ince, missed heel to toe mu	Itiple times, and did not	turn as instructed.		
One Leg Stand Exercise:					
I instructed the subject to stand start the exercise. This exercise exercise. Subject advised me the questions.	was first explained to the s	subject then was demons	strated by myself. Subject	advised that they will be	able to perform the
While I was explaining the exer not listen.	cise to the Ms. Luckner she	began the exercise earl	y. I had the advise her mu	ultiple times not to begin	the exercise but she did
During the exercise Ms. Luckne	er lost balance, placed her f	oot down, miscounted m	ultiple times, and did not le	ook at the raised foot (n	ot as instructed).
Based on the totality of circums then searched by Tpr. Petti (17! defendant's 20min observation, defendant's first breath was giv providing a sample of her breat Luckner the Implied consent was breath was given at 09:55 PM a	57) and placed in my patrol the defendant was then given en at 09:51 PM and resulte h. It was explained to her nu urning and advised her that	vehicle and transported ven the opportunity to prod d in a Volume Not Met (\ umerous times, but yet s if she fails to provide a p	to the Palm Beach Count ovide a sample of her brea /NM) (.123). On the first b he again refused to provic proper breath sample it'll b	y Jail in which she arrive ath which she consented reath sample Ms. Luckr de a proper breath samp re taken as a refusal. Th	d at 09:20 PM. After the d to provided. The ser was not properly sele. I then advised Ms. selected the defendant's second
In Ms. Luckner's vehicle, there passenger floor.	was a clear glass cup with a	an unknown alcoholic be	verage. The cup was with	in reach of the driver loo	cated in the rear
Ms. Luckner was also issued tw	O Uniform Traffic Citations	for fail to maintain single	lane and for open contain	ner.	
Video of the traffic stop, roadsic	les and transport are availa	ble through the FHP cus	todian. The above incider	nt did occur in Palm Bea	ch County, Florida.
LEO BOND					
Bond Amount \$	None	☑ROR	□Cash [☐PreTrial If Qualify
COURT APPEARANCE INFOR	□Pro RMATION				
Court (COUNTY) PALM BEACH SOUTH				Court Phone 561-274-1530	Court Date & Time 09/25/2017 08:30 AM
Court Address 200 WEST ATLANTIC AVE., DELF				1-2-2-1-1-1	
Instructions					

Report Date / Time	Agency Case/Offense Number OC	CA Number Orbitating Agency	OBTS Number Offender Based Transaction System	Jail Booking Number	Other Number
08/30/2017 09:26 PM	FHPL17OFF070509	Casa Number	Transaction System	Jan Booking (40/104)	LWRC17CAD158076
ARREST INFORMATION					
Arrest Date / Time	Residency	Injured	Extent of Injury		Resist Arrest
08/30/2017 09:07 PM Prior Arrests	Within state Arrest Jurisdiction	None	N/A Alcohol	Drugs	No.
No	Within jurisdiction		Yes	Unknow)
ARREST LOCATION County	Address				
PALM BEACH	10TH AVE N , LAKE WO	RTH, FL			
ARREST DELIVERED TO					1=:
Jail / Booking Facility PALM BEACH COUNTY CORF	RECTIONS Location 3228 GUN	I CLUB ROAD, WEST PA	ALM BEACH, FLORIDA 334	06	Phone (561) 688-4400
ARRESTING OFFICER			0		
Officer Call Number Officer Name		(
1555 L. TAVARE	S		Officer-Bignature		-
Subscribed and sworn to (or a	offirmed) before me this 38 day	of August A.D.	2017 by	who is personal	ly known to me or
pas produced	as identification.		******	······································	^2
to The	Notary Public	IEO 00 0		v Public State of Florida	
Signature		LEOCO Commis	sion Not San Jean	ette Can Commission ommission FF 993131	Expres:
		·	Tor not Expire	es 07/08/2020	
ARREST REPORT		FHP99ARR1	40306	**********	Page 3 of
	Y.				
4					
>					

SUBJECT: Allyson Fa: th Luckner case Number: FHPL170FF070509

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.
Jes 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.
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 TFR Lucas Tavares (3913) of the Florida Highway Pettol.
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 Comera
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 an Can-o

LOCKAU ... CASE NUMBER: HPL 170FF **QUESTIONS AND ANSWERS** I AM NOW GOING TO ASK YOU SOME OUESTIONS. WITH THESE RIGHTS IN MIND. YOU MAY ANSWER SOME OF, ALL OF, OR NONE OF THE FOLLOWING OUESTIONS AS YOU LIKE. WERE YOU OPERATING A MOTOR VEHICLE AT THE TIME OF THE STOP/ACCIDENT? WHERE WERE YOU GOING? 1 WHAT STREET OR HIGHWAY WERE YOU ON? View WHERE DID YOU START? WHAT TIME DID YOU START? WHAT TIME IS IT NOW? WHAT IS TODAY'S DATE? WHAT COUNTY AND CITY ARE YOU IN NOW? WHEN DID YOU LAST EAT? WHAT DID YOU EAT?火へへ WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? HAVE YOU BEEN DRINKING? AND YOUR LAST DRINK? WHEN DID YOU HAVE YOUR FIRST 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? WHEN? WHAT LINE OF WORK ARE YOU IN? WHEN DID YOU LAST WORK? DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? WHAT'S WRONG? ARE YOU SICK OR INJURED? DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? WERE YOU IN AN ACCIDENT TODAY? HAVE YOU TAKEN ANY DRUGS OR SMÖKED ANY MARIJUANA TODAY? HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? WHO? ARE YOU TAKING ANY PRESCRIPTION MEDICINES? 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?

WE THE UNDERSIGNED OFFICER(S) AND TOW DRIVER, HEREBY	CERTIFY THAT THE ABOVE LISTED JOINT PROPERTY
INVENTORY IS CORRECT TO THE BEST OF OUR KNOWLEDGE.	-Poul
	The state of the s

I.D. NUMBER

4104

SIGNATURE OF TOW TRUCK DRIVER DATE SIGNATURE OF OFFICER
RANK AND NAME OF OFFICER ORG / UNIT

PRINTED NAME OF TOW TRUCK DRIVER TROOPER I. DENIS

FLORIDA TRAFFIC CRASH REPORT.

LONG FORM X SHORT FORM UPDATE

HIGHWAY SAFETY & MOTOR VEHICLES TRAFFIC CRASH RECORDS NEIL KIRKMAN BUILDING, TALLAHASSEE, FL 32399-0537

Crash D 8/30/201		Time of Cras 8:15 PM	sh Date o 8/30/2		Reporting Agend FLORIDA HIGH		ATROL					orting Ag L17OFF		Number	HSMV Crash 82813501-01	Report No	umber
CRASH IDENTIFIERS																	
County C	Code City Co		of Crash BEACH		Place or City LAKE WORT	of Crasi H	n			City Lim VO	its Reporte 8/30/20	d Date/Ti 17 8:17 P	me Mi		Dispatched Date 8/30/2017 8:20	e/Time PM	
On Scen 8/30/201	e Date/Time 7 8:32 PM	CI 8/	eared Scen 30/2017 9:1	e Date/Time 4 PM	Investigation YES	Comple	ted Reason (if In	vestigatio	n Not Co	mplete)					Notified By LAW ENFORCE	EMENT A	GENCY
		RMATION												***********			
	ocurred on Sta NTE ROAD 9	eet, Road, High	rway			•		At S	Street Add	iress #		Latitude 26 37.92	22	A	nd Longitude W 80 4.08	36	
At Feet	Or 0.2	Miles 5	Direction N	From Into	ersection With S	treet, R	oad, Highway					•	*********	C	or From Milepo:	st Numbe	r
Hoad Sys	stem Identifie					PAVE	f Shoulder		NOT A	f Inters	RSECTION		***************************************				
	INFORM	ATION	□Pic	tures Taken					1								
Light Cor DARK-LI	ndition GHTED		Weather Co		Roadwa	y Surfa	ce Condition	Sc NO	hool Bus O	Relate	i		M Si	anner of DESWIF	Collision PE, SAME DIRE	CTION	
COLLISI		pe RSON, MOTOR XED OBJECT	First H MOTO	armful Event Detail R VEHICLE IN TRA	ANSPORT		First Harmful B		ation		Within NO	Interchai		ST Harmi N-JUNC	ul Event's Rela CTION	tion to Ju	nction
	ing Circumsta				Contributing Ci	rcumsta	nces: Road				Contrib	uting Circ	umstance	s: Road			
Contribut NONE	ing Circumsta	nces: Environm	ent	· ····	Contributing Cl	rcumsta	nces: Environme	nt			Contrib	uting Circ	cumstance	s: Enviro	nment		
NO	ne Related	Crash in Work	Zone		Type of	Work Z	one		Wo	rkers in	Work Zone	LawE	nforcemen	t in Wor	(Zone		
VEHIC Vehicle	LE Motor Vehicle	Commercia Type	al Motor Vel		Hit & Run (by th	is vehicl	e)License Numb	er T	State	Reg. E	xoires	Parm	anent Reg.	VIN			
V01	MOTOR VEH	ICLE IN TRANS	SPORT		NO Color		HSXY80		FI.	12/6/2	017 Due to Dam	NO		3VW16	7AJXHM30020	Rotatio	
2017	VOLK	JETTA		Style 4D	WHI	MINC		ESI. U		NO						riotatio	"
STATE F	e Company ARM INS				T						urance Poli 95899D205	9G			~ , ,		
	Vehicle Owner N FAITH LUC	KNER	siness 🔲	Current Address 7943 NEW HOL	LAND WAY				City B OYNT O	N BEA	CH FL	te Zip Co 33437-	000(000(e Numbi	er(s)		
Trailer One	License Nun	ber	State	Reg. Expires	Permanent NO	Reg.	VIN				Year	Make				Length	Axies
Trailer Two	License Nun	ber	State	Reg. Expires	Permanent NO	Reg.	VIN				Year	Make				Length	Axles
Vehicle Traveling	Direct SOUT		On Str	eet, Road, Highwa	у								At Est. Spe 65	ed	Posted Speed	Tota 10	al Lanes
	nfiguration	····		Cargo Body Type		-	7		Area of I	nitial im	pact		T		Most Dam		1. 1
Comm G	WR/GCWR		Traji	er Type (Trailer On	ne) Trailer	Туре (Т	railer Two)	2				=	dercarriage Overturn	<u> </u>	9#		
Haz Mat	Dalagea I L	az Mat Placard		Haz. Mat.	Number	az. Mat	Class	L		7][<u> </u>	□ w	/indshi el d			7	
		12 Mai Fraicai C		naz. Mai.					ПГ	П			Trailer				
	rrier Name rrier Address				ddress Other	T Numb	er 	,	City		— •	State	Zip Cod	 9	Phone Num	ber	
CommyNo	on-Commerci	T	Vehicle Bo PASSENG	dy Type ER CAR	Vehicle NONE	Defects	s (one)	Ve	hicle De	ects (tv	<i>r</i> o)		mergency (O	Vehicle	Use Special Fu NO SPECI	nction of AL FUNC	MV
	faneuver Acti	T\	afficway WO-WAY, D EDIAN BAF	NVIDED, POSITIVE	Roadway Gr	ade	Roadway A STRAIGHT	lignment	COL		ul Event I NON-FIXE	l	Most Har MOTOR	mful Eve VEHICL	nt Detail E IN TRANSPO	ORT	
Traffic Co	ontrol Device			quence of Events N NON-FIXED OBJ	Sec	ond (2)	Sequence of Ev	ents			equence of	Events	ــــــــــــــــــــــــــــــــــــــ	Fourth (4) Sequence of	Events	
NO CON	INOLS		COLLISIO	N NON-FIXED OBJ	IECT												
			MOTOR V	EHICLE IN TRANS	PORT												
VEHIC	E 4	Commercia	Motor Vel	nicle													
Vehicle I V02	Motor Vehicle MOTOR VEH	Type ICLE IN TRANS	SPORT		Hit & Run (by thi	s vehic	e)License Numb		State FL	Reg. E 4/3/20	xpires 18	Perm	anent Reg.		7AP0HM73535	54	
Year I	Make INFI	Model Q50		Style 4D	Color GRY	Exten	t of Damage		amage		Due to Dam		le Remove			Rotatio	n
Insurance	Company SSIVE AMER					. 1		L		Ins	urance Poli 1766929	cy Numb	er			1	
			iness 🗌	Current Address 3200 FROST RI					City Palm Sf			te Zip Co 33406-	de Phon	e Numbe	er(s)		
Trailer	License Num		State	Reg. Expires	Permanent NO	Reg.	VIN	1	PALM SP	THE	FL. Year	Make	····		 	Length	Axies
	License Num	ber	State	Reg. Expires	Permanent		VIN				Year	Make				Length	Axies
Two Vehicle	Directi		On Str	eet, Road, Highway	NO.	1					L	1	Át Est. So	ed	Posted Speed	liotz	ai Lanes
Traveling	SOUT	н	+95 S	TATE ROAD 9									At Est. Spe 65		65	10	1

Crash Date 8/30/2017	Time of Cra 8:15 PM	sh Date o 8/30/2	of Report 2017	Reporting A FLORIDA H	gency IGHWAY PATI	ROL			Reporting A FHPL170F			/ Crash Report Number 3501-01
CMV Configuration			Cargo Body T	ype			Are	a of Initial	I Impact		N	Aost Damaged Area
										Indercarriage [
Comm GVWR/GCWR		Tra	iler Type (Traile	r One) Tr	ailer Type (Trai	iler Two)				Overturn Windshield		
Haz. Mat. Release Ha	z Mat Placard		Haz. 1	Mat. Number	Haz. Mat. C	lass	1			Trailer		
Motor Carrier Name				US	DOT Number		7 " "] [[]	JIUIU	<u> </u>		חומוחוחום
Motor Carrier Address				Address Oth	ner		Cit	ty	State	•		one Number
Comm/Non-Commercia		Vehicle B	ody Type GER CAR	Ve N	hicle Defects (ONE	one)	Vehic	le Defects	s (two)		i	pedal Function of MV O SPECIAL FUNCTION
Vehicle Maneuver Action STRAIGHT AHEAD	(T	rafficway WO-WAY, IEDIAN BA	DIVIDED, POSI RRIER	Roadwa TIVE LEVEL	ay Grade	Roadway STRAIGH	Alignment IT	Most Har COLLISI OBJECT	rmful Event ION NON-FIXED T	Most Harmful MOTOR VEH	Event De RCLE IN T	tail RANSPORT
Traffic Control Device for NO CONTROLS	or this Vehicle	First (1) S	equence of Ever ON NON-FIXED	nts OBJECT	Second (2) Se	equence of E	ents	Third (3	3) Sequence of Events	Fou	rth (4) Sec	uence of Events
		MOTOR V	/EHICLE IN TR/	NSPORT								
PERSON RECOR	D			*******							/	
# Person Type 1 DRIVER	Vet V0 1		LYSON FAITH L	UCKNER		Injury Se	everity		Ejection NOT EJE	CTED		Driver ReExam NO
Date of Birth Sex 12/06/1974 F			NCE OF MEDIC	ATIONS/DRUG	Address 7943 No	W HOLLAN	ID WAY, BOY	NTON BE	ACH FL 33437		Phon	e Number
Driver License Number L256006749460		State FL	Expires 12/06/2020		E / OPERATOR				Required Endo	rsements D ENDORSEMEN		
Restraint Systems SHOULDER BELT ON				Air Bag Deplo NOT APPLIC					Helmet Use		Eye Pro	otection PPLICABLE
Motor Vehicle-Seating F FRONT	Position: Row		Motor \ LEFT	ehicle Seating	Position: Seat				ng Position: Other			
Driver Distracted By NOT DISTRACTED						VE	iver Vision Obs SION NOT OB	SCURED				
Driver Actions at Time of OPERATED MOTOR V Driver Actions at Time of	EHICLE IN C	ARELESS (OR NEGLIGEN	MANNER		OF	PERATED MOT	TOR VEH	rash 2 (based on judg IICLE IN ERRATIC, R Frash 4 (based on judg	ECKLESS OR AC	GRESSIV	E MANNER
Suspected Alcohol Use YES	Alcohol Tes TEST NOT	ted Al	cohol Test Type	Alcohol	Test Result	BAC	Suspected NO	Drug Use	Drug Tested TEST NOT GIVE	Drug Test T	ype	Drug Test Result
Source of Transport to NOT TRANSPORTED			EMS Agency N	lame or ID	EM	S Run Numb		Medica	al Facility Transported			-1
PERSON RECOR	D											
# Person Type 2 DRIVER	Ver V02	icle # Nan	ne LLIZ ISSETTE HI	ERNANDEZ CO	OLON	Injury Se	verity		Ejection NOT EJE	CTED		Driver ReExam NO
Date of Birth Sex 04/03/1995 F	Condition a APPAREN	at Time of C TLY NORM	IAL			ROST RD, P.	ALM SPRINGS	FL 3340			Phon	e Number
Driver License Number H655409956230		State FL	Expires 04/03/2025	Type CLASS I	E / OPERATOR	,				rsements D ENDORSEMEN		
Restraint Systems SHOULDER AND LAP			100-4-1	Air Bag Deplo	ÆD		I dan a Vahi		Helmet Use		NOT A	plection PPLICABLE
Motor Vehicle Seating F FRONT Driver Distracted By	osition: How		LEFT	renicie Seating	Position: Seat	I De	wotor veni		ng Position: Other			
NOT DISTRACTED Driver Actions at Time of	t Crach 1 (ha	ead on juda	ament of investi	nation officer		V	SION NOT OB	SCURED		rement of investig	ation offic	ori
NO CONTRIBUTING A	CTION :				-				rash 4 (based on judg			
Suspected Alcohol Use	•		cohol Test Type	•	Test Result]BAC	Suspected			Drug Test T		Drug Test Result
NO Source of Transport to	TEST NOT	GIVEN	EMS Agency N			S Run Numi	NO .		TEST NOT GIVE	N		
NOT TRANSPORTED			1						,,	-		
# Person Type	Veh	icle # Nan					Injury Seve	erity		Ejection		
Date of Birth Sex	Address		ADANA REINA S				NONE	·		NOT EJECTE		e Number
02/15/1993 F Restraint Systems		L DR, WES	T PALM BEACI	Air Bag Deplo			·		Helmet Use		Eye Pr	otection
Motor Vehicle Seating F		/		NOT DEPLOY ehicle Seating	Position: Seat		Motor Vehi	cle Seatin	ng Position: Other		INULA	PPLICABLE
FRONT Source of Transport to	Viedical Facili	ly .	RIGHT EMS Agency N	lame or ID	EM	S Run Numi	ber	Medica	al Facility Transported	По		
PERSON RECOR	D		 		1	· · · · ·		1				
# Person Type 4 PASSENGER		nicle # Nan	ne ISES RIVERA	,,,			Injury Seve	erity		Ejection NOT EJECTE	 D	
Date of Birth Sex 04/11/1995 M	Address		_M SPRINGS FL	33406-0000			1			,		e Number
Restraint Systems SHOULDER AND LAP		,		Air Bag Deplo	yed ABLE				Helmet Use		Eye Pr	otection PPLICABLE
Motor Vehicle Seating F SECOND			Motor \		Position: Seat		Motor Vehi	cle Seatir	ng Position: Other		1	
Source of Transport to NOT TRANSPORTED	Wedical Facilii	ly	EMS Agency N	lame or ID	EM	S Run Numi			al Facility Transported	То		
PERSON RECOR												
# Person Type 5 PASSENGER	V02	nicle # Nan AID	ne EN RIVERA				Injury Seve	erity		Ejection NOT EJECTE		
Date of Birth Sex 01/12/2015 M			.M SPRINGS FL									e Number
Restraint Systems	TEM FOR	WADDEAC	·MC	Air Bag Depio	yed				Helmet Use		Eye Pr	otection

Crash Date 8/30/2017	Time of Crash 8:15 PM	Date of Report 8/30/2017	Reporting Agency FLORIDA HIGHY				Reporting Agency Case Number FHPL170FF070509	HSMV Crash Report Number 82813501-01
Motor Vehicle Seating F SECOND			Motor Vehicle Seating Posit	lion: Seat	Motor Vehicle	Seating Position	: Other	
NOT TRANSPORTED	Medical Facility	EMS Ág	jency Name or ID	EMS Run Number	<u> </u>	Medical Facility	Transported To	
VIOLATION								
Person# Violator Name 1 Allyson Faith			FL Statute Number	Violation Descriptio	n	****		Citation Number A7RA81E
NARRATIVE								

Officer Agency FLORIDA HIGHWAY PATROL

Vehicle 1 (V01) was traveling southbound on I-95 (State Road 9) in the inside lane north of 10th Avenue North. Vehicle 2 (V02) was traveling southbound on I-95 (State Road 9) in the inside center lane north of 10th Avenue North, ahead of V01. V01 made an erratic lane change across two lanes and entered the center lane. V01 then changed back two lanes to the left and entered the inside lane. During this time V01 was closing distance on V02. V01 came along the left side of V02 and swerved into the inside center lane colliding into the left side of V02. Both vehicles pulled into the inside paved shoulder.

After the crash investigation was completed Trooper Tavares # 1555 completed a DUI investigation and subsequently arrested Driver of V01 (D01) for DUI.

Troop / Post

REPORTING OFFICER

ID Number 2093 Rank CAPTAIN Name K.E. STRICKLAND Troop / Post L Officer Agency FLORIDA HIGHWAY PATROL 561-357- 4040

Page 3 of 4

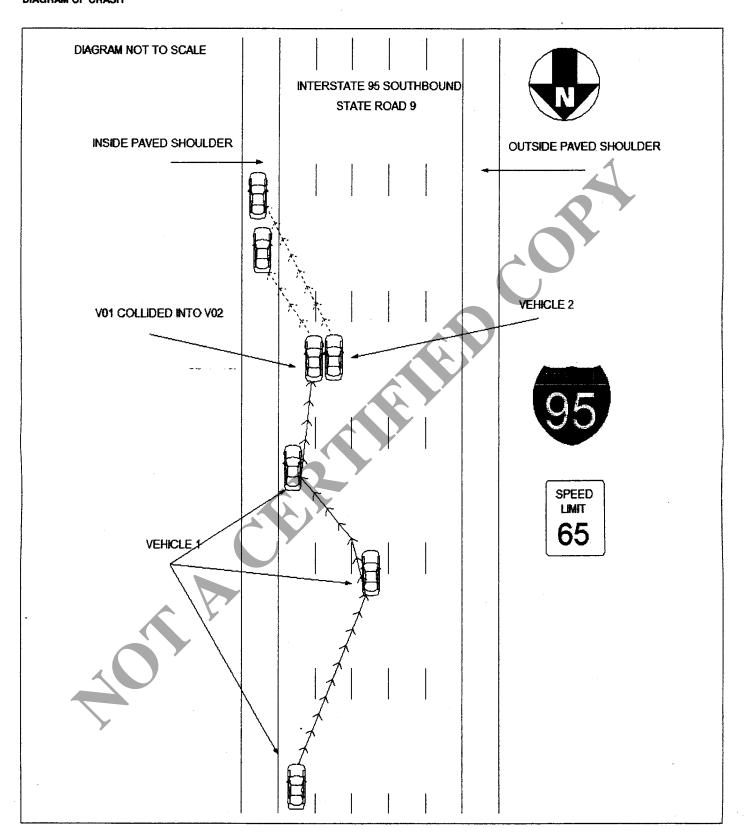
ID Numbe 2093 Rank CAPTAIN

Name K.E. STRICKLAND

OFFICIAL COPY

Crash Date Time of Crash Date of Report Reporting Agency Reporting Agency Case Number HSMV Crash Report Number 8/30/2017 8:15 PM 8/30/2017 FLORIDA HIGHWAY PATROL REPORT REPORT Number 18/30/2017 FLORIDA HIGHWAY PATROL

DIAGRAM OF CRASH



TESTING FACILITY TASK REPORT FHP AGENCY: _____ CASE NUMBER: ____ **17–121304** SUBJECT: LUCKNER, ALLYSON FAITH _____ VIDEO TAPE NUMBER: _____63280 DATE: **AUG. 30th, 2017** BEGINNING TIME: 21:43 Ms. _ENDING TIME: 22!08 Mg BREATH TESTS RESULTS: 21/35 TIME 21:35 A.M. P.M. 3.136 TIME 21:59 A.M. TIME A.M./P.M. __TIME __ J. CAIN #2109 BREATH OPERATOR: J. KARLECKE **#**6467 MAINTENANCE TECHNICIAN: _____ TESTING OFFICER'S OBSERVATIONS. (LO) COMMENTS: 20 MIN. OBSERV DONE BY ARRESTING TPR.



Operation of a motor vehicle constitutes consent to any sobriety test required by law.

