

0489633

ACFO15210507

## ARREST / NOTICE TO APPEAR

Juvenile Referral Report

1. Arrest

3. Request for Warrant

2. N.T.A.

4. Request for Capias

Juvenile

1

|  |  |                                 |  |              |  |  |                                       |                              |
|--|--|---------------------------------|--|--------------|--|--|---------------------------------------|------------------------------|
| OBTS Number  |  |                                 | ARREST / NOTICE TO APPEAR  |              |  |  |                                       |                              |
| Agency ORI Number  |  |                                 | Agency Name  |              |  | Agency Report Number (N.T.A.'s only)           |                                       |                              |
| FLO 50000  |  |                                 | PALM BEACH COUNTY SHERIFF'S OFFICE   |              |  | 06- 17115319                                   |                                       |                              |
| ChargeType:<br>Check as many as apply  |  |                                 | 1. Felony      3. Misdemeanor      5. Ordinance<br>2. Traffic Felony      4. Traffic Misdemeanor      6. Other |              |  | Weapon Seized / Type<br>2      1. Yes<br>2. No |                                       | Multiple Clearance Indicator |
| Location of Arrest (Including Name of Business)<br>Steve's Towing  |  |                                 | Location of Offense (Business Name, Address)<br>1442 Kirk Road West Palm Beach, FL 33406                       |              |  |  |                                       |                              |
| Date of Arrest<br>08/16/2017   |  | Time of Arrest<br>0204          | Booking Date   | Booking Time | Jail Date  | Jail Time                                      | Location of Vehicle<br>Steve's Towing |                              |
| Name (Last, First, Middle)<br><b>Cifuentes Erazo, Anzorena</b>   |  |                                 |  |              |  |  |                                       |                              |
| Alias (Name, DOB, Soc. Sec. #, Etc.)   |  |                                 |  |              |  |  |                                       |                              |
| Race<br>W - White I - American Indian      W      Sex<br>B - Black O - Oriental/Asian      F      Date of Birth<br>08/25/1989      Height<br>5'3"      Weight<br>140      Eye Color<br>Brown      Hair Color<br>Brown      Complexion<br>Medium      Build<br>Medium   |  |                                 |  |              |  |  |                                       |                              |
| Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)<br>Tattoos on both wrists, lower back, upper back and right ankle  |  |                                 |  |              |  |  |                                       |                              |
| Marital Status<br>Married      Religion<br>NONE      Indication of:<br>Alcohol Influence      Y      N<br>Drug Influence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>   |  |                                 |  |              |  |  |                                       |                              |
| Local Address (Street, Apt. Number)<br>3910 Victoria Drive      (City) West Palm Beach, FL      (State) 33406      (Zip)      Phone<br>(561) 294-7188  |  |                                 |  |              |  |  |                                       |                              |
| Residence Type:<br>1. City      3. Florida<br>2. County      4. Out of State      2  |  |                                 |  |              |  |  |                                       |                              |
| Permanent Address (Street, Apt. Number)<br>Same      (City)      (State)      (Zip)      Phone   |  |                                 |  |              |  |  |                                       |                              |
| Address Source<br>Verbal (Defendant)   |  |                                 |  |              |  |  |                                       |                              |
| Business Address (Name, Street)<br>Business Address (Name, Street)<br>(City)      (State)      (Zip)      Phone  |  |                                 |  |              |  |  |                                       |                              |
| Occupation<br>Waitress   |  |                                 |  |              |  |  |                                       |                              |
| D/L Number, State<br><b>C-153-000-89-805-0</b>   |  | Soc. Sec. Number<br><b>NONE</b> | INS Number   |              |  | Place of Birth (City, State)<br>Cali, Columbia |                                       | Citizenship<br>NO            |
| Co-Defendant Name (Last, First, Middle)  |  |                                 |  |              |  |  |                                       |                              |
| Race      Sex      Date of Birth<br>□ 1. Arrested<br>□ 2. At Large      3. Felony<br>□ 4. Misdemeanor<br>□ 5. Juvenile   |  |                                 |  |              |  |  |                                       |                              |
| Co-Defendant Name (Last, First, Middle)  |  |                                 |  |              |  |  |                                       |                              |
| Race      Sex      Date of Birth<br>□ 1. Arrested<br>□ 2. At Large      3. Felony<br>□ 4. Misdemeanor<br>□ 5. Juvenile   |  |                                 |  |              |  |  |                                       |                              |
| Parent      Name (Last)      (First)      (Middle)<br>Legal Custodian<br>Other   |  |                                 |  |              |  |  |                                       |                              |
| Residence Phone<br>( )   |  |                                 |  |              |  |  |                                       |                              |
| Address (Street, Apt. Number)<br>(City)      (State)      (Zip)      Business Phone<br>( )   |  |                                 |  |              |  |  |                                       |                              |
| Notified by: (Name)  |  |                                 | Date   | Time         | Juvenile Disposition<br>1. Handled/processed within Dept. and Released.      2. TOT HRS / DYS<br>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.<br><input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason) |  |                                 |  |              |  |  |                                       |                              |
| School Attended      Grade   |  |                                 |  |              |  |  |                                       |                              |
| Property Crime?      Description of Property      Value of Property<br><input type="checkbox"/> Yes <input type="checkbox"/> No  |  |                                 |  |              |  |  |                                       |                              |
| Drug Activity      S. Sell      R. Smuggle      K. Dispense/ Distribute      M. Manufacture/ Produce/ Cultivate      Z. Other<br>N. N/A      B. Buy      D. Deliver      E. Use  |  |                                 |  |              |  |  |                                       |                              |
| Drug Type      B. Barbiturate      H. Hallucinogen      P. Paraphernalia/ Equipment<br>N. N/A      C. Cocaine      M. Marijuana      S. Synthetics<br>A. Amphetamine      E. Heroin      O. Opium/Deriv.   |  |                                 |  |              |  |  |                                       |                              |
| Drug Possess      T. Traffic   |  |                                 |  |              |  |  |                                       |                              |
| Code Charge Description      Counts      Domestic Violence<br>DUI      1 <input type="checkbox"/> Y <input checked="" type="checkbox"/> N      Statute Violation Number<br>316.193 (1)      Violation of ORD #   |  |                                 |  |              |  |  |                                       |                              |
| Charge Description      Counts      Domestic Violence<br>NO DL      1 <input type="checkbox"/> Y <input checked="" type="checkbox"/> N      Statute Violation Number<br>322.03 (1)      Violation of ORD #   |  |                                 |  |              |  |  |                                       |                              |
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|   |   |        |  |       |   |                |                        |   |                                    |          |
|---|---|--------|--|-------|---|----------------|------------------------|---|------------------------------------|----------|
| ADMIN   | OBTS Number   |        | PROBABLE CAUSE AFFIDAVIT                                 |       |   |                | 1. Arrest<br>2. N.T.A. | 3. Request for Warrant<br>4. Request for Capias | 1                                  | Juvenile |
|   | Agency ORI Number<br><b>FLO 500000</b>  |        | Agency Name<br><b>PALM BEACH COUNTY SHERIFF'S OFFICE</b> |       | Agency Report Number<br><b>06- 17115319</b> |                |                        |   |                                    |          |
| DEF CHARGES   | Charge Type:<br>Check as many as apply:<br><input type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance<br><input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other |        |  |       | Special Notes:                              |                |                        |   |                                    |          |
|   | Name (Last, First, Middle)<br><b>Cifuentes Erazo, Anzorena</b>  |        |  |       | Alias                                       |                | Race<br><b>W</b>       | Sex<br><b>F</b>                                 | Date of Birth<br><b>08/25/1989</b> |          |
| VICTIM  | Charge Description<br><b>DUI</b>  |        | 316.193 (1)  |       | Charge Description<br><b>NO DL</b>          |                | 322.03 (1)             |   |                                    |          |
|   | Charge Description  |        |  |       | Charge Description                          |                |                        |   |                                    |          |
| Victim's Name (Last, First, Middle)<br><b>STATE OF FLORIDA</b>  |   |        |  |       |   | Race           | Sex                    | Date of Birth                                   |                                    |          |
| Local Address (Street, Apt. Number)   |   | (City) | (State)  | (zip) | Phone<br>( )                                | Address Source |                        |   |                                    |          |
| Business Address (Name, Street)   |   | (City) | (State)  | (zip) | Phone<br>( )                                | 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.<br>The Person taken into custody<br><input checked="" type="checkbox"/> committed the below acts in my presence.<br><input type="checkbox"/> confessed to _____ admitting to the below facts.<br><input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.<br><input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.  |   |        |  |       |   |                |                        |   |                                    |          |
| On the <u>16th</u> day of <u>August</u> 20 <u>17</u> at <u>0032</u> <input checked="" type="checkbox"/> A. M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)   |   |        |  |       |   |                |                        |   |                                    |          |
| <p>Upon completing the roadsides, I advised the defendant that I concluded my DUI investigation and, based on the observational clues on the SFST's, evidence from the crash, the strong odor of an unknown alcoholic beverage emanating from her breath, injuries on the defendant consistent with being the driver and the defendant's admission of consuming alcohol, determined that she was too impaired to operate a motor vehicle and placed the defendant under arrest for DUI. The defendant verbally stated that she understood. I placed the defendant in handcuffs that were checked for proper fit and tightness and double locked and placed defendant in the rear of my PBSO marked patrol vehicle and transported the defendant to the B.A.T. (Breath Alcohol Testing) facility. Once at the B.A.T. the defendant was observed for a period of twenty minutes, during which time the defendant did not ingest anything, place anything in her mouth regurgitate or vomit. After the twenty minute observation period the defendant was placed on camera and asked if she would submit a breath sample for the purpose of determining its alcohol content and the defendant refused. I read the defendant Florida Implied Consent and the defendant verbally stated that she understood implied consent. I then asked the defendant again if she would submit a breath sample after being informed of implied consent and the defendant refused. The refusal was noted and documented at 0251 hours. I read the defendant her Constitutional warnings on camera and the defendant verbally stated that she understood her rights. The defendant initially cooperated with Q&amp;A and after answering a few questions and invoked her rights at which time all questioning ceased.</p> |   |        |  |       |   |                |                        |   |                                    |          |
| <p>Based on the above set of facts and circumstances, probable cause exists to find ANZORENA CIFUENTES ERAZO did drive or be in actual physical control of a vehicle while under the influence of alcoholic beverages, or chemical substances as set forth in Florida Statute 877.111, or any substance controlled under Chapter 893 or any combination thereof, to the extent that her normal faculties were impaired, or while having a blood alcohol level of .08 or more grams of alcohol per 100 milliliters of blood or breath alcohol level of .08 or more grams of alcohol per 210 liters of breath, and, during the course of operating a vehicle, and by reason of such operation, did cause or contribute to causing damage to the property of 1442 Kirk Road contrary to Florida Statute 316.193(3)(a),(b) and (c)(1). (1 DEG MISD).</p>  |   |        |  |       |   |                |                        |   |                                    |          |
| <p>Additionally, LANZORENA CIFUENTES ERAZO did drive a motor vehicle upon a highway of the State of Florida without a valid operator's license issued by the State of Florida, contrary to Florida Statute 322.03 and 322.39. (2 DEG MISD).</p>   |   |        |  |       |   |                |                        |   |                                    |          |
| <p>I issued the defendant a citation for DUI with Property Damage and No Valid DL and transported the defendant to the main detention center, without incident, for booking and processing.</p>   |   |        |  |       |   |                |                        |   |                                    |          |
| <p>This case is cleared by arrest.</p>  |   |        |  |       |   |                |                        |   |                                    |          |
| <p>STATE OF FLORIDA<br/>COUNTY OF PALM BEACH<br/><b>Inv. Chiquito-Rodriguez</b><br/>(Signature of Arresting/Investigative Officer)</p>  |   |        |  |       |   |                |                        |   |                                    |          |
| <p><i>Chiquito #18334</i></p>   |   |        |  |       |   |                |                        |   |                                    |          |
| <p>16th August 20 17 by <b>Inv. Chiquito-Rodriguez</b></p>  |   |        |  |       |   |                |                        |   |                                    |          |
| <p>The foregoing instrument was sworn to or affirmed and subscribed before me this <u>16th</u> day of <u>August</u> 20 <u>17</u> by <b>Inv. Chiquito-Rodriguez</b> <u>KNOWN</u><br/>(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced <u>NOTARY PUBLIC</u></p>   |   |        |  |       |   |                |                        |   |                                    |          |
| <p><i>Ornelas</i></p>   |   |        |  |       |   |                |                        |   |                                    |          |
| <p>Notary Public - State of Florida<br/>Commission # FF 966834<br/>My Comm. Expires Jun 25, 2011</p>  |   |        |  |       |   |                |                        |   |                                    |          |
| <p>Notary Public, Clerk of Court, Officer (F.S.S. 11-10)</p>  |   |        |  |       |   |                |                        |   |                                    |          |
| <p>DISTRIBUTION: WHITE - COURT COPY<br/>GREEN - STATE ATTORNEY<br/>Banded through National Notary ASSN<br/>YELLOW - AGENCY<br/>PINK - AGENCY</p>  |   |        |  |       |   |                |                        |   |                                    |          |
| <p>PAGE <b>1</b> OF <b>1</b></p>  |   |        |  |       |   |                |                        |   |                                    |          |

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 16th DAY OF August 20 17, AT 0032  AM  PM

SUBJECT: Cifuentes Erazo, Anzorena CASE NUMBER: 17115319

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: Inv. Chiquito-Rodriguez

## PERSONAL CONTACT

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

On 08/16/2017, at approximately 0100 hours, I responded to 1442 Kirk Road in West Palm Beach, located in Palm Beach County, Florida reference a single vehicle crash. Upon arriving on scene I observed a white Acura utility vehicle, bearing Florida tag IDFG86, facing southeast in the southbound lanes of Kirk Road obstructing traffic. The vehicle had extensive damage to the front, the passenger side and roof. I observed a Hispanic female standing in the roadway with first responding deputies on scene. The female was identified as ANZORENA CIFUENTES ERAZO (defendant) DOB: 08/25/1989 by her Spain issued driver license. The defendant was the registered owner of the vehicle and sole occupant of the vehicle. I observed extensive damage to two separate sets of cemented mailboxes at 1440 and 1442 Kirk Road. Through assisting with the crash investigation, and independently evaluating the crash scene and damages, I discovered that the vehicle hit the concrete structured mailboxes, flipped once and then came to final rest in the upright position. Damage on the roof of the vehicle was consistent with flipping. In inspecting the interior of the vehicle I observed that the driver's seat was positioned closer to the steering wheel consistent with the stature of the defendant. The driver's side seatbelt was locked in the extended position indicative of the seatbelt being worn, while the passenger side was locked in the retracted position an indication that the seatbelt was not worn. The driver seat side airbag was deployed. I made contact with two witnesses on scene, that gave sworn written statements, that they heard the crash occur, observed the defendant in the driver's seat and was the sole occupant, that the defendant solicited help to get the vehicle moved from the roadway and attempted to walk away from the crash scene. D/S Jennifer Grammatico completed the crash report under PBSO case number 17115314.

### OBSERVATION OF DRIVER:

After assisting with the crash investigation I relocated the defendant to the front of my patrol vehicle. The defendant did not speak English and stated that she was Columbian, has only lived in the states for one year and Spanish is her primary language. From that point forward I only communicated with her in Spanish. She never gave any indication that she did not understand what I was communicating and I asked her throughout the entire investigation and she continuously stated that she understood. I noticed that the defendant had an abnormal gait, red, bloodshot, glassy eyes. When I initially made contact with her she was chewing a piece of gum that I instructed her to spit out. With the gum out of her mouth I could smell a strong odor of an unknown alcoholic beverage emanating from her breath that became stronger as she spoke. She swayed in a circular motion as she stood in a resting position. I advised the defendant that the crash investigation was completed and that I was initiating a separate DUI investigation because I suspected she was impaired. She stated she understood. I read the defendant her Constitutional warnings from a PBSO issued Spanish Miranda card and she stated she understood. Post Miranda the defendant stated that she and a male cousin were on their way home from celebrating a friend's birthday at Club 360 located on S. Military Trail and that her cousin was driving and hit a school crossing sign on the east side of the road causing the vehicle to flip and then he fled from the scene. The defendant further stated that she did consume 4 to 5 Corona beers while at the party. I observed an area of redness and slight bruising on the defendant's left arm consistent with where the side airbag of the driver's seat deployed. When asked if both she and her "cousin" were wearing their seatbelts, the defendant replied "Oh yes" in Spanish. Evidence from the crash contradicted her statements since the passenger seatbelt was locked in the retracted position and given the extent of damage to the vehicle's roof, front and side extensive injuries would be expected of an unrestrained passenger.

### DRIVER'S STATEMENTS:

I asked the defendant if she would submit to voluntary SFST's and she consented. She denied having any medical problems, physical impairments or taking prescription medications but she did state that she takes testosterone and other hormones to assist with enhancing her physique and muscular build. I used a sidewalk on the west side of the road that was away from through traffic.

SEE Probable Cause PAGE 2 for further.....

### ODORS:

Strong odor of an unknown alcoholic beverage emanating from defendant's breath that became stronger as the defendant spoke to me

## GENERAL OBSERVATIONS

SPEECH: Slow, Inconsistent statements, Talkative

ATTITUDE: Cooperative, Flirtatious, Mood swings

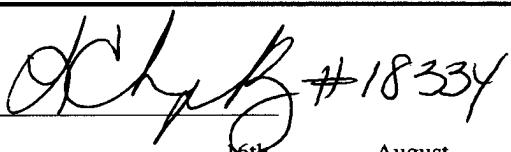
CLOTHING: Black tank top, blue jeans, black tennis shoes

MEDICAL/OTHER: Defendant denied having any medical conditions, injuries or physical impairments. Defendant denied taking or being on any prescription medication. She advised that she was taking testosterone to enhance her physique.

STATE OF FLORIDA  
COUNTY OF PALM BEACH

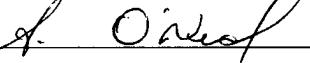
Inv. Chiquito-Rodriguez

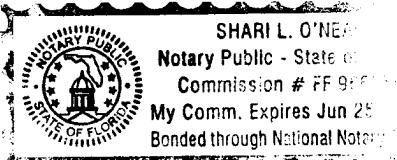
(Signature of Arresting/Investigative Officer)

 #18334

The foregoing instrument was sworn to or affirmed and subscribed before me this 16th day of August 20 17 by Inv. Chiquito-Rodriguez #18334

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

  
Notary Public, Clerk of Court, Officer (F.S.S. #17.10)



## ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

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

**Other Observations:**

Bloodshot, red, glassy eyes. Swaying in a front to back motion while standing in a resting position. Vertical nystagmus present and observed in both eyes.

**WALK & TURN:**

Instructed and demonstrated in Spanish. Defendant verbally stated she understood the instructions. The defendant started task before being instructed to do so. Had to be repositioned while explaining task. Slow, deliberate movement. Missed heel to toe. Stepped off line and overlapped feet. Raised her arms more than six inches to assist with balance. Stopped and paused to steady her balance. She completed an improper turn. Did not count her steps out loud. Took 11 steps forward and 15 steps on the return.

**ONE LEG STAND:**

Instructed and demonstrated in Spanish. Defendant verbally stated she understood the instructions. Maintained her foot flexed and toes pointed upward toward the sky. She maintained her arms raised more than six inches to assist with balance. She did not look down at her foot.

**FINGER TO NOSE:**

Instructed and demonstrated in Spanish. Defendant verbally stated she understood the instructions. The defendant demonstrated proficiency with identifying her left from her right hand. Swayed in a circular motion. Stood with her chest perched out, bent slightly at the waist and stuck her butt out to assist with balance. Did not maintain head tilted back and eyes closed. Missed fingertip to nose more than once (touched side of nose, upper lip, bridge of nose).

**ROMBERG ALPHABET:**

Instructed and demonstrated in Spanish. Defendant verbally stated she understood the instructions. Swayed in a circular motion. Stood with her chest perched out, bent slightly at the waist and stuck her butt out to assist with balance. The task was modified using numbers because the defendant stated that she was not proficient at reciting the alphabet. After she counted the number "26" she stopped and took a long pause before continuing. She did not maintain her head tilted back and her eyes closed and repeated the series of numbers "28, 29, 30".

**BREATH TEST RESULTS:** 1) REFUSED 2) REFUSED 3) 4)

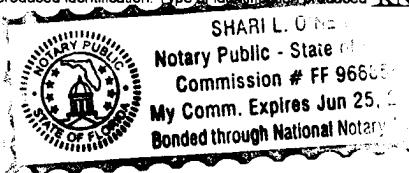
STATE OF FLORIDA  
COUNTY OF PALM BEACH

Inv. Chiquito-Rodriguez  
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 16th day of August 2017 by Inv. Chiquito-Rodriguez #18334

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

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



# WITNESS LIST

17115319

CASE NUMBER: \_\_\_\_\_

ARRESTING OFFICER: **Inv. Chiquito-Rodriguez**

ADDRESS: 3228 Gun Club Rd WPB, FL 33406

PHONE NUMBERS (HOME): \_\_\_\_\_ (WORK) 561-688-3000

CAN TESTIFY TO: Facts of case

NAME: D/S Jennifer Grammatico #28985

ADDRESS: 3228 Gun Club Rd WPB, FL 33406

PHONE NUMBERS (HOME): \_\_\_\_\_ (WORK) 561-688-3000

CAN TESTIFY TO: Facts of case. Completed crash report

NAME: D/S Jonathan Hernandez #26676

ADDRESS: 3228 Gun Club Rd WPB, FL 33406

PHONE NUMBERS (HOME): \_\_\_\_\_ (WORK) 561-688-3000

CAN TESTIFY TO: Facts of case. Deputy on scene. Assisted with crash and witness statements.

NAME: Investigator John Schaefer #8777

ADDRESS: 3228 Gun Club Rd WPB, FL 33406

PHONE NUMBERS (HOME): \_\_\_\_\_ (WORK) 561-688-3000

CAN TESTIFY TO: Facts of case. Assisted with DUI investigation.

NAME: Vanessa Torres

ADDRESS: 1440 Kirk Road West Palm Beach, FL 33406

PHONE NUMBERS (HOME) (561) 215-3955 (WORK) (561) 357-7427

CAN TESTIFY TO: Facts of case. Witness

NAME: Jessica Diaz

ADDRESS: 1442 Kirk Road West Palm Beach, FL 33406

PHONE NUMBERS (HOME) (561) 506-7237 (WORK) \_\_\_\_\_

CAN TESTIFY TO: Facts of case. Witness

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBERS (HOME): \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBERS (HOME): \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBERS (HOME): \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBERS (HOME): \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBERS (HOME): \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

# TESTING FACILITY TASK REPORT

6  
#182

AGENCY: ALO I. v. Chiquito-Koski

SUBJECT: Chiquito, Alonso CASE NUMBER: 17-110314

DATE: 06-16-17 VIDEO TAPE NUMBER: 6210

BEGINNING TIME: 0241 ENDING TIME: 0251

BREATH TESTS RESULTS: **REFUSED** 1) TIME 0251 A.M./P.M. 2) \_\_\_\_\_ TIME \_\_\_\_\_ A.M./P.M.

3) \_\_\_\_\_ TIME \_\_\_\_\_ A.M./P.M. 4) \_\_\_\_\_ TIME \_\_\_\_\_ A.M./P.M.

BREATH OPERATOR: C. Civil #212

MAINTENANCE TECHNICIAN: DIC J. P. M. #0467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: Slow, Slurred (Tired)

ATTITUDE: Calm, Went Cooperative, Party

CLOTHING: Fit, Clean, Torn - Blue

MEDICAL CONDITIONS: —

MEDICATIONS: —

OTHER: Eyes: Red + Glazing  
Hair: White hair in the hair.

COMMENTS: 20 min. observation done by ALO Chiquito-Koski

ALO requested the breath test. (In English)

ALO refused the breath test.

## **IMPLIED CONSENT FOR DUI IN A MOTOR VEHICLE**

**NOTE: READ ONLY THE PARAGRAPH APPLICABLE TO THE TYPE OF TEST YOU ARE REQUESTING.**

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

OR-

I am now requesting that you submit to a lawful test of your URINE for the purpose of detecting the presence of chemical or controlled substances.

OR-

I am now requesting that you submit to a lawful test of your BLOOD for the purpose of detecting its alcohol content and the presence of chemical or controlled substances.

**NOTE: READ ONLY IF THE SUBJECT DOES NOT COMPLY WITH YOUR REQUEST.**

I am \_\_\_\_\_ of the \_\_\_\_\_

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

SUBJECT'S SIGNATURE: (X) \_\_\_\_\_

## **CONSTITUTIONAL WARNINGS**

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

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

SUSPECT'S SIGNATURE: (X) \_\_\_\_\_

## 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? No

WHERE WERE YOU GOING? To my house

WHAT STREET OR HIGHWAY WERE YOU ON? 10111

DIRECTION OF TRAVEL? I don't know WHERE DID YOU START? 300 club.

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? \_\_\_\_\_

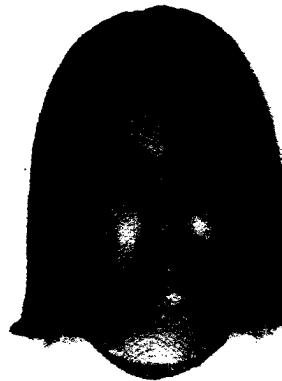
DO YOU TAKE INSULIN? \_\_\_\_\_ IF SO, WHEN WAS YOUR LAST INJECTION? \_\_\_\_\_

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? \_\_\_\_\_ WHERE? \_\_\_\_\_

INTERVIEWER: \_\_\_\_\_

PERMISO DE CONDUCCIÓN REINO DE ESPAÑA

E



1. CIFUENTES  
ERAZO

2. ANZORENA

3. 25-08-1989 COLOMBIA

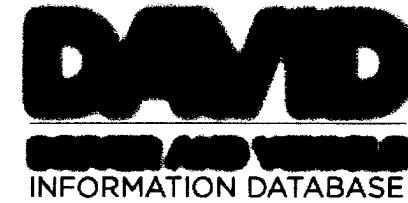
4a. 11-03-2009 4b. 10-03-2019 4c. 12-00

5.

X8950232-N 9. B

ANZORENA CIFUENTES

NOTA CERTIFIED COPY



## STATE OF FLORIDA

DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES

Time printed: 8/16/2017 2:39:10 AM

## Record Detail

|   |  |                               |  |
|---|--|-------------------------------|--|
| <b>Customer Name:</b><br>ANZORENA CIFUENTES   | <b>Driver License Status:</b><br>Suspended on 10/10/2016<br>Chargeable Under 322.34(10)(a) |                               |  |
| <b>DL/ID:</b><br>C153-000-89-805-0  | SSN:   | <b>Class:</b><br>Non-Licensed |  |
| <b>Previous DUI:</b> 0<br><i>This count reflects total DUI convictions on record.</i> | <b>Previous DWLS:</b> 0<br><i>This count reflects total DWLS convictions on record.</i>    |                               |  |

|  |  |                                     |                          |                |
|--|--|-------------------------------------|--------------------------|----------------|
|  | <b>Address:</b><br>401 1 SOUTHWIND DR<br>NORTH PALM BEACH, FL 33408-0000 | <b>Date of Birth:</b><br>08/25/1989 | <b>Gender:</b><br>FEMALE | <b>Height:</b> |
|  | <b>Original License Issue Date:</b>                                      | <b>Issued:</b><br>09/13/2016        | <b>Expires:</b>          |                |
|  | <b>CDL Status:</b><br>Non Eligible                                       |                                     |                          |                |
|  | <b>Form Number:</b>  |                                     |                          | <b>EIN:</b>    |
|  |  |                                     |                          |                |
|  | <b>Citizen Status:</b>   | <b>Country of Birth:</b>            | <b>State of Birth:</b>   |                |
|  | <b>Race:</b><br>UNKNOWN  |                                     |                          |                |

|                      |                      |                              |
|----------------------|----------------------|------------------------------|
| <b>Restrictions:</b> | <b>Endorsements:</b> | <b>Conditional Messages:</b> |
|----------------------|----------------------|------------------------------|

## PALM BEACH COUNTY SHERIFF'S OFFICE – SWORN STATEMENT

Per FL statute 837.012, whoever knowingly makes a false statement under oath shall be guilty of a misdemeanor of the first degree punishable by imprisonment up to 1 year.

WITNESS  VICTIM  OTHER

|               |  |       |          |  |
|---------------|--|-------|----------|--|
| CASE #:       | 17115319                                   | ZONE: | SUSPECT: | DATE & TIME OF ORIGINAL EVENT/OFFENSE: |
| EVENT TYPE:   | FBI & Anzorena Cifuentes 8/10/17. 10:41 AM |       |          | DEPUTY: Chiquito-Balaguer 15331        |
| Drunk Driver. |  | ID#:  |          |  |

COMPLETE EVERYTHING BELOW – PRINT LEGIBLY

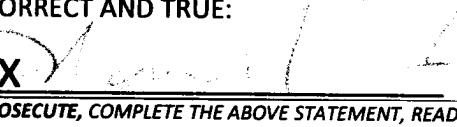
|                                   |   |              |  |              |  |                  |                   |      |                 |  |
|-----------------------------------|---|--------------|--|--------------|--|------------------|-------------------|------|-----------------|--|
| LAST NAME:                        | FONES   | FIRST NAME:  | VANESSA                                |              | MIDDLE INITIAL:                        | M                | RACE:             | IT   | SEX:            | F                                      |
| DATE OF BIRTH:                    | 07/13/1991 (MM/DD/YYYY)                                 | YOUR HEIGHT: | 5'0                                    | YOUR WEIGHT: | 130                                    | YOUR HAIR COLOR: | BROWN             |      | YOUR EYE COLOR: | Brown                                  |
| YOUR HOME ADDRESS:                | <input type="checkbox"/> CHECK IF HOMELESS              |              |  | CITY:        | WPB                                    | STATE:           | FL                | ZIP: | 33401           |  |
| YOUR WORK NAME & ADDRESS:         | <input type="checkbox"/> CHECK IF UNEMPLOYED OR RETIRED |              |  | CITY:        | BONITA SPRINGS                         | STATE:           | FL                | ZIP: | 33431           |  |
| 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:           | Vanesa3@gmail.com |      |                 | <input type="checkbox"/> CHECK IF NONE |
| 1500 35777427 1500 21531955 ( ) - |   |              |  |              |  |                  |                   |      |                 |  |

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

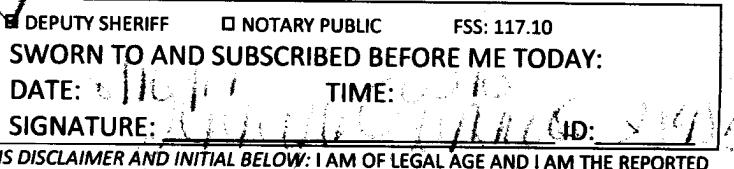
|  |                  |  |
|--|------------------|--|
| YOUR NAME:   | I, VANESSA FONES |  |
| DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER...   |                  |  |
| <p>I was driving my friend, when I came out of the wine market buying wine for a family gathering. I was driving my friend, when I was driving my car. Instead of, she did not see brushed me off. It looked like she called someone for help. A woman like her hit our neighbor. My friend then got out of the car and then she gained as well. She then walked away from the vehicle twice and it hit my car. We did ask my family to help. My friend got out of the car. Then when I called 911, it was a Hispanic woman wearing a black top and blue jeans, long black hair.</p> |                  |  |

READ AND SIGN

I SWEAR AND AFFIRM THIS AND/OR THE ATTACHED STATEMENTS ARE CORRECT AND TRUE:

YOUR SIGNATURE: 

DEPUTY SHERIFF  NOTARY PUBLIC FSS: 117.10  
SWORN TO AND SUBSCRIBED BEFORE ME TODAY:

DATE: 8/10/17 TIME: 10:41 AM  
SIGNATURE:  ID: 15331

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)

WHITE - RECORDS COPY CANARY - STATE ATTORNEY COPY PINK - OFFICER'S COPY GOLD - WITNESS / VICTIM COPY

## PALM BEACH COUNTY SHERIFF'S OFFICE – SWORN STATEMENT

Per FL statute 837.012, whoever knowingly makes a false statement under oath shall be guilty of a misdemeanor of the first degree punishable by imprisonment up to 1 year.

WITNESS  VICTIM  OTHER

|             |              |       |     |          |                                       |  |              |
|-------------|--------------|-------|-----|----------|---------------------------------------|--|--------------|
| CASE #:     | 17 115319.   | ZONE: | 112 | SUSPECT: | Mizorena C. (Luis) Chiquito-Rodriguez | DATE & TIME OF ORIGINAL EVENT/DEFENSE: | 8/17/17 0209 |
| EVENT TYPE: | Drunk Driver |       |     | DEPUTY:  | Chiquito-Rodriguez                    | ID#:                                   | 18331        |

COMPLETE EVERYTHING BELOW – PRINT LEGIBLY

|                           |  |             |  |   |  |                 |                  |  |        |                 |       |       |
|---------------------------|--|-------------|--|---|--|-----------------|------------------|--|--------|-----------------|-------|-------|
| LAST NAME:                | Diaz                                   |             | FIRST NAME:                            | Jesus   |  | MIDDLE INITIAL: | L                | RACE:                                  | W      | SEX:            | F     |       |
| DATE OF BIRTH:            | (MM/DD/YYYY)                           |             | YOUR HEIGHT:                           | 4'11"   | YOUR WEIGHT:                           | 128             | YOUR HAIR COLOR: | Black                                  |        | YOUR EYE COLOR: | Black |       |
| YOUR HOME ADDRESS:        | 1442 Kiel Rd                           |             |  | <input type="checkbox"/> CHECK IF HOMELESS              | CITY:                                  |                 | West Palm Beach  |  | STATE: | FL              | ZIP:  | 33401 |
| 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 |        |                 |       |       |
| ( )                       | ( )                                    | ( )         | ( )                                    | ( )   | ( )                                    |                 |                  |  |        |                 |       |       |

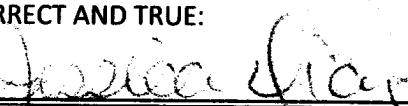
WRITE WHAT HAPPENED IN YOUR WORDS IN FULL DETAIL – PRINT LEGIBLY

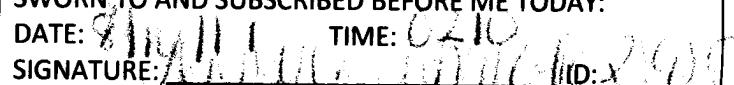
|   |            |  |  |  |  |  |
|---|------------|--|--|--|--|--|
| YOUR NAME:  | Jesus Diaz |  | DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER... |  |  |  |
| <p>cont... to heat it up and left the vehicle. I then heard the sound of another car and I can hear some people talking. I then went to the window and I can see the situation. I can see that the car is white and the man is black. I can see the man walk to the front of the car and returned to the scene. After ten minute later that night I go to the same place again. I can see officers are in the scene and I see other that are women walking away. I see the driver of the car and the victim approached the suspect.</p> |            |  |  |  |  |  |

PAGE 2 OF 2

READ AND SIGN

I SWEAR AND AFFIRM THIS AND/OR THE ATTACHED  
STATEMENTS ARE CORRECT AND TRUE:

YOUR SIGNATURE: 

DEPUTY SHERIFF  NOTARY PUBLIC FSS: 117.10  
SWORN TO AND SUBSCRIBED BEFORE ME TODAY:  
DATE: 8/17/17 TIME: 0610  
SIGNATURE: 

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.

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

DO NOT WISH TO PROSECUTE (INITIAL \_\_\_\_\_)

WHITE - RECORDS COPY

CANARY - STATE ATTORNEY COPY

PINK - OFFICER'S COPY

GOLD - WITNESS / VICTIM COPY

PALM BEACH COUNTY SHERIFF'S OFFICE – SWORN STATEMENT

Per FL statute 837.012, whoever knowingly makes a false statement under oath shall be guilty of a misdemeanor of the first degree punishable by imprisonment up to 1 year.

WITNESS  VICTIM  OTHER

|             |              |       |     |          |                    |  |              |
|-------------|--------------|-------|-----|----------|--------------------|--|--------------|
| CASE #:     | 17 115319    | ZONE: | F12 | SUSPECT: | Finzorena Chiquito | DATE & TIME OF ORIGINAL EVENT/OFFENSE: | 8/16/17 0204 |
| EVENT TYPE: | Drunk Driver |       |     | DEPUTY:  | Chiquito-Rodriguez | ID#:                                   | 183211       |

COMPLETE EVERYTHING BELOW – PRINT LEGIBLY

|  |   |  |                 |  |                 |       |
|--|---|--|-----------------|--|-----------------|-------|
| LAST NAME:   | FIRST NAME:   |  | MIDDLE INITIAL: | RACE:                                  | SEX:            |       |
| Diaz   | JESSICA   |  | L               | H                                      | F               |       |
| DATE OF BIRTH:                                     | (MM/DD/YYYY)  | YOUR HEIGHT:                                       | YOUR WEIGHT:    | YOUR HAIR COLOR:                       | YOUR EYE COLOR: |       |
| 5/13/79  | 4'11"   | 128  | Brown           | Blue                                   | Blue            |       |
| YOUR HOME ADDRESS:                                 | <input type="checkbox"/> CHECK IF HOMELESS              |  | CITY:           | WRB                                    | STATE:          | ZIP:  |
| 1442 Kirk Rd                                       |   |  |                 |  | FL              | 33406 |
| 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 |                 |       |
| ( ) 561 506-7237                                   |   |  |                 |  |                 |       |

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

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

that a woman about 5'0" with long black hair, Black shirt, Blue jeans, Hispanic woman hit the neighbor's mailbox at 1442 Kirk Rd as well as my mailbox that carries 4 mailboxes, I sleep in the window in front of my apartment giving me sight of her hitting the mailboxes and garbage cans, her White Acura MDX stopped in the middle of the road and the woman driving got out the car and began to walk south on Kirk Towards Forest Hill Blvd but not before she asked my niece Vanessa Torres and I to help her move the car, I told her not to hit her. PAGE 1 OF 2

READ AND SIGN

I SWEAR AND AFFIRM THIS AND/OR THE ATTACHED STATEMENTS ARE CORRECT AND TRUE:

YOUR SIGNATURE: Jessica Diaz

DEPUTY SHERIFF  NOTARY PUBLIC FSS: 117.10  
 SWORN TO AND SUBSCRIBED BEFORE ME TODAY:  
 DATE: 8/16/17 TIME: 0210  
 SIGNATURE: Jessica Diaz ID: 28985

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.

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

DO NOT WISH TO PROSECUTE (INITIAL \_\_\_\_\_)

WHITE - RECORDS COPY CANARY - STATE ATTORNEY COPY PINK - OFFICER'S COPY GOLD - WITNESS / VICTIM COPY