

0480761

2725

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report1. Arrest  
2. N.T.A.  
3. Request for Warrant  
4. Request for Capias

1

Juvenile

OBTS Number		Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number (N.T.A.'s only) <b>06-16-122412</b>	
Charge Type: Check as many as apply: <input type="checkbox"/> 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		Weapon Seized / Type 2 <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> N/A <input type="checkbox"/> 2. No	
Location of Arrest (Including Name of Business) <b>OKEECHOBEE BLVD/ INDIAN RD, WEST PALM/ FL/ 33409</b>		Location of Offense (Business Name, Address) <b>OKEECHOBEE BLVD/ INDIAN RD, WEST PALM/ FL/ 33409</b>					
Date of Arrest <b>9/3/16</b>	Time of Arrest <b>01:58</b>	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle	
Name (Last, First, Middle) <b>SONES, ASHLEY</b>							
Race W - White I - American Indian B - Black O - Oriental/Asian <b>W</b>		Sex <b>F</b>	Date of Birth <b>6/26/87</b>	Height <b>5'4</b>	Weight <b>190</b>	Eye Color <b>BLU</b>	Hair Color <b>BRN</b>
Complexion <b>FIAR</b>		Build <b>HEAVY</b>		Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)			
Local Address (Street, Apt. Number) <b>13334 73RD ST N WEST PALM/ FL/ 33412</b>		(City)		(State)		(Zip)	
Permanent Address (Street, Apt. Number)		(City)		(State)		(Zip)	
Business Address (Name, Street)		(City)		(State)		(Zip)	
D/L Number, State <b>S520-016-87-726-1/ FL</b>		Soc. Sec. Number		INS Number		Place of Birth (City, State) <b>ALEXANDRA, WV</b>	
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <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"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile	
Name (Last)		(First)	(Middle)	Residence Phone			
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			
Drug Activity N. N/A P. Possess		S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. Dispense/ Distribute	M. Manufacture/ Produce/ Cultivate	Z. Other	Drug Type N. N/A A. Amphetamine
B. Barbiturate C. Cocaine E. Heroin		H. Hallucinogen M. Marijuana O. Opium/Deriv.		P. Paraphernalia/ Equipment S. Synthetics		U. Unknown Z. Other	
Charge Description <b>DUI</b>		Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number <b>316.193(1)</b>		Violation of ORD #	
Drug Activity <b>N</b>	Drug Type <b>N</b>	Amount / Unit	Offense # <b>16-122412</b>	Warrant / Capias Number		Bond	
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #	
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond	
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #	
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond	
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #	
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond	
Location (Court, Room Number, Address) <b>3228 GUN CLUB RD, WEST PALM, FL, 33406</b>							
Court Date and Time Month <b>9</b> Day <b>29</b> Year <b>2016</b> Time <b>8:30</b> AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>							
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)				Date Signed			
HOLD for other Agency Name:		Signature of Arresting Officer <b>X</b>		Name Verification (Printed by Arrestee) <b>SEP 3 AM 4:12</b>			
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print) <b>D/S G. LYNCH</b>		I.D. # <b>8568</b>	
Intake Deputy		I.D. #	Pouch #	Transporting Officer <b>D/S G. LYNCH</b>		ID # <b>PBSO</b>	
Witness here if subject signed with an "X"				PAGE <b>1</b> OF <b>1</b>			

SCANNED

SEP 07 2016

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 3 DAY OF SEPT 20 16, AT 01:37 ✓ AM PM

SUBJECT: SONES, ASHLEY CASE NUMBER: 16-122412

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: D/S G. LYNCH 8568

## PERSONAL CONTACT

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

SONES WAS DRIVING A WHITE LINCOLN NAVIGATOR, BEARING FL TAG EZRZ37, WEST BOUND ON OKEECHOBEE BLVD. AT OKEECHOBEE BLVD/ PALM BEACH LAKES BLVD THE ALL WESTBOUND LANES WERE BLOCKED, BY MARKED PBSO VEHICLES WITH OVERHEAD LIGHTS ACTIVATED, DUE TO A FATAL CRASH THAT WAS BEING INVESTIGATED. SONES DROVE AROUND THE ROADBLOCK, DRIVING UP ONTO THE CURB, AND CONTINUED WEST BOUND. SONES WAS FINALLY ABLE TO BE STOPPED AT THE CRASH SCENE WHERE SHE NEARLY STRUCK THE REAR OF ANOTHER PBSO VEHICLE.

## OBSERVATION OF DRIVER:

EYES WERE GLASSY, ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE COMING FROM HER BREATH, SWAYED WHILE STANDING. UPON EXITING THE VEHICLE SONES LEANED BACK ONTO THE VEHICLE FOR SUPPORT

## DRIVER'S STATEMENTS:

HAD LEFT RENEGADES WHERE SHE HAD BEEN DRINKING.

## ODORS:

UNKNOWN ALCOHOLIC BEVERAGE COMING FROM BREATH

## GENERAL OBSERVATIONS

## SPEECH:

ATTITUDE: CALM/ COOPERATIVE

## CLOTHING:

## MEDICAL/OTHER:

STATE OF FLORIDA  
COUNTY OF PALM BEACH

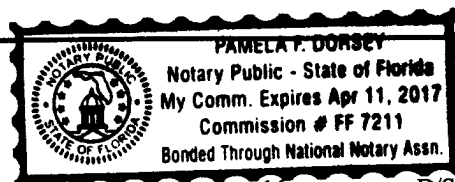
D/S G. LYNCH 8568

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 3 day of SEPT 20 16 by D/S G. LYNCH 8568

(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 117.10)



SCANNED  
SEP 07 2016

**SUBJECT:** SONES, ASHLEY

**CASE NUMBER** 16-122412

**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:**

**COULD NOT MAINTAIN THE FEET TOGETHER POSITION AND STEPPED OUT OF THE POSITION SEVERAL TIMES. HAD TO BE REMINDED TO FOLLOW THE STIMULUS AND NOT TO MOVE HER HEAD**

**WALK & TURN:**

**ATTEMPTED TO BEGIN THE TASK PRIOR TO BEING INSTRUCTED TO DO SO. ON THE FIRST SET OF NINE STEPS DID NOT WALK HEEL-TO-TOE. SONES STEPPED OFF THE LINE ON STEPS 3, AND 5. SONES TOOK A TOTAL OF 12 STEPS. SONES THEN STOPPED AND HAD TO BE INSTRUCTED TO CONTINUE. SONES DID NOT TAKE A SERIES OF SMALL STEPS TO TURN AROUND AS INSTRUCTED. ON THE SECOND SET OF NINE STEPS SONES AGAIN DID NOT WALK HEEL-TO-TOE. SONES STEPPED OFF THE LINE ON STEP 2. SONES TOOK 11 STEPS ON THE SECOND SET.**

**ONE LEG STAND:**

**SONES LEFTED HER LEFT FOOT FOR APPROX 2 SECONDS BEFORE PUTTING HER FOOT DOWN. SONES HELD HER LEFT ARM OUT TO HER SIDE, AND TOUCHED HER NOSE WITH HER RIGHT HAND. SONES THEN KEPT HER HEEL ON THE GROUND, NOT LIFTING HER FOOT, AND CONTINUED COUNTING.**

**FINGER TO NOSE:**

**ON THE FIRST LEFT COMMAND SONES BEGAN TO USE HER RIGHT HAND FIRST. ON THE FIRST RIGHT COMMAND SONES TOUCHED THE TIP OF HER NOSE, USING THE MID PART OF HER FINGER. ON THE SECOND LEFT COMAND SONES TOUCHED THE TIP OF HER NOSE USING THE MID PART OF HER FINGER. ON THE SECOND RIGHT COMMAND SONES AGAIN TOUCHED THE TIP OF HER NOSE WITH THE MID PART OF HER FINGER. ON THE THIRD RIGHT COMMAND SONES USED HER LEFT HAND. ON THE THIRD LEFT COMMAND SONES USED HER RIGHT HAND. DURING THE TASK SONES HAD TO BE REMINDED TO KEEP HER EYES CLOSED**

**ROMBERG ALPHABET:**

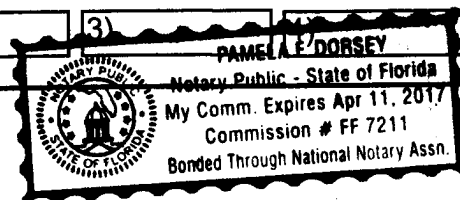
**SWAYED DRUING TASK. BEGAN TO RHYME "Q,R,S,T,U,V"**

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

**STATE OF FLORIDA  
COUNTY OF PALM BEACH**

**D/S G. LYNCH 8568**

(Signature of Arresting/Investigative Officer)



The foregoing instrument was sworn to or affirmed and subscribed before me this 3 day of SEPT 2016 by D/S G. LYNCH 8568

(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 117.10)

**SCANNED  
SEP 07 2016**

# TESTING FACILITY TASK REPORT

AGENCY:

**SUBJECT:**

CASE NUMBER:

DATE:

VIDEO TAPE NUMBER:

**BEGINNING TIME:**

ENDING TIME:

**BREATH TESTS RESULTS:**

1)

TIME 2:1 A.M./P.M.

2)

TIME 9:00 A.M./P.M.

3)

TIME \_\_\_\_\_ A.M./P.M.

4)

TIME \_\_\_\_\_ A.M./P.M.

**BREATH OPERATOR:**

**MAINTENANCE TECHNICIAN:**

### TESTING OFFICER'S OBSERVATIONS

**SPEECH:**

**ATTITUDE:**

**CLOTHING:**

**MEDICAL CONDITIONS:**

**MEDICATIONS:**

**OTHER:**

**COMMENTS:**

SCANNED

SEP 07 2016

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

## **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) \_\_\_\_\_

**SCANNED**  
**SEP 07 2016**

SUBJECT: Don Adams R CASE NUMBER: 10-10042

## 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? YES

WHERE WERE YOU GOING? 112.96

WHAT STREET OR HIGHWAY WERE YOU ON? Cherokee St

DIRECTION OF TRAVEL? W WHERE DID YOU START? WHEELS

WHAT TIME DID YOU START? Just now WHAT TIME IS IT NOW? Just now

WHAT IS TODAY'S DATE? 7-10-20 WHAT DAY OF THE WEEK IS IT? SAT

WHAT COUNTY AND CITY ARE YOU IN NOW? San Diego Co. / La Jolla

WHEN DID YOU LAST EAT? 11:00 AM WHAT DID YOU EAT? Apple

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? \_\_\_\_\_

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

HOW MUCH? 3.4000 WHERE? 6000 WITH WHOM? alone

WHEN DID YOU HAVE YOUR FIRST DRINK? 10:00 pm AND YOUR LAST DRINK? 10:47 pm

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? 5/3/5

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? yes ARE YOU UNDER THE INFLUENCE? no

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? \_\_\_\_\_ HOW MUCH? \_\_\_\_\_

WHAT? \_\_\_\_\_ WHERE? \_\_\_\_\_ WHEN? \_\_\_\_\_

WHAT LINE OF WORK ARE YOU IN? SALES WHEN DID YOU LAST WORK? 1964

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? NO WHAT? \_\_\_\_\_

ARE YOU SICK OR INJURED? NO WHAT'S WRONG? NO

DO YOU LIMP? no DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? no

WERE YOU IN AN ACCIDENT TODAY?

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? NO WHEN? \_\_\_\_\_

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? no WHO? \_\_\_\_\_ WHY? \_\_\_\_\_

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? \_\_\_\_\_ WHAT? \_\_\_\_\_ WHEN? \_\_\_\_\_

DO YOU HAVE:  EPILEPSY? yes

GLASS EYE?

FALSE TEETH? NO

EAR INFECTION?

## INNER EAR TROUBLE?

DIABETES? \_\_\_\_\_

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? **SCANNED**

DO YOU TAKE INSULIN?                      IF SO, WHEN WAS YOUR LAST INJECTION?                      **SEP 07 2016**

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? NO WHERE? \_\_\_\_\_

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

**WHITE - STATE ATTY.**

**YELLOW - DHSMV**

**PINK - CENTRAL RECORDS**

**GOLD - JAIL**

# WITNESS LIST

CASE NUMBER: **16-122412**

ARRESTING OFFICER: **D/S G. LYNCH 8568**

ADDRESS: **3228 GUN CLUB RD, WEST PALM, FL, 33406**

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

CAN TESTIFY TO: **FACTS OF CASE**

NAME: **D/S SCHILLING 8635**

ADDRESS: **3228 GUN CLUB RD, WEST PALM, FL, 33406**

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

CAN TESTIFY TO: **TRAFFIC STOP**

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 \_\_\_\_\_

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

ADDRESS \_\_\_\_\_

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

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

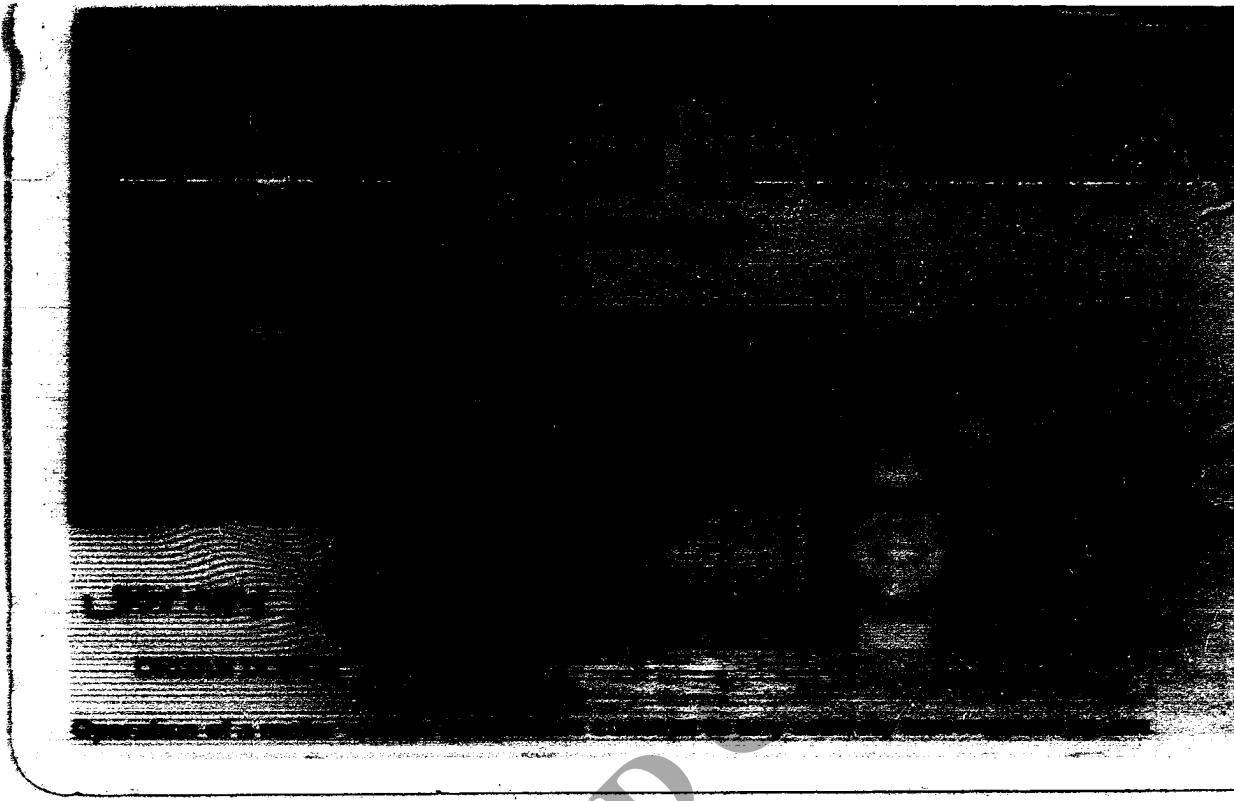
NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

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

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

**SCANNED**  
**SEP 07 2016**



NOT A CERTIFIED

SCANNED  
SEP 07 2016