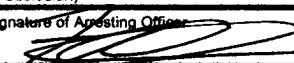


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OBTS Number			ARREST / NOTICE TO APPEAR Juvenile Referral Report				1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	Juvenile	N		
Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>			Agency Report Number <b>06-</b>		<b>17035712</b>						
ChargeType: 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				5. Ordinance <input type="checkbox"/> 6. Other		Weapon Seized / Type 2 1. Yes 2. No		Multiple Clearance Indicator 0 1					
Location of Arrest (Including Name of Business) <b>811 LAKE AVE</b>				Location of Offense (Business Name, Address) <b>LAKE WORTH, FL 33460</b>		Location of Offense (Business Name, Address) <b>LAKE WORTH, FL 33460</b>							
Date of Arrest <b>02/05/17</b>	Time of Arrest <b>0119</b>	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle <b>811 LAKE AVE, LW, FL 33460</b>							
Name (Last, First, Middle) <b>CARTER CHRISTINE ELIZABETH</b>				Alias (Name, DOB, Soc. Sec. #, Etc.)									
Race W - White I - American Indian B - Black O - Oriental/Asian	Sex <b>B F</b>	Date of Birth <b>09/22/1990</b>	Height <b>5'3</b>	Weight <b>145</b>	Eye Color <b>BRN</b>	Hair Color <b>BRN</b>	Complexion <b>DARK</b>	Build <b>MEDIUM</b>					
Scars, Tattoos, Unique Physical Features (Location, Type, Description) <b>NECK" MUSIC NOTES", BACK" VIRGO SIGN" R LEG" BUTTERFLY"</b>				Marital Status <b>SINGLE</b>	Religion <b>NONE</b>	Indication of: Alcohol Influence <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Drug Influence <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		Y N Unk.					
Local Address (Street, Apt. Number) <b>517 W JASMINE DR</b>		(City) <b>LAKE PARK</b>	(State) <b>FL</b>	(Zip) <b>33403</b>	Phone <b>(561) 707-1735</b>	Residence Type: 1. City 2. County 3. Florida 4. Out of State		2					
Permanent Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone ( )	Address Source <b>LICENSE</b>							
Business Address (Name, Street)		(City)	(State)	(Zip)	Phone ( )	Occupation <b>PUBLIX</b>							
Def. Number, State <b>C636-105-90-842-0</b>	Soc. Sec. Number	INS Number			Place of Birth (City, State) <b>JUPITER, FLORIDA</b>		Citizenship <b>YES</b>						
Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large		3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile <input type="checkbox"/>				
Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large		3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile <input type="checkbox"/>				
Parent Name (Last) Legal Custodian Other:				(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. No 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>ACCIDENT-LEAVING THE SCENE-PROPERTY DAMAGE</b>				Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number <b>316.061(1)</b>		Violation of ORD #					
Drug Activity	Drug Type	Amount / Unit	Offense #			Warrant / Capias Number		Bond					
17035712													
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					
				Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N								
Drug Activity	Drug Type	Amount / Unit	Offense #			Warrant / Capias Number		Bond					
				Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N								
Drug Activity	Drug Type	Amount / Unit	Offense #			Warrant / Capias Number		Bond					
				Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N								
Drug Activity	Drug Type	Amount / Unit	Offense #			Warrant / Capias Number		Bond					
				Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N								
Location (Court, Room Number, Address) <b>3228 GUN CLUB RD, WEST PALM BEACH, FL 33406</b>													
Court Date and Time Month <b>MARCH</b> Day <b>08</b> Year <b>2017</b> Time <b>01:30</b> AM <b>PM</b> ✓													
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 X 				Name Verification (Printed by Arrestee)					
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:				Name of Arresting Officer (Print) <b>D/S F. Acierno</b>				I.D. # <b>9534</b>		(PRINT)			
Intake Deputy <b>Officer Hardman 476</b>				Transporting Officer <b>D/S F. Acierno</b>				ID # <b>9534</b>		Agency <b>PBSO</b>		PAGE <b>1</b>	
Witness here if subject signed with an -X- 													

SCANN

FEB 5 AM 2:45

OBTS Number	PROBABLE CAUSE AFFIDAVIT			1. Arrest	3. Request for Warrant		1	Juvenile	N
Agency ORI Number <b>FLO 500000</b>	Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>	Agency Report Number <b>06-17035712</b>			Special Notes:				
ChargeType: Check as many as apply. 1. Felony 2. Traffic Felony	3. Misdemeanor 4. Traffic Misdemeanor	5. Ordinance 6. Other							
Defendant Name (Last, First, Middle) <b>CARTER</b>	Alias <b>CHRISTINE</b>	ELIZABETH	Race <b>B</b>	Sex <b>F</b>	Date of Birth <b>09/22/90</b>				
Charge Description <b>ACCIDENT-LEAVING THE SCENE-PROPERTY DAMAGE</b>	Charge Description								
Charge Description	Charge Description								
Victim's Name (Last, First, Middle) <b>FARMER</b>	SKYLAR	F	Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>12/14/1996</b>				
Local Address (Street, Apt. Number) <b>2400 SPRINGDALE BLVD</b>	(City) <b>PALM SPRINGS FL 33461</b>	(State) <b>FL</b>	(zip) <b>33461</b>	Phone <b>(973) 917-9114</b>	Address Source <b>DRIVERS LICENSE</b>				
Business Address (Name, Street)	(City)	(State)	(zip)	Phone <b>( )</b>	Occupation <b>STUDENT</b>				
The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law. The Person taken into custody									
<input type="checkbox"/> committed the below acts in my presence. <input checked="" type="checkbox"/> confessed to <u>D/S M. DASILVA 22081</u> admitting to the below facts.									
<input type="checkbox"/> was observed by _____ who told _____ <input type="checkbox"/> that he/she saw the arrested person commit the below acts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.									
On the <u>05</u> day of <u>Feb</u> 20 <u>17</u> at <u>0119</u>	<input checked="" type="checkbox"/> A. M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)								

On February 5, 2017 at 0033 hours I was dispatched to a hit and run located on the 1100 block of Lucerne Ave. View crash report for details reference case number 17035702.

While on scene with the victim Skylar Farmer, she observed the same vehicle that struck her drive past us. D/S M. Dasilva 22081 conducted a traffic stop on the suspected vehicle.

The suspected vehicle was a gold Toyota 4 door vehicle occupied by 2 black females.

D/S M. Dasilva 22081 asked to conduct a show up and Skylar identified the black female as the driver and identified the vehicle as the vehicle that hit her. The vehicle had front left damage that matched the damage that would be left from suspect vehicle. The vehicle is bearing FL tag 789RWE. The vehicle came back a 2004 4 Door Chevy Malibu. The driver of the vehicle was identified through her FL driver license as Christine Elizabeth Carter 09/22/1990.

I found probable cause to charge Christine Elizabeth Carter 09/22/1990 with leaving the scene of an accident with property damage pursuant F.S.S. 316.061(1).

On March

The foregoing instrument was sworn to or affirmed and subscribed before me this 05 day of Feb 20 17, by:

D/S M. DASILVA

Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)

D/S F. ACIERTO

9534

Name of Arresting/Investigating Officer

Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)

Signature of Arresting/Investigating Officer

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**1** OF **1**