

ARREST / NOTICE TO APPEAR Juvenile Referral Report				1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	Juvenile		
ADMINISTRATIVE	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-</b>	17-069237		
	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	<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other	Weapon Seized / Type 1. Yes 2. No	Multiple Clearance Indicator 01			
	Location of Arrest (Including Name of Business) <b>120TH AVE S/INDIAN MOUND RD</b>			Location of Offense (Business Name, Address) <b>120TH AVE S/INDIAN MOUND RD</b>					
	Date of Arrest <b>04/26/2017</b>	Time of Arrest <b>0400</b>	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle <b>D &amp; D TOWING</b>		
	Name (Last, First, Middle) <b>HARDING, CYNTHIA ANNE</b>								
	Alias (Name, DOB, Soc. Sec. #, Etc.)								
	Race W - White 1 - American Indian B - Black 0 - Oriental/Asian	Sex <b>W</b>	Date of Birth <b>05/05/1969</b>	Height <b>5-06</b>	Weight <b>140</b>	Eye Color <b>BLU</b>	Hair Color <b>BLN</b>	Complexion <b>FAIR</b>	Build <b>SMALL</b>
	Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description)				Marital Status <b>SINGLE</b>	Religion <b>AGNOSTIC</b>	Indication of Alcohol Influence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk.		
	Local Address (Street, Apt. Number) <b>891 SAGE AVE WELLINGTON, FL 33414</b>				Phone <b>(310) 403-5871</b>	Residence Type: 1. City 2. County 3. Florida 4. Out of State			
	Permanent Address (Street, Apt. Number)				Phone <b>( )</b>	Address Source <b>FL D/L</b>			
Business Address (Name, Street)				Phone <b>( )</b>	Occupation <b>WRITTER</b>				
D/L Number, State <b>FL/H635-101-69-665-0</b>		Soc. Sec. Number [REDACTED]		INS Number	Place of Birth (City, State) <b>NEWPORT BEACH, CA</b>		Citizenship <b>USA</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		
Parent Name (Last) (First) (Middle) Residence Phone <input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other <b>( )</b>									
Address (Street, Apt. Number) (City) (State) (Zip) Business Phone <b>( )</b>									
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)									
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property				Value of Property			
CODE: Drug Activity S. Sell R. Smuggle K. Dispense/ M. Manufacture/ Z. Other Drug Type B. Barbiturate H. Hallucinogen P. Paraphernalia/ U. Unknown N. N/A B. Buy D. Deliver E. Use C. Cocaine M. Marijuana O. Opium/Deriv. S. Synthetics Z. Other P. Possess T. Traffic E. Use									
CHARGE: Charge Description <b>DUI</b> Counts Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N				Statute Violation Number <b>316.193(1)</b> Violation of ORD #					
Drug Activity Drug Type Amount / Unit Offense # <b>N N 17-069237</b>				Warrant / Capias Number					
CHARGE: Charge Description Counts Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N				Statute Violation Number					
Drug Activity Drug Type Amount / Unit Offense #				Warrant / Capias Number					
CHARGE: Charge Description Counts Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N				Statute Violation Number					
Drug Activity Drug Type Amount / Unit Offense #				Warrant / Capias Number					
CHARGE: Charge Description Counts Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N				Statute Violation Number					
Drug Activity Drug Type Amount / Unit Offense #				Warrant / Capias Number					
NOTICE TO APPEAR Location (Court, Room Number, Address) <b>3228 GUN CLUB RD WEST PALM BEACH, FL 33406</b>									
Court Date and Time Month <b>05</b> Day <b>25</b> Year <b>2017</b> Time <b>8:30</b> AM <input checked="" type="checkbox"/> PM									
I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED									
Signature of Defendant (or Juvenile and Parent /Custodian) Date Signed									
ADMIN HOLD for other Agency Name: <b>[Signature]</b>				Signature of Arresting Officer <b>[Signature]</b>		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>CPL THOMAS WALTON</b> I.D. # <b>6942</b>		(PRINT)			
Intake Deputy I.D. # <b>CPL T. WALTON</b>		Pouch # <b>6942</b>	Transporting Officer ID # <b>PBSO</b>	SCANNER PAGE Witness here if subject signed with an 'X'					

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 26 DAY OF APRIL 20 17, AT 0249  AM  PM

SUBJECT: HARDING, CYNTHIA ANNE CASE NUMBER: 17-069237

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: CPL T. WALTON #6942

## PERSONAL CONTACT

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

On the above date and time I responded to the area of 120th Ave S & Indian Mound Rd Wellington, FL in ref to a possibly impaired driver that was involved in a single vehicle crash. Upon arrival I met with D/S Mercier who stated that the def was heading to an unk address and when she stopped to change clothes, she turned her vehicle around driving off the roadway into an irrigation ditch. The vehicle toppled over onto its side. The def exited out of the vehicle and was able to get onto the roadway. D/S Mercier stated that a witness was driving by and noticed the vehicle in the ditch and the def climbing out of the vehicle from the drivers window. D/S Mercier stated that after Miranda the def stated that she was driving and drove off the roadway because she was unfamiliar with the area.

The witness, Roberto Zedda, gave a sworn written statement that he was driving by and saw a car in the ditch. Zedda stated that he witnessed the def climb out of the vehicle. Zedda stated that the lady that was driving the vehicle was the def we had at the scene. The def was the sole occupant of the vehicle.

### OBSERVATION OF DRIVER:

I made contact with the def who was standing in front of D/S Mercier's patrol vehicle. The def was moving around and swaying. As I made contact with the def I noticed that she was not balanced and her speech was slurred. The def was very talkative and kept moving around. The def had an odor of an unk alcoholic beverage coming from her person and her eyes were glassy and red. I asked the def where she was coming from and she stated work and a party down the road. I asked the def if she had anything to drink tonight and she stated 1 beer and 1/2 glass of champagne. I walked the def over to the front of my patrol vehicle and the def stated oh are we going to do the walkie stuff. I explained to the def that I was conducting a DUI Investigation and was asking her to submit to SFST's. The def stated sure. The def was asked again if she takes any prescription medicines and she stated adderall.

### DRIVER'S STATEMENTS:

I asked the def if she had any medical problems and she stated that she has vertigo. The def stated that the vertigo causes the bumpy thing in her eyes. I stated to the def what bumpy thing. The def stated the thing you look for in DUI. I explained to the def that she was incorrect. The def agreed to the tasks but kept moving around and talking. The def lost balance a few times.

### ODORS:

ODOR OF AN UNK ALCOHOLIC BEVERAGE COMING FROM THE MOUTH.

## GENERAL OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: Fidgety, moody, polite,

CLOTHING: white shorts, white polo style shirt and no shoes

MEDICAL/OTHER: Vertigo

ALL ROADSIDES CAPTURED ON IN-CAR VIDEO

STATE OF FLORIDA  
COUNTY OF PALM BEACH

CPL T. WALTON #6942

(Signature of Arresting/Investigative Officer)



The foregoing instrument was sworn to or affirmed and subscribed before me this 26 day of APRIL 20 17 by CPL T. WALTON #6942

(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  
MAY 02 2017

## 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:**

**Moving head, Stopping during the task to talk/move, swaying, VGN detected**

**WALK & TURN:**

THE DEF WAS PLACED INTO THE INSTRUCTIONAL STANCE FOR THE WALK AND TURN AND GIVEN INSTRUCTIONS. THE DEF STATED THAT HE UNDERSTOOD THE INSTRUCTIONS. THE DEF WAS UNABLE TO REMAIN IN THE INSTRUCTIONAL STANCE, THE DEF MISSED HEEL TO TOE 16 TIMES, USED ARMS FOR BALANCE AT THE TURN, THE DEF MADE A TURN TAKING 6 STEPS IN A LARGE CIRCLE THEN BACK DOWN THE LINE. THE DEF TOOK 9 STEPS IN BOTH DIRECTIONS. THE DEF THEN DID A 9 STEP TURN IN A LARGE CIRCLE ENDING HALF WAY DOWN THE LINE. THE DEF LOST BALANCE AT THE FIRST TURN AROUND.

**ONE LEG STAND:**

THE DEF WAS PLACED INTO THE INSTRUCTIONAL STANCE FOR THE ONE LEG STAND AND GIVEN INSTRUCTIONS. THE DEF STATED THAT HE UNDERSTOOD THE INSTRUCTIONS. THE DEF STARTED TO SOON, SET FOOT DOWN 5 TIMES, SWAYED DURING THE TASK, USED ARMS FOR BALANCE AND FAILED TO LOOK AT FOOT.

**FINGER TO NOSE:**

THE DEF WAS PLACED INTO THE INSTRUCTIONAL STANCE FOR THE FINGER TO NOSE AND GIVEN INSTRUCTIONS. THE DEF STATED THAT HE UNDERSTOOD THE INSTRUCTIONS. MISSED THE TIP OF HER NOSE 4 TIMES, SWAYED DURING THE TASK AND FAILED TO KEEP HEAD TILTED BACK.

**ROMBERG ALPHABET:**

THE DEF WAS PLACED INTO THE INSTRUCTIONAL STANCE FOR THE ROMBERG ALPHABET AND GIVEN INSTRUCTIONS. MASTER DEGREE FOR EDUCATION. THE DEF STATED THAT HE UNDERSTOOD THE INSTRUCTIONS. RECITED THE ALPHABET 5 TIMES BEFORE GETTING IT CORRECT. THE DEF THE FIRST TIME RECITED A-V PAUSED AND TYK AND STATED THAT'S NOT CORRECT AND OPENED EYES. THE DEF CONTINUED TO TRY AND GET THE ALPHABET CORRECT BUT WAS SINGING IT AND GETTING INTO RHYTHM.

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

STATE OF FLORIDA  
COUNTY OF PALM BEACH

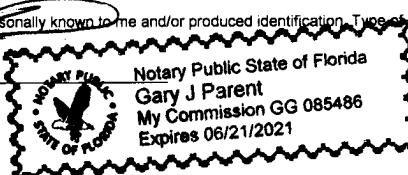
CPL T. WALTON #6942

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 26 day of APRIL 2017 by CPL T. WALTON #6942

(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)



SCANNER  
MAY 02 2017

# WITNESS LIST

17-069237

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

ARRESTING OFFICER: **CPL T. WALTON #6942**

ADDRESS: **DUI UNIT**

PHONE NUMBERS (HOME): \_\_\_\_\_ (WORK) **681-4500**

CAN TESTIFY TO: **DUI INVESTIGATION**

NAME: **D/S MERCIER 8286**

ADDRESS: **DIST 8**

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

CAN TESTIFY TO: **ACCIDENT INVESTIGATION**

NAME: **D/S PELAYO 28996**

ADDRESS **FTO TRAINEE**

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

CAN TESTIFY TO: **BACK UP**

NAME: **ROBERTO ZEDDA H/M 05/18/1983**

ADDRESS **11506 WELLINGTON PRESERVE BLVD WELLINGTON, FL 33414**

PHONE NUMBERS (HOME) **805-636-7185** (WORK) \_\_\_\_\_

CAN TESTIFY TO: **WHEEL 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: \_\_\_\_\_

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

ADDRESS \_\_\_\_\_

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

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

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

ADDRESS \_\_\_\_\_

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

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

SCANNER

MAY 02 2017

# TESTING FACILITY TASK REPORT

AGENCY: PBSO

SUBJECT: Harding, Clinton A.

CASE NUMBER: 17 069237

DATE: 04/26/17

VIDEO TAPE NUMBER: 62522

BEGINNING TIME: 0503

ENDING TIME: 0505

BREATH TESTS RESULTS: 1) R TIME 0505 A.M./P.M. 2) N/A TIME        A.M./P.M.  
3) N/A TIME        A.M./P.M. 4) N/A TIME        A.M./P.M.

BREATH OPERATOR: S. Palmer #24520

MAINTENANCE TECHNICIAN: J. Fortecke #6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: mumbled

ATTITUDE: Unfriendly, somewhat uncooperative

CLOTHING: White shirt, white long pants, black belt

MEDICAL CONDITIONS: None (Condition: healthy, no pain, no injury)

MEDICATIONS: None (Quantity: unknown, time unknown)

OTHER: Ops. glasses

COMMENTS: Arrived at station at 0500 and went to impulse observation period 0500-0505.

Subject agreed to take breath test

No hand T/S

Subject stated she understood

No asked subject if she understood & began her rights read off script. Subject agreed yes.

No Mammogram G+A

**SCANNED**

Subject refused to answer questions.

**MAY 02 2017**

SUBJECT: John Doe, et al.

CASE NUMBER: 11-0000001

## **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 John Doe of the 123 Main Street

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) John Doe

## **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) John Doe

**SCANNED**

**MAY 02 2017**

## QUESTIONS AND ANSWERS

I AM NOW GOING TO ASK YOU SOME QUESTIONS. WITH THESE RIGHTS IN MIND, YOU MAY ANSWER SOME OF, ALL OF, OR NONE OF THE FOLLOWING QUESTIONS AS YOU LIKE.

WERE YOU OPERATING A MOTOR VEHICLE AT THE TIME OF THE STOP/ACCIDENT? \_\_\_\_\_

WHERE WERE YOU GOING? \_\_\_\_\_

WHAT STREET OR HIGHWAY WERE YOU ON? \_\_\_\_\_

DIRECTION OF TRAVEL? \_\_\_\_\_ WHERE DID YOU START? \_\_\_\_\_

WHAT TIME DID YOU START? \_\_\_\_\_ WHAT TIME IS IT NOW? \_\_\_\_\_

WHAT IS TODAY'S DATE? \_\_\_\_\_ WHAT DAY OF THE WEEK IS IT? \_\_\_\_\_

WHAT COUNTY AND CITY ARE YOU IN NOW? \_\_\_\_\_

WHEN DID YOU LAST EAT? \_\_\_\_\_ WHAT DID YOU EAT? \_\_\_\_\_

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

HOW MUCH DO YOU WEIGH? \_\_\_\_\_ HAVE YOU BEEN DRINKING? \_\_\_\_\_ WHAT? \_\_\_\_\_

HOW MUCH? \_\_\_\_\_ WHERE? \_\_\_\_\_ WITH WHOM? \_\_\_\_\_

WHEN DID YOU HAVE YOUR FIRST DRINK? \_\_\_\_\_ AND YOUR LAST DRINK? \_\_\_\_\_

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? \_\_\_\_\_

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? \_\_\_\_\_ ARE YOU UNDER THE INFLUENCE? \_\_\_\_\_

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

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

WHAT LINE OF WORK ARE YOU IN? \_\_\_\_\_ WHEN DID YOU LAST WORK? \_\_\_\_\_

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? \_\_\_\_\_ WHAT? \_\_\_\_\_

ARE YOU SICK OR INJURED? \_\_\_\_\_ WHAT'S WRONG? \_\_\_\_\_

DO YOU LIMP? \_\_\_\_\_ DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? \_\_\_\_\_

WERE YOU IN AN ACCIDENT TODAY? \_\_\_\_\_

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? \_\_\_\_\_ WHEN? \_\_\_\_\_

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? \_\_\_\_\_ WHO? \_\_\_\_\_ WHY? \_\_\_\_\_

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

DO YOU HAVE: EPILEPSY? \_\_\_\_\_

GLASS EYE? \_\_\_\_\_

FALSE TEETH? \_\_\_\_\_

EAR INFECTION? \_\_\_\_\_

INNER EAR TROUBLE? \_\_\_\_\_

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

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? \_\_\_\_\_

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

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

INTERVIEWER: Chet Walker 16692

**SCANNED**

**MAY 02 2017**

WITNESS  VICTIM  OTHER

CASE #:	17-069237	ZONE:	8-31	SUSPECT:	HARDING, Cynthia	DATE & TIME OF ORIGINAL EVENT/OFFENSE:	4-26-17
EVENT TYPE:	DUI CRASH		DEPUTY:	T. AULTON		ID#:	6942

COMPLETE EVERYTHING BELOW - PRINT LEGIBLY

LAST NAME:	Zedda		FIRST NAME:	Roberto		MIDDLE INITIAL:	M	RACE:	W	SEX:	M
DATE OF BIRTH:	(MM/DD/YYYY)	05/18/1983	YOUR HEIGHT:	5'10	YOUR WEIGHT:	150	YOUR HAIR COLOR:	Brown		YOUR EYE COLOR:	Green
YOUR HOME ADDRESS:	11506 Wellington Preserve Bn			<input type="checkbox"/> CHECK IF HOMELESS	CITY:	Wellington		STATE:	FL	ZIP:	33449
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				
(1805) 636-7195											

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

1	YOUR NAME:	ROBERTO ZEDDA	DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER...
<p>I WAS DRIVING, I SAW A STRENG LIGHTS, I CALL 911</p> <p>NEXT I SAW A LADY COMING OUT OF A CAR.</p> <p>I ASK THE LADY ON MY CALL IF I CAN LEAVE</p> <p>AND SHE SAID YES, AND I LEFT. WHEN I CAME BACK</p> <p>TO MEET THE SHERIFF WAS THE SAME LADY.</p>			

SCANNER

MAY 02 2017

PAGE 1 OF 1

READ AND SIGN

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

YOUR SIGNATURE: X DEPUTY SHERIFF  NOTARY PUBLIC FSS: 117.10

SWORN TO AND SUBSCRIBED BEFORE ME TODAY:

DATE: 4/26/17 TIME: 0333

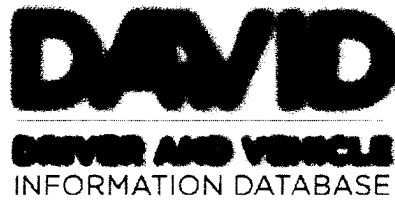
SIGNATURE: Roberto Zedda ID: 6942

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



# STATE OF FLORIDA

## DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES

Time printed: 4/26/2017 4:39:02 AM

### Record Detail

<b>Customer Name:</b> CYNTHIA ANNE HARDING	<b>Driver License Status:</b> Valid
<b>DL/ID:</b> H635-101-69-665-0	<b>SSN:</b> [REDACTED] <b>Class:</b> E
<b>Previous DUI:</b> 0 <i>This count reflects total DUI convictions on record.</i>	<b>Previous DWLS:</b> 1 <i>This count reflects total DWLS convictions on record.</i>

 <i>Cynthia Anne</i>	<b>Address:</b> 891 SAGE AVE WELLINGTON, FL 33414	<b>Date of Birth:</b> 05/05/1969	<b>Gender:</b> FEMALE	<b>Height:</b> 5' 6"								
	<b>Original License Issue Date:</b> 03/28/2006	<b>Issued:</b> 12/25/2011	<b>Expires:</b> 05/05/2020	<b>Replaced:</b> 02/05/2014								
<b>CDL Status:</b>												
<b>Form Number:</b> P761402050114				<b>EIN:</b> 0100227340313227								
<table border="1"> <tr> <td><b>Citizen Status:</b> US CITIZEN</td> <td><b>Country of Birth:</b> US OF AMERICA</td> <td><b>State of Birth:</b> CALIFORNIA</td> <td></td> </tr> <tr> <td colspan="4"><b>Race:</b> CAUCASIAN</td> </tr> </table>					<b>Citizen Status:</b> US CITIZEN	<b>Country of Birth:</b> US OF AMERICA	<b>State of Birth:</b> CALIFORNIA		<b>Race:</b> CAUCASIAN			
<b>Citizen Status:</b> US CITIZEN	<b>Country of Birth:</b> US OF AMERICA	<b>State of Birth:</b> CALIFORNIA										
<b>Race:</b> CAUCASIAN												
<b>ORGAN DONOR</b>	<b>REAL ID COMPLIANT</b>											

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

SCANNER

MAY 02 2017