

ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	Juvenile
OBT Number		Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	
Agency Report Number (N.T.A.'s only) 06-		17-069237			
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 1. Yes 2. No		Multiple Clearance Indicator 01	
Location of Arrest (Including Name of Business) 120TH AVE S/INDIAN MOUND RD		Location of Offense (Business Name, Address) 120TH AVE S/INDIAN MOUND RD			
Date of Arrest 04/26/2017	Time of Arrest 0400	Booking Date	Booking Time	Jail Date	Jail Time
Name (Last, First, Middle) HARDING, CYNTHIA ANNE		Alias (Name, DOB, Soc. Sec. #, Etc.)			
Race W - White I - American Indian B - Black O - Oriental/Asian W	Sex F	Date of Birth 05/05/1969	Height 5-06	Weight 140	Eye Color BLU
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status SINGLE	Religion AGNOSTIC	Indication of: Alcohol Influence Drug Influence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk.	Build SMALL
Local Address (Street, Apt. Number) 891 SAGE AVE WELLINGTON, FL 33414		(City)	(State)	(Zip)	Phone (310) 403-5871
Permanent Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone ()
Business Address (Name, Street)		(City)	(State)	(Zip)	Phone ()
D/L Number, State FL/H635-101-69-665-0		Soc. Sec. Number		INS Number	Place of Birth (City, State) NEWPORT BEACH, CA
Citizenship USA					
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 Legal Custodian Other: 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
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 DUI		Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 316.193(1)	
Drug Activity N		Drug Type N	Amount / Unit	Offense # 17-069237	Warrant / Capias Number
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 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 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
Location (Court, Room Number, Address) 3228 GUN CLUB RD WEST PALM BEACH, FL 33406					
Court Date and Time Month 05 Day 25 Year 2017 Time 8:30 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					
Name: <input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		Signature of Arresting Officer CPL THOMAS WALTON		Name Verification (Printed by Arrestee) (PRINT)	
Intake Deputy I.D. #		Transporting Officer CPL T. WALTON		Agency PBSO	
Pouch #		I.D. # 6942		Agency PBSO	
Witness here if subject signed with an "X"					
PAGE 1 OF 1					

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 as 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 is 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

SUBJECT: HARDING, CYNTHIA ANNE

CASE NUMBER 17-069237

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

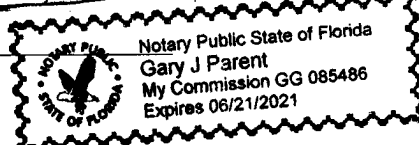
CPL T. WALTON #6942

(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

CASE NUMBER: 17-069237

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: _____

SCANNED

MAY 02 2017

TESTING FACILITY TASK REPORT

AGENCY: PBSO
SUBJECT: Harding, Cynthia 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 Korteck #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: mumbled
ATTITUDE: talkative, moaning, upset
CLOTHING: white shirt, white pants, white socks
MEDICAL CONDITIONS: none reported, no known allergies, no jewelry
MEDICATIONS: none reported
OTHER: eyes glassy

COMMENTS: Arrived at center 11:00 AM. began twenty minute observation period at 11:30.

Δ refused to take breath test

N/c heard T/C

Δ Subject stated she understood

N/c asked subject if she remember hearing her rights read at scene. Δ stated yes.

N/c Attempted Q & A

Δ refused to answer questions.

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MAY 02 2017

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.

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MAY 02 2017

SUSPECT'S SIGNATURE: (X) _____

SUBJECT: Harold, Cynthia A CASE NUMBER: 17 009237

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: MTJ WUBD II 0942

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL

SCANNED
MAY 02 2017

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.



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

LAST NAME: <u>Zedda</u>		FIRST NAME: <u>Roberto</u>		MIDDLE INITIAL: <u>M</u>	RACE: <u>W</u>	SEX: <u>M</u>
DATE OF BIRTH: (MM/DD/YYYY) <u>05/18/1983</u>		YOUR HEIGHT: <u>5'10</u>	YOUR WEIGHT: <u>150</u>	YOUR HAIR COLOR: <u>Brown</u>		YOUR EYE COLOR: <u>Green</u>
YOUR HOME ADDRESS: <input type="checkbox"/> CHECK IF HOMELESS <u>11506 Wellington Preserve Blvd</u>			CITY: <u>Wellington</u>		STATE: <u>FL</u>	ZIP: <u>33449</u>
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 <u>(805) 636-7195</u>	HOME PHONE: <input type="checkbox"/> CHECK IF NONE ()	EMAIL: <input type="checkbox"/> CHECK IF NONE			

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 NEXT I SAW A LADY COMING OUT OF A CAR. I ASK THE LADY ON MY CALL IF I CAN LEAVE AND SHE SAID YES, AND I LEFT. WHEN I CAME BACK TO MEET THE SHERIFF WAS THE SAME LADY.</p>		
<p>SCANNER MAY 02 2017</p>		
PAGE 1 OF 1		

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MAY 02 2017

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

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

TIME: 0333

ID: BA42

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 THEREBY 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 INITIALING 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 _____)

☐ 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

DAVID

DRIVER AND VEHICLE INFORMATION DATABASE


STATE OF FLORIDA

DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES

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

Record Detail

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

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

Restrictions:	Endorsements:	Conditional Messages:
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SCANNED
MAY 02 2017