

0481791

N/H ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

WCT18939 AMB

3912

OBTS Number : <input type="text"/>		1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias		1	Juvenile
Agency ORI Number : <input type="text"/> FL 500000		Agency Name : <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number (N.T.A.'s only) : <input type="text"/> 06-16138306	
Charge Type: <input type="checkbox"/> 1. Felony Check as many as apply. <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 1. Yes 2. No				Multiple Clearance Indicator	
Location of Arrest (Including Name of Business) <b>Palm Beach Gardens Medical Center 3360 Burns Road PBG, FL 33410</b>		Location of Offense (Business Name, Address) <b>Prosperity Farms Road and Donald Ross Road</b>			
Date of Arrest <b>10/12/2016</b>		Time of Arrest <b>2059</b>	Booking Date	Booking Time	Jail Date
				Jail Time	Location of Vehicle <b>All Hooked Up Towing</b>
Name (Last, First, Middle) : <b>Hansen, Diane Shanks</b>					
Alias (Name, DOB, Soc. Sec. #, Etc.)					
Race W - White I - American Indian B - Black O - Oriental/Asian		Sex <b>W</b>	Date of Birth <b>11/17/1952</b>	Height <b>5'07"</b>	Weight <b>138</b>
Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description) <b>Three scars on abdomen from surgery</b>				Marital Status <b>Widowed</b>	Religion <b>NONE</b>
Indication of: Y <input type="checkbox"/> N <input type="checkbox"/> Unk. Alcohol Influence <input checked="" type="checkbox"/> Drug Influence <input type="checkbox"/>					
Local Address (Street, Apt. Number) <b>51 Balfour Road East</b>		(City) <b>Palm Beach Gardens</b>	(State) <b>Florida</b>	(Zip) <b>33418</b>	Phone <b>(561) 308-5445</b>
Residence Type: 1. City 2. County 3. Florida 4. Out of State					
Permanent Address (Street, Apt. Number) <b>Same</b>		(City)	(State)	(Zip)	Phone
Address Source <b>FL DL</b>					
Business Address (Name, Street)		(City)	(State)	(Zip)	Phone
		Occupation <b>Retired</b>			
D/L Number, State <b>H525-177-52-917-0/FL</b>		Soc. Sec. Number <input type="text"/>	INS Number <input type="text"/>	Place of Birth (City, State) <b>Savannah, Georgia</b>	Citizenship <b>US</b>
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large
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"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other:		Name (Last) <b>(First)</b>	(Middle)	Residence Phone <input type="text"/>	
Address (Street, Apt. Number) <b>of</b>		(City)	(State)	(Zip)	Business Phone <input type="text"/>
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
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property			Value of Property
Drug Activity S. Sell N. Buy P. Possess		R. Smuggle D. Deliver T. Traffic	K. Dispense/ Distribute	M. Manufacture/ Produce/ Cultivate	Z. Other
Drug Type N/A		Drug Type N/A	Drug Type N/A	Drug Type N/A	Drug Type N/A
Counts 1		Counts 1	Counts 1	Counts 1	Counts 1
Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N
Statute Violation Number <b>316.193 (3)(c)(1)</b>		Violation of ORD #			
Charge Description <b>DUI w/Property Damages</b>		Counts 1			
Drug Activity N		Drug Type N	Amount / Unit N/A	Offense # <b>16138306</b>	Warrant / Capias Number
Counts 1		Counts 1	Counts 1	Counts 1	Bond
Statute Violation Number		Violation of ORD #			
Charge Description		Counts 1			
Drug Activity N		Drug Type N	Amount / Unit N/A	Offense # <b>16138306</b>	Warrant / Capias Number
Counts 1		Counts 1	Counts 1	Counts 1	Bond
Statute Violation Number		Violation of ORD #			
Charge Description		Counts 1			
Drug Activity N		Drug Type N	Amount / Unit N/A	Offense # <b>16138306</b>	Warrant / Capias Number
Counts 1		Counts 1	Counts 1	Counts 1	Bond
Statute Violation Number		Violation of ORD #			
Charge Description		Counts 1			
Drug Activity N		Drug Type N	Amount / Unit N/A	Offense # <b>16138306</b>	Warrant / Capias Number
Counts 1		Counts 1	Counts 1	Counts 1	Bond
Statute Violation Number		Violation of ORD #			
Location (Court, Room Number, Address) <b>CRIMINAL JUSTICE COMPLEX 3228 Gun Club Road WPB, FL</b>		Counts 1			
Court Date and Time Month November Day 10th Year 2016 Time 8:30		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) <b>Diane Hansen</b>					
Date Signed <b>10/12/2016</b>					
HOLD for other Agency Name: <input type="text"/>		Signature of Arresting Officer <b>CHIQUITO RODRIGUEZ #18334</b>		Name Verification (Printed by Arrestee) <b>SCANNED</b>	
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		I.D. # <b>18334</b>	
Intake Deputy <b>Same</b>		Transporting Officer <b>PBSO</b>		Agency <b>PBSO</b>	
				With or without a subject marked with an -X-	
				1 OF 1	

OBTS Number		PROBABLE CAUSE AFFIDAVIT			1. Arrest	3. Request for Warrant	4. Request for Capias	1	Juvenile	
ADMIN	Agency ORI Number <b>FLO 500000</b>	Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>	Agency Report Number <b>06-16138306</b>							
DEF	Charge Type: Check as many as apply. 1. Felony 2. Traffic Felony 3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 6. Other				Special Notes:					
CHARGES	Name (Last, First, Middle) <b>Hansen, Diane Shanks</b>	Alias			Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>11/17/1952</b>			
	Charge Description <b>DUI w/Property Damages</b>	316.193 (3)(c)(1)			Charge Description					
	Charge Description				Charge Description					
VICTIM	Victim's Name (Last, First, Middle) <b>STATE OF FLORIDA</b>				Race	Sex	Date of Birth			
	Local Address (Street, Apt. Number)	(City)	(State)	(zip)	Phone ( )	Address Source				
	Business Address (Name, Street)	(City)	(State)	(zip)	Phone ( )	Occupation				
<p>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.</p> <p>The Person taken into custody</p> <p><input checked="" type="checkbox"/> committed the below acts in my presence.</p> <p><input type="checkbox"/> confessed to _____ admitting to the below facts.</p> <p><input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.</p> <p><input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p>										
PROBABLE CAUSE STATEMENT	<p>On the <b>12th</b> day of <b>October</b> 20 <b>16</b> at <b>1921</b> <input type="checkbox"/> A. M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p> <p>As I continued to speak with the defendant, she repeatedly interrupted by asking what happened, if anyone was injured and she apologized for her actions. The defendant stated, "He (the accountant) gave me some vodka and I haven't been drinking for a long time. I had two. They were pretty hefty I'll have to say that. I was nervous before going over there. My husband died eleven months ago. I will admit I have been an emotional wreck since then". As she continued to answer questions I had to bring her back to the topic as she would easily get off subject and make incoherent statements. When asked about her vehicle, the defendant stated it was a "nineteen O eight" Honda Civic. The defendant was very flirtatious with Investigator Schaefer and trying to touch him on his shoulder and she invited him to sit next to her on the edge of the bed. At one point she stated that she has a scar on her abdomen from a previous surgery and began to undo her pants to show the scar. I had to instruct the defendant to keep her pants on.</p> <p>I was advised by hospital staff that the defendant was medically cleared and being discharged after they observed the defendant get up and walk. The defendant was instructed by the nurse to walk down the hall to the nurse's station and return to the room. I observed the defendant as she stumbled over her feet and she had a very unsteady gait. I concluded my investigation and instructed the defendant to remove the hospital gown and put her shirt back on. I then instructed the defendant that she was under arrest for DUI. The defendant verbally stated that she understood and said, "Oh fuck. I really fucked up this time". I placed the defendant in handcuffs that were checked for proper fit and tightness and double locked. I placed the 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 consented. The defendant provided two breath samples and the results were .208 for the first sample and .208 for the second sample. The results were given, and explained to the defendant and the defendant verbally stated that she understood. The defendant stated, "What? Oh my God, I am so totally fucked. Don't write that down please. My husband Norman would die, if he weren't already dead, if he saw this going on." I read the defendant her Constitutional warnings on camera and the defendant verbally stated that she understood her rights. The defendant cooperated with Q&amp;A.</p> <p>Based on the above set of facts and circumstances, probable cause exists to find the defendant in violation of FSS 316.193 (3)(c)(1) Driving under the influence causing property damage.</p> <p>I issued the defendant a citation for DUI with property damage and transported the defendant to the main detention center, without incident, for booking and processing.</p> <p>This case is cleared by arrest.</p>									
ADMINISTRATIVE	<p>STATE OF FLORIDA COUNTY OF PALM BEACH <b>Inv. Chiquito-Rodriguez #18334</b> (Signature of Arresting/Investigative Officer)</p> <p><b>12th October 16</b> by <b>Inv. Chiquito-Rodriguez #18334</b></p> <p>The foregoing instrument was sworn to or affirmed and subscribed before me this <b>12th</b> day of <b>October</b> 20 <b>16</b> by <b>Inv. Chiquito-Rodriguez #18334</b></p> <p>(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced <b>KNOWN</b></p> <p><b>Jeanette Cain</b> Notary Public, Clerk of Court, Officer (F.S.S. 117.10)</p> <p>Notary Public State of Florida Jeanette Cain My Commission FF 993131 Expires 07/08/2030</p>									
	<p>PAGE <b>1</b> OF <b>1</b></p>									

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 12th DAY OF October 20 16, AT 1921  AM  PM

SUBJECT: Hansen, Diane Shanks CASE NUMBER: 16138306

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: Inv. Chiquito-Rodriguez #18334

## PERSONAL CONTACT

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

On 10/12/2016, at approximately 2023 hours, I responded to the intersection of Prosperity Farms Road and Donald Ross Road in Palm Beach Gardens, located within Palm Beach County, Florida at the request of Deputy Lynch to assist with a vehicle crash involving injuries. Upon arriving on scene I made contact with Deputy Lynch who advised that the occupants of both vehicles were transported to area hospitals by ground for minor injuries prior to my arrival. I observed a blue Honda Civic, bearing Florida tag H208KS, in the northbound lane of Prosperity Farms Road at the intersection of Donald Ross Road with significant damage to the front bumper. Deputy Lynch further advised that through the crash investigation it was apparent that Blue Volkswagen Tiguan SUV, bearing Florida tag 941PZI, was traveling north on Prosperity Farms Road and was stopped at a solid red traffic light at the intersection of Donald Ross Road when the two door Honda Civic struck the rear of the Volkswagen. The driver and sole occupant of the Blue Honda Civic was identified as Diane Shanks Hansen (defendant) DOB: 11/17/1952 by her Florida issued driver's license. I independently evaluated the crash scene and the damage to the Honda Civic. I was unable to evaluate the damage to the Volkswagen because it was removed from the scene by the registered owner prior to my arrival on scene. Deputy Lynch obtained witness statements from the occupants of the Volkswagen and completed the crash investigation under PBSO case 16-138306.

## OBSERVATION OF DRIVER:

I relocated to Palm Beach Gardens Medical Center, where the defendant was transported to by Palm Beach Gardens Fire Rescue (RUN # 16-008433), prior to my arrival. Upon arriving at the hospital I made contact with hospital medical staff that was overseeing the defendant's care and was advised that the defendant did not sustain serious injuries and was getting discharged from the hospital pending some final laboratory results. I was advised that the defendant was in emergency room 18 and I proceeded to make contact with her. After greeting the defendant and asking how she was doing, I observed that the defendant's speech was slow, heavy and slurred, her eyes were red, bloodshot and glassy and she was incoherent with her speech. I stood to her left side as she lay in the bed in a hospital gown covering her top half, blue jean capri shorts and hospital issued yellow socks, and as the defendant spoke I could smell the strong odor of an unknown alcoholic beverage that became stronger as she spoke to me. Due to the fact that the defendant was in the hospital, and the distance of where my patrol vehicle was parked on the hospital grounds, the interaction with the defendant was not captured on my in car video system or audio. Investigator John Schaefer was present and witnessed the entire interaction I had with the defendant while at the hospital. I advised the defendant that the traffic crash investigation was completed and that I was initiating a separate DUI investigation. I read the defendant her Constitutional warnings from a PBSO issued Miranda card and the defendant verbally stated that she understood her rights as I read them to her. The defendant stated that she was returning from her accountant's house and was on her way to a friend's house to stay the night.

## DRIVER'S STATEMENTS:

The defendant would answer questions and then trail off into a completely different topic without giving a complete response to my questions. The defendant stated that she has chronic neck and back pain from a car accident she had fifteen years prior and that she takes Gabapentin three times a day to manage the pain. The defendant further stated that she takes a diuretic and prescribed Xanax as needed and is on cholesterol medication but did not know the name. She stated that she took her Gabapentin three times and took two half doses of Xanax earlier in the day. The defendant denied having any other medical problems or injuries.

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, slurred, mumbled, Incoherent

ATTITUDE: Talkative, Mood swings, Using profanity, cooperative

CLOTHING: Hospital gown, Red sweater on lap, Blue jean capri pants, yellow hospital socks, eye glasses

MEDICAL/OTHER: Defendant stated she has chronic back and neck pain. Defendant stated she takes Gabapentin to manage pain, also takes Xanax as needed, Cholesterol medication and a diuretic.

STATE OF FLORIDA  
COUNTY OF PALM BEACH

Inv. Chiquito-Rodriguez #18334

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 12th day of October 20 16 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 State of Florida  
Jeanette Cain  
My Commission FF 993131  
Expires 07/08/2020

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

## ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

LT EYE-LACK OF SMOOTH PURSUIT  
 LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION  
 LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

RT EYE-LACK OF SMOOTH PURSUIT  
 RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION  
 RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

**Other Observations:****Bloodshot, red, glassy eyes.****WALK & TURN:****NOT COMPLETED.****ONE LEG STAND:****NOT COMPLETED.****FINGER TO NOSE:****NOT COMPLETED.****ROMBERG ALPHABET:****NOT COMPLETED.****BREATH TEST RESULTS:** 1) .208 2) .208 3) 4)

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**STATE OF FLORIDA**  
**COUNTY OF PALM BEACH**Inv. Chiquito-Rodriguez #18334  
(Signature of Arresting/Investigative Officer)The foregoing instrument was sworn to or affirmed and subscribed before me this 12th day of October 2016 by Inv. Chiquito-Rodriguez #18334(Print name of Arresting/Investigative Officer, who is personally known to me and/or produced identification to my satisfaction) KNOWNJeanette Cain  
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)

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 #:	16-138287	ZONE:	3-12	SUSPECT:	Diane Hansen	DATE & TIME OF ORIGINAL EVENT/OFFENSE:	10/12/16 19:21
EVENT TYPE:	Crash			DEPUTY:	D/S G. Lynch	ID#:	8588

COMPLETE EVERYTHING BELOW - PRINT LEGIBLY

LAST NAME:	Collier	FIRST NAME:	Sophia	MIDDLE INITIAL:	J	RACE:	W	SEX:	F
DATE OF BIRTH:	10/18/00 (MM/DD/YYYY)	YOUR HEIGHT:	5'8"	YOUR WEIGHT:	130 lbs	YOUR HAIR COLOR:	brown	YOUR EYE COLOR:	brown
YOUR HOME ADDRESS:	13390 William Myers Ct			CITY:	Palm Beach Gardens	STATE:	FL	ZIP:	33410
YOUR WORK NAME & ADDRESS:	Sparkle and Shine			CITY:	PBG	STATE:	FL	ZIP:	33410
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		
( )		(269) 615-7689	( )						

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

YOUR NAME:	Sophia Collier	DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER...
<p>I was restrained in the middle seat of the second row. My family was in the car at a right light going north on Donald Ross and Prosperity Farms intersection. My sister Lauren Collier was driving and put the car in Park because she needed to fix her shoe. A car driving behind us hit the tail end of the car full force. My family and I slung forward in the car but the car did not go into the intersection of Prosperity Farms and Donald Ross. After we were hit the woman driving the car that hit us got out. She was a blonde woman maybe 50-60 years old. She was saying something I couldn't make out and was trying to come near my little sister that was crying. She fell over twice, was banging on our car back window, and pushed the driver to get to my         </p>		

little sister.

READ AND SIGN

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

YOUR SIGNATURE: X Sophia

DEPUTY SHERIFF  NOTARY PUBLIC FSS: 117.10  
 SWORN TO AND SUBSCRIBED BEFORE ME TODAY:  
 DATE: 10/12/16 TIME: 21:00  
 SIGNATURE:  ID: 8588

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

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WITNESS  VICTIM  OTHER

CASE #:	16-138287	ZONE:	3-11	SUSPECT:	Dawn Hansen	DATE & TIME OF ORIGINAL EVENT/OFFENSE:	10/12/16 17:21
EVENT TYPE:	Crash			DEPUTY:	OB-6116	ID#:	3085

COMPLETE EVERYTHING BELOW – PRINT LEGIBLY

LAST NAME:	COLLIER	FIRST NAME:	NATHAN	MIDDLE INITIAL:	J	RACE:	C	SEX:	M	
DATE OF BIRTH:	10/12/1973	YOUR HEIGHT:	6'2"	YOUR WEIGHT:	200	YOUR HAIR COLOR:	Black	YOUR EYE COLOR:	Blue	
YOUR HOME ADDRESS:	13350 Williams Dr. NEA 8 CT.			CITY:	PBC	STATE:	FL	ZIP:	33416	
YOUR WORK NAME & ADDRESS:	AACHETECH ER VOLUNTEER			CITY:	TEQUESTA	STATE:	FL	ZIP:	33469	
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:	<a href="mailto:NathanCollier@me.com">NathanCollier@me.com</a>			<input type="checkbox"/> CHECK IF NONE
(561) 406-2651		(760) 348-3884								

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

YOUR NAME:	NATHAN COLLIER	DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER...
<p>AT APPROX 7:15pm on October 12, 2016</p> <p>MY FAMILY OF (5) WAS SITTING AT THE</p> <p>LIGHT @ PROPERTY NO. # DENO 0255. WE</p> <p>WERE ON 2ND FLOOR AT A MIDDLE PLAZA (6000)</p> <p>WE ARE MEXICAN HAVING A HOUSE/BAKERY...</p> <p>THE WOMAN GOT OUT OF HER CAR (HHRD?)</p> <p>SHE WAS OBVIOUSLY UNDER THE INFLUENCE OF</p> <p>ALCOHOL / DRUGS. HER VOICE WAS SLURRED</p> <p>SHE WAS VERY UNSTEADY ON HER FEET. SHE</p> <p>FELL DOWN SEVERAL TIMES. I TALKED HER TO</p> <p>REALEST BASIC TO HER VEHICLE OR AT LEAST</p> <p>SIT DOWN. SHE WAS BELIEVABLE.</p>		
PAGE <u>1</u> OF <u>2</u>		

READ AND SIGN

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

YOUR SIGNATURE: X

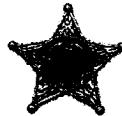
DEPUTY SHERIFF  NOTARY PUBLIC FSS: 117.10  
SWORN TO AND SUBSCRIBED BEFORE ME TODAY:  
DATE: 10/12/16 TIME: 21:00  
SIGNATURE: OB-6116 ID: 3085

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.

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EVENT TYPE:		DEPUTY:	ID#:

COMPLETE EVERYTHING BELOW - PRINT LEGIBLY

LAST NAME:	FIRST NAME:	MIDDLE INITIAL:	RACE:	SEX:
COLLIER	NA		C	MALE
DATE OF BIRTH: (MM/DD/YYYY)	YOUR HEIGHT:	YOUR WEIGHT:	YOUR HAIR COLOR:	YOUR EYE COLOR:
10/16/1973	5'7"	260		
YOUR HOME ADDRESS:	<input type="checkbox"/> CHECK IF HOMELESS	CITY:	STATE:	ZIP:
15390 WILSON AVENUE ST.		PBNA	FL	33411
YOUR WORK NAME & ADDRESS:	<input type="checkbox"/> CHECK IF UNEMPLOYED OR RETIRED	CITY:	STATE:	ZIP:
A RUSTY DE FORTIERING				33469
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) 466-2651	(760) 348-3894	1-1		HOME.COM

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

YOUR NAME:	DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER...
I, NATHAN COLLIER	
WALKED UP TO KEY CARD	
SHE POURED ON THE PLATE	
HE DESCRIBED AS BROWN HAIR SHORT	
PURPLE SHIRT WI SHANTS	
BAG FORT	
A	
B	
C	
D	
E	
F	
G	
H	
I	
J	
K	
L	
M	
N	
O	
P	
Q	
R	
S	
T	
U	
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W	
X	
Y	
Z	

PAGE 2 OF 2

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: 10/16/10 TIME: 11:30  
SIGNATURE: COLLIER ID: 117.10

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 #:	ZONE:	SUSPECT:	DATE & TIME OF ORIGINAL EVENT/OFFENSE:
16-138287	3-12	Diane Hansen	10/12/16 19:21
EVENT TYPE:	DEPUTY:	ID#:	
ACCIDENT	G. Lynch	8388	

COMPLETE EVERYTHING BELOW - PRINT LEGIBLY

LAST NAME:	FIRST NAME:	MIDDLE INITIAL:	RACE:	SEX:
Collier	Lauren	J	W	F
DATE OF BIRTH: (MM/DD/YYYY)	YOUR HEIGHT:	YOUR WEIGHT:	YOUR HAIR COLOR:	YOUR EYE COLOR:
04/11/97	5'10	145	Blonde	Green
YOUR HOME ADDRESS:	<input type="checkbox"/> CHECK IF HOMELESS	CITY:	STATE:	ZIP:
13390 William Myer Ct.		B PBG	FL	33410
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
( )	(200) 452-5519	( )		

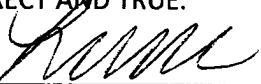
WRITE WHAT HAPPENED IN YOUR WORDS IN FULL DETAIL - PRINT LEGIBLY

YOUR NAME:	DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER...		
Lauren Collier			
<p>was driving when a lady hit us from behind and hit us full speed. We were all wearing seat belts. I got first and went and banged on the lady's window asking her to turn her car off. Her head was down and she wasn't listening. I opened her door told her to turn her car off again and asked her if she was ok. She <del>had</del> turned car off and tried to get out of her car multiple times with her seat belt still on. Once she got out she started walking to my car where my little</p>			

PAGE 1 OF 2

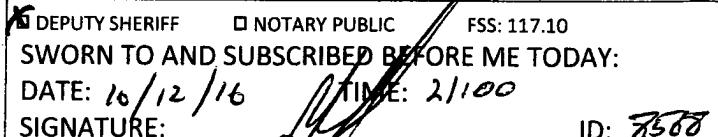
READ AND SIGN

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: 10/12/16 TIME: 21:00

SIGNATURE:  ID: 8388

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.

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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 #:	16-138287	ZONE:	3-12	SUSPECT:	Diane Hansen	DATE & TIME OF ORIGINAL EVENT/OFFENSE:	10/12/16 19:21
EVENT TYPE:	ACCIDENT		DEPUTY:		G. Lynch	ID#:	8568

COMPLETE EVERYTHING BELOW - PRINT LEGIBLY

LAST NAME:	Collier	FIRST NAME:	Lauren	MIDDLE INITIAL:	J	RACE:	W	SEX:	F
DATE OF BIRTH:	04/11/97 (MM/DD/YYYY)	YOUR HEIGHT:	5'10	YOUR WEIGHT:	145	YOUR HAIR COLOR:	Blonde	YOUR EYE COLOR:	Green
YOUR HOME ADDRESS:	13390 William Myers Ct.		<input type="checkbox"/> CHECK IF HOMELESS	CITY:	PB67	STATE:	FL	ZIP:	33410
YOUR WORK NAME & ADDRESS:	222 S. US Highway 1 SUITE 205		<input type="checkbox"/> CHECK IF UNEMPLOYED OR RETIRED	CITY:	TEQUESTA	STATE:	FL	ZIP:	33469
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		
(1) 1860 450 8519 ( )									

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

YOUR NAME:	Lauren Collier	DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER...
<p>Sisters were crying to see them. we asked her to go back to her car and she wouldn't. she <del>shoved</del> pushed me out of the way of my sisters car door to try and see them. I pushed her back and asked her to get in her car. she backed up and fell over her hood onto the road. my dad helped her up and she began to bang on my back window. we once again told her to go to her car and she did. 60/60 yr old.</p> <p>white female. Blonde pink/purple shirt. mumbbling and crazed.</p>		

PAGE 2 OF 2

READ AND SIGN

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

YOUR SIGNATURE: X Lauren

DEPUTY SHERIFF  NOTARY PUBLIC FSS: 117.10

SWORN TO AND SUBSCRIBED BEFORE ME TODAY:

DATE: 10/12/16 TIME: 21:00

SIGNATURE: Lauren ID: 8568

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.

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

DIAGRAM

REPORTING AGENCY CASE NUMBER

16-138287

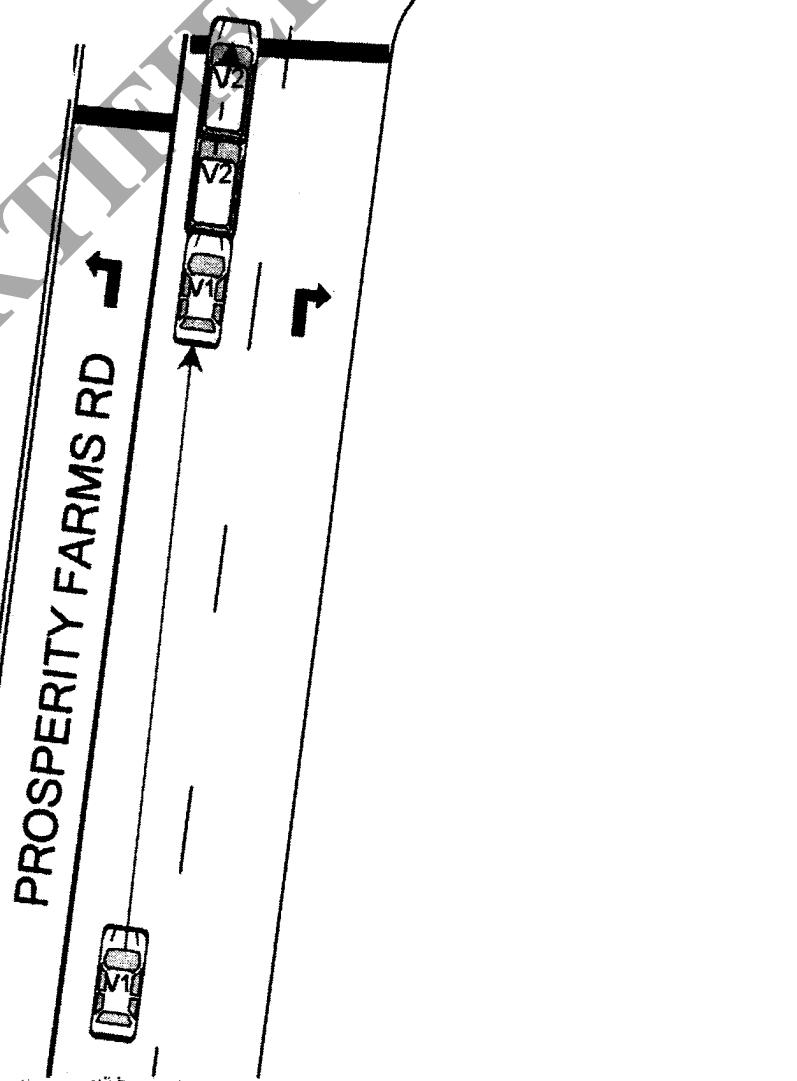
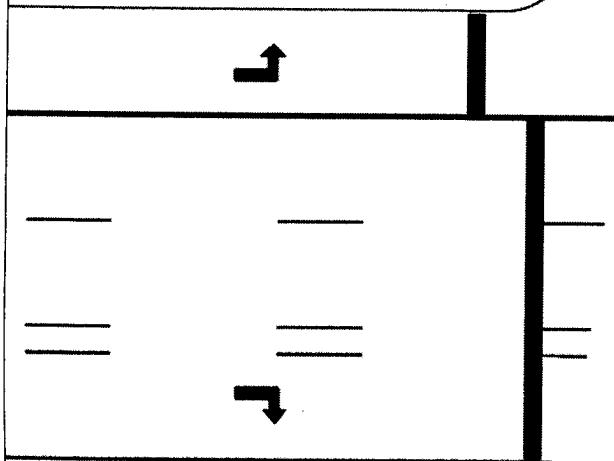
HSMV CRASH REPORT NUMBER

81459935

DONALD ROSS RD



NOT TO SCALE



# FLORIDA TRAFFIC CRASH REPORT

LONG FORM  SHORT FORM  UPDATE   
(Shaded Areas)

TOTAL # OF VEHICLE SECTION(S) 2

MAIL TO: DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES  
TRAFFIC CRASH RECORDS, NEIL KIRKMAN BUILDING  
TALLAHASSEE, FL 32399-0537

TOTAL # OF PERSON SECTION(S) 2

TOTAL # OF NARRATIVE SECTION(S) 1

CRASH DATE 10/12/2016	TIME OF CRASH 7:21 PM	DATE OF REPORT 10/12/2016	REPORTING AGENCY CASE NUMBER 16-138287	HSMV CRASH REPORT NUMBER 81459935			
CRASH IDENTIFIERS							
COUNTY CODE 06	CITY CODE 00	COUNTY OF CRASH PALM BEACH	PLACE OR CITY OF CRASH UNINCORPORATED	CHECK IF WITHIN CITY LIMITS <input type="checkbox"/>			
TIME ON SCENE 7:28 PM	TIME CLEARED SCENE 7:58 PM	CHECK IF COMPLETED <input checked="" type="checkbox"/>	REASON (If Investigation NOT Complete)	TIME REPORTED 7:21 PM			
TIME DISPATCHED 7:22 PM							
Notified By: 1 Motorist 2 Law Enforcement							
ROADWAY INFORMATION (CHOOSE ONLY 1 OF 4 OPTIONS)							
CRASH OCCURRED ON STREET, ROAD, HIGHWAY PROSPERITY FARMS RD		AT STREET ADDRESS # DONALD ROSS RD	AT LATITUDE 1	AND LONGITUDE OR FROM MILEPOST #			
FEET 20.00	MILES 0.00	N S E W <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	AT / FROM INTERSECTION WITH STREET, ROAD, HIGHWAY DONALD ROSS RD	OR FROM MILEPOST # 1			
Road System Identifier 5 1 Interstate 2 U.S. 3 State		7 Forest Road 8 Private Roadway 9 Parking Lot 77 Other, Explain in Narrative	2 1 Paved 2 Unpaved 3 Curb	Type of Intersection 1 Not at Intersection 2 Four-Way Intersection 3 T-Intersection 4 Y-Intersection 5 Traffic Circle 6 Roundabout 7 Five-Point, or More 77 Other, Explain in Narrative			
CRASH INFORMATION (CHECK IF PICTURES TAKEN)							
Light Condition 4 1 Daylight 2 Dusk 3 Dawn 4 Dark-Lighted	Weather Condition 2 5 Dark-Not Lighted 6 Dark-Unknown 77 Other, Explain in Narrative 88 Unknown	Roadway Surface Condition 2 1 Fog, Smog, Smoke 2 Sleet/Hail/ Freezing Rain 3 Blowing Sand, Soil, Dirt 7 Severe Crosswinds 77 Other, Explain in Narrative 88 Unknown	School Bus Related 1 1 No 2 Yes, School Bus Directly Involved 3 Yes, School Bus Indirectly Involved	Manner of Collision/Impact 1 4 Sideswipe, Same Direction 5 Sideswipe, Opposite Direct 6 Rear to Side 7 Rear to Rear 77 Other, Explain in Narrative 88 Unknown			
First Harmful Event 14	Non-Collision 1 Overturn/Rollover 2 Fire/Explosion 3 Immersion 4 Jackknife 5 Cargo/Equipment Loss or Shift 6 Fell/Jumped From Motor Vehicle 7 Throw or Falling Object 8 Ran into Water/Canal 9 Other Non-Collision	Collision Non-Fixed Object 10 Pedestrian 11 Pedalcycle 12 Railway Vehicle (train, engine) 13 Animal 14 Motor Vehicle in Transport 15 Parked Motor Vehicle 16 Work Zone/Maintenance Equipment 17 Struck By Falling, Shifting Cargo 18 Other Non-Fixed Object	Collision with Fixed Object 19 Impact Attenuator/Crash Cushion 20 Bridge Overhead Structure 21 Bridge Pier or Support 22 Bridge Rail 23 Culvert 24 Curb 25 Ditch 26 Embankment 27 Guardrail Face 28 Guardrail End 29 Cable Barrier	First Harmful Event Location 1 1 On Roadway 2 Off Roadway 3 Shoulder 4 Median 6 Gore 7 Separator 8 In Parking Lane or Zon 9 Outside Right-of-way 10 Roadside 88 Unknown			
First Harmful Event within Interchange 1	1 No 2 Yes 88 Unknown						
First Harmful Event Relation to Junction 3 1 Non-Junction 2 Intersection 3 Intersection-Related 4 Driveway/Alley Access Related	Contributing Circumstances: Road 1 5 Railway Grade Crossing 14 Entrance/Exit Ramp 15 Crossover - Related 16 Shared-Use Path or Trail 17 Acceleration/Deceleration Lane 18 Through Roadway 77 Other, Explain in Narrative 88 Unknown	Contributing Circumstances: Environment 1 9 Worn, Travel-Polished Surface 10 Road Surface Condition (wet, icy, snow, slush, etc.) 11 Obstruction in Roadway 12 Debris 13 Traffic Control Device Inoperative, Missing or Obscured 14 Non-Highway Work 77 Other, Explain in Narrative 88 Unknown					
Work Zone Related 1 1 No 2 Yes 88 Unknown	Crash in Work Zone 1 Before the First Work Zone Warning Sign 2 Advance Warning Area 3 Transition Area 4 Activity Area 5 Termination Area	Type of Work Zone <input type="checkbox"/> 1 Lane Closure 2 Lane Shift/Crossover 3 Work on Shoulder or Median 4 Intermittent or Moving Work 77 Other, Explain in Narrative	Workers in Work Zone <input type="checkbox"/> 1 No 2 Yes 88 Unknown	Law Enforcement in Work Zone <input type="checkbox"/> 1 No 2 Officer Present 3 Law Enforcement Vehicle Only Present			
WITNESSES							
NAME	ADDRESS	CITY & STATE		ZIP CODE			
NAME	ADDRESS	CITY & STATE		ZIP CODE			
NAME	ADDRESS	CITY & STATE		ZIP CODE			
NON VEHICLE PROPERTY DAMAGE							
VEHICLE #	PERSON #	PROPERTY DAMAGE - OTHER THAN VEHICLE	EST. AMOUNT	OWNER'S NAME <input type="checkbox"/> (Check if Business)	ADDRESS	CITY & STATE	ZIP CODE
VEHICLE #	PERSON #	PROPERTY DAMAGE - OTHER THAN VEHICLE	EST. AMOUNT	OWNER'S NAME <input type="checkbox"/> (Check if Business)	ADDRESS	CITY & STATE	ZIP CODE

VEHICLE #	1	Check if Commercial	REPORTING AGENCY CASE NUMBER	HSMV CRASH REPORT NUMBER					
		16-138287		81459935					
1 Vehicle in Transport 2 Parked Motor Vehicle 3 Working Vehicle	1	VEHICLE LICENSE NUMBER	STATE	REGISTRATION EXPIRES	Check if Permanent Registration	VIN			
		H208KS	FL	11/17/2016	<input type="checkbox"/>	2HGFG12648H576177			
Hit and Run 1 No 2 Yes 88 Unknown	1	YEAR	MAKE	MODEL	STYLE	COLOR	DAMAGE: 1 Disabling 4 Minor 2 Functional 88 Unknown 3 None	EST. AMOUNT	
		2008	HOND	CIVIC	2D	BLU		1 10000	
INSURANCE COMPANY		INSURANCE POLICY NUMBER		Towed due to Damage: 1 No 2 Yes	2	VEHICLE REMOVED BY	1. Rotation 2. Owner Request 3. Driver 4. Other, Explain in Narrative		
STATE FARM MUTUAL AUTOMOBILE INSURANCE		4446856594			2	ALL HOOKED UP TOWING	1		
NAME OF VEHICLE OWNER <input type="checkbox"/> (Check if Business)		DIANE SHANKS HANSEN W/F		CURRENT ADDRESS		CITY & STATE		ZIP CODE	
				51 BALFOUR RD E		PALM BCH GARDENS FL		33418	
Trailer #	LICENSE NUMBER	STATE	REGISTRATION EXPIRES	Check if Permanent Registration	VIN	YEAR	MAKE	LENGTH AXLES	
1				<input type="checkbox"/>					
Trailer #	LICENSE NUMBER	STATE	REGISTRATION EXPIRES	Check if Permanent Registration	VIN	YEAR	MAKE	LENGTH AXLES	
2				<input type="checkbox"/>					
VEHICLE TRAVELING	N S E W	Off-Road Unknown	ON STREET, ROAD, HIGHWAY				AT EST. SPEED	POSTED SPEED	TOTAL LANES
<input checked="" type="checkbox"/>			PROSPERITY FARMS RD				30	45	4
HAZ. MAT. RELEASED 1 No 2 Yes 88 Unknown	1	HAZ. MAT. PLACARD 1 No 2 Yes 88 Unknown	1	HAZ. MAT. NUMBER	HAZ. MAT. CLASS	Area of Initial Impact		Most Damaged Area	
						2 3 4 5 6 7	18 Undercarriage 18 19 Overturn 19 20 Windshield 20 21 Trailer 21	2 3 4 5 6 7	15 18 17 16 15 18 17 16
MOTOR CARRIER NAME				US DOT NUMBER		CITY & STATE		ZIP CODE	PHONE NUMBER
MOTOR CARRIER ADDRESS									
Vehicle Body Type		Trafficway		Commercial Motor Vehicle Configuration		Cargo Body Type		Emergency Vehicle Use	
1	15 Low Speed Vehicle 16 (Sport) Utility Vehicle 17 Cargo Van (10,000 lbs (4,536 kg) or less) 18 Motor Coach 19 Other Light Trucks (10,000 lbs (4,536 kg) or less) 20 Medium/Heavy Trucks (more than 10,000 lbs (4,536 kg)) 21 Farm Labor Vehicle 77 Other, Explain in Narrative 88 Unknown	1	1 Two-Way, Not Divided 2 Two-Way, Not Divided, with a Continuous Left Turn Lane 3 Two-Way, Divided, Unprotected (painted > 4 feet) Median 4 Two-Way, Divided, Positive Median Barrier 5 One-Way Trafficway 88 Unknown	1 Vehicle 10,000 lbs or less Placarded for Hazardous Materials 2 Single-Unit Truck (2-axle and GVWR more than 10,000 lbs (4,536 kg)) 3 Single-Unit Truck (3 or more axles) 4 Truck Pulling Trailer(s) 5 Truck Tractor (bobtail) 6 Truck Tractor/Semi-Trailer 7 Truck Tractor/Double Truck	8 Tractor/Triple 9 Truck more than 10,000 lbs (4,536 kg), Cannot Classify 10 Bus/Large Van (seats for 9-15 occupants, including driver) 11 Bus (seats for more than 15 occupants, including driver) 77 Other, Explain in Narrative 88 Unknown	3 Van/Enclosed Box 4 Hopper 5 Pole-Trailer 6 Cargo Tank 7 Flatbed 8 Dump 9 Concrete Mixer 10 Auto Transport 11 Garbage/Refuse 12 Log	13 Intermodal Container Chassis 14 Vehicle Towing Another Vehicle 15 Not Applicable (vehicle 10,000 lbs (4,536 kg) or less not displaying HM placard) 77 Other, Explain in Narrative 88 Unknown	1	
Comm/Non-Commercial 1 Interstate Carrier 2 Intrastate Carrier 3 Not in Commerce/Government 4 Not in Commerce/Other Truck		Trailer Type		TRAILER 1 TRAILER 2	8 Pole Trailer 9 Towed Vehicle 10 Auto Transport 77 Other, Explain in Narrative 88 Unknown	1 No Cargo 2 Bus			
Most Harmful Event		Non-Collision		1 Single Semi Trailer 2 Tandem Semi Trailer 3 Tank Trailer 4 Saddle Mount/Trailer 5 Boat Trailer 6 Utility Trailer 7 House Trailer	1 10,000 lbs (4,536 kg) or less 2 10,001-26,000 lbs (4,536-11,793 kg) 3 More than 26,000 lbs (11,793 kg) 4 Not Applicable				
Sequence of Events		Comm GVWR/GCWR		10 Pedestrian 11 Pedalcycle 12 Railway Vehicle (train, engine) 13 Animal 14 Motor Vehicle in Transport 15 Parked Motor Vehicle 16 Work Zone/Maintenance Equipment 17 Struck By Falling, Shifting Cargo or Anything Set in Motion by Motor Vehicle 18 Other Non-Fixed Object	19 Impact Attenuator/Crash Cushion 20 Bridge Overhead Structure 21 Bridge Pier or Support 22 Bridge Rail 23 Culvert 24 Curb 25 Ditch 26 Embankment 27 Guardrail Face 28 Guardrail End	29 Cable Barrier 30 Concrete Traffic Barrier 31 Other Traffic Barrier 32 Tree (standing) 33 Utility Pole/Light Support 34 Traffic Sign Support 35 Traffic Signal Support 36 Other Post, Pole, or Support 37 Fence 38 Mailbox 39 Other Fixed Object (wall, building, tunnel, etc.)	Emergency Vehicle Use	1	
Roadway Grade		Roadway Alignment		1 Straight 2 Backing 3 Turning Right 4 Changing Lanes 5 Parked 6 Making U-Turn 7 Overtaking/Passing	13 Stopped in Traffic 14 Slowing 15 Negotiating a Curve 16 Leaving Traffic Lane 17 Entering Traffic Lane 77 Other, Explain in Narrative 88 Unknown	5	1 No Controls 4 School Zone Sign/Device 5 Traffic Control Signal 6 Stop Sign 7 Yield Sign	12 Suspension 13 Wheels 14 Windows/Windshield 15 Mirrors 16 Truck Coupling/Trailer Hitch/Safety Chains 9 Exhaust System 10 Body, Doors 11 Power Train	1
Special Function of Motor Vehicle		1 No Special Function 2 Farm Vehicle 3 Police 7 Taxi 8 Military		9 Ambulance 10 Fire Truck 11 Farm Labor Transport 12 School Bus 13 Transit/Commuter Bus	14 Intercity Bus 15 Charter/Tour Bus 16 Shuttle Bus 17 Farm Labor Bus 88 Unknown	DUI	CHARGE	CITATION NUMBER	A0ZSCQP
VIOLATIONS		NAME OF VIOLATOR		FL STATUTE NUMBER		CHARGE		CITATION NUMBER	
PERSON #	1 DIANE SHANKS HANSEN	316.193		DUI					
PERSON #	NAME OF VIOLATOR		FL STATUTE NUMBER		CHARGE		CITATION NUMBER		
PERSON #	NAME OF VIOLATOR		FL STATUTE NUMBER		CHARGE		CITATION NUMBER		

PERSON # <b>1</b>	REPORTING AGENCY CASE NUMBER <b>16-138287</b>						HSMV CRASH REPORT NUMBER <b>81459935</b>							
1 Driver 2 Non-Motorist 3 Passenger	VEHICLE # <b>1</b>	NAME <b>DIANE</b>	CITY & STATE <b>PALM BCH GARDENS</b>						PHONE NUMBER <b>561-308-5445</b>	Check if Recommend Driver Re-exam				
CURRENT ADDRESS (Number and Street) <b>51 BALFOUR RD E</b>			CITY & STATE <b>PALM BCH GARDENS</b>						ZIP CODE <b>FL 33418</b>					
DATE OF BIRTH <b>11/17/1952</b>	SEX 1 Male 2 Female 88 Unknown	DRIVER LICENSE NUMBER <b>H525177529170</b>	STATE <b>FL</b>	EXPIRES <b>11/17/2016</b>	INJURY SEVERITY (INU)		4 Incapacitating 5 Fatal (within 30 days) 6 Non-Traffic Fatality							
DL Type 1 A 2 B 3 C 4 D/Chauffeur 5 E/Operator 6 E/Oper- Rest 7 None <b>5</b>			Required Endorsements 1 Yes 2 No 3 No Req. Endorsement <b>3</b>			DRIVER			Condition At Time of Crash <b>9</b>					
Driver Distracted By 1 Not Distracted 2 Electronic Communication Devices (cell phone, etc.) 3 Other Electronic Device (navigation device, DVD player)			4 Other Inside the Vehicle (explain in narrative) 5 External Distraction (outside the vehicle, explain in narrative) 6 Texting 7 Inattentive 88 Unknown			Driver's Actions at Time of Crash 1 No Contributing Action 2 Operated MV in Careless or Negligent Manner 3 Failed to Yield Right-of-Way 4 Improper Backing 6 Improper Turn 10 Followed too Closely 11 Ran Red Light 12 Drove too Fast for Conditions 13 Ran Stop Sign 15 Improper Passing 17 Exceeded Posted Speed 21 Wrong Side or Wrong Way 25 Failed to Keep in Proper Lane <b>2</b>			3rd 26 Ran off Roadway 27 Disregarded other Traffic Sign 28 Disregarded Other Road Markings 29 Over-Correcting/Over- Steering 30 Swerved or Avoided : Due to Wind, Slippery Surface, MV, Object, Non-Motorist in Roadway, etc. 31 Operated MV in Erratic, Reckless or Aggressive Manner 77 Other Contributing Action <b>10</b>					
Driver Vision Obstructions 1 Vision Not Obscured 2 Inclement Weather 3 Parked/Stopped Vehicle 4 Trees/Crops/Bushes <b>1</b>			5 Load on Vehicle 6 Building/Fixed Object 7 Signs/Billboards 8 Fog <b>9</b>			4th 9 Smoke 10 Glare 77 All Other, Explain in Narrative			Condition At Time of Crash 1 Apparently Normal 3 Asleep or Fatigued 5 Ill (sick) or Fainted 6 Seizure, Epilepsy, Blackout 7 Physically Impaired 8 Emotional (depression, angry, disturbed, etc.) 9 Under the Influence of Medications/Drugs/Alcohol 77 Other, Explain in Narrative 88 Unknown <b>9</b>					
DRIVER OR PASSENGER			DRIVER OR PASSENGER			DRIVER OR PASSENGER			Restraint Systems (RS)					
Motor Vehicle Seating Position: Seat Row 1 Left 1 Front 2 Middle 2 Second 3 Right 3 Third 77 Other 4 Fourth (explain in 77 Other Row narrative) 88 Unknown 88 Unknown			LOCATION: SEAT (LOC) ROW OTHER 1 1 1			Helmet Use (HU) 1 DOT-Compliant Motorcycle Helmet 2 Other Helmet 3 No Helmet <b>3</b>			Eye Protection (EP) 1 Yes 2 No 3 Not Applicable <b>3</b>					
Ejection (EJECT) 1 Not Ejected 2 Ejected, Totally 3 Ejected, Partially 4 Not Applicable 88 Unknown <b>1</b>			Air Bag Deployed (ABD) 5 Deployed-Other (knee, air belt, etc.) 6 Deployed- Combination 7 Deployed-Curtain 88 Deployment Unknown <b>2</b>			Air Bag Deployed (ABD) 1 Not Applicable 2 Not Deployed 3 Deployed-Front 4 Deployed-Side <b>2</b>			Restraint Systems (RS) 1 Not Applicable 2 None Used - Motor Vehicle Occupant 3 Shoulder and Lap Belt Used 4 Shoulder Belt Only Used 5 Lap Belt Only Used 6 Restraint Used - Type Unknown 7 Child Restraint System - Forward Facing 8 Child Restraint System - Rear Facing 9 Booster Seat 10 Child Restraint Type Unknown 77 Other, Explain in Narrative <b>7</b>					
NON-MOTORIST			NON-MOTORIST			NON-MOTORIST			Action Prior to Crash 5 Walking/Cycling on Sidewalk 6 In Roadway - Other (working, playing, etc.) 7 Adjacent to Roadway (e.g., shoulder, median) 8 Going to or from School (K-12) 9 Working in Trafficway (incident response) 10 None 77 Other, Explain in Narrative 88 Unknown <b>7</b>					
Non-Motorist Description 1 Pedestrian 2 Other Pedestrian (wheelchair, person in a building, skater, pedestrian conveyance, etc.) 3 Bicyclist 4 Other Cyclist 5 Occupant of Motor Vehicle Not in Transport (parked, etc.) 6 Occupant of a Non-Motor Vehicle Transportation Device 7 Unknown Type of Non-Motorist <b>1</b>			Non-Motorist Location at Time of Crash 1 Intersection - Marked Crosswalk 2 Intersection - Unmarked Crosswalk 3 Intersection - Other 4 Midblock - Marked Crosswalk 5 Travel Lane - Other Location 6 Bicycle Lane 7 Shoulder/Roadside <b>1</b>			Non-Motorist Actions/Circumstances 1 No Improper Action 2 Dart/Dash 3 Failure to Yield Right-of-Way 4 Failure to Obey Traffic Signs, Signals, or Officer 5 In Roadway Improperly (standing, lying, working, playing) 6 Disabled Vehicle Related (working on, pushing, leaving/approaching) <b>1</b>			Action Prior to Crash 5 Walking/Cycling on Sidewalk 6 In Roadway - Other (working, playing, etc.) 7 Adjacent to Roadway (e.g., shoulder, median) 8 Going to or from School (K-12) 9 Working in Trafficway (incident response) 10 None 77 Other, Explain in Narrative 88 Unknown <b>7</b>					
Safety Equipment 1 None 2 Helmet 3 Protective Pads Used (elbows, knees, shins, etc.) 4 Reflective Clothing (jacket, backpack, etc.) 5 Lighting 6 Not Applicable 77 Other, Explain in Narrative 88 Unknown <b>1</b>			ALCOHOL/DRUG/EMS			ALCOHOL/DRUG/EMS			Action Prior to Crash 5 Walking/Cycling on Sidewalk 6 In Roadway - Other (working, playing, etc.) 7 Adjacent to Roadway (e.g., shoulder, median) 8 Going to or from School (K-12) 9 Working in Trafficway (incident response) 10 None 77 Other, Explain in Narrative 88 Unknown <b>7</b>					
SUSPECTED ALCOHOL USE: 1 No 2 Yes 88 Unknown <b>2</b>	ALCOHOL TESTED: 1 Test Not Given 2 Test Refused 3 Test Given 88 Unknown, if Tested <b>3</b>	ALCOHOL TEST TYPE: 1 Blood 2 Breath 3 Urine 77 Other, Explain in Narrative <b>2</b>	ALCOHOL TEST RESULT: 1 Pending 2 Completed 88 Unknown <b>2</b>	BAC <b>.208</b>	SUSPECTED DRUG USE: 1 No 2 Yes 88 Unknown <b>1</b>	DRUG TESTED: 1 Test Not Given 2 Test Refused 3 Test Given 88 Unknown, if Tested <b>1</b>	DRUG TEST TYPE: 1 Blood 2 Breath 3 Urine 77 Other, Explain in Narrative <b>1</b>	DRUG TEST RESULT: 1 Positive 2 Negative 3 Pending 88 Unknown <b>1</b>						
SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown <b>2</b>			EMS AGENCY NAME OR ID <b>2</b>			EMS RUN NUMBER <b>16-008433</b>			MEDICAL FACILITY TRANSPORTED TO <b>PALM BEACH GARDENS HOSPITAL</b>					
ADDITIONAL PASSENGERS														
PERSON #	VEHICLE #	NAME		DATE OF BIRTH	INJ	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS
CURRENT ADDRESS (Number and Street)			CITY & STATE						ZIP CODE					
SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown <b>2</b>			EMS AGENCY NAME OR ID			EMS RUN NUMBER			MEDICAL FACILITY TRANSPORTED TO					
PERSON #	VEHICLE #	NAME		DATE OF BIRTH	INJ	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS
CURRENT ADDRESS (Number and Street)			CITY & STATE						ZIP CODE					
SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown <b>2</b>			EMS AGENCY NAME OR ID			EMS RUN NUMBER			MEDICAL FACILITY TRANSPORTED TO					

VEHICLE #	2	Check if Commercial	16-138287	REPORTING AGENCY CASE NUMBER	HSMV CRASH REPORT NUMBER							
1 Vehicle in Transport 2 Parked Motor Vehicle 3 Working Vehicle		VEHICLE LICENSE NUMBER	STATE	REGISTRATION EXPIRES	Check if Permanent Registration	VIN	81459935					
1 941PZI		FL	07/02/2017			WVGAV7AX4GW599062						
Hit and Run 1 No 2 Yes 88 Unknown		YEAR	MAKE	MODEL	STYLE	COLOR	DAMAGE: 1 Disabling 4 Minor 2 Functional 88 Unknown 3 None	EST. AMOU				
1 2016		VOLK	TIGUAN	UT	BLU		1	10000				
INSURANCE COMPANY			INSURANCE POLICY NUMBER		Towed due to Damage: 1 No 2 Yes	1	VEHICLE REMOVED BY	1. Rotation 2. Owner Request 3. Driver 4. Other, Explain in Narr				
STATE FARM MUTUAL AUTOMOBILE INSURANCE			E124647594			1	OWNER					
NAME OF VEHICLE OWNER <input type="checkbox"/> (Check If Business)			CURRENT ADDRESS		CITY & STATE		ZIP CODE					
LAUREN JAYNE COLLIER			13390 WILLIAM MYERS CT		PALM BEACH GARDENS FL 33410							
Trailer #	LICENSE NUMBER	STATE	REGISTRATION EXPIRES	Check if Permanent Registration	VIN	YEAR	MAKE	LENGTH	AXL			
1												
Trailer #	LICENSE NUMBER	STATE	REGISTRATION EXPIRES	Check if Permanent Registration	VIN	YEAR	MAKE	LENGTH	AXL			
2												
VEHICLE	N	S	E	W	Off-Road	Unknown	ON STREET, ROAD, HIGHWAY	AT EST. SPEED	POSTED SPEED	TOTAL L		
TRAVELING	<input checked="" type="checkbox"/>							0	40	4		
PROSPERITY FARMS RD												
HAZ. MAT. RELEASED		HAZ. MAT. PLACARD		HAZ. MAT. NUMBER		HAZ. MAT. CLASS		Area of Initial Impact		Most Damaged A		
1 No		1 No						2 3 4 5 6 7		18 Undercarriage 18		
2 Yes		2 Yes						15 16 17		19 Overturn 19		
88 Unknown		88 Unknown		1				14 13 12 11 10 9		20 Windshield 20		
MOTOR CARRIER NAME						US DOT NUMBER		15 16 17		21 Trailer 21		
MOTOR CARRIER ADDRESS						CITY & STATE		14 13 12 11 10 9		15 16 17	ZIP CODE	PHONE NUMBER
Vehicle Body Type						Trafficway		Commercial Motor Vehicle Configuration				
16						1 Two-Way, Not Divided 2 Two-Way, Not Divided, with a Continuous Left Turn Lane 3 Two-Way, Divided, Unprotected (painted <4 feet) Median 4 Two-Way, Divided, Positive Median Barrier 5 One-Way Trafficway 88 Unknown		1 Vehicle 10,000 lbs or less Placarded for Hazardous Materials 2 Single-Unit Truck (2-axle and GVWR more than 10,000 lbs (4,536 kg)) 3 Single-Unit Truck (3 or more axles) 4 Truck Pulling Trailer(s) 5 Truck Tractor (bottail) 6 Truck Tractor/Semi-Trailer 7 Truck Tractor/Double Truck				
1 Passenger Car 2 Passenger Van 3 Pickup 7 Motor Home 8 Bus 11 Motorcycle 12 Moped 13 All Terrain Vehicle (ATV)						15 Low Speed Vehicle 16 (Sport) Utility Vehicle 17 Cargo Van (10,000 lbs (4,536 kg) or less) 18 Motor Coach 19 Other Light Trucks (10,000 lbs (4,536 kg) or less) 20 Medium/Heavy Trucks (more than 10,000 lbs (4,536 kg)) 21 Farm Labor Vehicle 77 Other, Explain in Narrative 88 Unknown		8 Tractor/Triple 9 Truck more than 10,000 lbs (4,536 kg), Cannot Classify 10 Bus/Large Van (seats for 9-15 occupants, including driver) 11 Bus (seats for more than 15 occupants, including driver) 77 Other, Explain in Narrative 88 Unknown				
Comm/Non-Commercial						Trailer Type		Cargo Body Type				
1 Interstate Carrier 2 Intrastate Carrier 3 Not in Commerce/Government 4 Not in Commerce/Other Truck						1 Single Semi Trailer 2 Tandem Semi Trailer 3 Tank Trailer 4 Saddle Mount/Trailer 5 Boat Trailer 6 Utility Trailer 7 House Trailer		3 Van/Enclosed Box 4 Hopper 5 Pole-Trailer 6 Cargo Tank 7 Flatbed 8 Dump 9 Concrete Mixer 10 Auto Transport 11 Garbage/Refuse 12 Log				
14						8 Pole Trailer 9 Towed Vehicle 10 Auto Transport 77 Other, Explain in Narrative 88 Unknown		13 Intermodal Container Chassis 14 Vehicle Towing Another Vehicle 15 Not Applicable (Vehicle 10,000 lbs (4,536 kg) or less not displaying HM placard) 77 Other, Explain in Narrative 88 Unknown				
Most Harmful Event						Non-Collision		Emergency Vehicle				
14						1 Overturn/Rollover 2 Fire/Explosion 3 Immersion 4 Jackknife 5 Cargo/Equipment Loss or Shift 6 Fell/Jumped From Motor Vehicle 7 Throw or Falling Object 8 Ran into Water/ Canal 9 Other Non-Collision		1 1 No Cargo 2 2 Bus				
Sequence of Events						Comm GWWR/GCWR		1 1 1 1 1 1				
1st 14 3rd						1 10,000 lbs (4,536 kg) or less 2 10,001-26,000 lbs (4,536-11,793 kg) 3 More than 26,000 lbs (11,793 kg) 4 Not Applicable		1 1 1 1 1 1				
2nd 14 4th						Collision with Non-Fixed Object		1 1 1 1 1 1				
[40-46 Sequence of Events only]						10 Pedestrian 11 Pedalcycle 12 Railway Vehicle (train, engine) 13 Animal 14 Motor Vehicle in Transport 15 Parked Motor Vehicle 16 Work Zone/Maintenance Equipment 17 Struck By Falling, Shifting Cargo or Anything Set in Motion by Motor Vehicle 18 Other Non-Fixed Object		1 1 1 1 1 1				
40 Equipment Failure (blown tire, brake failure, etc.) 41 Separation of Units 42 Ran Off Roadway, Right 43 Ran Off Roadway, Left 44 Cross Median 45 Cross Centerline 46 Downhill Runaway						Collision Fixed Object		1 1 1 1 1 1				
13						19 Impact Attenuator/Crash Cushion 20 Bridge Overhead Structure 21 Bridge Pier or Support 22 Bridge Rail 23 Culvert 24 Curb 25 Ditch 26 Embankment 27 Guardrail Face 28 Guardrail End		1 1 1 1 1 1				
Roadway Grade						Vehicle Maneuver Action		1 1 1 1 1 1				
1 1 Level 2 1 Hillcrest 3 1 Uphill 4 1 Downhill 5 1 Sag (bottom)						1 Straight 2 Curve Right 3 Curve Left		1 1 1 1 1 1				
13						13 Stopped in Traffic 14 Slowing 15 Negotiating a Curve 16 Leaving Traffic Lane 17 Entering Traffic Lane 18 Other, Explain in Narrative 88 Unknown		1 1 1 1 1 1				
Special Function of Motor Vehicle						Traffic Control Device For This Vehicle		1 1 1 1 1 1				
1 1 No Special Function 2 Farm Vehicle 3 Police 7 Taxi 8 Military						1 1 1 1 1 1		1 1 1 1 1 1				
9 Ambulance 10 Fire Truck 11 Farm Labor Transport 12 School Bus 13 Transit/Commuter Bus						1 1 1 1 1 1		1 1 1 1 1 1				
14 Intercity Bus 15 Charter/Tour Bus 16 Shuttle Bus 17 Farm Labor Bus 88 Unknown						1 1 1 1 1 1		1 1 1 1 1 1				
FL STATUTE NUMBER						CHARGE		CITATION NUMBER				
FL STATUTE NUMBER						CHARGE		CITATION NUMBER				
FL STATUTE NUMBER						CHARGE		CITATION NUMBER				

PERSON #	2	REPORTING AGENCY CASE NUMBER	16-138287	HSMV CRASH REPORT NUMBER	81459935												
1 Driver 2 Non-Motorist 3 Passenger	1	VEHICLE #	NAME	PHONE NUMBER	Check if Recommenda Driver Re-exam												
2 LAUREN		JAYNE COLLIER		260-452-8519	ZIP CODE												
CURRENT ADDRESS (Number and Street)																	
13390 WILLIAM MYERS CT																	
DATE OF BIRTH	SEX	DRIVER LICENSE NUMBER	STATE	EXPIRES	INJURY SEVERITY (INU)												
04/11/1997	1 Male 2 Female 88 Unknown	2 C460530976310	FL	04/11/2021	1 None 2 Possible 3 Non-Incapacitating 4 Incapacitating 5 Fatal (within 30 days) 6 Non-Traffic Fatality												
DL Type		Required Endorsements		DRIVER													
1 A 2 B 3 C 4 D/Chaufer 5 E/Operator 6 E/Oper - Rest 7 None		1 Yes 2 No 3 No Req. Endorsement		Driver's Actions at Time of Crash													
5		1		1st	1 No Contributing Action 2 Operated MV in Careless or Negligent Manner 3 Failed to Yield Right-of-Way 4 Improper Backing 5 Improper Turn 6 Followed too Closely 7 Ran Red Light 8 Drove too Fast for Conditions 9 Ran Stop Sign 10 Improper Passing 11 Exceeded Posted Speed 12 Wrong Side or Wrong Way 13 Failed to Keep in Proper Lane												
Driver Distracted By		4 Other Inside the Vehicle (explain in narrative) 5 External Distraction (outside the vehicle, explain in narrative) 6 Texting 7 Inattentive 88 Unknown		2nd	26 Ran off Roadway 27 Disregarded other Traffic Sign 28 Disregarded Other Road Markings 29 Over-Correcting/Over-Steering 30 Swerved or Avoided : Due to Wind, Slippery Surface, MV, Object, Non-Motorist in Roadway, etc. 31 Operated MV in Erratic, Reckless or Aggressive Manner 77 Other Contributing Action												
Driver Vision Obstructions		1 Vision Not Obscured 2 Inclement Weather 3 Parked/Stopped Vehicle 4 Trees/Crops/Bushes		3rd	3rd												
1		5 Load on Vehicle 6 Building/Fixed Object 7 Signs/Billboards 8 Fog		4th	4th												
DRIVER OR PASSENGER																	
Motor Vehicle Seating Position:																	
Seat	Row	Other	LOCATION: SEAT (LOC)	SEAT	ROW	OTHER											
1 Left 2 Middle 3 Right 77 Other (explain in narrative)	1 Front 2 Second 3 Third 4 Fourth 77 Other Row	1 Not Applicable 2 Sleeper Section of Truck Cab 3 Other Enclosed Cargo Area 4 Uncenlosed Cargo Area 5 Trailing Unit 6 Riding on Motor Vehicle Exterior (non-trailing unit) 88 Unknown	1	1	1	1											
NON-MOTORIST																	
Non-Motorist Description		Non-Motorist Location At Time of Crash		Action Prior to Crash													
1 Pedestrian 2 Other Pedestrian (wheelchair, person in a building, skater, pedestrian conveyance, etc.) 3 Bicycle 4 Other Cyclist 5 Occupant of Motor Vehicle Not in Transport (parked, etc.) 6 Occupant of a Non-Motor Vehicle Transportation Device 7 Unknown Type of Non-Motorist		1 Intersection - Marked Crosswalk 2 Intersection - Unmarked Crosswalk 3 Intersection - Other 4 Midblock - Marked Crosswalk 5 Travel Lane - Other Location 6 Bicycle Lane 7 Shoulder/Roadside		5 Walking/Cycling on Sidewalk 6 In Roadway - Other (working, playing, etc.) 7 Adjacent to Roadway (e.g., shoulder, median) 8 Going to or from School (K-12) 9 Working in Trafficway (incident response) 10 None 11 Improper Turn/Merge 12 Wrong-Way Riding or Walking 77 Other, Explain in Narrative 88 Unknown													
Safety Equipment		Non-Motorist Actions/Circumstances		77 Other, Explain in Narrative 88 Unknown													
1 None 2 Helmet 3 Protective Pads Used (elbows, knees, shins, etc.) 4 Reflective Clothing (jacket, backpack, etc.)		1st 2nd		1 No Improper Action 2 Dart/Dash 3 Failure to Yield Right-of-Way 4 Failure to Obey Traffic Signs, Signals, or Officer 5 In Roadway Improperly (standing, lying, working, playing) 6 Disabled Vehicle Related (working on, pushing, leaving/approaching)													
5 Lighting 6 Not Applicable 77 Other, Explain in Narrative 88 Unknown				7 Entering/Exiting Parked/Standing Vehicle 8 Inattentive (talking, eating, etc) 9 Not Visible (dark clothing, no lighting, etc.)													
ALCOHOL/DRUG/EMS																	
SUSPECTED ALCOHOL USE:	ALCOHOL TESTED:	ALCOHOL TEST TYPE:	ALCOHOL TEST RESULT:	BAC	SUSPECTED DRUG USE:	DRUG TESTED:	DRUG TEST TYPE:	DRUG TEST RESULT:									
No Yes 88 Unknown	1 Test Not Given 2 Test Refused 3 Test Given 88 Unknown, if Tested	1 Blood 2 Breath 3 Urine 77 Other, Explain in Narrative	1 Pending 2 Completed 88 Unknown	1	1 No 2 Yes 88 Unknown	1 Test Not Given 2 Test Refused 3 Test Given 88 Unknown, if Tested	1 Blood 3 Urine 77 Other, Explain in Narrative	1 Positive 2 Negative 3 Pending 88 Unknown									
SOURCE OF TRANSPORT TO MEDICAL FACILITY																	
Not Transported EMS 3 Law Enforcement 7 Other, Explain in Narrative		EMS AGENCY NAME OR ID		EMS RUN NUMBER		MEDICAL FACILITY TRANSPORTED TO											
88 Unknown		2		16008433		JUPITER HOSPITAL											
ADDITIONAL PASSENGERS																	
PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INJ	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS				
3	2	ELIZABETH EILEEN COLLIER	07/02/1974	3	2	3	2	1	1	3	3	2	3				
CURRENT ADDRESS (Number and Street)						CITY & STATE						ZIP CODE					
13390 WILLIAM MYERS CT 561-951-4714						WEST PALM BEACH						FL 33410					
SOURCE OF TRANSPORT TO MEDICAL FACILITY						EMS AGENCY NAME OR ID						MEDICAL FACILITY TRANSPORTED TO					
Not Transported EMS 3 Law Enforcement 7 Other, Explain in Narrative		2		PALM BEACH GARDENS FIRE RESCUE		16008433		JUPITER HOSPITAL									
PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INJ	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS				
4	2	NATALIE W/F COLLIER	01/31/200	3	2	1	2										
CURRENT ADDRESS (Number and Street)						CITY & STATE						ZIP CODE					
3390 WILLIAM MYERS CT						WEST PALM						FL 33410					
SOURCE OF TRANSPORT TO MEDICAL FACILITY						EMS AGENCY NAME OR ID						MEDICAL FACILITY TRANSPORTED TO					
Not Transported EMS 3 Law Enforcement 7 Other, Explain in Narrative		2		PALM BEACH COUNTY FIRE RESCUE		16106265		JUPITER HOSPITAL									

## NARRATIVE

REPORTING AGENCY CASE NUMBER

16-138287

HSMV CRASH REPORT NUMBER

81459935

V2 WAS TRAVELING NORTH ON PROSPERITY FARMS RD, STOPPED AT THE RED LIGHT AT DONALD ROSS RD. V1 WAS TRAVELING NORTH ON PROSPERITY FARMS RD, APPROACHING FROM DIRECTLY BEHIND V2. V1 FAILED TO STOP BEHIND V2 AND THE FRONT OF V1 STRUCK THE REAR OF V2

BOTH DRIVERS AND ALL PASSENGERS WERE TRANSPORTED TO THE HOSPITAL FOR TREATMENT OF INJURIES.

NO WITNESSES REPORTED ON SCENE

V1 DRIVER WAS LATER ARRESTED FOR DUI (PBSO CASE 16-138306)

ADDITIONAL PASSENGERS																		
PERSON #	VEHICLE #	NAME			DATE OF BIRTH	INJ	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS			
5	2	SOPHIA W/F			COLLIER	10/18/2000	3	2	2	2	1	1	3	3	2	3		
CURRENT ADDRESS (Number and Street)												CITY & STATE	ZIP CODE					
13390 WILLIAM MYERS CT 260-615-7689												PALM BEACH GARDENS			FL 33410			
SOURCE OF TRANSPORT TO MEDICAL FACILITY				EMS AGENCY NAME OR ID			EMS RUN NUMBER			MEDICAL FACILITY TRANSPORTED TO								
1 Not Transported				2			PALM BEACH GARDENS FIRE RESCUE			16008433			JUPITER HOSPITAL					
PERSON #	VEHICLE #	NAME			DATE OF BIRTH	INJ	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS			
6	2	NATHANIEL W/M			COLLIER	10/05/197	2	1	3	1	1	1	3	3	2	3		
CURRENT ADDRESS (Number and Street)												CITY & STATE	ZIP CODE					
13390 WILLIAM MYERS CT 260-348-3884												PALM BEACH GARDENS			FL 33410			
SOURCE OF TRANSPORT TO MEDICAL FACILITY				EMS AGENCY NAME OR ID			EMS RUN NUMBER			MEDICAL FACILITY TRANSPORTED TO								
1 Not Transported				2			PALM BEACH COUNTY FIRE RESCUE			16106265			JUPITER HOSPITAL					
ADDITIONAL VIOLATIONS																		
PERSON #	NAME OF VIOLATOR				FL STATUTE NUMBER			CHARGE						CITATION NUMBER				
PERSON #	NAME OF VIOLATOR				FL STATUTE NUMBER			CHARGE						CITATION NUMBER				
REPORTING OFFICER																		
ID/BADGE NUMBER	RANK & NAME			DEPARTMENT			FHP			SO			PD			OTHER		
8568	D/S G. LYNCH			PALM BEACH COUNTY			<input type="checkbox"/>			<input checked="" type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>		

# TESTING FACILITY TASK REPORT

23

AGENCY: **FBSO**

SUBJECT: **HANSEN, DIANE SHANKS**

CASE NUMBER: **16-138306**

DATE: **OCT. 12th, 2016**

VIDEO TAPE NUMBER: **61500**

BEGINNING TIME: **21:48 hrs.**

ENDING TIME: **22:11 hrs.**

BREATH TESTS RESULTS: 1) **.208** TIME **21:53** A.M./P.M. 2) **.208** TIME **21:55** A.M./P.M.  
3)  TIME  A.M./P.M. 4)  TIME  A.M./P.M.

BREATH OPERATOR: **J. CAIN #2109**

MAINTENANCE TECHNICIAN: **INV. J. KARLECKE #6467**

## TESTING OFFICER'S OBSERVATIONS

SPEECH: **Slow, thick, repetitive statements + questions though answered**

ATTITUDE: **Indifferent & tired, cooperative**

CLOTHING: **Blue jeans, light blue shirt, yellow jacket**

MEDICAL CONDITIONS: **Back & neck issues (car acc.) Cancer past**

MEDICATIONS: **Hydrocodone 8 mg & 2 other meds.**

OTHER: **Blonde/blue 64 yrs**

**odor of unknown alcoholic beverage**

**Eyes: Red + glassy**

COMMENTS: **Δ, was physically checked before b/t.**

**20 MIN. OBSERV BOTT BY ARRESTING INV.**

**had scope on her left leg.**

**said yes to b/t.**

**gave two samples.**

**lights were read as no initial for test results.**

**stated she understood them.**

**Result: told to Δ, she said "I'm so fucked"**

**Answered questions - stated "I've had too much to drink".  
Also said she had two volkens. Last ate 6:11:30.  
Dad drunk @ Lampis house then said Accountant.**

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

**READ**      **ON**      **CAMERA**

## 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? Well that depends, I

WHERE WERE YOU GOING? My friends home to spend the night

WHAT STREET OR HIGHWAY WERE YOU ON? I don't know. I'm not here. I don't know.

DIRECTION OF TRAVEL? No clue WHERE DID YOU START? From my attorney's house.

WHAT TIME DID YOU START? About 2:30 PM WHAT TIME IS IT NOW? About 8:7:45-8:30 PM

WHAT IS TODAY'S DATE? 11/18 WHAT DAY OF THE WEEK IS IT? Wednesday

WHAT COUNTY AND CITY ARE YOU IN NOW? Palm Beach County, Palm Beach Gardens

WHEN DID YOU LAST EAT? About 11:30 AM WHAT DID YOU EAT? Can of Black Beans Salsa.

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? Winging it with you guys.

HOW MUCH DO YOU WEIGH? 138 lbs HAVE YOU BEEN DRINKING? Yeah WHAT? Vodka with water

HOW MUCH? A short glass WHERE? At my apartment WITH WHOM? Jim Murphy

WHEN DID YOU HAVE YOUR FIRST DRINK? At about 3:00 PM AND YOUR LAST DRINK? I don't remember.

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? I drank them, sipped them.

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? Well obviously not ARE YOU UNDER THE INFLUENCE? Well, I guess I

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? Of course not HOW MUCH? I am.

WHAT? — WHERE? — WHEN? —

WHAT LINE OF WORK ARE YOU IN? I don't work. WHEN DID YOU LAST WORK? —

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? Yes WHAT? I have a lot neck problems.

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

DO YOU LIMP? Not that I'm aware of. DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? Well, I don't think so.

WERE YOU IN AN ACCIDENT TODAY? Hello? Why are we here? YES!

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? Yeah, I take that pill, when it's morning

DO YOU HAVE: — EPILEPSY? Not that I know of —

GLASS EYE? NO —

FALSE TEETH? NO —

EAR INFECTION? NO —

INNER EAR TROUBLE? NO —

DIABETES? NO —

Cholesterol Med.  
plus management

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? Dry eyes.

DO YOU TAKE INSULIN? NO IF SO, WHEN WAS YOUR LAST INJECTION? —

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? Yes WHERE? Georgia, South Carolina

INTERVIEWER: Mark #18331

# WITNESS LIST

16138306

CASE NUMBER:

ARRESTING OFFICER: Inv. Chiquito-Rodriguez #18334

ADDRESS: 3228 Gun Club Rd WPB, FL 33406

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

CAN TESTIFY TO: Facts of case

NAME: Investigator John Scheafer #8777

ADDRESS: 3228 Gun Club Rd WPB, FL 33406

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

CAN TESTIFY TO: Witnessed investigation at hospital

NAME: Deputy Gregory Lynch #8568

ADDRESS: 3228 Gun Club Rd WPB, FL 33406

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

CAN TESTIFY TO: Completed crash investigation

NAME: Lauren Jane Collier

ADDRESS: 13390 William Myers Court Palm Beach Gardens, FL 33410

PHONE NUMBERS (HOME) (260) 452-8519 (WORK) \_\_\_\_\_

CAN TESTIFY TO: Witness/Victim of crash

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: \_\_\_\_\_

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

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

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

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

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

NOT A CERTIFIED

