

0481791

N/H

WCT 18939 AMB

3912

OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		Juvenile	
Agency ORI Number FL-500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-16138306							
Charge Type: Check as many as apply.		1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 6. Other		Weapon Seized / Type 2. 1. Yes 2. No		Multiple Clearance Indicator	
Location of Arrest (Including Name of Business) Palm Beach Gardens Medical Center 3360 Burns Road PBG, FL 33410						Location of Offense (Business Name, Address) Prosperity Farms Road and Donald Ross Road					
Date of Arrest 10/12/2016		Time of Arrest 2059		Booking Date		Booking Time		Jail Date		Jail Time	
Name (Last, First, Middle) Hansen, Diane Shanks						Alias (Name, DOB, Soc. Sec. #, Etc.)					
Race W - White 1 - American Indian B - Black 0 - Oriental/Asian		Sex F		Date of Birth 11/17/1952		Height 5'07"		Weight 138		Eye Color Blue	
								Hair Color Blonde		Complexion Light	
										Build Medium	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) Three scars on abdomen from surgery						Marital Status Widowed		Religion NONE		Indication of: Alcohol Influence Drug Influence	
Local Address (Street, Apt. Number) (City) (State) (Zip) 51 Balfour Road East Palm Beach Gardens, Florida 33418						Phone (561) 308-5445		Residence Type: 1. City 2. County 3. Florida 4. Out of State			
Permanent Address (Street, Apt. Number) (City) (State) (Zip) Same						Phone ()		Address Source FL DL			
Business Address (Name, Street) (City) (State) (Zip) ()						Phone ()		Occupation Retired			
D/L Number, State H525-177-52-917-0/FL				Soc. Sec. Number ()		INS Number ()		Place of Birth (City, State) Savannah, Georgia		Citizenship US	
Co-Defendant Name (Last, First, Middle)						Race		Sex		Date of Birth	
Co-Defendant Name (Last, First, Middle)						Race		Sex		Date of Birth	
Parent Legal Custodian Other:						Residence Phone ()					
Address (Street, Apt. Number) (City) (State) (Zip) ()						Business Phone ()					
Notified by: (Name)						Date		Time		Juvenile Disposition 1. Handled/processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated	
Released To: (Name)						Relationship		Date		Time	
The above address provided by <input type="checkbox"/> defendant and / or <input type="checkbox"/> defendant's parents The child and / or parent was told to keep the Juvenile Court Clerk (Phone 355-2526) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)						School Attended		Grade			
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No						Description of Property		Value of Property			
Drug Activity N. N/A P. Possess		S. Sell B. Buy T. Traffic		R. Smuggle D. Deliver E. Use		K. Dispense/ Distribute		M. Manufacture/ Produce/ Cultivate		Z. Other	
Drug Type N. N/A A. Amphetamine		B. Barbiturate C. Cocaine E. Heroin		H. Hallucinogen M. Marijuana O. Opium/deriv.		P. Paraphernalia/ Equipment S. Synthetics		U. Unknown Z. Other			
Charge Description DUI w/Property Damages		Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number 316.193 (3)(c)(1)		Violation of ORD #			
Drug Activity N		Drug Type N		Amount / Unit N/A		Offense # 16138306		Warrant / Capias Number		Bond	
Charge Description		Counts		Domestic Violence		Statute Violation Number		Violation of ORD #			
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond	
Charge Description		Counts		Domestic Violence		Statute Violation Number		Violation of ORD #			
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond	
Charge Description		Counts		Domestic Violence		Statute Violation Number		Violation of ORD #			
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond	
Location (Court, Room Number, Address) CRIMINAL JUSTICE COMPLEX 3228 Gun Club Road WPB, FL											
Court Date and Time Month November Day 10th Year 2016 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) Diane Hansen										Date Signed	
HOLD for other Agency Name:				Signature of Arresting Officer CHIQUITO RODRIGUEZ				Name Verification (Printed by Arrestee) CHIQUITO RODRIGUEZ			
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:				Name of Arresting Officer (Print) Inv. CHIQUITO RODRIGUEZ #18334				I.D. # 18334			
Intake Deputy I.D. #				Pouch #				Transporting Officer ID #			
				Same				Agency PBSO			
With <input type="checkbox"/> there is a <input type="checkbox"/> with an "X"											

		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		Juvenile			
ADMIN	Agency ORI Number	FLO 500000		Agency Name	PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number	06-16138306					
	Charge Type: Check as many as apply.	<input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Special Notes:									
DEF	Name (Last, First, Middle)	Hansen, Diane Shanks				Alias		Race	W	Sex	F	Date of Birth	11/17/1952
CHARGES	Charge Description	DUI w/Property Damages 316.193 (3)(c)(1)				Charge Description							
	Charge Description					Charge Description							
VICTIM	Victim's Name (Last, First, Middle)	STATE OF FLORIDA						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							
PROBABLE CAUSE STATEMENT	The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law. The Person taken into custody <input checked="" type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ <input type="checkbox"/> confessed to _____ that he/she saw the arrested person commit the below acts. <input checked="" type="checkbox"/> admitting to the below facts. <input type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.												
	On the 12th day of October 20 16 at 1921 <input type="checkbox"/> A. M. <input checked="" type="checkbox"/> P. M. (Specifically include facts constituting cause for arrest.)												
	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.												
	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&A.												
	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.												
	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.												
	This case is cleared by arrest.												
	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 KNOWN												
	(Print name of Arresting/Investigative Officer), who is personally known to me and who produced a certification of type of identification produced												
ADMINISTRATIVE	Notary Public, Clerk of Court, Officer (F.S.S. 117.10)												
	Notary Public State of Florida Jeanette Cain My Commission FF 993131 Expires 07/08/2020												

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 12th DAY OF October, 2016, 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 Volkswagon 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 Volkswagon. 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 Volkswagon 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 Volkswagon 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

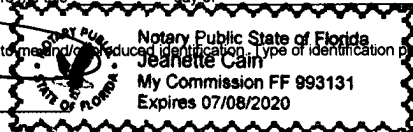
Inv. Chiquito-Rodriguez #18334

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 12th day of October, 2016 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)

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



SUBJECT: Hansen, Diane Shanks

CASE NUMBER 16138306

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

☐

LT EYE-LACK OF SMOOTH PURSUIT

☐

RT EYE-LACK OF SMOOTH PURSUIT

☐

LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION

☐

RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION

☐

LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

☐

RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

Other Observations:

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)

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. If not personally known, insert "KNOWN")

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



Notary Public State of Florida
Jeanette Cain
My Commission FF 993131
Expires 07/08/2020

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: P/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: (MM/DD/YYYY) 10/18/00		YOUR HEIGHT: 5'8"	YOUR WEIGHT: 130 lbs	YOUR HAIR COLOR: brown		YOUR EYE COLOR: brown
YOUR HOME ADDRESS: 13390 William Myers Ct		<input type="checkbox"/> CHECK IF HOMELESS		CITY: Palm Beach Gardens	STATE: FL	ZIP: 33410
YOUR WORK NAME & ADDRESS: Sparkle and Shine		<input type="checkbox"/> CHECK IF UNEMPLOYED OR RETIRED		CITY: PBC	STATE: FL	ZIP: 33410
WORK PHONE: <input type="checkbox"/> CHECK IF NONE ()	CELL PHONE: <input type="checkbox"/> CHECK IF NONE (269) 615-7689	HOME PHONE: <input type="checkbox"/> CHECK IF NONE ()	EMAIL: <input type="checkbox"/> CHECK IF NONE			

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...
-------------------------------------	--

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

little sister.

PAGE ____ OF ____

READ AND SIGN

I SWEAR AND AFFIRM THIS AND/OR THE ATTACHED STATEMENTS ARE CORRECT AND TRUE:	<input checked="" type="checkbox"/> DEPUTY SHERIFF <input type="checkbox"/> NOTARY PUBLIC FSS: 117.10
YOUR SIGNATURE: X [Signature]	SWORN TO AND SUBSCRIBED BEFORE ME TODAY:
	DATE: 10/12/16 TIME: 21:00
	SIGNATURE: [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 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 _____)

(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 #:	16-138287	ZONE:	3-11	SUSPECT:	Diana Hanson	DATE & TIME OF ORIGINAL EVENT/OFFENSE:	10/12/16 19:21
EVENT TYPE:	Crash	DEPUTY:	PO Colvin	ID#:	8888		

COMPLETE EVERYTHING BELOW – PRINT LEGIBLY

LAST NAME:	COLLIER	FIRST NAME:	NATHAN	MIDDLE INITIAL:	J	RACE:	C	SEX:	M
DATE OF BIRTH:	(MM/DD/YYYY) 10/26/1973	YOUR HEIGHT:	6'3"	YOUR WEIGHT:	200	YOUR HAIR COLOR:	BRN	YOUR EYE COLOR:	BLU
YOUR HOME ADDRESS:	13350 William Waters Ct.		CITY:	PBG	STATE:	FL	ZIP:	23410	
YOUR WORK NAME & ADDRESS:	ARCHETYS ENGINEERING		CITY:	TEQUESTA	STATE:	FL	ZIP:	33467	
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) 406-2651	(261) 348-3884	1 +	necollier@me.com						

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...
AT APPROX 7:15pm on October 12, 2016		
my family of (5) was sitting at the		
light @ Prosperity Rd & Donald Ross. We		
were rear-ended by a middle-aged (60ish)		
woman. Never heard any noise/brakes...		
The woman got out of her car (Hyundai?)		
she was obviously under the influence of		
alcohol / drugs. Her voice was slurred		
she was very unstable on her feet. She		
fell down several times. I asked her to		
please get back in her vehicle or at least		
sit down... she was belligerent		

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: 10/16 TIME: 2100

SIGNATURE: ID: 8888

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 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 _____)

(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

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 #:	15-138227-6	ZONE:	3-11	SUSPECT:	3-11	DATE & TIME OF ORIGINAL EVENT/OFFENSE:	10/12/16 19:21
EVENT TYPE:	Crash	DEPUTY:	M. A. Good			ID#:	868

LAST NAME: COLLIER		FIRST NAME: NA		MIDDLE INITIAL:		RACE: C		SEX: M	
DATE OF BIRTH: (MM/DD/YYYY) 10/06/1973		YOUR HEIGHT: 6'2"	YOUR WEIGHT: 200	YOUR HAIR COLOR:		YOUR EYE COLOR:			
YOUR HOME ADDRESS: 13390 WILLIAM AVE. CT.			<input type="checkbox"/> CHECK IF HOMELESS	CITY: PLYMOUTH		STATE: FL	ZIP: 33411		
YOUR WORK NAME & ADDRESS: ARCHETYPE ENGINEERING			<input type="checkbox"/> CHECK IF UNEMPLOYED OR RETIRED	CITY:		STATE:	ZIP: 33469		
WORK PHONE: <input type="checkbox"/> CHECK IF NONE (561) 406-2651		CELL PHONE: <input type="checkbox"/> CHECK IF NONE (760) 348-3894		HOME PHONE: <input type="checkbox"/> CHECK IF NONE ()		EMAIL: DME@CUM		<input type="checkbox"/> CHECK IF NONE	

YOUR NAME: NATHAN COLLIER	DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER...
------------------------------	---

WOULDT LISTED IN KENT WALKER
SHE POINTED AT THE REAR CA.

HEA	DESCRIPTION	BLIND	HAIR	SHORT
	PURPLE SHIRT	W1		SHORTS
	BACK FOOTED			

PAGE 2 OF 2

PAGE 2 OF 2

☒ DEPUTY SHERIFF ☐ NOTARY PUBLIC FSS: 117.10
 SWORN TO AND SUBSCRIBED BEFORE ME TODAY:
 DATE: 10/4/16 TIME: 2:00
 SIGNATURE: _____ ID: _____

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 _____)

☐ 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 #: 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: (MM/DD/YYYY) 04/11/97		YOUR HEIGHT: 5'10	YOUR WEIGHT: 145	YOUR HAIR COLOR: Blonde	YOUR EYE COLOR: Green	
YOUR HOME ADDRESS: 13390 William Myer Ct.		<input type="checkbox"/> CHECK IF HOMELESS		CITY: B PBG	STATE: FL	ZIP: 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			
()	(260) 492-8919	()				

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>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 then 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**

[Signature]

☒ DEPUTY SHERIFF

☐ NOTARY PUBLIC

FSS: 117.10

SWORN TO AND SUBSCRIBED BEFORE ME TODAY:

DATE: **10/12/16**

TIME: **21:00**

SIGNATURE: *[Signature]*

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 INITIATING 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 _____)

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WHITE - RECORDS COPY

CANARY - STATE ATTORNEY COPY

PINK - OFFICER'S COPY

GOLD - WITNESS / VICTIM COPY

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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: PBE	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: 1260 452 8519 <input type="checkbox"/> CHECK IF NONE	HOME PHONE: <input type="checkbox"/> CHECK IF NONE	EMAIL: <input type="checkbox"/> CHECK IF NONE			

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 tried to 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. white female. Blonde pink/purple shirt. mumbling 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

[Signature]

☒ DEPUTY SHERIFF ☐ NOTARY PUBLIC FSS: 117.10
 SWORN TO AND SUBSCRIBED BEFORE ME TODAY:
 DATE: 10/12/16 TIME: 21:00
 SIGNATURE: *[Signature]* ID: 8568

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DIAGRAM

REPORTING AGENCY CASE NUMBER

16-138287

HSMV CRASH REPORT NUMBER

81459935

DONALD ROSS RD



NOT TO SCALE

PROSPERITY FARMS RD



FLORIDA TRAFFIC CRASH REPORT

LONG FORM ☒ SHORT FORM ☐ UPDATE ☐
(Shaded Areas)

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

TOTAL # OF VEHICLE SECTION(S) 2
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 REPORTED 7:21 PM	TIME DISPATCHED 7:22 PM
TIME ON SCENE 7:28 PM		TIME CLEARED SCENE 7:58 PM		CHECK IF COMPLETED <input checked="" type="checkbox"/>	REASON (If Investigation NOT Complete)				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 #		AT LATITUDE AND LONGITUDE		
FEET 20.00	MILES	N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/>	AT / FROM INTERSECTION WITH STREET, ROAD, HIGHWAY DONALD ROSS RD				OR FROM MILEPOST #			
Road System Identifier <input type="checkbox"/> 1 Interstate <input checked="" type="checkbox"/> 2 U.S. <input type="checkbox"/> 3 State <input type="checkbox"/> 4 County <input type="checkbox"/> 5 Local <input type="checkbox"/> 6 Turnpike/Toll <input type="checkbox"/> 7 Forest Road <input type="checkbox"/> 8 Private Roadway <input type="checkbox"/> 9 Parking Lot <input type="checkbox"/> 77 Other, Explain in Narrative			Type of Shoulder <input type="checkbox"/> 1 Paved <input checked="" type="checkbox"/> 2 Unpaved <input type="checkbox"/> 3 Curb		Type of Intersection <input type="checkbox"/> 1 Not at Intersection <input type="checkbox"/> 2 Four-Way Intersection <input checked="" type="checkbox"/> 3 T-Intersection <input type="checkbox"/> 4 Y-Intersection <input type="checkbox"/> 5 Traffic Circle <input type="checkbox"/> 6 Roundabout <input type="checkbox"/> 7 Five-Point, or More <input type="checkbox"/> 77 Other, Explain in Narrative					
CRASH INFORMATION (CHECK IF PICTURES TAKEN) <input type="checkbox"/>										
Light Condition <input checked="" type="checkbox"/> 1 Daylight <input type="checkbox"/> 2 Dusk <input type="checkbox"/> 3 Dawn <input type="checkbox"/> 4 Dark-Lighted <input type="checkbox"/> 5 Dark-Not Lighted <input type="checkbox"/> 6 Dark-Unknown <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown			Weather Condition <input checked="" type="checkbox"/> 1 Clear <input type="checkbox"/> 2 Cloudy <input type="checkbox"/> 3 Rain <input type="checkbox"/> 4 Fog, Smog, Smoke <input type="checkbox"/> 5 Sleet/Hail/Freezing Rain <input type="checkbox"/> 6 Blowing Sand, Soil, Dirt <input type="checkbox"/> 7 Severe Crosswinds <input type="checkbox"/> 77 Other, Explain in Narrative		Roadway Surface Condition <input checked="" type="checkbox"/> 1 Dry <input type="checkbox"/> 2 Wet <input type="checkbox"/> 4 Ice/Frost <input type="checkbox"/> 5 Oil <input type="checkbox"/> 6 Mud, Dirt, Gravel <input type="checkbox"/> 7 Sand <input type="checkbox"/> 8 Water (standing/moving) <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown		School Bus Related <input checked="" type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes, School Bus Directly Involved <input type="checkbox"/> 3 Yes, School Bus Indirectly Involved		Manner of Collision/Impact <input checked="" type="checkbox"/> 1 Front to Rear <input type="checkbox"/> 2 Front to Front <input type="checkbox"/> 3 Angle <input type="checkbox"/> 4 Sideswipe, Same Direction <input type="checkbox"/> 5 Sideswipe, Opposite Direct <input type="checkbox"/> 6 Rear to Side <input type="checkbox"/> 7 Rear to Rear <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown	
First Harmful Event <input checked="" type="checkbox"/> 14			Non-Collision <input type="checkbox"/> 1 Overtake/Rollover <input type="checkbox"/> 2 Fire/Explosion <input type="checkbox"/> 3 Immersion <input type="checkbox"/> 4 Jackknife <input type="checkbox"/> 5 Cargo/Equipment Loss or Shift <input type="checkbox"/> 6 Fell/Jumped From Motor Vehicle <input type="checkbox"/> 7 Thrown or Falling Object <input type="checkbox"/> 8 Ran into Water/Canal <input type="checkbox"/> 9 Other Non-Collision		Collision Non-Fixed Object <input type="checkbox"/> 10 Pedestrian <input type="checkbox"/> 11 Pedalcycle <input type="checkbox"/> 12 Railway Vehicle (train, engine) <input type="checkbox"/> 13 Animal <input type="checkbox"/> 14 Motor Vehicle in Transport <input type="checkbox"/> 15 Parked Motor Vehicle <input type="checkbox"/> 16 Work Zone/Maintenance Equipment <input type="checkbox"/> 17 Struck By Falling, Shifting Cargo <input type="checkbox"/> 18 Other Non-Fixed Object		Collision with Fixed Object <input type="checkbox"/> 19 Impact Attenuator/Crash Cushion <input type="checkbox"/> 20 Bridge Overhead Structure <input type="checkbox"/> 21 Bridge Pier or Support <input type="checkbox"/> 22 Bridge Rail <input type="checkbox"/> 23 Culvert <input type="checkbox"/> 24 Curb <input type="checkbox"/> 25 Ditch <input type="checkbox"/> 26 Embankment <input type="checkbox"/> 27 Guardrail Face <input type="checkbox"/> 28 Guardrail End <input type="checkbox"/> 29 Cable Barrier <input type="checkbox"/> 30 Concrete Traffic Barrier <input type="checkbox"/> 31 Other Traffic Barrier <input type="checkbox"/> 32 Tree (standing) <input type="checkbox"/> 33 Utility Pole/Light Support <input type="checkbox"/> 34 Traffic Sign Support <input type="checkbox"/> 35 Traffic Signal Support <input type="checkbox"/> 36 Other Post, Pole or Support <input type="checkbox"/> 37 Fence <input type="checkbox"/> 38 Mailbox <input type="checkbox"/> 39 Other Fixed Object (wall, building, tunnel, etc.)		First Harmful Event Location <input checked="" type="checkbox"/> 1 On Roadway <input type="checkbox"/> 2 Off Roadway <input type="checkbox"/> 3 Shoulder <input type="checkbox"/> 4 Median <input type="checkbox"/> 6 Gore <input type="checkbox"/> 7 Separator <input type="checkbox"/> 8 In Parking Lane or Zone <input type="checkbox"/> 9 Outside Right-of-way <input type="checkbox"/> 10 Roadside <input type="checkbox"/> 88 Unknown	
First Harmful Event within Interchange <input checked="" type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes <input type="checkbox"/> 88 Unknown			First Harmful Event Relation to Junction <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 5 Railway Grade Crossing <input type="checkbox"/> 14 Entrance/Exit Ramp <input type="checkbox"/> 15 Crossover - Related <input type="checkbox"/> 16 Shared-Use Path or Trail <input type="checkbox"/> 17 Acceleration/Deceleration Lane <input type="checkbox"/> 18 Through Roadway <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown		Contributing Circumstances: Road <input checked="" type="checkbox"/> 1 None <input type="checkbox"/> 4 Work Zone (construction/maintenance/utility) <input type="checkbox"/> 6 Shoulders (none, low, soft, high) <input type="checkbox"/> 7 Rut, Holes, Bumps <input type="checkbox"/> 9 Worn, Travel-Polished Surface <input type="checkbox"/> 10 Road Surface Condition (wet, icy, snow, slush, etc.) <input type="checkbox"/> 11 Obstruction in Roadway <input type="checkbox"/> 12 Debris <input type="checkbox"/> 13 Traffic Control Device Inoperative, Missing or Obscured <input type="checkbox"/> 14 Non-Highway Work <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown		Contributing Circumstances: Environment <input checked="" type="checkbox"/> 1 None <input type="checkbox"/> 2 Weather Conditions <input type="checkbox"/> 3 Physical Obstruction(s) <input type="checkbox"/> 4 Glare <input type="checkbox"/> 5 Animal(s) in Roadway <input type="checkbox"/> 77 Other, Explain in Narrative <input type="checkbox"/> 88 Unknown			
Work Zone Related <input checked="" type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes <input type="checkbox"/> 88 Unknown		Crash in Work Zone <input type="checkbox"/> 1 Before the First Work Zone Warning Sign <input type="checkbox"/> 2 Advance Warning Area <input type="checkbox"/> 3 Transition Area <input type="checkbox"/> 4 Activity Area <input type="checkbox"/> 5 Termination Area		Type of Work Zone <input type="checkbox"/> 1 Lane Closure <input type="checkbox"/> 2 Lane Shift/Crossover <input type="checkbox"/> 3 Work on Shoulder or Median <input type="checkbox"/> 4 Intermittent or Moving Work <input type="checkbox"/> 77 Other, Explain in Narrative		Workers in Work Zone <input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes <input type="checkbox"/> 88 Unknown		Law Enforcement in Work Zone <input type="checkbox"/> 1 No <input type="checkbox"/> 2 Officer Present <input type="checkbox"/> 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			

PERSON #		REPORTING AGENCY CASE NUMBER		HSMV CRASH REPORT NUMBER	
1		16-138287		81459935	
1 Driver 2 Non-Motorist 3 Passenger		VEHICLE # NAME		PHONE NUMBER	
1		1 DIANE SHANKS HANSEN W/F		561-308-5445	
CURRENT ADDRESS (Number and Street)		CITY & STATE		ZIP CODE	
51 BALFOUR RD E		PALM BCH GARDENS FL		33418	
DATE OF BIRTH		SEX		DRIVER LICENSE NUMBER	
11/17/1952		1 Male 2 Female 88 Unknown		2 H525177529170	
STATE		EXPIRES		INJURY SEVERITY (INU)	
FL		11/17/2016		1 None 2 Possible 3 Non-Incapacitating 4 Incapacitating 5 Fatal (within 30 days) 6 Non-Traffic Fatality	
3					
DRIVER					
DL Type		Required Endorsements		Driver's Actions at Time of Crash	
5		3		1st 2 2nd 10	
1 A 2 B 3 C 4 D/Chauffeur 5 E/Operator 6 E/Oper - Rest 7 None		1 Yes 2 No 3 No Req. Endorsement		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 14 Ran off Roadway 15 Disregarded other Traffic Sign 16 Disregarded Other Road Markings 17 Over-Correcting/Over-Steering 18 Swerved or Avoided : Due to Wind, Slippery Surface, MV, Object, Non-Motorist in Roadway, etc. 19 Operated MV in Erratic, Reckless or Aggressive Manner 20 Other Contributing Action	
Driver Distracted By		4 Other Inside the Vehicle (explain in narrative) 5 External Distraction (outside the vehicle, explain in narrative) 6 Texting 7 Inattentive 8 Unknown		Condition At Time of Crash	
1				9	
1 Not Distracted 2 Electronic Communication Devices (cell phone, etc.) 3 Other Electronic Device (navigation device, DVD player)				1 Apparently Normal 2 Asleep or Fatigued 3 Ill (sick) or Fainted 4 Seizure, Epilepsy, Blackout 5 Physically Impaired 6 Emotional (depression, angry, disturbed, etc.) 7 Under the Influence of Medications/Drugs/Alcohol 8 Other, Explain in Narrative 9 Unknown	
Driver Vision Obstructions		5 Load on Vehicle 6 Building/Fixed Object 7 Signs/Billboards 8 Fog		DRIVER OR PASSENGER	
1				3	
1 Vision Not Obscured 2 Inclement Weather 3 Parked/Stopped Vehicle 4 Trees/Crops/Bushes		9 Smoke 10 Glare 77 All Other, Explain in Narrative		Helmet Use (HU) 3	
				Eye Protection (EP) 3	
				Restraint Systems (RS) 3	
Motor Vehicle Seating Position:		LOCATION: SEAT ROW OTHER (LOC)		Air Bag Deployed (ABD)	
Seat Row Other		1 1 1		2	
1 Left 2 Middle 3 Right 77 Other (explain in narrative) 88 Unknown		1 Not Applicable 2 Sleeper Section of Truck Cab 3 Other Enclosed Cargo Area 4 Unenclosed Cargo Area 5 Trailing Unit 6 Riding on Motor Vehicle Exterior (non-trailing unit) 88 Unknown		1 Not Ejected 2 Ejected, Totally 3 Ejected, Partially 4 Not Applicable 88 Unknown	
				Ejection (EJECT) 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 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		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 8 Sidewalk 9 Median/Crossing Island 10 Driveway Access 11 Shared-Use Path or Trail 12 Non-Trafficway Area 77 Other, Explain in Narrative 88 Unknown		1 Crossing Roadway 2 Waiting to Cross Roadway 3 Walking/Cycling Along Roadway with Traffic (in or adjacent to travel lane) 4 Walking/Cycling Along Roadway Against Traffic (in or adjacent to travel lane) 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	
Safety Equipment		Non-Motorist Actions/Circumstances			
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		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) 7 Entering/Exiting Parked/Standing Vehicle 8 Inattentive (talking, eating, etc.) 9 Not Visible (dark clothing, no lighting, etc.) 10 Improper Turn/Merge 11 Improper Passing 12 Wrong-Way Riding or Walking 77 Other, Explain in Narrative 88 Unknown			
ALCOHOL/DRUG/EMS					
SUSPECTED ALCOHOL USE:		ALCOHOL TESTED:		SUSPECTED DRUG USE:	
1 No 2 Yes 88 Unknown		1 Test Not Given 2 Test Refused 3 Test Given 88 Unknown, if Tested		1 No 2 Yes 88 Unknown	
2		3		1	
		ALCOHOL TEST TYPE:		DRUG TESTED:	
		1 Blood 2 Breath 3 Urine 77 Other, Explain in Narrative		1 Test Not Given 2 Test Refused 3 Test Given 88 Unknown, if Tested	
		2		1	
		BAC		DRUG TEST TYPE:	
		.208		1 Blood 2 Urine 77 Other, Explain in Narrative	
				88 Unknown	
SOURCE OF TRANSPORT TO MEDICAL FACILITY		EMS AGENCY NAME OR ID		MEDICAL FACILITY TRANSPORTED TO	
1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative		PALM BEACH GARDENS FIRE RESCUE		PALM BEACH GARDENS HOSPITAL	
2					
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		EMS AGENCY NAME OR ID		MEDICAL FACILITY TRANSPORTED TO	
1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative					
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		EMS AGENCY NAME OR ID		MEDICAL FACILITY TRANSPORTED TO	
1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative					

VEHICLE # 2		Check if Commercial <input type="checkbox"/>		REPORTING AGENCY CASE NUMBER 16-138287		HSMV CRASH REPORT NUMBER 81459935	
1 Vehicle in Transport 2 Parked Motor Vehicle 3 Working Vehicle		VEHICLE LICENSE NUMBER 941PZI	STATE FL	REGISTRATION EXPIRES 07/02/2017	Check if Permanent Registration <input type="checkbox"/>	VIN WVGA7AX4GW599062	
Hit and Run 1 No 2 Yes 88 Unknown	YEAR 2016	MAKE VOLK	MODEL TIGUAN	STYLE UT	COLOR BLU	DAMAGE: 1 Disabling 4 Minor 2 Functional 88 Unknown 3 None	
INSURANCE COMPANY STATE FARM MUTUAL AUTOMOBILE INSURANC		INSURANCE POLICY NUMBER E124647594		Towed due to Damage: 1 No 2 Yes	VEHICLE REMOVED BY OWNER	EST. AMOU 10000	
NAME OF VEHICLE OWNER (Check if Business) LAUREN JAYNE COLLIER		CURRENT ADDRESS 13390 WILLIAM MYERS CT		CITY & STATE PALM BEACH GARDENS FL		ZIP CODE 33410	
Trailer # 1	LICENSE NUMBER	STATE	REGISTRATION EXPIRES	Check if Permanent Registration <input type="checkbox"/>	VIN	YEAR	MAKE
Trailer # 2	LICENSE NUMBER	STATE	REGISTRATION EXPIRES	Check if Permanent Registration <input type="checkbox"/>	VIN	YEAR	MAKE
VEHICLE N <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> Off-Road <input type="checkbox"/> Unknown <input type="checkbox"/>		ON STREET, ROAD, HIGHWAY PROSPERITY FARMS RD		AT EST. SPEED 0		POSTED SPEED 40	
HAZ. MAT. RELEASED 1 No 2 Yes 88 Unknown		HAZ. MAT. PLACARD 1 No 2 Yes 88 Unknown		HAZ. MAT. NUMBER		HAZ. MAT. CLASS	
MOTOR CARRIER NAME		US DOT NUMBER		Area of Initial Impact		Most Damaged A	
MOTOR CARRIER ADDRESS		CITY & STATE		ZIP CODE		PHONE NUMBER	

Vehicle Body Type		Trafficway		Commercial Motor Vehicle Configuration	
16 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 22 Other, Explain in Narrative 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	
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		1 No Cargo 2 Bus 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	
Most Harmful Event		Collision with Non-Fixed Object		Collision Fixed Object	
14 Overtaken/Hit from Behind 15 Pedestrian 16 Railroad Vehicle (train, engine) 17 Animal 18 Motor Vehicle in Transport 19 Parked Motor Vehicle 20 Work Zone/Maintenance Equipment 21 Struck By Falling, Shifting Cargo or Anything Set in Motion by Motor Vehicle 22 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.)	
Sequence of Events		Vehicle Maneuver Action		Traffic Control Device For This Vehicle	
1st 14 2nd 3rd 4th		13 Stopped in Traffic 14 Slowing 15 Negotiating a Curve 16 Leaving Traffic Lane 17 Entering Traffic Lane 18 Making U-Turn 19 Overtaking/Passing		5 No Controls 6 School Zone Sign/Device 7 Traffic Control Signal 8 Stop Sign 9 Yield Sign	
Roadway Grade		Roadway Alignment		Vehicle Defects	
1 Level 2 Hillcrest 3 Uphill 4 Downhill 5 Sag (bottom)		1 Straight 2 Curve Right 3 Curve Left		1 None 2 Brakes 3 Tires 4 Lights (head, signal, tail) 5 Steering 6 Wipers 7 Exhaust System 8 Body, Doors 9 Power Train	
Special Function of Motor Vehicle		Emergency Vehicle		Other	
1 No Special Function 2 Farm Vehicle 3 Police 4 Taxi 5 Military		1 No 2 Yes 88 Unknown			

VIOLATIONS				
PERSON #	NAME OF VIOLATOR	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		VEHICLE # 1	NAME LAUREN JAYNE COLLIER		PHONE NUMBER 260-452-8519
CURRENT ADDRESS (Number and Street) 13390 WILLIAM MYERS CT			CITY & STATE PALM BEACH GARDENS FL		ZIP CODE 33410
DATE OF BIRTH 04/11/1997	SEX 1 Male 2 Female 88 Unknown	DRIVER LICENSE NUMBER C460530976310		STATE FL	EXPIRES 04/11/2021
			INJURY SEVERITY (INU) 1 None 2 Possible 3 Non-Incapacitating		4 Incapacitating 5 Fatal (within 30 days) 6 Non-Traffic Fatality
DRIVER					
DL Type 5		Required Endorsements 3		Driver's Actions at Time of Crash	
1 A 2 B 3 C 4 D/Chauffeur 5 E/Operator 6 E/Oper - Rest 7 None		1 Yes 2 No 3 No Req. Endorsement		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 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	
Driver Distracted By 1		4 Other Inside the Vehicle (explain in narrative) 5 External Distraction (outside the vehicle, explain in narrative) 6 Texting 7 Inattentive 88 Unknown		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		5 Load on Vehicle 6 Building/Fixed Object 7 Signs/Billboards 8 Fog		3rd 4th	
1 Vision Not Obscured 2 Inclement Weather 3 Parked/Stopped Vehicle 4 Trees/Crops/Bushes		9 Smoke 10 Glare 77 All Other, Explain in Narrative		Condition At Time of Crash 1	
1 Not Distracted 2 Electronic Communication Devices (cell phone, etc.) 3 Other Electronic Device (navigation device, DVD player)				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	
DRIVER OR PASSENGER					
Motor Vehicle Seating Position:		LOCATION: SEAT ROW OTHER (LOC) 1 1 1		Helmet Use (HU) 3	
Seat Row Other 1 Left 1 Front 1 Not Applicable 2 Middle 2 Second 2 Sleeper Section of Truck Cab 3 Right 3 Third 3 Other Enclosed Cargo Area 77 Other 4 Fourth 4 Unenclosed Cargo Area (explain in narrative) 88 Unknown 5 Trailing Unit 88 Unknown 6 Riding on Motor Vehicle Exterior (non-trailing unit) 88 Unknown		Ejection (EJECT) 1		Eye Protection (EP) 3	
		1 Not Ejected 2 Ejected, Totally 3 Ejected, Partially 4 Not Applicable 88 Unknown		1 Yes 2 No 3 Not Applicable	
				Restraint Systems (RS) 3	
				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	
NON-MOTORIST					
Non-Motorist Description 1		Non-Motorist Location At Time of Crash 1		Action Prior to Crash 1	
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		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		1 Crossing Roadway 2 Waiting to Cross Roadway 3 Walking/Cycling Along Roadway with Traffic (in or adjacent to travel lane) 4 Walking/Cycling Along Roadway Against Traffic (in or adjacent to travel lane) 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	
Safety Equipment 1		Non-Motorist Actions/Circumstances 1st			
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		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)		7 Entering/Exiting Parked/Standing Vehicle 8 Inattentive (talking, eating, etc.) 9 Not Visible (dark clothing, no lighting, etc.) 10 Improper Turn/Merge 11 Improper Passing 12 Wrong-Way Riding or Walking 77 Other, Explain in Narrative 88 Unknown	
ALCOHOL/DRUG/EMS					
SUSPECTED ALCOHOL USE: 1 No 2 Yes 88 Unknown		ALCOHOL TESTED: 1 Test Not Given 2 Test Refused 3 Test Given 88 Unknown, if Tested		ALCOHOL TEST TYPE: 1 Blood 2 Breath 3 Urine 77 Other, Explain in Narrative	
ALCOHOL TEST RESULT: 1 Pending 2 Completed 88 Unknown		BAC		SUSPECTED DRUG USE: 1 No 2 Yes 88 Unknown	
DRUG TESTED: 1 Test Not Given 2 Test Refused 3 Test Given 88 Unknown, if Tested		DRUG TEST TYPE: 1 Blood 2 Urine 77 Other, Explain in Narrative		DRUG TEST RESULT: 1 Positive 2 Negative 3 Pending 88 Unknown	
SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative		EMS AGENCY NAME OR ID PALM BEACH GARDENS FIRE RESCUE		EMS RUN NUMBER 16008433	
MEDICAL FACILITY TRANSPORTED TO JUPITER HOSPITAL					
ADDITIONAL PASSENGERS					
PERSON # 3		VEHICLE # 2		NAME ELIZABETH EILEEN COLLIER	
DATE OF BIRTH 07/02/1974		INJ 3		SEX 2	
LOC: S 3		R 2		O 1	
EJECT 1		HU 3		EP 3	
ABD 2		RS 3			
CURRENT ADDRESS (Number and Street) 13390 WILLIAM MYERS CT		CITY & STATE WEST PALM BEACH		ZIP CODE 33410	
SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative		EMS AGENCY NAME OR ID PALM BEACH GARDENS FIRE RESCUE		EMS RUN NUMBER 16008433	
MEDICAL FACILITY TRANSPORTED TO JUPITER HOSPITAL					
PERSON # 4		VEHICLE # 2		NAME NATALIE W/F COLLIER	
DATE OF BIRTH 01/31/200		INJ 3		SEX 2	
LOC: S 1		R 2		O 2	
EJECT		HU		EP	
ABD		RS			
CURRENT ADDRESS (Number and Street) 13390 WILLIAM MYERS CT		CITY & STATE WEST PALM		ZIP CODE 33410	
SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative		EMS AGENCY NAME OR ID PALM BEACH COUNTY FIRE RESCUE		EMS RUN NUMBER 16106265	
MEDICAL FACILITY TRANSPORTED TO 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

1 Not Transported

2 EMS 3 Law Enforcement

77 Other, Explain in Narrative 88 Unknown

2

EMS AGENCY NAME OR ID

PALM BEACH GARDENS FIRE RESCUE

EMS RUN NUMBER

16008433

MEDICAL FACILITY TRANSPORTED TO

JUPITER HOSPITAL

PERSON # VEHICLE # NAME

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

1 Not Transported

2 EMS 3 Law Enforcement

77 Other, Explain in Narrative 88 Unknown

2

EMS AGENCY NAME OR ID

PALM BEACH COUNTY FIRE RESCUE

EMS RUN NUMBER

16106265

MEDICAL FACILITY TRANSPORTED TO

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: **PRSO**

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: **combative & times cooperative**

CLOTHING: **blue jeans, white shirt, white socks, white shoes**

MEDICAL CONDITIONS: **back & neck issues (car acc.) cancer past**

MEDICATIONS: **Hydrocodone, Xanax & 2 other meds.**

OTHER: **black/blue 64 YOA**

Odor of unknown alcoholic beverage

Eyes: Red + glassy

COMMENTS: **Δ was verbally cued before b/t.**

20 MIN. OBSERV DONE BY ARRESTING INV.

Had scrape on lower left leg.

Said yes to b/t.

Gave two samples.

Results were read as we waited for test results.

Stated she understood them.

Results told to Δ, she said "I'm so fucked"

Answered questions - stated "I've had too much to drink"

Also said she had two walkers. Last ate @ 11:30.

Said Frank @ Kamp's house then said Accountant.

SUBJECT: **HANSEN, DIANE SHANKS**

CASE NUMBER: **16-138306**

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

SUBJECT: HANSEN, DIANE SHANKSCASE NUMBER: 16-138306

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 depend, I
WHERE WERE YOU GOING? my friend's house to spend the night
WHAT STREET OR HIGHWAY WERE YOU ON? I don't know. Hwy 1 Northside Property
DIRECTION OF TRAVEL? No clue WHERE DID YOU START? from my attorney's house
WHAT TIME DID YOU START? about 2:30pm WHAT TIME IS IT NOW? about 8:45-8:30pm
WHAT IS TODAY'S DATE? 11/18 I mean 10/18/16. NO 10/18/16. Wednesday
WHAT DAY OF THE WEEK IS IT?
WHAT COUNTY AND CITY ARE YOU IN NOW? Palm Beach County, Palm Beach Gardens
WHEN DID YOU LAST EAT? about 11:30am WHAT DID YOU EAT? Can of Black Beans Salsa
WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? Hanging out with some guys
HOW MUCH DO YOU WEIGH? 138 lbs this morning HAVE YOU BEEN DRINKING? Yeah WHAT? vodka with olives
HOW MUCH? a shot glass WHERE? at my apartment WITH WHOM? Jimi Murphy
WHEN DID YOU HAVE YOUR FIRST DRINK? At about 3:00pm-3:45pm 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? 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/lumbar 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 Gabapentin WHEN? this 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
of cholesterol med, pain 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: [Signature] #18334

WITNESS LIST

16138306

CASE NUMBER: _____

Inv. Chiquito-Rodriguez #18334

ARRESTING OFFICER: _____

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: _____

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NAME: _____

ADDRESS: _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS: _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____



NOT A CERTIFIED