

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

1807/0892

ADMINISTRATIVE	OBTS Number		Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-18088789		1. Arrest <input checked="" type="checkbox"/> N.T.A. <input type="checkbox"/> 2. Request for Warrant <input type="checkbox"/> 4. Request for Capias <input type="checkbox"/>		Juvenile <input type="checkbox"/> N <input checked="" type="checkbox"/>																					
	Charge Type: Check as many as apply.		1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/>		3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input checked="" type="checkbox"/>		5. Ordinance <input type="checkbox"/> 6. Other <input type="checkbox"/>		Weapon Seized / Type 1. Yes <input type="checkbox"/> 2. No <input checked="" type="checkbox"/>		Multiple Clearance Indicator 01																					
	Location of Arrest (Including Name of Business) Sasaberys Way / Southern Blvd., West Palm Beach, FL 33411						Location of Offense (Business Name, Address) Sasaberys Lane / Southern Blvd., West Palm Beach, FL 33411																									
	Date of Arrest 6/22/2018		Time of Arrest 0645		Booking Date		Booking Time		Jail Date		Jail Time Priority Towig																					
DEFENDANT	Name (Last, First, Middle) Tapia, Elizabeth											Alias (Name, DOB, Soc. Sec. #, Etc.)																				
	Race W - White 1 - American Indian B - Black 0 - Oriental/Asian		Sex F		Date of Birth 11/26/1989		Height 502		Weight 160		Eye Color Brown		Hair Color Brown		Complexion Light		Build Medium															
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) Tattoos on each wrist											Mental Status Single		Religion NONE		Indication of: Alcohol Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Drug Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>																
	Local Address (Street, Apt. Number) 6096 Blue Stone Lane				City Lake Worth		State FL		Zip 33463		Phone (561) 572-7814		Residence Type: 1. City <input type="checkbox"/> 2. County <input type="checkbox"/> 3. Florida <input type="checkbox"/> 4. Out of State <input checked="" type="checkbox"/>																			
	Permanent Address (Street, Apt. Number) 6096 Blue Stone Lane				City Lake Worth		State FL		Zip 33463		Phone ()		Address Source House																			
	Business Address (Name, Street)				City ()		State ()		Zip ()		Phone ()		Occupation Graphic Designer																			
	DL Number, State T100-220-89-926-0, FL				Soc. Sec. Number ()				MNS Number ()				Place of Birth (City, State) West Palm Beach, FL		Citizenship USA																	
	Co-Defendant Name (Last, First, Middle)						Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony		<input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor		<input type="checkbox"/> 5. Juvenile															
	Co-Defendant Name (Last, First, Middle)						Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony		<input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor		<input type="checkbox"/> 5. Juvenile															
	CO-DEF	<input type="checkbox"/> Parent		Name (Last)		(First)		(Middle)		Residence Phone ()																						
<input type="checkbox"/> Legal Custodian		Address (Street, Apt. Number)		(City)		(State)		(Zip)		Business Phone ()																						
<input type="checkbox"/> Other		Notified by: (Name)		Date		Time		Juvenile Disposition 1. Handed/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.										School Attended		Grade																				
<input type="checkbox"/> Yes, by (Name)		<input type="checkbox"/> No (Reason)		Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No				Description of Property				Value of Property																				
Drug Activity N. N/A P. Possess												S. Sell 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/Opav		P. Paraphernalia/ Equipment S. Synthetic		U. Unknown Z. Other		
Charge Description DUI - (1 prior conviction)				Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number 316.193(1)				Violation of ORD #																				
Drug Activity N		Drug Type N		Amount / Unit N/A		Offense # 18088789		Warrant / Capias Number				Bond																				
Charge Description				Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number				Violation of ORD #																				
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number				Bond																				
Charge Description				Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number				Violation of ORD #																				
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number				Bond																				
Charge Description				Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number				Violation of ORD #																				
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number				Bond																				
CHARGE	Location (Court, Room Number, Address) Gun Club Courthouse - 3228 Gun Club Rd., West Palm Beach, FL 33406																															
	Court Date and Time Month 07 Day 24 Year 2018 Time 08:30 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] Signature of Defendant (or Juvenile and Parent /Custodian)																															
JURIN	HOLD for other Agency Name:				Signature of Arresting Officer [Signature]				Name Verification (Printed by Arrestee):																							
	<input type="checkbox"/> Dangerous		<input type="checkbox"/> Suicidal		Name of Arresting Officer (Print) D/S G. Cleary		I.O. # 31778		(PRINT)																							
	Intake Deputy JUN		ID #		Pouch #		Transporting Officer D/S G. Cleary 31778		ID #		Agency PBSO		PAGE 1 of 1																			
	Witness here if subject signed with an -X																															

PROBABLE CAUSE AFFIDAVIT

1 Arrest 3 Request for Warrant
2 N.T.A. 4 Request for Capias

1 Juvenile N

OBT Number		PROBABLE CAUSE AFFIDAVIT		1 Arrest 3 Request for Warrant 2 N.T.A. 4 Request for Capias		1	Juvenile	N
ADMIN	Agency ORI Number	Agency Name	Agency Report Number					
	FLO 500000	PALM BEACH COUNTY SHERIFF'S OFFICE	06-18088789					
CHARGES	Charge Type	Special Notes						
	1 Felony 2 Traffic Felony 3 Misdemeanor 4 Traffic Misdemeanor 5 Ordinance 6 Other							
DEF	Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth			
	Tapia, Elizabeth		W	F	11/26/1989			
CHARGES	Charge Description	316.193(1)	Charge Description					
	Charge Description		Charge Description					
VICTIM	Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth				
	State of Florida							
	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 <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"/> confessed to My self admitting to the below facts <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the 21st day of June 20 18 at 11:13 <input type="checkbox"/> A M <input checked="" type="checkbox"/> P M (Specifically include facts constituting cause for arrest.)</p> <p>On 6/21/2018 at approximately 2113 hours, I responded to the area of Sansburys Way and Southern Blvd in unincorporated West Palm Beach, Palm Beach County, for a reported motor vehicle accident. The complainant advised that three (3) vehicles were involved, and located southbound on Sansburys Way. Upon my arrival, I observed two (2) vehicles stationary on southbound Sansburys Way, approximately 400 feet north of Southern Blvd., in the center travel lane. I further observed a third vehicle, stationary, on the west sidewalk of Sansburys Way. I then exited my marked patrol vehicle to begin my crash investigation. I then spoke with a female driver, who identified herself by FL DL as Elizabeth Tapia. I then asked Elizabeth to explain what happened leading up to the crash. Elizabeth advised that she was traveling southbound on Sansburys Way from the Luke Bryant concert, when she came to a controlled stop in a line of traffic at the intersection of Sansburys Way and Southern Blvd. Elizabeth advised that when the traffic signal turned green, she accelerated to proceed forward, but was not aware that the vehicle in front of her did not move yet. This resulted in Elizabeth colliding with the vehicle directly in front of her. After this collision, the impact caused the secondary vehicle to travel forward and collide with another vehicle, thus resulting in a 3 vehicle crash.</p> <p>While speaking to Elizabeth, I observed her to have red glassy eyes, slurred speech, and an odor of an unknown alcoholic beverage coming from her body and breath. I then asked Elizabeth if she consumed any alcoholic beverages prior to/while driving. Elizabeth advised that she had 2 beers a few hours earlier at the concert. I then proceeded to speak with the others drivers involved. The driver of vehicle 2, who identified himself as William Johnson, advised that he was traveling southbound on Sansburys Way in the center travel lane, when he came to a controlled stop for standing traffic ahead. William advised when the traffic signal turned green to proceed through the intersection on Sansburys Way and Southern Blvd, when he felt an impact to the rear of his vehicle. William advised after this impact, his vehicle traveled forward and collided with the vehicle directly in front of his. William advised he then exited his vehicle to examine the collision, to which he observed Elizabeth exiting the driver seat of the vehicle that collided with his. I then spoke to the third driver, who identified herself as Jennifer Croteao, who advised that she was stationary at the red traffic signal at the intersection of Sansburys Way and Southern Blvd. When the traffic signal turned green to proceed, Jennifer then felt an impact to the rear of her vehicle. Jennifer advised she then traveled to the right sidewalk to examine the impact and report the incident.</p> <p>After speaking with all parties involved, I returned to my marked patrol vehicle to complete my crash investigation. I then spoke with William, who confirmed that he witnessed Elizabeth exit the driver's seat of the vehicle that collided with his vehicle, seconds after the collision. William then provided a sworn written statement advising of his involvement and affirming him being a wheel-witness to Elizabeth driving.</p> <p>Shortly after, I began speaking with Elizabeth and advised her that I completed my crash investigation and that I am now conducting a DUI investigation. Elizabeth advised that she understood. I then read Elizabeth Miranda Warnings from a PBSO issued Miranda Warnings Card. Elizabeth advised that she understood her rights and would continue to speak with me during my investigation. I then asked Elizabeth to explain what happened leading up to the crash. Elizabeth advised that she was traveling southbound on Sansburys Way from the Luke Bryant concert, when she came to a controlled stop in a line of traffic at the intersection of Sansbury Way and Southern Blvd. Elizabeth advised that when the traffic signal turned green, she accelerated to proceeded forward, but was not aware that the vehicle in front of her did not move yet. This resulted in Elizabeth colliding with the vehicle directly in front of her. While speaking to Elizabeth, I observed her to have red glassy eyes, slurred speech, and an odor of an unknown alcoholic beverage coming from her body and breath. I then asked Elizabeth if she consumed any alcoholic beverages prior to/while driving. Elizabeth advised that she had 2 beers a few hours earlier at the concert. I then asked Elizabeth if she would submit to a series of Standardized Field sobriety exercises to determine her impairment level. Elizabeth agreed to do so. ***CONTINUED ON PAGE 2***</p>								
<p>STATE OF FLORIDA COUNTY OF PALM BEACH D/S G Cleary 31778 (Signature of Arresting/Investigative Officer)</p> <p>22nd Jue 18 20 by D/S G Cleary 31778</p> <p>(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification Type of identification produced: KNOWN LEO</p> <p>Notary Public, Clerk of Court, Officer (F S S 117(10))</p>								

PROBABLE CAUSE STATEMENT

ADMINISTRATIVE

VED 4 2018 S

PROBABLE CAUSE AFFIDAVIT

1 Arrest 3 Request for Warrant
2 NTA 4 Request for Capias

Juvenile

1

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ADMIN	OBTs Number	Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 06- 18088789		
	Charge Type Check as many as apply	1. Felony <input type="checkbox"/>	2. Traffic Felony <input type="checkbox"/>	3. Misdemeanor <input type="checkbox"/>	4. Traffic Misdemeanor <input type="checkbox"/>	5. Ordinance <input type="checkbox"/>	6. Other <input type="checkbox"/>

DEF	Name (Last, First, Middle) Tapia, Elizabeth	Alias	Race W	Sex F	Date of Birth 11/26/1989
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CHARGES	Charge Description DUI - (1 prior conviction)	316.193(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

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
 committed the below acts in my presence
 confessed to My self
 admitting to the below facts
 was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.
 was found to have committed the below acts, resulting from my (described) investigation.
 On the 21st day of June 2018 at 11:13 A M P M. (Specifically include facts constituting cause for arrest)

*****CONTINUED FROM PAGE 1*****
Horizontal Gaze Nystagmus exercise
 Prior to beginning the exercise it was determined Elizabeth was not wearing contact lenses. Elizabeth's eyes were checked and her eyes displayed equal tracking and her pupils were equal sizes. Elizabeth was instructed to follow the stimulus with her eyes only, keeping her head still. After stating she understood the instructions, Elizabeth attempted this exercise.
 The results of this exercise displayed 6 of the 6 possible indicators.
 - A lack of Smooth Pursuit in her left eye.
 - A lack of Smooth Pursuit in her right eye.
 - A distinct and sustained nystagmus in the left eye at maximum deviation.
 - A distinct and sustained nystagmus in the right eye at maximum deviation.
 - An onset of nystagmus in the left eye prior to 45 degrees.
 - An onset of nystagmus in the right eye prior to 45 degrees.
 - The exercise further revealed the presence of vertical nystagmus. Vertical nystagmus is an indicator of high doses of alcohol, other central nervous system (CNS) depressants or inhalants, and the consumption of the drug phencyclidine (PCP) - which is based on my ARIDE training and experience.
 While performing the Horizontal Gaze Nystagmus exercise, it was observed that Elizabeth:
 - Had difficulty following and responding to instructions.
 - Moved her head from side to side during the exercise.
 - Swayed while standing.
 - The instructions for the exercise had to be repeated before Elizabeth would respond
Walk and Turn Exercise
 Prior to attempting this exercise, Elizabeth indicated she did not have any medical problems that would have prevented her from performing the exercise. Elizabeth was instructed to put her left foot on the line and her right foot in front of it with her right heel touching the toe of her left foot. She was instructed to stand in this manner with her hands to her sides until the exercise instructions were completed and the exercise demonstrated. Elizabeth was instructed not to begin the exercise until told to start. She was instructed to take nine steps along the line in a heel-to-toe manner. After the ninth step she was to stop and turn around keeping her lead foot on the ground, taking several small steps with the other foot to turn around. After turning around she was to take nine steps in a heel-to-toe manner back along the line, in the direction she had come from. Elizabeth was further instructed to watch her feet at all times while walking, keep her arms down to her side, and to count her steps out loud. After the exercise was demonstrated Elizabeth stated she understood the instructions and was instructed to begin the exercise.
 - After attempting the Walk and Turn exercise Elizabeth displayed 5 of 8 possible indicators.
Walk and Turn Exercise observations:
 - On the first set of steps, Elizabeth failed to walk in a heel-to-toe manner on 4 steps. - On the second set of steps Elizabeth failed to walk in a heel-to-toe manner on 5 steps, failing to walk heel-to-toe on steps. - She was unable to stand in a heel-to-toe manner while the instructions to the exercise were given.
 - Raised arms for balance during the exercise.
 - Lost her balance while walking.
 - Turned incorrectly.
 - Failed to count her steps out loud.
 - Did not look down and watch her feet during the exercise.
 - Started the exercise before instructed to.
 *****CONTINUED ON PAGE 3*****

ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH D/S G Cleary 31778 (Signature of Arresting/Investigative Officer)
	The foregoing instrument was sworn to or affirmed and subscribed before me this <u>22nd</u> day of <u>June</u> 20 <u>18</u> by _____ (Print name of Arresting/Investigative Officer) who is personally known to me and/or produced identification Type of identification produced <u>KNOWN LEO</u>
	Notary Public, Clerk of Court, Officer (F S S, 117 10)

ADMIN CANV JUN 2

PROBABLE CAUSE AFFIDAVIT

1 Arrest 3 Request for Warrant
2 NTA 4 Request for Copies

1 Juvenile N

OBTS Number	Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 06-18088789
Charge Type Check as many as apply	1. Felony <input type="checkbox"/>	2. Traffic Felony <input type="checkbox"/>	3. Misdemeanor <input type="checkbox"/>	4. Traffic Misdemeanor <input checked="" type="checkbox"/>
	5. Ordinance <input type="checkbox"/>	6. Other <input type="checkbox"/>	Special Notes:	

Name (Last, First, Middle) Tapia, Elizabeth	Aliases	Race W	Sex F	Date of Birth 11/26/1989
Charge Description DUI - (1 prior conviction)	Charge Description 316.193(1)	Charge Description	Charge Description	Charge Description

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		

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

committed the below acts in my presence was observed by _____ who told _____
 confessed to My self _____ that he/she saw the arrested person commit the below acts.
 was found to have committed the below acts, resulting from my (described) investigation admitting to the below facts

On the 21st day of June 2018 at 11:13 A.M. P.M. (Specifically include facts constituting cause for arrest)

*****CONTINUED FROM PAGE 2*****

One Leg Stand exercise
 Prior to attempting this exercise, Elizabeth indicated she did not have any medical problems that would have prevented her from performing the exercise. Elizabeth was instructed to stand with her heels together and hands down to her sides while the instructions were given and during the exercise. Elizabeth was instructed not to begin the exercise until she was instructed to start, and after the exercise had been demonstrated. When instructed to start, she was to raise the foot of her choice off the ground approximately 6 inches. While her leg was raised she was to keep her leg straight, watch her raised foot, and to count out loud by thousands (one thousand one, one thousand two, one thousand three...) and to continue the exercise until told to stop (30 seconds). After this exercise was demonstrated and indicating she understood the instructions Elizabeth attempted this exercise.

When Elizabeth attempted this exercise she raised her right foot.
 The result of this exercise displayed 4 of the 4 possible clues.
 During this exercise Elizabeth:

- Swayed during the exercise.
- Used arms for balance.
- Hopped during the exercise
- Put her foot down (4 time(s) during the exercise).

Additionally, during the One Leg Stand exercise, Elizabeth was observed to:

- End the exercise before she was told to put her foot down. (She was to keep her leg raised for 30 seconds).
- Fail to watch her raised foot during the exercise as instructed.
- Fail to keep her raised leg straight.
- Fail to count out loud by

I then requested Elizabeth to perform the modified Romberg number counting.

I advised Elizabeth to stand with her feet together, place her hands directly down to her side, lean her head back and close her eyes. Once this was performed, she was to estimate the passage of 30 seconds, counting to herself and not out loud. Elizabeth was advised that when she believed the passage of 30 seconds expired, that she would then stand up straight, open her eyes, and say done. Elizabeth advised she understood. Elizabeth then began to exercise and advised she was complete at approximately 45 seconds.

I then concluded my standardized field sobriety exercises and placed Elizabeth under arrest for suspected DUI. I then placed handcuffs on Elizabeth which were double locked and checked for tightness. Shortly after, I requested D/S Lizcano to conduct a custodial search of Elizabeth for any weapons or contraband. After, I then placed Elizabeth in the rear of my patrol vehicle and secured her in. I then departed the scene, en route to the PBSO breath testing (BAT) facility. Once there, I escorted Elizabeth to the BAT facility, where I conducted my 20 minute observation. Once the 20 minute observation period was complete, I then escorted Elizabeth to the BAT room. Once there, I requested Elizabeth to submit a sample of her breath test to determine her alcohol content. Elizabeth advised she would submit. Elizabeth provided a sample 0.138 and 0.139. I then advised Elizabeth of her constitutional rights, to which Elizabeth stated she understood. I then transported Elizabeth to a holding cell while I completed my paperwork. After, I escorted Elizabeth to the PBSO jail for processing. Shortly after, Elizabeth was booked into the PBSO jail for violation of Florida State Statue 316.193. It should be noted that Elizabeth has one (1) prior conviction for DUI.

STATE OF FLORIDA COUNTY OF PALM BEACH D/S G Cleary 31778 (Signature of Arresting/Investigative Officer)	
The foregoing instrument was sworn to or affirmed and subscribed before me this <u>22nd</u> day of <u>June</u> 20 <u>18</u> by <u>D/S G. Cleary</u>	<u>KNOWN LEO</u>
(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification, Type of identification produced	
<u>Notary Public, Clerk of Court, Officer (F S S 117(10))</u>	

FLORIDA DEPARTMENT OF LAW ENFORCEMENT
ALCOHOL TESTING PROGRAM
BREATH ALCOHOL TEST AFFIDAVIT

Instrument Type: Intoxilyzer 8000
Instrument Registered To: PALM BEACH CO SO
Instrument Serial Number: 80-001741 Software: 8100.27
Date of Test: 06/22/2018

Date of Last Agency Inspection: 05/11/2018
Observation Period Began: 01:15
Subject's Name: ELIZABETH TAPIA DOB: 11/26/1989 Sex: F

The subject was observed for at least twenty-minutes prior to the administration of the breath test to ensure that the subject did not take anything orally and did not regurgitate.

Results:	Test	g/210L	Time
	Diagnostics Check	OK	01:44
	Air Blank	0.000	01:45
	Control Test	0.080	01:45
	Air Blank	0.000	01:46
	Subject Sample #1	0.138	01:46
	Air Blank	0.000	01:47
	Air Blank	0.000	01:49
	Subject Sample #2	0.139	01:50
	Air Blank	0.000	01:50
	Control Test	0.080	01:51
	Air Blank	0.000	01:51
	Diagnostics Check	OK	01:51

Cylinder Lot: 646645
Exp: 12/05/2019

State of Florida, County of Palm Beach

Personally appeared before me the undersigned authority, who () is personally known to me or () produced _____ as identification, and who after being placed under oath, states:

I SHARI L O'NEAL, hold a valid Breath Test Operator permit issued by the Florida Department of Law Enforcement, I administered the above breath test to the subject named above in accordance with Chapter 11D-8, Florida Administrative Code, and this form is a true and accurate report of that breath test.

Breath Test Operator: [Signature] Date: 06-22-18
Signature

Sworn to (or affirmed) before me this 22 day of June, 2018

Signature of Notary Public-State of Florida [Signature] Printed Name of Notary Public-State of Florida DIS Cleary # 31778

Note: Pursuant to section 117.10, Florida Statutes, law enforcement officers, correctional officers, traffic accident investigation officers and traffic infraction enforcement officers are notaries public when engaged in the performance of official duties. In accordance with section 316.1934(5), F.S., this completed form is admissible without further authentication and is presumptive proof of the results herein. To be used in accordance with Section 316.1934(5), F.S., and in administrative proceedings pursuant to 322.2615, F.S.



**PALM BEACH COUNTY SHERIFF'S OFFICE
DUI TESTING FACILITY
INFORMATION SHEET**

PBSO CASE # 18088789 PBSO ZONE 1-25

AGENCY CASE # _____ CRASH CASE # 18088781

TIME OF STOP/CRASH 11:13 DATE 6/21/2018 DAY Thursday

SUBJECT'S NAME Tapia, Elizabeth RACE W SEX F

HGT 502 WGT 160 DOB 11/26/1989

LOCATION Sansubury Lane x Southern Blvd

ARRESTING OFFICER'S NAME & ID D/S G Cleary AGENCY PBSO

DIVISION: 1 NOTIFIED BY COMMO Yes

ARRIVAL AT FACILITY 0115

ARREST TIME 0045

BREATH RESULTS:

- 1) .138
- 2) .139
- 3) _____
- 4) . _____

TESTING OFFICER'S ID 6212 PBSO VIDEOTAPE # N/A

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 21st DAY OF June 20 18 AT 11:13 AM PM

SUBJECT: Tapia, Elizabeth CASE NUMBER: 18088789

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: D/S G Cleary

PERSONAL CONTACT

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

The driver of vehicle 2, who identified himself as William Johnson, advised that he was traveling southbound on Sansbury Way in the center travel lane, when he came to a controlled stop for standing traffic ahead. William advised when the traffic signal turned green to proceed through the intersection on Sansbury Way and Southern Blvd, when he felt an impact to the rear of his vehicle. William advised after this impact, his vehicle traveled forward and collided with the vehicle directly in front of his. William advised he then exited his vehicle to examine the collision, to which he observed Elizabeth exiting the driver seat of the vehicle that collided with his.

OBSERVATION OF DRIVER:

While speaking to Elizabeth, I observed her to have red glassy eyes, slurred speech, and an odor of an unknown alcoholic beverage coming from the mouth and breath area of Elizabeth. I then asked Elizabeth if she consumed any alcoholic beverages prior to/while driving. Elizabeth advised that she had 2 beers a few hours earlier at the concert.

DRIVER'S STATEMENTS:

Elizabeth advised that she had 2 beers a few hours earlier at the concert.

ODORS:

an odor of an unknown alcoholic beverage coming from the mouth and breath area of Elizabeth.

GENERAL OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Cooperative

CLOTHING: Black Dress, Black shoes

MEDICAL/OTHER: None

STATE OF FLORIDA
COUNTY OF PALM BEACH

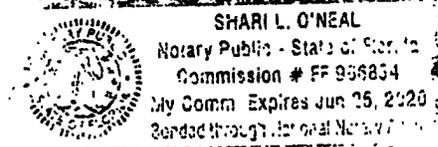
D/S G Cleary

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 22nd day of June 20 18 by D/S G Cleary

(Print name of Arresting/Investigative Officer, who is personally known to me and/or produced identification. Type of identification produced)

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



SUBJECT: Tapia, Elizabeth

CASE NUMBER 18088789

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

- | | |
|---|---|
| <input checked="" type="checkbox"/> LT EYE-LACK OF SMOOTH PURSUIT | <input checked="" type="checkbox"/> RT EYE-LACK OF SMOOTH PURSUIT |
| <input checked="" type="checkbox"/> LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION | <input checked="" type="checkbox"/> RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION |
| <input checked="" type="checkbox"/> LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES | <input checked="" type="checkbox"/> RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES |

Other Observations:

Orbital sway.

WALK & TURN:

- After attempting the Walk and Turn exercise Elizabeth displayed 5 of 8 possible clues.

Walk and Turn Exercise observations:

- On the first set of steps Elizabeth failed to walk in a heel-to-toe manner on 4 steps. - On the second set of steps Elizabeth failed to walk in a heel-to-toe manner on 5 steps, failing to walk heel-to-toe on steps. - Was unable to stand in a heel-to-toe manner while the instructions to the exercise were given.
- Raised arms for balance during the exercise.
- Lost her balance while walking.
- Turned incorrectly.
- Failed to count her steps out loud.
- Did not look down and watch her feet during the exercise.
- Started the exercise before instructed to.

ONE LEG STAND:

The result of this exercise displayed 4 of the 4 possible clues.

During this exercise Elizabeth:

- Stopped during the exercise.
- Used arms for balance.
- Stopped during the exercise.
- Put her feet down (4 times) during the exercise.

Additionally, during the One Leg Stand exercise, Elizabeth was observed to:

- Start the exercise before she was told to put her feet down. (She was to keep her leg raised for 30 seconds).
- Put to watch her raised foot during the exercise as instructed.
- Put to keep her raised leg straight.
- Put to count out loud.

ROMBERG NUMBER

Elizabeth was to estimate the passage of 30 seconds to her self. She concluded the exercise at approximately 45 seconds

ROMBERG ALPHABET:

Not Requested

BREATH TEST RESULTS: 1) .138 2) .139 3) 4) .

STATE OF FLORIDA
COUNTY OF PALM BEACH

D/S G Cleary

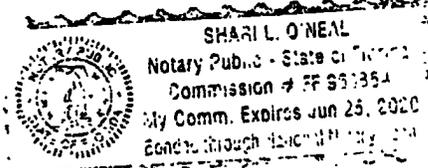
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 22nd day of June, 2018 by _____

(Print name of Arresting/Investigative Officer, who is personally present to me and/or produced identification. Type of identification produced. DLs G. Cleary)

S. O'Neal

Notary Public, Clerk of Court, Officer (F S S 117 10)



WITNESS LIST

CASE NUMBER: 18088789

ARRESTING OFFICER: D/S G Cleary

ADDRESS: 3228 Gun Club Road, West Palm Beach FL, 33406

PHONE NUMBERS (HOME): (561)688-3000 (WORK) _____

CAN TESTIFY TO: CRASH/ DUI INVESTIGATION

NAME: D/S W. Manning

ADDRESS: 3228 Gun Club Road, West Palm Beach FL, 33406

PHONE NUMBERS (HOME) (561)688-3000 (WORK) _____

CAN TESTIFY TO: CRASH INVESTIGATION

NAME: WILLIAM JOHNSON

ADDRESS 4241 HUNTING TRAIL, LAKE WORTH, FL 33467

PHONE NUMBERS (HOME) (949) 275-4707 (WORK) _____

CAN TESTIFY TO: WHEEL WITNESS

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

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CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NOT A CERTIFIED 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 #: 18-088789	ZONE: 1-25	SUSPECT: Elizabeth Tapia	DATE & TIME OF ORIGINAL EVENT/OFFENSE: 6/22/2018-00:44
EVENT TYPE: DWI		DEPUTY: Lee Cleary	ID#: 31778

COMPLETE EVERYTHING BELOW PRINT LEGIBLY

LAST NAME: JOHNSON	FIRST NAME: WILLIAM	MIDDLE INITIAL: R	RACE: W	SEX: M
DATE OF BIRTH: (MM/DD/YYYY) 10-10-1986	YOUR HEIGHT: 6'0"	YOUR WEIGHT: 163	YOUR HAIR COLOR: BRN	YOUR EYE COLOR: BRN
YOUR HOME ADDRESS: 4241 HUNTING TRAIL	<input type="checkbox"/> CHECK IF HOMELESS	CITY: LAKE WORTH	STATE: FL	ZIP: 33467
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 (949) 275-4707	HOME PHONE: <input type="checkbox"/> CHECK IF NONE ()	EMAIL: BillyJohnsonRacing@gmail.com <input type="checkbox"/> CHECK IF NONE	

WRITE WHAT HAPPENED IN YOUR WORDS IN FULL DETAIL PRINT LEGIBLY

YOUR NAME: WILLIAM R JOHNSON	DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER...
I was stopped @ a red light on Sanisbury Way heading south towards Southern Blvd. All of a sudden I felt a huge impact to the rear of my car, after the initial impact, I could hear the loud engine of the car behind me, still accelerating as I was hard on brake pedal, pushing me into the Infinity SUV in front of me. I got out of the car & saw the driver of the car clearly white she was still in the car. I asked if she was ok and she told me that she hit the gas instead of the brake.	
PAGE 1 OF 1	

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 <i>William R Johnson</i>	SWORN TO AND SUBSCRIBED BEFORE ME TODAY: DATE: 6/22/2018 TIME: 00:20 SIGNATURE: <i>[Signature]</i> ID: 13558

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

SUBJECT: Tony ... CASE NUMBER: 1-...

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 D/S Gus Cleary of the MSO

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) Heal on ...

SUBJECT: _____ CASE NUMBER: _____

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? yes

WHERE WERE YOU GOING? _____

WHAT STREET OR HIGHWAY WERE YOU ON? _____

DIRECTION OF TRAVEL? _____ WHERE DID YOU START? _____

WHAT TIME DID YOU START? _____ WHAT TIME IS IT NOW? _____

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

WHAT COUNTY AND CITY ARE YOU IN NOW? _____

WHEN DID YOU LAST EAT? _____ WHAT DID YOU EAT? _____

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? _____

HOW MUCH DO YOU WEIGH? _____ HAVE YOU BEEN DRINKING? yes WHAT? _____

HOW MUCH? _____ WHERE? _____ WITH WHOM? _____

WHEN DID YOU HAVE YOUR FIRST DRINK? _____ AND YOUR LAST DRINK? _____

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? _____

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? _____ ARE YOU UNDER THE INFLUENCE? _____

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? _____ HOW MUCH? _____

WHAT? _____ WHERE? _____ WHEN? _____

WHAT LINE OF WORK ARE YOU IN? _____ WHEN DID YOU LAST WORK? _____

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? _____ WHAT? _____

ARE YOU SICK OR INJURED? _____ WHAT'S WRONG? _____

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

WERE YOU IN AN ACCIDENT TODAY? _____

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? _____ WHEN? _____

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? _____ WHO? _____ WHY? _____

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? _____ WHAT? _____ WHEN? _____

DO YOU HAVE:

EPILEPSY?	_____	<u>NO</u>
GLASS EYE?	_____	<u>NO</u>
FALSE TEETH?	_____	<u>NO</u>
EAR INFECTION?	_____	<u>NO</u>
INNER EAR TROUBLE?	_____	<u>NO</u>
DIABETES?	_____	<u>NO</u>

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

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

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

INTERVIEWER: _____



Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	<input type="checkbox"/>	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	<input checked="" type="checkbox"/>	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	16
	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel.	
	<input type="checkbox"/>	119.071(2)(f)	Confidential informants (CIs).	
	<input type="checkbox"/>	119.071(2)(e)	Confession.	
Public Info. Exemptions	<input type="checkbox"/>	985.04(1)	Juvenile offender records.	
	<input type="checkbox"/>	119.071(h)(i)	Assets of a crime victim.	
	<input type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	<input type="checkbox"/>	394.4615(7)	Mental health information.	
	<input type="checkbox"/>	119.071(4)(d)(2)(a)	Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)	<input checked="" type="checkbox"/>	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	<input type="checkbox"/>	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	<input type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	<input type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2018020728	Date: 6/22/2018
	Specialist Name/ID: M. Tooks #8557