

0497650

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

ACT-1187

1979

OBTS Number	Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-18-065577	
Charge Type: Check as many as apply.	<input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other	Weapon Seized / Type 2. N.T.A.	<input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No	Multiple Clearance Indicator 01
Location of Arrest (Including Name of Business) 9900 Block Hypoluxo Rd, Lake Worth, FL 33467			Location of Offense (Business Name, Address) 9900 block Hypoluxo Rd, Lake Worth, FL 33467			
Date of Arrest 04/22/2018	Time of Arrest 0510	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle Garden Towing

Name (Last, First, Middle) Killner Elkis, Gabriela,						Alias (Name, DOB, Soc. Sec. #, Etc.)					
Race W - White 1 - American Indian B - Black 0 - Oriental/Asian	Sex F	Date of Birth 06/06/1986	Height 5'02	Weight 112	Eye Color Bro	Hair Color Blo	Complexion Light	Build Small			
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)						Marital Status Single	Religion Jewish	Indication of Alcohol Influence Drug Influence Y N Unk. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Local Address (Street, Apt. Number) 7825 Manor Forest Ln, Boynton Beach, FL 33436			(City)	(State)	(Zip)	Phone (561) 676-0462		Residence Type: 1. City 2. County 3. Florida 4. Out of State 2			
Permanent Address (Street, Apt. Number)			(City)	(State)	(Zip)	Phone		Address Source FL DL /FCIC/NCIC			
Business Address (Name, Street)			(City)	(State)	(Zip)	Phone		Occupation Realtor			
D/L Number, State K456280867061, FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) Sao Palo, Brazil		Citizenship US			

Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large	<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile	
Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large	<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile	
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other:			Address (Street, Apt. Number)			(City)	(State)	(Zip)	Residence 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 Driving Under the Influence (ENHANCED)			Counts 01	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 316.193(4)		Violation of ORD #			
Drug Activity N	Drug Type N	Amount / Unit	Offense # 18-065577		Warrant / Capias Number		Bond OR			
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			

Location (Court, Room Number, Address) South County Court House 200 W. Atlantic Ave, Delray Beach, FL 33444					
Court Date and Time Month May Day 17 Year 2018 Time 8:30 AM X PM					
I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.					
Signature of Defendant (or Juvenile and Parent / Custodian)				Date Signed 04/22/2018	

HOLD for other Agency Name:		Signature of Arresting Officer X		Name Verification (Printed by Arrestee) APR 22 AM 7:10	
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal	<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:	Name of Arresting Officer (Print) D/S Christopher Ward # 16305 16305		(PRINT)	
Intake Deputy D/S Christopher Ward	I.D. #	Pouch #	Transporting Officer D/S C. Ward	ID # 16305	Agency PBSO
Witness here if subject signed with an 'X'				1 of 1	

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE April DAY OF 22 20 18, AT 0450 AM PM

SUBJECT: Killner Elkis, Gabriela, CASE NUMBER: 18-065577

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: D/S Christopher Ward # 16305

PERSONAL CONTACT

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

I was dispatched to the area of Hypoluxo Rd and Lyons Rd in reference to a complainant of a reckless driver. The complainant advised dispatch that they saw a White Mercedes Bearing Fl tag APPZ48.

Upon my arrival in the area I located the defendant's vehicle, A blue Ford Explorer Fl tag 123ABC, which was driving all over the road and drove up onto the sidewalk. The complainant stated that once they stopped at the red light at Hypoluxo and Lyons the vehicle sat through one full cycle without moving. The complainant was in a AMR ambulance and turned on their overhead lights. The defendant pulled over to the side of the road when the light turned green. (See witness statments for further)

Upon my arrival the vehicle was stopped on the right side of the roadway with its brake lights activated. I pulled up behind the vehicle without activating my front overhead lights. I walked up to the passenger side window where I could smell the odor of an unknown alcoholic beverage that came from the defendant and intensified as she spoke with me. She already had her driver's license out and handed it to me.

OBSERVATION OF DRIVER:

I made contact with the defendant at the driver's side window. When I walked up she handed me her FL DL with which I was able to identify her as Gabriela Killner Elkis. The defendant was not wearing her shoes and her pants were unbuttoned and partially unzipped. I observed that the defendant had watery eyes. The defendant had slowed speech, and the odor of an unknown alcoholic beverage, based on my training and life experiences, that came from their breath which intensified as they spoke to me. I asked the defendant if they had any medical problems including diabetes and the defendant said no. I asked the defendant where they were coming from and they were confused before mumbling the name of the establishment. I asked how much they had had to drink and the defendant said one drink and then two drinks. She stated that she was drinking whiskey.

I asked the defendant to exit the vehicle. The defendant swayed while standing and while walking.

I asked the defendant to perform voluntary roadside tasks. and the defendant consented or refused again.

I conducted the Starndarized Field Sobriety Tasks (SFSTs) with the following results:

DRIVER'S STATEMENTS:

Pre Miranda / spontaneous roadside admissions: The defendant stated that she had 2 drinks of whiskey. She stated that she had eaten empanadas. She stated that she had not medical issues to include diabetes.

Post Miranda admissions enroute to BAT: The defendant stated that she had two whiskeys with ice approximately 2 fingers each. She stated that she was going home in the area of Hypoluxo and Lawrence rd. When I pointed out she was going the opposite direction from Lawrence rd she stated that she was going to a friends house. She stated that the friends house. She stated that the friends house was on Lyons rd between Hypoluxo Rd and Gateway Blvd.

ODORS:

I could smell the obvious odor of an unknown alcoholic beverage, based on my training and experience, that came from the defendant and intensified as the defendant spoke to me.

GENERAL OBSERVATIONS

SPEECH: slow, mumbling,

ATTITUDE: polite, cooperative,

CLOTHING: Black Tank Top, Black Pants that were unbuttoned and partially unzipped, no shoes.

MEDICAL/OTHER: I conducted the Standardized Field Sobriety Tasks (SFSTs) in front of my PBSO patrol vehicle (Asset # 56089) in car video system with the following results. The area was Flat and even, Well Lit and clear of any large debris. It was Warm and there was a light wind. The area was dry.; Defendant states no medical problems including diabetes.

STATE OF FLORIDA
COUNTY OF PALM BEACH

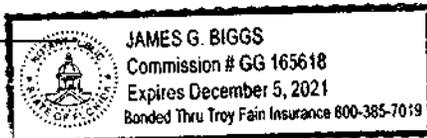
D/S Christopher Ward # 16305

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 22 day of May 20 18 by D/S Christopher Ward # 16305

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

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



SCANNED

APR 23 2018

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:

See P.C.

WALK & TURN:

I had the defendant used the white fog line in the roadway. I had the defendant place their left foot on the line with their right foot in front of the left, heel to toe. I told the defendant to remain in the position throughout my instructions and demonstration. The defendant was instructed not to start the task prior to me telling them to begin. The defendant acknowledged and stated they completely understood my instructions. I asked the defendant if the ground was level and flat and they stated yes. I asked the defendant if the line was straight and they stated yes. I asked the defendant if the area was clear of debris and they stated yes. The defendant was then instructed on the task which was also demonstrated. The defendant swayed during my instructions. The defendant came out of the stance to me telling her to begin. Once the defendant was told to begin the task they missed heel to toe, stepped off the line, made an improper turn, walked the incorrect number of steps, and slowed to balance/stead their self. The defendant miscounted, asked for additional instructions, and swayed throughout completing the task.

ONE LEG STAND:

The defendant was instructed to stand with their feet together and their hands down by their side. They were then instructed to remain in the position throughout the instructions and demonstration until instructed to begin. The defendant acknowledged and stated that they clearly understood the instructions. The defendant swayed while in the instructional position. After being told to begin the defendant put their foot down prior to being told to stop and swayed. The defendant did not count in the manner instructed after completing part of the task counting correctly. The defendant look as their toe as instructed after even after being instructed to do so.

FINGER TO NOSE:

The defendant was instructed to stand with their feet together and their hands down by their side. The defendant was then instructed to remain in the position throughout the instructions and demonstration until instructed to begin. The defendant acknowledged and stated that they clearly understood these instructions. The defendant swayed while in the instructional position. The defendant acknowledged the instructions stating that they clearly understood them. The defendant did not tip her head back or close her eyes when told to begin as instructed. The defendant proceeded to miss or search for the tip of their nose with the tip of their finger on every attempt, started with the wrong hand multiple times, and/or did not bring their hand immediately bring back as instructed after numerous reminders to do so. The defendant swayed throughout the task.

ROMBERG ALPHABET:

The defendant was instructed to stand with their feet together and their hands down by their side. The defendant was then instructed to remain in the position throughout the instructions and demonstration until instructed to begin. The defendant acknowledged and stated that they clearly understood these instructions. The defendant swayed while in the instructional position. The defendant stated that they knew their English alphabet from A to Z. I instructed the defendant on the task and then demonstrated the task. The defendant acknowledged the instructions stating that they clearly understood them. The defendant then proceeded to misstate their alphabet.

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

STATE OF FLORIDA
COUNTY OF PALM BEACH

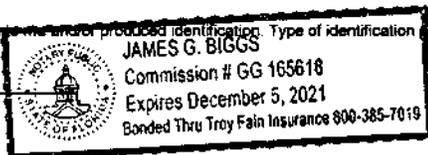
D/S Christopher Ward # 16305

(Signature of Arresting/Investigative Officer)

foregoing instrument was sworn to or affirmed and subscribed before me this 22 day of May 2018 by D/S Christopher Ward # 16305

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

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



SCANNED
APR 23 2018

ADMIN Agency ORI Number **FLO 50000** Agency Name **PALM BEACH COUNTY SHERIFF'S OFFICE** Agency Report Number **06-18-065577**

Charge Type: 1. Felony 3. Misdemeanor 5. Ordinance
 2. Traffic Felony 4. Traffic Misdemeanor 6. Other

DEF Name (Last, First, Middle) **Killner Elks, Gabriela.** Alias _____ Race **H** Sex **F** Date of Birth **06/06/1986**

CHARGES Charge Description **Driving Under the Influence** 316.193(4) 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. was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.
 confessed to _____ admitting to the below facts. was found to have committed the below acts, resulting from my (described) investigation.

On the **April** day of **22** 20 **18** at **0450** A.M. P.M. (Specifically include facts constituting cause for arrest.)

Pen Light Task (Horizontal Gaze Nystagmus [HGN]):
 The defendant was placed with their feet together and hands down by their side. The defendant was clearly instructed to await the competition of the instructions prior beginning the task. The defendant acknowledged that they clearly understood my instructions prior to me beginning my instructions for the task. The defendant stated that they clearly understood my instructions for the task. I placed my stimulus in front of the defendant and ask the defendant if they could see it to which he said "yes." I asked the defendant what color the stimulus was to which they answered, "red." I asked the defendant to touch the tip of the stimulus with his finger which the defendant did after searching with their finger. Upon commencing the Pent Light Task (HGN) the defendant moved their head side to side in lieu of following with their eyes only, anticipated the stimulus, and did not follow the stimulus. I had to reinstruct the defendant multiple times during the task to follow the stimulus with their eyes only. During the task I observed that the defendant had equal pupil size and did not exhibit resting nystagmus. The defendant's eyes tracked equally.

Post SFST's:
 At this time I found probable cause to believe that the defendant was impaired for the purposes of operating and/or being in actual physical control of a motor vehicle pursuant to Florida State Statute 316.193(4). I placed the defendant in an handcuffing position by asking them to spread their feet apart, placed their hand behind them and close their eye. I then asked the defendant to count backwards from 50. The defendant then continued to count as I handcuffed them to the rear. I checked the handcuffs for proper fit and double locked them. I then placed the defendant in the rear of my PBSO patrol vehicle.

An inventory search of the vehicle was conducted prior to tow per PBSO policy. There was noting to mention inside the vehicle. The vehicle was towed by rotation by Garden Towing to their impound lot.

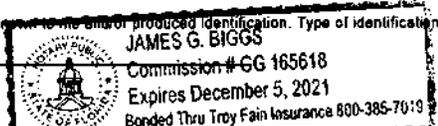
STATE OF FLORIDA COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)  **D/S Christopher Ward**

The foregoing instrument was sworn to or affirmed and subscribed before me this **22** day of **May** 20 **18** by **D/S Christopher Ward** Personally Known LEO

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

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

 **JAMES G. BIGGS**
 Commission # GG 165618
 Expires December 5, 2021
 Bonded Thru Troy Fain Insurance 800-385-7019

ADMINISTRATIVE

PROBABLE CAUSE AFFIDAVIT

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

1 Juvenile

ADMIN

OBTS Number Agency ORI Number Agency Name Agency Report Number
FLO 500000 PALM BEACH COUNTY SHERIFF'S OFFICE 06- 18-065577

Charge Type: Check as many as apply. 1. Felony 2. Traffic Felony 3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 6. Other

DEF

Name (Last, First, Middle) Killner Elkis, Gabriela. Alias Race H Sex F Date of Birth 06/06/1986

CHARGES

Charge Description Driving Under the Influence 316.193(4) 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. was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.
 confessed to _____ admitting to the below facts. was found to have committed the below acts, resulting from my (described) investigation.
On the April day of 22 20 18 at 0450 A.M. P.M. (Specifically include facts constituting cause for arrest.)

PROBABLE CAUSE STATEMENT

NOT A CERTIFIED COPY

ADMINISTRATIVE

STATE OF FLORIDA COUNTY OF PALM BEACH
(Signature of Arresting/Investigative Officer) D/S Christopher Ward
The foregoing instrument was sworn to or affirmed and subscribed before me this 22 day of May 20 18 by D/S Christopher Ward # 16305
(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification and/or communication produced Personally Known LEO
Notary Public, Clerk of Court, Officer (F.S.S. 117.10) JAMES G. BIGGS Commission # GG 185618 Expires December 5, 2021
Bonded thru Troy Fair Insurance 800-385-7019
SCANNED APR 23 2018

SUBJECT: Killner, Elks, Gabriela CASE NUMBER: 18-06557

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 Ward of the PCSO

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) Read on Camera

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: Killer Elks, Cochet CASE NUMBER: 18-005577

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? A FRIEND'S HOUSE LYONS GATEWAY

WHAT STREET OR HIGHWAY WERE YOU ON? Hypolux Rd / Lyons Rd

DIRECTION OF TRAVEL? W WHERE DID YOU START? WPB Military / Southern

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

WHAT IS TODAY'S DATE? 4/22, 21st WHAT DAY OF THE WEEK IS IT? SATURDAY LIKE SUNDAY

WHAT COUNTY AND CITY ARE YOU IN NOW? PAUM BEACH COUNTY

WHEN DID YOU LAST EAT? MIDNIGHT WHAT DID YOU EAT? FRENCH FRIES & HOT DOG

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? HANGING OUT w/ FRIENDS DANCING

HOW MUCH DO YOU WEIGH? 110 HAVE YOU BEEN DRINKING? YES WHAT? Whisky

HOW MUCH? A couple of glasses WHERE? Midlos WITH WHOM? Friends

WHEN DID YOU HAVE YOUR FIRST DRINK? Midnight AND YOUR LAST DRINK? AROUND 0200

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? Sipped

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? NO ARE YOU UNDER THE INFLUENCE? NO

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

WHAT? _____ WHERE? _____ WHEN? _____

WHAT LINE OF WORK ARE YOU IN? REAL ESTATE WHEN DID YOU LAST WORK? YESTERDAY SAT 1300

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? NO WHAT? _____

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

DO YOU LIMP? NO DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? NO

WERE YOU IN AN ACCIDENT TODAY? NO

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? NO WHAT? _____ WHEN? _____

- DO YOU HAVE: EPILEPSY? NO
- GLASS EYE? NO
- FALSE TEETH? NO
- EAR INFECTION? NO
- INNER EAR TROUBLE? NO
- DIABETES? NO

SCANNED
APR 23 2018

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? NO

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

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? NO WHERE? _____

INTERVIEWER: D/S C. WARD 1630 5

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 #: 18-065577	ZONE: 6-61	SUSPECT: K. Iner Ellis Gorman	DATE & TIME OF ORIGINAL EVENT/OFFENSE: 4/22/2018 @ 637
EVENT TYPE: Dist	DEPUTY: D/S C. Wain	ID#: 1634	

COMPLETE EVERYTHING BELOW - PRINT LEGIBLY

LAST NAME: Walker	FIRST NAME: Thomas	MIDDLE INITIAL: D	RACE: C	SEX: M
DATE OF BIRTH: 0126 1953	YOUR HEIGHT: 5'8"	YOUR WEIGHT: 186	YOUR HAIR COLOR: Gray	YOUR EYE COLOR: Brown
YOUR HOME ADDRESS: 381 N.W. Archer Ave	<input type="checkbox"/> CHECK IF HOMELESS	CITY: Port Saint Lucie	STATE: FL	ZIP: 34987
YOUR WORK NAME & ADDRESS: AMR WPB FL	<input type="checkbox"/> CHECK IF UNEMPLOYED OR RETIRED	CITY: Lake Worth	STATE: FL	ZIP:
WORK PHONE: ()	CELL PHONE: 771 857221	HOME PHONE: ()	EMAIL:	<input type="checkbox"/> CHECK IF NONE

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

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

Approx 0430 04222018 Saw white Mercedes a woman driving car was weaving between lanes on Hypoluxo Rd heading west first saw her around Congress Ave she ran for red light at military trail or Haverhill she appeared to speed up AS we approach Lyons Rd by Publix she ran up over side walk at the light at Hypoluxo & Lyons we put emergency lights on & she sat thru 3 red light cycles she stopped just west of Lyons stay stopped until PBSO arrived Asked if she was diabetic & she said No

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: <i>[Signature]</i>	SWORN TO AND SUBSCRIBED BEFORE ME TODAY: DATE: 4/22/18 TIME: 0445 SIGNATURE: <i>[Signature]</i> ID: 1634

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 DENIED 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

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 #: 18-065577	ZONE: 6-61	SUSPECT: A. Thur Ellis, G. Smith	DATE & TIME OF ORIGINAL EVENT/OFFENSE: 4-22-18
EVENT TYPE: DWA	DEPUTY: D/S C. W. AM	ID#: 16301	

COMPLETE EVERYTHING BELOW - PRINT LEGIBLY

LAST NAME: Carmenate	FIRST NAME: JAVIER	MIDDLE INITIAL: R	RACE: W	SEX: M
DATE OF BIRTH: (MM/DD/YYYY) 10-2-77	YOUR HEIGHT: 59	YOUR WEIGHT: 200	YOUR HAIR COLOR: Brown	YOUR EYE COLOR: Hazel
YOUR HOME ADDRESS: 723 Sunny Pine Wy #1	<input type="checkbox"/> CHECK IF HOMELESS	CITY: Greenacres	STATE: FL	ZIP: 33415
YOUR WORK NAME & ADDRESS: AMR	<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 (561) 628-0848	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

1 YOUR NAME: **JAVIER Carmenate**

DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER...

We were driving down Hyploxie heading west when we noticed a white Mercedes driving very slow. Then she started driving a bit faster and then took the red light at either Military or Haverhill. They we caught up to her and she started going very slow again. Then she was going from one side of the road all the way to the other. Then she went on top of the sidewalk completely at the Publix of Hyp1 and Lyons. Then we got her to stop just west of Lyons Hill PBSO got here.

PAGE _____ OF _____

<p>READ AND SIGN</p> <p>I SWEAR AND AFFIRM THIS AND/OR THE ATTACHED STATEMENTS ARE CORRECT AND TRUE:</p> <p>YOUR SIGNATURE: X</p>	<p><input checked="" type="checkbox"/> DEPUTY SHERIFF <input type="checkbox"/> NOTARY PUBLIC FSS: 117.10</p> <p>SWORN TO AND SUBSCRIBED BEFORE ME TODAY:</p> <p>DATE: 4/22/18 TIME: 0745</p> <p>SIGNATURE: [Signature] ID: 16301</p>
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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)

WITNESS LIST

CASE NUMBER: 18-065577

ARRESTING OFFICER: D/S Christopher Ward # 16305

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

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

CAN TESTIFY TO: DUI Investigation

NAME: Carenate, Javier

ADDRESS: 723 Sunny Pine Way H1, Greenacres, FL 33415

PHONE NUMBERS (HOME) 561 628-0848 (WORK) _____

CAN TESTIFY TO: Driving Pattern, Wheel Witness

NAME: Walker, Thomas

ADDRESS 381 NW Acher Ave, Port Saint Lucie, FL 34983

PHONE NUMBERS (HOME) 772-985-7221 (WORK) _____

CAN TESTIFY TO: Driving Pattern, Wheel Witness

NAME: D/S D. Oroz

ADDRESS 3228 Gun Club Rd, West Palm beach, FL 33406

PHONE NUMBERS (HOME) () (WORK) ()

CAN TESTIFY TO: Back Up Officer/Tow

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

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PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NOT A CERTIFIED COPY

SCANNED
APR 23 2018