

0493548

2688

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

ADMINISTRATIVE	OBTS Number		Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-17-154644				
	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 <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No NONE		Multiple Clearance Indicator 01						
	Location of Arrest (Including Name of Business) 6TH AVENUE SOUTH & WRIGHT ROAD LAKE WORTH, 33461				Location of Offense (Business Name, Address) 6TH AVENUE SOUTH & WRIGHT ROAD LAKE WORTH, 3346						
	Date of Arrest 11/21/2017	Time of Arrest 23:23	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle BABSCO TOWING				
Name (Last, First, Middle) MANN, GWENDOLYN, LEONA								Alias (Name, DOB, Soc. Sec. #, Etc.)			
Race W - White I - American Indian B - Black O - Oriental/Asian W		Sex F	Date of Birth 01/12/1965	Height 5'6"	Weight 130	Eye Color BLUE	Hair Color RED	Complexion FAIR	Build AVG		
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) NONE				Marital Status DIVORCED		Religion NONE		Indication of: Alcohol Influence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk. Drug Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk.			
Local Address (Street, Apt. Number) 2220 N CYPRESS BEND DRIVE #404			(City) POMPANO BEACH, FL		(State) FL		(Zip) 33069		Phone (561) 644-8105		
Permanent Address (Street, Apt. Number)			(City)		(State)		(Zip)		Residence Type: 1. City <input type="checkbox"/> 2. County <input type="checkbox"/> 3. Florida <input checked="" type="checkbox"/> 4. Out of State <input type="checkbox"/> 3		
Business Address (Name, Street)			(City)		(State)		(Zip)		Address Source FLORIDA DRIVER LICENSE		
D/L Number, State M500-292-65-512-1; FL			Soc. Sec. Number		INS Number		Place of Birth (City, State) PENSACOLA, FL		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			
Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other:		Name (Last) (First) (Middle)			Residence Phone						
Address (Street, Apt. Number)		(City) (State) (Zip)			Business Phone						
Notified by: (Name)		Date	Time	Juvenile Disposition 1. Handled/processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated							
Released To: (Name)		Relationship			Date	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/Denv.	P. Paraphernalia/ Equipment S. Synthetics	U. Unknown Z. Other
Charge Description DRIVING UNDER THE INFLUENCE		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 NONE	Offense # 17-154644	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					
Location (Court, Room Number, Address) CRIMINAL JUSTICE COMPLEX / 3228 GUN CLUB ROAD, WEST PALM BEACH, FL 33406											
Court Date and Time Month DECEMBER Day 21st Year 2017 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 of Defendant (or Juvenile and Parent/Custodian) <i>[Signature]</i>										Date Signed NOV 22 2017	
HOLD for other Agency Name:		Signature of Arresting Officer Inv. J. Schaefer #8777				Name Verification (Printed by Arrestee) <i>[Signature]</i>					
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print) INV. J. SCHAEFER		I.D. # 8777		(PRINT)		PAGE 1 OF 1	
Intake Deputy Synn Bio		I.D. #		Pouch #		Transferring Officer INV. J. SCHAEFER		ID # 8777		Agency PBSO	
Witness here if subject signed with an "X"										1	

DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'s ONLY)

OBTS Number		PROBABLE CAUSE AFFIDAVIT			1. Arrest 3. Request For Warrant 2. N.T.A. 4. Request For Capias		1	Juvenile	N
Agency ORI Number FLO 5 0 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE			Agency Report Number 06		17154644		
Charge Type: Check as many as apply		Special Notes SUP PC							
<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									
Defendant Name (Last, First, Middle) Mann, Gwendolyn, Leona							Race W	Sex F	Date of Birth 01/12/65
Charge DUI				Charge					
Charge				Charge					
Victim 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 (Street, Apt. Number)			City	State	Zip	Phone	Occupation Government		
The undersign 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 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.					
<input type="checkbox"/> confessed to admitting to the below facts.				<input checked="" type="checkbox"/> was found to have committed the below acts, resulting from (described) investigation.					
On the 21 day of NOVEMBER 20 17 at 2337 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM									

On 11/21/2017 at 2245 hours I arrived at the 1800 block of 6th Ave S. in the City of Lake Worth, Florida located in Palm Beach County reference an impaired driver.

Upon my arrival I made contact with Oscar Humberto Dejongh who would inform me that he had seen a green Ford Explorer bearing tag number IIFC69 come to a complete stop in the middle of the roadway. He then observed the vehicle begin moving forward but at a very slow rate of speed. Oscar would continue to explain that he would drive in front of the vehicle in order to view the driver to see if perhaps they were having a medical emergency. Oscar would observe the vehicle come to a stop at 6th ave S and Wright drive. A white female would exit the vehicle and walk into traffic almost falling down on her face. Oscar would ask the driver if she was OK and she would state that she had someone coming and she had just run out of gas. The driver would tell Oscar that she was "OK" and that she had just run out of gas. Oscar would relay to me that when she spoke to him he noticed that her speech appear slurred and that she couldn't maintain her balance.

At this time I went to go speak with the driver of the green ford explorer. The vehicle was at rest parked on the wrong side of the roadway on the grass with the drivers side door hanging open. Sitting in the drivers seat was a white female who would be identified by her Florida Driver's License as Gwendolyn Leona Mann. Immediately upon coming within arms distance of her I detected the odor of an unknown alcoholic beverage on her breath and body. I noted that the vehicle was parked with the emergency lights flashing and Gwendolyn was seated in the driver's seat with her keys in her hand. Upon my introducing myself as D/S Goodman with the Palm Beach County Sheriff's Office Gwendolyn would attempt to exit the vehicle. Upon doing so, she fell towards me but she was able to catch her balance and stand upright. Due to the safety concern at this time I asked her to please have a seat back in the vehicle. As she moved in an exaggeratedly slow manner back towards the vehicle, I noted that whenever she stepped she appeared to stumble. After sitting back in the vehicle and turning towards me I moved in closer and observed bloodshot glassy eyes. The odor of an unknown alcoholic beverage would become stronger as I went closer to Gwendolyn.

SCANNED
NOV 21 2017

The foregoing instrument was sworn to and affirmed before me this 21 day of NOVEMBER 20 2337 , by:	
WIS CONCESSION #2711	I. GOODMAN 26786
Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	Name of Arresting/Investigating Officer
Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	Signature of Arresting/Investigating Officer
	Page 1 of 2

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest	3. Request For Warrant	<input type="checkbox"/>	Juvenile	<input type="checkbox"/>
Agency ORI Number FLO 5 0 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06		17154644		
Charge Type: Check as many as apply		Special Notes		Sup PC				
<input type="checkbox"/> 1. Felony		<input type="checkbox"/> 3. Misdemeanor		<input type="checkbox"/> 5. Ordinance		<input type="checkbox"/> 6. Other		
<input type="checkbox"/> 2. Traffic Felony		<input checked="" type="checkbox"/> 4. Traffic Misdemeanor						
Defendant Name (Last, First, Middle) Mann, Gwendolyn Leona				Race W	Sex F	Date of Birth 01/12/65		
Charge DUI		Charge						
Charge		Charge						
Victim 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 (Street, Apt. Number)		City	State	Zip	Phone	Occupation Government		
<p>The undersign 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...</p> <p><input type="checkbox"/> committed the below acts in my presence.</p> <p><input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.</p> <p><input type="checkbox"/> confessed to admitting to the below facts.</p> <p><input checked="" type="checkbox"/> was found to have committed the below acts, resulting from (described) investigation.</p> <p>On the <u>21</u> day of <u>NOVEMBER</u> 20<u>17</u> at <u>2337</u> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM</p>								

Upon inserting the keys into the vehicle, the vehicle would start.

Due to the suspicion of impairment, DUI Investigator Shaeffer ID # 8777 would respond to the scene to conduct a DUI investigation.

NOT A CERTIFIED COPY

NOV 17 2017

The foregoing instrument was sworn to and affirmed before me this <u>21</u> day of <u>NOVEMBER</u> 20 <u>2337</u> , by:	
<u>DIS CONCKERAN # 234</u>	<u>I. GOODMAN</u> 26786
Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	Name of Arresting/Investigating Officer
<u>[Signature]</u>	<u>[Signature]</u>
Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	Signature of Arresting/Investigating Officer
	Page <u>2</u> of <u>2</u>

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 21st DAY OF NOVEMBER 20 17, AT 22:37 AM PM

SUBJECT: MANN, GWENDOLYN, LEONA CASE NUMBER: 17-154644

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: INV. J. SCHAEFER #8777

PERSONAL CONTACT

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

On 11/21/17 at approximately 22:50hrs I was called to the scene of a traffic stop at the intersection of 6th Avenue South and Wright Road, which is located in the City of Lake Worth, Palm Beach County, Florida. I arrived at the scene at approximately 22:57hrs. D/S Ian Goodman #26786 relayed to me, and completed a written signed sworn supplemental Probable Cause Affidavit, that he arrived on the scene of a possible crash involving an impaired driver. The stopped defendant's vehicle, a 1997 Ford Explorer bearing FL tag IIF-C69, was occupied by the defendant and parked on the wrong side of the road. D/S Goodman noticed that the defendant had articulable indicators of impairment, so he called for a DUI unit to conduct a possible DUI investigation. D/S Goodman identified the defendant, to me, as the driver and sole occupant of the vehicle, upon his arrival. A witness, Oscar De Jongh, observed the defendant strike the curb and stop in the middle of the roadway, getting out to inspect her vehicle, stumbling into traffic, and almost falling onto her face. De Jongh completed a written sworn statement as to the events observed and identified the defendant as the operator of the vehicle.

OBSERVATION OF DRIVER:

Upon making contact with the driver who was identified by her Florida driver license as "GWENDOLYN LEONA MANN", I immediately detected an obvious and strong odor of an unknown alcoholic beverage emitting from her person and face area. Mann was seated in the driver seat of the Ford with the keys in her hand. This odor intensified as I spoke to Mann. Mann had glassy, glazed, and blood shot eyes. Mann's speech was slurred, slow, thick, and at times difficult to understand. Mann's movements were slow and deliberate. She was lethargic in her movements with poor coordination. Mann had an unsteady gate while walking to my patrol vehicle and had difficulty following directions given to her. Mann was wearing a pink blouse, black skirt, black socks, and no shoes. All the clothing appeared disheveled and Mann had a sweaty appearance.

DRIVER'S STATEMENTS:

Pre-Miranda: Mann stated her vehicle ran out of gas but I took the Ford's keys and started to engine to make sure the vehicle was operable. The vehicle started immediately. It took Mann over 4 minutes to decide whether or not she wanted to perform the SFST's. Mann stated she knew "people" from the State Attorney's Office in an attempt to intimidate me into not following through with my complete investigation and subsequent arrest.

Mann consented to breath and declined to participate in Q & A.

ODORS:

A strong and obvious odor of an unknown alcoholic beverage was emitting from her person and face area which intensified as I spoke to Mann.

GENERAL OBSERVATIONS

SPEECH: Mann's speech was slurred, slow, and thick, and at times difficult to understand.

ATTITUDE: talkative, indifferent, flirtatious, pleading, argumentative, belligerent, resisted

CLOTHING: pink top / black skirt / black socks / no shoes

MEDICAL/OTHER: none stated

STATE OF FLORIDA
COUNTY OF PALM BEACH

INV. J. SCHAEFER #8777

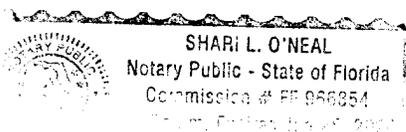
(Signature of Arresting/Investigative Officer)

Inv. J. Schaefer #8777

The foregoing instrument was sworn to or affirmed and subscribed before me this 22nd day of NOVEMBER 20 17 by INV. J. SCHAEFER #8777

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

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



SCANNED
NOV 22 2017

SUBJECT: MANN, GWENDOLYN, LEONA CASE NUMBER 17-154644

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

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

Other Observations:

Mann would sway roughly in a side to side front to back pattern while speaking with her, seeing if she wanted to perform the SFST's which took her 4 minutes to decide.

WALK & TURN:

It took over eight minutes trying to get Mann into the instructional stance and finally she refused to participate. After being taken into custody, Mann state she "now" wanted to perform them.

ONE LEG STAND:

declined

FINGER TO NOSE:

declined

ROMBERG ALPHABET:

declined

BREATH TEST RESULTS: 1) .179 2) .173 3) 4)

STATE OF FLORIDA
COUNTY OF PALM BEACH

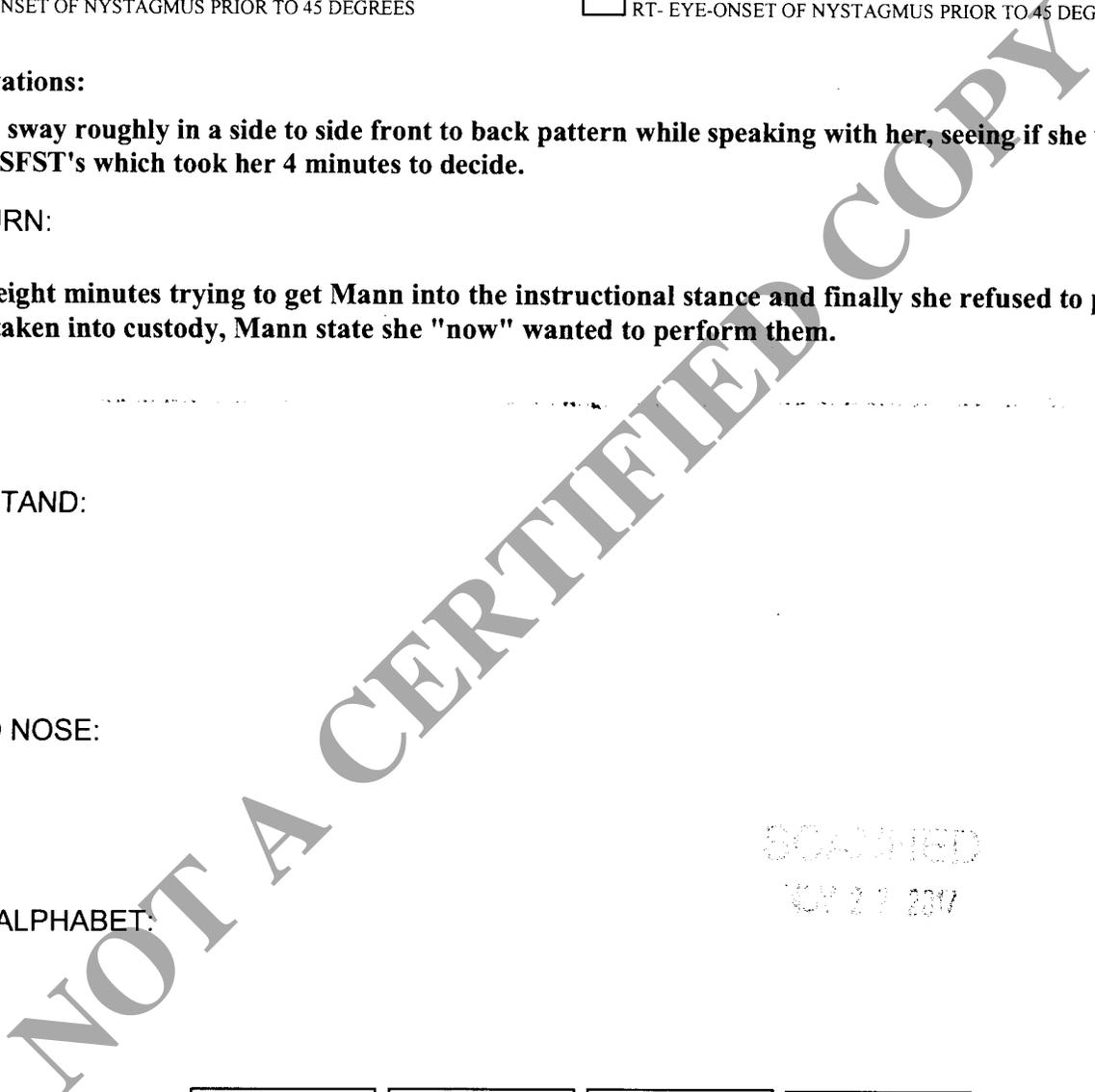
INV. J. SCHAEFER #8777 *Inv. J. Schaefer #8777*
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 22nd day of NOVEMEBR 20 17 by INV. J SCHAEFER #8777

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

S. O'Neal
Notary Public, Clerk of Court, Officer (F.S.S. 117(10))

SHARI L. O'NEAL
Notary Public - State of Florida
Commission # FF 966854
My Comm. Expires Jun 25, 2021
Bonded through National Notary Association



SCANNED
OCT 27 2017

WITNESS LIST

CASE NUMBER: 17-154644

ARRESTING OFFICER: INV. J. SCHAEFER #8777

ADDRESS: 3228 GUN CLUB ROAD WPB, FL 33406

PHONE NUMBERS (HOME): _____ (WORK) (561)681-4500

CAN TESTIFY TO: SEE OFFENSE REPORT

NAME: D/S IAN GOODMAN #26786 (DISTRICT 14)

ADDRESS: 3228 GUN CLUB ROAD WPB, FL 33406

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

CAN TESTIFY TO: SEE SUPPLEMENTAL PROBABLE CAUSE AFFIDAVIT

NAME: OSCAR H. De JONGH

ADDRESS 1105 SOUTH 6TH AVENUE #2203 LAKE WORTH, FL 33406

PHONE NUMBERS (HOME) (561)667-0027 (WORK) _____

CAN TESTIFY TO: SEE SWORN WITNESS STATEMENT

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

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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

SEARCHED
INDEXED

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 #: 17-15464A	ZONE: 14-13	SUSPECT: Givendolyn, Leona, Mann	DATE & TIME OF ORIGINAL EVENT/OFFENSE: 11/21/17
EVENT TYPE: DUA	DEPUTY: D/S Miranda	ID#: 26971	

COMPLETE EVERYTHING BELOW – PRINT LEGIBLY

LAST NAME: de Jongh		FIRST NAME: OSCAR		MIDDLE INITIAL: H	RACE: H	SEX: M
DATE OF BIRTH: (MM/PD/YEAR) 12/13/48	YOUR HEIGHT: 5'7	YOUR WEIGHT: 240	YOUR HAIR COLOR: Blk	YOUR EYE COLOR: Brown		
YOUR HOME ADDRESS: 1105 S 6th Ave Apt 2203		<input type="checkbox"/> CHECK IF HOMELESS	CITY: Lakeworth	STATE: FL	ZIP: 33406	
YOUR WORK NAME & ADDRESS:		<input checked="" type="checkbox"/> CHECK IF UNEMPLOYED OR RETIRED	CITY:	STATE:	ZIP:	
WORK PHONE: <input checked="" type="checkbox"/> CHECK IF NONE	CELL PHONE: (561) 667-0027 <input type="checkbox"/> CHECK IF NONE	HOME PHONE: (5) <input checked="" type="checkbox"/> CHECK IF NONE	EMAIL: Oscar.dejongh@gmail.com	<input type="checkbox"/> CHECK IF NONE		

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

YOUR NAME: OSCAR, de Jongh	DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER...
<p>On 21 NOV 2017 @ roughly 22:30hrs I witnessed a blue SUV traveling Eastbound 200m-roughly before I95 on ramps on 6th Ave stop without warning it the middle of the right, I proceed to pass the vehicle on the side. After I passed the SUV I witness a white female, ^{light} blonde hair female get out of the vehicle immediately proceeding the vehicle rolling through wright and intersection on the southside. When she got out she appeared intoxicated due to slurred speech and unstable hand eye cordination. She could walk straight, I immediate contacted P.D. via cellphone at approximately 2235hrs, I moved then offered to the vehicle onto the grass. she allowed me to do so.</p>	

PAGE 1 OF 2

READ AND SIGN

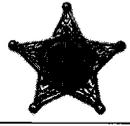
I SWEAR AND AFFIRM THIS AND/OR THE ATTACHED STATEMENTS ARE CORRECT AND TRUE: <i>302117</i>	<input checked="" type="checkbox"/> DEPUTY SHERIFF <input type="checkbox"/> NOTARY PUBLIC FSS: 117.10
YOUR SIGNATURE: <i>X</i> <i>adj</i> <i>NOV 21 2017</i>	SWORN TO AND SUBSCRIBED BEFORE ME TODAY: DATE: 11/21/17 TIME: 2320 SIGNATURE: _____ ID: 26971

IF YOU DO NOT WISH TO PROSECUTE, COMPLETE THE ABOVE STATEMENT, READ THIS DISCLAIMER AND INITIAL BELOW: I AM OF LEGAL AGE AND I AM THE REPORTED VICTIM OF A CRIME UNDER FLORIDA LAW. I HEREBY STATE THAT I WILL NOT COOPERATE ANY FURTHER WITH THE INVESTIGATION OF THE ALLEGED CRIME. I FURTHER RELEASE THE PALM BEACH COUNTY SHERIFF'S OFFICE OF ANY PRESENT OR FUTURE RESPONSIBILITY AS TO MY CASE. I ACKNOWLEDGE THAT I UNDERSTAND MY RIGHTS AS A CRIME VICTIM, PARTICULARLY REGARDING VICTIM COMPENSATION ELIGIBILITY, WHICH INCLUDES SUCH BENEFITS AS REIMBURSEMENT FOR: DISABILITY; LOST WAGES; LOSS OF SUPPORT; MEDICAL, DENTAL, MENTAL HEALTH COUNSELING AND FUNERAL EXPENSES. I AM AWARE I MAY BE GIVING UP THESE RIGHTS FOR MY FAMILY AND MYSELF BY INITIALLING BELOW. I AM TAKING THIS POSITION OF MY OWN FREE WILL KNOWING THAT THE CASE CAN ONLY BE FURTHER INVESTIGATED AND PROSECUTED WITH MY COOPERATION. DO NOT WISH TO PROSECUTE (INITIAL _____)

(PROSECUTION WAIVER NOT TO BE USED FOR CASES INVOLVING DOMESTIC OR DATING VIOLENCE PER G.O. 508.00)
 WHITE - RECORDS COPY CANARY - STATE ATTORNEY COPY PINK - OFFICER'S COPY GOLD - WITNESS / VICTIM COPY

PALM BEACH COUNTY SHERIFF'S OFFICE – **SWORN STATEMENT**

Per FL statute 837.012, whoever knowingly makes a false statement under oath shall be guilty of a misdemeanor of the first degree punishable by imprisonment up to 1 year.



WITNESS VICTIM OTHER

CASE #:	17-154644	ZONE:	A-13	SUSPECT:	Guendolyn, Leona, Mann	DATE & TIME OF ORIGINAL EVENT/OFFENSE:	11/21/17
EVENT TYPE:	DUI	DEPUTY:	D/S Miranda		ID#:	26971	

COMPLETE EVERYTHING BELOW – PRINT LEGIBLY

LAST NAME:	de Jongh	FIRST NAME:	OSCAR	MIDDLE INITIAL:	H	RACE:	H	SEX:	M
DATE OF BIRTH:	(MM/DD/YYYY) 12/13/1985	YOUR HEIGHT:	5'7	YOUR WEIGHT:	280	YOUR HAIR COLOR:	Blk	YOUR EYE COLOR:	Brown
YOUR HOME ADDRESS:	<input type="checkbox"/> CHECK IF HOMELESS		CITY:	STATE:	ZIP:				
1105 SW Ave Apt 2203		Lakeworth		FL	33406				
YOUR WORK NAME & ADDRESS:	<input type="checkbox"/> CHECK IF UNEMPLOYED OR RETIRED		CITY:	STATE:	ZIP:				
WORK PHONE:	<input checked="" type="checkbox"/> CHECK IF NONE	CELL PHONE:	<input type="checkbox"/> CHECK IF NONE	HOME PHONE:	<input checked="" type="checkbox"/> CHECK IF NONE	EMAIL:	<input type="checkbox"/> CHECK IF NONE		
()		(904) 667-0627	()			oscardejongh@gmail.com			

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

YOUR NAME: OSCAR de Jongh

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

I then discovered she out of gas and convinced her to stay with vehicle until P.d arrived on scene, Throughout the ordeal I told her multiples to stay on the sidewalk she even stumbled all the way across the sidewalk almost falling in the street. The female I witnessed get out of the SUV was wearing heels a pink top and dark capri pants.

PAGE 2 OF 2

READ AND SIGN

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

YOUR SIGNATURE: X *oscar*

DEPUTY SHERIFF NOTARY PUBLIC FSS: 117.10

SWORN TO AND SUBSCRIBED BEFORE ME TODAY:

DATE: 11/21/17 TIME: 2320

SIGNATURE: _____ ID: 26971

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 _____)

TESTING FACILITY TASK REPORT

AGENCY: 1170 E. 2nd Street # 5117
SUBJECT: 1170 E. 2nd Street # 5117 CASE NUMBER: 17-154049
DATE: 11-22-17 VIDEO TAPE NUMBER: —
BEGINNING TIME: 0021:15 ENDING TIME: 0041:15
BREATH TESTS RESULTS: 1) .174 TIME 0027:15 A.M./P.M. 2) .17 TIME 0030 A.M./P.M.
3) _____ TIME _____ A.M./P.M. 4) _____ TIME _____ A.M./P.M.

BREATH OPERATOR: P. ONI # 0212
MAINTENANCE TECHNICIAN: M. J. ... # 0467

TESTING OFFICER'S OBSERVATIONS
SPEECH: Normal
ATTITUDE: Cooperative
CLOTHING: No shoes
MEDICAL CONDITIONS: N/A
MEDICATIONS: None today
OTHER: Eyes: Red + Glossy

COMMENTS: Obs of O.B. with alcohol on beverage. # 5117
20 min observation done by AIO Schuster.
AIO requested the results sent on camera.
Submitted to the breath report.
Completed the test correctly.
CIV was to submit.
Call to attorney N. QAF

SCANNED
NOV 22 2017

SUBJECT: Murphy, Gwendolyn L. CASE NUMBER: 17-174644

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.

SCANNED
NOV 22 2017

SUSPECT'S SIGNATURE: (X) Kendall C...

SUBJECT: Miss. Gumball, L. CASE NUMBER: 17-104644

QUESTIONS AND ANSWERS

I AM NOW GOING TO ASK YOU SOME QUESTIONS. WITH THESE RIGHTS IN MIND, YOU MAY ANSWER SOME OF, ALL OF, OR NONE OF THE FOLLOWING QUESTIONS AS YOU LIKE.

WERE YOU OPERATING A MOTOR VEHICLE AT THE TIME OF THE STOP/ACCIDENT? _____

WHERE WERE YOU GOING? _____

WHAT STREET OR HIGHWAY WERE YOU ON? _____

DIRECTION OF TRAVEL? _____ WHERE DID YOU START? _____

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

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

WHAT COUNTY AND CITY ARE YOU IN NOW? _____

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

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

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

HOW MUCH? _____ WHERE? _____ WITH WHOM? _____

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

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? _____

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

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

WHAT? _____ WHERE? _____ WHEN? _____

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

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

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

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

WERE YOU IN AN ACCIDENT TODAY? _____

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

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

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

DO YOU HAVE:

- EPILEPSY? _____
- GLASS EYE? _____
- FALSE TEETH? _____
- EAR INFECTION? _____
- INNER EAR TROUBLE? _____
- DIABETES? _____

SCANNED
NOV 22 2017

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: _____

WHITE - STATE ATTY. YELLOW - DHSMV PINK - CENTRAL RECORDS GOLD - JAIL

Florida

DRIVER LICENSE



CLASS E



4b DLN [REDACTED]

1 MANN
2 GWENDOLYN LEONA
3 2220 N CYPRESS BEND DR APT 404
POMPANO BEACH FL 33069-4402

7 DOB 01/12/1965 13 SEX F
11b EXP 01/12/2026 16 HGT 5-06"
12 REST NONE 9a END NONE

4a ISS 10/27/201X
5 DC P774710270361



Gwendolyn Mann

Operation of a motor vehicle constitutes consent to any sobriety test required by law.

NOT A CERTIFIED COPY

NOV 27 2017