SA 0460748 2014 CT020171 AXXSB PA 1369

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

OBTS Number:

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

ADMINISTRATIVE

Agency ORI Number	Agency Name	Agency Report Number (N.T.A.'s only)
FLO 500000	PALM BEACH COUNTY SHERIFF'S OFFICE	06- 14119257

ChargeType: Check as many as apply. ☒ 1. Felony ☐ 2. Traffic Felony ☒ 3. Misdemeanor ☑ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

Weapon Seized / Type (1. Yes 2. No): 2 — Multiple Clearance Indicator: 1

Location of Arrest (Including Name of Business): 18950 LYONS RD, Boca Raton, FL 33433

Location of Offense (Business Name, Address): 20850 BOCA WEST DR , Boca Raton, FL 33434

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
13Sep14	0331					18950 LYONS RD, Boca Raton, FL 33433

DEFENDANT

Name (Last, First, Middle): Cruz, James E.

Alias (Name, DOB, Soc. Sec. #, Etc.):

Race (W - White I - American Indian B - Black O - Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	M	10/18/93	6 0	235	Brown	Brown	light	large

Scars, Marks, Tatoos, Unique Physcal Features (Location, Type, Description): None

Marital Status: Single — Religion: NONE

Indication of: Alcohol Influence: Y ☑ — Drug Influence: Unk ☑

Local Address (Street, Apt. Number) (City) (State) (Zip): 9141 A SW 22ND ST BOCA RATON FL 33428 — Phone: ( ) Unknown

Residence Type: 1. City 2. County 3. Florida 4. Out of State: 1

Permanent Address (Street, Apt. Number) (City) (State) (Zip): 9141 A SW 22ND ST BOCA RATON FL 33428 — Phone: ( )

Address Source: Florida D/L

Business Address (Name, Street) (City) (State) (Zip): — Phone: ( )

Occupation: Sales

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
C-620-445-93-378-0	[redacted]		Plantation, FL	USA

CO-DEF

Co-Defendant Name (Last, First, Middle): — Race: — Sex: — Date of Birth: — ☐ 1. Arrested ☐ 2. At Large ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile

Co-Defendant Name (Last, First, Middle): — Race: — Sex: — Date of Birth: — ☐ 1. Arrested ☐ 2. At Large ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile

JUVENILE

☐ Parent ☐ Legal Custodian ☐ 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 ☐ defendant and / or ☐ 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. ☐ Yes, by: (Name) ☐ No: (Reason) — School Attended — Grade

Property Crime? ☐ Yes ☐ No — Description of Property — Value of Property

CODE

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

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
DUI	1	☐Y ☑N	316.193(1)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
N	N	n/a	14119257		

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐Y ☐N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐Y ☐N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐Y ☐N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

NOTICE TO APPEAR

Location (Court, Room Number, Address): South County Courthouse, 200 W. Atlantic Avenue, Courtroom #1, Delray Beach, FL 33444

Court Date and Time: Month OCT. Day 6 Year 2014 Time 0830 AM ✓ 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: 13Sep14

ADMIN

HOLD for other Agency Name: — Signature of Arresting Officer: X — Name Verification (Printed by Arrestee) (PRINT)

☐ Dangerous ☐ Suicidal ☐ Resisted Arrest ☐ Other:

Name of Arresting Officer (Print): D/S Jacob Frey — I.D. #: 9658

Intake Deputy: — I.D. #: — Pouch #: — Transporting Officer: same — ID #: — Agency: PBSO

Witness here if subject signed with an "X" — PAGE OF

SCANNED SEP 15 2014

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

PBSO #148 REV. 8/97

TJC

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D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 13 DAY OF Sep 20 14, AT 0243 ✓ AM PM

SUBJECT: Cruz, James E. CASE NUMBER: 14119257

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: D/S Jacob Frey

PERSONAL CONTACT

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

On 13Sep14 at 0249hrs I arrived at 20850 BOCA WEST DR in reference to a crash. Upon arrival I met security officer Michael Wender. Michael told me he observed a white Cadillac CTS (FL tag AGIM18) traveling east on Boca West Dr near the intersection with Jog Rd. The vehicle had extensive front end and roof damage. He told me the vehicle struck the curb and drove off the right hand side of the roadway into the flower bed (14119274). A white male, later identified as James Cruz through the Driver and Vehicle Information Database (DAVID), was sitting in the driver's seat. Michael told me James exited the driver side and took "something" out of the backseat. James then walked to the Guardhouse. Michael asked James what had happened. James told him "I hit a tree in Boca West but I don't know exactly where". James then told him "I am drunk and I am just going to leave now and you can call a tow truck for my car".

OBSERVATION OF DRIVER:

I made contact with James. James had a heavy odor of an unknown alcoholic beverage coming from his breath and body. His eyes were bloodshot and watery. His speech was slurred and he spoke loudly. He was extremely belligerent, uncooperative, confrontational, combative, and very aggressive. He spoke with profane and abusive language. His body swayed when I talked to him and had a very difficult time standing still. He was sweaty. Although he was loud and obnoxious, he appeared to be sleepy. I made several request to him to complete the Standard Field Sobriety Task (SFST). Each time I spoke in a calm non-aggressive tone. Upon every request he redirected the topic by asking me questions and yelling aggressively at me.

DRIVER'S STATEMENTS:

His speech was slurred and he spoke loudly. He was extremely belligerent, uncooperative, confrontational, combative, and very aggressive. He spoke with profane and abusive language.

ODORS:

A heavy odor of an unknown alcoholic beverage coming from his breath and body.

GENERAL OBSERVATIONS

SPEECH: **His speech was slurred and loud.**

ATTITUDE: **extremely belligerent, uncooperative, confrontational, combative, and very aggressive**

CLOTHING: **black t-shirt, and tan pants**

MEDICAL/OTHER: **None**

STATE OF FLORIDA
COUNTY OF PALM BEACH

D/S Jacob Frey 9658
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 13 day of Sep 20 14 by D/S Jacob Frey 9658

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

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

JAMES G BIGGS
Notary Public - State of Florida
My Comm. Expires Nov 18, 2017
Commission # FF 059684
Bonded Through National Notary Assn.

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SEP 15 2014
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SUBJECT: Cruz, James E. **CASE NUMBER** 14119257

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

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

Other Observations:

Bloodshot and watery eyes. Refused all SFTS.

WALK & TURN:
Refused all SFTS.

ONE LEG STAND:
Refused all SFTS.

FINGER TO NOSE:
Refused all SFTS.

ROMBERG ALPHABET:
Refused all SFTS.

NOT A CERTIFIED COPY

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

STATE OF FLORIDA
COUNTY OF PALM BEACH

D/S Jacob Frey 9658
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 13 day of Sep 20 14 by D/S Jacob Frey 9658

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

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

JAMES G BIGGS
Notary Public - State of Florida
My Comm. Expires Nov 18, 2017
Commission # FF 059684
Bonded Through National Notary Assn.

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SEP 15 2014
TJC

TESTING FACILITY TASK REPORT

AGENCY: PBSO

SUBJECT: James E Cruz CASE NUMBER: 14-119257

DATE: 9/13/14 VIDEO TAPE NUMBER: 58663

BEGINNING TIME: 0456 ENDING TIME: 0501

BREATH TESTS RESULTS: 1) REFUSED TIME 0500 A.M./P.M. 2) — TIME — A.M./P.M.

3) — TIME — A.M./P.M. 4) — TIME — A.M./P.M.

BREATH OPERATOR: J. Biggs #7607

MAINTENANCE TECHNICIAN: Cpl C Crocker #3167

TESTING OFFICER'S OBSERVATIONS

SPEECH: Loud, mumbling on Video

ATTITUDE: Insulting, Upset,

CLOTHING: Black shirt, tan Pants

MEDICAL CONDITIONS: —

MEDICATIONS: —

OTHER:

COMMENTS: AIO conducted 20 min observation Subj Refused to Answer Booking Questions, Not Looking at AIO & Shaking Head. Subj Stated he wanted Attny when Asked for Breath test. Subj Said he Dont Want to talk. I/C Read to Subj. he Stated he dont Understand, the encs "Retarded" Subj did Not Ans if he Understood 2nd time. Stated he would Not take the test MIW Read

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SCANNED
SEP 15 2014
TJC

SUBJECT: James E Cruz CASE NUMBER: 14-119257

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 Frey of the PBSO.

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

SCANNED SEP 15 2014 TJC

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SUBJECT: James E Cruz CASE NUMBER: 14-119252

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? _____

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: D/S J. Frey 9658

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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 #: 14-49257	ZONE: 7-11	SUSPECT: JAMES E. CRUZ	DATE & TIME OF ORIGINAL EVENT/OFFENSE: 09/13/14 0220-0230
EVENT TYPE: DUI		DEPUTY: D/S FRYE	ID#: 9658

COMPLETE EVERYTHING BELOW – PRINT LEGIBLY

LAST NAME: Wender	FIRST NAME: Michael	MIDDLE INITIAL: J	RACE: C	SEX: M
DATE OF BIRTH: (MM/DD/YYYY) 09/14/1983	YOUR HEIGHT: 5F3	YOUR WEIGHT: 130	YOUR HAIR COLOR: Brown	YOUR EYE COLOR: Hazel
YOUR HOME ADDRESS: ☐ CHECK IF HOMELESS 5025 Ashley lake Drive Apt 217	CITY: Boynton Beach	STATE: Fl	ZIP: 33437	
YOUR WORK NAME & ADDRESS: ☐ CHECK IF UNEMPLOYED OR RETIRED Boca West Country Club, 20590 Boca West Drive	CITY: Boca Raton	STATE: Fl	ZIP: 33434	
WORK PHONE: ☐ CHECK IF NONE (561) 483-9317	CELL PHONE: ☐ CHECK IF NONE (561) 866-7690	HOME PHONE: ☐ CHECK IF NONE ( )	EMAIL: ☐ CHECK IF NONE	

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

I, YOUR NAME: Michael J Wender DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER...

On 9/13/14 at approximately 0220 hours while working at Jog road gate bocawest Country club I observed a white 4 door vehicle Stop on the South Side of the entrance and I observed a white male short hair with facial hair wearing a black Shirt behind the wheel of the vehicle. I then saw the white male get out of the driver side and then observed he was wearing long tanned pants and tennis shoes. I observed him try taking something out of the backseat and at 02:25 Boca West detail Sheriff Deputy arrived on Scene and took Control of white male I saw getting out of Vehicle.

PAGE 1 OF 2

READ AND SIGN

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

YOUR SIGNATURE: X [signature]

☒ DEPUTY SHERIFF ☐ NOTARY PUBLIC FSS: 117.10

SWORN TO AND SUBSCRIBED BEFORE ME TODAY:

DATE: 09/13/14 TIME: 0320

SIGNATURE: [signature] ID: 9658

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**

SCANNED SEP 15 2014 TJC

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

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

☒ WITNESS ☐ VICTIM ☐ OTHER

CASE #:	ZONE:	SUSPECT:	DATE & TIME OF ORIGINAL EVENT/OFFENSE:
14-116257	7-11	JAMES E. CRUZ	09/13/14 0220-0230

EVENT TYPE:	DEPUTY:	ID#:
DUI	D/S FRYE	9658

COMPLETE EVERYTHING BELOW – PRINT LEGIBLY

LAST NAME:	FIRST NAME:	MIDDLE INITIAL:	RACE:	SEX:
Wender	Michael	J	C	M

DATE OF BIRTH: (MM/DD/YYYY)	YOUR HEIGHT:	YOUR WEIGHT:	YOUR HAIR COLOR:	YOUR EYE COLOR:
09/14/1983	5ft 3	130	Brown	Hazel

YOUR HOME ADDRESS: ☐ CHECK IF HOMELESS	CITY:	STATE:	ZIP:
5025 Ashley Lake Drive Apt 217	Boynton Beach	FL	33437

YOUR WORK NAME & ADDRESS: ☐ CHECK IF UNEMPLOYED OR RETIRED	CITY:	STATE:	ZIP:
Boca West Country Club 20590 Boca West Dr	Boca Raton	FL	33433

WORK PHONE: ☐ CHECK IF NONE	CELL PHONE: ☐ CHECK IF NONE	HOME PHONE: ☐ CHECK IF NONE	EMAIL: ☐ CHECK IF NONE
(561) 483-9817	(561) 866-7690	( )	

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

I, YOUR NAME: Michael J Wender — DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER...

It should be noted that prior to the Boca Weir Deputy arriving at my gate the white male that I saw get out of the vehicle approached me at the guard station. He approached me and I asked what happened because I observed a lot of damage to the front of his vehicle. The white male then said "I hit a tree in Boca Weir but I don't know exactly where". He said "I'm drunk and I'm just gonna leave now and you can call the tow truck for my car".

READ AND SIGN

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

YOUR SIGNATURE: X [signature]

☒ DEPUTY SHERIFF ☐ NOTARY PUBLIC FSS: 117.10

SWORN TO AND SUBSCRIBED BEFORE ME TODAY:

DATE: 09/13/14 TIME: 0520

SIGNATURE: [signature] ID: 9658

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☐ 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

PBSO #0134 REV. 12/11

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WITNESS LIST

CASE NUMBER: 14119257

ARRESTING OFFICER: D/S Jacob Frey

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

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

CAN TESTIFY TO: personal contact, SFSTs

NAME: Michael J. Wender

ADDRESS: 5025 Ashley Lake Drive Apt 217, Boynton Beach, Fl 33437

PHONE NUMBERS (HOME) 561-866-7690 (WORK) 561-483-9317

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

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NOT A CERTIFIED COPY

SCANNED
SEP 15 2014
TJC