0420826 186C 19CT1242

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

OBTS Number:

ADMINISTRATIVE

Agency ORI Number	Agency Name	Agency Report Number (N.T.A.'s only)
FLO 500000	PALM BEACH COUNTY SHERIFF'S OFFICE	06- 19027516

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

Weapon Seized / Type: 2 | 1. Yes 2. No NONE

Multiple Clearance Indicator: 01

Location of Arrest (Including Name of Business): S JOG RD/SUMMIT BLVD. GREENACRES, FL. 33415

Location of Offense (Business Name, Address): 1000 BLCK S JOG RD. GREENACRES, FL. 33415

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
01/18/2019	2323					GARDENS TOWING

DEFENDANT

Name (Last, First, Middle): STABLEY JUSTIN CURTIS

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

Race	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W - White I - American Indian B - Black 0- Oriental/Asian: W	M	4/25/76	6'02"	187	HAZEL	BLONDE	MED	MED

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

Marital Status: Divorced | Religion: CHRISTIAN | Indication of: Alcohol Influence ☐ Y ☐ N ☐ Unk.; Drug Influence ☐ Y ☐ N ☐ Unk.

Local Address (Street, Apt. Number) (City) (State) (Zip): 719 CLEARY RD. WEST PALM BEACH, FL. 33415 | Phone: (561) 870-6537 | Residence Type: 1. City 2. County 3. Florida 4. Out of State: 2

Permanent Address (Street, Apt. Number) (City) (State) (Zip): , | Phone: ( ) — | Address Source: DEF VERBAL

Business Address (Name, Street) (City) (State) (Zip): | Phone: ( ) | Occupation: PETROLEUM TECH

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
S314-423-76-145-0, FL	[redacted]		WILLIAMSPORT, PA	U.S.

CO-DEF

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

JUVENILE

☐ Parent ☐ Legal Custodian ☐ Other:

Address (Street, Apt. Number) (City) (State) (Zip): | Residence Phone: ( ) | 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 W/ PROPERTY DAMAGE	1	☐Y ☒N	316.193(1)(C)(1)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
N	N	NONE	19027516		OR

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

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

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): CRIMINAL JUSTICE COMPLEX / 3228 GUN CLUB ROAD, WPB, FL 33406

Court Date and Time: Month FEBRUARY Day 14 Year 2019 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): Justin Stabley Date Signed: 01/18/2019

ADMIN

HOLD for other Agency Name:

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other:

Intake Deputy: [redacted] Pouch #:

Signature of Arresting Officer: X

Name of Arresting Officer (Print): INV. ZEITZ I.D. #: 24970

Transporting Officer: INV. ZEITZ ID #: 24970 Agency: PBSO

Name Verification (Printed by Arrestee) (PRINT) Justin Stabley

Witness here if subject signed with an -X"

PAGE 1 OF 1

JAN 19 2019 7:55 AM

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

PBSO #148 REV. 8/97

JAN 19 AM 8:49

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D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE _____ DAY OF _____ 20 18, AT 2231 AM PM

SUBJECT: STABLEY JUSTIN CURTIS CASE NUMBER: 19027516

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: INV. ZEITZ

PERSONAL CONTACT

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

On 1/18/2019, I was dispatched to the scene of a motor vehicle crash with injuries near the intersection of S Jog Rd and Summit Blvd, which is located within the City of Greenacres in Palm Beach County, Florida.

I arrived at the scene at approximately 2247hrs. After my independent crash investigation, based on physical evidence, and witness statements, I determined that the defendant, W/M Justin Stabley, did indeed rear end V2 which caused V2 to strike a tree and roll onto its side. V1 continued Northbound and struck V3 on its right rear bumper area. (See PBSO crash case #19027515)

Witness Elias Valdez, identified the defendant, to me, as the driver and sole occupant, of the white Ford Glasgow work truck at the time of the crash. Valdez completed a written sworn statement as to the events which transpired surrounding the crash.

D/S Sentmanat #24968 relayed to me that Stabley had articulable indicators of impairment, so he asked me to conduct a DUI assessment.

OBSERVATION OF DRIVER:

Upon making contact with the driver who was identified by his Florida driver license as W/M Justin C. Stabley, I brought him to the front of my patrol vehicle to speak with me. Stabley had glazed and blood shot eyes. His speech was slurred, slow and thick. Stabley's movements were slow and deliberate, and lethargic with poor coordination. He had an unsteady gait while walking to my patrol vehicle and had difficulty following directions given to him. Stabely was wearing a gray t-shirt, denim pants, and brown shoes.

DRIVER'S STATEMENTS:

Post Miranda: Stabley stated that he was driving the Glasgow work truck at the time of the crash. He said that he looked down for a second and didn't realize the other vehicles were stopping. [redacted]. He stated that he took [redacted] at about 7:00pm

He consented to breath and consented to urine. Implied consent was read to Stabley which he stated that he understood. A urine sample was obtained at 0030hrs on 1/19/19.

ODORS:

None

GENERAL OBSERVATIONS

SPEECH: **Stabley's speech was slurred, slow, and thick.**

ATTITUDE: **Sleepy, polite, and cooperative**

CLOTHING: **Gray shirt wits denim pants and brown shoes.**

MEDICAL/OTHER: [redacted] **that I was informed that**

STATE OF FLORIDA
COUNTY OF PALM BEACH

INV. ZEITZ
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 19th day of JANUARY 20 19th by INV. ZEITZ

(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)

Notary Public State of Florida
Samantha Palmer
My Commission GG 233762
Expires 10/28/2022

NOT A CERTIFIED COPY

SUBJECT: STABLEY JUSTIN CASE NUMBER 19027516

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

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

Other Observations:

Stabley would sway roughly in a side to side front to back pattern throughout the task. He did not touch the tip of the pen as directed to positively identify the point to be tracked. He was reminded numerous times to track the pen as he would stop and attempt to re-focus.

WALK & TURN:

I explained and demonstrated the instructions for the "Walk & Turn" to Stabley who stated that he understood. During the task, I observed Stabley to sway roughly in a side to side, front to back pattern throughout the demonstration phase. He could not maintain his balance while listening to instructions and he stepped out of the instructional stance during the demonstration. Stabley missed heel-to-toe steps and stepped off the line. He used his arms for balance by raising them more than six inches. Stabley performed an improper turn by turning other than what was instructed and demonstrated. Additionally, Stabley performed the incorrect number of steps.

It should be noted that Stabley stated that he understood the instructions, but mid-task began asking questions. He was stopped and re-administered the instructions and the task was re-demonstrated. The above observations are from the second attempt at the task.

ONE LEG STAND:

I explained and demonstrated the instructions for the "One Leg Stand" to Stabley who stated that he understood. During the task, I observed Stabley to sway roughly in a side to side, front to back pattern throughout the demonstration phase. Stabley put his foot down three times all before counting to 30 seconds, thusly not being able to complete the task.

FINGER TO NOSE:

I explained and demonstrated the instructions for the "Finger to Nose" task to Stabley who stated that he understood. During the task, I observed him to sway roughly in a side to side, front to back pattern throughout the demonstration phase. Stabley failed to return his arms down to his sides as instructed after touching his nose. Stabley's index finger did not touch the tip of the nose on 6 of 6 attempts. The sequence used for this task was L, R, L, R, R, L.

ROMBERG ALPHABET:

I explained and demonstrated the instructions for the "Rhomberg Alphabet" task to Stabley who stated that he understood. Stabley correctly completed the task as requested.

BREATH TEST RESULTS: .000 .000 UR/P

STATE OF FLORIDA
COUNTY OF PALM BEACH

INV. ZEITZ
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to, affirmed and subscribed before me this 19th day of JANUARY 20 19th by INV. ZEITZ

(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)

Notary Public State of Florida
Samantha Palmer
My Commission GG 233762
Expires 10/28/2022

NOT A CERTIFIED COPY

WITNESS LIST

CASE NUMBER: 19027516

ARRESTING OFFICER: INV. ZEITZ

ADDRESS: 3228 GUN CLUB ROAD WEST PALM BEACH, FL 33406

PHONE NUMBERS (HOME): _____ (WORK) (561) 688-4001

CAN TESTIFY TO: SEE DUI PROBABLE CAUSE AFFIDAVIT & OFFENSE REPORT

NAME: ELIAS VALDEZ

ADDRESS: 476 SUBURBAN PINES DR. LAKE WORTH, FL. 33463

PHONE NUMBERS (HOME) 561-900-5935 (WORK) _____

CAN TESTIFY TO: WHEEL WITNESS

NAME: MANUEL SUAREZ ESPADA

ADDRESS 7314 BURGESS DR. LAKE WORTH, FL. 33467

PHONE NUMBERS (HOME) 787-646-5959 (WORK) _____

CAN TESTIFY TO: WHEEL WITNESS

NAME: INV. LYNCH #8568

ADDRESS 3228 GUN CLUB RD. WEST PALM BEACH, FL. 33406

PHONE NUMBERS (HOME) 0 (WORK) 0

CAN TESTIFY TO: CRASH REPORT

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: _____

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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

TESTING FACILITY TASK REPORT

AGENCY: PBSO/ZEITZ

SUBJECT: STABLEY, JUSTIN

CASE NUMBER: 19-027516

DATE: Jan 19, 2019

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 0003

ENDING TIME: 0023

BREATH TESTS RESULTS: 1) .000 TIME 0007 A.M. ☒ P.M. ☐ 2) .000 TIME 0010 A.M. ☒ P.M. ☐

3) XX TIME XX A.M. ☐ P.M. ☐ 4) XX TIME XX A.M. ☐ P.M. ☐

BREATH OPERATOR: S. PALMER #24520

MAINTENANCE TECHNICAN: J Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: CLEAR

ATTITUDE: CALM, QUIET, COOPERATIVE

CLOTHING: GREY SHIRT, BLUE JEANS, TAN SHOES

MEDICAL CONDITIONS: NONE

MEDICATIONS: [redacted]

OTHER:

EYES GLASSY AND BLOODSHOT,

COMMENTS:

ARRESTING OFFICER CONDUCTED THE 20 MINUTE OBSERVATION BEGINNING AT 2340
SUBJECT AGREED TO TAKE BREATH TEST
TECH READ TEST RESULTS
SUBECT STATED HE UNDERSTOOD RESULTS
A/O REQUESTED URINE SAMPLE
A/O READ I/C
SUBJECT STATED HE UNDERSTOOD I/C
AND AGAIN AGRRED TO PROVIDE URINE SAMPLE @ 0014
A/O READ RIGHTS, SUBJECT STATED HE UNDERSTOOD RIGHTS
A/O CONDUCTED Q&A, SUBJECT ANSWERED QUESTIONS
SUBJECT PROVIDED URINE SAMPLE @ 0030

NOT A CERTIFIED COPY

SUBJECT: Slabley, Dustin CASE NUMBER: 16-7016

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 INV. Zenz 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) Refused 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) Refused on Camera

NOT A CERTIFIED COPY

SUBJECT: Bobby Justin CASE NUMBER: 11 027316

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? 175 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? F /

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? Yes

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? _____ WHEN? 7 [illegible]

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

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? _____ WHAT? [redacted] WHEN? 7 [illegible]

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? N

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: INV ZHIZ # 29170

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

PBSO #0129C REV. 9/93

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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:
19027516	16-12	Justin Stanley	1/18/19
EVENT TYPE: DUI	DEPUTY: Zack		ID#: 24970

COMPLETE EVERYTHING BELOW – PRINT LEGIBLY

LAST NAME:	FIRST NAME:	MIDDLE INITIAL:	RACE:	SEX:
Valdez	ELIAS	B	H	M

DATE OF BIRTH: (MM/DD/YYYY)	YOUR HEIGHT:	YOUR WEIGHT:	YOUR HAIR COLOR:	YOUR EYE COLOR:
08/21/96	6'1	170	BLACK	

YOUR HOME ADDRESS: ☐ CHECK IF HOMELESS	CITY:	STATE:	ZIP:
4736 Suburban Pines drive	Lake worth	FL	33463
YOUR WORK NAME & ADDRESS: ☐ CHECK IF UNEMPLOYED OR RETIRED	**CITY:**	**STATE:**	**ZIP:**

WORK PHONE: ☐ CHECK IF NONE	CELL PHONE: ☐ CHECK IF NONE	HOME PHONE: ☐ CHECK IF NONE	EMAIL: ☐ CHECK IF NONE
( )	561 900-5935	( )	

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

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

white vehicle (work vehicle) hit grey vehicle causing it to flip over, grey vehicle was traveling about 50MPH in the middle of a switch lane grey vehicle SUV got hit from behind causing to flip over, while white car was in motion also hit grey sedan ~~SEDAN~~ INFINITY G37 from behind while it was stopped because the light turned Red, he almost hit my car but I threw my car almost against the side walk he missed me by a inch by he I mean (the white working vehicle) After All 3 cars got hit I got out the car to make sure they okay, I was closer to the white work truck so I checked him first.

PAGE 1 OF 5

READ AND SIGN

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

YOUR SIGNATURE: X

☐ DEPUTY SHERIFF ☐ NOTARY PUBLIC FSS: 117.10

SWORN TO AND SUBSCRIBED BEFORE ME TODAY:

DATE: 1/18/19 TIME: 2330

SIGNATURE: ID: 6655

*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

PBSO #0134 REV. 12/11

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 #:	ZONE:	SUSPECT:	DATE & TIME OF ORIGINAL EVENT/OFFENSE:
19027516	16-12	Justin Stribling	1/18/19
EVENT TYPE:		**DEPUTY:**	**ID#:**
DUI		Zuth	2497

COMPLETE EVERYTHING BELOW – PRINT LEGIBLY

LAST NAME:	FIRST NAME:	MIDDLE INITIAL:	RACE:	SEX:
Valdez	Elias	G	H	M

DATE OF BIRTH: (MM/DD/YYYY)	YOUR HEIGHT:	YOUR WEIGHT:	YOUR HAIR COLOR:	YOUR EYE COLOR:
08/31/96	6'1	190	BLACK	

YOUR HOME ADDRESS: ☐ CHECK IF HOMELESS	CITY:	STATE:	ZIP:
1736 Suburban Pines drive	Greenacres	FL	33463
YOUR WORK NAME & ADDRESS: ☐ CHECK IF UNEMPLOYED OR RETIRED	**CITY:**	**STATE:**	**ZIP:**

WORK PHONE: ☐ CHECK IF NONE	CELL PHONE: ☐ CHECK IF NONE	HOME PHONE: ☐ CHECK IF NONE	EMAIL: ☐ CHECK IF NONE
( )	(561) 900-5935	( )	

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

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

I told him if he okay and he was acting weird I told him get out the car because it was licking (white work truck) first thing he did was light a cigarett while car is licking and have smoke he seemed drunk or under a drug because I kept saying get out the car it can catch fire he kept smoking then got out the car he couldnt stand straight and lit another cigarret than I walked away to check the grey suv who flipped over, the lady was crying on floor about 12 feet from her car, too many people were around her so she was taken care off. I walked back the car

READ AND SIGN

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

YOUR SIGNATURE: X

☒ DEPUTY SHERIFF ☐ NOTARY PUBLIC FSS: 117.10

SWORN TO AND SUBSCRIBED BEFORE ME TODAY:

DATE: 1/18/19 TIME: 2330

SIGNATURE: ID: 9655

*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

PBSO #0134 REV. 12/11

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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:
19027516	11-12	Justin Stabley	1/18/19
EVENT TYPE:	**DEPUTY:**		**ID#:**
DUI	Zeltz		24976

COMPLETE EVERYTHING BELOW – PRINT LEGIBLY

LAST NAME:	FIRST NAME:	MIDDLE INITIAL:	RACE:	SEX:
Valdez	ELIAS	B	H	M

DATE OF BIRTH: (MM/DD/YYYY)	YOUR HEIGHT:	YOUR WEIGHT:	YOUR HAIR COLOR:	YOUR EYE COLOR:
08/21/96	6'1	170	BLACK	

YOUR HOME ADDRESS: ☐ CHECK IF HOMELESS	CITY:	STATE:	ZIP:
4736 SUBURBAN PINES	LAKE WORTH	FL	33463
YOUR WORK NAME & ADDRESS: ☐ CHECK IF UNEMPLOYED OR RETIRED	**CITY:**	**STATE:**	**ZIP:**

WORK PHONE: ☐ CHECK IF NONE	CELL PHONE: ☐ CHECK IF NONE	HOME PHONE: ☐ CHECK IF NONE	EMAIL: ☐ CHECK IF NONE
( )	561 900 -5935	( )	

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

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

I walked back to the guy who was driving the white work truck, he is a white male grey shirt with light jeans, tried talking to me he didn't seemed to care about the vehicle he hit, he seemed really guilty he had to be under some kind of substance thats when i pulled out my phone and dial 911.

READ AND SIGN

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

YOUR SIGNATURE: X

☒ DEPUTY SHERIFF ☐ NOTARY PUBLIC FSS: 117.10

SWORN TO AND SUBSCRIBED BEFORE ME TODAY:

DATE: 1/18/19 TIME: 2330

SIGNATURE: ID: 9655

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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 #: 19027516	ZONE: 16-12	SUSPECT: Justin Stabley	DATE & TIME OF ORIGINAL EVENT/OFFENSE: 1/18/19
EVENT TYPE: DUI		DEPUTY: Zisik	ID#: 2497

COMPLETE EVERYTHING BELOW – PRINT LEGIBLY

LAST NAME: Suarez Espada	FIRST NAME: Manuel	MIDDLE INITIAL: E	RACE: W	SEX: M

DATE OF BIRTH: (MM/DD/YYYY) 10/23/97	YOUR HEIGHT: 5'07"	YOUR WEIGHT: 150	YOUR HAIR COLOR: Brown	YOUR EYE COLOR: Brown

YOUR HOME ADDRESS: 7314 Burgess Dr ☐ CHECK IF HOMELESS	CITY: Lake Worth	STATE: FL	ZIP: 33467
YOUR WORK NAME & ADDRESS: ☐ CHECK IF UNEMPLOYED OR RETIRED	CITY:	STATE:	ZIP:

WORK PHONE: ☐ CHECK IF NONE ( )	CELL PHONE: ☐ CHECK IF NONE (787) 646 5959	HOME PHONE: ☐ CHECK IF NONE ( )	EMAIL: ☐ CHECK IF NONE

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

I YOUR NAME: Manuel Suarez

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

d was heading north when suddenly a white ford equipment truck hits ~~me~~ the back of my car. d get out of my car and d see that the diver a tall, white male, muscular that could not get out of the truck. d assisted him on opening the door and stepping out. d ~~think~~ smelled liquor in his breath and he looked really drunk. d asked him if he was okay and d asked him to just step in the side walk because the car was leaking. After we waited for the police. The male was blond, had a blue shirt and blue jeans.

PAGE 1 OF 1

READ AND SIGN

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

YOUR SIGNATURE: X Manuel Suarez

☐ DEPUTY SHERIFF ☐ NOTARY PUBLIC FSS: 117.10

SWORN TO AND SUBSCRIBED BEFORE ME TODAY:

DATE: 1/18/19 TIME: 2310

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 _____)

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PALM BEACH COUNTY
SHERIFF'S OFFICE

Florida State Statute Exemption Sheet

Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	☐	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	☐	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	☐	119.071(4)(c)	Undercover personnel.	
	☐	119.071(2)(f)	Confidential informants (CIs).	
	☒	119.071(2)(e)	Confession.	3
Public Info. Exemptions	☐	985.04(1)	Juvenile offender records.	
	☐	119.071(h)(i)	Assets of a crime victim.	
	☒	395.3025(7)(a), 456.057(7)(a)	Medical information.	3, 6, 8
	☐	394.4615(7)	Mental health information.	
	☐	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)	☒	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	☐	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	☐	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	☐	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	☐			
	☐			
	☐			
	☐			
	☐			
Other	☐	539.003	Other: Florida Pawnbroking Act	
	☐	119.0712(2)	Other: Personal information contained in a motor vehicle record.	

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REVIEW COMPLETED BY

Booking Number: 2019002209	**Date:** 01/19/2019
	Specialist Name/ID: WATSON/6665