J-050150c

18 MM 010846/823

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

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- 18-122100

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

Multiple Clearance Indicator

Location of Arrest (Including Name of Business): CANNON WAY & HAVERHILL RD WPB FL 33415

Location of Offense (Business Name, Address): CANNON WAY & HAVERHILL RD WPB FL 33415

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
09/15/2018	01:10					

DEFENDANT

Name (Last, First, Middle): ADAR, LALE

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

Race (W - White I - American Indian B - Black A - Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	FEM	01/18/1969	5'04"	150	GREEN	BROWN	LIGHT	MED

Scars, Marks, Tatoos, Unique Physcal Features (Location, Type, Description): TATOO LEFT CHEST AND SCAR LEFT CHEST

Marital Status: Married | Religion: NONE | Indication of Alcohol Influence: Y ☒ N ☐ Unk ☐ | Drug Influence: Y ☒ N ☐ Unk ☐

Local Address (Street, Apt Number): 5322 Garden hill Cir | (City): GREENACRES | (State): FL | (Zip): 33463 | Phone: (727) 207-8143 | Residence Type: 1 City 2 County 3 Florida 4 Out of State | 01

Permanent Address (Street, Apt Number): , | (City) | (State) | (Zip) | Phone: ( ) | Address Source

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

D/L Number, State: A360520695180 | Soc Sec Number: [redacted] | INS Number | Place of Birth (City, State): NEWORK NEW JERSEY | Citizenship: US

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

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/Derv | P Paraphernalia/ Equipment S Synthetics | U Unknown Z. Other

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
D.U.I.	1	☐Y ☒N	316.193 (3)(C)(1)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
			18-122100		OR

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
POSSESSION OF MARIJUANA	1	☐Y ☒N	893.13(6)(B)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
P	M	16.19G TPW	18-122100		OR

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

FILED
SEP 16 2018
SHARON R. BOCK
Clerk & Comptroller

NOTICE TO APPEAR

Location (Court Room Number, Address): PALM BEACH COUNTY CRIMINAL JUSTICE COMPLEX - 3228 GUN CLUB RD WEST PALM BEACH FL, 33406

Court Date and Time: Month OCTOBER Day 11 Year 2018 Time 09:30 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: 09/15/2018

ADMIN

HOLD for other Agency Name

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other

Intake Deputy | I.D. # | Pouch #

Signature of Arresting Officer: X [signature] #9418

Name of Arresting Officer (Print): Corporal R Soriano | I.D. # #9418

Transporting Officer: CPL SORIANO | ID #: 9418 | Agency: PBSO

Name Verification (Printed by Arrestee) (PRINT)

SEP 15 AM 3:56

Witness here if subject signed with an -X-

PAGE 1 OF 1

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

PBSO #148 REV 8/87

Received WB
SEP 21 2018

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PROBABLE CAUSE AFFIDAVIT

ADMIN

OBTS Number:

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

Juvenile:

Agency ORI Number: FLO 500000

Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE

Agency Report Number: 06- 18-122100

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

Special Notes:

DEF

Name (Last, First, Middle): ADAR , LALE, ,

Alias:

Race: WHITE | Sex: FEMALE | Date of Birth: 01/18/1969

CHARGES

Charge Description: DUI — 316.193 (3)(C)(1)

Charge Description: POSSESSION OF MARIJUANA — 893.13(6)(B)

Charge Description:

Charge Description:

VICTIM

Victim's Name (Last, First, Middle): , ,

Race | Sex | Date of Birth

Local Address (Street, Apt Number) (City) (State) (zip) | Phone ( ) | Address Source

Business Address (Name, Street) (City) (State) (zip) | Phone ( ) | Occupation

The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law.
The Person taken into custody

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

On the 15TH day of SEPTEMBER 20 18 at 00:14 ☐ A. M. ☐ P M. (Specifically include facts constituting cause for arrest.)

PROBABLE CAUSE STATEMENT

Upon the completion of my DUI investigation, the defendant had a small purse on her shoulder. I took possession of the purse and asked the defendant if their was anything illegal in her bag. Defendant stated yes and told me she had marijuana in her bag. I looked into her bag and discovered clear plastic container with a red lid which contained a green leafy substance which was field tested with a Duquenois reagent test kit and weighed using an uncertified scale. The green leafy substance came back positive for marijuana. The marijuana was weighed in its container for a total package weight of 16.9 grams.

Probable cause exist to charge and arrest the defendant for possession of marijuana less than 20 grams.

NOT A CERTIFIED COPY

ADMINISTRATIVE

STATE OF FLORIDA
COUNTY OF PALM BEACH

Corporal R Soriano
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 15 day of SEPTEMBER 20 18 by Corporal R Soriano
(Print name of Arresting/Investigative Officer), who is personally known to me or has produced identification. Type of identification produced KNOWN

James Biggs (#7607)
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)

JAMES O BIGGS
Commission # GG 165616
Expires December 5, 2021
Bonded Thru Troy Fain Insurance 800-385-7019

PAGE 1 OF 1

PBSO #0004 REV. 04/01 DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY

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

Instrument Type: Intoxilyzer 8000
Instrument Registered To: PALM BEACH CO SO
Instrument Serial Number: 80-006240 Software: 8100.27
Date of Test: 09/15/2018

Date of Last Agency Inspection: 09/07/2018
Observation Period Began: 01:30
Subject's Name: LALE ADAR DOB: 01/18/1969 Sex: F

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

Results:

Test	g/210L	Time
Diagnostics Check	OK	01:56
Air Blank	0.000	01:56
Control Test	0.081	01:56
Air Blank	0.000	01:57
Subject Sample #1	0.189	01:59
Air Blank	0.000	02:00
Air Blank	0.000	02:02
Subject Sample #2	VNM*	02:05
Air Blank	0.000	02:06
Air Blank	0.000	02:07
Subject Sample #3	0.179	02:10
Air Blank	0.000	02:11
Control Test	0.078	02:11
Air Blank	0.000	02:12
Diagnostics Check	OK	02:12

*Volume Not Met (0.171 - Breath Sample Not Reliable to Determine Breath Alcohol Level)

Cylinder Lot: 05218080A3
Exp: 05/05/2020

State of Florida, County of Palm Beach,

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

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

Breath Test Operator: _____ Date: 9/15/18
Signature

Sworn to (or affirmed) before me this 15 day of Sept, 2018

_____ Col Suriano
Signature of Notary Public-State of Florida Printed Name of Notary Public-State of Florida

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

FDLE/ATP FORM 38 - MARCH 2004, Ref. 11D-8.007

NOT A CERTIFIED COPY

WITNESS LIST

CASE NUMBER: 18-122100

ARRESTING OFFICER: Corporal R Soriano

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

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

CAN TESTIFY TO: FACTS OF CASE AND INVESTIGATING SUCH CASE

NAME: D/S Jurado #20332

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

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

CAN TESTIFY TO: FACTS OF CASE

NAME: D/S Raja #19470

ADDRESS 3228 GUN CLUB RD WPB FL 33406

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

CAN TESTIFY TO: FACTS OF CASE

NAME: BRIAN MYER

ADDRESS 5040 SOCIETY HILL WPB FL 33415

PHONE NUMBERS (HOME) 0 (WORK) 0 5617812757

CAN TESTIFY TO: WITNESS AND FACTS OF CASE

NAME: JEREMY HALFORD

ADDRESS 218 N FOUR SEASONS RD PALM BEACH GARDENS FL 33410

PHONE NUMBERS (HOME) _____ (WORK) 561523-7469

CAN TESTIFY TO: WITNESS AND FACTS OF CASE

NAME: CHERIE CHRISTOHER

ADDRESS 284 SPRINGDALE CIRCLE PALM SPRINGS FL 33461

PHONE NUMBERS (HOME) _____ (WORK) 5613090543

CAN TESTIFY TO: FACTS OF CASE AND BEING A WITNESS.

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

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-SORIANO

SUBJECT: ADAR, LALE

CASE NUMBER: 18-122100

DATE: Sep 15, 2018

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 0153

ENDING TIME: 0210

BREATH TESTS RESULTS: 1) .189 TIME 0152 A.M. ☒ P.M. ☐ 2) V/.171 TIME 0205 A.M. ☒ P.M. ☐

3) .179 TIME 0210 A.M. ☒ P.M. ☐ 4) XX TIME XX A.M. ☐ P.M. ☐

BREATH OPERATOR: J Biggs# 7607

MAINTENANCE TECHNICAN: D/S J Karklecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED, LOW, RASPY

ATTITUDE: COOPERATIVE

CLOTHING: BLUE/WHITE DRESS

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER:

EYES GLASSY, RED
ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE ON SUBJECT

COMMENTS:

ARRESTING OFFICER CONDUCTED THE 20 MINUTE OBSERVATION BEGINNING AT 0130
SUBJECT WAS UNSURE IF SHE WOULD SUBMIT TO THE BREATH TEST
SUBJECT WAS READ IMPLIED CONSENT
SUBJECT WAS GIVEN THE INSTRUCTIONS FOR THE TEST
SUBJECT WAS ABLE TO GIVE 2 VALID SAMPES
RESULTS WERE GIVEN
MIRANDA WAS READ TO SUBJECT
SUBJECT REFUSED QUESTIONS

NOT A CERTIFIED COPY

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 15TH DAY OF SEPTEMBER 20 18, AT 00:14 AM PM

SUBJECT: ADAR , LALE CASE NUMBER: 18-122100

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: Corporal R Soriano

PERSONAL CONTACT

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

On Saturday, September 15, 2018 at approximately 00:14 hours, I responded to the intersection of Cannon Way and Haverhill Road in unincorporated Palm Beach County in reference to a traffic crash involving a possible drunk driver. Upon my arrival, I observed Deputy Raja #19470 and Deputy Jurado #20332 vehicle with their emergency lights activated and were blocking traffic at an active crash scene. I observed a Black Hyundai Sonata bearing Florida tag GLVY28 which was in the right lane of Cannon Way facing eastbound. I noticed the Sonata had heavy damage to the passenger side door where the vehicle had been crashed into (T-bone). I then observed a Gray Honda Odyssey bearing Florida tag Y63UQV which was in the # 2 lane of Haverhill Road facing South Bound. The Odyssey had heavy front end damage. I met with Deputies Raja and Jurado and they directed me to three witnesses on scene that observed a white female wearing blue flora dress exit the vehicle and collect empty beer cans and place them into her vehicle's trunks. I met with the three witnesses Brian Myer, Jeremy Halford, Cherie Christopher who all provided sworn written statements with a similar synopsis. (Refer to statements). The female was identified by her Florida drivers license as Lale Adar.

OBSERVATION OF DRIVER:

I then met with Adar and advised her I would like to talk to her about the recent crash she was involved in and with that would like to go into further detail and elaborate on the event. Adar agreed and was read her constitutional warnings. Adar agreed and was advised I was conducting a criminal investigation for DUI due to the first arriving deputies being under the suspicion that she may have consumed an unspecified amount of an unknown alcoholic beverage. I observed Adar was wearing a Blue Flora dress. While questioning Adar, I observed that she was having a hard time maintaining her balance. I observed Adar's eyes appeared red and glassy. I observed that she was slurring her words and had a low tone of voice. Adar advise she has smoked a lot of cigarettes over the years and has since lost her voice. I asked Adar if he was willing to perform Standardized Field Sobriety Tasks and she agreed. While walking to the front of my vehicle, I observed Adar was shaky on her feet and appeared to have difficulty maintaining her balance.

DRIVER'S STATEMENTS:

I asked Adar if she had been drinking or used any drugs. Adar stated she drank two Twisted Tea beers while at the Lake Worth Beach around 14:00 hours. I then asked Adar if she had any medical problems and/or previous injuries and she stated "no". I asked Adar if she wore glasses or contacts prior to going on camera and she stated "no". Finally, I asked Adar if she takes any prescribe medications and she answered "no".

ODORS:

Obvious odor of an unknown alcoholic beverage

GENERAL OBSERVATIONS

SPEECH: **slurred, thick, slow, unclear**

ATTITUDE: **calm, compliant,**

CLOTHING: **blue floral dress.**

MEDICAL/OTHER: **NONE**

NOT A CERTIFIED COPY

STATE OF FLORIDA
COUNTY OF PALM BEACH

Corporal R Soriano
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 15 day of SEPTEMBER 20 18 by Corporal R Soriano

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

James Biggs (#7607)
Notary Public, Clerk of Court, Officer (F S S 117)

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

SUBJECT: ADAR , LALE CASE NUMBER 18-122100

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:

Once positioned in the front of my vehicle, I continued my investigation. I instructed Adar to keep her hands by her side, stand with her feet together, and follow a blue light stimulus with her eyes not turning her head. I asked her if she understood my instructions. Adar verbally stated she understood my instructions. Adar swayed while standing stationary. I observed both eyes to be red, bloodshot, and glassy. Her left and right eye displayed equal pupil size, equal tracking, and a lack of smooth. I observed distinct and sustained nystagmus was present in both her left and right eye at maximum deviation during two separate four second evaluations. The onset of nystagmus was prior to a 45 degree angle in both her left and right eye during two separate four second evaluations. Vertical nystagmus was present in both the left and right eye during two separate four second evaluations. While conducting the task I had to remind her to keep hands by her side, not turn her head and follow the stimulus multiple times.

WALK & TURN:

I positioned Adar on a painted white line which was on a smooth and level surface, free of any debris and well lit by the headlights on my vehicle. I instructed Adar to place her left foot on the line and her right foot in front of the left touching heel to toe. I instructed her that she was to keep her hands at her side and stay in this position until I instructed her to do otherwise. Once Adar was placed into the instructional phase I explained and demonstrated the task. Once she understood I had her perform the task. During the task, I observed Adar swayed while balancing, started too soon, stops walking to steady self, did not touch heel to toe, stepped off the line and used arms to maintain balance.

ONE LEG STAND:

I placed Adar with her feet together and arms at her side. I explained and demonstrated the instructions of the one leg stand. Once Adar understood the instructions, I had her perform task. During the task, I observed Adar started too soon, swayed while standing stationary. While raising her foot she swayed while balancing, put foot down three times within 30 second. At this time the task was concluded due to her putting foot down three times.

FINGER TO NOSE:

I instructed Adar to stand with her feet together, make each hand into a fist keeping, extended her index fingers and to place her palms facing up. She was instructed to lower her arms by her side. I instructed and demonstrated the proper hand and arm position and for her to remain in this position while I demonstrated the rest of the task. I instructed and demonstrated the task and once she understood the task I had her perform it. During the task, I observed Adar did not keep eyes closed, failed to return arms to side, correct finger did not touch tip of nose on any command and used wrong hand.

ROMBERG ALPHABET:

I verbally inquired if Adar could recite the entire English alphabet. She stated she was able to recite the English alphabet and I instructed her to place her feet together with her arms at her side and stay in this position until told to do otherwise. I explained and demonstrated the task and once Adar understood my instructions, I had her perform task. During the task, I observed Adar did not keep eyes closed, swayed more than (+2") from front to back and when reciting the alphabet, she stated X, K, Y, Z.

BREATH TEST RESULTS: 1) .189 | 2) n/a | 3) .179 | 4)

STATE OF FLORIDA
COUNTY OF PALM BEACH

Corporal R Soriano
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 15 day of SEPTEMBER 20 18 by Corporal R Soriano

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

James Biggs (#7607)
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

NOT A CERTIFIED COPY

SUBJECT: Lale, Adar CASE NUMBER: 18-122108

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 Law Sergeant 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

NOT A CERTIFIED COPY

SUBJECT: Lele, Adar CASE NUMBER: 15-122100

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: _____

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:
18122092	1-22	Lake ADAR	9/5/2018 0014
EVENT TYPE:	**DEPUTY:**		**ID#:**
Crash	D/S J. Jones		20332

COMPLETE EVERYTHING BELOW - PRINT LEGIBLY

LAST NAME:	FIRST NAME:	MIDDLE INITIAL:	RACE:	SEX:
Christopher	Cherie	L	W	F

DATE OF BIRTH: (MM/DD/YYYY)	YOUR HEIGHT:	YOUR WEIGHT:	YOUR HAIR COLOR:	YOUR EYE COLOR:
04/15/1959	5'1"	98 lb	Blonde	Blue

YOUR HOME ADDRESS: ☐ CHECK IF HOMELESS	CITY:	STATE:	ZIP:
284 Springdale Circle	Palm Springs	FL	33461
YOUR WORK NAME & ADDRESS: ☐ CHECK IF UNEMPLOYED OR RETIRED	**CITY:**	**STATE:**	**ZIP:**
C.O. Taylor Kirklane Elem	Palm Springs	FL	33461

WORK PHONE: ☐ CHECK IF NONE	CELL PHONE: ☐ CHECK IF NONE	HOME PHONE: ☐ CHECK IF NONE	EMAIL: ☐ CHECK IF NONE
( )	561 309 0543	( )	[redacted]Christ.cherie1450@gmail.com

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

1 YOUR NAME: Cherie Christopher

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

In my vehicle @ a stop sign @ Haverill + Cannoway
Saw a van heading south
then a black car spun next to me + then stopped
I left my vehicle to assist the driver in the van due to gas leaking on the road. Assisted the driver in exiting the vehicle
Saw the female driver removing items from the car after another witness assisted her in exiting the vehicle (her) with blonde hair and a blue floral dress, with spag straps + barefoot.

PAGE 1 OF 1

NOT A CERTIFIED COPY

READ AND SIGN

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

YOUR SIGNATURE: X Cherie Christopher

☑ DEPUTY SHERIFF ☐ NOTARY PUBLIC FSS: 117.10

SWORN TO AND SUBSCRIBED BEFORE ME TODAY:

DATE: 9/15/18 TIME: 12:40

SIGNATURE: [redacted] ID: 31848

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)

4471
3332

WHITE - RECORDS COPY *CANARY* - STATE ATTORNEY COPY *PINK* - OFFICER'S COPY *GOLD* - WITNESS / VICTIM COPY

PBSO #0134 REV. 12/11

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:
18 122 092	1-22	CALLE ADAM	9/15/2018 0014
EVENT TYPE:	**DEPUTY:**		**ID#:**
CRASH W/C	S/S J. JURADO		20332

COMPLETE EVERYTHING BELOW – PRINT LEGIBLY

LAST NAME:	FIRST NAME:	MIDDLE INITIAL:	RACE:	SEX:
MYER	BRIAN		W	M

DATE OF BIRTH: (MM/DD/YYYY)	YOUR HEIGHT:	YOUR WEIGHT:	YOUR HAIR COLOR:	YOUR EYE COLOR:
5-1-61	5-10	190	BROWN/GRAY	BLUE

YOUR HOME ADDRESS: ☐ CHECK IF HOMELESS	CITY:	STATE:	ZIP:
5040 SOCIETY HILL	WPB	FL	33415
YOUR WORK NAME & ADDRESS: ☐ CHECK IF UNEMPLOYED OR RETIRED	**CITY:**	**STATE:**	**ZIP:**
LIBERTY AIRPORT CENTER			

WORK PHONE: ☐ CHECK IF NONE	CELL PHONE: ☐ CHECK IF NONE	HOME PHONE: ☐ CHECK IF NONE	EMAIL: ☐ CHECK IF NONE
( )	(561) 781-2757	( ) N/A	

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

I **YOUR NAME:** BRIAN MYER

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

I WITNESSED THE FEMALE DRIVER WITH THE FLORAL DRESS RIGHT AFTER THE ACCIDENT WALK AROUND THE VEHICLE SHE WAS DRIVING AND PICKING UP EMPTY BEER CANS IN AND AROUND HER CAR. SHE WAS PUTTING THEM INSIDE A BLUE COOLER, AND THEN PUT THE BLUE COOLER IN HER TRUNK OF THE CAR BEFORE POLICE & FIRE RESCUE ARRIVED

PAGE 1 OF 1

READ AND SIGN

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

YOUR SIGNATURE: X Brian Myer

☐ DEPUTY SHERIFF ☐ NOTARY PUBLIC FSS: 117.10

SWORN TO AND SUBSCRIBED BEFORE ME TODAY:

DATE: 9-15-18 TIME: 12:15 AM

SIGNATURE: _____ ID: 20332

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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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:
18122092	1-22	LALE ADAR	9/15/2018 0014
EVENT TYPE:	**DEPUTY:**		**ID#:**
CRASH	D/S J. Jurado		20332

COMPLETE EVERYTHING BELOW – PRINT LEGIBLY

LAST NAME:	FIRST NAME:	MIDDLE INITIAL:	RACE:	SEX:
Halford	Jeremy	D	White	M

DATE OF BIRTH: (MM/DD/YYYY)	YOUR HEIGHT:	YOUR WEIGHT:	YOUR HAIR COLOR:	YOUR EYE COLOR:
04/12/1987	5'6"	208	Black	Brown

YOUR HOME ADDRESS: ☐ CHECK IF HOMELESS	CITY:	STATE:	ZIP:
218 N Four Seasons Rd	Palm Beach Gardens	FL	33410
YOUR WORK NAME & ADDRESS: ☐ CHECK IF UNEMPLOYED OR RETIRED	**CITY:**	**STATE:**	**ZIP:**
100 N Congress Ave	Lake Park	FL	33404

WORK PHONE: ☐ CHECK IF NONE	CELL PHONE: ☐ CHECK IF NONE	HOME PHONE: ☒ CHECK IF NONE	EMAIL: ☐ CHECK IF NONE
(561) 863-4530	(561) 523-7469	( )	jeremy.d.halford.mil@mail.mil

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

1 YOUR NAME: Jeremy D Halford

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

Pulled up behind the car at the stop sign as the crash occured. I assisted a white female wearing a blue dress out of a black Hyundia Sonata. Once I saw her walking on her own, I proceeded to assist the black male who was driving the Silver Honda Van. Upon getting the male to the side-walk, I noticed the white female removing bottles and containers from the vehicle which she was driving. I was handed a phone and made the call to 911. While giving information to dispatch, a patrol vehicle arrived and I informed dispatch.

PAGE 1 OF 1

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: 9/15/18 TIME: 0054

SIGNATURE: [signature] ID: 20332

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.

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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.	
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.	
	☐	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	☐		Other:	
	☐		Other:	

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REVIEW COMPLETED BY

Booking Number: 2018030979	**Date:** 09/16/2018
	Specialist Name/ID: AM/31562