

0485695

17CF2084 P-3881

ARREST / NOTICE TO APPEAR
Juvenile Referral Report1. Arrest
2. N.T.A.3. Request for Warrant
4. Request for Capias

1

Juvenile N

OBTS Number		Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06- 17-044951																
ADMINISTRATIVE	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 N/A		Multiple Clearance Indicator 01													
	Location of Arrest (Including Name of Business) FOREST HILL BLVD / S SR 7, WELLINGTON, FL 33414		Location of Offense (Business Name, Address) FOREST HILL BLVD / S SR 7, WELLINGTON, FL 33414,		Jail Date		Jail Time		Location of Vehicle CAMEL TOWING													
Name (Last, First, Middle) HEAD, MARION, SCOTT										Alias (Name, DOB, Soc. Sec. #, Etc.)												
DEFENDANT	Race W - White I - American Indian B - Black O - Oriental/Asian		Sex W F		Date of Birth 07/29/1998		Height 5'10"		Weight 130		Eye Color GRN		Hair Color BLOND		Complexion MED		Build SLENDER					
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) TAT -UPPER RIB CAGE BOTH LEFT AND RIGHT										Marital Status SINGLE		Religion METHODIST		Indication of: Alcohol Influence Drug Influence		Y N □ □ □ □		Unk.			
CO-DEF	Local Address (Street, Apt. Number)		(City)		(State)		(Zip)		Phone (256) 683-2122		Residence Type: 1. City 2. County		3. Florida 4. Out of State		4 4							
	261 FORREST HILLS DR, BROWNSBORO, AL 35741																					
Permanent Address (Street, Apt. Number)		(City)		(State)		(Zip)		Phone ()		Address Source VERBAL / AL DL												
Business Address (Name, Street)		(City)		(State)		(Zip)		Phone ()		Occupation STUDENT												
DL Number, State AL DL 8786588		Soc. Sec. Number [REDACTED]		INS Number		Place of Birth (City, State) HUNTSVILLE, AL		Citizenship USA														
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		1							
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												
CODE	Drug Activity N. N/A B. Buy P. Possess		S. Sell T. Traffic		R. Smuggle D. Deliver		K. Dispense/ Distribute		M. Manufacture/ Produce/ Cultivate		Z. Other		Drug Type N. N/A C. Cocaine A. Amphetamine		B. Barbiturate E. Heroin		H. Hallucinogen M. Marijuana O. Opium/Derv.		P. Paraphernalia/ Equipment S. Synthetics		U. Unknown Z. Other	
	Charge Description DUI CRASH - WITH INJURY										Counts 1		Domestic Violence □ Y <input type="checkbox"/> N		Statute Violation Number 316.193(3C1)		Violation of ORD #					
CHARGE	Drug Activity N		Drug Type N		Amount / Unit N/A		Offense # 17-044951		Warrant / Capias Number		Bond <i>OR</i>											
	Charge Description UNAUTHORIZED POSSESSION OF D/L OR ID CARD										Counts 1		Domestic Violence □ Y <input type="checkbox"/> N		Statute Violation Number 322.212(1A)		Violation of ORD #					
CHARGE	Drug Activity N		Drug Type N		Amount / Unit N/A		Offense # 17-044951		Warrant / Capias Number		Bond <i>5000 NO</i>											
	Charge Description										Counts		Domestic Violence □ Y <input type="checkbox"/> N		Statute Violation Number		Violation of ORD #					
CHARGE	Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond											
	Charge Description										Counts		Domestic Violence □ Y <input type="checkbox"/> N		Statute Violation Number		Violation of ORD #					
CHARGE	Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond											
	Signature of Defendant (or Juvenile and Parent /Custodian)										Date Signed <i>SCANNED</i>											
NOTICE TO APPEAR	Location (Court, Room Number, Address) FELONY CASE - TO BE SET										Court Date and Time MAR 01 2017		AM		PM							
	Month MAR										Day 01		Year 2017									
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										02/27/2017												
Signature of Defendant (or Juvenile and Parent /Custodian)										Date Signed <i>SCANNED</i>												
ADMIN	HOLD for other Agency Name: <i>PT. T. Hanlon</i>				Signature of Arresting Officer <i>PT. T. Hanlon</i>				Name Verification (Printed by Arrestee) FEB 27 AM 10:11													
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:				Name of Arresting Officer (Print) INV. S. LEVEY #9415				I.D. # 9415													
Intake Deputy <i>PT. T. Hanlon</i>				Transporting Officer INV. S. LEVEY Carden #9415 9678 PBSO				Agency PBSO				PAGE 1										
Witness here if subject signed with an -X"																						

DISTRIBUTION: WHITE - COURT COPY

GREEN - STATE ATTORNEY

YELLOW - AGENCY

PINK - AGENCY

GOLD - DEFENDANT (N.T.A.'s ONLY)

ADMIN	OBTS Number		PROBABLE CAUSE AFFIDAVIT				1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	Juvenile N
	Agency ORI Number FLO 50000	Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 06- 17-044951				Special Notes:			
CHARGES DEF	Charge Type: Check as many as apply. 1. Felony 2. Traffic Felony 3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 6. Other									
VICTIM	Name (Last, First, Middle) HEAD, MARION, SCOTT				Alias		Race W	Sex F	Date of Birth 07/29/1998	
CHARGES DEF	Charge Description DUI CRASH - WITH INJURY		316.193(3C1)		Charge Description UNAUTHORIZED POSSESSION OF D/L OR ID CARD		322.212(1A)			
VICTIM	Charge Description		Charge Description							
Victim's Name (Last, First, Middle) THE STATE OF FLORIDA, ,						Race -	Sex -	Date of Birth -		
Local Address (Street, Apt. Number)		(City)	(State)	(zip)	Phone ()	Address Source				
Business Address (Name, Street)		(City)	(State)	(zip)	Phone ()	Occupation GOVERNMENT				
<p>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</p> <p><input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> confessed to _____ admitting to the below facts. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <u>27TH</u> day of <u>FEBRUARY</u> <u>20 17</u> at <u>03:57</u> <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p>										
<p>BASED ON MY INVESTIGATION, AND THE FACTS LISTED, MARION SCOTT HEAD WAS IN POSESSION OF A FRADULENT MISSISSIPPI DRIVER'S LICENSE # [REDACTED], IN THE NAME OF LIZA KATHRYN STOCKSTILL, WITH AN ADDRESS OF 1333 RAIN HOLLOW CIRCLE WEST, SOUTHAVEN, MS 38671. I SEARCHED THIS ADDRESS IN GOOGLE, AND IT WAS NOT A VALID ADDRESS. I RAN THE MISSISSIPPI DL THROUGH FCIC/NCIC, AND WAS INFORMED THAT THERE WAS NO RECORD FOR THAT DL NUMBER. BASED ON THIS INFORMATION, MARION SCOTT HEAD DID KNOWINGLY HAVE IN HER POSSESSION OR DID DISPLAY ANY BLANK, FORGED, STOLEN, FICTITIOUS, COUNTERFEIT, OR UNLAWFULLY ISSUED DRIVER'S LICENSE OR IDENTIFICATION CARD OR ANY INSTRUMENT IN THE SIMILITUDE OF A DRIVER'S LICENSE OR IDENTIFICATION CARD, CONTRARY TO FLORIDA STATUTE 322.212 (1)(A).</p>										
ADMINISTRATIVE	<p><i>NOT A CER</i></p> <p>SCANNED</p> <p>MAR 01 2017</p> <p>STATE OF FLORIDA COUNTY OF PALM BEACH</p> <p><i>SL</i></p> <p>INV. S. LEVEY #9415</p> <p>(Signature of Arresting/Investigative Officer)</p> <p>The foregoing instrument was sworn to or affirmed and subscribed before me this <u>27</u> day of <u>FEBRUARY</u> <u>20 17</u> by <u>INV. S. LEVEY #9415</u></p> <p>(Print name of Arresting/Investigative Officer, who is personally known to me and produced identification. Type of identification produced)</p> <p><i>Charlie O'Neal</i> CHARLIE O'NEAL Notary Public - State of Florida Notary Public, Clerk of Court, Officer (F.S.S. 117.10) Commission # FF 966854 My Comm. Expires Jun 25, 2020</p> <p>PAGE <u>1</u> OF <u>1</u></p>									

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 27TH DAY OF FEBRUARY 20 17, AT 03:57 AM PM

SUBJECT: HEAD, MARION, SCOTT CASE NUMBER: 17-044951

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: INV. S. LEVEY #9415
PERSONAL CONTACT

DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUTTING DEF. BEHIND WHEEL OF VEHICLE)
ON 02/27/17 AT APPROXIMATELY 0410 HOURS I RESPONDED TO A MOTOR VEHICLE CRASH LOCATED AT THE INTERSECTION OF STATE ROAD SEVEN AND FOREST HILL BLVD, IN THE VILLAGE OF WELLINGTON. UPON MY ARRIVAL I OBSERVED TWO VEHICLES THAT WERE INVOLVED IN THE CRASH. I OBSERVED A WHITE NISSAN TITAN XD THAT HAD AN ATTACHED ALABAMA TAG OF 47TC224 WITH DRIVER DAMAGE, AND HEAVY PASSENGER DAMAGE. I ALSO OBSERVED A TOYOTA COROLLA THAT HAD HEAVY FRONT END DAMAGE. THE TOYOTA HAD AN ATTACHED FLORIDA TAG OF Y15WN. I THEN MADE CONTACT WITH BOTH DRIVERS.

I MADE CONTACT WITH MARION SCOTT HEAD, WHO WAS SEATED ON THE BACKSEAT OF A PATROL VEHICLE NEAR THE FIRE RESCUE TRUCK. THE DOOR WAS OPEN, HER FEET WERE OUT, AND SHE WAS ACTIVELY TALKING WITH FIRE RESCUE STAFF.

I WAS LATER HANDED A STATEMENT FROM THE OTHER DRIVER. IN CHRISTIAN GUINAZU'S STATEMENT HE WROTE THE FOLLOWING: I WAS HEADED SOUTH BOUND ON STATE ROAD 7 / 441 AROUND 3:55AM. I DRIVE THROUGH THE INTERSECTION OF 441 AND FOREST HILL THROUGH THE GREEN LIGHT AND AN UNKNOWN WHITE TRUCK CUTS IN FRONT OF ME. I APPLIED MY BREAKS TO AVOID COLISION BUT I WAS ALREADY DRIVING 50MPH AND THE CAR WAS TOO CLOSE FOR ME TO STOP IN TIME. THE TRUCK HIT ME AND WE BOTH SPUN OUT OF CONTROL. WE BOTH GOT OUT OF THE CAR AND SHE WAS SCARED AND WANTED TO LEAVE.

OBSERVATION OF DRIVER:

AS I WAS SPEAKING WITH MARION SCOTT HEAD, AS SHE WAS IDENTIFIED BY HER ALABAMA DRIVER'S LICENSE, I COULD SMELL THE PREVAILANT ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE COMING FROM HER BREATH, AND AS SHE SPOKE TO ME IT BECAME STRONGER. I OBSERVED THAT HER EYES WERE BLOODSHOT, RED, WATERY, VERY DILATED PUPILS.

I WAS ALSO HANDED WHAT WAS LATER DETERMINED TO BE A FRAUDULENT MISSISSIPPI DRIVER'S LICENSE, THAT WAS LOCATED IN THE CASE WITH HER PHONE.

DRIVER'S STATEMENTS:

POST MIRANDA: SHE STATED THAT SHE WAS COMING NORTH ON SR 7, TURNING ONTO WESTBOUND FOREST HILL BLVD. SHE SAID SHE WAS TURNING AND GOT HIT. SHE STATED THAT SHE HAD THE GREEN ARROW TO DO SO, AND THE CAR CAME FROM NO WHERE AND HIT HER.

SHE LATER STATED THAT SHE ONLY HAD ONE DRINK.

ODORS:

THE PREVAILANT ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE COMING FROM HER BREATH, AND AS SHE SPOKE TO ME IT BECAME STRONGER.

GENERAL OBSERVATIONS

SPEECH: MUMBLING, TALKATIVE, OVER FRIENDLY

ATTITUDE: NEVROUS, POLITE, COOPERATIVE, TALKATIVE

CLOTHING: LAVENDER SHIRT, GREEN SKIRT

MEDICAL/OTHER: ***ALL ROADSIDE TASKS CONDUCTED ON VIDEO*** STATED NO MEDICAL ISSUES, AND WAS NOT INJURED FROM THE CRASH.

SCANNED

MAR 01 2017

STATE OF FLORIDA
COUNTY OF PALM BEACH

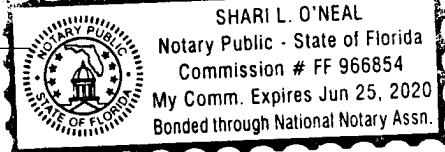
INV. S. LEVEY #9415

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 27TH day of FEBRUARY 20 17 by INV. S. LEVEY #9415

(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)



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 DEGREESOther Observations:

The overhead blue police lights were turned off prior to task. Marion's eyes tracked equally, the pupils were the same size and appropriate for the lighting conditions, and no resting nystagmus was observed. Marion had difficulty following the stimulus, and had to be reminded several times to not move her head. She eventually had to hold her chin/face to prevent it from moving. Vertical gaze nystagmus was administered and was observed. Lack of convergence was administered and was observed by the eyes not crossing. She was also swaying in all directions while the task was conducted.

WALK & TURN:

I explained and demonstrated the instructions for the walk and turn task to Marion who stated that she understood. During the task I observed that Marion had the following cues: couldn't keep balance while listening to instructions; stops walking to steady self & regain balance; missed heel-to-toe on several steps; stepped off the line on several steps; used arms for balance by raising arms over six inches; improper turn picked both feet up, not as instructed, then removed both feet from the line. After she took nine steps back, she conducted another turn, which was not instructed to do so.

ONE LEG STAND:

I explained and demonstrated the instructions for the one leg stand task to Marion who stated that she understood. During the task I observed that Marion had the following cues: swayed while balancing; used arms for balance by raising arms over six inches; hopped while balancing; put foot down (before 30 seconds); could not do task (puts foot down three times). Marion wanted to attempt the task with her other leg, as she said she was better with it. I observed on her second attempt that Marion had the following cues: swayed while balancing; used arms for balance by raising arms over six inches; hopped while balancing; put foot down (before 30 seconds); could not do task (puts foot down three times). It should be noted that when she was not looking at her foot, and was told to do so, she raised her foot higher, at times with a bent knee, not as instructed. The task was stopped both times for her safety.

FINGER TO NOSE:

I explained and demonstrated the instructions for the finger to nose task to Marion. I explained what is considered the tip of the finger and tip of the nose to Marion who stated that she understood. During the task I observed that Marion had the following cues: failed to return arms to the side. She also began without being instructed to do so, by tilting her head back.

The task was conducted as follows: L- tip to under tip of nose and remained. I allowed her to start over. L- searched, touched right nostril, then tip of nose, R- searched touched left nostril then tip of nose, L- touched right side of nose, R- touched left side of nose, R-tip to tip, L- tip to tip. She was also swaying while conducting the task.

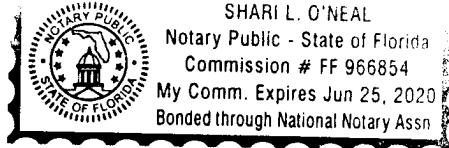
ROMBERG ALPHABET:

Prior to beginning the task, I confirmed that Marion was familiar with the English alphabet. I also confirmed the level of education that Marion had. She stated 10th grade. I explained and demonstrated the instructions for the Romberg with recitation task to Marion who stated that she understood. During the task I observed that Marion had the following cues: swayed more than two inches in any direction; incorrectly recites alphabet; She started too soon, without being asked. She said "a, b, c, d, e, f, g, h, i, j, k, l, m, n, o, p, q, r, s, (paused), t, v, u, y, w, x, (paused), y, z."

The modified Romberg balance was explained and demonstrated to Marion who stated that she understood. Marion was asked to estimate the passage of 30 seconds in their head. Marion showed the following cues: When asked if she understood she said yes. When I asked her to begin, she became confused on what was asked to do, and asked what passage. I again gave her the instructions. She again stated that she understood. She estimated the passage of 30 seconds as 45 seconds.

BREATH TEST RESULTS:1) 2352) 2393)4)SCANNEDMAR 01 2017STATE OF FLORIDA
COUNTY OF PALM BEACHINV. S. LEVEY #9415

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 27TH day of FEBRUARY 2017 by INV. S. LEVEY #9415(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced, PERSONALLY KNOWN LEOS. O'Neal
Notary Public, Clerk of Court, Officer (F.S.S. 17.10)

WITNESS LIST

CASE NUMBER: 17-044951

ARRESTING OFFICER: INV. S. LEVEY #9415

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

PHONE NUMBERS (HOME): N/A (WORK) 561-681-4500

CAN TESTIFY TO: ARRESTING OFFICER - SEE ARREST DOCUMENTATION AND REPORT

NAME: D/S S. ROSENFELD #28288

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

PHONE NUMBERS (HOME) N/A (WORK) 561-681-4500

CAN TESTIFY TO: BACKUP OFFICER ON SCENE (TRAINEE)

NAME: CHRISTIAN K. GUINAZU

ADDRESS 1518 NEWHAVEN PT LN, WEST PALM BEACH, FL 33411

PHONE NUMBERS (HOME) 954-812-8197 (WORK) _____

CAN TESTIFY TO: SEE STATEMENT FORM

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) 0 (WORK) 0

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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CAN TESTIFY TO: _____

NAME: _____

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PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

SCANNED

MAR 01 2017

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 #:	17-044950	ZONE:	8-52	SUSPECT:	DATE & TIME OF ORIGINAL EVENT/OFFENSE:		
EVENT TYPE:				DEPUTY:		02/27/17 04:15	
Vehicle Accident				DIS Section		ID#:	20250

COMPLETE EVERYTHING BELOW – PRINT LEGIBLY

LAST NAME:	FIRST NAME:	MIDDLE INITIAL:	RACE:	SEX:	
Guinazu	Christian	Kyle	Latino	M	
DATE OF BIRTH: (MM/DD/YYYY)	YOUR HEIGHT:	YOUR WEIGHT:	YOUR HAIR COLOR:	YOUR EYE COLOR:	
02/02/1994	5'9	215	Black	Brown	
YOUR HOME ADDRESS:	□ CHECK IF HOMELESS		CITY:	STATE:	ZIP:
1518 Newhaven pt ln			West Palm Beach	FL	33411
YOUR WORK NAME & ADDRESS:	□ CHECK IF UNEMPLOYED OR RETIRED		CITY:	STATE:	ZIP:
WORK PHONE: <input type="checkbox"/> CHECK IF NONE	CELL PHONE: <input type="checkbox"/> CHECK IF NONE	HOME PHONE: <input type="checkbox"/> CHECK IF NONE	EMAIL: <input type="checkbox"/> CHECK IF NONE	CKGuinazu@Gmail.com	
WORK PHONE: () 954 1812-8197					

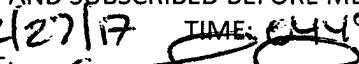
WRITE WHAT HAPPENED IN YOUR WORDS IN FULL DETAIL – PRINT LEGIBLY

YOUR NAME:	DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER...		
1 Christian Guinazu			
<p>I was headed south bound on state road 7/441 around 3:55 am. I drive through the intersection of 441 and Forest hill through the green light and an unknown white truck cuts in front of me. I applied my breaks to avoid collision but as I was already driving 50 mph as and the car was too close for me to stop in time. The truck hit me and we both spun out of control. We both got out of the car and she was scared and wanted to leave.</p>			

SCANNED

MAR 01 2017

PAGE 1 OF 1

READ AND SIGN	
I SWEAR AND AFFIRM THIS AND/OR THE ATTACHED STATEMENTS ARE CORRECT AND TRUE:	
YOUR SIGNATURE: 	
<input type="checkbox"/> DEPUTY SHERIFF <input type="checkbox"/> NOTARY PUBLIC FSS: 117.10 SWORN TO AND SUBSCRIBED BEFORE ME TODAY: DATE: 02/27/17 TIME: 04:49 SIGNATURE:  ID: 20250	

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

TESTING FACILITY TASK REPORT

AGENCY: PBSO Inv. Levey # 9415
SUBJECT: Hood, Marion S. CASE NUMBER: 17-014921
DATE: 02-27-17 VIDEO TAPE NUMBER: 62204
BEGINNING TIME: 0527 hrs ENDING TIME: 0529 hrs
BREATH TESTS RESULTS: 1) .235 TIME 0541 A.M./P.M. 2) .234 TIME 0546 A.M./P.M.
3) TIME A.M./P.M. 4) TIME A.M./P.M.

BREATH OPERATOR: S. O'Neal # 6212

MAINTENANCE TECHNICIAN: D/S J. Kurtzke # 64167

TESTING OFFICER'S OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Calm, Cooperative

CLOTHING: Shirt - P. J.

MEDICAL CONDITIONS: Allergic to latex

MEDICATIONS: None

OTHER: Eyes: Very Red + Gassy

Strong odor of various alcoholic beverages.

COMMENTS: 20 min. observation done by AIO Levey # 9415

AIO requested the breath test.

D submitted to the breath report.

D completed the test correctly.

C/I read on camera.

Q+A conducted.

SCANNED

MAR 01 2017

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.

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MAR 01 2017

SUSPECT'S SIGNATURE: (X) _____

QUESTIONS AND ANSWERS

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

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

WHERE WERE YOU GOING? to friend's house

WHAT STREET OR HIGHWAY WERE YOU ON? 107

DIRECTION OF TRAVEL? UNK WHERE DID YOU START? 107 and a 1/2 person Rd

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

WHAT IS TODAY'S DATE? 26th WHAT DAY OF THE WEEK IS IT? Monday

WHAT COUNTY AND CITY ARE YOU IN NOW? Wellington

WHEN DID YOU LAST EAT? 10:00pm WHAT DID YOU EAT? chicken

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? cards, buying soup, went to grill (to)

HOW MUCH DO YOU WEIGH? 125 HAVE YOU BEEN DRINKING? ✓ WHAT? 4 1/2 oz

HOW MUCH? 1 WHERE? friend's house WITH WHOM? w/ friends

WHEN DID YOU HAVE YOUR FIRST DRINK? 9:30pm AND YOUR LAST DRINK? Scorpio 1.5hr

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? Slowly

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? No ARE YOU UNDER THE INFLUENCE? ✓

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? No HOW MUCH? /

WHAT? / WHERE? / WHEN? /

WHAT LINE OF WORK ARE YOU IN? Student Teacher WHEN DID YOU LAST WORK? 2 days ago

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? No WHAT? /

ARE YOU SICK OR INJURED? No WHAT'S WRONG? /

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

WERE YOU IN AN ACCIDENT TODAY? Yes - small hit

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? No WHEN? /

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? No WHO? / WHY? /

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? No WHAT? topimale WHEN? in the Am

DO YOU HAVE: ✓ EPILEPSY? No ✓ GLASS EYE? No ✓ FALSE TEETH? No

✓ EAR INFECTION? No ✓ INNER EAR TROUBLE? No

✓ DIABETES? No

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? Yes

DO YOU TAKE INSULIN? No IF SO, WHEN WAS YOUR LAST INJECTION? /

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? No WHERE? /

INTERVIEWER: _____

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