04180991

3043

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

ADMINISTRATIVE

OBTS Number			Juvenile
		1	N

Agency ORI Number	Agency Name	Agency Report Number (N.T.A.'s only)
FLO 500000	PALM BEACH COUNTY SHERIFF'S OFFICE	06- 16-125531

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)

Multiple Clearance Indicator: 01

Location of Arrest (Including Name of Business): 9900 SW 3rd St, Boca Raton, FL 33428

Location of Offense (Business Name, Address): 9900 SW 3rd St, Boca Raton, FL 33428

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
09/10/2016	19:02	09/10/2016				Atlantic Towing, 880 NW 1st Ave., Boca Raton, FL 33432, (561) 350-1260

DEFENDANT

Name (Last, First, Middle): **Painter, Patricia, Lauren**

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

Race (W - White I - American Indian B - Black 0- Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	F	01/26/1990	5'04	250	blue	blonde	light	large

Scars, Marks, Tatoos, Unique Physcal Features (Location, Type, Description):

Marital Status: Single

Religion: CHRISTIAN

Indication of: Alcohol Influence (Y ☒ N ☐ Unk. ☐) Drug Influence (Y ☐ N ☐ Unk. ☒)

Local Address (Street, Apt. Number) (City) (State) (Zip): 255 Sw 14th Place, Boca Raton, FL 33432

Phone: (561) 212 0177

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

Permanent Address (Street, Apt. Number) (City) (State) (Zip): ,

Phone: ( )

Address Source: verbal

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

Phone: ( )

Occupation: administrative assistant

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
P536692905260, FL	[redacted]		Cincinnati, OH	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
				☐ 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/Deriv. P. Paraphernalia/ Equipment S. Synthetics U. Unknown Z. Other

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
Driving Under the Influence	1	☐Y ☒N	316.193(3)(c)1	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant I Capias Number	Bond
N	N		16-125531		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 I Unit	Offense #	Warrant / Capias Number	Bond
				SEP 10 PM 9:43	

CHARGE

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

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

NOTICE TO APPEAR

Location (Court, Room Number, Address): South County Courthouse, Courtroom #1, 200 W. Atlantic Ave., Delray Beach, FL 33444 - Ph: (561) 355-2996

Court Date and Time: Month September Day 26th Year 2016 Time 08:30 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)

09/10/2016
Date Signed

ADMIN

HOLD for other Agency Name:

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other:

Intake Deputy I.D. # Pouch #

Signature of Arresting Officer: X

Name of Arresting Officer (Print): D/S POINTU P. I.D. # 16032

Transporting Officer: D/S POINTU P. ID # 16032 Agency PBSO

Name Verification (Printed by Arrestee) (PRINT): Patricia Painter

Witness hereto subscribed with an X

PAGE 1 OF

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

PBSO #148 REV. 8/97

SCANNED SEP 1 1 2016

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D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 10th DAY OF September 20 16, AT 18:25 AM ✓ PM

SUBJECT: Painter, Patricia, Lauren CASE NUMBER: 16-125531

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: D/S POINTU P.

PERSONAL CONTACT

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

I observed the suspect seated on the driver seat of the Saturn bearing Florida tag 372RKS. D/S Balocik (#24099) conducted the crash investigation. The driver of the second vehicle saw the suspect driving the car.

OBSERVATION OF DRIVER:

D/S Balocik noticed a slurred speech and a smell of alcohol and asked me to conduct a DUI investigation. The driver was identified by her DL. Slight swaying when she walked. Seemed confused in some of her answers.

DRIVER'S STATEMENTS:

Post Miranda, admitted having two beers 2 hours prior.

ODORS:

strong smell of an unknown alcohol from her breath

GENERAL OBSERVATIONS

SPEECH: **slurred**

ATTITUDE: **cooperative**

CLOTHING: **black dress**

MEDICAL/OTHER: **Complained of arthritis in all her body, including her eyes**

STATE OF FLORIDA
COUNTY OF PALM BEACH

D/S POINTU P.
(Signature of Arresting/Investigative Officer)

PAMELA F. DORSEY
Notary Public - State of Florida
My Comm. Expires Apr 11, 2017
Commission # FF 7211
Bonded Through National Notary Assn

The foregoing instrument was sworn to or affirmed and subscribed before me this 10th day of September 2016 by D/S POINTU P.

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

Pamela Dorsey (#7064)
Notary Public, Clerk of Court, Officer (F.S.S 117.10)

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SCANNED
SEP 1 1 2016

SUBJECT: Painter, Patricia, Lauren CASE NUMBER 16-125531

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:

Had trouble keeping both feet together, and swayed back and forth.

WALK & TURN:

unable to keep the instructional stance. Did not walk heel to toe. Stepped off the line three times.

ONE LEG STAND:

Lower her right foot after 3 seconds, then raised it again for 2 seconds before lowering it done. Took a side step to recover her balance, then raised her leg flexing her knee. She then lowered her right foot and resumed with the lef foot.

FINGER TO NOSE:

Touched the side of the nose twice, used the pad of her finger four times.

ROMBERG ALPHABET:

Recited the alphabet correctly, but waited three seconds before the letter G. Swayed back and forward. Modified Romberg, did not count out loud. Estimated 30 s in 42 seconds.

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BREATH TEST RESULTS: 0.219 0.217

STATE OF FLORIDA
COUNTY OF PALM BEACH

D/S POINTU P.
(Signature of Arresting/Investigative Officer)

PAMELA F. DORSEY
Notary Public - State of Florida
My Comm. Expires Apr 11, 2017
Commission # FF 7211
Bonded Through National Notary Assn.

The foregoing instrument was sworn to or affirmed and subscribed before me this 10th day of September 2016 by D/S POINTU P.

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

Pamela Dorsey (#7064)
Notary Public, Clerk of Court, Officer (F.S.S 117.10)

SCANNED
SEP 1 1 2016

INTERNATIONAL PRINTING, INC. (561) 586-2400

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:
16125531	7-42	PATRICIA PAINTER	9/10/16

EVENT TYPE:	DEPUTY:	ID#:
DUI	POINTU	

COMPLETE EVERYTHING BELOW – PRINT LEGIBLY

LAST NAME:	FIRST NAME:	MIDDLE INITIAL:	RACE:	SEX:
Scholson	Sue		W	F

DATE OF BIRTH: (MM/DD/YYYY)	YOUR HEIGHT:	YOUR WEIGHT:	YOUR HAIR COLOR:	YOUR EYE COLOR:
8/1/52	5'4	234	Blonde	Blue

YOUR HOME ADDRESS: ☐ CHECK IF HOMELESS	CITY:	STATE:	ZIP:
17809 South Wick Way	Boca Raton	FL	33498

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
( )	( )	( )	

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

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

The girl with the long Blonde hair was driving the car that rear ended me. She was wearing a long dress. I would be able to identify her in court

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READ AND SIGN

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

YOUR SIGNATURE: X Sue Sch

☐ DEPUTY SHERIFF ☐ NOTARY PUBLIC FSS: 117.10

SWORN TO AND SUBSCRIBED BEFORE ME TODAY:

DATE: 9/10/16 TIME: 1600

SIGNATURE: ID: 2099

SCANNED SEP 11 2016

*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

FLORIDA TRAFFIC CRASH REPORT

LONG FORM [X] SHORT FORM (Shaded Areas) [ ] UPDATE [ ]

TOTAL # OF VEHICLE SECTION(S) 2
TOTAL # OF PERSON SECTION(S) 2
TOTAL # OF NARRATIVE SECTION(S) 1

MAIL TO: DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES
TRAFFIC CRASH RECORDS, NEIL KIRKMAN BUILDING
TALLAHASSEE, FL 32399-0537

CRASH DATE	TIME OF CRASH	DATE OF REPORT	REPORTING AGENCY CASE NUMBER	HSMV CRASH REPORT NUMBER
09/10/2016	6:20 PM	09/10/2016	16125525	81457021

CRASH IDENTIFIERS

COUNTY CODE	CITY CODE	COUNTY OF CRASH	PLACE OR CITY OF CRASH	CHECK IF WITHIN CITY LIMITS	TIME REPORTED	TIME DISPATCHED
06	00	PALM BEACH	UNINCORPORATED	[ ]	6:26 PM	6:26 PM

TIME ON SCENE	TIME CLEARED SCENE	CHECK IF COMPLETED	REASON (If Investigation NOT Complete)	Notified By: 1 Motorist 2 Law Enforcement
6:27 PM	7:10 PM	[X]		1

ROADWAY INFORMATION (CHOOSE ONLY 1 OF 4 OPTIONS)

CRASH OCCURRED ON STREET, ROAD, HIGHWAY	AT STREET ADDRESS #	AT LATITUDE AND LONGITUDE
STATE ROAD 7		

FEET	MILES	N S E W	AT / FROM INTERSECTION WITH STREET, ROAD, HIGHWAY	OR FROM MILEPOST #
		[ ] [X] [ ] [ ]	SW 3RD STREET	

Road System Identifier: 3
1 Interstate, 2 U.S., 3 State, 4 County, 5 Local, 6 Turnpike/Toll, 7 Forest Road, 8 Private Roadway, 9 Parking Lot, 77 Other, Explain in Narrative

Type of Shoulder: 3
1 Paved, 2 Unpaved, 3 Curb

Type of Intersection: 2
1 Not at Intersection, 2 Four-Way Intersection, 3 T-Intersection, 4 Y-Intersection, 5 Traffic Circle, 6 Roundabout, 7 Five-Point, or More, 77 Other, Explain in Narrative

CRASH INFORMATION (CHECK IF PICTURES TAKEN) [ ]

Light Condition: 1
1 Daylight, 2 Dusk, 3 Dawn, 4 Dark-Lighted, 5 Dark-Not Lighted, 6 Dark-Unknown Lighting, 77 Other, Explain in Narrative, 88 Unknown

Weather Condition: 1
1 Clear, 2 Cloudy, 3 Rain, 4 Fog, Smog, Smoke, 5 Sleet/Hail/Freezing Rain, 6 Blowing Sand, Soil, Dirt, 7 Severe Crosswinds, 77 Other, Explain in Narrative

Roadway Surface Condition: 1
1 Dry, 2 Wet, 4 Ice/Frost, 5 Oil, 6 Mud, Dirt, Gravel, 7 Sand, 8 Water (standing/moving), 77 Other, Explain in Narrative, 88 Unknown

School Bus Related: 1
1 No, 2 Yes, School Bus Directly Involved, 3 Yes, School Bus Indirectly Involved

Manner of Collision/Impact: 1
1 Front to Rear, 2 Front to Front, 3 Angle, 4 Sideswipe, Same Direction, 5 Sideswipe, Opposite Direction, 6 Rear to Side, 7 Rear to Rear, 77 Other, Explain in Narrative, 88 Unknown

First Harmful Event: 14

Non-Collision: 1 Overturn/Rollover, 2 Fire/Explosion, 3 Immersion, 4 Jackknife, 5 Cargo/Equipment Loss or Shift, 6 Fell/Jumped From Motor Vehicle, 7 Thrown or Falling Object, 8 Ran into Water/Canal, 9 Other Non-Collision

Collision Non-Fixed Object: 10 Pedestrian, 11 Pedalcycle, 12 Railway Vehicle (train, engine), 13 Animal, 14 Motor Vehicle in Transport, 15 Parked Motor Vehicle, 16 Work Zone/Maintenance Equipment, 17 Struck By Falling, Shifting Cargo, 18 Other Non-Fixed Object

Collision with Fixed Object: 19 Impact Attenuator/Crash Cushion, 20 Bridge Overhead Structure, 21 Bridge Pier or Support, 22 Bridge Rail, 23 Culvert, 24 Curb, 25 Ditch, 26 Embankment, 27 Guardrail Face, 28 Guardrail End, 29 Cable Barrier, 30 Concrete Traffic Barrier, 31 Other Traffic Barrier, 32 Tree (standing), 33 Utility Pole/Light Support, 34 Traffic Sign Support, 35 Traffic Signal Support, 36 Other Post, Pole or Support, 37 Fence, 38 Mailbox, 39 Other Fixed Object (wall, building, tunnel, etc.)

First Harmful Event Location: 1
1 On Roadway, 2 Off Roadway, 3 Shoulder, 4 Median, 6 Gore, 7 Separator, 8 In Parking Lane or Zone, 9 Outside Right-of-way, 10 Roadside, 88 Unknown

First Harmful Event within Interchange: 1
1 No, 2 Yes, 88 Unknown

First Harmful Event Relation to Junction: 2
1 Non-Junction, 2 Intersection, 3 Intersection-Related, 4 Driveway/Alley Access Related, 5 Railway Grade Crossing, 14 Entrance/Exit Ramp, 15 Crossover - Related, 16 Shared-Use Path or Trail, 17 Acceleration/Deceleration Lane, 18 Through Roadway, 77 Other, Explain in Narrative, 88 Unknown

Contributing Circumstances: Road: 1
1 None, 4 Work Zone (construction/maintenance/utility), 6 Shoulders (none, low, soft, high), 7 Rut, Holes, Bumps, 9 Worn, Travel-Polished Surface, 10 Road Surface Condition (wet, icy, snow, slush, etc.), 11 Obstruction in Roadway, 12 Debris, 13 Traffic Control Device Inoperative, Missing or Obscured, 14 Non-Highway Work, 77 Other, Explain in Narrative, 88 Unknown

Contributing Circumstances: Environment: 1
1 None, 2 Weather Conditions, 3 Physical Obstruction(s), 4 Glare, 5 Animal(s) in Roadway, 77 Other, Explain in Narrative, 88 Unknown

Work Zone Related: 1
1 No, 2 Yes, 88 Unknown

Crash in Work Zone
1 Before the First Work Zone Warning Sign, 2 Advance Warning Area, 3 Transition Area, 4 Activity Area, 5 Termination Area

Type of Work Zone
1 Lane Closure, 2 Lane Shift/Crossover, 3 Work on Shoulder or Median, 4 Intermittent or Moving Work, 77 Other, Explain in Narrative

Workers in Work Zone
1 No, 2 Yes, 88 Unknown

Law Enforcement in Work Zone
1 No, 2 Officer Present, 3 Law Enforcement Vehicle Only Present

WITNESSES

NAME	ADDRESS	CITY & STATE	ZIP CODE
NAME	ADDRESS	CITY & STATE	ZIP CODE
NAME	ADDRESS	CITY & STATE	ZIP CODE

NON VEHICLE PROPERTY DAMAGE

VEHICLE #	PERSON #	PROPERTY DAMAGE – OTHER THAN VEHICLE	EST. AMOUNT	OWNER'S NAME ☐ (Check if Business)	ADDRESS	CITY & STATE	ZIP CODE
VEHICLE #	PERSON #	PROPERTY DAMAGE – OTHER THAN VEHICLE	EST. AMOUNT	OWNER'S NAME ☐ (Check if Business)	ADDRESS	CITY & STATE	ZIP CODE

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SCANNED
SEP 1 1 2016

VEHICLE #	1	Check if Commercial		REPORTING AGENCY CASE NUMBER	16125525	HSMV CRASH REPORT NUMBER	81457021

1 Vehicle in Transport 2 Parked Motor Vehicle 3 Working Vehicle	VEHICLE LICENSE NUMBER	STATE	REGISTRATION EXPIRES	Check if Permanent Registration	VIN
1	372RKS	FL	01/26/2017		1G8AJ55F76Z143876

Hit and Run 1 No 2 Yes 88 Unknown	YEAR	MAKE	MODEL	STYLE	COLOR	DAMAGE: 1 Disabling 2 Functional 3 None 4 Minor 88 Unknown	EST. AMOUNT
1	2006	STRN	ION	4D	BLU	4	500

INSURANCE COMPANY	INSURANCE POLICY NUMBER	Towed due to Damage: 1 No 2 Yes	VEHICLE REMOVED BY	1. Rotation 2. Owner Request 3. Driver 4. Other, Explain in Narrative
STATE FARM MUTUAL AUTOMOBILE INSURANC	C256440594	1	ATLANTIC TOWING	1

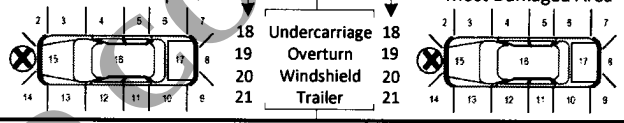
NAME OF VEHICLE OWNER ☐ (Check if Business)			CURRENT ADDRESS	CITY & STATE		ZIP CODE
PATRICIA	LAUREN	PAINTER	255 SW 14TH PLACE	BOCA RATON	FL	33432

Trailer #	LICENSE NUMBER	STATE	REGISTRATION EXPIRES	Check if Permanent Registration	VIN	YEAR	MAKE	LENGTH	AXLES
1									
2									

VEHICLE TRAVELING	N	S	E	W	Off-Road	Unknown	ON STREET, ROAD, HIGHWAY	AT EST. SPEED	POSTED SPEED	TOTAL LANES
	X						STATE ROAD 7	5	45	4

HAZ. MAT. RELEASED 1 No 2 Yes 88 Unknown	HAZ. MAT. PLACARD 1 No 2 Yes 88 Unknown	HAZ. MAT. NUMBER	HAZ. MAT. CLASS
1	1		

Area of Initial Impact / Most Damaged Area



MOTOR CARRIER NAME	US DOT NUMBER

MOTOR CARRIER ADDRESS	CITY & STATE	ZIP CODE	PHONE NUMBER

Vehicle Body Type — 1
1 Passenger Car, 2 Passenger Van, 3 Pickup, 7 Motor Home, 8 Bus, 11 Motorcycle, 12 Moped, 13 All Terrain Vehicle (ATV), 15 Low Speed Vehicle, 16 (Sport) Utility Vehicle, 17 Cargo Van (10,000 lbs (4,536 kg) or less), 18 Motor Coach, 19 Other Light Trucks (10,000 lbs (4,536 kg) or less), 20 Medium/Heavy Trucks (more than 10,000 lbs (4,536 kg)), 21 Farm Labor Vehicle, 77 Other, Explain in Narrative, 88 Unknown

Trafficway — 4
1 Two-Way, Not Divided; 2 Two-Way, Not Divided, with a Continuous Left Turn Lane; 3 Two-Way, Divided, Unprotected (painted >4 feet) Median; 4 Two-Way, Divided, Positive Median Barrier; 5 One-Way Trafficway; 88 Unknown

Commercial Motor Vehicle Configuration
1 Vehicle 10,000 lbs or less Placarded for Hazardous Materials; 2 Single-Unit Truck (2-axle and GVWR more than 10,000 lbs (4,536 kg)); 3 Single-Unit Truck (3 or more axles); 4 Truck Pulling Trailer(s); 5 Truck Tractor (bobtail); 6 Truck Tractor/Semi-Trailer; 7 Truck Tractor/Double Truck; 8 Tractor/Triple; 9 Truck more than 10,000 lbs (4,536 kg), Cannot Classify; 10 Bus/Large Van (seats for 9-15 occupants, including driver); 11 Bus (seats for more than 15 occupants, including driver); 77 Other, Explain in Narrative; 88 Unknown

Trailer Type
TRAILER 1 / TRAILER 2
1 Single Semi Trailer; 2 Tandem Semi Trailer; 3 Tank Trailer; 4 Saddle Mount/Trailer; 5 Boat Trailer; 6 Utility Trailer; 7 House Trailer; 8 Pole Trailer; 9 Towed Vehicle; 10 Auto Transport; 77 Other, Explain in Narrative; 88 Unknown

Cargo Body Type
1 No Cargo; 2 Bus; 3 Van/Enclosed Box; 4 Hopper; 5 Pole-Trailer; 6 Cargo Tank; 7 Flatbed; 8 Dump; 9 Concrete Mixer; 10 Auto Transport; 11 Garbage/Refuse; 12 Log; 13 Intermodal Container Chassis; 14 Vehicle Towing Another Vehicle; 15 Not Applicable (vehicle 10,000 lbs (4,536kg) or less not displaying HM placard); 77 Other, Explain in Narrative; 88 Unknown

Comm/Non-Commercial
1 Interstate Carrier; 2 Intrastate Carrier; 3 Not in Commerce/Government; 4 Not in Commerce/Other Truck

Comm GVWR/GCWR
1 10,000 lbs (4,536 kg) or less; 2 10,001-26,000 lbs (4,536-11,793 kg); 3 More than 26,000 lbs (11,793 kg); 4 Not Applicable

Most Harmful Event — 14

Non-Collision
1 Overturn/Rollover; 2 Fire/Explosion; 3 Immersion; 4 Jackknife; 5 Cargo/Equipment Loss or Shift; 6 Fell/Jumped From Motor Vehicle; 7 Thrown or Falling Object; 8 Ran into Water/ Canal; 9 Other Non-Collision

Collision with Non-Fixed Object
10 Pedestrian; 11 Pedalcycle; 12 Railway Vehicle (train, engine); 13 Animal; 14 Motor Vehicle in Transport; 15 Parked Motor Vehicle; 16 Work Zone/Maintenance Equipment; 17 Struck By Falling, Shifting Cargo or Anything Set in Motion by Motor Vehicle; 18 Other Non-Fixed Object

Collision Fixed Object
19 Impact Attenuator/Crash Cushion; 20 Bridge Overhead Structure; 21 Bridge Pier or Support; 22 Bridge Rail; 23 Culvert; 24 Curb; 25 Ditch; 26 Embankment; 27 Guardrail Face; 28 Guardrail End; 29 Cable Barrier; 30 Concrete Traffic Barrier; 31 Other Traffic Barrier; 32 Tree (standing); 33 Utility Pole/Light Support; 34 Traffic Sign Support; 35 Traffic Signal Support; 36 Other Post, Pole, or Support; 37 Fence; 38 Mailbox; 39 Other Fixed Object (wall, building, tunnel, etc.)

Emergency Vehicle Use
1 No; 2 Yes; 88 Unknown

Sequence of Events
1st: 14; 2nd: ; 3rd: ; 4th:

[40-46 Sequence of Events only]
40 Equipment Failure (blown tire, brake failure, etc.); 41 Separation of Units; 42 Ran Off Roadway, Right; 43 Ran Off Roadway, Left; 44 Cross Median; 45 Cross Centerline; 46 Downhill Runaway

Roadway Grade
1 Level; 2 Hillcrest; 3 Uphill; 4 Downhill; 5 Sag (bottom)

Roadway Alignment
1 Straight; 2 Curve Right; 3 Curve Left

Vehicle Maneuver Action — 1
1 Straight Ahead; 2 Turning Left; 3 Backing; 4 Turning Right; 5 Changing Lanes; 6 Parked; 7 Making U-Turn; 8 Overtaking/ Passing; 13 Stopped in Traffic; 14 Slowing; 15 Negotiating a Curve; 16 Leaving Traffic Lane; 17 Entering Traffic Lane; 77 Other, Explain in Narrative; 88 Unknown

Traffic Control Device For This Vehicle — 5
1 No Controls; 4 School Zone Sign/ Device; 5 Traffic Control Signal; 6 Stop Sign; 7 Yield Sign; 8 Flashing Signal; 9 Railway Crossing Device; 10 Person (including Flagman, Officer, Guard, etc.); 13 Warning Sign; 77 Other, Explain in Narrative; 88 Unknown

Vehicle Defects — 1 — 1
1 None; 2 Brakes; 3 Tires; 4 Lights (head, signal, tail); 6 Steering; 7 Wipers; 9 Exhaust System; 10 Body, Doors; 11 Power Train; 12 Suspension; 13 Wheels; 14 Windows/ Windshield; 15 Mirrors; 16 Truck Coupling/ Trailer Hitch/ Safety Chains; 77 Other, Explain in Narrative; 88 Unknown

Special Function of Motor Vehicle — 1
1 No Special Function; 2 Farm Vehicle; 3 Police; 7 Taxi; 8 Military; 9 Ambulance; 10 Fire Truck; 11 Farm Labor Transport; 12 School Bus; 13 Transit/Commuter Bus; 14 Intercity Bus; 15 Charter/Tour Bus; 16 Shuttle Bus; 17 Farm Labor Bus; 88 Unknown

VIOLATIONS

PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER

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SCANNED SEP 1 1 2016

PERSON #	1	REPORTING AGENCY CASE NUMBER	16125525	HSMV CRASH REPORT NUMBER	81457021

1 Driver 2 Non-Motorist 3 Passenger	VEHICLE #	NAME	PHONE NUMBER	Check if Recommend Driver Re-exam
1	1	PATRICIA LAUREN PAINTER	561-212-0177	

CURRENT ADDRESS (Number and Street)	CITY & STATE	ZIP CODE
255 SW 14TH PLACE	BOCA RATON	FL 33432

DATE OF BIRTH	SEX 1 Male 2 Female 88 Unknown	DRIVER LICENSE NUMBER	STATE	EXPIRES	INJURY SEVERITY (INJ) 1 None 2 Possible 3 Non-Incapacitating 4 Incapacitating 5 Fatal (within 30 days) 6 Non-Traffic Fatality
01/26/1990	2	P536692905260	FL	01/26/2020	1

DRIVER

DL Type (5): 1 A 2 B 3 C 4 D/Chauffeur 5 E/Operator 6 E/Oper - Rest 7 None

Required Endorsements (3): 1 Yes 2 No 3 No Req. Endorsement

Driver Distracted By (1): 1 Not Distracted 2 Electronic Communication Devices (cell phone, etc.) 3 Other Electronic Device (navigation device, DVD player) 4 Other Inside the Vehicle (explain in narrative) 5 External Distraction (outside the vehicle, explain in narrative) 6 Texting 7 Inattentive 88 Unknown

Driver Vision Obstructions (1): 1 Vision Not Obscured 2 Inclement Weather 3 Parked/Stopped Vehicle 4 Trees/Crops/Bushes 5 Load on Vehicle 6 Building/Fixed Object 7 Signs/Billboards 8 Fog 9 Smoke 10 Glare 77 All Other, Explain in Narrative

Driver's Actions at Time of Crash

1st (10) / 2nd / 3rd / 4th

1 No Contributing Action 2 Operated MV in Careless or Negligent Manner 3 Failed to Yield Right-of- Way 4 Improper Backing 6 Improper Turn 10 Followed too Closely 11 Ran Red Light 12 Drove too Fast for Conditions 13 Ran Stop Sign 15 Improper Passing 17 Exceeded Posted Speed 21 Wrong Side or Wrong Way 25 Failed to Keep in Proper Lane 26 Ran off Roadway 27 Disregarded other Traffic Sign 28 Disregarded Other Road Markings 29 Over-Correcting/Over-Steering 30 Swerved or Avoided : Due to Wind, Slippery Surface, MV, Object, Non-Motorist in Roadway, etc. 31 Operated MV in Erratic, Reckless or Aggressive Manner 77 Other Contributing Action

Condition At Time of Crash (9): 1 Apparently Normal 3 Asleep or Fatigued 5 Ill (sick) or Fainted 6 Seizure, Epilepsy, Blackout 7 Physically Impaired 8 Emotional (depression, angry, disturbed, etc.) 9 Under the Influence of Medications/Drugs/Alcohol 77 Other, Explain in Narrative 88 Unknown

DRIVER OR PASSENGER

Motor Vehicle Seating Position: LOCATION (LOC): SEAT 1 ROW 1 OTHER 1

Seat: 1 Left 2 Middle 3 Right 77 Other (explain in narrative) 88 Unknown

Row: 1 Front 2 Second 3 Third 4 Fourth 77 Other Row 88 Unknown

Other: 1 Not Applicable 2 Sleeper Section of Truck Cab 3 Other Enclosed Cargo Area 4 Unenclosed Cargo Area 5 Trailing Unit 6 Riding on Motor Vehicle Exterior (non-trailing unit) 88 Unknown

Ejection (EJECT) (4): 1 Not Ejected 2 Ejected, Totally 3 Ejected, Partially 4 Not Applicable 88 Unknown

DRIVER OR PASSENGER

Helmet Use (HU) (3): 1 DOT-Compliant Motorcycle Helmet 2 Other Helmet 3 No Helmet

Eye Protection (EP) (3): 1 Yes 2 No 3 Not Applicable

Air Bag Deployed (ABD) (2): 1 Not Applicable 2 Not Deployed 3 Deployed-Front 4 Deployed-Side 5 Deployed-Other (knee, air belt, etc.) 6 Deployed-Combination 7 Deployed-Curtain 88 Deployment Unknown

Restraint Systems (RS) (3): 1 Not Applicable 2 None Used - Motor Vehicle Occupant 3 Shoulder and Lap Belt Used 4 Shoulder Belt Only Used 5 Lap Belt Only Used 6 Restraint Used - Type Unknown 7 Child Restraint System - Forward Facing 8 Child Restraint System - Rear Facing 9 Booster Seat 10 Child Restraint Type Unknown 77 Other, Explain in Narrative

NON-MOTORIST

Non-Motorist Description: 1 Pedestrian 2 Other Pedestrian (wheelchair, person in a building, skater, pedestrian conveyance, etc.) 3 Bicyclist 4 Other Cyclist 5 Occupant of Motor Vehicle Not in Transport (parked, etc.) 6 Occupant of a Non-Motor Vehicle Transportation Device 7 Unknown Type of Non-Motorist

Non-Motorist Location At Time of Crash: 1 Intersection - Marked Crosswalk 2 Intersection - Unmarked Crosswalk 3 Intersection – Other 4 Midblock - Marked Crosswalk 5 Travel Lane - Other Location 6 Bicycle Lane 7 Shoulder/Roadside 8 Sidewalk 9 Median/Crossing Island 10 Driveway Access 11 Shared-Use Path or Trail 12 Non-Trafficway Area 77 Other, Explain in Narrative 88 Unknown

Action Prior to Crash: 1 Crossing Roadway 2 Waiting to Cross Roadway 3 Walking/Cycling Along Roadway with Traffic (in or adjacent to travel lane) 4 Walking/Cycling Along Roadway Against Traffic (in or adjacent to travel lane) 5 Walking/Cycling on Sidewalk 6 In Roadway -- Other (working, playing, etc.) 7 Adjacent to Roadway (e.g., shoulder, median) 8 Going to or from School (K-12) 9 Working in Trafficway (incident response) 10 None 77 Other, Explain in Narrative 88 Unknown

Safety Equipment: 1 None 2 Helmet 3 Protective Pads Used (elbows, knees, shins, etc.) 4 Reflective Clothing (jacket, backpack, etc.) 5 Lighting 6 Not Applicable 77 Other, Explain in Narrative 88 Unknown

Non-Motorist Actions/Circumstances (1st / 2nd): 1 No Improper Action 2 Dart/Dash 3 Failure to Yield Right-of-Way 4 Failure to Obey Traffic Signs, Signals, or Officer 5 In Roadway Improperly (standing, lying, working, playing) 6 Disabled Vehicle Related (working on, pushing, leaving/approaching) 7 Entering/Exiting Parked/Standing Vehicle 8 Inattentive (talking, eating, etc) 9 Not Visible (dark clothing, no lighting, etc.) 10 Improper Turn/Merge 11 Improper Passing 12 Wrong-Way Riding or Walking 77 Other, Explain in Narrative 88 Unknown

ALCOHOL/DRUG/EMS

SUSPECTED ALCOHOL USE: 1 No 2 Yes 88 Unknown	ALCOHOL TESTED: 1 Test Not Given 2 Test Refused 3 Test Given 88 Unknown, if Tested	ALCOHOL TEST TYPE: 1 Blood 2 Breath 3 Urine 77 Other, Explain in Narrative	ALCOHOL TEST RESULT: 1 Pending 2 Completed 88 Unknown	BAC	SUSPECTED DRUG USE: 1 No 2 Yes 88 Unknown	DRUG TESTED: 1 Test Not Given 2 Test Refused 3 Test Given 88 Unknown, if Tested	DRUG TEST TYPE: 1 Blood 3 Urine 77 Other, Explain in Narrative	DRUG TEST RESULT: 1 Positive 2 Negative 3 Pending 88 Unknown
2	3	2	2	.219	88			

SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown	EMS AGENCY NAME OR ID	EMS RUN NUMBER	MEDICAL FACILITY TRANSPORTED TO
1			

ADDITIONAL PASSENGERS

PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INJ	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS

CURRENT ADDRESS (Number and Street)	CITY & STATE	ZIP CODE

SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown	EMS AGENCY NAME OR ID	EMS RUN NUMBER	MEDICAL FACILITY TRANSPORTED TO

PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INJ	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS

CURRENT ADDRESS (Number and Street)	CITY & STATE	ZIP CODE

SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown	EMS AGENCY NAME OR ID	EMS RUN NUMBER	MEDICAL FACILITY TRANSPORTED TO

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SCANNED
SEP 11 2016

VEHICLE #	2	Check if Commercial		REPORTING AGENCY CASE NUMBER	HSMV CRASH REPORT NUMBER
				16125525	81457021

1 Vehicle in Transport 2 Parked Motor Vehicle 3 Working Vehicle	VEHICLE LICENSE NUMBER	STATE	REGISTRATION EXPIRES	Check if Permanent Registration	VIN
1	257YDY	FL	08/01/2017		2T3WFREV4GW267228

Hit and Run 1 No 2 Yes 88 Unknown	YEAR	MAKE	MODEL	STYLE	COLOR	DAMAGE: 1 Disabling 2 Functional 3 None 4 Minor 88 Unknown	EST. AMOUNT
1	2016	TOYT	RAV 4	UT	BLK	4	500

INSURANCE COMPANY	INSURANCE POLICY NUMBER	Towed due to Damage: 1 No 2 Yes	VEHICLE REMOVED BY	1. Rotation 2. Owner Request 3. Driver 4. Other, Explain in Narrative
HARTFORD UNDERWRITERS INSURANCE COMPA	55PHL91402901540A			

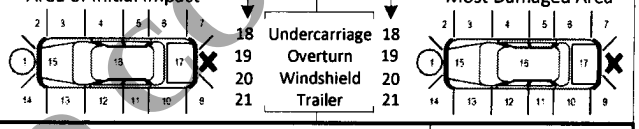
NAME OF VEHICLE OWNER ☐ (Check if Business)			CURRENT ADDRESS	CITY & STATE		ZIP CODE
SUE	BETH	SCHOLSOHN	6150 OMNI PARK DR	MOBILE	FL	36609

Trailer #	LICENSE NUMBER	STATE	REGISTRATION EXPIRES	Check if Permanent Registration	VIN	YEAR	MAKE	LENGTH	AXLES
1									
2									

VEHICLE TRAVELING	N	S	E	W	Off-Road	Unknown	ON STREET, ROAD, HIGHWAY	AT EST. SPEED	POSTED SPEED	TOTAL LANES
	X						STATE ROAD 7	5	45	4

HAZ. MAT. RELEASED 1 No 2 Yes 88 Unknown	HAZ. MAT. PLACARD 1 No 2 Yes 88 Unknown	HAZ. MAT. NUMBER	HAZ. MAT. CLASS

Area of Initial Impact / Most Damaged Area



18 Undercarriage 19 Overturn 20 Windshield 21 Trailer

MOTOR CARRIER NAME	US DOT NUMBER

MOTOR CARRIER ADDRESS	CITY & STATE	ZIP CODE	PHONE NUMBER

Vehicle Body Type — 16

1 Passenger Car, 2 Passenger Van, 3 Pickup, 7 Motor Home, 8 Bus, 11 Motorcycle, 12 Moped, 13 All Terrain Vehicle (ATV), 15 Low Speed Vehicle, 16 (Sport) Utility Vehicle, 17 Cargo Van (10,000 lbs (4,536 kg) or less), 18 Motor Coach, 19 Other Light Trucks (10,000 lbs (4,536 kg) or less), 20 Medium/Heavy Trucks (more than 10,000 lbs (4,536 kg)), 21 Farm Labor Vehicle, 77 Other, Explain in Narrative, 88 Unknown

Trafficway — 4

1 Two-Way, Not Divided; 2 Two-Way, Not Divided, with a Continuous Left Turn Lane; 3 Two-Way, Divided, Unprotected (painted >4 feet) Median; 4 Two-Way, Divided, Positive Median Barrier; 5 One-Way Trafficway; 88 Unknown

Commercial Motor Vehicle Configuration

1 Vehicle 10,000 lbs or less Placarded for Hazardous Materials; 2 Single-Unit Truck (2-axle and GVWR more than 10,000 lbs (4,536 kg)); 3 Single-Unit Truck (3 or more axles); 4 Truck Pulling Trailer(s); 5 Truck Tractor (bobtail); 6 Truck Tractor/Semi-Trailer; 7 Truck Tractor/Double Truck; 8 Tractor/Triple; 9 Truck more than 10,000 lbs (4,536 kg), Cannot Classify; 10 Bus/Large Van (seats for 9-15 occupants, including driver); 11 Bus (seats for more than 15 occupants, including driver); 77 Other, Explain in Narrative; 88 Unknown

Comm/Non-Commercial

1 Interstate Carrier, 2 Intrastate Carrier, 3 Not in Commerce/Government, 4 Not in Commerce/Other Truck

Trailer Type — TRAILER 1 / TRAILER 2

1 Single Semi Trailer, 2 Tandem Semi Trailer, 3 Tank Trailer, 4 Saddle Mount/Trailer, 5 Boat Trailer, 6 Utility Trailer, 7 House Trailer, 8 Pole Trailer, 9 Towed Vehicle, 10 Auto Transport, 77 Other, Explain in Narrative, 88 Unknown

Cargo Body Type

1 No Cargo, 2 Bus, 3 Van/Enclosed Box, 4 Hopper, 5 Pole-Trailer, 6 Cargo Tank, 7 Flatbed, 8 Dump, 9 Concrete Mixer, 10 Auto Transport, 11 Garbage/Refuse, 12 Log, 13 Intermodal Container Chassis, 14 Vehicle Towing Another Vehicle, 15 Not Applicable (vehicle 10,000 lbs (4,536kg) or less not displaying HM placard), 77 Other, Explain in Narrative, 88 Unknown

Comm GVWR/GCWR

1 10,000 lbs (4,536 kg) or less; 2 10,001-26,000 lbs (4,536-11,793 kg); 3 More than 26,000 lbs (11,793 kg); 4 Not Applicable

Most Harmful Event — 14

Non-Collision

1 Overturn/Rollover, 2 Fire/Explosion, 3 Immersion, 4 Jackknife, 5 Cargo/Equipment Loss or Shift, 6 Fell/Jumped From Motor Vehicle, 7 Thrown or Falling Object, 8 Ran into Water/ Canal, 9 Other Non-Collision

Sequence of Events

1st: 14; 2nd: ; 3rd: ; 4th:

[*40-46 Sequence of Events only*]
40 Equipment Failure (blown tire, brake failure, etc.)
41 Separation of Units
42 Ran Off Roadway, Right
43 Ran Off Roadway, Left
44 Cross Median
45 Cross Centerline
46 Downhill Runaway

Collision with Non-Fixed Object

10 Pedestrian, 11 Pedalcycle, 12 Railway Vehicle (train, engine), 13 Animal, 14 Motor Vehicle in Transport, 15 Parked Motor Vehicle, 16 Work Zone/Maintenance Equipment, 17 Struck By Falling, Shifting Cargo or Anything Set in Motion by Motor Vehicle, 18 Other Non-Fixed Object

Collision Fixed Object

19 Impact Attenuator/Crash Cushion, 20 Bridge Overhead Structure, 21 Bridge Pier or Support, 22 Bridge Rail, 23 Culvert, 24 Curb, 25 Ditch, 26 Embankment, 27 Guardrail Face, 28 Guardrail End, 29 Cable Barrier, 30 Concrete Traffic Barrier, 31 Other Traffic Barrier, 32 Tree (standing), 33 Utility Pole/Light Support, 34 Traffic Sign Support, 35 Traffic Signal Support, 36 Other Post, Pole, or Support, 37 Fence, 38 Mailbox, 39 Other Fixed Object (wall, building, tunnel, etc.)

Emergency Vehicle Use — 1

1 No, 2 Yes, 88 Unknown

Roadway Grade — 1

1 Level, 2 Hillcrest, 3 Uphill, 4 Downhill, 5 Sag (bottom)

Roadway Alignment — 1

1 Straight, 2 Curve Right, 3 Curve Left

Vehicle Maneuver Action — 1

1 Straight Ahead, 3 Turning Left, 4 Backing, 5 Turning Right, 6 Changing Lanes, 8 Parked, 10 Making U-Turn, 11 Overtaking/ Passing, 13 Stopped in Traffic, 14 Slowing, 15 Negotiating a Curve, 16 Leaving Traffic Lane, 17 Entering Traffic Lane, 77 Other, Explain in Narrative, 88 Unknown

Traffic Control Device For This Vehicle — 5

1 No Controls, 4 School Zone Sign/ Device, 5 Traffic Control Signal, 6 Stop Sign, 7 Yield Sign, 8 Flashing Signal, 9 Railway Crossing Device, 10 Person (including Flagman, Officer, Guard, etc.), 13 Warning Sign, 77 Other, Explain in Narrative, 88 Unknown

Vehicle Defects — 1 / 1

1 None, 2 Brakes, 3 Tires, 4 Lights (head, signal, tail), 6 Steering, 7 Wipers, 9 Exhaust System, 10 Body, Doors, 11 Power Train, 12 Suspension, 13 Wheels, 14 Windows/ Windshield, 15 Mirrors, 16 Truck Coupling/ Trailer Hitch/ Safety Chains, 77 Other, Explain in Narrative, 88 Unknown

Special Function of Motor Vehicle — 1

1 No Special Function, 2 Farm Vehicle, 3 Police, 7 Taxi, 8 Military, 9 Ambulance, 10 Fire Truck, 11 Farm Labor Transport, 12 School Bus, 13 Transit/Commuter Bus, 14 Intercity Bus, 15 Charter/Tour Bus, 16 Shuttle Bus, 17 Farm Labor Bus, 88 Unknown

VIOLATIONS

PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER

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SCANNED SEP 11 2016

PERSON # 2	REPORTING AGENCY CASE NUMBER	HSMV CRASH REPORT NUMBER
	16125525	81457021

1 Driver 2 Non-Motorist 3 Passenger	VEHICLE #	NAME	PHONE NUMBER	Check if Recommend Driver Re-exam
1	2	SUE BETH SCHOLSOHN	561-703-7639	

CURRENT ADDRESS (Number and Street)	CITY & STATE	ZIP CODE
17809 SOUTHWICK WAY	BOCA RATON FL	33498

DATE OF BIRTH	SEX 1 Male 2 Female 88 Unknown	DRIVER LICENSE NUMBER	STATE	EXPIRES	INJURY SEVERITY (INJ) 1 None 2 Possible 3 Non-Incapacitating 4 Incapacitating 5 Fatal (within 30 days) 6 Non-Traffic Fatality
08/01/1952	2	S425782527810	FL	08/01/2017	

DRIVER

DL Type: 5 (1 A 2 B 3 C 4 D/Chauffeur 5 E/Operator 6 E/Oper - Rest 7 None)

Required Endorsements: 3 (1 Yes 2 No 3 No Req. Endorsement)

Driver Distracted By: 1 (1 Not Distracted 2 Electronic Communication Devices (cell phone, etc.) 3 Other Electronic Device (navigation device, DVD player) 4 Other Inside the Vehicle (explain in narrative) 5 External Distraction (outside the vehicle, explain in narrative) 6 Texting 7 Inattentive 88 Unknown)

Driver Vision Obstructions: 1 (1 Vision Not Obscured 2 Inclement Weather 3 Parked/Stopped Vehicle 4 Trees/Crops/Bushes 5 Load on Vehicle 6 Building/Fixed Object 7 Signs/Billboards 8 Fog 9 Smoke 10 Glare 77 All Other, Explain in Narrative)

Driver's Actions at Time of Crash: 1st: 1; 2nd: ; 3rd: ; 4th:
1 No Contributing Action 2 Operated MV in Careless or Negligent Manner 3 Failed to Yield Right-of- Way 4 Improper Backing 6 Improper Turn 10 Followed too Closely 11 Ran Red Light 12 Drove too Fast for Conditions 13 Ran Stop Sign 15 Improper Passing 17 Exceeded Posted Speed 21 Wrong Side or Wrong Way 25 Failed to Keep in Proper Lane 26 Ran off Roadway 27 Disregarded other Traffic Sign 28 Disregarded Other Road Markings 29 Over-Correcting/Over-Steering 30 Swerved or Avoided : Due to Wind, Slippery Surface, MV, Object, Non-Motorist in Roadway, etc. 31 Operated MV in Erratic, Reckless or Aggressive Manner 77 Other Contributing Action

Condition At Time of Crash: 1 (1 Apparently Normal 3 Asleep or Fatigued 5 Ill (sick) or Fainted 6 Seizure, Epilepsy, Blackout 7 Physically Impaired 8 Emotional (depression, angry, disturbed, etc.) 9 Under the Influence of Medications/Drugs/Alcohol 77 Other, Explain in Narrative 88 Unknown)

DRIVER OR PASSENGER

Motor Vehicle Seating Position: LOCATION (LOC): SEAT 1, ROW 1, OTHER 1

Seat: 1 Left 2 Middle 3 Right 77 Other (explain in narrative) 88 Unknown
Row: 1 Front 2 Second 3 Third 4 Fourth 77 Other Row 88 Unknown
Other: 1 Not Applicable 2 Sleeper Section of Truck Cab 3 Other Enclosed Cargo Area 4 Unenclosed Cargo Area 5 Trailing Unit 6 Riding on Motor Vehicle Exterior (non-trailing unit) 88 Unknown

Ejection (EJECT): 4 (1 Not Ejected 2 Ejected, Totally 3 Ejected, Partially 4 Not Applicable 88 Unknown)

DRIVER OR PASSENGER

Helmet Use (HU): 3 (1 DOT-Compliant Motorcycle Helmet 2 Other Helmet 3 No Helmet)

Eye Protection (EP): 3 (1 Yes 2 No 3 Not Applicable)

Air Bag Deployed (ABD): 2 (1 Not Applicable 2 Not Deployed 3 Deployed-Front 4 Deployed-Side 5 Deployed-Other (knee, air belt, etc.) 6 Deployed-Combination 7 Deployed-Curtain 88 Deployment Unknown)

Restraint Systems (RS): 3 (1 Not Applicable 2 None Used - Motor Vehicle Occupant 3 Shoulder and Lap Belt Used 4 Shoulder Belt Only Used 5 Lap Belt Only Used 6 Restraint Used - Type Unknown 7 Child Restraint System - Forward Facing 8 Child Restraint System - Rear Facing 9 Booster Seat 10 Child Restraint Type Unknown 77 Other, Explain in Narrative)

NON-MOTORIST

Non-Motorist Description: (1 Pedestrian 2 Other Pedestrian (wheelchair, person in a building, skater, pedestrian conveyance, etc.) 3 Bicyclist 4 Other Cyclist 5 Occupant of Motor Vehicle Not in Transport (parked, etc.) 6 Occupant of a Non-Motor Vehicle Transportation Device 7 Unknown Type of Non-Motorist)

Non-Motorist Location At Time of Crash: (1 Intersection - Marked Crosswalk 2 Intersection - Unmarked Crosswalk 3 Intersection – Other 4 Midblock - Marked Crosswalk 5 Travel Lane - Other Location 6 Bicycle Lane 7 Shoulder/Roadside 8 Sidewalk 9 Median/Crossing Island 10 Driveway Access 11 Shared-Use Path or Trail 12 Non-Trafficway Area 77 Other, Explain in Narrative 88 Unknown)

Action Prior to Crash: (1 Crossing Roadway 2 Waiting to Cross Roadway 3 Walking/Cycling Along Roadway with Traffic (in or adjacent to travel lane) 4 Walking/Cycling Along Roadway Against Traffic (in or adjacent to travel lane) 5 Walking/Cycling on Sidewalk 6 In Roadway – Other (working, playing, etc.) 7 Adjacent to Roadway (e.g., shoulder, median) 8 Going to or from School (K-12) 9 Working in Trafficway (incident response) 10 None 77 Other, Explain in Narrative 88 Unknown)

Safety Equipment: (1 None 2 Helmet 3 Protective Pads Used (elbows, knees, shins, etc.) 4 Reflective Clothing (jacket, backpack, etc.) 5 Lighting 6 Not Applicable 77 Other, Explain in Narrative 88 Unknown)

Non-Motorist Actions/Circumstances: 1st: ; 2nd:
(1 No Improper Action 2 Dart/Dash 3 Failure to Yield Right-of-Way 4 Failure to Obey Traffic Signs, Signals, or Officer 5 In Roadway Improperly (standing, lying, working, playing) 6 Disabled Vehicle Related (working on, pushing, leaving/approaching) 7 Entering/Exiting Parked/Standing Vehicle 8 Inattentive (talking, eating, etc) 9 Not Visible (dark clothing, no lighting, etc.) 10 Improper Turn/Merge 11 Improper Passing 12 Wrong-Way Riding or Walking 77 Other, Explain in Narrative 88 Unknown)

ALCOHOL/DRUG/EMS

SUSPECTED ALCOHOL USE: 1 No 2 Yes 88 Unknown	ALCOHOL TESTED: 1 Test Not Given 2 Test Refused 3 Test Given 88 Unknown, if Tested	ALCOHOL TEST TYPE: 1 Blood 2 Breath 3 Urine 77 Other, Explain in Narrative	ALCOHOL TEST RESULT: 1 Pending 2 Completed 88 Unknown	BAC	SUSPECTED DRUG USE: 1 No 2 Yes 88 Unknown	DRUG TESTED: 1 Test Not Given 2 Test Refused 3 Test Given 88 Unknown, if Tested	DRUG TEST TYPE: 1 Blood 3 Urine 77 Other, Explain in Narrative	DRUG TEST RESULT: 1 Positive 2 Negative 3 Pending 88 Unknown
1					1			

SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown	EMS AGENCY NAME OR ID	EMS RUN NUMBER	MEDICAL FACILITY TRANSPORTED TO
2	PALM BEACH COUNY FIRE RESCUE	16-094461	WEST BOCA COMMUNITY HOSP

ADDITIONAL PASSENGERS

PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INJ	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS

CURRENT ADDRESS (Number and Street)	CITY & STATE	ZIP CODE

SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown	EMS AGENCY NAME OR ID	EMS RUN NUMBER	MEDICAL FACILITY TRANSPORTED TO

PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INJ	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS

CURRENT ADDRESS (Number and Street)	CITY & STATE	ZIP CODE

SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown	EMS AGENCY NAME OR ID	EMS RUN NUMBER	MEDICAL FACILITY TRANSPORTED TO

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SCANNED SEP 1 1 2016

NARRATIVE

REPORTING AGENCY CASE NUMBER	HSMV CRASH REPORT NUMBER
16125525	81457021

V-1 AND V-2 BOTH TRAVELING NORTH BOUND STATE ROAD APPROACHING SW 3 STREET. D-1 STATED THAT V-2 SUDDENLY STOPPED IN THE TRAVEL LANE. D-1 STATED THAT SHE ATTEMPTED TO STOP BUT COULD NOT. V-1 STRUCK V-2 FRONT TO REAR CAUSING MINOR DAMAGE TO V-2. D-2 STATED SHE WAS TRAVELING NORTH BOUND ON STATE ROAD 7 IN THE #3 LANE. D-2 STATED THAT V-1 RAN INTO THE BACK OF HER VEHICLE WHILE SHE WAS STILL MOVING IN THE TRAVEL LANE. D-2 STATED SHE NEVER STOPPED IN THE TRAVEL LANE AS D-1 REPORTED. D-2 STATED THAT SHE FOLLOWED V-1 ONTO SW 3RD STREET WHERE BOTH VEHICLES PULLED INTO THE RIGHT SHOULDER.

D-2 WAS TRANSPORTED TO WEST BOCA COMMUNITY HOSP BY PALM BEACH COUNTY RESCUE #51 COMPLAINING OF NECK PAIN. D-1 DENIED ANY INJURY FROM THE CRASH.

WHILE COMPLETING MY INVESTIGATION, I WAS SPEAKING WITH D-1. I OBSERVED HER STANDING SWAYING SIDE TO SIDE. D-1 ALSO WOULD SLUR HER WORDS WHEN SPEAKING WITH ME. I ASKED D-1 WHERE SHE WAS COMING FROM, WHICH SHE STATED BREWS ROOM. D-1 ALSO ADMITTED TO HAVING 1 BEER. I REQUESTED DEPUTY POINTU TO RESPOND TO CONDUCT A DUI INVSTIGATION. I DID NOT ASK D-1 ANY FURTHER QUESTIONS AT THAT POINT.

V-1 WAS TOWED FROM THE SCENE BY ATLANTIC TOWING DUE TO D-1 BEING PLACED UNDER ARREST.

THIS ENDS MY INVESTIGATION OF THIS INCIDENT.

NOT A CERTIFIED COPY

ADDITIONAL PASSENGERS

PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INJ	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS

CURRENT ADDRESS (Number and Street)	CITY & STATE	ZIP CODE

SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown	EMS AGENCY NAME OR ID	EMS RUN NUMBER	MEDICAL FACILITY TRANSPORTED TO

PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INJ	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS

CURRENT ADDRESS (Number and Street)	CITY & STATE	ZIP CODE

SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown	EMS AGENCY NAME OR ID	EMS RUN NUMBER	MEDICAL FACILITY TRANSPORTED TO

ADDITIONAL VIOLATIONS

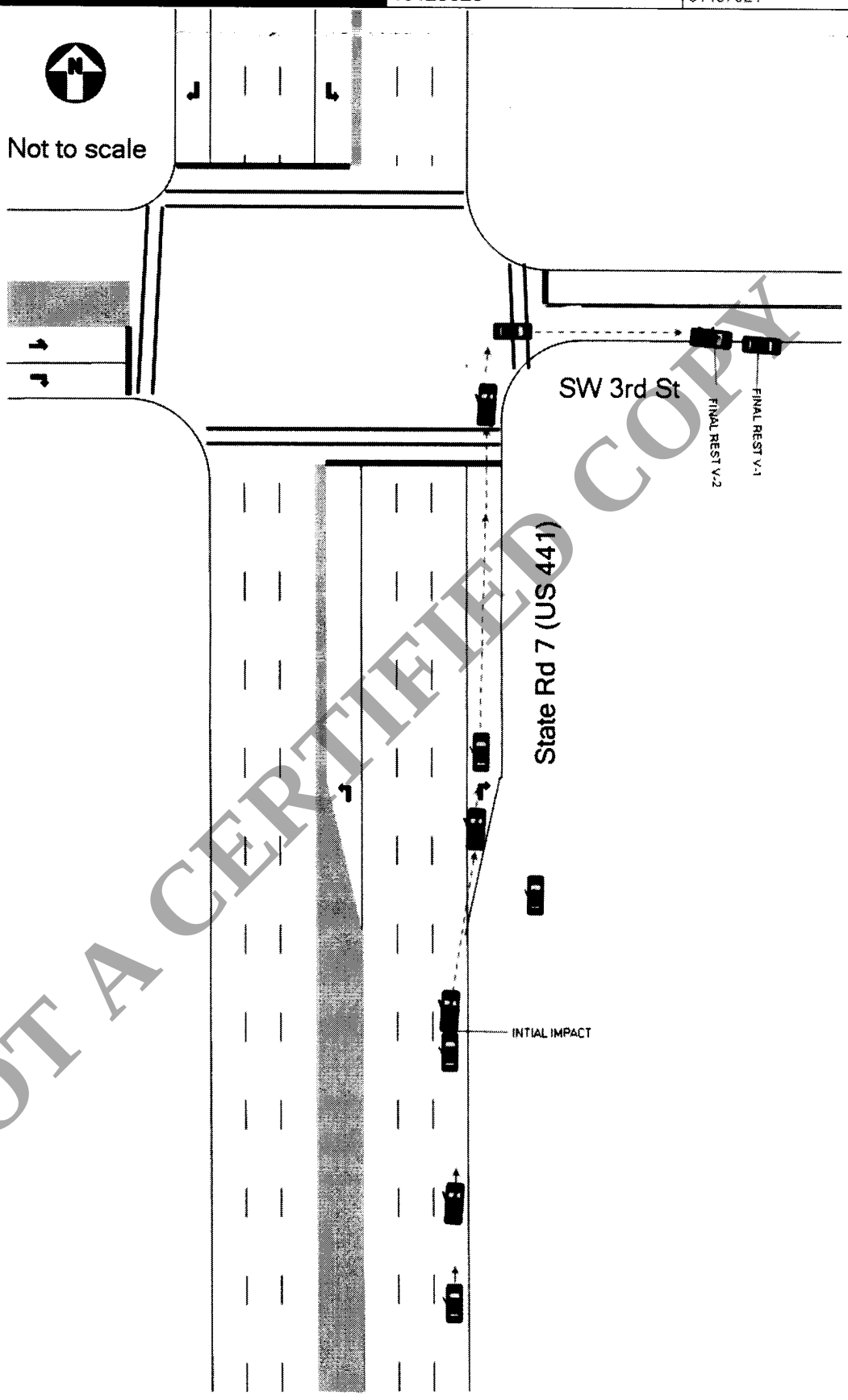
PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER
PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER

REPORTING OFFICER

ID/BADGE NUMBER	RANK & NAME	DEPARTMENT	FHP	SO	PD	OTHER
24099	D/S D.BALOCIK	PALM BEACH COUNTY	☐	☒	☐	☐

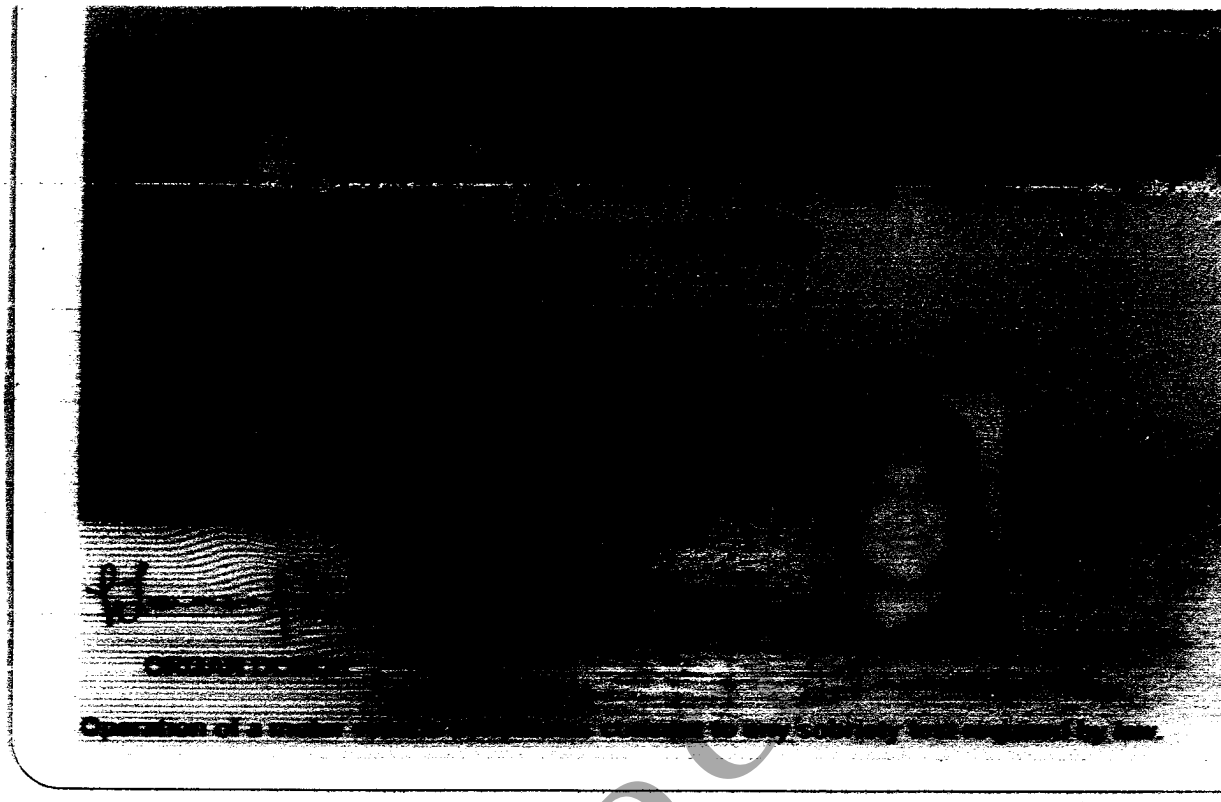
SCANNED
SEP 11 2016

DIAGRAM	REPORTING AGENCY CASE NUMBER	HSMV CRASH REPORT NUMBER
	16125525	81457021



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SEP 1 1 2016



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SCANNED
SEP 1 1 2016

TESTING FACILITY TASK REPORT

AGENCY: PBSO

SUBJECT: Hunter [illegible] L CASE NUMBER: 16-125531

DATE: 9/11/16 VIDEO TAPE NUMBER: 61365

BEGINNING TIME: 0002 ENDING TIME: 0017

BREATH TESTS RESULTS: 1) .214 TIME 0011 A.M./P.M. 2) .217 TIME 0013 A.M./P.M.

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

BREATH OPERATOR: [illegible]

MAINTENANCE TECHNICIAN: [illegible]

TESTING OFFICER'S OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Calm

CLOTHING: Black and Grey

MEDICAL CONDITIONS: [illegible]

MEDICATIONS: Plavix [illegible]

OTHER: Denies

COMMENTS: [illegible]

NOT A CERTIFIED COPY

SCANNED
SEP 11 2016

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

PBSO #0129A REV.11/02

SUBJECT: _____ CASE NUMBER: _____

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)_____

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CONSTITUTIONAL WARNINGS

I AM REQUIRED TO WARN YOU BEFORE YOU MAKE ANY STATEMENTS THAT YOU HAVE THE FOLLOWING RIGHTS:

1. You have the right to remain silent and not answer any questions.
2. Any statement must be freely and voluntarily given.
3. You have the right to the presence of a lawyer of your choice before you make any statement and during any questioning.
4. If you cannot afford a lawyer, you are entitled to the presence of a court appointed lawyer before you make any statements and during any questioning.
5. If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent.
6. I can make no threats or promises to induce you to make a statement. This must be of your own free will.
7. Any statement can and will be used against you in a court of law.

SCANNED
SEP 1 1 2016

SUSPECT'S SIGNATURE: (X)_____

SUBJECT: _____ CASE NUMBER: _____

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: _____

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SEP 11 2016

WITNESS LIST

CASE NUMBER: 16-125531

ARRESTING OFFICER: D/S POINTU P.

ADDRESS: Palm Beach County Sheriff's Office - 3228 Gun Club Rd - West Palm Beach, FL 33406

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

CAN TESTIFY TO: see report

NAME: D/S Balocik

ADDRESS: Palm Beach County Sheriff's Office - 3228 Gun Club Rd - West Palm Beach, FL 33406

PHONE NUMBERS (HOME) 0 (WORK) (561) 688 3000

CAN TESTIFY TO: crash investigation, personal contact with suspect

NAME: Scholsohn, Sue, Beth

ADDRESS 17809 Southwick Way, Boca Raton, FL 33498

PHONE NUMBERS (HOME) 0 (WORK) (561) 703 7639

CAN TESTIFY TO: wheel witness

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: _____

NAME: _____

ADDRESS _____

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CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NOT A CERTIFIED COPY

SCANNED
SEP 1 1 2016