

17CF4181 0487454 NH 3869

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

1

Juvenile

N

ADMINISTRATIVE	OBTS Number		Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-17-070062		
	Charge Type: Check as many as apply. <input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony		<input type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Weapon Seized / Type 2. 1. Yes N/A 2. No		
	Location of Arrest (Including Name of Business) 45TH STREET / N AUSTRALIAN AVE MP		Location of Offense (Business Name, Address) 45TH STREET / N AUSTRALIAN AVE MP		Multiple Clearance Indicator 03				
	Date of Arrest 4/27/2017	Time of Arrest 2018HRS	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle N/A		
DEFENDANT	Name (Last, First, Middle) AYER, SARA								
	Alias (Name, DOB, Soc. Sec. #, Etc.)								
	Race W - White I - American Indian B - Black O - Oriental/Asian W	Sex F	Date of Birth 5/30/1991	Height 5'02	Weight 150	Eye Color GREEN	Hair Color BROWN	Complexion LIGHT	Build SLIM
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) TATTOO ON LOWER BACK (LUCKY 4 ACES) TATTO LEFT SHOULDER (I LOVE YOU DAD)				Marital Status N/A	Religion NONE	Indication of: Alcohol Influence Drug Influence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk.		
	Local Address (Street, Apt. Number) (City) (State) (Zip) 15553 KEY LINE BLVD, LOXAHATCHEE, FL, 33470				Phone (561) 721-5772		Residence Type: 1. City 2. County 3. Florida 4. Out of State 2		
	Permanent Address (Street, Apt. Number) (City) (State) (Zip) 15553 KEY LINE BLVD, LOXAHATCHEE, FL, 33470				Phone (561) 721-5772		Address Source VERBAL		
	Business Address (Name, Street) (City) (State) (Zip)				Phone ()		Occupation MANAGER		
	D/L Number, State A600-781-91-690-0, FL		Soc. Sec. Number [REDACTED]		INS Number		Place of Birth (City, State) HOUSTON, TX		
	Citizenship US								
	CO-DEF	Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile
Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile		
JUVENILE	Parent Name (Last) (First) (Middle) [REDACTED]				Residence Phone ()				
	Legal Custodian [REDACTED]				Business Phone ()				
	Address (Street, Apt. Number) (City) (State) (Zip) [REDACTED]								
	Notified by: (Name) (Date) (Time) [REDACTED]				Juvenile Disposition 1. Handled/processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated				
	Released To: (Name) Relationship [REDACTED]				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				
CHARGE	Property Owned? <input type="checkbox"/> Yes <input type="checkbox"/> No				Description of Property				
	Value of Property								
	Drug Activity N. N/A P. Possess				S. Sell B. Buy T. Traffic				
	R. Smuggle D. Deliver E. Use				K. Dispense/ Distribute				
CHARGE	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 DRIVING UNDER THE INFLUENCE				Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 316.193(4)		
	Drug Activity N				Drug Type N	Amount / Unit /	Offense # 17-070062	Warrant / Capias Number /	
	Bond								
	Charge Description DUI CRASH WITH MINOR DAMAGE				Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 316.193(3)(C)(1)		
CHARGE	Drug Activity N				Drug Type N	Amount / Unit /	Offense # 17-070062	Warrant / Capias Number /	
	Bond								
	Charge Description TAMPERING WITH EVIDENCE				Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 918.13(1)		
	Drug Activity N				Drug Type N	Amount / Unit /	Offense # 17-070062	Warrant / Capias Number /	
CHARGE	Bond								
	Charge Description				Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		
	Drug Activity				Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	
	Bond								
NOTICE TO APPEAR	Location (Court, Room Number, Address) NORTH COUNTY COURTHOUSE / 3188 PGA BLVD, PALM BEACH GARDENS, FL 33410								
	Court Date and Time Month MAY Day 24TH Year 2017 Time 0830 AM <input checked="" type="checkbox"/> 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) [REDACTED]				Date Signed				
ADMIN	HOLD for other Agency Name:				Signature of Arresting Officer [REDACTED]		Name Verification (Printed by Arrestee) [REDACTED]		
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:				Name of Arresting Officer (Print) D/S P SCARLOZZI #21289		I.D. # 21289		
	Intake Deputy [REDACTED]				Transporting Officer SAME		ID # [REDACTED]		
	Pouch #				Agency PBSO		Witness here if subject signed with an "X" 1 OF 1		

SCANNER

APR 28 2017

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 27th DAY OF April 20 17, AT 1947 AM ☒ PM

SUBJECT: AYER, SARA CASE NUMBER: 17-070062

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: D/S P SCARTOZZI #21289

PERSONAL CONTACT

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

(PBSO CRASH CASE NUMBER 17-070060). On 4/27/2017 at approximately 1948 hours I was dispatched to investigate a motor vehicle crash that occurred in the area of 45th street and Australian Ave, Mangonia Park, FL, 33407 in the city of Mangonia Park. I was driving my marked patrol vehicle asset number 68559 and wearing my Palm Beach County Sheriff's office issued class B uniform. Prior to my arrival I was provided with the following information. An unknown female called 911 from 561-667-3233 to report there was a vehicle accident at the above listed location. The complainant advised that a black vehicle bumped into a white sedan and both vehicles pulled into the plaza just west of this intersection on the north side of 45th street. The unknown caller also advised the dispatcher that the driver of the black SUV was possible under the influence of alcohol and or a controlled substance. The final stopping location for the suspect vehicle was in the parking lot of the Presidente supermarket parking lot. Upon arrival I noticed a black in color SUV bearing Florida license plate number L793QD parked in the parking lot facing south. I then approached D/S Ross who was the first Deputy on the scene and he advised me of the following. Three independent witnesses they a crash and identified the driver of the suspect vehicle as a white female wearing a Grey shirt and blue jean shorts. The first witness of the crash was identified as Arther Murphy, Murphy provided a sworn witness statement which is attached however a brief summary of what he witnessed is as follows. Murphy was driving behind the white BMW and a black SUV when he noticed the black SUV side swiped the passenger side of the white BMW, causing the white BMW to strike the center median. The black SUV then drove into the supermarket parking lot. Murphy witnessed the driver Sara Ayer get out of the vehicle along with her passengers and start throwing beer cans out of the vehicle.

OBSERVATION OF DRIVER:

Murphy described the driver as a white female with long black hair, black shirt and blue jean shorts. After making contact with Sara I noticed she was a white female with long black hair, dark grey shirt and blue jean pants. The next witness was a person by the name of Karim Billingslea who provided a sworn witness statement which is attached. A brief summary of what he witnessed is as follows. Karim was heading west on 45th street sitting next to a driver of a black SUV, the driver had her door open spitting or vomiting. Karim witnessed the driver of the black SUV side swipe the white BMW and then pull into the supermarket parking lot. Karim followed the vehicle into the parking lot and described the driver as a white female with long black hair wearing a black shirt and blue jeans. After gathering this information I approached the female driver of the vehicle, she was sitting on the ground next to her vehicle. When I approached her I noticed she was a younger white female with long black hair, wearing a dark grey shirt and blue jean pants. This female was identified by Florida driver's license as Sara Ayer. It should be noted that at the time of the crash there were two other females in the vehicle. neither of which matched the description or was pointed out as the driver of the vehicle by the witnesses. Immediately upon making contact with Ayer I noticed the strong odor of an unknown alcoholic beverage emitting from her breath area, her speech was slow, thick, slurred and sometimes difficult to understand, her eyes were blood shot and watery, her manual dexterity was very slow when I asked her to stand up and walk toward my patrol vehicle. I asked her who was driving and she advised someone else was but that person had fled the scene. When I asked what that persons name was Ayer advised she didnt know. I then asked Ayer to stand up and walk toward my patrol vehicle. When doing so she used the side of her vehicle for support and balance while standing.

DRIVER'S STATEMENTS:

As she was walking toward my patrol vehicle I noticed she would stumble slightly but didnt fall down. I asked her to walk toward the front of my patrol vehicle, when she reached the front of my car she began to walk toward the rear of my car however I corrected her and asked her to stand at the front of my vehicle. I informed her that she was witnessed by three people who all advised that she was the driver of the vehicle at the time of the crash. She still denied being the driver and it was at this point that I advised her that I was concluded with my crash investigation and I was now going to start a criminal DUI investigation. I advised her of her Miranda right which I read to her from a pre printed card issued by PBSO. After reading her rights I asked if she understood and she advised yes. I then asked if her if she was going to perform road side tasks and she advised she would. She kept denying that she was driving the vehicle and I reiterated that I had three independent witnesses who saw her in actual physical control of the motor vehicle and they also saw her disposing of the alcohol evidence which was in the car.

ODORS:

She then admitted that post Miranda that she drove the car into the parking lot after the crash but she was not the one driving at the time of the crash. A strong and obvious odor of an unknown alcoholic beverage was emitting from her person and face area. This odor intensified as she spoke with me.

GENERAL OBSERVATIONS

SPEECH: Slow, Thick, Slurred, difficult to understand, heavy odor of unknown alcoholic beverage emitting from breath

ATTITUDE: Cooperative

CLOTHING: Dark grey shirt, blue jean pants, white shoes.

MEDICAL/OTHER: The driver denied any medical conditions, physical disabilities, injuries and medication use and or use of recreational drugs.

STATE OF FLORIDA
COUNTY OF PALM BEACH

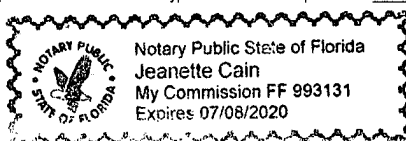
D/S P SCARTOZZI #21289

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 27th day of April 20 17 by D/S P SCARTOZZI #21289

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

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



SUBJECT: AYER, SARACASE NUMBER 17-070062

ROADSIDE TASKS

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

Other Observations:

She was instructed to stand with her feet and toes together with her arms at her sides. While in this position she would sway roughly in a side to side front to back pattern. She was then asked if she could identify the color of the stimulus I placed in front of her eyes. She was then asked to touch the tip of the stylus with her right index finger to properly identify the point to be tracked. When I gave her the command to touch the pen she brought her hand up and touch the light with the middle portion of her right index finger which was not what I instructed her to do.

WALK & TURN:

I then moved to the pen light task. She was asked to stand with her heels and toes together and her arms at her sides. While standing here she would sway in a side to side back to front manner. During the horizontal gaze Nystagmus (HGN) task the drivers eyes displayed equal pupil size and equal tracking. The driver's eyes displayed lack of smooth pursuit, distinct and sustained Nystagmus at maximum deviation and distinct and sustained Nystagmus prior to 45 degrees. During the Vertical gaze Nystagmus (VGN) task the drivers eyes displayed equal pupil size and equal tracking. The driver's eyes displayed lack of smooth pursuit, distinct Nystagmus when looking all the way up / all the way down. The driver's eyes also displayed onset of Nystagmus prior to 45 degrees when looking all the way up / all the way down. I then moved to the walk and turn task She was asked to place her left foot on the ground with her right foot directly in front of it, then place her arms at her sides and stay in this position while I demonstrated this task. She would sway roughly, in a side to side, front to back pattern throughout the demonstration phase. She could not maintain her balance while listening to instructions and stepped out of the stance during the demonstration to catch her balance. She started the task before being instructed. She would stop walking to steady herself with pauses to regain her balance. On the first set of heel to toe steps she missed steps one through nine and stepped off the line, using her arms for balance by raising them more than six inches.

ONE LEG STAND:

On the second set of heel to toe steps she missed steps one through nine and stepped off the line, using her arms for balance by raising them more than six inches. She performed the incorrect number of steps. She performed the turn other than the way it was demonstrated. I then moved to the one leg stand task. She was asked to stand with her feet and toes together with her arms at her sides and stay in this position while I demonstrate this task. She would sway roughly, in a side to side, front to back pattern throughout the demonstration phase. She could not maintain her balance while listening to instructions and stepped out of the stance during the demonstration to catch her balance. She started the task before being instructed. She continued to sway while balancing on one leg. She used his arms for balance by raising them more than six inches from her sides. She started hopping in an attempt to maintain her balance. She put his foot down to regain her balance at numerous times before the thirty seconds had elapsed. She put his foot down three times all before counting to thirty seconds, thusly not being able to complete the task.

FINGER TO NOSE:

I then moved to the finger to nose task. She was asked to stand with her feet and toes together. She was then instructed to make a first with both hands and extend both her index fingers. She was then asked to placed her hands down to her sides and remain in this position while I demonstrated this task. I demonstrated the proper instruction position. She would sway roughly in a side to side, front to back pattern throughout the demonstration phase. She did not keep his eyes closed and had to be reminded numerous times to do so. She failed to return her arms down to her sides as instructed after touching her nose. Her index finger did not touch her nose. She used the hand other than that which was called. The sequence used for this task was L, R, L, R, R, L.

ROMBERG ALPHABET:

I then moved to the Romberg Alphabet task. She was asked to stand with her feet and toes together with his arms at her sides and stay in this position while I demonstrated this task. She chose to recite the alphabet. She chose to recite numbers, starting with the number 56 and counting in sequence until 96. She would sway roughly in a side to side, front to back pattern throughout the demonstration phase. She would not keep her eyes closed and had to be reminded numerous times to do so. She would sway more than 2 inches. She would use her arms for balance by raising them more than six inches. She incorrectly recited the alphabet. She incorrectly recited the number sequence. She was unable to perform the task.

BREATH TEST RESULTS: 1) .221

2) .198

3) .209

4)

STATE OF FLORIDA
COUNTY OF PALM BEACH

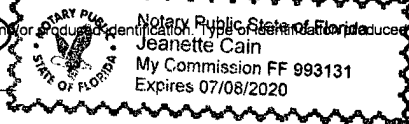
D/S P SCARTOZZI #21289

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 27th day of April 2017 by D/S P SCARTOZZI #21289

(Print name of Arresting/Investigative Officer) who is personally known to me and/or produces identification

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





☒ WITNESS ☐ VICTIM ☐ OTHER

CASE #: 17-07062	ZONE: 2-11	SUSPECT: SARA AYER	DATE & TIME OF ORIGINAL EVENT/OFFENSE: 4-27-2017 0147HRS
EVENT TYPE: CAR ACCIDENT		DEPUTY: SADWELL	ID#: 21289

LAST NAME: <u>Gorkhali</u>		FIRST NAME: <u>Tina</u>		MIDDLE INITIAL: <u>M</u>	RACE: <u>W</u>	SEX: <u>F</u>
DATE OF BIRTH: <u>10/04/70</u> (MM/DD/YYYY)		YOUR HEIGHT: <u>5'6"</u>	YOUR WEIGHT: <u>144</u>	YOUR HAIR COLOR: <u>Brown</u>		YOUR EYE COLOR: <u>Blue</u>
YOUR HOME ADDRESS: <u>2107 N. Dixie Hwy</u>		<input type="checkbox"/> CHECK IF HOMELESS		CITY: <u>WAB</u>	STATE: <u>FL</u>	ZIP: <u>33407</u>
YOUR WORK NAME & ADDRESS: <u>[Signature]</u>		<input type="checkbox"/> 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		
() <u>N/A</u>	() <u>N/A</u>	()				

YOUR NAME: Tina Gorkhali

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

1. The Black SUV hit the white car 2 times. The white car got pushed on to the median.

PAGE 1 OF 1

PAGE / OF /

READ AND SIGN

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

YOUR SIGNATURE: **X** 

X DEPUTY SHERIFF ☐ NOTARY PUBLIC FSS: 117.10
SWORN TO AND SUBSCRIBED BEFORE ME TODAY:
DATE: 4-27-2017 TIME: 2:10 HRS
SIGNATURE: _____ ID: _____

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

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 #: 17-07062	ZONE: 2-11	SUSPECT: SARA AYER	DATE & TIME OF ORIGINAL EVENT/OFFENSE: 4-27-2017 1947HRS
EVENT TYPE: DUI CRASH		DEPUTY: SCARLOZZI	ID#: 21289

COMPLETE EVERYTHING BELOW – PRINT LEGIBLY

LAST NAME: Murphy		FIRST NAME: Cather		MIDDLE INITIAL: G	RACE:	SEX:
DATE OF BIRTH: (MM/DD/YYYY) 3/15/86		YOUR HEIGHT: 6'3"	YOUR WEIGHT: 260	YOUR HAIR COLOR:		YOUR EYE COLOR:
YOUR HOME ADDRESS: 9311 Lily Bank Ct		<input type="checkbox"/> CHECK IF HOMELESS		CITY: Riviera Beach	STATE: FL	ZIP: 33407
YOUR WORK NAME & ADDRESS:		<input type="checkbox"/> CHECK IF UNEMPLOYED OR RETIRED		CITY:	STATE:	ZIP:
WORK PHONE: <input type="checkbox"/> CHECK IF NONE ()	CELL PHONE: <input type="checkbox"/> CHECK IF NONE 1305999-7488	HOME PHONE: <input type="checkbox"/> CHECK IF NONE ()	EMAIL: <input type="checkbox"/> CHECK IF NONE			

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

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

WAS Driving west bound on 45th ST, A white BMW was in front of me in the middle lane. A Black SUV saturn was in the right inside lane. The SUV cross over and side swiped the white BMW sedan. Causing the sedan to go over multiple lanes, over the median and into on coming traffic going east bound. The SUV came to a stop, then proceeded to the local Supermarket parking lot. The passengers and driver exited the vehicle and started throwing items out of the vehicle, such as cans and other items. The Driver was wearing blue jeans, Sandals, black shirt. Caucasian female, short with long dark hair.

PAGE ____ OF ____

READ AND SIGN

I SWEAR AND AFFIRM THIS AND/OR THE ATTACHED STATEMENTS ARE CORRECT AND TRUE:	<input type="checkbox"/> DEPUTY SHERIFF <input type="checkbox"/> NOTARY PUBLIC ...FSS: 117.10 SWORN TO AND SUBSCRIBED BEFORE ME TODAY: DATE: TIME: SIGNATURE: ID:
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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 INITIALING 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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WHITE - RECORDS COPY CANARY - STATE ATTORNEY COPY PINK - OFFICER'S COPY GOLD - WITNESS / VICTIM COPY

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

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☒ WITNESS ☐ VICTIM ☐ OTHER

CASE #: 17-070062	ZONE: 2-11	SUSPECT: SARA AYER	DATE & TIME OF ORIGINAL EVENT/OFFENSE: 4-27-2017 1947HRS
EVENT TYPE: DUI CRASH		DEPUTY: SCARTOZZI	ID#: 21289

COMPLETE EVERYTHING BELOW – PRINT LEGIBLY

LAST NAME: Billingslea		FIRST NAME: KARIM		MIDDLE INITIAL: B/K	RACE: M	SEX: M
DATE OF BIRTH: 08/31/1965 (MM/DD/YYYY)		YOUR HEIGHT: 6'0"	YOUR WEIGHT: 308	YOUR HAIR COLOR: B/K	YOUR EYE COLOR: Brown	
YOUR HOME ADDRESS: 5269 Fox Trac		<input type="checkbox"/> CHECK IF HOMELESS		CITY: WPB	STATE: FL	ZIP: 33417
YOUR WORK NAME & ADDRESS: Palm Beach School Board 7162 Gardens Rd		<input type="checkbox"/> CHECK IF UNEMPLOYED OR RETIRED		CITY: Riviera Beach	STATE: FL	ZIP: 33404
WORK PHONE: <input type="checkbox"/> CHECK IF NONE ()	CELL PHONE: <input type="checkbox"/> CHECK IF NONE (770) 334-5371	HOME PHONE: <input type="checkbox"/> CHECK IF NONE ()	EMAIL: <input type="checkbox"/> CHECK IF NONE			

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

YOUR NAME: Karim Billingslea	DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER...
<p>was heading west on 45 St sitting next to the driver of a Black SUV the driver had her door open Spitting or Vomiting I slow up the driver of the Black SUV cut in front of me swerve to the left hitting the white car follow the Driver into the parking lot the driver was a short lady with long black hair wearing a black shirt and blue jeans</p>	
<p><i>[Signature]</i></p>	
<p>PAGE <u>1</u> OF <u>1</u></p>	

READ AND SIGN

I SWEAR AND AFFIRM THIS AND/OR THE ATTACHED STATEMENTS ARE CORRECT AND TRUE:	<input checked="" type="checkbox"/> DEPUTY SHERIFF <input type="checkbox"/> NOTARY PUBLIC FSS: 117.10
YOUR SIGNATURE: Karim Billingslea	SWORN TO AND SUBSCRIBED BEFORE ME TODAY:
	DATE: 4-27-2017 TIME: 2101
	SIGNATURE: <i>[Signature]</i> ID: 21289

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

WITNESS LIST

CASE NUMBER: 17-070062

ARRESTING OFFICER: D/S P SCARTOZZI #21289

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

PHONE NUMBERS (HOME): 561-688-3000 (WORK) (561)688-4900

CAN TESTIFY TO: DUI INVESTIGATION

NAME: KARIM BILLINGSTEAD

ADDRESS: 5269 FOX TRACE, WEST PALM BEACH, FL, 33417

PHONE NUMBERS (HOME) 770-334-5371 (WORK) _____

CAN TESTIFY TO: ATTACHED WITNESS STATEMENT / WHEEL WITNESS

NAME: AURTHUR MURPHY

ADDRESS 9311 LILLY BANK COURT, RIVIERA BEACH, FL, 33407

PHONE NUMBERS (HOME) 305-494-7488 (WORK) _____

CAN TESTIFY TO: ATTACHED WITNESS STATEMENT / WHEEL 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) _____

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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: _____

**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: 80-006477 Software: 8100.27
Date of Test: 04/27/2017

Date of Last Agency Inspection: 04/21/2017
Observation Period Began: 20:40
Subject's Name: SARA A AYER

DOB: 05/30/1991 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	21:05
	Air Blank	0.000	21:05
	Control Test	0.080	21:05
	Air Blank	0.000	21:06
	Subject Sample #1	0.221	21:06
	Air Blank	0.000	21:07
	Air Blank	0.000	21:09
	Subject Sample #2	0.198	21:09
	Air Blank	0.000	21:10
	Air Blank	0.000	21:12
	Subject Sample #3	0.209	21:13
	Air Blank	0.000	21:13
	Control Test	0.080	21:14
	Air Blank	0.000	21:14
	Diagnostics Check	OK	21:14

Cylinder Lot: 20016080A1
Exp: 09/05/2018

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 JEANETTE CAIN, 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: Jeanette Cain Date: 04/27/17
Signature

Sworn to (or affirmed) before me this 27th day of APRIL, 2017

DS P. SCARTOZZI #21289
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.

TESTING FACILITY TASK REPORT

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AGENCY: PBSO

SUBJECT: AYIT, SARA ALATA CASE NUMBER: 17-070362

DATE: APRIL 27th, 2017 VIDEO TAPE NUMBER: 62530

BEGINNING TIME: 21:02 hrs. ENDING TIME: 21:16 hrs.

BREATH TESTS RESULTS: 1) .221 TIME 21:06 A.M./P.M. 2) .198 TIME 21:09 A.M./P.M.
 3) .209 TIME 21:13 A.M./P.M. 4) TIME A.M./P.M.

BREATH OPERATOR: J. GALT #2109

MAINTENANCE TECHNICIAN: J. KAPLAN #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: near line, slurred

ATTITUDE: angry, upset, sit, mood swings

CLOTHING: blue jeans, grey tee shirt, grey sneakers

MEDICAL CONDITIONS: eye issues

MEDICATIONS: nil

OTHER: brn, brn 25 YOA
1 br of unknown alcoholic beverage
Eyes: Red, glassy & watery

COMMENTS: Had makeup smeared on her face & eyes.
20 MIN. OBSERV DONE BY ARRESTING DS

Said yes to bft. Alata stated she wasn't drinking.

Blow state on 1st sample, Alata requested a 2nd sample -
no .02 argument.

Result: .221 to Δ.

Rights read/ refused to answer any questions

SUBJECT: AYER, SARA ALANA CASE NUMBER: 17-070062

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.

SUSPECT'S SIGNATURE: (X) READ OF CAMERA

SUBJECT: AYER, SARA ALANA CASE NUMBER: 17-070052

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: NO

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: _____

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL

Florida *The Sunshine State*



[Signature]
ORGAN DONOR



Operation of a motor vehicle constitutes consent to any sobriety test required by law.

CERTIFIED COPY