0513422 37 19CT23459NB

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

OBTS Number:

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

ADMINISTRATIVE

Agency ORI Number: FLO 502600
Agency Name: PALM BEACH GARDENS POLICE DEPARTMENT
Agency Report Number (N.T.A.'s only): 78- 19007442

ChargeType: 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:

Location of Arrest (Including Name of Business): MALL RD/PGA BLVD, PALM BEACH GARDENS, FL 33410
Location of Offense (Business Name, Address): PGA BLVD/MALL ROAD, PALM BEACH GARDENS, FL 33410

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
12/18/2019	22:40					KAUFF'S TOWING & RECOVERY 4301 East Avenue, West Palm Beach, FL 33405

DEFENDANT

Name (Last, First, Middle): CAPITANO, SHARON,
Alias (Name, DOB, Soc. Sec. #, Etc.): NONE

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	08/14/1963	508	175	GRN	BRO	LGT	MED

Scars, Marks, Tatoos, Unique Physcal Features (Location, Type, Description): NONE
Marital Status: WIDOWED
Religion: CATHOLIC
Indication of: Alcohol Influence — Y ☒ N ☐ Unk. ☐; Drug Influence — Y ☐ N ☒ Unk. ☐

Local Address (Street, Apt. Number) (City) (State) (Zip): 9306 MINORCA CIR #304, PALM BEACH GARDENS, FL 33418
Phone: (561) 946-5463
Residence Type: 1. City 2. County 3. Florida 4. Out of State: 1

Permanent Address (Street, Apt. Number) (City) (State) (Zip): 9306 MINORCA CIR #304, PALM BEACH GARDENS, FL 33418
Phone: ( )
Address Source: SELF

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

D/L Number, State: C05167030058636 NJ
Soc. Sec. Number: [redacted]
INS Number:
Place of Birth (City, State): NEWARK, NJ
Citizenship: USA

CO-DEF

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

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

JUVENILE

☐ Parent ☐ Legal Custodian ☐ Other: Name (Last) (First) (Middle) — 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 #
DUI - PROPERTY DAMAGE	1	☐Y ☒N	316.193(3)(C)(1)	

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

CHARGE

Charge Description — Counts — Domestic Violence ☐Y ☐N — Statute Violation Number — Violation of ORD #
Drug Activity — Drug Type — Amount / Unit — Offense # — Warrant / Capias Number — Bond

CHARGE

Charge Description — Counts — Domestic Violence ☐Y ☐N — Statute Violation Number — Violation of ORD #
Drug Activity — Drug Type — Amount / Unit — Offense # — Warrant / Capias Number — Bond

CHARGE

Charge Description — Counts — Domestic Violence ☐Y ☐N — Statute Violation Number — Violation of ORD #
Drug Activity — Drug Type — Amount / Unit — Offense # — Warrant / Capias Number — Bond

NOTICE TO APPEAR

Location (Court, Room Number, Address): NORTH COUNTY COURTHOUSE, 3188 PGA BOULEVARD, PALM BEACH GARDENS, FL 33410 - PH: (561) 662-6700

Court Date and Time: Month JANUARY Day 22 Year 2020 Time 10:00 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): [signature]
Date Signed: 12/18/2019

ADMIN

HOLD for other Agency Name:
☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other:
Signature of Arresting Officer: X [signature] 471
Name of Arresting Officer (Print): Ofc. Cameron Carver — I.D. #: #471
Name Verification (Printed by Arrestee): (PRINT)
Intake Deputy: [signature] I.D. #: 2022 — Pouch #:
Transporting Officer: Ofc. Cameron Carver — ID #: #471 — Agency: PBGPD
Witness here if subject signed with an "X"
DEC 19 2019
PAGE 1 OF 1

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

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 18 DAY OF DECEMBER 20 19, AT 2141 AM ✓ PM

SUBJECT: CAPITANO, SHARON, CASE NUMBER: 19007442

AGENCY: PALM BEACH GARDENS POLICE DEPT. ARRESTING OFFICER: Ofc. Cameron Carver #471

PERSONAL CONTACT

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

Dispatched to PGA Boulevard and Mall Road, in the City of Palm Beach Gardens in Palm Beach County, Florida, in reference to a motor vehicle crash. Upon arrival in my black and white marked "Palm Beach Gardens Police" vehicle I began my crash investigation when I made contact with Sharon Capitano, the driver of the of the white Ford Fusion bearing New Jersey license plate X60LXL. I made contact with Sandra Pendergrast-Tharp, the driver of the of the gray Honda Civic bearing Florida license plate GRFS09.

Pendergrast-Tharp provided a sworn-oral statement advising she was traveling westbound on PGA Boulevard and approached a red light. While stopped for a few moments, she noticed a vehicle approaching with bright white lights. Pendergrast-Tharp stated the vehicle did not stop and rear-ended her. Pendergrast-Tharp made contact with the driver, Capitano in her vehicle and awaited, for police to arrive. Pendergrast-Tharp suffered no injury. The Civic sustained minor damage to the right rear corner and was driven from the scene by Pendergrast-Tharp.

OBSERVATION OF DRIVER:

While interacting with Capitano I detected the faint odor of unknown alcohol emanating from her breath, and she spoke with a slur and mumbled. Capitano's eyes were bloodshot and watery. Capitano could not find her driver's license and had difficulty with providing proof of insurance. Capitano went to her passenger side of her vehicle to search for her license and while doing so she stumbled around the crash scene, having to use her vehicle to keep and maintain balance. Capitano stated she knew her license number and gave it to me, however provided me the incorrect number.

DRIVER'S STATEMENTS:

Post-Miranda, Capitano stated she was driving westbound and was behind Pendergrast-Tharp's vehicle when Pendergrast-Tharp came to an immediate stop on a yellow light. Capitano stated she had one glass of wine approximately 6 hours prior. I questioned Capitano about Hilton Garden Inn, to which she stated she was at earlier in the evening hanging out with a friend but was not impaired. Palm Beach Gardens Police Department received a call from an employee at Hilton Garden Inn at 3505 Kyoto Gardens Drive, Palm Beach Gardens in reference to Capitano being intoxicated and driving away from the hotel. The employee provided the New Jersey tag of X60LXL. The BOLO was broadcasted on the Gardens Main Channel. Capitano refused to perform the Standardized Field Sobriety Tasks (SFST's). Capitano was informed of her Taylor Warning, to which the Capitano again refused. Capitano stated she had a foot procedure where a callous was removed from her left foot earlier today. Capitano did not have her foot wrapped and I asked her to show me her foot. Capitano complied and the callous was still present.

ODORS:

Odor of unknown alcoholic beverage.

GENERAL OBSERVATIONS

SPEECH: **Slurred, Mumbled**

ATTITUDE: **Calm, Cooperative with crash investigation, Uncooperative with DUI investigation.**

CLOTHING: **Light Blue Shirt, Black Pants, Blue Jacket, black and brown flip flops.**

MEDICAL/OTHER: **Thyroid (Wellbutron), Zoloft (Depression), Anxiety (Alazopram)**

STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 18 day of DECEMBER 20 19 by Ofc. Cameron Carver

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

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

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

SUBJECT: CAPITANO, SHARON, CASE NUMBER 19007442

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:

Condition of Eyes: Watery and Bloodshot

WALK & TURN:

REFUSED

ONE LEG STAND:

REFUSED

BREATH TEST RESULTS: **REFUSED** **REFUSED**

STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 18 day of DECEMBER 2019 by Ofc. Cameron Carver

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

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

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

DEC 19 2019

19007442

STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES
AFFIDAVIT OF REFUSAL TO SUBMIT TO
BREATH AND/OR URINE TEST

I, **Ofc. Cameron Carver**, a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)

am a member of **Palm Beach Gardens Police Department**, and I do swear
(Name of law enforcement agency)

or affirm that on or about the **18** day of **DECEMBER**, 20 **19**, at **22:40** ☑ P.M ☐ A.M.

DRIVER **SHARON** **CAPITANO**,
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# **C05167030058636**, state of **NJ**, was placed under lawful arrest for

the offense of **DUI - PROPERTY DAMAGE** by **Ofc. Cameron Carver** and
(Name of Arresting Officer)

issued Citation # **A56H5VE**.

That on or about the **18** day of **DECEMBER**, 20 **19**, at **23:36** ☑ P.M ☐ A.M.

in **PALM BEACH** County,

I requested that the driver submit to a X **breath and/or** **urine** test to determine his or her blood alcohol level and/or the presence of chemical or controlled substances. I informed the driver that the refusal to submit to such test(s) would result in the suspension of his or her driving privilege for a period of one (1) year for a first refusal, or for a period of eighteen (18) months if his or her driving privilege had been previously suspended for refusing to submit to a breath, urine or blood test. I also informed the driver that he or she commits a misdemeanor by refusing to submit to a lawful test as requested above if his or her driving privilege has been previously suspended for refusal to submit to a lawful test of his or her breath, urine, or blood. Additionally, I informed the driver that if he or she holds a CDL, or was operating a CMV, refusal will result in the disqualification of the Commercial Driver's License/driving privilege for a period of one (1) year in the case of a first refusal or permanently if he or she has previously been disqualified as a result of a refusal to submit to any such lawful test. Nonetheless, the driver refused to submit to the test(s) requested.

Signature of Law Enforcement Officer or Correctional Officer

THE AFFIDAVIT MUST BE NOTARIZED OR ATTESTED TO (F.S. 117.10)

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

(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before me this **18** day of **DECEMBER**, 20 **19**, by **Ofc. Cameron Carver**, who is personally known to me or who has produced **Personally Known** as identification.

Notary Public

The foregoing instrument was sworn and subscribed before me:

Signature of Attesting Officer

Title

Date

Note: Mail or hand deliver to the designated Bureau of Administrative Reviews office, Department of Highway Safety and Motor Vehicles, with the driver's license, the appropriate copy of the UTC, and the probable cause affidavit.

HSMV-BAR1001 (REV. 10/2016)

DEC 19 2019

PALM BEACH COUNTY SHERIFF'S OFFICE
DUI TESTING FACILITY
INFORMATION SHEET

PBSO CASE # 19-150020 PBSO ZONE 3-13

AGENCY CASE # 19007442 CRASH CASE # 89412017

TIME OF STOP/CRASH 2141 DATE 12/18/2019 DAY WEDNESDAY

SUBJECT'S NAME CAPITANO SHARON (LAST FIRST MID) RACE W SEX F

HGT 508 WGT 175 DOB 08/14/1963

LOCATION MALL RD/PGA BLVD, PALM BEACH GARDENS, FL 33410

ARRESTING OFFICER'S NAME & ID Ofc. Cameron Carver #471 AGENCY PBGPD

DIVISION: Traffic Unit

NOTIFIED BY COMMO YES

ARRIVAL AT FACILITY 23:10

ARREST TIME 22:40

BREATH RESULTS:

REFUSED

BREATH TEST OPERATOR: 24520

TESTING FACILITY TASK REPORT

AGENCY: PBG/CARVER

SUBJECT: CAPITANO, SHARON

CASE NUMBER: 19-150020

DATE: Dec 18, 2019

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 2333

ENDING TIME: 2337

BREATH TESTS RESULTS: 1) R TIME 2336 A.M.☐ P.M.☒ 2) XX TIME XX A.M.☐ P.M.☐

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

BREATH OPERATOR: S. PALMER #24520

MAINTENANCE TECHNICAN: J Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: CALM, QUIET, DOZING OFF

CLOTHING: BLUE SHIRT, BLACK LEGGINGS, BROWN FLIP FLOPS

MEDICAL CONDITIONS: NONE

MEDICATIONS: ATIVAN, ZOLOFT, MELBUTRIN, MELTOPROL

OTHER:

EYES:GLASSY AND BLOODSHOT, UNSTEADY ON HER FEET

COMMENTS:

ARRESTING OFFICER CONDUCTED THE 20 MINUTE OBSERVATION BEGINNING AT 2310
SUBJECT REFUSED TO TAKE BREATH TEST
A/O READ AND EXPLAINED I/C
SUBJECT STATED SHE UNDERSTOOD I/C
AND AGAIN REFUSED TO TAKE BREATH TEST @ 2336
A/O READ RIGHTS AT SCENE AND AGAIN ON CAMERA
SUBJECT STATED SHE UNDERSTOOD HER RIGHTS
AND REFUSED QUESTIONING

SUBJECT: Capitano, Sharon CASE NUMBER: 19-007442

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 OFC. Carver #471 of the Palm Bch Gardens PD

If you fail to submit to the test I have requested of you, your privilege to operate a motor vehicle will be suspended for a period of one (1) year for a first refusal, or eighteen (18) months if your privilege has been previously suspended as a result of a refusal to submit to a lawful test of your breath, urine or blood. Additionally, if you refuse to submit to the test I have requested of you and if your driving privilege has been previously suspended for a prior refusal to submit to a lawful test of your breath, urine or blood, you will be committing a misdemeanor. Refusal to submit to the test I have requested of you is admissible into evidence in any criminal proceeding.

SUBJECT'S SIGNATURE: (X) Read on Camera

CONSTITUTIONAL WARNINGS

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

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

SUSPECT'S SIGNATURE: (X) Read on Camera (also @ scene)

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

SUBJECT: Capitano, Sharon CASE NUMBER: 19-007442

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: OFC. Carver #471

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

FLORIDA DRIVER EXCHANGE OF INFORMATION

CRASH DATE	TIME OF CRASH	REPORTING AGENCY CASE NUMBER	HSMV CRASH REPORT NUMBER
12/18/2019	9:41 PM	19007442	89412017

COUNTY OF CRASH	PLACE OR CITY OF CRASH	CRASH OCCURRED ON STREET, ROAD, HIGHWAY
PALM BEACH	PALM BEACH GARDENS ☒ Within City Limits	SR786 (PGA BLVD)

AT STREET ADDRESS #	OR	FEET	MILES	N	S	E	W	AT / FROM INTERSECTION WITH STREET, ROAD, HIGHWAY	OR FROM MILEPOST #
		25		☐	☐	☒	☐	MALL RD	

SECTION 1 ☒ VEHICLE ☐ NON-MOTORIST

YEAR	MAKE	STYLE/BODY TYPE	VEHICLE LICENSE NUMBER	STATE	VIN
2019	FOR	SUV	X60LXL	NJ	2FMPK4J9XKBC56012

INSURANCE COMPANY	INSURANCE POLICY NUMBER
GEICO	4113171476

NAME OF VEHICLE OWNER	CURRENT ADDRESS	CITY & STATE	ZIP CODE
SHARON CAPITANO	9306 MINORCA CIR 304	PALM BEACH GARDENS,	33418

NAME OF DRIVER/NON-MOTORIST	CURRENT ADDRESS	CITY & STATE	ZIP CODE
SHARON CAPITANO	9306 MINORCA CIR 304	PALM BEACH GARDENS,	33418

DRIVER LICENSE NUMBER	STATE	DL TYPE	SEX	DATE OF BIRTH	DRIVER/NON-MOTORIST PHONE NUMBER
C05167030058636	NJ	E	F	08/14/1963	(561) 946-5463

SECTION 2 ☒ VEHICLE ☐ NON-MOTORIST

YEAR	MAKE	STYLE/BODY TYPE	VEHICLE LICENSE NUMBER	STATE	VIN
2013	HOND	4DR	GRFS09	FL	19XFB2F58DE052847

INSURANCE COMPANY	INSURANCE POLICY NUMBER
PROGRESSIVE	12848964

NAME OF VEHICLE OWNER	CURRENT ADDRESS	CITY & STATE	ZIP CODE
SANDRA S. PENDERGRAST THARP	183 SW BECKER RD	PT ST LUCIE, FL	34953

NAME OF DRIVER/NON-MOTORIST	CURRENT ADDRESS	CITY & STATE	ZIP CODE
SANDRA S. PENDERGRAST THARP	183 SW BECKER RD	PT ST LUCIE, FL	34953

DRIVER LICENSE NUMBER	STATE	DL TYPE	SEX	DATE OF BIRTH	DRIVER/NON-MOTORIST PHONE NUMBER
P536797475451	FL	E	F	02/05/1947	(772) 485-6000

SECTION ☐ VEHICLE ☐ NON-MOTORIST

YEAR	MAKE	STYLE/BODY TYPE	VEHICLE LICENSE NUMBER	STATE	VIN

INSURANCE COMPANY	INSURANCE POLICY NUMBER

NAME OF VEHICLE OWNER	CURRENT ADDRESS	CITY & STATE	ZIP CODE

NAME OF DRIVER/NON-MOTORIST	CURRENT ADDRESS	CITY & STATE	ZIP CODE

DRIVER LICENSE NUMBER	STATE	DL TYPE	SEX	DATE OF BIRTH	DRIVER/NON-MOTORIST PHONE NUMBER

SECTION ☐ VEHICLE ☐ NON-MOTORIST

YEAR	MAKE	STYLE/BODY TYPE	VEHICLE LICENSE NUMBER	STATE	VIN

INSURANCE COMPANY	INSURANCE POLICY NUMBER

NAME OF VEHICLE OWNER	CURRENT ADDRESS	CITY & STATE	ZIP CODE

NAME OF DRIVER/NON-MOTORIST	CURRENT ADDRESS	CITY & STATE	ZIP CODE

DRIVER LICENSE NUMBER	STATE	DL TYPE	SEX	DATE OF BIRTH	DRIVER/NON-MOTORIST PHONE NUMBER

REPORTING OFFICER

ID/BADGE NUMBER	RANK & NAME	DEPARTMENT	FHP	SO	PD	OTHER
471	CAMERON CARVER	PALM BEACH GARDENS POLICE DEPARTMENT	☐	☐	☒	☐

WITNESS LIST

CASE NUMBER: 19007442

ARRESTING OFFICER: Ofc. Cameron Carver
ADDRESS: 10500 N. Military Trail, Palm Beach Gardens, FL 33410
PHONE NUMBERS (HOME): N/A (WORK) (561) 799-4445
CAN TESTIFY TO: Facts of Case

NAME: Ofc. Kristen Eriksson #496
ADDRESS: 10500 N. Military Trail, Palm Beach Gardens, FL 33410
PHONE NUMBERS (HOME) N/A (WORK) (561) 799-4445
CAN TESTIFY TO: SCENE SAFETY

NAME: Sandra Pendergrast-Tharp
ADDRESS 183 SW Becker Road, Port St. Lucie, FL 34953
PHONE NUMBERS (HOME) 772-485-6000 (WORK)
CAN TESTIFY TO: TRAFFIC CRASH

NAME:
ADDRESS
PHONE NUMBERS (HOME) (WORK)
CAN TESTIFY TO:

NAME:
ADDRESS
PHONE NUMBERS (HOME) (WORK)
CAN TESTIFY TO:

NAME:
ADDRESS
PHONE NUMBERS (HOME) (WORK)
CAN TESTIFY TO:

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CAN TESTIFY TO:

NAME:
ADDRESS
PHONE NUMBERS (HOME) (WORK)
CAN TESTIFY TO:

PALM BEACH COUNTY
SHERIFF'S OFFICE
Florida State Statute Exemption Sheet

Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	☐	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	☐	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	☐	119.071(4)(c)	Undercover personnel.	
	☐	119.071(2)(f)	Confidential informants (CIs).	
	☐	119.071(2)(e)	Confession.	
Public Info. Exemptions	☐	985.04(1)	Juvenile offender records.	
	☐	119.071(h)(i)	Assets of a crime victim.	
	☐	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	☐	394.4615(7)	Mental health information.	
	☐	119.071(4)(d)(2)(a)	Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)	☒	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	☐	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	☐	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	☐	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	☐			
	☐			
	☐			
	☐			
	☐			
Other	☐		Other:	
	☐		Other:	

REVIEW COMPLETED BY

Booking Number: 2019040377	**Date:** 12/19/2019
	Specialist Name/ID: B Evans / 23649