

043 9234

2052

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

OBTS Number		Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-18047179	
Charge Type: Check as many as apply: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony		<input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Weapon Seized / Type 1. Yes 2. No	
Location of Arrest (Including Name of Business) DIXIE HIGHWAY AND LANTANA ROAD. LANTANA FL. 33435				Location of Offense (Business Name, Address) DIXIE HIGHWAY, LANTANA ROAD. LANTANA, FL 33435			
Date of Arrest 03/07/18	Time of Arrest 1:30 PM	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle	
Name (Last, First, Middle) SHAVER, SHERI, BETH				Alias (Name, DOB, Soc. Sec. #, Etc.)			
Race W - White I - American Indian B - Black O - Oriental/Asian	Sex W	Date of Birth 04/14/81	Height 5'06"	Weight 145	Eye Color BROWN	Hair Color BROWN	Complexion WHITE
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) NONE				Marital Status SINGLE	Religion CHRISTIAN	Indication of Alcohol/Drug Influence Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unk <input type="checkbox"/>	
Local Address (Street, Apt. Number) 42 VIA DE FONSI		(City) BOYNTON BEACH	(State) FL	(Zip) 33426	Phone (904) 477-7122	Residence Type: 1. City 3. Florida 2. County 4. Out of State 1	
Permanent Address (Street, Apt. Number) VIA DE FONSI		(City) BOYNTON BEACH	(State) FL	(Zip) 33426	Phone ()	Address Source VERBAL	
Business Address (Name, Street) ()		(City) ()	(State) ()	(Zip) ()	Phone ()	Occupation UNEMPLOYED	
D/L Number, State S160782816340		Soc. Sec. Number ()		INS Number		Place of Birth (City, State) JACKSONVILLE, FL.	Citizenship US
Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 2. At Large <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"/> 3. Felony <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile
Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other:		Name (Last) (First) (Middle)		Residence Phone ()		Business Phone ()	
Address (Street, Apt. Number)		(City) (State) (Zip)		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 <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)	
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property		Value of Property		School Attended Grade	
Drug Activity N. NA 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 Description DUI		Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 316.193 (1)		Violation of ORD #	
Drug Activity	Drug Type	Amount / Unit	Offense # 18047179	Warrant / Capias Number		Bond	
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #	
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond	
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #	
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond	
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #	
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond	
Location (Court, Room Number, Address) PALM BEACH COUNTY COURTHOUSE CRIMINAL JUSTICE COMPLEX, 3228 GUN CLUB ROAD, WPB 33406							
Court Date and Time Month APRIL Day 12TH Year 2018 Time 8:30 AM <input checked="" type="checkbox"/>							
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. <i>J. Shamm</i> Signature of Defendant (or Juvenile and Parent /Custodian) Date Signed							
HOLD for other Agency Name: <input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:		Signature of Arresting Officer <i>Javier Lasso</i>		Name Verification (Printed by Arrestee) JAVIER LASSO		PAGE 1 OF 1	
Intake Deputy D/S B. SHATARA #7623		Name of Arresting Officer (Print) JAVIER LASSO		I.D. # 19729		Witness here if subject signed with an -X- 1 OF 1	
Transporting Officer JAVIER LASSO		ID #		Agency PBSO			

PROBABLE CAUSE AFFIDAVIT

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

1 Juvenile

ADMIN Agency ORI Number: FLO 500000 Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE Agency Report Number: 06-18047179

DEF Name (Last, First, Middle): SHAVER, SHERI, BETH Alias: Race: WHITE Sex: FEM Date of Birth: 04/14/81

CHARGES Charge Description: DUI 316.193 (1) Charge Description: Charge Description:

VICTIM Victim's Name (Last, First, Middle): Local Address (Street, Apt. Number): Business Address (Name, Street):

The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law. The Person taken into custody [] committed the below acts in my presence. [] confessed to admitting to the below facts. [] was observed by who told that he/she saw the arrested person commit the below acts. [] was found to have committed the below acts, resulting from my (described) investigation. On the 07TH day of MARCH 20 18 at 1315 [] A.M. [X] P.M. (Specifically include facts constituting cause for arrest.)

PROBABLE CAUSE STATEMENT On 03/07/18 at approximately 1315 hours I responded to Dixie Highway, just north of Lantana Road, in reference to a possible impaired driver who was traveling Southbound in a silver Toyota Pickup Truck, according to the complainant who was traveling in the same direction, close to the pickup. Upon arrival I observed the Silver pickup been pulled over at the west side, southbound just North of Lantana Road, by PBSO Lieutenant Johnson A. ID # 7928. I approached toward the pick up and observed a White Female seated at the driver's seat, behind the wheel, she appeared to be sleepy, with droopy eyelids, her eyes were red bloodshot, I asked her if she was okay, she replied she was fine, I detected an alcohol odor coming out of her breath, her speech was slurred. I asked her for her identification, she handed me her Florida Driver License, she was identified as Sheri Beth Shaver, White Female DOB 04/14/81. I asked Ms. Shaver if she would like to perform Road Sides Sobriety Tasks to determine if she was driving while impaired, Ms. Shaver agreed to perform. I explained the procedure to Ms. Shaver for Horizontal Gaze Nystagmus, she stated she understood the instructions given, during this task Ms. Shaver didn't followed the tip of my finger as I explained her prior, she kept moving her head side to side and was not able to keep it still. A detailed explanation for the Walk and Turn Task was given to Ms. Shaver, she stated that she understood, while completing this task, Ms. Shaver never touched her heel to toes she walked 11 paces in one direction, she turned the opposite way as explained her and she walked more than 9 paces on her way back to starting point. The Task of One Leg Stand was explained to Ms. Shaver, she said she understood. During this task Ms. Shaver was not able to keep her foot elevated for more than 5 seconds, later she was able to make it but she never looked at her foot as I explained her initially. While completing the Finger to Nose Task, Ms. Shaver never touched the tip of her nose with the tip of her index finger as I explained her during demonstration, she used her whole finger instead, she hesitated for a couple of seconds when I asked her to use left or right hands. Ms. shaver said she knew the alphabet, I explained her how I was looking to hear her reciting the alphabet; Ms. Shaver lost track of the alphabet when she reached to the letter Q, she said F then she she lost total account of the order, she missed the last 4 letters. At this time I've developed Probable Cause for Arrest of Ms. Shaver for DUI. I handcuffed her, double locked and checked for proper fit and tightness, I placed her in the rear seat of my PBSO marked patrol car, she was transported to PBSO BAT for testing, later she was processed by PBSO Correctional Deputies.

ADMINISTRATIVE STATE OF FLORIDA COUNTY OF PALM BEACH JAVIER A. LASSO (Signature of Arresting/Investigative Officer) The foregoing instrument was sworn to or affirmed and subscribed before me this 7 day of March 20 18 by JAVIER A. LASSO (Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced name badge Notary Public, Clerk of Court, Officer (F.S.S. 117.10) NANCY M. SCHAFER MY COMMISSION # GG 183377 EXPIRES March 12, 2022 Bonded Thru Notary Public Underwriters

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 07TH DAY OF MARCH 20 18, AT 1315 AM PM
SUBJECT: SHAVER, SHERI, BETH CASE NUMBER: 18047179

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: JAVIER A. LASSO

PERSONAL CONTACT

DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUTTING DEF. BEHIND WHEEL OF VEHICLE)
According to the complainant, the driver of the Pickup was traveling erratically, swerving from side to side, almost hitting the curve several times.

OBSERVATION OF DRIVER:

Ms. Shaver had droopy eye lids, her eyes were red bloodshot, her speech was slurred and her responses were very slow she appeared to have trouble while attempting to talk. While she was walking toward my patrol car for RSST, she stumbled.

DRIVER'S STATEMENTS:

She said she was going home after visiting a friend who lives at Lake Worth.

ODORS:

Strong odor of an unknown alcohol beverage came out defendant's breath.

GENERAL OBSERVATIONS

SPEECH: slurred speech.

ATTITUDE: Calmed, Cooperative, Distracted.

CLOTHING: BLUE SHORT DRESS, PINK SANDALS

MEDICAL/OTHER: SHE SAID SHE DOESN'T HAVE ANY MEDICAL PROBLEMS.

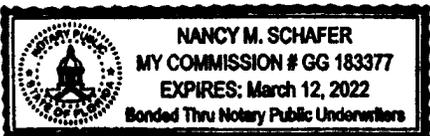
STATE OF FLORIDA
COUNTY OF PALM BEACH

JAVIER A. LASSO
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 7 day of March 20 18 by D/S Lasso J 19729

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

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



SUBJECT: SHAVER, SHERI, BETH

CASE NUMBER 18047179

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:

I explained the procedure to Ms. Shaver for Horizontal Gaze Nystagmus, she stated she understood the instructions given, during this task Ms. Shaver didn't follow the tip of my finger as I explained her prior, she kept moving her head side to side and was not able to keep it still at any time

WALK & TURN:

A detailed explanation for the Walk and Turn Task was given to Ms. Shaver, she stated that she understood, while completing this task, Ms. Shaver never touched her heel to toes she walked 11 paces in one direction, she turned the opposite way as explained her and she walked more than 9 paces on her way back to starting point.

ONE LEG STAND:

The Task of One Leg Stand was explained to Ms. Shaver, she said she understood. During this task Ms. Shaver was not able to keep her foot elevated for more than 5 seconds, later she was able to make it but she never looked at her foot as I explained her initially.

FINGER TO NOSE:

While completing the Finger to Nose Task, Ms. Shaver never touched the tip of her nose with the tip of her index finger as I explained her during demonstration, she used her whole finger instead, she hesitated for a couple of seconds when I asked her to use left or right hands.

ROMBERG ALPHABET:

The defendant said she knew the alphabet, she lost track of it when reaching the letter F, she jumped to the letter Q, then she lost total track and recited letters Z,R,T,U,V.

BREATH TEST RESULTS: 1) 2) 3) 4)

STATE OF FLORIDA
COUNTY OF PALM BEACH

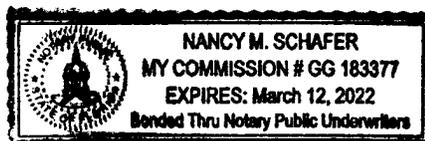
JAVIER A. LASSO

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 7 day of March 2018 by D/S Lasso J 19729

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

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



WITNESS LIST

CASE NUMBER: 18047179

ARRESTING OFFICER: JAVIER A. LASSO

ADDRESS: PBSO DISTRICT 14

PHONE NUMBERS (HOME): _____ (WORK) (561) 586-1611

CAN TESTIFY TO: ROADSIDE STANDARD SOBRIETY TASKS

NAME: STEVIE L REVOLINSKI

ADDRESS: 10878 GRANITE, BOCA RATON, FL. 33428

PHONE NUMBERS (HOME) (561) 299-7447 (WORK) _____

CAN TESTIFY TO: DEFENDANT'S ACTIONS

NAME: CYNTHIA REVOLINSKI

ADDRESS 10878 GRANITE, BOCA RATON, FL. 33428

PHONE NUMBERS (HOME) (561) 305-8657 (WORK) _____

CAN TESTIFY TO: DEFENDANT'S ACTIONS

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

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CAN TESTIFY TO: _____

NOT A CERTIFIED COPY