

0488998 1101121 3253

OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		Juvenile	
Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-17-091595							
Charge Type: Check as many as apply: <input 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 1. Yes 2. No		Multiple Clearance Indicator 1							
Location of Arrest (Including Name of Business) 6017 SOUTHERN BLVD WEST PALM BEACH FL 33407				Location of Offense (Business Name, Address) 6017 SOUTHERN BLVD WEST PALM BEACH FL 33407							
Date of Arrest 06/17/2017		Time of Arrest 2216		Booking Date		Booking Time		Jail Date		Jail Time	
Name (Last, First, Middle) WOOLDRIDGE VAUGHN BLAIR				Alias (Name, DOB, Soc. Sec. #, Etc.)							
Race W - White I - American Indian B - Black O - Oriental/Asian		Sex M		Date of Birth 11/23/1993		Height 600		Weight 220		Eye Color BRO	
Hair Color BLU		Complexion MED		Build MED		Marital Status S		Religion NONE		Indication of Alcohol Influence Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Drug Influence Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) NONE				Indication of Alcohol Influence Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		Drug Influence Y <input type="checkbox"/> N <input checked="" type="checkbox"/>					
Local Address (Street, Apt. Number) 153 DAY DR		(City) SEBASTIAN		(State) FL		(Zip) 32958		Phone (772) 9131484		Residence Type: 1. City 2. County 3. Florida 4. Out of State	
Permanent Address (Street, Apt. Number)		(City)		(State)		(Zip)		Phone ()		Address Source FL DL	
Business Address (Name, Street)		(City)		(State)		(Zip)		Phone ()		Occupation MARINE ENGINEER	
D/L Number, State (FL)W-436-862-93-423-0		Soc. Sec. Number		INS Number		Place of Birth (City, State) PALM BEACH GDNS FL		Citizenship US			
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	
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> 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 <input type="checkbox"/> defendant and / or <input type="checkbox"/> defendant's parents. The child and / or parent was told to keep the Juvenile Court Clerk (Phone 355-2526) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)				School Attended		Grade					
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property		Value of Property							
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 Description DUI W/ PROPERTY DAMAGE		Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number 316.193(3)C1		Violation of ORD #			
Drug Activity N		Drug Type N		Amount / Unit N/A		Offense # 17-091595		Warrant / Capias Number		Bond	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" 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 checked="" 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 checked="" 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) 3228 GUN CLUB RD WEST PALM BEACH FL 33406											
Court Date and Time Month JULY Day 13 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) Date Signed											
HOLD for other Agency Name:		Signature of Arresting Officer X		Name of Arresting Officer (Print) Inv. E.K. White 7209		I.D. # 7209		Name Verification (Printed by) JUN 18 AM 12:33		(PRINT)	
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print) Inv. E.K. White 7209		I.D. # 7209		Agency PBSO		PAGE 1 OF 1	
Intake Deputy C. H. Hontela 7209		Bench #		Transporting Officer Inv. E.K. White 7209		ID # 7209		Agency PBSO		Witness here if subject signed with an X	
DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'s ONLY)											

NOT A REFERENCE

SCANNED

JUN 20 2017

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 17 DAY OF JUNE, 20 17, AT 2123 PM ☒

SUBJECT: WOOLDRIDGE VAUGHN BLAIR CASE NUMBER: 17-091595

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: Inv. E.K. White 7209

PERSONAL CONTACT

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

On Saturday, June 17, 2017 at approximately 2141 hours, I was dispatched to 6017 Southern Boulevard, West Palm Beach (Palm Beach County) Florida to assist Deputy Jack Cisson with a traffic crash that involved a possible drunk driver. Deputy Matthew Stockwell was also on scene to assist with this investigation. Upon my arrival I noticed a black pick up truck stopped in the left turn lane on Southern Bv. facing east. The deputies patrol vehicles were stopped behind the truck with their emergency lights activated. I also noticed a white male standing at the back of the black truck. I made contact with D/S Cisson who told me he was investigating a traffic crash involving the black truck and another vehicle. He told me both vehicles were traveling eastbound on Southern. The car was traveling ahead of the pick up when it was struck on its rear side by the pick up. I saw damage to the left front side of the pick up. D/S Stockwell spoke with the driver of the car prior to her being transported to the hospital. D/S Cisson went to the hospital to complete his crash investigation. He also gathered a sworn statement from her.

OBSERVATION OF DRIVER:

I made contact with the driver who was standing at the rear of the pick up. He was later identified as Vaughn Blair Wooldridge by his Florida driver license. I also observed a white male passenger sitting in the passenger seat of the pick up. He was vomiting and appeared to have been drinking an unspecified amount of unknown alcoholic beverages. Focusing my attention back on the driver, I explained to him that I was assisting D/S Cisson with the crash investigation. I also told him I was a DUI investigator for the Palm Beach County Sheriff's Office. During my interview I noticed the driver's eyes were red, watery and glossy. He told me he wear contacts and that causes his eyes to become red. His speech was slurred, mouth was dry and cheeks were flushed. He was unsteady while standing. I could smell a strong odor of an unknown alcoholic beverage emanating from his breath that intensified when he spoke. I explained to the driver that I had a suspicion he had been drinking an unspecified amount of unknown alcoholic beverages. He nodded his head in approval. Moreover I asked if he would consent to performing Standardized Field Sobriety Evaluations (SFSTs) for the purpose of determining if he was impaired while operating a motor vehicle. He consented to performing the SFSTs. Prior to administering the SFSTs, I asked if he had any physical problems with his body that would inhibit him from performing light physical movements. I also asked if he was on medication. The defendant conveyed he neither had anything wrong with him physically, nor was he on medication. I directed him to an area on the side of the roadway that was smooth and level surface. This area was free from obstructions and debris. The area was well lighted by the lights from my patrol car. He removed his flip flops before performing the SFSTs. The following SFSTs were explained, demonstrated and acknowledged by him prior to his performance: HGN, The Walk and Turn, The One Leg Stand, The Finger to Nose and The Romberg Alphabet Recitation. His deficiencies were recorded on another portion of this package.

DRIVER'S STATEMENTS:

none

ODORS:

Strong odor of an unknown alcoholic beverage coming from the subject's breath.

GENERAL OBSERVATIONS

SPEECH: slurred

ATTITUDE: varying- cooperative, agitated

CLOTHING: blue shorts flannel shirt brown flip flops

MEDICAL/OTHER: none

STATE OF FLORIDA
COUNTY OF PALM BEACH

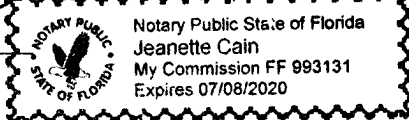
Inv. E.K. White 7209

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 17 day of JUNE, 20 17 by D/S WHITE

(Print name of Arresting/Investigative Officer, who is personally known to me and/or produced identification. If yes, of what organization?) KNOWN

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



SUBJECT: WOOLDRIDGE VAUGHN BLAIR

CASE NUMBER 17-091595

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

- | | |
|---|---|
| <input checked="" type="checkbox"/> LT EYE-LACK OF SMOOTH PURSUIT | <input checked="" type="checkbox"/> RT EYE-LACK OF SMOOTH PURSUIT |
| <input checked="" type="checkbox"/> LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION | <input checked="" type="checkbox"/> RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION |
| <input checked="" type="checkbox"/> LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES | <input checked="" type="checkbox"/> RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES |

Other Observations:

Subject was asked to stand with their feet together and place their hands by their side. They were asked to focus on the stimulus and follow it with their eyes. Lastly they were told not to move their head to assist in following the stimulus with their eyes. The subject pupils were of equal size and they tracked equally. There was a lack of smooth pursuit in both eyes. I saw distinct and sustained jerking(Nystagmus) in both eyes at maximum deviation. I also observe an onset of Nystagmus prior to 45 degrees. He swayed while performing this task.

WALK & TURN:

The def was placed in the instructional stance for the Walk & Turn and given instructions. The def stated that they understood my instructions. Subject was unable to maintain his balance while placed in the instructional position. He swayed while standing and ultimately abandoned the position all together. During this task subject stopped to steady himself. He did not touch heel to toe. He failed to keep his hands by his side and could not maintain his balance while walking.

ONE LEG STAND:

The def was placed in the instructional stance for the One Leg Stand and given instructions. The def stated that they understood my instructions. Subject could not maintain his balance while his foot was elevated. He leaned and raised his arms away from his side. He dropped his foot twice(2). He raised his foot higher than six inches. He did not stand erect and started bending his knee during this task

FINGER TO NOSE:

The def was placed in the instructional stance for the Finger to Nose and given instructions. The def stated that they understood my instructions. Subject swayed while performing this task. He did not touch the tip of his finger to the tip of his nose 5 out of six times. Rather he touched the side of his nose and underneath it. He did not return his hand to his side as instructed.

ROMBERG ALPHABET:

Subject completed this task without flaw

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

STATE OF FLORIDA
COUNTY OF PALM BEACH

Inv. E.K. White 7209

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 17 JUNE 2017 by D/S WHITE

Print name of Arresting/Investigative Officer, who is personally known to me and/or produced identification. Type of identification produced: KNOWN
Jeanette Cain
Notary Public, State of Florida
My Commission FF 993131
Expires 07/08/2020

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

WITNESS LIST

CASE NUMBER: **17-091595**

ARRESTING OFFICER: **Inv. E.K. White 7209**

ADDRESS: **DUI/Traffic**

PHONE NUMBERS (HOME): _____ (WORK) **561 681 4500**

CAN TESTIFY TO: **DUI Investigation**

NAME: **DEPUTY JACK CISSON**

ADDRESS: **HQ**

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

CAN TESTIFY TO: **CRASH INVESTIGATOR**

NAME: **SHERRYL N SERRA**

ADDRESS **550 OKEECHOBEE BV WEST PALM BEACH FL 33401**

PHONE NUMBERS (HOME) **305 785 0827** (WORK) _____

CAN TESTIFY TO: **PLACING THE DEFENDANT IN THE DRIVER SEAT**

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: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

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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: _____

TESTING FACILITY TASK REPORT

10

AGENCY: **PRSO**

SUBJECT: **WOOLDRIDGE, VAUGHN BLAIR**

CASE NUMBER: **17-091593**

DATE: **JUNE 17th, 2017**

VIDEO TAPE NUMBER: **62813**

BEGINNING TIME: **23:18 hrs.**

ENDING TIME: **23:28 ms.**

BREATH TESTS RESULTS:

REFUSED

1) **23:20** A.M./P.M. (P.M.) 2) _____ TIME _____ A.M./P.M.
3) _____ TIME _____ A.M./P.M. 4) _____ TIME _____ A.M./P.M.

BREATH OPERATOR: _____

J. CAIN #2109

MAINTENANCE TECHNICIAN: _____

J. KARLECKE #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: **slurred, repetitive statements**

ATTITUDE: **reserved, polite, b.t. talkative on video**

CLOTHING: **blk shirt, grey pants, blk shirt, brn. flip flops**

MEDICAL CONDITIONS: **said none**

MEDICATIONS: **said none**

OTHER: **brn/blue 23 YOA**

Eyes: Glassy + Red

COMMENTS: _____

20 MIN. OBSERV DONE BY ARRESTING INV.

Said no to b/t.

Inv. read the Implied Consent.

Δ stated he understood T/C, again No.

Inv. accepted refusal

Rights were read / stated he understood them & answered questions.

Δ drank beer & consent. Δ was unsure on whether to continue answering questions, decide not to continue.

SUBJECT: WOOLDRIDGE, VAUGHN BLAIR

CASE NUMBER: 17-091595

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) _____

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

SUBJECT: WOOLDRIDGE, VAUGHN BLAIR

CASE NUMBER: 17-091595

QUESTIONS AND ANSWERS

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

WERE YOU OPERATING A MOTOR VEHICLE AT THE TIME OF THE STOP/ACCIDENT? YES SIR

WHERE WERE YOU GOING? Heading east bound (Home)

WHAT STREET OR HIGHWAY WERE YOU ON? I Don't know unfamiliar

DIRECTION OF TRAVEL? ED WHERE DID YOU START? Perfect Vodka Amie Theatre

WHAT TIME DID YOU START? Don't know WHAT TIME IS IT NOW? 1 am (guess)

WHAT IS TODAY'S DATE? 06/18/17 WHAT DAY OF THE WEEK IS IT? Sunday

WHAT COUNTY AND CITY ARE YOU IN NOW? Palm Bch (wpb, ri)

WHEN DID YOU LAST EAT? 3pm yesterday WHAT DID YOU EAT? Hot Dog w/ bread

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? Listening to music

HOW MUCH DO YOU WEIGH? 220 HAVE YOU BEEN DRINKING? YES WHAT? BEER

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: JAV. E. K. WHITE

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL

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: 1-21	SUSPECT:	DATE & TIME OF ORIGINAL EVENT/OFFENSE: 06/17/2017 2130
EVENT TYPE: Vehicle Crash		DEPUTY: Cisson J.	ID#: 24091

COMPLETE EVERYTHING BELOW – PRINT LEGIBLY

LAST NAME: Serra		FIRST NAME: Sheryl		MIDDLE INITIAL: N	RACE: W	SEX: F
DATE OF BIRTH: (MM/DD/YYYY) 03/12/74		YOUR HEIGHT: 5'06	YOUR WEIGHT: 136	YOUR HAIR COLOR: Brn		YOUR EYE COLOR: Brn
YOUR HOME ADDRESS: 550 Okeechobee Blvd, 919		<input type="checkbox"/> CHECK IF HOMELESS		CITY: WPB	STATE: FL	ZIP: 33401
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 1305 785 0827	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: 1 SHERYL SERRA	DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER...
---------------------------	--

I was driving east bound on Southern Blvd when I was rear-ended by another vehicle. I pulled over to the turn lane and exited the vehicle. The other vehicle pulled up behind me. Once I got out of my car, the driver was standing with the driver door opened near his vehicle and approached me. The passenger in his vehicle remained in the passenger side. The driver was wearing a plaid shirt, dark shorts, a hat and blonde-ish hair and facial hair.

PAGE 1 OF 1

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: <i>[Signature]</i>	SWORN TO AND SUBSCRIBED BEFORE ME TODAY: DATE: 06/17/2017 TIME: 2300 SIGNATURE: <i>[Signature]</i> ID: 24091

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 _____)

(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 ☒ VICTIM ☐ OTHER

CASE #:	ZONE: 1-21	SUSPECT:	DATE & TIME OF ORIGINAL EVENT/OFFENSE: 06/17/2017 2130
EVENT TYPE: Vehicle Crash	DEPUTY: Cisson J.	ID#: 24091	

COMPLETE EVERYTHING BELOW – PRINT LEGIBLY

LAST NAME: Serra	FIRST NAME: Sheryl	MIDDLE INITIAL: N	RACE: W	SEX: F
DATE OF BIRTH: (MM/DD/YYYY) 03/12/74	YOUR HEIGHT: 5'06	YOUR WEIGHT: 136	YOUR HAIR COLOR: Brn	YOUR EYE COLOR: Brn
YOUR HOME ADDRESS: 550 Okeechobee Blvd	<input type="checkbox"/> CHECK IF HOMELESS	CITY: WPB	STATE: FL	ZIP: 33401
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 1305 785 0827	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: 1 SHERYL SERRA	DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER...
<p>I was driving east bound on Southern Blvd when I was rear-ended by another vehicle. I pulled over to the turn lane and exited the vehicle. The other vehicle pulled up behind me. Once I got out of my car, the driver was standing with the driver door opened near his vehicle and approached me. The passenger in his vehicle remained in the passenger side. The driver was wearing a plaid shirt, dark shorts, a hat and blonde-ish hair and facial hair.</p>	
PAGE 1 OF 1	

READ AND SIGN

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

YOUR SIGNATURE: X [Signature]

☒ DEPUTY SHERIFF ☐ NOTARY PUBLIC FSS: 117.10

SWORN TO AND SUBSCRIBED BEFORE ME TODAY:

DATE: 06/17/2017 TIME: 2300

SIGNATURE: [Signature] ID: 24091

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 _____)

(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
 BPSO #0134 REV. 12/11

The Sunshine State

State

FLORIDA

IDENTIFICATION

CARD

NUMBER

DATE

EXPIRATION

CLASS

SEX

DOB

SSN

HEIGHT

WEIGHT

HAIR

EYES

SKIN

MARKS

SCARS

MOLES

NEVI

PIGMENTS

DISCOLORATIONS

OTHER

REMARKS

ENDORSEMENTS

RESTRICTIONS

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[Signature]

ORGAN DONOR

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

NOT A CERTIFIED