

OBTS Number 0408998			ARREST / NOTICE TO APPEAR Juvenile Referral Report					1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	Juvenile
ADMINISTRATIVE	Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>			Agency Report Number (N.T.A.'s only) <b>06-17-091595</b>					
	Charge Type: Check as many as apply: 1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 6. Other			Weapon Seized / Type 1. Yes 2. No		Multiple Clearance Indicator 1			
Location of Arrest (Including Name of Business) <b>6017 SOUTHERN BLVD WEST PALM BEACH FL 33407</b>					Location of Offense (Business Name, Address) <b>6017 SOUTHERN BLVD WEST PALM BEACH FL 33407</b>						
Date of Arrest <b>06/17/2017</b>		Time of Arrest <b>2216</b>		Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle <b>ALL FLORIDA TOWING</b>			
Name (Last, First, Middle) <b>WOOLDRIDGE VAUGHN BLAIR</b>					Alias (Name, DOB, Soc. Sec. #, Etc.)						
DEFENDANT	Race W - White 1 - American Indian B - Black 0 - Oriental/Asian	Sex <b>W</b>	Date of Birth <b>11/23/1993</b>	Height <b>600</b>	Weight <b>220</b>	Eye Color <b>BRO</b>	Hair Color <b>BLU</b>	Complexion <b>MED</b>	Build <b>MED</b>		
	Scars, Marks, Tatoos, Unique Physcal Features (Location, Type, Description) <b>NONE</b>					Marital Status <b>S</b>	Religion <b>NONE</b>	Indication of: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Alcohol Influence <input checked="" type="checkbox"/> <input type="checkbox"/> Drug Influence <input checked="" type="checkbox"/> <input type="checkbox"/>			
Local Address (Street, Apt. Number) <b>153 DAY DR</b>					(City) <b>SEBASTIAN</b>	(State) <b>FL 32958</b>	Phone <b>(772) 9131484</b>	Residence Type: 1. City <input type="checkbox"/> 3. Florida <input type="checkbox"/> 2. County <input type="checkbox"/> 4. Out of State <input type="checkbox"/>			
Permanent Address (Street, Apt. Number)					(City)	(State)	(Zip)	Phone <b>( )</b>	Address Source <b>FL DL</b>		
Business Address (Name, Street)					(City)	(State)	(Zip)	Phone <b>( )</b>	Occupation <b>MARINE ENGINEER</b>		
DL Number, State <b>(FL)W-436-862-93-423-0</b>		Soc. Sec. Number [REDACTED]		INS Number		Place of Birth (City, State) <b>PALM BEACH GDNS FL</b>		Citizenship <b>US</b>			
CODEF	Co-Defendant Name (Last, First, Middle)					Race	Sex	Date of Birth	Indication of: 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile <input type="checkbox"/>		
	Co-Defendant Name (Last, First, Middle)					Race	Sex	Date of Birth	Indication of: 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile <input type="checkbox"/>		
JUVENILE	<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other:	Name (Last) (Frs) (Middle)					Residence Phone <b>( )</b>				
	Address (Street, Apt. Number)					(City)	(State)	(Zip)	Business Phone <b>( )</b>		
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						
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No					Description of Property						
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No					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 Description <b>DUI W/ PROPERTY DAMAGE</b>					Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number <b>316.193(3)C1</b>			Violation of ORD #
CHARGE	Drug Activity N	Drug Type N	Amount / Unit N/A	Offense # <b>17-091595</b>			Warrant / Capias Number			Bond	
	Charge Description					Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number			Violation of ORD #
CHARGE	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 #
CHARGE	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 #
CHARGE	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 #
NOTICE TO APPEAR	Location (Court, Room Number, Address) <b>3228 GUN CLUB RD WEST PALM BEACH FL 33406</b>										
	Court Date and Time Month <b>JULY</b> Day <b>13</b> Year <b>2017</b> Time <b>0830</b> AM <input checked="" type="checkbox"/> PM <input 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											
Signature of Defendant (or Juvenile and Parent / Custodian)											
HOLD for other Agency Name: X					Signature of Arresting Officer Name of Arresting Officer (Print) <b>E.K. White 7209</b>			Name Verification (Printed by <b>WHITE</b> ) <b>JUN 18 AM 12:33</b> (PRINT)			
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal					I.D. # <b>7209</b>			Witness here if subject signed with an <input type="checkbox"/> Signature <b>SCANNED</b>			
Intake Deputy <b>Off Honor 7209</b>					Transporting Officer ID # <b>E.K. White 7209</b>			Agency <b>PBSO</b>			
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 17 DAY OF JUNE 20 17, AT 2123 AM 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 Cissom 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 Cissom 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 Cissom 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

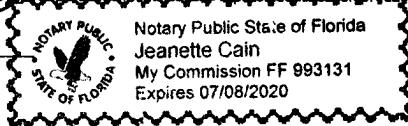
Inv. E.K. White 7209

(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 type of Notary Public and/or KNOWN

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



## 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:**

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)

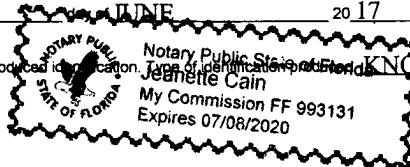
STATE OF FLORIDA  
COUNTY OF PALM BEACH

Inv. E.K. White 7209

(Signature of Arresting/Investigative Officer)

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

(Print name of Arresting/Investigative Officer) Jeanette Cain  
Notary Public, Clerk of Court, Officer (F.S.S 117.10)



# WITNESS LIST

17-091595

CASE NUMBER: \_\_\_\_\_

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: \_\_\_\_\_

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NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

# TESTING FACILITY TASK REPORT

15

AGENCY: PBSOSUBJECT: WOOLDRIDGE, VAUGHN BLAIRCASE NUMBER: 17-091593DATE: JUNE 17th, 2017VIDEO TAPE NUMBER: 62813BEGINNING TIME: 23:18 hrs.ENDING TIME: 23:28 hrs.

BREATH TESTS RESULTS:

**REFUSED**TIME 23:20 A.M./P.M. 2) \_\_\_\_\_ TIME \_\_\_\_\_ A.M./P.M.

3) \_\_\_\_\_ TIME \_\_\_\_\_ A.M./P.M. 4) \_\_\_\_\_ TIME \_\_\_\_\_ A.M./P.M.

BREATH OPERATOR:

J. CAINE #2109

MAINTENANCE TECHNICIAN:

J. KARLICKI #6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: slurred, repetitive statementsATTITUDE: reserved, polite but talkative on videoCLOTHING: Black pants, gray jacket, black shirt, brown flip flopsMEDICAL CONDITIONS: Said NoneMEDICATIONS: Said noneOTHER: brown/blue 23 YOA

Eyes: slightly watery + red

COMMENTS:

20 MIN. OBSERVATION BY ARRESTING INV.

Said no to b/t.

Sgt. read the implied consent.

A stated he understood ITC, again No.

Sgt. accepted refusal

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

A drank beer at concert. A was unsure on whether to continue answering questions; decided not to continue.

## 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*

## 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 eastbound Home

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

DIRECTION OF TRAVEL? EB WHERE DID YOU START? Perfect Vodka Amix Theatre

WHAT TIME DID YOU START? Don't know WHAT TIME IS IT NOW? I 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, FL)

WHEN DID YOU LAST EAT? 3pm yesterday WHAT DID YOU EAT? Hrt 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



Per FL statute 837.012, whoever knowingly makes a false statement under oath shall be guilty of a misdemeanor of the first degree punishable by imprisonment up to 1 year.

WITNESS  VICTIM  OTHER

CASE #:	ZONE:	SUSPECT:	DATE & TIME OF ORIGINAL EVENT/OFFENSE:
	1-21		06/17/2017 2300
EVENT TYPE:		DEPUTY:	ID#:
Vehicle Crash		Cisson J.	24091

COMPLETE EVERYTHING BELOW - PRINT LEGIBLY

LAST NAME:	FIRST NAME:	MIDDLE INITIAL:	RACE:	SEX:
Serra	Sheryl	N	W	F
DATE OF BIRTH: (MM/DD/YYYY)	YOUR HEIGHT:	YOUR WEIGHT:	YOUR HAIR COLOR:	YOUR EYE COLOR:
03/12/74	5'06	134	Blk	Brn
YOUR HOME ADDRESS:	□ CHECK IF HOMELESS		CITY:	STATE: ZIP:
550 Okeechobee Blvd, 919			WPB	FL 33401
YOUR WORK NAME & ADDRESS:	□ 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
( )	(305) 785 0827	( )		

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

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

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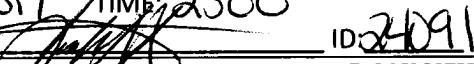
READ AND SIGN

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

DEPUTY SHERIFF  NOTARY PUBLIC FSS: 117.10

SWORN TO AND SUBSCRIBED BEFORE ME TODAY:

DATE: 06/17/2017 TIME: 2300

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 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  VICTIM  OTHER



CASE #:	ZONE:	SUSPECT:	DATE & TIME OF ORIGINAL EVENT/OFFENSE:	
1-21			06/17/2017 2:30	
EVENT TYPE:		DEPUTY:	ID#:	
Vehicle Crash		Cisson J.	24091	

COMPLETE EVERYTHING BELOW - PRINT LEGIBLY

LAST NAME:	FIRST NAME:	MIDDLE INITIAL:	RACE:	SEX:
Serra	Sheryl	N	W	F
DATE OF BIRTH: (MM/DD/YYYY)	YOUR HEIGHT:	YOUR WEIGHT:	YOUR HAIR COLOR:	YOUR EYE COLOR:
03/12/74	5'06	134	Brown	Brown
YOUR HOME ADDRESS:	□ CHECK IF HOMELESS		CITY:	STATE: ZIP:
550 Keechabbee Blvd, 919			WPB	FL 33401
YOUR WORK NAME & ADDRESS:	□ CHECK IF UNEMPLOYED OR RETIRED		CITY:	STATE: ZIP:
WORK PHONE: □ CHECK IF NONE	CELL PHONE: □ CHECK IF NONE	HOME PHONE: □ CHECK IF NONE	EMAIL:	□ CHECK IF NONE
( )	(305) 785 0827	( )		

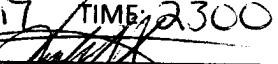
WRITE WHAT HAPPENED IN YOUR WORDS IN FULL DETAIL - PRINT LEGIBLY

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

READ AND SIGN

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

YOUR SIGNATURE: 

□ DEPUTY SHERIFF □ NOTARY PUBLIC FSS: 117.10  
 SWORN TO AND SUBSCRIBED BEFORE ME TODAY:  
 DATE: 06/17/2017 TIME: 2:300  
 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 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.

(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



ORGAN DONOR

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

NOT A CERTIFIED COPY