

0522275

21 CF-2634

3148

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

Juvenile

1

N

OBTS Number		Agency ORI Number		Agency Name Palm Beach Police Dept.		Agency Report Number (N.T.A.'s only)	
Charge Type: Check as many as apply		1. Felony <input checked="" type="checkbox"/> 2. Traffic Felony <input type="checkbox"/>		3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input checked="" type="checkbox"/>		5. Ordinance <input type="checkbox"/> 6. Other <input type="checkbox"/>	
Location of Arrest (Including Name of Business) 300 Block S. Ocean Blvd. (SRAIA)		Location of Offense (Business Name, Address) 300 Block S. Ocean Blvd. (SRAIA)		Weapon Seized / Type 2. No		Multiple Clearance Indicator UK	
Date of Arrest 3/17/21	Time of Arrest 0617	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle Kauff's	
Name (Last, First, Middle) Gallagher Hannah Marie		Date of Birth 11/17/2000		Height 505	Weight 130	Eye Color Blue	Hair Color Blond
Race W		Sex F	Complexion Fair		Build Slm	Aliases (Name, DOB, Soc. Sec. #, Etc.)	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) Tat Ankles, Ribs, ear		Marital Status Single		Religion NONE		Indication of Alcohol/Drug Influence 1. Yes <input checked="" type="checkbox"/> 2. No <input type="checkbox"/>	
Local Address (Street, Apt. Number)		City		State		Zip	
Permanent Address (Street, Apt. Number) 1223 Ocean Dunes Cir Jupiter FL		City		State		Zip	
Business Address (Name, Street)		City		State		Zip	
D/I Number, State G 426 333 (09170)		INS Number		Place of Birth (City, State) Jupiter FL		Citizenship USA	
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	
Parent / Legal Custodian / Other		Name (Last, First, Middle)		Relationship		Residence Phone	
Address (Street, Apt. Number)		City		State		Zip	
Notified by (Name)		Date	Time	Juvenile Disposition		<input type="checkbox"/> 1. Handled/processed within Dept. and Released. <input type="checkbox"/> 2. TOT HRS / DYS <input type="checkbox"/> 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.		Yes by (Name)		No (Reason)		School Attended	
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property		Value of Property		Grade	
Drug Activity		S. Sell	R. Smuggle	K. Dispense/Distribute	M. Manufacture/Produce/Cultivate	Z. Other	
N. N/A		B. Buy	D. Deliver	E. Use		Drug Type	
P. Possess		T. Traffic					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 Driving Under Influence (Prop Damage)		Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 316.193(3)(c)1		Violation of ORD #	
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond	
N	N						
Charge Description POSS. OF MARIJUANA		Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 893.13(6A)		Violation of ORD #	
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond	
P	M						
Charge Description		Counts	Domestic Violence	Statute Violation Number		Violation of ORD #	
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond	
Charge Description		Counts	Domestic Violence	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 Road West Palm Beach FL		Court Date and Time Month Apr Day 20 Year 21 Time 0830 AM		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					
HOLD for other Agency Name		Signature of Arresting Officer [Signature]		Name Verification (Printed by Arresting Officer) [Signature]			
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print) Thomas March 6059		I.D.# PBPD			
Intake Deputy [Signature]		Transporting Officer Thomas March 6059		Agency PBPD			
DISTRIBUTION: WHITE - COURT COPY		GREEN - STATE ATTORNEY		YELLOW - AGENCY		PINK - AGENCY	
GOLD - DEFENDANT (N.T.A.)		PAGE 1 OF 1		SCANNED MAR 28 2021			

PROBABLE CAUSE AFFIDAVIT

1. Arrest
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Juvenile

1

M

ADMIN	OBTS Number		Agency ORI Number		Agency Name		Agency Report Number	
	Charge Type: Check as many as apply.		Special Notes:					
CHARGES	Name (Last, First, Middle) Gallagher Hannah		Alias		Race W	Sex F	Date of Birth 11/17/2000	
	Charge Description Poss. Hash O.I.		893.13(6A)		Charge Description			
VICTIM	Victim's Name (Last, First, Middle)		Race		Sex		Date of Birth	
	Local Address (Street, Apt. Number)		(City)	(State)	(zip)	Phone	Address Source	
Business Address (Name, Street)		(City)	(State)	(zip)	Phone	Occupation		

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. was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.

confessed to _____ admitting to the below facts. was found to have committed the below acts, resulting from my (described) investigation.

On the 27 day of March 2021 at 0617 A.M. P.M. (Specifically include facts constituting cause for arrest.)

~~On Saturday March~~ On the above listed time and date I arrested and charged the Defendant with one count of DUI Property Damage Upon incident to arrest, Sgt. Reyes located a small Michael Kors purse on the driver seat; located inside the purse was a high school ID which I identified Hannah Gallagher, inside the purse was a Vaper pen which contained marijuana oil. Located on the rear passenger seat was another Michael Kors hand bag which contained Hannah Gallagher's Florida DL, and another glass vial which contained suspected marijuana residue oil.

Sgt Reyes read Gallagher her Miranda Warnings from a Pre Printed Miranda Card. Post Miranda Gallagher admitted ownership of both items and admitted the oil was marijuana.

STATE OF FLORIDA
COUNTY OF PALM BEACH

T. March
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 27 day of March 2021 by ofc T March #0059

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

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

Notary Public State of Florida
Thomas H Leahy
My Commission GG 347108
Expires 06/20/2025

TESTING FACILITY TASK REPORT

AGENCY:

SUBJECT:

DATE:

BEGINNING TIME:

CASE NUMBER:

VIDEO DVD NUMBER:

ENDING TIME:

BREATH TESTS RESULTS: 1) TIME A.M. P.M. 2) TIME A.M. P.M.
3) TIME A.M. P.M. 4) TIME A.M. P.M.

BREATH OPERATOR:

MAINTENANCE TECHNICIAN:

TESTING OFFICER'S OBSERVATIONS

SPEECH:

ATTITUDE:

CLOTHING:

MEDICAL CONDITIONS:

MEDICATIONS:

OTHER:

eyes are glassy & bloodshot
odor of unknown alcoholic beverage on breath
subject stated she drank 5 Corona beers & smoked marijuana Friday morning - Q&A

COMMENTS:

arrived at center A/O conducted 20 minute observation period at 0647 hrs
subject agreed to perform breath test
A/O read rights & subject understood rights
tech read breath test results & subject understood breath test results
A/O conducted Q&A
subject answered questions

SCANNED
MAR 28 2021

TESTING FACILITY TASK REPORT

AGENCY: PBPD

SUBJECT: Gallagher, Hannah M

DATE: Mar 27, 2021

BEGINNING TIME: 0710

CASE NUMBER: 21-049182

VIDEO DVD NUMBER: N/A

ENDING TIME: 0724

BREATH TESTS RESULTS: 1) .152 TIME 0714 A.M. P.M. 2) .148 TIME 0717 A.M. P.M.
3) n/a TIME 0 A.M. P.M. 4) n/a TIME 0 A.M. P.M.

BREATH OPERATOR: Thomas H Leahey #19183

MAINTENANCE TECHNICIAN: Jason Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: slurred, thick

ATTITUDE: talkative, fidgety, crying

CLOTHING: black shorts, gray tank top, blue l/s shirt, brown sandals

MEDICAL CONDITIONS: none

MEDICATIONS: none

OTHER:

eyes are glassy & bloodshot
odor of unknown alcoholic beverage on breath
subject stated she drank 5 Corona beers & smoked marijuana Friday morning - Q&A

COMMENTS:

arrived at center A/O conducted 20 minute observation period at 0647 hrs
subject agreed to perform breath test
A/O read rights & subject understood rights
tech read breath test results & subject understood breath test results
A/O conducted Q&A
subject answered questions

SCANNED
MAR 28 2021

SUBJECT: Gallagher, Hannah M CASE NUMBER: _____

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 I was

WHERE WERE YOU GOING? Heading home

WHAT STREET OR HIGHWAY WERE YOU ON? Beach Road Tequesta FL

DIRECTION OF TRAVEL? _____ WHERE DID YOU START? _____

WHAT TIME DID YOU START? 0530 WHAT TIME IS IT NOW? _____

WHAT IS TODAY'S DATE? _____ WHAT DAY OF THE WEEK IS IT? Saturday morning

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? Yes WHAT? Corona B

HOW MUCH? 5 Beers 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? Yes I do 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? No WHAT? _____

ARE YOU SICK OR INJURED? No 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? Marijuana WHEN? Friday morning

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? _____ WHO? _____ WHY? _____

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? No WHAT? _____ WHEN? _____

DO YOU HAVE:	EPILEPSY?	<u>No</u>
	GLASS EYE?	<u>No</u>
	FALSE TEETH?	<u>No</u>
	EAR INFECTION?	<u>No</u>
	INNER EAR TROUBLE?	<u>No</u>
	DIABETES?	<u>No</u>

SCANNED
MAR 28 2021

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: Thomas Mark Goss

SUBJECT: Gallagher, Hannah M CASE NUMBER: _____

IMPLIED CONSENT FOR DUI IN A MOTOR VEHICLE

NOTE: READ ONLY THE PARAGRAPH APPLICABLE TO THE TYPE OF TEST YOU ARE REQUESTING.

I am now requesting that you submit to a lawful test of your BREATH for the purpose of determining its alcohol content.

-OR-

I am now requesting that you submit to a lawful test of your URINE for the purpose of detecting the presence of chemical or controlled substances.

-OR-

I am now requesting that you submit to a lawful test of your BLOOD for the purpose of detecting its alcohol content and the presence of chemical or controlled substances.

NOTE: READ ONLY IF THE SUBJECT DOES NOT COMPLY WITH YOUR REQUEST.

I am _____ of the _____.

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

SUBJECT'S SIGNATURE: (X) _____

CONSTITUTIONAL WARNINGS

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

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

SUSPECT'S SIGNATURE: (X) Read on camera

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 27 DAY OF March 20 21, AT 0617 AM PM

SUBJECT: Hannah Gallagher CASE NUMBER: 21-000389

AGENCY: Palm Beach Police Department ARRESTING OFFICER: Thomas March

PERSONAL CONTACT

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

Sitting in driver seat, sleeping behind wheel, keys in ignition, vehicle running

OBSERVATION OF DRIVER: Sleeping ~~behind~~ sitting in the driver seat

DRIVER'S STATEMENTS: Im trying to so home

ODORS: Alcoholic beverage emanating from her face area

GENERAL OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Calm, Sad, Crying

CLOTHING: Shorts, Gray shirt

MEDICAL/OTHER: None

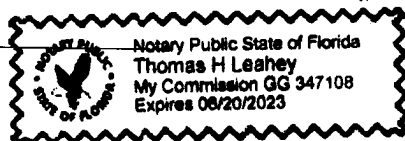
STATE OF FLORIDA
COUNTY OF PALM BEACH

Thomas March
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 27 day of March 20 21 by OK T March #000389

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

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



SUBJECT: Hannah Gallagher

CASE NUMBER 21-000389

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: Swaying side to side.

WALK & TURN Did not walk heel to toe. Took 10 steps on return portion of task. After first 9 steps on the return portion Gallagher stopped and asked if she was doing it right

ONE LEG STAND: Stopped during task and switched legs.

FINGER TO NOSE: Not performed

ROMBERG ALPHABET: Not performed

BREATH TEST RESULTS: .152 at 0714 and .148 at 0717

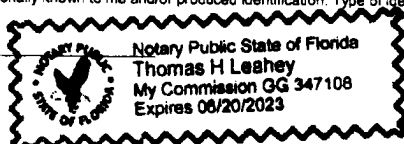
STATE OF FLORIDA
COUNTY OF PALM BEACH

[Signature]
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 27 day of March 20 21 by Officer T March #0059

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

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



WITNESS LIST

CASE NUMBER: 21-000789

ARRESTING OFFICER: Thomas March

ADDRESS: 345 S. County Road

PHONE NUMBERS (HOME): 561-838-5454 (WORK) _____

CAN TESTIFY TO: Arrest

NAME: Sgt Reyes

ADDRESS: 345 S. County Road

PHONE NUMBERS (HOME): 561-838-5454 (WORK) _____

CAN TESTIFY TO: SFST's

NAME: Officer Moss

ADDRESS: 345 S. County Road

PHONE NUMBERS (HOME): 561-838-5454 (WORK) _____

CAN TESTIFY TO: SFST's, Statements

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) _____

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) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NOT A CERTIFIED COPY



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

PBSO CASE # 21-049182 PBSO ZONE 1-32

AGENCY CASE # 21-000389 CRASH CASE # _____

TIME OF STOP/CRASH 0551 DATE 3/27/21 DAY Saturday

SUBJECT'S NAME Hannah M. Gallagher RACE White SEX Female

HGT 505 WGT 130 DOB 11/17/00

LOCATION 300 Block South Ocean Blvd. (SRA1A)

ARRESTING OFFICER'S NAME & ID Thomas Marshall #0059 AGENCY PBPD

DIVISION: Patrol

NOTIFIED BY COMMO yes

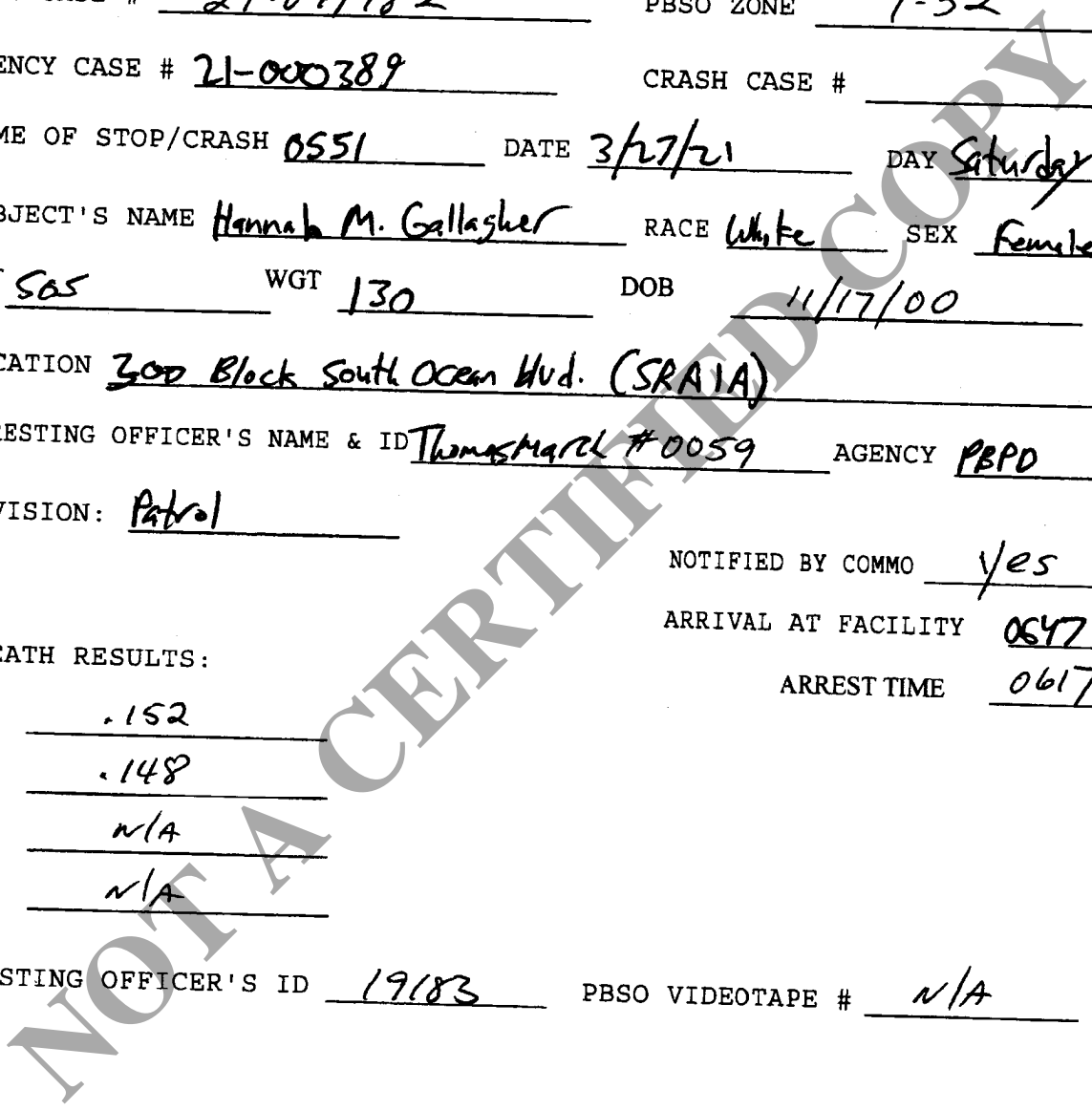
ARRIVAL AT FACILITY 0547

ARREST TIME 0617

BREATH RESULTS:

- 1. .152
- 2. .148
- 3. N/A
- 4. N/A

TESTING OFFICER'S ID 19183 PBSO VIDEOTAPE # N/A





Palm Beach County Sheriff's Office – Arrests Only

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

REVIEW COMPLETED BY

Booking Number: 2021007374	Date: 03/28/2021
	Specialist Name/ID: T Howard/7185