

20CT-12947
ARREST / NOTICE TO APPEAR
 Juvenile Referral Report

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

1 Juvenile N

OBTS Number		Agency ORI Number FLO 502600		Agency Name PALM BEACH GARDENS POLICE DEPARTMENT		Agency Report Number (N.T.A.'s only) 78-20004593	
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 2 1. Yes 2. No	
Location of Arrest (Including Name of Business) 4300-BLK HOLLY DR, PALM BEACH GARDENS, FL 33410		Location of Offense (Business Name, Address) N MILITARY TRI/HOLLY DR, PALM BEACH GARDENS, FL 33410					
Date of Arrest 10/14/2020	Time of Arrest 03:08	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle KAUFF'S TOWING & RECOVERY 4301 East Avenue, West Palm Beach, FL 33405	
Name (Last, First, Middle) TUCCARONE, KAITLYN, RILEY				Aliases (Name, DOB, Soc. Sec. #, Etc.) NONE			
Race W - White I - American Indian B - Black O - Oriental/Asian	Sex F	Date of Birth 09/14/1997	Height 507	Weight 120	Eye Color HAZ	Hair Color BLK	Complexion LGT
Build SMALL		Marital Status SINGLE		Religion CHRISTIAN		Indication of Alcohol/Drug Influence <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) TATT: L-ARM; NECK; RIGHT FOREARM				Residence Type: 1. City 2. County 3. Florida 4. Out of State 2		Address Source FLORIDA DRIVER'S LICENSE	
Local Address (Street, Apt. Number) (City) (State) (Zip) 16745 E DERBY DR, LOXAHATCHEE, FL 33470				Phone (561) 758-6818		Occupation SERVER	
Permanent Address (Street, Apt. Number) (City) (State) (Zip)				Phone		Business Address (Name, Street) (City) (State) (Zip)	
Business Address (Name, Street) (City) (State) (Zip) PAPICHULO, ROYAL PALM BEACH				Phone		Place of Birth (City, State) WEST PALM BEACH, FL	
DL Number, State T-265-516-97-834-0 FL		INS Number		Citizenship USA		Co-Defendant Name (Last, First, Middle)	
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 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 355-2528) 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/Process/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		Statute Violation Number 316.193(1)(A)	
Charge Description DUI - NORMAL FACULTIES IMPAIRED		Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number	
Drug Activity N		Drug Type N		Amount / Unit N/A		Violation of ORD #	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number	
Drug Activity		Drug Type		Amount / Unit		Violation of ORD #	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number	
Drug Activity		Drug Type		Amount / Unit		Violation of ORD #	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number	
Drug Activity		Drug Type		Amount / Unit		Violation of ORD #	

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 **NOVEMBER** Day **18** Year **2020** Time **10:00** AM 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

10/14/2020

Signature of Defendant (or Juvenile and Parent / Custodian) _____ Date Signed _____

HOLD for other Agency Name: _____ Signature of Arresting Officer _____ Name Verification (Printed by Arrestee) _____

Dangerous Releated Arrest Name of Arresting Officer (Print) **Off. Cameron Carver #471** I.D. # _____ (PRINT) **SCANNED** PAGE _____

Suicidal Other: _____ Transporting Officer **Off. Cameron Carver #471** ID # _____ Agency **PBPGD** Witness here if subject signed with # _____ **10/14/2020** 1 OF 1

471 722

917

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 14 DAY OF OCTOBER 2020, AT 02:36 AM PM
SUBJECT: TUCCIARONE, KAITLYN, RILEY CASE NUMBER: 20004593
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)

Officer Trudeau initiated a traffic stop on a white Honda Civic bearing Florida tag Z432GQ for a tag light out. Officer Trudeau also stated he observed the vehicle drift within the lane twice, striking the inside solid white line and the outside dividing line. The Honda turned down Holly Drive and stopped in the 4300-BLK. Officer Trudeau identified the driver and sole occupant of the vehicle as Kaitlyn Riley Tucciarone.

OBSERVATION OF DRIVER:

Upon my arrival, I met with Tucciarone who was leaning on the hood of Officer Trudeau's police car. Tucciarone had the strong odor of an unknown alcoholic beverage coming from her breath. Her eyes were glassy and bloodshot. She spoke with a slur and she contradicted her statements. When moving around at the scene, Tucciarone walked with a sway.

DRIVER'S STATEMENTS:

Stated she was coming from Pirate's Well (9477 Alt A1A, Lake Park, FL) where she had a "few" drinks. Clarified she had around three to four drinks. Stated she has a medical Marijuana card and last smoked her prescription Marijuana yesterday morning, then changed it to yesterday evening.

ODORS:

Odor of unknown alcoholic beverage.

GENERAL OBSERVATIONS

SPEECH: Slur

ATTITUDE: Moodswings; calm, cooperative, disrespectful, argumentative; talkative

CLOTHING: white shirt, blue jeans, white shoes

MEDICAL/OTHER: Anxiety; PTSD; depression Taking effexor and Marijuana

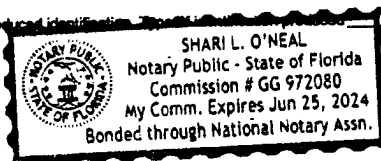
STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 14 day of October 2020 by Ofc. Cameron Carver

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type "Personally Known" or "Not Personally Known" in the space provided.

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



SCANNED
OCT 14 2020

SUBJECT: TUCCIARONE, KAITLYN, RILEY CASE NUMBER 20004593

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 type="checkbox"/> LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES | <input type="checkbox"/> RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES |

Other Observations:

Condition of Eyes: Glassy, bloodshot eyes.

WALK & TURN:

- *Lost Balance
- *Stepped Off Line
- *Stopped While Performing Task
- *Improper Turn

ONE LEG STAND:

- *Used Arms for Balance
 - *Swayed
- Other Observations: Did not keep foot elevated near six-inches.**

ROMBERG ALPHABET:

Eyes fluttered; performed task satisfactory.

FINGER TO NOSE:

Used tip of finger to touch under the nose.

BREATH TEST RESULTS: Refused

STATE OF FLORIDA
COUNTY OF PALM BEACH

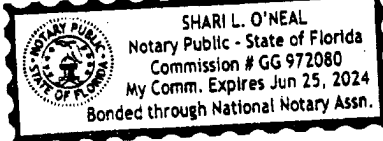
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 14 day of October 2020 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)



SCANNED
OCT 14 2020

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 14 day of October, 20 20, at 03:08 P.M. A.M.

DRIVER KAITLYN RILEY TUCCARONE
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# T-265-516-97-834-0, state of FL, was placed under lawful arrest for
the offense of DUI - NORMAL FACULTIES IMPAIRED by Ofc. Cameron Carver and
(Name of Arresting Officer)

issued Citation # A56HD3E

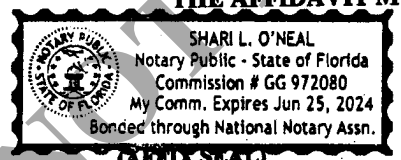
That on or about the 14 day of October, 20 20, at 04:12 P.M. A.M.

in PALM BEACH County,

I requested that the driver submit to a 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]
Signature of Law Enforcement Officer or
Correctional Officer

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



The foregoing instrument was sworn and subscribed before me:

The foregoing instrument was sworn and subscribed before
me this 14 day of October, 20 20,

Signature of Attesting Officer

Title _____

Date _____

by Ofc. Cameron Carver,

who is personally known to me or who has produced
Personally Known as identification

Notary Public [Signature]

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.

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)

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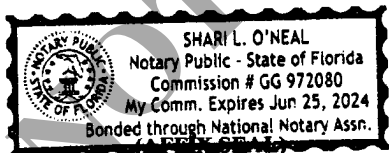
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Signature of Law Enforcement Officer or Correctional Officer

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The foregoing instrument was sworn and subscribed before me:

The foregoing instrument was sworn and subscribed before me this 14 day of October, 20 20,

Signature of Attesting Officer

by Ofc. Cameron Carver,

Title

who is personally known to me or who has produced

Date

Personally Known as identification

Notary Public [Signature]

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.

DUI WITNESS LIST

Arresting Officer: Ofc. Cameron Carver #471 Email: ccarver @pbgfl.com

Agency Address: 10500 N Military Trail, Palm Beach Gardens, FL 33410 Phone: 561-799-4445

Can Testify To: Facts of Case

Backup Officer(s): Trudeau #493; Stevenson #353; Garito #500

Agency Address: 10500 N Military Trail, Palm Beach Gardens, FL 33410 Phone: 561-799-4445

Can Testify To: Reason for Stop; Scene Safety; Search

Breathalyzer Technician: O'Neal ID# 6212 Agency: PBSO

DRE: _____ Agency Case #: _____

Agency Address: _____ Phone: _____ Email: _____

Name: _____ Involvement: _____

Address: _____ Phone: _____

Can Testify To: _____ Wheel Witness

Name: _____ Involvement: _____

Address: _____ Phone: _____

Can Testify To: _____ Wheel Witness

Name: _____ Involvement: _____

Address: _____ Phone: _____

Can Testify To: _____ Wheel Witness

Name: _____ Involvement: _____

Address: _____ Phone: _____

Can Testify To: _____ Wheel Witness

Name: _____ Involvement: _____

Address: _____ Phone: _____

Can Testify To: _____ Wheel Witness

Name: _____ Involvement: _____

Address: _____ Phone: _____

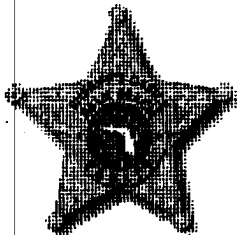
Can Testify To: _____ Wheel Witness

Name: _____ Involvement: _____

Address: _____ Phone: _____

Can Testify To: _____ Wheel Witness

SCANNED
OCT 14 2020



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

PBSO CASE # 20-116468 PBSO ZONE 3-13

AGENCY CASE # 2004593 CRASH CASE # _____

TIME OF STOP/CRASH 02:36 DATE 10/14/2020 DAY WEDNESDAY

SUBJECT'S NAME TUCCIARONE KAITLYN RILEY RACE W SEX F
LAST FIRST MID

HGT 507 WGT 120 DOB 09/14/1997

LOCATION 4300-BLK HOLLY DR, 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 0346

ARREST TIME 03:08

BREATH RESULTS:

- 1) _____
- 2) **REFUSED**
- 3) _____
- 4) _____

BREATH TEST OPERATOR: 6212

**SCANNED
OCT 14 2020**

TESTING FACILITY TASK REPORT

AGENCY: PBG OFC. CARVER #471

SUBJECT: TUCCIARONE, KAITLYN R.

CASE NUMBER: 20-116468

DATE: 10-14-20

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 0410 HRS

ENDING TIME: 0413 HRS

BREATH TESTS RESULTS: REFUSED

REFUSED

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: S.O'NEAL #6212

MAINTENANCE TECHNICIAN: J. KARLECKE #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLUR

ATTITUDE: CALM, COOPERATIVE AT FIRST, TALAKTIVE, MOODSWINGS, DISRESPECTFUL, UNCOOPERATIVE AT TIMES

CLOTHING: SHIRT-WHITE/MUTLI. WRITING PANTS-LIGHT BLUE JEANS

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER:

EYES: VERY RED, GLASSY, WATERY FROM CRYING
STRONG ODOR OF UNKNOWN ALCOHOLIC BEVERAGE

COMMENTS:

20 MIN. OBSERVATION DONE BY A/O CARVER #471
A/O REQUESTED THE BREATH TEST.
D REFUSED THE BREATH REQUEST.
A/O READ THE IMPLIED CONSENT ON CAMERA.
D UNDERSTOOD THE I/C AS READ.
D STILL REFUSED THE BREATH REQUEST AFTER THE I/C WAS READ.
C/W READ ON CAMERA.
NO Q&A CONDUCTED.

SCANNED
OCT 14 2020

SUBJECT: Tucciarone, Kaitlyn CASE NUMBER: 200041593

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 Officer Cameron Cover 471 of the Palm Beach 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 **SCANNED**

OCT 14 2020



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	<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"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2020024241

Date: 10/14/2020

Specialist Name/ID: T Howard/7185

SCANNED
OCT 14