
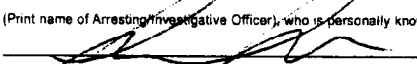


J# 0463622

p# 800

OBTS Number		<b>ARREST / NOTICE TO APPEAR</b>		1 Arrest		3 Request for Warrant		Juv		N	
2 N.T.A.		4 Request for Capias		1							
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- 21084519</b>					
Charge Type: Check as many as apply		<input checked="" type="checkbox"/> 1. Felony		<input type="checkbox"/> 3. Misdemeanor		<input type="checkbox"/> 5. Ordinance		Weapon Seized / Type		Multiple Clearance Indicator	
<input type="checkbox"/> 2. Traffic Felony		<input type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 6. Other				<input checked="" type="checkbox"/> 1. Yes		<input type="checkbox"/> 2. No	
Location of Arrest (Including Name of Business) <b>152 Sandpiper Ave Royal Palm Beach, FL 33411</b>				Location of Offense (Business Name, Address) <b>152 Sandpiper Ave. Royal Palm Beach, FL 33411</b>							
Date of Arrest <b>07/10/2021</b>		Time of Arrest <b>2013</b>		Booking Date		Booking Time		Jail Date		Jail Time	
										Location of Vehicle <b>152 Sandpiper Ave. Royal Palm Beach, FL 33411</b>	
Name (Last, First, Middle) <b>Marino, Taylor, Nichole</b>											
Alias (Name, DOB, Sob. Sec. #, etc.)											
Race W - White I - American Indian B - Black O - Oriental/Asian		Sex <b>F</b>		Date of Birth <b>09/09/1993</b>		Height <b>5'05"</b>		Weight <b>130</b>		Eye Color <b>brown</b>	
										Hair Color <b>brown</b>	
										Complexion <b>light</b>	
										Build <b>thin</b>	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>Tattoo right ankle of flower</b>						Mental Status <b>Single</b>		Religion <b>Unk</b>		Indication of Alcohol Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk <input type="checkbox"/>	
Local Address (Street, Apt. Number) (City) (State) (Zip) <b>122 Stirrup Ln Royal Palm Beach FL 33411</b>						Phone <b>(561) 701-3234</b>		Residence Type 1. City 2. County 3. Florida 4. Out of State		1	
Permanent Address (Street, Apt. Number) (City) (State) (Zip) <b>122 Stirrup Ln Royal Palm Beach FL 33411</b>						Phone <b>(561) 701-3234</b>		Address Source <b>D/L</b>			
Business Address (Name, Street) (City) (State) (Zip)						Phone <b>( )</b>		Occupation			
DL Number, State <b>M650814938291, FL</b>				Soc. Sec. Number		INS Number		Place of Birth (City, State) <b>Hollywood, FL</b>		Citizenship <b>US</b>	
Co-Defendant Name (Last, First, Middle)				Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony	
										<input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor	
Co-Defendant Name (Last, First, Middle)				Race		Sex		Date of Birth		<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor	
										<input type="checkbox"/> 2. At Large <input type="checkbox"/> 5. Juvenile	
<input type="checkbox"/> Parent		Name (Last) (First) (Middle)		Residence Phone							
<input type="checkbox"/> Legal Custodian											
<input type="checkbox"/> Other											
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.						School Attended		Grade			
<input type="checkbox"/> Yes, by (Name) <input type="checkbox"/> No (Reason)											
Property Crime?		Description of Property		Value of Property							
<input type="checkbox"/> Yes <input type="checkbox"/> No											
Drug Activity		S. Sell		R. Smuggle		K. Dispense/Distribute		M. Manufacture/Produce/Cultivate		Z. Other	
N. Possess		B. Buy		D. Deliver		E. Use					
		T. Traffic									
Drug Type		Amount / Unit		Offense #		Statute Violation Number		Warrant / Capias Number		Bond	
<b>P</b>		<b>5.5 pills</b>		<b>21084519</b>		<b>843.18 (GA)</b>					
Charge Description		Counts		Domestic Violence		Statute Violation Number		Warrant / Capias Number		Bond	
<b>993.13 (GA) Possess Control Substance w/o</b>		<b>1</b>		<input type="checkbox"/> Y <input type="checkbox"/> N							
Drug Activity		Drug Type		Amount / Unit		Offense #		Statute Violation Number		Warrant / Capias Number	
<b>P</b>		<b>B</b>									
Charge Description		Counts		Domestic Violence		Statute Violation Number		Warrant / Capias Number		Bond	
				<input type="checkbox"/> Y <input type="checkbox"/> N							
Drug Activity		Drug Type		Amount / Unit		Offense #		Statute Violation Number		Warrant / Capias Number	
Charge Description		Counts		Domestic Violence		Statute Violation Number		Warrant / Capias Number		Bond	
				<input type="checkbox"/> Y <input type="checkbox"/> N							
Drug Activity		Drug Type		Amount / Unit		Offense #		Statute Violation Number		Warrant / Capias Number	
Location (Court, Room Number, Address)											
Court Date and Time											
Month		Day		Year		Time		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.											
07/10/2021											
Signature of Defendant (or Juvenile and Parent /Custodian)											
Date Signed											
HOLD for other Agency				Signature of Arresting Officer				Name Verification (Printed by Arrestee)			
Name				Name of Arresting Officer (Print)				(PRINT)			
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest				<b>D/S Tim Laquerre</b>				<b>37291</b>			
<input type="checkbox"/> Sexual <input type="checkbox"/> Other				Transporting Officer				ID #			
Initials				ID #				Agency			
				<b>50-5</b>							
Witness here if subject signed with an -X-								PAGE		1 OF 1	

OBTS Number		<b>PROBABLE CAUSE AFFIDAVIT</b>		1 Arrest 2 N.T.A.		3 Request for Warrant 4 Request for Capias		1	juvenile	N	
ADMIN	Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number <b>06-21084519</b>						
	Charge Type Check as many as apply: <input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance		<input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other		Special Notes:						
DEF	Name (Last, First, Middle) <b>Marino, Taylor, Nichole</b>				Alias		Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>09/09/1993</b>		
	Charge Description <b>893.13(6a) Possess Control Substance 44/0</b>				Charge Description						
CHARGES	Charge Description				Charge Description						
VICTIM	Victim's Name (Last, First, Middle) <b>State of Florida</b>				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				
<p>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.</p> <p>The Person taken into custody</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> committed the below acts in my presence  <input type="checkbox"/> confessed to _____ admitting to the below facts.         </div> <div> <input type="checkbox"/> was observed by _____ who told that he/she saw the arrested person commit the below acts.  <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation         </div> </div> <p>On the <b>10</b> day of <b>July</b> 20<b>21</b> at <b>8:13</b> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p> <p><b>On 7/10/2021 at approximately 1911 hours I was driving north bound on Royal Palm Beach Blvd. approaching the intersection of Sandpiper Ave. in Royal Palm Beach. I observed a blue colored Chevrolet Monte Carlo in front of me bearing FL tag KUPL17. I ran the tag in FCIC/NCIC which showed the tag was registered to a Paul Alexander Little but not to a vehicle. I conducted a traffic stop at 152 Sandpiper Ave. and informed the driver, Paul Alexander Little, the reason for the stop. Paul said he bought the car approximately 2 weeks ago and hasn't had a chance to register it yet and knows he should not be driving. While speaking to Paul through the front driver side window which was rolled down I could smell the odor of marijuana coming from inside the car. I informed Paul of my observations and he told me he had smoked marijuana earlier and had a roach in the car. Paul also gave me his medical marijuana card which was later verified as valid. Based on my observations of the odor of marijuana coming from inside the car and Paul admitting to the presence of marijuana inside I found probable cause existed to search the vehicle and occupants. The front passenger side occupant was identified by FL DL as Taylor Nichole Marino. A search of the vehicle revealed a backpack in the trunk. Inside the backpack was a large plastic bag containing smaller clear plastic bags containing a green leafy substance which based on my training and experience I recognized to be marijuana. Paul said the marijuana was his and was prescribed to him which was later verified. In the front passenger seat where Taylor was sitting was a purse that she was previously holding when I initially stopped the vehicle. Inside the purse was Taylors wallet where she initially grabbed her license from. Inside the wallet was a broken green colored pill with an imprint on one side of 0 3. Inside a side pouch of the purse was a small clear plastic bag containing 5 more green colored pills with the imprint of S 90 0 on one side scored two times and no imprints on the other side. I recognized these pills to be Alprazolam based on my training and experience. I later verified the pills by matching the description, color, imprints, and shape through <a href="https://www.drugs.com/imprints/s-90-3-11997.html">https://www.drugs.com/imprints/s-90-3-11997.html</a> which verified the pills were Alprazolam 2 mg a schedule 4 controlled substance. I later read Taylor her miranda warnings from a hand held card which she stated she understood and agreed to speak to me. Taylor admitted the pills were Xanax and were previously prescribed to her approximately 2 years ago. Taylor said she found them today and thought she would take them with her to consume later on. Taylor first said she has a valid prescription but later admitted she does not. Based on my investigation I determined Taylor violated FSS 893.16(6a) for possessing a controlled substance without a valid prescription. Taylor was placed under arrest, handcuffed, checked for proper fit, and double locked. I later transported Taylor to the Palm Beach County Royal Palm Beach substation while I completed paperwork. Taylor was later transported to the Palm Beach County West Detention Center by the transport unit. The Alprazolam was submitted into evidence along with my in car video/audio. Paul was released from the scene with a warning for driving an unregistered motor vehicle. This case is cleared by arrest.</b></p>											
ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH <div style="display: flex; justify-content: space-between;"> <div>             (Signature of Arresting/Investigative Officer)         </div> <div> <b>D/S Tim Laquerre</b> </div> </div>										
	The foregoing instrument was sworn to or affirmed and subscribed before me this <b>10</b> day of <b>July</b> 20 <b>21</b> by <b>D/S Tim Laquerre</b> (Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced <b>known LEO</b>										
	Notary Public, Clerk of Court, Officer (F.S.S. 117.10) <div style="display: flex; justify-content: space-between;"> <div>   <b>34183</b> </div> <div> <b>known LEO</b> </div> </div>										
	<div style="display: flex; justify-content: space-between;"> <div>           PAGE  <b>1</b> OF <b>1</b> </div> </div>										



**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)
<b>L/E Exemptions</b>	<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.	
<b>Public Info. Exemptions</b>	<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.	
<b>Florida Rules of Judicial Administration 2.420 (Rule of 23)</b>	<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"/>			
<b>Other</b>	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

**REVIEW COMPLETED BY**

Booking Number: 2021017060	Date: 7/11/2021
	Specialist Name/ID: M. Took #8557