

0475542

P# 3187

☐ Check if Supplement is Attached1. Arrest 3. Request for Warrant
2. N.T.A. 4. Request for CapiasJuvenile ☒

ADMINISTRATIVE	OBTS Number		ARREST / NOTICE TO APPEAR		Juvenile Referral Report		Agency ORI Number		Agency Name		Agency Report Number (N.T.A.'s only)	
	FLO 5 0 0 0 0 0		PALM BEACH COUNTY SHERIFF'S OFFICE		0 6 1 1 6 1 0 3 5 1 1 1 1 1 1		Charge Type: Check as many as apply.		If Weapon Seized		Multiple Clearance Indicator	
	☐ 1. Felony ☐ 2. Traffic Felony		☐ 3. Misdemeanor ☒ 4. Traffic Misdemeanor		☐ 5. Ordinance ☐ 6. Other		Enter Type				10.1	
	Location of Arrest (including Name of Business)		Location of Offense (Business Name, Address)		Date of Arrest		Time of Arrest		Booking Date		Booking Time	
DEFENDANT	1800 BIK Forest Hill Blvd. LCS FL		1800 BIK Forest Hill Blvd. LCS FL		02.26.16		08.47				1800 FH Blvd. LCS FL	
	Name (Last, First, Middle)		Alias (Name, DOB, Soc. Sec. #, Etc.)		Race		Sex		Date of Birth		Height	
	Galarneau, Sarah				W - White B - Black		F		05.24.85		5'5"	
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status		Religion		Indication of: Alcohol Influence		Drug Influence		Build	
CO-DEF	Tattoos, Buck, Stomach.		UNK		UNK		☒ 1. City ☐ 2. County		☐ 3. Florida ☐ 4. Out of State		01	
	Local Address (Street, Apt. Number)		(City)		(State)		(Zip)		Phone		Residence Type:	
	2080 Kudzu Rd. WPB FL 33415		(561) 601-2483								FL DL	
	Permanent Address (Street, Apt. Number)		(City)		(State)		(Zip)		Phone		Address Source	
JUVENILE	Same											
	Business Address (Name, Street)		(City)		(State)		(Zip)		Phone		Occupation	
	N/A										R/N	
	D/L Number, State		Soc. Sec. Number		INS Number		Place of Birth (City, State)		Citizenship			
CO-DEF	G465117856840						Long IS, NY		USA			
	Co-Defendant (Last, First, Middle)		Race		Sex		Date of Birth		☐ 1. Arrested ☐ 2. At Large		☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile	
	Co-Defendant (Last, First, Middle)		Race		Sex		Date of Birth		☐ 1. Arrested ☐ 2. At Large		☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile	
	Parent		Name (Last)		(First)		(Middle)		Residence Phone			
JUVENILE	☐ Legal Custodian		Address (Street, Apt. Number)		(City)		(State)		(Zip)		Business Phone	
	☐ Other:											
	Notified by: (Name)		Date		Time		Juvenile Disposition		1. Handled/Processed within Dept. and Released.		2. TOT HRS/DYS 3. Incorporated	
	Released To: (Name)		Relationship									
CHARGE	The above address was provided by ☐ defendant and / or ☐ defendant's parents. The child and / or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address.		School Attended		Grade		Value of Property					
	☐ Yes, by: (Name)		☐ No (Reason)									
	Property Crime?		Description of Property									
	☐ Yes ☐ No											
CHARGE	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		B. Barbiturate	
	P. Possess		T. Traffic						A. Amphetamine		C. Cocaine	
									H. Hallucinogen		M. Marijuana	
CHARGE	Charge Description		Counts		Domestic Violence		Statute Violation Number		Violation of ORD #			
	Driving under the Influence		1		☒ Y ☐ N		3161193(3)(A)(B)(C)(1)					
	Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond	
	N		N		N/A		16-0351					
CHARGE	Charge Description		Counts		Domestic Violence		Statute Violation Number		Violation of ORD #			
					☐ Y ☐ N							
	Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond	
CHARGE	Charge Description		Counts		Domestic Violence		Statute Violation Number		Violation of ORD #			
					☐ Y ☐ N							
	Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond	
CHARGE	Charge Description		Counts		Domestic Violence		Statute Violation Number		Violation of ORD #			
					☐ Y ☐ N							
	Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond	
NOTICE TO APPEAR	Location (Court, Room Number, Address)		Court Date and Time		Month		Day		Year		Time	
	Criminal Justice Complex. 3228 Gun Club Rd. WPB FL		3		2016		0830		A.M.		0830 P.M.	
	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									
ADMIN	HOLD for other agency		Signature of Arresting Officer		Name Verification (Printed by Arrestee)		(PRINT)		SCANNED		PAGE	
	☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other:		Fisher, C #324 LSPD		Fisher, C		FEB 28 2016				1 OF 1	
	Intake Deputy		I.D. #		Pouch #		Transporting Officer		I.D. #		Agency	

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 26 DAY OF February 20 16 AT 0800 AM PM
SUBJECT: Corin Sarah Galarnaud CASE NUMBER: 2016-0351
AGENCY: Lake Clarke Shores PD ARRESTING OFFICER: Fisher, C #324

PERSONAL CONTACT

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

on scene, Subject exited vehicle and attempted to leave by walking across 3 lanes of Forest Hill Blvd into parking lot. Contact was made, Subject brought Back to scene,

OBSERVATION OF DRIVER:

Unable to stand without swaying, strong smell of Alcoholic odor, bloodshot, glassy eyes. Repeats herself multiple times, unable to follow simple instructions.

DRIVER'S STATEMENTS:

I only had two beers, I took some prescription medication, but I have script. Driver advised she was going to work, had crash. repeated multiple times.

ODORS:

Strong smell of unknown alcoholic beverage, increases as Subjects speaks.

GENERAL OBSERVATIONS

SPEECH: Confusing, not making complete sense, repeats.

ATTITUDE: Changes frequently, cries, angry, confused.

CLOTHING: Medical uniform.

MEDICAL/OTHER: vehicle accident, refused medical treatment.

STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

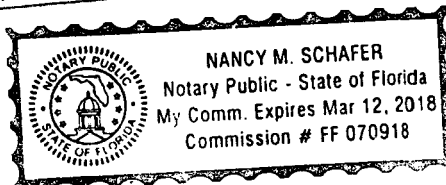
The foregoing instrument was sworn to or affirmed and subscribed before me this

26 day of Feb. 20 16 by C. Fisher

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

name badge

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



SCANNED
FEB 28 2016

SUBJECT: Corin Galarneau CASE NUMBER: 2016 - 0351

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: unable to keep head still. Uttered, I failed, I cant keep my head still.

WALK & TURN:

Unable to complete due to safety. Subject almost fell multiple times during one leg stand.

ONE LEG STAND: unable to stand in required position without swaying. when right foot extended, subject stumbled to the right almost fully. same occurred with left foot. unable to follow directions,

FINGER TO NOSE:

N/A

ROMBERG/ALPHABET:

N/A

BREATH TEST RESULTS:

0.220 / 0.215

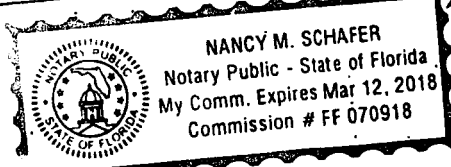
STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was notarized or sworn before me this 26 day of Feb, 20 16 by C. Fisher

who is personally known to me and/or produced identification. Type of identification produced name badge

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



SCANNED
FEB 28 2016

TESTING FACILITY TASK REPORT

AGENCY: Lake Clark Shores P.D.

SUBJECT: Galarneau, Corin S.

CASE NUMBER: 16-043581

DATE: 2/26/16

VIDEO DVD NUMBER: 60506

BEGINNING TIME: 09:55

ENDING TIME: 10:08

BREATH TESTS RESULTS: 1) .220 TIME 10:01 A.M. ☒ P.M. ☐ 2) .215 TIME 10:04 A.M. ☒ P.M. ☐
3) TIME A.M. ☐ P.M. ☐ 4) TIME A.M. ☐ P.M. ☐

BREATH OPERATOR: N. Schafer, #2644

MAINTENANCE TECHNICIAN: J. Karlecke, #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH:

ATTITUDE: Mostly cooperative - sarcastic, agitated and whiny at times.

CLOTHING: Short sleeve and long pant scrubs in blue, black boots, black l/s shirt underneath scrub shirt.

MEDICAL CONDITIONS: Anxiety

MEDICATIONS: Xanax - 1 mg 4x a day

OTHER:

Subject stated that she takes benadryl (generic) to sleep.
Disheveled appearance, cut above eyebrow.

COMMENTS:

A/O observed subject for 20 minutes.

Subject agreed to breath test and provided two samples, as instructed .220/.215.
I explained results.

Arresting officer read constitutional warnings and asked subject to answer questions and she said that she pleads the fifth. No Q & A.

SCANNED
FEB 28 2016