23CT15813

Arrest / Notice to Appear
Juvenile Referral Report

ADMINISTRATIVE

OBTS Number		1. Arrest 3. Request for Warrant 2. N.T.A. 4. Request for Capias	1	Juvenile ☐
Agency ORI Number: FLO 502700	Agency Name: PALM SPRINGS POLICE DEPARTMENT	Agency Report Number: 82- 2023-19118		

Charge Type: Check as many as apply. ☐ 1. Felony ☐ 3. Misdemeanor ☐ 5. Ordinance ☐ 2. Traffic Felony ☒ 4. Traffic Misdemeanor ☐ 6. Other

Weapon Seized / Type:

Multiple Clearance Indicator:

Location of Arrest (Including Business Name): 3199 Lake Worth Rd. Palm Springs FL 33461

Location of Offense (Business Name, Address): Lake Worth Rd. and S. Congress Ave Palm Springs FL 33461

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
9/5/23	0048					Priority Towing

DEFENDANT

Name (Last, First, Middle): MCNALL, TAMMARA, PAULETTE — Alias:

Race: W – White I – American Indian B – Black O – Oriental/Asian	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	F	08/02/1974	504	140	BRO	BRO	LIGHT	MED

Scars, Marks, Tattoos, Unique Physical features (Location, Type, Description):

Marital Status: M — Religion: Christian — Indication Of Drug Influence — Alcohol Influence: Yes / No

Local Address (Street, Apt, Number) (City) (State) (Zip): 738 SAMUEL CHASE LANE WEST MELBOURNE FL 32904 — Phone: 321-634-2450 — Residence Type: 1 City 3 Florida 2 County 4 Out of State: 3

Permanent Address (Street, Apt, Number) (City) (State) (Zip): — Phone: — Address Source:

Business Address (Street, Apt, Number) (City) (State) (Zip): — Phone: — Occupation:

D/L Number, State	Social Security Number	INS Number	Place of Birth (City, State)	Citizenship
M254815747820	[redacted]		MEDINA, NY	US

CO-DEF

Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	1. Arrested 2. At Large 3. Felony 4. Misdemeanor 5. Juvenile
			08/02/1974	
Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	1. Arrested 2. At Large 3. Felony 4. Misdemeanor 5. Juvenile

JUVENILE

☐ Parent ☐ Other ☐ Legal Custodian — Name (Last, First, Middle): — Residence Phone:

Local Address (Street, Apt, Number) (City) (State) (Zip): — Business Phone:

Notified by: (Name): CPOR — 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 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. ☐ Yes by: (name) ☐ No: — School Attended: — Grade:

Property Crime? ☐ Yes ☐ No — Description of Property: — 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 S. Synthetic F. Paraphernalia/ Equipment U. Unknown Z. Other

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
DUI	1	No	316.193 (1) (a)	

Drug Activity	Drug Type	Amount / Unit	Offense Number	Warrant / Capias Number	Bond
N	N		2023-19118		

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #

Drug Activity	Drug Type	Amount / Unit	Offense Number	Warrant / Capias Number	Bond

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #

Drug Activity	Drug Type	Amount / Unit	Offense Number	Warrant / Capias Number	Bond

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #

Drug Activity	Drug Type	Amount / Unit	Offense Number	Warrant / Capias Number	Bond

NOTICE TO

☐ Instruction No. 1 Mandatory Appearance in Court
☐ Instruction No. 2 You need not appear in Court but must comply with instructions on Reverse side.

Location (Court, Room Number, Address): CJC - 3228 Gun Club Rd. WPB, FL 33406

Court Date and Time: Month: SEPTEMBER Day: 28 Year: 2023 Time: 0830 ☒ A.M. ☐ 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 Name: — ☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other

Intake Deputy: I.D.# — Date: SEP 05 2023

Signature of Arresting Officer

Name of arresting Officer (Print): OFC. SHACKELFORD — I.D.# 104

Transporting Officer: OFC. SHACKELFORD — I.D.# 104 — Agency: PSPD

Name Verification (Printed by Arrestee) (PRINT)

Witness here if subject signed with X

Page 1 Of 1

SCANNED

F4261 DISTRIBUTION: 1 COURT COPY, 2 - STATE ATTORNEY, 1 – AGENCY, 1 – JAIL, 1 – DEFENDANT(NTA'S ONLY) PDF FORM 10/2012

NOT A CERTIFIED COPY

0543168

351

PROBABLE CAUSE AFFIDAVIT

OBTS Number:

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

Juvenile:

ADMIN

Agency ORI Number: FLO 502700

Agency Name: PALM SPRINGS POLICE DEPARTMENT

Agency Report Number: 06-82-2023-19118

Charge Type: Check as many as apply. 1. Felony 2. Traffic Felony 3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 6. Other

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
MCNALL, TAMMARA, PAULETTE		W	F	08/02/1974

CHARGES

Charge Description	Charge Description
DUI	
Charge Description	Charge Description

VICTIM

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
STATE OF FLORIDA			

Local Address (Street, Apt. Number) (City) (State) (zip)	Phone	Address Source
	( )	
Business Address (Name, Street) (City) (State) (zip)	Phone	Occupation
	( )	

PROBABLE CAUSE STATEMENT

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.
- ☐ confessed to _____ admitting to the below facts.
- ☐ was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.
- ☑ was found to have commited the below acts, resulting from my (described) investigation.

On the 5 day of SEPTEMBER 20 23 at _____ ☐ A.M. ☐ P.M. (Specifically include facts constituting cause for arrest.)

On 9/5/23 at approximately 0021 I was traveling southbound on S. Congress Ave arriving at the intersection of Lake Worth Rd. I observed a steady green light for south bound traffic with a yellow light for traffic to turn left to travel east on Lake Worth Rd. Upon arrival at the intersection I observed a whit suv traveling north bound on S. Congress Ave approaching the intersection of Lake Worth Rd. With my trafic light steady green I observed the wight SUV proceeded to make a left turn from the north bound travel lanes to travel west bound on Lake Worth Rd. failing to stop for the steady red signal. I conducted a traffic stop with a final location of 3199 Lake Worth Rd. The SUV pulled into the parking lot facing west and did not park in a marked spot. I made contact with the driver, identified by FL DL as Tammara Mcnall. I advised Mcnall the reason for the stop and asked for her Drivers License and vehicle information. Mcnall stated was not aware of the traffic light. Mcnall appeared to be slow in her movements and provided me with multiple credit cards as she searched for her drivers license that I requested. I asked if she had her driver's license and Mcnall stated "I Wish". When I asked Mcnall any questions her speech was slow and slurred. Mcnall was not wearing any shoes on her feet while driver her vehicle. Base off of my observations I requested a back up officer to respond so that a DUI investigation can be conducted. Upon arrival of my back up officer I asked Mcann if she would be willing to perform some roadside tasks to make sure she was ok to drive. Mcann stated she would participate in the exercises but stated she had MS (Multiple Sclerosis). Mcann exited the vehicle and followed me to the front of my patrol vehicle. Mcann swayed while she walked and had trouble keeping her balance. Upon arrival to the front of my patrol vehicle I conducted a Nystagmus test. At the beginning I asked Mcann to identify the tip of my pen, by touching it, with her finger. Mcann touched her nose first then touched the tip of my pen. Mcann was swaying while standing with her feet together. Mcann lacked smooth pursuit when the test was administered. I continued the DUI investigation and administered the remaining tasks to Mcann. Based off of my observations I established probable cause to charge Mcann with DUI in violation of F.S.S 316.193. Mcann was transported the Palm Beach County BAT where she was asked to provide two samples of her breath. Mcann was given ample opportunity but refused to provide the samples.

NOT A CERTIFIED COPY

ADMINISTRATIVE

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 5 day of SEPTEMBER 20 23 by SHACKELFORD

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

SCANNED
SEP 05 2023

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

THOMAS HENRY LEAHEY
Notary Public - State of Florida
Commission # HH 408332
My Comm. Expires Jun 20, 2027
Bonded through National Notary Assn.

PBSO #0004 REV. 04/01

PROBABLE CAUSE AFFIDAVIT

OBTS Number | 1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias | 1 | Juvenile

ADMIN

Agency ORI Number	Agency Name	Agency Report Number
FLO 502700	PALM SPRINGS POLICE DEPARTMENT	06-82-2023-19118

Charge Type: Check as many as apply. ☐ 1. Felony ☐ 2. Traffic Felony ☐ 3. Misdemeanor ☐ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
MCNALL, TAMMARA, PAULETTE		W	F	08/02/1974

CHARGES

Charge Description	Charge Description
DUI	
Charge Description	Charge Description

VICTIM

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
STATE OF FLORIDA			

Local Address (Street, Apt. Number) (City) (State) (zip)	Phone	Address Source
	( )	
Business Address (Name, Street) (City) (State) (zip)	**Phone**	**Occupation**
	( )	

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NOT A CERTIFIED COPY

ADMINISTRATIVE

STATE OF FLORIDA
COUNTY OF PALM BEACH

SCANNED

_____
(Signature of Arresting/Investigative Officer)

SEP 05 2023

The foregoing instrument was sworn to or affirmed and subscribed before me this 5 day of SEPTEMBER 20 23 by SHACKELFORD

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

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

THOMAS HENRY LEAHEY
Notary Public - State of Florida
Commission # HH 408332
My Comm. Expires Jun 20, 2027
Bonded through National Notary Assn.

PBSO #0004 REV. 04/01

PROBABLE CAUSE AFFIDAVIT

OBTS Number:

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

1

Juvenile

ADMIN

Agency ORI Number	Agency Name	Agency Report Number
FLO 502700	PALM SPRINGS POLICE DEPARTMENT	06-82-2023-19118

Charge Type: Check as many as apply. ☐ 1. Felony ☐ 2. Traffic Felony ☐ 3. Misdemeanor ☐ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

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CHARGES

Charge Description	Charge Description
DUI	
Charge Description	Charge Description

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NOT A CERTIFIED COPY

ADMINISTRATIVE

STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

SCANNED
SEP 05 2023

The foregoing instrument was sworn to or affirmed and subscribed before me this 5 day of SEPTEMBER 20 23 by SHACKELFORD

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

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

THOMAS HENRY LEAHEY
Notary Public - State of Florida
Commission # HH 408332
My Comm. Expires Jun 20, 2027
Bonded through National Notary Assn.

PAGE 1 OF 1

PBSO #0004 REV. 04/01

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 5 DAY OF SEPTEMBER 20 23 AT 0021 ✓ AM PM

SUBJECT: MCNALL, TAMMARA, PAULETTE CASE NUMBER: 2023-19118

AGENCY: PALM SPRINGS POLICE DEPARTMENT ARRESTING OFFICER: SHACKELFORD

PERSONAL CONTACT

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

I observed a whit suv traveling north bound on S. Congress Ave approaching the intersection of Lake Worth Rd I was traveling south bound arriving at the intersection of Lake Worth Rd. I observed south bound traffic having a steady green traffic light to make a turn to travel east. The wight SUV proceeded to make a left turn to travel west bound on Lake Worth Rd. failing to stop for the steady red signal. I conducted a traffic stop with a final location of 3199 Lake Worth Rd. The SUV pulled into the parking lot facing west and did not park in a marked spot.

OBSERVATION OF DRIVER:

I made contact with the driver, identified by FL DL as Tammara Mcnall. I advised Mcnall the reason for the stop and asked for her Drivers License and vehicle information. Mcnall appeared to be slow in her movements and provided me with multiple credit cards. I asked if she had her driver's license and Mcnall stated "I Wish". When I asked Mcnall any questions her speech was slow ans slurred. Mcnall was not wearing any shoes on her feet

DRIVER'S STATEMENTS:

Mcnall stated she did not know the light was red. Mcnall stated she had 4 beers at her friends husband birthday party and she was just trying to go home.

ODORS:

I smelled an odor of any unknown alcoholic beverage coming from Mcnall when she spoke

GENERAL OBSERVATIONS

SPEECH: slurred and spoke slowly

ATTITUDE: cooperative and emotional

CLOTHING: appeared clothes you would wear to bed

MEDICAL/OTHER: Mcnall stated she has multiple sclerosis

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 5 day of SEPTEMBER 20 23 by SHACKELFORD

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

SCAN SEP 07 2023

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

THOMAS HENRY LEAHEY
Notary Public - State of Florida
Commission # GG 083322
My Comm. Expires Jun 29, 2027
Bonded through National Notary Assn.

NOT A CERTIFIED COPY

SUBJECT: MCNALL, TAMMARA, PAULETTE **CASE NUMBER** 2023-19118

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

- [x] LT EYE-LACK OF SMOOTH PURSUIT
- [x] RT EYE-LACK OF SMOOTH PURSUIT
- [x] LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION
- [x] RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION
- [x] LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES
- [x] RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

Other Observations:

Mcann was wearing no shoes during the exercises

WALK & TURN

I escorted Mcann to a solid white line located in the parking lot. I cleared the line of any debris to avoid injury to Mcann's feet. I explained and demonstrated the task to Mcann. Mcann failed to follow instructions during the excersise. Mcann was unable to touch heal to toe on any step. Mcann failed to keep her hands by her side. Mcann stepped of of the line on the first set of steps. On the return set of steps Mcann took the incorrect amound, failing to follow the instructions given

ONE LEG STAND:

I explained and demonstrated the excersise to Mcann and she stated she understood the instructions. Mcann failed to follow instructions during the tasks. Mcann did not keep her hands by her side. When Mcann raised her leg she did it with her knee bent, not pointing her toe out as demonstrated. Mcann was unable to perform the task with either leg.

FINGER TO NOSE:

I explained and demonstrated the task to Mcann. As Mcann began the exercise I observed there to be a risk of her injuring herself by falling due to her inability to maintain her balance. I stopped the exercise due to the observation.

ROMBERG ALPHABET:

I explained the exercise and demonstrated it to Mcann and asked if she understood. Mcann stated she did. I asked Mcann to recite the alphabet from A-Z. Mcann failed to follow instructions during the excersise.

BREATH TEST RESULTS: REFUSED

NOT A CERTIFIED COPY

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 5 day of SEPTEMBER 20 23 by SHACKELFORD

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

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

THOMAS HENRY LEAHEY
Notary Public - State of Florida
Commission # HH 408332
My Comm. Expires Jun 20, 2027
Bonded through National Notary Assn.

D.U.I. Witness List

Subject Name: MCNALL, TAMMARA, PAULETTE Case #: 2023-19118

Arresting Officer: SHACKELFORD
Palm Springs Police Department - 230 Cypress Ln Palm Springs, FL. 33461
Phone #: 561-584-8300 Cell #:
Can Testify to: DUI investigation

Assisting Officer 1: SGT. ANNUNZIATA #166
Agency Name: Palm Springs Police Department
Address: 230 Cypress Lane Palm Springs, FL 33461
Phone #: Cell #:
Can Testify to: facts

Assisting Officer 2: OFC. POPE
Agency Name: PALM SPRINGS POLICE DEPARTMENT
Address: 230 CYPRESS LANE PALM SPRINGS FL 33461
Phone #: Cell #: 561-584-8300
Can Testify to: Facts

Assisting Officer 3:
Agency Name:
Address:
Phone #: Cell #:
Can Testify to:

Other Witness 1:
Address:
Phone #: Cell #:
Can Testify to:

Other Witness 2:
Address:
Phone #: Cell #:
Can Testify to:

Other Witness 3:
Address:
Phone #: Cell #:
Can Testify to:

NOT A CERTIFIED COPY

STATE OF FLORIDA

AFFIDAVIT OF REFUSAL TO SUBMIT TO

BREATH TEST

I, Officer C SHACKELFORD, a duly certified Law Enforcement Officer or Correctional Officer,
(Person reading Implied Consent Warning)

am a member of Palm Springs Police Department, and I do swear
(Name of enforcement agency)

or affirm that on or about the FIFTH day of September, 2023, at 12:27 AM

DRIVER TAMMARA PAULETTE MCNALL,
(Type or Print) FIRST MIDDLE OR MAIDEN LAST

DL # M254815747820, state of FL, was placed under lawful arrest for

the offense of DUI by Officer C SHACKELFORD and
(Name of Arresting Officer)

issued Citation # AEUXP4E.

That on or about the FIFTH day of September, 2020, at 1:42 AM

in Palm Beach County,

I requested that the driver submit to a **BREATH** test for the purpose of determining its alcohol content. I informed the driver that the refusal to submit to such test 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, or if he or she had been previously fined under s. 327.35215, F.S., 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, or if he or she has been previously fined under s. 327.35215, F.S., for refusal to submit to a lawful test of his or her breath, urine, or blood. Nonetheless, the driver refused to submit to the test requested.

Signature of Law Enforcement Officer or Corrctional Officer

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

THOMAS HENRY LEAHEY
Notary Public - State of Florida
Commission # HH 408332
My Comm. Expires Jun 20, 2027
Bonded through National Notary Assn.
(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before me this 05 day of September, 2023 by Ofc Shackelford who is personally known to me or who has produced Dlan as identification.

Notary Public

The foregoing instrument was sworn and subscribed before me:

Signature of Attesting Officer

Title

Date

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.

****EFFECTIVE OCTOBER 1, 2021****

NOT A CERTIFIED COPY

STATE OF FLORIDA
AFFIDAVIT OF REFUSAL TO SUBMIT TO
BREATH TEST

I, Officer C SHACKELFORD, a duly certified Law Enforcement Officer or Correctional Officer,
(Person reading Implied Consent Warning)

am a member of Palm Springs Police Department, and I do swear
(Name of enforcement agency)

or affirm that on or about the FIFTH day of September, 2023, at 12:27 AM

DRIVER TAMMARA PAULETTE MCNALL,
(Type or Print) FIRST MIDDLE OR MAIDEN LAST

DL # M254815747820, state of FL, was placed under lawful arrest for

the offense of DUI by Officer C SHACKELFORD and
(Name of Arresting Officer)

issued Citation # AEUXP4E.

That on or about the FIFTH day of September, 2020, at 1:42 AM

in Palm Beach County,

I requested that the driver submit to a **BREATH** test for the purpose of determining its alcohol content. I informed the driver that the refusal to submit to such test 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, or if he or she had been previously fined under s. 327.35215, F.S., 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, or if he or she has been previously fined under s. 327.35215, F.S., for refusal to submit to a lawful test of his or her breath, urine, or blood. Nonetheless, the driver refused to submit to the test requested.

Signature of Law Enforcement Officer or Corrctional Officer

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

THOMAS HENRY LEAHEY
Notary Public - State of Florida
Commission # HH 408332
My Comm. Expires Jun 20, 2027
Bonded through National Notary Assn.
(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before me this 05 day of September, 2023 by Ofc Shackelford who is personally known to me or who has produced Fla as identification.

Notary Public

The foregoing instrument was sworn and subscribed before me:

Signature of Attesting Officer

Title

Date

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.

****EFFECTIVE OCTOBER 1, 2021****

NOT A CERTIFIED COPY

STATE OF FLORIDA

AFFIDAVIT OF REFUSAL TO SUBMIT TO

BREATH TEST

I, **Officer C SHACKELFORD**, a duly certified Law Enforcement Officer or Correctional Officer,
(Person reading Implied Consent Warning)

am a member of **Palm Springs Police Department**, and I do swear
(Name of enforcement agency)

or affirm that on or about the **FIFTH** day of **September**, **2023**, at **12:27 AM**

DRIVER (Type or Print) **TAMMARA** FIRST **PAULETTE** MIDDLE OR MAIDEN **MCNALL** LAST,

DL # **M254815747820**, state of **FL**, was placed under lawful arrest for

the offense of **DUI** by **Officer C SHACKELFORD** and
(Name of Arresting Officer)

issued Citation # **AEUXP4E**.

That on or about the **FIFTH** day of **September**, **2020**, at **1:42 AM**

in **Palm Beach** County,

I requested that the driver submit to a **BREATH** test for the purpose of determining its alcohol content. I informed the driver that the refusal to submit to such test 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, or if he or she had been previously fined under s. 327.35215, F.S., 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, or if he or she has been previously fined under s. 327.35215, F.S., for refusal to submit to a lawful test of his or her breath, urine, or blood. Nonetheless, the driver refused to submit to the test requested.

NOT A CERTIFIED COPY

Signature of Law Enforcement Officer or Corrctional Officer

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

THOMAS HENRY LEAHEY
Notary Public - State of Florida
Commission # HH 408332
My Comm. Expires Jun 20, 2027
Bonded through National Notary Assn.
(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before me this 05 day of September, 2023 by Ofc Shackelford who is personally known to me or who has produced [illegible] as identification.

Notary Public [signature]

The foregoing instrument was sworn and subscribed before me:

Signature of Attesting Officer

Title

Date

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.

****EFFECTIVE OCTOBER 1, 2021****

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

PBSO CASE # 23-106907 PBSO ZONE 1-31

AGENCY CASE # 2023-19118 CRASH CASE #

TIME OF STOP/CRASH 0021 DATE 9/5/23 DAY Tuesday

SUBJECT'S NAME Mcnall Tammara RACE W SEX F
(LAST FIRST MID)

HGT 504 WGT DOB 8/2/74

LOCATION 3199 Lake worth Rd

ARRESTING OFFICER'S NAME & ID Shackelford 104 AGENCY Palm Springs

DIVISION: Road

NOTIFIED BY COMMO Yes

ARRIVAL AT FACILITY 0109

ARREST TIME 0046

BREATH RESULTS:

1) NSP
2) ~~REFUSED~~
3)
4)

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

NOT A CERTIFIED COPY

FLORIDA DEPARTMENT OF LAW ENFORCEMENT
ALCOHOL TESTING PROGRAM
BREATH ALCOHOL TEST AFFIDAVIT

Instrument Type: Intoxilyzer 8000
Instrument Registered To: PALM BEACH CO SO
Instrument Serial Number: 80-006478 Software: 8100.27
Date of Test: 09/05/2023

Date of Last Agency Inspection: 08/11/2023
Observation Period Began: 01:09
Subject's Name: TAMMARA MCNALL DOB: 08/02/1974 Sex: F

The subject was observed for at least twenty-minutes prior to the administration of the breath test to ensure that the subject did not take anything orally and did not regurgitate.

Results:

Test	g/210L	Time
Diagnostics Check	OK	01:33
Air Blank	0.000	01:34
Control Test	0.079	01:34
Air Blank	0.000	01:35
Subject Sample #1	NSP*	01:38
Air Blank	0.000	01:39
Air Blank	0.000	01:40
Subject Sample #2	REF**	01:42
Air Blank	0.000	01:43
Control Test	0.076	01:43
Air Blank	0.000	01:44
Diagnostics Check	OK	01:44

*No Sample Provided
**Subject Test Refused

Cylinder Lot: 08622080A1
Exp: 06/05/2024

State of Florida, County of Palm Beach.

Personally appeared before me the undersigned authority, who (✓) is personally known to me or (__) produced _____ as identification, and who after being placed under oath, states:

I THOMAS H LEAHEY, hold a valid Breath Test Operator permit issued by the Florida Department of Law Enforcement, I administered the above breath test to the subject named above in accordance with Chapter 11D-8, Florida Administrative Code, and this form is a true and accurate report of that breath test.

Breath Test Operator: _____ Date: 09/05/2023
Signature

Sworn to (or affirmed) before me this 05 day of September, 2023

_____ Ofc C Shackelford #104
Signature of Notary Public-State of Florida Printed Name of Notary Public-State of Florida

Note: Pursuant to section 117.10, Florida Statutes, law enforcement officers, correctional officers, traffic accident investigation officers and traffic infraction enforcement officers are notaries public when engaged in the performance of official duties. In accordance with section 316.1934(5), F.S., this completed form is admissible without further authentication and is presumptive proof of the results herein. To be used in accordance with Section 316.1934(5), F.S., and in administrative proceedings pursuant to 322.2615, F.S.

FDLE/ATP FORM 38 - MARCH 2004, Ref. 11D-8.007

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TESTING FACILITY TASK REPORT

AGENCY: PSPD

SUBJECT: McNall, Tammara

CASE NUMBER: 23-106907

DATE: Sep 5, 2023

VIDEO DVD NUMBER: n/a

BEGINNING TIME: 0131

ENDING TIME: 0153

BREATH TESTS RESULTS: 1) NSP TIME 0138 A.M. ☒ P.M. ☐ 2) R TIME 0142 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 TECHNICAN: Jason Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: slurred, thick

ATTITUDE: crying, upset

CLOTHING: brown/pink shorts, brown/pink top, no shoes

MEDICAL CONDITIONS: MS, Anxiety

MEDICATIONS: Steroids, Xanax

OTHER:

eyes were glassy & bloodshot
odor of unknown alcoholic beverage on breath
subject drank 4 Truly's - Q&A

REFUSED

COMMENTS:

arrived at center A/O conducted 20 observation period at 0109 hrs

subject agreed to perform breath test - subject would not follow instructions. providing no breath

A/O read I/C & subject understood I/C - subject would not follow instructions. providing no breath

A/O called refusal @ 0142

A/O read rights & subject understood rights

REFUSED

A/O conducted Q&A

subject answered questions

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D.U.I. Witness List

Subject Name: MCNALL, TAMMARA, PAULETTE Case #: 2023-19118

Arresting Officer: SHACKELFORD
Palm Springs Police Department - 230 Cypress Ln Palm Springs, FL. 33461
Phone #: 561-584-8300 Cell #:
Can Testify to: DUI investigation

Assisting Officer 1: SGT. ANNUNZIATA #166
Agency Name: Palm Springs Police Department
Address: 230 Cypress Lane Palm Springs, FL 33461
Phone #: Cell #:
Can Testify to: facts

Assisting Officer 2: OFC. POPE
Agency Name: PALM SPRINGS POLICE DEPARTMENT
Address: 230 CYPRESS LANE PALM SPRINGS FL 33461
Phone #: Cell #: 561-584-8300
Can Testify to: Facts

Assisting Officer 3:
Agency Name:
Address:
Phone #: Cell #:
Can Testify to:

Other Witness 1:
Address:
Phone #: Cell #:
Can Testify to:

Other Witness 2:
Address:
Phone #: Cell #:
Can Testify to:

Other Witness 3:
Address:
Phone #: Cell #:
Can Testify to:

NOT A CERTIFIED COPY

SUBJECT:_____ 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 determining 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 refuse to take the test I have requested of you, your driving privilege will be suspended for a period of one (1) year for a FIRST REFUSAL, or eighteen (18) months if your driving privilege has been PREVIOUSLY SUSPENDED, or if you have been PREVIOUSLY FINED under s. 327.35215, for refusing to submit to a lawful test of your breath, urine, or blood. Additionally, if you refuse to take the test I have requested of you, and if your driving privilege has been previously suspended, or if you have been previously fined under s. 327.35215, for a refusal to submit to a lawful test of your ***breath, urine*** or blood, you will be committing a misdemeanor, in addition to any other penalties which can be imposed by law.

Refusal to submit to the test I have requested is admissible into evidence in any criminal proceeding.

Do you understand what I have just read to you? YES <or> NO Do you still refuse to submit to this test? YES <or> NO

NOTE: IF THE SUBJECT POSSESSES A COMMERCIAL DRIVER'S LICENSE (CDL), READ THE FOLLOWING,

If you are a Commercial Driver License (CDL) holder or were driving a Commercial Motor Vehicle (CMV), your refusal to submit to testing will result in the loss of your commercial driving privilege for a period of one year from today. If this is your SECOND REFUSAL, you will be permanently disqualified from holding a CDL or operating a CMV.

Do you understand what I have just read to you? YES <or> NO Do you still refuse to submit to this test? YES <or> NO

SUBJECTS 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)_____

NOT A CERTIFIED COPY

SUBJECT: _____ 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? _____

WHERE WERE YOU GOING? _____

WHAT STREET OR HIGHWAY WERE YOU ON? _____

DIRECTION OF TRAVEL? _____ WHERE DID YOU START? _____

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

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

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? _____ WHAT? _____

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: _____

NOT A CERTIFIED COPY

D.U.I. Witness List

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Agency Name: PALM SPRINGS POLICE DEPARTMENT
Address: 230 CYPRESS LANE PALM SPRINGS FL 33461
Phone #: Cell #: 561-584-8300
Can Testify to: Facts

Assisting Officer 3:
Agency Name:
Address:
Phone #: Cell #:
Can Testify to:

Other Witness 1:
Address:
Phone #: Cell #:
Can Testify to:

Other Witness 2:
Address:
Phone #: Cell #:
Can Testify to:

Other Witness 3:
Address:
Phone #: Cell #:
Can Testify to:

NOT A CERTIFIED COPY

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	☐	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	☐	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	☐	119.071(4)(c)	Undercover personnel.	
	☐	119.071(2)(f)	Confidential informants (CIs).	
	☐	119.071(2)(e)	Confession.	
Public Info. Exemptions	☐	985.04(1)	Juvenile offender records.	
	☐	119.071(h)(i)	Assets of a crime victim.	
	☐	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	☐	394.4615(7)	Mental health information.	
	☐	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)	☒	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	☐	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	☐	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	☐	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	☐			
	☐			
	☐			
	☐			
	☐			
Other	☐	FL CONSTITUTION ARTICLE 1,16(b)	Other: MARSY'S LAW	
	☐		Other:	

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REVIEW COMPLETED BY

Booking Number: 2023023296	**Date:** 9/5/2023
	Specialist Name/ID: Pinkneya/7796