0543832 2023 MM008281 AM 3072

ARREST / NOTICE TO APPEAR

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

1 JUVENILE

ADMINISTRATION

OBTS Number

Agency ORI Number: 0501700
Agency Name: Jupiter Police Department
Agency Report Number (N.T.A.'s only): 5 | 4 | 23-003882

Charge Type: Check as many as apply: ☐ 1. Felony ☐ 2. Traffic Felony ☒ 3. Misdemeanor ☐ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other
If Weapon Seized: Enter Type: UNARMED
Multiple Clearance Indicator:

Location of Arrest (Including Name of Business): 196 MILITARY TRAIL, JUPITER, FL 33458
Location of Offense (Business Name, Address): 901 W INDIANTOWN RD, JUPITER, FL 33458

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
09/30/2023	20:07	09/30/2023	20:17			

DEFENDANT

Name (Last, First, Middle): LLOYD, TRACY
Alias:
Alias (Name, DOB, Soc. Sec. #, Etc.):

Race (W - White, B - Black, I - American Indian, O - Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	F	08/09/1970	5'02	150	BLUE	BLONDE /	LIGHT	Medium

Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description):
Marital Status: S
Religion: OTHER
Indication of: Alcohol Influence ☐ Yes ☒ No ☐ Unk. Drug Influence ☐ Yes ☒ No ☐ Unk.

Local Address (Street, Apt. Number) (City) (State) (Zip): 206 N PENNOCK LANE, JUPITER, FL 33458
Phone: (561) 836-8293
Residence Type: 1. City 2. County 3. Florida 4. Out of State: 1

Permanent Address (Street, Apt. Number) (City) (State) (Zip): 206 N PENNOCK LANE, JUPITER, FL 33458
Phone: (561) 836-8293
Address Source: VERBAL

Business Address (Name, Street) (City) (State) (Zip):
Phone:
Occupation:

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
L300800707890 / FL	[redacted]		FREEPORT, 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

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:
Address (Street, Apt. Number) (City) (State) (Zip):
Business Phone:
Notified by: (Name) Date: Time:
JUVENILE DISPOSITION: 1. Handled/Processed within Department and Released 2. TOT JAC 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: ☐ 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. Disperses/ 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. P. Paraphernalia/ Equipment S. Synthetic U. Unknown Z. Other

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #
BATTERY-SIMPLE (TOUCH OR STRIKE)	784.03(1)(A)(1)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
	N	/	23003882	1	☒ Y ☐ N		NO BOND

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
		/			☐ Y ☐ N		

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
		/			☐ Y ☐ N		

INTAKE

Health / Apparent Physical Condition of Defendant:
Any knowledge of the following: ☐ Mental ☐ Escape Risk ☐ Medication ☐ Deformities ☐ Injuries
Explain:

Check which applies: ☐ Released O.R. ☐ Released to Parent/Guardian ☐ T.O.T. County Jail ☐ Posted Bond ☐ South County Mental Health
PROPERTY - Received By:
Released By:
Released To: FILED PBC - GUN CLUB-- '23 OCT 1 AM 5:29
Transported By:
Date Transported: / / Time Transported: : :
Other:

NOTICE TO APPEAR

☐ INSTRUCTION NO. 1 - Mandatory appearance in court
☒ INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.

Location (Court, Room):
Court Date and Time:

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 COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.

No Photo Available

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

ADMIN

HOLD for Other Agency: NO DETAINER
☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☒ Other
Smoke Detector: DS MACH 3 2801 Pouch #:

Signature of Arresting Officer: [signature]
Name of Arresting Officer (Print): ZAINO, JACOB I.D. #: 1255
Transporting Officer: ZAINO I.D. #: 1255 Agency: JPD

Name Verification (Printed by Arrestee)
(PRINT) SEP 30 PM 9:55
Witness here if subject signed with an "X".

PAGE 1 OF 1

1 COURT 2 STATE ATTORNEY 3 AGENCY 4 CENTRAL RECORDS 5 JAIL 6 CRIME ANALYSIS 7 PIO 8 DEFENDANT

NOT A CERTIFIED COPY

VICTIM NOTIFICATION FORM

SUSPECT/OFFENDER:

This form must be completed when one of the following crime(s) has been committed:

- **Homicide** (Ch.782)
- **Attempted Murder**
- **Stalking** (F.S. 784.048)
- **Sexual Offense** (Ch. 794)
- **Attempted Sexual Offense**
- **Dating Violence**
- **Domestic Violence – (This includes any assault, aggravated assault, battery, aggravated battery, sexual assault, sexual battery, stalking, aggravated stalking or any criminal offense resulting in physical injury or death of one family member or household member by another, who is or was residing in the same single dwelling)**

Upon completion, this form must accompany the booking paperwork.
If applying for a warrant, attach this form to the filing packet.

1. Incident Report #: **23-003882** Agency: **Jupiter Police Department**
   Offense: **Battery (Domestic)**
   Suspect/Offender: **Tracy Lloyd**
   D.O.B. **08/09/1970** Race: **W** Sex: **F**

2. Warrant #(s):

3a. Victim's Name: **Thomas Lloyd** D.O.B. **6/16/1961** Race: **W** Sex: **M**
   Address: **206 N. Pennock Lane**
   City: **Jupiter** State: **FL** ZIP: **33458**
   Home #: **(561)532-7216** Work #: **N/A** Other: **N/A**

3b. Victim's Next of Kin, Friend or Neighbor: **N/A**
   Address:
   City: State: ZIP:
   Home #: Work #: Other:

COURT CASE/WARRANT #: **(FOR WARRANT USE ONLY)**

NOTE: PURSUANT TO F.S.119.07, THE CONTENTS OF THIS FORM MAY BE SUBJECT TO CONFIDENTIALITY

Victim/Relation Notification Waiver and Confidential Information Request.

(check applicable boxes)

☐ **Waiver:** **I choose not to be notified when the arrestee is released from custody.**

☐ **Confidential:** **I request the information on this form be kept confidential (applicable only to sexual battery, stalking, child abuse, harassment or domestic violence cases).**

Signature of person waiving notification:

Printed name of person waiving notification:

Officer's Name: **J. Zaino** I.D. # **1255** Date: **09/30/2023**

1 copy = Corrections or State Attorney (Warrant Application) 1 Copy = Warrants Section 1 copy = Central Records

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.	
	☐	[redacted]		
	☐	[redacted]		
	☐	[redacted]		
	☐	[redacted]		
	☐	[redacted]		
Other	☐		Other:	
	☐		Other:	

NOT A CERTIFIED COPY

REVIEW COMPLETED BY

Booking Number: 2023025776	**Date:** 10/1/2023
	Specialist Name/ID: Chantel Daniels/30347