NR 17CTM511

|        | OBTS Number  |   |                                      | / <b>NOTICE T(</b><br>nile Referral R |                                       | 1. Ar<br>2. N.                          |                                 | equest for Warrant<br>equest for Capias         | 1                                   | Juvenile N                       |
|--------|--|---|--------------------------------------|---------------------------------------|---------------------------------------|---|---------------------------------|---|-------------------------------------|----------------------------------|
| Æ      | Agency ORI Number Agency Name  |   | le Ag                                |                                       |                                       | gency Report Number (N.T.A.'s only)     |                                 |   |                                     |                                  |
| RAT    | FLO 500000 ChargeType: 1. Feld                                       |   | . Misdemeanor                        |                                       | dinance                               | 06-<br>Weapor                           | n Seized / Type                 |   | 11158<br>Multiple                   |                                  |
| NIST   |  | ic Felony 4                                   | . Traffic Misdemear                  | nor 6. Ott                            | Location of Offens                    |   | 1. Yes<br>2. No                 |   | Clearanc<br>Indicator               | e 1                              |
| ₽<br>V | SW 18TH STREET W/O BO  | CA RIO RD, BOCA                               | <b></b>                              |                                       | SW 18TH STR                           | EET W/O BO                              | CA RIO RD                       | , BOCA RATON, I                                 | FL 33433                            |                                  |
|        |  | Time of Arrest                                | Booking Date                         | Booking Time J                        | ail Date                              | Jail Time                               | Location of V<br>INTERST        | ehicle ATE TOWING                               |                                     |                                  |
|        | Name (Last, First, Middle) BAIN                                      | , ALLISON, M                                  | ARIE,                                |                                       |                                       | Alias (Name,                            | DOB, Soc. Sec                   | c. #, Etc.)                                     |                                     |                                  |
| Ì      | Race<br>W - White I - American Indian<br>B - Black 0- Oriental/Asian | W F 1-8-                                      | of Birth                             | Height 5-8                            | Weight 120                            |   | Color H                         | lair Color Com                                  | plexion                             | Build<br>THIN                    |
| ı      | Scars, Marks, Tatoos, Unique Physic                                  |   |                                      | 130                                   | Ma                                    | arital Status                           | Religion                        | Indication of:<br>Alcohol Influe                | Y                                   | N Unk                            |
| Į      | Local Address (Street, Apt. Number)                                  |   | (City)                               | (State)                               | (Zip)                                 | Phone                                   | NONE                            | Drug Influence<br>Residence Typ<br>1. City      | e [<br>e:                           |                                  |
| ENDA   | 12900 LA ROCHELLE CI:<br>Permanent Address (Street, Apt. Nu          |   | LM BEACH GA                          | (State)                               | (Zip)                                 | (561 ) 33<br>Phone                      | 9-9875                          | 2. County Address Source                        | 3. Florid<br>4. Out o               |                                  |
|        | Business Address (Name, Street)                                      |   | (City)                               | (State)                               | (Zip)                                 | ( )                                     |                                 | FL DL / DF                                      | EFENDA                              | NT                               |
| ļ      | SELF EMPLOYED  D/L Number, State                                     |   |                                      |                                       |                                       |   |                                 | NURSE   |                                     |                                  |
|        | B50001371  |   | Sec. Number                          |                                       | INS Number                            |   |                                 | e of Birth (City, State) ago, ILLINOIS          |                                     | Citizenship<br>USA               |
| Ę      | Co-Defendant Name (Last, First, Mid                                  | dle)  |                                      |                                       | Race Sex                              | Date of B                               |                                 | 1. Arrested 2. At Large                         | ☐ 3. Fe                             | isdemeanor                       |
| င္ပဲ   | Co-Defendant Name (Last, First, Mid                                  | dle)  |                                      |                                       | Race Sex                              | Date of Bi                              | irth                            | 1. Arrested                                     |                                     | elony<br>isdemeanor              |
| 7      | ☐ Parent Name ☐ Legal Custodian ☐ Other:                             | (Last)  | (First)                              |                                       | (M                                    | liddle)                                 | <del>-</del>                    | 2. At Large                                     | ☐ 5. Ju<br>esidence P               |                                  |
|        | Other: Address (Street, Apt. Number)                                 |   | (City)                               |                                       | (6                                    | State)                                  | (Zip)                           |   | )<br>Isiness Pho                    | one                              |
| -      | Notified by: (Name)  |   |                                      | Date                                  | Time                                  | Juvenile C                              | Disposition<br>d/ processed wi  |   |                                     |                                  |
| ENE    | Released To: (Name)  |   |                                      | Relationship                          |                                       | 1. Handle<br>Dept. a                    | d/ processed wi<br>nd Released. | 3 Incarcers                                     |                                     |                                  |
| 3      | The last time  |   |                                      |                                       |                                       |   |                                 |   |                                     |                                  |
|        | ☐ Yes, by: (Name)  |   | ned of any change No: (Reason)       | of address.                           | r parent was told                     | School                                  | Attended                        |   |                                     | Grade                            |
|        | Property Crime? Description  Yes No                                  | on of Property                                |                                      |                                       |                                       | Value o                                 | f Property                      | ` ^   |                                     |                                  |
| CODE   | N.N/A B.Buy D.   | . Smuggle K. Dispe<br>Deliver Distri<br>. Use |                                      | ture/ Z. Other                        | Drug Type<br>N. N/A<br>A. Amphetamine | B. Barbitura<br>C. Cocaine<br>E. Heroin | ite H. Hal<br>M. Mai<br>O. Opi  | luginoger P. Pa<br>rijaana Ed<br>um/Deriv S. Sv | raphernalia<br>juipment<br>nthetics | U. Unknown<br>Z. Other           |
| ij     | Charge Description DRIVING   | UNDER THE INI                                 | Count                                | S Domestic<br>Violence<br>□ Y ☑ N     | Statute Violation                     | Number                                  | 193(1)                          | <del>U ) ) ""</del>                             |                                     | ion of ORD #                     |
| CHAR   | Drug Activity Drug Type Amount N N 0.331                             |   | Offense # 17-111158                  | III. Su                               | Warrant I Capias N                    |   |                                 |   | Bond                                |                                  |
| 1      | N N 0.331 of the Charge Description                                  | 7 0.515                                       | Count                                | s Domestic<br>Violence                | Statute Violation N                   | Number                                  |                                 |   | Viola                               | tion of ORD#                     |
| AA P   | Drug Activity Drug Type Amount                                       | / Unit  | Offense #                            |                                       | Warrant / Capias N                    | Number                                  |                                 |   | Bond                                |                                  |
| 1      | Charge Description   | <u> </u>                                      | Counts                               | s Domestic                            | Statute Violation N                   | Number                                  |                                 | ·   | Violat                              | ion of ORD #                     |
| AKG    | Drug Activity Drug Type   Amount                                     | l Unit  | Offense #                            | Violence                              | Warrant / Capias N                    | Number                                  |                                 |   | Bond                                |                                  |
| 5      | Charge Description   |   | Counts                               | s Domestic                            | Statute Violation N                   | lumbos                                  |                                 |   | <u> </u>                            |                                  |
| 2      |  | 711-3   |                                      | Violence<br>□Y □N                     |                                       |   |                                 | · .   |                                     | ation of ORD #                   |
| 3      |  |   | Offense #                            |                                       | Warrant / Capias I                    | Number                                  |                                 |   | Bond                                |                                  |
| ¥[     | Location (Court, Room Number, Addre                                  | SOUTH CO                                      | UNTY COUR                            | THOUSE, 2                             | 200 WEST A                            | TALNAT                                  | IC AVE #                        | /1, DELRAY I                                    | BEACI                               | I, FL 33444                      |
|        | Court Date and Time Month AUGUST                                     | Day 30  | Year                                 | 2017                                  | Time 8:3                              | 30                                      | AM <b>√</b>                     | P   | ر ا<br>ا                            |                                  |
|        | AGREE TO APPEAR AT THE TIME<br>FAIL TO APPEAR BEFORE THE CO          | AND PLACE DESIGNA<br>URT AS REQUIRED BY       | ATED TO ANSWER T                     | HE OFFENSE CHEENSE CHEENSE CHEENSE    | HARGED OR TO PA                       | AY THE FINE S                           | SUBSCRIBED.                     | I UNDERSTAND THE                                | HAT SHOL<br>ARREST S                | LD I WILLFULLY<br>HALL BE ISSUED |
| [₽     | Signature of Defendant   | (or Juvenile and Parent                       | /Custodian)                          |                                       |                                       |   | Date Signed                     | _   |                                     |                                  |
|        | HOLD for other Agency  |   | gnature of Arresting                 | ficer $\sim$ 7/                       | 7                                     | Name Ver                                | ification (Printe               | d by Arrestee)                                  | AN                                  | VIER                             |
|        | Name:  Dangerous Resisted Arr  | rest X  | lenge of Arresting Office            | cer (Print)                           | .D.#                                  | (PRINT)                                 |                                 | AU(   | i                                   |                                  |
|        | uicidal Other:   | # Pouch# Ti                                   | D/S D. GILLIN<br>ransporting Officer | ID#                                   | <b>8293</b> Agency                    |   |                                 |   |                                     | PAGE                             |
| 1      | WHITE.   | D   | SREEN - STATE ATTO                   | 8293                                  | PBSO                                  | Witness he                              |                                 | igned with an -X"                               | (N) T A Is 0                        | 1 <sub>OF</sub> 1                |

## D.U.I. PROBABLE CAUSE AFFIDAVIT

| ON THE 5  | DAY OF AUGU  | UST 20 1   | 7 AT  | 1323  | HRS   | AM PM   |
|---|--|--|---|---|---|---|
|   | ALLISON, MARIE   |  |   |   | CASE NUMBER:  |   |
|   | EACH COUNTY SH   |  | _ ARRE  | STING (   |   |   |
| I was dispatched to was operating a whi flat left front tire. To Upon my arrival, Cabehind the now stop seat with her seat be was still running. I i                | the area of SW 18th streete range rover bearing the caller was Captain Laptain Ervin was stopped Range Rover. Captain ton, her head slumped  | eet west of Boca Rio in tag # RIR710 west arry Ervin, ID # 130, and in his personal vehitain Ervin directed mil over, apparently as in tire and was damaget tire and was damaget.      | Road in u bound on with the icle with e to the v eep. The ged, wher                   | nincorpo<br>SW 18th<br>FAU pol<br>his emer;<br>ehicle, w<br>vehicles to<br>as the r | orated Boca Raton in<br>a street and had driving<br>ice department, a for<br>gency flashers active<br>here I came to find<br>transmission dial wan<br>webber part of the ti | F. BEHIND WHEEL OF VEHICL<br>in regards to a person that<br>yen over a sidewalk and had<br>ellow law enforcement officer<br>ated, several car lengths<br>the defendant in the drivers<br>as still in Drive and the car<br>re was mostly missing and the |
| incoherent. Her eye defendant if she had that she did not. The tried to hand me he While the defendan Zinfandel, one of we confirmed that the exit the vehicle, the | wake the defendant by some water red and glossy. It amy medical issues, when defendant was asked for entire wallet, I asked to the was rummaging throughich was partially considered ant stepped out a secondary stepped out a secondary was not having defendant stepped out a secondary was not have a secon | The defendant believed that she said that she for her identification her to remove her lickly ligh her purse, I obserumed. Palm Beach cong a diabetic incident and almost fell face fi | d that she did not. I and she h ense and s ved in pla unty fire or any ty rst into th | e was in further ad troub the was a ain view rescue # pe of life are ground         | Palm Beach Garden asked if she took an ole locating it within the to get it out of he two small bottles of 56 responded to the ethreatening medical dand had to be cau      | s near her home. I asked the y medication and she said her wallet and once located er wallet after a short time. Sutter Home White scene on run # 17-083614 and al emergency. When asked toght by D/S Grant and I.                                      |
| ODORS: Odor of unknown al   |  | g from the breath of   |   |   | IONS  |   |
| ATTITUDE: cool  |  |  |   |   |   |   |
| CLOTHING: white   | e shirt, black legging   | gs, black shoes  |   |   |   |   |
| MEDICAL/OTHER:  |  |  |   |   |   | SCAL  |
| TATE OF FLORIDA OUNTY OF PALM BEAC D/S D. GILLINGS  | H VS VICE  | 8213   |   |   |   | SCANIVED AUG 0 7 2017   |
| ignature of Arresting/Investigative C   | fficer) o or affirmed and subscribed before n  | ne this day of   | ıgust   | 2   | 20_17by_D/S   | D. GILLINGS # 8293  |
|   | Officer), who is personally known to h   |  | Type of identifi  |   | ν   | oup   |
| otany Public Clark of Court. Officer  |  | Survive, Noten   | Public State J Parent   | ~~~   | ~}  |   |

| •         | DATN  | AT TICON | MARIE   |
|-----------|-------|----------|---------|
| TOTI SII2 | BAIN, | ALLISON, | MIAINE, |

## CASE NUMBER\_ 17-111158

## ROADSIDE TASKS

| <b>HORIZONTAL GAZE NYSTAGMUS:</b>  | 1   |  |  |  |  |  |  |
|--|---|--|--|--|--|--|--|
| 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:  |   |  |  |  |  |  |  |
| after almost falling down and having difficulty standing driver said she could do task and on first pass eyes began to track then entire head followed my pen. I did notice notice that the eyes were jerking prior to entire head turning as she was swaying back and forth. (See video)  |   |  |  |  |  |  |  |
| WALK & TURN:   |   |  |  |  |  |  |  |
| Did not attempt due to safety of the defendant being unst  | eady on their feet. (See video)                         |  |  |  |  |  |  |
| •  |   |  |  |  |  |  |  |
| ONE LEG STAND:   | ÷ · · · ·   |  |  |  |  |  |  |
| Did not attempt due to safety of the defendant being uns   | teady on their feet. (See video)                        |  |  |  |  |  |  |
|  |   |  |  |  |  |  |  |
| FINGER TO NOSE:  |   |  |  |  |  |  |  |
| Tried to get into starting position as she was swaying back and forth and was not able to follow instructions and I stopped exercise due to safety of the defendant being unsteady on their feet. (See video)  |   |  |  |  |  |  |  |
| ROMBERG ALPHABET:  |   |  |  |  |  |  |  |
| As I was explaining exercise she started to say alphabet as I was demonstrating how to say it. Once told to start exercise she started, made an error, and then stopped short of completing alphabet. (See video)  |   |  |  |  |  |  |  |
| <u> </u>   |   |  |  |  |  |  |  |
| BREATH TEST RESULTS: 1) 0.331 2) 0.315   | 3) SCANNICO   |  |  |  |  |  |  |
| STATE OF FLORIDA COUNTY OF PALM BEACH D/S D. GILLINGS  | SCANNED AUG 0 7 2017                                    |  |  |  |  |  |  |
| (Signature of Arresting/Investigative Officer)   | gust 17 D/S D. GILLINGS # 8293                          |  |  |  |  |  |  |
| The long and a second and a second and a second a second and a second and a second a |   |  |  |  |  |  |  |
| (Print name of Arresting/Investigative Officer), who is gersonally known to me and/or ground dentification.  | Type or Identification produced WNOWN                   |  |  |  |  |  |  |
| }  | Commission GG 085488                                    |  |  |  |  |  |  |
| Notary Public, Clerk of Court, Officer (F.S.S. 117.10)   | oires 06/21/2021  |  |  |  |  |  |  |