

0510636

29

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

1 Juvenile N

OBTS Number
Agency ORI Number: FLO 502600
Agency Name: PALM BEACH GARDENS POLICE DEPARTMENT
Agency Report Number (N.T.A.'s only): 78-19005156

Charge Type: 1. Felony, 2. Traffic Felony, 3. Misdemeanor, 4. Traffic Misdemeanor, 5. Ordinance, 6. Other
Location of Arrest: INTERSTATE 95/JSO DONALD ROSS ROAD, PALM BEACH GARDENS, FL 33410
Location of Offense: N MILITARY TRAIL/KYOTO GARDENS DRIVE, PALM BEACH GARDENS, FL 33410
Date of Arrest: 09/01/2019
Time of Arrest: 22:56
Booking Date, Booking Time, Jail Date, Jail Time
Location of Vehicle: KAUFFS TOWING & RECOVERY, 4301 East Avenue, West Palm Beach, FL 33405

Name (Last, First, Middle): SCOGGIO, BETTY, LAURA
Alias (Name, DOB, Soc. Sec. #, Etc.)
Race: W, Sex: F, Date of Birth: 08/10/1971, Height: 506, Weight: 165, Eye Color: BRO, Hair Color: BRO, Complexion: LGT, Build: SMALL

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description): NONE
Marital Status: DIVORCED, Religion: NONE
Indication of Alcohol Influence: Y, N, Unk.
Local Address: 1141 RAINWOOD CIRCLE WEST, PALM BEACH GARDENS, FL 33410 (352) 494-3991
Permanent Address: 1141 RAINWOOD CIRCLE WEST, PALM BEACH GARDENS, FL 33410
Business Address: JUPITER MEDICAL CENTER
D/L Number, State: S240092717900 FL, INS Number, Place of Birth: VIETNAM, Citizenship: USA

Co-Defendant Name (Last, First, Middle), Race, Sex, Date of Birth, Juvenile Disposition
Co-Defendant Name (Last, First, Middle), Race, Sex, Date of Birth, Juvenile Disposition

Parent, Legal Custodian, Other, Name (Last), (First), (Middle), Address (Street, Apt. Number), (City), (State), (Zip), Residence Phone, Business Phone

Notified by: (Name), Date, Time, Juvenile Disposition
Released To: (Name), Relationship, Date, Time

The above address provided by [] defendant and / or [] defendant's parents The child and / or parent was told to keep the Juvenile Court Clerk (Phone 365-2528) informed of any change of address.
Property Crime? Yes/No, Description of Property, Value of Property, School Attended, Grade

Drug Activity, S. Sell, R. Smuggle, K. Dispense/Distribute, M. Manufacture/Producer/Cultivate, Z. Other, Drug Type, B. Barbiturate, H. Hallucinogen, P. Paraphernalia/Equipment, U. Unknown, N. N/A, D. Buy, D. Deliver, E. Use, A. Amphetamine, C. Cocaine, E. Heroin, M. Marijuana, O. Opium/Deriv., S. Synthetics

Charge Description: DRIVING UNDER THE INFLUENCE, Counts: 1, Domestic Violence: [] Y [] N, Statute Violation Number: 316.193(1), Violation of ORD #, Warrant / Capias Number, Bond: OK

Charge Description, Counts, Domestic Violence, Statute Violation Number, Violation of ORD #, Warrant / Capias Number, Bond

Charge Description, Counts, Domestic Violence, Statute Violation Number, Violation of ORD #, Warrant / Capias Number, Bond

Charge Description, Counts, Domestic Violence, Statute Violation Number, Violation of ORD #, Warrant / Capias Number, Bond

Charge Description, Counts, Domestic Violence, Statute Violation Number, Violation of ORD #, Warrant / Capias Number, Bond

Location (Court Room Number, Address): NORTH COUNTY COURTHOUSE, 3188 PGA BOULEVARD, PALM BEACH GARDENS, FL 33410 - PH: (561) 662-6700
Court Date and Time: Month OCTOBER, Day 2, Year 2019, Time 10:00 AM

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: 09/01/2019

HOLD for other Agency, Name: SCANNED, Signature of Arresting Officer, Name Verification (Printed by Arrestee)

Name of Arresting Officer (Print): Ofc. Cameron Carver, I.D. #: 471, Transporting Officer: Ofc. Cameron Carver, ID #: 471, Agency: PBGPD, Intake Date: 02/20/19, Pouch #, Witness here if subject signed with an -X-: 1 OF 1

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 01 DAY OF SEPTEMBER 20 19 AT 21:58 AM PM

SUBJECT: SCOGLIO, BETTY, LAURA CASE NUMBER: 19005156

AGENCY: PALM BEACH GARDENS POLICE DEPT. ARRESTING OFFICER: Ofc. Cameron Carver #471

PERSONAL CONTACT

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

+PC for Stop: PBGPD Dispatch put out a BOLO reference a 'white SUV traveling southbound on Interstate 95, swerving a lot and possibly impaired.' Officer Slaughter observed the vehicle matching the BOLO (White Cadillac SUV bearing Florida Tag IB39KS) run a red light at N Military Trail and Kyoto Gardens Drive as it got onto Northbound Interstate 95 on-ramp.
+Manner of Stop: Officer Slaughter caught up to the vehicle and activated her emergency equipment signaling the driver to pull over. The driver failed to yield and traveled for an approximate additional mile before driving on the shoulder and coming to a stop.
+APC: Officer Slaughter approached the vehicle and identified the driver and sole occupant as Betty Scoglio via her Florida Driver's License.

OBSERVATION OF DRIVER:

+Appearance of Vehicle: Vehicle was in disarray; Tervis cup in the center console PBT positive for alcohol. Unopened bottles of alcohol found in the back seat of the vehicle.
+Appearance of Driver: Clumsy, Needs Assistance, Slow, Sluggish, Swaying, Uncoordinated, Unsteady, Unsure, Forgets Instructions.
+Face/Eyes: Glassy, Watery, Bloodshot
+Clothing Condition: Disheveled, loose clothing.

DRIVER'S STATEMENTS:

+In Car: Refused to answer questions; stated she "fucked up;" does not recall where she came from; stated she was going to her boyfriend's house; refused to perform roadsides sobriety tasks.
+Roadsides: Stated she understood the instructions, then forgot instructions.
+BAT: Review BAT Video, stated she was an alcoholic, got upset because Miranda was not read at the scene.
+Taylor Warnings Read: After reading Taylor, Scoglio performed the Roadsides.
+Implied Consent Read: After reading Implied Consent, Scoglio refused breath.

ODORS:

Odor of unknown alcoholic beverage.

GENERAL OBSERVATIONS

SPEECH: Mumbled, Slurred

ATTITUDE: Uncooperative, Calm, Confused, Mood Changes, Disoriented

CLOTHING: Black and White Dress

MEDICAL/OTHER: Roadsides: None/Claimed Back, Leg, Foot pain. Takes prescription medication, however did not take it over last 48hrs. BAT: Right Ankle pain, sometimes takes prescription pain medication for it.

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 02 day of SEPTEMBER 20 19 by Ofc. Cameron Carver

(Print name of Arresting/Investigative Officer, and if personally known to me and/or produced identification. Type of identification produced Personally Known)

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



Scoiglio
SUBJECT: SCOGLIO, BETTY, LAURA CASE NUMBER 19005156

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

- | | |
|---|---|
| <input checked="" type="checkbox"/> LT EYE-LACK OF SMOOTH PURSUIT | <input checked="" type="checkbox"/> RT EYE-LACK OF SMOOTH PURSUIT |
| <input checked="" type="checkbox"/> LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION | <input checked="" type="checkbox"/> RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION |
| <input checked="" type="checkbox"/> LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES | <input checked="" type="checkbox"/> RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES |

Other Observations:

Condition of Eyes: Glassy, Watery, Bloodshot.
Observations: Vertical Gaze Nystagmus was present. Visible sway. Had to perform task sitting on push-bumper due to inability to maintain balance and keep from walking towards officers.

WALK & TURN:

Due to inability to maintain balance and keep from stumbling and nearly falling over on the road, this task was called for her safety.

ONE LEG STAND:

Due to inability to maintain balance and keep from stumbling and nearly falling over on the road, this task was called for her safety.

ROMBERG ALPHABET:

*Unable to keep feet together and maintain upright position. Had Scoglio stand shoulder-width apart and was still unable to maintain balance.

*Swayed

*Incorrect Reciting

FINGER TO NOSE:

Due to inability to maintain balance and keep from stumbling and nearly falling over on the road, this task was called for her safety.

BREATH TEST RESULTS: REFUSED REFUSED

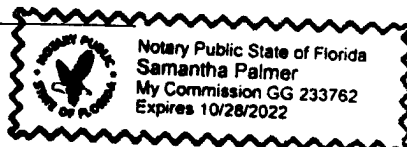
STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer) [Signature] 471

The foregoing instrument was sworn to or affirmed and subscribed before me this 02 day of SEPTEMBER 2019 by Ofc. Cameron Carver

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

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



SUBJECT: Scottie, Betty CASE NUMBER: 19-005156

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 detecting the presence of chemical or controlled substances.

-OR-

I am now requesting that you submit to a lawful test of your BLOOD for the purpose of detecting its alcohol content and the presence of chemical or controlled substances.

NOTE: READ ONLY IF THE SUBJECT DOES NOT COMPLY WITH YOUR REQUEST.

I am OFC CARVER # 471 of the Talm Beach Gardens

If you fail to submit to the test I have requested of you, your privilege to operate a motor vehicle will be suspended for period of one (1) year for a first refusal, or eighteen (18) months if your privilege has been previously suspended as a result of a refusal to submit to a lawful test of your breath, urine or blood. Additionally, if you refuse to submit to the test I have requested of you and if your driving privilege has been previously suspended for a prior refusal to submit to a lawful test of your breath, urine or blood, you will be committing a misdemeanor. Refusal to submit to the test I have requested of you is admissible into evidence in any criminal proceeding.

SUBJECT'S SIGNATURE: (X) Read on Camera

CONSTITUTIONAL WARNINGS

I AM REQUIRED TO WARN YOU BEFORE YOU MAKE ANY STATEMENTS THAT YOU HAVE THE FOLLOWING RIGHT

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) Read on Camera

SUBJECT: Scoglio, Betty CASE NUMBER: 19-005156

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? Yes

WHERE WERE YOU GOING? Boyfriends house in Jupiter, FL

WHAT STREET OR HIGHWAY WERE YOU ON? A1A (actually on I95)

DIRECTION OF TRAVEL? N WHERE DID YOU START? Dont know

WHAT TIME DID YOU START? Approx 9:30 WHAT TIME IS IT NOW? Unknown

WHAT IS TODAY'S DATE? Aug 31, 2019 WHAT DAY OF THE WEEK IS IT? Sunday

WHAT COUNTY AND CITY ARE YOU IN NOW? Palm Beach County

WHEN DID YOU LAST EAT? Approx 8:00am WHAT DID YOU EAT? (1) Meatball

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? Working - Jupiter Medical Center

HOW MUCH DO YOU WEIGH? 165 HAVE YOU BEEN DRINKING? Yes WHAT? Vodka, water, Soda, Wine was yesterday

HOW MUCH? 1 WHERE? Home WITH WHOM?

WHEN DID YOU HAVE YOUR FIRST DRINK? Before Dining AND YOUR LAST DRINK?

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? Sipped

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? No ARE YOU UNDER THE INFLUENCE? No

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? HOW MUCH?

WHAT? WHERE? WHEN?

WHAT LINE OF WORK ARE YOU IN? Noise WHEN DID YOU LAST WORK? Tuesday 6:30

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? NO/Yes WHAT? Back, Leg, Ankle, Foot Pain

ARE YOU SICK OR INJURED? NO/Yes WHAT'S WRONG? Right Ankle, at times knees Pain Rx for

DO YOU LIMP? NO DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? NO

WERE YOU IN AN ACCIDENT TODAY? NO

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? No WHEN?

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? Yes WHO? Dr. Kleschka Head WHY? Teeth cleaning

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? NO WHAT? WHEN?

DO YOU HAVE:
EPILEPSY? _____
GLASS EYE? _____
FALSE TEETH? _____
EAR INFECTION? _____
INNER EAR TROUBLE? _____
DIABETES? _____

NO

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? NO

DO YOU TAKE INSULIN? NO IF SO, WHEN WAS YOUR LAST INJECTION?

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? NO WHERE?

INTERVIEWER: OFC. Carver # 471

TESTING FACILITY TASK REPORT

AGENCY: PBG/CARVER

SUBJECT: SCOGLIO, BETTY

CASE NUMBER: 19-110662

DATE: Sep 1, 2019

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 2356

ENDING TIME: 0013

BREATH TESTS RESULTS: 1) R TIME 2357 A.M. P.M. 2) XX TIME XX A.M. P.M.
3) XX TIME XX A.M. P.M. 4) XX TIME XX A.M. P.M.

BREATH OPERATOR: S. PALMER #24520

MAINTENANCE TECHNICIAN: J Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED,

ATTITUDE: CALM, QUIET, COOPERATIVE, POLITE

CLOTHING: BLACK/WHITE DRESS. BLACK/TAN SANDALS

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER:

EYES: GLASSY AND BLOODSHOT, SUBJECT ADMITTED TO DRINKING VODKA AND SODA WATER

COMMENTS:

ARRESTING OFFICER CONDUCTED THE 20 MINUTE OBSERVATION BEGINNING AT 2335
SUBJECT REFUSED TO TAKE BREATH TEST
A/O READ I/C
SUBJECT STATED SHE UNDERSTOOD I/C
AND AGAIN REFUSED TO TAKE BREATH TEST @ 2357
A/O READ RIGHTS
SUBJECT STATED SHE UNDERSTOOD HER RIGHTS
A/O CONDUCTED Q&A
SUBJECT ANSWERED QUESTIONS



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

PBSO CASE # 19-110602 PBSO ZONE 3-13

AGENCY CASE # 19005156 CRASH CASE # N/A

TIME OF STOP/CRASH 21:58 DATE 09/01/2019 DAY SUNDAY

SUBJECT'S NAME SCOHLIO BETTY LAURA RACE W SEX F
LAST FIRST MID

HGT 506 WGT 165 DOB 08/10/1971

LOCATION INTERSTATE 95/JSO DONALD ROSS ROAD, PALM BEACH GARDENS, FL 33410

ARRESTING OFFICER'S NAME & ID Ofc. Cameron Carver #471 AGENCY PBGPD

DIVISION: Traffic Unit

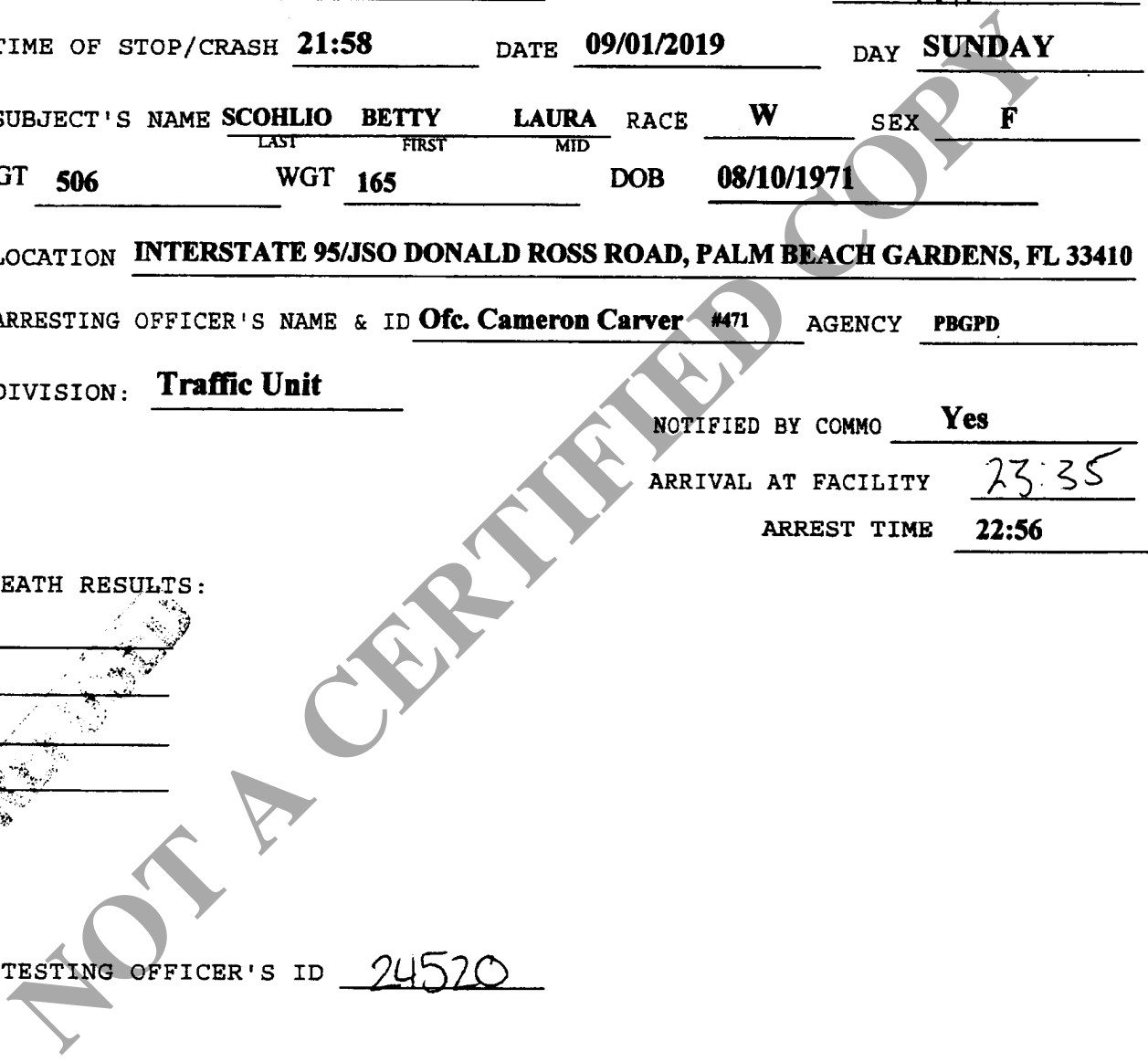
NOTIFIED BY COMMO Yes

ARRIVAL AT FACILITY 23:35

ARREST TIME 22:56

BREATH RESULTS:

TESTING OFFICER'S ID 24520



WITNESS LIST

CASE NUMBER: 19005156

ARRESTING OFFICER: Ofc. Cameron Carver

ADDRESS: 10500 N. Military Trail, Palm Beach Gardens, FL 33410

PHONE NUMBERS (HOME): N/A (WORK) (561) 799-4445

CAN TESTIFY TO: Facts of Case

NAME: Ofc. Kristin Slaughter #500

ADDRESS: 10500 N. Military Trail, Palm Beach Gardens, FL 33410

PHONE NUMBERS (HOME) N/A (WORK) (561) 799-4445

CAN TESTIFY TO: Traffic Stop

NAME: Ofc. Sam Warren #463

ADDRESS 10500 N. Military Trail, Palm Beach Gardens, FL 33410

PHONE NUMBERS (HOME) N/A (WORK) (561) 799-4445

CAN TESTIFY TO: Scene Safety

NAME: Tpr. Andrew Iv

ADDRESS MM 94 FLORIDA'S TURNPIKE, LAKE WORTH, FL 33467

PHONE NUMBERS (HOME) _____ (WORK) (561) 357-4000

CAN TESTIFY TO: Scene Safety

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

Florida

DRIVER LICENSE



USA

S240-092-71-790-0

9 CLASS E



1 SCOGGIO
2 BETTY LAURA
3 1141 RAINWOOD CIR W
PALM BCH GDNS FL 33410-5254

3 DOB 08/10/1971 SEX F SAFE DRIVER
4b EXP 08/10/2027 16 HGT 5'-06"
12 REST A 3a END NONE

4a ISS 06/04/2018

SDD P701206840025

Betty Laura Scoglio



Operation of a motor vehicle constitutes consent to any sobriety test required by law

DONOR

NOT A CERTIFIED COPY



Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	<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.	
Public Info. Exemptions	<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.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)	<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"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2019028640	Date: 9/2/2019
	Specialist Name/ID: M Tooks #8557