

0503791

18CT22219

743

| OBTS Number                                                                                                                                                                                                                                                                                                                        |  | ARREST / NOTICE TO APPEAR<br>Juvenile Referral Report                            |  | 1. Arrest<br>2. N.T.A.                                                                                |  | 3. Request for Warrant<br>4. Request for Capias                            |  | 1                                         |  | Juvenile                           |  | N                                                                                                                        |  |                                                                                          |  |                                                                                                                   |  |                                                                                    |  |                                                                                                                       |  |                                       |  |                                                                 |  |                                                   |  |                                                |  |                        |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------|--|-------------------------------------------|--|------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------|--|---------------------------------------|--|-----------------------------------------------------------------|--|---------------------------------------------------|--|------------------------------------------------|--|------------------------|--|--|--|--|--|-----------------------|--|--|--|--|--|--|--|--|--|--|--|
| Agency ORI Number<br><b>FLO 502600</b>                                                                                                                                                                                                                                                                                             |  | Agency Name<br><b>PALM BEACH GARDENS POLICE DEPARTMENT</b>                       |  |                                                                                                       |  | Agency Report Number (N.T.A.'s only)<br><b>78-18007599</b>                 |  |                                           |  |                                    |  |                                                                                                                          |  |                                                                                          |  |                                                                                                                   |  |                                                                                    |  |                                                                                                                       |  |                                       |  |                                                                 |  |                                                   |  |                                                |  |                        |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |  |  |
| Charge Type:<br>Check as many as apply.                                                                                                                                                                                                                                                                                            |  | <input type="checkbox"/> 1. Felony<br><input type="checkbox"/> 2. Traffic Felony |  | <input type="checkbox"/> 3. Misdemeanor<br><input checked="" type="checkbox"/> 4. Traffic Misdemeanor |  | <input type="checkbox"/> 5. Ordinance<br><input type="checkbox"/> 6. Other |  | Weapon Seized / Type<br>2 1. Yes<br>2. No |  | Multiple<br>Clearance<br>Indicator |  |                                                                                                                          |  |                                                                                          |  |                                                                                                                   |  |                                                                                    |  |                                                                                                                       |  |                                       |  |                                                                 |  |                                                   |  |                                                |  |                        |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |  |  |
| Location of Arrest (Including Name of Business)<br><b>ALTERNATE AIA / KYOTO GARDENS DRIVE, PALM BEACH GARDENS, FL 33410</b>                                                                                                                                                                                                        |  |                                                                                  |  |                                                                                                       |  |                                                                            |  |                                           |  |                                    |  | Location of Offense (Business Name, Address)<br><b>ALTERNATE AIA / KYOTO GARDENS DRIVE, PALM BEACH GARDENS, FL 33410</b> |  |                                                                                          |  |                                                                                                                   |  |                                                                                    |  |                                                                                                                       |  |                                       |  |                                                                 |  |                                                   |  |                                                |  |                        |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |  |  |
| Date of Arrest<br><b>12/14/2018</b>                                                                                                                                                                                                                                                                                                |  | Time of Arrest<br><b>22:17</b>                                                   |  | Booking Date                                                                                          |  | Booking Time                                                               |  | Jail Date                                 |  | Jail Time                          |  | Location of Vehicle<br><b>KAUFFS TOWING &amp; RECOVERY<br/>4301 East Avenue, West Palm Beach, FL 33405</b>               |  |                                                                                          |  |                                                                                                                   |  |                                                                                    |  |                                                                                                                       |  |                                       |  |                                                                 |  |                                                   |  |                                                |  |                        |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |  |  |
| Name (Last, First, Middle)<br><b>SALLEY, FARRON, LA TRECE</b>                                                                                                                                                                                                                                                                      |  |                                                                                  |  |                                                                                                       |  |                                                                            |  |                                           |  |                                    |  | Alias (Name, DOB, Soc. Sec. #, Etc.)                                                                                     |  |                                                                                          |  |                                                                                                                   |  |                                                                                    |  |                                                                                                                       |  |                                       |  |                                                                 |  |                                                   |  |                                                |  |                        |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |  |  |
| Race<br>W - White ( - American Indian<br>B - Black O - Oriental/Asian                                                                                                                                                                                                                                                              |  | Sex<br><b>B</b>                                                                  |  | Date of Birth<br><b>06/12/1990</b>                                                                    |  | Height<br><b>507</b>                                                       |  | Weight<br><b>134</b>                      |  | Eye Color<br><b>BRO</b>            |  | Hair Color<br><b>BLK</b>                                                                                                 |  | Complexion<br><b>DRK</b>                                                                 |  | Build<br><b>SMALL</b>                                                                                             |  |                                                                                    |  |                                                                                                                       |  |                                       |  |                                                                 |  |                                                   |  |                                                |  |                        |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |  |  |
| Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)<br><b>None</b>                                                                                                                                                                                                                                       |  |                                                                                  |  |                                                                                                       |  |                                                                            |  |                                           |  |                                    |  | Mental Status<br><b>Single</b>                                                                                           |  | Religion<br><b>CHRISTIAN</b>                                                             |  | Indication of<br>Alcohol Influence<br>Drug Influence                                                              |  | Y <input type="checkbox"/> N <input type="checkbox"/> Unk <input type="checkbox"/> |  |                                                                                                                       |  |                                       |  |                                                                 |  |                                                   |  |                                                |  |                        |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |  |  |
| Local Address (Street, Apt. Number)<br><b>1723 Embassy Drive, #201, West Palm Beach, FL 33401</b>                                                                                                                                                                                                                                  |  |                                                                                  |  |                                                                                                       |  |                                                                            |  |                                           |  |                                    |  | (City)<br><b>( )</b>                                                                                                     |  | (State)<br><b>( )</b>                                                                    |  | (Zip)<br><b>( )</b>                                                                                               |  | Phone<br><b>(817) 360-1316</b>                                                     |  | Residence Type:<br>1. City<br>2. County<br>3. Florida<br>4. Out of State                                              |  |                                       |  |                                                                 |  |                                                   |  |                                                |  |                        |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |  |  |
| Permanent Address (Street, Apt. Number)<br><b>1723 Embassy Drive, #201, West Palm Beach, FL 33401</b>                                                                                                                                                                                                                              |  |                                                                                  |  |                                                                                                       |  |                                                                            |  |                                           |  |                                    |  | (City)<br><b>( )</b>                                                                                                     |  | (State)<br><b>( )</b>                                                                    |  | (Zip)<br><b>( )</b>                                                                                               |  | Phone<br><b>( )</b>                                                                |  | Address Source<br><b>FL Driver's License</b>                                                                          |  |                                       |  |                                                                 |  |                                                   |  |                                                |  |                        |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |  |  |
| Business Address (Name, Street)<br><b>WFBF</b>                                                                                                                                                                                                                                                                                     |  |                                                                                  |  |                                                                                                       |  |                                                                            |  |                                           |  |                                    |  | (City)<br><b>( )</b>                                                                                                     |  | (State)<br><b>( )</b>                                                                    |  | (Zip)<br><b>( )</b>                                                                                               |  | Phone<br><b>( )</b>                                                                |  | Occupation<br><b>News Anchor</b>                                                                                      |  |                                       |  |                                                                 |  |                                                   |  |                                                |  |                        |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |  |  |
| DL Number, State<br><b>S408252907120 FL</b>                                                                                                                                                                                                                                                                                        |  | Soc. Sec. Number<br><b>( )</b>                                                   |  | INS Number<br><b>( )</b>                                                                              |  | Place of Birth (City, State)<br><b>Fort Worth, TX</b>                      |  | Citizenship<br><b>USA</b>                 |  |                                    |  |                                                                                                                          |  |                                                                                          |  |                                                                                                                   |  |                                                                                    |  |                                                                                                                       |  |                                       |  |                                                                 |  |                                                   |  |                                                |  |                        |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |  |  |
| Co-Defendant Name (Last, First, Middle)                                                                                                                                                                                                                                                                                            |  |                                                                                  |  |                                                                                                       |  |                                                                            |  |                                           |  |                                    |  | Race                                                                                                                     |  | Sex                                                                                      |  | Date of Birth                                                                                                     |  | <input type="checkbox"/> 1. Arrested<br><input type="checkbox"/> 2. At Large       |  | <input type="checkbox"/> 3. Felony<br><input type="checkbox"/> 4. Misdemeanor<br><input type="checkbox"/> 5. Juvenile |  |                                       |  |                                                                 |  |                                                   |  |                                                |  |                        |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |  |  |
| Co-Defendant Name (Last, First, Middle)                                                                                                                                                                                                                                                                                            |  |                                                                                  |  |                                                                                                       |  |                                                                            |  |                                           |  |                                    |  | Race                                                                                                                     |  | Sex                                                                                      |  | Date of Birth                                                                                                     |  | <input type="checkbox"/> 1. Arrested<br><input type="checkbox"/> 2. At Large       |  | <input type="checkbox"/> 3. Felony<br><input type="checkbox"/> 4. Misdemeanor<br><input type="checkbox"/> 5. Juvenile |  |                                       |  |                                                                 |  |                                                   |  |                                                |  |                        |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |  |  |
| <input type="checkbox"/> Parent<br><input type="checkbox"/> Legal Custodian<br><input type="checkbox"/> Other                                                                                                                                                                                                                      |  |                                                                                  |  |                                                                                                       |  |                                                                            |  |                                           |  |                                    |  | Name (Last)                                                                                                              |  | (First)                                                                                  |  | (Middle)                                                                                                          |  | Residence Phone<br><b>( )</b>                                                      |  | Business Phone<br><b>( )</b>                                                                                          |  |                                       |  |                                                                 |  |                                                   |  |                                                |  |                        |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |  |  |
| Address (Street, Apt. Number)                                                                                                                                                                                                                                                                                                      |  |                                                                                  |  |                                                                                                       |  |                                                                            |  |                                           |  |                                    |  | (City)                                                                                                                   |  | (State)                                                                                  |  | (Zip)                                                                                                             |  |                                                                                    |  |                                                                                                                       |  |                                       |  |                                                                 |  |                                                   |  |                                                |  |                        |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |  |  |
| Notified by: (Name)                                                                                                                                                                                                                                                                                                                |  |                                                                                  |  |                                                                                                       |  |                                                                            |  |                                           |  |                                    |  | Date                                                                                                                     |  | Time                                                                                     |  | Juvenile Disposition<br>1. Handled/processed within<br>Dept. and Released.<br>2. TOT HRS / DYS<br>3. Incarcerated |  |                                                                                    |  |                                                                                                                       |  |                                       |  |                                                                 |  |                                                   |  |                                                |  |                        |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |  |  |
| Released To: (Name)                                                                                                                                                                                                                                                                                                                |  |                                                                                  |  |                                                                                                       |  |                                                                            |  |                                           |  |                                    |  | Relationship                                                                                                             |  | Date                                                                                     |  | Time                                                                                                              |  |                                                                                    |  |                                                                                                                       |  |                                       |  |                                                                 |  |                                                   |  |                                                |  |                        |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |  |  |
| The above address provided by <input type="checkbox"/> defendant and / or <input type="checkbox"/> defendant's parents The child and / or parent was told<br>to keep the juvenile Court Clerk (Phone 365-3526) informed of any change of address.<br><input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No (Reason) |  |                                                                                  |  |                                                                                                       |  |                                                                            |  |                                           |  |                                    |  | School Attended                                                                                                          |  | Grade                                                                                    |  |                                                                                                                   |  |                                                                                    |  |                                                                                                                       |  |                                       |  |                                                                 |  |                                                   |  |                                                |  |                        |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |  |  |
| Property Crime?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                        |  |                                                                                  |  |                                                                                                       |  |                                                                            |  |                                           |  |                                    |  | Description of Property                                                                                                  |  | Value of Property                                                                        |  |                                                                                                                   |  |                                                                                    |  |                                                                                                                       |  |                                       |  |                                                                 |  |                                                   |  |                                                |  |                        |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |  |  |
| Drug Activity<br>N. N/A<br>P. Possess                                                                                                                                                                                                                                                                                              |  |                                                                                  |  |                                                                                                       |  |                                                                            |  |                                           |  |                                    |  | S. Sell<br>T. Traffic                                                                                                    |  | R. Smuggle<br>D. Deliver<br>E. Use                                                       |  | K. Dispose/<br>Distribute                                                                                         |  | M. Manufacture/<br>Produce/<br>Cultivate                                           |  | Z. Other                                                                                                              |  | Drug Type<br>N. N/A<br>A. Amphetamine |  | B. Barbiturate<br>C. Cocaine<br>E. Heroin                       |  | H. Hallucinogen<br>M. Marijuana<br>O. Opium/Opiv. |  | P. Paraphernalia/<br>Equipment<br>S. Synthetic |  | U. Unknown<br>Z. Other |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |  |  |
| Charge Description<br><b>Driving Under the Influence</b>                                                                                                                                                                                                                                                                           |  |                                                                                  |  |                                                                                                       |  |                                                                            |  |                                           |  |                                    |  | Counts<br><b>1</b>                                                                                                       |  | Domestic<br>Violence<br><input type="checkbox"/> Y <input checked="" type="checkbox"/> N |  | Statute Violation Number<br><b>316.193(1)</b>                                                                     |  | Violation of ORD #                                                                 |  |                                                                                                                       |  |                                       |  |                                                                 |  |                                                   |  |                                                |  |                        |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |  |  |
| Drug Activity<br><b>N</b>                                                                                                                                                                                                                                                                                                          |  |                                                                                  |  |                                                                                                       |  |                                                                            |  |                                           |  |                                    |  | Drug Type<br><b>N</b>                                                                                                    |  | Amount / Unit<br><b>N/A</b>                                                              |  | Offense #<br><b>1</b>                                                                                             |  | Warrant / Capias Number                                                            |  | Bond<br><b>CR</b>                                                                                                     |  |                                       |  |                                                                 |  |                                                   |  |                                                |  |                        |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |  |  |
| Charge Description                                                                                                                                                                                                                                                                                                                 |  |                                                                                  |  |                                                                                                       |  |                                                                            |  |                                           |  |                                    |  | Counts                                                                                                                   |  | Domestic<br>Violence<br><input type="checkbox"/> Y <input checked="" type="checkbox"/> N |  | Statute Violation Number                                                                                          |  | Violation of ORD #                                                                 |  |                                                                                                                       |  |                                       |  |                                                                 |  |                                                   |  |                                                |  |                        |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |  |  |
| Drug Activity<br><b>N</b>                                                                                                                                                                                                                                                                                                          |  |                                                                                  |  |                                                                                                       |  |                                                                            |  |                                           |  |                                    |  | Drug Type<br><b>N</b>                                                                                                    |  | Amount / Unit<br><b>N/A</b>                                                              |  | Offense #                                                                                                         |  | Warrant / Capias Number                                                            |  | Bond                                                                                                                  |  |                                       |  |                                                                 |  |                                                   |  |                                                |  |                        |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |  |  |
| Charge Description                                                                                                                                                                                                                                                                                                                 |  |                                                                                  |  |                                                                                                       |  |                                                                            |  |                                           |  |                                    |  | Counts                                                                                                                   |  | Domestic<br>Violence<br><input type="checkbox"/> Y <input checked="" type="checkbox"/> N |  | Statute Violation Number                                                                                          |  | Violation of ORD #                                                                 |  |                                                                                                                       |  |                                       |  |                                                                 |  |                                                   |  |                                                |  |                        |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |  |  |
| Drug Activity<br><b>N</b>                                                                                                                                                                                                                                                                                                          |  |                                                                                  |  |                                                                                                       |  |                                                                            |  |                                           |  |                                    |  | Drug Type<br><b>N</b>                                                                                                    |  | Amount / Unit<br><b>N/A</b>                                                              |  | Offense #                                                                                                         |  | Warrant / Capias Number                                                            |  | Bond                                                                                                                  |  |                                       |  |                                                                 |  |                                                   |  |                                                |  |                        |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |  |  |
| Charge Description                                                                                                                                                                                                                                                                                                                 |  |                                                                                  |  |                                                                                                       |  |                                                                            |  |                                           |  |                                    |  | Counts                                                                                                                   |  | Domestic<br>Violence<br><input type="checkbox"/> Y <input checked="" type="checkbox"/> N |  | Statute Violation Number                                                                                          |  | Violation of ORD #                                                                 |  |                                                                                                                       |  |                                       |  |                                                                 |  |                                                   |  |                                                |  |                        |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |  |  |
| Drug Activity<br><b>N</b>                                                                                                                                                                                                                                                                                                          |  |                                                                                  |  |                                                                                                       |  |                                                                            |  |                                           |  |                                    |  | Drug Type<br><b>N</b>                                                                                                    |  | Amount / Unit<br><b>N/A</b>                                                              |  | Offense #                                                                                                         |  | Warrant / Capias Number                                                            |  | Bond                                                                                                                  |  |                                       |  |                                                                 |  |                                                   |  |                                                |  |                        |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |  |  |
| 1. Location (Name, Street Number, Address)<br><b>NORTH COUNTY COURTHOUSE, 3188 PGA BOULEVARD, PALM BEACH GARDENS, FL 33410 - PH: (561) 662-6700</b>                                                                                                                                                                                |  |                                                                                  |  |                                                                                                       |  |                                                                            |  |                                           |  |                                    |  |                                                                                                                          |  |                                                                                          |  |                                                                                                                   |  |                                                                                    |  |                                                                                                                       |  |                                       |  |                                                                 |  |                                                   |  |                                                |  |                        |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |  |  |
| Court Date and Time<br>Month <b>JANUARY</b> Day <b>16</b> Year <b>2019</b> Time <b>10:00</b> AM <input checked="" type="checkbox"/> PM                                                                                                                                                                                             |  |                                                                                  |  |                                                                                                       |  |                                                                            |  |                                           |  |                                    |  |                                                                                                                          |  |                                                                                          |  |                                                                                                                   |  |                                                                                    |  |                                                                                                                       |  |                                       |  |                                                                 |  |                                                   |  |                                                |  |                        |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |  |  |
| 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<br>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)<br><b>(Signature)</b>                                                                                                                                                                                                                                                    |  |                                                                                  |  |                                                                                                       |  |                                                                            |  |                                           |  |                                    |  | Date Signed<br><b>12/14/2018</b>                                                                                         |  |                                                                                          |  |                                                                                                                   |  |                                                                                    |  |                                                                                                                       |  |                                       |  |                                                                 |  |                                                   |  |                                                |  |                        |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |  |  |
| HOLD for other Agency<br>Name:                                                                                                                                                                                                                                                                                                     |  |                                                                                  |  |                                                                                                       |  |                                                                            |  |                                           |  |                                    |  | Signature of Arresting Officer<br><b>(Signature)</b>                                                                     |  |                                                                                          |  |                                                                                                                   |  |                                                                                    |  |                                                                                                                       |  |                                       |  | Name Verification (Printed by Arrestee)<br><b>(PRINT)</b>       |  |                                                   |  |                                                |  |                        |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |  |  |
| <input type="checkbox"/> Dangerous<br><input type="checkbox"/> Suicidal                                                                                                                                                                                                                                                            |  |                                                                                  |  |                                                                                                       |  |                                                                            |  |                                           |  |                                    |  | <input type="checkbox"/> Releated Arrest<br><input type="checkbox"/> Other:                                              |  |                                                                                          |  |                                                                                                                   |  |                                                                                    |  |                                                                                                                       |  |                                       |  | Name of Arresting Officer (Print)<br><b>Off. Cameron Carver</b> |  |                                                   |  |                                                |  |                        |  |  |  |  |  | ID #<br><b>#471</b>   |  |  |  |  |  |  |  |  |  |  |  |
| Issued Deputy<br><b>15 collins 7621</b>                                                                                                                                                                                                                                                                                            |  |                                                                                  |  |                                                                                                       |  |                                                                            |  |                                           |  |                                    |  | ID #<br><b>471</b>                                                                                                       |  |                                                                                          |  |                                                                                                                   |  |                                                                                    |  |                                                                                                                       |  |                                       |  | Agency<br><b>PBGPFD</b>                                         |  |                                                   |  |                                                |  |                        |  |  |  |  |  | PAGE<br><b>1 of 1</b> |  |  |  |  |  |  |  |  |  |  |  |
| Witness here if subject signed with an "X"                                                                                                                                                                                                                                                                                         |  |                                                                                  |  |                                                                                                       |  |                                                                            |  |                                           |  |                                    |  |                                                                                                                          |  |                                                                                          |  |                                                                                                                   |  |                                                                                    |  |                                                                                                                       |  |                                       |  |                                                                 |  |                                                   |  |                                                |  |                        |  |  |  |  |  |                       |  |  |  |  |  |  |  |  |  |  |  |

DISTRIBUTION: WHITE - COURT COPY

GREEN - STATE ATTORNEY

YELLOW - AGENCY

PINK - AGENCY

GOLD - DEFENDANT (N.T.A.'s ONLY)

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 14 DAY OF December 20 18, AT 21:43 AM ☒ PM  
SUBJECT: SALLEY, FARRON, LA TRECE CASE NUMBER: 18007599

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)**

I observed a black Honda Accord, bearing Florida license plate JTXZ76. The Accord was traveling southbound on Alternate A1A approaching Atlantic Avenue. As I made a U-Turn, I observed the taillights were not illuminated on the Accord. As the Accord passed the Interstate 95 Southbound on-ramp I activated my emergency equipment signaling the driver to pull over and stop for the taillight violation. The Accord pulled into the right turn lane to Kyoto Gardens and stopped at the stop-bar.

## OBSERVATION OF DRIVER:

Upon approach to the Accord, I observed a black female, later identified via Florida driver's license as Farron La Trece Salley, sitting in the driver's seat and Colleen Hipp in the passenger seat of the Accord. I observed the Accord was in a neat condition. While informing Salley the reason for the stop she gave the disposition of annoyance and aggravation. I observed Salley's clothing to be in a neat and clean condition. Salley's speech changed various times while I was speaking with her from quiet to loud, slurred to coherent, mumbled and at times not understandable to understandable. I observed Salley's eyes to be red and bloodshot with watery eyes. Salley's pupils were dilated more than the average person.

## DRIVER'S STATEMENTS:

Salley stated she drank one Vodka drink, suffered from medical conditions, however refused to state what those were. I clarified with her if she had any medical conditions that affect her ability to operate a motor vehicle or heavy machinery, to which she responded no. She stated had no issues with walking or keeping balance. Salley stated the last she ate was before the movie at 7:10pm, this evening. Refer to Agency PC for further.

## ODORS:

the odor of the impurities of an alcoholic beverage emitting from her breath as she spoke.

## GENERAL OBSERVATIONS

**SPEECH:** quiet to loud, slurred to coherent, mumbled and at times not understandable to understandable

**ATTITUDE:** Upset, crying, uncooperative, demanding, argumentative, defiant, mood swings.

**CLOTHING:** Gray pants, purple blouse, tan flip flops.

**MEDICAL/OTHER:** Refused to give medical.

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 14 day of December 20 2018 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: SALLEY, FARRON, LA TRECE CASE NUMBER 18007599

### 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:

Refer to Agency PC For further SFST details.

#### WALK & TURN:

I explained and demonstrated the instructions to Salley, who stated she understood. Salley was unable to keep balance and swayed during the instructional phase. Salley started on command however paused walking, against instruction, to regain balance. She did not touch heel-to-toe as instructed. She did not turn as instructed and demonstrated and had to lower her center of gravity to regain balance. She raised her arms more than six-inches to regain balance. I observed 5 of 8 clues, indicating impairment. (2 or more clues are an indicator that BAC is at or above a 0.08).

#### ONE LEG STAND:

Prior to completing the instructions and demonstrating, Salley performed the exercise and swayed while performing the task. Salley stopped and argued with me in getting into the starting position to continue with the instructions. I re-explained and demonstrated the instructions to Salley, who stated she understood. Upon beginning the exercise, Salley swayed while balancing. Salley counted in a condescending tone, changing her inflection and tone as she counted and made "ahh" sounds at the completion while raising her arms more than six inches. I observed 2 of 4 clues, indicating impairment. (2 or more clues are an indicator that BAC is at or above a 0.08).

#### ROMBERG ALPHABET:

Salley began prior to being told to start and did not have her hands down at her side. While performing the task Salley did not keep her eyes closed. Salley began to cry during the task and did not recite the alphabet as instructed as she did not pause between each letter.

#### FINGER TO NOSE:

I explained and demonstrated the instructions to Salley, who stated she understood. Salley had to repeatedly be told to look up and keep her eyes closed. When I gave the first command of "Left," Salley pushed her left hand out with force and then jammed her finger to her nose, missing her nose. Salley failed to maintain her head in the tilted back position as instructed. She did not touch the tip of the finger to the tip of the nose as instructed and demonstrated.

BREATH TEST RESULTS: REFUSED REFUSED

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 14 day of December 20 2018 by Off. 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)

# TESTING FACILITY TASK REPORT

AGENCY: PBG

SUBJECT: Salley, Farron L

CASE NUMBER: 18-155743

DATE: 12/14/18

VIDEO TAPE NUMBER: N/A

BEGINNING TIME: 23:21

ENDING TIME: 23:42

BREATH TESTS RESULTS: 1) R TIME 23:29 A.M./(P.M.) 2) N/A TIME — A.M./P.M.  
3) N/A TIME — A.M./P.M. 4) N/A TIME — A.M./P.M.

BREATH OPERATOR: K. Moynihan #22079

MAINTENANCE TECHNICIAN: J. Karlecke #6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Upset, crying, uncooperative, demanding, argumentative, Defiant, mood swings

CLOTHING: Light Green Pants, Long Sleeve button down Purple blouse, tan Flip Flops

MEDICAL CONDITIONS: Borderline Personality Disorder.

MEDICATIONS: yes, doesn't know the name

OTHER: Eyes glossy and bloodshot. Odor of unknown alcoholic beverage on breath. Admitted to drinking a tall glass of Vodka and Cranberry during Q+A

COMMENTS: Arrived at Testing Center. ALO began 20 minute Observation Period at 22:56 hrs

**REFUSED**

A agreed to take test, Then asked "What If I don't?"

No read I/c, A Stated she understood I/c and agreed to take test.

A refused to follow test instructions and provide an adequate Breath Sample. ALO called a Refusal.

ALO reminded A Rights were Read on Scene and Read Rights Again. A Stated she understood her Rights

ALO conducted Q+A

A answered Questions

**REFUSED**

SUBJECT: Salley, Farron L CASE NUMBER: PBG 18007599

## 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 \_\_\_\_\_ of the \_\_\_\_\_.

If you fail to submit to the test I have requested of you, your privilege to operate a motor vehicle will be suspended for a 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 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) Read on Camera

SUBJECT: Salley, Farron L CASE NUMBER: PBG 18007599

## 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? Home

WHAT STREET OR HIGHWAY WERE YOU ON? Leaving Mall, Trying to get on 95,

DIRECTION OF TRAVEL? WHERE DID YOU START? Movie Theatre DTAG

WHAT TIME DID YOU START? 9:30 WHAT TIME IS IT NOW? Don't know

WHAT IS TODAY'S DATE? 12/14/18 WHAT DAY OF THE WEEK IS IT? Friday

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

WHEN DID YOU LAST EAT? 6:30-6:40 WHAT DID YOU EAT? Caprese Pizza, Eggplant Parm

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? Dinner, Movie Theatre

HOW MUCH DO YOU WEIGH? 134 HAVE YOU BEEN DRINKING? Yes WHAT? Vodka Cranberry

HOW MUCH? Tall Glass WHERE? Movie Theatre WITH WHOM? Fiance

WHEN DID YOU HAVE YOUR FIRST DRINK? 6:55 AND YOUR LAST DRINK? 6:55

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? No HOW MUCH? /

WHAT? / WHERE? / WHEN? /

WHAT LINE OF WORK ARE YOU IN? WPBF 25 News WHEN DID YOU LAST WORK? 12/14/18

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? No WHAT? / 4a-12:30pm

ARE YOU SICK OR INJURED? No WHAT'S WRONG? /

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? No WHO? / WHY? /

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? Yes WHAT? Day Quill WHEN? 4:30-5pm

DO YOU HAVE: Unknown Rx 4:30-5pm

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? 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? Yes WHERE? TX, OK,

INTERVIEWER: WHITE - STATE ATTY. YELLOW - DHSMV PINK - CENTRAL RECORDS GOLD - JAIL

## WITNESS LIST

CASE NUMBER: 18007599

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. Jason Jung #456

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: Ofc. Kristal Cabrera

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: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

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ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_



**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                                              | <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),<br>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),<br>(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),<br>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"/>            | 539.001 FS                              | Other: All records relating to pawnbroker transactions.                                                                                                                    |                |
|                                                             | <input type="checkbox"/>            | 119.0712(2)                             | Other: Personal information contained within a motor vehicle record                                                                                                        |                |

**REVIEW COMPLETED BY**

**Booking Number:** 2018041432

**Date:** 12/15/2018

**Specialist Name/ID:** howardt/7185