

NR

615

0496082

ARREST/NOTICE TO APPEAR  
Juvenile Referral Report

Check if Supplement is Attached

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

Juvenile  N

ADMINISTRATIVE	OBTS Number		Agency ORI Number FLO 5 0 0 6 0 0		Agency Name PALM BEACH POLICE DEPARTMENT		Agency Report Number (N.T.A.'s Only) 7 6 1 1 3 - 0 0 0 3 0 0 ( ) ( )						
	Charge Type: Check as many as apply		<input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		If Weapon Seized		Multiple Clearance Indicator U K						
	Location of Arrest (including Name of Business) 400 S. OCEAN BLVD, PALM BEACH				Location of Offense (Business Name, Address) 400 S. OCEAN BLVD, PALM BEACH 33480								
	Date of Arrest 02 25 18 20 08		Time of Arrest		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle 400 S. OCEAN BLVD 33480

DEFENDANT	Name (Last, First, Middle) GORMAN, GRETCHEN												Alias (Name, DOB, Soc. Sec. #, Etc.)							
	Race W-White B-Black		Sex W F		Date of Birth 1 22 19 4 9		Height 5 5		Weight 145		Eye Color BLW		Hair Color BLN		Complexion LGT		Build SMALL			
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) NO												Marital Status M		Religion CATH		Indication of Alcohol Influence Drug Influence <input checked="" type="checkbox"/> <input type="checkbox"/>		Residence Type: 1. City 2. County 3. Florida 4. Out of State 4	
	Local Address (Street, Apt. Number) 100 SUNRISE #405 PALM BEACH, FL 33480				City (City) PALM BEACH, FL 33480				Phone 518 265 3992				Address Source NY DL							
Permanent Address (Street, Apt. Number) 19 PHEASANT LANE, MENANDS NY 12204				City (City) MENANDS NY 12204				Phone ( )				Occupation FLORIST								
Business Name (Name, Street) DA Number State 893-589-178 NY				City (City) Soc. Sec. Number				Phone ( )				Occupation INS Number Place of Birth (City, State) FORT WOOD, TX Citizenship US								

CO-DEF	Co-Defendant (Last, First, Middle)		Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile	
	Co-Defendant (Last, First, Middle)		Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile	

JUVENILE	<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other		Name (Last)		(First)		(Middle)		Residence Phone ( )				
	Address (Street, Apt. Number)		(City)		(State)		(Zip)		Business Phone ( )				
	Notified By: (Name)		Date		Time		Juvenile Disposition 1. Handled/Processed within Dept. and Released 2. TOTAL HOURS/DAYS 3. Incarcerated						
	Released To: (Name)		Relationship		Date		Time						
The above address was provided by <input type="checkbox"/> defendant and/or <input type="checkbox"/> defendant's parents. The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No (Reason)										School Attended		Grade	
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property				Value of Property							

CHARGE	Drug Activity N. N/A P. Possess		S. Sell B. Buy T. Traffic		R. Smuggle D. Deliver E. Use		K. Dispense/ Distribute		M. Manufacture/ Produce/ Cultivate		Z. Other		Drug Type N. N/A A. Amphetamine		B. Barbituate C. Cocaine E. Heroin		H. Hallucinogen M. Marijuana O. Opium/Deriv.		P. Parapharmalia/ Equipment S. Synthetic		U. Unknown Z. Other	
	Charge Description DUI WITH PROP. DAMAGE 1		Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number 3 1 6 1 9 3		Warrant/Capias Number 3		Violation of ORD # 3 B C 1											
	Drug Activity N		Drug Type N		Amount/Unit		Offense # 18-000300															
	Charge Description LEAVING SCENE - PROP DAM 1		Counts 1		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number 3 1 6 0 6 7		Warrant/Capias Number 1		Violation of ORD #											
Drug Activity N		Drug Type N		Amount/Unit		Offense # 18-060350																
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number		Warrant/Capias Number		Violation of ORD #												
Drug Activity		Drug Type		Amount/Unit		Offense #																

NOTICE TO APPEAR	Location (Court, Room Number, Address) Criminal Justice Complex 3228 Gun Club Rd W B, FL											
	Court Date and Time Month: MARCH Day: 23 Year: 2018 Time: 1:00 A.M. (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 WILL FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.											
Signature of Defendant (or Juvenile and Parent/Custodian)										Date Signed		

ADMIN	HOLD for other agency		Signature of Arresting Officer x B100		Name Verification (Printed by Arrestor) (PRINT)		WITNESS here if subject signed with me	
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Transporting Officer B100 9073 PBPB		I.D. # 9073 PBPB		Agency Palm Beach County	
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# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 25<sup>th</sup> DAY OF FEBRUARY, 2018, AT 2008 AM (PM)  
SUBJECT: GRETCHEN GORMAN CASE NUMBER: 18-000300  
AGENCY: PALM BEACH P.D. ARRESTING OFFICER: BIDO

## PERSONAL CONTACT

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

DID NOT OBSERVE. HAVE EYE WITNESS WHO STATED THEY SAW DEFENDANT DRIVING WITH SIGN UNDER VEHICLE. DEFENDANT STATED SHE WAS DRIVING AND HIT PARKING MACHINE ON SIDE WALK.

## OBSERVATION OF DRIVER:

COMPLIANT. EYES RED AND BLOOD SHOT. SWAYING MORE THAN 6 INCHES WHILE STANDING.

## DRIVER'S STATEMENTS:

DEFENDANT STATED SHE DRANK 2 GLASSES OF WINE IN THE AFTERNOON AND TOOK PROZAC AND HALF AN ADDERALL.

## ODORS:

ONLY CIGARETTE SMOKE.

## GENERAL OBSERVATIONS

SPEECH: SLOW AT FIRST.

ATTITUDE: COMPLIANT. CONFUSED WHEN LISTENING TO INSTRUCTION

CLOTHING: BLACK SWEATER AND GRAY LEGGINGS.

## MEDICAL/OTHER:

STATED SHE TOOK PROZAC AND ADDERALL (UNK?)  
(40 mg)

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 \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ by \_\_\_\_\_

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

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

