

OBTS Number		ARREST / NOTICE TO APPEAR		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		Juvenile	
Agency ORI Number FLO 502600		Agency Name Palm Beach Gardens Police Department		Agency Report Number (N.T.A.'s only) 78- 16-006686							
Charge Type: Check as many as apply. <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Weapon Seized / Type 2 1. Yes 2. No		Multiple Clearance Indicator							
Location of Arrest (Including Name of Business) 152 Santa Barbara Way, Palm Beach Gardens FL				Location of Offense (Business Name, Address) Same as Arrest							
Date of Arrest 12/18/16		Time of Arrest 0338		Booking Date		Booking Time		Jail Date		Jail Time	
Name (Last, First, Middle) Sprague, Lacey, Haley				Alias (Name, DOB, Soc. Sec. #, Etc.)							
Race W - White I - American Indian B - Black O - Oriental/Asian W		Sex F		Date of Birth 11/07/1990		Height 510		Weight 140		Eye Color Blonde	
Hair Color Grn		Complexion Light		Build Thin							
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) 6 Orchids on left ribs				Marital Status Single		Religion Christian		Indication of: Alcohol Influence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk. Drug Influence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unk.			
Local Address (Street, Apt. Number) 252 Fortuna Drive				(City) Palm Beach Gardens		(State) FL		(Zip) 33410		Phone (561) 389-1550	
Permanent Address (Street, Apt. Number) Same as Local Address				(City) Same		(State) Same		(Zip) Same		Residence Type: 1. City 2. County 3. Florida 4. Out of State 1	
Business Address (Name, Street) Twisted Tuna				(City) Stuart		(State) FL		(Zip) FL		Address Source License	
D/L Number, State S162528909070				Soc. Sec. Number [REDACTED]		INS Number		Place of Birth (City, State) West Palm Beach, FL		Citizenship US	
Co-Defendant Name (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 Name (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	
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other: Name (Last) (First) (Middle) OR				Residence Phone () () ()							
Address (Street, Apt. Number) (City) (State) (Zip) OR				Business Phone () () ()							
Notified by: (Name) OR				Date		Time		Juvenile Disposition 1. Handled/ processed within Dept. and Released. 2. TOT HRS / DYS 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 to keep the Juvenile Court Clerk (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					
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. Barbiturate C. Cocaine E. Heroin		H. Hallucinogen M. Marijuana O. Opium/Deriv.		P. Paraphernalia/ Equipment S. Synthetics	
U. Unknown Z. Other				Charge Description DUI Crash with Property Damage		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number 316.193(3)(C)(1)	
Violation of ORD #				Drug Activity		Drug Type		Amount / Unit		Offense #	
Warrant / Capias Number				Bond							
Charge Description Refusal with a prior refusal				Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number 316.1939		Violation of ORD #	
Drug Activity				Drug Type		Amount / Unit		Offense #		Warrant / Capias Number	
Bond											
Charge Description				Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number		Violation of ORD #	
Drug Activity				Drug Type		Amount / Unit		Offense #		Warrant / Capias Number	
Bond											
Charge Description				Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number		Violation of ORD #	
Drug Activity				Drug Type		Amount / Unit		Offense #		Warrant / Capias Number	
Bond											
Location (Court, Room Number, Address) 3188 PGA BLVD NORTH COUNTY COURTHOUSE											
Court Date and Time Month Jan Day 18 Year 2016 Time 10:00 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 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) X				Date Signed 12/18/16							
HOLD for other Agency Name: <input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:				Signature of Arresting Officer DEC 20 2016		Name Verification (Printed by Arrestee) DEC 18 AM 5:58					
Intake Deputy 4716				I.D. # 4716		Pouch #		Name of Arresting Officer (Print) Kelly, A		I.D. # 422	
Transporting Officer Kelly, A				ID # 422		Agency PBGPD		Witness here if subject signed with an "X" OF			

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 18 DAY OF December 20 16, AT 2:47 AM AM PM

SUBJECT: Sprague, Lacey, Haley CASE NUMBER: 16-006686

AGENCY: PALM BEACH GARDENS POLICE DEPT. ARRESTING OFFICER: Kelly, A

PERSONAL CONTACT

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

On 12/18/2016 at 02:47 A.M. dispatch advised of a single vehicle crash at 152 Santa Barbara way, Palm Beach Gardens FL. Upon my arrival I observed a white female sitting in the drivers seat of a silver Nissan with heavy front end damage and airbag deployment. The vehicle was still running and in gear. A witness, Matthew Sellwood advised that he heard the crash and came out and saw a white female in the drivers seat of a silver Nissan. I made contact with the female and identified her by the photograph on her Florida Driver's License as Lacey Sprague.

OBSERVATION OF DRIVER:

While speaking with Sprague I smelled a strong odor of an unknown alcoholic beverage coming from her breath. Sprague also had slurred and mumbled speech, glossy eyes, seemed lethargic, and could not maintain her balance.

DRIVER'S STATEMENTS:

After reading Sprague her rights I asked her if she had anything to drinks. Sprague advised she just came from Dirty Martini where she bartends and did not drink anything. Prior to Fire Rescue transporting Sprague she was holding her hands in a cupped position. When asked she advised she was waiting to get arrested.

ODORS:

Strong odor of an unknown alcoholic beverage.

GENERAL OBSERVATIONS

SPEECH: Slurred and mumbled

ATTITUDE: Cooperative, Lethargic

CLOTHING: Black tank top, black pants, black sneakers

MEDICAL/OTHER: Cut on her bottom lip from crash

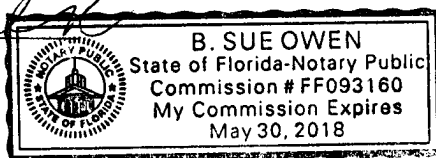
STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 18 day of 12 20 16 by Ofc Kelly

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

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



SCANNED
DEC 20 2016

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:

WALK & TURN:

HGN- swaying, and had to remind her to keep her head still and follow the light with her eyes.

WAT- demonstrated and explained the instructions. She was unable to hold stance. She started walking twice prior to me telling her to start. She took less than nine steps prior to turning around. She stepped off the line and was not walking heel to toe. Female turned around without taking proper steps. Due to her level of impairment and her inability to maintain balance I discontinued the test.

ONE LEG STAND:

Did not perform

FINGER TO NOSE:

Did not perform

ROMBERG/ALPHABET:

Did not perform

BREATH TEST RESULTS: RefusedSTATE OF FLORIDA
COUNTY OF PALM BEACH

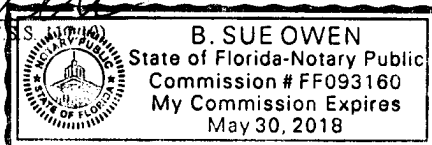
Signature of Arresting/Investigative Officer

The foregoing instrument was notarized or sworn before me this 18 day of 12, 2016 by OFC Kelly

who is personally known to me and/or produced identification Type of identification produced

Badge

Notary Public, Clerk of Court, Officer (F.S. 119.04)



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DEC 20 2016

WITNESS LIST

CASE NUMBER: 16-006686

ARRESTING OFFICER: Kelly, A

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

PHONE NUMBERS (HOME): _____ (WORK) 561-799-4445

CAN TESTIFY TO: Seeing subject behind the wheel. observations, arrest

NAME: Ofc. Hanton ID 305

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

PHONE NUMBERS (HOME) _____ (WORK) 561-799-4445

CAN TESTIFY TO: Observations, Backup and assisting Ofc Kelly

NAME: Matthew Sellwood

ADDRESS 152 Santa Barbara way Palm Beach Gardens Florida 33410

PHONE NUMBERS (HOME) 561-676-4475 (WORK) _____

CAN TESTIFY TO: Seeing subject behind the wheel

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: _____

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CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

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DEC 20 2016

TESTING FACILITY TASK REPORT

AGENCY: Palm Beach Gardens P.D.
SUBJECT: SPRAGUE, Lacey Haley CASE NUMBER: 16-166127
DATE: 12/18/16 VIDEO TAPE NUMBER: DVD # 61844

BEGINNING TIME: 0425 ENDING TIME: 0433

BREATH TESTS RESULTS: **REFUSED** TIME 0432 A.M./P.M. 2) TIME A.M./P.M.
3) TIME A.M./P.M. 4) TIME A.M./P.M.

BREATH OPERATOR: S. Owen #3184

MAINTENANCE TECHNICIAN: J. Karlecke #3167

TESTING OFFICER'S OBSERVATIONS

SPEECH: slow, very quiet

ATTITUDE: quiet, co-operation

CLOTHING: black shoes, black tights, black tank top

MEDICAL CONDITIONS: none

MEDICATIONS: none

OTHER: trance like

COMMENTS: A/p & A arrived at 0403 hrs
A/p observed 30 minutes
A/p requested breath test, A refused
A/p read I/C, didn't understand
A/p read I/C again step by step, A understood
asked to speak to a lawyer, refused
A/p read c/w, A understood rights
No Q & A

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DEC 20 2016

SUBJECT: _____ CASE NUMBER: _____

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) _____

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

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DEC 20 2016

SUBJECT: _____ CASE NUMBER: _____

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? _____

WHERE WERE YOU GOING? _____

WHAT STREET OR HIGHWAY WERE YOU ON? _____

DIRECTION OF TRAVEL? _____ WHERE DID YOU START? _____

WHAT TIME DID YOU START? _____ WHAT TIME IS IT NOW? _____

WHAT IS TODAY'S DATE? _____ WHAT DAY OF THE WEEK IS IT? _____

WHAT COUNTY AND CITY ARE YOU IN NOW? _____

WHEN DID YOU LAST EAT? _____ WHAT DID YOU EAT? _____

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? _____

HOW MUCH DO YOU WEIGH? _____ HAVE YOU BEEN DRINKING? _____ WHAT? _____

HOW MUCH? _____ WHERE? _____ WITH WHOM? _____

WHEN DID YOU HAVE YOUR FIRST DRINK? _____ AND YOUR LAST DRINK? _____

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? _____

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? _____ ARE YOU UNDER THE INFLUENCE? _____

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

WHAT? _____ WHERE? _____ WHEN? _____

WHAT LINE OF WORK ARE YOU IN? _____ WHEN DID YOU LAST WORK? _____

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? _____ WHAT? _____

ARE YOU SICK OR INJURED? _____ WHAT'S WRONG? _____

DO YOU LIMP? _____ DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? _____

WERE YOU IN AN ACCIDENT TODAY? _____

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? _____ WHEN? _____

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? _____ WHO? _____ WHY? _____

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? _____ WHAT? _____ WHEN? _____

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

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DEC 20 2016

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? _____

DO YOU TAKE INSULIN? _____ IF SO, WHEN WAS YOUR LAST INJECTION? _____

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? _____ WHERE? _____

INTERVIEWER: Osc. Kelly

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL