

ARREST / NOTICE TO APPEAR

Juvenile Referral Report

1. Arrest

2. N.T.A.

3. Request for Warrant

4. Request for Capias

Juvenile

1

OBTS Number

Agency ORI Number
FLO 502600Agency Name
Palm Beach Gardens Police Department1607231023
Agency Report Number (N.T.A.'s only)
78- 16-006686

ADMINISTRATIVE

Charge Type: Check as many as apply.	<input type="checkbox"/> 1. Felony	<input type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance	Weapon Seized / Type	Multiple Clearance Indicator
	<input type="checkbox"/> 2. Traffic Felony	<input checked="" type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 6. Other	2 1. Yes 2. No	

Location of Arrest (Including Name of Business) 152 Santa Barbara Way, Palm Beach Gardens FL		Location of Offense (Business Name, Address) Same as Arrest			
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Date of Arrest 12/18/16	Time of Arrest 0338	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle Kauffs Towing
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Name (Last, First, Middle) Sprague, Lacee, Haley						Alias (Name, DOB, Soc. Sec. #, Etc.)	
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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
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Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description) 6 Orchids on left ribs					Marital Status Single	Religion Christian	Indication of: Alcohol Influence Drug Influence	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Unk.
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Local Address (Street, Apt. Number) 252 Fortuna Drive (City) Palm Beach Gardens (State) FL (Zip) 33410					Phone (561) 389-1550	Residence Type: 1. City 2. County	3. Florida 4. Out of State	1
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Permanent Address (Street, Apt. Number) Same as Local Address (City) (State) (Zip)					Phone () Same	Address Source License
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Business Address (Name, Street) Twisted Tuna (City) Stuart (State) FL (Zip)					Phone ()	Occupation Bartender
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D/L Number, State S162528909070		Soc. Sec. Number ██████████	INS Number	Place of Birth (City, State) West Palm Beach, FL		Citizenship US
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Co-Defendant Name (Last, First, Middle)					Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested	<input type="checkbox"/> 3. Felony
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Co-Defendant Name (Last, First, Middle)					<input type="checkbox"/> 2. At Large	<input type="checkbox"/> 4. Misdemeanor	<input type="checkbox"/> 5. Juvenile
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<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other:	Name (Last) OR	(First) OR	(Middle) OR	Residence Phone ()
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Address (Street, Apt. Number)					(City)	(State)	(Zip)	Business Phone ()
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Notified by: (Name) OR					Date	Time	Juvenile Disposition 1. Handled/ processed within Dept. and Released.	2. TOT HRS / DYS
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Released To: (Name) OR					Relationship	Date	Time
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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.					School Attended	Grade
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<input type="checkbox"/> Yes, by: (Name)	<input type="checkbox"/> No: (Reason)
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Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No	Description of Property	Value of Property
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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
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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 #
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Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number			Bond
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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 #
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Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number			Bond
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Charge Description					Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number	Violation of ORD #
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Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number			Bond
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Charge Description					Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number	Violation of ORD #
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Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number			Bond
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Location (Court, Room Number, Address) 3188 PGA BLVD NORTH COUNTY COURTHOUSE					Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number	Violation of ORD #
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Court Date and Time Month Jan Day 18 Year 2016 Time 10:00 AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>					Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number	Violation of ORD #
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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					Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number	Violation of ORD #
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SCANNED					Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number	Violation of ORD #
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Signature of Defendant (or Juvenile and Parent /Custodian)					Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number	Violation of ORD #
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HOLD for other Agency Name: OR					Signature of Arresting Officer DEC 20 2016	Name Verification (Printed by Arrestee) DEC 18 AM 5:58		
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<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other: Name of Arresting Officer (Print) Kelly, A					I.D. # 422	(PRINT)		
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Intake Deputy Ch. Hardeman 4716 I.D. # 4716 Pouch #					Transporting Officer Kelly, A	ID # 422	Agency PBGPD	PAGE OF
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					Witness here if subject signed with an -X-		
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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 18 DAY OF December 20 16, AT 2:47 AM AM PM

SUBJECT: Sprague, Lacee, 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 Lacee 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 drink. 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

422

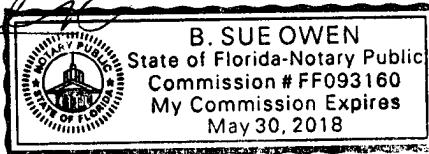
(Signature of Arresting/Investigative Officer)

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:**

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

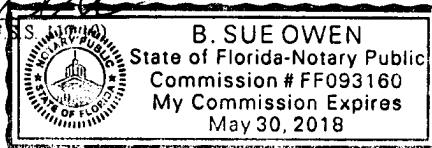
STATE OF FLORIDA
COUNTY OF PALM BEACH

u22
(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.S. #10714)



SCANNED
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: _____

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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: _____

SCANNED

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 RESULT:

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. Karlecker # 3167

TESTING OFFICER'S OBSERVATIONS

SPEECH: slow, very quiet

ATTITUDE: quiet, co-operative

CLOTHING: black shoes, black tights, black tank top

MEDICAL CONDITIONS: none

MEDICATIONS: none

OTHER: as if in a trance like

COMMENTS: A/0 & A arrived at 0403 hrs

A/0 observed 20 minutes

A/0 requested breath test, A refused

A/0 read I/C, didn't understand

A/0 read I/C again step by step, A understood
asked to speak to a lawyer, refused

A/0 read C/W, A understood rights

NO Q & A

SCANNED

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.

SCANNED

DEC 20 2016

SUSPECT'S SIGNATURE: (X) _____ Prod on Camera

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? _____

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: _____

OIC. Kelli

SCANNED
DEC 20 2016