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ARREST / NOTICE TO APPEAR
Juvenile Referral Report


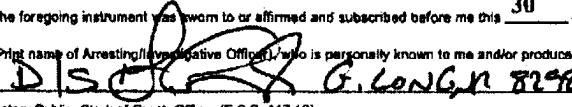
1. Arrest
2. N.T.A.
3. Request for Warrant
4. Request for Capias

Juvenile N

OBTS Number		Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-19109780				
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 type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Weapon Seized / Type <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No		Multiple Clearance Indicator 01						
Location of Arrest (Including Name of Business) 7176 BERACASA WAY, BOCA RATON, FL. 33433				Location of Offense (Business Name, Address) SAME AS ARREST						
Date of Arrest 8/30/19	Time of Arrest 0949	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle				
Name (Last, First, Middle) SUZAN MADONNA TURNER				Alias (Name, DOB, Soc. Sec. #, Etc.) TULLER, MADONNA SUZAN NONE						
Race W - White 1 - American Indian B - Black 0 - Oriental/Asian	Sex W F	Date of Birth 1/23/1954	Height 5'1"	Weight 130	Eye Color BLUE	Hair Color RED	Complexion LIGHT	Build THIN		
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) NONE				Marital Status MARRIED	Religion CATHOLIC	Indication of Alcohol Influence Drug Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk.				
Local Address (Street, Apt. Number) 6880 CONSOLATA STREET		(City) BOCA RATON	(State) FL.	(Zip) 33433	Phone (561) 400 - 0216	Residence Type: 1. City 2. County 3. Florida 4. Out of State 2				
Permanent Address (Street, Apt. Number) SAME AS LOCAL		(City)	(State)	(Zip)	Phone	Address Source FL. LICENSE				
Business Address (Name, Street)		(City)	(State)	(Zip)	Phone	Occupation				
D/L Number, State T656557545230 FL.		Soc. Sec. Number		INS Number	Place of Birth (City, State) TOLEDO, OHIO		Citizenship U.S.			
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)	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. 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 335-2528) 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/Op.	P. Paraphernalia/ Equipment S. Synthetics	U. Unknown Z. Other
Charge Description FAILURE TO OBEY A LAWFUL COMMAND		Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 316.072(3)		Violation of ORD #				
Drug Activity N	Drug Type N	Amount / Unit 0	Offense # 19109780	Warrant / Capias Number		Bond				
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation of ORD #				
Drug Activity N	Drug Type N	Amount / Unit 0	Offense #	Warrant / Capias Number		Bond				
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation of ORD #				
Drug Activity N	Drug Type N	Amount / Unit 0	Offense #	Warrant / Capias Number		Bond				
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation of ORD #				
Drug Activity N	Drug Type N	Amount / Unit 0	Offense #	Warrant / Capias Number		Bond				
Location (Court, Room Number, Address) 200 W ATLANTIC AVE DORAY BEACH, FL 33474 SOUTH COUNTY COURT										
Court Date and Time Month 09 (SEPTEMBER) Day 26 Year 2019 Time 8:30 AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>										
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 8/30/19										
Signature of Defendant (or Juvenile and Parent / Custodian)						Date Signed				
HOLD for other Agency Name:		Signature of Arresting Officer TODD BAKER		Name Verification (Printed by Arrestee) SCANNED						
<input type="checkbox"/> Dangerous <input type="checkbox"/> Reisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:		Name of Arresting Officer (Print) TODD BAKER		I.D. # 6202		PAGE 1 of 1				
Inmate # 6202		I.D. # 6202		Pouch #		Witness here (Printed and signed) 1 of 1				

DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'s ONLY)

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OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Citias	1	Juvenile	N
ADMIN	Agency ORI Number FLO 50000	Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 06-19109780					
	Charge Type: Check as many as apply.		Special Notes:					
	<input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other							
DEF	Name (Last, First, Middle) SUZAN, MADONNA, TURNER		Alias TURNER, MADONNA SUZAN		Race W	Sex F	Date of Birth 1/23/1954	
CHARGES	Charge Description FAILURE TO OBEY A LAWFUL COMMAND		316.072(3)					
	Charge Description		Charge Description					
VICTIM	Victim's Name (Last, First, Middle) STATE OF FLORIDA		Race	Sex	Date of Birth			
	Local Address (Street, Apt. Number)		(City)	(State)	(zip)	Phone		Address Source
	Business Address (Name, Street)		(City)	(State)	(zip)	Phone		Occupation
The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law. The Person taken into custody <input checked="" type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ <input type="checkbox"/> confessed to _____ that he/she saw the arrested person commit the below acts. <input type="checkbox"/> admitting to the below facts. <input type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation. On the 30 day of AUGUST 20 19 at 9:49 <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)								
<p>ON 8/30/19 AT 09:49 HOURS, I WAS ASSISTING WITH CROWD CONTROL AT THE BERACASA MOBIL, LOCATED AT 7176 BERACASA WAY, IN UNINCORPORATED BOCA RATON, PALM BEACH COUNTY. WHEN I ENCOUNTERED A BLUE HONDA DRIVEN BY MADONNA TURNER.</p> <p>TURNER WAS STOPPED BEHIND MY MARKED PATROL CAR, WHICH WAS BLOCKING ONE OF THE THREE EXIT/ENTRANCES TO THE GAS STATION. THE REAR EMERGENCY BLUE LIGHTS OF MY PATROL CAR WERE ACTIVATED AND I DIRECTED TURNER TO BACK UP HER VEHICLE AND SHE SHOOK HER HEAD AND SAID, "NO, FUCK YOU." I REPEATED THE COMMANDS THREE TIMES, AND TURNER REPEATED HER RESPONSE EACH TIME, "NO, FUCK YOU." AT THAT TIME A TOLD TURNER TO PUT HER VEHICLE IN PARK AND SHE BEGAN TO DRIVE AWAY. I ATTEMPTED TO CONDUCT A TRAFFIC STOP ON TURNER WITH MY LIGHTS AND SIRENS ACTIVATED AND SHE CONTINUED TO DRIVE OUT OF THE PARKING LOT. TURNER CONTINUED WEST BOUND ON PALMETTO PARK ROAD AND MADE A RIGHT TURN ONTO PALMETTO CIRCLE NORTH AND CONTINUED TO DRIVE NORTH BOUND. I ACTIVATED MY SIRENS AGAIN AND TURNER TURNED AGAIN ONTO DEL PRADO CIRCLE SOUTH AND CONTINUED EASTBOUND. DEPUTY GILLINGS ARRIVED ON SCENE AND SAW TURNER FINALLY PULL HER VEHICLE OVER ON THE SOUTH SIDE OF THE STREET.</p> <p>BASED ON THE ABOVE INVESTIGATION PROBABLE CAUSE EXISTED FOR THE ARREST OF TURNER FOR FAILURE TO OBEY A LAWFUL COMMAND AND VIOLATION OF A TRAFFIC CONTROL DEVICE, FOR NOT STOPPING WHEN I INTIATED THE TRAFFIC STOP.</p>								
ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH		 #6202 TODD BAKER (Signature of Arresting/Investigative Officer)					
	The foregoing instrument was sworn to or affirmed and subscribed before me this 30 day of AUGUST 20 19 by TODD BAKER (Print name of Arresting/Investigative Officer) who is personally known to me and/or produced identification. Type of identification produced KNOWN LEO  G. LONGR 8298 Notary Public, Clerk of Court, Officer (F.S.S. 117.10)							
	PAGE							OF



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), 456.057(7)(a)	Medical information.	
	<input type="checkbox"/>	394.4615(7)	Mental health information.	
	<input type="checkbox"/>	119.071(4)(d)(2)(a)	Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)	<input checked="" type="checkbox"/>	(iii) 119.0714(1)(i)-(j), 2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	<input type="checkbox"/>	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	<input type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	<input type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2019028454	Date: 08/31/2019
	Specialist Name/ID: AM/31562