

0491918

2016

NH

ARREST / NOTICE TO APPEAR
Juvenile Referral Report1. Arrest
2. N.T.A.
3. Request for Warrant
4. Request for Capias

1

Juvenile

N

ADMINISTRATIVE	OBTS Number		Agency ORI Number FLO 502600		Agency Name Palm Beach Gardens Police Department		Agency Report Number (N.T.A.'s only) 78- 17005521				
	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 1. Yes 2. No				
	Location of Arrest (Including Name of Business) PBG CITY HALL 10500 N. MILITARY TRAIL, PBG		Location of Offense (Business Name, Address) 10500 N. MILITARY TRAIL, PBG, FL 33410		Location of Vehicle 4701 East Ave, WPB, FL 33407 (K)		Multiple Clearance Indicator				
	Date of Arrest 09/18/2017	Time of Arrest 23:41	Booking Date	Booking Time	Jail Date	Jail Time	Alias (Name, DOB, Soc. Sec. #, Etc.)				
DEFENDANT	Name (Last, First, Middle) TAYLOR, PATRICE DEBBIE										
	Race W - White B - Black O - Oriental/Asian	Sex F	Date of Birth 05/02/2017	Height 502	Weight 98	Eye Color BROWN	Hair Color BROWN	Complexion DARK	Build THIN		
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) L- Arm: Rose, Anchor, Stopwatch, Arrow; R-Shoulder: "Princess Daisy"				Marital Status Single	Religion Christian	Indication of: Alcohol Influence Drug Influence		Unk.		
	Local Address (Street, Apt. Number) 5020 Elpine Way		(City) Palm Beach Gardens	(State) FL	(Zip) 33418	Phone (561) 373-7396		Residence Type: 1. City 2. County 3. Florida 4. Out of State			
	Permanent Address (Street, Apt. Number) 5020 Elpine Way		(City) Palm Beach Gardens	(State) FL	(Zip) 33418	Phone () Same		Address Source FL Driver's License			
	Business Address (Name, Street) Wells Fargo - 4441 Beacon Circle		(City) West Palm Beach	(State) FL	(Zip) 33407	Phone ()		Occupation Lead Teller			
	D/L Number, State T460664946620 FL		Soc. Sec. Number [REDACTED]		INS Number		Place of Birth (City, State) New York City, NY		Citizenship USA		
	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			
	JUVENILE	Parent <input type="checkbox"/> Legal Custodian Other: <input type="checkbox"/>		Name (Last) [REDACTED]		(First) [REDACTED]	(Middle) [REDACTED]	Residence Phone ()			
Address (Street, Apt. Number) [REDACTED]		(City) [REDACTED]		(State) [REDACTED]	(Zip) [REDACTED]	Business Phone ()					
Notified by: (Name) [REDACTED]		Date [REDACTED]	Time [REDACTED]	Juvenile Disposition 1. Handled/processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated							
Released To: (Name) [REDACTED]		Relationship [REDACTED]		Date [REDACTED]	Time [REDACTED]						
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 355-2528) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)				School Attended [REDACTED]		Grade [REDACTED]					
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property [REDACTED]		Value of Property [REDACTED]							
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 Driving Under the Influence		Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 316.193(1)		Violation of ORD #					
Drug Activity N		Drug Type N	Amount / Unit N/A	Offense # 1	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	Drug Type	Amount / Unit	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	Drug Type	Amount / Unit	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	Drug Type	Amount / Unit	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	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond					
Location (Court, Room Number, Address) North County Courthouse 3188 PGA Blvd, Palm Beach Gardens, FL 33410											
Court Date and Time Month OCTOBER Day 25 Year 2017 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) [REDACTED]				Date Signed SEP 19 2017							
HOLD for other Agency Name:		Signature of Arresting Officer [REDACTED]		Name Verification (Printed by Arrestee) (NR)							
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print) Ofc. Cameron Carver #471		I.D. # #471					
Intake Deputy ANN 816		I.D. # [REDACTED]		Pouch # [REDACTED]		Transporting Officer C. Carver		I.D. # 471			
Agency PBGPD		Witness here if subject signed with aid - <input type="checkbox"/>		PAGE 1 OF 1							

DISTRIBUTION: WHITE - COURT COPY

GREEN - STATE ATTORNEY

YELLOW - AGENCY

PINK - AGENCY

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

SCANNED

SEP 2 2017

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 18 DAY OF September 20 17, AT 23:14 AM PM

SUBJECT: TAYLOR, PATRICE DEBBIE CASE NUMBER: 17005521

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)

Observed vehicle bearing FL-510VRR traveling northbound on Military Trail passing through Burns Road intersection. Driver, Patrice Taylor, was driving with two-flat tires on her left side. Patrice pulled into the parking lot of the Palm Beach Gardens City Hall where I initiated my overhead lights. Patrice stopped the vehicle and exited the driver's side door and surveyed her damage.

OBSERVATION OF DRIVER:

Driver was conversing with her passengers and answered questions on the condition of the vehicle. Driver was chewing gum and was concerned about her vehicle. While speaking with driver I detected the odor of an unknown alcoholic beverage.

DRIVER STATEMENT:

Driver stated she pulled out of her residential complex (Woodbine) and ran into the positive median barrier separating the lanes of travel with the left side of her vehicle. Driver continued to drive northbound on

DRIVER'S STATEMENTS:

Military Trail where she noticed myself and another officer on a traffic stop and subsequently pulled into the City Hall Parking lot. Driver stated around 10:00pm on 09/18/17 she had a margarita.

ODORS:

While speaking with driver I detected the odor of an unknown alcoholic beverage.

GENERAL OBSERVATIONS

SPEECH: Clear, articulate

ATTITUDE: Calm, cooperative

CLOTHING: Clean, dry, unsoiled.

MEDICAL/OTHER: N/A

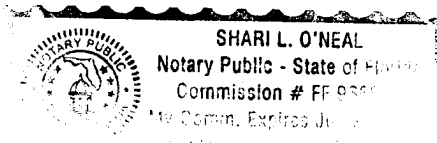
STATE OF FLORIDA
COUNTY OF PALM BEACH

[Signature] #471
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 19 day of September 20 17 by _____

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

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



SCANNED
SEP 24 2017

WITNESS LIST

CASE NUMBER: 17005521

ARRESTING OFFICER: Ofc. Cameron Carver #471

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

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

CAN TESTIFY TO: Facts of Case

NAME: Ofc. Philip Colletti

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

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

CAN TESTIFY TO: Facts of Case

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: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

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CAN TESTIFY TO: _____

NAME: _____

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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: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

SCANNED
SEP 24 2017

TESTING FACILITY TASK REPORT

AGENCY: MEG OFC. Case #471
SUBJECT: Taylor, Marice D. CASE NUMBER: 17-123496
DATE: 09-19-17 VIDEO TAPE NUMBER: _____
BEGINNING TIME: 003412 ENDING TIME: 004623
BREATH TESTS RESULTS: 1) .074 TIME 0034 A.M./P.M. 2) .016 TIME 0042 A.M./P.M.
3) _____ TIME _____ A.M./P.M. 4) _____ TIME _____ A.M./P.M.

BREATH OPERATOR: S. O'Neal #0212

MAINTENANCE TECHNICIAN: J. J. B. #0407

TESTING OFFICER'S OBSERVATIONS

SPEECH: —

ATTITUDE: Cooperative, polite

CLOTHING: Shirt

MEDICAL CONDITIONS: None

MEDICATIONS: None

OTHER: Eyes: Red & Glazy

COMMENTS: 20 min. observation done by AIO Case
AIO requested the breath test.
D submitted to the breath request.
D completed the test correctly.
CHV read on camera.
D refused GFA

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SEP 24 2017

SUBJECT: Taylor, Patrice Debbie CASE NUMBER: PB410 17005521

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: _____

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL

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SEP 24 2017

SUBJECT: Taylor, Patricia Debbie CASE NUMBER: WV0017005721

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
SEP 24 2017

SUSPECT'S SIGNATURE: (X) _____



Florida *The Sunshine State*

DRIVER LICENSE CLASS E

PATRICE DEBBIE
TAYLOR

8828 ELPIKE WAY

PALM BEACH GARDENS, FL 33418

DOB: 05-02-1984 SEX: F

EXP: 10-02-2009 HGT: 5'0"

WEIGHT: 120 LBS EYES: BRN HAIR: BRN

SKIN: FLESHY

MARKS: NONE

REMARKS: NONE

ENDORSEMENTS: NONE

RESTRICTIONS: NONE

STATUS: VALID

ISSUED: 10-04-2008

ORGAN DONOR

Operation of a motor vehicle constitutes consent to any sobriety test required by law.

NOT A CERTIFIED COPY

SCANNED

SEP 24 2017