

ARREST / NOTICE TO APPEAR
Juvenile, Referral Report

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

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- 17-002268**

Charge Type: ☐ 1. Felony ☐ 3. Misdemeanor ☐ 5. Ordinance
Check as many as apply: ☐ 2. Traffic Felony ☒ 4. Traffic Misdemeanor ☐ 6. Other _____

Weapon Seized / Type: ☐ 1. Yes ☐ 2. No Multiple Clearance Indicator _____

Location of Arrest (Including Name of Business) **Military Trail/Hood Road, Palm Beach Gardens** Location of Offense (Business Name, Address) **Military Trail/Hood Road, Palm Beach Gardens**

Date of Arrest **4/14/17** Time of Arrest **2328** Booking Date _____ Booking Time _____ Jail Date _____ Jail Time _____ Location of Vehicle **Kauff's Towing**

Name (Last, First, Middle) **Beagle, Sandra Lloyd** Alias (Name, DOB, Soc. Sec. #, Etc.) _____

Race **W - White** Sex **F** Date of Birth **06/03/65** Height **5'09** Weight **165** Eye Color **Brown** Hair Color **Blond** Complexion **flush** Build **thin**

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) **left ankle inside - flower** Marital Status **Divorced** Religion **Athiast** Indication of Alcohol Influence ☐ Y ☐ N ☐ Unk. ☐

Local Address (Street, Apt. Number) (City) (State) (Zip) **4751 Sable Pine Circle #B1 West Palm Beach FL 33417** Phone **(561) 935-7774** Residence Type: ☐ 1. City ☐ 2. County ☐ 3. Florida ☒ 4. Out of State ☐ 2

Permanent Address (Street, Apt. Number) (City) (State) (Zip) **Same as Local Address** Phone **() Same** Address Source **license**

Business Address (Name, Street) (City) (State) (Zip) **Laser/Surgery Center Palm Beach Palm Beach Gardens FL** Phone **()** Occupation **Assistant**

D/L Number, State **B240792657030 FL** Soc. Sec. Number **[REDACTED]** INS Number _____ Place of Birth (City, State) **Troy, NY** Citizenship **US**

CO-DEF

Co-Defendant Name (Last, First, Middle) _____ Race _____ Sex _____ Date of Birth _____ ☐ 1. Arrested ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile

Co-Defendant Name (Last, First, Middle) _____ Race _____ Sex _____ Date of Birth _____ ☐ 1. Arrested ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile

JUVENILE

☐ Parent Name (Last) (First) (Middle) _____ Residence Phone _____
☐ Legal Custodian _____
☐ Other: _____

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 ☐ defendant and / or ☐ 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.
☐ Yes, by: (Name) _____ ☐ No: (Reason) _____

Property Crime? ☐ Yes ☐ No Description of Property _____ Value of Property _____

CODE

Drug Activity: ☐ N. N/A ☐ S. Sell ☐ R. Smuggle ☐ K. Dispense/Distribute ☐ M. Manufacture/Produce/Cultivate ☐ Z. Other
☐ P. Possess ☐ T. Traffic ☐ D. Deliver ☐ E. Use

Drug Type: ☐ N. N/A ☐ B. Barbiturate ☐ H. Hallucinogen ☐ P. Paraphernalia/Equipment ☐ U. Unknown
☐ A. Amphetamine ☐ C. Cocaine ☐ E. Heroin ☐ M. Marijuana ☐ O. Opium/Deriv. ☐ S. Synthetics ☐ Z. Other

CHARGE

Charge Description **DUI** Counts **1** Domestic Violence ☐ Y ☒ N Statute Violation Number **316.193(1)** Violation of ORD # _____

Drug Activity **N** Drug Type **N** Amount / Unit **N/A** Offense # _____ Warrant / Capias Number _____ Bond _____

Charge Description _____ Counts _____ Domestic Violence ☐ Y ☐ N Statute Violation Number _____ Violation of ORD # _____

Drug Activity _____ Drug Type _____ Amount / Unit _____ Offense # _____ Warrant / Capias Number _____ Bond _____

Charge Description _____ Counts _____ Domestic Violence ☐ Y ☐ N Statute Violation Number _____ Violation of ORD # _____

Drug Activity _____ Drug Type _____ Amount / Unit _____ Offense # _____ Warrant / Capias Number _____ Bond _____

Charge Description _____ Counts _____ Domestic Violence ☐ Y ☐ N Statute Violation Number _____ Violation of ORD # _____

Drug Activity _____ Drug Type _____ Amount / Unit _____ Offense # _____ Warrant / Capias Number _____ Bond _____

NOTICE TO APPEAR

Location (Court, Room Number, Address) **North County Courthouse 3188 PGA Blvd, Palm Beach Gardens, FL 33410**

Court Date and Time **Month 05 Day 17 Year 2017 Time 10:00 AM** ☒ 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) _____ Date Signed _____

ADMIN

HOLD for other Agency Name: _____ Signature of Arresting Officer **[Signature]** 305 Name Verification (Printed by Juvenile) **SCANNED**

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other: _____ Name of Arresting Officer (Print) **Melinda Hanton #305** I.D. # **305** (PRINT) **APR 15 2017** PAGE _____

Intake Deputy _____ I.D. # _____ Pouch # _____ Transporting Officer **Melinda Hanton** ID # **305** Agency **PBGPD** Witness here if subject signed with an -X- ☐ 1 OF 1

DISTRIBUTION: WHITE - COURT COPY

GREEN - STATE ATTORNEY

YELLOW - AGENCY

PINK - AGENCY

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

0007-0420 05/1/2017

APR 15 2017

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 14th DAY OF April 20 17 AT 2304 AM PM
SUBJECT: Beagle, Sandra Lloyd CASE NUMBER: 17-002268

AGENCY: PALM BEACH GARDENS POLICE DEPT. ARRESTING OFFICER: Melinda Hanton #305

PERSONAL CONTACT

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

On 4/14/17 at approximately 11:04 p.m. Officer Tawil was directing traffic at N Military Trail and Hood Road at a 3 car crash. Officer Tawil observed a car stopped a few yards back behind a marked patrol car that was blocking traffic. The vehicle remained at that location so Officer Tawil walked up to the vehicle and made contact with the white female driver and sole occupant. Myself and Officer Tawil had active body worn cameras.

OBSERVATION OF DRIVER:

Officer Tawil observed a strong odor of an unknown alcoholic beverage and that the driver had glassy eyes. Upon my arrival, Officer Tawil briefed me on his observations. I made contact with the driver, Sandra Lloyd Beagle, who was standing outside of her car. Beagle was arguing at first when I arrived and I observed that her speech was slurred, I could smell a strong odor of an unknown alcoholic beverage coming from her breath as she spoke, her eyes were glassy and slightly red, when she wasn't leaning on her vehicle she was unsteady on her feet, and she had mood swings from arguing to cooperative and laughing.

DRIVER'S STATEMENTS:

driver was arguing about how Officer Tawil asked her to get a ride then changed his mind. Officer Tawil advised me that he did tell her he asked her to get a ride since everyone was busy on the crash, but that she was arguing and debating and turned her over to me. She stated she had 3 vodka and soda drinks

ODORS:

strong odor of an unknown alcoholic beverage coming from her breath as she spoke

GENERAL OBSERVATIONS

SPEECH: slurred

ATTITUDE: mood swings from calm and laughing to arguing

CLOTHING: blue Jeans, brown flowered top, barefoot

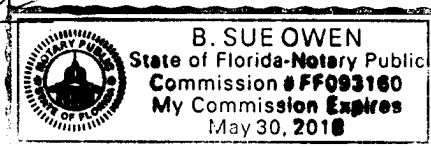
MEDICAL/OTHER: none then stated her left rotater cuff, and her feet are pointed out

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 15th day of April 20 17 by Off. Hanton
(Print name of Arresting/Investigative Officer) who is personally known to me and/or produced identification. Type of identification produced Known

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



SCANNED
APR 15 2017

SUBJECT: Beagle, Sandra Lloyd

CASE NUMBER: 17-002268

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- was swaying, kept moving head, had approximate angle on onset of 35 degrees, did have VGN.

WAT- demonstrated and explained, she stated she understood, she was unable to hold stance during instructions, didn't walk heel to toe any step, at turn spun around not as instructed, stumbled on the first step back, took 9 steps none heel to toe, used arms for balance

ONE LEG STAND:

demonstrated and explained, at first she stated she could task then she stopped, she started counting with 1002, put foot down twice before she stopped at her count of 6

FINGER TO NOSE:

demonstrated and explained, she said she understood, was swaying entire time, touched under her nose twice, started to use wrong hand once, didn't touch nose once

ROMBERG/ALPHABET:

demonstrated and explained, she said she understood, was swaying entire time, did recite alphabet correctly

BREATH TEST RESULTS: .159, .155

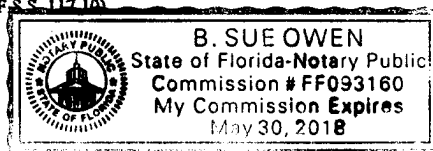
STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was notarized or sworn before me this 15th day of April, 2017 by Off. Norton

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

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



SCANNED

APR 15 2017

WITNESS LIST

CASE NUMBER: 17-002268

ARRESTING OFFICER: Melinda Hanton #305

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

PHONE NUMBERS (HOME): _____ (WORK) 5617994445

CAN TESTIFY TO: observations, arrest

NAME: Officer A. Tawil

ADDRESS: 10500 N Military Trail

PHONE NUMBERS (HOME) _____ (WORK) 5617994445

CAN TESTIFY TO: driving, observations

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: _____

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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

APR 15 2017

**FLORIDA DEPARTMENT OF LAW ENFORCEMENT
ALCOHOL TESTING PROGRAM
BREATH ALCOHOL TEST AFFIDAVIT**

Instrument Type: Intoxilyzer 8000
Instrument Registered To: PALM BEACH SO
Instrument Serial Number: 80-006476 Software: 8100.27
Date of Test: 04/15/2017

Date of Last Agency Inspection: 03/24/2017

Observation Period Began: 00:03

Subject's Name: SANDRA L BEAGLE

DOB: 06/03/1965 Sex: F

The subject was observed for at least twenty-minutes prior to the administration of the breath test to ensure that the subject did not take anything orally and did not regurgitate.

Results:	Test	g/210L	Time
	Diagnostics Check	OK	00:29
	Air Blank	0.000	00:30
	Control Test	0.081	00:30
	Air Blank	0.000	00:30
	Subject Sample #1	0.159	00:31
	Air Blank	0.000	00:32
	Air Blank	0.000	00:34
	Subject Sample #2	0.155	00:34
	Air Blank	0.000	00:35
	Control Test	0.078	00:35
	Air Blank	0.000	00:36
	Diagnostics Check	OK	00:36

Cylinder Lot: 20016080A1
Exp: 09/05/2018

State of Florida, County of Palm Beach

Personally appeared before me the undersigned authority, who (☒) is personally known to me or (☐) produced _____ as identification, and who after being placed under oath, states:

I SUE OWEN, hold a valid Breath Test Operator permit issued by the Florida Department of Law Enforcement, I administered the above breath test to the subject named above in accordance with Chapter 11D-8, Florida Administrative Code, and this form is a true and accurate report of that breath test.

Breath Test Operator: _____

Signature

Date: 04/15/17

Sworn to (or affirmed) before me this 15th day of April, 2017

Signature of Notary Public-State of Florida

Printed Name of Notary Public-State of Florida

Note: Pursuant to section 117.10, Florida Statutes, law enforcement officers, correctional officers, traffic accident investigation officers and traffic infraction enforcement officers are notaries public when engaged in the performance of official duties. In accordance with section 316.1934(5), F.S., this completed form is admissible without further authentication and is presumptive proof of the results herein. To be used in accordance with Section 316.1934(5), F.S., and in administrative proceedings pursuant to 322.2615, F.S.

TESTING FACILITY TASK REPORT

AGENCY: Palm Beach Gardens P.D.
SUBJECT: Beagle, Sandra Lloyd CASE NUMBER: 17-064778
DATE: 4/15/17 VIDEO TAPE NUMBER: DVD# 62441
BEGINNING TIME: 0025 ENDING TIME: 0036
BREATH TESTS RESULTS: 1) .159 TIME 0031 A.M./P.M. 2) .155 TIME 0034 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 #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH:
ATTITUDE: upset
CLOTHING: jeans brown flowered top
MEDICAL CONDITIONS: none
MEDICATIONS: none
OTHER: A SAID she didn't have a choice After
hearing I/C. SAID we had her backed up
against a wall. Odor unknown Alcohol detected
COMMENTS: A/O & I arrived at 0003 hrs during
A/O observed 20 minutes test
A/O requested breath test, A refused
A/O read I/C, A understood, A agreed
NO problem with test, tech explained results
A/O read c/w, A understood rights
A kept interrupting NO Q & A

SCANNED

APR 15 2017

17-00226A

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

APR 15 2017

SUSPECT'S SIGNATURE: (X) Read on Camera

SUBJECT: _____ CASE NUMBER: 17-002268

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: Officer M. Hanson #305

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL

SCANNED

APR 15 2017