0397927 3623 19CT9062

ARREST / NOTICE TO APPEAR

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

ADMINISTRATION

OBTS Number

Agency ORI Number: 0500800 | Agency Name: West Palm Beach Police Department | Agency Report Number (N.T.A.'s only): 9 1 1 2019-00085-45

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

If Weapon Seized: Enter Type: NOT APPLICABLE | Multiple Clearance Indicator

Location of Arrest (Including Name of Business): 1299 PALM BEACH LAKES BLVD/ AUSTRALIAN AVE

Location of Offense (Business Name, Address): 1299 PALM BEACH LAKES BLVD/N AUSTRALIAN AVE, WEST

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
05/15/2019	22:28					

DEFENDANT

Name (Last, First, Middle): LOVERDE, TALI | Alias (Name, DOB, Soc. Sec. #, Etc.): Alias:

Race (W - White, B - Black, I - American Indian, O - Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	F	09/07/1966	5'02	150	BROWN	BLACK	MEDIUM	Medium

Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description): | Marital Status: M | Religion | Indication of: Alcohol Influence ☒ Yes ☐ No ☐ Unk. Drug Influence ☐ ☒ ☐

Local Address (Street, Apt. Number): 4413 WOODSTOCK DR, WEST PALM BEACH, FL 33409 | (City) | (State) | (Zip) | Phone: (561) 503-3617 | Residence Type: 1. City 3. Florida 2. County 4. Out of State: 2

Permanent Address (Street, Apt. Number): 4413 WOODSTOCK DR, WEST PALM BEACH, FL 33409 | (City) | (State) | (Zip) | Phone: (561) 503-3617 | Address Source: NCIC

Business Address (Name, Street) | (City) | (State) | (Zip) | Phone | Occupation: Unemployed

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
L163800668270 / FL	[redacted]		NEW YORK, NY,	US

CO-DEFEND

Co-Defendant Name (Last, First, Middle) | Race | Sex | Date of Birth | ☐ 1. Arrested ☐ 3. Felony ☐ 5. Juvenile ☐ 2. At Large ☐ 4. Misdemeanor

Co-Defendant Name (Last, First, Middle) | Race | Sex | Date of Birth | ☐ 1. Arrested ☐ 3. Felony ☐ 5. Juvenile ☐ 2. At Large ☐ 4. Misdemeanor

JUVENILE

☐ Parent ☐ Other: ☐ Legal Custodian | 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 Department and Released 2. TOT JAC 3. Incarcerated

Released To: (Name) | Relationship | Date | Time

The above address was provided by ☐ defendant and or ☐ defendant's parents.
The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address.
☐ Yes, by: ☐ No

School Attended | Grade

Property Crime? ☐ Yes ☒ No | Description of Property | Value of Property

CODE

Drug Activity: N. N/A, P. Possess, S. Sell, B. Buy, T. Traffic, R. Smuggle, D. Deliver, E. Use, K. Disperses 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. Synthetic, U. Unknown, Z. Other

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #
DUI PROPERTY DAMAGE	316.193(3)(c)	~~316.193(1)(3)(c)1~~

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
	N	/		1	☐ Y ☒ N		

CHARGE

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Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
		/			☐ Y ☐ N		

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
		/			☐ Y ☐ N		

INTAKE

Health / Apparent Physical Condition of Defendant | Any knowledge of the following: ☐ Mental ☐ Escape Risk ☐ Medication ☐ Deformities ☐ Injuries | Explain:

Check which applies: ☐ Released O.R. ☐ Released to Parent/Guardian ☐ T.O.T. County Jail ☐ Posted Bond ☐ South County Mental Health | PROPERTY - Received By | Released By | Released To

Transported By | Date Transported | Time Transported | Other

NOTICE TO APPEAR

☒ INSTRUCTION NO. 1 - Mandatory appearance in court
☐ INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.

Location (Court, Room): Gun Club
Court Date and Time: 6/11/19 8:30 AM

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 COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.

Signature of Defendant (or Juvenile and Parent/Custodian) | Date Signed

No Photo Available

ADMIN

HOLD for Other Agency | Signature of Arresting Officer 2104

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other

Name of Arresting Officer (Print): MARTINEZ, JACOB | I.D. #: 02104

Intake Deputy | I.D. # 6950 | Pouch # | Transporting Officer: Martinez | I.D. # 2104 | Agency W.P.B.

Name Verification (Printed by Arrestee) (PRINT)

Witness here if subject signed with an "X".

PAGE 1 OF 1

☐ COURT ☐ STATE ATTORNEY ☐ AGENCY ☐ CENTRAL RECORDS ☐ JAIL ☐ CRIME ANALYSIS ☐ P. I. O. ☐ DEFENDANT

DUI PROBABLE CAUSE AFFIDAVIT

Subject: Loverde, Tali **Case Number:** 20190008545

Roadside Tasks

Horizontal Gaze Nystagmus

- ■ Left Eye Does Not Follow Smoothly
- ■ Left Eye Jerks at 45 Degree Angle or Less
- ■ Distinct Jerking Left Eye at Maximum Deviation
- ■ Right Eye Does Not Follow Smoothly
- ■ Right Eye Jerks at 45 Degree Angle or Less
- ■ Distinct Jerking Right Eye at Maximum Deviation

Upon starting this task, the driver did not follow the pen light with her eyes. I showed her how I wanted her to follow the light. I restarted the exercise and had to advise the driver not to anticipate the movement of the pen light. I also had to warn the driver not to move her head. I observed the driver swaying during the exercise.

Walk and Turn Task

I instructed the driver to stand with her right foot in front of his left foot with his hands down by his sides on a solid white line and was told to remain in that position until told to begin. I instructed the driver to not begin the task until told to do so. Driver attempted to begin the tasks despite me instructing the driver not to begin. Driver did not count out loud as was instructed. Driver was unable to keep her feet and stumbled on multiple occasions.

One Leg Stand

I explained to the driver the instructions. Driver stated she understood them. Driver did not count in the sequence I asked. Driver did not look down at her foot as I stated in the instructions.

Finger To Nose

I explained to the driver the instructions. Driver stated she understood as I explained them. When given the instructions for the driver to perform the exercise, the driver would hold out the hand I asked for several seconds then place the finger on her nose. I often asked the driver to take her finger off her nose.

Romberg Balance

Breath Results from Instrument

1st Result	2nd Result	3rd Result (If Applicable)
refused		

State of Florida

County of Palm Beach

The Following Instrument was notorized or sworn before me this _____ (DATE)

☐ Personaly Known ☐ Produced Identification ☐ Notary Public

2104

Notary / Clerk of Courts / Officer (FSS: 117.10) *Signature of Arresting Officer*

TESTING FACILITY TASK REPORT

AGENCY: WPPD/MARTINEZ

SUBJECT: LOVERDE, TALI

CASE NUMBER: 19-071449

DATE: May 15, 2019

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 2314

ENDING TIME: 2329

BREATH TESTS RESULTS: 1) VNM TIME 2321 A.M.☐ P.M.☒ 2) VNM TIME 2326 A.M.☐ P.M.☒

3) XX TIME XX A.M.☐ P.M.☐ 4) XX TIME XX A.M.☐ P.M.☐

BREATH OPERATOR: S. PALMER #24520

MAINTENANCE TECHNICAN: J Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: MUMBLED, SLURRED

ATTITUDE: QUIET, DOZING OFF

CLOTHING: BLACK SHIRT, BLACK JEANS, NO SHOES

MEDICAL CONDITIONS: COPD, ASTHMA,

MEDICATIONS: STEROIDS, NEBULIZER,

OTHER:

EYES: GLASSY AND BLOODSHOT

COMMENTS:

ARRESTING OFFICER CONDUCTED THE 20 MINUTE OBSERVATION BEGINNING AT 2250
SUBJECT AGREED TO TAKE BREATH TEST
SUBJECT COULD NOT FOLLOW INSTRUCTIONS
SUBJECT KEPT FALLING ASLEEP DURING BREATH SAMPLE
A/O READ I/C
SUBJECT STATED SHE COULD NOT HEAR A/O
A/O READ I/C AGAIN
SUBJECT STATED SHE UNDERSTOOD I/C
AND AGREED TO TAKE BREATH TEST
SUBJECT AGAIN REFUSED TO FOLLOW INSTRUCTIONS
AND FELL ASLEEP WHILE GIVING BREATH TEST
A/O CALLED REFUSAL @ 2327
A/O READ RIGHTS
SUBJECT STATED SHE NEEDED TO GO TO THE HOSPITAL
A/O DID NOT CONDUCT Q&A

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)_____

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: _____

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	☐	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	☐	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	☐	119.071(4)(c)	Undercover personnel.	
	☐	119.071(2)(f)	Confidential informants (CIs).	
	☐	119.071(2)(e)	Confession.	
Public Info. Exemptions	☐	985.04(1)	Juvenile offender records.	
	☐	119.071(h)(i)	Assets of a crime victim.	
	☐	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	☐	394.4615(7)	Mental health information.	
	☐	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)	☒	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	☐	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	☐	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	☐	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	☐			
	☐			
	☐			
	☐			
	☐			
Other	☐	948.064 (1) FSS	Other: Notification of Status as a Violent Felony Offender of/with Special Concerns.	
	☐	119.0712 (2)	Other: Personal Information Contained in a Motor Vehicle Record	

REVIEW COMPLETED BY

Booking Number: 2019016254	**Date:** 5/16/2019
	Specialist Name/ID: M. Tooks #8557