

**ARREST / NOTICE TO APPEAR**  
Juvenile Referral Report

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

OBTS Number	Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>	Agency Report Number (N.T.A.'s only) <b>06- 17-160878</b>
Charge Type: Check as many as apply	<input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony	<input checked="" type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other	Weapon Seized / Type 2. 1. Yes 2. No <b>NONE</b>
Location of Arrest (Including Name of Business) <b>NORTHLAKE BLVD &amp; IBIS BLVD WPB, FL 33412</b>		Location of Offense (Business Name, Address) <b>NORTHLAKE BLVD &amp; IBIS BLVD WPB, FL 33412</b>		
Date of Arrest <b>12/08/17</b>	Time of Arrest <b>00:04</b>	Booking Date	Booking Time	Jail Date
Jail Time		Location of Vehicle <b>ALL HOOKED UP TOWING</b>		

Name (Last, First, Middle) <b>LLOYD, TAMI, MARIE</b>				Alias (Name, DOB, Soc. Sec. #, Etc.)				
Race W - White I - American Indian B - Black O - Oriental/Asian	Sex <b>F</b>	Date of Birth <b>06/22/1975</b>	Height <b>5'7"</b>	Weight <b>170</b>	Eye Color <b>BRW</b>	Hair Color <b>BRW</b>	Complexion <b>AVG</b>	Build <b>MED</b>
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>NONE</b>				Marital Status <b>SINGLE</b>	Religion <b>NONE</b>	Indication of: Alcohol Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk. Drug Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk.		
Local Address (Street, Apt. Number) <b>16932 W GLASGOW DRIVE</b>		(City) <b>LOXAHATCHEE, FL</b>	(State) <b>FL</b>	(Zip) <b>33470</b>	Phone <b>(561) 346-4535</b>	Residence Type: 1. City 2. County 3. Florida 4. Out of State <b>2</b>		
Permanent Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone	Address Source <b>FLORIDA DRIVER LICENSE</b>		
Business Address (Name, Street)		(City)	(State)	(Zip)	Phone	Occupation		
D/L Number, State <b>L300-813-75-722-0; FL</b>		Soc. Sec. Number		INS Number	Place of Birth (City, State) <b>WEST PALM BEACH, FL</b>		Citizenship <b>US</b>	

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)
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 355-2526) 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/deriv.	P. Paraphernalia/ Equipment S. Synthetics	U. Unknown Z. Other
Charge Description <b>BATTERY ON LEO</b>		Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number <b>784.07(2)(A)(B)(C)</b>		Violation of ORD #				
Drug Activity <b>N</b>	Drug Type <b>N</b>	Amount / Unit <b>NONE</b>	Offense # <b>17-160878</b>	Warrant / Capias Number		Bond <b>3000</b>				
Charge Description <b>DRIVING UNDER THE INFLUENCE</b>		Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number <b>316.193(1)</b>		Violation of ORD #				
Drug Activity <b>N</b>	Drug Type <b>N</b>	Amount / Unit <b>NONE</b>	Offense # <b>17-160878</b>	Warrant / Capias Number		Bond <b>OR</b>				
Charge Description <b>RESIST W/O VIOLENCE</b>		Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number <b>843.02</b>		Violation of ORD #				
Drug Activity <b>N</b>	Drug Type <b>N</b>	Amount / Unit <b>NONE</b>	Offense # <b>17-160878</b>	Warrant / Capias Number		Bond <b>OR</b>				
Charge Description <b>REFUSAL TO SUBMIT</b>		Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number <b>316.1939(1)</b>		Violation of ORD #				
Drug Activity <b>N</b>	Drug Type <b>N</b>	Amount / Unit <b>NONE</b>	Offense # <b>17-160878</b>	Warrant / Capias Number		Bond <b>OR</b>				

Location (Court, Room Number, Address) <b>TO BE SET</b>
Court Date and Time Month <b>Dec</b> Day <b>8</b> Year <b>2017</b> Time <b>4:19</b> 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)		Date Signed	
HOLD for other Agency Name:	Signature of Arresting Officer <b>Inv. J. Schaefer #8777</b>	Name Verification (Printed by Arrestee) <b>DEC 8 AM 4:19</b>	
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal	<input checked="" type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:	Name of Arresting Officer (Print) <b>INV. J. SCHAEFER</b>	I.D. # <b>8777</b>
Transporting Officer <b>INV. J. SCHAEFER</b>	ID # <b>8777</b>	Agency <b>PBSO</b>	Witness here if subject signed with an "X" <b>1 OF 1</b>

0205283

3474 1/2

**ARREST / NOTICE TO APPEAR**  
Juvenile Referral Report

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

OBTS Number	Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number (N.T.A.'s only) <b>06-17-160878</b>	
Charge Type: Check as many as apply	<input checked="" type="checkbox"/> 1. Felony	<input checked="" type="checkbox"/> 2. Traffic Felony	<input checked="" type="checkbox"/> 3. Misdemeanor	<input checked="" type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 5. Ordinance	<input type="checkbox"/> 6. Other
Location of Arrest (including Name of Business) <b>NORTHLAKE BLVD &amp; IBIS BLVD WPB, FL 33412</b>				Location of Offense (Business Name, Address) <b>NORTHLAKE BLVD &amp; IBIS BLVD WPB, FL 33412</b>		
Date of Arrest <b>12/08/17</b>	Time of Arrest <b>00:04</b>	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle <b>ALL HOOKED UP TOWING</b>

Name (Last, First, Middle) <b>LLOYD, TAMI, MARIE</b>				Alias (Name, DOB, Soc. Sec. #, Etc.)				
Race W - White I - American Indian B - Black O - Oriental/Asian	Sex <b>F</b>	Date of Birth <b>06/22/1975</b>	Height <b>5'7"</b>	Weight <b>170</b>	Eye Color <b>BRW</b>	Hair Color <b>BRW</b>	Complexion <b>AVG</b>	Build <b>MED</b>
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>NONE</b>				Marital Status <b>SINGLE</b>	Religion <b>NONE</b>	Indication of: Alcohol Influence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Drug Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>		Unk. <input type="checkbox"/>
Local Address (Street, Apt. Number) <b>16932 W GLASGOW DRIVE</b>		(City) <b>LOXAHATCHEE, FL</b>	(State) <b>FL</b>	(Zip) <b>33470</b>	Phone <b>(561) 346-4535</b>	Residence Type: 1. City 3. Florida 2. County 4. Out of State   2		
Permanent Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone	Address Source <b>FLORIDA DRIVER LICENSE</b>		
Business Address (Name, Street)		(City)	(State)	(Zip)	Phone	Occupation		
D/L Number, State <b>L300-813-75-722-0; FL</b>		Soc. Sec. Number		INS Number		Place of Birth (City, State) <b>WEST PALM BEACH, FL</b>	Citizenship <b>US</b>	

Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested	<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"/> 3. Felony	<input type="checkbox"/> 4. Misdemeanor	<input type="checkbox"/> 5. Juvenile
Parent Name (Last) (First) (Middle)		Residence Phone					
Legal Custodian		Business Phone					
Address (Street, Apt. Number)		(City)	(State)	(Zip)			
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

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 <b>REFUSAL TO SIGN SUMMONS</b>		Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number <b>318.14(3)</b>		Violation of ORD #				
Drug Activity <b>N</b>	Drug Type <b>N</b>	Amount / Unit <b>NONE</b>	Offense # <b>17-160878</b>	Warrant / Capias Number		Bond <b>OK</b>				

Location (Court, Room Number, Address) **TO BE SET**

Court Date and Time  
Month Day Year Time **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	
HOLD for other Agency Name:		Signature of Arresting Officer <b>Inv. J Schaefer #8777</b>	Name Verification (Printed by Arrestee)
<input type="checkbox"/> Dangerous	<input checked="" type="checkbox"/> Restored Arrest	Name of Arresting Officer (Print) <b>INV. J SCHAEFER</b>	I.D. # <b>8777</b>
<input type="checkbox"/> Suicidal	<input type="checkbox"/> Other:	Transporting Officer <b>INV. J. SCHAEFER</b>	ID # <b>8777</b>
Intake Deputy	I.D. #	Pouch #	Agency <b>PBSO</b>
Witness here if subject signed with an -X-			PAGE <b>1</b> OF <b>2</b>

ADMIN	Agency ORI Number <b>FLO 500000</b>	Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>	Agency Report Number <b>06- 17-160878</b>
	Charge Type: Check as many as apply. <input checked="" type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other		Special Notes:

DEF	Name (Last, First, Middle) <b>LLOYD, TAMI, MARIE</b>	Alias	Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>06/22/1975</b>
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CHARGES	Charge Description <b>BATTERY ON LEO</b>	<b>784.07(2)(A)</b>	Charge Description <b>REFUSAL TO SIGN SUMMONS</b>	<b>318.14(3)</b>
	Charge Description <b>RESIST W/O VIOLENCE</b>	<b>843.02</b>	Charge Description <b>REFUSAL TO SUBMIT</b>	<b>316.1939(1)</b>

VICTIM	Victim's Name (Last, First, Middle) <b>STATE OF FLORIDA</b>	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 <b>GOVERNMENT</b>		

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  
 committed the below acts in my presence.  was observed by \_\_\_\_\_ who told \_\_\_\_\_  
 confessed to \_\_\_\_\_ that he/she saw the arrested person commit the below acts.  
 admitting to the below facts.  was found to have committed the below acts, resulting from my (described) investigation.  
 On the 7th day of DECEMBER 2017 at 23:25  A.M.  P.M. (Specifically include facts constituting cause for arrest.)

**On the above date & listed time, after conducting my DUI investigation and subsequent arrest of "TAMI MARIE LLOYD" for DUI, she was taken into custody, handcuffed, and placed into the rear of my marked PBSO patrol vehicle. Preparing to be en route to the BAT facility, Lloyd was seen and heard fumbling around in the rear compartment. Lloyd then produced the set of handcuffs and stated, "Here are your cuffs" and proceeded to throw them through the gap of the partition and into the front of the patrol vehicle. Lloyd was removed from the vehicle so the cuffs could be reapplied. Lloyd was placed against the rear quarter panel and as I was retrieving another set of handcuffs from D/S Kelsey Shults #30545, Lloyd picked up her right leg and kicked backwards striking me in the groin area. Lloyd was restrained and later hobbled being placed back into the patrol car.**

**Upon arrival at the BAT facility, Lloyd was asked to submit a breath sample, to which she refused after Implied Consent was read to her. Lloyd stated she understood and again refused. Lloyd, had a prior refusal and suspension for the refusal on 07/05/2004 which all occurred in Palm Beach County.**

**After completing the arrest paperwork, Lloyd refused to sign her court summons for the DUI and therefore was issued a criminal citation for the Refusal to Sign/Accept Summons.**

**Therefore, through the actions of Lloyd, I find additional probable cause for the arrest of "TAMI MARIE LLOYD" who did actually and intentionally touch or strike Inv. J Schaefer #8777 against the will of, contrary to Florida Statute 784.03(1), while Inv. J Schaefer was engaged in the lawful performance of a duty and while LLOYD knew that Inv. J Schaefer was a law enforcement officer, contrary to Florida Statute 784.03(1) and 784.07(2)(b), a 3rd degree felony, level 4, and who did after having been requested to submit to a lawful test of her blood, pursuant to section 316.1932(1)(c), FS, LLOYD did unlawfully refuse to submit to a chemical or physical test of her breath and in the case of her second refusal, was further informed that a refusal to submit to a lawful test of her breath, after her driving privilege has been previously suspended for a prior refusal to submit to a lawful test of her breath is a misdemeanor and LLOYD's driving privilege was previously suspended for a prior refusal to submit to a lawful test of her breath contrary to Florida Statute 316.1939(1), a 1st degree misdemeanor.**

ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH <b>INV. J. SCHAEFER #8777</b> <i>Inv. J. Schaefer #8777</i> (Signature of Arresting/Investigative Officer)
	The foregoing instrument was sworn to or affirmed and subscribed before me this <b>8th</b> day of <b>DECEMBER</b> 20 <b>17</b> by <b>INV. J. SCHAEFER #8777</b>
	(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification of type of identification produced <b>Samantha Palmer</b>
	Notary Public, Clerk of Court, Officer (F.S.S. 117.10) Commission # <b>FF172377</b> Expires: <b>OCT 28, 2018</b> BONDED THRU <b>1ST FLORIDA NOTARY, LLC</b>

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 7th DAY OF DECEMBER 20 17, AT 23:25 AM  PM

SUBJECT: LLOYD, TAMI, MARIE CASE NUMBER: 17-160878

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: INV. J. SCHAEFER #8777

## PERSONAL CONTACT

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

I was called to the scene of a traffic stop near the intersection of Northlake Blvd & Ibis Blvd, which is located in unincorporated Palm Beach County, Florida. I arrived at the scene at approximately 23:50hrs. Det. Nick Bruce of the Ft Lauderdale Police Department relayed to me, and completed a written signed sworn witness statement, that he had stopped the defendant's vehicle, a white 2016 GMC Terrain bearing FL tag SMM-RTM, because the defendant began to back up eastbound in the westbound lanes, which caused other vehicles to abruptly swerve to avoid colliding with the defendant. Det. Bruce and responding PBSO D/S Adam Anderson #24100 noticed that the defendant had articulable indicators of impairment, so D/S Anderson called for a DUI unit to conduct a possible DUI investigation. Det. Bruce identified the defendant, to me, as the driver and sole occupant of the vehicle, at the time of the stop. Det. Bruce stated he observed Lloyd dump out a 20oz. cup of an unknown alcoholic beverage prior to exiting the vehicle.

## OBSERVATION OF DRIVER:

Upon making contact with the driver who was identified by her Florida driver license as "TAMI MARIE LLOYD", I immediately detected an obvious and strong odor of an unknown alcoholic beverage emitting from her person and face area. This odor intensified as I spoke to Lloyd. Lloyd had glassy, glazed, and blood shot eyes. Her speech was slurred, slow, thick, and at times difficult to understand. Lloyd's movements were slow and deliberate. Lloyd was lethargic in her movements with poor coordination. She had an unsteady gait while walking to my patrol vehicle. Lloyd was wearing a black sweater, black top, blue jeans, and wedge shoes. All the clothing appeared disshelved.

## DRIVER'S STATEMENTS:

Post Miranda: Lloyd stated she went "out" tonight and did not know how her car was damaged.

Lloyd refused after Implied Consent, which she stated she understood. Lloyd Q&A.

## ODORS:

A strong and obvious odor of an unknown alcoholic beverage was emitting from her person and face area which intensified as I spoke to Lloyd.

## GENERAL OBSERVATIONS

SPEECH: Lloyd's speech was slurred, slow, and thick, and at times difficult to understand.

ATTITUDE: indifferent, flirtatious, annoyed, argumentative, belligerent, combative, resisted, threatening, insulting

CLOTHING: black sweater, black top, blue jeans, and wedge shoes

MEDICAL/OTHER: none stated

STATE OF FLORIDA  
COUNTY OF PALM BEACH

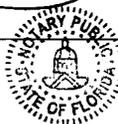
INV. J. SCHAEFER #8777 *Inv. J. Schaefer #8777*

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 8th day of DECEMBER 20 17 by INV. J. SCHAEFER #8777

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

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



Samantha Palmer  
Commission # FF172377  
Expires: OCT 28, 2018  
BONDED THRU  
1ST FLORIDA NOTARY, LLC

SUBJECT: LLOYD, TAMI, MARIE

CASE NUMBER 17-160878

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:

REFUSED

ONE LEG STAND:

REFUSED

FINGER TO NOSE:

REFUSED

ROMBERG ALPHABET:

REFUSED

BREATH TEST RESULTS: 1) REFUSED 2) 3) 4)

STATE OF FLORIDA  
COUNTY OF PALM BEACH

INV. J. SCHAEFER #8777 *Inv. J. Schaefer #8777*

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 8th day of DECEMBER 20 17 by INV. J SCHAEFER #8777

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

*S. Palmer*

Samantha Palmer  
Commission # FF172377  
Expires: OCT 23, 2018  
BONDED THRU  
1ST FLORIDA NOTARY, LLC

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



NOT A CERTIFIED COPY

PALM BEACH COUNTY SHERIFF'S OFFICE – **SWORN STATEMENT**

Per FL statute 837.012, whoever knowingly makes a false statement under oath shall be guilty of a misdemeanor of the first degree punishable by imprisonment up to 1 year.



WITNESS    VICTIM    OTHER

CASE #:	17-160878	ZONE:	15-21	SUSPECT:	LLOYD, TAMI, Marie	DATE & TIME OF ORIGINAL EVENT/OFFENSE:	12/7/17 @ 2330
EVENT TYPE:	DUI	DEPUTY:	INV. J. Schaefer	ID#:	8777		

COMPLETE EVERYTHING BELOW – PRINT LEGIBLY

LAST NAME:	Bruce	FIRST NAME:	Nick	MIDDLE INITIAL:	D.	RACE:	W	SEX:	M
DATE OF BIRTH:	(MM/DD/YYYY) 04/26/1969	YOUR HEIGHT:	6'5"	YOUR WEIGHT:	185	YOUR HAIR COLOR:	Blonde	YOUR EYE COLOR:	Green
YOUR HOME ADDRESS:	1300 W Brouard	<input type="checkbox"/> CHECK IF HOMELESS	CITY:	Fort Lauderdale	STATE:	FL	ZIP:	33312	
YOUR WORK NAME & ADDRESS:	Fort Lauderdale PD	<input type="checkbox"/> CHECK IF UNEMPLOYED OR RETIRED	CITY:	Fort Lauderdale	STATE:	FL	ZIP:	33312	
WORK PHONE: <input type="checkbox"/> CHECK IF NONE	(954) 828-5602	CELL PHONE: <input type="checkbox"/> CHECK IF NONE	(954) 650-2841	HOME PHONE: <input type="checkbox"/> CHECK IF NONE	( )	EMAIL:	Nbruce@fortlauderdale.gov	<input type="checkbox"/> CHECK IF NONE	

WRITE WHAT HAPPENED IN YOUR WORDS IN FULL DETAIL – PRINT LEGIBLY

YOUR NAME:	Nick Bruce	DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER...
<p>While traveling WB on Northlake observed a white GMC SUV bearing FL tag SMMR TM traveling in reverse in the WB left lane causing other vehicles to evasively maneuver around it. I initiated my emergency lights in my unmarked police unit 6677. The driver continued to back-up almost contacting my vehicle. I <del>observed</del> <sup>then</sup> tapped the air horn which got the driver's attention. The driver, who later identified by FL DL as Tami Lloyd; then dumped a dark in color beverage out the driver window. I approached the vehicle and smelled the odor of an alcoholic beverage. The driver had trouble focusing on me with glassy eyes. Driver had slurred speech and had emotions that were erratic. PBSO Det Deputy arrived and took over investigation.</p>		
		PAGE <u>1</u> OF <u>1</u>

READ AND SIGN

I SWEAR AND AFFIRM THIS AND/OR THE ATTACHED STATEMENTS ARE CORRECT AND TRUE:	<input checked="" type="checkbox"/> DEPUTY SHERIFF <input type="checkbox"/> NOTARY PUBLIC   FSS: 117.10
YOUR SIGNATURE: <u>X [Signature]</u>	SWORN TO AND SUBSCRIBED BEFORE ME TODAY: DATE: <u>12/8/17</u> TIME: <u>0010</u> SIGNATURE: <u>[Signature]</u> ID: <u>8777</u>

IF YOU DO NOT WISH TO PROSECUTE, COMPLETE THE ABOVE STATEMENT, READ THIS DISCLAIMER AND INITIAL BELOW: I AM OF LEGAL AGE AND I AM THE REPORTED VICTIM OF A CRIME UNDER FLORIDA LAW. I HEREBY STATE THAT I WILL NOT COOPERATE ANY FURTHER WITH THE INVESTIGATION OF THE ALLEGED CRIME. I FURTHER RELEASE THE PALM BEACH COUNTY SHERIFF'S OFFICE OF ANY PRESENT OR FUTURE RESPONSIBILITY AS TO MY CASE. I ACKNOWLEDGE THAT I UNDERSTAND MY RIGHTS AS A CRIME VICTIM, PARTICULARLY REGARDING VICTIM COMPENSATION ELIGIBILITY, WHICH INCLUDES SUCH BENEFITS AS REIMBURSEMENT FOR: DISABILITY; LOST WAGES; LOSS OF SUPPORT; MEDICAL, DENTAL, MENTAL HEALTH COUNSELING AND FUNERAL EXPENSES. I AM AWARE I MAY BE GIVING UP THESE RIGHTS FOR MY FAMILY AND MYSELF BY INITIALLING BELOW. I AM TAKING THIS POSITION OF MY OWN FREE WILL KNOWING THAT THE CASE CAN ONLY BE FURTHER INVESTIGATED AND PROSECUTED WITH MY COOPERATION.    DO NOT WISH TO PROSECUTE (INITIAL \_\_\_\_\_)

# WITNESS LIST

CASE NUMBER: 17-160878

ARRESTING OFFICER: INV. J. SCHAEFER #8777

ADDRESS: 3228 GUN CLUB ROAD WPB, FL 33406

PHONE NUMBERS (HOME): \_\_\_\_\_ (WORK) (561)681-4500

CAN TESTIFY TO: SEE OFFENSE REPORT

NAME: D/S KELSEY SHULTS #30545

ADDRESS: 3228 GUN CLUB ROAD WPB, FL 33406

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) (561)688-3000

CAN TESTIFY TO: IMPAIRMENT OF LLOYD

NAME: DET. NICK BRUCE FORT LAUDERDALE POLICE DEPT

ADDRESS 1300 WEST BROWARD BLVD FT. LAUDERDALE, FL 33312

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) (954)828-5602

CAN TESTIFY TO: SEE SWORN WITNESS STATEMENT

NAME: D/S ADAM ANDERSON #24100

ADDRESS 3228 GUN CLUB ROAD WPB, FL 33406

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) (561)688-3000

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

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CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NOT A CERTIFIED COPY

PALM BEACH COUNTY SHERIFF'S OFFICE – **SWORN STATEMENT**

Per FL statute 837.012, whoever knowingly makes a false statement under oath shall be guilty of a misdemeanor of the first degree punishable by imprisonment up to 1 year.



WITNESS    VICTIM    OTHER

CASE #:	17-100878	ZONE:	15-21	SUSPECT:	LLOYD, TAMI, Marie	DATE & TIME OF ORIGINAL EVENT/OFFENSE:	12/7/17 @ 2330
EVENT TYPE:	DUI	DEPUTY:	INV. J. Schaefer		ID#:	8777	

COMPLETE EVERYTHING BELOW – PRINT LEGIBLY

LAST NAME:	Bruce	FIRST NAME:	Nick	MIDDLE INITIAL:	D.	RACE:	W	SEX:	M
DATE OF BIRTH:	(MM/DD/YYYY) 01/26/1969	YOUR HEIGHT:	6'5"	YOUR WEIGHT:	185	YOUR HAIR COLOR:	Blonde	YOUR EYE COLOR:	Green
YOUR HOME ADDRESS:	<input type="checkbox"/> CHECK IF HOMELESS		CITY:	Fort Lauderdale	STATE:	FL	ZIP:	33312	
YOUR WORK NAME & ADDRESS:	<input type="checkbox"/> CHECK IF UNEMPLOYED OR RETIRED		CITY:	Fort Lauderdale	STATE:	FL	ZIP:	33312	
WORK PHONE:	<input type="checkbox"/> CHECK IF NONE	CELL PHONE:	<input type="checkbox"/> CHECK IF NONE	HOME PHONE:	<input checked="" type="checkbox"/> CHECK IF NONE	EMAIL:	<input type="checkbox"/> CHECK IF NONE		
(954) 828-5602		(954) 650-2841	( )			Nbruce@fortlauderdale.gov			

WRITE WHAT HAPPENED IN YOUR WORDS IN FULL DETAIL – PRINT LEGIBLY

YOUR NAME:	1 Nick Bruce	DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER...
<p>While traveling WB on Northlake observed a white GMC SUV bearing FL tag SMMR TM traveling in reverse in the WB left lane causing other vehicles to evasively maneuver around it. I initiated my emergency lights in my unmarked police unit 6671. The driver continued to back-up almost contacting my vehicle. I <del>observed</del> <sup>then</sup> tapped the air horn which got the driver's attention. The driver, WF later identified by FL DL as Tami Lloyd; then dumped a dark in color beverage out the driver window. I approached the vehicle and smelled the odor of an alcoholic beverage. The driver had trouble focusing on me with glossy eyes. Driver had slurred speech and had emotions that were erratic. PBSO Det Deputy arrived and took over investigation.</p>		
		PAGE 1 OF 1

READ AND SIGN

I SWEAR AND AFFIRM THIS AND/OR THE ATTACHED STATEMENTS ARE CORRECT AND TRUE:	<input checked="" type="checkbox"/> DEPUTY SHERIFF <input type="checkbox"/> NOTARY PUBLIC   FSS: 117.10
YOUR SIGNATURE: X <i>[Signature]</i>	SWORN TO AND SUBSCRIBED BEFORE ME TODAY: DATE: 12/8/17   TIME: 0010 SIGNATURE: <i>[Signature]</i> ID: 8777

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# TESTING FACILITY TASK REPORT

AGENCY: PBSO-SCHAEFER

SUBJECT: LLOYD, TAMI M

CASE NUMBER: 17-160878

DATE: Dec 8, 2017

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 0126

ENDING TIME: 0128

BREATH TESTS RESULTS: 1) REF TIME 0127 A.M.  P.M.  2) XX TIME XX A.M.  P.M.   
3) XX TIME XX A.M.  P.M.  4) XX TIME XX A.M.  P.M.

BREATH OPERATOR: J Biggs# 7607

MAINTENANCE TECHNICAN: D/S J Karkleck #6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: LOUD, YELLING, SLURRED

ATTITUDE: ANGRY, COMBATIVE, UPSET, CRYING

CLOTHING: BLACK SHIRT, BLUE JEANS

MEDICAL CONDITIONS: FUCK YOU

MEDICATIONS: FUCK YOU

## OTHER:

EYES GLASSY, RED

ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE ON SUBJECT

## COMMENTS:

ARRESTING OFFICER CONDUCTED THE 20 MINUTE OBSERVATION BEGINNING AT 0100  
SUBJECT DID NOT ANSWER ANY QUESTIONS WHAT SO EVER  
SUBJECT SHOOK HEAD NO TO RESPONSE FOR BREATH REQUEST  
IMPLIED CONSENT WAS READ  
SUBJECT SHOOK HEAD AGAIN STATING NO  
MIRANDA WAS READ  
SUBJECT STATED BITE ME IN RESPONSE TO THE QUESTIONS

SUBJECT: Lloyd, Tam M.

CASE NUMBER: 17-160878

## 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 Inv Schaefer of the PBSO

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) Read on Camery

## 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) Read on Camery

SUBJECT: Lloyd, Tami M CASE NUMBER: 17-160878

# 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: \_\_\_\_\_

**STATE OF FLORIDA  
DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES  
AFFIDAVIT OF REFUSAL TO SUBMIT TO  
BREATH AND/OR URINE TEST**

I, INV. J. SCHAEFER #8777, a duly certified Law Enforcement Officer or Correctional Officer,  
(Name of Officer reading Implied Consent Warning)

am a member of PALM BEACH COUNTY SHERIFF'S OFFICE, and I do swear  
(Name of law enforcement agency)

or affirm that on or about the 8th day of DECEMBER, 20 17, at 00:04  P.M.  A.M.

DRIVER TAMI MARIE LLOYD,  
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# L300-813-75-722-0, state of FLORIDA, was placed under lawful arrest for  
the offense of L300-813-75-722-0 by INV. J. SCHAEFER and  
issued Citation # A2FU6CP  
(Name of Arresting Officer)

That on or about the 8th day of DECEMBER, 20 17, at 01:27  P.M.  A.M.

in PALM BEACH County,

I requested that the driver submit to a breath and/or urine test to determine his or her blood alcohol level and/or the presence of chemical or controlled substances. I informed the driver that the refusal to submit to such test(s) would result in the suspension of his or her driving privilege for a period of one (1) year for a first refusal, or for a period of eighteen (18) months if his or her driving privilege had been previously suspended for refusing to submit to a breath, urine or blood test. I also informed the driver that he or she commits a misdemeanor by refusing to submit to a lawful test as requested above if his or her driving privilege has been previously suspended for refusal to submit to a lawful test of his or her breath, urine, or blood. Additionally, I informed the driver that if he or she holds a CDL, or was operating a CMV, refusal will result in the disqualification of the Commercial Driver's License/driving privilege for a period of one (1) year in the case of a first refusal or permanently if he or she has previously been disqualified as a result of a refusal to submit to any such lawful test. Nonetheless, the driver refused to submit to the test(s) requested.

Inv. J. Schaefer #8777  
Signature of Law Enforcement Officer or  
Correctional Officer



**THE AFFIDAVIT MUST BE NOTARIZED OR ATTESTED TO (F.S. 117.10)**

Samantha Palmer  
Commission # FF172377  
Expires: OCT 28, 2018  
BONDED THRU  
1ST FLORIDA NOTARY, LLC

The foregoing instrument was sworn and subscribed before me:

\_\_\_\_\_  
Signature of Attesting Officer

**(AFFIX SEAL)**

The foregoing instrument was sworn and subscribed before  
me this 8th day of DECEMBER, 20 17,

Title \_\_\_\_\_

by INV. J. SCHAEFER #8777,

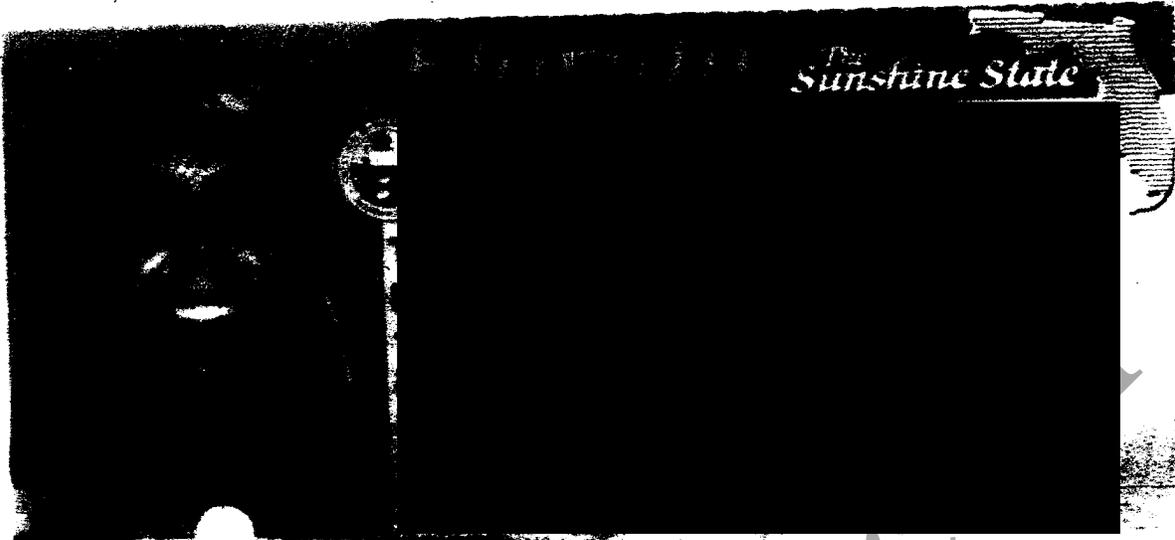
Date \_\_\_\_\_

who is personally known to me or who has produced

PERSONALLY KNOWN as identification

Notary Public [Signature]

Note: Mail or hand deliver to the designated Bureau of Administrative Reviews office, Department of Highway Safety and Motor Vehicles, with the driver's license, the appropriate copy of the UTC, and the probable cause affidavit.



The Sunshine State

*Jami Houde*

ORGAN DONOR

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

NOT A CERTIFIED COPY