

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

Check if Supplement is Attached

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

1 Juvenile

OBTS Number			
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Agency ORI Number		Agency Name		Agency Report Number (N.T.A.'s only)								
FLO 5 0 0 0 0 0 0		PALM BEACH COUNTY SHERIFF'S OFFICE		0 6 - 1 1 7 - 0 1 0 6 1 0 1 1 4 1 1 1 1								
Charge Type: Check as many as apply.		<input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		If Weapon Seized Enter Type N/A								
Location of Arrest (including Name of Business)		Location of Offense (Business Name, Address)										
400 NE 20th St BOCA RATON		400 NE 20th St BOCA RATON, FL										
Date of Arrest		Time of Arrest	Booking Date	Booking Time	Jail Date							
04/26/17		100:19	4/26/17	040	4/26/17							
Jail Time		Location of Vehicle										
0245		TOWED EMERALD										
Name (Last, First, Middle) ROSS, Tammie Lynne												
Alias (Name, DOB, Soc. Sec. #, Etc.)												
Race W - White B - Black		Sex W - Female M - Male	Date of Birth 11/12/72	Height 5'04"	Weight 105							
O - American Indian O - Oriental/Asian				Eye Color BLU	Hair Color BLD							
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status S	Religion CHRISTIAN							
				Indication of: Alcohol Influence Drug Influence								
				<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk								
Local Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone (561) 302-6978							
521 NE 43rd St BOCA RATON		FL	33431									
Permanent Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone ()							
Business Address (Name, Street)		(City)	(State)	(Zip)	Phone ()							
D/L Number, State R200812729121, FL		Soc. Sec. Number	INS Number	Place of Birth (City, State) PHILLY, PA	Citizenship US							
Co-Defendant (Last, First, Middle)		Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large							
Co-Defendant (Last, First, Middle)		Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large							
<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 was 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's Office (Phone 355-2526) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No (Reason)		School Attended										
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Value of Property										
CODE	Drug Activity N. N/A P. Possess	S. Sell B. Buy I. Traffic	R. Smuggle D. Deliver E. Use	K. Dispense/ Distribute	M. Manufacture/ Produce/ Cultivate	Z. Other	Drug Type N. N/A C. Cocaine A. Amphetamine	B. Barbiturate C. Marijuana E. Heroin	H. Hallucinogen M. Marijuana O. Opium/Deriv.	P. Paraphernalia/ Equipment S. Synthetic	U. Unknown Z. Other	
CHARGE	Charge Description 316.193(1) DUI				Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 316.193 111		Violation of ORD #			
CHARGE	Drug Activity	Drug Type	Amount / Unit	Offense #			Warrant / Capias Number 2017-004814		Bond			
CHARGE	Charge Description				Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #			
CHARGE	Drug Activity	Drug Type	Amount / Unit	Offense #			Warrant / Capias Number		Bond			
CHARGE	Charge Description				Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #			
CHARGE	Drug Activity	Drug Type	Amount / Unit	Offense #			Warrant / Capias Number		Bond			
CHARGE	Charge Description				Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #			
CHARGE	Drug Activity	Drug Type	Amount / Unit	Offense #			Warrant / Capias Number		Bond			
NOTICE TO APPEAR	Location (Court, Room Number, Address) 200 W Atlantic Ave Delray Beach, FL											
NOTICE TO APPEAR	Court Date and Time Month MAY Day 72nd Year 2017 Time 8:30 A.M.											
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												
ADMIN	Signature of Defendant (or Juvenile and Parent/Custodian)						Date Signed					
ADMIN	HOLD for other agency			Signature of Arresting Officer X			Name Verification (Printed by Arrestee)					
ADMIN	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal			<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:			Name of Arresting Officer (Print) J. CHRISINSER I.D. # 788 Transporting Officer 788 Agency 788 BOCA RATON			(PRINT) SCANNED MAY 02 2017 PAGE OF		
ADMIN												

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 25 DAY OF APRIL 2017 AT 23 1144 AM PM

SUBJECT: Tammie Lynne Ross CASE NUMBER: 2017-006014

AGENCY: BOLCA RATION ARRESTING OFFICER: J. CHRISWISER
PERSONAL CONTACT

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

Ross was stopped in the middle of the road. Vehicle were passing her and honking. I observed Ross behind the steering wheel and as I attempted to pull her over she made a u-turn and stopped at 400 NE 20th St.

OBSERVATION OF DRIVER: Ross was swerving left and right. As Ross was exiting the vehicle she lost her balance. Ross took off her shoes and fell to the ground. Video of roadside tests was recorded

DRIVER'S STATEMENTS: Ross could not complete a sentence and was slurring and repeating phrases from other officers.

ODORS: overwhelming smell of alcohol was emanating from her facial area

GENERAL OBSERVATIONS

SPEECH: Slurred, slow,

ATTITUDE: ambivalent, argumentative

CLOTHING: neat, tidy

MEDICAL/OTHER:

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 26 day of April 2017 by

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

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

SCANNED

MAY 02 2017

SCAN

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: Ross would start while I was giving directions. Ross missed all steps heel to toe, steps 5, 8, 9, 11, and retiring steps 1-15 were all off the line. Ross did not count and Ross did the walk and turn 3 times up and back before I stopped her.

ONE LEG STAND: Ross started while I was giving directions, Ross lifted her arms the entire time for balance. Ross placed her leg down a total of 15 times.

FINGER TO NOSE:

refused

ROMBERG/ALPHABET:

refused

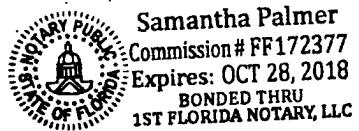
BREATH TEST RESULTS:

STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was notarized or sworn before me this 26 day of April, 2017 by _____

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

Samantha Palmer
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)SCANNED
MAY 02 2017

WITNESS LIST

CASE NUMBER: 2017-006014

ARRESTING OFFICER J. CHRISWELL 788-7
ADDRESS 100 NW 2nd St Bldg 12700 FL 33433
PHONE NUMBERS (HOME) 561-338-1234 (WORK) 561-338-6077
CAN TESTIFY TO: DOING ROADSIDE TESTS AND ARRESTING
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: _____
ADDRESS _____
PHONE NUMBERS (HOME) _____ (WORK) _____
CAN TESTIFY TO: _____
NAME: _____

SCANNED

MAY 02 2017

TESTING FACILITY TASK REPORT

AGENCY: BRPD

SUBJECT: ROSS, TAMMIE L

CASE NUMBER: 17-069215

DATE: 04/26/2017

VIDEO DVD NUMBER: 62520

BEGINNING TIME: 0140

ENDING TIME: 0159

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

BREATH OPERATOR: S. PALMER #24520

MAINTENANCE TECHNICIAN: J Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED, SLOW

ATTITUDE: TALKATIVE, SARCASTIC, MOODSWINGS, VULGAR, UNCOOPERATIVE

CLOTHING: WHITE BLOUSE, TEAL TANK TOP, WHITE PANTS, BAREFOOT

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER:

EYES GLASSY AND BLOODSHOT, SWAYING

COMMENTS:

ARRESTING OFFICER CONDUCTED THE 20 MINUTE OBSERVATION BEGINNING AT 0100
SUBJECT AGREED TO TAKE TEST
TECH EXPLAINED INSTRUCTIONS FOR BREATH TEST, SUBJECT STATED SHE UNDERSTOOD INSTRUCTIONS
SUBJECT WOULD NOT PROVIDE ADEQUATE BREATH SAMPLE FOR FIRST BREATH
A/O READ I/C, SUBJECT STATED SHE UNDERSTOOD I/C AND SHE WOULD NEVER LOOSE HER LICENSE
SUBJECT REFUSED TO TAKE
A/O READ RIGHTS, SUBJECT STATED SHE UNDERSTOOD
A/O CONDUCTED Q&A, SUBJECT ANSWERED QUESTIONS

SCANNED
MAY 02 2017

SUBJECT: _____

CASE NUMBER: 2017-000014

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

MAY 02 2017

SUSPECT'S SIGNATURE: (X) _____

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? YES

WHERE WERE YOU GOING? From the house

WHAT STREET OR HIGHWAY WERE YOU ON? 2nd St

DIRECTION OF TRAVEL? N WHERE DID YOU START? From the house

WHAT TIME DID YOU START? 11:00 AM WHAT TIME IS IT NOW? 11:00 AM

WHAT IS TODAY'S DATE? 10/01/17 WHAT DAY OF THE WEEK IS IT? Wednesday

WHAT COUNTY AND CITY ARE YOU IN NOW? Pinellas County

WHEN DID YOU LAST EAT? 10:00 AM WHAT DID YOU EAT? Breakfast

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? Driving

HOW MUCH DO YOU WEIGH? 160 lbs HAVE YOU BEEN DRINKING? NO WHAT?

HOW MUCH? — WHERE? — WITH WHOM? —

WHEN DID YOU HAVE YOUR FIRST DRINK? 11:00 AM AND YOUR LAST DRINK? 11:00 AM

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? Drinking

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? NO ARE YOU UNDER THE INFLUENCE? NO

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? NO HOW MUCH? —

WHAT? — WHERE? — WHEN? —

WHAT LINE OF WORK ARE YOU IN? Driver WHEN DID YOU LAST WORK? 11:00 AM

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? NO WHAT? —

ARE YOU SICK OR INJURED? NO WHAT'S WRONG? —

DO YOU LIMP? NO DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? NO

WERE YOU IN AN ACCIDENT TODAY? NO

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? NO WHEN? —

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? NO WHO? — WHY? —

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? NO 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? NO

DO YOU TAKE INSULIN? NO IF SO, WHEN WAS YOUR LAST INJECTION? SCANNED

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? NO WHERE? MAY 02 2007

INTERVIEWER: SCOTT THOMAS L.

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL

NOT A CERTIFIED COPY

SCANNED
MAY 02 2017