Jkt# 04265 27

Pcn# 106

19CT 023392SB

# ARREST / NOTICE TO APPEAR
## Juvenile Referral Report

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

Juvenile: 1 | N

**ADMINISTRATION**

| OBTS Number | Agency ORI Number | Agency Name | Agency Report Number |
|---|---|---|---|
| | FL0500300 | BOYNTON BEACH POLICE DEPT. | 34-19-069761 |

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 | Multiple Clearance Indicator

| Location of Arrest (Including Name of Business) | Location of Offense (Business Name, Address) |
|---|---|
| 2815 S SEACREST BLVD BOYNTON BEACH FL 33436 | 689 NE 6TH CT BOYNTON BEACH FL 33435 |

| Date of Arrest | Time of Arrest | Booking Date | Booking Time | Jail Date | Jail Time | Location of Vehicle |
|---|---|---|---|---|---|---|
| 12/17/2019 | 1409 | | | | | |

**DEFENDANT**

Name (Last, First, Middle): LEUPP-MORELLO, TARA, R

Alias (Name, DOB, Soc. Sec. #, Etc)

| W - White I - American Indian B - Black O - Oriental / Asian | Race | Sex | Date of Birth | Height | Weight | Eye Color | Hair Color | Complexion | Build |
|---|---|---|---|---|---|---|---|---|---|
| | W | F | 01/26/1971 | 5'04 | 130 | BLUE | BLONDE | FAIR | FAIR |

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description): NONE

Marital Status: DIVORCED | Religion: UNK | Indication of: Alcohol Influence ☒ Y ☐ N ☐ Unk. | Drug Influence ☐ Y ☐ N ☒ Unk.

| Local Address (Street, Apt. Number) | (City) | (State) | (Zip) | Phone | Residence Type (1. City 2. County 3. Florida 4. Out of State) |
|---|---|---|---|---|---|
| 7883 SPRINGVALE DR | LAKE WORTH | FL | 33467 | (561)889-6398 | 2 |

| Permanent Address (Street, Apt. Number) | (City) | (State) | (Zip) | Phone | Address Source |
|---|---|---|---|---|---|
| SAME AS LOCAL | | | | ( ) - | FL DL |

| Business Address (Street, Apt. Number) | (City) | (State) | (Zip) | Phone | Occupation |
|---|---|---|---|---|---|
| | | | | ( ) - | HAIR DRESSER |

| D/L Number, State | Soc. Sec. Number | INS Number | Place of Birth | Citizenship |
|---|---|---|---|---|
| L156816715260 | [redacted] | | NY NY | YES |

**CO-DEF**

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

**JUVENILE**

☐ Parent ☐ Legal Custodian ☐ 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 ☐ defendant and/or ☐ defendant's parents. The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 561-355-2526) informed of any change of address: ☐ Yes, By: (Name) ☐ No: (Reason)

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. Dispense/ Distribute M. Manufacture Produce/ Cultivate Z. Other

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

**CHARGE**

| Charge Description | Counts | Domestic Violence | Statute Violation Number | Violation of ORD# |
|---|---|---|---|---|
| DUI CRASH PROPERTY DAMAGE | 1 | ☐ Yes ☒ No | 316.193 (3)(A)(B)(C)(1) | |

| Drug Activity | Drug Type | Amount/Unit | Offense # | Warrant/Capias Number | Bond |
|---|---|---|---|---|---|
| | | | 19-069761 | | |

**CHARGE**

| Charge Description | Counts | Domestic Violence | Statute Violation Number | Violation of ORD# |
|---|---|---|---|---|
| DUI PRIOR REFUSAL TO SUBMIT TO BLOOD | 1 | ☐ Yes ☒ No | 316.1939(1) | |

| Drug Activity | Drug Type | Amount/Unit | Offense # | Warrant/Capias Number | Bond |
|---|---|---|---|---|---|
| | | | 19-069761 | | |

**CHARGE**

| Charge Description | Counts | Domestic Violence | Statute Violation Number | Violation of ORD# |
|---|---|---|---|---|
| | | ☐ Yes ☐ No | | |

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

**CHARGE**

| Charge Description | Counts | Domestic Violence | Statute Violation Number | Violation of ORD# |
|---|---|---|---|---|
| | | ☐ Yes ☐ No | | |

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

**NOTICE TO APPEAR**

☐ Instruction No. 1 Mandatory Appearance in Court
☐ Instruction No. 2 You need not appear in Court but must Comply with instruction on reverse side.

Location (Court, Room Number, Address): South County Courthouse, 200 West Atlantic Ave, Delray Beach, FL 33444

Court Date and Time: Month 01 Day 13 Year 2020 Time 0830 ☒ A.M. ☐ P.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.

Signature of Defendant (or Juvenile and Parent/Custodian) | Date Signed: 12/17/19

**ADMIN.**

HOLD for other Agency Name:

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other:

Signature of Arresting Officer | Name of Arresting Officer (Print): OFC MASTRO | I.D. #: 863

Name Verification (Printed by Arrestee) (PRINT)

BU#

Intake Deputy: D/S. C. GILYARD #7392 | I.D. # | Pouch #

Transporting Officer: ofc Daly | I.D. #: 963 | Agency: BBPD

Witness here is subject Signed with an "X".

Page 1 OF 1

**D.U.I. PROBABLE CAUSE AFFIDAVIT**

**ON THE** 17 **DAY OF** December **2019 AT** 2:09 ☐ **A.M** ☒ **P.M.**

**CASE #:** 19-069761 **DEFENDANT:** TARA R LEUPP-MORELLO

**PERSONAL CONTACT/DRIVING PATTERN/OBSERVATION OF DRIVER:**

On December 17, 2019 at approximately 12:30 PM I was dispatched to a single vehicle vs a tree accident located at 689 NE 6th Court which is in the City of Boynton Beach, County of Palm Beach and the State of Florida. Upon arrival I observed a white Toyota RAV 4 crashed into a tree and the driver was stuck inside the vehicle. The vehicle was running and the doors were locked. The driver was unconscious, but breathing. Upon banging on the windows, the driver began to gain consciousness. She began to look around inside the vehicle with a dazed looked on her face. I was able to hear the driver later identified as Leupp-Morello speaking with OnStar. I was able to get Leupp-Morello to unlock the vehicle after several minutes of trying to get her to unlock the vehicle. Once the vehicle was unlocked I was able to open the door. All airbags were deployed.

When I opened the door, I smelled an overwhelming smell of an alcoholic beverage emitting from within the vehicle. Upon Leupp-Morello speaking, the smell intensified as she spoke. Leupp-Morello was unsteady on her feet and her speech was slurred. Her eyes were glassy. While walking to the sidewalk Leupp-Morello reached out to grab onto me in order to keep her balance. Leupp-Morello could not tell me where she was or what she was doing in the area she was located at.

BBFR arrived on scene and advised us they needed to transport Leupp-Morello tc Bethesda Medical Center. When I arrived at Bethesda Medical Center Leupp-Morello was already there for approximately 20 minutes. I spoke with the nurse who advised me Leupp-Morello would be in custody there for at least 90 minutes or more. Because it would have been impractical and because evidence was being lost by the amount of time in Bethesda the decision was made to ask for a sample of blood to determine alcohol content. Leupp-Morello was taken to CAT Scan, when she returned I explained I was finished with the crash investigation and that I was now starting an investigation based on the fact I believed she was operating a vehicle while impaired. I read Leupp-Morello her Miranda Warnings at which time she advised she understood. I then requested for her to submit to a sample of her blood to determine is she was operating a motor vehicle while impaired. Leupp-Morello advised no. I then read Leupp-Morello implied consent and then requested a second time for Leupp-Morello to consent to a blood draw, Leupp-Morello again refused. At this time Leupp-Morello was placed under arrest for DUI refusal and placed in handcuffs. The handcuffs were sized and locked.

Based on the above facts, Ofc. Rini's observations along with my visual observations of Leupp-Morello during my investigation, I believed Leupp-Morello's abilities to operate a motor vehicle were impaired. All interviews were captured on my BWC.

Based on the above, Leupp-Morello was charges with 1M count of DUI Crash Property Damage pursuant to FSS 316.193(3)(A)(B)(C)(1) and DUI Prior Refusal to Submit to Blood pursuant to FSS 316.1939(1). Leupp-Morello was turned over to PBCJ



**HORIZONTAL GAZE NYSTAGMUS:**

☐ Left eye does not follow smoothly
☐ Left eye prior to 45 degrees
☐ Distinct jerking in left eye at maximum deviation
☐ Vertical Nystagmus in left eye

☐ Right eye does not follow smoothly
☐ Right eye prior to 45 degrees
☐ Distinct jerking in right eye at maximum deviation
☐ Vertical Nystagmus in right eye

**WALK AND TURN:**
Not Completed

**ONE LEG STAND:**
Not Completed

**FINGER TO NOSE:**
Not Completed

**ROMBERG/ALPHABET:**
Not Completed

The following instrument was sworn to before me this 17 day of December 2019

By: Ofc. Vincent J Mastro 863

Notary/Police Officer (F.S.S. 117.10)

Signature of Arresting Officer

# STATE OF FLORIDA
# DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES
# AFFIDAVIT OF REFUSAL TO SUBMIT TO
# BLOOD TEST

I, **OFC MASTRO #863**, a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)

am a member of **BOYNTON BEACH PD**, and I do swear
(Name of law enforcement agency)

or affirm that on or about the **17** day of **DECEMBER**, 20 **19**, at **1409** ☑ P.M. ☐ A.M.

DRIVER **TARA** **R** **LEUPP-MORELLO**,
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# **L156816715260**, state of **FLORIDA**, appeared for treatment at a hospital,

clinic, or other medical facility pursuant to s. 316.1932( I )(c), Florida Statutes, and a breath or urine test was impossible or impractical.

That on or about the **17** day of **DECEMBER**, 20 **19**, at **1409** ☑P.M. ☐A.M.

in **PALM BEACH** County,

I requested that the driver submit to a **blood test** to determine his or her blood alcohol level and/or the presence of chemical or controlled substances in his or her blood. I informed the driver that refusal to submit to a blood test would result in the suspension of his or her driving privilege for a period of one (l) 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 if he or she holds a CDL, or was operating a CMV, refusal would 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 had been previously disqualified as a result of a refusal to submit to a breath, urine or blood test. The driver nonetheless refused to submit to a blood test.

863
Signature of Law Enforcement Officer or Correctional Officer

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

The foregoing instrument was sworn and subscribed before me:

863
Signature of Attesting Officer

Title **OFFICER**

Date **12/17/2019**

(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before me this **17** day of **DECEMBER**, 20 **19**,

by **OFC MASTRO #863**,

who is personally known to me or who has produced

**FLOFIDA DL** as identification

Notary Public _____

HSMV-BAR1002 (REV. 10/16)

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.

**CASE #:** 19-069761 **DEFENDANT:** TARA R LEUPP-MORELLO

## 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.

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.

I am now requesting that you submit to a lawful test of your BLOOD for the purpose of determining 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 Officer Mastro of the Boynton Beach Police Department

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.

**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 statements can and will be used against you in a court of law.**

**Suspect's Signature:** _____ **Read On Camera** _____

CASE #: 19-069761 DEFENDANT: TARA R LEUPP-MORELLO

Arresting Officer: OFC Mastro
Address: 2045 HIGH RIDGE RD BOYNTON BEACH FL 33436
Phone Numbers: Home: 561-742-6165 Work: (561) 742-6100

Name: OFC RINI
Address: 2045 HIGH RIDGE RD BOYNTON BEACH FL 33436
Phone Numbers: Home: Work: 561 742 6853
Can testify to: FACTS LISTED IN REPORT

Name: OFC DALEY
Address: 2045 HIGH RIDGE RD BOYNTON BEACH FL 33436
Phone Numbers: Home: Work: 561 742 6100
Can testify to: FACTS LISTED IN REPORT

Name: OFC JEANNITON
Address: 2045 HIGH RIDGE RD BOYNTON BEACH FL 33436
Phone Numbers: Home: Work: 561 742 6100
Can testify to: FACTS LISTED IN REPORT

Name: OFC SURAJBALLY
Address: 2045 HIGH RIDGE RD BOYNTON BEACH FL 33436
Phone Numbers: Home: Work: 561 742 6100
Can testify to: FACTS LISTED IN REORT

Name: Manfred Hacker
Address: 689 NE 6th Ct #403, Boynton Beach FL 44535
Phone Numbers: Home: 561-526-6997 Work:
Can testify to: Crash

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:

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 | ☐ | | Other: | |
| | ☐ | | Other: | |



**REVIEW COMPLETED BY**

| | |
|---|---|
| **Booking Number:** 2019040233 | **Date:** 12/17/2019 |
| | **Specialist Name/ID:** J. Beck/9007 |