

04/08/17

## ARREST / NOTICE TO APPEAR

Juvenile Referral Report

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

Juvenile  N

ADMINISTRATIVE	OBTS Number			Agency Name			Agency Report Number (N.T.A.'s only)			925				
	FLO 500000			PALM BEACH COUNTY SHERIFF'S OFFICE			06-17096630							
DEFENDANT	Charge Type: Check as many as apply.	<input type="checkbox"/> 1. Felony	<input type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance	<input type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 6. Other	Weapon Seized / Type	1. Yes <input type="checkbox"/> NA	Multiple Clearance Indicator	01			
	Location of Arrest (Including Name of Business)						Location of Offense (Business Name, Address)							
	SOUTH SHORE BLVD @ BIG BLUE TRACE, WELLINGTON, FL 33414						SOUTH SHORE BLVD @ BIG BLUE TRACE, WELLINGTON, FL 33414							
	Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle							
	6/30/17	0333					BABSCO PAINT AND BODY							
	Name (Last, First, Middle)						Alias (Name, DOB, Soc. Sec. #, Etc.)							
	GALLO, TINAMARIE													
	Race	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build					
	W - White I - American Indian B - Black O - Oriental/Asian	W	F	6/4/1992	5'4	100	GRN	RED	MED					
	Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description)						Marital Status	Religion	Indication of:		Y <input type="checkbox"/> N <input type="checkbox"/> Unk.			
NONE						SINGLE	NONE	Alcohol Influence	<input type="checkbox"/> <input checked="" type="checkbox"/>	Drug Influence	<input type="checkbox"/> <input checked="" type="checkbox"/>			
Local Address (Street, Apt. Number)						(City)	(State)	(Zip)	Phone	Residence Type:				
2043 CROSS BREEZE DR						WELLINGTON	FL 33414	(561) 346-7476	1. City <input type="checkbox"/> 3. Florida <input type="checkbox"/> 2. County <input type="checkbox"/> 4. Out of State <input type="checkbox"/>	2				
Permanent Address (Street, Apt. Number)						(City)	(State)	(Zip)	Phone	Address Source				
SAME AS LOCAL									( )	DAVID / DL				
Business Address (Name, Street)						(City)	(State)	(Zip)	Phone	Occupation				
UNK									( )	SALES				
D/L Number, State			Soc. Sec. Number			INS Number	Place of Birth (City, State)			Citizenship				
G400-800-92-704-0/FL			[REDACTED]				NY, NY			USA				
CO-DEF	Co-Defendant Name (Last, First, Middle)						Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> Other <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"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> 5. Juvenile				
JUVENILE	Name (Last) (First) (Middle)						Residence Phone							
	Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other <input type="checkbox"/>						( )							
	Address (Street, Apt. Number)						(City)	(State)	(Zip)	Business Phone				
Notified by: (Name)						Date	Time	Juvenile Disposition			Business Phone			
								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.						School Attended					Grade			
<input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)														
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No						Description of Property					Value of Property			
CODE	Drug Activity	S. Sell	R. Smuggle	K. Dispense/	M. Manufacture/	Z. Other	Drug Type	B. Barbiturate	H. Hallucinogen	P. Paraphernalia/	U. Unknown			
	N. N/A	B. Buy	D. Deliver	Distribute	Produce/	Cultivate	N. N/A	C. Cocaine	M. Marijuana	Equipment	Z. Other			
CHARGE	P. Possess						T. Traffic	E. Use	A. Amphetamine	E. Heroin	O. Opium/Denv.	S. Synthetics		
	DUI						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 #	17096630			Warrant / Capias Number			Bond			
	U	U	NA	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	316.193(1)								
CHARGE	Charge Description						Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number			Violation of ORD #		
	Drug Activity	Drug Type	Amount / Unit	Offense #										
CHARGE	Charge Description						Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number			Violation of ORD #		
	Drug Activity	Drug Type	Amount / Unit	Offense #										
CHARGE	Charge Description						Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number			Violation of ORD #		
	Drug Activity	Drug Type	Amount / Unit	Offense #										
CHARGE	Charge Description						Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number			Violation of ORD #		
	Drug Activity	Drug Type	Amount / Unit	Offense #										
NOTICE TO APPEAR	Location (Court, Room Number, Address)						CRIMINAL JUSTICE COMPLEX @ 3228 GUN CLUB RD WPB, FL 33406					10:00		
	Court Date and Time						Month 7 Day 27 Year 2017 Time 8:30	AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>						0300
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 10:00		
HOLD for other Agency				Signature of Arresting Officer x <i>John S. Gallo</i>				Name Verification (Printed by Arrestee)						
Name:				Name of Arresting Officer (Print) I.D. #				(PRINT)						
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest				DANIEL MERCIER 8236										
<input type="checkbox"/> Suicidal <input type="checkbox"/> Other:														
Intake Deputy, <i>John S. Gallo</i> I.D. # 8236 Pouch #				Transporting Officer ID # DANIEL MERCIER 8236 Agency PBSO				SCANNED						
Witness hereof subject signed <i>John S. Gallo</i> on <i>06/30/2017</i> at <i>10:00 AM</i> for <i>John S. Gallo</i> DEFENDANT (N.T.A.'s ONLY)														

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 30TH DAY OF JUNE 20 17, AT 0307 AM PM  
SUBJECT: GALLO, TINAMARIE CASE NUMBER: 17096630  
AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: INV. DANIEL MERCIER 8236  
**PERSONAL CONTACT**

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

On Friday 6/30/17 around 0330 hours, Sgt Dejoy and I were on patrol in the Village of Wellington, in Palm Beach County, Florida, when we saw a red four door sedan pull into the Chevron gas station at Foresthill Blvd and Soutshore Blvd. The car pulled into the lot slowly, and appeared to leave when the driver saw two cop cars in front of the store. As it exited the lot, it seemed to move very slowly. We followed the car as it went west on Southshore, to the Shell gas station. The car again drove through the lot and exited onto Southshore. Sgt Dejoy initiated a traffic stop at Southshore and Big Blue trace for an improper registration (a piece of paper with a handwritten tag number).

## OBSERVATION OF DRIVER:

I made contact with the defendant, later identified by FL DL as, Tinamarie Gallo. I observed that the defendant had red, watery, bloodshot eyes, slurred, slow, illogical speech, and the odor of an unknown alcoholic beverage that came from her breath and intensified as she spoke to me. I asked if she had any medical problems, or took any medications. She said she takes Clonozepam for anxiety and depression. I asked how much she had had to drink. She said, "one glass of wine a few hour ago."

I asked the defendant to exit the vehicle and perform voluntary roadside tasks. The defendant consented and I conducted the SFSTs with the following results;

## DRIVER'S STATEMENTS:

Pre Miranda / spontaneous roadside admissions: "one glass of wine a few hour ago"

Post Miranda roadside admissions: NA

Post Miranda admissions enroute to / or at BAT: Consented to breath of .105 and .098. REFUSED Q&A.

## ODORS:

Obvious odor of an unknown alcoholic beverage that intensified as the defendant spoke to me.

## **GENERAL OBSERVATIONS**

SPEECH: slurred, slow, illogical, rambling

ATTITUDE: polite, friendly, cooperative

CLOTHING: green tank top, black pants, sandals

MEDICAL/OTHER: SFSTs conducted on in car video. Defendant states no medical problems or medications other than Clonozepam for anxiety and depression. Based on my training and experience, and the totality of the circumstances, I determined that probable cause existed for the defendant's arrest for DUI, in violation of FSS 316.193(1).

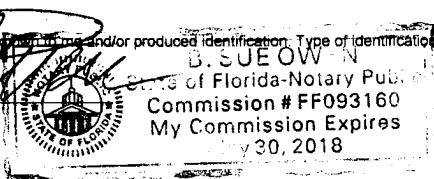
STATE OF FLORIDA  
COUNTY OF PALM BEACH

INV. DANIEL MERCIER 8236

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 30th day of June 20 17 by INV. DANIEL MERCIER

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



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

SCANNED  
JUL 05 2017

## ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

LT EYE-LACK OF SMOOTH PURSUIT  
 LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION  
 LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

RT EYE-LACK OF SMOOTH PURSUIT  
 RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION  
 RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

## Other Observations:

I saw no resting nystagmus, equal pupil size, and equal tracking. The defendant was VGN +and LOC +.

## WALK &amp; TURN:

The defendant failed to maintain the instructional stance, and started before being told, after my instructions to, "stay like that until I tell you." After stating that she understood the instructions, the defendant missed heel to toe multiple times, raised her arms for balance, took the wrong number of steps (10, then 8) never made a turn, stopped walking, failed to count out loud as instructed, asked for further instructions, spontaneously stopped the task, and had to repeat the entire task.

## ONE LEG STAND:

The defendant failed to maintain the instructional stance and started before being told, after my instructions to, "stay like that until I tell you." The defendant counted to 16 before repeating "a thousand 16,17,16, a thousand 17".

## FINGER TO NOSE:

The defendant failed to maintain the instructional stance and started before being told, after my instructions to, "stay like that until I tell you." After stating that she understood the instructions, the defendant failed to return her hands to her side, used the wrong hand on the last right, and hesitated, searched, and missed tip of finger and or tip of nose multiple times.

## ROMBERG ALPHABET:

nothing to note.

BREATH TEST RESULTS: 1) .105 2) .098 3)  4)

STATE OF FLORIDA  
COUNTY OF PALM BEACH

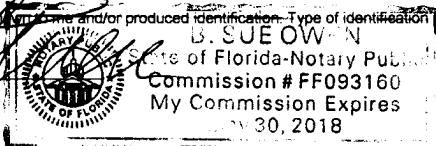
INV. DANIEL MERCIER 8236

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 30th day of June, 2017 by INV. DANIEL MERCIER

(Print name of Arresting/Investigative Officer) who is personally known to me and/or produced identification-type of identification produced KNOWN LEO

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



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JUL 05 2017

# WITNESS LIST

17096630

CASE NUMBER: \_\_\_\_\_

ARRESTING OFFICER: **INV. DANIEL MERCIER 8236**

ADDRESS: \_\_\_\_\_

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

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

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

ADDRESS: \_\_\_\_\_

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

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

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

ADDRESS: \_\_\_\_\_

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

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

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

ADDRESS: \_\_\_\_\_

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

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

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JUL 05 2017

# TESTING FACILITY TASK REPORT

AGENCY: PBSO

SUBJECT: GALLO, TINA Marie

DATE: 6/30/17

CASE NUMBER: 17-096630

VIDEO TAPE NUMBER: 62884

BEGINNING TIME: 0435

ENDING TIME: 0447

BREATH TESTS RESULTS: 1) 105 TIME 0441 A.M./P.M. 2) 098 TIME 0444 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: SOFT

ATTITUDE: quiet, co-operative

CLOTHING: black sandals, black tights, green tank top black lace top

MEDICAL CONDITIONS: anxiety disorder

MEDICATIONS: clonazepam 5 pm

OTHER: \_\_\_\_\_

COMMENTS: A/0 & I arrived at 0411 hrs

A/0 observed 20 minutes

A/0 requested breath test, I agreed

No problem with test, A/0 read cl/w

& understood rights. Tech explained results

I refused Q&A

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JUL 05 2017

## **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.

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JUL 05 2017

SUSPECT'S SIGNATURE: (X) on Can. a

## 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?

**SCANNED**

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? WHERE?

**JUL 05 2017**

INTERVIEWER: D. MCCRIBER Q36