

0408/42		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		Juvenile		N									
OBTS Number		Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-17096630															
Charge Type: Check as many as apply: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input 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 NA		Multiple Clearance Indicator 01																	
Location of Arrest (Including Name of Business) SOUTH SHORE BLVD @ BIG BLUE TRACE, WELLINGTON, FL 33414						Location of Offense (Business Name, Address) SOUTH SHORE BLVD @ BIG BLUE TRACE, WELLINGTON, FL 33414															
Date of Arrest 6/30/17		Time of Arrest 0333		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle BABSCO PAINT AND BODY									
Name (Last, First, Middle) GALLO, TINAMARIE												Alias (Name, DOB, Soc. Sec. #, Etc.)									
Race W - White 1 - American Indian B - Black 0 - Oriental/Asian		Sex W F		Date of Birth 6/4/1992		Height 5'4		Weight 100		Eye Color GRN		Hair Color RED		Complexion MED		Build MED					
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) NONE						Marital Status SINGLE		Religion NONE		Indication of: Alcohol Influence Drug Influence		Y <input checked="" type="checkbox"/> <input type="checkbox"/>		N <input type="checkbox"/> <input type="checkbox"/>		Unk <input type="checkbox"/> <input checked="" type="checkbox"/>					
Local Address (Street, Apt. Number) 2043 CROSS BREEZE DR						(City) WELLINGTON, FL 33414		(State)		(Zip)		Phone (561) 346-7476		Residence Type: 1. City 2. County 3. Florida 4. Out of State		2					
Permanent Address (Street, Apt. Number) SAME AS LOCAL						(City)		(State)		(Zip)		Phone ()		Address Source DAVID / DL							
Business Address (Name, Street) UNK						(City)		(State)		(Zip)		Phone ()		Occupation SALES							
D/L Number, State G400-800-92-704-0/FL				Soc. Sec. Number [REDACTED]				INS Number				Place of Birth (City, State) NY, NY				Citizenship USA					
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)						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 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/Derv.		P. Paraphernalia/ Equipment S. Synthetics		U. Unknown Z. Other	
Charge Description DUI						Counts 01		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number 316.193(1)				Violation of ORD #							
Drug Activity U		Drug Type U		Amount / Unit NA		Offense # 17096630		Warrant / Capias Number				Bond									
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 #		Warrant / Capias Number				Bond									
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 #		Warrant / Capias Number				Bond									
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 #		Warrant / Capias Number				Bond									
Location (Court, Room Number, Address) CRIMINAL JUSTICE COMPLEX @ 3228 GUN CLUB RD WPB, FL 33406												2017 JUN 30 9:04									
Court Date and Time Month 7 Day 27 Year 2017 Time 8:30 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) [Signature]												Date Signed									
HOLD for other Agency Name:				Signature of Arresting Officer [Signature] 8236				Name Verification (Printed by Arrestee) (PRINT)				PAGE 1 OF 1									
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print) DANIEL MERCIER				I.D. # 8236				Witness here if subject signed before 6:14 JUL 05 2017									
Intake Deputy SPANN 8161		I.D. #		Pouch #		Transporting Officer DANIEL MERCIER				ID # 8236				Agency PBSO							

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 Southshore 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 Clonazepam 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 Clonazepam 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

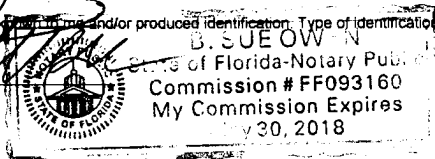
INV. DANIEL MERCIER 8236

(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

SUBJECT: GALLO, TINAMARIE.

CASE NUMBER 17096630

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

- | | |
|---|---|
| <input checked="" type="checkbox"/> LT EYE-LACK OF SMOOTH PURSUIT | <input checked="" type="checkbox"/> RT EYE-LACK OF SMOOTH PURSUIT |
| <input checked="" type="checkbox"/> LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION | <input checked="" type="checkbox"/> RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION |
| <input checked="" type="checkbox"/> LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES | <input checked="" type="checkbox"/> 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 & 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 th 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

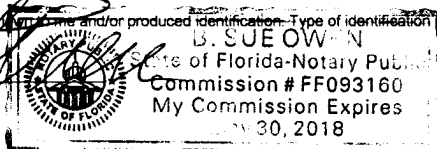
INV. DANIEL MERCIER 8236

(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)



SCANNED
JUL 05 2017

WITNESS LIST

CASE NUMBER: **17096630**

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) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

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CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

SCANNED
JUL 05 2017

TESTING FACILITY TASK REPORT

AGENCY: PBSO

SUBJECT: GALLO, TINAMARIE CASE NUMBER: 17-096630

DATE: 6/30/17 VIDEO TAPE NUMBER: DATA 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 5pm

OTHER:

COMMENTS: A/O & arrived at 0411 hrs
A/O observed 20 minutes
A/O requested breath test, & agreed
No problem with test, A/O read clw
& understood rights. Tech explained results
& refused Q & A

SCANNED
JUL 05 2017

SUBJECT: Gallo, Tina Marie CASE NUMBER: 17-096630

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
JUL 05 2017

SUSPECT'S SIGNATURE: (X) on Carina

SUBJECT: Gallo, Tina Marie

CASE NUMBER: 17-096630

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? NO

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: D. MURKIN

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL

SCANNED

JUL 05 2017