

0277428

20170713441

1796

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

1 Juvenile

ADMINISTRATIVE	OBTS Number		Agency ORI Number FLO 502600		Agency Name PALM BEACH GARDENS POLICE DEPT.		Agency Report Number (N.T.A.'s only) 78117100427111																																																															
	Charge Type: Check as many as apply: <input 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		If Weapon Seized		Enter Type		Multiple Clearance Indicator																																																															
	Location of Arrest (Including Name of Business) N. Military Tr / Victoria Falls Blvd				Location of Offense (Business Name, Address) N. Military Tr / Victoria Falls Blvd																																																																	
	Date of arrest 07.16.17		Time of Arrest 2149		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle																																																									
DEFENDANT	Name (Last, First, Middle) Budge, Tracey Lyon														Alias (Name, DOB, Soc. Sec. #, Etc.)																																																							
	Race W - White I - American Indian B - Black O - Oriental/Asian		Sex M F		Date of Birth 1.21.86		Height 6.6		Weight 174		Eye Color Blue		Hair Color Blonde		Complexion light		Build thin																																																					
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) None														Marital Status M		Religion Catholic		Indication of: Alcohol Influence Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>																																																			
	Local Address (Street, Apt. Number) 255 Murcia Dr #204				(City) Jupiter		(State) FL		(Zip) 33458		Phone (561) 550-4056		Residence Type: 1. City 2. County 3. Florida 4. Out of State		12																																																							
	Permanent Address (Street, Apt. Number)				(City)		(State)		(Zip)		Phone		Address Source F-L-D																																																									
	Business Address (Name, Street)				(City)		(State)		(Zip)		Phone		Occupation Van Subn Owner																																																									
	D.L. Number, State B320-812-66-88-0				Soc. Sec. Number				INS Number				Place of Birth (City, State) Escanaba Michigan				Citizenship U.S.																																																					
	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																																															
	JUVENILE	<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other: Name (Last) (First) (Middle) Address (Street, Apt. Number) (City) (State) (Zip) Residence Phone () 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 Grade																																																																						
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No Description of Property Value of Property																																																																						
CODE Drug Activity N. N/A 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. Synthetic U. Unknown Z. Other																																																																						
CHARGE Charge Description Counts Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N Statute Violation Number 316.11.93 Violation of ORD # 1111111111																																																																						
Drug Activity Drug Type Amount / Unit Offense # Warrant / Capias Number Bond																																																																						
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NOTICE TO APPEAR	<input type="checkbox"/> Instruction No. 1 Mandatory Appearance in Court <input type="checkbox"/> Instruction No. 2 You need not appear in Court but must comply with instructions on Reverse Side.														Location (Court, Room Number, Address) 3553 PGT Bld PBC FL 33410																																																							
	Court Date and Time Month August Day 16 Year 2017 Time 10:00 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																																																								
ADMIN	HOLD for other Agency Name:														Signature of Arresting Officer X [Signature]														Name Verification (Printed by Arresting Officer) SCANNED																																									
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:														Name of Arresting Officer (Print) Colletti														(PRINT) JUL 21 2017																																									
	Intake Deputy JANU 8101														Transporting Officer Colletti														I.D. # 358														Pouch # PBC-110														Witness here if subject signed with an "X"													
	DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - JAIL GOLD - DEFENDANT																																																																					

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 16 DAY OF July 20 17 AT 2035 AM PM

SUBJECT: Tracy L. Badge CASE NUMBER: 17-004271

AGENCY: PALM BEACH GARDENS POLICE DEPT. ARRESTING OFFICER: Ofc. Philip Colletti

PERSONAL CONTACT

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

Driver involved in crash. Witnesses observe driver behind wheel of vehicle at time of crash.

OBSERVATION OF DRIVER:

Driver was argumentative, talking quickly, slurring her words,

DRIVER'S STATEMENTS:

Driver stated that she did not know what was going on. Stated that she had two margaritas at a restaurant La Bamba approximately 5 hours prior to crash, then had a glass of wine at Outback Steakhouse while waiting for food prior to crash.

ODORS:

Driver had odor of an unknown alcoholic beverage

GENERAL OBSERVATIONS

SPEECH: quick, slurred

ATTITUDE: argumentative

CLOTHING: neat

MEDICAL/OTHER: scratches on both knees from crash

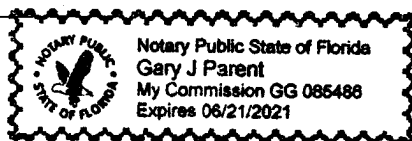
STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 16 day of JULY 20 17 by Ofc. P. Colletti

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

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



SCANNED
JUL 21 2017

SUBJECT: Tracy L. Badge

CASE NUMBER: 17-004271

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:

During walk and turn, Badge did not keep her arms down to her side, continually stepped off the line, and did not walk heel to toe throughout the entire task.

ONE LEG STAND:

During one leg stand, Badge could not keep her arms down at her sides, and continually kept putting her right foot down on the ground and losing her balance. Due to her not following instructions, I stopped the task.

FINGER TO NOSE:

During finger to nose, Badge was asked numerous times to keep her eyes closed and her head back. Badge continuously touched the bottom of her nose with both fingers.

ROMBERG/ALPHABET:

Badge stated that due to her ADD that she did not think she could complete the alphabet. Badge said that alphabet very quickly mixing several letters up.

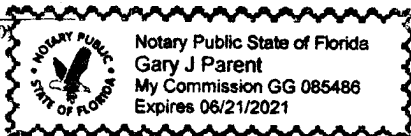
BREATH TEST RESULTS:

STATE OF FLORIDA
COUNTY OF PALM BEACH

[Signature]
(Signature of Arresting/Investigative Officer)

The foregoing instrument was notarized or sworn before me this 16 day of July, 20 17 by Off. P. Collette
who is personally known to me and/or produced identification. Type of identification produced known

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



SCANNED
JUL 21 2017

WITNESS LIST

CASE NUMBER: 17-004271

ARRESTING OFFICER: Ofc. Philip Colletti

ADDRESS: 10500 N. Military Trail, Palm Beach Gardens, FL 33410

PHONE NUMBERS (HOME): _____ (WORK) (561) 799-4445

CAN TESTIFY TO: _____

NAME: Emmanuel Hernandez

ADDRESS: 302 Miramar Ln PBG, FL 33410

PHONE NUMBERS (HOME) 561-345-1881 (WORK) _____

CAN TESTIFY TO: Defendant driving vehicle

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: _____

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: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

SCANNED
JUL 21 2017

TESTING FACILITY TASK REPORT

AGENCY: PPG
 SUBJECT: RACE, TRACY L. CASE NUMBER: 17-103393
 DATE: 07/16/17 VIDEO TAPE NUMBER: 63009
 BEGINNING TIME: 2311 ENDING TIME: 2322
 BREATH TESTS RESULTS: 1) R TIME 2314 A.M./P.M. (P.M.) 2) N/A TIME — A.M./P.M.
 3) N/A TIME — A.M./P.M. 4) N/A TIME — A.M./P.M.
 BREATH OPERATOR: G. PARENT "7909"
 MAINTENANCE TECHNICIAN: MACCHERONE "6467"

TESTING OFFICER'S OBSERVATIONS

SPEECH: DELICATE, RAPID / SLURRED AT TIMES
 ATTITUDE: UPSET, DEMANDING, R-APTITUDE, MILD SUICIDES, 2 HOURS
 CLOTHING: BLACK SHOES, WHITE TANK TOP, BLACK SUNGLASSES
 MEDICAL CONDITIONS: DIABETES, HIGH BLOOD PRESSURE
 MEDICATIONS: LESTADO, PAROLIN
 OTHER: EYES GUSSE, SLIGHT ORBITAL SWAYING

REFUSED

Δ STATED SHE HAD 2 DRINKS / GUINNESS OF WINE (Q+A)
 COMMENTS: ARRIVED AT CENTER A/IO BEGAN THE 20 MINUTE
OBSERVATION PERIOD AT 2227 HRS.

Δ STATED SHE WOULD TAKE TEST, WHILE SETTING UP
 INTOX Δ STATED SHE DIDN'T WANT TO TAKE TEST

A/IO READ I/C

Δ STATED SHE UNDERSTOOD I/C AND REFUSED TEST

A/IO READ RESULTS

REFUSED

Δ STATED SHE UNDERSTOOD RIGHTS

SCANNED
 JUL 21 2017

A/IO CONDUCTED Q+A

Δ ANSWERED QUESTIONS

SUBJECT: Large Tractor L CASE NUMBER: 17-004371

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.

SUSPECT'S SIGNATURE: (X) _____

SCANNED

JUL 21 2017

SUBJECT: Procc. Traffic L. CASE NUMBER: 17-004371

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? home

WHAT STREET OR HIGHWAY WERE YOU ON? mt. view

DIRECTION OF TRAVEL? ✓ WHERE DID YOU START? Callaway and Road

WHAT TIME DID YOU START? 7:00 PM WHAT TIME IS IT NOW? 7:00 PM

WHAT IS TODAY'S DATE? 7/17/17 WHAT DAY OF THE WEEK IS IT? Saturday

WHAT COUNTY AND CITY ARE YOU IN NOW? St. Louis

WHEN DID YOU LAST EAT? 6:00 PM WHAT DID YOU EAT? Spaghetti

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? waited out at home

HOW MUCH DO YOU WEIGH? 114 HAVE YOU BEEN DRINKING? yes WHAT? Wine

HOW MUCH? 2 glasses WHERE? Outback WITH WHOM? by self

WHEN DID YOU HAVE YOUR FIRST DRINK? 7:00 AND YOUR LAST DRINK? 8:00

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? 1st with ice

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? No

WHAT? No WHERE? No WHEN? No

WHAT LINE OF WORK ARE YOU IN? Freight store owner WHEN DID YOU LAST WORK? Saturday

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? No WHAT? No

ARE YOU SICK OR INJURED? No WHAT'S WRONG? No

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

WERE YOU IN AN ACCIDENT TODAY? yes

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? No WHEN? No

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? No WHO? No WHY? No

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? yes WHAT? Cox-2 WHEN? 11:00 AM

DO YOU HAVE:

✓ EPILEPSY?	<u>No</u>
GLASS EYE?	<u>No</u>
FALSE TEETH?	<u>No</u>
EAR INFECTION?	<u>No</u>
INNER EAR TROUBLE?	<u>No</u>
DIABETES?	<u>No</u>

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? No

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? No WHERE? No

INTERVIEWER: Off. Philo Collett #358 PBG-PD

SCANNED
JUL 21 2017

The Sunshine State

TRACEY LYNN

BADGE

205 MERCIA DR 204

JUPITER, FL 33408-2760

DOB: 12-01-1966 SEX: F

DOB: 12-01-1966 HGT: 5-03

DOB: 12-01-1966

Tracey Lynn

SAFE DRIVER

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

NOT A CERTIFIED COPY

SCANNED

JUL 21 2017