

0277428

2017CT13441

1796

ARREST / NOTICE TO APPEAR
Juvenile Referral Report
 1. Arrest
 2. N.T.A.
 3. Request for Warrant
 4. Request for Capias

Juvenile

1

ADMINISTRATIVE	OBTS Number		Agency Name		Agency Report Number (N.T.A.'s only)					
	Agency ORI Number		PALM BEACH GARDENS POLICE DEPT.		7, 8-1-1, 7-10, 0, 4, 2, 7, 1, 1, 1					
Charge Type: Check as many as apply.		<input type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 2. Traffic Felony <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)		Location of Offense (Business Name, Address)								
11 M. Military Tr / Victoria Falls Blvd		11 M. Military Tr / Victoria Falls Blvd								
Date of arrest		Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle			
07/16/17		21:49								
Name (Last, First, Middle)										
Badge, Tracey Lynn										
Race W - White B - Black		Sex M	Date of Birth 12/21/86	Height 5'03"	Weight 114	Eye Color Blue	Hair Color Blonde			
Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description)				Marital Status M	Religion Catholic	Complexion Light				
Indication of: Alcohol Influence Drug Influence						Build Thin				
Local Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone 561/355-4056	Residence Type: 1. City 2. County				
255 Murcia Dr #201		Jupiter	FL	33458		3. Florida 4. Out of State				
Permanent Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone ()	Address Source FLX				
Business Address (Name, Street)		(City)	(State)	(Zip)	Phone ()	Occupation Tan Salon Owner				
DL Number, State		Soc. Sec. Number	INS Number		Place of Birth (City, State)	Citizenship				
B320 812-66-988-0					Escondido, CA	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			
<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		Grade				
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property		Value of Property						
CODE	S. Sell N. N/A P. Possess	R. Smuggle B. Buy T. Traffic	K. Dispense/ D. Deliver E. Use	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 DUI - Driving Under the Influence		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 3, 1, 6, 1, 7, 9, 3, 1, 1, 1, 1		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 1, 1, 1, 1, 1, 1		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 1, 1, 1, 1, 1, 1		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 1, 1, 1, 1, 1, 1		Violation of ORD #			
CHARGE	Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond			
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) 3158 P.G. 1 Blvd PBC FC 33410							
NOTICE TO APPEAR	Court Date and Time Month		Day		Year		Time		P.M.	
NOTICE TO APPEAR	August		16		2017		10:00		A.M.	
NOTICE TO APPEAR	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									
NOTICE TO APPEAR	3:00									
NOTICE TO APPEAR	Signature of Defendant (or Juvenile and Parent/ Custodian) Date Signed SCANNED JUL 21 2017									
ADMIN.	HOLD for other Agency Name:		Signature of Arresting Officer X		Name Verification (Printed by Arresting Officer) (PRINT)					
ADMIN.	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other: _____		Name of Arresting Officer (Print) Collett		I.D. # 358			
ADMIN.	Intake Deputy JMW 8101		I.D. #	Pouch #	Transporting Officer Collett	I.D. # 358	PBG-PD			
ADMIN.	Witness here if subject signed with an "X" OF 1									

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 restuarant 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

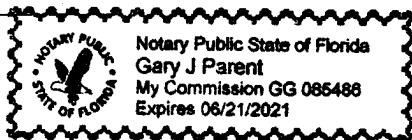
STATE OF FLORIDA
COUNTY OF PALM BEACH

(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 OF C. 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

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: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:

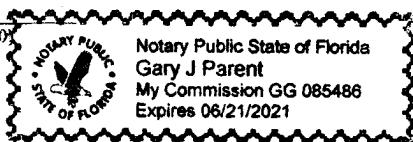
STATE OF FLORIDA

COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was notarized or sworn before me this 16 day of JULY, 2017 by OFC. P. COLLETT
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: _____

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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) _____

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JUL 21 2017

TESTING FACILITY TASK REPORT

AGENCY: PER CASE NUMBER: 17-103393
SUBJECT: Pino, Tracy L. 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. 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. Isaac #7909

MAINTENANCE TECHNICIAN: K. Hernandez #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: DECOCOLATE, RAPID / SWARMS AT TIMES
ATTITUDE: UPSET, DEMANDING, RE-ASSERTIVE, MINDED SERVICES, 2 DRINKS
CLOTHING: BLACK SHIRT, WHITE TANK TOP, BLACK SWEATSHIRT
MEDICAL CONDITIONS: DEPRESSIVE, HIGH BLOOD PRESSURE
MEDICATIONS: LEXAPAN, PLAZOLE
OTHER: EYES GLASS, SLIGHT ORBITAL SWAYING

REFUSED

A STATED SHE HAD 2 DRINKS (GUNNS OR WINE) (Q+A)

COMMENTS: ARRIVED AT CENTER AT 10 BEGAN THE 20 MINUTE
OBSERVATION PERIOD AT 2227 1/12.

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

ALREADY TESTED

A STATED SHE WOULD NOT TAKE TEST

ALREADY TESTED

REFUSED

A STATED SHE UNDERSTOOD RIGHTS

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JUL 21 2017

A CONDUCTED Q+A

A ANSWERED QUESTIONS

WHITE - STATE ATTY. YELLOW - DHSMV PINK - CENTRAL RECORDS GOLD - JAIL

SUBJECT: George Traylor

CASE NUMBER: 17-004171

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) Res. on Camera

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 21 2017

SUSPECT'S SIGNATURE: (X) Res. on Camera

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? W. Hwy 175

DIRECTION OF TRAVEL? W WHERE DID YOU START? W. Hwy 175

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

WHAT IS TODAY'S DATE? 11/11/17 WHAT DAY OF THE WEEK IS IT? Sunday

WHAT COUNTY AND CITY ARE YOU IN NOW? Waukesha, WI

WHEN DID YOU LAST EAT? Breakfast WHAT DID YOU EAT? Steak and potatoes

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? Watched TV

HOW MUCH DO YOU WEIGH? 174 HAVE YOU BEEN DRINKING? YES WHAT? Wine

HOW MUCH? 2 glasses WHERE? Outback WITH WHOM? By myself

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

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? With wine 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? 0

WHAT? 0 WHERE? 0 WHEN? 0

WHAT LINE OF WORK ARE YOU IN? Delivery service driver WHEN DID YOU LAST WORK? Saturday

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? NO WHAT? 0

ARE YOU SICK OR INJURED? NO WHAT'S WRONG? 0

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? 0

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? NO WHO? 0 WHY? 0

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? YES WHAT? Lexapro WHEN? 11:00 AM

DO YOU HAVE: EPILEPSY? NO

GLASS EYE? NO

FALSE TEETH? NO

EAR INFECTION? NO

INNER EAR TROUBLE? NO

DIABETES? NO

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? 0

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? NO WHERE? 0

SCANNED

INTERVIEWER: DR. Phil Collett #358 DATE: PB6 PD DATE: JUL 21 2017

The Sunshine State

TRACEY LYNN

WHITE

DRIVER'S LICENSE

NUMBER FL 50400-3760

SEX: F

BIRTH DATE: 09-05-63

EXPIRATION DATE: 09-04

SAFE DRIVER

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

NOT A CERTIFIED COPY

SCANNED
JUL 21 2017