

20CT 5870AMB

NH

Arrest Report

FLORIDA HIGHWAY PATROL
P.O. BOX 16007, LAKE WORTH, FL 33416

05/6219

1450

Report Date / Time 4/30/2020 09:09 PM	Report Number FHP99ARR811908	Case Number/Cad Number FHPK20OFF018187 / LWRC20CAD062161	Reporting Officer Name LAMPIASI, JAKE
Originating Agency ORI	Occur Date Time Range 04/30/2020 19:48:57 -	Jurisdiction	Clearance

Location of Occurrence

County PALM BEACH	Location Type PUBLIC PLACE	Location Description
Street Number SR91	Street FLORIDAS TURNPIKE MM107SB	Apt/Lot/Bldg PALM BEACH GARDENS
City PALM BEACH GARDENS	State FL	Zip Code 33418

Defendant

First Name BARBARA	Middle Name DENISE	Last Name CAMPBELL	Suffix	Race WHITE	Sex FEMALE	Height 504	Weight 170	Hair BLO	Eyes BLU
MNI #	SSN [REDACTED]	Date of Birth 11/08/1956	Age 63	Place of Birth FORT LAUDERDALE, FL	Drivers License or other ID C514064569080	State FL	ID Type E	Address * WORK / 87465 OLD HWY APT 102 , ISLAMORADA, FL 33036 /	

Arrest

Arrest Date/Time 4/30/2020 8:35:28 PM	Arrest Location Type PUBLIC PLACE	Arrest Location Description
Street Number SR91	Street FLORIDAS TURNPIKE MM107SB	Apt/Lot/Bldg PALM BEACH GARDENS
County PALM BEACH	City PALM BEACH GARDENS	State FL
Zip Code 33418		

Charge : S

Counts 1	Charge 316.193.1	Bond Amount \$0.00	<input type="checkbox"/> No Bond
Charge Degree N	Charge Level MISDEMEANOR	General Offense Code DUI-UNLAW BLD ALCH	
Charge Description DUI ALCOHOL OR DRUGS			

Bond Set by Court

Bond Amount	<input type="checkbox"/> No Bond
Bond Type(s)	

Probable Cause

On the above date and time, I, Trooper J. Lampiasi ID1716, received a call from dispatch regarding a reckless vehicle around the area of mile marker 123 southbound, on SR-91, in Martin County, FL. Dispatch advised the vehicle, a gray

Op. White 846

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Toyota Camry bearing FL Tag KQEB53, was all over the roadway, swerving in and out of the lanes, varying its rate of speed, and driving onto the shoulder. Multiple callers advised the driver was a heavysset older female.

I continued traveling southbound until I observed the vehicle matching the description and tag around mile marker 107 on SR-91, Florida's Turnpike, in Palm Beach County, Florida. I observed the vehicle weaving inside of the right lane, failing to maintain its lane of travel, and travel onto the right shoulder. At that time, I conducted a traffic stop on the vehicle due to the fact that the driver could be having a medical emergency or impaired as the driving pattern possibly indicated such.

I approached the driver, later identified as Barbara D. Campbell, and immediately smelled the odor of an alcoholic beverage emitting from within the vehicle. I observed that Mrs. Campbell's were watery/glassy. I notified Mrs. Campbell for the reason for the traffic stop and immediately questioned if she was having a medical emergency, which she denied. As Mrs. Campbell spoke, I smelled the odor of an alcoholic beverage emitting from her breath. Mrs. Campbell appeared to have a confused/dazed facial expression and had a thick, slurred speech. I asked Mrs. Campbell if she had anything to drink today, which she denied. I ran Mrs. Campbell via FCIC/NCIC which resulted in a valid response.

At that time, I asked Mrs. Campbell if she would like to participate in Standardized Field Sobriety Tasks (SFST's), which she voluntarily agreed. Mrs. Campbell appeared to be unsteady when exiting her vehicle. Mrs. Campbell had to be assisted at times to avoid having her fall onto the ground. A search of Mrs. Campbell's vehicle showed an open container of a clear liquid which smelled similar to an alcoholic beverage.

Mrs. Campbell performed poorly on all SFST's (see full incident report when completed as well as dashcam). At that time, I concluded that Mrs. Campbell's normal faculties were impaired at the time she was operating her motor vehicle. Mrs. Campbell was arrested for driving under the influence, handcuffed (double locked), and placed in the rear of my patrol vehicle. Mrs. Campbell was

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transported to the Palm Beach County Jail without incident.

Mrs. Campbell refused to provide a sample of her breath at 2124 hrs. At that time, she was read implied consent which she refused once again. Mrs. Campbell was read her Miranda rights after refusing implied consent. Mrs. Campbell agreed to answer the interview question (see attached sheet). During the interview, Mrs. Campbell advised she was drinking Vodka while driving her motor vehicle.

After all pertinent forms were completed, Mrs. Campbell was transferred into the custody of the Palm Beach County Sheriff's Office.

Jail Bookin Facility

Booking Date/Time 0.0000	Booking County PALM BEACH	Booking Facility PALM BEACH COUNTY CORRECTIONS	Booking Facility Phone Number (561) 688-4400
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Booking Facility Location

3228 GUN CLUB ROAD WEST PALM BEACH, FLORIDA 33406

Booking Number

Booking Comments

Court



Court County PALM BEACH	Court Location 3228 GUN CLUB ROAD WEST PALM BEACH, FL 33406		
Court CRIMINAL JUSTICE COMPLEX	Court Phone 561-355-2994	Court Appearance Date / Time 07/02/2020 03:30AM	Court Fine
Comments			

Officer Name Rank / ID # LAMPIASI, JAKE TPR	Involvement On Report / Reporting Role REPORTING OFFICER	Officer Agency Org/Unit FLORIDA HIGHWAY PATROL FHPK\LWRCC\WPB\SR91 118-142
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The undersigned certifies and swears that he/she has just and reasonable grounds to believe that the above named Defendant, committed violation(s), of law, on the below date(s) and time(s), as listed in the probable cause associated with this report:

Reporting Officer

Officer Name LAMPIASI, JAKE	Office Rank TPR	Officer ID No 4635	Sworn and subscribed before me, the undersigned authority This the <u>30th</u> day of <u>April</u> , <u>2020</u> DEPUTY OF THE COURT, NOTARY OR LAW ENFORCEMENT
Officer Agency FLORIDA HIGHWAY PATROL			
Officer Signature			

NOT A CERTIFIED COPY

STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES
AFFIDAVIT OF REFUSAL TO SUBMIT TO
BREATH AND/OR URINE TEST

I, LAMPIASI, JAKE, a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)

am a member of FLORIDA HIGHWAY PATROL, and I do swear

(Name of law enforcement agency)
or affirm that on or about the 30 day of April, 2020, at 2035 P.M. A.M.

DRIVER BARBARA DENISE CAMPBELL,
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME


DL# C514064569080, state of FL, was placed under lawful arrest for

316.193(1)
the offense of D.U.I. - ALCOHOL OR DRUGS (MISDEMEANOR) by LAMPIASI, JAKE and
(Name of Arresting Officer)

issued Citation # A76W1GE

That on or about the 30 day of April, 20 20, at 2124 P.M. A.M.
in Palm Beach County.

I requested that the driver submit to a breath and/or urine test to determine his or her blood alcohol level and/or the presence of chemical or controlled substances. I informed the driver that the refusal to submit to such test(s) would result in the suspension of his or her driving privilege for a period of one (1) 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 he or she commits a misdemeanor by refusing to submit to a lawful test as requested above if his or her driving privilege has been previously suspended for refusal to submit to a lawful test of his or her breath, urine, or blood. Additionally, I informed the driver that if he or she holds a CDL, or was operating a CMV, refusal will 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 has previously been disqualified as a result of a refusal to submit to any such lawful test. Nonetheless, the driver refused to submit to the test(s) requested.


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:

[Signature]
Signature of Attesting Officer

Title Judge

Date 04/30/2020

(AFFIX SEAL)
The foregoing instrument was sworn and subscribed before
me this _____ day of _____, 20 _____,
by _____,
who is personally known to me or who has produced
_____ as identification.

Notary Public _____

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.

TESTING FACILITY TASK REPORT

AGENCY: FHP-K

SUBJECT: Campbell, Barbara D.

CASE NUMBER: 20-064383

DATE: Apr 30, 2020

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 2124

ENDING TIME: 2132

BREATH TESTS RESULTS: 1) R TIME 2126 A.M. P.M. 2) ----- TIME N/A A.M. P.M.

3) ----- TIME N/A A.M. P.M. 4) ----- TIME N/A A.M. P.M.

BREATH OPERATOR: G. Parent #7909

MAINTENANCE TECHNICIAN: J. Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: Thick

ATTITUDE: Talkative, crying, upset

CLOTHING: Sky blue shorts, white T-shirt, white sandals

MEDICAL CONDITIONS: None

MEDICATIONS: None

REFUSED

OTHER:

Eyes watery and slightly bloodshot.

Subject admitted to drinking one glass of vodka.

COMMENTS:

Arrived at Center A/O began the 20 minute observation period at 2100 hrs..

Subject refused to take test.

A/O read I/C.

Subject stated she understood rights and again refused test.

A/O read rights.

Subject stated she understood rights.

A/O conducted Q&A.

Subject answered questions.

REFUSED



**PALM BEACH COUNTY SHERIFF'S OFFICE
DUI TESTING FACILITY
INFORMATION SHEET**

PBSO CASE # 20-064383 PBSO ZONE 3-24

AGENCY CASE # FHP 200FF018187 CRASH CASE # _____

TIME OF STOP/CRASH 2019 DATE 04/30/2020 DAY Thursday

SUBJECT'S NAME Barbara D. Campbell RACE W SEX F

HGT 504 WGT 170 DOB 11/08/56

LOCATION SR-91 MM 107 SB, Palm Beach, FL

ARRESTING OFFICER'S NAME & ID Jake Lampiasi 1716 AGENCY FHP

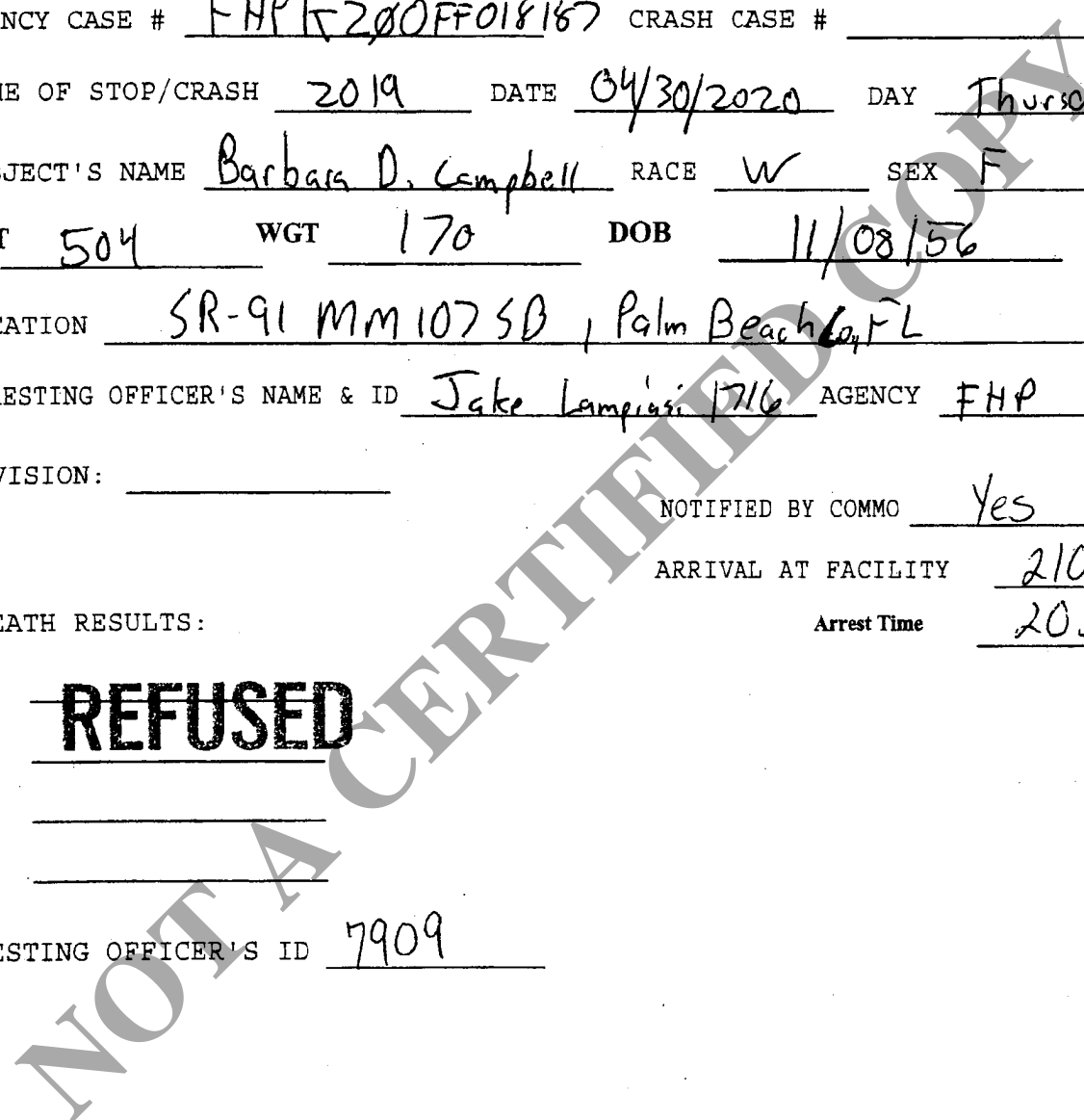
DIVISION: _____ NOTIFIED BY COMMO Yes

ARRIVAL AT FACILITY 2100

BREATH RESULTS: Arrest Time 2035

1. **REFUSED**
2. _____
3. _____
4. _____

TESTING OFFICER'S ID 7909



SUBJECT:

Campbell, Barbara

CASE NUMBER: _____

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? North to my ill sister's place

WHAT STREET OR HIGHWAY WERE YOU ON? Turnpike Northbound

DIRECTION OF TRAVEL? N WHERE DID YOU START? The Keys

WHAT TIME DID YOU START? 4pm WHAT TIME IS IT NOW? 9pm

WHAT IS TODAY'S DATE? 4/30/70 WHAT DAY OF THE WEEK IS IT? Wednesday, Thursday

WHAT COUNTY AND CITY ARE YOU IN NOW? I don't know

WHEN DID YOU LAST EAT? Lunch time WHAT DID YOU EAT? 1300

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? driving

HOW MUCH DO YOU WEIGH? 180 HAVE YOU BEEN DRINKING? yes WHAT? beer

HOW MUCH? 1 drink WHERE? hwy here WITH WHOM? alone

WHEN DID YOU HAVE YOUR FIRST DRINK? how ago AND YOUR LAST DRINK? same

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? drank

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? NO, I guess ARE YOU UNDER THE INFLUENCE? NO

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? _____ HOW MUCH? _____

WHAT? _____ WHERE? _____ WHEN? _____

WHAT LINE OF WORK ARE YOU IN? Nurse WHEN DID YOU LAST WORK? today

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

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

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

WERE YOU IN AN ACCIDENT TODAY? NO

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? NO WHEN? _____

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

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? NO WHAT? _____ WHEN? _____

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? _____

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

INTERVIEWER: Trapper J. Langley

SUBJECT: Campbell, Barbara CASE NUMBER: _____

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 Trooper Lempus of the FMP

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) Read 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.

SUSPECT'S SIGNATURE: (X) Read on Camera

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



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	<input type="checkbox"/>	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	<input type="checkbox"/>	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel.	
	<input type="checkbox"/>	119.071(2)(f)	Confidential informants (CIs).	
	<input type="checkbox"/>	119.071(2)(e)	Confession.	
Public Info. Exemptions	<input type="checkbox"/>	985.04(1)	Juvenile offender records.	
	<input type="checkbox"/>	119.071(h)(i)	Assets of a crime victim.	
	<input type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	<input type="checkbox"/>	394.4615(7)	Mental health information.	
	<input type="checkbox"/>	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)	<input checked="" type="checkbox"/>	(iii) 119.0714(1)(i)-(j), 2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	<input type="checkbox"/>	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	<input type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	<input type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2020011654	Date: 05/01/2020
	Specialist Name/ID: T Howard/7185