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ARREST / NOTICE TO APPEAR

1. Arrest (No Warrant) 3. Request for Warrant
6. Arrest (Warrant) 4. Request for Citation
2. N.T.A. 5. Juvenile Referral

1 JUVENILE

Agency ORI Number 0500200	Agency Name Boca Raton Police Department	Agency Report Number (N.T.A.'s only) 3, 2 2021-003013
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	If Weapon Seized	Enter Type: None/not Applicable
Location of Arrest (Including Name of Business) 2600 N FEDERAL HWY, 2600 N FEDERAL HWY, BOCA RATON, FL 33431		Location of Offense (Business Name, Address) 2600 N FEDERAL HWY, BOCA RATON, FL 33431
Date of Arrest 03/11/2021	Time of Arrest 22:13	Booking Date 03/11/2021
Booking Time 22:23	Jail Date 03/11/2021	Jail Time 00:00
Location of Vehicle EMERALD TOWING		

Name (Last, First, Middle) BARBAGALLO, HELENE		Alias:		Alias (Given, DOB, Soc. Sec. #, Etc.)	
Race W - White I - American Indian B - Black O - Oriental/Asian	Sex W	Date of Birth 02/29/1964	Height 5'04	Weight 180	Eye Color BROWN
Hair Color SALT & PEPPER		Complexion LIGHT	Build Medium	Martial Status M	
Local Address (Street, Apt. Number) 662 BERKELEY ST, BOCA RATON, FL 33487		Phone (561) 669-1806	Indication of Alcohol Intoxication Yes <input type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>		
Permanent Address (Street, Apt. Number) 662 BERKELEY ST, BOCA RATON, FL 33487		Phone (561) 669-1806	Residence Type: 1. City 3. Florida 2. County 4. Out of State 1		
Business Address (Name, Street) UNEMPLOYED,		Phone	Address Source FL DL		
Occupation		Citizenship US			
DL Number, State B612320645690 / FL	INS Number	Place of Birth (City, State) NEW YORK, NY, United		Citizenship	

Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 5. Felony <input type="checkbox"/> 5. Juvenile
Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	<input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile
<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____	Name (Last, First, Middle)			Residence Phone
<input type="checkbox"/> Legal Custodian	Address (Street, Apt. Number)			Business Phone
Address (Street, Apt. Number)	(City)	(State)	(Zip)	
Notified by: (Name)	Date	Time	JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT IAC 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: _____		<input type="checkbox"/> No: _____		Value of Property

Drug Activity N. N/A P. Possess	S. Sell B. Buy T. Traffic	R. Struggle 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/Opic	P. Paraphernalia/ Equipment S. Synthetic	U. Unknown 2. Other
Charge Description DRIVE UNDER INFLUENCE ALC - Modafinil						Statute Violation Number 316.193(1A)	Violation of ORD #			
Drug Activity N	Drug Type N	Amount / Unit /	Offense #	Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Citation Number	Bond			
Charge Description POSSESSION OF CONTROLLED SUBSTANCE Modafinil						Statute Violation Number 893.13(6A)	Violation of ORD #			
Drug Activity N	Drug Type N	Amount / Unit /	Offense #	Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Citation Number	Bond			

Health / Apparent Physical Condition of Defendant FAIR		Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Dehydration <input type="checkbox"/> Injury	
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Posted Bond		<input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> South County Mental Health <input checked="" type="checkbox"/> T.O.T. County Jail	
Transported By WALKER		PROPERTY - Removed By WALKER	Released By WALKER
Date Transported 03/11/2021		Time Transported 00:00	Other
<input type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court		Location (Court, Room) South County 200 W Atlantic Ave Delray Beach, FL 33444	
<input checked="" type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court		Court Date and Time	
but must comply with instructions on Page 2.			
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	

HOLD for Other Agency	Signature of Arresting Officer Walker	Name Verification (Printed by Arrestee) 861
<input type="checkbox"/> Dangerous <input type="checkbox"/> Susical	<input type="checkbox"/> Released Arrest <input type="checkbox"/> Other	(PRINT) MAR 12 2021 11:50
Issuing Agency Duval 691	Name of Arresting Officer (Print) WALKER, K. P.	ID # 861
Pouch #	Transporting Officer WALKER	Agency BRPD
ID #	ID # 861	Agency BRPD
Witness here if subject signed with an "X"		
PAOB 1 OF 1		

No Photo Available

PROBABLE CAUSE AFFIDAVIT

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

1

JUVENILE

Agency ORI Number FL 0500200	Agency Name BOCA RATON POLICE DEPARTMENT	Agency Report Number 3 2 2021-003013
Charge Type: Check as many as apply. <input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other		Special Notes:
Name (Last, First, Middle) BARBAGALLO, HELENE		Alias: _____
Race: W Sex: F Date of Birth: 02/29/1964		
Charge Description 893.13(6A) POSSESSION OF CONTROLLED SUBSTANCE		Charge Description 316.193(1A) DUI
Victim's Name (Last, First, Middle) STATE OF FLORIDA,		Race: U Sex: U Date of Birth: _____
Local Address (Street, Apt. Number) (City) (State) (Zip) 100 NW 2ND AVE, BOCA RATON, FL 33432		Phone: (561) - Address Source: _____
Business Address (Name, Street) (City) (State) (Zip) _____		Phone: (561) - Occupation: _____

The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law.
The Person taken into custody . . .

- committed the below acts in my presence.
- was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.
- confessed to _____ admitting to the below facts.
- was found to have committed the below acts, resulting from my (described) investigation.

On the 12 day of March, 2021 at 00:56 (Specifically include facts constituting cause for arrest.)

MVR Available

On 03/11/2021, I responded to 2600 N Federal Hwy in to assist Officer Casas on a traffic stop. Upon arrival, I met with Officer Casas who advised he stopped the driver for traveling 61mph in a 45mph zone. Officer Casas informed me that the driver was showing signs of impairment. I approached the driver on the driver side of the vehicle and immediately noticed an odor of alcohol on her breath when she spoke, she was slurring her speech and had glossy eyes. I then asked the driver, identified as Helene Barbagallo by her FL DL, to step out of the vehicle. Upon Barbagallo exiting the vehicle, I observed she was unsteady on her feet and used the vehicle to keep her balance. I walked Barbagallo to the rear of the vehicle and asked her if she knew where she was and where she was going to which she responded she was coming from her house at 662 Berkeley Street in Boca going to pick up her daughter from the a babysitting job. I asked Barbagallo if she had taken any drugs or medications and she started to name off a list of medications for different ailments, such as anxiety, cholesterol, etc. It should be noted that while speaking to Barbagallo she was leaning on the back of the vehicle. Officer Van Camp asked Barbagallo if she'd had anything to drink tonight and she replied to him that she'd had one bloody Mary at lunch.

After speaking with Baragallo and making these observations, I asked Barbagallo if she would be willing to participate in Field Sobriety Tasks to dispel my alarm my fears of driving impaired and she consented.

I first began with the Walk and Turn. During the walk and turn, I explained and demonstrated the task to Barbagallo who stated she understood. I observed the following clues of impairment: improper start, used arms for balance, did not take a series of small steps during the turn, did not count out loud, and her steps were not heel to toe. Barbagallo took 9 steps but swayed off the line numerous times during the exercise.

SWORN AND SUBSCRIBED BEFORE ME

NOTARY PUBLIC / CLERK OF COURT / OFFICER F.S.S. 117.10

DATE
03-12-21

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

WALKER, KIANA PATRICE (861)
NAME OF OFFICER (PLEASE PRINT)

DATE
03/12/2021

PAGE
1 OF 2

OBTS Number

PROBABLE CAUSE AFFIDAVIT SUPPLEMENT

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

1 JUVENILE

Agency ORI Number FL 0500200

Agency Name BOCA RATON POLICE DEPARTMENT

Agency Report Number 3 | 2 | 2021-003013

Charge Type: 1. Felony 2. Traffic Felony 3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 6. Other

Special Notes:

Name (Last, First, Middle) BARBAGALLO, HELENE Race W Sex F Date of Birth 02/29/1964

During the one leg stand, Barbagallo did not look down at her foot while counting. She did not count in the proper sequence (one thousand one, one thousand two), instead she counted 1, 2, 3, ... Barbagallo also dropped her leg numerous times and asked to switch legs throughout the exercise. During the exercise, Barbagallo complained she had a previous leg injury that could affect her from balancing.

During the fingertip to nose exercise, I observed the following clues of impairment: improper start, she did not keep her index fingers pointed to the ground, she did not use er fingertip to touch the tip of her nose, there was a pause when she placed her finger on her nose before bringing it back down to her side. During this exercise, Barbagallo expressed that she was dyslexic and that would probably affect her doing the exercise correctly.

During the Romberg alphabet, Barbagallo advised her highest level of education was high school and she could recite her alphabet. I observed the following clues of impairment: improper start, her eyes were open, her head was not tilted back, she recited her alphabet fast and speedup at the letter R.

Based on my observations, Barbagallo's statements, and the totality of the circumstances, I found probable cause to believe that, at the time of the traffic stop, Barbagallo was operating a vehicle within the state while under the influence of drugs or alcohol to the extent of impairment. Barbagallo was placed under arrest per F.S.S. 316.193(1a). She was transported to the Palm Beach County Sheriff's Office DUI Testing Facility where Breath Operator O'neal (#6212) completed the BAT room procedures. Barbagallo was asked if she would consent to a provide a breath sample and she agreed (.020 and .021) Based on Barbagallo's level of impairment, I requested a sample of her urine to detect the presence of a chemical or controlled substance, which she agreed to do.

It should be noted that while at the BAT, I discovered a white pill in Barbagallo's black wallet. Barbagallo was then advised of her constitutional warnings and stated she understood. Barbagallo refused to answer any questions. I called Poison Control and spoke to Mario in Jacksonville who referred me to a website to identify the pill. The pill was identified as Modafinil, which is a schedule 4 controlled substance. The pill and urine was submitted into BRPD evidence.

Barbagallo was further charged with possession of a controlled substance per F.S.S, 893.13(6a). Barbagallo was turned over to PBSO at Palm Beach County Jail. Barbagallo's vehicle was towed to Emerald Towing.

SWORN AND SUBSCRIBED BEFORE ME

Notary Public / Clerk of Court / Officer (F.S.S. 147.10) Signature of Notary Public: S. O'neal Date: 03-12-21

Signature of Arresting / Investigating Officer: Walker 861

WALKER, KIANA PATRICE (861) NAME OF OFFICER (PLEASE PRINT)

03/12/2021 DATE

PAGE 2 of 2

SUBJECT: Karhaya LLC, Helene CASE NUMBER: 0001-003013

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) _____



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"/>			
Other	<input type="checkbox"/>	Other:		
	<input type="checkbox"/>	Other:		

REVIEW COMPLETED BY

Booking Number: 2021006091	Date: 03/12/2021
	Specialist Name/ID: T Howard/7185