

50-2020-CT-010950 ASB

ARREST / NOTICE TO APPEAR

AD M I N I S T R A T I O N	ORIS Number	Agency ORI Number 0500400		Agency Name Delray Beach Police Department		Agency Report Number (N.T.A.'s only) 4, 0 20-011788		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Copies	1	JUVENILE	
D E F E N D A N T	Change Type: Check as many as apply.	1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/>		3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input checked="" type="checkbox"/>		5. Ordinance <input type="checkbox"/> 6. Other <input type="checkbox"/>		If Weapon Seized	Date Type None/not Applicable	Multiple Clearances Indicator 1		
	Location of Arrest (Including Name of Business) 445 SE 6TH AVE DELRAY BEACH, FL				Location of Offense (Business Name, Address) 445 SE 6TH AVE, DELRAY BEACH, FL 33483							
	Date of Arrest 09/04/2020	Time of Arrest 21:55	Booking Date 09/04/2020	Booking Time 22:05	Jail Date 09/05/2020	Jail Time 01:20	Location of Vehicle 445 SE 6TH AVE DELRAY					
	Name (Last, First, Middle) RUSSO, JULIA ALEX											
	Alias: _____ Alias (Name, DOB, Soc. Sec. #, Etc.) _____											
	Race W - White B - Black	1 - American Indian O - Original/Asian	Sex W	F F	Date of Birth 04/26/1976	Height 5'05	Weight 115	Eye Color BLUE	Hair Color BLOND OR	Complexion FAIR	Build SMALL	
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) _____											
	Marital Status U											
	Religion NON-DENOMI											
	Indication of Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>											
	Indication of Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>											
	Local Address (Street, Apt. Number) 3230 S OCEAN BLVD 302, PALM BEACH, FL 33480				(City) PALM BEACH, FL		(State) FL		(Zip) 33480		Phone (561) 460-2400	
	Permanent Address (Street, Apt. Number) 3230 S OCEAN BLVD 302, PALM BEACH, FL 33480				(City) PALM BEACH, FL		(State) FL		(Zip) 33480		Phone (561) 460-2400	
	Business Address (Name, Street) _____				(City) _____		(State) _____		(Zip) _____		Phone _____	
	Occupation Construction											
	D/L Number, State R200421766460 / FL		Sec. Sec. Number _____		ENS Number _____		Place of Birth (City, State) Russian Federation		Citizenship US			
C O D E F	Co-Defendant Name (Last, First, Middle)											
	Race Sex Date of Birth											
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"/>												
Name (Last, First, Middle)												
Race Sex Date of Birth												
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"/>												
J U V E N I L E	<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ Name (Last, First, Middle)											
	<input type="checkbox"/> Legal Custodian											
Address (Street, Apt. Number) (City) (State) (Zip)												
Residence Phone												
Business Phone												
Notified by: (Name) Date Time												
JUVENILE DISPOSITION 1. Handed/Processed within Department and Released 2. TOT/JAC 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.												
School Attended _____ Grade _____												
Property Criteria? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Description of Property VEHICLES Value of Property \$10,000												
C O D E	Drug Activity S. Sell K. Struggle M. Manufacture/ Produce/ Cultivate Z. Other											
	N. N/A B. Buy D. Deliver E. Use											
Drug Type N. N/A A. Amphetamines B. Barbiturate C. Cocaine E. Heroin H. Hallucinogen M. Marijuana O. Opians/Diriv. P. Paraphernalia/ Equipment S. Synthetic U. Unknown Z. Other												
C H A R G E	Charge Description DUI-DAMAGE TO PERSON/PROPERTY											
	Statute Violation Number 316.193(3)(C)(I) Violation of ORD # _____											
Drug Activity Drug Type Amount / Unit Offense # Counts Domestic Violence Warrant / Capias Number Bond OR												
Charge Description												
Statute Violation Number _____ Violation of ORD # _____												
Drug Activity Drug Type Amount / Unit Offense # Counts Domestic Violence Warrant / Capias Number Bond												
Charge Description												
Statute Violation Number _____ Violation of ORD # _____												
Drug Activity Drug Type Amount / Unit Offense # Counts Domestic Violence Warrant / Capias Number Bond												
I N T A K E	Health / Apparent Physical Condition of Defendant											
	Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries Explain: _____											
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input checked="" type="checkbox"/> T.O.T. County Jail												
PROPERTY - Received By _____ Released By _____ Released To _____												
Transported By _____ Date Transported _____ Time Transported _____ Other _____												
N O T I C E	<input checked="" 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 Page 2.											
Location (Court, Room) South County 200 W Atlantic Ave Delray Beach, FL 33444												
Court Date and Time 10/01/2020 08:30:00												
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 COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.												
Signature of Defendant (or Juvenile and Parent/Custodian) _____ Date Signed _____												
A D M I N	HOLD for Other Agency											
	Signature of Arresting Officer _____ Name Verification (Printed by Arrestee) _____											
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other _____												
Name of Arresting Officer (Print) WINDSOR, NICHOLAS LD. # 1029 (PRINT) SEP 5 AM 5:27												
Transporting Officer WINDSOR LD. # 1029 Agency DELRA PAGE 1 OF 1												
When here if subject signed with an "X".												

0518371

P# 2647

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 4TH DAY OF SEPTEMBER 20 20 AT 2042 AM PM
SUBJECT: RUSSO, JULIA ALEX CASE NUMBER: DELRAY BEACH PD #20-11788
AGENCY: DELRAY BEACH PD ARRESTING OFFICER: WINDSOR #1029

PERSONAL CONTACT

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

The following occurred in the City of Delray Beach, County of Palm Beach, FL.

On 09/04/20 at 2042hrs a motor vehicle crash was reported to the Delray Beach Police Dispatch. The crash was reported at the intersection of SE 6th Ave. and SE 5th St. CSO Seifel responded to the scene to conduct a crash investigation (refer to crash report). I responded to the scene and observed a white Lexus SUV sitting stationary in both northbound travel lanes (facing north). There was a Sisters Towing semi-tractor trailer sitting in the roadway blocking the northbound travel lanes (facing west). It appeared the front end of the Lexus struck the left front side of the semi-tractor. I spoke to the white female driver of the Lexus. I identified her through a D.A.V.I.D. photo as Julia Alex Russo. Russo stated she was the driver of the Lexus and there was nobody else inside the vehicle when the crash occurred. Russo stated she was on her way home when the crash occurred. Russo stated she was in the inside travel lane and the semi-tractor drove into her path of travel from a gas station parking lot. It was determined the semi-tractor was parked and the emergency lights, headlights and rear spot lights were illuminated when the crash occurred. The semi-tractor was not occupied when the crash occurred. The operator for the semi-tractor was in the parking lot of a Chevron Gas Station (445 SE 6th Ave.) when the crash occurred.

OBSERVATION OF DRIVER:

Russo was agitated and upset over the crash. Russo was also upset over the way the operator of the semi-tractor spoke to her after the crash occurred. Russo's eyes were red and glassy. I smelled an odor of an unknown alcoholic beverage coming from her person. Russo swayed while standing still. Russo's speech was slurred and thick while she was speaking. Russo had difficulty maintaining her balance without using her arms for balance.

DRIVER'S STATEMENTS:

Russo stated she was driving in the inside travel lane when the crash occurred. I explained to Russo that her vehicle was traveling in both northbound travel lanes when the crash occurred. I showed Russo the position her vehicle was in and she said the reason her vehicle being in both lanes was because the semi-tractor pushed her vehicle during the crash. I explained to Russo if the semi-tractor pushed her vehicle, it would have moved in the opposite direction toward the shoulder/parking spaces. Russo admitted to consuming two glasses of wine earlier in the day and stated she finished her last glass of wine at 1430hrs. Russo stated she left her boyfriend's residence and was on her way home when the crash occurred. Russo stated she was tired from being awake for a long time. Russo stated she had 6 hours of sleep prior to waking up in the morning of 09/04/20. Russo denied taking any prescription or over the counter medications prior to driving. Russo stated "you can test me" when I was asking questions. I confirmed with Russo that she was consenting to performing roadside tasks and she replied "yes".

ODORS:

Russo had an odor of an unknown alcoholic beverage coming from her person.

GENERAL OBSERVATIONS

SPEECH: Slurred and Thick

ATTITUDE: Polite but Upset When Responding To Questioning.

CLOTHING: White Shirt and Black Pants with Neon Slides.

MEDICAL/OTHER: None Stated.

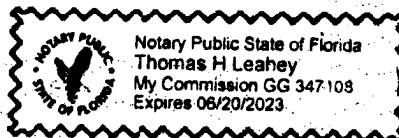
STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 5th day of September 2020 by Ofc. Windsor #1029

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

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



SUBJECT: RUSSO, JULIA ALEX

CASE NUMBER DELRAY BEACH PD #20-11788

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:

Russo kept moving her head during the HGN/VGN Roadside. I had to instruct Russo to keep her head still several times and to continue to follow the stimulus light with her eyes.

WALK & TURN:

Russo would not remain in the instructional phase position as instructed. Russo immediately used her arms for balance in the instructional phase. Russo stepped off the line several times during this roadside. I had to instruct Russo to keep her arms down several times during this roadside. Russo did not walk the correct number of steps on either series of steps. Russo did not turn around as instructed. Russo stopped in the middle of the roadside and removed her slides but still did not touch heel to toe on several steps.

ONE LEG STAND:

Russo swayed while standing still. Russo put her foot down on the ground several times during this roadside. Russo used her arms for balance and I had to instruct her to keep her arms down by her side. Russo failed to count as instructed.

FINGER TO NOSE:

Russo swayed while standing still. Russo did not touch the tip of her nose as instructed. Russo opened her eyes several times and did not keep her head tilted back as instructed.

ROMBERG ALPHABET:

Russo swayed while standing still. Russo stated she was more comfortable with counting numbers instead of reciting the English Alphabet. Russo did not keep her eyes shut and head tilted backward as instructed.

BREATH TEST RESULTS: (1) Refused | (2) | (3) | (4)

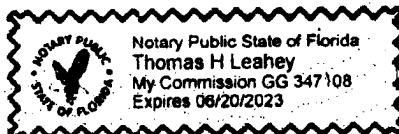
STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 4th day of September, 2020 by Ofc. Windsor #1029

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

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



TESTING FACILITY TASK REPORT

AGENCY: DBPD

SUBJECT: Russo, Julia A

CASE NUMBER: 20-104067

DATE: 09/04/2020

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 2251

ENDING TIME: 2254

BREATH TESTS RESULTS: 1) R TIME 2253 A.M. P.M. 2) 0 TIME n/a A.M. P.M.
3) 0 TIME n/a A.M. P.M. 4) 0 TIME n/a A.M. P.M.

BREATH OPERATOR: Thomas H Leahey #19183

MAINTENANCE TECHNICIAN: Jason Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: slurred, thick, accent

ATTITUDE: talkative, fidgety, cooperative

CLOTHING: black stretch pants, white blouse/bikini top, clear/neon slip ons

MEDICAL CONDITIONS: none

MEDICATIONS: none

OTHER:

eyes are glassy & bloodshot

odor of unknown alcoholic beverage on breath

COMMENTS:

arrived at center A/O conducted 20 minute observation period at 2228 hrs

subject refused to perform breath test

A/O read I/C & subject understood I/C

subject refused to perform breath test

A/O read rights & subject understood rights

A/O did attempt Q&A

subject invoked right to counsel on scene



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

PBSO CASE # 20-104067 PBSO ZONE 4-11

AGENCY CASE # 20-11788 CRASH CASE # 20-11788

TIME OF STOP/CRASH 2042 DATE 09/04/20 DAY FRIDAY

SUBJECT'S NAME RUSSO, JULIA ALEX RACE W SEX F

HGT 5'05" WGT 115 DOB 04/26/76

LOCATION 400 BLOCK SE 6TH AVE DELRAY BEACH, FL

ARRESTING OFFICER'S NAME & ID WINDSOR #1029 AGENCY DELRAY BEACH PD

DIVISION: TRAFFIC

NOTIFIED BY COMMO YES

ARRIVAL AT FACILITY 2228

BREATH RESULTS:

ARREST TIME 2155

- 1) ~~REFUSED~~
- 2) _____
- 3) _____
- 4) _____

TESTING OFFICER'S ID 19183 PBSO VIDEOTAPE # n/a

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, NICHOLAS WINDSOR, a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)

am a member of DELRAY BEACH POLICE DEPARTMENT, and I do swear
(Name of law enforcement agency)

or affirm that on or about the 4TH day of SEPTEMBER, 20 20, at 2155 P.M. A.M.

DRIVER JULIA ALEX RUSSO
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# R200421766460, state of FLORIDA, was placed under lawful arrest for


the offense of DUI - PROPERTY DAMAGE FSS 316.193(3)(C)(1) by OFC WINDSOR and
(Name of Arresting Officer)

issued Citation # A1UR6NE

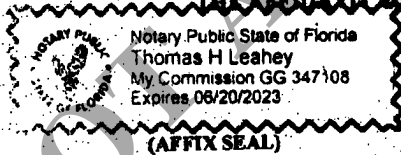
That on or about the 4TH day of SEPTEMBER, 20 20, at 2253 P.M. A.M.

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:

The foregoing instrument was sworn and subscribed before

me this 05th day of September, 20 20
by OFC Windsor #1029

who is personally known to me or who has produced
Knain as identification

Notary Public T. Leahy

Signature of Attesting Officer _____
Title _____
Date _____

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.

SUBJECT

Case # 1017

CASE NUMBER

DSPD

QUESTIONS AND ANSWERS

I AM NOT ASKING YOU SOME QUESTIONS WITH THESE RIGHTS IN MIND, YOU MAY ANSWER SOME OR NONE OF THE FOLLOWING QUESTIONS AS YOU DESIRE.

WERE YOU OPERATING A MOTOR VEHICLE AT THE TIME OF THE STOP/ACCIDENT?

WHERE WERE YOU STOPPED?

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 COMPANY AND CITY DO YOU WORK FOR?

WHERE DID YOU LAST EAT? WHAT DID YOU EAT?

WHAT HAVE YOU BEEN DRIVING FOR THE LAST THREE HOURS?

HOW MUCH DO YOU WEIGH? HAVE YOU BEEN DRINKING?

HOW MUCH? WITH WHOM?

WHAT TIME DID YOU LAST DRINK? AND YOUR LAST DRINK?

HAVE YOU BEEN DRIVING FOR THE LAST THREE HOURS?

DO YOU HAVE ANY PHYSICAL EFFECTS OF THE ACCIDENT? ARE YOU UNDER THE INFLUENCE?

HAVE YOU BEEN DRIVING AT A LOWER SPEED SINCE THE ACCIDENT? HOW MUCH?

WHAT? WHERE? WHERE?

WHAT TIME DID YOU LAST DRINK? WHEN DID YOU LAST DRINK?

DO YOU HAVE ANY PHYSICAL EFFECTS OF THE ACCIDENT? WHAT?

ARE YOU SICK OR INJURED? WHAT'S WRONG?

DO YOU HAVE ANY PHYSICAL EFFECTS OF THE ACCIDENT? DID YOU HIT YOUR HEAD?

WHERE DID YOU HIT YOUR HEAD?

HAVE YOU BEEN DRIVING FOR THE LAST THREE HOURS?

HAVE YOU SEEN ANY OTHER VEHICLES?

ARE YOU TAKING ANY PRESCRIPTION DRUGS?

DO YOU HAVE?

- PHIOPHYL
- GLASS EYE
- FALSE TEETH
- EAR AUGMENT
- ARTIFICIAL LIMBS

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES?

DO YOU TAKE INSULIN? IF SO, WHAT WAS YOUR LAST INJECTION?

HAVE YOU EVER HAD A SERVICE RECORD IN ANOTHER STATE?

INTERVIEWER: *[Signature]*



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

REVIEW COMPLETED BY

Booking Number: 2020021034	Date: 09/06/2020
	Specialist Name/ID: AM/31562