

0227646 20mmicozoo9ASB 2678

ARREST / NOTICE TO APPEAR

AD M I N I S T R A T I O N	OBTS Number	Agency ORI Number <b>0500400</b>		Agency Name <b>Delray Beach Police Department</b>		Agency Report Number (N.T.A.'s only) <b>4 0 20-00007</b>		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	<b>1</b>	JUVENILE	
D E F E N D A N T	Charge Type: Check as many as apply.	1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 6. Other		If Weapon Seized		Multiple Clearance Indicator	<b>1</b>	
	Location of Arrest (Including Name of Business) <b>1 NE 2ND AVE DELRAY BEACH FL 33444</b>				Location of Offense (Business Name, Address) <b>1 NE 2ND AVE, DELRAY BEACH, FL 33444</b>				Enter Type <b>None/not Applicable</b>			
	Date of Arrest <b>01/01/2020</b>	Time of Arrest <b>02:20</b>	Booking Date <b>01/01/2020</b>	Booking Time <b>02:30</b>	Jail Date <b>//</b>	Jail Time <b>//</b>	Location of Vehicle					
Name (Last, First, Middle) <b>DOWDLE, STACEY ANNE</b>												
Alias:												
Race	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build				
<b>W</b>	<b>F</b>	<b>12/28/1969</b>	<b>5'03</b>	<b>120</b>	<b>BROWN</b>	<b>BROWN</b>	<b>LIGHT</b>	<b>Small</b>				
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)												
Local Address (Street, Apt. Number) <b>917 BUCIDA RD 11, DELRAY BEACH, FL 33483</b>				(City)		(State)		(Zip)		Phone <b>(561) 676-0301</b>		
Permanent Address (Street, Apt. Number) <b>917 BUCIDA RD 11, DELRAY BEACH, FL 33483</b>				(City)		(State)		(Zip)		Phone <b>(561) 676-0301</b>		
Business Address (Name, Street)				(City)		(State)		(Zip)		Phone <b>(561) 676-0301</b>		
D/I Number, State <b>D340781699680 / FL</b>				Sex, Sec. Number		IIS Number		Place of Birth (City, State) <b>CORAL GABLES, FL</b>		Citizenship <b>US</b>		
CO-DEFENDANT												
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												
Parent / Other: _____ Name (Last, First, Middle)				Legal Custodian				Residence Phone				
Address (Street, Apt. Number)				(City)		(State)		(Zip)		Business Phone		
Notified by: (Name)				Date		Time		JUVENILE'S DISPOSITION 1. Handled/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.												
Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Description of Property				Value of Property				
CODER												
Drug Activity				S. Sell		R. Smuggle		K. Disperse/Distribute		M. Manufacture/Produce/Cultivate		
N. N/A				B. Buy		D. Deliver		2. Other		Drug Type		
P. Possess				T. Traffic		E. Use				B. Barbiturate C. Cocaine A. Amphetamine		
										H. Hallucinogen M. Marijuana O. Opium/deriv.		
										P. Paraphernalia/Equipment S. Synthetic		
										U. Unknown Z. Other		
CHARGE												
Charge Description <b>DISORDERLY INTOXICATION</b>								Statute Violation Number <b>856.011</b>		Violation of ORD #		
Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence		
<b>N</b>								<b>1</b>		<input type="checkbox"/> Y <input checked="" type="checkbox"/> N		
Warrant / Capias Number								Bond				
CHARGE												
Charge Description								Statute Violation Number		Violation of ORD #		
Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence		
										<input type="checkbox"/> Y <input checked="" type="checkbox"/> N		
Warrant / Capias Number								Bond				
CHARGE												
Charge Description								Statute Violation Number		Violation of ORD #		
Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence		
										<input type="checkbox"/> Y <input checked="" type="checkbox"/> N		
Warrant / Capias Number								Bond				
IN TAKE												
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				
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		
<input type="checkbox"/> Bonded Bond <input type="checkbox"/> South County Mental Health												
Transported By				Date Transported		Time Transported		Other				
NOTICE TO APPEAR												
<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court								Location (Court, Room) <b>South County 200 W Atlantic Ave Delray Beach, FL 33444</b>		No Photo Available		
<input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.								Court Date and Time <b>02/06/2020 08:30:00</b>				
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				Name Verification (Printed by Arrestee)				
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest				Name of Arresting Officer (Print) <b>SKINNER, SHAWN C</b>				(PRINT)				
<input type="checkbox"/> Suicidal <input type="checkbox"/> Other				ID. # <b>1104</b>								
Intake Deputy <b>Spann 8101</b>		ID. #		Pouch #		Transporting Officer <b>SKINNER</b>		ID. # <b>1104</b>		Agency <b>DBDP</b>		
Witness here if subject signed with an "X"								PAGE		<b>1 OF 1</b>		

PROBABLE CAUSE AFFIDAVIT

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

Agency ORI Number: **FL 0500400** Agency Name: **DELRAY BEACH POLICE DEPARTMENT** Agency Report Number: **410 20-000007**

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

Name (Last, First, Middle): **DOWDLE, STACEY ANNE** Alias: \_\_\_\_\_ Special Notes: \_\_\_\_\_

Charge Description: **856.011 DISORDERLY INTOXICATION** Race: **W** Sex: **F** Date of Birth: **12/28/1969**

Victim's Name (Last, First, Middle): **State Of Florida** Local Address (Street, Apt. Number): \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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.  confessed to \_\_\_\_\_ admitting to the below facts.  was observed by **OFC. SARACENI** who told **OFC. SKINNER** that he/she saw the arrested person commit the below acts.  was found to have committed the below acts, resulting from my (described) investigation. On the **1** day of **January**, **2020** at **02:38** (Specifically include facts constituting cause for arrest.)

The following incident occurred in the city of Delray Beach, Palm Beach County, Florida  
On 01/01/2020 I responded to the 1-BLK of NE 2nd Ave in reference to a intoxicated subject causing a disturbance. Upon arrival I made contact with Ofc. Saraceni who advised me of the following: While he was removing barricades after the New Year's Eve celebration event a W/F approached him and started hitting marked police motorcycle. Ofc. Saraceni asked the W/F to move out of the way numerous times and to not touch the motorcycle but she refused to listen. Ofc. Saraceni stated that the W/F continued to hit his bike, and jump around in the middle of the street and blocking him from moving and continuing his job. The W/F was later identified as Stacey Dowdle. While speaking with Dowdle I could smell the odor of alcohol emanating from her person. Dowdle also had red eyes, slurred speech, and could not on her own without assistance.  
Due to the above stated facts probable cause exists to charge Stacey Dowdle with DISORDERLY INTOXICATION pursuant to FSS 856.011.

NOTARIAL STATEMENT

SWORN AND SUBSCRIBED BEFORE ME  
**DEEN, MEER**  
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)  
**01/01/2020**  
DATE  
SIGNATURE OF ARRESTING / INVESTIGATING OFFICER: **SKINNER, SHAWN C (1104)**  
NAME OF OFFICER (PLEASE PRINT)  
**01/01/2020**  
DATE  
PAGE **1** OF **1**



**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: 2020000011	Date: 1/1/2020
	Specialist Name/ID: Joan Dunn/34073

3-22-2020 10:11 AM