

0515797

(N/C) 2020 OCT 05 2020 AM 3:35

ARREST / NOTICE TO APPEAR

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

Agency ORI Number 0500800	Agency Name West Palm Beach Police Department	Agency Report Number (N.T.A.'s only) 9, 4 2020-0005742
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: NOT APPLICABLE	Multiple Clearance Indicator
Location of Arrest (Including Name of Business) EXCHANGE CT/SPENCER DR- WPB, FL 33401		Location of Offense (Business Name, Address) 2700 EXCHANGE CT/SPENCER DR, WEST PALM BEACH, FL
Date of Arrest 03/30/2020	Time of Arrest 14:34	Booking Date 03/30/2020
Booking Time 14:44	Jail Date // ::	Jail Time 14:44
Location of Vehicle 2700 EXCHANGE		

Name (Last, First, Middle) FITZPATRICK, STACEY LYNN		Alias: Alias (Name, DOB, Soc. Sec. #, Etc.)	
Race W - White B - Black O - Asian W	Sex F	Date of Birth 07/09/1969	Height 5'07
Weight 150	Eye Color BROWN	Hair Color BROWN	Complexion MEDIUM
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status M	Religion
Local Address (Street, Apt. Number) 9628 SW ROYAL POINCIANA DR, PORT SAINT LUCIE, FL 34987		Home Phone (954) 895-6998	Indication of: Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/> Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>
Permanent Address (Street, Apt. Number) 9628 SW ROYAL POINCIANA DR, PORT SAINT LUCIE, FL 34987		Mobile Phone	Residence Type: 1. City 2. County 3. Florida 4. Out of State 3
Business Address (Name, Street) TELEPERFORMANCE,		Work Phone	Address Source VERBAL
D/L Number, State F321792697490 / FL		INS Number	Occupation Telemarketer
Place of Birth (City, State) WINDSOR, ONTARIO,		Citizenship CN	

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"/> Other: _____	Name (Last, First, Middle)			Residence Phone
<input type="checkbox"/> Legal Custodian	Address (Street, Apt. Number)			Business Phone
Notified by: (Name)		Date	Time	JUVENILE 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 defendant and/or 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
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Drug Activity S. Sell N. N/A P. Possess	S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. Disperse/ 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/Deriv.	P. Paraphernalia Equipment S. Synthetic	U. Unknown Other
Charge Description DU-ACCOMPANIED BY PERSON UNDER 18 YOA						Statute Violation Number 316.193(4)	Violation of ORD #			
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond			
	N			1	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N					

Health / Apparent Physical Condition of Defendant	Any knowledge of the following: Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries <input type="checkbox"/>
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health	<input checked="" type="checkbox"/> T.O.T. County Jail
Transported By	Date Transported // ::

<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) Criminal Justice CRIMINAL JUSTICE COMPLEX	No Photo Available 2020 MAR 31 AM 5:31 SEARCHED SERIALIZED MAR 31 2020
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.	Court Date and Time 07/02/2020 08:30:00 3228 GUN CLUB ROAD	
Signature of Defendant (or Juvenile and Parent Custodian)	Date Signed	
I CONSENT TO RECEIVE REMINDERS OF COURT DATE(S) AND TIMES FOR THIS CASE BY TEXT MESSAGE TO THE NUMBER IDENTIFIED HERE. I UNDERSTAND THAT STANDARD TEXT MESSAGE RATES MAY APPLY AND THAT I MAY REVOKE THIS CONSENT VIA THE TEXT MESSAGE SYSTEM IF I CHOOSE.		(954) 895-6998

HOLD for Other Agency	Signature of Arresting Officer	Name Verification (Printed by Arrestee)
<input type="checkbox"/> Dangerous <input type="checkbox"/> Serious <input type="checkbox"/> Other	Name of Arresting Officer (Print) THOMAS, MICAH	(PRINT)
Intake Deputy	ID.# 02094	
	Transferring Officer THOMAS, MICAH	Agency WPBPD
	ID.# 2094	Witness here if subject signed with an "X"

DUI PROBABLE CAUSE AFFIDAVIT

On the 30 Day of March at 1434 hours A.M. P.M.
Subject: Fitzpatrick, Stacey L. Case Number: 20200005742
Agency: West Palm Beach Police Department Arresting Officer: M. Thomas 2094

Personal Contact

Driving Pattern	Actual physical control (physical evidence putting the driver behind the wheel)
Driver/sole occupant was asleep in the driver's seat, in actual physical control, vehicle still running, and with key in ignition of a parked 2014 Silver Chevrolet Camaro bearing FL Tag: EQWG50.	
See Sworn Witness Statements (2) from Ofc. D. Kotocavage and Wheel Witness attached.	

Observation of Driver
Driver eyes were watery and exhibited reddened conjunctiva. The moderate odor of alcoholic beverage emanated from Driver's head and mouth area upon initial contact. With continued interaction, this odor became more intense as time surpassed. Driver's tone was raspy. Driver swayed slightly at times.

Drivers Statements:
Initially Driver advised she was a healthy person prior to requesting Standardized Field Sobriety Tasks. While attempting to explain Walk and Turn, Driver advised she had a broken hip. Driver advised she was in Port St. Lucie around 0430 hours taking care of her mother. Sometime afterwards, Driver advised she went to work to get a computer in order to work remotely. When I asked the city Driver was in, Driver stated she was in a city somewhere south of Stuart.

Odors:
The moderate odor of alcoholic beverage emanated from Driver's head and mouth area upon initial contact. With continued interaction, this odor became more intense as time surpassed.

General Observations

Speech: Raspy & Slightly Slurred
Attitude: Cooperative & Polite
Clothing: Blue +White Dress
Medical Problems/Medications: None/None
Other: During inventory of Driver's vehicle numerous empty, half-full, and full boxes of Franzia brand wine were observed on the front passenger floorboard and trunk. A Dasani water bottle was also filled with wine on the passenger floorboard. Lastly, a small baggie containing a white powdery substance was observed inside of Driver's zipper pocket of her brown wallet. Driver's wallet had Driver's passport and numerous other identifying effects.

SUBJECT: Fitzpatrick, Stacey L.

CASE NUMBER: 20200005742

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 determining 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 determining its alcohol content and/or presence of chemical or controlled substances.

NOTE: READ ONLY IF THE SUBJECT DOES NOT COMPLY WITH YOUR REQUEST.

I am M. Thomas 2094 of the West Palm Beach Police Department. 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.

SUBJECTS SIGNATURE: Read/Refused @ 1513 hours/Consented @ 1514 hours

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 can not 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.

SUBJECTS SIGNATURE: Read @ 1528 hours/Concluded @ 1529 hours

FLORIDA DEPARTMENT OF LAW ENFORCEMENT
ALCOHOL TESTING PROGRAM
BREATH ALCOHOL TEST AFFIDAVIT

Instrument Type: Intoxilyzer 8000
Instrument Registered To: WEST PALM BEACH PD
Instrument Serial Number: 80-001235 Software: 8100.27
Date of Test: 03/30/2020

Date of Last Agency Inspection: 02/29/2020
Observation Period Began: 14:55
Subject's Name: STACEY L FITZPATRICK DOB: 07/09/1969 Sex: F

The subject was observed for at least twenty-minutes prior to the administration of the breath test to ensure that the subject did not take anything orally and did not regurgitate.

Results:	Test	g/210L	Time
	Diagnostics Check	OK	15:20
	Air Blank	0.000	15:21
	Control Test	0.079	15:21
	Air Blank	0.000	15:22
	Subject Sample #1	0.287	15:22
	Air Blank	0.000	15:23
	Air Blank	0.000	15:24
	Subject Sample #2	0.280	15:25
	Air Blank	0.000	15:25
	Control Test	0.079	15:26
	Air Blank	0.000	15:26
	Diagnostics Check	OK	15:26

Cylinder Lot: 24818080A2
Exp: 10/05/2020

State of Florida, County of Palm Beach,

Personally appeared before me the undersigned authority, who () is personally known to me or () produced DIA as identification, and who after being placed under oath, states:

I MICAH L THOMAS, hold a valid Breath Test Operator permit issued by the Florida Department of Law Enforcement, I administered the above breath test to the subject named above in accordance with Chapter 11D-8, Florida Administrative Code, and this form is a true and accurate report of that breath test.

Breath Test Operator: [Signature] Date: 03/30/2020
Signature

Sworn to (or affirmed) before me this 30 day of March, 2020

[Signature] Signature of Notary Public-State of Florida
Michael Thomas Printed Name of Notary Public-State of Florida

Note: Pursuant to section 117.10, Florida Statutes, law enforcement officers, correctional officers, traffic accident investigation officers and traffic infraction enforcement officers are notaries public when engaged in the performance of official duties. In accordance with section 316.1934(5), F.S., this completed form is admissible without further authentication and is presumptive proof of the results herein. To be used in accordance with Section 316.1934(5), F.S., and in administrative proceedings pursuant to 322.2615, F.S.



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"/>	(vii) 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"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2020009662	Date: 03/30/20
	Specialist Name/ID: J. Beck/9007