

05110903

2020 CT007385 ASB 3053

ARREST / NOTICE TO APPEAR

A D 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 20-008120</b>		1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias		1		JUVENILE									
	Charge Type: Check as many as apply		1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 6. Other		If Weapon Seized Enter Type <b>None/not Applicable</b>		Multiple Clearance Indicator		1									
	Location of Arrest (Including Name of Business) <b>800 NE 8TH AVE DELRAY BEACH, FL</b>						Location of Offense (Business Name, Address) <b>800 NE 8TH AVE, DELRAY BEACH, FL 33483</b>															
	Date of Arrest <b>06/11/2020</b>		Time of Arrest <b>00:01</b>		Booking Date <b>06/11/2020</b>		Booking Time <b>00:11</b>		Jail Date <b>06/11/2020</b>		Jail Time <b>02:09</b>		Location of Vehicle <b>800 NE 8TH AVE DELRAY</b>									
	Name (Last, First, Middle) <b>BARNARD, STACEY RUSSO</b>				Alias:				Alias (Name, DOB, Soc. Sec. #, Etc.)													
	Race W - White B - Black		1 - American Indian O - Oriental/Asian		Sex <b>W</b>		Date of Birth <b>01/20/1984</b>		Height <b>5'01</b>		Weight <b>113</b>		Eye Color <b>BROWN</b>		Hair Color <b>BROWN</b>		Complexion <b>LIGHT</b>		Build <b>SMALL</b>			
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)										Marital Status <b>M</b>		Religion <b>CATHOLIC</b>		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) <b>1224 NE 8TH AVE, DELRAY BEACH, FL 33483</b>						(City)		(State)		(Zip)		Phone <b>(312) 509-2222</b>		Residence Type: 1. City 2. County 3. Florida 4. Out of State		1					
	Permanent Address (Street, Apt. Number) <b>1224 NE 8TH AVE, DELRAY BEACH, FL 33483</b>						(City)		(State)		(Zip)		Phone <b>(312) 509-2222</b>		Address Source <b>VERBAL</b>							
	Business Address (Name, Street)						(City)		(State)		(Zip)		Phone		Occupation							
D/L Number, State <b>B 0 / IL</b>		Sec. Sec. Number		INS Number		Place of Birth (City, State) <b>HOUSTON, TX, United</b>		Citizenship <b>US</b>														
C O D E F	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							
J U V E N I L E	<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian		Other: _____		Name (Last, First, Middle)				Residence Phone													
	Address (Street, Apt. Number)						(City)		(State)		(Zip)		Business Phone									
	Notified by: (Name)				Date		Time		JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT IAC 3. Incarcerated													
	Retained 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 Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No										Description of Property		Value of Property										
C H A R G E	Drug Activity		S. Sell N. N/A P. Possess		R. Seizure 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 Z. Other	
	Charge Description <b>DRIVING WHILE UNDER INFLUENCE</b>						Statute Violation Number <b>316.193(1)A</b>		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 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 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								
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 type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health				<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  T O A P P E A R	<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) <b>South County 200 W Atlantic Ave Delray Beach, FL 33444</b> Court Date and Time <b>07/13/2020 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.										No Photo Available											
Signature of Defendant (or Juvenile and Parent/Custodian)						Date Signed																
HOLD for Other Agency						Signature of Agency Official						Name Verification (Printed by Arrestee)										
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal						<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other						(PRINT) <b>JUN 11 AM 3:41</b>										
Intake Deputy <b>Diana G46</b>		I.D. #		Pouch #		Name of Arresting Officer (Print) <b>WINDSOR, NICHOLAS</b>		I.D. # <b>1029</b>		Name of Arresting Agency <b>DELRA</b>		I.D. # <b>1029</b>		Agency <b>DELRA</b>		PAGE 1 OF 1						
Witness here if subject signed with an "X"																						

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 10TH DAY OF JUNE 20 20 AT 2336  AM  PM  
SUBJECT: BARNARD, STACEY RUSSO CASE NUMBER: DELRAY BEACH PD #20-8120  
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 06/10/20 at 2336hrs I was on patrol in the 200 block of W. Atlantic Ave. when I observed a white Mercedes G63 (IL Tag #Q711300) traveling north on SW 2nd Ave approaching W. Atlantic Ave. The Mercedes failed to stop for the red traffic signal before making a right turn (east) onto W. Atlantic Ave. I followed the Mercedes eastbound and observed the Mercedes fail to stop for the red traffic signal at the intersection of W. Atlantic Ave. and S. Swinton Ave. before continuing east on E. Atlantic Ave. I followed the Mercedes east into the 500 block of E. Atlantic Ave. and observed the Mercedes drive with its drivers side tires over the double yellow line dividing east and west traffic. The Mercedes then signaled to turn left (north) onto NE 6th Ave. and began turning left before reaching the intersection. The Mercedes almost drove onto the sidewalk on the west side of NE 6th Ave. before correcting it's path of travel. The Mercedes continued north where I conducted a traffic stop at the intersection of George Bush Blvd. and NE 8th Ave. I identified the white female driver by her IL DL as Stacey Russo Barnard. Barnard was the only person inside the Mercedes, sitting in the driver seat with the engine running and the vehicle keys in her possession.

### OBSERVATION OF DRIVER:

When I approached the driver's window of the Mercedes, I immediately smelled an odor of an unknown alcoholic beverage coming from Barnard. Barnard had glassy eyes. Barnard had slurred speech while speaking. Barnard was talkative and started speaking about her current divorce and her ex-husband during the traffic stop. Barnard was swaying while standing still during roadsides.

### DRIVER'S STATEMENTS:

Barnard stated she was on her way home prior to her being pulled over. Barnard stated she consumed three glasses of wine at Salt7 (32 SE 2nd Ave. Delray Beach, FL 33444) prior to driving. Barnard stated she started drinking wine at 1900hrs and consumed her last drink around 2130hrs. I asked Barnard what time she thought it was and she replied 2230hrs but the actual time was 2359hrs. Barnard agreed to perform roadsides and during roadsides stated she took no prescription medications. During an inventory search prior to tow, a bottle of Adderall was found inside the Mercedes. I questioned Barnard about the bottle and she admitted to taking the Adderall at 1000hrs and stated the pill bottle belonged to her. The bottle's label had Barnard's name printed on it.

### ODORS:

Strong odor of an unknown alcoholic beverage coming from Barnard.

## GENERAL OBSERVATIONS

SPEECH: Polite, Talkative

ATTITUDE: Cooperative / Emotional After Arrest / Loud and Laughing at PBCJ BAT

CLOTHING: Blue Tank Top , Blue Jeans and Tan Flip Flops

MEDICAL/OTHER: No medial conditions stated /

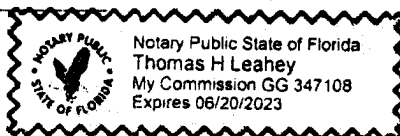
STATE OF FLORIDA  
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 11th day of June 20 20 by OFE WINDSOR #1029

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

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



SUBJECT: BARNARD, STACEY RUSSO CASE NUMBER DELRAY BEACH PD #20-8120

**ROADSIDE TASKS**

**HORIZONTAL GAZE NYSTAGMUS:**

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> LT EYE-LACK OF SMOOTH PURSUIT                           | <input checked="" type="checkbox"/> RT EYE-LACK OF SMOOTH PURSUIT                           |
| <input checked="" type="checkbox"/> LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION | <input checked="" type="checkbox"/> RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION |
| <input checked="" type="checkbox"/> LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES          | <input type="checkbox"/> RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES                     |

**Other Observations:**

Roadside Tasks were captured on my body worn camera. It was raining when I conducted the traffic stop and roadside tasks were conducted under a canopy at a nearby business on a dry sidewalk.

**WALK & TURN:**

Barnard swayed during the instruction phase of the roadside task. Barnard did not count out her steps on both series of steps as instructed. Barnard did not turn around as instructed. Barnard lost her balance on a few steps and had to step off the mine to regain her balance.

**ONE LEG STAND:**

Barnard swayed during the instruction phase of this roadside task. Barnard did not count as instructed and put her foot down on the ground to regain her balance several times.

**FINGER TO NOSE:**

Barnard swayed during the instruction phase of this roadside task. Barnard used two fingers each time she attempted to touch her nose. Barnard did not touch the tip of her nose on any attempt. I had to instruct Barnard to put her hand down each time after touching her nose. I

**ROMBERG ALPHABET:**

Barnard swayed during the instruction phase of this roadside task. Barnard stopped after the letter "T" and restarted at the letter "W".

**BREATH TEST RESULTS:** 1) .235 2) .246 3) 4)

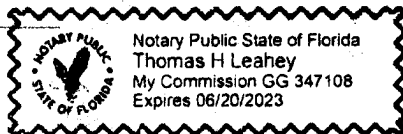
STATE OF FLORIDA  
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 11th day of June 2020 by Off Windsor #1029

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

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



# TESTING FACILITY TASK REPORT

AGENCY: DBPD

SUBJECT: Barnard, Stacey R

CASE NUMBER: 20-076859

DATE: 06/11/2020

VIDEO DVD NUMBER: 19183

BEGINNING TIME: 0048

ENDING TIME: 0106

BREATH TESTS RESULTS: 1) .235 TIME 0053 A.M.  P.M.  2) .246 TIME 0057 A.M.  P.M.

3) n/a TIME 0 A.M.  P.M.  4) n/a TIME 0 A.M.  P.M.

BREATH OPERATOR: Thomas H Leahey #19183

MAINTENANCE TECHNICIAN: Jason Karlecke #6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: slurred, thick

ATTITUDE: talkative, fidgety, cooperative

CLOTHING: blue jeans, blue tank top, brown flip flops

MEDICAL CONDITIONS: none

MEDICATIONS: none/

## OTHER:

eyes are glassy & bloodshot  
odor of unknown alcoholic beverage on breath  
subject stated I had 3 glasses of wine - Q&A

## COMMENTS:

arrived at center A/O conducted 20 minute observation period at 0025 hrs

subject agreed to perform breath test

A/O read rights & subject understood rights

Tech read breath test results & subject understood breath test results

A/O conducted Q&A

subject answered questions

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

Instrument Type: Intoxilyzer 8000  
Instrument Registered To: PALM BEACH CO SO  
Instrument Serial Number: 80-006476 Software: 8100.27  
Date of Test: 06/11/2020

Date of Last Agency Inspection: 05/15/2020

Observation Period Began: 00:25

Subject's Name: STACEY R BARNARD

DOB: 01/20/1984 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	00:51
Air Blank	0.000	00:51
Control Test	0.078	00:51
Air Blank	0.000	00:52
Subject Sample #1	0.235	00:53
Air Blank	0.000	00:54
Air Blank	0.000	00:55
Subject Sample #2	0.246	00:57
Air Blank	0.000	00:58
Control Test	0.077	00:58
Air Blank	0.000	00:59
Diagnostics Check	OK	00:59

Cylinder Lot: 28719080A1  
Exp: 12/05/2021

State of Florida, County of Palm Beach

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

I THOMAS H LEAHEY, 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: T. Leahy

Signature

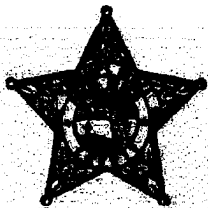
Date: 06/11/2020

Sworn to (or affirmed) before me this 11th day of June, 2020

Signature of Notary Public-State of Florida

Ofc N Windsor #1029  
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  
DUI TESTING FACILITY  
INFORMATION SHEET

PBSO CASE # 20-076859 PBSO ZONE 6-51

AGENCY CASE # 20-8120 CRASH CASE # N/A

TIME OF STOP/CRASH 2336 DATE 06/10/20 DAY WEDNESDAY

SUBJECT'S NAME BARNARD, STACEY RUSSO RACE W SEX F

HGT 5'01" WGT 105 DOB 01/20/84

LOCATION 800 BLOCK NE 8TH AVE DELRAY BEACH, FL

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

DIVISION: TRAFFIC

NOTIFIED BY COMMO YES

ARRIVAL AT FACILITY 0025

BREATH RESULTS:

ARREST TIME 0001

1) .235

2) .246

3) N/A

4) N/A

TESTING OFFICER'S ID 19183 PBSO VIDEOTAPE # N/A

# WITNESS LIST

CASE NUMBER: DELRAY BEACH PD #20-8120

ARRESTING OFFICER: OFC. WINDSOR #1029 DELRAY BEACH POLICE DEPARTMENT

ADDRESS: 300 W ATLANTIC AVE DELRAY BEACH, FL 33444

PHONE NUMBERS (HOME): \_\_\_\_\_ (WORK) 561-243-7800

CAN TESTIFY TO: TRAFFIC STOP AND DUI PC

NAME: OFC. PIMENTEL #1094 DELRAY BEACH POLICE DEPARTMENT

ADDRESS: 300 W ATLANTIC AVE DELRAY BEACH, FL 33444

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) 561-243-7800

CAN TESTIFY TO: ROADSIDES AND VEHICLE TOW

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

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ADDRESS \_\_\_\_\_

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CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NOT A CERTIFIED COPY

SUBJECT: David ...

CASE NUMBER: 211001 B/KI/VD 20-2170

## 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) [Signature]

## 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) [Signature]

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

SUBJECT: Brown, Stanley R CASE NUMBER: DIVISION ONE PD 16-6120

### 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? Home

WHAT STREET OR HIGHWAY WERE YOU ON? 1001 West / Bond

DIRECTION OF TRAVEL? East WHERE DID YOU START? Atlantic

WHAT TIME DID YOU START? 1030/1000 WHAT TIME IS IT NOW? 11:00

WHAT IS TODAY'S DATE? 10/11/70 WHAT DAY OF THE WEEK IS IT? Monday

WHAT COUNTY AND CITY ARE YOU IN NOW? Wayne County / Detroit

WHEN DID YOU LAST EAT? 10:00 WHAT DID YOU EAT? Nothing

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? Nothing

HOW MUCH DO YOU WEIGH? 115 HAVE YOU BEEN DRINKING? Yes WHAT? Beer

HOW MUCH? 2 BEERS WHERE? At home WITH WHOM? Alone

WHEN DID YOU HAVE YOUR FIRST DRINK? 1:00 PM AND YOUR LAST DRINK? 11:00

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? By mouth

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? Yes ARE YOU UNDER THE INFLUENCE? Yes

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? No HOW MUCH? None

WHAT? None WHERE? None WHEN? None

WHAT LINE OF WORK ARE YOU IN? Police WHEN DID YOU LAST WORK? None

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? No WHAT? None

ARE YOU SICK OR INJURED? No WHAT'S WRONG? None

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? None

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? No WHO? None WHY? None

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? Yes WHAT? Aspirin WHEN? 10:00

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? None

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? No WHERE? None

INTERVIEWER: Wagner #1079 SLD



**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: 2020014577	Date: 05/11/2020
	Specialist Name/ID: T Howard/7185

WINDSOR  
(1029)

20008120



COMPLAINT

CASE NO. \_\_\_\_\_ DOCKET NO. \_\_\_\_\_ PAGE NO. \_\_\_\_\_

**FLORIDA DUI UNIFORM TRAFFIC CITATION A1UR5RE**

COUNTY OF **PALM BEACH**  (1) F.H.P.  (2) P.D.  (3) S.O.  (4) OTHER  
 CITY (IF APPLICABLE) **DELRAY BEACH** AGENCY NAME **DELRAY BEACH POLICE**  
 AGENCY # **40**

IN THE COURT DEMONSTRATED BELOW THE UNDERSIGNED CERTIFIES THAT HE/SHE HAD JUST AND REASONABLE GROUNDS TO BELIEVE AND DOES BELIEVE THAT ON \_\_\_\_\_

COMPLAINT (RETAINED BY COURT)

DAY OF WEEK MONTH DAY YEAR TIME  A.M.  P.M.  
**WEDNESDAY 06 10 2020 11:36**

NAME (FIRST) LAST **STACEY RUSSO BARNARD**

STREET **1224 NE 8TH AVE**  IF DIFFERENT THAN ONE ON DRIVER LICENSE "A" HERE

CITY STATE ZIP CODE  
**DELRAY BEACH FL 33483**

TELEPHONE NUMBER DATE OF BIRTH SEX HAIR EYES  
**(312)509-2222 01 20 1984 W F 501**

DRIVER LICENSE NUMBER STATE CLASS COL LICENSE YR LICENSE EXP. COMMERCIAL VEHICLE  
**B 6 5 6 7 9 6 8 4 6 2 0 IL DL 2023**

VEHICLE TYPE MAKE MODEL COLOR WHI PLACARDED HAZARDOUS MATERIAL  
**2016 MERC UTIL 2019**

VEHICLE LICENSE NO. TRAILER TAG NO. STATE YEAR TAG EXPIRES  IN PAROLE  
**0711300 IL 2019**

UPON A PUBLIC STREET OR HIGHWAY, OR OTHER LOCATION, NAMED **800 NE 8TH AVE (Block BLK), DELRAY BEACH**

FT. \_\_\_\_\_ MILES OF ROAD

DID UNLAWFULLY COMMIT THE OFFENSE OF DRIVING UNDER THE INFLUENCE OF ALCOHOLIC BEVERAGES, CHEMICAL OR CONTROLLED SUBSTANCES; DID DRIVE, OR WAS IN ACTUAL PHYSICAL CONTROL OF A VEHICLE, WHILE UNDER THE INFLUENCE OF AN ALCOHOLIC BEVERAGE/CHEMICAL SUBSTANCE/CONTROLLED SUBSTANCE TO THE EXTENT NORMAL FACULTIES WERE IMPAIRED, OR WITH A BLOOD OR BREATH ALCOHOL LEVEL OF .08 OR ABOVE OF **.14**

**DRIVING WHILE UNDER INFLUENCE**  RELEASE  NO

AGGRESSIVE DRIVER  PAROLE/PROBATION  STATE STATUTE SECTION **316.193 (1A)**

INJURY TO OTHER PROPERTY  INJURY TO ANOTHER VEHICLE BODY INJURY TO ANOTHER  FATAL

THIS IS A CRIMINAL VIOLATION, COURT APPEARANCE REQUIRED, AS INDICATED BY 'O'.

**07/13/2020 08:30 AM A1UR5RE**  
**200 W ATLANTIC AVE**  
**200 W ATLANTIC AVE, DELRAY BEACH, FL 33444**

ARREST DELIVERED TO **PBCJ** DATE **06/11/2020**

I ARRIVE AND PROMISE TO COMPLY AND ANSWER TO THE CHARGES AND INSTRUCTIONS SPECIFIED IN THIS CITATION. WILLFUL REFUSAL TO ACCEPT AND SIGN THE CITATION MAY RESULT IN ARREST. I UNDERSTAND BY SIGNATURE IS NOT AN ADMISSION OF GUILT OR WAIVER OF RIGHTS. IF YOU NEED REASONABLE FACILITY ACCOMMODATIONS TO COMPLY WITH THIS CITATION, CONTACT THE CLERK OF THE COURT.

X SIGNATURE OF VIOLATOR  
 EFFECTIVE IMMEDIATELY, YOUR DRIVING PRIVILEGE IS SUSPENDED/DISQUALIFIED FOR:  
 DRIVING WITH AN UNLAWFUL BLOOD OR BREATH ALCOHOL LEVEL. THIS SUSPENSION IS FOR A PERIOD OF SIX MONTHS IF THIS IS THE FIRST VIOLATION OR ONE YEAR IF PREVIOUSLY SUSPENDED FOR DRIVING WITH AN UNLAWFUL BLOOD OR BREATH ALCOHOL LEVEL. IF YOU HOLD A CDL OR YOU ARE OPERATING A CMV, YOUR COMMERCIAL DRIVER LICENSE/PRIVILEGE WILL ALSO BE DISQUALIFIED FOR ONE YEAR FOR THE FIRST OFFENSE OR PERMANENTLY DISQUALIFIED FOR A SUBSEQUENT OFFENSE.

REFUSAL TO SUBMIT TO LAWFUL BREATH, BLOOD OR URINE TEST SECTION 322.2615, F.S. THIS SUSPENSION IS FOR A PERIOD OF ONE YEAR IF THIS IS A FIRST REFUSAL OR 18 MONTHS IF PREVIOUSLY SUSPENDED FOR THIS OFFENSE. IF YOU HOLD A CDL OR YOU ARE OPERATING A CMV, YOUR COMMERCIAL DRIVER LICENSE/PRIVILEGE WILL ALSO BE DISQUALIFIED FOR A PERIOD OF ONE YEAR FOR A FIRST REFUSAL OR PERMANENTLY DISQUALIFIED FOR A SUBSEQUENT REFUSAL.

LICENSE SURRENDERED?  YES  NO REASON **ILLINOIS DL**  
 ELIGIBLE FOR PERMIT?  YES  NO REASON \_\_\_\_\_

UNLESS INELIGIBLE, THIS CITATION SHALL SERVE AS A TEMPORARY DRIVER LICENSE AND WILL EXPIRE AT MIDNIGHT ON THE 10TH DAY FOLLOWING THE DATE OF SUSPENSION.

AT THE **LANTANA 33462-1516** BUREAU OF ADMINISTRATIVE REVIEWS OFFICE, YOU MAY REQUEST, WITHIN 10 DAYS AFTER THE DATE OF SUSPENSION, A REVIEW OF SUSPENSION BY THE DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES OR A REVIEW TO DETERMINE ELIGIBILITY FOR A RESTRICTED LICENSE IF THIS IS YOUR FIRST DUI RELATED OFFENSE. SEE REVERSE SIDE.

1029 1109914

BAKER - SIGNATURE OF OFFICER \_\_\_\_\_ BADGE NO. \_\_\_\_\_ ID NO. \_\_\_\_\_ TROOP UNIT \_\_\_\_\_

DATE	COURT ACTION AND OTHER ORDERS
	BAIL FIXED AT \$ _____ OR CASH DEPOSIT OF \$ _____  SIGNATURE OF PERSON GIVING BAIL _____  SIGNATURE OF PERSON TAKING BAIL _____
	FINE IN THE AMOUNT OF \$ _____ RECEIVED AS REQUIRED BY COURT SCHEDULE.  SIGNATURE OF CLERK _____
	CONTINUANCE TO _____ REASON _____
	CONTINUANCE TO _____ REASON _____
	BOND ESTREATED _____
	WARRANT ISSUED _____
	VIOLATOR FAILED TO APPEAR-DRIVER LICENSE SUSPENDED
	VIOLATOR ARRAIGNED ON _____ (DATE) PLEA: _____ FINDING: _____ ADJUDICATION: _____ SENTENCE: FINE _____ COST _____ JAILED _____ DAYS DRIVER IMPROVEMENT SCHOOL _____ OTHER _____ DRIVER LICENSE SUSPENDED OR REVOKED FOR _____ DAYS RECOMMEND DRIVER LICENSE SUSPENSION FOR _____ DAYS RECOMMEND RE-TEST _____
	SIGNATURE OF JUDGE _____
	TESTIMONY - JUDGE'S NOTES (OR OTHER COURT ORDERS):
	APPEAL BOND OF \$ _____
	VIOLATOR'S FINGERPRINT WHEN APPLICABLE _____