

0536456

22 CT - 20188A SB
3810

ARREST / NOTICE TO APPEAR

OBTS Number	Agency ORI Number 0500400		Agency Name Delray Beach Police Department		Agency Report Number (N.T.A.'s only) 4 0 22-015449		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 UNARMED		Multiple Clearance Indicator 3					
Location of Arrest (Including Name of Business) W LINTON BLVD/OLD GERMANTOWN					Location of Offense (Business Name, Address) 4299 W LINTON BLVD/OLD GERMANTOWN RD, DELRAY									
Date of Arrest 12/04/2022	Time of Arrest 22:05	Booking Date 12/04/2022	Booking Time 22:15	Jail Date 12/04/2022	Jail Time 23:41	Location of Vehicle W LINTON BLVD/S MILI								
Name (Last, First, Middle) FARR, DEBRA K					Alias: Alias (Name, DOB, Soc. Sec. #, Etc.)									
Race W - White B - Black O - Oriental/Asian W		Sex F	Date of Birth 01/07/1965	Height 5'06	Weight 140	Eye Color Brown	Hair Color Brown	Complexion Light	Build Small					
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)					Marital Status		Religion		Indication of Alcohol Influence Yes ☐ No ☒ Unk. ☐					
Local Address (Street, Apt. Number) 1000 SE 4TH STREET 206, FORT LAUDERDALE, FL 33301					(City)		(State)		(Zip)					
Permanent Address (Street, Apt. Number) 1000 SE 4TH STREET 206, FORT LAUDERDALE, FL 33301					(City)		(State)		(Zip)					
Business Address (Name, Street)					(City)		(State)		(Zip)					
D/I, Number, State F600171655070 / FL		Soc. Sec. Number		DNS Number		Place of Birth (City, State) Michigan		Citizenship US						
Co-Defendant Name (Last, First, Middle)					Race	Sex	Date of Birth		☐ 1 Arrested ☐ 3 Felony ☐ 5 Juvenile ☐ 2 At Large ☐ 4 Misdemeanor					
Co-Defendant Name (Last, First, Middle)					Race	Sex	Date of Birth		☐ 1 Arrested ☐ 3 Felony ☐ 5 Juvenile ☐ 2 At Large ☐ 4 Misdemeanor					
Parent ☐ Other ☐ Legal Custodian ☐					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 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.					School Attended		Grade							
☐ Yes, by: ☐ No					Property Crime? ☐ Yes ☒ No		Description of Property		Value of Property					
Drug Activity 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 Z Other
Charge Description DRIVING WHILE UNDER INFLUENCE					Statute Violation Number 316.193(1)A		Violation of ORD #							
Drug Activity		Drug Type N	Amount / Unit	Offense #	Counts 1	Domestic Violence ☐ Y ☒ N	Warrant / Capias Number		Bond OK					
Charge Description OPEN CONTAINER/ COSUMPTION IN MV- (DRIVER)					Statute Violation Number 316.1936(2)(4)		Violation of ORD # 113.02							
Drug Activity		Drug Type N	Amount / Unit	Offense #	Counts 1	Domestic Violence ☐ Y ☒ N	Warrant / Capias Number		Bond OK					
Charge Description CRASH- LEAVING THE SCENE WITHOUT GIVING INFORMATION					Statute Violation Number 316.061(1)		Violation of ORD #							
Drug Activity		Drug Type N	Amount / Unit	Offense #	Counts 1	Domestic Violence ☐ Y ☒ N	Warrant / Capias Number		Bond OK					
Health / Apparent Physical Condition of Defendant					Any knowledge of the following: ☐ Mental ☐ Escape Risk ☐ Medication ☐ Deformities ☐ Injuries									
Check which applies: ☐ Released O.R. ☐ Released to Parent/Guardian ☐ Posted Bond ☐ South County Mental Health					PROPERTY - Received By					Released By				
Transported By STROUD					Date Transported 12/04/2022	Time Transported 23:42	Other							
☒ INSTRUCTION NO. 1 - Mandatory appearance in court ☐ 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 12/19/2022 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 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 STROUD, ELIZABETH					Name Verification (Printed by Arrestee) STROUD, ELIZABETH				
☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other					Name of Arresting Officer (Print) STROUD, ELIZABETH					ID # 1191				
Initial Report DUNN 36162					Transporting Officer STROUD ELIZABETH					ID # 1191				
Agency DBPD					Agency DBPD					Witness here if subject signed with an "X".				
										PAGE 1 OF 1				

DEC 05 2022

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 4th DAY OF December, 2022 AT 2100 ☒ AM ☒ PM
IN THE CITY OF Delray Beach, COUNTY OF PALM BEACH, STATE OF FLORIDA

Case No: 22015449 Defendant: Farr, Debra K
Agency: Delray Beach Police Arresting Ofc: Stroud, Elizabeth

PERSONAL CONTACT/DRIVING PATTERN/OBSERVATIONS OF DRIVER:

This incident occurred in the City of Delray Beach Palm Beach County, Florida.

Prior to my arrival, the defendant in this case was involved in a motor vehicle accident/hit and run (HSMV 25494567) with a Delray Beach Police marked patrol vehicle. It was speculated that one of the driver's involved may have been driving while under the influence. Upon my arrival, I made contact with the suspect driver, who had been identified by her Florida Driver's License as Farr, Debra 01/07/2022. While conversating with Farr, I noticed that her eyes were glossy and she appeared to be in a dazed state. After a while she was asked to step out of the vehicle. As she was getting out of the vehicle, I noticed that she was unsteady on her feet. Farr had taken medication for her migranes prior to the incident. When she went to retrieve the prescription bottle from her vehicle, I noticed an empty White Claw can on the rear passenger floor board. The can felt room temperature; however, there was a case of cold White Claw next to the empty can. The case was open and appeared to have been missing one can of White Claw. Farr covered the can and case and closed that door. Farr was asked if she wanted to conduct roadside tasks to which she agreed. See roadside task sheet below:

The foregoing instrument was sworn to before me this 4th day of December, 2022
by Officer Stroud, Elizabeth

[Signature]
Arresting Officer

[Signature]
Notary/Police Officer (FSS 117.10)



JOSHUA BELL
MY COMMISSION #GG346008
EXPIRES: JUN 18, 2023
Bonded through 1st State Insurance

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DEC 05 2022

ROADSIDE TASKS

Case No: 22015449 Defendant: Farr, Debra K

HORIZONTAL GAZE NYSTAGMUS:

6 of 6 clues

Left Eye:

- ☒ Lack of smooth pursuit
- ☒ Distinct & sustained nystagmus at maximum deviation
- ☒ Onset prior to 45 degrees

Right Eye:

- ☒ Lack of smooth pursuit
- ☒ Distinct & sustained nystagmus at maximum deviation
- ☒ Onset prior to 45 degrees

Notes:

Subject was checked for equal pupil size and equal tracking; no abnormalities were noted. She failed to keep her head still at times throughout the task. While I was checking for lack of smooth pursuit, her eyes would delay in tracking the pen (stimuli) or she would look back at my face.

WALK AND TURN: 3 of 8 clues ☐

During the instruction stage, the subject stepped off of the line. During the walking stage, She used her arms for balance, failed to maintain heel to toe steps,

ONE LEG STAND: 2 of 4 clues ☐

During the one leg stand, the subject used her arms for balance and put her foot down on several occasions.

FINGER TO NOSE: 2 of 4 clues ☐

During this stage, the subject failed to keep her head back. She conducted the task without a left/right queue after the third instruction. She missed finger to nose on the last instruction. She had also been reminded to return her hand to her side.

ROMBERG/ALPHABET: 1 of 4 clues ☐

The subject had an incorrect count.

Officers on scene conducted an inventory of the vehicle and located an unknown alcoholic beverage in a red solo cup on the passenger floorboard. While at Palm Beach County Jail, she was read her constitutional rights and advised that she was coming from Naples and had been drinking with family. She then stopped in Tamarac, FL before heading to Delray Beach. She further advised that she had two wine coolers. Farr consented to a Breathalyzer Test and produced results of .126 and .125.

Based on the above, the subject was placed under arrest for DUI, FSS 316.193 (1A). Further, she was charged and issued traffic citations for Possession of Open Container, FSS 316.1936 (2A), Failure to Drive Within Single Lane, FSS 316.089 (1), Leaving the Scene with Property Damage, FSS 316.061(1), and Failure to Yield to Emergency Vehicle, FSS 316.126 (1A).

The foregoing instrument was sworn to before me this 4th day of December, 2022
by Officer Stroud, Elizabeth

Arresting Officer [Signature] 1191

Notary/Police Officer (FSS 117.10) [Signature]



JOSHUA BELL
MY COMMISSION #GG346008
EXPIRES: JUN 18, 2023
Bonded through 1st State Insurance

SCANNED
DEC 05 2022



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

PBSO CASE # 22-136038 PBSO ZONE 4-11

AGENCY CASE # 22015449 CRASH CASE # 25494567

TIME OF STOP/CRASH 21:00 DATE 12/4/22 DAY Sunday

SUBJECT'S NAME Farr, Debra K RACE W SEX F

HGT 5'6 WGT 150 DOB 01/07/65

LOCATION Winton Blvd / Old Germantown Rd

ARRESTING OFFICER'S NAME & ID Stroud 1191 AGENCY DBPD

DIVISION: CRD

NOTIFIED BY COMMO Yes

ARRIVAL AT FACILITY 22:00

BREATH RESULTS:

Arrest Time 21:35

1. .126

2. .125

3. N/A

4. N/A

TESTING OFFICER'S ID Bell 8656

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DEC 05 2022

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: 80-006238 Software: 8100.27
Date of Test: 12/04/2022

Date of Last Agency Inspection: 11/18/2022

Observation Period Began: 22:00

Subject's Name: DEBRA K FARR

DOB: 01/07/1965 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	22:28
Air Blank	0.000	22:28
Control Test	0.080	22:28
Air Blank	0.000	22:29
Subject Sample #1	0.126	22:30
Air Blank	0.000	22:31
Air Blank	0.000	22:33
Subject Sample #2	0.125	22:33
Air Blank	0.000	22:34
Control Test	0.078	22:34
Air Blank	0.000	22:35
Diagnostics Check	OK	22:35

Cylinder Lot: 29821080A4
Exp: 12/05/2023

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 JOSHUA J BELL, 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: 12/04/22

Sworn to (or affirmed) before me this 04 day of December, 2022

Signature of Notary Public-State of Florida

OFC E. Stroud #1191

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.

TESTING FACILITY TASK REPORT

AGENCY: DBPD

SUBJECT: FARR, DEBRA K

DATE: Dec 4, 2022

BEGINNING TIME: 2226

CASE NUMBER: 22-136038

VIDEO DVD NUMBER: N/A

ENDING TIME: 2245

BREATH TESTS RESULTS: 1) .126 TIME 2230 A.M. ☐ P.M. ☒ 2) .125 TIME 2233 A.M. ☐ P.M. ☒
3) XX TIME XX A.M. ☐ P.M. ☐ 4) XX TIME XX A.M. ☐ P.M. ☐

BREATH OPERATOR: JOSHUA J BELL #8656

MAINTENANCE TECHNICAN: J. KARLECKE #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: COOPERATIVE

CLOTHING: BLUE TEE SHIRT, BLUE JEANS, GREY SANDALS

MEDICAL CONDITIONS: MIGRAINES, TORN MENISCUS, TORN ACHILLES

MEDICATIONS: MUSCLE RELAXER, IBUPROFEN

OTHER:

EYES: BLOODSHOT, GLASSY

SUBJECT STATED SHE DRANK 2 WINE COOLERS EARLIER Q AND A

COMMENTS:

A/O ARRIVED AT DUI TESTING FACILITY AND BEGAN THE 20 MINUTE OBSERVATION AT 2200 HOURS

SUBJECT STATED SHE WOULD TAKE BREATH TEST

BREATH TEST COMPLETED

A/O READ RIGHTS

SUBJECT STATED SHE UNDERSTOOD HER RIGHTS

TECH READ BREATH TEST RESULTS AND EXPLAINED

SUBJECT ACKNOWLEDGED SHE UNDERSTOOD BREATH TEST RESULTS

A/O CONDUCTED Q AND A

SUBJECT ANSWERED Q AND A

SCANNED
DEC 05 2022

WITNESS LIST

Case No: 22015449 Defendant: Farr, Debra K

Arresting Officer: Stroud, Elizabeth
Address: Delray Beach Police Department
Phone Numbers: Home: 561-243-7800 Work: _____

Name: Officer Anna Rienhart
Address: Delray Beach Police Department
Phone Numbers: Home: 561-243-7800 Work: _____
Can testify to: Back up officer

Name: Officer Brenenda Marc
Address: Delray Beach Police Department
Phone Numbers: Home: 561-243-7800 Work: _____
Can testify to: Back up officer

Name: CSO Cooper
Address: Delray Beach Police Department
Phone Numbers: Home: 5612437800 Work: _____
Can testify to: Crash Report

Name: Officer Jose Xuncax Lopez
Address: Delray Beach Police Department
Phone Numbers: Home: 5612437800 Work: _____
Can testify to: Witness

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: _____

SCANNED
DEC 05 2022

20154461

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?

WHERE WERE YOU GOING? _____

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 COUNTY AND CITY ARE YOU IN NOW?

WHEN DID YOU LAST EAT? _____ WHAT DID YOU EAT? _____

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? _____

HOW MUCH DO YOU WEIGH? _____ HAVE YOU BEEN DRINKING? _____ WHAT? _____

HOW MUCH? _____ WHERE? _____ WITH WHOM? _____

WHEN DID YOU HAVE YOUR FIRST DRINK? _____ AND YOUR LAST DRINK? _____

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? _____

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

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? _____ HOW MUCH? _____

WHAT? _____ WHERE? _____ WHEN? _____

WHAT LINE OF WORK ARE YOU IN? _____ WHEN DID YOU LAST WORK? _____

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? _____ WHAT? _____

ARE YOU SICK OR INJURED? _____ WHAT'S WRONG? _____

DO YOU LIMP? _____ DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? _____

WERE YOU IN AN ACCIDENT TODAY?

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? _____ WHEN? _____

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? _____ WHO? _____ WHY? _____

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? _____ WHAT? _____ WHEN? _____

DO YOU HAVE:

EPILEPSY?	_____
GLASS EYE?	_____
FALSE TEETH?	_____
EAR INFECTION?	_____
INNER EAR TROUBLE?	_____
DIABETES?	_____

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

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

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? _____ WHERE? **SCANNED**

INTERVIEWER: C. L. E. B. A. R. N. S. - 111

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL

PBSO #0129C REV. 9/93

SCANNED
DEC 05 2022

CASE NUMBER:



**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	☐	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	☐	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	☐	119.071(4)(c)	Undercover personnel.	
	☐	119.071(2)(f)	Confidential informants (CIs).	
	☐	119.071(2)(e)	Confession.	
Public Info. Exemptions	☐	985.04(1)	Juvenile offender records.	
	☐	119.071(h)(i)	Assets of a crime victim.	
	☐	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	☐	394.4615(7)	Mental health information.	
	☐	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)	☒	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	☐	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	☐	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	☐	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	☐			
	☐			
	☐			
	☐			
	☐			
Other	☐		Other:	
	☐		Other:	

REVIEW COMPLETED BY

Booking Number: 2022031357	Date: 12/5/2022
	Specialist Name/ID: T.Howard/7185

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DEC 05 2022