

50-2024-CT-004795 A S B

0547952

1044

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 24-003713</b>		1 Arrest 2 N.T.A. 3 Request for Warrant 4 Request for Capias	1	JUVENILE		
D E F E N D A N T	Charge Type Check as many as apply:	<input type="checkbox"/> 1 Felony <input type="checkbox"/> 2 Traffic Felony	<input checked="" type="checkbox"/> 3 Misdemeanor <input type="checkbox"/> 4 Traffic Misdemeanor	<input type="checkbox"/> 5 Ordinance <input type="checkbox"/> 6 Other	If Weapon Seized Enter Type <b>UNARMED</b>		Multiple Clearance Indicator		1			
	Location of Arrest (Including Name of Business)				Location of Offense (Business Name, Address)							
	<b>2829 OLD DIXIE HWY</b>				<b>2799 OLD DIXIE HWY/FLADELL'S LN, DELRAY BEACH, FL</b>							
D E F E N D A N T	Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle					
	<b>03/16/2024</b>	<del>22:38</del>	<b>03/16/2024</b>	<b>22:48</b>	<b>03/16/2024</b>	<b>22:41</b>						
	Name (Last, First, Middle) <b>STANPHILL, BRITTANY NICOLE</b>					Alias (Name, DOB, Soc. Sec. #, Etc.)						
	Race W - White B - Black		1 - American Indian O - Oriental/Asian	Sex <b>W</b>	<b>F</b>	Date of Birth <b>07/09/1985</b>	Height <b>5'03</b>	Weight <b>135</b>	Eye Color <b>BLUE</b>	Hair Color <b>BLOND OR</b>	Complexion <b>LIGHT</b>	Build <b>SMALL</b>
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)					Martial Status <b>U</b>	Religion		Indication of: Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/>			
	Local Address (Street, Apt. Number) <b>400 NE 3RD AVE 1716, FORT LAUDERDALE, FL 33301</b>				(City)	(State)	(Zip)	Phone				
	Permanent Address (Street, Apt. Number) <b>400 NE 3RD AVE 1716, FORT LAUDERDALE, FL 33301</b>				(City)	(State)	(Zip)	Phone				
	Business Address (Name, Street)				(City)	(State)	(Zip)	Phone				
									<b>VERBAL</b>			
									<b>Real Estate</b>			
D/L Number, State <b>S351074857490 / FL</b>		Soc. Sec. Number		INS Number		Place of Birth (City, State) <b>LITTLE ROCK, AR</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"/> 3. Felony	<input type="checkbox"/> 5. Juvenile	
	Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth		<input type="checkbox"/> 2. At Large	<input type="checkbox"/> 4. Misdemeanor		
J U V E N I L E	<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 <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. Smuggle D. Deliver E. Use	K. Disperses/ 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>DUI BAL. 15 OR MORE / DUI-UNDER 18YOA PASSENGER</b>						Statute Violation Number <b>316.193(4)</b>	Violation of ORD #				
C H A R G E	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number		Bond			
		<b>N</b>		<b>2400313</b>	<b>1</b>	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N						
C H A R G E	Charge Description						Statute Violation Number	Violation of ORD #				
	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number		Bond			
C H A R G E	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					
	Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input checked="" type="checkbox"/> TOT County Jail						PROPERTY - Received By		Released By			
	Transported By <b>STROUD</b>						Date Transported <b>03/16/2024</b>	Time Transported <b>22:41</b>	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>04/11/2024 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						
A D M I N	Signature of Defendant (or Juvenile and Parent/Custodian)						Date Signed <b>3/16/24</b>					
	HOLD for Other Agency						Signature of Arresting Officer					
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other						Name of Arresting Officer (Print) <b>STROUD, ELIZABETH</b>					
Inmate Deputy <b>Burillo</b>		ID # <b>132</b>	Pouch #	Name of Transporting Officer <b>STROUD ELIZABETH</b>		ID # <b>1191</b>	Agency <b>DBPD</b>	Name Verification (Printed by Arrestee) (PRINT)		PAGE <b>1 OF 1</b>		

COURT  STATE ATTORNEY  AGENCY  CENTRAL RECORDS  JAIL  CRIME ANALYSIS  P. I. O.  DEFENDANT

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 16th DAY OF March, 2024 AT 20:25  AM  PM  
IN THE CITY OF DELRAY BEACH, COUNTY OF PALM BEACH, STATE OF FLORIDA

Case No: 24003713 Defendant: Brittany Stanphill  
Agency: Delray Beach Police Arresting Ofc: OFC. ELIZABETH STROUD

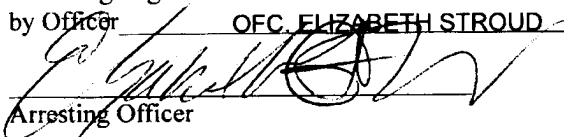
PERSONAL CONTACT/DRIVING PATTERN/OBSERVATIONS OF DRIVER:

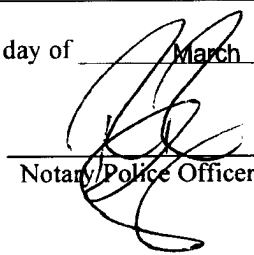
On 03/16/2024, While traveling eastbound in the middle lane on W Linton Blvd, I noticed a white Audi SUV (FL Tag: JBTA25) traveling eastbound in the right lane unable to maintain its lane. I got behind the vehicle and noticed that the vehicle was continuously veering to the right (out of its lane) after it would correct itself. The vehicle conducted a right turn onto Old Dixie Hwy (southbound) and continued to veer toward the right touching the white shoulder line on the road. I initiated a traffic stop by activating my lights and sirens in the area of Fladell's Lane and Old Dixie Hwy.

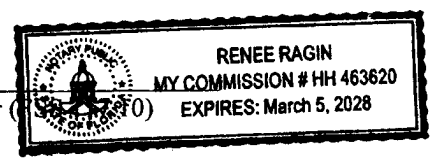
I made contact with registered owner and sole occupant Brittney Stanphill. I asked Stanphill for her license, registration and insurance, while I notified her for the reason of stop. She spontaneously uttered that she was texting while driving the vehicle. Stanphill had slow dexterity and slurred/slow speech. I did smell an unknown odor of alcohol while speaking to Stanphill. I returned to my vehicle verified her information. I returned to the vehicle and asked her to step out of the car. While out of the car I notified her that I could smell an odor of alcohol emanating from her breathe. She advised that she had wine in the car. I notified her that outside of the vehicle, I was still able to smell it from her breathe. During the interaction, I asked Stanphill if she had been drinking, she advised that she did not. I asked if she would like to conduct roadside tasks to which she agreed.

NOT A CERTIFIED COPY

The foregoing instrument was sworn to before me this 16th day of March, 2024  
by Officer OFC. ELIZABETH STROUD

  
Arresting Officer

  
Notary/Police Officer



**ROADSIDE TASKS**

Case No: 24003713 Defendant: Brittany Stanphill

**HORIZONTAL GAZE NYSTAGMUS:**

4 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:

**WALK AND TURN:** 4 of 8 clues

When I tried to direct the subject on how to stand for the start of the task, she would automatically begin walking the line without being directed. This happened several times. She missed all heel to toes steps forward and backward down the line after she was reminded. She advised that this was how she walked. She conducted an improper turn by not using her opposite foot while pivoting (demonstrated to her). Stepped off line during the first few steps.

**ONE LEG STAND:** 1 of 4 clues

Puts foot down on 1005 and 10011

**FINGER TO NOSE:** 1 of 4 clues

Subject would not bring hand back down after touching her nose. She advised that she did understand the instruction before I started the task. During the middle of the task, the subject seemed upset at what was being asked of her. I explained to her that these were required by the state of Florida. After she refused to make a decision on whether or not to continue, I made the decision to stop all tasks. The subject was then placed under arrest.

**ROMBERG/ALPHABET:** 0 of 4 clues

Not administered

The subject (Brittney Stanphill) was placed under arrest and handcuffed before she was placed in the back of my patrol vehicle.

She then transported to the Breath Alcohol Testing facility at the Palm Beach County Jail. Upon my arrival at 2119 hours, I completed the required 20-minute observation. I then requested Stanphill provide a sample of his breath for the purpose of determining the alcohol content. She blew twice resulting in an initially blow of .231 and a final blow of .246. Stanphill was read her Mirand Rights and stated afterward that she did not have any alcohol since yesterday. Based on the above facts, probable cause does exist to charge Brittney Stanphill with one count of DUI pursuant to FSS 316.193(4). I issued the Stanphill the following citations: DUI (over a .15), Failure to Drive within Single Lane, and Texting While Driving.

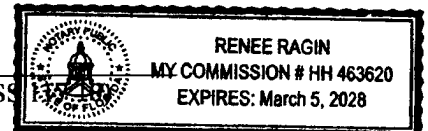
Upon completion of the booking process, Stanphill was turned over to Palm Beach County Jail.

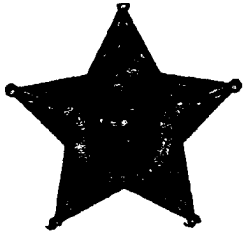
The foregoing instrument was sworn to before me this 16th day of March, 2024

by Officer OFC. ELIZABETH STROUD

*[Signature]*  
Arresting Officer

*[Signature]*  
Notary/Police Officer (FSS)





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

PBSO CASE # 24-044277 PBSO ZONE 4.22

AGENCY CASE # 24003713 CRASH CASE # \_\_\_\_\_

TIME OF STOP/CRASH 20:25 DATE 3/16/24 DAY Saturday

SUBJECT'S NAME Brittany Stanphill RACE W SEX F

HGT 503 WGT 135 DOB 7/9/85

LOCATION Fladdell's Lane / Old Dixie Hwy

ARRESTING OFFICER'S NAME & ID E. Stroud 1191 AGENCY DBPD

DIVISION: Traffic NOTIFIED BY COMMO Yes

ARRIVAL AT FACILITY 21:19

Arrest Time 20:44

BREATH RESULTS:

- 1. 231
- 2. 246
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

TESTING OFFICER'S ID 16877

NOT A CERTIFIED COPY

SUBJECT: \_\_\_\_\_ CASE NUMBER: \_\_\_\_\_

# 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.

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

I am \_\_\_\_\_ of the \_\_\_\_\_

If you refuse to take the test I have requested of you, your driving privilege will be suspended for a period of one (1) year for a FIRST REFUSAL, or eighteen (18) months if your driving privilege has been PREVIOUSLY SUSPENDED, or if you have been PREVIOUSLY FINED under s. 327.35215, for refusing to submit to a lawful test of your breath, urine, or blood. Additionally, if you refuse to take the test I have requested of you, and if your driving privilege has been previously suspended, or if you have been previously fined under s. 327.35215, for a refusal to submit to a lawful test of your **breath, urine** or blood, you will be committing a misdemeanor, in addition to any other penalties which can be imposed by law.

Refusal to submit to the test I have requested is admissible into evidence in any criminal proceeding.

Do you understand what I have just read to you? YES <or> NO      Do you still refuse to submit to this test? YES <or> NO

***NOTE: IF THE SUBJECT POSSESSES A COMMERCIAL DRIVER'S LICENSE (CDL), READ THE FOLLOWING,***

If you are a Commercial Driver License (CDL) holder or were driving a Commercial Motor Vehicle (CMV), your refusal to submit to testing will result in the loss of your commercial driving privilege for a period of one year from today. If this is your SECOND REFUSAL, you will be permanently disqualified from holding a CDL or operating a CMV.

Do you understand what I have just read to you? YES <or> NO      Do you still refuse to submit to this test? YES <or> NO

SUBJECTS SIGNATURE: (X) \_\_\_\_\_

## 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) \_\_\_\_\_

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

SUBJECT: St. Hill, Anthony N. CASE NUMBER: \_\_\_\_\_

## 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? \_\_\_\_\_

INTERVIEWER: \_\_\_\_\_

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

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

Instrument Type: Intoxilyzer 8000  
Instrument Registered To: PALM BEACH CSO  
Instrument Serial Number: 80-006029 Software: 8100.27  
Date of Test: 03/16/2024

Date of Last Agency Inspection: 03/08/2024

Observation Period Began: 21:19

Subject's Name: BRITTANY N STANPHILL

DOB: 07/09/1985 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	21:45
	Air Blank	0.000	21:46
	Control Test	0.079	21:46
	Air Blank	0.000	21:47
	Subject Sample #1	0.231	21:48
	Air Blank	0.000	21:48
	Air Blank	0.000	21:50
	Subject Sample #2	0.246	21:51
	Air Blank	0.000	21:51
	Control Test	0.078	21:52
	Air Blank	0.000	21:52
	Diagnostics Check	OK	21:52

Cylinder Lot: 06723080A5  
Exp: 04/05/2025

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 RENEE A. RAGIN, 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: \_\_\_\_\_ Date: 03/16/24  
Signature

Sworn to (or affirmed) before me this 16 day of March, 2024  
[Signature] C.E. Streed #1191  
Signature of Notary Public-State of Florida 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: Stanphill, Brittany N.

CASE NUMBER: 24-044277

DATE: Mar 16, 2024

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 21:41

ENDING TIME: 21:56

BREATH TESTS RESULTS: 1) .231 TIME 21:48 A.M.  P.M.  2) .246 TIME 21:51 A.M.  P.M.   
3) N/A TIME \_\_\_\_\_ A.M.  P.M.  4) N/A TIME \_\_\_\_\_ A.M.  P.M.

BREATH OPERATOR: R. Ragin #16877

MAINTENANCE TECHNICAN: Jason Karlecke #6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Talkative, agitated, upset, crying

CLOTHING: Black & white dress, black sandals

MEDICAL CONDITIONS: None

MEDICATIONS: None

### OTHER:

Eyes are red  
odor of unknown alcoholic beverage on breath

### COMMENTS:

Arrived at center A/O started 20 minute observation period at 21:19 hrs.

Subject refused to perform breath test.

A/O read I/C and subject stated she understood I/C.

Subject agreed to take test.

A/O read rights.

Subject stated she understood rights.

Tech read breath test results.

Subject acknowledged she understood breath test results.

A/O conducted Q&A.

Subject answered a few.

WITNESS LIST

Case No: 24003713 Defendant: Brittany Stanphill

Arresting Officer: OFC. ELIZABETH STROUD  
Address: Delray Beach Police Department  
Phone Numbers: Home: 561-243-7800 Work: \_\_\_\_\_

Name: OFC NICHOLAS COOPER  
Address: Delray Beach Police Department  
Phone Numbers: Home: 561-243-7800 Work: \_\_\_\_\_  
Can testify to: Back Up Officer

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: \_\_\_\_\_  
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



# Palm Beach County Sheriff's Office

Florida State Statute Exemption Sheet

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel	
	<input type="checkbox"/>	119.071(2)(e)	Confession	
Public Info. Exemptions	<input type="checkbox"/>	FL Const. Art. I, s. 16(b)(5)	Marsy's Law – victim information shall be redacted. The term "victim" also includes the victim's lawful representative, the parent or guardian of a minor, or the next of kin of a homicide victim. The term "victim" does not include the accused (ref. page 99 of the CRTM for additional information)	
	<input type="checkbox"/>	119.071(2)(j)	Home/employment telephone number, home/employment address, or personal assets of a person who has been the victim of sexual battery, aggravated child abuse, aggravated stalking, harassment, aggravated battery or domestic violence	
	<input type="checkbox"/>	119.0712(2)	Personal information contained in a motor vehicle record	
	<input type="checkbox"/>	316.650(11)	Driver information contained in a uniform traffic citation	
	<input type="checkbox"/>	119.071(4)(d)2.a.	Home addresses, telephone numbers, dates of birth, and photographs of active/former LE personnel, spouses, and children	
Florida Rules of Judicial Administration 2.420	<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"/>	(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"/>			
Other	<input type="checkbox"/>			
	<input type="checkbox"/>			
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REVIEW COMPLETED BY

Booking Number: 2024007209	Date: 3/17/2024
	Specialist Name/ID#: MTools #8557