

0559325

25CPS159

3264

ARREST NOTICE TO APPEAR

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

OBT'S Number		Agency ORI Number 0500400		Agency Name Delray Beach Police Department		Agency Report Number (N.T.A's only) 4 0 25-007227		Enter Type UNARMED		Multiple Clearance Indicator	
Charge Type Check is main as apply <input checked="" type="checkbox"/> 1 Felony <input type="checkbox"/> 2 Traffic Felony		<input checked="" 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 UNARMED		Multiple Clearance Indicator	
Location of Arrest (Including Name of Business) 1909 W ATLANTIC AVE DELRAY BEACH FL 3344						Location of Offense (Business Name - Address) 1 N CONGRESS AVE/W ATLANTIC AVE, DELRAY BEACH, FL					
Date of Arrest 06/25/2025		Time of Arrest 21:23		Booking Date 06/25/2025		Booking Time 21:33		Jail Date 06/25/2025		Jail Time 21:38	
Name (Last, First, Middle) EISENBUD, DANIELLE AMY						Alias (Name, DOB, Soc. Sec. #, Etc.)					
RACE W - White B - Black O - Oriental Asian		Sex W F		Date of Birth 03/26/1975		Height 5'08		Weight 145		Eye Color BROWN	
Hair Color BROWN		Complexion FAIR		Build MEDIUM		Marital Status NOT INDICA		Religion		Indication of Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Ink <input type="checkbox"/>	
Local Address (Street, Apt. Number) 11054 SW 79TH PATH, MIAMI, FL 33156		City MIAMI		State FL		Zip 33156		Phone		Residence Type 1 City 2 Florida 3 County 4 Out of State	
Permanent Address (Street, Apt. Number) 11054 SW 79TH PATH, MIAMI, FL 33156		City MIAMI		State FL		Zip 33156		Phone		Address Source FL DL	
Business Address (Name, Street) 11054 SW 79TH PATH, MIAMI, FL 33156		City MIAMI		State FL		Zip 33156		Phone		Occupation	
D.L. Number State E251161756060 / FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) New York City, NY		Citizenship US			
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		<input type="checkbox"/> 1 Arrested <input type="checkbox"/> 2 Felony <input type="checkbox"/> 3 Juvenile			
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		<input type="checkbox"/> 1 Arrested <input type="checkbox"/> 2 Felony <input type="checkbox"/> 3 Juvenile			
<input type="checkbox"/> Parent <input type="checkbox"/> Other		Name (Last, First, Middle)		Residence Phone							
<input type="checkbox"/> Legal Custodian		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 <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							
<input type="checkbox"/> Yes, by <input type="checkbox"/> No		Property, Crime		Description of Property		Value of Property					
Drug Activity S Sell N N.A. P Possess		R Smuggle B Buy T Traffic		D Deliver E Use		K Dispense/ Distribute		M Manufacture/ Produce/ Cultivate		Z Other	
Drug Type N.A. A Amphetamine		B Barbiturate C Cocaine E Heroin		H Hallucinogen M Marijuana O Opium/Derm.		P Paraphernalia/ Equipment		S Synthetic		U Unknown Z Other	
Charge Description POSSESSION OF CONTROLLED SUBSTANCE W/OUT A PRESCRIPTION		Statute Violation Number 893.13(6)(A)		Violation of ORD #							
Drug Activity N		Drug Type N		Amount/Unit 1		Offense # 25-007227		Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
Charge Description DRIVING WHILE UNDER INFLUENCE		Statute Violation Number 316.193(1)A		Violation of ORD #							
Drug Activity N		Drug Type N		Amount/Unit 1		Offense # 25-007227		Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
Charge Description INHALE/INGEST HARMFUL CHEMICALS		Statute Violation Number 877.111(1)		Violation of ORD #							
Drug Activity N		Drug Type N		Amount/Unit 1		Offense # 25-007227		Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
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"/> Posted Bond		<input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> South County Mental Health		<input checked="" type="checkbox"/> TOT County Jail		PROPERTY - Received By		Released By		Released To	
Transported By		Date Transported // : :		Time Transported		Other					
<input type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court		<input checked="" type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court		Location (Court, Room) South County 200 W Atlantic Ave Delray Beach, FL 33444		Court Date and Time				No Photo Available	
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 ML		Name Verification (Printed by Arrestee)							
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Name of Arresting Officer (Print) COOPER, NICHOLAS JAMES		ID # 1225		(PRINT)		PAGE 1 OF 1	
Intake Deputy COOPER		ID # 1225		Pouch #		Transporting Officer COOPER		ID # 1225		Agencies DBPD	
								Witness here if subject signed with an "X"			


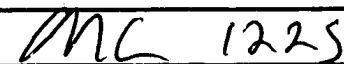
COURT STATE ATTORNEY AGENCY CENTRAL RECORDS JAIL CRIME ANALYSIS DEFENDANT


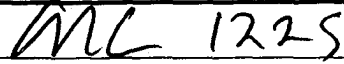
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PROBABLE CAUSE AFFIDAVIT

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

1 JUVENILE

Agency ORI Number FL 0500400	Agency Name DELRAY BEACH POLICE DEPARTMENT	Agency Report Number 4 0 25-007227
Charge Type Check as many as apply <input checked="" type="checkbox"/> 1 Felony <input checked="" type="checkbox"/> 3 Misdemeanor <input type="checkbox"/> 5 Ordinance <input type="checkbox"/> 2 Traffic Felony <input checked="" type="checkbox"/> 4 Traffic Misdemeanor <input type="checkbox"/> 6 Other		Special Notes
Name (Last First Middle) EISENBUD, DANIELLE AMY		Race Sex Date of Birth W F 03/26/1975
Charge Description 316.193(1)A DRIVING WHILE UNDER INFLUENCE	Charge Description 877.111(1) INHALE/INGEST HARMFUL CHEMICALS	
Charge Description 893.13(6)(A) POSSESSION OF A CONTROLLED SUBSTANCE	Charge Description	
Victims Name (Last First Middle) State Of Florida		Race Sex Date of Birth
Local Address (Street Apt Number) (City) (State) (Zip)		Phone Address Source
Business Address (Name Street) (City) (State) (Zip)		Phone Occupation
<p>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</p> <p>The Person taken into custody</p> <p><input type="checkbox"/> committed the below acts in my presence <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts</p> <p><input checked="" type="checkbox"/> confessed to <u>COOPER</u> admitting to the below facts <input checked="" type="checkbox"/> was found to have committed the below acts resulting from my (described) investigation</p> <p>On the <u>25</u> day of <u>June</u> <u>2025</u> at <u>21:43</u> (Specifically include facts constituting cause for arrest.)</p>		
<p>The following incident occurred in the City of Delray Beach, Palm Beach County, Florida:</p> <p>On June 25, 2025, at approximately 6:05 PM, the Delray Beach Police Department received a report of a dark navy KIA bearing FL tag (KQYZ13) traveling westbound on W Atlantic Ave, occupied by a female. Witnesses advised that the female was huffing from an air canister and had stopped in the middle of the road, passed out behind the wheel.</p> <p>Upon my arrival, I observed a Kia SUV stopped on the CSX tracks in the middle of the roadway. I initiated a traffic stop using my patrol lights and siren. The vehicle initially did not stop when I activated my lights and sirens and was slowly weaving between lanes without regard for other drivers. The vehicle eventually came to a stop at the red traffic signal at the intersection of W. Atlantic Ave. and N. Congress Ave.</p> <p>I made contact with a white female driver and immediately instructed her to exit the vehicle. The driver was identified as Danielle Eisenbud through her Florida driver's license. During our interaction, I observed Eisenbud very fidgety, she had pinpoint pupils and a red, chapped area on her chin. I asked Eisenbud her current location; she responded that she was in Boca Raton, Florida. She explained that she was traveling to Crossroad for an NA/AA meeting. I asked Eisenbud if there was anything in her vehicle that officers needed to be worried about. She stated that she had medication, and when I asked if those medications were prescribed to her, she advised that they were not. Eisenbud then explained that she had spray cans that people inhale inside the vehicle. I informed Eisenbud that we had received multiple calls reporting her being passed out behind the wheel with an air canister. Eisenbud denied using the air canister. Fire Department/EMS responded and evaluated Eisenbud.</p> <p>After DBFD cleared Eisenbud, I advised her of her Miranda rights, and she acknowledged understanding them. I asked Eisenbud if she had been inhaling dust from cans. She</p>		
SWORN AND SUBSCRIBED BEFORE ME  COLLARETTI, ANDREW NOTARY PUBLIC / CLERK OF COURT / OFFICER (F S S 117 10) <u>06/25/2025</u> DATE		 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER COOPER, NICHOLAS JAMES (1225) NAME OF OFFICER (PLEASE PRINT) <u>06/25/2025</u> DATE
		PAGE 1 OF 2

OBTS Number	PROBABLE CAUSE AFFIDAVIT SUPPLEMENT		1 Arrest 2 N.T.A	3 Request for Warrant 4 Request for Capias	1	JUVENILE
Agency ORI Number FL 0500400	Agency Name DELRAY BEACH POLICE DEPARTMENT	Agency Report Number 4 0 25-007227				
Charge Type Check as many as apply <input checked="" type="checkbox"/> 1 Felony <input checked="" type="checkbox"/> 3 Misdemeanor <input type="checkbox"/> 5 Ord.nance <input type="checkbox"/> 2 Traffic Felony <input checked="" type="checkbox"/> 4 Traffic Misdemeanor <input type="checkbox"/> 6 Other			Special Notes			
Name (Last First Middle) EISENBUD, DANIELLE AMY			Race W	Sex F	Date of Birth 03/26/1975	
<p>initially denied doing so, but as Sgt. Collaretti continued questioning her, she admitted that the redness and chafing around her lips were caused by inhaling dust from cans. Eisenbud also agreed that the reason she was passed out behind the wheel was due to being high from inhaling dust from cans.</p> <p>It should be noted that officers located six empty dust-off canisters in Eisenbud`s vehicle. While searching Eisenbud`s purse, I found a small coin purse containing a small blue box that held a single oval-shaped pill marked with "Y19." The blue box had no other markings. I then identified the pill using a pill identifier website and determined that it was Alprazolam.</p> <p>Eisenbud was transported to Delray Medical Center in order to obtain a blood draw due to the fact that time was of the essence and when a subject inhales harmful chemicals. Eisenbud voluntarily agreed to give a blood sample and the blood draw was administered by the nurse at 7:20pm</p> <p>Based on the above stated facts there is probable cause to charge Danielle Eisenbud with DUI, INHALE/INGEST HARMFUL CHEMICALS, Possession of a controlled substance in violation of FSS 316.193(1)A, 877.111(1), 893.13(6)(A)</p>						
ADMINISTRATIVE	SWORN AND SUBSCRIBED BEFORE ME  COLLARETTI, ANDREW NOTARY PUBLIC / CLERK OF COURT / OFFICER (F S S 117.10) 06/25/2025 DATE		 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER COOPER, NICHOLAS JAMES (1225) NAME OF OFFICER (PLEASE PRINT) 06/25/2025 DATE			
						PAGE 2 OF 2

NOT A CERTIFIED COPY



Palm Beach County Sheriff's Office

Florida State Statute Exemption Sheet

	X	Florida State Statute	Description	Page Number(s)
I/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"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>	119.071 (2)(j)	The Victim's address in a Domestic Violence action on petitioner's request.	

REVIEW COMPLETED BY

Booking Number: 2025016795	Date: 6/26/2025
	Specialist Name/ID#: MTools #8557