0561379 25CTL4830 2965

☐ Marsy's Law CVI FL. Const. Art.1 § 16(b)

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

☐ Check if Supplement is Attached

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

Juvenile: 1 | N

ADMINISTRATIVE

OBTS Number	Agency ORI Number	Agency Name	Agency Report Number
	FLO 5 0 0 0 0 0	PALM BEACH COUNTY SHERIFF'S OFFICE	0 6 I-I 25096505 ( )

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

Multiple Clearance Indicator

Location of Arrest (including Name of Business)	Location of Offense (Business Name, Address)
OKEECHOBEE BLVD / HAVERHILL RD, WEST PALM BEACH, FL 33417	OKEECHOBEE BLVD / HAVERHILL RD, WEST PALM BEACH, FL 33417

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
09/13/2025	0024					N/A

DEFENDANT

Name (Last, First, Middle): Barber, Nicbole, Marie

Alias (Name, DOB, Soc. Sec. #, Etc.)

Race (W - White, B - Black, I - American Indian, O -Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	F	11/27/1995	5'02	140	BRN	BRN	MED	MED

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description): NONE

Marital Status: Single | Religion: CATHOLIC | Indication of: Alcohol Influence ☒ Y ☐ N ☐ Unk; Drug Influence ☐ Y ☒ N ☐ Unk

Local Address (Street, Apt. Number) (City) (State) (Zip): 1112 Summerwood Cir, Wellington, FL 33414

Mobile Phone: (561) 319-2504

Residence Type: 1. City 2. County 3. Florida 4. Out of State: 2

Permanent Address (Street, Apt. Number) (City) (State) (Zip):

Phone: ( )

Address Source: VERBAL - DL

Business Address (Name, Street) (City) (State) (Zip):

Phone: ( )

Occupation: PERSONAL ASSISTANT

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
B616633959270, FL	[redacted]		WELLINGTON, FL	YES

CO-DEF

Co-Defendant (Last, First, Middle)	Race	Sex	Date of Birth	
				☐ 1. Arrested ☐ 2. At Large ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile
Co-Defendant (Last, First, Middle)	Race	Sex	Date of Birth	
				☐ 1. Arrested ☐ 2. At Large ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile

JUVENILE

☐ Parent ☐ Legal Custodian ☐ Other:

Name (Last) (First) (Middle)

Residence Phone: ( )

Address (Street, Apt. Number) (City) (State) (Zip): (11 1,000

Business Phone: ( )

Notified by: (Name) Date Time

Juvenile Disposition: 1. Handled/Processed within Dept. and Released. 2. TOT HRS/DYS 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 (561) 355-6511) informed of any change of address.

School Attended Grade

☐ Yes, by: (Name) ☐ No (Reason)

Property Crime? ☐ Yes ☐ No

Description of Property

Value of Property

CODE

Drug Activity: N. N/A, P. Possess, S. Sell, B. Buy, T. Traffic, R. Smuggle, D. Deliver, E. Use, K. Dispense/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

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
Driving Under the Influence	1	☐ Y ☒ N	316.193(1)(A)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
U	U		25096505		

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐ Y ☐ N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐ Y ☐ N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐ Y ☐ N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

NOTICE TO APPEAR

Location (Court, Room Number, Address): Criminal Justice Complex, 3228 Gun Club Road, West Palm Beach, FL 33406 - Ph: (561) 688-4600

FILED PBC - GUN CLUB '25 SEP 13 AM 7:17

Court Date and Time: Month OCTOBER Day 9th Year 2025 Time 0830 A.M. ☒ P.M. ☐

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: 09/13/2025

I consent to receive text reminders of court date(s) and times for this case by automated technology to the mobile number identified above. I understand that standard text message rates may apply, and that I may revoke this consent via the text message system if I choose. Signature

ADMIN

HOLD for other agency

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other:

Intake Deputy I.D. # Pouch #: GT HOWEAL 7600

Signature of Arresting Officer: X

Name of Arresting Officer (Print) I.D. #: Investigator J. Cisson 24091

Transporting Officer I.D. # Agency: Investigator J. Cisson 24091 PBSO

Name Verification (Printed by Arrestee) (PRINT)

SEP 13 AM 2:46

Witness here if subject signed with an "X"

PAGE 1 OF 1

PBSO #0148 REV. 1/22 DISTRIBUTION: COURT COPY STATE ATTORNEY AGENCY AGENCY DEFENDANT (N.T.A.'s ONLY)

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PROBABLE CAUSE AFFIDAVIT

OBTS Number | 1 Arrest 2 N.T.A. 3 Request for Warrant 4 Request for Capias | 1 | Juvenile N

ADMIN

Agency ORI Number: FLO 500000 | Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE | Agency Report Number: 06- 25-096505

Charge Type: Check as many as apply. 1. Felony 2. Traffic Felony 3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 6. Other

Special Notes: Supp PC

DEF

Name (Last, First, Middle): Barber, Nichole | Alias | Race: W | Sex: F | Date of Birth: 11-27-1995

CHARGES

DUI

VICTIM

Victim's Name (Last, First, Middle): ~~DUI~~ State of FL | 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

PROBABLE CAUSE STATEMENT

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.
The Person taken into custody

- [x] committed the below acts in my presence.
- [ ] confessed to _____ admitting to the below facts.
- [ ] was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.
- [x] was found to have commited the below acts, resulting from my (described) investigation.

On the 12TH day of September 20 25 at 23:44 [ ] A.M. [ ] P.M. (Specifically include facts constituting cause for arrest.)

[ ] Marsy's Law CVI
FL. Const. Art.1 § 16(b)

On September 12, 2025, at approximately 23:44 hours, I was conducting routine patrol in the area of Okeechobee Boulevard and Haverhill Road North in unincorporated West Palm Beach.

While traveling westbound on Okeechobee Boulevard, just east of Haverhill Road North, I observed a gray Jeep traveling ahead of me with no lights activated. As I continued westbound behind the vehicle, I provided dispatch with the license plate number, Florida tag PYWH64. Dispatch advised that the tag was clear and returned to a gray Jeep.

Based on the observed violation of driving without headlights during hours of darkness, in violation of Florida State Statute 316.217(1)(a), I activated my overhead red and blue emergency lights to initiate a traffic stop. The vehicle pulled off the roadway and came to a stop in the parking lot of 5411 Okeechobee Blvd.

I approached the vehicle on the driver's side and observed a white female, later identified as Nichole Barber (DOB 11/27/1995), seated in the driver's seat. She was the sole occupant of the vehicle. As I stood at the driver's window, I observed her reaching around inside the vehicle and making several movements before rolling the window down. Upon the window being lowered, I immediately detected a strong fruity aroma emanating from the interior of the vehicle. Based on my training and experience, this type of odor is commonly used to mask the smell of illegal drugs or marijuana. I identified myself and explained the reason for the stop to the driver. I then requested her driver's license, registration, and proof of insurance. While she was attempting to locate these documents, I asked what she had been reaching for inside the vehicle. She stated that she was "[redacted]" I asked her why she needed her makeup during a traffic stop, and she replied, "[redacted]" The driver was unable to produce a physical copy of her driver's license and instead verbally identified herself as Nichole Barber, with a date of birth of 11/27/1995.

While speaking with Ms. Barber, I observed the following indicators of impairment: Her speech was noticeably slow and lethargic; Her eyes were bloodshot red and glassy; A strong odor of an unknown alcoholic beverage was emitting from her breath, which intensified as she spoke.

Based on the totality of my observations, including her physical indicators, behavior, and speech, I suspected impairment. I contacted Investigator Cisson #24091 with the DUI unit and requested his response to the scene for further investigation. Upon his arrival, the scene was turned over to Investigator Cisson.

This concludes my supplemental report.

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ADMINISTRATIVE

STATE OF FLORIDA
COUNTY OF PALM BEACH

D/S L. Benson (ID #) 16736
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 12th day of September 20 25 by D/S L. Benson 16736

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

Inv. J. Cisson #24091
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 12th DAY OF September 20 25, AT 2344 AM PM ✓

SUBJECT: Barber, Nichole, Marie CASE NUMBER: 25096505

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: Investigator J. Cisson

PERSONAL CONTACT

DRIVING PATTERN: Actual physical control (physical evidence or statements putting def. behind wheel of vehicle)

On Friday, September 12th 2025 at approximately 2350 hours, I arrived on scene of a traffic stop conducted by Deputy L. Benson ID# 16736 at Okeechobee Blvd and N. Haverhill Rd, in unincorporated West Palm Beach, FL 33417 (Palm Beach County). Upon arrival, Deputy L. Benson relayed to me, she observed the vehicle driving westbound on Okeechobee Blvd with no lights illuminated while at night time. She initiated a traffic stop on the vehicle a gray Jeep Compass bearing Florida tag PYWH64. The vehicle turned into a parking lot and Deputy Benson made contact with the driver who was identified as the registered owner, Nichole Marie Barber. She was alone in the vehicle. Deputy Benson completed a supplemental probable cause affidavit to her observations. It is attached to this packet.

OBSERVATION OF DRIVER:

I observed the defendant, Nichole Marie Barber who was wearing a tan top, blue jean pants, and black heels. The defendant was sitting inside the vehicle and she was alone. I asked the defendant to walk over to the front of my vehicle and speak with me. While walking over to my vehicle, the defendant was unsteady on her feet and staggered as she walked. While standing stationary the defendant swayed. I could see the defendants eyes were bloodshot and glossy. She had an obvious odor of an unknown alcoholic beverage emitting from her breath that grew stronger as she spoke. The defendants speech was slow and slurred.

DRIVER'S STATEMENTS:

The defendant said she did not have any physical defects or preexisting injuries, diabetes, wear glasses or receive a bump on the head. [redacted] I asked the defendant to submit to roadside field sobriety tasks to which she questioned. I read her Taylor Warnings to which she said she understood. She debated for a few minutes to do them or not and later agreed to do the task.

ODORS:

Obvious odor of an unknown alcoholic beverage

GENERAL OBSERVATIONS

SPEECH: **Slow, Slurred**

ATTITUDE: **Calm, Compliant**

CLOTHING: **Neat, Clean**

MEDICAL/OTHER: **None**

STATE OF FLORIDA
COUNTY OF PALM BEACH

Investigator J. Cisson
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 13th day of September 20 25 by Investigator J. Cisson

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced Known LEO ID# 24091

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

TIA STEPHENS
MY COMMISSION # HH 666077
EXPIRES: May 13, 2028

NOT A CERTIFIED COPY

SUBJECT: **Barber, Nichole, Marie** CASE NUMBER 25096505

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

- [x] LT EYE-LACK OF SMOOTH PURSUIT
- [x] RT EYE-LACK OF SMOOTH PURSUIT
- [x] LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION
- [x] RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION
- [x] LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES
- [x] RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

Other Observations:
The defendant swayed while standing stationary.

WALK & TURN:

I placed yellow tape in a straight line on the asphalt. The defendant opted to take her heels off for the task. The asphalt was relatively level. The task was explained and demonstrated. The defendant stated she understood the instructions. During the task the defendant failed to maintain the instructional stance by stepping off the line. The defendant swayed while standing stationary. The defendant used her arms for balance throughout the task, did not touch heel to toe multiple times, and took the incorrect number of steps. She took 10 steps on the return set.

ONE LEG STAND:

The task was explained and demonstrated. The defendant stated she understood the instructions. The defendant swayed while standing stationary. During the task the defendant used her arms for balance, put her foot down before 30 seconds elapsed. She hopped near the end of the task.

FINGER TO NOSE:

The task was explained and demonstrated. The defendant stated she understood the instructions. The defendant swayed while standing stationary. During the task the defendant failed to put her hand down on all 6 attempts.

ROMBERG ALPHABET:

The task was explained and demonstrated. The defendant stated she understood the instructions. The defendant swayed while standing stationary. During the task the defendant failed to recite the alphabet properly.

NOT ACCEPTED COPY

BREATH TEST RESULTS: | 1) 0.193 | 2) 0.178 | 3) | 4) |

STATE OF FLORIDA
COUNTY OF PALM BEACH

Investigator J. Cisson
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 13th day of September 20 25 by Investigator J. Cisson

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced Known LEO ID# 24091

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

TIA STEPHENS
MY COMMISSION # HH 666077
EXPIRES: May 13, 2028

WITNESS LIST

CASE NUMBER: 25096505

ARRESTING OFFICER: Investigator J. Cisson

ADDRESS: PBSO

PHONE NUMBERS (HOME): _____ (WORK) 561-309-8629 (Night Shift)

CAN TESTIFY TO: Facts of the case

NAME: Deputy L. Benson ID# 16736

ADDRESS: PBSO

PHONE NUMBERS (HOME) PBSO (WORK) _____

CAN TESTIFY TO: Traffic Stop, Indicators of Impairment

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

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PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

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TESTING FACILITY TASK REPORT

AGENCY: PBSO

SUBJECT: BARBER, NICHOLE MARIE

CASE NUMBER: 25-096505

DATE: Sep 13, 2025

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 01:16

ENDING TIME: 01:34

BREATH TESTS RESULTS: 1) .193 TIME 01:25 A.M. ☒ P.M. ☐ 2) .178 TIME 01:28 A.M. ☒ P.M. ☐

3) N/A TIME N/A A.M. ☐ P.M. ☐ 4) N/A TIME N/A A.M. ☐ P.M. ☐

BREATH OPERATOR: T. STEPHENS #15177

MAINTENANCE TECHNICAN: J. KARLECKE #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: NORMAL

ATTITUDE: CRYING, CALM

CLOTHING: BLUE JEANS, TAN SHIRT, SLIDES

MEDICAL CONDITIONS: NONE

MEDICATIONS: BIRTH CONTROL

OTHER:

COMMENTS:

ARRIVED AT DUI TESTING FACILITY AND A/O BEGAN THE 20 MINUTE OBSERVATION PERIOD AT 00:52 HRS

SUBJECT: STATED I DON'T KNOW WHEN ASKED TO TAKE TEST

A/O: READ I.C

SUBJECT: STATED SHE UNDERSTOOD I.C AND AGREED TO TAKE TEST

A/O: READ RIGHTS

SUBJECT: STATED SHE UNDERSTOOD RIGHTS

TECH: READ TEST RESULTS

SUBJECT: STATED SHE UNDERSTOOD TEST RESULTS

A/O: REQUESTED SUBJECT TO SIGN DUI CITATIONS

SUBJECT: STATED SHE WILL SIGN DUI CITATIONS

NO Q&A CONDUCTED

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PALM BEACH COUNTY
SHERIFF'S OFFICE
SHERIFF RIC L. BRADSHAW

DUI Breath Implied Consent

NOT APPLICABLE WITH VOLUNTARY CONSENT

DEFENDANT'S NAME: _____ CASE NO: _____

DATE OF ARREST: _____ TIME OF ARREST: _____

I am now requesting that you submit to a lawful test of your **BREATH** for the purpose of determining its alcohol content.

Will you take the test? YES____ NO____

NOTE: *READ ONLY IF THE ANSWER TO THE ABOVE IS "NO"*

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____ NO____

Do you still refuse to submit to this test? YES____ NO____

NOTE: *IF THE SUBJECT POSSESSES A COMMERCIAL DRIVER LICENSE (CDL), READ THE FOLLOWING, REGARDLESS OF WHETHER THE SUBJECT IS OPERATING A COMMERCIAL MOTOR VEHICLE (CMV)*

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____ NO____

Do you still refuse to submit to this test? YES____ NO____

Date read: _____ Time read: _____ Location read: _____

LAW ENFORCEMENT OFFICER NAME (printed): _____ ID: _____

LAW ENFORCEMENT OFFICER SIGNATURE: _____

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

FORM #0126BR REV 08/24

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SUBJECT: _____ 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: _____

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

Instrument Type: Intoxilyzer 8000
Instrument Registered To: PALM BEACH COUNTY SO
Instrument Serial Number: 80-006476 Software: 8100.27
Date of Test: 09/13/2025

Date of Last Agency Inspection: 09/12/2025
Observation Period Began: 00:52
Subject's Name: NICHOLE M BARBER DOB: 11/27/1995 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	01:23
Air Blank	0.000	01:23
Control Test	0.080	01:24
Air Blank	0.000	01:24
Subject Sample #1	0.193	01:25
Air Blank	0.000	01:26
Air Blank	0.000	01:27
Subject Sample #2	0.178	01:28
Air Blank	0.000	01:29
Control Test	0.078	01:29
Air Blank	0.000	01:30
Diagnostics Check	OK	01:30

Cylinder Lot: 32324080A2
Exp: 12/05/2026

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 TIA L STEPHENS, 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: Tia Stephens Date: 09/13/25
Signature

Sworn to (or affirmed) before me this 13th day of September, 2025

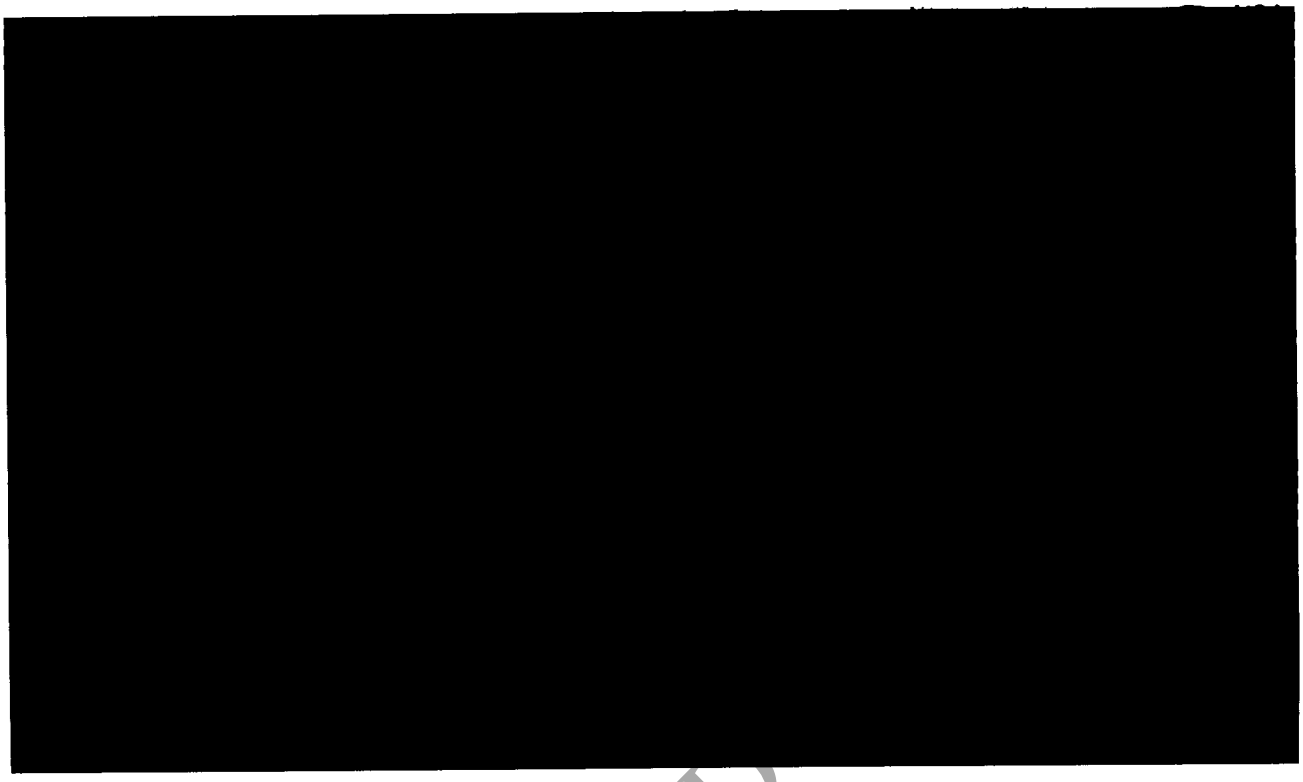
Signature of Notary Public-State of Florida

Inv. J Cisson
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 315.1934(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.

FDLE/ATP FORM 38 - MARCH 2004, Ref. 11D-8.007

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Palm Beach County Sheriff's Office

Florida State Statute Exemption Sheet

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	☐	119.071(4)(c)	Undercover personnel	
	☒	119.071(2)(e)	Confession	3-4
Public Info. Exemptions	☐	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 110 of the CRTM for additional information)	
	☐	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	
	☒	119.0712(2)	Personal information contained in a motor vehicle record	15
	☒	316.650(11)	Driver information contained in a uniform traffic citation	6-9
	☐	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	☒	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers	2
	☐	(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	☐			
	☐			
	☐			
	☐			

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REVIEW COMPLETED BY

Booking Number: 2025024665	**Date:** 9/13/2025
	Specialist Name/ID#: Angela Pinkney/7796