

A D M I N I S T R A T I O N	OBTS Number		17C1 5856		ARREST / NOTICE TO APPEAR		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		JUVENILE																				
	Agency ORI Number 0500200		Agency Name Boca Raton Police Department				Agency Report Number (N.T.A.'s only) 3 2 2017-004736																										
	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 None/not Applicable		Multiple Clearance Indicator																										
	Location of Arrest (Including Name of Business) 690 W GLADES RD						Location of Offense (Business Name, Address) 690 W GLADES RD, BOCA RATON, FL 33431																										
Date of Arrest 03/31/2017		Time of Arrest 00:24		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle																					
Name (Last, First, Middle) BARWELL, AMY CORRIN														Alias (Name, DOB, Soc. Sec. #, Etc.)																			
Race B - Black W - White O - Oriental/Asian		Sex W F		Date of Birth 09/21/1993		Height 5'06		Weight 125		Eye Color BROWN		Hair Color BROWN		Complexion LIGHT		Build Medium																	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)										Marital Status S		Religion NONE		Indication of: Alcohol Influence Drug Influence Yes ☒ No ☐ Unk ☐																			
Local Address (Street, Apt. Number) 400 NE 20TH ST A111, BOCA RATON, FL 33431										(City)		(State)		(Zip)		Phone (561) 789-9826		Residence Type: 1. City 3. Florida 2. County 4. Out of State															
Permanent Address (Street, Apt. Number) 400 NE 20TH ST A111, BOCA RATON, FL 33431										(City)		(State)		(Zip)		Phone (561) 789-9826		Address Source FL DL															
Business Address (Name, Street) STUDENT,										(City)		(State)		(Zip)		Phone (561) -		Occupation Fau Student															
D/L Number, State B640003938410 / FL				Soc. Sec. Number				INS Number				Place of Birth (City, State) RECEIVED Boca Raton FL US				Citizenship																	
Co-Defendant Name (Last, First, Middle)														Race		Sex		Date of Birth		☐ 1. Arrested ☐ 2. At Large ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile													
Co-Defendant Name (Last, First, Middle)														Race		Sex		Date of Birth		☐ 1. Arrested ☐ 2. At Large ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile													
☐ Parent ☐ Other: Name (Last, First, Middle)														Residence Phone																			
☐ Legal Custodian														Business Phone																			
Address (Street, Apt. Number)														(City)		(State)		(Zip)															
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 D. 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 DUI														Statute Violation Number 316.193(1)		Violation of ORD #																	
Drug Activity		Drug Type N		Amount / Unit /		Offense # 2017-004736		Counts 1		Domestic Violence ☐ Y ☒ N		Warrant / Capias Number		Bond																			
Charge Description														Statute Violation Number		Violation of ORD #																	
Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence ☐ Y ☐ N		Warrant / Capias Number		Bond																			
Charge Description														Statute Violation Number		Violation of ORD #																	
Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence ☐ Y ☐ N		Warrant / Capias Number		Bond																			
Health / Apparent Physical Condition of Defendant														Any knowledge of the following: ☐ Mental ☐ Escape Risk ☐ Deformities ☐ Injuries																			
Check which applies: ☐ Released O.R. ☐ Released to Parent/Guardian ☐ T.O.T. County Jail														PROPERTY - Received By		Released By		Released To															
Transported By														Date Transported		Time Transported		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 05/01/2017 08:30:00		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 in Other Agency														Signature of Arresting Officer Daniel Reissi 776		Name Verification (Printed by Arrestee)																	
☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other														Name of Arresting Officer (Print) REISSI, DANIEL		ID. # 776		(PRINT)															
Intake Intuity		ID. #		Pouch #		Transporting Officer Dan Reissi 776 BRPD		ID. #		Agency		Witness here if subject signed with an "X"																					

SCANNED

APR 03 2017

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	JUVENILE
Agency ORI Number FL 0500200	Agency Name BOCA RATON POLICE DEPARTMENT	Agency Report Number 3 2 2017-004736							
Charge Type: Check as many as apply. ☐ 1. Felony ☐ 3. Misdemeanor ☐ 5. Ordinance ☐ 2. Traffic Felony ☒ 4. Traffic Misdemeanor ☐ 6. Other								Special Notes:	
Name (Last, First, Middle) BARWELL, AMY CORRIN						Race W	Sex F	Date of Birth 09/21/1993	
Charge Description 316.193(1) DUI					Charge Description				
Charge Description					Charge Description				
Victim's Name (Last, First, Middle) STATE OF FLORIDA,						Race	Sex	Date of Birth	
Local Address (Street, Apt. Number) (City) (State) (Zip) 100 NW 2ND AVE, BOCA RATON, FL 33432					Phone (561) -		Address Source		
Business Address (Name, Street) (City) (State) (Zip)					Phone (561) -		Occupation		
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... ☐ committed the below acts in my presence. ☐ was observed by _____ who told _____ that he/she saw the arrested person commit the below acts. ☐ confessed to _____ admitting to the below facts. ☒ was found to have committed the below acts, resulting from my (described) investigation. On the 31 day of March, 2017 at 00:24 (Specifically include facts constituting cause for arrest.) On Friday 03/31/2017 at approximately 0004 hours I responded to the area 690 West Glades Road in reference to a possible intoxicated driver. An anonymous caller called BRPD dispatched in reference to observing a white Mustang with a brown soft top going westbound on Glades Road from NW 4th Ave, swerving all over the roadway. The caller provided a FL Tag of ECUL42 and that the bumper had a sticker stating "watch out". Additionally the caller informed BRPD dispatch that the vehicle pulled into the Mobil gas station at 690 West Glades Road. Officer Rafalko initially made contact with the sole occupant (Amy Barwell) of the white Mustang matching the description provided by the caller. Officer Rafalko informed me the vehicle was turned on with the keys in the ignition; therefore Barwell was in actual physical control of the vehicle. Officer Rafalko asked Barwell if she could turn off the vehicle for officer safety purposes which she did. Officer Rafalko informed me he could smell a strong odor of alcoholic beverages coming from her person as he was speaking to her and that he observed an open blue Four Loko alcoholic beverage sitting in the cup holder. I arrived on scene shortly after. I made contact with Barwell and immediately could smell a strong odor of an alcoholic beverage coming from her person and her breath. While speaking face to face with Barwell the smell of an alcoholic beverage became even stronger. Additionally her speech was heavily slurred. Barwell stated she was coming from Rocking Angels located at 7200 North Dixie Highway in Boca Raton. It should be noted the theme at the bar tonight was college night. I explained my observations to Barwell and asked her if she would attempt the Standardized Field Sobriety Tasks (SFST's) to dispel my alarm that she was impaired. She stated no. I explained the tasks were voluntary, but if she refused, it could be used against her in a court of law and I could use her refusal as a basis to build probable									
SWORN AND SUBSCRIBED BEFORE ME VAZQUEZ-BELLO, YVETTE D NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 11170) 03/31/2017 DATE <i>Daniel Reissi</i> 776 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER REISSI, DANIEL (776) NAME OF OFFICER (PLEASE PRINT) 03/31/2017 DATE									
								PAGE 1 OF 2	

COURT

STATE ATTORNEY

CENTRAL RECORDS

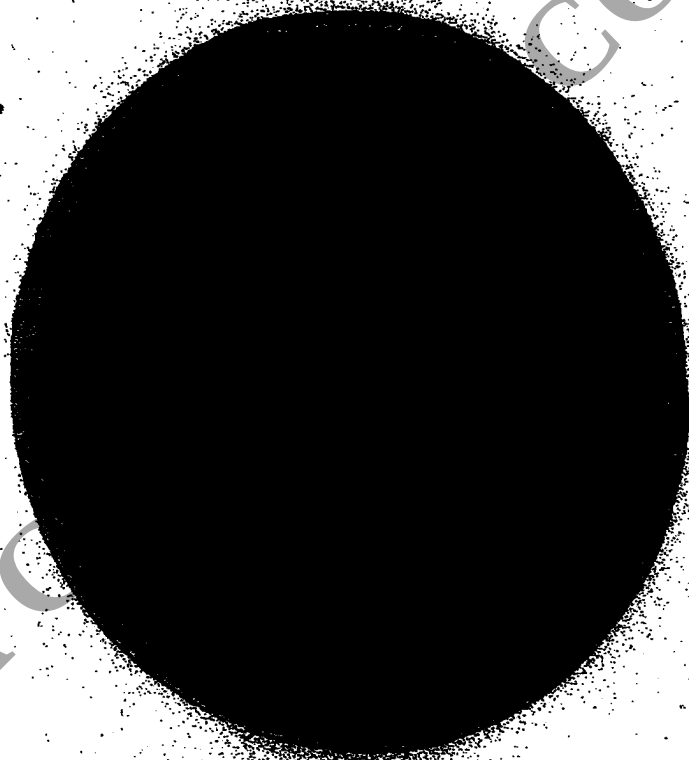
JAIL

CRIME ANALYSIS

P. I. O.

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 0500200		Agency Name BOCA RATON POLICE DEPARTMENT		Agency Report Number 3 2 2017-004736						
Charge Type: Check as many as apply.		☐ 1. Felony ☐ 2. Traffic Felony		☐ 3. Misdemeanor ☒ 4. Traffic Misdemeanor		☐ 5. Ordinance ☐ 6. Other		Special Notes:		
Name (Last, First, Middle) BARWELL, AMY CORRIN								Race W	Sex F	Date of Birth 09/21/1993
cause if I decided to make an arrest, and she was forcing me to make my decision on everything I had observed to that point. I asked her again to attempt the road side tasks and she stated no. I placed Amy Barwell under arrest for DUI pursuant to FSS 316.193(1). The vehicle was towed by Emerald Towing. Officer Rafalko conducted The Intoxilyzer 8000 testing. Barwell refused to provide a breath sample. I read him Implied Consent. She had no questions. I asked her again to provide a breath sample and she stated "No". Amy Barwell was issued a refusal. While at the Boca Raton Police Department (Booking facility), Barwell stated that she's on several medications and wanted medical attention. I called BRFD and they responded to the booking facility. They explained to her they cannot prescribe her any medications. Barwell signed a refusal to be transported to the hospital. BRFD assessed her medical needs and her vitals did not show anything abnormal. She was given the court date of 05/01/2017 at 8:30am. After processing, she was transported to The PBCJ.										
NOT A CERTIFIED COPY										
SWORN AND SUBSCRIBED BEFORE ME VAZQUEZ-BELLO, YVETTE D NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) 03/31/2017 DATE <i>Daniel Reissi</i> 776 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER REISSI, DANIEL (776) NAME OF OFFICER (PLEASE PRINT) 03/31/2017 DATE										
								PAGE 2 OF 2		

D. U. I. INFLUENCE REPORT



**Boca Raton Police Services Department
100 Northwest Second Avenue
Boca Raton, Florida 33432**

WITNESS LIST

ARRESTING OFFICER: Reissi

Name: Rafalko Phone # Home _____ Work 561-338-123

Address: 100 NW 2nd Ave Boca Raton, FL 33343

Can testify to: Breath Test, see PC

Name: Ofc. Gannon Phone # Home _____ Work 11

Address: 11

Can testify to: Backup officer

Name: Ofc. Deen Phone # Home _____ Work 11

Address: 11

Can testify to: Backup officer

Name: _____ Phone # Home _____ Work _____

Address: _____

Can testify to: _____

Name: _____ Phone # Home _____ Work _____

Address: _____

Can testify to: _____

Name: _____ Phone # Home _____ Work _____

Address: _____

Can testify to: _____

Name: _____ Phone # Home _____ Work _____

Address: _____

Can testify to: _____

BOCA RATON POLICE DEPARTMENT

Agency Case# 17-4736

PART II D.U.I. REPORT
To be filled out at testing facility

I. INTRODUCTION

(Instrument Operator faces video camera)

A. The day is: Friday, March, 31, 2017
(day) (month) (date) (year)

B. The time is now approximately 105 AM/PM

C. The following is in reference to case number 17-4736

D. Present at this time is Beissi, Rafalko of the Boca Raton Police
Department. (Officer's Name)

E. Officer Reissi Amy Barwell
Have you arrested Amy Barwell
(Defendant's name)

In violation of Florida State Statute 316.193?

F. Did this violation occur within the City of Boca Raton, Palm Beach County, Florida?

G. Mr./Mrs./Ms. Amy Barwell, I am required to
Inform you these proceedings are being video taped.

Operator Note: Video tape breath request, breath sample, and interview

BOCA RATON POLICE DEPARTMENT

Agency Case # 17-4736

H. AT THIS TIME THE ARRESTING OFFICER WILL REQUEST A BREATH SAMPLE.

Note: Read only the paragraph applicable to the type of test you are requesting.

A.

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

B.

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

C.

I am now requesting that you submit to a lawful test of your **BLOOD** for the purpose of determining its alcohol content and the presence of chemical or controlled substances.

IMPLIED CONSENT WARNINGS

Note: Read only if the subject does not comply with your request.

2.

I am Reissi of the Boca Raton PD

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 signature: _____

ALSO READ FOR CDL HOLDERS

IN ADDITION, your refusal to submit will result in the loss of your commercial privileges for one year from today. If this is your SECOND REFUSAL, you will be permanently disqualified from operating a commercial motor vehicle.

After reading the implied consent warning, the arresting officer must request a breath sample again.

(IF REFUSAL THEN)

At this time Mr/Mrs/Ms. Amy Barwell has refused to submit to a breath test.

The date is March (Month) 31 (Day) 2017 (Year) and the time 108 AM/PM

A refusal form will be completed by the arresting officer.

CONSTITUTIONAL WARNINGS

Rights of suspects prior to custodial questioning.

Identify yourself and state:

I am required to warn you before you make any statement that you have the following Constitutional rights:

- (1) You have the right to remain silent and not answer any questions. *Tell me in your own words what you think this means.*
(You do not have to talk to me or answer any questions about this offense. You can be quiet if you want.)
- (2) Any statement you make must be freely and voluntarily given. *Tell me in your own words what you think this means.*
(If you do talk to me it has to be because you want to and not because anyone is forcing you to speak.)
- (3) You have a right to the presence and representation of a lawyer of your choice before you make any statement and during any questioning. *Tell me in your own words what you think this means.*
(You can talk to a lawyer before we ask you any questions and you can have him/her with you now, during our questioning.)
- (4) If you cannot afford a lawyer, you are entitled to the presence and representation of a court appointed lawyer before you make any statement and during any questioning. *Tell me in your own words what you think this means.*
(If you do not have money for a lawyer and you want one, a lawyer will be given to you for free.)
- (5) If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent. *Tell me in your own words what you think this means.*
(If you decide to talk to me then change your mind, you can stop answering my questions at any time.)
- (6) I can make no threats or promises to induce you to make a statement. This must be of your own free will. *Tell me in your own words what you think this means.*
(I am not allowed to threaten you or make you any promises to get you to talk to me. If you decide to talk, it must be because you want to.)
- (7) Any statement can be and will be used against you in a court of law. *Tell me in your own words what you think this means.*
(Anything you say to me can and will be told to the judge or a jury in court. A judge is a person who decides if you have done something wrong. Sometimes a group of people called a jury decide this, but the Judge is the person who decides what punishment you get.)
- (8) Do you understand these rights as I have read them to you, and do you wish to speak to me?

Signed: _____ Date: _____ Time: _____

Revised 8/2006

BOCA RATON POLICE DEPARTMENT
TESTING FACILITY TASK REPORT

SUBJECT: Amy Barwell

CASE #: 17-4736 DATE: 3/31/17

BREATH TESTS RESULTS

1) TIME Refused AM/PM 2) TIME Refused AM/PM

3) TIME _____ AM/PM 4) TIME _____ AM/PM

BREATH OPERATOR: Rafaliko

MAINTENANCE TECHNICIAN: Pare

TESTING OFFICER'S OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Larthygic

CLOTHING: Black/white Long T-shirt, Blue Jeans

MEDICAL CONDITION: "Alot" Refused to name

OTHER: Odor of Alcoholic Beverage

COMMENTS:

BOCA RATON POLICE DEPARTMENT

Agency Case # 17-4736

ADULT CONSTITUTIONAL WARNINGS
(Juvenile warning on reverse side)

"I am required to warn you before you make any statement that you have the following rights":

- ✓1) You have the right to remain silent and not answer any questions.
- ✓2) Any statement you make must be freely and voluntarily given.
- ✓3) You have the right to the presence of a lawyer and representation 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 statement 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 be and will be used against you in a court of law.

DO YOU UNDERSTAND THESE RIGHTS AS I HAVE READ THEM TO YOU AND DO YOU WISH TO SPEAK TO ME?

(X) on video Refusal

QUESTIONS AND ANSWERS

Were you operating a motor vehicle at the time of the accident/stop? _____

Where were you going? _____

What street or highway were you on? _____

Direction of travel? _____

Where did you start driving from? _____

What City (County) were you stopped in? _____

What time did you start? _____ AM/PM What time is it now _____

What is today's date? _____ What day of the week is it? _____

Agency Case #

17-4736

When did you last eat? _____ What did you eat? _____

What have you been doing the past three hours prior to this stop/accident? _____

How much do you weigh? _____ Have you been drinking? _____ What were you drinking? _____

How much? _____ Where? _____ With whom were you drinking? _____

When did you have your first drink? _____ AM/PM When did you stop drinking? _____ AM/PM

How did you consume your last two drinks? _____

Are you under the influence of alcohol now? Yes ☐ No ☐

Can you feel the affects of alcohol? Yes ☐ No ☐

Have you consumed alcohol since the accident? Yes ☐ No ☐

Can you feel the affects of alcohol? Yes ☐ No ☐

Have you consumed alcohol since the accident? Yes ☐ No ☐ How much? _____ What? _____

Where? _____

What line of work are you in? _____

When did you last work? _____

Do you have any physical defects or injuries? Yes ☐ No ☐ If yes, explain: _____

Are you sick or injured? Yes ☐ No ☐ If yes explain: _____

Do you limp? _____ Did you get a bump on the head? _____

Were you involved in an accident today? _____

Have you taken any drugs or smoked marijuana today? _____

What? _____ When? _____

Have you seen a doctor or dentist today? _____ Who? _____

Are you taking any prescription medicines? Yes ☐ No ☐ What? _____ When? _____

Do you have: Epilepsy? Yes ☐ No ☐
Glass Eye? Yes ☐ No ☐
False Teeth? Yes ☐ No ☐

Inner ear trouble? Yes ☐ No ☐
Ear Infection? Yes ☐ No ☐
Diabetes? Yes ☐ No ☐

Any eye problems not correctable by glasses or contact lenses? _____

Do you take insulin? Yes ☐ No ☐ If yes, when was your last injection? _____

Have you ever had a driver's license in any other state? _____

I am now ending this videotaping. The time now is approximately 136 AM/PM

The date is: March (month) 31 (day) 2017 (year).