

#04917792

ARREST / NOTICE TO APPEAR

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

1

JUVENILE

A D 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   18-006408</b>	
	Charge Type: Check as many as apply: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony		<input 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 <b>None/not Applicable</b>	
D E F E N D A N T	Location of Arrest (Including Name of Business) <b>2810 SPANISH TRL</b>				Location of Offense (Business Name, Address) <b>2810 SPANISH TRL, DELRAY BEACH, FL 33483</b>			
	Date of Arrest <b>04/27/2018</b>	Time of Arrest <b>12:52</b>	Booking Date <b>04/27/2018</b>	Booking Time <b>13:02</b>	Jail Date <b>//</b>	Jail Time <b>//</b>	Location of Vehicle	
C O D E F	Name (Last, First, Middle) <b>STANBERY, JOSH SCOTT</b>				Alias: Alias (Name, DOB, Soc. Sec. #, Etc.)			
	Race W - White B - Black	Sex <b>W</b>	Date of Birth <b>05/03/1973</b>	Height <b>6'02</b>	Weight <b>220</b>	Eye Color <b>BLUE</b>	Hair Color <b>BROWN</b>	Complexion <b>FAIR</b>
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status <b>S</b>	Religion	Indication of: Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/> Drug Influence <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/>	
	Local Address (Street, Apt. Number) <b>2310 SPANISH TRAIL, DELRAY BEACH, FL 33483</b>				(City) <b>DELRAY BEACH</b>	(State) <b>FL</b>	(Zip) <b>33483</b>	Phone <b>(561) 562-8734</b>
	Permanent Address (Street, Apt. Number) <b>2310 SPANISH TRAIL, DELRAY BEACH, FL 33483</b>				(City) <b>DELRAY BEACH</b>	(State) <b>FL</b>	(Zip) <b>33483</b>	Phone <b>(561) 562-8734</b>
	Business Address (Name, Street) <b>2310 SPANISH TRAIL, DELRAY BEACH, FL 33483</b>				(City) <b>DELRAY BEACH</b>	(State) <b>FL</b>	(Zip) <b>33483</b>	Phone <b>(561) 562-8734</b>
	DL Number, State <b>S351437731630 / FL</b>		Soc. Sec. Number <b>[REDACTED]</b>	INS Number	Place of Birth (City, State) <b>BOONE, NC, United</b>		Citizenship <b>US</b>	
	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 <input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile
	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				Business Phone				
Address (Street, Apt. Number) <b>2310 SPANISH TRAIL, DELRAY BEACH, FL 33483</b>				(City) <b>DELRAY BEACH</b>	(State) <b>FL</b>	(Zip) <b>33483</b>		
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Description of Property		Value of Property	
Drug Activity N. N/A P. Possess		S. Sell B. Buy T. Traffic	R. Snaggle 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	
C H A R G E	Charge Description <b>DWI/DUI (ALCOHOL &amp; DRUGS)</b>				Statute Violation Number <b>316.193(1)</b>		Violation of ORD #	
	Drug Activity <b>N</b>	Drug Type <b>/</b>	Amount / Unit <b>/</b>	Offense # <b>18-006408</b>	Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number <b>18</b>	
	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 <input type="checkbox"/> Y <input type="checkbox"/> N	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 <input type="checkbox"/> Y <input type="checkbox"/> N	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"/> Deformation <input type="checkbox"/> Injuries			
	Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input checked="" type="checkbox"/> T.O.T. County Jail				PROPERTY - Received By		Released By <b>555 JRS</b>	
	<input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health				Date Transported		Time Transported	
	Transported By				Date Transported <b>//</b>		Time Transported <b>8:30 am</b>	
N O T I C E	<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>			
	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 COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.				Court Date and Time <b>4/16/18 8:30 am</b>		No Photo Available	
A D M I N	Signature of Defendant (or Juvenile and Parent/Custodian) <b>[Signature]</b>				Date Signed			
	HOLD for Other Agency				Signature of Arresting Officer <b>[Signature]</b>		Name Verification (Printed by Arrestee)	
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Releated Arrest		<input type="checkbox"/> Suicidal <input type="checkbox"/> Other		Name of Arresting Officer (Print) <b>BARBIRE, MICHAEL</b>		ID.# <b>0955</b>	
	Intake Deputy <b>[Signature]</b>		ID.# <b>5845</b>		Transporting Officer <b>BARBIRE</b>		ID.# Agency <b>955 DBPD</b>	
				Witness here if subject signed with an "X".		PAGE <b>1 OF 1</b>		

PROBABLE CAUSE AFFIDAVIT

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

1 JUVENILE

OBTS Number	Agency OR# Number <b>FL 0500400</b>		Agency Name <b>DELRAY BEACH POLICE DEPARTMENT</b>	Agency Report Number <b>4   0   18-006408</b>
Charge Type: Check as many as apply. <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other				Special Notes:

Name (Last, First, Middle) <b>STANBERY, JOSH SCOTT</b>	Alias	Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>05/03/1973</b>
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Charge Description <b>DWI/DUI (ALCOHOL &amp; DRUGS) DWI/DUI (ALCOHOL &amp; DRUGS)</b>	Charge Description
Charge Description	Charge Description

Victim's Name (Last, First, Middle) <b>State Of Florida</b>	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	

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 **CALLER** who told **BARBIRE** that he/she saw the arrested person commit the below acts.  
 confessed to **OFC BARBIRE** admitting to the below facts.  was found to have committed the below acts, resulting from my (described) investigation.  
 On the **27** day of **April**, **2018** at **12:58** (Specifically include facts constituting cause for arrest.)

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

**OFFICER'S NARRATIVE:**  
**CALLER, JOE (INFORMATION TO BE PROVIDED), OBSERVED THE DEFENDANT, JOSH STANBURY DRIVING WRECKLESSLY FROM I-95; HE WAS UNABLE TO MAINTAIN A LANE AND NEARLY STRUCK SEVERAL VEHICLES; JOE FOLLOWED THE SILVER NISSAN AS THE DEFENDANT CONTINUED EAST ON W LINTON BLVD, SOUTH ON FEDERAL HWY, EAST ON TROPIC BLVD THEN SOUTH ON SPANISH TRAIL. HE PULLED INTO THE DRIVEWAY AT 2810 SPANISH TRL. THE CAR STOPPED BUT THE REVERSE LIGHTS WENT ON. JOE DESCRIBED THE DRIVER AS BEING "SLUMPED OVER THE WHEEL."**  
**I ARRIVED WITH MY BWC ACTIVATED AND OBSERVED A WHITE MALE IN THE DRIVER'S SEAT OF A SILVER NISSAN BEARING FL TAG EVRR21. THE VEHICLE WAS RUNNING, REVERSE LIGHTS WERE ON, AND THE KEYS WERE IN THE IGNITION. THE WHITE MALE DRIVER WAS LEANING INTO THE STEERING WHEEL, WITH HIS EYES CLOSED. I KNOCKED ON THE WINDOW TWO TIMES, WITH NO RESPONSE FROM THE DEFENDANT. I OPENED THE DOOR TO CHECK HIS MEDICAL WELL BEING, AND HE REGAINED CONSCIOUSNESS. THE CAR BEGAN ROLLING IN REVERSE, AND I APPLIED THE BRAKES FROM THE OUTSIDE OF THE VEHICLE.**  
**I ASKED WHAT HAD GONE ON, AND HE REPLIED INAUDIBLY; HE SLURRED HIS WORDS AND WAS NOT UNDERSTANDABLE. HIS HEAD SWAYED AND EYES WERE NOT FOCUSED. I ASKED WHERE HE WAS COMING FROM AND HE REPLIED, "TRADER JOES." WHEN I INFORMED HIM THAT HE WAS FOLLOWED FROM I-95, HE SLURRED A REPLY THAT I DID NOT UNDERSTAND. I ASKED IF HE WAS DRUNK, AND HE SAID "YES, I DRANK."**  
**DBFD ARRIVED ON SCENE AND CHECKED THE DEFENDANT'S VITAL SIGNS AND BLOOD SUGAR AND FOUND ALL TO BE NORMAL.**

SWORN AND SUBSCRIBED BEFORE ME <i>[Signature]</i>	<i>[Signature]</i> SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117.10) <b>B. SUE OWEN</b> State of Florida-Notary Public Commission # EF093160 My Commission Expires May 30, 2018	<b>BARBIRE, MICHAEL (0955)</b> NAME OF OFFICER (PLEASE PRINT)
<b>04/27/2018</b>	<b>04/27/2018</b> DATE

PROBABLE CAUSE AFFIDAVIT SUPPLEMENT

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

1 JUVENILE

OBTS Number Agency ORI Number Agency Name Agency Report Number FL 0500400 DELRAY BEACH POLICE DEPARTMENT 4 0 18-006408

Charge Type: 1. Felony 2. Traffic Felony 3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 6. Other

Name (Last, First, Middle) STANBERY, JOSH SCOTT Race W Sex M Date of Birth 05/03/1973

I INFORMED THE DEFENDANT THAT I WAS NOW CONDUCTING A DUI INVESTIGATION. I ASKED IF HE WOULD SUBMIT TO PERFORMING ROAD SIDE SOBRIETY TASKS, AND HE REFUSED. THE DEFENDANT WAS THEN INFORMED THAT HE WAS UNDER ARREST FOR REFUSAL TO SUBMIT TO TASKS, UNDER SUSPICION OF DUI. HE WAS REAR HANDCUFFED, THEY WERE CHECKED FOR TIGHTNESS AND DOUBLE LOCKED FOR SAFETY. HE WAS TRANSPORTED TO THE BREATH ALCOHOL TESTING FACILITY IN MY MARKED PATROL UNIT.

UPON ARRIVAL AT THE BAT FACILITY STANBERY WAS UNSTEADY ON HIS FEET, AND STILL SLURRING WORDS. HE LOST HIS BALANCE, NEARLY FALLING SEVERAL TIMES, BUMPING INTO WALLS TO KEEP HIMSELF UP. UPON REQUEST, HE REFUSED TO PROVIDE A SAMPLE OF BREATH, BLOOD OR URINE. I READ IMPLIED CONSENT AND, AND MIRANDA WARNINGS. THE DEFENDANT REFUSED AGAIN; HE ALSO REFUSED TO ANSWER ANY QUESTIONS.

DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUTTING DEFENDANT BEHIND THE WHEEL OF THE VEHICLE):

I OBSERVED THE DEFENDANT BEHIND THE WHEEL OF THE SILVER NISSAN WITH ENGINE RUNNING, AND WITH REVERSE LIGHTS ON. HE WAS PASSED OUT AND UNRESPONSIVE.

OBSERVATION OF DRIVER: UNCONSCIOUS, UNRESPONSIVE

DRIVER'S STATEMENTS: "YES I DRANK"

ODORS: UNKNOWN

SPEECH: INCOHERENT AND SLURRED

ATTITUDE: NOT AGGRESSIVE/POLITE

CLOTHING: NORMAL: SHORTS/SHIRT

MEDICAL PROBLEMS: HIGH BLOOD PRESSURE

MEDICATIONS: FOR BLOOD PRESSURE AND HEPATITIS B

BREATH TESTING REQUEST IS VIDEO RECORDED:

\*\* ROAD SIDE TASKS \*\*

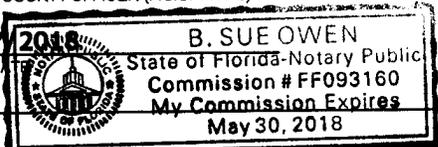
HORIZONTAL GAZE NYSTAGMUS: REFUSED

LEFT EYE: REFUSED

ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME [Signature] NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

[Signature] SIGNATURE OF ARRESTING / INVESTIGATING OFFICER



BARBIRE, MICHAEL (0955) NAME OF OFFICER (PLEASE PRINT) 04/27/2018 DATE

PROBABLE CAUSE AFFIDAVIT  
SUPPLEMENT

1. Arrest  
2. N.T.A.  
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JUVENILE

OBTS Number	Agency ORI Number <b>FL 0500400</b>		Agency Name <b>DELRAY BEACH POLICE DEPARTMENT</b>		Agency Report Number <b>4 0 18-006408</b>	
Charge Type: Check as many as apply.						Special Notes:
<input type="checkbox"/> 1. Felony		<input 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		

Name (Last, First, Middle) <b>STANBERY, JOSH SCOTT</b>	Alias	Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>05/03/1973</b>
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**RIGHT EYE: REFUSED**

**WALK AND TURN: REFUSED**

**ONE LEG STAND: REFUSED**

**FINGER TO NOSE: REFUSED**

**ROMBERG ALPHABET: REFUSED**

**BREATH ALCOHOL TEST RESULTS: REFUSED**

The test results were: NA

Defendant sample #1: NA

Defendant sample #2: NA

**CHARGES:**

Based on the above stated facts probable cause exists to charge the defendant, JOSH STANBERY, with one count of driving under the influence in violation of FSS 316.193(1).

NOT A CERTIFIED COPY

ADMINISTRATIVE	SWORN AND SUBSCRIBED BEFORE ME	<i>[Signature]</i>	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
	NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 17.10)	<i>[Signature]</i>	<b>BARBIRE, MICHAEL (0955)</b>
	DATE <b>04/27/2018</b>	<b>B. SUE OWEN</b> State of Florida-Notary Public Commission # FF093160 My Commission Expires May 30, 2018	NAME OF OFFICER (PLEASE PRINT)
			DATE <b>04/27/2018</b>
			PAGE <b>3 OF 3</b>

STATE OF FLORIDA  
DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES  
AFFIDAVIT OF REFUSAL TO SUBMIT TO  
BREATH AND/OR URINE TEST

I, Ofc M Barbire, a duly certified Law Enforcement Officer or Correctional Officer,  
(Name of Officer reading Implied Consent Warning)

am a member of Delray Beach Police Dept, and I do swear  
(Name of law enforcement agency)

or affirm that on or about the 27<sup>th</sup> day of April, 20 18, at 1202  P.M.  A.M.

DRIVER Josh STANBERY  
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# S351 437 73 1630, state of FL, was placed under lawful arrest for  
the offense of DUI by Ofc M Barbire and  
issued Citation # A1URO5E  
(Name of Arresting Officer)

That on or about the 27<sup>th</sup> day of April, 20 18, at 1340  P.M.  A.M.  
in Palm Beach County,

I requested that the driver submit to a  breath and/or  urine test to determine his or her blood alcohol level and/or the presence of chemical or controlled substances. I informed the driver that the refusal to submit to such test(s) would result in the suspension of his or her driving privilege for a period of one (1) year for a first refusal, or for a period of eighteen (18) months if his or her driving privilege had been previously suspended for refusing to submit to a breath, urine or blood test. I also informed the driver that he or she commits a misdemeanor by refusing to submit to a lawful test as requested above if his or her driving privilege has been previously suspended for refusal to submit to a lawful test of his or her breath, urine, or blood. Additionally, I informed the driver that if he or she holds a CDL, or was operating a CMV, refusal will result in the disqualification of the Commercial Driver's License/driving privilege for a period of one (1) year in the case of a first refusal or permanently if he or she has previously been disqualified as a result of a refusal to submit to any such lawful test. Nonetheless, the driver refused to submit to the test(s) requested.

[Signature]  
Signature of Law Enforcement Officer or  
Correctional Officer

THE AFFIDAVIT MUST BE NOTARIZED OR ATTESTED TO (F.S. 117.10)

The foregoing instrument was sworn and subscribed before me:

(AFFIX SEAL)  
The foregoing instrument was sworn and subscribed before  
me this 27<sup>th</sup> day of April, 20 18,  
by Ofc Barbire,  
who is personally known to me or who has produced

Signature of Attesting Officer \_\_\_\_\_  
Title \_\_\_\_\_  
Date \_\_\_\_\_

Note: Mail or hand deliver to the designated Bureau of Administrative Reviews office, Department of Highway Safety and Motor Vehicles, with the driver's license, the appropriate copy of the UTC, and the probable cause affidavit.

\_\_\_\_\_  
as identification  
Notary Public [Signature]

HSMV-BAR1001 (REV. 1)

