

ARREST / NOTICE TO APPEAR

1. Arrest 3. Request for Warrant
2. N.T.A. 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 | 2017-016808**

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

If Weapon Seized: Enter Type: **None/not Applicable** Multiple Clearance Indicator: **N**

Location of Arrest (Including Name of Business): **2871 N OCEAN BLVD BOCA RATON, FL 33431** Location of Offense (Business Name, Address): **2871 N OCEAN BLVD, BOCA RATON, FL 33431**

Date of Arrest: **12/08/2017** Time of Arrest: **01:51** Booking Date: Booking Time: Jail Date: Jail Time: Location of Vehicle:

Name (Last, First, Middle): **BARR, KERRY ANN** Alias: _____

Race: **W - White** Sex: **F** Date of Birth: **03/07/1981** Height: **5'02** Weight: **125** Eye Color: **BROWN** Hair Color: **BROWN** Complexion: **LIGHT** Build: **M**

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description): **TATT BACK BACK / FAIRY; TATT L FOOT / PIXIE TIARA AND GREEN** Marital Status: **S** Religion: **NONE** Indication of Alcohol Influence: Yes No Unk. Drug Influence: Yes No Unk.

Local Address (Street, Apt. Number) (City) (State) (Zip): **410 SE 3RD ST, DELRAY BEACH, FL 33483** Phone: **(561) 674-5332** Residence Type: **2. County** **3. Florida** **4. Out of State** **1. City**

Permanent Address (Street, Apt. Number) (City) (State) (Zip): **410 SE 3RD ST, DELRAY BEACH, FL 33483** Phone: **(561) 674-5332** Address Source: **DRIVER LICENSE**

Business Address (Name, Street) (City) (State) (Zip): **MIZNER PRODUCTIONS, HILLSBORO** Phone: Occupation: **Unemployed**

D/L Number, State: **B600501815870 / FL** Soc. Sec. Number: [REDACTED] INS Number: _____ Place of Birth (City, State): **BOYNTON BEACH, FL** Citizenship: **US**

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

Name (Last, First, Middle): _____ Residence Phone: _____

Parent Other: _____ 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 defendant and/or defendant's parents. The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-226) informed of any change of address.

School Attended: _____ Grade: _____

Property Crime? Yes No Description of Property: _____ Value of Property: _____

Drug Activity: N/A Possess Sell Buy Traffic Smuggle Deliver Use Disperse/Distribute Manufacture/Produce/Cultivate Other

Drug Type: N/A Amphetamine Barbiturate Cocaine Heroin Hallucinogen Marijuana Opium/Deriv. Paraphernalia/Equipment Synthetic Unknown Other

Charge Description: **DUI** Statute Violation Number: **316.193(1)** Violation of ORD #: _____

Drug Activity: _____ Drg Type: **N** Amount / Unit: _____ Offense #: **2017-016808** Counts: **1** Domestic Violence: Y N Warrant / Capias Number: _____ Bond: _____

Charge Description: _____ Statute Violation Number: _____ Violation of ORD #: _____

Drug Activity: _____ Drg Type: _____ Amount / Unit: _____ Offense #: _____ Counts: _____ Domestic Violence: Y N Warrant / Capias Number: _____ Bond: _____

Charge Description: _____ Statute Violation Number: _____ Violation of ORD #: _____

Drug Activity: _____ Drg 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 Medication Deformities Injuries Explain: _____

Check which apply: Released O.R. Released to Parent/Guardian T.O.T. County Jail Posted Bond South County Mental Health

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: **01/08/2018 08:30:00**

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.

Signature of Defendant (or Juvenile and Parent/Custodian): **Kerry Barr** Date Signed: **12/08/17**

No Photo Available

HOLD for Other #s: _____ Signature of Arresting Officer: **[Signature]** Name Verification (Printed by Arrestee): _____

Dangerous Resisted Arrest Suicidal Other: _____ Name of Arresting Officer (Print): **GANNON, BRENN M.** I.D. #: **775** (PRINT)

Inmate # **D/S J. THOMAS #7956** Pouch #: _____ Transporting Officer: **[Signature]** I.D. #: **683 BRSP** Agency: _____ Witness here if subject signed with an "X": _____

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PROBABLE CAUSE AFFIDAVIT

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

1 JUVENILE

OBTS Number	Agency ORI Number FL 0500200		Agency Name BOCA RATON POLICE DEPARTMENT		Agency Report Number 3 2 2017-016808	
Charge Type: Check as many as apply.	<input type="checkbox"/> 1. Felony	<input checked="" type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance	Special Notes:		
	<input type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 6. Other			
Name (Last, First, Middle) BARR, KERRY ANN	Alias	Race W	Sex F	Date of Birth 03/07/1981		
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) 100 NW 2ND AVE, BOCA RATON, FL 33432	(City)	(State)	(Zip)	Phone (561) -	Address Source	
Business Address (Name, Street)	(City)	(State)	(Zip)	Phone (56) -	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 checked="" 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 type="checkbox"/> confessed to _____ 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 8 day of December, 2017 at 01:51 (Specifically include facts constituting cause for arrest.)</p> <p>The following incident occurred in the City of Boca Raton, Palm Beach County, Florida.</p> <p>On December 8, 2017 at approximately 0108 hours, I was conducting routine traffic enforcement on N. Ocean Blvd in my marked BRPD Patrol Vehicle (Unit #320). While traveling northbound, I observed a blue Hyundai Tiburon bearing FL tag GDZK66 driving with their left turn signal activated without making a left hand turn. While following the vehicle, I ran the license plate through NCIC/FCIC, which confirmed that the vehicle's registration had expired on March 7, 2017. Due to the violation, I activated my overhead emergency lights and siren in order to conduct a traffic stop on the vehicle. It should be noted that the vehicle continued to travel and did not immediately stop, despite numerous open spaces along the roadside. The vehicle made a final stop at the entrance of the San Remo Capri Condominium complex located at 2871 N. Ocean Blvd. At this time, I made contact with the driver and sole occupant of the vehicle, Kerry Barr.</p> <p>Upon speaking with Barr and explaining the reasoning for the traffic stop, I immediately detected the odor of an alcoholic beverage coming from her breath. I requested that Barr provide me with her driver license, vehicle registration and insurance. She ignored my request and instead attempted to turn the music off that was playing from her cell phone. She exhibited difficulty in accurately unlocking her personal cell phone's password protection in order to shut off the music. I again asked her for her driver license, which she did not provide, but instead began to cry. During my interaction with Barr, I observed her movements as slow and deliberate, her eyes were red and glassy, and her speech was slurred. I then located an open bottle of red wine in plain sight behind the driver's seat. In order to determine that the smell of an alcoholic beverage was emanating from Barr's person and not the open bottle of alcohol, I requested for Barr to step out of the vehicle. Once outside and away from her vehicle, the odor of alcohol still emanated heavily from Barr's person. Barr also appeared</p>						
<p>SWORN AND SUBSCRIBED BEFORE ME</p> <p>GRAHAM, KEITH T #714 NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) 12/08/2017 DATE</p> <p>SIGNATURE OF ARRESTING / INVESTIGATING OFFICER GANNON, BRIAN MATTHEW (775) NAME OF OFFICER (PLEASE PRINT) 12/08/2017 DATE</p>						

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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 2017-016808
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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	Special Notes:
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Name (Last, First, Middle) BARR, KERRY ANN	Alias	Race W	Sex F	Date of Birth 03/07/1981
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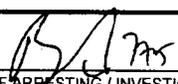
uneasy on her feet. Due to Barr's emotional state, I asked her what had occurred earlier in the night, which she replied, "I drank." It should be noted that Barr stated numerous times, "I fucked up" during the course of my interaction with her.

Due to my observations of her apparent intoxicated state, I then asked Barr if she would attempt a series of roadside sobriety exercises in order to dispel my alarm that she was driving impaired. Barr requested to call her roommate, and refused to answer. It was then explained that the tasks were voluntary, and she was asked several times if she would attempt the roadside sobriety exercises. Barr only answered that she wanted to call her roommate. At this time, due to my observations of Barr's impaired state, she was placed under arrest for driving while intoxicated. She was placed in handcuffs which were double locked and checked for tightness. Officer Deen (ID 768) conducted a pat down of Barr's person.

The vehicle was removed from the roadway by Emerald Towing. During a consensual search of Barr's vehicle prior to her being arrested, a small case containing three halved white pills was located. Post Constitutional Warnings, Barr admitted to the medication being Lexapro (anti-depressant), which she has a prescription for at home. The Lexapro was seized and submitted to BRPD Evidence, and Barr was instructed to provide BRPD with her prescription, or a warrant will be filed for possession of a controlled substance. Barr was then transported to BRPD Booking for processing.

Officer Deen (ID 768) then conducted The Intoxilyzer 8000 testing. I asked Barr to provide a breath sample for testing, to which she refused. I then read her Implied Consent and I asked her again to provide a breath sample. She responded that she wanted to only blow her nose. Barr was then provided with two additional opportunities to provide a breath sample for testing, as well as re-read Implied Consent, which she again only requested to blow her nose. At 0250 hours, she was issued a refusal.

At the conclusion of my investigation, Kerry Barr was operating a motor vehicle while under the influence of an intoxication, in violation of F.S.S. 316.193(1). She was provided with a court date of January 8, 2018 at 0830 hours at the South County Courthouse in Delray Beach, FL. Barr was transported to the Palm Beach County Jail for final disposition.

SWORN AND SUBSCRIBED BEFORE ME	
GRAHAM, KEITH T NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117.10) 12/08/2017 DATE	 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER GANNON, BRIAN MATTHEW (775) NAME OF OFFICER (PLEASE PRINT) 12/08/2017 DATE
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2017-016808

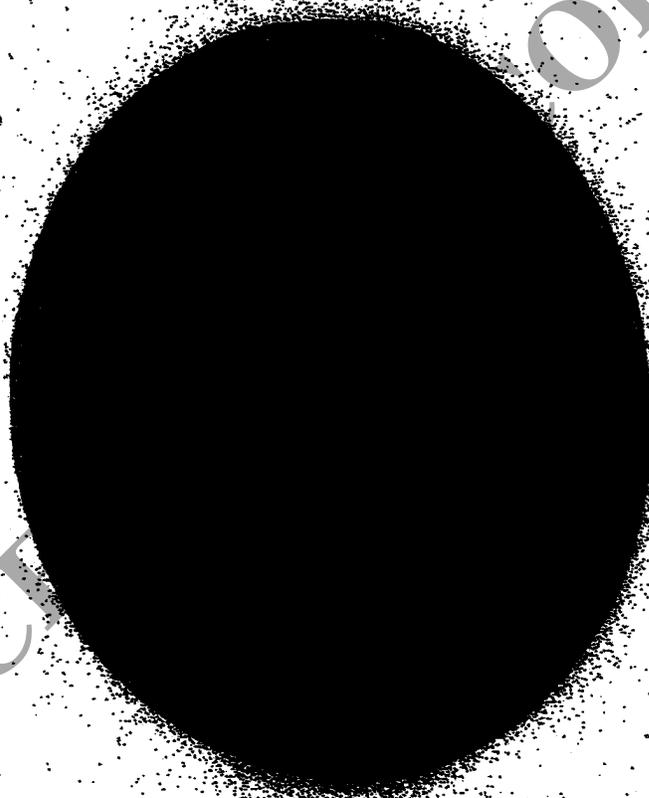
1015 = 0151

0215 Observation Began

D. U. I. INFLUENCE

0235 Observation Ended

REPORT



NOT A COPY

Boca Raton Police Services Department

100 Northwest Second Avenue

Boca Raton, Florida 33432

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BOCA RATON POLICE DEPARTMENT

Agency Case# 17-16808

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, December, 8, 2017
(day) (month) (date) (year)

B. The time is now approximately 0240 (A)M (P)M

C. The following is in reference to case number 17-16808

D. Present at this time is Ofc. Gannon of the Boca Raton Police
Department. (Officer's Name)

E. Officer Ofc. Gannon Have you arrested Kerry A. Barr
(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. Barr, I am required to
Inform you these proceedings are being video taped.

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

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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 _____ of the _____

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. Barr has refused to submit to a breath test.

The date is 12 (Month) 8 (Day) 2017 (Year) and the time 0250 AM/PM

A refusal form will be completed by the arresting officer.

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

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BOCA RATON POLICE DEPARTMENT
TESTING FACILITY TASK REPORT

SUBJECT: Kerry A. Barr

CASE #: 17-16808 DATE: 12/8/17

BREATH TESTS RESULTS

1) TIME _____ AM/PM 2) TIME _____ AM/PM
3) TIME _____ AM/PM 4) TIME _____ AM/PM

BREATH OPERATOR: Deen 768

MAINTENANCE TECHNICIAN: Pare

TESTING OFFICER'S OBSERVATIONS

SPEECH: Slurred, High Pitched, Scattered

ATTITUDE: Yelling, Screaming, Crying

CLOTHING: Black shirt Black Pants

MEDICAL CONDITION: N/A

OTHER: _____

COMMENTS: _____

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?

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? _____

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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 <input type="checkbox"/> No <input type="checkbox"/>	Inner ear trouble? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Glass Eye? Yes <input type="checkbox"/> No <input type="checkbox"/>	Ear Infection? Yes <input type="checkbox"/> No <input type="checkbox"/>
	False Teeth? Yes <input type="checkbox"/> No <input type="checkbox"/>	Diabetes? Yes <input type="checkbox"/> No <input type="checkbox"/>

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 0255 (AM/PM)

The date is: Dec (month) 2017 (day) (year)

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ARRESTING OFFICER: Gannon 775

Name: Brian Gannon 775 Phone # Home 501 368 6201 Work _____

Address: 100 NW 2nd Ave

Can testify to: Traffic stop / Arrest

Name: Keth Graham Phone # Home 501 368 6201 Work _____

Address: 100 NW 2nd Ave

Can testify to: Back-up 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: _____

Name: _____ Phone # Home _____ Work _____

Address: _____

Can testify to: _____

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