0507165 19CT7082 2886

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

Juvenile: 1 N

ADMINISTRATIVE

OBTS Number

Agency ORI Number: FL 0 5 0 2 0 0

Agency Name: BOCA RATON POLICE SERVICES DEPT.

Agency Report Number (N.T.A.'s only): 3 2 1-2 0 1-1 9 0 0 5 4 9 8

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

Weapon Seized / Type: 2 (1. Yes 2. No)

Multiple Clearance Indicator:

Location of Arrest (Including Name of Business): 4955 Technology way Boca Raton FL 33431

Location of Offense (Business Name, Address): 4955 Technology Way Boca Raton FL 33431

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
0 4 1 9 1 9	0 5 3 8	0546	0600	0700	4/19/19	westway (towed)

DEFENDANT

Name (Last, First, Middle): Amsden Stacy Ann

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	0 4 0 2 7 0	505	200	brn	brn	Light	heavy

Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description): Tattoo right wrist

Marital Status: S

Religion: none

Indication of: Alcohol Influence (Y N Unk.) Drug Influence (Y N Unk.)

Local Address (Street, Apt. Number): 2001 waterview cir (City) Palm Springs (State) FL (Zip) 33461

Phone: (866) 7216795

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

Permanent Address (Street, Apt. Number): 2001 waterview cir (City) Palm Springs (State) FL (Zip) 33461

Phone: (866) 7216795

Address Source: FL DL

Business Address (Name, Street): none (City) (State) (Zip)

Phone: ( )

Occupation: none

D/L Number, State: A523781706220

Soc. Sec. Number: [redacted]

INS Number:

Place of Birth (City, State): chelsea, MA

Citizenship: US

CO-DEF.

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

JUVENILE

Parent / Legal Custodian / Other: Name (Last) (First) (Middle) Residence Phone ( )

Address (Street, Apt. Number) (City) (State) (Zip) 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 355-2526) informed of any change of address. ☐ Yes, by: (Name) ☐ No: (Reason)

School Attended Grade

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 #	Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
DUI	1	☐Y ☒N	3 1 6 1 1 9 3		V	N	—			
		☐Y ☐N								
		☐Y ☐N								

INTAKE INFO.

Health/Apparent Physical Condition of Defendant

Property — Rec'd. By Released By Released To

Any knowledge of the following, place an "X" and explain: ☐ Mental; ☐ Escape Risk; ☐ Medication; ☐ Deformities; ☐ Injuries

Explain:

Check which applies: ☐ Released O.R.; ☐ Posted Bond; ☐ Released to Parent/Guardian; ☐ S. County Mental Health; ☒ T.O.T. County Jail

Transported By: Date Time Other

NOTICE TO APPEAR

☐ Instruction No. 1 Mandatory Appearance in Court
☐ Instruction No. 2 You need not appear in Court but must comply with instructions on Reverse Side.

Location (Court, Room Number, Address): 200 W Atlantic Ave Delray Beach FL 33444

Court Date and Time: Month May Day 13th Year 2019 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.

X [signature] Signature of Defendant (or Juvenile and Parent/ Custodian)

X 4/19/19 Date Signed

ADMIN.

HOLD for other Agency Name:

☐ Dangerous ☐ Resisted Arrest ☒ Suicidal ☐ Other:

Intake Officer 1.D. # Pouch #

Signature of Arresting Officer X

Name of Arresting Officer (Print) Payne I.D. # 815

Transporting Officer I.D. # 823 Agency BRPD

Name Verification (Printed by Arrestee) SCANNED (PRINT)

APR 2 0 2019

Witness here if subject signed with an "X".

PAGE ____ OF ____

DISTRIBUTION: WHITE - COURT COPY YELLOW - AGENCY PINK - JAIL GOLD - 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:

ADMIN

Agency ORI Number	Agency Name	Agency Report Number
FL 0500200	BOCA RATON POLICE DEPARTMENT	3 | 2 | 2019-005498

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

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
AMSDEN, STACY ANN		W	F	04/02/1970

CHARGES

Charge Description	Charge Description
316.193(1) DUI	
Charge Description	Charge Description

VICTIM

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
STATE OF FLORIDA,			

Local Address (Street, Apt. Number) (City) (State) (Zip)	Phone	Address Source
100 NW 2ND AVE, BOCA RATON, FL 33432	(561) -	
Business Address (Name, Street) (City) (State) (Zip)	**Phone**	**Occupation**
	(56) -	

PROBABLE CAUSE STATEMENT

The undersigned certifies and swears that he/she has just and resonable 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.

☐ confessed to _____ admitting to the below facts.

☐ was observed by _____ who told _____ that he/she saw the arrested person committ the below acts.

☒ was found to have committed the below acts, resulting from my (described) investigation

On the 19 day of April, 2019 at 05:38 (Specifically include facts constituting cause for arrest.)

Vehicle in Motion

On 04/19/2018, at approximately 0445 hours, I responded to the area of W Yamato Road and Technology Rd in reference to a possible drunk driver being followed by a concerned citizen. According to the citizen, he was following a white colored sedan in the area of 300 N Military after he noticed it hit a curb a few times and have a hard time maintaining a single lane. The concerned citizen continued to follow the sedan until it pulled into the McDonalds located at 710 W Yamato, which is when I first discovered it, attempting to pull back out. Once the caller observed me enter the area, he began to point at the vehicle directly behind him, a White Nissan Versa bearing FL - EXXM82. I noticed that the Versa had a moderate amount of damage to the frontal area with a piece of the grill hanging down. I drove behind the vehicle and observed it drive south onto Technology Way without coming to a complete stop at the stop sign, a violation of F.S.S. 316.074(1) Failing to obey a traffic control device; stop sign. I then activated my emergency lights to initiate a traffic stop. The Versa came to a final stop at approxiately 4955 Technology Way.

Personal Contact

I approached the driver and sole occupant of the vehicle, a White Female, later identified as Stacy Amsden. Amsden appeared to be confused and wasn`t sure what was going on. She stated that she was only trying to get some food. She had a hard time answering what city/location she believed she was at, even assuming that she was somewhere near Palm Springs which is where she resides. She also could not remember where she was coming from or what she was doing prior to being pulled over. Amsden first denied consuming any alcohol prior to driving, nor taking any medication. I also asked her about the damage to her vehicle, to which she replied that it was from a collision a week ago, not tonight. While speaking with Amsden, I noticed that she was slurring her

ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

MORAN, JOHN TODD
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

04/19/2019
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

PAYNE, JONATHAN SIMON (815)
NAME OF OFFICER (PLEASE PRINT)

04/19/2019
DATE

COURT STATE ATTORNEY CENTRAL RECORDS JAIL CRIME ANALYSIS P. I. O.

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SCANNED
APR 2 0 2019

ADMIN

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	Agency Name	Agency Report Number
FL 0500200	BOCA RATON POLICE DEPARTMENT	3 | 2 | 2019-005498

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

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
AMSDEN, STACY ANN		W	F	04/02/1970

PROBABLE CAUSE STATEMENT

words heavily and had difficulty answering simple questions. As we spoke, I could detect the faint odor of alcoholic impurities emanating from her person. Her pupils appeared to be of normal size with no distinct discoloration.

I suspected Amsden was under the influence of alcohol and asked her if she would be willing to perform Standardized Field Sobriety Tasks to help me assess whether or not she was capable of safely operating a motor vehicle. Amsden refused to participate in the roadside tasks. While waiting for a backing officer prior to placing her under arrest for DUI, I continued to speak with Amsden. Amsden eventually shared with me that today was the 15th anniversary of her son`s death during child birth and that she often self-medicates by drinking alcohol. She also admitted that she had a few glasses of Pinot Grigio hours before my interaction with her. However, she could not recall anything specific from her dinner at 1930 hours in Palm Springs, to her interaction with me at 0545 in Boca Raton.

Pre-Arrest Screening

I asked Amsden about her health, to know if she was sick or injured, to which she told me that she was in good health and had no serious illnesses or conditions. I asked Amsden if she had any sort of head trauma to which she said no.

Based upon my training, experience, and her refusal to participate in the Standarized Field Sobriety Excercises, Amsden was arrested for DUI per F.S.S. 316.193(1) and transported to Boca Raton for processing. Officer Renteria operated the Intoxilyzer 8000 and performed DUI technician duties. While in the DUI room, Amsden ultimately refused to provide a sample of her breath.

Amsden received citations for violating F.S.S. 316.074(1) (A8EU9EE) and 316.193(1) (A6LQ7HE).

Officer Hood conducted an inventory search of the driver`s vehicle and stayed with it until it was towed from the scene by Westway towing.

Amsden was transported to the Palm Beach County Jail where she was booked without incident.

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ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

MORAN, JOHN TODD
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

04/19/2019
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

PAYNE, JONATHAN SIMON (815)
NAME OF OFFICER (PLEASE PRINT)

04/19/2019
DATE

COURT STATE ATTORNEY CENTRAL RECORDS JAIL CRIME ANALYSIS P.I.O.

SCANNED
APR 20 2019

2019005498

10-15 0538

obs. 0549

DUI INFLUENCE REPORT

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BOCA RATON POLICE SERVICES DEPARTMENT
100 NW 2nd Avenue
Boca Raton, FL 33432

SCANNED
APR 20 2019

Revised: July 9, 2018

ARRESTING OFFICER: Payne

Name: Sgt. Graham Phone # _____ Work # _____

Address: _____

Can testify to: Roadsides

Name: Ofc. Leyva Phone # _____ Work # _____

Address: _____

Can testify to: Roadsides

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

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-END OF PART ONE-

SCANNED
APR 2 0 2019

[redacted]

BOCA RATON POLICE SERVICES DEPARTMENT

DUI INFLUENCE REPORT – PART II

To be filled out at testing facility

Agency Case # 2019005498

I. INTRODUCTION (Instrument Operator faces video camera)

A. The day is Friday (day), April (month), 19 (date), 2019 (year).

B. The time is now approximately 612 (AM)/PM.

C. The following is in reference to case number 2019005498.

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

E. Officer Payne, have you arrested Stacy Ansden (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? Yes

G. Mr./Mrs./(Ms.) Ansden, I am required to inform you these proceedings are being video recorded.

Operator Note: *Video record breath request, breath sample, and interview.*

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APR 20 2019

II. 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.

D 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 the presence of chemical or controlled substances.

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.

I am Ofc. Payne of the BCPD.

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: See Video

Note: 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.

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

(IF REFUSAL THEN)

At this time Mr./Mrs./Ms. (Answer) has refused to submit to a breath test.

The date is April (month), 19th (day), 2019 (year), and the time is 6:14 (AM)/PM.

A refusal form will be completed by the arresting officer.

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SCANNED
APR 2 0 2019

[redacted]

BOCA RATON POLICE SERVICES DEPARTMENT

TESTING FACILITY TASK REPORT

SUBJECT: Stacy Amsden

CASE #: 2019005498 DATE: 4-19-19

BREATH TEST RESULTS

1) TIME Refused / 0614 AM/PM 2) TIME Refused / 0614 AM/PM

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

BREATH OPERATOR: Ofc. Renteria

MAINTENANCE TECHNICIAN: Van Camp.

TESTING OFFICER'S OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Calm

CLOTHING: flower white dress.

MEDICAL CONDITION: fibro Mialgia

OTHER: _____

COMMENTS: Stacy had blood shot eyes, strong odor of alcohol coming from her person.

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APR 2 0 2019

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.
(2) Any statement you make must be freely and voluntarily given.
(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.
(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.
(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.
(8) Do you understand these rights as I have read them to you, and do you wish to speak to me?

Signed: See Video Date: _____ Time: _____

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? _____

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

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APR 2 0 2019

How did you consume your last two drinks? _____

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

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

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

Can you feel the effects 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? ☐ Yes ☐ No Did you get a bump on the head? ☐ Yes ☐ No

Were you in an accident today? _____

Have you taken any drugs or smoked marijuana today? _____

What? _____ When? _____

Have you seen a doctor or dentist today? ☐ Yes ☐ No Who? _____

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

Do you have: Epilepsy? ☐ Yes ☐ No Inner ear trouble? ☐ Yes ☐ No

Glass eye? ☐ Yes ☐ No Ear infection? ☐ Yes ☐ No

False teeth? ☐ Yes ☐ No Diabetes? ☐ Yes ☐ No

Any 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 video recording. The time is now approximately 6:15 (AM)/PM.

The date is April (month), 19th (day), 2019 (year).

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SCANNED
APR 2 0 2019

PALM BEACH COUNTY
SHERIFF'S OFFICE
Florida State Statute Exemption Sheet

Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	☐	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	☐	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	☐	119.071(4)(c)	Undercover personnel.	
	☐	119.071(2)(f)	Confidential informants (CIs).	
	☐	119.071(2)(e)	Confession.	
Public Info. Exemptions	☐	985.04(1)	Juvenile offender records.	
	☐	119.071(h)(i)	Assets of a crime victim.	
	☐	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	☐	394.4615(7)	Mental health information.	
	☐	119.071(4)(d)(2)(a)	Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)	☒	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	☐	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	☐	(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	☐		Other:	
	☐		Other:	

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REVIEW COMPLETED BY

Booking Number: 2019013012	**Date:** 04/20/2019
	Specialist Name/ID: AM/31562

SCANNED
APR 2 0 2019