

0495476

2018CT2191AxxNB68

ARREST / NOTICE TO APPEAR

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

1 JUVENILE

OBTS Number	Agency ORI Number 0501700		Agency Name Jupiter Police Department.		Agency Report Number (N.T.A.'s only) 5 4 18-000703	
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 NONE		Multiple Clearance Indicator 01
Location of Arrest (Including Name of Business) N US 1/VILLAGE BLVD, JUPITER FL			Location of Offense (Business Name, Address) 1010 LOVE ST, JUPITER, FL 33477			
Date of Arrest 02/04/2018	Time of Arrest 00:11	Booking Date 02/04/2018	Booking Time 00:21	Jail Date	Jail Time	Location of Vehicle ALL HOOKED UP TOWING

Name (Last, First, Middle) BARBER, TAMMI RUTH		Alias: HARVEY, IL		Alias (Name, DOB, Soc. Sec. #, Etc.)				
Race W - White	Sex F	Date of Birth 03/17/1969	Height 5'04	Weight 120	Eye Color BLUE	Hair Color BLONDE /	Complexion LIGHT	Build Thin
Local Address (Street, Apt. Number) 17 CAMBRIA RD, PALM BEACH GARDENS, FL 33418			(City)	(State)	(Zip)	Phone	Indication of: Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/> Drug Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>	
Permanent Address (Street, Apt. Number) 17 CAMBRIA RD, PALM BEACH GARDENS, FL 33418			(City)	(State)	(Zip)	Phone	Residence Type: 1. City 3. Florida 2. County 4. Out of State 2	
Business Address (Name, Street)			(City)	(State)	(Zip)	Phone	Address Source DEF	
D/L Number, State B616816695970 / FL		Soc. Sec. Number	INS Number	Place of Birth (City, State) HARVEY, IL		Citizenship		

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"/> 5. Juvenile
Name (Last, First, Middle)				Residence Phone
Address (Street, Apt. Number)				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	OR
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
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. 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
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Charge Description DUI - ENHANCED BAC OVER .15	Statute Violation Number 316.193(4) K	Violation of ORD #					
Drug Activity N	Drug Type	Amount / Unit	Offense # 18-000703	Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number	Bond
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
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

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"/> Deformities <input type="checkbox"/> Injuries		
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health	PROPERTY - Received By	Released By	Released To
Transported By	Date Transported	Time Transported	Other

<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) North County PALM BEACH GARD	No Photo Available
Court Date and Time 03/07/2018 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.		2018 FEB - 4 5 AM 11:55 BARON R. BOCH, CLERK PALM BEACH COUNTY SUN OIL FIELD BRANCH
Signature of Defendant (or Juvenile and Parent/Custodian) <i>Tammi Barber</i>		
Date Signed 2/4/18		

HOLD for Other Agency	Signature of Arresting Officer <i>[Signature]</i>	Name Verification (Printed by Arresting Officer)
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other	Name of Arresting Officer (Print) BORROWS, ANDREW	(PRINT)
Arresting Officer Thomas	Transporting Officer PFC BORROWS	Witness here if subject signed with an
ID # 90	ID # 380	Agency JPD

SCANNED

WITNESS LIST

CASE NUMBER: 18-000703

ARRESTING OFFICER: PFC A Borrows 380 / 1138

ADDRESS: 210 Military Trail, Jupiter Fl 33458

PHONE NUMBERS (HOME): _____ (WORK) 561 746 6201

CAN TESTIFY TO: PC

NAME: MPO Michael Salvemini 335

ADDRESS: 210 Military Trail, Jupiter Fl 33458

PHONE NUMBERS (HOME) _____ (WORK) 561 746 6201

CAN TESTIFY TO: Made contact with caller, on scene

NAME: Officer Diana Zietz

ADDRESS 210 Military Trail, Jupiter Fl 33458

PHONE NUMBERS (HOME) _____ (WORK) 561 746 6201

CAN TESTIFY TO: Scene, spoke to caller by phone

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) 0 (WORK) 0

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

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CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

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CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

SCANNED

FEB - 5 2018

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 4th DAY OF February 20 18, AT 2331 AM PM
SUBJECT: Barber Tammi Ruth CASE NUMBER: 18-000703
AGENCY: JUPITER POLICE DEPARTMENT ARRESTING OFFICER: PFC A Borrows 380 / 1138

PERSONAL CONTACT

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

A male by the name of Chris called the Jupiter Police Department to report a drunk female in a gold Hyundai in the parking lot for the Square Grouper bar. The male reported he was blocking the vehicle in, preventing the female from leaving. MPO Salvemini arrived in the area and briefly spoke to the caller who pointed out the vehicle to MPO Salvemini. I arrived as the vehicle was leaving the parking lot, which MPO Salvemini pointed out to me. I began to follow the vehicle which turned north on North A1A and then north on North US Highway 1. I did not observe any traffic violations. Based on the (at the time) citizen caller who had approached MPO Salvemini and the call he made, I determined the vehicle and driver posed a potential serious hazard to public safety and initiated a traffic stop on those grounds. I made contact with the driver, Tammi Barber.

OBSERVATION OF DRIVER:

Barber had glassy eyes. Barber had great difficulty focusing. Barber used the car for balance after I had her exit. Barber agreed to roadsides. Barber complained of foot pain and I found a nearby location to complete seated roadsides. Barber became hesitant to continue. I advised Barber of her Taylor Warnings and Barber agreed to continue. I then completed the seated battery of roadside tasks. I have previously taken an eight hour course in seated roadsides.

DRIVER'S STATEMENTS:

Stated she had consumed four beers while out. Barber had difficulty focusing and trailed off while answering questions. Barber's movements were slow and uncoordinated and she was picking up her phone and aimlessly clicking on it instead of answering questions or holding a logical conversation.

ODORS:

Odor of unknown alcoholic beverage

GENERAL OBSERVATIONS

SPEECH: Slurred, low, mumbled

ATTITUDE: Cooperative, mood swings, repetitive (short term memory loss)

CLOTHING: Blue shirt, blue jeans, black flip flops

MEDICAL/OTHER: Broken collar bone, issue with foot

STATE OF FLORIDA
COUNTY OF PALM BEACH

PFC A Borrows 380 / 1138

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 4th day of February 20 18 by PFC A Borrows 380 / 1138

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced PERSONALLY KNOWN

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



Samantha Palmer
Commission # FF172377
Expires: OCT 28, 2018
BONDED THRU
1ST FLORIDA NOTARY, LLC

SCANNED
FEB - 5 2018

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

- | | |
|---|---|
| <input checked="" type="checkbox"/> LT EYE-LACK OF SMOOTH PURSUIT | <input checked="" type="checkbox"/> RT EYE-LACK OF SMOOTH PURSUIT |
| <input checked="" type="checkbox"/> LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION | <input checked="" type="checkbox"/> RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION |
| <input checked="" type="checkbox"/> LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES | <input checked="" type="checkbox"/> RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES |

Other Observations:

Difficulty following instructions and keeping head still.

Finger to Nose

Barber started the task early. L1: Barber hesitated, searched, and did not use the tip of her finger. R2: Barber hesitated, searched, moved her head, and did not use the tip of her finger. L3: Barber moved her head, and did not use the tip of her finger. R4: Barber did not use her finger tip and missed the tip of her nose. R5: Barber moved her head, used the wrong hand at first, and did not use the tip of her finger. L6: Barber moved her head and did not use the tip of her finger.

Palm Pat

Barber started early. Barber did not speed up. Barber did not bring the back of her hand onto her palm but did it to the side. I told Barber to speed up. Barber started to count incorrectly.

Hand Coordination

Barber clapped four times, hit her palms together on each side twice and put her hands on her chest and placed them on her lap. Barber did not perform the first task, did not count the correct number of times on the second task, did not reverse steps back (improper count, improper touch), and did not return her fist to her chest as instructed.

BREATH TEST RESULTS: .251 .249

STATE OF FLORIDA
COUNTY OF PALM BEACH

PFC A Borrows 380 / 1138

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 4th day of February 2018 by PFC A Borrows 380 / 1138

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

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



Samantha Palmer
Commission # FF172377
Expires: OCT 28, 2018
BONDED THRU
1ST FLORIDA NOTARY, LLC

SCANNED
FEB - 5 2018

SUBJECT: R. CASE NUMBER: 18 000703

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? Home

WHAT STREET OR HIGHWAY WERE YOU ON? _____

DIRECTION OF TRAVEL? _____ WHERE DID YOU START? Spice Grove

WHAT TIME DID YOU START? 9:15 WHAT TIME IS IT NOW? 10:15

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? 4 pm 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: OFC BON JWS # 200

SCANNED
FEB - 5 - 2018

