



Daytona Beach Police Department NEWS RELEASE

129 Valor Blvd, Daytona Beach, Fl. 32114-8169

Phones (386) 671-5100 PIO 671-5123 Media Line 671-5112 Fax 671-3351

Anonymous Text or Web Tips www.dbpd.us Text DBTIPS to CRIMES (274637)

Crimestoppers of Volusia County 1-888-277- TIPS (8477)

June 20, 2014

Re: DUI arrest

Location: 300 block of Bill France

Date of Incident: June 19, 2014

Time: 23:03

Police Report Number: 20140010889

Last night Daytona Beach Police Officer Shawna Hamel was arrested for DUI. As per Department policy and Procedure, Officer Hamel has been placed on paid administrative leave pending the outcome of the criminal charge and IA investigation. Because of the pending criminal charge and IA investigation. No further comments will be issued

Persons with information may text "CRIMES" (274637) with a cell phone or log on to www.dbpd.us and click on Anonymous Web Tips. When using a cell phone, all messages should begin with "DBTIPS." Tipsters remain anonymous.

**7th. Judicial Circuit 707
Charging Affidavit - Volusia**

Arrest # _____ Bk # _____ Pg # 1 of 4

ARREST <input checked="" type="checkbox"/> NOTICE TO APPEAR <input type="checkbox"/> AFFIDAVIT <input type="checkbox"/> C.C. <input type="checkbox"/> ADULT <input checked="" type="checkbox"/> JUVENILE <input type="checkbox"/>		Court Case Number:	
(ORI) FL: <u>FL0640100</u>	Agency Name: <u>DAYTONA BEACH POLICE DEPARTMENT</u>	Agency Case Number: <u>140010889</u>	
FCIC/NCIC Check? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	OBTS #	U.C.R.:	Date Arrested: <u>06-19-2014</u> Time of Arrest: <u>2303</u>
ADDRESS OF ARREST (Street, City, State, Zip): <u>300 block Bill France Blvd DAYTONA BEACH FL 32114</u>		Arrested By: <u>Ward, James</u>	ID Number: <u>D41183</u>
DEFENDANT	NAME (Last) <u>Hamel</u> (First) <u>Shawna</u> (Middle) <u>Amber</u>	A.K.A.:	Sex: <u>F</u> Race: <u>W</u>
DOB: _____	Age: <u>41</u> Driver's Lic./ ID No.: _____	State: <u>FL</u> Year Expires: <u>2021</u>	S.S.# - _____
Height: <u>5' 05"</u>	Weight: <u>140</u> Hair: <u>BLN</u> Eyes: <u>HAZ</u>	P.O.B. (City, State, Country): <u>MI</u>	Statement: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Scars, Marks, Tattoos:	Business & Occupation:	Citizenship: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Probation: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Sexual Predator: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	English: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Deaf/Mute: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Address - Mailing/Permanent (STREET, APT. NUMBER)		(CITY)	(STATE)
<u>On File</u>		<u>DAYTONA BEACH</u>	<u>FL</u>
Address - Local (STREET, APT. NUMBER)		(CITY)	(STATE)
Address - Other (Employer/School) (STREET, APT. NUMBER)		(CITY)	(STATE)

CHARGES	DOMESTIC VIOLENCE? Yes <input type="checkbox"/>	Attachments: Affidavit(s)? <input type="checkbox"/> Statement(s) <input type="checkbox"/> NTA Schedule <input type="checkbox"/> Report <input type="checkbox"/> Traffic Infraction(s) <input type="checkbox"/> DUI <input checked="" type="checkbox"/>	Total Charges: <u>1</u>
#1 Charge: <u>DUI Alcohol or Drugs</u>	FEL <input type="checkbox"/> MISD <input checked="" type="checkbox"/> ORD <input type="checkbox"/>	FS/ORD: <u>316.193</u>	Citation No.: <u>0925-XFD</u> Bond: <u>500</u>
#2 Charge:	FEL <input type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>	FS/ORD:	Citation No.: Bond:
#3 Charge:	FEL <input type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>	FS/ORD:	Citation No.: Bond:

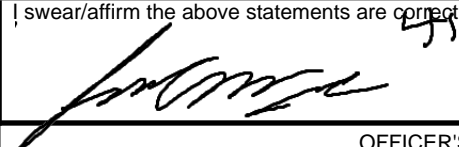
CO-DEFENDANT	Co-Def #1. Arrested? Y <input type="checkbox"/> N <input type="checkbox"/> Fel. <input type="checkbox"/> Misd. <input type="checkbox"/> Traf. <input type="checkbox"/> Ord. <input type="checkbox"/> NTA <input type="checkbox"/>	Co-Def #2. Arrested? Y <input type="checkbox"/> N <input type="checkbox"/> Fel. <input type="checkbox"/> Misd. <input type="checkbox"/> Traf. <input type="checkbox"/> Ord. <input type="checkbox"/> NTA <input type="checkbox"/>
#1 NAME (Last) (First) (Middle)	Race:	Sex: DOB: Age:
#2 NAME (Last) (First) (Middle)	Race:	Sex: DOB: Age:

NARRATIVE The undersigned certifies and swears that there is probable cause to believe the above-named defendant, on the 19 day of June, 2014, at approximately 0938 a.m. p.m. at 300 block Bill France Blvd DAYTONA BEACH within Volusia County, violated the law and did then and there:

1 defendant was in actual physical control of a 2013 Ford Mustang, blue in color, bearing FL tag "2FOXI" while under the influence;
 2 On 6-19-14 at 2315 hrs, I responded to the 300 block of Bill France Blvd in reference to a DUI investigation. Upon my arrival, I observed the
 3 defendant seated in the driver's seat of her vehicle with the keys in the ignition, smoking a cigarette. I contacted Ofc Justin Dunne who advised me he
 4 believed the defendant (driver and only occupant during a single vehicle crash) was under the influence. Lt James Brodick and Sgt. James Chirco
 5 were also on scene, at the time of my arrival. Ofc Dunne's crash investigation revealed the defendant was northbound in the 300 block Of Bill France
 6 Blvd and attempted a eastbound (right) turn into the apartment complex at 395 Bill France Blvd. The defendant failed to make a safe turn and drove
 7 into the drainage ditch, causing damage to the left rear corner of her vehicle. Ofc Dunne stated the defendant was unsteady on her feet and had a
 8 strong odor of an alcoholic beverage about her person. A witness (George McCurdy) provided a written statement detailing how he had observed the
 9 defendant inside the Sonoco station at Bill France Blvd and International Speedway Blvd and believed she was under the influence of some type of
 10 substance. A second witness (John Nelson/clerk at the Sonoco station) provided a written statement detailing how the defendant appeared to be
 11 under the influence of some type of substance, while inside the store. A third witness (Genero Carter) stated he had seen the defendant's vehicle in
 12 the ditch and stopped to offer assistance. Carter stated the defendant was attempting to drive her vehicle out of the ditch but was unable to do so, in
 13 her impaired condition. I contacted the defendant and asked her to exit her vehicle and follow me to the roadway. The defendant exited the vehicle,
 14 leaning on it for balance and walked to the roadway, stopping in front of Lt. Brodick and failing to follow me as instructed. I advised the defendant I
 15 would be conducting a DUI investigation. I read the defendant Miranda Warning, via Department issued card and asked if she understood. She stated

NOTICE TO APPEAR	MANDATORY APPEARANCE <input type="checkbox"/>	YOU NEED NOT APPEAR IN COURT BUT MUST COMPLY WITH INSTRUCTIONS ON THE REVERSE SIDE OF YOUR COPY <input type="checkbox"/>	FINE, AND COSTS AMOUNT:
I AGREE TO APPEAR IN COURT HEREIN TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE INDICATED, I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED, OR PAY THE LISTED FINE, I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST WILL BE ISSUED.			

SIGNATURE OF DEFENDANT	Date	RELATIONSHIP TO JUVENILE	JUVE DISP.
			CITATION No.

Sworn to and subscribed before me, the undersigned this <u>20</u> day of <u>June</u> , <u>2014</u> , Name: <u>LT Brodick</u>	I swear/affirm the above statements are correct and true 	Rt Thumb
Notary Public <input type="checkbox"/> Law Enforcement or Corrections Officer <input checked="" type="checkbox"/>	OFFICER'S/COMPLAINANT'S SIGNATURE	
Personally Known <input checked="" type="checkbox"/> Produced Identification <input type="checkbox"/>	<u>WARD, JAMES</u> <u>D41183</u>	
Type of Identification: _____	NAME (PRINTED) ID NUMBER	

OFFICIAL USE ONLY Inmate Number & Facility:

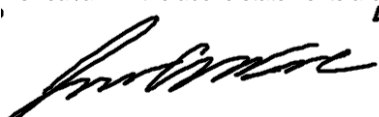
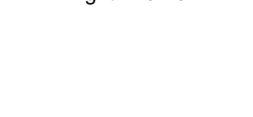
Narrative Supplement 707-B

Arrest
 Affidavit
 Notice to Appear
 Adult
 Juvenile

Court Case Number:

Defendant Name: Hamel	(Last)	(First) Shawna	(Middle) Amber	Agency Case Number: 140010889
CHARGES	DOMESTIC VIOLENCE? Yes <input type="checkbox"/>	Attachments: Affidavit(s)? <input type="checkbox"/> Statement(s) <input type="checkbox"/> NTA Schedule <input type="checkbox"/> Report <input type="checkbox"/> Traffic Infraction(s) <input type="checkbox"/>		Total Charges: 1
#	Charge:	FEL <input type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>	FS/ORD:	Citation No.: Bond:
#	Charge:	FEL <input type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>	FS/ORD:	Citation No.: Bond:
#	Charge:	FEL <input type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>	FS/ORD:	Citation No.: Bond:

16 she did and stated she would speak to me. I asked the defendant what had caused the crash and she mumbled a statement that I could not
 17 understand. I asked the defendant to repeat herself and she replied "I missed my exit". I asked the defendant if she was alone in the vehicle and if
 18 she was the driver. The defendant responded "Yes" to both questions. As I spoke with the defendant, I observed that she was unsteady on her feet
 19 and swayed from side to side as she stood. I detected a strong odor of an alcoholic beverage about her person and observed that her eyes were
 20 glassy and red in color. I asked the defendant if she had been drinking and she replied "Just a couple". I asked the defendant if she had taken any
 21 narcotics and she replied "██████████, for my shoulder". Ofc Sean Walker checked the defendant's eyes for Horizontal Gaze Nystagmus. Ofc
 22 Walker and myself observed a lack of smooth pursuit in both eyes, onset of nystagmus prior to 45 degrees in both eyes and Nystagmus at maximum
 23 deviation in both eyes. As Ofc Walker checked the defendant's eyes, I observed her swaying from side to side. I had the defendant walk to a well lit
 24 level area on the asphalt roadway for the walk and turn exercise. I asked the defendant if she would like to remove her flip-flops prior to attempting
 25 the exercise. The defendant kicked one shoe off and had difficulty with the second shoe, stumbling from side to side. I instructed the defendant to
 26 stand on a painted white line with one foot in front of the other as I demonstrated the walk and turn exercise. The defendant was unable to maintain
 27 her balance in this position and began attempting to walk along the line before I instructed her to begin. I instructed the defendant to walk nine steps
 28 on the white line, touching heel to toe on each step. I instructed the defendant to turn around and walk nine steps northbound again touching heel to
 29 toe on each step. The defendant attempted to walk southbound and lost her balance on her first step and stepped off the line for balance. The
 30 defendant took a second step and again stumbled off the line. The defendant attempted a third step and for a third time lost her balance and stepped
 31 of the line. At this point, the defendant stated "I can't do it" and refused to continue. I instructed the defendant to raise one foot about six inches above
 32 the ground and count out loud until told to stop. The defendant raised her left foot, lost her balance immediately and put her foot down. The defendant
 33 raised her right foot and again lost her balance within a second or two and put her foot down. The defendant raised her right foot a total of three more
 34 times, with the same results. After this last attempt, the defendant stated "I can't do it" and refused to continue. The defendant was placed under
 35 arrest for DUI and transported to 129 Valor Blvd by Sgt Fishpaugh, for Intoxilyzer testing. The defendant provide breath samples of .170 g/210L and
 36 .162 g/210L. Ofc Cody Cassidy (DBPD Motor Unit) completed the DHSMV crash report.

Sworn to and subscribed before me, the undersigned this <u>20</u> day of <u>June</u> , 2014 Name: <u>LT J. Brodie K.</u>	I swear/affirm the above statements are correct and true  OFFICER'S/COMPLAINANT'S SIGNATURE WARD, JAMES NAME (PRINTED)	Right Thumb 
Notary Public <input type="checkbox"/> Law Enforcement Officer <input checked="" type="checkbox"/> Personally Known <input checked="" type="checkbox"/> Produced Identification <input type="checkbox"/> Type of Identification:	D41183 ID NUMBER	

Witness/Victim/Evidence Form 707-A

Arrest
 Affidavit
 Notice to Appear
 Adult
 Juvenile

Court Case Number:

Defendant (Last) (First) (Middle) Name: Hamel Shawna Amber			Agency Case Number: 140010889					
Name: (Last) (First) (Middle) Dunne Justin			Vic <input type="checkbox"/> Wit <input checked="" type="checkbox"/>	Race: W	Sex: M <input checked="" type="checkbox"/> F <input type="checkbox"/>	Age:	DOB:	SSN:
Address (#, Street, City, State): 129 Valor Blvd DAYTONA BEACH FL			Zip: 32114		Home: Phone:	Statement: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Bus/School Address: DBPD			Zip:		Bus: Phone:			Phone:
Relative/Contact Name			Relative/Contact Address:					Phone:
Name: (Last) (First) (Middle) Brodick James			Vic <input type="checkbox"/> Wit <input checked="" type="checkbox"/>	Race: W	Sex: M <input checked="" type="checkbox"/> F <input type="checkbox"/>	Age:	DOB:	SSN:
Address (#, Street, City, State): 129 Valor Blvd DAYTONA BEACH FL			Zip: 32114		Home: Phone:	Statement: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Bus/School Address: DBPD			Zip:		Bus: Phone:			Phone:
Relative/Contact Name			Relative/Contact Address:					Phone:
Name: (Last) (First) (Middle) Chirco James			Vic <input type="checkbox"/> Wit <input checked="" type="checkbox"/>	Race: W	Sex: M <input checked="" type="checkbox"/> F <input type="checkbox"/>	Age:	DOB:	SSN:
Address (#, Street, City, State): 129 Valor Blvd DAYTONA BEACH FL			Zip: 32114		Home: Phone:	Statement: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Bus/School Address: DBPD			Zip:		Bus: Phone:			Phone:
Relative/Contact Name			Relative/Contact Address:					Phone:
Name: (Last) (First) (Middle) Cassidy Cody			Vic <input type="checkbox"/> Wit <input checked="" type="checkbox"/>	Race: W	Sex: M <input checked="" type="checkbox"/> F <input type="checkbox"/>	Age:	DOB:	SSN:
Address (#, Street, City, State): 129 Valor Blvd DAYTONA BEACH FL			Zip: 32114		Home: Phone:	Statement: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Bus/School Address: DBPD			Zip:		Bus: Phone:			Phone:
Relative/Contact Name			Relative/Contact Address:					Phone:
Name: (Last) (First) (Middle) McCurdy George			Vic <input type="checkbox"/> Wit <input checked="" type="checkbox"/>	Race: W	Sex: M <input checked="" type="checkbox"/> F <input type="checkbox"/>	Age: 34	DOB: 10-02-1979	SSN:
Address (#, Street, City, State): 112 Winners Circle # 104 DAYTONA BEACH FL			Zip: 32114		Home: Phone: (772) 323-9203	Statement: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Bus/School Address:			Zip:		Bus: Phone:			Phone:
Relative/Contact Name			Relative/Contact Address:					Phone:
Name: (Last) (First) (Middle) Nelson John			Vic <input type="checkbox"/> Wit <input checked="" type="checkbox"/>	Race: W	Sex: M <input checked="" type="checkbox"/> F <input type="checkbox"/>	Age: 28	DOB: 12-09-1985	SSN:
Address (#, Street, City, State): 129 Powell Blvd #12105 DAYTONA BEACH FL			Zip: 32114		Home: Phone: (386) 307-3816	Statement: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Bus/School Address:			Zip:		Bus: Phone:			Phone:
Relative/Contact Name			Relative/Contact Address:					Phone:

EVIDENCE COLLECTED

Description of Evidence	Date Recovered	Model Serial/I.D. Number	Drug Amount
sales receipt	06-19-2014		
Owner Name (Last) (First) (Address)	(Phone)		Value
Description of Evidence	Date Recovered	Model Serial/I.D. Number	Drug Amount
Owner Name (Last) (First) (Address)	(Phone)		Value
Description of Evidence	Date Recovered	Model Serial/I.D. Number	Drug Amount
Description of Evidence	Date Recovered	Model Serial/I.D. Number	Drug Amount
Description of Evidence	Date Recovered	Model Serial/I.D. Number	Drug Amount
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Description of Evidence	Date Recovered	Model Serial/I.D. Number	Drug Amount
Description of Evidence	Date Recovered	Model Serial/I.D. Number	Drug Amount
Description of Evidence	Date Recovered	Model Serial/I.D. Number	Drug Amount

I certify that the foregoing is a complete list of witnesses/victims & evidence known to me.

WARD, JAMES
Investigating Officer

[Signature]
45163

D41183
ID Number

DBPD
Agency

Witness/Victim/Evidence Form 707-A

Arrest
 Affidavit
 Notice to Appear
 Adult
 Juvenile

Court Case Number:

Defendant (Last) (First) (Middle) Name: Hamel Shawna Amber			Agency Case Number: 140010889					
Name: (Last) (First) (Middle) Carter Genero			Vic <input type="checkbox"/> Wit <input checked="" type="checkbox"/>	Race: B	Sex: M <input checked="" type="checkbox"/> F <input type="checkbox"/>	Age: 22	DOB: 04-01-1992	SSN:
Address (#, Street, City, State): 1250 Woodcrest DR #4101 DAYTONA BEACH FL			Zip: 32114		Home: Phone: (404) 863-4591		Statement: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Bus/School Address: Bethune Cookman University			Zip:		Home: Phone:		Bus: Phone:	
Relative/Contact Name			Relative/Contact Address:		Home: Phone:		Bus: Phone:	
Name: (Last) (First) (Middle)			Vic <input type="checkbox"/> Wit <input type="checkbox"/>	Race:	Sex: M <input type="checkbox"/> F <input type="checkbox"/>	Age:	DOB:	SSN:
Address (#, Street, City, State):			Zip:		Home: Phone:		Statement: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Bus/School Address:			Zip:		Home: Phone:		Bus: Phone:	
Relative/Contact Name			Relative/Contact Address:		Home: Phone:		Bus: Phone:	
Name: (Last) (First) (Middle)			Vic <input type="checkbox"/> Wit <input type="checkbox"/>	Race:	Sex: M <input type="checkbox"/> F <input type="checkbox"/>	Age:	DOB:	SSN:
Address (#, Street, City, State):			Zip:		Home: Phone:		Statement: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Bus/School Address:			Zip:		Home: Phone:		Bus: Phone:	
Relative/Contact Name			Relative/Contact Address:		Home: Phone:		Bus: Phone:	
Name: (Last) (First) (Middle)			Vic <input type="checkbox"/> Wit <input type="checkbox"/>	Race:	Sex: M <input type="checkbox"/> F <input type="checkbox"/>	Age:	DOB:	SSN:
Address (#, Street, City, State):			Zip:		Home: Phone:		Statement: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Bus/School Address:			Zip:		Home: Phone:		Bus: Phone:	
Relative/Contact Name			Relative/Contact Address:		Home: Phone:		Bus: Phone:	
Name: (Last) (First) (Middle)			Vic <input type="checkbox"/> Wit <input type="checkbox"/>	Race:	Sex: M <input type="checkbox"/> F <input type="checkbox"/>	Age:	DOB:	SSN:
Address (#, Street, City, State):			Zip:		Home: Phone:		Statement: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Bus/School Address:			Zip:		Home: Phone:		Bus: Phone:	
Relative/Contact Name			Relative/Contact Address:		Home: Phone:		Bus: Phone:	
Name: (Last) (First) (Middle)			Vic <input type="checkbox"/> Wit <input type="checkbox"/>	Race:	Sex: M <input type="checkbox"/> F <input type="checkbox"/>	Age:	DOB:	SSN:
Address (#, Street, City, State):			Zip:		Home: Phone:		Statement: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Bus/School Address:			Zip:		Home: Phone:		Bus: Phone:	
Relative/Contact Name			Relative/Contact Address:		Home: Phone:		Bus: Phone:	

EVIDENCE COLLECTED

Description of Evidence	Date Recovered	Model Serial/I.D. Number	Drug Amount
Owner Name (Last) (First) (Address)		(Phone)	Value
Description of Evidence	Date Recovered	Model Serial/I.D. Number	Drug Amount
Owner Name (Last) (First) (Address)		(Phone)	Value
Description of Evidence	Date Recovered	Model Serial/I.D. Number	Drug Amount
Description of Evidence	Date Recovered	Model Serial/I.D. Number	Drug Amount
Description of Evidence	Date Recovered	Model Serial/I.D. Number	Drug Amount
Description of Evidence	Date Recovered	Model Serial/I.D. Number	Drug Amount
Description of Evidence	Date Recovered	Model Serial/I.D. Number	Drug Amount
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