

20 CT - 16816

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

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

OSTS Number		Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number (N.T.A.'s only) <b>06-20-140188</b>																																		
Charge Type: Check as many as apply.		1. Felony <input type="checkbox"/> 2. Traffic Felony		3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor		6. Ordinance <input type="checkbox"/> 6. Other																																		
Location of Arrest (Including Name of Business) <b>Atlantic Ave / Cumberland, Delray Beach, FL</b>		Location of Offense (Business Name, Address) <b>Atlantic Ave / Cumberland, Delray Beach, FL</b>																																						
Date of Arrest <b>12/25/2020</b>	Time of Arrest <b>00:21</b>	Booking Date <b>12/25/2020</b>	Booking Time	Jail Date	Jail Time	Location of Vehicle <b>Priority Towing, 334 SE 7th Ave, Delray Beach, FL 33445, (561) 633-6973</b>																																		
Name (Last, First, Middle) <b>Murphy, Kathleen, Anne</b>																																								
Alias (Name, DOB, Soc. Sec. #, Etc.)																																								
Race W - White 1 - American Indian B - Black 0 - Oriental/Asian	Sex W F	Date of Birth <b>9/18/1965</b>	Height <b>5'07</b>	Weight <b>144</b>	Eye Color <b>green</b>	Hair Color <b>blonde</b>	Complexion <b>light</b>																																	
Build <b>small</b>				Marital Status <b>Divorced</b>		Religion <b>CATHOLIC</b>																																		
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>None</b>				Indication of Alcohol Influence Y <input type="checkbox"/> N <input type="checkbox"/> I <input type="checkbox"/>		Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> I <input type="checkbox"/>																																		
Local Address (Street, Apt. Number) <b>610 Monaco M, Delray Beach, FL 33446</b>		(City)	(State)	(Zip)	Phone <b>(413) 728 8347</b>		Residence Type: 1. Other 2. County 3. Florida 4. Out of State <b>2</b>																																	
Permanent Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone		Address Source <b>DL</b>																																	
Business Address (Name, Street)		(City)	(State)	(Zip)	Phone		Occupation <b>sales</b>																																	
DL Number, State <b>M610501658300, FL</b>		Soc. Sec. Number		INS Number		Place of Birth (City, State) <b>Holyoke, Massachusetts</b>																																		
Citizenship <b>US</b>		Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile																																	
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Parent / Legal Custodian / Other:		Name (Last)	(First)	(Middle)	Relationship		Residence Phone																																	
Address (Street, Apt. Number)		(City)	(State)	(Zip)	Business Phone																																			
Notified by: (Name)		Date	Time	Juvenile Disposition 1. Held and processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated		Grade																																		
Released To: (Name)		Relationship		Date	Time																																			
The above address 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 (Phone 365-2525) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)				School Attended		Grade																																		
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property			Value of Property																																			
<table border="1"> <tr> <td>Drug Activity</td> <td>S. Sell</td> <td>R. Struggle</td> <td>K. Dispense/Distribute</td> <td>M. Manufacture/Produce/Cultivate</td> <td>Z. Other</td> <td>Drug Type</td> <td>B. Barbiturates</td> <td>H. Hallucinogen</td> <td>P. Paraphernalia/Equipment</td> <td>U. Unknown</td> </tr> <tr> <td>N. N/A</td> <td>B. Buy</td> <td>D. Deliver</td> <td>E. Use</td> <td></td> <td></td> <td>N. N/A</td> <td>C. Cocaine</td> <td>M. Marijuana</td> <td>S. Synthetic</td> <td>Z. Other</td> </tr> <tr> <td>P. Possess</td> <td>T. Traffic</td> <td></td> <td></td> <td></td> <td></td> <td>A. Amphetamines</td> <td>E. Heroin</td> <td>O. Opium/Opiv.</td> <td></td> <td></td> </tr> </table>								Drug Activity	S. Sell	R. Struggle	K. Dispense/Distribute	M. Manufacture/Produce/Cultivate	Z. Other	Drug Type	B. Barbiturates	H. Hallucinogen	P. Paraphernalia/Equipment	U. Unknown	N. N/A	B. Buy	D. Deliver	E. Use			N. N/A	C. Cocaine	M. Marijuana	S. Synthetic	Z. Other	P. Possess	T. Traffic					A. Amphetamines	E. Heroin	O. Opium/Opiv.		
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Charge Description <b>Driving Under the Influence</b>		Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number <b>316.193(1)(c)</b>		Violation of ORD #																																		
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Location (Court, Room Number, Address) <b>South County Courthouse, Courtroom #1, 200 W. Atlantic Ave., Delray Beach, FL 33444 - Ph: (561) 355-2996</b>																																								
Court Date and Time Month <b>January</b> Day <b>25</b> Year <b>2021</b> Time <b>08:30</b> AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>																																								
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. <b>12/25/2020</b>																																								
Signature of Defendant (or Juvenile and Parent/Custodian)						Date Signed																																		
HOLD for other Agency Name:		Signature of Arresting Officer		Name Verification (Printed by Arresting Officer)																																				
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal	<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:	Name of Arresting Officer (Print) <b>D/S POINTU P.</b>		I.D. # <b>16032</b>		PAGE																																		
Intake Deputy <b>SPANN 810</b>	I.D. #	Pouch #	Transporting Officer <b>D/S POINTU P.</b>	ID # <b>16032</b>	Agency <b>PBSO</b>	Witness here if subject signed with an "X" <b>1</b> OF <b>1</b>																																		

FORM 9148 REV. 097

0520413

SCANNED (A) ONLY

DEC 25 2020

2435

OSTS Number		<b>PROBABLE CAUSE AFFIDAVIT</b>		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Copies	1	Juvenile
ADMIN	Agency ORI Number	Agency Name	Agency Report Number				
	<b>FL0 500000</b>	<b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>	<b>06- 20-140188</b>				
CHARGES	Charge type: Check as many as apply.	1. Felony <input type="checkbox"/>		3. Misdemeanor <input checked="" type="checkbox"/>		5. Ordinance <input type="checkbox"/>	
		2. Traffic Felony <input type="checkbox"/>		4. Traffic Misdemeanor <input type="checkbox"/>		6. Other <input type="checkbox"/>	
DEF	Name (Last, First, Middle)			Alias		Race	Sex
	<b>Murphy, Kathleen</b>					<b>W</b>	<b>F</b>
VICTIM	Date of Birth			Special Notes			
	<b>9/18/65</b>						
VICTIM	Victim's Name (Last, First, Middle)			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				
<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.          The Person taken into custody</p> <p><input type="checkbox"/> committed the below acts in my presence. <input checked="" 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 type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <u>24th</u> day of <u>December</u> 20<u>20</u> at <u>11:25</u> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p> <p><b>On Thursday, December 24th, 2020 at 11:25pm, I was dispatched to Via Flora and W. Atlantic BLVD, unincorporated Delray Beach, FL 33484, in reference to mobile eyes. The caller advised a silver vehicle bearing FL tag #1EUX89 was swerving lanes and running red lights.</b></p> <p><b>Upon my arrival in the area of W. Atlantic AVE west of Michelangelo BLVD, I observed the described silver vehicle driving westbound on W. Atlantic AVE. I immediately made a U-turn and monitored the vehicle from a distance. I then observed the vehicle make a U-turn at W. Atlantic AVE and Lexington Club BLVD at which time I did the same. The vehicle made a wide left U-turn and drove right of the solid white line. I did observe the FL tag and confirmed it was 1EUX89. I activated my overhead lights and performed a traffic stop for a welfare check at which time the operator immediately pulled over and stopped. I was concerned for the drivers well-being based on the information provided by the caller.</b></p> <p><b>During the stop, I approached the vehicle on the driver's side observed a white female behind the wheel. I made myself visible to the operator and asked for her driver's license, registration, and insurance. She recovered her registration from the glove compartment and handed it to me. I then asked again for her driver's license that was in her wallet. The driver had trouble removing her driver's license from her wallet but was soon thereafter able to remove it. I also asked for her to roll down the passenger side front window but she was having difficulty finding the power window control.</b></p> <p><b>I was alerted that the operator, identified as Kathleen Murphy W/F/9-18-65 by FL drivers license, was impaired and was unable to operate her vehicle. I then called for D/S Patrick Pointa ID #16032 to respond to conduct a driving under the influence investigation.</b></p>							
<p>STATE OF FLORIDA          COUNTY OF PALM BEACH</p> <p>(Signature of Arresting/Investigative Officer) <u>PL33110</u></p> <p>The foregoing instrument was sworn to or affirmed and subscribed before me this <u>25th</u> day of <u>December</u> 20<u>2020</u> by _____</p> <p>(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced <u>D/S POINTA P 16032</u></p> <p>Notary Public, Clerk of Court, Officer (F.S.S. 117.10)</p>							
ADMINISTRATIVE							PAGE 1 OF 1

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 24 DAY OF December 2020, AT 23:29 AM  PM

SUBJECT: Murphy, Kathleen, Anne CASE NUMBER: 20-140188

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: D/S POINTU P.

## PERSONAL CONTACT

DRIVING PATTERN: Actual physical control (physical evidence or statements putting def. behind wheel of vehicle)

A Nissan Rogue bearing FL tag IEUX89 was seen by witness swerving all over the roadway on Atlantic Ave in unincorporated Delray Beach, Palm Beach County. Witness called 911 and D/S Coleman followed the car and saw it making a wide U turn on Atlantic and Lexington Club. A stop was initiated and the driver and only occupant of the vehicle was identified by her Florida DL as Kathleen Murphy. Murphy was also the registered owner of the vehicle.

## OBSERVATION OF DRIVER:

Drowsy, glassy and bloodshot eyes, fumbling with her paperwork. Unable to focus on one task. Unstable on her feet.

## DRIVER'S STATEMENTS:

Post Miranda admitted having a couple of drinks. Repetitive, asking over and over the same questions

## ODORS:

Strong odor of unknown alcohol beverage that became stronger when she talked.

## GENERAL OBSERVATIONS

SPEECH: slow, slurred

ATTITUDE: laughing, crying, repetitive,

CLOTHING: white shirt, black jeans, brown and yellow shoes

MEDICAL/OTHER: [REDACTED]

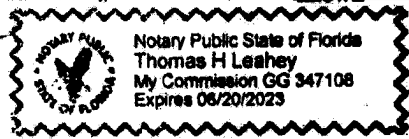
STATE OF FLORIDA  
COUNTY OF PALM BEACH

D/S POINTU P.  
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 25 day of December 2020 by D/S POINTU P.

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

Thomas Leahey (#19183)  
Notary Public, Clerk of Court, Officer (F.S.S 117.10)



**SCANNED**  
DEC 25 2020

SUBJECT: Murphy, Kathleen, Anne

CASE NUMBER 20-140188

**ROADSIDE TASKS**

**HORIZONTAL GAZE NYSTAGMUS:**

LT EYE-LACK OF SMOOTH PURSUIT

RT EYE-LACK OF SMOOTH PURSUIT

LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION

RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION

LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

**Other Observations:**

Unable to keep her feet together, lost her balance. Closed her eyes. No resting nystamus. Pupils round and equal. Equal tracking. Immediate onset.

**WALK & TURN:**

Unable to maintain the instructional stance. Started before being told. Did not walk heel to toe. Did not count out loud. Improper number of steps. Walked off the line. Used her arms to balance. No turn.

**ONE LEG STAND:**

Unable to perform the task. Lowered her leg multiple times. Did not count out loud. Stopped the task after ten seconds.

**FINGER TO NOSE:**

Did not keep her feet together. Did not close her eyes. Did not follow instructions. Used the pad of her finger. Stopped the task. After Taylor warnings resumed it.

**ROMBERG ALPHABET:**

Did not maintain the stance. Open her eyes, lowered her head. Swayed. Modified Romberg: did not start counting.

**BREATH TEST RESULTS: Refusal**

STATE OF FLORIDA  
COUNTY OF PALM BEACH

D/S POINTU P.

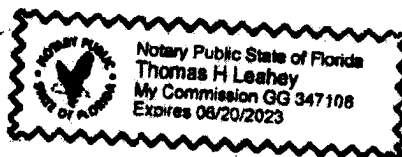
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 25 day of December 2020 by D/S POINTU P.

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

**Thomas Leahy (#19183)**

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



**SCANNED**  
**DEC 25 2020**

# WITNESS LIST

CASE NUMBER: 20-140188

ARRESTING OFFICER: D/S POINTU P.

ADDRESS: Palm Beach County Sheriff's Office - 3228 Gun Club Rd - West Palm Beach, FL 33406

PHONE NUMBERS (HOME): \_\_\_\_\_ (WORK) (561) 688 3000

CAN TESTIFY TO: see report

NAME: Katsnelson, Alan, Mike

ADDRESS: 12011 Fox Hill Circle, Boca Raton, FL 33473

PHONE NUMBERS (HOME) (856) 520 1862 (WORK) 0

CAN TESTIFY TO: Wheel witness before the stop

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) 0

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

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CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

**SCANNED**  
DEC 25 2020

# TESTING FACILITY TASK REPORT

AGENCY: PBSO

SUBJECT: Murphy, Kathleen A

DATE: Dec 25, 2020

BEGINNING TIME: 0207

ENDING TIME: 0217

CASE NUMBER: 20-140188

VIDEO DVD NUMBER: N/A

BREATH TESTS RESULTS: 1) R TIME 0211 A.M.  P.M.  2) n/a TIME 0 A.M.  P.M.

3) n/a TIME 0 A.M.  P.M.  4) n/a TIME 0 A.M.  P.M.

BREATH OPERATOR: Thomas H Leahey #19183

MAINTENANCE TECHNICIAN: Jason Karlecke #6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: slurred, thick

ATTITUDE: agitated, upset, fidgety/crying

CLOTHING: black ripped jeans, white l/s blouse, gold shoes

MEDICAL CONDITIONS: [REDACTED]

MEDICATIONS: [REDACTED]

## OTHER:

eyes are glassy & bloodshot  
odor of unknown alcoholic beverage on breath  
subject stated she drank 2 glasses of Rose wine - Q&A

## COMMENTS:

arrived at center A/O conducted 20 minute observation period 0142 hrs

subject refused to perform breath test - would not answer anything

A/O read I/C 2x & subject understood I/C

subject refused to perform breath tes

A/O read rights & understood rights

A/O conducted Q&A

subject answered questions

SUBJECT: Murphy, Kathleen A CASE NUMBER: 20-140188

**IMPLIED CONSENT FOR DUI IN A MOTOR VEHICLE**

**NOTE: READ ONLY THE PARAGRAPH APPLICABLE TO THE TYPE OF TEST YOU ARE REQUESTING.**

I am now requesting that you submit to a lawful test of your BREATH for the purpose of determining its alcohol content.

-OR-

I am now requesting that you submit to a lawful test of your URINE for the purpose of detecting the presence of chemical or controlled substances.

-OR-

I am now requesting that you submit to a lawful test of your BLOOD for the purpose of detecting its alcohol content and the presence of chemical or controlled substances.

**NOTE: READ ONLY IF THE SUBJECT DOES NOT COMPLY WITH YOUR REQUEST.**

I am D/S P Pointa #16032 of the PBSO

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'S SIGNATURE: (X) Read on camera

**CONSTITUTIONAL WARNINGS**

**I AM REQUIRED TO WARN YOU BEFORE YOU MAKE ANY STATEMENTS THAT YOU HAVE THE FOLLOWING RIGHTS:**

1. You have the right to remain silent and not answer any questions.
2. Any statement must be freely and voluntarily given.
3. You have the right to the presence 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 statements 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 and will be used against you in a court of law.

SUSPECT'S SIGNATURE: (X) Read on camera **SCANNED**

**DEC 25 2020**

SUBJECT: Murphy, Kathleen A CASE NUMBER: 20-140188

## 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? Yes

WHERE WERE YOU GOING? Home

WHAT STREET OR HIGHWAY WERE YOU ON? Main

DIRECTION OF TRAVEL? South WHERE DID YOU START? Home

WHAT TIME DID YOU START? 10:00 WHAT TIME IS IT NOW? 11:00

WHAT IS TODAY'S DATE? 12/25/20 WHAT DAY OF THE WEEK IS IT? Tuesday

WHAT COUNTY AND CITY ARE YOU IN NOW? Franklin, Ohio

WHEN DID YOU LAST EAT? 10:00 WHAT DID YOU EAT? Nothing

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? Nothing

HOW MUCH DO YOU WEIGH? 150 HAVE YOU BEEN DRINKING? Yes WHAT? 2

HOW MUCH? 2 WHERE? Home WITH WHOM? Alone

WHEN DID YOU HAVE YOUR FIRST DRINK? 10:00 AND YOUR LAST DRINK? 11:00

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? Beer

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? Yes ARE YOU UNDER THE INFLUENCE? Yes

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? Yes HOW MUCH? 2

WHAT? Beer WHERE? Home WHEN? 11:00

WHAT LINE OF WORK ARE YOU IN? None WHEN DID YOU LAST WORK? None

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? None WHAT? None

ARE YOU SICK OR INJURED? None WHAT'S WRONG? None

DO YOU LIMP? None DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? None

WERE YOU IN AN ACCIDENT TODAY? None

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? None WHEN? None

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? None WHO? None WHY? None

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? None WHAT? None WHEN? None

DO YOU HAVE:

EPILEPSY?	<u>None</u>
GLASS EYE?	<u>None</u>
FALSE TEETH?	<u>None</u>
EAR INFECTION?	<u>None</u>
INNER EAR TROUBLE?	<u>None</u>
DIABETES?	<u>None</u>

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? None

DO YOU TAKE INSULIN? None IF SO, WHEN WAS YOUR LAST INJECTION? None

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? None WHERE? None

INTERVIEWER: D. J. W. P. 1627

SCANNED  
DEC 25 2020

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

20-140188

I, D/S POINTU P., a duly certified Law Enforcement Officer or Correctional Officer,  
(Name of Officer reading Implied Consent Warning)

am a member of Palm Beach County Sheriff's Office, and I do swear  
(Name of law enforcement agency)

or affirm that on or about the 25 day of December, 20 20, at 00:21  P.M.  A.M.

DRIVER Kathleen Anne Murphy  
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

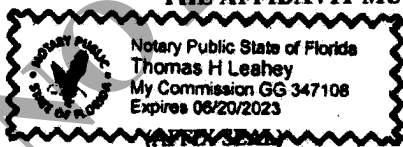
DL# M610501658380, state of Florida, was placed under lawful arrest for  
the offense of Driving Under the Influence by D/S POINTU P. and  
issued Citation # A2GCW6P  
(Name of Arresting Officer)

That on or about the 25 day of December, 20 20, at 02:11  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 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:

The foregoing instrument was sworn and subscribed before  
me this 25 day of December, 20 20,  
by D/S POINTU P.

who is personally known to me or who has produced  
known as identification

Notary Public Thomas Leasley (#19183)

\_\_\_\_\_  
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.



**PALM BEACH COUNTY SHERIFF'S OFFICE  
DUI TESTING FACILITY  
INFORMATION SHEET**

PBSO CASE # 20-140188 PBSO ZONE 4-11

AGENCY CASE # \_\_\_\_\_ CRASH CASE # \_\_\_\_\_

TIME OF STOP/CRASH 23:29 DATE 12/24/2020 DAY Thursday

SUBJECT'S NAME Murphy, Kathleen, Anne RACE W SEX F

HGT 5'07 WGT 144 DOB 9/18/1965

LOCATION Atlantic Ave / Cumberland , Delray Beach, FL

ARRESTING OFFICER'S NAME & ID D/S POINTU P. (16032) AGENCY Palm Beach County Sheriff's Office

DIVISION: D7-RP

NOTIFIED BY COMMO yes

ARRIVAL AT FACILITY 01:42

ARREST TIME 00:21

**BREATH RESULTS:**

- 1.
- 2.
- 3.
- 4.

**REFUSED**

TESTING OFFICER'S ID 19183 PBSO VIDEOTAPE # N/A

**SCANNED  
DEC 25 2020**

**PALM BEACH COUNTY SHERIFF'S OFFICE - SWORN STATEMENT**



Per Fl statute 837.012, whoever knowingly makes a false statement under oath shall be guilty of a misdemeanor of the first degree punishable by imprisonment up to 1 year.

WITNESS  VICTIM  OTHER

CASE #: 20-140188	ZONE: 4-11	SUSPECT: KATHLEEN MURPHY	DATE & TIME OF ORIGINAL EVENT/OFFENSE: 12/24/2020 23:25
EVENT TYPE: DUI	DEPUTY: D11 ROINTU P	ID: 16032	

COMPLETE EVERYTHING BELOW PRINT LEGIBLY

LAST NAME: Katsnelson	FIRST NAME: Alan	MIDDLE INITIAL: M	RACE: WT	SEX: M
DATE OF BIRTH: (MM/DD/YYYY) 5-21-87	YOUR HEIGHT: 5-8	YOUR WEIGHT: 220	YOUR HAIR COLOR: brown	YOUR EYE COLOR:
YOUR HOME ADDRESS: 12011 Foxhill Circle	<input type="checkbox"/> CHECK IF HOMELESS	CITY: Boynton Beach	STATE: FL	ZIP: 33473
YOUR WORK NAME & ADDRESS:	<input type="checkbox"/> CHECK IF UNEMPLOYED OR RETIRED	CITY:	STATE:	ZIP:
WORK PHONE: <input type="checkbox"/> CHECK IF NONE	CELL PHONE: <input type="checkbox"/> CHECK IF NONE 8361 520-1862	HOME PHONE: <input type="checkbox"/> CHECK IF NONE	EMAIL:	<input type="checkbox"/> CHECK IF NONE

WRITE WHAT HAPPENED IN YOUR WORDS IN FULL DETAIL PRINT LEGIBLY

YOUR NAME: Alan Katsnelson

DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER...

I was crossing congress on Atlantic Ave going west when a lady in vehicle ran a red light and I almost crashed into her vehicle. She remained in the intersection stopped for about ten seconds and then pulled away going west on Atlantic Ave. While driving I watched the vehicle swerve in and out of lanes and even up a curb momentarily. She ran one more red light after.

PAGE 1 OF 1

I SWEAR AND AFFIRM THIS AND/OR THE ATTACHED STATEMENTS ARE CORRECT AND TRUE:	<input checked="" type="checkbox"/> DEPUTY SHERIFF <input type="checkbox"/> NOTARY PUBLIC FSS: 117.10
YOUR SIGNATURE: <i>X [Signature]</i>	SWORN TO AND SUBSCRIBED BEFORE ME TODAY: DATE: 12-24-2020 TIME: 2350 SIGNATURE: <i>[Signature]</i> ID: 35063

IF YOU DO NOT WISH TO PROSECUTE, COMPLETE THE ABOVE STATEMENT, READ THIS DISCLAIMER AND INITIAL BELOW: I AM OF LEGAL AGE AND I AM THE REPORTED VICTIM OF A CRIME UNDER FLORIDA LAW. I HEREBY STATE THAT I WILL NOT COOPERATE ANY FURTHER WITH THE INVESTIGATION OF THE ALLEGED CRIME. I FURTHER RELEASE THE PALM BEACH COUNTY SHERIFF'S OFFICE OF ANY PRESENT OR FUTURE RESPONSIBILITY AS TO MY CASE. I ACKNOWLEDGE THAT I UNDERSTAND MY RIGHTS AS A CRIME VICTIM, PARTICULARLY REGARDING VICTIM COMPENSATION ELIGIBILITY, WHICH INCLUDES SUCH BENEFITS AS REIMBURSEMENT FOR: DISABILITY; LOST WAGES; LOSS OF SUPPORT; MEDICAL, DENTAL, MENTAL HEALTH COUNSELING AND FUNERAL EXPENSES. I AM AWARE I MAY BE GIVING UP THESE RIGHTS FOR MY FAMILY AND MYSELF BY INITIALING BELOW. I AM TAKING THIS POSITION OF MY OWN FREE WILL KNOWING THAT THE CASE CAN ONLY BE FURTHER INVESTIGATED AND PROSECUTED WITH MY COOPERATION.  DO NOT WISH TO PROSECUTE

(PROSECUTION WAIVER NOT TO BE USED FOR CASES INVOLVING DOMESTIC OR DATING VIOLENCE PER G.O. 508.00)

WHITE - RECORDS COPY CANARY - STATE ATTORNEY COPY PINK - OFFICER'S COPY GOLD - WITNESS / VICTIM COPY

SCANNED DEC 25 2020

**Palm Beach County Sheriff's Office – Arrests Only**

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	<input type="checkbox"/>	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	<input type="checkbox"/>	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel.	
	<input type="checkbox"/>	119.071(2)(f)	Confidential Informants (CIs).	
	<input type="checkbox"/>	119.071(2)(e)	Confession.	
Public Info. Exemptions	<input type="checkbox"/>	985.04(1)	Juvenile offender records.	
	<input type="checkbox"/>	119.071(h)(i)	Assets of a crime victim.	
	<input checked="" type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	4, 7
	<input type="checkbox"/>	394.4615(7)	Mental health information.	
	<input type="checkbox"/>	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)	<input checked="" type="checkbox"/>	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	<input type="checkbox"/>	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	<input type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	<input type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	<input type="checkbox"/>		** (viii) Clinical records under the Baker Act. §394.4615(7), Fla. Stat.	
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>	119.0712(2)	Other: Personal information contained in a motor vehicle record	
	<input type="checkbox"/>	119.071(2)(j)	Other: MARSY'S LAW PROTECTED INFORMATION REGARDING VICTIM(S).	

REVIEW COMPLETED BY

Booking Number: 2020030151	Date: 12/25/2020
	Specialist Name/ID: M. Tooks #8557

**SCANNED**  
**DEC 25 2020**