

21 CT - 4990

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

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

1 Juvenile N

OBTS 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>06-21-049142</b>	
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		Weapon Seized / Type 2 1. Yes 2. No NONE	
Location of Arrest (Including Name of Business) <b>CEDAR POINT BLVD/S MILITARY TRAIL</b>		Location of Offense (Business Name, Address) <b>CEDAR POINT BLVD / S MILITARY TRAIL #N/A, BOYNTON BEACH / FL / 33437</b>					
Date of Arrest <b>03/27/2021</b>	Time of Arrest <b>0123</b>	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle <b>ATLANTIC TOWING</b>	
Name (Last, First, Middle) <b>Klendworth, Kayla, Marie</b>		Alias (Name, DOB, Soc. Sec. #, Etc.)					
Race W - White 1 - American Indian B - Black 0 - Oriental/Asian	Sex <b>W</b>	Date of Birth <b>8/14/1991</b>	Height <b>5'04</b>	Weight <b>106</b>	Eye Color <b>BRO</b>	Hair Color <b>BLOND</b>	Complexion <b>MED</b>
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>BOTH ARMS / BACK / LEFT ANKLE</b>		Marital Status <b>Single</b>	Religion <b>CHRISTIAN</b>	Indication of: Alcohol Influence Drug Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk.			
Local Address (Street, Apt. Number) <b>4541 Emerald Vista Apt. #F163, Lake Worth, FL 33461</b>		Phone <b>(561) 403 9439</b>	Residence Type: 1. City 3. Florida 2. County 4. Out of State		Address Source <b>VERBAL / FL DL</b>		
Permanent Address (Street, Apt. Number)		Phone	Address Source		Occupation <b>COOK</b>		
Business Address (Name, Street)		Phone	Place of Birth (City, State) <b>PEMBROOKE PINES, FL</b>		Citizenship <b>YES</b>		
D/L Number, State <b>K453513917940, FL</b>		INS Number	Place of Birth (City, State)		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"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile		
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile		
Parent Name (Last) (First) (Middle)		Residence Phone		Other:			
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		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 355-2528) 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			
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
Charge Description <b>DRIVING UNDER THE INFLUENCE</b>		Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number <b>316.193(1) C</b>		Violation of ORD #	
Drug Activity <b>N</b>	Drug Type <b>N</b>	Amount / Unit	Offense # <b>21-049142</b>	Warrant / Capias Number		Bond	
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #	
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond	
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #	
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond	
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #	
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond	
Location (Court, Room Number, Address) <b>Criminal Justice Complex, 3228 Gun Club Road, West Palm Beach, FL 33406 - Ph: (561) 688-4600</b>							
Court Date and Time Month <b>APRIL</b> Day <b>22</b> Year <b>2021</b> Time <b>08:30</b> AM <input checked="" type="checkbox"/> PM							
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							
Signature of Defendant (or Juvenile and Parent /Custodian) <i>Kayla Marie Klendworth</i>				Date Signed <b>03/27/2021</b>			
HOLD for other Agency Name:		Signature of Arresting Officer <i>INV W Amadon</i>		Name Verification (Printed by Arrestee) <b>9440</b>			
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:		Name of Arresting Officer (Print) <b>INV. W. AMADON</b>		I.D. # <b>9440</b>		(PRINT)	
Intake Deputy <i>Dennis</i>		I.D. #		Pouch #		Transporting Officer <b>INV. W. AMADON</b>	
I.D. #		I.D. # <b>9440</b>		Agency <b>PBSO</b>		Witness here if subject signed with an "X" <input type="checkbox"/>	

0522269

SCANNED  
MAR 28 2021



# Palm Beach County Sheriff's Office

## DUI Worksheet

Date 03/27/2021 Time: 0123 Defendant: KLENDWORTH, KAYLA M Case #: 21-049142  
 Location of Stop: CEDAR POINT BLVD/S MILITARY TRAIL Defendant D.O.B.: 08/14/1991 Defendant Race / Sex : W F  
 Location of Roadside: ROADWAY Crash Case # 21-

### VEHICLE IN MOTION

Vehicle Description: Year: 2017 Make: NISS Model: ROGUE Color: RED Tag #: BURS57 State: FL  
 Violations Observed: SPEED  
 Citation #(s): AEKGM2E

### PERSONAL CONTACT

Driver Identification: FLORIDA D.L. Did driver exit vehicle?  Yes  No

- Manner -  Falling  Unsteady  Leans on Vehicle  Swaying  Other: \_\_\_\_\_
- Odor of breath alcohol/other -  Strong  Moderate  Slight  None
- Eyes -  N/A  Glassy  Red  Bloodshot  Watery  Dilated  Constricted
- Speech -  N/A  Slurred  Slow  Thick Tongued  Incoherent  Rambling  Accent
- Walking -  N/A  Staggering  Stumbling  Weaving  Falling
- Standing -  N/A  Swaying  Needs Support  Leaning  Falling
- Clothing -  N/A  Disheveled  Soiled  Missing  Neat Explain: LOOSE / ILL FITTING
- Attitude -  N/A  Hostile  Aggressive  Profane  Other: POLITE / COOPERATIVE
- Medications -  N/A  Yes  No Names ADDERAL Time of Consumption: SEVERAL DAYS AGO

Are you sick?  Yes  No Are you injured?  Yes  No  
 Do you wear contacts?  Yes  No If yes, what type?  Rigid  Soft Do you wear glasses?  Yes  No  
 Do you have any physical defects?  Yes  No If yes, specify: \_\_\_\_\_  
 Do you take any medication?  Yes  No If yes, specify: \_\_\_\_\_  
 Diabetic?  Yes  No Are you taking insulin?  Yes  No Epileptic?  Yes  No Glass eye?  Yes  No  
 Are you presently under the care of a doctor of dentist:  Yes  No If yes, which? \_\_\_\_\_  
 What are you being treated for? \_\_\_\_\_

### ENVIRONMENTAL FACTORS

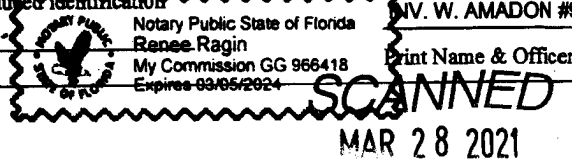
- Area/Conditions -  Day  Night Wind -  Calm  Windy  Rain
- Traffic -  Heavy  Moderate  Light
- Area -  Parking Lot  Roadside  Other: \_\_\_\_\_
- Surface -  Paved  Level  Hard  Dry  Other: \_\_\_\_\_
- Lighting -  Street Light  Car Lights  Other: VEHICLE SPOTLIGHT

F.S.T. -  Yes  No  Refused (If refused, was person advised they could be arrested and their refusal used in court?)  Yes  No  
 Witness to F.S.T.: \_\_\_\_\_  
 Arrested?  Yes  No  
 Additional Charges:  DWLS  No DL  Warrant  Resisting  Possession  Other: \_\_\_\_\_

Sworn and subscribed before me, this 27 day of MARCH, 2021

Notary Public  Law Enforcement Officer  
 Personally known  Produced identification

Name and signature of Notary: \_\_\_\_\_ Signature: W. W. Amadon  
 Notary Public State of Florida  
 Renee Ragin  
 My Commission GG 966418  
 Expires 03/05/2024  
 W. W. AMADON #9440  
 Print Name & Officer ID#:



Date: 03/27/2021 Time: 0123 Defendant: KLENDWORTH, KAYLA M Case #: 21-049142

FIELD SOBRIETY TASKS ADMINISTERED

H.G.N.

LEFT	RIGHT
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Lack of smooth pursuit  
Distinct and Sustained Nystagmus at maximum deviation  
Onset prior to 45 degrees  
Vertical Nystagmus observed

Lack of Convergence:  Yes  No  Refused to do exercise

WALK AND TURN

- Steps from line during instructions.  2. Starts too soon.  3. Stops while walking.
- Does not touch heel to toe. MULT \_\_\_\_\_ down \_\_\_\_\_ additional back \_\_\_\_\_ additional
- Incorrect number of steps. 11 & 10 6. Raises arms for balance.
- Improper turn.  Describe: CONTRARY TO INSTRUCTION - SEE VIDEO
- Steps off line/loses balance.  Step #: - SEE VIDEO
- Cannot do exercise.  Explain: \_\_\_\_\_
- Type of line used: YELLOW TAPE 11. Type of footwear: BOOT Removed original footwear?: NO
- Refused to do exercise.

ONE LEG STAND

- Sways while balancing.  2. Uses arms for balance.  3. Hopping.
- Puts foot down.  5. Cannot do exercise.  Explain: \_\_\_\_\_
- # of seconds: \_\_\_\_\_ 6. Refused to do exercise.

VERBAL TASKS

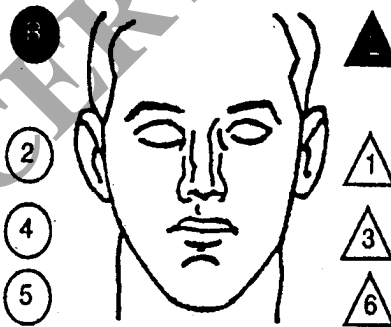
Finger to Nose

- Keeps eyes open.
- Does not return arms to side.
- Fails to touch nose.
- Uses wrong hand.
- Unable to do exercise.
- L  R  L  R  R  L
- Refused to do exercise.

Explain: \_\_\_\_\_

Explain: \_\_\_\_\_

Notes: \_\_\_\_\_



Rhomberg/Balance/Alphabet

- Opens eyes.
- Sway while balancing.
- Raises arms to balance.
- Estimates 30 seconds at: \_\_\_\_\_
- Misses alphabet recitation.
- Cannot do exercise.
- Refused to do exercise.

Explain: \_\_\_\_\_

Explain: \_\_\_\_\_

Explain: \_\_\_\_\_

- SEE PAGE 3 -

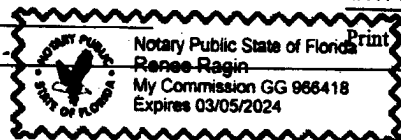
Sworn and subscribed before me, this 27 day of MARCH, 2021

- Notary Public  Law Enforcement Officer
- Personally known  Produced identification

*W. Amadon*  
Signature

INV. W. AMADON #9440

Name and signature of Notary



Print Name & Officer ID#:

Date: 03/27/2021

Time: 0123

Defendant: KLENDWORTH, KAYLA M

Case #: 21-049142

ADDITIONAL PROBABLE CAUSE / ALTERNATE TASKS

The defendant stated at two PM she had a "99", which is a 99 proof mini bottle. During HGN the defendant stepped from the instructional stance multiple times. The defendant asked me if she could lean on my push bumper and said "can I steady myself?". She also put her hands behind her back while standing after being told to keep them to her sides.

During the Walk and Turn the defendant stepped from the starting position, began before being told to do so, and used her arms to steady herself in the instructional phase. The defendant missed heel to toe on every step. She stepped off the line and pivoted on both feet to turn around contrary to instruction. The defendant took the incorrect number of steps on both passes.

During the One Leg Stand, the defendant used her arms for balance, had a noticeable sway and stepped from the instructional stance. The defendant put her foot down multiple times. The defendant reached out with her left hand and placed her fingers against the outside of her vehicle for balance. I instructed her to take her hand off the vehicle. She asked for a moment to collect herself and requested to try again. The defendant stated that she was going to use her other leg this time because she is right handed. The defendant hopped and put her foot down several times. I concluded the task.

During the Finger to Nose task the defendant touched the outside of her nostril, or used her pad on each attempt. She did not touch tip to tip as demonstrated on any attempt.

During the Romberg Alphabet the defendant swayed while standing. The defendant correctly recited the Alphabet.

NOT A CERTIFIED COPY

Sworn and subscribed before me, this 27 day of MARCH, 20 21

- Notary Public
- Law Enforcement Officer
- Personally known
- Produced identification

*W. Amadon*  
Signature

INV. W. AMADON #9440

Name and signature of Notary



Print Name & Officer ID#:

# WITNESS LIST

CASE NUMBER: 21-049142

ARRESTING OFFICER: INV. W. AMADON

ADDRESS: 3228 Gun Club Road, West Palm Beach, FL, 33406

PHONE NUMBERS (HOME): \_\_\_\_\_ (WORK) (561) 688-3400

CAN TESTIFY TO: SEE DUI PROBABLE CAUSE AFFIDAVIT, OFFENSE REPORT, IN-CAR & BAT VIDEO/AUDIO

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

ADDRESS: \_\_\_\_\_

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

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

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) \_\_\_\_\_

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

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

ADDRESS \_\_\_\_\_

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

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

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

ADDRESS \_\_\_\_\_

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

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

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

ADDRESS \_\_\_\_\_

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

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

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

ADDRESS \_\_\_\_\_

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

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

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

ADDRESS \_\_\_\_\_

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

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

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

ADDRESS \_\_\_\_\_

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

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

NOT A CERTIFIED COPY

# TESTING FACILITY TASK REPORT

AGENCY:

SUBJECT:

CASE NUMBER:

DATE:

VIDEO DVD NUMBER:

BEGINNING TIME:

ENDING TIME:

BREATH TESTS RESULTS: 1)  TIME  A.M.  P.M.  2)  TIME  A.M.  P.M.   
3)  TIME  A.M.  P.M.  4)  TIME  A.M.  P.M.

BREATH OPERATOR:

MAINTENANCE TECHNICIAN:

## TESTING OFFICER'S OBSERVATIONS

SPEECH:

ATTITUDE:

CLOTHING:

MEDICAL CONDITIONS:

MEDICATIONS:

## OTHER:

Eyes are glassy & bloodshot  
odor of unknown alcoholic beverage on breath  
In Q&A subject stated she had one glass of wine and 99 proof.

## COMMENTS:

Arrived at center A/O started 20 minute observation period at 01:47 hrs.

Subject agreed to perform breath test.

A/O read rights.

Subject acknowledged she understood rights.

Tech read breath test results.

Subject stated she understood breath test results.

A/O conducted Q&A

Subject answered Q&A.

SUBJECT: Klendworth, Kayla M. CASE NUMBER: 21-049142

**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 \_\_\_\_\_ 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'S SIGNATURE: (X) \_\_\_\_\_

**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) Keed on Camera

SUBJECT: Klendworth, Kayla M. CASE NUMBER: 21-049142

### 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? M 111 RR NORTH

DIRECTION OF TRAVEL? N WHERE DID YOU START? CENTRE OF M 111 RR

WHAT TIME DID YOU START? UNT WHAT TIME IS IT NOW? After 12:00

WHAT IS TODAY'S DATE? MAR 27 WHAT DAY OF THE WEEK IS IT? Saturday

WHAT COUNTY AND CITY ARE YOU IN NOW? \_\_\_\_\_

WHEN DID YOU LAST EAT? MORNING WHAT DID YOU EAT? 1 EGG SAUSAGE Breakfast

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? Working

HOW MUCH DO YOU WEIGH? 110 HAVE YOU BEEN DRINKING? YES WHAT? A glass of W.D.

HOW MUCH? 2 drinks WHERE? on back WITH WHOM? Alone 91 Proof @ 1930

WHEN DID YOU HAVE YOUR FIRST DRINK? 1930 AND YOUR LAST DRINK? 2200

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? on back

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? slightly ARE YOU UNDER THE INFLUENCE? NO

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? \_\_\_\_\_ HOW MUCH? \_\_\_\_\_

WHAT? \_\_\_\_\_ WHERE? \_\_\_\_\_ WHEN? \_\_\_\_\_

WHAT LINE OF WORK ARE YOU IN? Cash WHEN DID YOU LAST WORK? TODAY

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? YES WHAT? Burn on skin

ARE YOU SICK OR INJURED? NO WHAT'S WRONG? \_\_\_\_\_

DO YOU LIMP? NO DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? NO

WERE YOU IN AN ACCIDENT TODAY? NO

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? NO WHEN? \_\_\_\_\_

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? NO WHO? \_\_\_\_\_ WHY? \_\_\_\_\_

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? YES WHAT? ADAPAL June WHEN? 1500

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? NO

DO YOU TAKE INSULIN? NO IF SO, WHEN WAS YOUR LAST INJECTION? \_\_\_\_\_

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? NO WHERE? \_\_\_\_\_

INTERVIEWER: \_\_\_\_\_

WHITE - STATE ATTY.    YELLOW - DHSMV    PINK - CENTRAL RECORDS    GOLD - JAIL

FLORIDA DEPARTMENT OF LAW ENFORCEMENT  
ALCOHOL TESTING PROGRAM  
BREATH ALCOHOL TEST AFFIDAVIT

Instrument Type: Intoxilyzer 8000  
Instrument Registered To: PALM BEACH CO SO  
Instrument Serial Number: 80-006029 Software: 8100.27  
Date of Test: 03/27/2021

Date of Last Agency Inspection: 03/12/2021  
Observation Period Began: 01:47  
Subject's Name: KAYLA M KLENDWORTH DOB: 08/14/1991 Sex: F

The subject was observed for at least twenty-minutes prior to the administration of the breath test to ensure that the subject did not take anything orally and did not regurgitate.

Results:	Test	g/210L	Time
	Diagnostics Check	OK	02:20
	Air Blank	0.000	02:21
	Control Test	0.079	02:21
	Air Blank	0.000	02:22
	Subject Sample #1	0.223	02:22
	Air Blank	0.000	02:23
	Air Blank	0.000	02:25
	Subject Sample #2	0.229	02:25
	Air Blank	0.000	02:26
	Control Test	0.078	02:26
	Air Blank	0.000	02:27
	Diagnostics Check	OK	02:27

Cylinder Lot: 14020080A1  
Exp: 07/05/2022

State of Florida, County of Palm Beach

Personally appeared before me the undersigned authority, who () is personally known to me or () produced \_\_\_\_\_ as identification, and who after being placed under oath, states:

I RENZE M RAGIN, hold a valid Breath Test Operator permit issued by the Florida Department of Law Enforcement, I administered the above breath test to the subject named above in accordance with Chapter 11D-8, Florida Administrative Code, and this form is a true and accurate report of that breath test.

Breath Test Operator: [Signature] Date: 03/27/21

Sworn to (or affirmed) before me this 27 day of March, 2021

[Signature] Inv. W. Amador #9940  
Signature of Notary Public-State of Florida Printed Name of Notary Public-State of Florida

Note: Pursuant to section 117.10, Florida Statutes, law enforcement officers, correctional officers, traffic accident investigation officers and traffic infraction enforcement officers are notaries public when engaged in the performance of official duties. In accordance with section 316.1934(5), F.S., this completed form is admissible without further authentication and is presumptive proof of the results herein. To be used in accordance with Section 316.1934(5), F.S., and in administrative proceedings pursuant to 322.2615, F.S.



**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	<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 type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	<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"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2021007360	Date: 03/28/2021
	Specialist Name/ID: T Howard/7185