

0520552

21CT8MB

2042

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

1
N

OBTS Number		Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-21-021396	
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 <input checked="" type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No NONE		Multiple Clearance Indicator 01			
Location of Arrest (Including Name of Business) Donald Ross Rd and 69th Dr NORTH				Location of Offense (Business Name, Address) Donald Ross Rd and 69th Dr North			
Date of Arrest 01/02/2020	Time of Arrest 0009	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle East Coast Towing	
Name (Last, First, Middle) Crawford Kiley		Sex F		Date of Birth 09/29/1994	Height 5'4	Weight 145	Eye Color Green
Race W - White I - American Indian B - Black O - Oriental/Asian		Hair Color Blonde	Complexion Light	Build Small	Allies (Name, DOB, Soc. Sec. #, Etc.)		
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) multiple tattoos				Marital Status single	Religion CHRISTIAN	Indication of Alcohol Influence Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk <input type="checkbox"/>	
Local Address (Street, Apt. Number) 683 SE Pin Oak Ter		(City) Stuart	(State) FL	(Zip) 34997	Phone (772) 475-6327	Residence Type: 1. City 2. County 3. Florida 4. Out of State 2	
Permanent Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone	Address Source DAVID	
Business Address (Name, Street)		(City)	(State)	(Zip)	Phone	Occupation Desk Rep	
DL Number, State C616-510-94-849-0		Soc. Sec. Number		INS Number		Place of Birth (City, State) West Palm Beach FL	Citizenship YES
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
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
Parent Legal Custodian Other: OK		Address (Street, Apt. Number)		(City)	(State)	(Zip)	Residence Phone ()
Business Phone ()		Notified by: (Name)		Date	Time	Juvenile Disposition X. Handled/processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated	
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 355-2526) 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
B. Barbiturate C. Cocaine E. Heroin		H. Hallucinogen M. Marijuana O. Opium/Opiv.		P. Pharmaceutical/ Equipment S. Synthetics		U. Unknown Z. Other	
Charge Description DRIVING UNDER THE INFLUENCE		Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 316.193(1)(c)		Violation of ORD #	
Drug Activity N	Drug Type N	Amount / Unit .210/.212 BAC	Offense # 21-021396	Warrant / Capias Number		Bond	
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" 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 checked="" 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 checked="" type="checkbox"/> N	Statute Violation Number		Violation of ORD #	
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond	
Location (Print, Drop Number, Address) PALM BEACH COUNTY COURTHOUSE CRIMINAL JUSTICE COMPLEX, 3228 GUN CLUB RD, WEST PALM BEACH, FL 33406 - PH: (561) 355-2996							
Court Date and Time Month January Day 28 Year 2021 Time 8:30 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							
Signature of Defendant (or Juvenile and Parent / Custodian) <i>[Signature]</i>				Date Signed 01/02/2020			
HOLD for other Agency Name:		Signature of Arresting Officer <i>[Signature]</i>		Name Verification (Printed by Arrestee)			
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Repeated Arrest <input type="checkbox"/> Other		Name of Arresting Officer (Print) Cpl. M. SMITH		I.D. # 9621	
Intake Deputy <i>[Signature]</i>		I.D. #	Pouch #	Transporting Officer Smith		ID # 9621	Agency PSBO
Witness here if subject signed with an "X"				PAGE 1		OF 1	

PROBABLE CAUSE AFFIDAVIT

1 Arrest 3 Request for Warrant
2 NTA 4 Request for Copies

1

Juvenile

OBTS Number Agency ORI Number Agency Name Agency Report Number

FLO. 5 0 0 0 0 0 0 PALM BEACH COUNTY SHERIFF'S OFFICE

Charge Type 1 Felony 2 Traffic Felony 3 Misdemeanor 4 Traffic Misdemeanor 5 Ordinance 6 Other Special Notes SUPPLEMENTAL P.C.

Name (Last, First, Middle) Crawford Kiley Alias Race W Sex F Date of Birth 09-29-1994

Charge Description D.U.I. 316.193(1)

Charge Description

Victim's Name (Last, First, Middle) STATE OF FLORIDA 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

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... On the 1ST day of JANUARY 20 21 at 2355 P.M.

On 01-01-2021 I responded to the area of Donald Ross Blvd and 69th Drive North in unincorporated Palm Beach Gardens in reference to a vehicle that had two flat tires and was facing northbound in the south bound lanes of drive for 69th Drive North. Upon arrival I made contact with Kiley Crawford who was the sole occupant of the vehicle. Crawford had blood shot eyes and an unknown smell of an alcoholic beverage omitting from her as she spoke to me. I asked Crawford if she could get her driver's license for me and she said it was in the car and as she went to get it she was swaying to point where she almost fell when bringing me her driver license.

I asked Crawford if she was driving or if anyone else was in the vehicle with her she stated that she was the driver and she knew she shouldn't be driving. Crawford told me she knew she shouldn't be driving but she drove anyway since her driver left her. Crawford said she had been to a few strip clubs earlier naming Monroes and Rachels.

A DUI investigator responded to the scene to take over the investigation. The investigation was turned over to Inv. M. Smith ID#9621. This is a supplemental Probable cause.

STATE OF FLORIDA COUNTY OF PALM BEACH (Signature of Arresting / Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 1ST day of JANUARY 20 21 by D/S J. Dixon 22100

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

Notary Public, Clerk of Court, Officer (F. 8.8), 11 7, 1 0

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 1 DAY OF January 20 21, AT 2316 AM PM

SUBJECT: Crawford Kiley J CASE NUMBER: 21-021396

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: Cpl. M. SMITH

PERSONAL CONTACT

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

On 01/01/2021 at approximately 23:20hrs, I was called to the scene of a possible traffic crash at the intersection of Donald Ross Rd and 69th Drive North, which is located in unincorporated Palm Beach County, Florida. I arrived at the scene at approximately 2335hrs. D/S Dixon #22100 relayed to me, and completed a written signed sworn supplemental Probable Cause Affidavit stating the following, "On 01-01-2021 I responded to the area of Donald Ross Blvd and 69th Drive North in unincorporated Palm Beach Gardens in reference to a vehicle that had two flat tires and was facing northbound in the south bound lanes of drive for 69th Drive North. Upon arrival I made contact with Kiley Crawford who was the sole occupant of the vehicle. Crawford had blood shot eyes and an unknown smell of an alcoholic beverage emitting from her as she spoke to me. I asked Crawford if she could get her driver's license for me and she said it was in the car and as she went to get it she was swaying to point where she almost fell when bringing me her driver license.

I asked Crawford if she was driving or if anyone else was in the vehicle with her she stated that she was the driver and she knew she shouldn't be driving. Crawford told me she knew she shouldn't be driving but she drove anyway since her driver left her. Crawford said she had been to a few strip clubs earlier naming Monroes and Rachels". D/S Dixon noticed that the defendant had articulable indicators of impairment, so he called for a DUI unit to conduct a possible DUI investigation. A witness provided a sworn statement stating that he pulled up and noticed a vehicle with flat tires and cracked rims, with a woman wearing a tank top and jeans attempting to place vehicle into reverse.

OBSERVATION OF DRIVER:

Upon making contact with the driver who was identified by DAVID as Kiley Janelle Crawford, I immediately detected an obvious and strong odor of an unknown alcoholic beverage emitting from her person and face area. This odor intensified as I spoke to Crawford. Crawford had glassy, glazed, and blood shot eyes. Crawford's speech was slurred, slow, thick, and at times difficult to understand. Crawford's movements were slow and deliberate. Crawford was lethargic in her movements with poor coordination. Crawford had an unsteady gait while walking to my patrol vehicle and had difficulty following directions given to her. Crawford was wearing a gray tank top, blue jeans, and no shoes.

DRIVER'S STATEMENTS:

Pre Miranda Crawford stated that she knew she shouldn't have been driving but drove anyways. Post Miranda Crawford stated again that she shouldn't have been driving. During the SFST's Crawford stated that she could not due the walk and turn even if she was sober.

ODORS:

obvious and strong odor of an unknown alcoholic beverage emitting from her person and face area

GENERAL OBSERVATIONS

SPEECH: slurred, slow, thick

ATTITUDE: Calm, Cooperative, Emotional

CLOTHING: gray tank top, blue jeans, and no shoes

MEDICAL/OTHER: See BAT report

STATE OF FLORIDA
COUNTY OF PALM BEACH

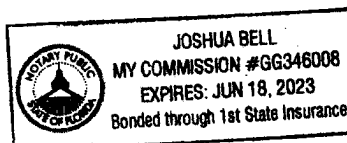
Cpl. M. SMITH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 2nd day of January 2021 by Cpl. M. SMITH

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

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



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:

Crawford would sway roughly in a side to side front to back pattern throughout the task. Crawford did positively identify the point to be tracked. Crawford was reminded numerous times to track the pen with her eyes only.

WALK & TURN:

I explained and demonstrated the instructions for the "Walk & Turn" to Crawford who stated that she understood. During the task, I observed Crawford to sway roughly in a side to side, front to back pattern throughout the demonstration phase. Crawford could not maintain her balance while listening to instructions. Crawford started the task before being instructed to do so. Crawford missed heel-to-toe steps and stepped off the line.

ONE LEG STAND:

REFUSED

FINGER TO NOSE:

REFUSED

ROMBERG ALPHABET:

REFUSED

BREATH TEST RESULTS: .210 .212

STATE OF FLORIDA
COUNTY OF PALM BEACH

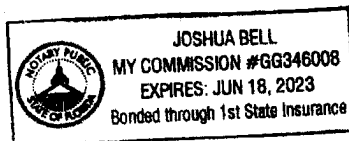
Cpl. M. SMITH

(Signature of Arresting/Investigative Officer)

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

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



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 #: 21-021396	ZONE: 315	SUSPECT: Riley Crawford	DATE & TIME OF ORIGINAL EVENT/OFFENSE: 01/01/2021 2316
EVENT TYPE: DUI	DEPUTY: Smith	ID#: 9621	

COMPLETE EVERYTHING BELOW – PRINT LEGIBLY

LAST NAME: Harrington	FIRST NAME: Conall	MIDDLE INITIAL: P	RACE: W	SEX: M
DATE OF BIRTH: 02/25/2000	YOUR HEIGHT: 6'	YOUR WEIGHT: 165	YOUR HAIR COLOR: Blonde/Brown	YOUR EYE COLOR: Blue
YOUR HOME ADDRESS: 6225 Foster Street	<input type="checkbox"/> CHECK IF HOMELESS	CITY: Jupiter	STATE: FL	ZIP: 33458
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	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: 1 Conall P Harrington	DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER...
<p>When I pulled up to the accident I saw a woman wearing a grey tanktop and ripped blue jeans standing next to a dark colored KIA. I asked if she was ok and she said yes. I saw the two front tires were flat and rims were cracked. During and after I reported it to a 911 operator she repeatedly entered her car and tried to reverse it. She did this about 4 times before the deputy arrived. From the time I arrived to the moment the deputy arrived I had full sight of her.</p>	
PAGE <u>1</u> OF <u>1</u>	

<p>I SWEAR AND AFFIRM THIS AND/OR THE ATTACHED STATEMENTS ARE CORRECT AND TRUE:</p> <p>YOUR SIGNATURE: X Conall P Harrington</p>	<p>DEPUTY SHERIFF <input type="checkbox"/> NOTARY PUBLIC <input type="checkbox"/> FSS: 117.10</p> <p>SWORN TO AND SUBSCRIBED BEFORE ME TODAY:</p> <p>DATE: 01/01/2021 TIME: 6005</p> <p>SIGNATURE: [Signature] ID: 22100</p>
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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 (INITIAL _____)

WITNESS LIST

CASE NUMBER: 21-021396

ARRESTING OFFICER: Cpl. M. SMITH

ADDRESS: 3228 GUN CLUB ROAD WEST PALM BEACH, FL 33406

PHONE NUMBERS (HOME): _____ (WORK) (561) 688-3000

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

NAME: D/S Dixon 22100

ADDRESS: 3228 Gun Club Rd West Palm Beach FL 33406

PHONE NUMBERS (HOME) _____ (WORK) 561-688-3000

CAN TESTIFY TO: Supplemental PC

NAME: Conall Harrington

ADDRESS 6225 Foster Street Jupiter FL

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: Witness Statement, Wheel witness

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: _____

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CAN TESTIFY TO: _____

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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: _____

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
odor of unknown alcoholic beverage on breath
subject stated she drank champagne, not sure how much - Q&A

COMMENTS:

arrived at center A/O conducted 20 minute observation period 0040 hrs
subject agreed to perform breath test
A/O read rights & subject understood rights
tech read breath test results & subject understood breath test results
A/O conducted Q&A
subject answered questions

SUBJECT: Crawford, Kiley T

CASE NUMBER: 21-021396

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) Read on camera

SUBJECT: Crawford, Kiley J CASE NUMBER: 21-021396

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? Not Sure

DIRECTION OF TRAVEL? Not Sure WHERE DID YOU START? Strip Club

WHAT TIME DID YOU START? Don't Know WHAT TIME IS IT NOW? Not Sure

WHAT IS TODAY'S DATE? Jan 7th 2021 WHAT DAY OF THE WEEK IS IT? Friday

WHAT COUNTY AND CITY ARE YOU IN NOW? Palm Beach

WHEN DID YOU LAST EAT? Don't Know WHAT DID YOU EAT? Not Sure

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? hanging out

HOW MUCH DO YOU WEIGH? 145 HAVE YOU BEEN DRINKING? Yes WHAT? Champaign

HOW MUCH? Not Sure WHERE? Montrose WITH WHOM? Friends

WHEN DID YOU HAVE YOUR FIRST DRINK? Not Sure AND YOUR LAST DRINK? Not Sure

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? Sip

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

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? YES HOW MUCH? Not Sure

WHAT? Nothing WHERE? Not Sure WHEN? Not Sure

WHAT LINE OF WORK ARE YOU IN? Des! top Support FAU WHEN DID YOU LAST WORK? 3 Days Ago

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? NO WHAT? Not Sure

ARE YOU SICK OR INJURED? NO WHAT'S WRONG? Not Sure

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

WERE YOU IN AN ACCIDENT TODAY? Yes

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? NO WHEN? Not Sure

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? NO WHO? Not Sure WHY? Not Sure

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? NO WHAT? Not Sure WHEN? Not Sure

DO YOU HAVE:

EPILEPSY?	<u>NO</u>
GLASS EYE?	<u>NO</u>
FALSE TEETH?	<u>NO</u>
EAR INFECTION?	<u>NO</u>
INNER EAR TROUBLE?	<u>NO</u>
DIABETES?	<u>NO</u>

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? Not Sure

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? NO WHERE? Not Sure

INTERVIEWER: _____

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: 80-006476 Software: 8100.27
Date of Test: 01/02/2021

Date of Last Agency Inspection: 12/11/2020
Observation Period Began: 00:40
Subject's Name: KILEY J CRAWFORD

DOB: 09/29/1994 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	01:06
	Air Blank	0.000	01:07
	Control Test	0.080	01:07
	Air Blank	0.000	01:07
	Subject Sample #1	0.210	01:08
	Air Blank	0.000	01:09
	Air Blank	0.000	01:10
	Subject Sample #2	0.212	01:11
	Air Blank	0.000	01:12
	Control Test	0.079	01:12
	Air Blank	0.000	01:13
	Diagnostics Check	OK	01:13

Cylinder Lot: 22620080A2
Exp: 10/05/2022

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 THOMAS H LEAHEY, 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: 01/02/2021

Sworn to (or affirmed) before me this 02nd day of January, 2021

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
DUI TESTING FACILITY
INFORMATION SHEET**

PBSO CASE # 21-021396 PBSO ZONE 3-15

AGENCY CASE # _____ CRASH CASE # _____

TIME OF STOP/CRASH 2316 DATE 01/02/2021 DAY Saturday

SUBJECT'S NAME Crawford Kiley J RACE W SEX F
LAST FIRST MID

HGT 5'4 WGT 145 DOB 09/29/1994

LOCATION Donald Ross RD and 69th Dr NORTH

ARRESTING OFFICER'S NAME & ID Cpl. M. Smith 9621 AGENCY PBSO

DIVISION: VCD/DUI

NOTIFIED BY COMMO YES

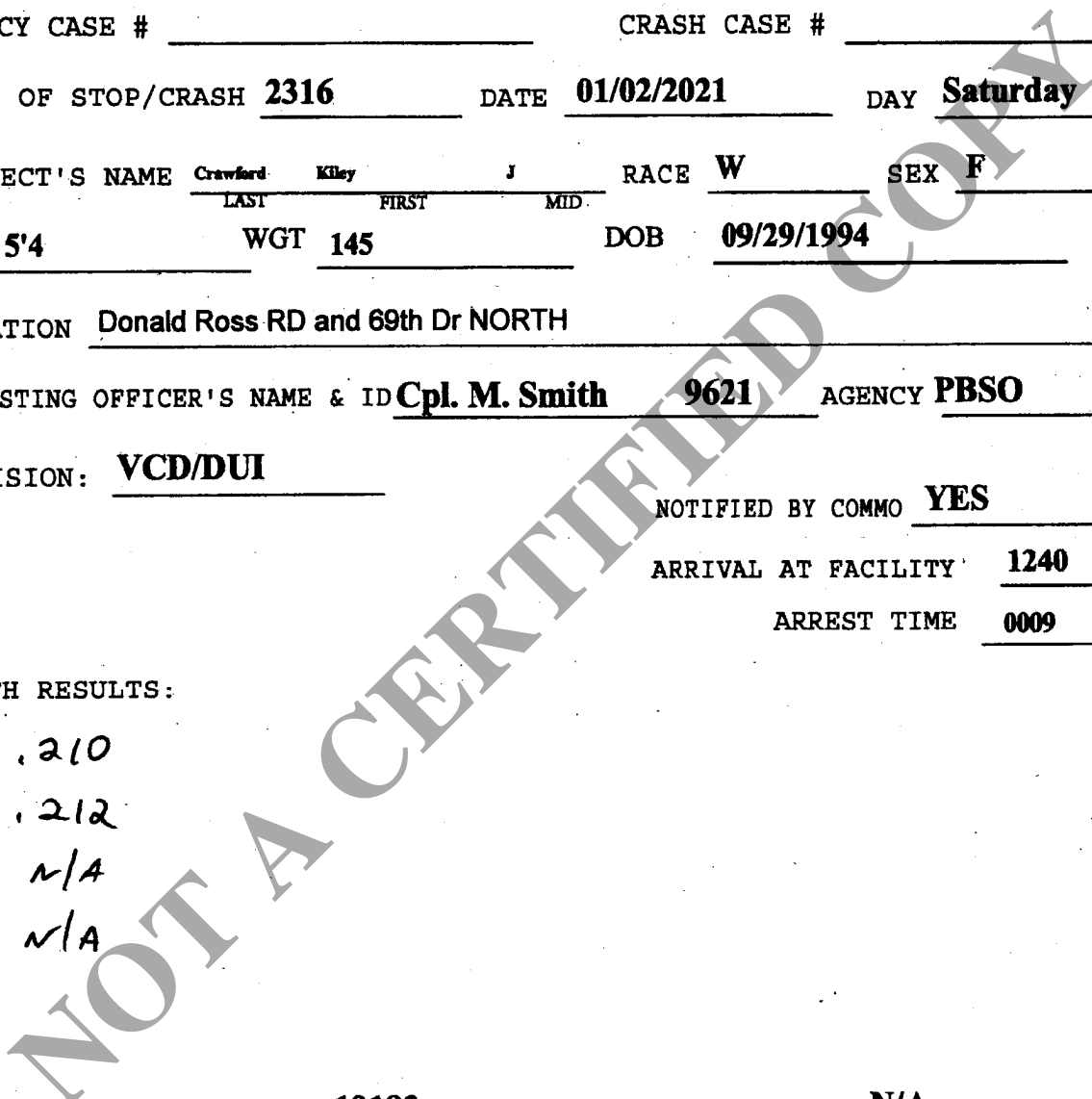
ARRIVAL AT FACILITY 1240

ARREST TIME 0009

BREATH RESULTS:

- 1. .210
- 2. .212
- 3. N/A
- 4. N/A

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





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"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2021000086	Date: 01/02/2021
	Specialist Name/ID: C. Anastasi/#21908