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3715

NH

ARREST / NOTICE TO APPEAR

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

1 JUVENILE

A D M I N I S T R A T I O N	OBTS Number	Agency ORI Number 0500200		Agency Name Boca Raton Police Department		Agency Report Number (N.T.A.'s only) 3, 2 2020-000799		If Weapon Seized Enter Type None/not Applicable		Multiple Clearance Indicator	
	Charge Type: Check as many as apply.	<input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony	<input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other	Location of Arrest (Including Name of Business) 2401 WILLOW SPRING DR BOCA RATON FL 3496						Location of Offense (Business Name, Address) 2401 WILLOW SPRINGS DR, BOCA RATON, FL 33496
D E F E N D A N T	Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle 2401 WILLOW SPRING D				
	01/17/2020		22:05	01/17/2020	22:15	01/18/2020	00:25				
	Name (Last, First, Middle) ALLISON, KIM SUSAN										
	Alias:										
	Race	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build		
	W - White	F	03/30/1956	5'05	130	HAZEL	BROWN	LIGHT	Small		
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)					Marital Status	Religion	Indication of: Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/> Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>			
						S	JEWISH				
	Local Address (Street, Apt. Number) 2601 NW 52ND ST, BOCA RATON, FL 33431					(City)	(State)	(Zip)	Phone (404) 422-7945		
	Permanent Address (Street, Apt. Number) 2601 NW 52ND ST, BOCA RATON, FL 33431					(City)	(State)	(Zip)	Phone (404) 422-7945		
Business Address (Name, Street) UNEMPLOYED,					(City)	(State)	(Zip)	Phone (404) 422-7945			
D/L Number, State /GA					Soc. Sec. Number	INS Number	Place of Birth (City, State) ATLANTA/BOLTON, GA		Citizenship US		
C O D E F	Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth		<input type="checkbox"/> 1. Arrested	<input type="checkbox"/> 3. Felony	<input type="checkbox"/> 5. Juvenile
	Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth		<input type="checkbox"/> 1. Arrested	<input type="checkbox"/> 3. Felony	<input type="checkbox"/> 5. Juvenile
J U V E N I L E	Name (Last, First, Middle)										
	Residence Phone										
	Business Phone										
	Address (Street, Apt. Number) (City) (State) (Zip)										
	Notified by: (Name) Date Time										
	Relationship Date Time										
	The above address was provided by <input type="checkbox"/> defendant and/or <input type="checkbox"/> defendant's parents. The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address.										
	Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No										
	Description of Property Value of Property										
	C H A R G E	Drug Activity					Drug Type		Statute Violation Number		Violation of ORD #
DUI					N/A		316.193(1A)				
Charge Description					Domestic Violence		Warrant / Capias Number		Bond		
					<input type="checkbox"/> Y <input checked="" type="checkbox"/> N						
Charge Description					Domestic Violence		Warrant / Capias Number		Bond		
					<input type="checkbox"/> Y <input type="checkbox"/> N						
Charge Description					Domestic Violence		Warrant / Capias Number		Bond		
					<input type="checkbox"/> Y <input type="checkbox"/> N						
I N T A K E		Health / Apparent Physical Condition of Defendant GOOD					Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries				
		Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input checked="" type="checkbox"/> T.O.T. County Jail					PROPERTY - Received By				
	<input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health					Released By					
N O T I C E	Transported By					Date Transported		Time Transported		Other	
	<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.					Location (Court, Room) South County 200 W Atlantic Ave Delray Beach, FL 33444					
T O A P P E A R	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.					Court Date and Time 02/24/2020 08:30:00					
	Signature of Defendant (or Juvenile and Parent/Custodian)					Date Signed 1/18/2020					
						No Photo Available					
A D M I N	HOLD for Other Agency					Name Verification (Printed by Arrestee) JAN 18 AM 1:57					
	<input type="checkbox"/> Dangerous... <input type="checkbox"/> Resisted Arrest					I.D. # 800					
	<input type="checkbox"/> Suicidal <input type="checkbox"/> Other					Agency BRPD					
Pouch # 7206					Witness here if subject signed with an "X".						

FILED
JAN 18 2020
SOUTH COUNTY
CIRCUIT & COUNTY COURTS
(CRIMINAL DIV.)

NR

Officer: **Officer Honora (7206)**

Arresting Officer: **RENTERIA, B.**
Transporting Officer: **RENTERIA**

PROBABLE CAUSE AFFIDAVIT

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

1

JUVENILE

OBTS Number	Agency ORI Number FL 0500200		Agency Name BOCA RATON POLICE DEPARTMENT	Agency Report Number 3 2 2020-000799
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Charge Type: Check as many as apply.	<input type="checkbox"/> 1. Felony	<input checked="" type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance	Special Notes:
	<input type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 6. Other	

Name (Last, First, Middle) ALLISON, KIM SUSAN	Alias	Race W	Sex F	Date of Birth 03/30/1956
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Charge Description 316.193(1) DUI	Charge Description
Charge Description	Charge Description

Victim's Name (Last, First, Middle) STATE OF FLORIDA,	Race U	Sex U	Date of Birth
Local Address (Street, Apt. Number) 100 NW 2ND AVE, BOCA RATON, FL 33432	(City)	(State)	(Zip)
Business Address (Name, Street)	(City)	(State)	(Zip)
Phone (561) -	Address Source DEFENDANT	Phone (56) -	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.

The Person taken into custody . . .

committed the below acts in my presence. was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.

confessed to _____ admitting to the below facts. was found to have committed the below acts, resulting from my (described) investigation.

On the **17** day of **January**, **2020** at **22:05** (Specifically include facts constituting cause for arrest.)

On 01/17/2020, at 2039 hours, I responded to 2401 Willow Spring Dr (Broken Sound Main Club House) in reference to an accident.

Upon arrival, I was informed by one of the occupants on scene, W/M Dany Bustani (17 YOA), that the other party involved in the accident had attempted to leave the scene prior to PD arrival. Dany pointed to the vehicle and driver of the vehicle at the time of the accident, who was still present on scene. Dany pointed to W/F Kim Allison who was by her grey Range Rover, bearing GA tag # EES101. I asked Dany if he was injured or needed medical attention, which he stated no. Dany informed me he was sitting in his vehicle, parked, when the Rang Rover, driven by Kim, backed into his vehicle. Dany completed a written witness statement, which was submitted into BRPD evidence.

I then made contact with Kim and asked if she needed medical attention, which she stated no. I asked Kim if she had hit her head or if her airbags had deployed, which she stated no. I asked Kim what had occurred, which is when she stated she might have backed up a little too much, but had not caused any damage to any other vehicles or her own. Kim stated she was at the club house having dinner and was headed home. Kim began to become hostile and agitated insisting there was no damage to her vehicle or the other vehicle. It should be noted Dany's vehicles trunk was heavily damaged and Kim's rear driver's side had damage consistent with improper backing. While speaking with Kim alone, I was able to smell a strong odor of an alcoholic beverage emanating from her breathe. Kim had blood shot red eyes and appeared to be unbalanced losing her footing at one point. Kim continued to become self-agitated and become hostile towards me using profanities and making rude statements. It should be noted Kim uttered, "I was having dinner and had one drink".

Ofc. Coon conducted the crash investigation, see her crash report for further. Once Ofc. Coon completed her crash investigation and handed Kim the necessary documents, I

SWORN AND SUBSCRIBED BEFORE ME	<i>B.M. J.S.Y.</i>	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
MCINNIS, BRYAN MICHAEL		RENTERIA, BARTOLO (800)
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)		NAME OF OFFICER (PLEASE PRINT)
01/17/2020		01/17/2020
DATE		DATE

OBTS Number

PROBABLE CAUSE AFFIDAVIT SUPPLEMENT

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

1

JUVENILE

Agency ORI Number

FL 0500200

Agency Name

BOCA RATON POLICE DEPARTMENT

Agency Report Number

3 | 2 | 2020-000799

Charge Type: Check as many as apply

- 1. Felony, 2. Traffic Felony, 3. Misdemeanor, 4. Traffic Misdemeanor, 5. Ordinance, 6. Other

Special Notes:

Name (Last, First, Middle)

ALLISON, KIM SUSAN

Alias

Race W

Sex F

Date of Birth

03/30/1956

conducted the criminal investigation. Kim was informed of the changing of the hats and was read her constitutional warnings which she understood and agreed to speak to me. Kim stated she had only one glass of wine with dinner. Kim stated she typically does not drink and felt she was not under the influence. It should be noted Kim continued to sway and continued to emit a strong odor of an alcoholic beverage from her breathe.

Based on my observations I asked Kim if she would submit to roadside sobriety tasks to dispel my alarm that she was driving under the influence. Kim stated that he would submit to the tasks. I then walked her over to a well-lit area and asked her again if she needed any medical attention or injuries that would prevent her from doing the tasks. Kim stated she was not injured and did not require medical attention. The tasks that were conducted were the Walk and Turn, One Leg Stand, Finger to Nose, and the Rhomberg Alphabet.

The first SFST was the Walk and Turn. Kim was instructed to listen to the instructions and wait to be told to begin. While I was explaining the tasks, Kim started the tasks without being told to begin, I informed Kim to stand with her feet together and hands at her side, on the line shown to her, as I explain the task. While explaining the task I noticed Kim swaying standing next to the line I had informed her to stand on. Once told to begin Kim counted aloud her steps however was not stepping heel to toe, as explained and demonstrated. Kim completed 9 steps up the line, however, did not turn as instructed and looked at me as if to wonder if she had done it correctly. Kim then continued another 9 steps back down the line, again not heel to toe, and stepped off the line on step 5, losing her balance.

The second SFST was the One Leg Stand. Kim was instructed to keep her feet together and arms at her side while I read her the instructions for the task. Kim continued to sway and began the task on her own, which she was instructed to begin upon my request. Kim was informed of the task and was demonstrated how to complete it. Once told to begin, Kim did not count aloud as instructed or demonstrated. I counted 30 seconds using my iPhone stop watch, Kim dropped her foot on her own after 13 seconds had passed and asked for how long, which is when I replied until told to stop. Kim then attempted to continue the task raising her foot up again, this time almost losing her balance. Kim did not have her arms at her side during the task as instructed to.

The third SFST was the Finger to Nose. (L-R-L-R-R-L). For the entire task, Kim swayed and did not tilt her head back or close her eye as instructed. The first left Kim missed the tip of her nose and touched the nostril side of her nose. The first right Kim again missed the tip of her nose, touching her nostril side of it and again for the second left.

The fourth SFST was the Rhomberg Alphabet, which she was able to recite without incident.

SWORN AND SUBSCRIBED BEFORE ME

MCINNIS, BRYAN MICHAEL

NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

01/17/2020

DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

RENERIA, BARTOLO (800)

NAME OF OFFICER (PLEASE PRINT)

01/17/2020

DATE

PAGE

2 of 3

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

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

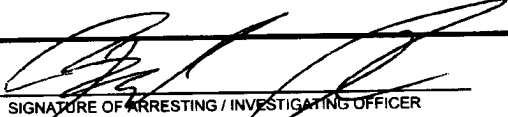
1 JUVENILE

OBTS Number	Agency ORI Number FL 0500200		Agency Name BOCA RATON POLICE DEPARTMENT	Agency Report Number 3 2 2020-000799
Charge Type: Check as many as apply. <input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other				Special Notes:
Name (Last, First, Middle) ALLISON, KIM SUSAN			Alias	Race W Sex F Date of Birth 03/30/1956

Based on investigation I placed Kim under arrest for DUI. Kim was transported to BRPD holding facility, where Ofc. Coon and I conducted the 20-minute observation. Ofc. Coon operated the Intoxilizer 8000. We took Kim into the BRPD BAT room, where Ofc. Coon was the Breath Test Operator. Kim refused to provide two breathe samples. I read Implied consent to Kim, which she understood, and again refused to submit to the test, see the DUI influence report. Kim is being charged under F.S.S. 316.193(1) for DUI. Kim was medically cleared and transported to Palm Beach County Jail for further processing. Kim's vehicle was left on scene.

NOT A CERTIFIED COPY

P R O B A B L E
C A U S E
S T A T E M E N T

A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME	<i>BM734</i>	
	MCINNIS, BRYAN MICHAEL		SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
	NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)		RENTERIA, BARTOLO (800)
	01/17/2020		NAME OF OFFICER (PLEASE PRINT)
	DATE		01/17/2020
			DATE
			PAGE 3 OF 3

2020000799

2205

2230

DUI INFLUENCE REPORT



BOCA RATON POLICE SERVICES DEPARTMENT
100 NW 2nd Avenue
Boca Raton, FL 33432

ARRESTING OFFICER: OFC. RENTERIA

Name: OFC. RENTERIA Phone # 561 368 6291 Work # _____

Address: 100 NW 2ND AVE, BOCA RATON, FL, 33432

Can testify to: ROADSIDES

Name: OFC. LOON Phone # " Work # "

Address: "

Can testify to: CRASH REPORT / 10-32

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

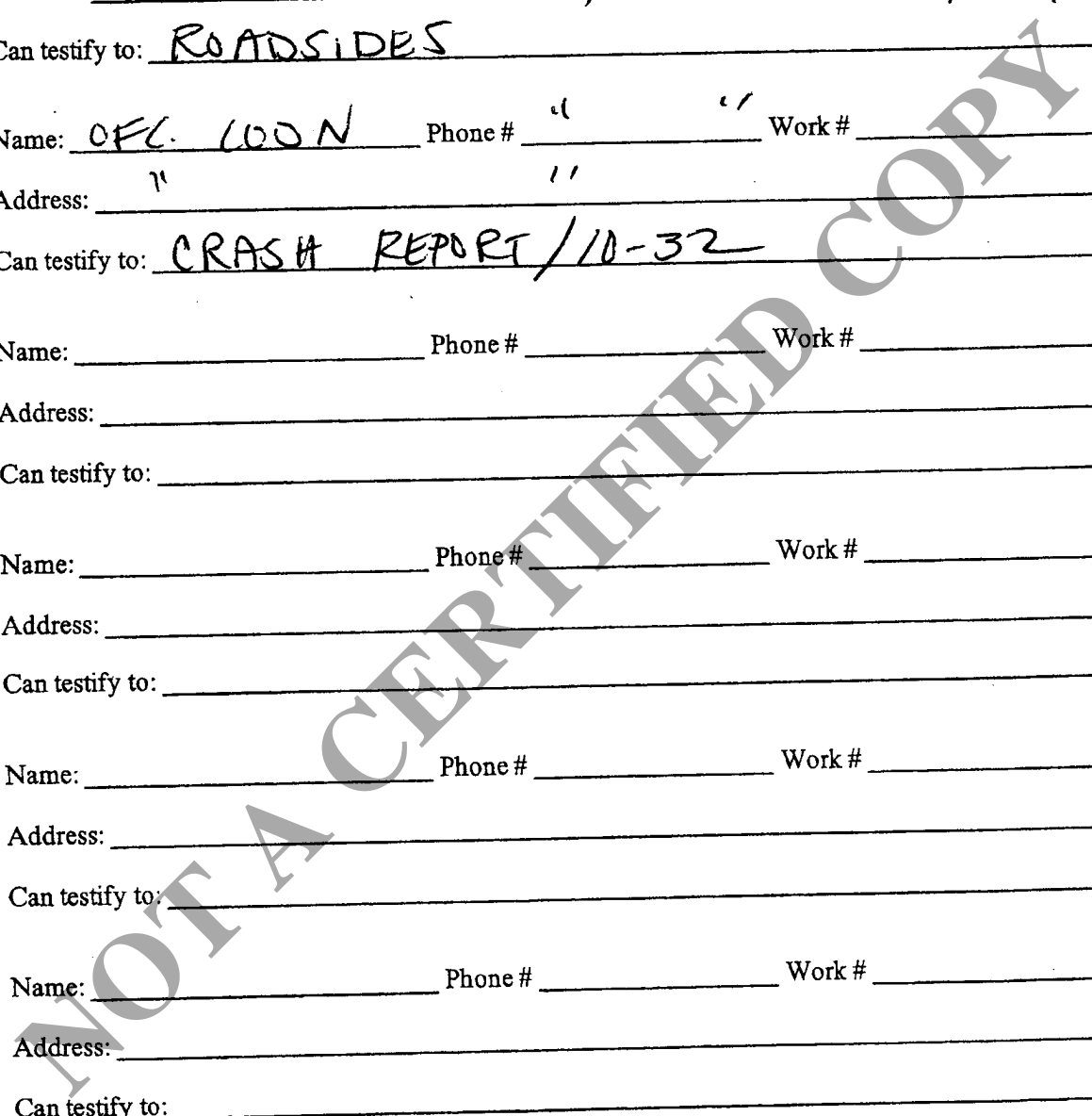
Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____





BOCA RATON POLICE SERVICES DEPARTMENT
DUI INFLUENCE REPORT - PART II

To be filled out at testing facility

Agency Case # 2020000799

I. INTRODUCTION (Instrument Operator faces video camera)

A. The day is FRIDAY, JANUARY, 17, 2020
(day) (month) (date) (year)

B. The time is now approximately 2253 AM/PM

C. The following is in reference to case number 2020000799.

D. Present at this time is OFF. RENTERIA of the Boca Raton Police Department
(Officer's Name)

E. Officer RENTERIA, have you arrested KIM ALLISON in violation of
Florida State Statute 316.193? (Defendant's name)

F. Did this violation occur within the City of Boca Raton, Palm Beach County, Florida? YES

G. Mr./Mrs./Ms. ALLISON, I am required to inform you these
proceedings are being video recorded.

Operator Note: *Video record breath request, breath sample, and interview.*

NOT A CERTIFIED COPY

II. AT THIS TIME THE ARRESTING OFFICER WILL REQUEST A BREATH SAMPLE.

Note: Read only the paragraph applicable to the type of test you are requesting.

- (A) I am now requesting that you submit to a lawful test of your **BREATH** for the purpose of determining its alcohol content.
- B. I am now requesting that you submit to a lawful test of your **URINE** for the purpose of determining the presence of chemical or controlled substances.
- C. I am now requesting that you submit to a lawful test of your **BLOOD** for the purpose of determining its alcohol content and the presence of chemical or controlled substances.

IMPLIED CONSENT WARNINGS

Note: Read only if the subject does not comply with your request.

I am OFFICER RENTONIA of the BOCA RATON POLICE DEPT

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 Signature: SEE VIDEO

Note: Also read for CDL holders:

IN ADDITION, your refusal to submit will result in the loss of your commercial privileges for one year from today. If this is your SECOND REFUSAL, you will be permanently disqualified from operating a commercial motor vehicle.

Note: After reading the implied consent warning, the arresting officer must request a breath sample again.

(IF REFUSAL THEN)

At this time Mr./Mrs./Ms. ALLISON has refused to submit to a breath test.

The date is JANUARY, 17, 2020, and the time is 2:57 AM (PM)

(month) (day) (year)

A refusal form will be completed by the arresting officer.



BOCA RATON POLICE SERVICES DEPARTMENT
JUVENILE CONSTITUTIONAL WARNINGS

**Rights of suspects prior to custodial questioning.
Identify yourself and state:**

I am required to warn you before you make any statement that you have the following Constitutional rights:

- (1) You have the right to remain silent and not answer any questions. *Tell me in your own words what you think this means.
(You do not have to talk to me or answer any questions about this offense. You can be quiet if you want.)*
- (2) Any statement you make must be freely and voluntarily given. *Tell me in your own words what you think this means.
(If you do talk to me it has to be because you want to and not because anyone is forcing you to speak.)*
- (3) You have a right to the presence and representation of a lawyer of your choice before you make any statement and during any questioning. *Tell me in your own words what you think this means.
(You can talk to a lawyer before we ask you any questions and you can have him/her with you now, during our questioning.)*
- (4) If you cannot afford a lawyer, you are entitled to the presence and representation of a court appointed lawyer before you make any statement and during any questioning. *Tell me in your own words what you think this means
(If you do not have money for a lawyer and you want one, a lawyer will be given to you for free.)*
- (5) If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent. *Tell me in your own words what you think this means.
(If you decide to talk to me then change your mind, you can stop answering my questions at any time.)*
- (6) I can make no threats or promises to induce you to make a statement. This must be of your own free will. *Tell me in your own words what you think this means
(I am not allowed to threaten you or make you any promises to get you to talk to me. If you decide to talk, it must be because you want to.)*
- (7) Any statement can be and will be used against you in a court of law. *Tell me in your own words what you think this means
(Anything you say to me can and will be told to the judge or a jury in court. A judge is a person who decides if you have done something wrong. Sometimes a group of people called a jury decide this, but the Judge is the person who decides what punishment you get.)*
- (8) Do you understand these rights as I have read them to you, and do you wish to speak to me?

Signed: _____ Date: _____ Time: _____



BOCA RATON POLICE SERVICES DEPARTMENT
TESTING FACILITY TASK REPORT

SUBJECT: ALLISON, KIM

CASE #: 2020000799 DATE: 01/17/2020

BREATH TEST RESULTS

1) TIME REFUSED AM/PM (M) 2) TIME REFUSED AM/PM (M)
3) TIME _____ AM/PM 4) TIME _____ AM/PM

BREATH OPERATOR: OFC. COON

MAINTENANCE TECHNICIAN: OFC. VAN CAMP

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED, INHIBITED, TALKATIVE

ATTITUDE: ARGUMENTATIVE, COOPERATIVE

CLOTHING: RED/BLUE SHIRT, BLACK PANTS, BEIGE WEDGE SHOES

MEDICAL CONDITION: NONE

OTHER: _____

COMMENTS: ALLISON WAS SWIRLING HER WORDS. SHE HAD RED AND GLASSY EYES. SHE HAD A VERY STRONG SMELL OF AN ALCOHOLIC BEVERAGE EMITTING FROM HER PERSON. ALLISON WAS SWAYING AND HAVING DIFFICULTY STANDING IN ONE POSITION.

Identify yourself and state:

I am required to warn you before you make any statement that you have the following Constitutional rights:

- (1) You have the right to remain silent and not answer any questions.
- (2) Any statement you make must be freely and voluntarily given.
- (3) You have a right to the presence and representation 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 and representation of a court appointed lawyer before you make any statement 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 be and will be used against you in a court of law.
- (8) Do you understand these rights as I have read them to you, and do you wish to speak to me?

Signed: _____ Date: 01/17/2020 Time: _____

QUESTIONS AND ANSWERS

Were you operating a motor vehicle at the time of the accident/stop? _____

Where were you going? _____

What street or highway were you on? _____

Direction of travel? _____

Where did you start driving from? _____

What city (county) were you stopped in? _____

What time did you start? _____ AM/PM What time is it now? _____

What is today's date? _____ What day of the week is it? _____

When did you last eat? _____ What did you eat? _____

What have you been doing the past three hours prior to this stop/accident? _____

How much do you weigh? _____ Have you been drinking? _____ What were you drinking? _____

How much? _____ Where? _____ With whom were you drinking? _____

When did you have your first drink? _____ AM/PM When did you stop drinking? _____ AM/PM

How did you consume your last two drinks? _____

Are you under the influence of alcohol now? Yes No

Can you feel the effects of alcohol? Yes No

Have you consumed alcohol since the accident? Yes No

Can you feel the effects of alcohol? Yes No

Have you consumed alcohol since the accident? Yes No How much? _____

What? _____ Where? _____

What line of work are you in? _____

When did you last work? _____

Do you have any physical defects or injuries? Yes No If yes, explain: _____

Are you sick or injured? Yes No If yes, explain: _____

Do you limp? Yes No Did you get a bump on the head? Yes No

Were you in an accident today? _____

Have you taken any drugs or smoked marijuana today? _____

What? _____ When? _____

Have you seen a doctor or dentist today? Yes No Who? _____

Are you taking any prescription medications? Yes No What? _____ When? _____

Do you have: Epilepsy? Yes No Inner ear trouble? Yes No

Glass eye? Yes No Ear infection? Yes No

False teeth? Yes No Diabetes? Yes No

Any problems not correctable by glasses or contact lenses? _____

Do you take insulin? Yes No If yes, when was your last injection? _____

Have you ever had a driver's license in any other state? _____

I am now ending this video recording. The time is now approximately 2303 AM/PM.

The date is JANUARY, 17, 2020.
(month) (day) (year)

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

Instrument Type: Intoxilyzer 8000
Instrument Registered To: BOCA RATON PD
Instrument Serial Number: 80-006622 Software: 8100.27
Date of Test: 01/17/2020

Date of Last Agency Inspection: 12/27/2019
Observation Period Began: 22:30
Subject's Name: KIM S ALLISON

DOB: 03/30/1956 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	22:57
	Air Blank	0.000	22:57
	Control Test	0.079	22:58
	Air Blank	0.000	22:58
	Subject Sample #1	REF*	22:58
	Air Blank	0.000	22:59
	Control Test	0.080	22:59
	Air Blank	0.000	23:00
	Diagnostics Check	OK	23:00

*Subject Test Refused

Cylinder Lot: 22419080A3
Exp: 10/05/2021

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 REBECCA L. COOK, 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 record of that breath test.

Breath Test Operator: _____ # 784 Date: 01/17/2020
Signature

Sworn to (or affirmed) before me this 17 day of JANUARY 2020
[Signature] [Signature]
Signature of Notary Public-State of Florida Printed Name of Notary Public-State of Florida
OFF. RENTERIA

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.

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

I, OFFICER RENTERIA, a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)

am a member of BOLTON POLICE DEPARTMENT, and I do swear
(Name of law enforcement agency)

or affirm that on or about the 17 day of JANUARY, 2020, at 2205 P.M. A.M.

DRIVER KIM SUSAN ALLISON
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# 056155896, state of GEORGIA, was placed under lawful arrest for

the offense of DUI by OFFICER RENTERIA and
(Name of Arresting Officer)

issued Citation # A6LQ9VE

That on or about the 17 day of JANUARY, 2020, at 2258 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]
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:

[Signature]
Signature of Attesting Officer

Title OFFICER

Date 01/17/2020

(AFFIX SEAL)
The foregoing instrument was sworn and subscribed before
me this _____ day of _____, 20____,
by _____,
who is personally known to me or who has produced
_____ as identification
Notary Public _____

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 – 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"/>	782.04 (FS)	Other: Witness	
	<input type="checkbox"/>	415.107 (1)	Other: In order to protect the rights of the individual or other persons responsible for the welfare of a vulnerable adult, all records concerning reports of abuse, neglect, or exploitation of the vulnerable adult.	

REVIEW COMPLETED BY

Booking Number: 2020002063	Date: 1/18/2020
	Specialist Name/ID: M. Tooks #8557