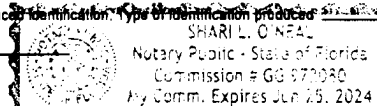
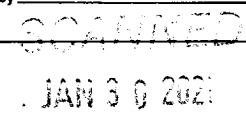
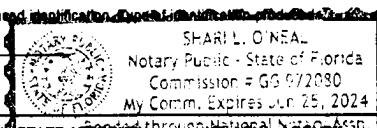


0521086 21CT1450 1022

OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report			1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	Juvenile	N
Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE			Agency Report Number (N.T.A.'s only) 06- 21-030520						
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		Multiple Clearance Indicator 1	
Location of Arrest (Including Name of Business) S MILITARY TRAIL AND EDWARD LN WEST PALM BEACH FL 33406					Location of Offense (Business Name, Address) S MILITARY TRAIL AND FOREST HILL BV #N/A, WEST PALM BEACH FL 33406						
Date of Arrest 01/30/2021		Time of Arrest 0139		Booking Date		Booking Time		Jail Date		Jail Time	
										Location of Vehicle BABBSO TOWING	
Name (Last, First, Middle) DALE, KIMBERLY,											
Alias (Name, DOB, Soc. Sec. #, Etc.)											
Race W - White I - American Indian B - Black O - Oriental/Asian		Sex W F		Date of Birth 11/20/1992		Height 504		Weight 110		Eye Color BRO	
										Hair Color BLK	
										Complexion FAIR	
										Build SMALL	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) TAT RIGHT AND LEFT ARM BACK											
Local Address (Street, Apt. Number)		(City)		(State)		(Zip)		Phone (561) 223 7898		Residence Type: 1. City 2. County 3. Florida 4. Out of State	
Permanent Address (Street, Apt. Number)		(City)		(State)		(Zip)		Phone		Address Source FL DL	
Business Address (Name, Street)		(City)		(State)		(Zip)		Phone		Occupation	
DL Number, State D400501929200,		Soc. Sec. Number		INS Number		Place of Birth (City, State) LONG ISLAND NY		Citizenship US			
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 Legal Custodian Other: Name (Last) (First) (Middle) Residence Phone											
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											
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? Description of Property Value of Property <input type="checkbox"/> Yes <input type="checkbox"/> No											
Drug Activity S. Sell R. Smuggle K. Dispense/ M. Manufacture/ Z. Other Drug Type B. Barbiturate H. Hallucinogen P. Paraphernalia/ U. Unknown N. N/A B. Buy D. Deliver E. Use N. N/A C. Cocaine M. Marijuana O. Opium/Deriv. S. Synthetics P. Possess T. Traffic											
Charge Description Counts Domestic Violence Statute Violation Number Violation of ORD # DUI 1 <input type="checkbox"/> Y <input checked="" type="checkbox"/> N 316.193(1)A											
Drug Activity Drug Type Amount / Unit Offense # Warrant / Capias Number Bond N N N/A 21-030520											
Charge Description Counts Domestic Violence Statute Violation Number Violation of ORD #											
Drug Activity Drug Type Amount / Unit Offense # Warrant / Capias Number Bond											
Charge Description Counts Domestic Violence Statute Violation Number Violation of ORD #											
Drug Activity Drug Type Amount / Unit Offense # Warrant / Capias Number Bond											
Charge Description Counts Domestic Violence Statute Violation Number Violation of ORD #											
Drug Activity Drug Type Amount / Unit Offense # Warrant / Capias Number Bond											
Location (Court, Room Number, Address) 3228 GUN CLUB RD WEST PALM BEACH FL 33406											
Court Date and Time Month FEBRUARY Day 18 Year 2021 Time 0830 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. 01/30/2021											
Signature of Defendant (or Juvenile and Parent /Custodian) Date Signed											
HOLD for other Agency Name: Signature of Arresting Officer Name Verification (Printed by Arrestee) <input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input checked="" type="checkbox"/> Name of Arresting Officer (Print) INV E. K. WHITE 7209 I.D. # 7209 (PRINT) SCANNED JAN 30 AM 4:20 <input type="checkbox"/> Suicidal <input type="checkbox"/> Other											
Intake Agency Pouch # Transporting Officer ID # Agency Witness here if (Name and Title) JAN 26 2021 PAGE 1 OF 1											

PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	Juvenile N
OBTS Number		Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	
Agency Report Number 06- 21-030520		Charge Type: Check as many as apply. <input type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other			
Name (Last, First, Middle) DALE, KIMBERLY,		Alias	Race W	Sex F	Date of Birth 11/20/1992
Charge Description DUI		Charge Description 316.193(1)A			
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 <input checked="" type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ <input type="checkbox"/> confessed to _____ that he/she saw the arrested person commit the below acts. <input type="checkbox"/> 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>30</u> day of <u>JANUARY</u> 20<u>21</u> at <u>0119</u> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p>					
<p>On Saturday, January 30, 2021 at approximately 0115 hours, while patrolling southbound on South Military Trail, south of Forest Hill Boulevard, I observed a dark in color passenger vehicle traveling northbound in the inside lane without its headlights on. As the vehicle passed me I noticed it was not illuminated from the rear either. I made a U-turn and proceeded to the vehicle. I caught up to it at the intersection of Forest Hill and S Military trail. As we awaited the traffic light to cycle a southbound motorist flickered their lights in an attempt to inform the vehicle to turn their lights on. The vehicle proceeded southbound and I activated my emergency lights in an effort to stop the vehicle for the previously mentioned violation. It entered into the left turn lane near Edward Lane. I approached it from the driver side where I observed a white female driver who was the sole occupant in the vehicle. She was smoking a cigarette. I asked her to produce her driver license, registration and proof of insurance. As she searched for these items I asked where was she coming from. She told me she did not know, but she said she was visiting a friend in Green Acres. She seemed unaware and disoriented. She was later identified as Kimberly Ann Dale by her Florida driver license. I noticed her eyes were red, watery and glossy. Her cheeks were flushed and her mouth was dry. Her movements were slow, calculated and lethargic. I could smell an odor of an unknown alcoholic beverage emanating from the inside of his vehicle. She was wearing a burgundy top, black jeans and black boots. I told the driver I had a suspicion that she had been drinking an unspecified amount of alcoholic beverages. She admitted to drinking two drinks. Based on my suspicion I asked if she would consent to performing Standardized Field Sobriety Evaluations (SFSTs) for the purpose of determining if she was impaired while operating a motor vehicle. She obliged. Prior to her performance I asked if she had any physical problems with her body that would inhibit her from performing light physical exercises. I also asked if she was taking medication. She told me she had no problems with her body and she was not taking medication. I asked her to exit the vehicle. Once outside I noticed she was unsteady while walking and swayed when she stood still. Her zipper was unfastened and I allowed her to become decent prior to continuing. I escorted her to a level surface that was smooth and free from obstructions and debris. I could now smell a strong odor of an unknown alcoholic beverage emanating from her breath that intensified when she spoke.</p>					
STATE OF FLORIDA COUNTY OF PALM BEACH		INV E. K. WHITE			
(Signature of Arresting/Investigative Officer)					
The foregoing instrument was sworn to or affirmed and subscribed before me this <u>30</u> day of <u>JANUARY</u> 20 <u>21</u> by <u>INV E. K. WHITE</u>					
(Print name of Arresting/Investigative Officer, who is personally known to me and/or produces identification. Type of identification produced)					
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)					
				PAGE 1 OF 2	

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	Juvenile	N	
ADMIN	Agency ORI Number FLO 500000	Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 06- 21-030520						
	Charge Type: Check as many as apply.		Special Notes:						
CHARGES	Name (Last, First, Middle) DALE, KIMBERLY,		Alias	Race W	Sex F	Date of Birth 11/20/1992			
	Charge Description DUI	316.193(1)A	Charge Description						
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 checked="" type="checkbox"/> committed the below acts in my presence. <input 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>30</u> day of <u>JANUARY</u> 20<u>21</u> at <u>0119</u> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p> <p>I placed a yellow strip of masking tape on the surface that formed a line. The defendant identified the tape by giving its color and placing her left foot on it when prompt to do so. The following SFSTs were explained, demonstrated and acknowledged by her prior to her performance: HGN, The Walk and Turn, The One Leg Stand, The Finger to Nose and The Romberg Alphabet Recitation. Her deficiencies were recorded on another form in this work sheet. At the conclusion of the SFSTs coupled with the violation of the defendant operating her vehicle without any lights activated and my observation of personal indicators of impairment exhibited by the defendant, probable cause was established for DUI. I told the defendant she was being placed under lawful arrest for DUI. I conducted a cursory search of her outer clothing prior to securing her in handcuffs (double locked and checked for tightness). I seated her into the rear of my patrol car afterward. Back up deputies arranged for the defendant's vehicle to be towed by a tow service from PBSO's rotation list. Babbco Towing responded and impounded her vehicle to their lot. Meanwhile I began transport to the main jail breath analysis facility for further processing. Upon our arrival I escorted the defendant into the facility and began a 20 minute observation period. During this time the defendant did not ingest anything into her body orally or otherwise. Neither did she regurgitate. I escorted her into the testing room and asked her to provide breath samples for the purpose of determining her alcohol content. She refused. I read her implied consent to which she acknowledged. I asked if she would reconsider and provide breath samples. She refused again. At this time she was deemed a "Refusal". I advised her of her Constitutional Rights. She told me she understood her "rights" but did not wish to be interviewed. She was booked into the main jail for the charge of DUI.</p>									
ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH		INV E. K. WHITE						
	(Signature of Arresting/Investigative Officer)								
	The foregoing instrument was sworn to or affirmed and subscribed before me this <u>30</u> day of <u>JANUARY</u> 20 <u>21</u> by <u>INV E. K. WHITE</u>								
(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification.									
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)				SHARI L. O'NEAL Notary Public - State of Florida Commission # GG 972080 My Comm. Expires Jun 25, 2024		JAN 30 2021 PAGE <u>2</u> OF <u>2</u>			

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

I, Investigator LE EDWARD WHITE, a duly certified Law Enforcement Officer or Correctional Officer,
(Person reading Implied Consent Warning)
am a member of Palm Beach County Sheriffs Office, and I do swear
(Name of enforcement agency)

or affirm that on or about the THIRTIETH day of January, 2021, at 2:24 AM

DRIVER KIMBERLY ANN DALE
(Type or Print) FIRST MIDDLE OR MAIDEN LAST

DL # D-400-501-92-920-0, state of FL, was placed under lawful arrest for

the offense of DUI by Investigator LE EDWARD WHITE and
(Name of Arresting Officer)

issued Citation # AEA7B3E

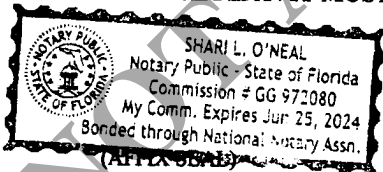
That on or about the THIRTIETH day of January, 2021, at 1:19 AM
in Palm Beach County,

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 (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.

[Handwritten 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:

The foregoing instrument was sworn and subscribed before
me this 30 day of January, 2021
by _____

Signature of Attesting Officer

Title _____
Date _____

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

Notary Public S. O'Neal

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.

SCANNED
JAN 30 2021



Palm Beach County Sheriff's Office

DUI Worksheet

Date 01/30/2021 Time: 0119 Defendant: KIMBERLY ANN DALE Case #: 21-030520
 Location of Stop: S MIL TRAIL AND EDWARD LN WPB FL Defendant D.O.B.: 11/20/1992 Defendant Race / Sex: W F
 Location of Roadside: S MIL TRL LEFT TURN LANE Crash Case # 1

VEHICLE INFORMATION

Vehicle Description: Year: 06 Make: NISS Model: ALTIMA Color: GRY Tag #: HKJQ52 State: FL
 Violations Observed: DRIVING WITHOUT HEADLIGHTS
 Citation #(s): _____

PERSONAL CONTACT

Driver Identification: FLORIDA DRIVER LICENSE Did driver exit vehicle? Yes No
 1. Manner - Falling Unsteady Leans on Vehicle Swaying Other: _____
 2. Odor of breath alcohol/other - Strong Moderate Slight None
 3. Eyes - N/A Glassy Red Bloodshot Watery Dilated Constricted
 4. Speech - N/A Slurred Slow Thick Tongued Incoherent Rambling Accent
 5. Walking - N/A Staggering Stumbling Weaving Falling
 6. Standing - N/A Swaying Needs Support Leaning Falling
 7. Clothing - N/A Disheveled Soiled Missing Neat Explain: FLY OPEN
 8. Attitude - N/A Hostile Aggressive Profane Other: COOPERATIVE-EMOTIONAL-INATTENTIVE
 9. Medications - N/A Yes No Names _____
 Time of Consumption: _____

HEALTH

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

1. Area/Conditions - Day Night Wind - Calm Windy Rain
 2. Traffic - Heavy Moderate Light
 3. Area - Parking Lot Roadside Other: NORTHBOUND LEFT TURN LANE
 4. Surface - Paved Level Hard Dry Other: _____
 5. Lighting - Street Light Car Lights Other: _____

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.: NONE
 Arrested? Yes No
 Additional Charges: DWLS No DL Warrant Resisting Possession Other: _____

Sworn and subscribed before me, this 30 day of JANUARY, 2021
 Notary Public Law Enforcement Officer
 Personally known Proper Identification
 Signature: [Signature]
 Name and signature of Notary: [Signature]
 SHARI L. O'NEAL
 Notary Public - State of Florida
 Commission # GG 972080
 My Comm. Expires Jun 25, 2024
 Bonded through National Notary Assn.
 INV E. K. WHITE 7209
 Print Name & Officer ID#: _____
 JAN 30 2021

Date: 01/30/2021 Time: 0119 Defendant: KIMBERLY ANN DALE Case #: 21-030520

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 type="checkbox"/>			<input 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 AROUND

- 1. Steps from line during instructions. 2. Starts too soon. 3. Stops while walking.
- 4. Does not touch heel to toe. _____ down _____ additional back _____ additional
- 5. Incorrect number of steps. _____ & _____ 6. Raises arms for balance.
- 7. Improper turn. Describe: DID NOT TAKE SMALL STEPS TO TURN AROUND AS INSTRUCTED (RATHER SPUN IN ONE MOTION)
- 8. Steps off line/loses balance. Step #: _____
- 9. Cannot do exercise. Explain: _____
- 10. Type of line used: YELLOW TAPE 11. Type of footwear: BOOTS Removed original footwear?: X
- 12. Refused to do exercise. SUBJECT DID NOT TOUCH HEEL TO TOE AND TOOK AN INCORRECT NUMBER OF STEPS

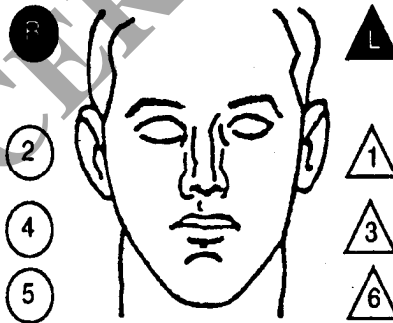
ONE FOOT STAND

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

ALTERNATE TASKS

Finger to Nose

- 1. Keeps eyes open.
- 2. Does not return arms to side.
- 3. Fails to touch nose.
- 4. Uses wrong hand.
- 5. Unable to do exercise.
- Explain: _____
- 6. L R L R R L
- 7. Refused to do exercise.



Rhombberg/Balance/Alphabet

- 1. Opens eyes.
- 2. Sway while balancing.
- 3. Raises arms to balance.
- 4. Estimates 30 seconds at: _____
- 5. Misses alphabet recitation.
- Explain: _____
- 6. Cannot do exercise.
- Explain: _____
- 7. Refused to do exercise.
- Explain: _____

Explain: _____
Notes: _____

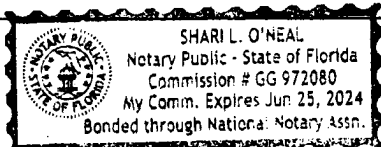
SUBJECT FAILED TO TOUCH THE TIP OF HER FINGER TO THE TIP OF HER NOSE ON ALL ATTEMPTS. RATHER SHE SEARCHED FOR HER NOSE AND TOUCHED THE SIDES OF HER NOSTRILS AND BRIDGE OF HER NOSE. FLINCHED THE WRONG HAND ON THE COUNTER REQUEST

Sworn and subscribed before me, this 30 day of JANUARY, 20 21

- Notary Public Law Enforcement Officer
- Personally known Produced identification

Name and signature of Notary: Shari L. O'Neal

Signature: [Signature]
 INV E. K. WHITE 7209
 Print Name & Officer ID#:



SCANNED
JAN 30 2021

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 30 DAY OF JANUARY 20 21 AT 0119 AM PM

SUBJECT: DALE, KIMBERLY, CASE NUMBER: 21-030520

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: INV E. K. WHITE

PERSONAL CONTACT

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

SEE PC AFFIDAVIT

OBSERVATION OF DRIVER:

SEE PC AFFIDAVIT

DRIVER'S STATEMENTS:

I DRANK TWO DRINKS AT MY FRIEND'S HOUSE

ODORS:

STRONG ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE EMANATING FROM SUBJECT'S BREATH

GENERAL OBSERVATIONS

SPEECH: **SLURRED**

ATTITUDE: **LETHARGIC, INATTENTIVE, AND COOPERATIVE**

CLOTHING: **LOOSE, UNTIDY AND DISHEVELED- FLY OPEN**

MEDICAL/OTHER: **NONE**

STATE OF FLORIDA
COUNTY OF PALM BEACH

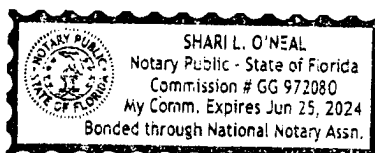
INV E. K. WHITE

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 30 day of JANUARY 2021 by INV E. K. WHITE

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

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



30 JAN 2021
JAN 30 2021



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

PBSO CASE # 21-030520 PBSO ZONE 1-34

AGENCY CASE # _____ CRASH CASE # _____

TIME OF STOP/CRASH 0119 DATE 01/30/2021 DAY Saturday

SUBJECT'S NAME DALE, KIMBERLY, RACE W SEX F

HGT 504 WGT 110 DOB 11/20/1992

LOCATION S MILITARY TRAIL AND EDWARD LN WEST PALM BEACH FL 33406

ARRESTING OFFICER'S NAME & ID (7209) Inv. White AGENCY Palm Beach County Sheriff's Office

DIVISION: VCD/DUI

NOTIFIED BY COMMO YES

ARRIVAL AT FACILITY 0200hrs

ARREST TIME 0139

BREATH RESULTS:

- 1)
- 2)
- 3)
- 4)

TESTING OFFICER'S ID 6212 PBSO VIDEOTAPE # /

NOT A CERTIFIED COPY

SCANNED
JAN 30 2021

WITNESS LIST

CASE NUMBER: 21-030520

ARRESTING OFFICER: INV E. K. WHITE

ADDRESS: HQ

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

CAN TESTIFY TO: FACTS

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

SEARCHED
JAN 30 2021

TESTING FACILITY TASK REPORT

AGENCY: INV. WHITE #7209
SUBJECT: DALE, KIMBERLY A.
CASE NUMBER: 21-030520
DATE: 01-30-21
VIDEO DVD NUMBER: N/A
BEGINNING TIME: 0222 HRS
ENDING TIME: 0225 HRS

BREATH TESTS RESULTS: 1) R TIME 0224 A.M. P.M. 2) TIME A.M. P.M.
3) TIME A.M. P.M. 4) TIME A.M. P.M.

BREATH OPERATOR: S.O'NEAL #6212
MAINTENANCE TECHNICIAN: J. KARLECKE #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED, SOFT SPOKEN
ATTITUDE: EMOTIONAL, UPSET, CRYING, COOPERATIVE
CLOTHING: SHIRT- PINK PANTS- BLACK JEANS
MEDICAL CONDITIONS: NONE/ NO ALLERGIES
MEDICATIONS: NONE

OTHER:

EYES: VERY RED, WATERY FROM CRYING

COMMENTS:

20 MIN. OBSERVATION DONE BY A/O WHITE #7209
A/O REQUESTED THE BREATH TEST ON CAMERA.
D REFUSED THE BREATH REQUEST ON CAMERA.
IMPLIED CONSENT READ ON CAMERA TO THE D.
D UNDERSTOOD THE I/C AS READ.
D STILL REFUSED THE BREATH REQUEST AFTER THE I/C WAS READ TO HER.
C/W READ ON CAMERA, D REFUSED THE Q&A

2021
JAN 30 2021

SUBJECT: _____ CASE NUMBER: 21-0 07-0

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) _____

SUBJECT: _____ CASE NUMBER: _____

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? _____

WHERE WERE YOU GOING? _____

WHAT STREET OR HIGHWAY WERE YOU ON? _____

DIRECTION OF TRAVEL? _____ WHERE DID YOU START? _____

WHAT TIME DID YOU START? _____ WHAT TIME IS IT NOW? _____

WHAT IS TODAY'S DATE? _____ WHAT DAY OF THE WEEK IS IT? _____

WHAT COUNTY AND CITY ARE YOU IN NOW? _____

WHEN DID YOU LAST EAT? _____ WHAT DID YOU EAT? _____

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

HOW MUCH DO YOU WEIGH? _____ HAVE YOU BEEN DRINKING? _____ WHAT? _____

HOW MUCH? _____ WHERE? _____ WITH WHOM? _____

WHEN DID YOU HAVE YOUR FIRST DRINK? _____ AND YOUR LAST DRINK? _____

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? _____

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

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? _____ HOW MUCH? _____

WHAT? _____ WHERE? _____ WHEN? _____

WHAT LINE OF WORK ARE YOU IN? _____ WHEN DID YOU LAST WORK? _____

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? _____ WHAT? _____

ARE YOU SICK OR INJURED? _____ WHAT'S WRONG? _____

DO YOU LIMP? _____ DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? _____

WERE YOU IN AN ACCIDENT TODAY? _____

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? _____ WHEN? _____

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? _____ WHO? _____ WHY? _____

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? _____ WHAT? _____ WHEN? _____

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? _____

DO YOU TAKE INSULIN? _____ IF SO, WHEN WAS YOUR LAST INJECTION? _____

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? _____ WHERE? _____

INTERVIEWER: _____

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

RECEIVED
JAN 30 2021



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

REVIEW COMPLETED BY

Booking Number: 2021002510	Date: 01/30/21
	Specialist Name/ID: J. Beck/9007

2021 01 30 10:21