


0526164		50-2021-CF 007918-AMB		2622																	
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 5 0 2 6 0 0		Agency Name PALM BEACH GARDENS POLICE DEPARTMENT				Agency Report Number 78 - 21004211															
Charge Type: Check as many as apply.		<input checked="" 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 1. Yes 2. No		Multiple Clearance Indicator											
Location of Arrest (Including Name of Business) 2490 PGA BLVD PBG FL						Location of Offense (Business Name, Address) PGA BLVD/PROSPERITY FARMS ROAD															
Date of Arrest 09/25/2021		Time of Arrest 00:53		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle KAUFF'S TOWING AND RECOVERY 4701 EAST AVENUE, WPB, FL 33407									
Name (Last, First, Middle) WEBER, KIMBERLY, G												Alias (Name, DOB, Soc. Sec. #, Etc.)									
Race W - White I - American Indian B - Black O - Oriental/Asian		Sex W F		Date of Birth 12/22/1966		Height 5 11		Weight 135		Eye Color BLU		Hair Color BLN		Complexion Light		Build Small					
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)								Marital Status Married		Religion NOT STATED		Indication of Alcohol Influence Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>		Drug Influence Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>							
Local Address (Street, Apt. Number) 398 #F GULFVIEW RD,				(City) NORTH PALM BEACH, FL		(State) 33408		(Zip) 33408		Phone (203) 820-6359		Residence Type: 1. City 2. County 3. Florida 4. Out of State									
Permanent Address (Street, Apt. Number) 398 #F GULFVIEW RD,				(City) NORTH PALM BEACH, FL		(State) 33408		(Zip) 33408		Phone		Address Source VERBAL									
Business Address (Name, Street)				(City)		(State)		(Zip)		Phone		Occupation									
D/L Number, State W160507669620 FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) SYRACUSE, NY		Citizenship US													
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									
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property						Value of Property													
Drug Activity N. Possess		S. Sell B. Buy T. Traffic		R. Smuggle D. Deliver E. Use		K. Dispense/ Distributes		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/Deriv.		P. Paraphernalia/ 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)(A)		Violation of ORD #													
Drug Activity P		Drug Type O		Amount / Unit		Offense #		Warrant / Capias Number		Bond											
Charge Description POSS CNTRLD SUBST (OXYCODONE)		Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number 893.13(6)(A)		Violation of ORD #													
Drug Activity P		Drug Type O		Amount / Unit		Offense #		Warrant / Capias Number		Bond											
Charge Description POSS CNTRLD SUBST (CLONAZEPAM)		Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number 893.13(6)(A)		Violation of ORD #													
Drug Activity P		Drug Type O		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											
TO BE SET												Court Date and Time									
Month												Day		Year		Time		AM		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												09/25/2021									
Signature of Defendant (or Juvenile and Parent / Custodian)												Date Signed									
HOLD for other Agency Name:		Signature of Arresting Officer		Name of Arresting Officer (Print) OFC. ANDREW FLINK		I.D. # 514		Name Verification (Printed by Arrestee) SEP 25 AM 4:03		(PRINT)				PAGE							
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Transporting Officer OFC. A. FLINK		ID # 514		Agency PBGPD		Witness here if subject signed with an "X"		1		OF 1							
DISTRIBUTION: WHITE - COURT COPY												GREEN - STATE ATTORNEY		YELLOW - AGENCY		PINK - AGENCY		GOLD - DEFENDANT (N.T.A.'s ONLY)			

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	JUVENILE
A D M I N I S T R A T I V E	Agency ORI Number <b>FL 0502600</b>		Agency Name <b>Palm Beach Gardens Police Department</b>		Agency Report Number <b>7 8 21-004211</b>				
	Charge Type: Check as many as apply <input checked="" 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					Special Notes:			
D E F E N D E N T	Name (Last, First, Middle) <b>WEBER, KIMBERLY G</b>				Race <b>W</b>		Sex <b>F</b>		Date of Birth <b>12/22/1966</b>
	Alias								
C H A R G E S	Charge Description <b>316.193(1)(A) DUI - NORMAL FACULTIES IMPAIRED</b>				Charge Description <b>893.13(6)(A) DRUGS - CONTROLLED SUBST W/O PRESCRIP</b>				
	Charge Description <b>893.13(6)(A) DRUGS - CONTROLLED SUBST W/O PRESCRIP</b>				Charge Description				
V I C T I M	Victim's Name (Last, First, Middle) <b>State Of Florida</b>				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.</p> <p>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 checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <u>25</u> day of <u>September</u>, <u>2021</u> at <u>00:40</u> (Specifically include facts constituting cause for arrest.)</p> <p>On 09/25/2021 at approximately 0040 hours, this Officer was stopped at a red light at the intersection of PGA Blvd and Prosperity Farms Rd, PBG, FL. Body worn camera and in car video were used.</p> <p>This Officer observed a vehicle, a Kia sedan (ICHV43/FL) attempt a left-hand turn from west bound PGA Blvd to travel south bound on Prosperity Farms Rd. The vehicle entered the north bound lanes of Prosperity Farms Rd, while traveling south bound. The vehicle then almost collided with a vehicle exiting the parking lot of Sunoco, 2490 PGA Blvd. The vehicle then entered the Sunoco parking lot, where this Officer initiated a traffic stop on same. This Officer made contact with the driver and sole occupant, identified via Florida Driver License photo, Kimberly Weber (OF). Upon this Officer's approach, Weber opened the door and attempted to exit the vehicle, to which this Officer instructed her to remain in the vehicle, which she complied. Weber had a flushed red face, slurred speech, low droopy eyelids and appeared drowsy. Weber said she was going to the gas station and did not realized she was traveling on the wrong side of the roadway. Weber further said she was coming from her house and denied consuming alcohol on this night.</p> <p>Based on this Officer's observations, Weber was asked to exit the vehicle to participate in Standardized Field Sobriety Exercises, to which she complied. Weber had difficulty walking and said she had a hip condition, thus seated exercises were conducted.</p> <p>The first exercise conducted, was the Horizontal Gaze Nystagmus. The stimulus used, was a Toxoptix X3, with an illuminated red light. This Officer observed lack of smooth pursuit in both eyes. This Officer also observed sustained involuntary jerking in both eyes at maximum deviation, also this Officer observed the onset of Nystagmus prior to 45 degrees in both eyes. Weber had vertical gaze Nystagmus in both eyes.</p>									
<p>SWORN AND SUBSCRIBED BEFORE ME</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <p>NOTARY PUBLIC CLERK OF COURT / OFFICER (F.S. 110.01)</p> <p><u>09/25/2021</u></p> <p>DATE</p> </div> <div style="width: 20%; text-align: center;">  </div> <div style="width: 35%;"> <p>Notary Public State of Florida</p> <p>Renee Ragin</p> <p>My Commission GG 966418</p> <p>Expires 03/05/2024</p> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> <p>_____ NAME OF OFFICER (PLEASE PRINT)</p> </div> <div style="width: 45%;"> <p><b>PINK, ANDREW S (514)</b></p> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> <p><u>09/25/2021</u></p> <p>DATE</p> </div> <div style="width: 45%;"> <p><u>09/25/2021</u></p> <p>DATE</p> </div> </div>									
								PAGE 1 OF 3	

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

OBTS Number		<b>PROBABLE CAUSE AFFIDAVIT SUPPLEMENT</b>		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	<b>1</b>	JUVENILE
Agency ORI Number <b>FL 0502600</b>	Agency Name <b>Palm Beach Gardens Police Department</b>	Agency Report Number <b>7 8 21-004211</b>					
Charge Type: Check as many as apply.		<input checked="" 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		Special Notes:			
Name (Last, First, Middle) <b>WEBER, KIMBERLY G</b>				Alias	Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>12/22/1966</b>

The next exercise conducted was the Palm Pat. During the exercise, Weber had to be told to increase in speed. During one of the pats, Weber doubled patted. Weber also "chopped" two pats.

The next exercise conducted was the Hand Coordination. During the exercise, Weber did not perform Task 2 which was to clap her hands and also did not perform Task 4 which was to place her palms in her lap.

The next exercise conducted was the Rhomberg Alphabet. Weber properly recited the alphabet.

The final exercise conducted was the Modified Rhomberg Balance. During the first attempt, Weber counted rapidly aloud. This Officer paused the exercise and told Weber to restart. During the exercise, Weber leaned back onto the unit behind her and estimated the passage of 30 seconds in approximately 11 seconds.

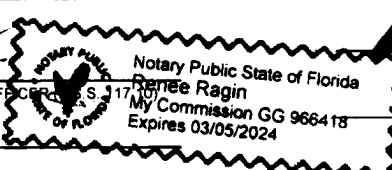
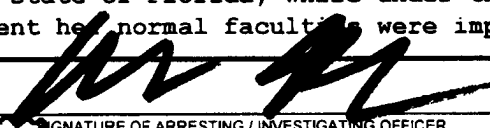
Based on this Officer's observations, Weber was placed under arrest at 0053 hours. When told she was under arrest for driving under the influence, Weber responded, "because I'm on my medication?". Weber asked for her property out of the vehicle. While this Officer was retrieving property, contraband was discovered. Inside of a purse, which contained Weber's Connecticut Driver License as well as several credit cards bearing her name, an orange pill bottle was discovered. The bottle was made out to "Matthew Weber", Oxycodone 30MG, which was filled on 08/25/2021. Inside the bottle was four light blue circular pills stamped "30 M" identified as Oxycodone Hydrochloride" and two white circular pills stamped "834 TEVA" identified as "Clonazepam". Ofc Luscaovich 513 advised Weber of her Miranda Warnings to which she acknowledged. This Officer asked Weber about the medication, to which she claimed to have a prescription for the pills inside the bottle. This Officer determined Weber may have a prescription for similar pills, these pills, in her possession, were prescribed to another person.

At PBSO BAT, this Officer requested Weber to provide a breath sample for the purpose of determining its alcohol content, to which she complied. At 0209 hours and 0212 hours Weber blew .000. This Officer requested Weber to provide a urine sample for the purpose of detecting the presence of chemical and/or controlled substance to which she complied and provided a urine sample at 0232 hours. PBSO DRE Pointu 16032 was at the PBSO BAT and agreed to conduct an evaluation on Weber, see DRE report for further information.

It should be noted, at the time of the stop, Weber's driver license was suspended for failure to pay on 08/30/2021.

Based on the results of the investigation, this Officer has probable cause to prove Kimberly Weber operated a motor vehicle, in the state of Florida, while under the influence of controlled substance(s) to the extent her normal faculties were impaired,

SWORN AND SUBSCRIBED BEFORE ME  NOTARY PUBLIC / CLERK OF COURT / OFFICIAL <b>09/25/2021</b> DATE		SIGNATURE OF ARRESTING / INVESTIGATING OFFICER  <b>FLINK, ANDREW S (514)</b> NAME OF OFFICER (PLEASE PRINT) <b>09/25/2021</b> DATE
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COURT


STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P.I.O.

OBTS Number		PROBABLE CAUSE AFFIDAVIT SUPPLEMENT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		JUVENILE		
A D M I N I S T R A T I V E	Agency ORI Number <b>FL 0502600</b>		Agency Name <b>Palm Beach Gardens Police Department</b>		Agency Report Number <b>7   8   21-004211</b>							
	Charge Type: Check as many as apply.		<input checked="" 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		Special Notes:			
D E F E N D E N T	Name (Last, First, Middle) <b>WEBER, KIMBERLY G</b>				Alias		Race <b>W</b>		Sex <b>F</b>		Date of Birth <b>12/22/1966</b>	
	in violation of FSS 316.193(1) (A). Weber was in possession of controlled substances prescribed to another person, in violation of FSS 893.13(6) (A).											
NOT A CERTIFIED COPY												
A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME											
	NOTARY PUBLIC / CLERK OF COURT / OFFICER <b>09/25/2021</b> DATE						SIGNATURE OF ARRESTING / INVESTIGATING OFFICER <b>FLINK, ANDREW S (514)</b> NAME OF OFFICER (PLEASE PRINT) <b>09/25/2021</b> DATE					

## TOXICOLOGY ANALYSIS REQUEST

This Form Must Be Included With the Property Receipt and Accompany the Evidence Submitted for Toxicology Analysis  
PRINT LEGIBLY OR TYPE

Agency: PALM BEACH GARDENS POLICE DEPARTMENT Case #: 21004211

Officer: OFC. ANDREW FLINK ID#: 514 Email: aflink@pbgfl.com

Specimen Collected By: OFC. ANDREW FLINK Date: September 25, 2021 Time: 0232

Specimen Collected From: WEBER, KIMBERLY, G Age: 54 Sex: F Hgt: 5 11 Wgt: 135

Specimen Type: ☐ Blood ☒ Urine ☐ Beverage ☐ Other-Describe \_\_\_\_\_

Type of Case: ☐ Traffic Crash ☐ Fatality ☒ DWI/DUI ☐ Other Date: 9/25/21 Time: 0053

Potential Felony? ☐ Yes ☒ No

Was any medication administered by medical personnel prior to sample being drawn: ☐ Yes ☒ No

If yes, name of Medication(s): N/A

Subject Arrested: ☒ Yes ☐ No

Breath Test Performed? ☒ Yes ☐ No Results: .000 .000 - -

Tests requested: ☐ Blood Alcohol ☐ Blood Drug Screen ☒ Urine Drug Screen

NOTE: Blood Alcohol analysis is performed on all DUI blood specimens. Requested Blood Drug Screen may not be performed based on the laboratory protocol. If you have any questions, please contact the Toxicology Unit at 561-688-4814 or [toxicologyrequest@pbso.org](mailto:toxicologyrequest@pbso.org).

DRE exam performed: ☒ Yes ☐ No DRE Officer: POINTU Agency: PBSO

DRE Opinion: SEE REPORT DRE Email: \_\_\_\_\_

Drug History and Signs of Impairment (Please list any drugs, medications, or prescriptions the subject may have taken or were in his/her possession.)

## IN POSSESSION OF OXYCODONE AND CLONAZEPAM

Weber had a flushed red face, slurred speech, low droopy eyelids and appeared drowsy. Weber said she was going to the gas station and did not realized she was traveling on the wrong side of the roadway. Weber further said she was coming from her house and denied consuming alcohol on this night.



**PALM BEACH GARDENS POLICE DEPARTMENT  
DUI TESTING FACILITY INFORMATION SHEET**



PBSO Case #: 21-110264

PBSO Zone: 3-13

Agency Case #: 21004211

Crash Case #: \_\_\_\_\_

**Incident Information:**

Time of Stop/Crash: 00:40 Date of Incident: 09/25/2021 Day: SATURDAY

Location of Incident: PGA BLVD/PROSPERITY FARMS ROAD

**Arrest Information:**

Time of Arrest: 00:53 Date of Arrest: 09/25/2021 Day: SATURDAY

Location of Arrest: 2490 PGA BLVD PBG FL

Subject's Name: (L) WEBER, (F) KIMBERLY, (M) G

DOB: 12/22/1966 Race: W Sex: F Height: 5 11 Weight: 135 Hair BLN Eye BLU

Address: 398 #F GULFVIEW RD, NORTH PALM BEACH, FL 33408 Phone: (203) 820-6359

Arresting Officer's Name: OFC. ANDREW FLINK ID#: 514

Agency: PBGPD Division: TRAFFIC - DUI

**Breath Results**

- 1) .000 at 02:09 hrs.
- 2) .000 at 02:12 hrs.
- 3) Urine at - hrs.
- 4) - at - hrs.

**---BAT Use---**

BAT Notified: YES  
Arrival Time at BAT: 0131  
Subject Arrest Time: 00:53

Breath Test Operator: RAGIN 16877  
PBSO

# TESTING FACILITY TASK REPORT

AGENCY: PBG

SUBJECT: Weber, Kimberly G.

CASE NUMBER: 21-110264

DATE: Sep 25, 2021

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 02:03

ENDING TIME: 02:21

BREATH TESTS RESULTS: 1) .000 TIME 02:09 A.M. ☒ P.M. ☐ 2) .000 TIME 02:12 A.M. ☒ P.M. ☐  
3) N/A TIME ----- A.M. ☐ P.M. ☐ 4) N/A TIME ----- A.M. ☐ P.M. ☐

BREATH OPERATOR: R. Ragin # 16877

MAINTENANCE TECHNICIAN: Jason Karlecke #6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: Mumbled

ATTITUDE: Whining, slow, crying

CLOTHING: Gray pants, white t-shirt, brown flip-flops

MEDICAL CONDITIONS: Spine Surgery

MEDICATIONS: Lexapro, Gabapentin, Oxycontin, Adderall

## OTHER:

Eyes red

## COMMENTS:

Arrived at center A/O started 20 minute observation period at 01:31hrs.

Subject agreed to take test.

Tech read breath test results.

Subject stated she understood test results.

A/O requested to provide urine at 02:15 hrs..

Subject agreed to provide urine.

A/O read I/C.

Subject stated she understood I/C and agreed to provide urine again at 02:16.

A/O read rights.

Subject stated she understood rights.

A/O conducted Q&A.

Subject answer questions.

Urine provide @ 02:32

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: 80-006477 Software: 8100.27  
Date of Test: 09/25/2021

Date of Last Agency Inspection: 09/10/2021  
Observation Period Began: 01:31  
Subject's Name: KIMBERLY G WEBER

DOB: 12/11/1966 Sex: F

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

Results:	Test	g/210L	Time
	Diagnostics Check	OK	02:06
	Air Blank	0.000	02:07
	Control Test	0.080	02:07
	Air Blank	0.000	02:08
	Subject Sample #1	0.000	02:09
	Air Blank	0.000	02:09
	Air Blank	0.000	02:11
	Subject Sample #2	0.000	02:12
	Air Blank	0.000	02:13
	Control Test	0.079	02:13
	Air Blank	0.000	02:13
	Diagnostics Check	OK	02:13

Cylinder Lot: 02021080A1  
Exp: 03/05/2023

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

Breath Test Operator: \_\_\_\_\_ Date: 09/25/21  
Signature

Sworn to (affirmed) \_\_\_\_\_ day of Sept., 2021

Signature of Notary Public-State of Florida Off. A. Flink # 514  
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.



SUBJECT: Weber, Kimberly G. CASE NUMBER: \_\_\_\_\_

## 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: Weber, Kimberly G. 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: \_\_\_\_\_



**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)
<b>L/E Exemptions</b>	<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.	
<b>Public Info. Exemptions</b>	<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.	
<b>Florida Rules of Judicial Administration 2.420 (Rule of 23)</b>	<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"/>			
<b>Other</b>	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

**REVIEW COMPLETED BY**

<b>Booking Number:</b> 2021023976	<b>Date:</b> 9/26/2021
	<b>Specialist Name/ID:</b> T Howard/7185