DACT 10130

			` /	10			
A D	OBTS Number	ARREST / NO	TICE TO AP	TEAR 6	Arrest (No Warrant) 3. Request for Arrest (Warrant) 4. Request for N.T.A. 5. Juvenile R	r Capias 📲	JUVENILE
1	Agency ORI Number Agency Name	atom Ballion Department			port Number (N.T.A.'s only)		
N I		aton Police Department		3 1	2 2022-008275 If Weapon Seized		Multiple
Ť	Check as many 2. Truffic Felony 2. 4. Tr	affic Misdemessor 6. Other			Enter Type UNA	RMED	Clearance Indicator
A T	Location of Arrest (Including Name of Business) 800 N DIXIE HWY, BOCA RATON F	L 33432, 800 N DIXIE HWY	1	Offense (Business Name, DIXIE HWY	, Address) ', BOCA RATON, F	L 33432	
0 0	· · · · · · · · · · · · · · · · · · ·	ing Date Booking Time 6/28/2022 01:5.		6/28/2022	1	n of Vehicle MERALD	
	Name (Last, First, Middle)	W2W2V22 1 V1.3.			IS (Name, DOB, Soc. Sec. #, Etc.)	ILIVILD	
	RIGGINS, KELSIE PAIGE Ruce Sex Date	of Birth Height	Alias:	Eye Color	Hair Color	Complexion	Build
	W - White 1 - American Indian B - Black O - Oriental/Asian W F	02/20/1996 5'02	130	GREEN	BROWN	LIGHT	Small
D E F	Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Descript **TATT R WRIST/"CROIRE"; TAT	· ·	TR EAR/	Marital Status Rei	igian	Indication of: Alcohol Influence Drug Influence	
EZD	Local Address (Street, Apt. Number) (Cit 121 NE 3RD ST 908, FORT LAUDER	y) (State)	(Zip)		Phone	Residence Type: 1. City 3. Florida	13
2 4 2	Permanent Address (Street, Apt. Number) (Cit 121 NE 3RD ST 908, FORT LAUDEL	(State)	(Zip)		Phone	2. County 4. Out of S	Enlet
1	Business Address (Name, Street) (Cit		(Zip)		Phone	Occupation	
	VINOS, D/L Number. Scare Soc. Sec. N	/umber INS Number		Place of Birth (C	ity, State) C	tizenship	tender
_	R252515965600 / FL Co-Defendant Name (Last, First, Middle)		Race Se	x Dute of Birth		<u>US</u>	
Ó	Co-Derendam Name (Last, Funt, Middle)		Ruice Sc	Dake of Birth		1. Arrested 3. Felon 2. At Large 4. Misde	_
DE	Co-Defendant Name (Last, First, Middle)		Race So	ex Dene of Blirth	1 1	1. Arrested 3. Felon	
,	Parent Other:	Name (Last, First, Middle)				Residence I	
Ů V	Legal Custodian Address (Street, Apt. Number)	(City)	(State)	(Zip)	-	Business Pt	one
E N	Notified by: (Name)	-	Date	Time	JUVENILE DISPOSITI	ON	
L		(λ)			Handled/Process Department and	ed within 2. TOT JA	
	Released To: (Name)	Relationship	Date	Time			
	The above address was provided by defe The child and/or parent was told to keep the Ju	endant and/or defendant's pa	arents.	School At	tended		Grade
	(Phone 355-2526) informed of any change of	address.	Property C	rime? Descriptio	on of Property		Value of Property
c	Drug Activity S. Sett R. Sanuagte K. Disper		Drug Ty		rate H. Hallucinogen	P. Paraphernalis/ U. U.	uknown
O D E	N. N/A B. Buy D. Deliver Distrib P. Possess T. Traffic E. Use	nute Produce/ Cultivate	N. N/A A. Ampt	C. Cocain betamine E. Heroin		Equipment 2. Or S. Synthetic	her
C H	Charge Description DUI			·	Statute Violation Number 316, 193(1)	Violatio	n of ORD # →
R G	Drug Activity Drug Type Amount / Unit C			urrant / Capias Number	1 310.193(1) (3)	Bond (~)	A 1
E	Charge Description	<u> </u>	Y 🔀 N		Statute Violation Number	-m' ICO	m of ORD#
H A R	Drug Activity Drug Type Amount / Unit (Offense # Counts Don	nestic Violence Wi	arrant / Capias Number		Bong	ETROPIN TO
G E	Diag Activity Diag Type Amount Only	. 1 1 _	JY □N	araut / Capias (vanoci	(രി 🗀	en anata
C H A	Charge Description				Statute Violation Number	Ministric CO	m of ORD #
R G E	Drug Activity Drug Type Amount / Unit	/	nestic Violence W	arrant / Capias Number		Bond	
٦	Health / Apparent Physical Condition of Defendant TALKATIVE	- <u></u>	An	y knowledge of the follow	wing: Mental Escape	Risk Medication	Deformities Injuries
N T A	Check which applies: Released O.R. Released to Pr	_ ,	PROPERTY - Receive	_ '	Released By PBCJ	Released To OWNER	
K E	Posted Bond South County Transported By	Mental Health	Date Transported	Time Transported	Other	I' TOWNES	
Z	INSTRUCTION NO. 1 - Mandatory appe	earance in courts NIED	Location (Court, Room		<u></u>		
0 T L	☐ INSTRUCTION NO. 2 - You need not ap	BUILDING THE PROPERTY OF THE P	Court Date and Time	ty 200 W Atla	antic Ave Delray Bed	ich, FL 33444	
C E T	<u> </u>	with instructions on Page 2.		8/01/2022 08.	:30:00		No
l٥	I AGREE TO APPEAR AT THE TIME AND PLACE DESI I WILLFULLY FAIL TO APPEAR BEFORE THE COURT	AS REQUIRED BY THIS NOTICE TO AP	PPEAR, THAT I MA	AY BE HELD IN CO	SSCRIBED. I UNDERSTAND IMTEMPT OF COURT AND A	WARRANT	Photo
PP	FOR MY ARREST SHALL BE ISSUED.						Available
PEAR	Signature of Defendant (or Ju	venile and Parent/Custodian)			Date Signed		
	HOLD for Other Agency	Signature of Arresting Officer	# .]1	Name Verification (Printed by Arrest	cc))0 m 5:00
ļŝ	•	Name of Affesting Officer (Print)	<u>u</u>	LD.#	(PRINT)	, O.O.	28 AM 5:22
	Litake Deputy I.D. # Pouch	# Transporting officer <	S 1.0. #	856 Agency		17	PAGE 1 OF 1
	Winning 68th	THE STATE OF THE S	-13-6	BRPD	Witness here if subject signed with a	u *X*.	
È	I SART E STATE ATTORNEY	ACENTRAL	RECORDS	DAIL: C	CRIME ANALYSIS	LEPOND I	DEPENDANT
. ?".			SECTION STATES TO STATE	AND MARKET STATES			J

0532613 500,9 #850

	DBTS Number	PROBABLE CAU	ISE AFFIDAVIT		. Request for Wa I. Request for Ca	
	Agency ORI Number A	gency Name	Agency	Report Number		·
*		<u>BOCA RATON POLICE DEPART</u>	MENT 3	2 2022-0	008275	
1 1	Charge Type: 1. Felony	3. Misdemeanor 5. Ordinance		Special Note	4 :	
_	ss apply 2. Traffic Felony Name (Last, First, Middle)	4. Traffic Misdemeanor 6. Other			Race Sex	t Date of Birth
E	RIGGINS, KELSIE PAIG	iE			WF	02/20/1996
CH.	Charge Description ()		Charge Description			
Â	316.193(1) DÚI					
E	Charge Description		Charge Description			
_	Victim's Name (Last, First, Middle)		<u> </u>		Race Sex	Date of Birth
	STATE OF FLORIDA,				บบ	
c	Local Address (Street, Apt. Number)	(City) (State)	(Zip)	Phone		Address Source
$ \cdot $	100 NW 2ND AVE, BOCA F Business Address (Name, Street)		(Zip)	(561) 338 Phone	-1234	Occupation
M	ousiness multipas (Haine, Odeol)	(City) (State)	(2:p)	(561)		Occupation
H	The undersioned certifies and swears that	t he/she has just and resonable grounds to believe, and	does halieve that the above no		unitted the foll	lowing violation of law
	The Person taken into custody	t invalie has just and resonable grounds to believe, and	OGES Delieve that the above he	arried Deferidant Con-	whited the lon	iowing violation of izw.
	committed the below acts in my	y presence.	observed by	H-412-612-		who told
	admitting to the below facts.	M was	found to have committed the	_ /		d person committ the below acts. ny (described) investigation.
		June, 2022 at 01:43			-	
	Uay UI		(Opecinically include fact	o consudury caus	ac ioi airest	.,
PROBABLE CAUSE STATEMENT	Northbound on Federa at a solid green ligarrow, at which point through the intersect U-Turn to go Northbourd for this vehicle. It followed this vehicle Federal Hwy to attem Westbound turn onto I then activated my to a stop on NE 8th driver and sole occur in them informed Riggme. Riggins them stafforida's driver's I hand, dropped it, this insurance but could be bloodshot and gleand her not realized and her not realized became concerned the alcohol and/or a concerned the alcohol and/or a concerned the solutions of the vehicles are outside of her which a ske outside of her which a sk	proximately 0120 hours, I all Hwy approaching SE 3rd ght at SE 3rd St. My traffic at I observed this blue Do ation, going through a solution, going through a solution, going through a solution on Federal Hwy and cot should be noted that I is le, which I then saw was lapt a traffic stop, when NE 8th St from Federal Hwy are upant of the vehicle, idea in the state of the vehicle, idea in the state of the did not run any slicense, registration, and hen went to look for her not produce it. While species of the produce it. While species, and she was slurring that she ran two red late Riggins was possibly openically controlled substiguing then asked why, to we her to step outside against then asked why, to we a solid white line in a	St. I was factoric signal the odge vehicle in lid red light. In the observe wy against a smarked patrol and N Dixie Hwyntified by her red lights. I d insurance. Stregistration. The eaking with Righer speech. The ights within a perating a motance. I then a hich I replied ain, to which	ing South of gave me of slow de I then more affic sight of this satisfied with the satisfied red we hicle, which is the satisfied then asked then asked then affew minuter vehicles asked Rigging that I washe then	bound a gre own an ade an gnal w s vehi drivin me veh turn s and th made c be Ke lights ad her tried observ these tes of e whil gins to cas compli	on Federal Hwy en left turn d then proceed immediate as solid red cle. I then g Northbound on cicle make a signal. He vehicle came contact with the clair Riggins. In front of for her FL DL in her looking for her red her eyes to observations E each other, I Le impaired from o step outside med and stepped
H				- , ,		
4 D M -	SWORN AND SUBSCRIPED BEFORE	472	1/2	1/1×80		•
- Z	RADFORD, STEP	PHEN THOMAS	SIGNATURE OF	ARRESTING / INVES	STIGATING O	PFFICER
N-SFRAT-V	NOTARY PUBLIC / CLERK OF CO	OUR OFFICER (F.S.S. 117.10)	НУБОТЕСИ	DANIELLE M	ADTE	(856)
R	06/28/	2022		OF OFFICER (PLEA		
H	DAT			06/28/2022	<u> </u>	PAGE
E				DATE		1 of 3

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STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

-1	OBTS Number		PROBABLE CAUSE AFFIDAVI	T 1. Arrest	3. Request for Warrant		
٨			SUPPLEMENT	2. N.T.A.	4. Request for Capies	1 JUVEN	IILE
D	Agency ORI Number	Agency Name		Agency Report Number			
N	FL FL0500200 Charge Type: 1. Felony	3. Misdemeanor	DLICE DEPARTMENT 5. Ordinance	3 2 2022 Special			
	Charge Type: Check as many as apply. 1. Felony 2. Traffic Felony	4. Traffic Misdemeanor	=				
밀	Name (Last, First, Middle)		Alias		1	e of Birth	
Ē	RIGGINS, KELSIE PAI	<u>GE</u>		······································	WFO	2/20/1996	
			ling to perform a ser		_		l
-			r the influence of al				_
			n agreed to perform t				she
١	· ·		e insulin, she does n	_			Ì
			y medical issues, she		- /		
	-		ucation is a high scheany issues with her				ie
			s any issues with her s further advised she	_			
	-		dvised she had one be	_		<i>y</i>	.
			she wished to perform				
	_		each task, demonstrat				i i
- 1	she had any question		•				
							1
Р	The first task was	the Horizontal	Gaze Nystagmus. Afte	r explaining	the instr	uctions, 1	r
0	asked Riggins if sh	e understood.	She replied yes. I th	en asked if	she had any	y question	ns,
В	and she replied no.	I noticed dis	tinctive jerking in h	er eyes as s	she followed	d the tip	
В	of my pen both left	and right and	prior to 45 degrees.	There was a	a lack of s	mooth	
L	pursuit in both eye	s. Riggins was	also swaying while p	erforming th	his task.		1
_				y			
c			Turn. After explaining	-			.
Α			plied yes. I then ask egin the task, she to				
u s	-		ntinue the task until	_			- 1
Ε			"20" until she reache				
s	-	-	e then said, "You sai		•		l
T	missed heel-to-toe						
A T			V)'				ļ
E			to perform the One Le	-			1
M E			inue with different t				was
N			After I explained an ally showed me her ri				_
ľ	,		self and showed me sh	_			
		A 1	w what her index/poir				l l
			she missed the tip	_			
			she started using he				ir,
	then used her right	finger, also	missing the tip of he	er nose.			
	The fourth and fina	al task was the	Rhomberg Alphabet. I	Riggins advi:	sed she kne	w the	
			e it from A-Z without				1
		I Edcited the F	inglish alphabet with	out issue, b	ut was slur	ring her	
	speech. 507 "	າດວຽ					
	The Rhombert Nation	<i>(ULL</i> ce (estimate +)	nirty sequence) was no	t performed	because ac	cording to	,
_							
40%	SWORN AND SUBSCRIBED BEFORE	* 22		Mille	6 1		
"	(ERHEN THOMAS	SIGNAT	JRE OF ARRESTING / IN	VESTIGATING OFFICE	R	ľ
N I ST	NOTARY PUBLIS LCLERK OF		.10) LIADDI	SON, DANIELLE	E MARIE (856	S)	
RAT	06/28	/2022		NAME OF OFFICER (PL			
Į,	D/	ATE		06/28/20	22	\ 1	PAGE
Ę				DATE			2 0 = 3

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COURT STATE ATTORNEY CENTRAL RECORDS JAIL CRIME ANALYSIS P. I. O.

	OBTS Number		P	ROBABLE CAU	SE AFFIDAVIT		1. Arrest	3 Paguard	t for Warra	, []	
^				SUPPLEM	MENT		2. N.T.		t for Capia		JUVENILE
M	Agency ORI Number FL FL0500200	Agency Name ROCA RA	ATON POI	ICE DEPARTI	MENT	Agency Rep		22-0082	75		
N	Charge Type: 1. Felony	3. Misde		5. Ordinance	76/1/	<u> </u>		ial Notes:			
_	as apply. 2. Traffic Felony Name (Last, First, Middle)	4. Traffi	ic Misdemeanor	6. Other	·					Date of Birth	
D E F	RIGGINS, KELSIE PAI	GE		Alias				Race W	Sex F	02/20/1	1996
	Riggins, her thirty		s was di	fferent fro	m other pe	oples	th:	irty se	conc	ls. I be	gan to
	explain to her that				_	-				_	
	seconds. She then b	_	-	_				air bed	cause	thirty	<i>'</i>
	seconds is differen	t for e	veryone.	This task	was not be	SCIOLE	iea.				
	Based on the above	informa	tion, I p	placed Kels	ie Riggins	s unde	r ar	rest fo	or Di	μί. I th	ien
	handcuffed Riggins,		-								
	person and placed h			-							
	booking facility to operator. Upon arri		-				-	-			
	into the BAT room.	-									1
	Florida Implied Con	sent Wa	rnings, v	which she a	dvised she	unde	rsto	od. Ri	ggins	then a	igain
Р	refused to provide		-					,		•	7 '
R	Riggins advised she additional question					_			ed to	answei	: my
В	420000			-ccc -cpo-)				
A B	Kelsie Riggins is b										
L E	Riggins a DUI citat					. //					
	light at two separa for the traffic sto										
C	towing. Riggins was									,	
U					\						1
S E											
s											
TA											
Т	ł										
E M)							;
E		_									}
Т		7									
		^									
	(,								
	*	•									
	Y										
F	CIMODAL AND CHIPDODIDE		 ,			1	1	1			
ADM -	SWORN AND SUBSCRIBED BEFORE		771			De	US	81			
N	RADFORD, STE		OMAS ER(F.S.S. 117.10)		SIGNATU	RE OF ARR	ESTING /	INVESTIGAT	NG OFF	CER	
N-STRAT	NOTARY PUBLIC / CLERK OF C		ਲਾ (r.S.S. 117.10))				LE MARI		56)	
AT	06/28	/2022 TE		_				(PLEASE PRII	¥1)		PAGE
Ė						Ub	28/2 DATE				3 ∘ 3

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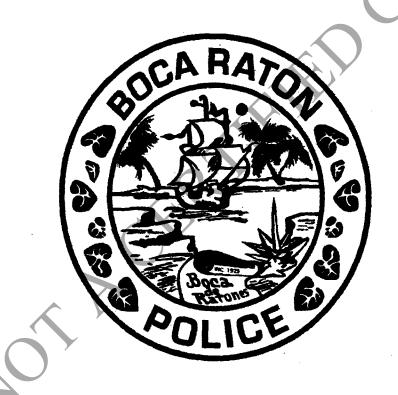
Allesting Ofc: Harrison

Breath tech: Price

1015 Time: 0143 ls

BRPD Case number: 22-8275

DUI INFLUENCE REPORT



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



BOCA RATON POLICE SERVICES DEPARTMENT DUI INFLUENCE REPORT - PART I

On the
On the
PERSONAL CONTACT
Driving Pattern: Ran 2 red lights
Observation of Driver: Shored speach, chapping items in hand
Sussivation of Briver.
Driver's Statement: Had one Griness and Son Along beer
Odors: Unknin aludoli bereze from break and person
CENTRE A CENTRAL EVONO
GENERAL OBSERVATIONS
Speech: Sturred
Attitude: Seferice
Clothing:
Medical Problems: More
Medications:
Other:

Horizontal Gaze Nystagmus:	
Left eye does not follow smoothly	Right eye does not follow smoothly
Left eye jerks at 45 degrees angle or less	Right eye jerks at 45 degrees angle or less
Distinct jerking left eye maximum deviation	Distinct jerking right eye maximum deviation
Can not do, Why?	·
Walk and turn:	
	Y
Can not do, Why?	
One leg stand:	Qu
- CD	
7	
Can not do, Why?	
Finger to nose:	
Can not do, Why?	
Alphabet (speech pattern):	
Can not do, Why?	
Breath/Blood test results: Refised	
State of Florida, County of Palm Beach,	(dota) h
Sworn and subscribed before me this	(date) by
Notary/Clerk of Court/ Officer (FSS 117.10)	Date
MASa	50 II . 3
Signature of Arresting Officer	Name of Officer (print)

ARRESTING OFFICER: H2	riga #856	
Name: Oh. Rosen	Phone # <u>561 - 368 - 1234</u>	
Address: 100 M Zwl A	re	
Can testify to: SFST's		
Name: or Priv	Phone #	_ Work #
Address:		, () y
Can testify to:		
Name:	Phone #	Work #
Address:		<u>}</u>
Can testify to:	Y	
·		
Name:	Phone #	_ Work #
Address:		
Can testify to:		
Name:	Phone #	
Address:		
Can testify to:		
Name:	Phone #	Work #
Address:		
Name: Address: Can testify to:		
Name:		•
Address:		
Can testify to:		

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BOCA RATON POLICE SERVICES DEPARTMENT DUI INFLUENCE REPORT - PART II

To be filled out at testing facility

Agency Case # 1022-00 827

I.	INTRODUCTION (Instrument Operator faces video camera)
	A. The day is Tuesday Twe , 28 , 287. (day) (month) (date) (year)
	B. The time is now approximately Olio
	C. The following is in reference to case number 70 22-006275.
	D. Present at this time is Homida of the Boca Raton Police Department. (Officer's Name)
	E. Officer Harison, have you arrested Kelvic Rissing 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?
	G. Mr./Mrs./169. 255. 3 , I am required to inform you these proceedings are being video recorded.
	Operator Note: Video record breath request, breath sample, and interview.

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.
В.	I am now requesting that you submit to a lawful test of your <u>URINE</u> 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 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 Signature: Read on Canera
Note:	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. Ciscos has refused to submit to a breath test.
	The date is, 28, 2022, and the time is O 221 MPM. (day) (year)
	A refusal form will be completed by the arresting officer.



BOCA RATON POLICE SERVICES DEPARTMENT TESTING FACILITY TASK REPORT

SUBJECT: Rissis Kelsie
CASE #: 22-8275 DATE: 6/28/22
BREATH TEST RESULTS
1) TIME Ref. AM/PM 2) TIME Ref. AM/PM
3) TIME AM/PM 4) TIME AM/PM
BREATH OPERATOR: Price
MAINTENANCE TECHNICIAN: Crawford
TESTING OFFICER'S OBSERVATIONS
SPEECH:
ATTITUDE:
CLOTHING:
MEDICAL CONDITION:
OTHER:
COMMENTS:
SCATION
CAMP
50'
<i>"</i>

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.

Time:

(7) Any statement can be and will be used against you in a court of law.

Read on Coner

Signed:

(8) Do you understand these rights as I have read them to you, and do you wish to speak to me?

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? MM/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?		
Can you feel the effects of alcohol?		
Have you consumed alcohol since the accident? Yes No	4	
Can you feel the effects of alcohol?	4	
Have you consumed alcohol since the accident? Yes No How much?	QY	
What?Where?	Y	
What line of work are you in?		
When did you last work?		
Do you have any physical defects or injuries? Yes \(\subsetent \) Yes \(\subsetent \) No If yes, explain:		
Are you sick or injured?		
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?		
Do you have: Epilepsy? Yes No Inner ear trouble? Yes		
Glass eye? Yes No Ear infection? Yes N	lo	
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	26 AMPM.	
and now ordered this video recording. The time is now approximately		

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

I, Et D. Harrison	, a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)	-, ,
am a member of Boxa Raton Folice (Name of law)	Deot , and I do swear
or affirm that on or about the day of	
DRIVER Kelsie Paige	Riggins , MAIDEN NAME LAST NAME ,
	Horde, was placed under lawful arrest for
the offense of	by de. D. He min and
issued Citation # AGLQIAE	(Name of Arresting Officer)
That on or about the 28 day of The	, 20 <u>2-2</u> , at <u>0223</u> P.M.
in Rah Beal County,	
and/or the presence of chemical or controlled substant test(s) would result in the suspension of his or her driv for a period of eighteen (18) months if his or her driv submit to a breath, urine or blood test. I also informed to submit to a lawful test as requested above if his refusal to submit to a lawful test of his or her breath, or she holds a CDL, or was operating a CMV, refusal License/driving privilege for a period of one (1) year previously been disqualified as a result of a refusal refused to submit to the test(s) requested.	for urine test to determine his or her blood alcohol level bees. I informed the driver that the refusal to submit to such ing privilege for a period of one (1) year for a first refusal, owing privilege had been previously suspended for refusing the driver that he or she commits a misdemeanor by refusing or her driving privilege has been previously suspended for urine, or blood. Additionally, I informed the driver that if he will result in the disqualification of the Commercial Driver in the case of a first refusal or permanently if he or she had to submit to any such lawful test. Nonetheless, the driver that if he will result in the disqualification of the Commercial Driver in the case of a first refusal or permanently if he or she had to submit to any such lawful test. Nonetheless, the driver that if he or she had to submit to any such lawful test. Nonetheless, the driver that if he or she had to submit to any such lawful test. Nonetheless, the driver that if he or she had to submit to any such lawful test. Nonetheless, the driver that if he or she had to submit to any such lawful test. Nonetheless, the driver that if he or she had to submit to any such lawful test. Nonetheless, the driver that if he or she had to submit to any such lawful test. Nonetheless, the driver that if he or she had to submit to any such lawful test.
	Signature of Affesting Officer
(AFFIX SEAL)	• •
The foregoing instrument was sworn and subscribed before	Title Orc Price
me this, 20,	Date 06/28/2022
who is personally known to me or who has produced as identification	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
Notary Public	appropriate copy of the UTC, and the probable cause affidavit.
HSMV-BAR1001 (REV. 10/2016)	

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: 06/28/2022

Date of Last Agency Inspection: 06/11/2022

Observation Period Began: 01:56 Subject's Name: KELSIE P RIGGINS

DOB: 02/20/1996 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	02:22	4) '
	Air Blank	0.000	02:22	
	Control Test	0.078	02:23	
	Air Blank	0.000	02:23	
	Subject Sample #1	REF*	02:23)
	Air Blank	0.000	02:24	
	Control Test	0.079	02:24	
	Air Blank	0.000	02:25	
	Diagnostics Check		02:25	
	* Subject Test Ref	peed		
Cylinder Lot: 15421080A1 Exp: 08/05/2023				
State of Florida, County of	Poln Bealth			
Personally appeared before m				onally known to me or ng placed under oath,
states:				
I DATHEL X PRICE				issued by the Florida
Department of Law Enforcemen				
accordance with Chapter 11D-	8, Florida Admini	strative Cod	le, and this form	is a true and accurate
report of that breath test.				
Breath Test Operator:			Date: <u>0</u> 6	120/2020
	Signatur	e		
Sworn to or affirmed befor	te me this $\frac{-28}{}$	day of	Tre, 202	.2
JUAN 1		Dit	zmin	

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.

Signature of Notary Public-State of Florida Printed Name of Notary Public-State of Florida

User: DPRICE

BOCA RATON POLICE DEPARTMENT

06/28/2022 02:03

Name: RIGGINS, KELSIE



Name: KELSIE RIGGINS

Home Phone:

Work:

Cell #: 401-391-9925

Alias:

DOB: 02/20/1996

Age: 26 Race: W

Sex: Female

Height: 5'02

Wgt: 130

Hair: BRO

Eye: GRE

POB:

SSN #:

Name #:

1344308

DL/ State: R252515965600,FL

Local #:

State Id:

FBI #:

Photo Date: 06/28/2022

NCIC:

Cautions:

Henry 1:

Henry 2:

Address History:

121 NE 3RD ST 908 FORT LAUDERDALE FL 33301

Employment History:

VINOS

SMT:

Physical Char:

Comments:



BOCA RATON POLICE SERVICES DEPARTMENT TELETYPE INFORMATION SHEET

	•			1/1/2	
Information Included	•	•	Date Requested:	6/18/22	
Drivers License		1	Case Number:	82 - 8275	-
☐ Vehicle Registration			11,000	CIU) LOS INC.	
☐ Wanted/Missing Perso	on Check	_H	ami50/1		856
Active Warrant(s)		Requ	nested by		110#
Complete Criminal Hi	story (including all above)	۔۔ لبسب	charles		1827
Confirmation of Warr		Disp	atcher		A-1974
Recovery Information	•		5 Done		708-1
Other:		Supe	ervisor		1D# '
Criminal History State ID# or FBI# FBT UFG 5AT NOM **This is for the Secondary Dissemination Log on the Intranet; to be used if the Criminal History is given to anyone outside of our agency who is entitled to Criminal History Information by FDLE. ** **** INFORMATION CONTAINED FROM NCIC/FCIC IS CONSIDERED CONFIDENTIAL AND NOT TO BE RELEASED UNLESS ENTITLED TO PER FDLE. ****					
Name, DOB, Race/Sex:					
WF	Kelsie Pal	ge	Riggins	2/20	11996
	<attach td="" te<=""><td>LETYPE</td><td>INFO HERE></td><td></td><td></td></attach>	LETYPE	INFO HERE>		



Palm Beach County Sheriff's Office - Arrests Only

	х	Florida State Statute	Description	Page Number(s)
		119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
ions		943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
L/E Exemptions		119.071(4)(c)	Undercover personnel.	
L/E E		119.071(2)(f)	Confidential informants (Cls).	
		119.071(2)(e)	Confession.	
ons		985.04(1)	Juvenile offender records.	
Public Info. Exemptions		119.071(h)(i)	Assets of a crime victim.	
fo. Exe		395.3025(7)(a), 456.057(7)(a)	Medical information.	
blic In		394.4615(7)	Mental health information.	
nd		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.	
		(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	
		(viii) 394.4615(7)	Clinical records under the Baker Act.	
of 23)		(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
(Rule	Ø	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	2
Florida Rules of Judicial Administration 2.420 (Rule of 23)				
l Administr				
es of Judicia				
Florida Rul				
Other		Article 1, Sub 16 (B)(5)	Other: Marsy's Law	
ð		>	Other:	

REVIEW COMPLETED BY

Booking Number: 2022016515		Date: 6/28/2022
		Specialist Name/ID: VARGO/6665