22CT18324ASB

ARREST / NOTICE TO APPEAR

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

ADMINISTRATION

OBTS Number:

Agency ORI Number: 0500400

Agency Name: Delray Beach Police Department

Agency Report Number (N.T.A.'s only): 40 | 22-013911

Charge Type: Check as many as apply — 1. Felony; 2. Traffic Felony; 3. Misdemeanor; 4. Traffic Misdemeanor; 5. Ordinance; 6. Other

If Weapon Seized: Enter Type: UNARMED

Multiple Clearance Indicator: 1

Location of Arrest (Including Name of Business): 1801 S FEDERAL HWY DELRAY BEACH FL 33444

Location of Offense (Business Name, Address): 1799 S FEDERAL HWY/E LINTON BLVD, DELRAY BEACH, FL

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
10/30/2022	02:35	10/30/2022	02:45	// : :		WEST WAY TOWING

DEFENDANT

Name (Last, First, Middle): KIM, RICHARD HYUN-IL

Alias (Name, DOB, Soc. Sec. #, Etc.): Alias:

Race (W - White, B - Black, I - American Indian, O - Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	M	10/03/1964	6'00	180	BRO	BRO	Light	Med

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description):

Marital Status: Religion: Ethnicity: Alcohol Influence: Yes / No / Unk. Drug Influence:

Local Address (Street, Apt. Number): 798 NE 71 ST, BOCA RATON, FL 33487 (City) (State) (Zip) Phone: Residence Type: 1. City 2. County 3. Florida 4. Out of State

Permanent Address (Street, Apt. Number): 798 NE 71 ST, BOCA RATON, FL 33487 (City) (State) (Zip) Phone: Address Source:

Business Address (Name, Street) (City) (State) (Zip) Phone: Occupation:

DL Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
K500740643630 / FL	[redacted]		Chicago, IL	US

CO-DEFT

Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	
				1. Arrested 2. At Large 3. Felony 4. Misdemeanor 5. Juvenile
				1. Arrested 2. At Large 3. Felony 4. Misdemeanor 5. Juvenile

JUVENILE

Parent / Other / Legal Custodian — Name (Last, First, Middle): LOR — Residence Phone

Address (Street, Apt. Number) (City) (State) (Zip) — Business Phone

Notified by: (Name) — Date — Time — JUVENILE DISPOSITION: 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated

Released To: (Name) — Relationship — Date — Time

The above address was provided by ☐ defendant and/or ☐ defendant's parents.
The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address.
☐ Yes, by: ☐ No:

School Attended — Grade

Property Crime? ☐ Yes ☒ No — Description of Property — Value of Property

CODE

Drug Activity: N. N/A; F. Possess; S. Sell; B. Buy; T. Traffic; R. Smuggle; D. Deliver; E. Use; K. Dispense/Distribute; M. Manufacture/Produce/Cultivate; Z. Other

Drug Type: N. N/A; A. Amphetamine; B. Barbiturate; C. Cocaine; E. Heroin; H. Hallucinogen; M. Marijuana; O. Opium/Deriv.; P. Paraphernalia/Equipment; S. Synthetic; U. Unknown; Z. Other

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #
DUI BREATH ALCOHOL .08 OR MORE PER 210L	316.193(1)(C)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
	N	/		1	☐ Y ☒ N		

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
		/			☐ Y ☐ N		

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
		/			☐ Y ☐ N		

INTAKE

Health / Apparent Physical Condition of Defendant: — Any knowledge of the following: ☐ Mental ☐ Escape Risk ☐ Medication ☐ Deformities ☐ Injuries — Explain:

Check which applies: ☐ Released O.R. ☐ Released to Parent/Guardian ☐ T.O.T. County Jail ☐ Posted Bond ☐ South County Mental Health

PROPERTY - Received By — Released By — Released To

Transported By — Date Transported // : : — Time Transported — Other

NOTICE TO APPEAR

☒ INSTRUCTION NO. 1 - Mandatory appearance in court
☐ INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.

Location (Court, Room): South County 200 W Atlantic Ave Delray Beach, FL 33444

Court Date and Time: 11/22/2022 08:30:00

I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.

Signature of Defendant (or Juvenile and Parent/Custodian) — Date Signed

No Photo Available

ADMIN

HOLD for Other Agency — Signature of Arresting Officer: MS — Name Verification (Printed by Arrestee) (PRINT)

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other

Intake Facility: Bonita — I.D. # 1825 — Pouch #

Name of Arresting Officer (Print): SMITH, MILTON ALEXANDER — I.D. # 1016

Transporting Officer: SMITH, M — I.D. # 1016 — Agency DBPD

Witness here if subject signed with an "X"

PAGE 1 OF 1

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0274165

SCANNED OCT 31 2022

2708

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 30th DAY OF October 20 22 AT 0154 ☑AM ☐PM

SUBJECT: Kim, Richard CASE NUMBER: 22-13911

AGENCY: Delray Beach Police Department ARRESTING OFFICER: M. Smith 1016

PERSONAL CONTACT

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

Defendant was involved in a motor vehicle accident at the intersection of S Federal Highway and E Linton Boulevard. Defendant's vehicle came to a final rest just south of 1801 S Federal Highway (Habit Burger). Delray Beach Fire Rescue (#22014259) responded and observed the defendant in the driver's seat of his Dark Blue SUV (FL/IEDP91).

OBSERVATION OF DRIVER:

Defendant was unstable on his feet while on scene. Defendant was slurring his word while speaking and had the odor of an unknown alcoholic beverage.

DRIVER'S STATEMENTS:

Defendant advised he had 2 margarita's while at a Halloween Party in Boca Raton. Defendant advised after he left the party he was heading home (Boca Raton) and ended up on the "Ave". Defendant was unsure if he was driving on Atlantic Avenue. Defendant said he last had the alcoholic drinks 2 hours prior.

ODORS:

Unknown odor of an alcoholic beverage.

GENERAL OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Cooperative

CLOTHING: black t-shirt, black jeans, blue shoes.

MEDICAL/OTHER: None

STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 30 day of Oct 20 22 by M. Smith

(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)

Notary Public State of Florida
Renee Ragin
My Commission GG 966418
Expires 03/05/2024

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SUBJECT: Kim, Richard **CASE NUMBER** 22-13911

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

- ☑ LT EYE-LACK OF SMOOTH PURSUIT
- ☑ RT EYE-LACK OF SMOOTH PURSUIT
- ☑ LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION
- ☑ RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION
- ☑ LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES
- ☑ RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

Other Observations:

Did not keep head still during HGN road sides. Had to instruct several times to keep head still.

WALK & TURN:

Defendant did not touch heel to toe on several steps. Defendant used arms to aid in balance. Did not remain in instructional phase position. On the first series defendant only took 8 steps.

ONE LEG STAND:

Used arms for balance. Put foot on the ground several times. Did not count as instructed.

FINGER TO NOSE:

Defendant did not keep his head back. Attempted to touch nose without being told to do so. Started counting while touching nose.

ROMBERG ALPHABET:

Opened eyes during roadside. Did not keep head tilted back as instructed. Did not recite the letter "Z" properly and recited "D" and then repeated the ending letters several times.

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BREATH TEST RESULTS: 1) .198 | 2) .197 | 3) | 4)

STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 30 day of Oct. 20 22 by M. Smith

(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)

Notary Public State of Florida
Renee Ragin
My Commission GG 966418
Expires 03/05/2024

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

PBSO CASE # 22-124250 PBSO ZONE 4-22

AGENCY CASE # 22-13911 CRASH CASE # 22-13911

TIME OF STOP/CRASH 0154 DATE 10/30/22 DAY Sunday

SUBJECT'S NAME Kim, Richard RACE A SEX M

HGT 600 WGT 180 DOB 10/3/64

LOCATION S Federal Hwy / E Linton Blvd

ARRESTING OFFICER'S NAME & ID Smith, M. 1016 AGENCY Delray Bch PD

DIVISION: _____

NOTIFIED BY COMMO Yes

ARRIVAL AT FACILITY 301

Arrest Time 0235

BREATH RESULTS:

1. .198
2. .197
3. N/A
4. N/A

TESTING OFFICER'S ID 16877

NOT A CERTIFIED COPY

SUBJECT: Kim, Richard H. 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 ***BLOOD*** for the purpose of determining its alcohol content and/or 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 refuse to take the test I have requested of you, your driving privilege will be suspended for a period of one (1) year for a FIRST REFUSAL, or eighteen (18) months if your driving privilege has been PREVIOUSLY SUSPENDED, or if you have been PREVIOUSLY FINED under s. 327.35215, for refusing to submit to a lawful test of your breath, urine or ***blood***. Refusal to submit to the test I have requested is admissible into evidence in any criminal proceeding.

Do you understand what I have just read to you? YES <or> NO Do you still refuse to submit to this test? YES <or> NO

NOTE: IF THE SUBJECT POSSESSES A COMMERCIAL DRIVER'S LICENSE (CDL), READ THE FOLLOWING,

If you are a Commercial Driver License (CDL) holder or were driving a Commercial Motor Vehicle (CMV), your refusal to submit to testing will result in the loss of your commercial driving privilege for a period of one year from today. If this is your SECOND REFUSAL, you will be permanently disqualified from holding a CDL or operating a CMV.

Do you understand what I have just read to you? YES <or> NO Do you still refuse to submit to this test? YES <or> NO

SUBJECTS 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)_____

NOT A CERTIFIED COPY

SUBJECT: Kill, Richard H. 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: _____

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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: 80-006238 Software: 8100.27
Date of Test: 10/30/2022

Date of Last Agency Inspection: 10/21/2022
Observation Period Began: 03:01
Subject's Name: RICHARD H KIM DOB: 10/03/1964 Sex: M

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	03:28
Air Blank	0.000	03:28
Control Test	0.078	03:29
Air Blank	0.000	03:29
Subject Sample #1	0.198	03:30
Air Blank	0.000	03:31
Air Blank	0.000	03:33
Subject Sample #2	0.197	03:34
Air Blank	0.000	03:34
Control Test	0.077	03:35
Air Blank	0.000	03:35
Diagnostics Check	OK	03:35

Cylinder Lot: 29821080A4
Exp: 12/05/2023

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: 10/30/22
Signature

Sworn to (or affirmed) before me this 30 day of Oct., 2022

_____ Ofc. M. Smith #1016
Signature of Notary Public-State of Florida Printed Name of Notary Public-State of Florida

Note: Pursuant to section 117.10, Florida Statutes, law enforcement officers, correctional officers, traffic accident investigation officers and traffic infraction enforcement officers are notaries public when engaged in the performance of official duties. In accordance with section 316.1934(5), F.S., this completed form is admissible without further authentication and is presumptive proof of the results herein. To be used in accordance with Section 316.1934(5), F.S., and in administrative proceedings pursuant to 322.2615, F.S.

FDLE/ATP FORM 38 - MARCH 2004, Ref. 11D-8.007

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WITNESS LIST

CASE NUMBER: 22-13911

ARRESTING OFFICER: M. Smith 1016

ADDRESS: 300 W Atlantic Ave Delray Beach Fl 33444

PHONE NUMBERS (HOME): _____ (WORK) 561-243-7888

CAN TESTIFY TO: Probable Cause

NAME: J. Kozak 1201

ADDRESS: 300 W Atlantic Ave Delray Beach Fl 33444

PHONE NUMBERS (HOME) \ _____ (WORK) 561-243-7800

CAN TESTIFY TO: Crash Investigation

NAME: Ofc. M. Cusson

ADDRESS 300 W Atlantic Ave Delray Beach Fl 33444

PHONE NUMBERS (HOME) _____ (WORK) 561-243-7800

CAN TESTIFY TO: Crash Investigation

NAME: Ofc. F. Umbriac

ADDRESS 300 W Atlantic Ave Delray Beach Fl 33444

PHONE NUMBERS (HOME) _____ (WORK) 561-243-7800

CAN TESTIFY TO: DUI PC

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: _____

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TESTING FACILITY TASK REPORT

AGENCY: DBPD

SUBJECT: Kim, Richard H.

CASE NUMBER: 22-124250

DATE: Oct 30, 2022

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 03:25

ENDING TIME: 03:44

BREATH TESTS RESULTS: 1) .198 TIME 03:30 A.M. ☒ P.M. ☐ 2) .197 TIME 03:34 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 TECHNICAN: Jason Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Calm, cooperative, polite

CLOTHING: Dark blue jeans, black t-shirt, black shoes

MEDICAL CONDITIONS: None

MEDICATIONS: None

OTHER:

Eyes are red
odor of unknown alcoholic beverage on breath
Subject stated in Q&A he had 2 Margarita drinks

COMMENTS:

Arrived at center A/O started 20 minute observation period at 03:01 hrs.

Subject agreed to perform breath test.

Tech read breath test results.
Subject stated he understood breath test results.

A/O read rights.
Subject stated he understood rights.

A/O conducted Q&A.
Subject answered Q&A.

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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	☐	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	☐	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	☐	119.071(4)(c)	Undercover personnel.	
	☐	119.071(2)(f)	Confidential informants (CIs).	
	☐	119.071(2)(e)	Confession.	
Public Info. Exemptions	☐	985.04(1)	Juvenile offender records.	
	☐	119.071(h)(i)	Assets of a crime victim.	
	☐	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	☐	394.4615(7)	Mental health information.	
	☐	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)	☒	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	☐	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	☐	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	☐	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	☐			
	☐			
	☐			
	☐			
	☐			
Other	☐		Other:	
	☐		Other:	

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REVIEW COMPLETED BY

Booking Number: 2022028377	**Date:** 10/30/2022
	Specialist Name/ID: Chantel Daniels/30347