☐ Marsy's Law CVI FL. Const. Art.1 § 16(b)

25CT7316

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

☐ Check if Supplement is Attached

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

OBTS Number | 1 | Juvenile: N

ADMINISTRATIVE

Agency ORI Number	Agency Name	Agency Report Number
FLO 5 0 0 0 0 0	PALM BEACH COUNTY SHERIFF'S OFFICE	0 6 - 25-057697 ( )

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

Multiple Clearance Indicator: 0 1

Location of Arrest (including Name of Business)	Location of Offense (Business Name, Address)
SW 66TH AVE / SW 3RD ST, BOCA RATON/FL/33428	SW 66TH AVE / SW 3RD ST, BOCA RATON/FL/33428

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
05/02/2025	0115					DRIVERS WORLD TOWING

DEFENDANT

Name (Last, First, Middle): Baranowski, Kaili,

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

Race (W - White, B - Black, I - American Indian, O -Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	F	3/29/1993	5'08	110	BLUE	BLOND	MED	SMALL

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description): none

Marital Status: Single | Religion: NONE | Indication of: Alcohol Influence, Drug Influence — Y ☒ N ☐ Unk ☒

Local Address (Street, Apt. Number) (City) (State) (Zip): 7829 Jewelwood Dr, Boynton Beach, FL 33437 | Mobile Phone: ( ) | Residence Type: 1. City 2. County 3. Florida 4. Out of State: 02

Permanent Address (Street, Apt. Number) (City) (State) (Zip): , | Phone: ( ) | Address Source: FL DL

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

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
B652500936090, FL	[redacted]		GRIFFITH, INDIANA	USA

CO-DEF

Co-Defendant (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 ☐ 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 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 (561) 355-6511) informed of any change of address. ☐ Yes, by: (Name) ☐ No (Reason) | School Attended | Grade

Property Crime? ☐ Yes ☐ No | Description of Property | Value of Property

CODE

Drug Activity: N. N/A, P. 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	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
DRIVING UNDER THE INFLUENCE (BAC OVER 0.15)	1	☐ Y ☒ N	316.193(4)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
N	N		25-057697		

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐ Y ☐ N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐ Y ☐ N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐ Y ☐ N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

SCANNED MAY 02 2025

FILED PBC - GUN CLUB '25 MAY 2 AM 7:39

NOTICE TO APPEAR

Location (Court, Room Number, Address): Criminal Justice Complex, 3228 Gun Club Road, West Palm Beach, FL 33406 - Ph: (561) 688-4600

Court Date and Time: Month MAY Day 29 Year 2025 Time 08:30 A.M. ☒ P.M. ☐

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: 05/02/2025

I consent to receive text reminders of court date(s) and times for this case by automated technology to the mobile number identified above. I understand that standard text message rates may apply, and that I may revoke this consent via the text message system if I choose. Signature

ADMIN

HOLD for other agency

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other:

Intake Deputy I.D. # Pouch #

Signature of Arresting Officer: x [signature] 9440

Name of Arresting Officer (Print): INV. W. AMADON I.D. #: 9440

Transporting Officer: INV. W. AMADON 9440 I.D. # Agency: PBSO

Name Verification (Printed by Arrestee) (PRINT)

Witness here if subject signed with an "X"

PAGE 1 OF 1

PBSO #0148 REV. 11/22 DISTRIBUTION: COURT COPY STATE ATTORNEY AGENCY AGENCY DEFENDANT (N.T.A.'s ONLY)

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D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 2ND DAY OF MAY 20 25, AT 0030 ✓AM PM

SUBJECT: Baranowski, Kaili, CASE NUMBER: 25-057697

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: INV. W. AMADON

PERSONAL CONTACT

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

On Friday May 2nd, 2025 I responded to the intersection of SW 66TH Ave and SW 3rd Street, located within Unicorporated Boca Raton, Palm Beach County Florida regarding a traffic stop, with a suspected impaired driver. Upon arrival I met with D/S M. Johnson, #7655 who provided me with a signed, sworn written supplemental probable cause affidavit stating: "I was on routine patrol when I observed a gray colored silver Ford Five Hundred bearing FL, tag pxb-h29 traveling northbound on SW 66th Ave in unincorporated Boca Raton, as I was driving directly in back of the vehicle, I observed the driver failing to maintain a single lane as he/she had almost just struck multiple parked vehicles on the side of the roadway. The vehicle then proceeded to make a U-turn on SW 66th to head back southbound. As the driver made the U-turn she proceeded to pull his/her vehicle off to the side of the roadway and stop. At that point, I activated my emergency lights to conduct a traffic stop and exited my vehicle. I made contact with the driver who was identified by her fl driver's license as Kaili Baranowski. While speaking with Kaili, I observed that her speech was slurred and that she had a strong odor of an unknown alcoholic beverage emitting from her breath. When asked if she had been drinking, Ms. Baranowski acknowledged that she had one drink."

OBSERVATION OF DRIVER:

I observed the defendant to be unsteady on her feet. I observed the defendant to have a noticeable orbital sway as she stood. I observed the defendant's clothing was properly worn. The defendant's eyes were red, glassy, and bloodshot. The defendant weaved as she walked from her vehicle to the front of mine. The defendant's movements were clumsy, slow, and uncoordinated.

DRIVER'S STATEMENTS:

The defendant denied taking any prescription medications. The defendant said [redacted]

ODORS:

I immediately detected the odor of an unknown alcoholic beverage emanating from the defendant's breath that intensified when the defendant spoke.

GENERAL OBSERVATIONS

SPEECH: **slow / slurred / deliberate**

ATTITUDE: **polite / respectful / apologetic**

CLOTHING: **black hoodie / black shirt / gray shorts / black boots**

MEDICAL/OTHER: **STATED NONE /**

NOT A CERTIFIED COPY

STATE OF FLORIDA
COUNTY OF PALM BEACH

INV. W. AMADON 9440
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 2nd day of MAY 20 25 by INV. W. AMADON

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

Renee Ragin (#16877)
Notary Public, Clerk of Court, Officer (F.S.S 117.10)

RENEE RAGIN
MY COMMISSION # HH 463620
EXPIRES: March 5, 2028

SUBJECT: Baranowski, Kaili, CASE NUMBER 25-057697

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

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

Other Observations:
The defendant had a noticeable orbital sway during this task.

WALK & TURN:

The defendant was placed into the instructional stance for the Walk and Turn Task, and told to remain in that position until I told her to move. The defendant was given instructions and a demonstration. The defendant moved from the instructional position prior to me telling her to move. The defendant started before the instructions were complete. The defendant missed heel to toe. The defendant stepped off the line. The defendant took an incorrect number of steps. The defendant stopped walking several times, and elected on her own to start over. The defendant never performed a turn. The defendant used her arms for balance. The defendant had a noticeable orbital sway during this task. The defendant then said she has always had trouble with balance, so we moved on to the next task.

ONE LEG STAND:

The defendant was placed into the instructional stance for the One Leg Stand Task, and told to remain in that position until I told her to move. The defendant was given instructions and a demonstration. The defendant put her foot down more than three times within approximately thirty seconds. The defendant used her arms for balance. The defendant swayed trying to maintain balance. The defendant stumbled several times, causing on scene Deputies to prevent her from falling down. The defendant had a noticeable orbital sway during this task.

FINGER TO NOSE:

The defendant was placed into the instructional stance for the Finger to Nose Task, and told to remain in that position until I told her to move. The defendant was given instructions and a demonstration. The defendant had to be reminded to keep her eyes closed. The defendant did not touch tip to tip as instructed. The defendant searched for her own nose with their finger. The defendant did not return her hand to the side of their body as instructed. The defendant had a noticeable orbital sway during this task.

ROMBERG ALPHABET:

The defendant was placed into the instructional stance for the Romberg Alphabet Task, and told to remain in that position until I told her to move. The defendant was given instructions and a demonstration. The defendant had to be reminded to keep her eyes closed. The defendant incorrectly recited the alphabet.

BREATH TEST RESULTS: 1) 0.206 | 2) 0.206 | 3) | 4)

NOT A CERTIFIED COPY

STATE OF FLORIDA
COUNTY OF PALM BEACH

INV. W. AMADON Inv W Amadon 9440
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 2nd day of MAY 20 25 by INV. W. AMADON

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

Renee Ragin (#16877)
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)

RENEE RAGIN
MY COMMISSION # HH 463620
EXPIRES: March 5, 2028

PROBABLE CAUSE AFFIDAVIT

ADMIN

OBTS Number:

1 Arrest 2 NTA 3 Request for Warrant 4 Request for Capias: 1

Juvenile:

Agency ORI Number: FLO 5 0 0 0 0 0 0

Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE

Agency Report Number: 25-057697

Charge Type (Check as many as apply): ☐ 1 Felony ☐ 2 Traffic Felony ☒ 3 Misdemeanor ☐ 4 Traffic Misdemeanor ☐ 5 Ordinance ☐ 6 Other

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
BARANOWSKI, KAILI		W	F	3/29/1993

CHARGES

Charge Description	Charge Description
DUI	
Charge Description	Charge Description

VICTIM

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
STATE OF FLORIDA			

Local Address (Street, Apt Number)	(City)	(State)	(Zip)	Phone	Address Source
				( )	

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

PROBABLE CAUSE STATEMENT

The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law
The Person taken into custody

☐ committed the below acts in my presence.
☐ was observed by _____ who told _____
☐ confessed to _____ admitting to the below facts.
☒ that he/she saw the arrested person commit the below acts.
was found to have committed the below acts, resulting from my (described) investigation.

On the 2ND day of MAY 20 25 at 0030HRS ☒ A.M. ☐ P.M. (Specifically include facts constituting cause for arrest.)

I WAS ON ROUTINE PATROL WHEN I OBSERVED A GRAY COLORED SILVER FORD FIVE HUNDRED BEARING FL, TAG PXB-H29 TRAVELING NORTHBOUND ON SW 66TH AVE IN UNINCORPORATED BOCA RATON. AS I WAS DRIVING DIRECTLY IN BACK OF THE VEHICLE, I OBSERVED THE DRIVER FAILING TO MAINTAIN A SINGLE LANE AS HE/SHE HAD ALMOST JUST STRUCK MULTIPLE PARKED VEHICLES ON THE SIDE OF THE ROADWAY. THE VEHICLE THEN PROCEEDED TO MAKE A U-TURN ON SW66TH TO HEAD BACK SOUTHBOUND. AS THE DRIVER MADE THE U-TURN SHE PROCEEDED TO PULL HIS/HER VEHICLE OFF TO THE SIDE OF THE ROADWAY AND STOP. AT THAT POINT, I ACTIVATED MY EMERGENCY LIGHTS TO CONDUCT A TRAFFIC STOP AND EXITED MY VEHICLE. I MADE CONTACT WITH THE DRIVER WHO WAS IDENTIFIED BY HER FL DRIVERS LICENSE AS KAILI BARANOWSKI. WHILE SPEAKING WITH KAILI, I OBSERVED THAT HER SPEECH WAS SLURRED AND THAT SHE HAD A STRONG ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE EMITTING FROM HER BREATH. WHEN ASKED IF SHE HAD BEEN DRINKING, MS. BARANOWSKI ACKNOWLEDGED [redacted] D/S AMADON #9440 FROM OUR TRAFFIC UNIT WAS NOTIFIED IN REFERENCE TO MY FINDINGS AND RESPONDED TO THE SCENE IN ORDER TO CONDUCT A D.U.I. INVESIGATION.

ADMINISTRATIVE

STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting /Investigative Officer) 7655

The foregoing instrument was sworn to or affirmed and subscribed before me this 2ND day of MAY 20 25 by D/S M. JOHNSON #7655

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

Notary Public, Clerk of Court, Officer (F.S.S) 117.10) INV W AMADON INV W Amadon

PAGE 1 OF 1

PBSO #0004A REV. 03/10 DISTRIBUTION WHITE – Court Copy GREEN – State Attorney YELLOW – Agency PINK – Agency

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TESTING FACILITY TASK REPORT

AGENCY: PBSO

SUBJECT: Baranowski, Kaili

CASE NUMBER: 25-057697

DATE: May 2, 2025

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 02:27

ENDING TIME: 02:38

BREATH TESTS RESULTS: 1) .206 TIME 02:31 A.M. ☒ P.M. ☐ 2) .206 TIME 02:34 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: Talkative, crying, fidgety, agitated

CLOTHING: Black shirt, black hoodie, black boots

MEDICAL CONDITIONS: None

MEDICATIONS: None

OTHER:

Eyes are glassy & red
Odor of unknown alcoholic beverage on breath

COMMENTS:

Arrived at center A/O started 20 minute observation period at 02:05 hrs.

Subject agreed to perform breath test.

A/O read rights.
Subject acknowledge she understood rights.

Tech read breath test results.
Subject acknowledge she understood breath test results.

A/O ask if she was going to sign the DUI citation.
Subject stated yes.

A/O attempted Q&A.
Subject refused to answer Q&A.

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PALM BEACH COUNTY
SHERIFF'S OFFICE
SHERIFF RIC L. BRADSHAW

DUI Breath Implied Consent

NOT APPLICABLE WITH VOLUNTARY CONSENT

DEFENDANT'S NAME: _____ CASE NO: _____

DATE OF ARREST: _____ TIME OF ARREST: _____

I am now requesting that you submit to a lawful test of your **BREATH** for the purpose of determining its alcohol content.

Will you take the test? YES____ NO____

NOTE: *READ ONLY IF THE ANSWER TO THE ABOVE IS "NO"*

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. Additionally, if you refuse to take the test I have requested of you, and if your driving privilege has been previously suspended, or if you have been previously fined under s. 327.35215, for a refusal to submit to a lawful test of your breath, urine, or blood, you will be committing a misdemeanor, in addition to any other penalties which can be imposed by law. 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_____ NO_____

Do you still refuse to submit to this test? YES_____ NO_____

NOTE: *IF THE SUBJECT POSSESSES A COMMERCIAL DRIVER LICENSE (CDL), READ THE FOLLOWING, REGARDLESS OF WHETHER THE SUBJECT IS OPERATING A COMMERCIAL MOTOR VEHICLE (CMV)*

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_____ NO_____

Do you still refuse to submit to this test? YES_____ NO_____

Date read: _____ Time read: _____ Location read: _____

LAW ENFORCEMENT OFFICER NAME (printed): _____ ID: _____

LAW ENFORCEMENT OFFICER SIGNATURE: _____

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

FORM #0126BR REV 08/24

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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: _____

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

PBSO CASE # **25-057697** PBSO ZONE **7-43**

AGENCY CASE # _____ CRASH CASE # _____

TIME OF STOP/CRASH **0030** DATE **05/02/2025** DAY **Friday**

SUBJECT'S NAME **Baranowski, Kaili,** RACE **W** SEX **F**

HGT **5'08** WGT **120** DOB **3/29/1993**

LOCATION **SW 66TH AVE / SW 3RD ST, BOCA RATON/FL/33428**

ARRESTING OFFICER'S NAME & ID **INV. W. AMADON (9440)** AGENCY **Palm Beach County Sheriff's Office**

DIVISION: **DUI ENFORCEMENT**

NOTIFIED BY COMMO **YES**

ARRIVAL AT FACILITY **0205**

ARREST TIME **0115**

BREATH RESULTS:

1) .206
2) .206
3)
4)

TESTING OFFICER'S ID **16877** PBSO VIDEOTAPE # N/A

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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 COUNTY SO
Instrument Serial Number: 80-006240 Software: 8100.27
Date of Test: 05/02/2025

Date of Last Agency Inspection: 04/25/2025
Observation Period Began: 02:05
Subject's Name: KAILI BARANOWSKI DOB: 03/29/1993 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	02:29
Air Blank	0.000	02:30
Control Test	0.081	02:30
Air Blank	0.000	02:31
Subject Sample #1	0.206	02:31
Air Blank	0.000	02:32
Air Blank	0.000	02:34
Subject Sample #2	0.206	02:34
Air Blank	0.000	02:35
Control Test	0.081	02:35
Air Blank	0.000	02:36
Diagnostics Check	OK	02:36

Cylinder Lot: 32324080A2
Exp: 12/05/2026

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: 05-02-25
Signature

Sworn to (or affirmed) before me this 02 day of May, 2025

_____ Inv. W. Amadon #9440
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: 25-057697

ARRESTING OFFICER: INV. W. AMADON

ADDRESS: 3228 GUN CLUB ROAD / WEST PALM BEACH / FL / 33406

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

CAN TESTIFY TO: DUI INVESTIGATION

NAME: D/S M. JOHNSON #7655

ADDRESS: 3228 GUN CLUB ROAD / WEST PALM BEACH / FL / 33406

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

CAN TESTIFY TO: TRAFFIC STOP / WHEEL WITNESS / INDICATORS OF IMPAIRMENT

NAME: INV. K. NOEL #7660

ADDRESS 3228 GUN CLUB ROAD / WEST PALM BEACH / FL / 33406

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

CAN TESTIFY TO: BACK UP / SCENE SECURITY

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: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NOT A CERTIFIED COPY

Palm Beach County Sheriff's Office

Florida State Statute Exemption Sheet

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	☐	119.071(4)(c)	Undercover personnel	
	☒	119.071(2)(e)	Confession	3 & 5
Public Info. Exemptions	☐	FL Const. Art. I, s. 16(b)(5)	Marsy's Law – victim information shall be redacted. The term "victim" also includes the victim's lawful representative, the parent or guardian of a minor, or the next of kin of a homicide victim. The term "victim" does not include the accused (ref. page 99 of the CRTM for additional information)	
	☐	119.071(2)(j)	Home/employment telephone number, home/employment address, or personal assets of a person who has been the victim of sexual battery, aggravated child abuse, aggravated stalking, harassment, aggravated battery or domestic violence	
	☐	119.0712(2)	Personal information contained in a motor vehicle record	
	☒	316.650(11)	Driver information contained in a uniform traffic citation	12-13
	☐	119.071(4)(d)2.a.	Home addresses, telephone numbers, dates of birth, and photographs of active/former LE personnel, spouses, and children	
Florida Rules of Judicial Administration 2.420	☒	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers	2
	☐	(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	☐			
	☐			
	☐			
	☐			

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Booking Number: 2025011484	**Date:** 5/2/2025
	Specialist Name/ID#: T. Howard/7185