0351534 23CF9150 mB 2628

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

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

Juvenile: N

ADMINISTRATIVE

OBTS Number:

Agency ORI Number: FLO 5 0 2 6 0 0

Agency Name: PALM BEACH GARDENS POLICE DEPARTMENT

Agency Report Number: 78 - 23005437

Charge Type: Check as many as apply. [X] 1. Felony [ ] 2. Traffic Felony [ ] 3. Misdemeanor [X] 4. Traffic Misdemeanor [ ] 5. Ordinance [ ] 6. Other

Weapon Seized / Type: 2 (1. Yes 2. No)

Multiple Clearance Indicator:

Location of Arrest (Including Name of Business): 1507 15TH LN, PALM BEACH GARDENS, FL 33410

Location of Offense (Business Name, Address): 1507 15TH LN, PALM BEACH GARDENS, FL, 33410

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
10/25/2023	21:07					1507 15TH LN, PBG, FL

DEFENDANT

Name (Last, First, Middle): GERHARDT, KAITLYN , ALEXANDRA

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

Race (W - White I - American Indian B - Black 0- Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	F	09/13/1987	5'6	155	GRN	BLN	LGT	MED

Scars, Marks, Tatoos, Unique Physcal Features (Location, Type, Description):

Marital Status: SINGLE | Religion: NOT STATED | Indication of: Alcohol Influence [Y] Drug Influence [Y] | N [ ] [ ] | Unk. [ ] [ ]

Local Address (Street, Apt. Number) (City) (State) (Zip): 1507 15TH LANE PALM BEACH GARDENS, FL 33418

Phone: (561) 800-7795

Residence Type: 1. City 2. County 3. Florida 4. Out of State: 1

Permanent Address (Street, Apt. Number) (City) (State) (Zip): 1507 15TH LANE PALM BEACH GARDENS, FL 33418

Phone:

Address Source: VERBAL

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

Phone:

Occupation:

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
G663-501-87-833-0 FL	[redacted]		PALM BEACH GARDENS, FL	US

CO-DEF

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

Co-Defendant Name (Last, First, Middle): | Race | Sex | Date of Birth | [ ] 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 provided by [ ] defendant and / or [ ] 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. [ ] 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. Synthetics U. Unknown Z. Other

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #	Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
DRIVING UNDER THE INFLUENCE	1	[ ] Y [X] N	316.193(1)(A)		N	N	REFUSAL			O R
DUI REFUSAL W/ PRIOR REFUSAL	1	[ ] Y [X] N	316.1939(1)		N	N				
NEGLECT CHILD W/O BODILY HARM	1	[ ] Y [X] N	827.03(2)([illegible])		N	N				
		[ ] Y [ ] N								

NOTICE TO APPEAR

Location (Court, Room Number, Address): TO BE SET

Court Date and Time: Month Day Year Time AM PM

FILED PBC - GUN CLUB-- '23 OCT 25 AM 5:06

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: 10/25/2023

ADMIN

HOLD for other Agency Name:

[ ] Dangerous [ ] Resisted Arrest [ ] Suicidal [ ] Other:

Intake Deputy: [illegible] ID # [illegible] Pouch #

Signature of Arresting Officer: X

Name of Arresting Officer (Print): A. FLINK I.D. #: 514

Transporting Officer: OFC. FLINK ID #: 514 Agency: PBGPD

Name Verification (Printed by Arrestee): OCT 26 AM 1:06

(PRINT)

Witness here if subject signed with an -X"

PAGE 1 OF 1

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PROBABLE CAUSE AFFIDAVIT

OBTS Number:

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

ADMIN

Agency ORI Number	Agency Name	Agency Report Number
FL FL0502600	Palm Beach Gardens Police Department	7 | 8 23-005437

Charge Type: Check as many as apply.
- [X] 1. Felony
- [ ] 2. Traffic Felony
- [ ] 3. Misdemeanor
- [X] 4. Traffic Misdemeanor
- [ ] 5. Ordinance
- [ ] 6. Other

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
GERHARDT, KAITLYN ALEXANDRA	GERHARDT, KAITLYN	W	F	09/13/1987

CHARGES

Charge Description	Charge Description
316.193(1)(A) DUI - NORMAL FACULTIES IMPAIRED	316.1939(1) REFUSE TO SUBMIT TO SOBRIETY TEST
827.03(2)(C) NEGLECT CHILD W/O BODILY HARM	

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 . . .

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

On the 25 day of October, 2023 at 21:01 (Specifically include facts constituting cause for arrest.)

On 10/25/2023 at approximately 2101 hours, this Officer arrived in the area of 1507 15th Ln, PBG, FL, to assist Ofc Smith 489 and Ofc Borgela 534 with an investigation. Body worn camera and in car video were used.

Officers were originally dispatched to the location in regard to a suspicious inicdent. Karen Sweit (RP) called dispatch to advise a woman missing. Sweit said her neighbor, Kaitlyn Gerhardt (OF) went to get pizza and Gerhardt`s vehicle was on and running with pizza inside. Sweit described the vehicle as a red Jeep Compass (IW64VQ/FL). Sweit further advised Gerhardt`s [redacted] Juvenile (VI), was at the residence. Sweit said her and Juvenile attempted to call Gerhardt, however, calls went to voicemail. Sweit again said she tried to open the vehicle door, which was locked. Juvenile advised Gerhardt never went inside the residence. Ofc Borgela located Gerhardt in the driver seat slumped over to the right, unconscious, while the vehicle was on and running. Ofc Borgela and Ofc Smith conducted a welfare check on Gerhardt, to ensure she was not sick or injured. Officers requested Fire Rescue precautionary to assist.

This Officer arrived and viewed Gerhardt in the driver seat. This Officer observed Gerhardt to have red watery eyes, low droopy eyelids, flushed red face, slow slurred speech, and the strong obvious odor of an unknown alcoholic beverage emanating from her breath at conversational distance. This Officer asked Gerhardt why she was sleeping in the vehicle, to which she said "I made a mistake". Gerhardt indicated she lived at the location and was not going anywhere nor coming from anywhere. Gerhardt denied consuming alcohol, controlled substances, prescriptions, nor Cannabis on this night. This Officer determined this was not a medical emergency and cancelled Fire Rescue`s response.

Based on this Officer`s observations, this Officer expressed concern to Gerhardt that she was under the influence while in actual phyiscal control of a vehicle. Gerhardt

NOT A CERTIFIED COPY

ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117.10)

JOSHUA BELL
Notary Public - State of Florida
Commission # HH 418882
My Comm. Expires Jul 9, 2027
Bonded through National Notary Assn.

10/25/2023
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

FLINK, ANDREW S (514)
NAME OF OFFICER (PLEASE PRINT)

10/25/2023
DATE

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

ADMIN

OBTS Number

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

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

1

JUVENILE

Agency ORI Number	Agency Name	Agency Report Number
FL FL0502600	Palm Beach Gardens Police Department	7 | 8 | 23-005437

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
GERHARDT, KAITLYN ALEXANDRA	GERHARDT, KAITLYN	W	F	09/13/1987

PROBABLE CAUSE STATEMENT

then asked if she could just walk inside. This Officer refused Gerhardt`s request to walk inside, rather this Officer requested Gerhardt participate in Standardized Field Sobriety Exercises, to which she said she was not driving. This Officer then reminded Gerhardt she was in actual physical control of the vehicle and explained same to her. Gerhardt continued to argue about not driving and refused to do the exercises. This Officer advised Gerhardt of her Taylor Warnings, to which she again said she was just sitting there.

This Officer again explained actual physical control to Gerhardt and asked her to exit the vehicle to do exercises. Gerhardt continued to argue about wanting to go inside her residence. This Officer commanded Gerhardt two more times to exit the vehicle, to which she eventually complied before Ofc Hearn 563 had to remove her from the vehicle. Gerhardt was then immediately placed under arrest at 2107 hours.

It should be noted, while in her intoxicated state and as the sole cargiver to Juvenile, Gerhardt departed the residence and failed to return without police intervention. Gerhardt failed to provide Juvenile with proper supervision and being in such an impaired state, proper care necessary to maintain the child`s mental and physical health.

At PBSO BAT this Officer requested Gerhardt provide a breath sample for the purpose of determining its alcohol content to which she refused. This Officer read Florida Implied Consent to Gerhardt to which she acknowledged and again refused at 2222 hours. It should be noted Gerhardt has a prior sobriety test refusal on 07/30/2023. Lastly, this is Gerhardt`s third DUI arrest from PBGPD this year alone.

Based on the results of this investigation, this Officer has probable cause to charge Kaitlyn Gerhardt with driving under the influence, in violation of FSS 316.193(1)(A). Gerhardt also knowingly refused a lawful sobriety test, with a prior refusal, in violation of FSS 316.1939(1). Lastly, Gerhardt neglected [redacted], without bodily harm, in violation of FSS 827.03(2)(C).

This Officer provided notice to the Department of Children and Families, via online portal.

NOT A CERTIFIED COPY

ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117.10)

10/25/2023
DATE

JOSHUA BELL
Notary Public - State of Florida
Commission # HH 418882
My Comm. Expires Jul 9, 2027
Bonded through National Notary Assn.

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

FLINK, ANDREW S (514)
NAME OF OFFICER (PLEASE PRINT)

10/25/2023
DATE

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

PALM BEACH GARDENS POLICE DEPARTMENT
DUI TESTING FACILITY INFORMATION SHEET

PBSO Case #: 23-122812 PBSO Zone: 3-13

Agency Case #: 23005437 Crash Case #: _____

Incident Information:

Time of Stop/Crash: 2048 Date of Incident: 10/25/2023 Day: WEDNESDAY

Location of Incident: 1507 15TH LN, PALM BEACH GARDENS, FL, 33410

Arrest Information:

Time of Arrest: 21:07 Date of Arrest: 10/25/2023 Day: WEDNESDAY

Location of Arrest: 1507 15TH LN, PALM BEACH GARDENS, FL 33410

Subject's Name: (L) GERHARDT, (F) KAITLYN, (M) ALEXANDRA

DOB: 09/13/1987 Race: W Sex: F Height: 5'6 Weight: 155 Hair BLN Eye GRN

Address: 1507 15TH LANE PALM BEACH GARDENS, FL 33418 Phone: (561) 800-7795

Arresting Officer's Name: A. FLINK ID#: 514

Agency: PBGPD Division: TRAFFIC UNIT ☐ Marcy's Law CVI FL Const. Art. 1 § 16(b)

Breath Results

1) _____ at _____ hrs.
2) REFUSED hrs.
3) _____ hrs.
4) _____ at _____ hrs.

---BAT Use---

BAT Notified: YES

Arrival Time at BAT: 2155

Subject Arrest Time: 21:07

Breath Test Operator: BELL 8656
PBSO

NOT A CERTIFIED COPY

23005437

STATE OF FLORIDA
AFFIDAVIT OF REFUSAL TO SUBMIT TO
BREATH TEST

I, A. FLINK, a duly certified Law Enforcement or Correctional Officer, am a
(Name of Officer reading Implied Consent Warning)
member of PALM BEACH GARDENS POLICE DEPARTMENT, and I do swear
(Name of Law Enforcement Agency)
or affirm that on or about the 25TH day of OCTOBER, 20 23, at 21:07 ☑P.M. ☐A.M.
DRIVER KAITLYN ALEXANDRA GERHARDT,
FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME
DL # G663-501-87-833-0, state of FL, was placed under lawful arrest for
the offense of DRIVING UNDER THE INFLUENCE by A. FLINK and
(Name of Arresting Officer)
issued citation # AINN77E.

That on or about the 25TH day of OCTOBER, 20 23, at 2222 ☑P.M. ☐A.M.

in PALM BEACH County,

I requested that the driver submit to a **BREATH** test for the purpose of determining its alcohol content. I informed the driver that the refusal to submit to such test would result in the suspension of his or her driving privilege for a period of one (1) year for a first refusal, or for a period of eighteen (18) months if his or her driving privilege had been previously suspended, or if he or she had been previously fined under s. 327.35215, F.S., for refusing to submit to a breath, urine, or blood test. I also informed the driver that he or she commits a misdemeanor by refusing to submit to a lawful test as requested above if his or her driving privilege has been previously suspended, or if he or she has been previously fined under s. 327.35215, F.S., for refusal to submit to a lawful test of his or her breath, urine, or blood. Nonetheless, the driver refused to submit to the test requested.

Signature of Law Enforcement Officer or Correctional Officer

THE AFFIDAVIT MUST BE NOTARIZED OR ATTESTED TO (s. 117.10, F.S.)

JOSHUA BELL
Notary Public - State of Florida
Commission # HH 418882
My Comm. Expires Jul 9, 2027
Bonded through National Notary Assn.

(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before me this 25TH day of OCTOBER, 20 23, by A. FLINK, who is personally known to me or who has produced known as identification.

Notary Public

The foregoing instrument was sworn and subscribed before me:

Signature of Attesting Officer

Title

Date 10/25/2023

Note: Mail or hand deliver to the designated Bureau of Administrative Reviews office, Department of Highway Safety and Motor Vehicles, with the driver's license, the appropriate copy of the UTC, and the probable cause affidavit.

NOT A CERTIFIED COPY

EFFECTIVE OCTOBER 1, 2021

SUBJECT: Gerhardt, Kaitlyn Alexandra 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 determining the presence of chemical or controlled substances.

NOTE: READ ONLY IF THE SUBJECT DOES NOT COMPLY WITH YOUR REQUEST.

I am Ofc Link of the TPSO

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 <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) _____ 12/6/22

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

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

SUBJECT: Garcia, Kaitlyn Alexandra 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 determining the presence of chemical or controlled substances.

NOTE: READ ONLY IF THE SUBJECT DOES NOT COMPLY WITH YOUR REQUEST.

I am Cpl Fink of the TPD(FL)

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.

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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) [signature] 12/6/22

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) [signature]

NOT A CERTIFIED COPY

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

SUBJECT: Gerhardt, Kaitlyn Alexandra 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: CFC. A. Flink #514

NOT A CERTIFIED COPY

SUBJECT: Gerhardt, Kaitlyn Alexandra 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: OFC. A. Flink #514

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	
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	
	☐	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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REVIEW COMPLETED BY

Booking Number: 2023028214	**Date:** 10/26/2023
	Specialist Name/ID#: C.Daniels 30347