05630035 25CF9142 MB 44

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

OBTS Number

ARREST / NOTICE TO APPEAR

☐ Check If Supplement Is Attached
1. Arrest 3. Request for Warrant
2. N.T.A. 4. Request for Capias

1

Juvenile ☐

ADMINISTRATIVE

Agency ORI Number	Agency Name	Agency Report Number (N.T.A.'s only)
0500400	Delray Beach Police Department	40 25-012869

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: 2

Location of Arrest (Including Name of Business)	Location of Offense (Business Name, Address)
LAKE IDA RD./BARWICK RD.	4300 LAKE IDA RD, DELRAY BEACH, FL. 33445

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
11/15/2025	21:54	11/15/2025	22:04	11/15/2025	22:05	IMPOUNDED

DEFENDANT

Name (Last, First, Middle): URBINA DIAZ, KAYLA ASHLEY

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	F	03/12/1988	5'06	165	BLU	BLN	LGT	MEDIUM

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

Marital Status: O

Religion: NONE

Indication of: Alcohol Influence ☐ Y ☐ N ☐ Unk; Drug Influence ☐ Y ☐ N ☐ Unk

Local Address (Street, Apt. Number) (City) (State) (Zip): 14074 PACIFIC POINT PL, DELRAY BEACH, FL 33484

Mobile Phone:

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

Permanent Address (Street, Apt. Number) (City) (State) (Zip): 14074 PACIFIC POINT PL, DELRAY BEACH, FL 33484

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
U615501885920 / FL	[redacted]		Boynton Beach FL	US

CO-DEF

Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	
				☐ 1. Arrested ☐ 2. At Large ☐ 3. Felony ☐ 4. Misdemeanor ☐ 6. Juvenile
				☐ 1. Arrested ☐ 2. At Large ☐ 3. Felony ☐ 4. Misdemeanor ☐ 6. Juvenile

JUVENILE

☐ Parent ☐ Legal Custodian ☐ Other:

Name (Last) (First) (Middle): (1) NO BOND

Residence Phone:

Address (Street, Apt. Number) (City) (State) (Zip): (2) 258

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

CHARGES

Drug Activity: ☐ No 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 Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #	Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
DUI-SERIOUS BODILY INJURY TO ANOTHER	1	☐ Y ☒ N	316.193(3)(C)(2)		N		1			
REFUSAL TO SUMIT TO BAL TEST	1	☐ Y ☒ N	316.1939(1) D		N		1			
		☐ Y ☐ N					/			
		☐ Y ☐ N					/			
		☐ Y ☐ N					/			

Location (Court, Room Number, Address):

Court Date and Time: Month Day Year Time 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

[redacted] 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

HOLD for Other Agency

Signature of Arresting Officer

Name Verification (Printed by Arrestee) (PRINT)

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other

Name of Arresting Officer (Print): WALKER, MASON I.D. # 1305

Witness here if subject signed with an "X".

Issuing Deputy I.D. # Pouch #

Transporting Officer: WALKER, M. I.D. # 1305 Agency DPBD

PAGE 1 OF 1

SO#0148 REV. 10/22

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SCANNED NOV 15 2025

PROBABLE CAUSE AFFIDAVIT

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

ADMIN

OBTS Number:

Agency ORI Number: FL 0500400 | Agency Name: DELRAY BEACH POLICE DEPARTMENT | Agency Report Number: 4 | 0 | 25-012869

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): URBINA DIAZ, KAYLA ASHLEY | Alias | Race: W | Sex: F | Date of Birth: 03/12/1988

CHARGES

Charge Description: 316.193(3)(C)(2) DUI-SERIOUS BODILY INJURY TO ANOTHER

Charge Description:

Charge Description:

Charge Description:

VICTIM

Victim's Name (Last, First, Middle): ALCIUS, NANGUENS | Race: B | Sex: M | Date of Birth: 06/27/1974

Local Address (Street, Apt. Number) (City) (State) (Zip): 5041 NW 5TH ST, DELRAY BEACH, FL 33445 | 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 resonable 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.

☐ confessed to _____ admitting to the below facts.

☐ was observed by _____ who told _____ that he/she saw the arrested person committ the below acts.

☒ was found to have committed the below acts, resulting from my (described) investigation.

On the 15 day of November, 2025 at 20:50 (Specifically include facts constituting cause for arrest.)

The following incident took place in the City of Delray Beach, Palm Beach County, Florida.

On 11/15/25 at approximately 2030 hours I responded to the intersection of Lake Ida Rd. and Barwick Rd. in reference to a DUI/DWI investigation for the subject responsible for a traffic crash involving 3 vehicles and serious bodily injury.

The three vehicles involved were a white Mercedes GLE bearing FL tag (DM00NL), a red Chevrolet pickup bearing FL tag (CJ8446) and a white Honda Accord bearing FL tag (FKHL53). 2 passengers from the red Chevrolet, Nanguens Alcius and Louis Raymond were seriously injured resulting in trauma alerts and transported to DMC.

The traffic accident was being investigated by CSO Dos Santos, Ofc. Tabares, Ofc. Williams and Sgt. Saraceni.

The subject I responded to investigate was Kayla Urbina and she was placed at fault for the crash.

Ofc. Pena advised he asked Urbina if she was involved as soon as he arrived at the scene of the accident, She said yes, he asked what vehicle and she gestured toward the white Mercedes GLE class bearing FL tag (DM00NL). Ofc. Pena then asked if she was driving and she said yes. All captured on BWC.

Upon arrival I met with the subject Kayla Urbina, who was being evaluated by Delray Beach Fire Rescue, she declined any medical transport. Upon personal contact Urbina had extremely bloodshot eyes and was slurring her words throughout my interaction with her. She told responding firefighters she had been drinking and when I asked her she refused to say how much.

NOT A CERTIFIED COPY

ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

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

DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

WALKER, MASON (1305)
NAME OF OFFICER (PLEASE PRINT)

11/15/2025
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 0500400	DELRAY BEACH POLICE DEPARTMENT	4 | 0 | 25-012869

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
URBINA DIAZ, KAYLA ASHLEY		W	F	03/12/1988

PROBABLE CAUSE STATEMENT

I requested Urbina to perform roadside tasks to which she declined, I gave her Taylor warnings. I then placed her into custody to be transported to the county BAT.

Upon arrival to Palm Beach County BAT facility at approximately 2121 hours a 20-minute observation period of Urbina began. During the observation period Urbina did not place anything in her mouth and did not throw up. Following that I requested a breath alcohol test to which Urbina refused, I then read implied consent, after understanding she still refused at 2200 hours.

Upon completion of testing at the PBCJ BAT she was transported to JFK North where she was medically cleared to proceed back to PBCJ and Ofc. Tabares and Sgt. Saraceni served a warrant for blood draw of Urbina for the purposes of determining its alcohol content.

Based on the above facts probable cause exists to charge Kayla Urbina with F.S.S 316.1939(1) refusal to submit to a BAL test and F.S.S. 316.193(3)(C)(2) DUI with serious bodily injury to another.

NOT A CERTIFIED COPY

ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

M. Saraceni #858

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

11-16-25

DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

WALKER, MASON (1305)

NAME OF OFFICER (PLEASE PRINT)

11/15/2025

DATE

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

PROBABLE CAUSE AFFIDAVIT

ADMIN

OBTS Number:

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 0500400	DELRAY BEACH POLICE DEPARTMENT	4 1 0 25-012869

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

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
URBINA DIAZ, KAYLA ASHLEY		W	F	03/12/1988

CHARGES

Charge Description	Charge Description
316.193(3)(C)(2) DUI-SERIOUS BODILY INJURY TO ANOTHER	
Charge Description	Charge Description

VICTIM

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
RAYMOND, LOUIS JEAN	B	M	04/07/1957

Local Address (Street, Apt. Number) (City) (State) (Zip)	Phone	Address Source
535 NW 50TH AVE, DELRAY BEACH, FL 33445	(561) 501-9673	SELF
Business Address (Name, Street) (City) (State) (Zip)	**Phone**	**Occupation**
		N/A

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.
☐ confessed to _____ admitting to the below facts.
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NOT A CERTIFIED COPY

ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

Y. Saraceni 858

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

11-16-25

DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

WALKER, MASON (1305)

NAME OF OFFICER (PLEASE PRINT)

11/15/2025

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 0500400	DELRAY BEACH POLICE DEPARTMENT	40 25-012869

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

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
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NOT A CERTIFIED COPY

ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

M. Saraceni #778

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

11/16/25

DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

WALKER, MASON (1305)

NAME OF OFFICER (PLEASE PRINT)

11/15/2025

DATE

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

PROBABLE CAUSE AFFIDAVIT

OBTS Number:

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

JUVENILE:

ADMIN

Agency ORI Number	Agency Name	Agency Report Number
FL 0500400	DELRAY BEACH POLICE DEPARTMENT	40 25-012869

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Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
URBINA DIAZ, KAYLA ASHLEY		W	F	03/12/1988

CHARGES

Charge Description	Charge Description
316.1939(1) REFUSAL TO SUMIT TO BAL TEST	

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

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NOT A CERTIFIED COPY

ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

M. Saraceni 353

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

11-16-25

DATE

SIGNATURE OF SWEARING / INVESTIGATING OFFICER

WALKER, MASON (1305)

NAME OF OFFICER (PLEASE PRINT)

11/15/2025

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 0500400	DELRAY BEACH POLICE DEPARTMENT	4 0 25-012869

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
URBINA DIAZ, KAYLA ASHLEY		W	F	03/12/1988

PROBABLE CAUSE STATEMENT

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Based on the above facts probable cause exists to charge Kayla Urbina with F.S.S 316.1939(1) refusal to submit to a BAL test and F.S.S. 316.193(3)(C)(2) DUI with serious bodily injury to another.

NOT A CERTIFIED COPY

ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

898 M. Saraceni 898

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

11/15/25

DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

WALKER, MASON (1305)

NAME OF OFFICER (PLEASE PRINT)

11/15/2025

DATE

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

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 11 DAY OF November 20 25, AT 2008 hours ☐AM ☑PM

SUBJECT: Kayla A. Urbina Diaz CASE NUMBER: 25-012864

AGENCY: Delray Beach ARRESTING OFFICER: Ofc. Walker, Mason

PERSONAL CONTACT

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

Not observed, see CSO Dos Santos investigation of the accident.

OBSERVATION OF DRIVER:

Bloodshot eyes and slurred words.

DRIVER'S STATEMENTS:

Stated she had been drinking but would not provide any further information.

ODORS:

Odor of alcohol from breath.

GENERAL OBSERVATIONS

SPEECH: Slurred

ATTITUDE: cooperative, quiet.

CLOTHING: Normal.

MEDICAL/OTHER: Medical clearance was obtained after BAT samples.

STATE OF FLORIDA
COUNTY OF PALM BEACH

walker 1307
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 16 day of Nov. 20 25 by Ofc. M Walker

(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)

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

NOT A CERTIFIED COPY

SUBJECT: Kayla A. Urbina Diaz **CASE NUMBER** 25-008235

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:

Refused.

WALK & TURN:

Refused.

ONE LEG STAND:

Refused.

FINGER TO NOSE:

Refused.

ROMBERG ALPHABET:

Refused.

BREATH TEST RESULTS: 1) REFUSED | 2) N/A | 3) N/A | 4) N/A

STATE OF FLORIDA
COUNTY OF PALM BEACH

Walker 1306
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 16 day of Nov 20 25 by Ofc. M Walker

(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)

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

NOT A CERTIFIED COPY

WITNESS LIST

CASE NUMBER: 25-008235

ARRESTING OFFICER: Ofc. Walker, Mason

ADDRESS: 300 W Atlantic Ave. Delray Beach, FL 33444

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

CAN TESTIFY TO: arresting/processing/testing/transport

NAME: Sgt. Saraceni

ADDRESS: 300 W Atlantic Ave. Delray Beach, FL 33444

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

CAN TESTIFY TO: warrant, blood draw, on scene investigation,

NAME: Ofc. Tabares

ADDRESS 300 W Atlantic Ave. Delray Beach, FL 33444

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

CAN TESTIFY TO: warrant, blood draw, on scene investigation,

NAME: CSO Dos Santos

ADDRESS 300 W Atlantic Ave. Delray Beach, FL 33444

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

CAN TESTIFY TO: Crash investigation.

NAME: Ofc. Pena

ADDRESS 300 W Atlantic Ave. Delray Beach, FL 33444

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

CAN TESTIFY TO: Wheel witness (statement from driver)

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
DUI TESTING FACILITY
INFORMATION SHEET

PBSO CASE # 25-116475 PBSO ZONE 4-11

AGENCY CASE # 25-012869 CRASH CASE # _____

TIME OF STOP/CRASH 2008 DATE 11/15/25 DAY Saturday

SUBJECT'S NAME Kayla A. Urbina Diaz RACE White SEX Female

HGT 5'-08" WGT 165 DOB 03/12/1988

LOCATION Lake Ida Rd./Barwick Rd.

ARRESTING OFFICER'S NAME & ID Walker, M. #1305 AGENCY Delray Beach

DIVISION: _____

NOTIFIED BY COMMO N

ARRIVAL AT FACILITY 2121

ARREST TIME 2050

BREATH RESULTS:

1) _____

2) REFUSED

3) _____

4) _____

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

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STATE OF FLORIDA
AFFIDAVIT OF REFUSAL TO SUBMIT TO
BREATH TEST

I, OFC walker, Melvin 1305, a duly certified Law Enforcement or Correctional Officer, am a
(Name of Officer reading Implied Consent Warning)
member of Delray Beach Police Department, and I do swear
(Name of Law Enforcement Agency)
or affirm that on or about the 15 day of November, 20 25, at 2200 ☒P.M. ☐A.M.
DRIVER Kayla A. Urbina Diaz,
FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME
DL # U615501885920, state of Florida, was placed under lawful arrest for
the offense of D.U.I. ☒ 316.193(1) by OFC walker M. 1305 and
(Name of Arresting Officer)
issued citation # ALJ2BHE, ALJ2BIE
That on or about the 15 day of NOV, 2025, at 2200 ☒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, and that he or she commits a misdemeanor of the second degree by so refusing. Additionally, 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 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, and that he or she commits a misdemeanor of the first degree by so refusing. 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.)

RENEE RAGIN
MY COMMISSION # HH 463620
EXPIRES: March 5, 2028
(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before me this 16 day of Nov, 20 25, by Ofc M. Walker, who is personally known to me or who has produced _____ as identification.

Notary Public _____

The foregoing instrument was sworn and subscribed before me:

Signature of Attesting Officer

Title _____

Date _____

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.

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EFFECTIVE OCTOBER 1, 2025

TESTING FACILITY TASK REPORT

AGENCY: DBPD

SUBJECT: Urbina Diaz, Kaya A.

CASE NUMBER: 25-116475

DATE: Nov 15, 2025

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 21:58

ENDING TIME: 22:02

BREATH TESTS RESULTS: 1) Refused TIME 22:00 A.M.☐ P.M.☒ 2) N/A TIME ——— 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, crying, slow

CLOTHING: Black shorts, white tank top, white sneakers

MEDICAL CONDITIONS: High blood-pressure

MEDICATIONS: Yes

REFUSED

OTHER:

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

COMMENTS:

Arrived at center A/O started 20 minute observation period at 21:21 hrs.

Subject refused to perform breath test.

A/O read I/C and subject stated she understood I/C.

Subject refused to take test.

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

REFUSED

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

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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: Urbina Diaz, Kayla A. CASE NO: _____

DATE OF ARREST: 11/25/25 TIME OF ARREST: 20:50

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. Additionally, if you refuse to take the test I have requested of you, you will be committing a misdemeanor of the SECOND DEGREE if this is your first refusal, in addition to any other penalties which can be imposed by law. 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, your driving privilege will be suspended for a period of eighteen (18) months. Additionally, you will be committing a misdemeanor of the FIRST DEGREE, 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)*

In addition, if you hold a Commercial Driver's License (CDL), or were driving a Commercial Motor Vehicle (CMV), your refusal to submit to testing will result in the loss of your commercial driving privileges for one year from today. If this is your second refusal, you will be permanently disqualified from operating a Commercial Motor Vehicle (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: 11/15/25 Time read: 21:59 Location read: BAT

LAW ENFORCEMENT OFFICER NAME (printed): Ofc. M. Walker ID: 1305

LAW ENFORCEMENT OFFICER SIGNATURE: _____

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

FORM #0126BR REV 09/25

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SUBJECT: Urbina Diaz, Kayla A. 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

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: 2025030712	**Date:** 11/16/2025
	Specialist Name/ID#: C.Daniels 30347