25CT2505ANB
0555928

#1809

ARREST / NOTICE TO APPEAR

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

1 JUVENILE N

ADMINISTRATION

OBTS Number					
Agency ORI Number: 0501600	Agency Name: JUNO BEACH POLICE DEPARTMENT			Agency Report Number (N.T.A. Only): 06 52 25-000076	
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 Clearances Indicator
Location of Arrest (Including Name of Business): 1900 BLK DONALD ROSS RD, JUNO BEACH, FL 33408				Location of Offense (Business Name, Address): 1900 BLK DONALD ROSS RD, JUNO BEACH, FL 33408	
Date of Arrest: 02/13/2025	Time of Arrest: 0008	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle

DEFENDANT

Name (Last, First, Middle): HLAVATY, KELLY, SPENCER — Alias: — Alias (Name, DOB, Soc. Sec. #, Etc.)

Race: W - White, I - American Indian, B - Black, O - Oriental/Asian	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	F	11/27/1983	5'02	120	GRN	BLONDE	LIGHT	SMALL

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) | Marital Status: MARRIED | Religion: CHRISTIAN | Indication of Alcohol Influence: Yes ☒ No ☐ Unk. ☐ | Drug Influence: ☐

Local Address (Street, Apt. Number) (City) (State) (Zip): 6038 ROBINSON ST, JUPITER, FL, 33458 | Phone: 561-379-7140 | Residence Type: 1. City 3. Mobile 2. County 4. Out of State: 1

Permanent Address (Street, Apt. Number) (City) (State) (Zip): 6038 ROBINSON ST, JUPITER, FL, 33458 | 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
H413517839270: FL	[redacted]		WEST PALM BEACH, FL	US

CO-DEFENDANT

Co-Defendant Name (Last, First, Middle)	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 ☐ Other: ☐ Legal Custodian — Name (Last, First, Middle) — Residence Phone

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

$1,000

Notified by: (Name) — Date — Time — JUVENILE DISPOSITION: 1. Handled Pursuant to 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, Inc ☐ No

School Attended — Grade

Property Taken? ☐ 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, U. Use, K. Dispense/Distribute, M. Manufacture/Produce/Cultivate, Z. Other

Drug Type: N. N/A, A. Amphetamine, B. Barbiturate, C. Cocaine, 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 #
DRIVING UNDER THE INFLUENCE	316.193(1)(A)	

Drug Activity	Drug Type	Amount Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
NO	NO	N/A	1	1	☐ Y ■ N	N/A	

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.F. County Jail ☐ Posted Bond ☐ South County Mental Health — PROPERTY - Received By — Released By — Other

FILED PBC - GUN CLUB '25 FEB 13 AM 8:03

Transported By — Date Transported — Time Transported

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): NORTH COUNTY COURTHOUSE, RM 1203
Court Date and Time: 03/19/2025 0830 HOURS

No Photo Available

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 WILFULLY 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

ADMIN

HOLD for Other Agency — Signature of Arresting Officer: 315 — Name Verification (Printed by Arrestee): FEB 13 AM 2:44

☐ Dangerous ☐ Revised Arrest ☐ Suicidal ☐ Other

Name of Arresting Officer (Print): ROBINSON — I.D. #: 315 — (PRINT)

Intake Deputy: Cpl Hallock 7206 — Pouch #

Transporting Officer: ROBINSON — I.D. #: 315 — Agency: JBPD

Witness here if subject signed with an "X".

PAGE 1 OF 1

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

SCANNED

FEB 13 2025

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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 FL0501600 | Agency Name: JUNO BEACH POLICE DEPT | Agency Report Number: 25-000076

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

Special Notes:

OFF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
HLAVATY, KELLY SPENCER		W	F	11/27/1983

CHARGES

Charge Description	Charge Description
316.193(1)(A) DUI - NORMAL FACULTIES IMPAIRED	
Charge Description	Charge Description

VICTIM

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

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.

☐ confessed to _____ admitting to the below facts.

☐ was observed by _____ who told _____ 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 13 day of February, 2025 at 01:07 (Specifically include facts constituting cause for arrest.)

On February 12, 2025, at approximately 2352 hours, I responded to Officer Jeffrey Klein (ID 302) to assist with a traffic stop on the Donald Ross Bridge (1900 BLK Donald Ross Rd., Juno Beach, FL). Upon arrival, Ofc. Klein advised that he suspected the driver to be under the influence of alcohol. At this point, I took over as the primary officer.

When I approached the vehicle, I could immediately detect a strong odor of an alcoholic beverage coming from the vehicle. I spoke with the driver of the vehicle, who identified herself as Kelly Hlavaty (W/F 11/27/1983), as she spoke, Hlavaty emitted the odor of an alcoholic beverage coming from her breath. Hlavaty had bloodshot and glossy eyes, she spoke with a slurred speech, and advised she was driving home from a "girl`s night" and that she consumed "one and a half glasses of wine". I requested that Hlavaty exit the vehicle and walk the front of the patrol vehicle, as she did, she stumbled as she walked.

I advised Hlavaty that based on my observations and what I was told by Officer Klein, I requested that Hlavaty perform the standardized field sobriety exercises. Hlavaty refused at first, so I advised Hlavaty of the Taylor warnings. Hlavaty was advised that if she refused to perform the field sobriety exercises then I would be forced to make an arrest decision on my observations thus far. At this point Hlavaty agreed to the field sobriety exercises. I explained and demonstrated the exercises. All exercises were performed in a well-lit and flat surface. Due to being on the bridge, there was a slight slope to the ground. My observations are as follows:

Horizontal gaze nystagmus: While in the starting position, Hlavaty swayed from side to side as she stood. Hlavaty had a lack of smooth pursuit in both eyes, distinct and sustained nystagmus at maximum deviation in both eyes, and distinct and sustained nystagmus prior to 45 degrees in both eyes. Additionally, Hlavaty struggled to follow the stimulus at all. When she did follow the stimulus, Hlavaty moved her head to follow

NOT A CERTIFIED COPY

ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

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

09/13/25
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 - 315

ROBINSON, DAVIS (315)
NAME OF OFFICER (PLEASE PRINT)

02/13/2025
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: FL FL0501600	Agency Name: JUNO BEACH POLICE DEPT	Agency Report Number: 25-000076		
	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): HLAVATY, KELLY SPENCER	Alias	Race: W	Sex: F	Date of Birth: 11/27/1983

PROBABLE CAUSE STATEMENT

the stimulus, rather than just her eyes.

Walk and turn: Hlavaty would not remain in the starting position while I explained the exercise. When instructed to place her left foot on the line with her right foot directly in front of her left, Hlavaty placed her right foot off to the side of her left foot, even after she was specifically instructed and shown how to stand. After the entire instruction and demonstration, Hlavaty began crying and could not perform the exercise.

At this point, I had probable cause to arrest Hlavaty for driving under the influence pursuant to FSS 316.193(1)(A).

NOT A CERTIFIED COPY

ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

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

02/13/25
DATE

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

315
SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

ROBINSON, DAVIS (315)
NAME OF OFFICER (PLEASE PRINT)

02/13/2025
DATE

SUBJECT: 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: _____

NOT A CERTIFIED COPY

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

DUI Breath Implied Consent

NOT APPLICABLE WITH VOLUNTARY CONSENT

DEFENDANT'S NAME: [illegible] CASE NO: [illegible]

DATE OF ARREST: 02/12/25 TIME OF ARREST: [illegible]

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 X

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.

*Original

Do you understand what I have just read to you? YES X NO____

Do you still refuse to submit to this test? YES X 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: 02/12/25 Time read: 0120 Location read: PBSO BHT

LAW ENFORCEMENT OFFICER NAME (printed): D. Rolnick ID: 315

LAW ENFORCEMENT OFFICER SIGNATURE: _____

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

FORM #0126BR REV 08/24

NOT A CERTIFIED COPY

SUBJECT: Hlavaty, Kelly Spencer CASE NUMBER: [illegible] 76

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. D. Robinson #315

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

PBSO #0129C REV. 9/93

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Clerk Copy

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

DUI Breath Implied Consent

NOT APPLICABLE WITH VOLUNTARY CONSENT

DEFENDANT'S NAME: Hravaty, Kelly Spencer CASE NO: 25-000076

DATE OF ARREST: 02/13/25 TIME OF ARREST: 00:08

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 X

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 X NO____

Do you still refuse to submit to this test? YES X 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: 02/13/25 Time read: 0120 Location read: PBSO BAT

LAW ENFORCEMENT OFFICER NAME (printed): D. Robinson ID: 315

LAW ENFORCEMENT OFFICER SIGNATURE: [signature]

Dark Copy

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

FORM #0126BR REV 08/24

TESTING FACILITY TASK REPORT

AGENCY: JBPD

SUBJECT: HLAVATY, KELLY SPENCER

CASE NUMBER: 25-033676

DATE: Feb 13, 2025

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 0119

ENDING TIME: 0122

BREATH TESTS RESULTS: 1) R TIME 0121 A.M. ☒ P.M. ☐ 2) XX TIME XX A.M. ☐ P.M. ☐

REFUSED

3) XX TIME XX A.M. ☐ P.M. ☐ 4) XX TIME XX A.M. ☐ P.M. ☐

BREATH OPERATOR: JOSHUA J BELL #8656

MAINTENANCE TECHNICAN: J. KARLECKE #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: COOPERATIVE

CLOTHING: PINK LONG SLEEVE SHIRT, PINK SHORTS, SILVER HEELS

MEDICAL CONDITIONS: UNKNOWN

MEDICATIONS: UNKNOWN

OTHER:

EYES: GLASSY

COMMENTS:

ARRIVED AT DUI TESTING FACILITY AND BEGAN THE 20 MINUTE OBSERVATION AT 0054 HOURS

SUBJECT STATED SHE WOULD NOT TAKE BREATH TEST

A/O READ I.C
SUBJECT STATED SHE UNDERSTOOD I.C
SUBJECT AGAIN STATED SHE WOULD NOT TAKE BREATH TEST

REFUSAL TIME 0121 HOURS

A/O READ RIGHTS
SUBJECT STATED SHE UNDERSTOOD HER RIGHTS

SUBJECT INVOKED HER RIGHTS

Q AND A NOT CONDUCTED

REFUSED

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

PBSO CASE # 25-033676 PBSO ZONE 3-13

AGENCY CASE # 25-000076 CRASH CASE # _____

TIME OF STOP/CRASH 2352 DATE 02/12/2025 DAY WEDNESDAY

SUBJECT'S NAME KELLY HLAVATY RACE WHITE SEX FEMALE

HGT 5'02 WGT 120 DOB 11/27/1983

LOCATION 1900 BLK DONALD ROSS RD, JUNO BEACH, FL 33408

ARRESTING OFFICER'S NAME & ID ROBINSON 315 AGENCY JUNO BEACH

DIVISION: _____ NOTIFIED BY COMMO _____

ARRIVAL AT FACILITY 0054

BREATH RESULTS: Arrest Time 0008

1. _____
2. _____
3. REFUSED
4. _____

TESTING OFFICER'S ID BELL 8656

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STATE OF FLORIDA

AFFIDAVIT OF REFUSAL TO SUBMIT TO

BREATH TEST

I, Officer DAVIS ROBINSON, a duly certified Law Enforcement Officer or Correctional Officer,
(Person reading Implied Consent Warning)

am a member of Juno Beach Police Department, and I do swear
(Name of enforcement agency)

or affirm that on or about the THIRTEENTH day of February, 2025, at 1:43 AM

DRIVER (Type or Print) KELLY (FIRST) SPENCER (MIDDLE OR MAIDEN) HLAVATY (LAST),

DL # H413517839270, state of FL, was placed under lawful arrest for

the offense of DUI by Officer DAVIS ROBINSON and
(Name of Arresting Officer)

issued Citation # AJD7C3E.

That on or about the THIRTEENTH day of February, 2025, at 1:21 AM

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.

FOR

Signature of Law Enforcement Officer or Corrctional 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 13 day of February, 2025, by Ofc. Robinson 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

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

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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