50-2025-CT-001805ASB

JF 0555668 ## 634

ARREST / NOTICE TO APPEAR

1. Arrest (No Warrant) 3. Request for Warrant
6. Arrest (Warrant) 4. Request for Capias
2. N.T.A. 5. Juvenile Referral

1 JUVENILE N

ADMINISTRATION

OBTS Number

Agency ORI Number: 0500200

Agency Name: Boca Raton Police Department

Agency Report Number (N.T.A.'s only): 3 2 2025-001324

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

Location of Arrest (Including Name of Business): 5099 JOG RD, BOCA RATON, FL 33434

Location of Offense (Business Name, Address): 5099 JOG RD, BOCA RATON, FL 33434

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
02/01/2025	23:32					

DEFENDANT

Name (Last, First, Middle): SUMMAS, KIMBERLY LYANNE

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

Race (W - White, I - American Indian, B - Black, Q - Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	F	07/17/1971	5'08	140	UNKNOWN BLUE	BLONDE	LIGHT	Medium

Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description): TATT R HIP; TATT L WRIST; TATT L SHOULDER BCH M

Marital Status: | Religion: CATHOLIC

Indication of Alcohol Influence: Yes ☒ No ☐ Unk. ☐ Drug Influence

Local Address (Street, Apt. Number) (City) (State) (Zip): 299 SW 8TH TER, BOCA RATON, FL 33486

Phone: (561) 866-6639

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

Permanent Address (Street, Apt. Number) (City) (State) (Zip): 299 SW 8TH TER, BOCA RATON, FL 33486

Phone: (561) 866-6639

Address Source

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

Phone:

Occupation

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
S520512717571 / FL	[redacted]		Alexandria, Virginia	US

CO-DEF

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

JUVENILE

☐ Parent ☐ Other: ☐ Legal Custodian

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 Department and Released 2. TOT JAC 3. Incarcerated

Released To: (Name) Relationship | Date | Time

The above address was provided by ☐ defendant and/or ☐ defendant's parents.
The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address.

☐ Yes, by: ☐ No

School Attended | Grade

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

CODE

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

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

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #
DUI- PROPERTY DAMAGE/ INJURY TO PROPERTY OR PERSON ENHANCED	316.193(3C1)	

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

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #

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

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #

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

INTAKE

Health / Apparent Physical Condition of Defendant

Any knowledge of the following: ☐ Mental ☐ Escape Risk ☐ Medication ☐ Deformities ☐ Injuries

Explain:

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

PROPERTY - Received By | Released By | Released To

Transported By | Date Transported | Time Transported | Other

NOTICE TO APPEAR

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

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

Court Date and Time: 03/03/2025 08:30:00

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

No Photo Available

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

ADMIN.

HOLD for Other Agency

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other

Signature of Arresting Officer: 904

Name of Arresting Officer (Print): FISHER, D. J. I.D. # 904

Name Verification (Printed by Arrestee) (PRINT): FEB 2 AM 6:54

Witness here if subject signed with an "X".

Booking Deputy I.D. # Pouch #

Transporting Officer: MILLER I.D. # 722 Agency BSO

PAGE 1 OF 1

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FILED PBC - GUN CLUB
'25 FEB 3 AM 8:21

PROBABLE CAUSE AFFIDAVIT

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

ADMIN

OBTS Number:

Agency ORI Number: FL FL0500200 | Agency Name: BOCA RATON POLICE DEPARTMENT | Agency Report Number: 3 | 2 | 2025-001324

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
SUMMAS, KIMBERLY LYANNE		W	F	07/17/1971

CHARGES

Charge Description	Charge Description
316.193(3C1).. DUI (INJURY TO PERSON OR PROPERTY) (4TH OR	
Charge Description	Charge Description

VICTIM

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

Local Address (Street, Apt. Number) (City) (State) (Zip)	Phone	Address Source
100 NW 2ND AVE, BOCA RATON, FL 33432	(561) 338-1234	
Business Address (Name, Street) (City) (State) (Zip)	**Phone**	**Occupation**
	(561) 338-1234	

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 committ the below acts.

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

On the 1 day of February, 2025 at 23:32 (Specifically include facts constituting cause for arrest.)

On 02/01/2025 at approximately 2233 hours, I was dispatched to 5099 Jog Rd in reference to a traffic crash without injury. Upon my arrival, Officer Mendoza was completing a traffic crash investigation. I observed the driver of the white Jeep bearing FL tag BY71GM standing outside of the vehicle.

The other driver involved, Danny Jeune, provided Officer Keener with a sworn statment explaining how he observed Summas as the driver of her vehicle.

I approached the driver, Kimberly Summas, asked if she had given her license to Officer Mendoza, I noticed her eyelids were droopy, her speech was slow and thick and I smelled a strong odor of alcohol emanating from her breath. Once the traffic crash investigation was complete. Based on the totality of the circumstances, I suspected that Summas may have been operating a motor vehicle within the state while impaired by alcohol and/or chemical or controlled substances. I informed Summas that I was now beginning my criminal investigation for driving under the influence. I proceeded to read Summas her constitutional warnings (Miranda) from my department issued Miranda warnings card and she advised that she understood.

I asked Summaz where she was coming from, and she stated a friend`s house. After asking her what she was doing at a friend`s house she advised that there was a party. I asked Summas how much she had to drink and she stated, "a little bit." I asked Summas what she meant by that and she followed with "what do you think" and then stated "too much."

I asked Summas if she would submit to Standardized Field Sobriety Exercises to dispel my suspicion, and she agreed to participate. I asked Summas if the footwear she was wearing was comfortable and she stated that they were and agreed to wear them throughout the exercises. I then proceeded with the exercises.

NOT A CERTIFIED COPY

ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

RADFORD, STEPHEN THOMAS
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

2/2/25
DATE

904
SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

FISHER, DYLAN JOHN (904)
NAME OF OFFICER (PLEASE PRINT)

02/02/2025
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 FL0500200	BOCA RATON POLICE DEPARTMENT	3 | 2 | 2025-001324

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
SUMMAS, KIMBERLY LYANNE		W	F	07/17/1971

PROBABLE CAUSE STATEMENT

The first exercise was Horizontal Gaze Nystagmus, I administered the instructions and Summas advised that she understood the instructions. I first ensured Summas had equal pupil size, tracked equally, and did not have resting nystagmus. I then continued to conduct the exercise. Summas displayed lack of smooth pursuit and moved her head to follow the stimulus on each pass. She also failed to follow the stimulus multiple times requiring me to restart the exercise.

The second exercise was the Walk and Turn. Summas took her footwear off to participate in the exercise. While attempting to take her left shoe off, she stumbled nearly falling over. Once she removed her shoes, I administered the instructions and demonstrated how the exercise should be completed. Summas advised that she understood. Summas started before being instructed to do so, missed heel to toe on all steps, made an improper turn, used her arms for balacne and took an incorrect number of steps.

The third exercise was the One-Leg Stand. I administered the instructions and demonstrated how the exercise should be completed. Summas stated that she understood. Before being told to begin, Summas lifted her left foot in the air and failed to remain in the starting position. During the exercise, Summas lifted her right foot for approximately three seconds, set her foot down and kept her foot on the floor for the remainder of the exercise.

The fourth exercise was the modified Romberg balance test. I administered the instructions and Summas stated that she understood. A minute and eleven seconds passed before I asked Summas if she remembered the instructions. She stated that she did remember the instructions.

The fifth exercise was the Finger to Nose. I administered the instructions and Miguez stated that her understood. The pattern was L-R-L-R-R-L.
L- used pad of finger to touch bridge of nose and didn`t bring arm back down.
R- used pad of finger to touch bridge of nose and didn`t bring arm back down.
L- used pad of finger to touch bridge of nose and didn`t bring arm back down.
R- used pad of finger to touch bridge of nose and didn`t bring arm back down.
R- used pad of finger to touch bridge of nose and didn`t bring arm back down.

Based on my investigation, and the totality of the circumstances, I found probable cause to believe that Summas was operating a motor vehicle within the state while impaired by alcohol and/or chemical or controlled substances. Summas was placed under arrest for DUI per F.S.S. 316.193(3c1)

Summas was placed in handcuffs which were checked for tightness and double locked. A search of her person was conducted by female Officer Keener before she was transported to BRPD booking for post arrest processing and the administration of a breath test.

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ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

RADFORD, STEPHEN THOMAS
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

2/2/25
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

FISHER, DYLAN JOHN (904)
NAME OF OFFICER (PLEASE PRINT)

02/02/2025
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 Copies

1

JUVENILE

Agency ORI Number	Agency Name	Agency Report Number
FL FL0500200	BOCA RATON POLICE DEPARTMENT	3 2 2025-001324

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
SUMMAS, KIMBERLY LYANNE		W	F	07/17/1971

PROBABLE CAUSE STATEMENT

Officer Price (ID840) (Breath Test Operator) responded to BRPD booking and assisted with the BAT room procedures. Summas was asked to provide a sample of her brearth for the purpose of determing irs alcohol content. Summas submitted to the breath tests and provided two valid samples of 0.218 and 0.212. Summas was then informed of her constitutional warnings (Miranda) and she stated that she understood. Summas then answered all my questions. See DUI Influence Report for further. Summas was later transported to PBCJ and turned over to PBSO.

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ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

RADFORD, STEPHEN THOMAS
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

12/2/25
DATE

104
SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

FISHER, DYLAN JOHN (904)
NAME OF OFFICER (PLEASE PRINT)

02/02/2025
DATE

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

- BRPD Case number: 2025-01324
Arresting Officer: Fisher
DIS Time: 2332

DUI INFLUENCE REPORT

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BOCA RATON POLICE SERVICES DEPARTMENT
100 NW 2nd Avenue
Boca Raton, FL 33432

Revised: July 9, 2018

BOCA RATON POLICE SERVICES DEPARTMENT

DUI INFLUENCE REPORT – PART I

On the _____day of _____, at _____ AM/PM:

Subject: _____ Case Number: _____

PERSONAL CONTACT

Driving Pattern: _____

_____

_____

_____

_____

_____

Observation of Driver: _____

_____

_____

_____

_____

_____

Driver's Statement: _____

_____

_____

_____

Odors: _____

_____

GENERAL OBSERVATIONS

Speech: _____

Attitude: _____

Clothing: _____

Medical Problems: _____

Medications: _____

Other: _____

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Horizontal Gaze Nystagmus:

☐ Left eye does not follow smoothly
☐ Left eye jerks at 45 degrees angle or less
☐ Distinct jerking left eye maximum deviation
☐ Right eye does not follow smoothly
☐ Right eye jerks at 45 degrees angle or less
☐ Distinct jerking right eye maximum deviation

Can not do, Why? _____

Walk and turn: _____

Can not do, Why? _____

One leg stand: _____

Can not do, Why? _____

Finger to nose: _____

Can not do, Why? _____

Alphabet (speech pattern): _____

Can not do, Why? _____

Breath/Blood test results: _____

State of Florida, County of Palm Beach,
Sworn and subscribed before me this _____ (date) by _____.

_____ 02/02/2025
Notary/Clerk of Court/ Officer (FSS 117.10) Date

_____ Dylan Fisher
Signature of Arresting Officer Name of Officer (print)

NOT A CERTIFIED COPY

ARRESTING OFFICER: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

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-END OF PART ONE-

BOCA RATON POLICE SERVICES DEPARTMENT
DUI INFLUENCE REPORT – PART II

To be filled out at testing facility

Agency Case # 2025-001324

I. INTRODUCTION (Instrument Operator faces video camera)

A. The day is Sunday (day), January (month), 02 (date), 2025 (year).

B. The time is now approximately 12:54 (AM)/PM.

C. The following is in reference to case number 2025-001324.

D. Present at this time is Ofc Fisher (Officer's Name) of the Boca Raton Police Department.

E. Officer Fisher, have you arrested Kimberly Summas (Defendant's name) in violation of Florida State Statute 316.193?

F. Did this violation occur within the City of Boca Raton, Palm Beach County, Florida? Yes

G. Mr./Mrs./Ms. Ms. Summas, I am required to inform you these proceedings are being video recorded.

Operator Note: ***Video record breath request, breath sample, and interview.***

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II. AT THIS TIME THE ARRESTING OFFICER WILL REQUEST A BREATH SAMPLE.

Note: Read only the paragraph applicable to the type of test you are requesting.

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

B. 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.

C. I am now requesting that you submit to a lawful test of your **BLOOD** for the purpose of determining its alcohol content and the presence of chemical or controlled substances.

IMPLIED CONSENT WARNINGS

Note: Read only if the subject does not comply with your request.

I am _____ of the _____.

If you fail to submit to the test I have requested of you, your privilege to operate a motor vehicle will be suspended for a period of one (1) year for a first refusal, or eighteen (18) months if your privilege has been previously suspended as a result of a refusal to submit to a lawful test of your breath, urine, or blood. Additionally, if you refuse to submit to the test I have requested of you and if your driving privilege has been previously suspended for a prior refusal to submit to a lawful test of your breath, urine, or blood, you will be committing a misdemeanor. Refusal to submit to the test I have requested of you is admissible into evidence in any criminal proceeding.

Subject Signature: _____

Note: Also read for CDL holders:

IN ADDITION, your refusal to submit will result in the loss of your commercial privileges for one year from today. If this is your SECOND REFUSAL, you will be permanently disqualified from operating a commercial motor vehicle.

Note: After reading the implied consent warning, the arresting officer must request a breath sample again.

(IF REFUSAL THEN)

At this time Mr./Mrs./Ms. _____ has refused to submit to a breath test.

The date is _____, _____, _____, and the time is _____AM/PM.
(month) (day) (year)

A refusal form will be completed by the arresting officer.

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BOCA RATON POLICE SERVICES DEPARTMENT

JUVENILE CONSTITUTIONAL WARNINGS

Rights of suspects prior to custodial questioning.
Identify yourself and state:

I am required to warn you before you make any statement that you have the following Constitutional rights:

(1) You have the right to remain silent and not answer any questions. *Tell me in your own words what you think this means.*
(You do not have to talk to me or answer any questions about this offense. You can be quiet if you want.)

(2) Any statement you make must be freely and voluntarily given. *Tell me in your own words what you think this means.*
(If you do talk to me it has to be because you want to and not because anyone is forcing you to speak.)

(3) You have a right to the presence and representation of a lawyer of your choice before you make any statement and during any questioning. *Tell me in your own words what you think this means.*
(You can talk to a lawyer before we ask you any questions and you can have him/her with you now, during our questioning.)

(4) If you cannot afford a lawyer, you are entitled to the presence and representation of a court appointed lawyer before you make any statement and during any questioning. *Tell me in your own words what you think this means*
(If you do not have money for a lawyer and you want one, a lawyer will be given to you for free.)

(5) If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent. *Tell me in your own words what you think this means.*
(If you decide to talk to me then change your mind, you can stop answering my questions at any time.)

(6) I can make no threats or promises to induce you to make a statement. This must be of your own free will. *Tell me in your own words what you think this means*
(I am not allowed to threaten you or make you any promises to get you to talk to me. If you decide to talk, it must be because you want to.)

(7) Any statement can be and will be used against you in a court of law. *Tell me in your own words what you think this means*
(Anything you say to me can and will be told to the judge or a jury in court. A judge is a person who decides if you have done something wrong. Sometimes a group of people called a jury decide this, but the Judge is the person who decides what punishment you get.)

(8) Do you understand these rights as I have read them to you, and do you wish to speak to me?

Signed: _____ Date: _____ Time: _____

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BOCA RATON POLICE SERVICES DEPARTMENT

TESTING FACILITY TASK REPORT

SUBJECT: Kimberly Summers

CASE #: 2025-00132y DATE: 02/02/2025

BREATH TEST RESULTS

1) TIME _____ AM/PM 2) TIME _____ AM/PM

3) TIME _____ AM/PM 4) TIME _____ AM/PM

BREATH OPERATOR: Ofc Price

MAINTENANCE TECHNICIAN: Ofc Crawford

TESTING OFFICER'S OBSERVATIONS

SPEECH: _____

ATTITUDE: _____

CLOTHING: _____

MEDICAL CONDITION: _____

OTHER: _____

_____

COMMENTS: _____

_____

_____

_____

_____

_____

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Identify yourself and state:

I am required to warn you before you make any statement that you have the following Constitutional rights:

(1) You have the right to remain silent and not answer any questions.
(2) Any statement you make must be freely and voluntarily given.
(3) You have a right to the presence and representation 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 and representation of a court appointed lawyer before you make any statement 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 be and will be used against you in a court of law.
(8) Do you understand these rights as I have read them to you, and do you wish to speak to me?

Signed: _____ Date: _____ Time: _____

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QUESTIONS AND ANSWERS

Were you operating a motor vehicle at the time of the accident/stop? Yes

Where were you going? to moms house

What street or highway were you on? military

Direction of travel? South

Where did you start driving from? east boca

What city (county) were you stopped in? Delray

What time did you start? 7:00 AM/PM What time is it now? 2:00 AM or 1:00 AM

What is today's date? February 2nd 2025 What day of the week is it? Sunday

When did you last eat? Yesterday What did you eat? Stuffed shells, salad, crackers

What have you been doing the past three hours prior to this stop/accident? Was with friends

How much do you weigh? 138 Have you been drinking? Yes What were you drinking? vodka

How much? 3 drinks Where? girlfriends house With whom were you drinking? girlfriends

When did you have your first drink? 6:00 AM/PM When did you stop drinking? 10:00 AM/PM

How did you consume your last two drinks? Vodka with Club Soda

Are you under the influence of alcohol now? ☐ Yes ☑ No

Can you feel the effects of alcohol? ☑ Yes ☐ No

Have you consumed alcohol since the accident? ☐ Yes ☑ No

Can you feel the effects of alcohol? ☑ Yes ☐ No

Have you consumed alcohol since the accident? ☐ Yes ☑ No How much? _____

What? _____ Where? _____

What line of work are you in? Unemployed, Worked for Financial Planner, Went into treatment for alcohol

When did you last work? September 22nd 2024

Do you have any physical defects or injuries? ☐ Yes ☑ No If yes, explain:

_____

Are you sick or injured? ☐ Yes ☑ No If yes, explain:

_____

Do you limp? ☐ Yes ☑ No Did you get a bump on the head? ☐ Yes ☑ No

Were you in an accident today? Yes

Have you taken any drugs or smoked marijuana today? No

What? _____ When? _____

Have you seen a doctor or dentist today? ☐ Yes ☑ No Who? _____

Are you taking any prescription medications? ☑ Yes ☐ No What? Zoloft Seroquel Tonerone Metformin When? last night

Do you have: Epilepsy? ☐ Yes ☑ No Inner ear trouble? ☐ Yes ☑ No

Glass eye? ☐ Yes ☑ No Ear infection? ☐ Yes ☑ No

False teeth? ☐ Yes ☑ No Diabetes? ☐ Yes ☑ No

Any problems not correctable by glasses or contact lenses? No

Do you take insulin? ☐ Yes ☑ No If yes, when was your last injection? _____

Have you ever had a driver's license in any other state? Maryland

I am now ending this video recording. The time is now approximately _____ AM/PM.

The date is _____ (month), _____ (day), _____ (year).

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FLORIDA DEPARTMENT OF LAW ENFORCEMENT
ALCOHOL TESTING PROGRAM
BREATH ALCOHOL TEST AFFIDAVIT

Instrument Type: Intoxilyzer 8000
Instrument Registered To: BOCA RATON PD
Instrument Serial Number: 80-006622 Software: 8100.27
Date of Test: 02/02/2025

Date of Last Agency Inspection: 01/22/2025
Observation Period Began: 00:32
Subject's Name: KIMBERLY L SUMMAS DOB: 07/17/1971 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	00:59
Air Blank	0.000	01:00
Control Test	0.078	01:00
Air Blank	0.000	01:00
Subject Sample #1	0.218	01:02
Air Blank	0.000	01:03
Air Blank	0.000	01:04
Subject Sample #2	0.212	01:06
Air Blank	0.000	01:07
Control Test	0.078	01:07
Air Blank	0.000	01:08
Diagnostics Check	OK	01:08

Cylinder Lot: 08223080A3
Exp: 06/05/2025

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 DANIEL X PRICE, 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: 02/02/25
Signature

Sworn to (or affirmed) before me this _____ day of _____ , _____

_____ Dylan Fisher
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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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: 2025002947	**Date:** 2/3/2025
	Specialist Name/ID#: ANGELA PINKNEY/7796