23CT13446 SB

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

☐ Check if Supplement is Attached

# 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 | Agency Name | Agency Report Number |
|---|---|---|---|
| | FLO 5 0 0 0 0 0 | PALM BEACH COUNTY SHERIFF'S OFFICE | 0 6 - 23094251 ( ) |

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

If Weapon Seized — Enter Type:

Multiple Clearance Indicator: 0 1

| Location of Arrest (Including Name of Business) | Location of Offense (Business Name, Address) |
|---|---|
| 8000 ATLANTIC AVE, DELRAY BEACH, FL 33446 | 8000 ATLANTIC AVE, DELRAY BEACH, FL 33446 |

| Date of Arrest | Time of Arrest | Booking Date | Booking Time | Jail Date | Jail Time | Location of Vehicle |
|---|---|---|---|---|---|---|
| 07/29/2023 | 2324 | | | | | Gardens Towing |

**DEFENDANT**

Name (Last, First, Middle): Kliphuis, Kristin, Michelle

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

| Race | Sex | Date of Birth | Height | Weight | Eye Color | Hair Color | Complexion | Build |
|---|---|---|---|---|---|---|---|---|
| W - White I - American Indian B - Black O - Oriental/Asian: W | F | 5/2/1975 | 5'09 | 155 | BLUE | BLONDE | LIGHT | SMALL |

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

Marital Status: Single — Religion: NONE

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

| Local Address (Street, Apt. Number) (City) (State) (Zip) | Mobile Phone | Residence Type: 1. City 2. County 3. Florida 4. Out of State |
|---|---|---|
| 5243 Poppy Pl Apt C, Delray Beach, FL 33484 | ( 229 ) 454-8579 | 1 |

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

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

| D/L Number, State | Soc. Sec. Number | INS Number | Place of Birth (City, State) | Citizenship |
|---|---|---|---|---|
| K412513756620, FL | [redacted] | | HOLLAND, MI | US |

**CO-DEF**

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

**JUVENILE**

☐ Parent ☐ Legal Custodian ☐ Other: Name (Last) (First) (Middle) — Residence Phone ( )

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

Notified by: (Name) — Date — Time — Juvenile Disposition: 1. Handled/Processed within Dept. and Released. 2. TOT HRS/DYS 3. Incarcerated

Released To: (Name) — Relationship — Date — Time

The above address was provided by ☐ defendant and / or ☐ defendant's parents. The child and / or parent was told to keep the Juvenile Court Clerk's Office (Phone (561) 355-6511) informed of any change of address.
☐ Yes, by: (Name) ☐ No (Reason)

School Attended — Grade

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

**CODE**

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

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

**CHARGE**

| Charge Description | Counts | Domestic Violence | Statute Violation Number | Violation of ORD # |
|---|---|---|---|---|
| DUI | 01 | ☐ Y ☒ N | 316.193(1 [illegible] | |

| Drug Activity | Drug Type | Amount / Unit | Offense # | Warrant / Capias Number | Bond |
|---|---|---|---|---|---|
| N | N | 1 | 23094251 | | |

**CHARGE**

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

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

**CHARGE**

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

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

**CHARGE**

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

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

FILED PBC - GUN CLUB
'23 JUL 30 AM 8:57

**NOTICE TO APPEAR**

Location (Court, Room Number, Address): South County Courthouse, Courtroom #1, 200 W. Atlantic Ave., Delray Beach, FL 33444 - Ph: (561) 355-2996

Court Date and Time: Month AUGUST Day 24TH Year 2023 Time 0830 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: 07/29/2023

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

**ADMIN**

HOLD for other agency

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other:

Initial Search: I.D. # Pouch #

Signature of Arresting Officer: x K-12

Name of Arresting Officer (Print): K.DIAS I.D. # 30205

Transporting Officer: K.D.CO I.D. # 302-5 Agency PBSO

Name Verification (Printed by Arrestee) (PRINT)

Witness here if subject signed with an "X"



PBSO #014 REV. 1/22 DISTRIBUTION: COURT COPY STATE ATTORNEY AGENCY AGENCY DEFENDANT (N.T.A.'s ONLY)

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05422748

3284

**ADMIN**

| OBTS Number | PROBABLE CAUSE AFFIDAVIT | 1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias | 1 | Juvenile |
|---|---|---|---|---|

| Agency ORI Number | Agency Name | Agency Report Number |
|---|---|---|
| FLO 500000 | PALM BEACH COUNTY SHERIFF'S OFFICE | 06- 23-094251 |

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 |
|---|---|---|---|---|
| KLIPHUIS, KRISTIN M | | W | F | 5/2/1975 |

**CHARGES**

**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 commited the below acts, resulting from my (described) investigation.

On the 29TH day of JULY 2023 at 2230 ☐ A.M. ☒ P.M. (Specifically include facts constituting cause for arrest.)

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

**ON JULY 29, 2023 AT 2230 HOURS I WAS ON A NON-RELATED TRAFFIC STOP IN 8000 BLOCK OF ATLANTIC AVE DELRAY BEACH, PALM BEACH COUNTY, FLORIDA 33446.**

**I HEARD A LOUD NOISE WHICH SOUNDED LIKE A MOTOR VEHICLE CRASH. I IMMEDIATELY LOOKED IN THE DIRECTION AND NOTICED A BLACK SUV AT THE RED LIGHT AND A WHITE VOLKSWAGEN CAR DIRECTLY BEHIND THE BLACK SUV. I WAS APPROXIMATELY 100 FEET FROM THE CRASH. I WALKED OVER TO THE MOTOR VEHICLE CRASH AND OBSERVED KRISTIN M KLPHUIS EXIT HER VEHICLE FROM THE DRIVER'S SEAT.**

**WHILE TALKING TO KLPHUIS I OBSERVED HER SWAYING FROM SIDE TO SIDE. KLPHUIS WAS NOT STEADY ON HER FEET, AND I TOLD HER TO LEAN ON HER VEHICLE FOR SUPPORT WHILE I SPOKE WITH HER. KLPHUIS WAS DAZED DURING MY CONVERSATION AND AT ONE POINT STARED AT THE SKY AND WAS SILENT WHEN I ASKED HER QUESTIONS. I HAD TO WAVE MY HAND IN FRONT OF HER FACE TO GAIN HER ATTENTION. KLPHUIS REFUSED EMS WHILE ON SCENE**

**D/S DIAS ID#30205 ARRIVED ON SCENE AND CONDUCTED A DUI INVESTIGATION.**

NOT A CERTIFIED COPY

**ADMINISTRATIVE**

STATE OF FLORIDA
COUNTY OF PALM BEACH
D/S J DESMOND (ID #) 9714
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 29TH day of JULY 20 23 by D/S J DESMOND 9714
(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced KNOWN LEO

Notary Public, Clerk of Court, Officer (F.S.S. 117.10)

PAGE
OF

PBSO #0004 REV. 01/23 DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY

# PROBABLE CAUSE AFFIDAVIT

OBTS Number:

1 Arrest 2 NTA 3 Request for Warrant 4 Request for Capias | 1 | Juvenile: N

**ADMIN**

Agency ORI Number: FLO 5 0 0 0 0 0 | Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE | Agency Report Number: 23094251

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 |
|---|---|---|---|---|
| Kliphuis, Kristin, Michelle | | W | F | 5/2/1975 |

**CHARGES**

| Charge Description | Charge Description |
|---|---|
| DUI 316.193(1) | |
| Charge Description | Charge Description |
| | |

**VICTIM**

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

| Local Address (Street, Apt Number) | (City) | (State) | (Zip) | Phone | Address Source |
|---|---|---|---|---|---|
| , | | | | ( ) | |
| **Business Address (Name, Street)** | **(City)** | **(State)** | **(Zip)** | **Phone** | **Occupation** |
| | | | | ( ) | |

The undersigned certifies and swears that I have just and reasonable grounds to believe, and do believe that the above named Defendant committed the listed violation(s) of law.
The Person taken into custody:

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

On the 29TH day of JULY 20 23 at 2240 ☐ A.M ☒ P.M (Specifically include facts constituting cause for arrest.)

**PROBABLE CAUSE STATEMENT**

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

**On July 29th, 2023, at approximately 2237 hours I responded to the 8000 block of Atlantic Ave, Delray Beach, in unincorporated Palm Beach County in reference to a motor vehicle crash with a possible impaired driver.**

**Upon my arrival, I spoke with D/S Desmond #9714 who stated while on a traffic stop on Atlantic Ave at the Turnpike overpass a motor vehicle accident occurred near him. D/S Desmond advised the driver of the white Volkswagen, bearing FL tag 18DEMX, was showing signs of impairment (see D/S Desmond's PC).**

**I made contact with a white female wearing a black shirt and black pants, later identified by her FL DL as Kristen Kliphuis. Kliphuis was leaning up against her vehicle as I spoke to her. Kliphuis's eyes were glossy and bloodshot, her speech was slow and lethargic. Kliphuis stated she was going home and had just got off a work. I noticed Kliphuis's passenger rear tire was blown out, there was damage to the rim and had multiple sections ripped open. I asked Kliphuis what happened to her tire and she advised she heard the tire was bad when she left work but thought she could make it home. Kliphuis stated she worked at Ocean One and that it is a shopping mall there is nothing for her to hit. Kliphuis stated she got off work around approximately 2200 hours and began to head home to 5243 Poppy Seed Place. It should be noted the address given by the defendant is east of where the accident occurred. I asked Kliphuis if she knew where she was considering she was now traveling westbound, away from her home address, she said she was on Atlantic Ave and the overpass going eastbound. Kliphuis was informed I would be conducting a criminal investigation for DUI.**

**Kliphuis stated she had not consumed any alcohol tonight but did state she states several medications, such as: Neurontin, Cymbalta, Zyprexa, and Wellbutrin, Kliphuis later stated she is also prescribed Xanax. Kliphuis advised me she has Lupus, neuropathy, and Multiple Sclerosis (MS). I again asked Kliphuis is she knew where she was geographically and she stated she was on Atlantic Ave near the overpass and facing west. I informed Kliphuis she told me she was traveling eastbound and she now recalled that she made a u-turn at some point to go back to work at Ocean One (Atlantic Ave/Lyons Road). I asked Kliphuis how she ended up traveling westbound and she stated she made a u-turn "right here" (pointing to the grass median on Atlantic Ave west of the Turnpike overpass) and said probably illegally. Kliphuis then pointed to the intersection of Atlantic Ave and the southbound on ramp of the Florida Turnpike and stated she made the u-turn there. It should be noted if Kliphuis made the u-turn as she stated it would not be possible for her to end up east of the intersection now traveling in the westbound lanes of Atlantic Ave. A witness, Harold Bremser, stated he observed Kliphuis's white Volkswagen traveling westbound on Atlantic Ave and the red light at Atlantic Ave and Hagen Ranch Road prior to getting into the motor vehicle accident. I asked Kliphuis if her MS or Lupus affects her ability to drive she stated only when there are flares and advised me she is not having a flare up. I advised Kliphuis to walk to my patrol car and she attempted to enter my patrol vehicle through my passenger side door.**

**I asked Kliphuis if she would consent to SFST's and she consented. THE FOLLOWING SFST'S WERE EXPLAINED, DEMONSTRATED AND ACKNOWLEDGED BY HER PRIOR TO HER PERFORMANCE: HGN, THE WALK AND TURN, THE ONE LEG STAND, THE FINGER TO NOSE, AND THE ROMBERG ALPHABET. THEIR DEFICIENCIES WERE RECORDED ON ANOTHER FORM IN THIS WORKSHEET. AT THE CONCLUSION OF THE SFST'S, COUPLED WITH THE DEPUTY'S OBSERVATIONS OF PERSONAL INDICATORS OF IMPAIRMENT EXHIBITED BY THE DEFENDANT, WITNESS STATEMENTS, AND CIRCUMSTANCES REGARDING THE MOTOR VEHICLE CRASH, PROBABLE CAUSE WAS ESTABLISHED FOR DUI I TOLD THE DEFENDANT SHE WAS BEING PLACED UNDER LAWFUL ARREST FOR DUI. THEY WERE SEARCHED AND HANDCUFFED, THE HANDCUFFS WERE CHECKED FOR PROPER FIT, DOUBLE LOCKED AND SHE WAS THEN PLACED INTO THE REAR OF MY PATROL CAR. THE FOLLOWING SFST'S WERE EXPLAINED, DEMONSTRATED AND ACKNOWLEDGED BY HIM PRIOR TO HIS PERFORMANCE: HGN, THE WALK AND TURN, THE ONE LEG STAND, THE FINGER TO NOSE, AND THE ROMBERG ALPHABET. THEIR DEFICIENCIES WERE RECORDED ON ANOTHER FORM IN THIS WORKSHEET. AT THE CONCLUSION OF THE SFST'S, COUPLED WITH THE DEPUTY'S OBSERVATIONS OF THE DEFENDANT'S VEHICLE IN MOTION AND MY OBSERVATION OF PERSONAL INDICATORS OF IMPAIRMENT EXHIBITED BY THE DEFENDANT, PROBABLE CAUSE WAS ESTABLISHED FOR DUI I TOLD THE DEFENDANT HE WAS BEING PLACED UNDER LAWFUL ARREST FOR DUI. THEY WERE SEARCHED AND HANDCUFFED, THE HANDCUFFS WERE CHECKED FOR PROPER FIT, DOUBLE LOCKED, AND SHE WAS THEN PLACED INTO THE REAR OF MY PATROL CAR.**

**ADMINISTRATIVE**

STATE OF FLORIDA
COUNTY OF PALM BEACH

K.DIAS
(Signature of Arresting /Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 30TH day of JULY 20 23 by K. DIAS

(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. 48.07, 117.10)

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



PBSO #0004 REV. 12/22 DISTRIBUTION: STATE ATTORNEY AGENCY AGENCY DEFENDANT (N.T.A. ONLY)

REDACTED COPY

**ADMIN**

OBTS Number

**PROBABLE CAUSE AFFIDAVIT**

1 Arrest 2 NTA 3 Request for Warrant 4 Request for Copies

1

Juvenile: N

| Agency ORI Number | Agency Name | Agency Report Number |
|---|---|---|
| FLO 5 0 0 0 0 0 | PALM BEACH COUNTY SHERIFF'S OFFICE | 23094251 |

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 |
|---|---|---|---|---|
| Kliphuis, Kristin, Michelle | | W | F | 5/2/1975 |

**CHARGES**

| Charge Description | Charge Description |
|---|---|
| DUI 316.193(1) | |
| Charge Description | Charge Description |

**VICTIM**

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

| Local Address (Street, Apt Number) (City) (State) (Zip) | Phone | Address Source |
|---|---|---|
| , | ( ) | |
| **Business Address (Name, Street) (City) (State) (Zip)** | **Phone** | **Occupation** |
| | ( ) | |

**PROBABLE CAUSE STATEMENT**

The undersigned certifies and swears that I have just and reasonable grounds to believe, and do believe that the above named Defendant committed the listed violation(s) 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 29TH day of JULY 20 23 at 2240 ☐ A.M ☒ P.M (Specifically include facts constituting cause for arrest.)

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

**The defendant was transported to the Palm Beach County Breath Analysis facility where Kliphuis underwent a 20 minute observation period to make sure she did not consume or place anything in her mouth prior to being asked to use the breathalyzer. Kliphuis submitted to a lawful test of her breath and both her results were 0.00. I then asked if Kliphuis would submited to a lawful test of her urine for the purpose of determining the presence of chemical or controlled substances, Kliphuis consented to a urine sample. Urine sample was collected, sealed, labeled and entered in PBSO evidence for further analysis. I advised Kliphuis of her Constitutional Rights in which she acknowledged. I conducted Questions and Answers post-Miranda, defendant answered said questions, answers will be submitted with DUI packet.**

**Based on my investigation and the SFST's I believe there is probable cause to arrest Kristen Kliphuis for being in actual physical control of a motor vehicle in the state of Florida and operating said vehicle while impaired and under the influence contrary to FSS. 316.191(1)(C). Kliphuis was booked into the Palm Beach County Jail.**

NOT A CERTIFIED COPY

**ADMINISTRATIVE**

STATE OF FLORIDA
COUNTY OF PALM BEACH

K.DIAS
(Signature of Arresting /Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 30TH day of JULY 20 23 by K. DIAS

(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. 117.10)

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



PBSO #0064 REV. 12/22

DISTRIBUTION: STATE ATTORNEY AGENCY AGENCY DEFENDANT (N.T.A.'s ONLY)

SUBJECT: Kliphuis, Kristin, Michelle CASE NUMBER 23094251

## ROADSIDE TASKS

**HORIZONTAL GAZE NYSTAGMUS:**

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

**Other Observations:**
**DEFENDANT HAD AN OBVIOUS ORBITAL SWAY, WAS UNABLE TO MAINTAIN HER BALANCE WHILE STANDING.**

WALK & TURN:
**The task was explained and demonstrated. The defendant stated she understood the instructions. During the task the defendant failed to maintain the instructional stance. The defendant started the task before asked to begin. The defendant swayed while standing stationary. The defendant took the incorrect number of steps and missed heel to toe on each step taken.**

ONE LEG STAND:
**The task was explained and demonstrated. The defendant stated she understood the instructions. The defendant swayed while standing stationary. Her foot was less than 6 inches off the ground. The defendant lost her balance and put her foot down twice. The defendant did not have her foot pointed out and the defendant counted differently than instructed.**

ROMBERG ALPHABET:
**The task was explained and demonstrated. The defendant stated she understood the instructions. The defendant swayed while standing stationary. The defendant failed to keep her head tilted back and recited the alphabet in a rhythmic matter contrary to the way she was instructed.**

FINGER TO NOSE:
**The task was explained and demonstrated. The defendant stated she understood the instructions. The defendant swayed while standing stationary. During the task the defendant used the pad of her finger and she failed to return her hand to her side immediately after touching her nose. The defendant had to "search" for her nose while attempting to touch it.**

NOT A CERTIFIED COPY

**BREATH TEST RESULTS:** 1) 0.00 | 2) | 3) | 4)

STATE OF FLORIDA
COUNTY OF PALM BEACH

K.DIAS
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 30TH day of JULY 2023 by K.DIAS

(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)

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

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 29TH DAY OF JULY 20 23, AT 2240 AM ✓ PM

SUBJECT: Kliphuis, Kristin, Michelle CASE NUMBER: 23094251

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: K.DIAS

## PERSONAL CONTACT

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

**NOT OBSERVED. See Deputy Desmond's PC.**

NOT A CERTIFIED COPY

OBSERVATION OF DRIVER:

**THE DEFENDANT HAD TROUBLE MAINTAINING HER BALANCE, WAS UNSTEADY ON HER FEET, AND HAD A VISIBLE ORBITAL SWAY. THE DEFENDANT'S SPEACH WAS SLOW AND LETHARGIC, HER EYES WERE GLOSSY AND BLOODSHOT. THE DEFENDANT WAS CALM AND COOPERTAIVE.**

DRIVER'S STATEMENTS:

**DEFENDANT ADVISED SHE JUST GOT OFF WORK AROUND 2200 HOURS AND WAS HEADING HOME. DEFENDANT STATED SHE WAS TRAVELING EASTBOUND ON ATLANTIC AVE, SHE WAS ACTUALLY TRAVELING WESTBOUND. THE DEFENDANT LATER STATED SHE GOT OFF WORK AROUND 2115 HOURS AND NOT 2200 HOURS. DEFENDANT STATED AT SOME POINT SHE MADE A U-TURN TRAVELING EASTBOUND ATLANTIC AVE AT THE TRAFFIC FOR THE SOUTHBOUND ON RAMP OF THE FLORIDA TURNPIKE, HOWEVER, THE DEFENDANT GOT INTO A MOTOR VEHICLE ACCIDENT IN THE WESTBOUND LANES OF ATLANTIC AVE ON THE EAST SIDE OF THE INTERSECTION SHE BELIEVED SHE MADE THE U-TURN. IT IS NOT POSSIBLE FOR HER TO HAVE MADE A U-TURN AT THAT INTERSECTION AND THEN GET INTO THE CRASH.**

ODORS:

**NONE**

## GENERAL OBSERVATIONS

SPEECH: **SLOW AND LETHARGIC**

ATTITUDE: **CALM, COOPERATIVE, VERY NICE**

CLOTHING: **BLACK SHIRT AND BLACK PANTS, WORK CLOTHES**

MEDICAL/OTHER: **LUPUS AND MULTIPLE SCLEROSIS**

---

**STATE OF FLORIDA**
**COUNTY OF PALM BEACH**

K.DIAS
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 30TH day of JULY 2023 by K.DIAS

(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)

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

# WITNESS LIST

CASE NUMBER: 23094251

ARRESTING OFFICER: K.DIAS

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

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

CAN TESTIFY TO: IMPAIRMENT, SFST'S

NAME: J.DESMOND 9714

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

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

CAN TESTIFY TO: ACTUAL PHYSICAL CONTROL

NAME: HAROLD BREMSER

ADDRESS 9470 ISLES CAY DR DELRAY BEACH, FL 33484

PHONE NUMBERS (HOME) 954-558-4778 (WORK) _____

CAN TESTIFY TO: DEFENDANT DRIVING WESTBOUND RUNNING TRAFFIC LIGHT

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: _____

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PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

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PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

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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: _____

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# TESTING FACILITY TASK REPORT

AGENCY: PBSO

SUBJECT: Kliphuis, Kristin M.

CASE NUMBER: 23-094251

DATE: Jul 30, 2023

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 00:26

ENDING TIME: 00:48

BREATH TESTS RESULTS: 1) .000 TIME 00:31 A.M. ☒ P.M. ☐ 2) .000 TIME 00:34 A.M. ☒ P.M. ☐

3) N/A TIME ——— A.M. ☐ P.M. ☐ 4) N/A TIME ——— A.M. ☐ P.M. ☐

BREATH OPERATOR: R . Ragin # 16877

MAINTENANCE TECHNICAN: Jason Karlecke #6467

**TESTING OFFICER'S OBSERVATIONS**

SPEECH: Slurred

ATTITUDE: Calm, cooperative

CLOTHING: Black pants, black t-shirt, black sneakers

MEDICAL CONDITIONS: Lupus, Depression, Anxiety and a lot more

MEDICATIONS: Xanax, Wellbutrin, Zyprexa, Cymbalta, Visicol

**OTHER:**

Eyes glassy

---

**COMMENTS:**

Arrived at center A/O started 20 minute observation period at 23:58 hrs.

Subject agreed to take test.

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

A/O requested to provide urine at 00:36 hrs..
Subject agreed to provide urine.

A/O read I/C.
Subject stated she understood I/C and agreed to provide urine.

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

A/O conducted Q&A.
Subject answer Q&A.

Urine provide @ 00:52

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

PBSO CASE # 23094251 PBSO ZONE 4-31

AGENCY CASE # 23094251 CRASH CASE # 23094244

TIME OF STOP/CRASH 2240 DATE 07/29/2023 DAY Saturday

SUBJECT'S NAME Kliphuis, Kristin, Michelle RACE W SEX F

HGT 5'09 WGT 155 DOB 5/2/1975

LOCATION 8000 ATLANTIC AVE, DELRAY BEACH, FL 33446

ARRESTING OFFICER'S NAME & ID K.DIAS 30205 () AGENCY Palm Beach County Sheriff's Office

DIVISION: 4080

NOTIFIED BY COMMO YES

ARRIVAL AT FACILITY 2358

ARREST TIME 2324

BREATH RESULTS:

1) ,000
2) ,000
3) Orine
4)

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

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

Instrument Type: Intoxilyzer 8000
Instrument Registered To: PALM BEACH CO SO
Instrument Serial Number: 80-006478 Software: 8100.27
Date of Test: 07/30/2023

Date of Last Agency Inspection: 07/14/2023
Observation Period Began: 23:58
Subject's Name: KRISTIN M KLIPHUIS DOB: 05/02/1975 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 | 00:29 |
| Air Blank | 0.000 | 00:29 |
| Control Test | 0.078 | 00:29 |
| Air Blank | 0.000 | 00:30 |
| Subject Sample #1 | 0.000 | 00:31 |
| Air Blank | 0.000 | 00:31 |
| Air Blank | 0.000 | 00:33 |
| Subject Sample #2 | 0.000 | 00:34 |
| Air Blank | 0.000 | 00:34 |
| Control Test | 0.075 | 00:35 |
| Air Blank | 0.000 | 00:35 |
| Diagnostics Check | OK | 00:35 |

Cylinder Lot: 08622080A1
Exp: 06/05/2024

State of Florida, County of Palm Beach,

Personally appeared before me the undersigned authority, who (✓) is personally known to me or (__) produced _____ as identification, and who after being placed under oath, states:

I RENEE M RAGIN, hold a valid Breath Test Operator permit issued by the Florida Department of Law Enforcement, I administered the above breath test to the subject named above in accordance with Chapter 11D-8, Florida Administrative Code, and this form is a true and accurate report of that breath test.

Breath Test Operator: _____ Date: 07/30/23
Signature

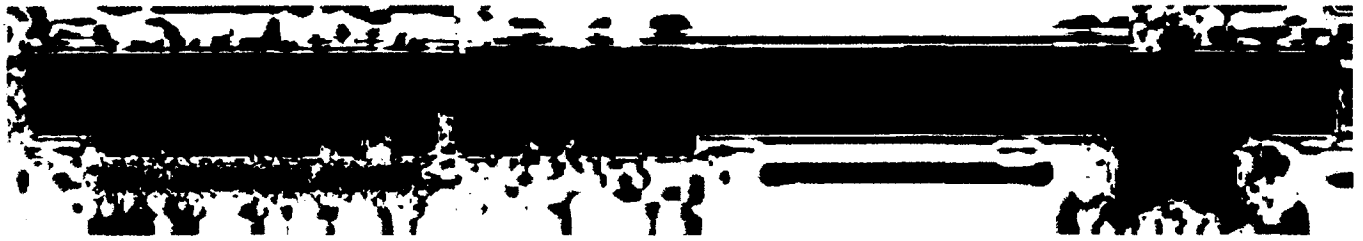
Sworn to (or affirmed) before me this 30 day of July, 2023

_____ O/S. K. Dias #30205
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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## TOXICOLOGY ANALYSIS REQUEST

**This Form Must Be Included With the Property Receipt and Accompany the Evidence Submitted for Toxicology Analysis**
**PRINT LEGIBLY OR TYPE**

Agency: **PBSO** Case #: **23094251**

Officer: **K.DIAS** ID#: **30205** Email: **DIASK@PBSO.ORG**

Specimen Collected By: **K.DIAS** Date: **July 30, 2023** Time: **0002**

Specimen Collected From: **Kliphuis, Kristin, Michelle** Age: **48** Sex: **F** Hgt: **5'09** Wgt: **155**

Specimen Type: ☐ Blood ☒ Urine ☐ Beverage ☐ Other-Describe

Type of Case: ☐ Traffic Crash ☐ Fatality ☒ DWI/DUI ☐ Other Date: **07/29/2023** Time: **2240**

Potential Felony? ☐ Yes ☒ No

Was any medication administered by medical personnel prior to sample being drawn: ☐ Yes ☒ No

If yes, name of Medication(s): **N/A**

**Subject Arrested:** ☒ **Yes** ☐ **No**

Breath Test Performed? ☒ Yes ☐ No Results: **0.00**

Tests requested: ____ Blood Alcohol ____ Blood Drug Screen X Urine Drug Screen

*NOTE: Blood Alcohol analysis is performed on all DUI blood specimens. Requested Blood Drug Screen may not be performed based on the laboratory protocol. If you have any questions, please contact the Toxicology Unit at 561-688-4814 or toxicologyrequest@pbso.org.*

DRE exam performed: ☐ Yes ☒ No DRE Officer: **N/A** Agency: **N/A**

DRE Opinion: **N/A** DRE Email:

Drug History and Signs of Impairment (Please list any drugs, medications, or prescriptions the subject may have taken or were in his/her possession.)

**Neurontin, Cymbalta, Zyprexa, Wellbutrin, AND XANAX**

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| PALM BEACH COUNTY SHERIFF'S OFFICE<br>PROPERTY RECEIPT | Agency/Reference Case # | PBSO Case #<br>23094251 |
|---|---|---|

Date & Time of Collection: **07/30/23** **0002** Type of Case: **DUI** District: **4-31**

☐ Latent Comparison/AFIS ☐ Hold for Forfeiture ☐ Destroy

**Forensic Testing Must Be Requested For The Following Analysis** (THIS RECEIPT IS NOT A REQUEST):
Test Fire/NIBIN, Firearm Comparison, Serology/DNA Analysis, Drug Analysis, Toxicology, Crime Scene Processing, and Digital Forensic Analysis

| Discovered By: | ID #: | E-mail: | Phone #: |
|---|---|---|---|
| **K. DIAS** | **30205** | **DIASK@PBSO.ORG** | **(561) 688 3000** |
| Send Report To (if different than above): | ID #: | E-mail: | Phone #: |

Address where property recovered:
**PBSO BAT**

| VICTIM / SUSPECT / OWNER / OTHER | NAME (First, Middle, Last) | DOB | Race/Sex | Phone #: |
|---|---|---|---|---|
| ☐ ☒ ☐ ☐ | **Kristin Michelle Kliphuis** | 05/02/1975 | W F | (229) 454-8579 |
| ☐ ☐ ☐ ☐ | | | | |
| ☐ ☐ ☐ ☐ | | | | |

| Item # | DESCRIPTION (Include Item Type, Color and Amount) |
|---|---|
| 1 | **URINE SAMPLE PROVIDED BY KRISTEN KLIPHUIS** |



**BIOHAZARD**

Currency Verified By Signature: _____ ID#: _____

I hereby acknowledge the above list represents property taken from my possession and that I have received a copy of this receipt:

Printed Name: _____

Signature: _____

I hereby acknowledge the above list represents all property impounded by me in the official performance of my duty as a Law Enforcement Officer as defined in F.S.S. 943.10 or Support Personnel:

Printed Name: **K. DIAS** ID#: **30205**

Signature: _____

| RECEIVED BY: (Signature & ID#) | REASON / VAULT LOCATION: | DATE: | TIME: |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
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SUBJECT: _____ 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 _____ of the _____

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)_____

## 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)_____

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SUBJECT: _____ CASE NUMBER: _____

# QUESTIONS AND ANSWERS

I AM NOW GOING TO ASK YOU SOME QUESTIONS. WITH THESE RIGHTS IN MIND, YOU MAY ANSWER SOME OF, ALL OF, OR NONE OF THE FOLLOWING QUESTIONS AS YOU LIKE.

WERE YOU OPERATING A MOTOR VEHICLE AT THE TIME OF THE STOP/ACCIDENT? _____

WHERE WERE YOU GOING? _____

WHAT STREET OR HIGHWAY WERE YOU ON? _____

DIRECTION OF TRAVEL? _____ WHERE DID YOU START? _____

WHAT TIME DID YOU START? _____ WHAT TIME IS IT NOW? _____

WHAT IS TODAY'S DATE? _____ WHAT DAY OF THE WEEK IS IT? _____

WHAT COUNTY AND CITY ARE YOU IN NOW? _____

WHEN DID YOU LAST EAT? _____ WHAT DID YOU EAT? _____

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? _____

HOW MUCH DO YOU WEIGH? _____ HAVE YOU BEEN DRINKING? _____ WHAT? _____

HOW MUCH? _____ WHERE? _____ WITH WHOM? _____

WHEN DID YOU HAVE YOUR FIRST DRINK? _____ AND YOUR LAST DRINK? _____

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? _____

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? _____ ARE YOU UNDER THE INFLUENCE? _____

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? _____ HOW MUCH? _____

WHAT? _____ WHERE? _____ WHEN? _____

WHAT LINE OF WORK ARE YOU IN? _____ WHEN DID YOU LAST WORK? _____

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? _____ WHAT? _____

ARE YOU SICK OR INJURED? _____ WHAT'S WRONG? _____

DO YOU LIMP? _____ DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? _____

WERE YOU IN AN ACCIDENT TODAY? _____

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? _____ WHEN? _____

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? _____ WHO? _____ WHY? _____

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? _____ WHAT? _____ WHEN? _____

DO YOU HAVE:
- EPILEPSY? _____
- GLASS EYE? _____
- FALSE TEETH? _____
- EAR INFECTION? _____
- INNER EAR TROUBLE? _____
- DIABETES? _____

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? _____

DO YOU TAKE INSULIN? _____ IF SO, WHEN WAS YOUR LAST INJECTION? _____

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? _____ WHERE? _____

INTERVIEWER: _____

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PALM BEACH COUNTY
**SHERIFF'S OFFICE**

**Florida State Statute Exemption Sheet**

## Palm Beach County Sheriff's Office – Arrests Only

| | X | Florida State Statute | Description | Page Number(s) |
|---|---|---|---|---|
| L/E Exemptions | ☐ | 119.071(2)(d) | Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations. | |
| | ☐ | 943.053, 943.0525 | NCIC/FCIC/FBI and in-state FDLE/DOC. | |
| | ☐ | 119.071(4)(c) | Undercover personnel. | |
| | ☐ | 119.071(2)(f) | Confidential informants (CIs). | |
| | ☐ | 119.071(2)(e) | Confession. | |
| Public Info. Exemptions | ☐ | 985.04(1) | Juvenile offender records. | |
| | ☐ | 119.071(h)(i) | Assets of a crime victim. | |
| | ☐ | 395.3025(7)(a), 456.057(7)(a) | Medical information. | |
| | ☐ | 394.4615(7) | Mental health information. | |
| | ☐ | 119.071(4)(d)(2)(a) | Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children. | |
| Florida Rules of Judicial Administration 2.420 (Rule of 23) | ☒ | (iii) 119.0714(1)(i)-(j), (2)(a)-(e) | Social Security, bank account, charge, debit, and credit card numbers. | 2 |
| | ☐ | (viii) 394.4615(7) | Clinical records under the Baker Act. | |
| | ☐ | (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 | ☐ | 119.071 (2)(j) | Other: The Victim's address in a Domestic Violence action on petitioner's request. | |
| | ☐ | 119.071 (3)(A), 119.071 (3)(B)(1-3C) | Other: Security at the Jail..(Security of locations Housed at the jail). | |

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**REVIEW COMPLETED BY**

| | |
|---|---|
| **Booking Number:** 2023019774 | **Date:** 7/30/2023 |
| | **Specialist Name/ID:** M. Tooks #8557 |