C29562S 25CT182077AMB 1259

☐ 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: FL0 5 0 0 0 0 0

Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE

Agency Report Number: 06-25120205

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 NONE

Multiple Clearance Indicator: 0 1

Location of Arrest (including Name of Business): SOUTH STATE ROAD 7 & HUTTON BOULEVARD, WELLINGTON, FL 33414

Location of Offense (Business Name, Address): SOUTH STATE ROAD 7 & HUTTON BOULEVARD, WELLINGTON, FL 33414

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
11/26/2025	00:55					D&D TOWING

DEFENDANT

Name (Last, First, Middle): RICHARDSON, KRISTIN, NICOLE

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

Race (W - White, B - Black, I - American Indian, O -Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	F	11/7/1983	5'06"	130	BLUE	BROWN	LIGHT	SMALL

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description): TATTOOS - LEFT & RIGHT WRIST, LFT SHOULDER BLADE, & LFT CHEST

Marital Status: Single | Religion: CHRISTIAN | Indication of: Alcohol Influence ☒ Y ☐ N ☐ Unk; Drug Influence ☐ Y ☐ N ☒ Unk

Local Address (Street, Apt. Number) (City) (State) (Zip): 2040 GREENVIEW SHORES BLVD #209, WELLINGTON, FL 33414

Mobile Phone: (914) 258-1494

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

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

Phone: ( )

Address Source: DEFENDANT - FL DL

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

Phone: ( )

Occupation: BARTENDER

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
R200784475000, FL	[redacted]		WPB, FL	U.S.

CO-DEF

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

JUVENILE

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

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

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

Released To: (Name) Relationship Date Time

The above address 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 M. Marijuana O. Opium/Deriv. P. Paraphernalia/ Equipment S. Synthetic U. Unknown Z. Other

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
D.U.I. - .15 OR HIGHER	01	☐ Y ☒ N	316.193(4)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
N	N		25120205		

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

NOTICE TO APPEAR

Location (Court, Room Number, Address): Criminal Justice Complex, 3228 Gun Club Road, West Palm Beach, FL 33406 - Ph: (561) 688-4600

Court Date and Time: Month DECEMBER Day 18TH Year 2025 Time 08:30 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

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

FILED PBC - GUN CLUB
'25 NOV 26 AM 8:19

ADMIN

HOLD for other agency

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other:

Intake Deputy I.D. # Pouch #

Signature of Arresting Officer: X

Name of Arresting Officer (Print): INV. A. SENTMANAT I.D. # 24968

Transporting Officer: INV. A. SENTMANAT I.D. # 24968 Agency PBSO

Name Verification (Printed by Arrestee) (PRINT)

Witness here if subject signed with an "X"

SCANNED NOV 26 2025

PAGE 1 OF 1

PBSO #0148 REV. 11/22 DISTRIBUTION: COURT COPY STATE ATTORNEY AGENCY AGENCY DEFENDANT (N.T.A.'s ONLY)

NOT A CERTIFIED COPY

PROBABLE CAUSE AFFIDAVIT

OBTS Number:

1 Arrest 2 NTA 3 Request for Warrant 4 Request for Capias: 1

Juvenile:

ADMIN

Agency ORI Number: FLO 5 0 0 0 0 0

Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE

Agency Report Number: 25120205

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): Richardson, Krstin, N

Alias:

Race: W | Sex: F | Date of Birth: 11/07/1983

CHARGES

Charge Description: DUI 316.193(4)

Charge Description:

Charge Description:

Charge Description:

VICTIM

Victim's Name (Last, First, Middle): STATE OF FLORIDA

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 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 D/S Murray who told me that he/she saw the arrested person commit the below acts. Inv Sentmanot

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

On the 26th day of November, 20 25 at 12:40 ☒ A.M ☐ P.M (Specifically include facts constituting cause for arrest.)

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

On 11/26/2025 I was traveling eastbound on Stribling Way. I then observed a black vehicle bearing FL tag #KXML51 traveling westbound in the east bound lanes. The vehicle then made an illegal u-turn and began traveling eastbound in the eastbound lanes of Stribling Way. Upon pulling up to the vehicle at a red light I ran the tag preparing to conduct a traffic stop on said vehicle. After making a left turn onto State Road 7 the vehicle began changing lanes numerous times in a very short distance and failing to maintain a single lane. Upon observing this I conducted a traffic stop on said vehicle. The driver was identified as Kristin N Richardson. Richardson was slurring her words while speaking to me. Based on the slurred speech and driving pattern I requested DUI respond to the scene to conduct a DUI investigation.

This concludes my involvement in this case.

ADMINISTRATIVE

STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer) 24987

The foregoing instrument was sworn to or affirmed and subscribed before me this 25 day of November 20 25 by D/S Murray

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced: Personally Known

Inv. A. Sentmanat #24963

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

PAGE 1 OF 1

DISTRIBUTION: Court Copy | State Attorney | Agency | Agency

PBSO #0004 REV.4/22

NOT A CERTIFIED COPY

PROBABLE CAUSE AFFIDAVIT

ADMIN

OBTS Number:

1 Arrest, 2 NTA, 3 Request for Warrant, 4 Request for Capias: 1

Juvenile: N

Agency ORI Number: FLO. 5 0 0 0 0 0

Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE

Agency Report Number: 06- 25120205

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): RICHARDSON, KRISTIN, NICOLE

Alias:

Race: W | Sex: F | Date of Birth: 11/7/1983

CHARGES

Charge Description: D.U.I. 316.193(4)

Charge Description:

Charge Description:

Charge Description:

VICTIM

Victim s Name (Last, First, Middle): STATE OF FLORIDA, ,

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

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 26TH day of DECEMBER 20 25 at 00:06 ☒ 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 Wednesday November 26, 2025 at approximately 0013hrs I responded to a traffic stop located at South State Rd 7 and Hutton Blvd, Wellington, FL 33414, in reference to a DUI investigation.

Upon arrival I spoke With D/S S. Murray #24987 and he advised the following, "On 08/14/2025, I was dispatched to 13889 Wellington Trace, Wellington, FL 33414 in reference to a disturbance call. Upon arrival, I observed a white Toyota bearing FL tag DN07NU run a stop sign. I then initiated my emergency lights in an attempt to stop the vehicle. The vehicle then accelerated away from me. The vehicle then pulled into the plaza and stopped. Upon talking to the driver his speech was slurred. While deputies were talking to the driver he admitted to them that he had been drinking."

I walked over to the vehicle and introduced myself to the driver W/F Kristin Nicole Richardson (11/07/83). I immediately smelled an obvious odor of an unknown alcoholic beverage coming from the interior of the vehicle. I observed Richardson's eyes were glassy, watery, and red. As she spoke she slurred some words and sometimes difficult to understand. I asked her to exit her vehicle to speak with me in front of my vehicle. Richardson exited the vehicle and appeared unsteady on her feet. While standing in front of me I observed her swaying from side to side. Richardson had a strong odor of an unknown alcoholic beverage coming from her breath as she spoke to me.

She stated that she did not have any medical problems and was not taking any prescription medications. She stated that she had not received any head injuries recently. She advised that she had smoked marijuana early in the morning (a bowl); and that she had a medical marijuana card. She stated she did not have a problem with her legs, back, shoulders, or arms. She stated that she had only drink two mixed drinks with fruit punch (she explained she was a bartender) and did not brush her teeth before leaving work. She said that she had driven from Pompano and was on her way home in Wellington.

Based on the totality of my observations and the deputy's observation, I asked Richardson to do the Roadside Tasks; and she wanted to know what would happen if she said no.

NOT A CERTIFIED COPY

ADMINISTRATIVE

STATE OF FLORIDA
COUNTY OF PALM BEACH

INV. A. SENTMANAT
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 26th day of November 20 25 by INV. A. SENTMANAT

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced Known

Thomas Leahey (#19183)
Notary Public, Clerk of Court, Officer (F.S.S). 117.10)

THOMAS HENRY LEAHEY
Notary Public - State of Florida
Commission # HH 408332
My Comm. Expires Jun 20, 2027
Bonded through National Notary Assn.

PAGE 1 OF 2

PBSO #0004 REV. 12/22

DISTRIBUTION: STATE ATTORNEY AGENCY DEFENDANT/ATTY/ONLY

ADMIN

OBTS Number

PROBABLE CAUSE AFFIDAVIT

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

Agency ORI Number: FLO 5 0 0 0 0 0 0

Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE

Agency Report Number: 06- 25120205

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
RICHARDSON, KRISTIN, NICOLE		W	F	11/7/1983

CHARGES

Charge Description	Charge Description
D.U.I. 316.193(4)	
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 26TH day of DECEMBER 20 25 at 00:06 ☒ A.M ☐ P.M (Specifically include facts constituting cause for arrest.)

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

I explained to the defendant if she refused to submit to the Roadside Tasks that I was asking her; I would be forced to conclude my investigation and determine whether or not to arrest her based on the totality of my investigation, and the signs of impairment observed by the deputy. I also explained to her that her refusal could be used against her in court. She verbally stated she understood. I then asked her if she was willing to do the Roadside Tasks with that in mind, she agreed (see attached DUI Probable Cause Affidavit for the results of the Roadside Tasks).

When she was done I explained to her that she was under arrest for DUI (pursuant to F.S. 36.193(4). I secured her in handcuffs which were checked for proper fit, tightness, and double locked. I then escorted her to the backseat of my patrol car with my rear facing camera engaged. After a few minutes of being in my vehicle the interior had a strong odor of an unknown alcoholic beverage.

I transported Richardson to the PBSO B.A.T. and after a twenty minute observation in which she did not take anything by mouth or regurgitate. I then requested her to submit to a lawful test of his breath for the purpose of determining the alcohol content and she said she would. She then asked what would happen if she refused. I read her Implied Consent (and explained it), she stated she understood. I asked her if she was going to provide breath and she said that she was not refusing; she was just wondering. She provided two valid breath samples and the results were: .197 and .194.

Richardson was later turned over to PBSO booking Deputies for booking purposes.

NOT A CERTIFIED COPY

ADMINISTRATIVE

STATE OF FLORIDA
COUNTY OF PALM BEACH

INV. A. SENTMANAT
(Signature of Arresting /Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 26th day of November 20 25 by INV. A. SENTMANAT

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced Known

Thomas Leahey (#19183)
Notary Public, Clerk of Court, Officer (F.S.S). 117.10)

THOMAS HENRY LEAHEY
Notary Public - State of Florida
Commission # HH 408332
My Comm. Expires Jun 20, 2027
Bonded through National Notary Assn.

PBSO #0004 REV. 12/22

DISTRIBUTION: STATE ATTORNEY AGENCY DEFENDANT (NON-JUDICIAL ONLY)

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 26TH DAY OF DECEMBER 20 25, AT 00:06 ✓AM PM

SUBJECT: RICHARDSON, KRISTIN, NICOLE CASE NUMBER: 25120205

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: INV. A. SENTMANAT

PERSONAL CONTACT

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

See attached Probable Cause Affidavit.

OBSERVATION OF DRIVER:

See attached Probable Cause Affidavit.

DRIVER'S STATEMENTS:

See attached Probable Cause Affidavit.

ODORS:

An obvious odor of an unknown alcoholic beverage coming from her breath which intensified as her spoke with me.

GENERAL OBSERVATIONS

SPEECH: **Slurred, thick and at times difficult to understand.**

ATTITUDE: **Cooperative.**

CLOTHING: **Black sports bra, black pants, gray sweater, and black slippers.**

MEDICAL/OTHER: **None..**

NOT A CERTIFIED COPY

STATE OF FLORIDA
COUNTY OF PALM BEACH

INV. A. SENTMANAT
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 26th day of November 20 25 by INV. A. SENTMANAT

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced Known

Thomas Leahey (#19183)
Notary Public, Clerk of Court, Officer (F.S.S 117.10)

THOMAS HENRY LEAHEY
Notary Public - State of Florida
Commission # HH 408332
My Comm. Expires Jun 20, 2027
Bonded through National Notary Assn.

SUBJECT: RICHARDSON, KRISTIN, NICOLE CASE NUMBER 25120205

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:

The defendant was placed into the instructional stance for Horizontal Gaze Nystagmus. She verbally identified the red stimulus that I was holding up. She was told to follow the stimulus with her eyes only and not to move her head. I checked her eyes for equal pupil size, equal tracking, and resting nystagmus. I observed a lack of smooth pursuit in both eyes. I observed distinct and sustained nystagmus at maximum deviation in both eyes. I observed onset of nystagmus prior to 45 degrees in both eyes. She was reminded several times not to move her head. I did not observe any vertical nystagmus in neither eye. She swayed from side to side throughout this process.

WALK & TURN:

I explained and demonstrated the instructions for the Walk & Turn to her. She stated she understood the instructions and had no questions for me. She failed to maintain the instructional stance by separating her feet help steady herself, and she stumbled to the right attempting to get in the starting position. She swayed from side to side. She did not walk heel to toe, stepped off the line, she took more than nine steps, did not count the steps out loud, made an improper turn. She asked if she "could suck our dicks at the same time?" I told her no. She made a comment that even if she was sober she could not do this.

ONE LEG STAND:

I explained and demonstrated the instructions for the One Leg Stand to her. She stated she understood the instructions and had no questions for me. She failed to maintain the instructional stance by separating her feet to help steady herself. She swayed from side to side. She raised the right leg for this task. She lowered the foot several time, did not count out loud, and did not look down at her foot. Again she stated that she would not be able to do this task while sober.

FINGER TO NOSE:

I explained and demonstrated the instructions for the Finger to Nose task to her. She stated she understood the instructions and had no questions for me. She failed to maintain the instructional stance by separating her feet to help steady herself. She missed all attempts with both the right and left hand. She used the pad of his fingers, touched under the nose, and to the side of the nose. I had to remind her several times to drop the hand the moment she touches the tip of the nose.

ROMBERG ALPHABET:

I explained and demonstrated the instructions for the Rhomberg Alphabet task to her. She stated she understood the instructions and had no questions for me. She failed to maintain the instructional stance by separating her feet to help steady herself. She swayed from side to side. She correctly recited the Alphabet.

BREATH TEST RESULTS: 1) .197 | 2) .194 | 3) | 4)

STATE OF FLORIDA
COUNTY OF PALM BEACH

INV. A. SENTMANAT
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 26th day of November 2025 by INV. A. SENTMANAT

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced Known

Thomas Leahey (#19183)
Notary Public, Clerk of Court, Officer (F.S.S 117.10)

THOMAS HENRY LEAHEY
Notary Public - State of Florida
Commission # HH 408332
My Comm. Expires Jun 20, 2027
Bonded through National Notary Assn.

NOT A CERTIFIED COPY

WARNING

FORM NUMBER	CASE NUMBER	DATE	TIME
W202500078486		11/26/2025	00:18

AGENCY INFORMATION

AGENCY NAME		
PALM BEACH COUNTY SHERIFFS OFFICE		
AGENCY ADDRESS	AGENCY COUNTY	
3228 GUN CLUB ROAD	PALM BEACH	
AGENCY CITY	STATE	AGENCY ZIP
WELLINGTON	FL	33406-3001
AGENCY PHONE	VERBAL WARNING	
(561) 688-3000	NO	

PERSON

FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX
KRISTIN	NICOLE	RICHARDSON	

CURRENT ADDRESS (Number and Street)		
[redacted]		
CITY	STATE	ZIP CODE
[redacted]	[redacted]	33414

D O B	DL EXPIRES	SEX	HEIGHT	RACE
[redacted]	11/07/2031	F	5' 06"	W

D.L. NUMBER	DL STATE	DL CLASS	PHONE NUMBER	UTC?
[redacted]	FL	E		No

VEHICLE

YEAR	MAKE	MODEL	COLOR	TAG #	TRAILER #	STATE	EXP.
2019	BMW		BLK	KXML51		FL	11/07/25

LOCATION

ADDRESS #	OCCURRED ON STREET, ROAD, HIGHWAY		
	STRIBLING WAY		
AT FEET	OR MILES	DIR	AT/FROM INTERSECTION WITH STREET
			SR 7

VIOLATION

STATUTE	STATUTE DESCRIPTION
316.081	WRONG SIDE OF ROADWAY - DRIVING ON
VIOLATOR SPEED / POSTED SPEED	
VIOLATION COMMENTS	

REPORTING OFFICER

OFC. FIRST NAME	MIDDLE	LAST NAME	SUFFIX	BADGE NO
S		MURRAY		24987

OFFICER'S SIGNATURE

NOT A CERTIFIED COPY

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

Instrument Type: Intoxilyzer 8000
Instrument Registered To: PALM BEACH COUNTY SO
Instrument Serial Number: 80-006240 Software: 8100.27
Date of Test: 11/26/2025

Date of Last Agency Inspection: 11/14/2025
Observation Period Began: 01:21
Subject's Name: KRISTIN N RICHARDSON DOB: 11/07/1983 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	01:48
Air Blank	0.000	01:48
Control Test	0.081	01:48
Air Blank	0.000	01:49
Subject Sample #1	0.197	01:50
Air Blank	0.000	01:50
Air Blank	0.000	01:52
Subject Sample #2	0.194	01:52
Air Blank	0.000	01:53
Control Test	0.080	01:53
Air Blank	0.000	01:54
Diagnostics Check	OK	01:54

Cylinder Lot: 32324080A2
Exp: 12/05/2026

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 THOMAS H LEAHEY, 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: 11-26-25
Signature

Sworn to (or affirmed) before me this 26 day of November, 2025

_____ Fay A Sentmanat #24968
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

NOT A CERTIFIED COPY

WITNESS LIST

CASE NUMBER: 25120205

ARRESTING OFFICER: INV. A. SENTMANAT

ADDRESS: TRAFFIC DIVISON/DUI

PHONE NUMBERS (HOME): _____ (WORK) 561-688-3400

CAN TESTIFY TO: FACTS OF THE CASE AND DUI INVESTIGATION.

NAME: D/S S. MURRAY #24987

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

PHONE NUMBERS (HOME) _____ (WORK) 561-688-3400

CAN TESTIFY TO: DRIVING PATTERN, TRAFFIC STOP, AND SIGNS OF IMPAIRMENT.

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NOT A CERTIFIED COPY

TESTING FACILITY TASK REPORT

AGENCY: PBSO

SUBJECT: Richardson, Kristin N

CASE NUMBER: 25-120205

DATE: Nov 26, 2025

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 0143

ENDING TIME: 0156

BREATH TESTS RESULTS: 1) .197 TIME 0150 A.M. ☒ P.M. ☐ 2) .194 TIME 0152 A.M. ☒ P.M. ☐

3) n/a TIME 0 A.M. ☐ P.M. ☐ 4) n/a TIME 0 A.M. ☐ P.M. ☐

BREATH OPERATOR: Thomas H Leahey #19183

MAINTENANCE TECHNICAN: Jason Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: thick, slurred

ATTITUDE: cooperative

CLOTHING: black pants, gray hoodie, black slippers

MEDICAL CONDITIONS: Anxiety

MEDICATIONS: Marijuana

OTHER:

eyes are glassy & bloodshot
odor of unknown alcoholic beverage on breath

COMMENTS:

arrived at center A/O conducted 20 minute observation period 0121 hrs

subject agreed to perform breath test - if I refuse what ?

A/O read I/C & subject understood i/C

subject agreed to perform breath test

subject completed breath test

A/O read rights & subject understood rights

tech read breath test results & subject understood breath test results

A/O did not attempt Q&A

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: _____ CASE NO: _____

DATE OF ARREST: _____ TIME OF ARREST: _____

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

Will you take the test? YES____ NO____

NOTE: *READ ONLY IF THE ANSWER TO THE ABOVE IS "NO"*

If you refuse to take the test I have requested of you, your driving privilege will be suspended for a period of one (1) year for a FIRST REFUSAL. Additionally, if you refuse to take the test I have requested of you, you will be committing a misdemeanor of the SECOND DEGREE if this is your first refusal, in addition to any other penalties which can be imposed by law. If you refuse to take the test I have requested of you, and if your driving privilege has been PREVIOUSLY SUSPENDED, or if you have been PREVIOUSLY FINED under s. 327.35215, for a refusal to submit to a lawful test of your breath, urine, or blood, your driving privilege will be suspended for a period of eighteen (18) months. Additionally, you will be committing a misdemeanor of the FIRST DEGREE, in addition to any other penalties which can be imposed by law. Refusal to submit to the test I have requested is admissible into evidence in any criminal proceeding.

Do you understand what I have just read to you? YES____ NO____

Do you still refuse to submit to this test? YES____ NO____

NOTE: *IF THE SUBJECT POSSESSES A COMMERCIAL DRIVER LICENSE (CDL), READ THE FOLLOWING, REGARDLESS OF WHETHER THE SUBJECT IS OPERATING A COMMERCIAL MOTOR VEHICLE (CMV)*

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

Do you understand what I have just read to you? YES____ NO____

Do you still refuse to submit to this test? YES____ NO____

Date read: [illegible] Time read: _____ Location read: [illegible]

LAW ENFORCEMENT OFFICER NAME (printed): _____ ID: _____

LAW ENFORCEMENT OFFICER SIGNATURE: [illegible]

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

FORM #0126BR REV 09/25

NOT A CERTIFIED COPY

SUBJECT: Richardson, Kristin N CASE NUMBER: 25-120205

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 detecting the presence of chemical or controlled substances.

-OR-

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

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'S SIGNATURE: _____ ,,

CONSTITUTIONAL WARNINGS

I AM REQUIRED TO WARN YOU BEFORE YOU MAKE ANY STATEMENTS THAT YOU HAVE THE FOLLOWING RIGHTS:

You have the right to remain silent and not answer any questions.

Any statement must be freely and voluntarily given.

You have the right to the presence of a lawyer of your choice before you make any statement and during any questioning.

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.

If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent.

I can make no threats or promises to induce you to make a statement. This must be of your own free will.

Any statement can and will be used against you in a court of law.

SUSPECT'S SIGNATURE: Read on camera ,,

NOT A CERTIFIED COPY

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: _____

NOT A CERTIFIED COPY

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

PBSO CASE # **25120205** PBSO ZONE **8-51**

AGENCY CASE # _____ CRASH CASE # _____

TIME OF STOP/CRASH **00:06** DATE **11/26/2025** DAY **Wednesday**

SUBJECT'S NAME **RICHARDSON, KRISTIN, NICOLE** RACE **W** SEX **F**

HGT **5'06"** WGT **130** DOB **11/7/1983**

LOCATION **SOUTH STATE ROAD 7 & HUTTON BOULEVARD, WELLINGTON, FL 33414**

ARRESTING OFFICER'S NAME & ID **INV. A. SENTMANAT (24968)** AGENCY **Palm Beach County Sheriff's Office**

DIVISION: **TRAFFIC/DUI**

NOTIFIED BY COMMO **YES**

ARRIVAL AT FACILITY **01:21**

ARREST TIME **00:55**

BREATH RESULTS:

1) .197
2) .194
3) N/A
4) N/A

TESTING OFFICER'S ID **19183** PBSO VIDEOTAPE # _____

NOT A CERTIFIED COPY



NOT A CERT

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	17
	☒	316.650(11)	Driver information contained in a uniform traffic citation	8, 9
	☐	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	☐		Surveillance techniques, procedures, and personnel; inventory of law enforcement resources; policies or plans pertaining to mobilization, depoloyment, or tactical operations. § 119.071(2)(d), Fla. Sat.	
	☐		Confidential informants. § 119.071(2)(f), Fla. Stat.	
	☐	119.071 (2)(J)	The Victim's address in a Domestic Violence action on petitioner's request.	
	☐	415.107 (1)	ELDERLY NEGLECT ABUSE	

NOT A CERTIFIED COPY

REVIEW COMPLETED BY

Booking Number: 2025031783	**Date:** 11/26/2025
	Specialist Name/ID#: MTooks #8557