0537828 23CT 1990 3412

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

ADMINISTRATIVE

OBTS Number		Juvenile
		1 — N

Agency ORI Number	Agency Name	Agency Report Number (N.T.A.'s only)
FLO 500000	PALM BEACH COUNTY SHERIFF'S OFFICE	06- 23-030405

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

Weapon Seized / Type: 2 (1. Yes 2. No)

Multiple Clearance Indicator: 01

Location of Arrest (Including Name of Business)	Location of Offense (Business Name, Address)
S MILITARY TRAIL / LANTANA ROAD , UNINCORPORATED/FL/33463	S MILITARY TRAIL / LANTANA ROAD , UNINCORPORATED/FL/33463

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
01/28/2023	0434					Gardens Towing, 416 N.E. 6th Ave., Boynton Beach, FL 33435, (561) 585-9272

DEFENDANT

Name (Last, First, Middle): **Green, Krystal, Marie** — Alias (Name, DOB, Soc. Sec. #, Etc.)

Race (W - White I - American Indian B - Black 0- Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	F	2/12/1987	5'05	155	BLUE	BRO	MED	MED

Scars, Marks, Tatoos, Unique Physcal Features (Location, Type, Description)	Marital Status	Religion	Indication of:	Y	N	Unk.
BACK / SIDES	Divorced	NONE	Alcohol Influence	☒	☐	☐
			Drug Influence	☐	☐	☒

Local Address (Street, Apt. Number) (City) (State) (Zip)	Phone	Residence Type: 1. City 2. County 3. Florida 4. Out of State
5183 Blueberry Hill Ave, Lake Worth, FL 33463	(561) 329 1310	2

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

Business Address (Name, Street) (City) (State) (Zip)	Phone	Occupation
	( )	PERSONAL ASSISTANT

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
G650513875520, FL	[redacted]		STONYBROOK , NY	YES

CO-DEF

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

JUVENILE

☐ Parent ☐ 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 provided by ☐ defendant and / or ☐ defendant's parents The child and / or parent was told to keep the Juvenile Court Clerk (Phone 355-2526) informed of any change of address. ☐ Yes, by: (Name) ☐ No: (Reason)

School Attended	Grade

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

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. Synthetics U. Unknown Z. Other

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
DRIVING UNDER THE INFLUENCE	1	☐Y ☒N	316.193(1)(a)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
N	N		23-030405		

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 FEBRUARY Day 23 Year 2023 Time 0830 AM X PM

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) — 01/28/2023 Date Signed

ADMIN

HOLD for other Agency Name: ☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other:

Signature of Arresting Officer: x Inv W Amador

Name of Arresting Officer (Print): INV. W. AMADON I.D. # 9440

Intake Deputy: Barile I.D. # 18342 Pouch #

Transporting Officer: INV. W. AMADON ID # 9440 Agency PBSO

Name Verification (Printed by Arrestee) (PRINT)

Witness here if subject signed with an -X"

PAGE 1 OF 1

DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'s ONLY)

PBSO #148 REV. 8/97

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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: **23 - 23030405**

Charge Type (Check as many as apply): ☐ 1 Felony ☐ 2 Traffic Felony ☐ 3 Misdemeanor ☐ 4 Traffic Misdemeanor ☐ 5 Ordinance ☐ 5 Other

Special Notes:

DEF

Name (Last, First, Middle): **Green, Krystal,**

Alias:

Race: **W** Sex: **F** Date of Birth: **02/12/187**

CHARGES

Charge Description: **DUI**

Charge Description:

Charge Description:

Charge Description:

VICTIM

Victim's Name (Last, First, Middle):

Race: Sex: Date of Birth:

Local Address (Street, Apt Number): (City): (State): (Zip): Phone: ( ) Address Source:

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

PROBABLE CAUSE STATEMENT

The undersigned certifies and swears that 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 **28th** day of **January** 20 **23** at **3:53** ☒ A.M ☐ P.M (Specifically include facts constituting cause for arrest.)

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

I was in the the area of S Military Trail and Lantana Rd when I observed a Black Kia Sorento bearing FI Tag LMPD42 stopped in the intersection. I observed a light cycle go by and the vehicle had not moved. I then conducted a traffic stop on the vehicle. Upon approaching the driver side of the vehicle the female drive appeared unconscious and breathing. The vehicles windows were up and the doors were locked while the vehicle was still in drive. The female driver later gained her consciousness and rolled down the window, at which point she was instructed to put the vehicle in park. Upon speaking with the driver who was later identified as Krystal Green 02/12/1987 by her Florida Drivers License, I smelled an unknown alcoholic beverage emanating from her person. Green exhibited slurred speech and had glossy eyes. Green was also unable to determine her location. Based on my observations, I requested assistance from DUI Investigator W. Amadon ID#9440 who responded to the scene and took over the investigation.

ADMINISTRATIVE

STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this **28** day of **January** 20 **22** by **K Thomas 41476**

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

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

PAGE **1** OF **1**

DISTRIBUTION WHITE – Court Copy GREEN – State Attorney YELLOW – Agency PINK – Agency

PBSO #0004 REV. 04/22

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D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE_____ DAY OF _____ 20 21, AT 0353 AM ✓ PM

SUBJECT: Green, Krystal, Marie CASE NUMBER: 23-030405

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: INV. W. AMADON

PERSONAL CONTACT

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

On Saturday January 28, 2023 at approximately 0400 I responded to the intersection of S. Military Trail and Lantana Road, located within Unincorporated Palm Beach County Florida regarding a traffic stop, with a suspected impaired driver. Upon arrival I met with D/S K. Thomas, #41476 who provided me with a signed, sworn written supplemental probable cause affidavit stating: "I was in the area of S Military Trail and Lantana Rd when I observed a Black Kia Sorento bearing Fl Tag LMPD42 stopped in the intersection. I observed a light cycle go by and the vehicle had not moved. I then conducted a traffic stop on the vehicle. Upon approaching the driver side of the vehicle the female drive appeared unconscious and breathing. The vehicles windows were up and the doors were locked while the vehicle was still in drive. The female driver later gained her consciousness and rolled down the window, at which point she was instructed to put the vehicle in park. Upon speaking with the driver who was later identified as Krystal Green 02/12/1987 by her Florida Driver's License, I smelled an unknown alcoholic beverage emanating from her person. Green exhibited slurred speech and had glossy eyes. Green was also unable to determine her location".

OBSERVATION OF DRIVER:

I observed the defendant to be unsteady on her feet. I observed the defendant to have a noticeable orbital sway as she stood. I observed the defendant's clothing was properly worn. The defendant's eyes were red, glassy, and, watery. The defendant weaved as she walked from their vehicle to the front of mine. The defendant's movements were clumsy, and at times, uncoordinated.

DRIVER'S STATEMENTS:

The defendant denied consuming any narcotics and admitted to consuming "two vodka drinks" within the last several hours.

ODORS:

I immediately detected the odor of an unknown alcoholic beverage emanating from the defendant's breath that intensified when she spoke.

GENERAL OBSERVATIONS

SPEECH: **slow / slurred / mush mouthed**

ATTITUDE: **polite / respectful / apologetic**

CLOTHING: **black shirt / blue jeans / brown shoes**

MEDICAL/OTHER: **stated none**

NOT A CERTIFIED COPY

STATE OF FLORIDA
COUNTY OF PALM BEACH

INV. W. AMADON Inv W Amadon
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 28 day of JANUARY 20 21 by INV. W. AMADON

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

Shari O'Neal (#6212) S. O'Neal
Notary Public, Clerk of Court, Officer (F.S.S 117.10)

SHARI L. O'NEAL
Notary Public - State of Florida
Commission # GG 972080
My Comm. Expires Jun 25, 2024
Bonded through National Notary Assn.

SUBJECT: Green, Krystal, Marie CASE NUMBER 23-030405

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 had a noticeable orbital sway during this task.

WALK & TURN:

The defendant was placed into the instructional stance for the Walk and Turn Task and told to remain in that position until I told her to move. The defendant was given instructions and a demonstration. The defendant moved from the instructional position prior to me telling her to move. The defendant started before the instructions were complete. The defendant missed heel to toe. The defendant stepped off the line. The defendant took an incorrect number of steps. The defendant stopped walking. The defendant performed an improper turn. The defendant used her arms for balance. The defendant had a noticeable orbital sway during this task.

ONE LEG STAND:

The defendant was placed into the instructional stance for the One Leg Stand Task and told to remain in that position until I told her to move. The defendant was given instructions and a demonstration. The defendant moved from the instructional position prior to me telling her to move. The defendant used her arms for balance. The defendant did not count aloud in the manner instructed. The defendant hopped in an attempt to maintain balance. The defendant swayed trying to maintain balance. The defendant had a noticeable orbital sway during this task.

FINGER TO NOSE:

The defendant was placed into the instructional stance for the Finger to Nose Task and told to remain in that position until I told her to move. The defendant was given instructions and a demonstration. The defendant had to be reminded to keep her eyes closed. The defendant did not touch tip to tip as instructed. The defendant did not return her hand to the side of her body as instructed. The defendant had a noticeable orbital sway during this task.

ROMBERG ALPHABET:

The defendant was placed into the instructional stance for the Romberg Alphabet Task and told to remain in that position until I told her to move. The defendant was given instructions and a demonstration. The defendant moved from the instructional position prior to me telling him to move. The defendant had to be reminded to keep her feet together. The defendant correctly recited the alphabet.

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BREATH TEST RESULTS: | 1) VNM | 2) VNM | 3) REFUSAL | 4) |

STATE OF FLORIDA
COUNTY OF PALM BEACH

INV. W. AMADON J W Amadon
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 28 day of JANUARY 20 21 by INV. W. AMADON

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

Shari O'Neal (#6212) S. O'Neal
Notary Public, Clerk of Court, Officer (F.S.S 117.10)

SHARI L. O'NEAL
Notary Public - State of Florida
Commission # GG 972080
My Comm. Expires Jun 25, 2024
Bonded through National Notary Assn.

TESTING FACILITY TASK REPORT

AGENCY: PBSO INV. AMADON #9440

SUBJECT: GREEN, KRYSTAL M.

CASE NUMBER: 23-030405

DATE: 01-28-23

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 05:11 HRS

ENDING TIME: 05:29 HRS

BREATH TESTS RESULTS: 1) .145 V* TIME 05:18 A.M.☒ P.M.☐ 2) .138 V* TIME 05:23 A.M.☒ P.M.☐

3) R TIME 05:29 A.M.☒ P.M.☐ 4) TIME A.M.☐ P.M.☐

REFUSED

BREATH OPERATOR: S.O'NEAL #6712

MAINTENANCE TECHNICAN: J. KARLECKE #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED, LOUD

ATTITUDE: CALM, COOPERATIVE, MOODSWINGS, SARCASTIC, ARGUMENTATIVE, PROFANE, UNCOOPERATIVE

CLOTHING: SHIRT- BLACK PANTS- LIGHT BLUE JEANS

MEDICAL CONDITIONS: RHEUMATOID ARTHRITIS

MEDICATIONS: YES

OTHER:

EYES: RED, GLASSY
ODOR OF UNKNOWN ALCOHOLIC BEVERAGE.

COMMENTS:

20 MIN. OBSERVATION DONE BY A/O AMADON #9440
A/O REQUESTED THE BREATH TEST.
D SUBMITTED TO THE BREATH REQUEST.
D WAS NOT BLOWING CORRECTLY, EXPLAINED TO HER HOW TO BLOW AGAIN DURING THE TESTING.
PHYSICALLY SHOWED THE D HOW TO BLOW.
D WAS BEING DIFFICULT AND WAS NOT BLOWING CORRECTLY.
A/O READ THE IMPLIED CONSENT ON CAMERA TO THE D.
D STILL WAS BEING DIFFICULT AND UNCOOPERATIVE ABOUT DOING THE TEST CORRECTLY.
A/O TOOK IT AS A REFUSAL.
NO C/W AND Q&A CONDUCTED.

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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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STATE OF FLORIDA
AFFIDAVIT OF REFUSAL TO SUBMIT TO
BREATH TEST

I, INV. W. AMADON (Person reading Implied Consent Warning), a duly certified Law Enforcement Officer or Correctional Officer, am a member of Palm Beach County Sheriffs Office (Name of enforcement agency), and I do swear or affirm that on or about the TWENTY-EIGHTH day of January, 2023, at 05:33

DRIVER (Type or Print) KRYSTAL (FIRST) MARIE (MIDDLE OR MAIDEN) GREEN (LAST),

DL # G650513875520, state of FL, was placed under lawful arrest for the offense of DUI by INV. W. AMADON (Name of Arresting Officer) and issued Citation # AGY7JEE.

That on or about the TWENTY-EIGHTH day of January, 2023, at 05:29 in Palm Beach County,

I requested that the driver submit to a **BREATH** test for the purpose of determining its alcohol content. I informed the driver that the refusal to submit to such test would result in the suspension of his or her driving privilege for a period of one (1) year for a first refusal, or for a period of eighteen (18) months if his or her driving privilege had been previously suspended, or if he or she had been previously fined under s. 327.35215, F.S., for refusing to submit to a breath, urine, or blood test. I also informed the driver that he or she commits a misdemeanor by refusing to submit to a lawful test as requested above if his or her driving privilege has been previously suspended, or if he or she has been previously fined under s. 327.35215, F.S., for refusal to submit to a lawful test of his or her breath, urine, or blood. Nonetheless, the driver refused to submit to the test requested.

#9440

Signature of Law Enforcement Officer or Corrctional Officer

THE AFFIDAVIT MUST BE NOTARIZED OR ATTESTED TO (s. 117.10, F.S.)

SHARI L. O'NEAL
Notary Public - State of Florida
Commission # GG 972080
My Comm. Expires Jun 25, 2024
Bonded through National Notary Assn.

(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before me this 29 day of January, 2023

by _____

who is personally known to me or who has produced _____ as identification.

Notary Public S. O'Neal

The foregoing instrument was sworn and subscribed before me:

_____
Signature of Attesting Officer

Title _____

Date _____

Note: Mail or hand deliver to the designated Bureau of Administrative Reviews office, Department of Highway Safety and Motor Vehicles, with the driver's license, the appropriate copy of the UTC, and the probable cause affidavit.

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****EFFECTIVE OCTOBER 1, 2021****

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

PBSO CASE # 23-030405 PBSO ZONE 6-11

AGENCY CASE # _____ CRASH CASE # _____

TIME OF STOP/CRASH 0353 DATE 01/28/2023 DAY Saturday

SUBJECT'S NAME Green, Krystal, Marie RACE W SEX F

HGT 5'05 WGT 155 DOB 2/12/1987

LOCATION S MILITARY TRAIL / LANTANA ROAD , UNINCORPORATED/FL/33463

ARRESTING OFFICER'S NAME & ID INV. W. AMADON (9440) AGENCY Palm Beach County Sheriff's Office

DIVISION: C.I.D. / DUI

NOTIFIED BY COMMO YES

ARRIVAL AT FACILITY 0450

ARREST TIME 0434

BREATH RESULTS:

1). 145 VNm*

2). 138 VNm*

3)

4) REFUSED

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TESTING OFFICER'S ID 6212 PBSO VIDEOTAPE # /

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: 80-006477 Software: 8100.27
Date of Test: 01/28/2023

Date of Last Agency Inspection: 01/13/2023
Observation Period Began: 04:50
Subject's Name: KRYSTAL M GREEN DOB: 02/12/1987 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	05:13
Air Blank	0.000	05:14
Control Test	0.081	05:14
Air Blank	0.000	05:15
Subject Sample #1	VNM*	05:18
Air Blank	0.000	05:19
Air Blank	0.000	05:20
Subject Sample #2	VNM**	05:23
Air Blank	0.000	05:24
Control Test	0.079	05:24
Air Blank	0.000	05:25
Diagnostics Check	OK	05:25

*Volume Not Met (0.145 - Breath Sample Not Reliable to Determine Breath Alcohol Level)
**Volume Not Met (0.138 - Breath Sample Not Reliable to Determine Breath Alcohol Level)

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 SHARI L O'NEAL, 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: S. O'Neal Date: 01-28-23
Signature

Sworn to (or affirmed) before me this 28 day of January, 2023

Inv W Amadon — Inv. Amadon #4440
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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WITNESS LIST

CASE NUMBER: 23-030405

ARRESTING OFFICER: INV. W. AMADON

ADDRESS: 3228 Gun Club Road, West Palm Beach , FL 33406

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

CAN TESTIFY TO: DUI Investigation

NAME: D/S K. Thomas #41476

ADDRESS: 3228 Gun Club Road, West Palm Beach , FL 33406

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

CAN TESTIFY TO: TRAFFIC STOP / INDICATORS OF IMPAIRMENT

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) 0

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

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CAN TESTIFY TO: _____

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CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

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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	☐		Other:	
	☐		Other:	

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REVIEW COMPLETED BY

Booking Number: 2023002718	**Date:** 01/29/2023
	Specialist Name/ID: T.Howard/7185