0411748 26CF8046AMB 1095

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

☐ Check if Supplement is Attached

ARREST / NOTICE TO APPEAR

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

1

Juvenile

ADMINISTRATIVE

OBTS Number

Agency ORI Number	Agency Name	Agency Report Number (N.T.A.'s only)
0500200	Boca Raton Police Department	32 2026-010927

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

If Weapon Seized: Enter Type UNARMED

Multiple Clearance Indicator

Location of Arrest (Including Name of Business)	Location of Offense (Business Name, Address)
4499 N FEDERAL HWY, BOCA RATON, FL 33431	4499 N FEDERAL HWY, BOCA RATON, FL 33431

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
10/24/2026	21:51	10/24/2026	22:01	10/25/2026	02:02	PRIORITY TOWING

DEFENDANT

Name (Last, First, Middle): KAINE, SARA ELIZABETH

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

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	05/29/1984	5'05	120	BLUE	BLONDE	LIGHT	Small

Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description)

Marital Status: M

Religion: NONE

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

Local Address (Street, Apt. Number) (City) (State) (Zip): 21856 HIGH PINE TRL, BOCA RATON, FL 33428

Mobile Phone: (954) 552-8877

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

Permanent Address (Street, Apt. Number) (City) (State) (Zip): 21856 HIGH PINE TRL, BOCA RATON, FL 33428

Phone: (954) 552-8877

Address Source: SELF/FL DF

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

Phone:

Occupation:

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
K226471580000 / FL	[redacted]		BLOOMSBERG, PA, United	US

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 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: ☐ No 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 #
POSSESSION OF PSILOCYBIN	1	☐ Y ☒ N	893.13(6)(A) SCHED I	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
	N	/			5,000

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
REFUSAL TO SUBMIT TO TESTING; PENALTIES	1	☐ Y ☒ N	316.1939(1D)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
	N	/			250

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
DUI- PROPERTY DAMAGE/ INJURY TO PROPERTY OR	1	☐ Y ☒ N	316.193(3C1)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
	N	/			1,000

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): 200 W Atlantic Ave, Delray Beach, Fl 33444 DELRAY BEACH FL

FILED PBSO CLERK'S OFFICE 2026 OCT 25 AM 7:22

Court Date and Time: Month November Day 30 Year 2026 Time 8:30 (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 COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.

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

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

Intake Deputy: DSR Rolle #5011 I.D. # Pouch #

Signature of Arresting Officer: 937

Name of Arresting Officer (Print): LULL, J. T. I.D. # 937

Transporting Officer: OFC LULL I.D. # 937 Agency: BRPD

Name Verification (Printed by Arrestee) (PRINT): OCT 25 3:55

Witness here if subject signed with an "X".

PAGE 1 OF 1

PBSO #0148 REV. 10/22

☐ COURT ☐ DEFENDANT ☐ FILE ☐ CENTRAL RECORDS ☐ JAIL ☐ CRIMINAL INVEST. ☐ P.I. ☐ ARRESTING

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PROBABLE CAUSE AFFIDAVIT

OBTS Number:

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

ADMIN

Agency ORI Number	Agency Name	Agency Report Number
FL FL0500200	BOCA RATON POLICE DEPARTMENT	3 | 2 | 2026-010927

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
KAINE, SARA ELIZABETH		W	F	05/29/1984

CHARGES

Charge Description	Charge Description
316.193(3C1) DUI- PROPERTY DAMAGE/ INJURY TO PROPERTY	893.13(6)(A) POSSESSION OF PSILOCYBIN
316.1939(1D) REFUSAL TO SUBMIT TO TESTING	

VICTIM

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

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

Business Address (Name, Street) (City) (State) (Zip)	Phone	Occupation
	(561) 338-1234	

PROBABLE CAUSE STATEMENT

The undersigned certifies and swears that he/she has just and resonable grounds to believe, and does believe that the above named Defendant committed the following violation of law.

The Person taken into custody . . .

☐ committed the below acts in my presence.

☐ confessed to _____ admitting to the below facts.

☐ was observed by _____ who told _____ that he/she saw the arrested person committ the below acts.

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

On the 24 day of October, 2026 at 21:51 (Specifically include facts constituting cause for arrest.)

On 10/24/2026 at approximately 2055 hours, I responded to the area of 4499 N Federal Hwy in reference to a two-vehicle accident.

Upon arrival, I met with Officer Shiver, who conducted the crash investigation (HSMV# 27777027). Ofc. Villafane obtained a sworn witness statement from the other driver involved, Victor Rodriguez Carrasq, who witnessed the other driver involved, later identified by her FL DL to be Sara Kaine, operating the silver Ferrari bearing FL tag AJRFL involved in the accident. He also collected a sworn witness statement from the security officer for the Sanctuary community, Hans Desulme, who saw Kaine exit the driver`s seat of the vehicle after the crash.

I assisted Officer Shiver with the crash investigation by interviewing the passenger of the Ferrari, Alan Rose. Rose stated the following: Kaine was driving him home from a yacht party with his friends in Fort Lauderdale. He allowed Kaine to operate his vehicle rather than using hers. It should be noted that Rose showed signs of significant intoxication, including slurred speech, difficulty walking, and had a strong odor of an unknown alcoholic beverage emanating from his breath and person.

Officer Shiver advised Kaine that he concluded the crash investigation, and I informed her that I was now beginning a criminal investigation for DUI. I then advised Kaine of her Miranda Warnings, and she stated she understood. Kaine stated she has no medical conditions aside from anxiety and asthma. She last took her anxiety medication, "Xanax" alprazolam, approximately two weeks ago. Kaine did not have any physical injuries, is not diabetic, and has no problems with her eyes that cannot be corrected by glasses or contacts. While speaking with Kaine, I observed she had bloodshot glossy eyes, she was swaying, and I could smell an odor of an unknown alcoholic beverage emanating from her breath and person.

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ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

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

10/25/2026
DATE

937
SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

LULL, JACK THOMAS (937)
NAME OF OFFICER (PLEASE PRINT)

10/24/2026
DATE

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

ADMIN

OBTS Number	PROBABLE CAUSE AFFIDAVIT SUPPLEMENT	1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias	1	JUVENILE

Agency ORI Number	Agency Name	Agency Report Number
FL FL0500200	BOCA RATON POLICE DEPARTMENT	3 | 2 2026-010927

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
KAINE, SARA ELIZABETH		W	F	05/29/1984

PROBABLE CAUSE STATEMENT

Based on my observations of Kaine, I was concerned that Kaine had been operating a motor vehicle while under the influence of alcohol and/or a chemical or controlled controlled substance to the point that her normal faculties were impaired. I then requested Kaine to participate in voluntary field sobriety tasks to dispel my alarm that she is under the influence of alcohol and/or a chemical or controlled substance. Kaine advised she would participate in the tasks.

The first task was the Horizontal Gaze Nystagmus. After explaining the instructions to Kaine, I asked her if she understood. She replied yes. I then asked if she had any questions, and she replied no. I noticed equal pupil size and equal tracking in both eyes. During this task, I had to remind Kaine to keep her head straight multiple times. I observed lack of smooth pursuit in both eyes and distinct and sustained nystagmus in both eyes. Kaine was swaying and I could smell a strong odor of an unknown alcoholic beverage emanating from her breath and person.

Officer Harrison also conducted the Horizontal Gaze Nystagmus exercise on Kaine. She advised me that she observed lack of smooth pursuit in both eyes, distinct and sustained nystagmus in both eyes, and onset of nystagmus prior to 45 degrees in both eyes.

The next task was the Walk and Turn. I guided Kaine over to a solid white line on a flat and dry surface that was well lit. I clarified with Kaine which white line we would be using. I offered Kaine the opportunity to remove her sandals, but she initially refused. Later, she decided to conduct the exercise barefoot. I then asked Kaine to stand in the starting position and not start until I told her to while I explained and demonstrated the task. Kaine advised she understood the task and did not have any questions. Kaine attempted the task multiple times before I told her to and did not maintain her balance while listening to the instructions. During the task, she took 8 steps forward, used her arms for balance, and did not turn properly.

The next task was the One Leg Stand. I explained and demonstrated the task. Kaine stated she understood the instructions and did not have any questions. Kaine began the exercise when instructed. During the exercise, I observed her swaying.

The next task was the Finger to Nose (L-R-L-R-R-L). I explained and demonstrated the task. Kaine stated she understood and did not have any questions. Kaine showed me she knew which hand was her right and left, what her index finger was, and where the tip of the nose was. During this task on the second left, she touched her nose using the middle knuckle of her index finger. On the third left, Kaine began to move her right hand before correcting herself and touching the tip of her nose with the tip of her left index finger. Kaine was also swaying.

The next task was the Rhomberg Alphabet. I explained the instructions to Kaine, and she replied she understood the instructions and did not have any questions. Kaine stated she

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ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

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

10/25/2026
DATE

937
SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

LULL, JACK THOMAS (937)
NAME OF OFFICER (PLEASE PRINT)

10/24/2026
DATE

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

ADMIN

OBTS Number	PROBABLE CAUSE AFFIDAVIT SUPPLEMENT	1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias	1	JUVENILE

Agency ORI Number	Agency Name	Agency Report Number
FL FL0500200	BOCA RATON POLICE DEPARTMENT	3 | 2 | 2026-010927

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
KAINE, SARA ELIZABETH		W	F	05/29/1984

PROBABLE CAUSE STATEMENT

could recite the English alphabet from A-Z without skipping any letters and without singing it. Kaine was able to recite the alphabet without issue, but I observed her swaying and tapping her legs rhythmically as she recited each letter.

Based on her performance on the tasks and my observations, I developed probable cause to arrest Sara Kaine for being in actual and physical control of a motor vehicle while under the influence of alcohol and/or a chemical or controlled substance. I placed her into handcuffs, checked for tightness and proper fit. Ofc. Harrison conducted a search of her person before placing her into my marked patrol vehicle. During the search incident to arrest, Kaine stated that she had consumed "not that much" alcohol tonight. Officer Harrison asked how much "not that much" was, Kaine replied, "A few glasses of wine." Notably, Kaine also had multiple spots of spilled liquid (suspected wine) on her dress, which she advised was "a drink."

While in the back of my patrol vehicle, Kaine spontaneously uttered that she was coming from a boat party and that people weren't doing drugs, only having food and drinks.

Ofc. Villafane assisted with conducting an inventory of the vehicle. During the vehicle inventory, Ofc. Villafane advised he located a clear bag with two orange gummies in it on the driver's seat of the vehicle. In the driver's side door pocket, he also discovered a black container with red gummies. Ofc. Villafane asked Rose what was in the gummies, and Rose stated that the gummies contained Psilocybin and Psilocin, "shrooms". I collected the clear bag with orange gummies and black container with red gummies to field test at BRPD booking.

I then transported Kaine to BRPD booking. Ofc. Almeida responded as the BAT operator. A 20-minute observation was conducted on Kaine, and then she was brought into the BRPD BAT room. I asked Kaine to provide a breath sample. Kaine stated she would not provide a breath sample. I then read her Florida Implied Consent Warnings. Kaine advised she understood and still refused to provide a breath sample. I then read her Miranda Warnings again, and she advised she understood. Kaine did not wish to answer any questions. Sara Kaine is being charged with DUI causing property damage pursuant to F.S.S. 316.193(3)(c)(1). Kaine is additionally being charged with refusal to provide a breath sample pursuant to F.S.S. 316.1939(1)(d).

I then field tested the orange and red gummies separately. The orange gummies (8.0 grams) field tested positive for Psilocin by turning purple using a NARK 2 Psilocybin/Psilocin test kit. The red gummies (92.1 grams) field tested positive for Psilocybin by turning bright pink using a NARK 2 Psilocybin/Psilocin test kit. Photos of the positive test kits were captured on body camera. The orange gummies and red gummies were submitted to the Boca Raton PD Evidence Unit for safekeeping.

Given the results of the field testing and Kaine being in constructive possession of the

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ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

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

10/25/2026
DATE

937
SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

LULL, JACK THOMAS (937)
NAME OF OFFICER (PLEASE PRINT)

10/24/2026
DATE

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

ADMIN

OBTS Number: -

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

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

1

JUVENILE

Agency ORI Number	Agency Name	Agency Report Number
FL FL0500200	BOCA RATON POLICE DEPARTMENT	32 2026-010927

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
KAINE, SARA ELIZABETH		W	F	05/29/1984

PROBABLE CAUSE STATEMENT

orange and red gummies in the driver`s seat of the vehicle, I determined that there is probable cause to additionally charge Kaine with violating FSS 893.13(6A) Possession of a Schedule 1 Substance in addition to her other charges.

Kaine was issued a DUI citation (#ANY9GYE), a citation for careless driving (#ANY9GWE) and a citation for lane violation (#ANY9GXE). The vehicle was towed by Priority Towing. Kaine was medically cleared at Boca Raton Regional Hospital and then transported to Palm Beach County Jail without issue.

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ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

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

10/25/2026
DATE

937
SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

LULL, JACK THOMAS (937)
NAME OF OFFICER (PLEASE PRINT)

10/24/2026
DATE

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

26-10927
1015: 2151
20min: 2222
K226471580000
Sara E. Kaine
5/29/84
Ofc Jack Lull #937

DUI INFLUENCE REPORT

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

Revised: July 9, 2018

BOCA RATON POLICE SERVICES DEPARTMENT

DUI INFLUENCE REPORT – PART I

On the 24 day of October, 2026, at 2151 AM/PM:

Subject: Kaine, Sara Case Number: 26-10927

PERSONAL CONTACT

Driving Pattern: _____

Observation of Driver: See PC

Driver's Statement: _____

Odors: _____

GENERAL OBSERVATIONS

Speech: _____

Attitude: See PC

Clothing: _____

Medical Problems: _____

Medications: _____

Other: _____

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Horizontal Gaze Nystagmus:

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

Can not do, Why? _____

Walk and turn: _____

Can not do, Why? _____

One leg stand: _____

Can not do, Why? _____

Finger to nose: _____

Can not do, Why? _____

Alphabet (speech pattern): _____

Can not do, Why? _____

Breath/Blood test results: _____

State of Florida, County of Palm Beach,
Sworn and subscribed before me this 10/24/26 (date) by Town.

_____ 10/24/26
Notary/Clerk of Court/ Officer (FSS 117.10) Date

_____ Ofc. J. Lull
Signature of Arresting Officer Name of Officer (print)

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ARRESTING OFFICER: Ofc. Lull

Name: Ofc Harrison Phone # 561-368-6201 Work # _____

Address: 100 NW 2nd Ave, Boca Raton

Can testify to: SFSTs

Name: Ofc. Almeida Phone # " Work # _____

Address: "

Can testify to: SFSTs, BTO

Name: Ofc Villafane Phone # " Work # _____

Address: "

Can testify to: SFSTs

Name: Ofc. Shiver Phone # " Work # _____

Address: "

Can testify to: Crash investigation

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

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-END OF PART ONE-

BOCA RATON POLICE SERVICES DEPARTMENT

DUI INFLUENCE REPORT – PART II

To be filled out at testing facility

Agency Case # 26-010927

I. INTRODUCTION (Instrument Operator faces video camera)

A. The day is Saturday (day), October (month), 24 (date), 2026 (year).

B. The time is now approximately 10:52 AM/PM

C. The following is in reference to case number 26-010927.

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

E. Officer Lull, have you arrested Sara Kaine (Defendant's name) in violation of Florida State Statute 316.193?

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

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

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

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

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

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

B. I am now requesting that you submit to a lawful test of your **URINE** for the purpose of determining the presence of chemical or controlled substances.

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

IMPLIED CONSENT WARNINGS

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

I am _____ of the _____.

If you 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

Subject Signature: On Camera

Note: Also read for CDL holders:

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).

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

(IF REFUSAL THEN)

At this time Mr./Mrs./(Ms.) ____ has refused to submit to a breath test.

The date is October (month), 24 (day), 2026 (year), and the time is 1059 AM/(PM)

A refusal form will be completed by the arresting officer.

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BOCA RATON POLICE SERVICES DEPARTMENT

JUVENILE CONSTITUTIONAL WARNINGS

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

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

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

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

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

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

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

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

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

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

Signed: _____ Date: _____ Time: _____

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BOCA RATON POLICE SERVICES DEPARTMENT

TESTING FACILITY TASK REPORT

SUBJECT: Kaine, Sara E.

CASE #: 26-10927 DATE: 10/24/26

BREATH TEST RESULTS

1) TIME 1059 Refused AM/PM 2) TIME _____ AM/PM

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

BREATH OPERATOR: Almeida #877

MAINTENANCE TECHNICIAN: Crawford

TESTING OFFICER'S OBSERVATIONS

SPEECH: _____

ATTITUDE: _____

CLOTHING: _____

MEDICAL CONDITION: _____

OTHER: _____

_____

COMMENTS: _____

_____

_____

_____

_____

_____

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Identify yourself and state:

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

(1) You have the right to remain silent and not answer any questions.
(2) Any statement you make must be freely and voluntarily given.
(3) You have a right to the presence and representation of a lawyer of your choice before you make any statement and during any questioning.
(4) If you cannot afford a lawyer, you are entitled to the presence and representation of a court appointed lawyer before you make any statement and during any questioning.
(5) If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent.
(6) I can make no threats or promises to induce you to make a statement. This must be of your own free will.
(7) Any statement can be and will be used against you in a court of law.
(8) Do you understand these rights as I have read them to you, and do you wish to speak to me?

Signed: Read on camera Date: _____ Time: _____

QUESTIONS AND ANSWERS

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

Where were you going? _____

What street or highway were you on? _____

Direction of travel? _____

Where did you start driving from? _____

What city (county) were you stopped in? _____

What time did you start? _____ AM/PM What time is it now? _____

What is today's date? _____ What day of the week is it? _____

When did you last eat? _____ What did you eat? _____

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

How much do you weigh? _____ Have you been drinking? _____ What were you drinking? _____
_____

How much? _____ Where? _____ With whom were you drinking? _____

When did you have your first drink? _____ AM/PM When did you stop drinking? _____AM/PM

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How did you consume your last two drinks? _____

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

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

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

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

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

What? _____ Where? _____

What line of work are you in? _____

When did you last work? _____

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

_____

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

_____

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

Were you in an accident today? _____

Have you taken any drugs or smoked marijuana today? _____

What? _____ When? _____

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

Are you taking any prescription medications? ☐ Yes ☐ No What? _____ When? _____

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

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

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

Any problems not correctable by glasses or contact lenses? _____

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

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

I am now ending this video recording. The time is now approximately 1102 AM/PM

The date is October (month), 24 (day), 2026 (year)

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STATE OF FLORIDA
AFFIDAVIT OF REFUSAL TO SUBMIT TO
BREATH TEST

I, Officer Lull, a duly certified Law Enforcement or Correctional Officer, am a
(Name of Officer reading Implied Consent Warning)

member of Boca Raton PD, and I do swear
(Name of Law Enforcement Agency)

or affirm that on or about the 24 day of October, 2026, at 2151 ☒P.M. ☐A.M.

DRIVER Sara Elizabeth Kaine,
FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL # E226471580000, state of FL, was placed under lawful arrest for

the offense of DUI 316.193(3c1) by Lull and
(Name of Arresting Officer)

issued citation # ANY9G4E.

That on or about the 24 day of October, 2026, at 1059 ☒P.M. ☐A.M.

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, and that he or she commits a misdemeanor of the second degree by so refusing. Additionally, 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 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, and that he or she commits a misdemeanor of the first degree by so refusing. Nonetheless, the driver refused to submit to the test requested.

Signature of Law Enforcement Officer or Correctional Officer

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

The foregoing instrument was sworn and subscribed before me:

937
Signature of Attesting Officer

(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before me this _____ day of _____, 20 _____,
by _____,
who is personally known to me or who has produced _____ as identification.

Notary Public _____

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, 2025

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

Instrument Type: Intoxilyzer 8000
Instrument Registered To: BOCA RATON PD
Instrument Serial Number: 80-006622 Software: 8100.27
Date of Test: 10/24/2026

Date of Last Agency Inspection: 09/24/2026
Observation Period Began: 22:22
Subject's Name: SARA E KAINE DOB: 05/29/1984 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	22:58
Air Blank	0.000	22:59
Control Test	0.078	22:59
Air Blank	0.000	23:00
Subject Sample #1	REF*	23:00
Air Blank	0.000	23:00
Control Test	0.079	23:01
Air Blank	0.000	23:01
Diagnostics Check	OK	23:01

*Subject Test Refused

Cylinder Lot: 08425080A2
Exp: 05/05/2027

State of Florida, County of Palm Beach,

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

I TIMOTHY A ALMEIDA, 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: 10/24/26
Signature

Sworn to (or affirmed) before me this 24 day of October, 2026

_____ _____
Signature of Notary Public-State of Florida Printed Name of Notary Public-State of Florida

Note: Pursuant to section 117.10, Florida Statutes, law enforcement officers, correctional officers, traffic accident investigation officers and traffic infraction enforcement officers are notaries public when engaged in the performance of official duties. In accordance with section 316.1934(5), F.S., this completed form is admissible without further authentication and is presumptive proof of the results herein. To be used in accordance with Section 316.1934(5), F.S., and in administrative proceedings pursuant to 322.2615, F.S.

FDLE/ATP FORM 38 - MARCH 2004, Ref. 11D-8.007

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Palm Beach County Sheriff's Office

Florida State Statute Exemption Sheet

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	☐	119.071(4)(c)	Undercover personnel	Click or tap here to enter text.
	☐	119.071(2)(e)	Confession	Click or tap here to enter text.
	☐	119.071(2)(j)1.e.	Name of a law enforcement officer who, in the course of their duties became a victim, is confidential and exempt for 72 hours after the incident. This information is exempt for an additional 60 days after the initial 72 hours.	Click or tap here to enter text.
Public Info. Exemptions	☐	119.071(2)(j)1.b.(I)	Identity, home or employment phone number, home or employment address, or any other information that could be sued to locate or harass the victim.	Click or tap here to enter text.
	☐	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	Click or tap here to enter text.
	☐	119.0712(2)	Personal information contained in a motor vehicle record	Click or tap here to enter text.
	☐	316.650(11)	Driver information contained in a uniform traffic citation	Click or tap here to enter text.
	☐	119.071(4)(d)2.a.	Home addresses, telephone numbers, dates of birth, and photographs of active/former LE personnel, spouses, and children	Click or tap here to enter text.
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	Click or tap here to enter text.
	☐	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses	Click or tap here to enter text.
	☐	Click or tap here to enter text.		Click or tap here to enter text.
	☐	Click or tap here to enter text.		Click or tap here to enter text.
Other	☐	Click or tap here to enter text.		Click or tap here to enter text.
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REVIEW COMPLETED BY

Booking Number: 2026029041	**Date:** 10/26/2026
	Specialist Name/ID#: Alexandra Jones #38839