



PROBABLE CAUSE AFFIDAVIT

1. Arrest 2. Request for Warrant  
2. N.T.A. 4. Request for Capture

1 JUVENILE

OSIS Number	Agency File Number <b>FL 0500400</b>		Agency Name <b>DELRAY BEACH POLICE DEPARTMENT</b>		Agency Report Number <b>4 0 19-012212</b>
Charge Type Check as many as apply:	<input type="checkbox"/> 1. Felony	<input checked="" type="checkbox"/> 2. Misdemeanor	<input type="checkbox"/> 3. Ordinance	Special Motor	
	<input type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 5. Other		
Name (Last, First, Middle)	Alias			Race	Sex
<b>ANDERSON, KATLEY LAIENE</b>				<b>W</b>	<b>F</b>
Date of Birth	<b>08/29/1997</b>				
Charge Description	Charge Description				
<b>314.193(3)(C)(1) DUI-DAMAGE TO PERSON/PROPERTY</b>					
Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth		
<b>State Of Florida</b>					
Local Address (Street, Apt. Number)	(City)	(State)	(Zip)	Phone	Address Status
Business Address (Name, Street)	(City)	(State)	(Zip)	Phone	Occupation

The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law:  
 The Person taken into custody  
 committed the below acts in my presence.  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 2 day of AUGUST, 2019 at 23:48 (Specifically include facts constituting cause for arrest.)

The following incident occurred in the City of Delray Beach, County of Palm Beach, Florida.

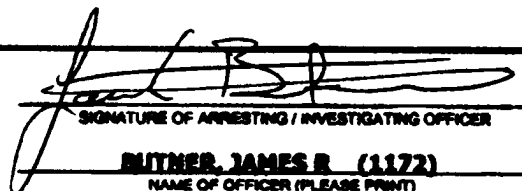
**OFFICER'S NARRATIVE:** On 8/2/2019 I was dispatched to 3327 Old Dixie Blvd in reference to a vehicle crash involving 2 vehicles. Upon arrival, I made contact with Ofc. Wilder who had suspicion that Kailey Anderson, driver of vehicle one, was driving under the influence. I then made contact with Anderson who stated that she was just in the process of moving and was only coming to the store to get cigarettes. I spoke with the driver of vehicle two, Jaffthason Dumilor, and he stated that he witnessed Anderson being the driver of vehicle during the accident. During my conversation with Anderson, I noticed her speech was slurred, her eyes were glassy, and I smelled an odor of an unknown alcoholic beverage. I then informed Anderson that I was now going to conduct a DUI investigation.

**DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUTTING DEFENDANT BEHIND THE WHEEL OF THE VEHICLE):**

Anderson said that she was driving her silver Toyota (FL TAG JVZW55) south bound on Old Dixie Hwy. She attempted a left turn into 3327 Old Dixie Hwy. Anderson stated that she did not see the white Toyota (FL TAG 676PQZ) traveling north bound that she turned in front of. Anderson failed to yield the right of way to on-coming traffic causing a traffic crash. (RMV Crash report number 89088969).

**OBSERVATION OF DRIVER:** Kailey Anderson speech was slurred, and her eyes were glassy.

**DRIVER'S STATEMENTS:** Post Miranda, Anderson stated that she had 3 vodka's mixed with cranberry juice, and a glass of wine.

SWORN AND SUBSCRIBED BEFORE ME	 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER <b>BUTNER, JAMES R (1172)</b> NAME OF OFFICER (PLEASE PRINT) <b>08/03/2019</b> DATE
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)	
DATE	
PAGE 1 of 3	

SCANNED  
AUG 05 2019

PROBABLE CAUSE AFFIDAVIT  
SUPPLEMENT

1 Arrest 3 Request for Warrant  
2 M.T.A. 4 Request for Copies

1 JUVENILE

Agency ORI Number <b>FL 0500400</b>	Agency Name <b>DELRAY BEACH POLICE DEPARTMENT</b>	Agency Report Number <b>4 0 19-012212</b>
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Charge Type, Check as many as apply: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other	Special Notes
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Name (Last, First, Middle) <b>ANDERSON, KATLEY LAISNE</b>	Alias	Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>08/29/1997</b>
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**ODORS:** Anderson's breath smelled of an unknown alcoholic beverage.

**SPEECH:** Anderson's speech was slurred.

**ATTITUDE:** Anderson's attitude was cooperative

**CLOTHING:** Black tank-top and black pants.

**MEDICAL PROBLEMS:** no

**MEDICATIONS:** no

**BREATH TESTING REQUEST IS VIDEO RECORDED:**

**\*\* ROAD SIDE TASKS \*\***

**HORIZONTAL GAZE NYSTAGMUS:**

**LEFT EYE:** Nystagmus was observed

**RIGHT EYE:** Nystagmus was observed

**WALK AND TURN:** During the walk and turn task, Anderson lost her balance at the beginning of the task. Several times she failed to touch heel to toe, and Anderson could not keep her arms to her side. When Anderson attempted to turn around, she did not keep her foot on the line.

**ONE LEG STAND:** During the one leg stand task Anderson pointer her tow upward rather than outward, she was losing balance and could not keep her arms to her side. After she counted to 1012, she began counting 13, 14, 15, etc.

**FINGER TO NOSE:** During the finger to nose task, Anderson was touching the tip of her nose with the middle of her finger and struggled keeping her eyes closed.

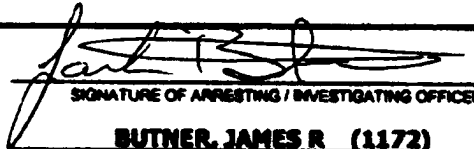
**ROMBERG ALPHABET:** No issues.

**BREATH ALCOHOL TEST RESULTS:**

The test results were:

Defendant sample #1: .156

Defendant sample #2: .164

ADMINISTRATIVE	SWORN AND SUBSCRIBED BEFORE ME	
	NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
	DATE	<b>BUTNER, JAMES R (1172)</b> NAME OF OFFICER (PLEASE PRINT)
		<b>08/03/2019</b> DATE

PROBABLE CAUSE AFFIDAVIT  
SUPPLEMENT

1 Arrest 3 Request for Warrant  
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Charge Type Check as many as apply	<input type="checkbox"/> 1. Felony	<input checked="" type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance	Special Notes
	<input type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 6. Other	

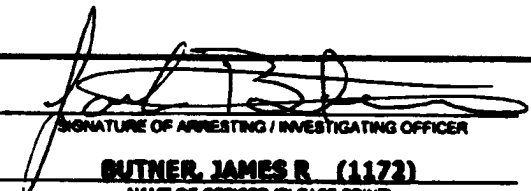
Name (Last, First, Middle) <b>ANDERSON, KATLEY LAISNE</b>	Alias	Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>08/29/1997</b>
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CHARGES:

Based on the above stated facts probable cause exists to charge the defendant, Kailey Anderson, with one count of driving under the influence - crash causing damage to property/person in violation of FSS 316.193(3)(C)(1).

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A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME	
	NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
	DATE	<b>BUTNER, JAMES R. (1172)</b> NAME OF OFFICER (PLEASE PRINT)
		<b>08/03/2019</b> DATE

PAGE  
3 of 3

# TESTING FACILITY TASK REPORT

AGENCY: L.P.D.

SUBJECT: HAMILTON, AILEY L

CASE NUMBER: 17 097773

DATE: 01/07/11

VIDEO TAPE NUMBER: 4/1

BEGINNING TIME: 00:44

ENDING TIME: 01:02

BREATH TESTS RESULTS: 1) .150 TIME 00:44 A.M./P.M. 2) .164 TIME 00:52 A.M./P.M.

3) 1.0/1 TIME --- A.M./P.M. 4) 1/1 TIME --- A.M./P.M.

BREATH OPERATOR: 1.000 # 1467

MAINTENANCE TECHNICIAN: 1.000 # 1467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: COOPERATIVE

CLOTHING: BLACK HAT, BLACK T-SHIRT, BLACK JEANS, WHITE SHOES.

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER: NO OTHER OBSERVATIONS.

INSTRUCTIONS: READ INSTRUCTIONS AND SIGNATURES.

COMMENTS: PROVIDED TO SUBJECT AND SIGNED BY SUBJECT AND OPERATOR.

NO OTHER COMMENTS.

NO OTHER COMMENTS.

NO OTHER COMMENTS.

NO OTHER COMMENTS.

NO OTHER COMMENTS.

NO OTHER COMMENTS.

NO OTHER COMMENTS.

NO OTHER COMMENTS.

SUBJECT: Anderson Kelly L

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 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 of 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: (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) \_\_\_\_\_

SUBJECT: ANDERSON ARNOLD L 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? YES

WHERE WERE YOU GOING? \_\_\_\_\_

WHAT STREET OR HIGHWAY WERE YOU ON? \_\_\_\_\_

DIRECTION OF TRAVEL? \_\_\_\_\_ WHERE DID YOU START? \_\_\_\_\_

WHAT TIME DID YOU START? 5:00 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? 10 WHAT DID YOU EAT? \_\_\_\_\_

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? \_\_\_\_\_

HOW MUCH DO YOU WEIGH? 170 HAVE YOU BEEN DRINKING? YES WHAT? \_\_\_\_\_

HOW MUCH? \_\_\_\_\_ WHERE? \_\_\_\_\_ WITH WHOM? \_\_\_\_\_

WHEN DID YOU HAVE YOUR FIRST DRINK? 10:00 AND YOUR LAST DRINK? 11:00

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? NO 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? NO WHAT? \_\_\_\_\_

ARE YOU SICK OR INJURED? \_\_\_\_\_ WHAT'S WRONG? \_\_\_\_\_

DO YOU LIMP? NO 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? NO WHEN? \_\_\_\_\_

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? \_\_\_\_\_ WHO? \_\_\_\_\_ WHY? \_\_\_\_\_

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? NO 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? NO IF SO, WHEN WAS YOUR LAST INJECTION? \_\_\_\_\_

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

INTERVIEWER: \_\_\_\_\_



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

PBSO CASE # 19-099978 PBSO ZONE 4-22

AGENCY CASE # 19-012212 CRASH CASE # \_\_\_\_\_

TIME OF STOP/CRASH 2300 DATE 8/2/19 DAY Friday

SUBJECT'S NAME Kailey L. Anderson RACE W SEX F

HGT. 4'11 WGT 140 DOB 8/29/1997

LOCATION 3327 Old Dixie Hwy, Delray Beach, FL.

ARRESTING OFFICER'S NAME & ID Butner 1172 AGENCY Delray

DIVISION: \_\_\_\_\_

NOTIFIED BY COMMO Y

ARRIVAL AT FACILITY 0021

BREATH RESULTS:

Arrest Time 2348

1. .156

2. .164

3. N/A

4. N/A

TESTING OFFICER'S ID 24639

PBSO VIDEOTAPE # N/A

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 CO SO  
Instrument Serial Number: 80-006239 Software: 8100.27  
Date of Test: 08/03/2019

Date of Last Agency Inspection: 07/19/2019

Observation Period Began: 00:21

Subject's Name: KAILEY L ANDERSON

DOB: 08/29/1997 Sex: F

The subject was observed for at least twenty-minutes prior to the administration of the breath test to ensure that the subject did not take anything orally and did not regurgitate.

Results:

Test	g/210L	Time
Diagnostics Check	OK	00:47
Air Blank	0.000	00:47
Control Test	0.080	00:48
Air Blank	0.000	00:48
Subject Sample #1	0.156	00:49
Air Blank	0.000	00:49
Air Blank	0.000	00:51
Subject Sample #2	0.164	00:52
Air Blank	0.000	00:53
Control Test	0.079	00:53
Air Blank	0.000	00:54
Diagnostics Check	OK	00:54

Cylinder Lot: 00919080A3  
Exp: 03/05/2021

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 PARIS D POUND, 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: \_\_\_\_\_

Signature

Date: 08/03/19

Sworn to (or affirmed) before me this 3<sup>rd</sup> day of AUGUST, 2019

Signature of Notary Public-State of Florida

OF. J. BUTNER  
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.



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

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	<input type="checkbox"/>	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	<input type="checkbox"/>	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel.	
	<input type="checkbox"/>	119.071(2)(f)	Confidential informants (CIs).	
	<input type="checkbox"/>	119.071(2)(e)	Confession.	
Public Info. Exemptions	<input type="checkbox"/>	985.04(1)	Juvenile offender records.	
	<input type="checkbox"/>	119.071(h)(i)	Assets of a crime victim.	
	<input type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	<input type="checkbox"/>	394.4615(7)	Mental health information.	
	<input type="checkbox"/>	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)	<input checked="" type="checkbox"/>	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	<input type="checkbox"/>	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	<input type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	<input type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

**REVIEW COMPLETED BY**

Booking Number: 2019025345	Date: 08/04/2019
	Specialist Name/ID: AM/31562