

2018CT001193

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

1
Juvenile

OBTS Number		Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-18-029632					
Charge Type: Check as many as apply: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Weapon Seized / Type 1. Yes 2. No		Multiple Clearance Indicator 1							
Location of Arrest (Including Name of Business) 1619 CRESTWOOD BLVD ROYAL PALM BEACH FL 33411				Location of Offense (Business Name, Address) 1619 CRESTWOOD BLVD ROYAL PALM BEACH FL 33412							
Date of Arrest 01/22/2018	Time of Arrest 2021	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle					
Name (Last, First, Middle) THEOBALD KALYN		Alias (Name, DOB, Soc. Sec. #, Etc.) KATHEEN-SNIVELY									
Race W - White - American Indian B - Black O - Oriental/Asian	Sex F	Date of Birth 11/03/1986	Height 506	Weight 140	Eye Color GRN	Hair Color BLOND	Complexion MED	Build THN			
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) TAT INSIDE OF LEFT UPPER ARM "Q" TOP OF LEFT FOOT "FLOWER" UPPER RIGHT RIB CAGE		Marital Status S	Religion NONE	Indication of: Alcohol Influence Drug Influence		Y N Unk. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
Local Address (Street, Apt. Number) 9849 BAYWINDS DR APT 8101		City WEST PALM BEACH FL	State FL	Zip 33411	Phone (906) 236 9736	Residence Type: 1. City 2. County 3. Florida 4. Out of State		1			
Permanent Address (Street, Apt. Number)		City	State	Zip	Phone	Address Source DEFENDANT					
Business Address (Name, Street)		City	State	Zip	Phone	Occupation WAITRESS					
D/L Number, State (FL)T143511869030		Soc. Sec. Number		INS Number		Place of Birth (City, State) CARSON CITY MI		Citizenship US			
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large		<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile				
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large		<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile				
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other		Address (Street, Apt. Number)		City	State	Zip	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 <input type="checkbox"/> defendant and / or <input type="checkbox"/> 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. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)				School Attended		Grade					
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property		Value of Property							
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 Description DUI W/ MINOR INJURIES		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 316.193(3)C1		Violation of ORD #					
Drug Activity	Drug Type	Amount / Unit	Offense # 18-029632	Warrant / Capias Number		Bond					
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #					
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond					
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #					
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond					
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #					
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond					
Location (Court Room Number, Address) 3228 GUN CLUB RD WEST PALM BEACH FL 33406											
Court Date and Time Month FEBRUARY Day 22 Year 2018 Time 0830 AM <input checked="" type="checkbox"/> 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) <i>[Signature]</i>										Date Signed 01/22/2018	
HOLD for other Agency Name:			Signature of Arresting Officer <i>[Signature]</i>			Name Verification (Printed by Arresting Officer) SCANNED					
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal			<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:			Name of Arresting Officer (Print) INV. E. K. WHITE 7209			I.D. # 7209		
Intake Deputy			I.D. #			Pouch #			Transporting Officer E. K. WHITE		
I.D. #			Pouch #			ID # 7209			Agency PBSO		
Witness here if subject signed with an "X" <input type="checkbox"/>											

2018 JAN 23 AM 7:22
SHARON BOCK, CLERK
PALM BEACH COUNTY, FL
GUN CLUB RD

Agency ORI Number **FLO 500000** Agency Name **PALM BEACH COUNTY SHERIFF'S OFFICE** Agency Report Number **06- 18-029632**

Charge Type: 1. Felony 3. Misdemeanor 5. Ordinance
 2. Traffic Felony 4. Traffic Misdemeanor 6. Other Special Notes:

Name (Last, First, Middle) **THEOBALD, KALYN, KATHEEN-SNIVELY** Alias _____ Race **W** Sex **F** Date of Birth **11/03/1986**

Charge Description **DUI W/ MINOR INJURIES** 316.193(3)C1 Charge Description _____

Charge Description _____ Charge Description _____

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 _____

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 **22** day of **January** 20 **18** at **1904** A. M. P. M. (Specifically include facts constituting cause for arrest.)

On Monday, January 22, 2017 at approximately 1937 hours, I was dispatched to 1619 Crestwood Boulevard (Bv) in the Village of Royal Palm Beach (Palm Beach County) Florida to assist Deputy Jean Landa with a traffic crash that involved a possible drunk driver. Upon my arrival I saw D/S Landa's patrol car stopped in the northbound outside lane of Crestwood Bv. Three vehicles were stooped ahead of his. I also noticed a white male and female standing on the sidewalk next to one of the vehicles. I made contact with D/S Landa who told me he was investigating a crash that occurred on Southern and Crestwood Bv. He directed me to the drivers of each vehicle. I first made contact with Johnkiriea Kinglotke. I told her I was assisting D/S Landa with the crash. I asked what happened. She told me she was stopped inside a left turn lane on Southern Bv awaiting the traffic light to cycle before she proceeded onto Crestwood Bv. She was facing east. Prior to the light changing another vehicle struck her vehicle in the rear. She made contact with a white female driver and arranged for them to drive off the roadway and into a parking lot to exchange information. The other vehicle continued north on Crestwood Bv., however. She summoned a PAL officer and alerted him to the event that had just occurred. The PAL officer was able to stop the vehicle and awaited the arrival of D/S Landa. Kinglotke complained of a headache. Her neck was stiff and she turned her body when moving her head. She told me the contact from the other vehicle caused her to jolt forward. I asked if she wanted paramedics to respond and she told me she was driving herself to St. Mary's Hospital for treatment. She also pointed at the defendant and identified her as the driver of the vehicle that struck hers.

I spoke with the other driver who identified herself as Kaylyn. I informed her that I was assisting D/S Landa with the crash. I asked what happened and she told me she did not know. She later said she was not involved in an accident. The driver was later identified as Kaylyn Kathleen-Snively Theobald by her Florida driver license. During my interview I noticed her eyes were red, watery and glossy. Her cheeks were flushed and mouth was dry. I could smell a strong odor of an unknown alcoholic beverage emanating from her breath that intensified when she spoke. I told her I had completed my assistance with the crash investigation and would now be conducting a criminal investigation for DUI.

STATE OF FLORIDA
 COUNTY OF PALM BEACH
 (Signature of Arresting/Investigative Officer) **INV. E. K. WHITE 720**

The foregoing instrument was sworn to or affirmed and subscribed before me this **22** day of **January** 20 **18** by **INV E K WHITE**

(Print name of Arresting/Investigative Officer) who is personally known to me and produces identification. Type of Identification Produced **B. SUE OWEN**
Sue Owen (#3184)
 Notary Public, Clerk of Court, Officer (F.S.S. 117.10)
 State of Florida-Notary Public
 Commission # FF093160
 My Commission Expires
 May 30, 2018

SCANNED PAGE _____ OF **2**
JAN 23 2018

PROBABLE CAUSE AFFIDAVIT

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

1 Juvenile

OBTS Number

Agency ORI Number: FLO 500000 Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE Agency Report Number: 06-18-029632

Charge Type: 1. Felony 2. Traffic Felony 3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 6. Other

Name (Last, First, Middle): THEOBALD, KALYN, KATHEEN-SNIVELY Alias: Race: W Sex: F Date of Birth: 11/03/1986

Charge Description: DUTW/ MINOR INJURIES 316.193(3)C1

Charge Description

Victim's Name (Last, First, Middle)

Local Address (Street, Apt. Number) (City) (State) (zip) Phone Address Source

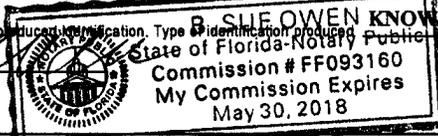
Business Address (Name, Street) (City) (State) (zip) Phone Occupation

The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law. The Person taken into custody [] committed the below acts in my presence. [] confessed to admitting to the below facts. [] was observed by who told that he/she saw the arrested person commit the below acts. [X] was found to have committed the below acts, resulting from my (described) investigation. On the 22 day of January 20 18 at 1904 [] A.M. [X] P.M. (Specifically include facts constituting cause for arrest.)

I explained to her that my suspicion of her alcoholic beverage consumption was from her admission of drinking as well as the previously mentioned indicators of impairment she exhibited. I asked if she would consent to performing Standardized Field Sobriety Evaluations (SFSTs) for the purpose of determining if she was impaired while operating a motor vehicle. She consented to performing the SFSTs. Prior to her performance I asked if she had any physical problems with her body that would inhibit her from performing light physical movements. I also asked if she was on medication. The defendant conveyed she neither had anything wrong with her physically, nor was she taking medication. I located an area on the roadway that was free from any obstruction or debris. Cpl. Reynaldo Soriano positioned his patrol car in the outside lane abreast to mine which caused northbound traffic to veer around them. This created a safe environment to administer the SFSTs. I escorted her to this location. She was barefoot. I asked if she had any shoes. She told me she did but did not want to wear any shoes. During the escort I noticed she labored in maintaining her balance while walking. She wavered to her left while walking. After we reached the location I asked her to identify the white edge line. She did by successfully placing her foot on it when asked. I administered the following SFSTs which were explained, demonstrated and acknowledged by her prior to her performance: HGN, The Walk and Turn, The One Leg Stand, The Finger to Nose and The Romberg Alphabet Recitation. Her deficiencies were recorded on another form on this worksheet. At the conclusion of the SFSTs, coupled with the other driver's placement of the defendant driving the vehicle that struck hers and my observation of personal indicators of impairment exhibited by the defendant, probable cause was established for DUI. I told the defendant she was being placed under lawful arrest for DUI. She was searched and handcuffed by D/S Alice Alphonso prior to being seated into the rear of my patrol car. She allowed her boyfriend to take custody of her personal effects and vehicle.

STATE OF FLORIDA COUNTY OF PALM BEACH INV. E. K. WHITE 7209 (Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 22 day of January 18 by INV. E. K. WHITE 7209 (Print name of Arresting/Investigative Officer) Sue Owen (#3184) Notary Public, Clerk of Court, Office (F.S.S. 117.10) B. SHE OWEN KNOWN State of Florida-Notary Public Commission # FF093160 My Commission Expires May 30, 2018



SCANNED PAGE 2 OF 2

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 22 DAY OF January 20 18, AT 1904 AM PM
SUBJECT: THEOBALD KALYN KATHEEN-SNIVELY CASE NUMBER: 18-029632

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: INV. E. K. WHITE 7209
PERSONAL CONTACT

DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUTTING DEF. BEHIND WHEEL OF VEHICLE)
SEE PC AFFIDAVITS

OBSERVATION OF DRIVER:
SEE PC AFFIDAVITS

DRIVER'S STATEMENTS:
I DRANK WINE

ODORS:
STRONG ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE COMING FROM SUBJECT'S BREATH.

GENERAL OBSERVATIONS

SPEECH: Slightly slurred

ATTITUDE: talkative, jovial and emotional

CLOTHING: sweat suit

MEDICAL/OTHER: none

STATE OF FLORIDA
COUNTY OF PALM BEACH

INV. E. K. WHITE 7209

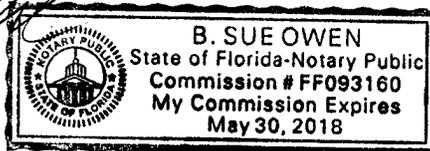
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 22 day of January 2018 by INV. E. K. WHITE 7209

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

Sue Owen (#3184)

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



SCANNED
JAN 23 2018

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

- | | |
|---|---|
| <input checked="" type="checkbox"/> LT EYE-LACK OF SMOOTH PURSUIT | <input checked="" type="checkbox"/> RT EYE-LACK OF SMOOTH PURSUIT |
| <input checked="" type="checkbox"/> LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION | <input checked="" type="checkbox"/> RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION |
| <input checked="" type="checkbox"/> LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES | <input checked="" type="checkbox"/> RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES |

Other Observations:

Subject was asked to stand with their feet together and place their hands by their side. They were asked to focus on the stimulus and follow it with their eyes. Lastly they were told not to move their head to assist in following the stimulus with their eyes. Subject showed equal pupil size that tracked equally. Both eyes lacked a smooth pursuit. I saw distinct and sustained Nystagmus at maximum deviation. I also saw an onset of Nystagmus prior to 45 degrees in both eyes. Subject swayed while performing this task.

WALK & TURN:

THE DEFENDANT WAS PLACED IN THE INSTRUCTIONAL STANCE FOR THE WALK AND TURN. THIS TASK WAS EXPLAINED AND DEMONSTRATED TO THE DEFENDANT. THE DEFENDANT ACKNOWLEDGED THE INSTRUCTIONS PRIOR TO PERFORMING THIS TASK: Subject could not maintain her balance while placed in the instructional position. She swayed and ultimately lost her balance. She abandoned the position and said she know she would have trouble with her balance. During the task she did not touch heel to toe. She could not maintain her balance while walking on the line. She stepped off the line and turned improperly. She raised her arms away from her side.

ONE LEG STAND:

THE DEFENDANT WAS PLACED IN THE INSTRUCTIONAL STANCE FOR THE ONE LEG STAND. THIS TASK WAS EXPLAINED AND DEMONSTRATED TO THE DEFENDANT. THE DEFENDANT ACKNOWLEDGED THE INSTRUCTIONS PRIOR TO PERFORMING THIS TASK: She began this task too soon by raising her foot during my demonstration. During the task she could not maintain her balance while her leg was elevated. She leaned and raised her arms away from her side. She did not keep her foot extended as instructed but drew her leg toward her body.

FINGER TO NOSE:

THE DEFENDANT WAS PLACED IN THE INSTRUCTIONAL STANCE FOR THE FINGER TO NOSE. THIS TASK WAS EXPLAINED AND DEMONSTRATED TO THE DEFENDANT. THE DEFENDANT ACKNOWLEDGED THE INSTRUCTIONS PRIOR TO PERFORMING THIS TASK: The defendant failed to touch the tip of her finger to the tip of her nose on all six attempts. She flinched the wrong hand on more than one occasion. She swayed from side to side while performing this task.

ROMBERG ALPHABET:

THE DEFENDANT WAS PLACED IN THE INSTRUCTIONAL STANCE FOR THE ROMBERG ALPHABET TASK. THIS TASK WAS EXPLAINED AND DEMONSTRATED TO THE DEFENDANT. THE DEFENDANT ACKNOWLEDGED THE INSTRUCTIONS PRIOR TO PERFORMING THIS TASK: Subject did not perform this task as instructed. She did not tilt her head back and close her eyes, she sang the alphabet. She was unsuccessful in reciting the alphabet.

BREATH TEST RESULTS: .281 .283

STATE OF FLORIDA
COUNTY OF PALM BEACH

INV. E. K. WHITE 7209

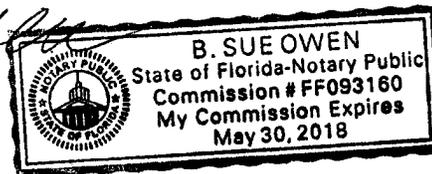
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 22 day of January 2018 by INV. E. K. WHITE 7209

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

Sue Owen (#3184)

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



**SCANNED
JAN 23 2018**

TESTING FACILITY TASK REPORT

AGENCY: PBSO
SUBJECT: Theobald, KALYN Kathleen-Snively CASE NUMBER: 18-029632
DATE: 01/22/18 VIDEO TAPE NUMBER: N/A
BEGINNING TIME: 2108 ENDING TIME: 2125
BREATH TESTS RESULTS: 1) .281 TIME 2113 A.M. PM 2) .283 TIME 2116 A.M. PM
3) _____ TIME _____ A.M./P.M. 4) _____ TIME _____ A.M./P.M.
BREATH OPERATOR: S. Owen #3184
MAINTENANCE TECHNICIAN: J. Karlecki #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: _____
ATTITUDE: co-operative, nice
CLOTHING: Tennis shoes, grey tights, black shirt
MEDICAL CONDITIONS: none
MEDICATIONS: none

OTHER: Δ allowed to go to bathroom during observation
3140A began crying in video room
odor of unknown alcoholic beverage detected during test

COMMENTS: A/O Δ arrived at 2048 hrs
A/O observed 20 minutes
A/O requested breath test, Δ agreed
No problem with test
A/O read C/W Δ UNDERSTOOD RIGHTS
tech explained results.
Δ agreed to Q&A Δ admitted eating
toast yesterday last time Admitted drinking
wine earlier HAD 4 glasses of wine
Could feel effects Δ in accident tdy

SCANNED
JAN 23 2018

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) Read on Camera SCANNED JAN 23 2018

SUBJECT: Theobald, Kalyn Kathleen - Snively CASE NUMBER: 18-029632

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? Home

WHAT STREET OR HIGHWAY WERE YOU ON? Think it was A1A

DIRECTION OF TRAVEL? N WHERE DID YOU START? WRB

WHAT TIME DID YOU START? open I don't know WHAT TIME IS IT NOW? I have no idea

WHAT IS TODAY'S DATE? 22nd of Jan 2018 WHAT DAY OF THE WEEK IS IT? Sat / no Monday

WHAT COUNTY AND CITY ARE YOU IN NOW? WRB (Palm Bch Co)

WHEN DID YOU LAST EAT? Yesterday WHAT DID YOU EAT? Toast

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? Drinking wine / Took dog for ^{Run}

HOW MUCH DO YOU WEIGH? 130-140 HAVE YOU BEEN DRINKING? Yes WHAT? wine / Chardonnay

HOW MUCH? 4 glasses WHERE? Home WITH WHOM? Self

WHEN DID YOU HAVE YOUR FIRST DRINK? 1pm AND YOUR LAST DRINK? 3pm

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? Quickly

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? Yes ARE YOU UNDER THE INFLUENCE? I guess ~~Yes~~

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? NO HOW MUCH? /

WHAT? / WHERE? / WHEN? /

WHAT LINE OF WORK ARE YOU IN? Administrative manager / Animal Rescue WHEN DID YOU LAST WORK? 2 days ^{ago}

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? NO WHAT? /

ARE YOU SICK OR INJURED? NO WHAT'S WRONG? /

DO YOU LIMP? NO DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? NO

WERE YOU IN AN ACCIDENT TODAY? NO

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? NO WHEN? /

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? NO WHO? / WHY? /

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? NO WHAT? / WHEN? /

- DO YOU HAVE: EPILEPSY? NO
- GLASS EYE? NO
- FALSE TEETH? NO
- EAR INFECTION? NO
- INNER EAR TROUBLE? NO
- DIABETES? NO

SCANNED
NOV 23 2018

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? NO

DO YOU TAKE INSULIN? NO IF SO, WHEN WAS YOUR LAST INJECTION? /

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

INTERVIEWER: E. K. WHITE

PALM BEACH COUNTY SHERIFF'S OFFICE – SWORN STATEMENT

Per FL statute 837.012, whoever knowingly makes a false statement under oath shall be guilty of a misdemeanor of the first degree punishable by imprisonment up to 1 year.



WITNESS VICTIM OTHER

COMPLETE EVERYTHING BELOW – PRINT LEGIBLY

LAST NAME: <i>Kinglocke</i>		FIRST NAME: <i>Johnhera</i>		MIDDLE INITIAL: <i>V</i>	RACE: <i>BL</i>	SEX: <i>F</i>	
DATE OF BIRTH: <i>01/15/1991</i>		YOUR HEIGHT: <i>5'3</i>	YOUR WEIGHT: <i>169</i>	YOUR HAIR COLOR: <i>Brown</i>		YOUR EYE COLOR: <i>Brown</i>	
YOUR HOME ADDRESS: <i>140 N. Flame Ave</i>			<input type="checkbox"/> CHECK IF HOMELESS		CITY: <i>Panther</i>	STATE: <i>FL</i>	
YOUR WORK NAME & ADDRESS: <i></i>			<input type="checkbox"/> CHECK IF UNEMPLOYED		CITY: <i></i>	STATE: <i></i>	
WORK PHONE: <input type="checkbox"/> CHECK IF NONE (AREA CODE)	CELL PHONE: <input type="checkbox"/> CHECK IF NONE (AREA CODE) <i>988-2808</i>	HOME PHONE: <input type="checkbox"/> CHECK IF NONE (AREA CODE)	EMAIL: <i>j.hena@hotmail.com</i>				<input type="checkbox"/> CHECK IF NONE

WRITE WHAT HAPPENED IN YOUR WORDS IN FULL DETAIL – PRINT LEGIBLY

YOUR NAME: <i>Johnhera Kinglocke</i>	DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER...
<p><i>I was hit from behind by a vehicle by a white female with blonde hair. The white female was the driver. The white female hit my car from behind and once I was hit, I asked her to pull over and exchange information with me. However, she attempted to leave the scene. I chased her down and a PDC officer helped me stop her. The accident occurred at a red light. I asked her to pull into the Publix parking lot at 1977 S. Ather Blvd, Royal Palm Beach FL 33411. She did not meet at the mutual place, instead she tried to leave the scene.</i></p>	
PAGE <u>1</u> OF <u>1</u>	

READ AND SIGN

I SWEAR AND AFFIRM THIS AND/OR THE ATTACHED STATEMENTS ARE CORRECT AND TRUE:	<input checked="" type="checkbox"/> DEPUTY SHERIFF <input type="checkbox"/> NOTARY PUBLIC FSS: 117.10
YOUR SIGNATURE: <i>[Signature]</i>	SWORN TO AND SUBSCRIBED BEFORE ME TODAY: DATE: <i>01/22/18</i> TIME: <i>2011</i>
	SIGNATURE: <i>[Signature]</i> ID: <i>20328</i>

IF YOU DO NOT WISH TO PROSECUTE, COMPLETE THE ABOVE STATEMENT, READ THIS DISCLAIMER AND INITIAL BELOW. I AM OF LEGAL AGE AND I AM THE REPORTED VICTIM OF A CRIME UNDER FLORIDA LAW. I HEREBY STATE THAT I WILL NOT COOPERATE ANY FURTHER WITH THE INVESTIGATION OF THE ALLEGED CRIME. I FURTHER RELEASE THE PALM BEACH COUNTY SHERIFF'S OFFICE OF ANY PRESENT OR FUTURE RESPONSIBILITY AS TO MY CASE. I ACKNOWLEDGE THAT MY RIGHTS AS A CRIME VICTIM, PARTICULARLY REGARDING VICTIM COMPENSATION ELIGIBILITY, WHICH INCLUDES SUCH BENEFITS AS REIMBURSEMENT FOR: DISABILITY; LOST WAGES; LOSS OF SUPPORT; MEDICAL, DENTAL, MENTAL HEALTH COUNSELING AND FUNERAL EXPENSES. I AM AWARE I MAY BE GIVING UP MY RIGHTS FOR MY FAMILY AND MYSELF BY INITIALING BELOW. I AM TAKING THIS POSITION OF MY OWN FREE WILL KNOWING THAT THE CASE CAN ONLY BE FURTHER INVESTIGATED AND PROSECUTED WITH MY COOPERATION. I DO NOT WISH TO PROSECUTE (INITIAL _____)

(PROSECUTION WAIVER NOT TO BE USED FOR CASES INVOLVING DOMESTIC VIOLENCE PER G.O. 508.00)

WITNESS LIST

CASE NUMBER: 18-029632

ARRESTING OFFICER: INV. E. K. WHITE 7209

ADDRESS: HQ

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

CAN TESTIFY TO: FACTS

NAME: D/S JEAN LANDA

ADDRESS: DIST 9

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

CAN TESTIFY TO: CRASH INVESTIGATOR

NAME: JOHNERIA KINGLOTKE

ADDRESS 140 N FLAME AVE PAHOKEE FL 33476

PHONE NUMBERS (HOME) 561 983 2808 (WORK) _____

CAN TESTIFY TO: WITNESSING THE DEFENDANT DRIVING THE VEHICLE THAT STRUCK HERS

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) 0 (WORK) 0

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

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CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

SCANNED

JAN 23 2018