04 30 200 19CT021163SB 2425

ARREST / NOTICE TO APPEAR

1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias 5. Juvenile Referral — 1 — JUVENILE

ADMINISTRATION

OBTS Number

Agency ORI Number: 0500200 | Agency Name: Boca Raton Police Department | Agency Report Number (N.T.A.'s only): 3 2 2019-015504

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

If Weapon Seized: Enter Type: None/not Applicable | Multiple Clearance Indicator: N

Location of Arrest (Including Name of Business)	Location of Offense (Business Name, Address)
1 N FEDERAL HWY	1 N FEDERAL HWY, BOCA RATON, FL 33432

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
11/15/2019	00:44	11/15/2019	00:54	11/14/2019	23:10	WESTWAY

DEFENDANT

Name (Last, First, Middle): TRIEPER, KATELYNN — 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	06/06/1988	4'11	140	BROWN	RED	LIGHT	Small

Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description) | Marital Status: S | Religion: NONE | Indication of: Alcohol Influence ☒ Yes ☐ No ☐ Unk; Drug Influence ☐ Yes ☒ No ☐ Unk

Local Address (Street, Apt. Number)	(City)	(State)	(Zip)	Phone	Residence Type: 1. City 2. County 3. Florida 4. Out of State
6500 AMBERWOODS DR, BOCA RATON, FL 33433				(786) 333-8544	2

Permanent Address (Street, Apt. Number)	(City)	(State)	(Zip)	Phone	Address Source
6500 AMBERWOODS DR, BOCA RATON, FL 33433				(786) 333-8544	FL DL

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

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
T616500887060 / FL	[redacted]		~~CUBA~~ FL, United States	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 ☐ Other ☐ Legal Custodian — 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 Department and Released 2. TOT JAC 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 355-2526) informed of any change of address. ☐ Yes, by: ☐ No

School Attended — Grade

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

CODE

Drug Activity: N N/A, P. Possess, S. Sell, B. Buy, T. Traffic, R. Smuggle, D. Deliver, E. Use, K. Dispense/Distribute, M. Manufacture/Produce/Cultivate, Z. Other

Drug Type: N N/A, A. Amphetamine, B. Barbiturate, C. Cocaine, E. Heroin, H. Hallucinogen, M. Marijuana, O. Opium/Deriv., S. Synthetic, P. Paraphernalia/Equipment, U. Unknown, Z. Other

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #
DUI	316.193(1)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
	N	/		1	☐ Y ☒ N		OR

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #
CONSENT/REFUSE TEST FOR D	316.1939	

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
	N	/		1	☐ Y ☒ N		OR

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
		/			☐ Y ☐ N		

INTAKE

Health / Apparent Physical Condition of Defendant: GOOD — Any knowledge of the following: ☐ Mental ☐ Escape Risk ☐ Medication ☐ Deformities ☐ Injuries — Explain:

Check which applies: ☐ Released O.R. ☐ Released to Parent/Guardian ☒ T.G.T. County Jail ☐ Posted Bond ☐ South County Mental Health

PROPERTY - Received By | Released By | Released To

Transported By: OFC HETTCHEN — Date Transported: 11/15/2019 — Time Transported: 00:10 — Other

NOTICE TO APPEAR

☒ INSTRUCTION NO. 1 - Mandatory appearance in court
☐ INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.

Location (Court, Room): South County 200 W Atlantic Ave Delray Beach, FL 33444
Court Date and Time: 12/16/2019 08:30:00

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 (for Juvenile and Parent/Custodian) — Date Signed

No Photo Available

ADMIN

HOLD for Other Agency — Signature of Arresting Officer

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other

Name of Arresting Officer (Print): HETTCHEN, J. F. — I.D. #: 836

Intake Deputy — I.D. # — Pouch # — Transporting Officer: ~~OFC HETTCHEN~~ CAS 15 836 BRPD — Agency

Name Verification (Printed by Arrestee) (PRINT) — Witness here if subject signed with an "X"

PAGE 1 OF 1

SCANNED NOV 15 2019

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

NOV 15 2019

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 0500200	BOCA RATON POLICE DEPARTMENT	3 | 2 | 2019-015504

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
TRIEPER, KATELYNN		W	F	06/06/1988

CHARGES

Charge Description	Charge Description
316.193(1) DUI	316.193(2) CONSENT/REFUSE TEST FOR D
Charge Description	Charge Description

VICTIM

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
AVAYU, ANDRES GABRIEL	W	M	10/21/1980

Local Address (Street, Apt. Number) (City) (State) (Zip)	Phone	Address Source
1131 N VICTORIA PARK RD, FORT LAUDERDALE, FL 33304		FL DL
Business Address (Name, Street) (City) (State) (Zip)	Phone	Occupation

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 14 day of November, 2019 at 23:27 (Specifically include facts constituting cause for arrest.)

On 11/14/2019 at approximately, 2203hrs, I responded to 1 North Federal Hwy in reference to a traffic accident.

I met with Andres Avayu who was driving a white Toyota Tundra (FL Tag NDFV34). Avayu stated that he was involved in the accident and was traveling southbound on North Federal Hwy. Avayu further advised that his traffic light was green and proceeded through the intersection. At this point, Avayu observed a dark in color SUV make a left hand turn to go westbound on Palmetto Park Road. Avayu did not have time to stop his vehicle and ended up colliding into Katelynn Trieper`s Blue Chevy Traverse (FL TAG DQYQ02).

It should be noted that a left-hand turn is not permitted to go westbound on Palmetto Park Road from Federal Hwy. Witnesses on scene advised that they observed Treiper`s vehicle make the turn in front of Avayu`s vehicle causing the accident. Witness Edson Franca advised after the accident he checked on injuries to both drivers and further advised the he witnessed Treiper behind the wheel of the Blue Chevy Traverse. Franca advised that Treiper was the sole occupant of the vehicle.

While on scene, Sgt. McInnis advised that Treiper made excited utterances such as "Just arrest me now!" and "They are going to take my kids away!". She also told him she just came from the bar. Treiper also said something to the affect of "I know how this goes." Furthermore, I spoke with Treiper who advised she was driving home from the bar and could not remember what happened during the accident. I could smell a strong odor of an alcoholic beverage(s) coming from Treiper`s breathe while she was speaking to me. Treiper also had very glassy and blood shot eyes. At this point, I advised to Treiper that the traffic crash investigation was over, and a DUI investigation will begin. Post miranda, I asked Treiper if she would submit to field sobriety tasks and she advised that she did not want to perform the tasks. I then stated that if she refused to perform

ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

BROWN, KEISHA L
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

11/15/2019
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

HETTCHEN, JOHN FRANKLIN (836)
NAME OF OFFICER (PLEASE PRINT)

11/15/2019
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 0500200	BOCA RATON POLICE DEPARTMENT	3 | 2 | 2019-015504

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
	TRIEPER, KATELYNN		W	F	06/06/1988

PROBABLE CAUSE STATEMENT

the field sobriety tasks that I would then have to go off the evidence that I have obtained up until this point (Taylor Warnings). Treiper advised again, that she would not perform the field sobriety tasks.

Based on the above facts, I then placed Katelynn Treiper into custody for driving under the influence per FSS 316.193(1). Treiper`s mother arrived on scene and was talking to her through the window of my patrol vehicle. Her mother told her not to answer any questions and stated that she better not mess this up like last time. Treiper was then transported to PD Booking where she was observed for the 20-minute observation period. During this period, Treiper was very fidgety and did not want to answer any questions. Ofc. Brunette responded to PD booking as a certified breath tech. I asked Treiper if she would be willing to submit to a breath test and she refused. At this point, I read Treiper implied consent and again asked if she would submit to a breath test and she refused. It was discovered that this was Treiper`s second refusal (previous refusal in 2012). Due to Treiper refusal she was also charged with 316.1932 Refusal to submit to a lawful breath test.

Treiper was transported to Boca Regional Hospital for medical clearance by Ofc. Brunette and shortly thereafter, she was transported to County Jail without incident.

ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

BROWN, KEISHA L
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

11/15/2019
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

HETTCHEN, JOHN FRANKLIN (836)
NAME OF OFFICER (PLEASE PRINT)

11/15/2019
DATE

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

2019-015504
Arrest: 2247
20Min: 2313

DUI INFLUENCE REPORT

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

[redacted]

BOCA RATON POLICE SERVICES DEPARTMENT

DUI INFLUENCE REPORT – PART I

On the 14 day of November, at 2247 AM/PM:

Subject: Ineper, Kate-Lynn Case Number: 2019-015504

PERSONAL CONTACT

Driving Pattern: See PC

Observation of Driver: See PC

Driver's Statement: See PC

Odors: Alcohol

GENERAL OBSERVATIONS

Speech: Slurred

Attitude: Calm

Clothing: Clean, Sweaty

Medical Problems: N/A

Medications: N/A

Other: N/A

Horizontal Gaze Nystagmus:

☐ Left eye does not follow smoothly ☐ Right eye does not follow smoothly

☐ Left eye jerks at 45 degrees angle or less ☐ Right eye jerks at 45 degrees angle or less

☐ Distinct jerking left eye maximum deviation ☐ Distinct jerking right eye maximum deviation

Can not do, Why? _____

Walk and turn: _____

See PC

Can not do, Why? _____

One leg stand: _____

See PC

Can not do, Why? _____

Finger to nose: _____

See PC

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 11/14/19 (date) by Ofc. Hettchen.

_____ 11/14/19
Notary/Clerk of Court/ Officer (FSS 117.10) Date

_____ J. Hettchen
Signature of Arresting Officer Name of Officer (print)

ARRESTING OFFICER: ofc. Hethchen

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

-END OF PART ONE-

[redacted]

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: _____

[redacted]

BOCA RATON POLICE SERVICES DEPARTMENT

TESTING FACILITY TASK REPORT

SUBJECT: Tneper, Kate-Lynn

CASE #: 2019-015504 DATE: 11/14/19

BREATH TEST RESULTS

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

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

BREATH OPERATOR: ofc. A. Burnette #798

MAINTENANCE TECHNICIAN: ofc J. van Camp

TESTING OFFICER'S OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Calm, cooperative

CLOTHING: clean, sweaty

MEDICAL CONDITION: N/A

OTHER: _____

COMMENTS: _____

[redacted]

BOCA RATON POLICE SERVICES DEPARTMENT

DUI INFLUENCE REPORT - PART II

To be filled out at testing facility

Agency Case # 2019-015504

I. INTRODUCTION (Instrument Operator faces video camera)

A. The day is Thursday (day), November (month), 14 (date), 2019 (year)

B. The time is now approximately 2334 AM/PM

C. The following is in reference to case number 2019-015504.

D. Present at this time is ofc Hetchen (Officer's Name) of the Boca Raton Police Department.

E. Officer Hetchen, have you arrested Kate-Lynn Trieper (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. Trieper, I am required to inform you these proceedings are being video recorded.

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

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 Off. Hethcoat of the Boca Raton police Dept

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 Signature: _____

Note: Also read for CDL holders:

IN ADDITION, your refusal to submit will result in the loss of your commercial privileges for one year from today. If this is your SECOND REFUSAL, you will be permanently disqualified from operating a commercial motor vehicle.

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 Nov (month), 14 (day), 2019 (year), and the time is 2337 (AM)/PM.

A refusal form will be completed by the arresting officer.

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: _____ Date: _____ Time: _____

QUESTIONS AND ANSWERS

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

Where were you going? Home 6500 Emberwoods Dr Boca Raton, FL

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

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 2339 AM/PM

The date is NOV (month), 14 (day), 2019 (year)

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: 11/14/2019

Date of Last Agency Inspection: 10/09/2019
Observation Period Began: 23:13
Subject's Name: KATE-LYNN TRIEPER DOB: 06/06/1988 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	23:38
Air Blank	0.000	23:38
Control Test	0.078	23:38
Air Blank	0.000	23:39
Subject Sample #1	REF*	23:39
Air Blank	0.000	23:40
Control Test	0.080	23:40
Air Blank	0.000	23:40
Diagnostics Check	OK	23:41

*Subject Test Refused

Cylinder Lot: 22419080A3
Exp: 10/05/2021

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 ASHLEY E BURNETTE, 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: Ashley A. Burnette Date: 11/14/19
Signature

Sworn to (or affirmed) before me this 14 day of NOV, 2019

Signature of Notary Public-State of Florida

J. Hetchen
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

STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES
AFFIDAVIT OF REFUSAL TO SUBMIT TO
BREATH AND/OR URINE TEST

I, Ofc. Hettchen, a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)

am a member of Boca Raton Police Services Dept., and I do swear
(Name of law enforcement agency)

or affirm that on or about the 14 day of NOV, 20 19, at 2337 ☒ P.M ☐ A.M.

DRIVER Kate-Lynn Trieper,
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# T646-500-88-706°, state of Florida, was placed under lawful arrest for

the offense of DUI by Ofc. Hettchen and
(Name of Arresting Officer)

issued Citation # A6LQ9CE.

That on or about the 14 day of NOV, 20 19, at 23 ☐ P.M ☐ A.M.

in Palm Beach County,

I requested that the driver submit to a ☑ **breath and/or** ☐ **urine** test to determine his or her blood alcohol level and/or the presence of chemical or controlled substances. I informed the driver that the refusal to submit to such test(s) 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 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 for refusal to submit to a lawful test of his or her breath, urine, or blood. Additionally, I informed the driver that if he or she holds a CDL, or was operating a CMV, refusal will result in the disqualification of the Commercial Driver's License/driving privilege for a period of one (1) year in the case of a first refusal or permanently if he or she has previously been disqualified as a result of a refusal to submit to any such lawful test. Nonetheless, the driver refused to submit to the test(s) requested.

Signature of Law Enforcement Officer or Correctional Officer

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

The foregoing instrument was sworn and subscribed before me:

Signature of Attesting Officer

Title officer

Date 11/14/19

(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 _____

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.

HSMV-BAR1001 (REV. 10/2016)

SCANNED
NOV 15 2019

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	☐	415.107 (1)	Other: Elderly Abuse	
	☐	539.001(b)-(l)FSS, 539.003 FSS	Other: Pawn Broker Information	

REVIEW COMPLETED BY

Booking Number: 2019036865	**Date:** 11/15/2019
	Specialist Name/ID: M. Tooks #8557