

ARREST / NOTICE TO APPEAR

Juvenile Referral Report

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

Juvenile

OBTS Number **J#0484 474**

P# 3487

1

Agency ORI Number **FLO 500000**Agency Name **PALM BEACH COUNTY SHERIFF'S OFFICE**Agency Report Number (N.T.A.'s only) **06-17026402**Charge Type:
Check as many as apply:

<input type="checkbox"/> 1. Felony	<input type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance	Weapon Seized / Type	Multiple Clearance Indicator
<input type="checkbox"/> 2. Traffic Felony	<input checked="" type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 6. Other	2 1. Yes 2. No	1

Location of Arrest (Including Name of Business)

MILITARY TRAIL/PALMETTO PARK RD, BOCA RATON, FL

Location of Offense (Business Name, Address)

MILITARY TRAIL/PALMETTO PARK ROAD, BOCA RATON/FL/33486Date of Arrest
01/13/2017Time of Arrest
2100

Booking Date

Booking Time

Jail Date

Jail Time

Location of Vehicle

Name (Last, First, Middle)

Grover, Kaylen,

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

ADMINISTRATIVE

Race W - White I - American Indian B - Black 0- Oriental/Asian	W	Sex F	Date of Birth 05/31/1994	Height 5'-02	Weight 90	Eye Color HAZ	Hair Color BLO	Complexion LIGHT	Build THIN
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Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description)	Marital Status Single	Religion NONE	Indication of Alcohol Influence Drug Influence	Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>
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Local Address (Street, Apt. Number) 21410 TOWN LAKES DRIVE, BOCA RATON/FL/33486	(City) (State) (Zip)	Phone (908) 6017219	Residence Type: 1. City 2. County 3. Florida 4. Out of State	2
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Permanent Address (Street, Apt. Number)	(City) ,	(State) (Zip)	Phone ()	Address Source DEFENDANT
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Business Address (Name, Street)	(City)	(State)	(Zip)	Phone ()	Occupation
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D/L Number, State G76014290055945, NJ	Soc. Sec. Number [REDACTED]	INS Number	Place of Birth (City, State) REDBANK, NJ	Citizenship US
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CO-DEF

Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile
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Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large
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Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other:	Residence Phone ()
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Address (Street, Apt. Number)	(City)	(State)	(Zip)	Business Phone ()
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Notified by: (Name)	Date	Time	Juvenile Disposition 1. Handled processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated
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Released To: (Name)	Relationship	Date	Time
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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
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Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No	Description of Property	Value of Property
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CODE

Drug Activity S. Sell B. Buy P. Possess	R. Smuggle D. Deliver T. Traffic	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
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Charge Description DUI CRASH- PROPERTY DAMAGE	Counts 1	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 316.193(3C1)	Violation of ORD # 802
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Drug Activity	Drug Type	Amount / Unit	Offense # 17026402	Warrant / Capias Number	Bond
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Charge Description	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number	Violation of ORD # 802
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Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
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Charge Description	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number	Violation of ORD # 802
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Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
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Charge Description	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number	Violation of ORD # 802
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Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
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Location (Court, Room Number, Address)	SOUTH COUNTY COURT, 200 WEST ATLANTIC AVE, DELRAY BEACH, FL 33444				
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Court Date and Time	Month FEBRUARY	Day 13	Year 2017	Time 0830	AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>
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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					
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01/13/2017

Signature of Defendant (or Juvenile and Parent /Custodian)	Date Signed
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HOLD for other Agency Name: D/S B. SHATARA	Signature of Arresting Officer [Signature]	Name Verification (Printed by Arrester) JAN 13 PM 11:20
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<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal	<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:	Name of Arresting Officer (Print) SERRAES	I.D. # 19471	(PRINT)
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Uncke Deputy D. # #7623	Transporting Officer SERRAES	ID # 19471	Agency PBSO	PAGE
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Witness (here if subject signed with an X")				1 OF 1
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DISTRIBUTION: WHITE - COURT COPY	GREEN - STATE ATTORNEY	YELLOW - AGENCY	PINK - AGENCY	GOLD - DEFENDANT (N.T.A.'s ONLY)
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PBSO #148 REV. 8/97

JAN 15 2017				
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D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 13 DAY OF JANUARY 20 17, AT 2010 AM ✓ PM
SUBJECT: Grover, Kaylen, CASE NUMBER: 17026402
AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: SERRAES
PERSONAL CONTACT

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

The driver, Kaylen Grover, was involved in a vehicle accident in which she moved from the inside turn lane of northbound Military Trail at the intersection of Palmetto Park Rd, Boca Raton, FL and struck the rear of a vehicle driven by Pedro Voyer. Pedro gave a sworn audio statement putting Kaylen behind the wheel of the vehicle at the time of the crash.

OBSERVATION OF DRIVER:

Kaylen was uneasy on her feet and dropped several pieces of paperwork several times. When I asked for the insurance for her vehicle, she handed me her registration several times after I told her that it was not the correct paperwork. Kaylen slurred her speech heavily as she spoke and had glassy eyes. Kaylen had a strong odor of an unknown alcoholic beverage emanating from her breath.

DRIVER'S STATEMENTS:

Kaylen stated that she did not strike the other vehicle and that she was on her way home from Miami where she consumed two drinks.

ODORS:

Strong odor of an unknown alcoholic beverage emanating from her breath.

GENERAL OBSERVATIONS

SPEECH: **Heavily slurred**

ATTITUDE: **cooperative, "bubbly, flirty"**

CLOTHING: **normal**

MEDICAL/OTHER: **celiac disease**

STATE OF FLORIDA
COUNTY OF PALM BEACH

SERRAES

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 13 day of January 2017 by SERRAES

Print name of Arresting/Investigative Officer who is personally known to me and/or produced identification. Type of identification produced _____

B. SUE OWEN
State of Florida-Notary Public
Commission # FF093160
My Commission Expires
May 30, 2018

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

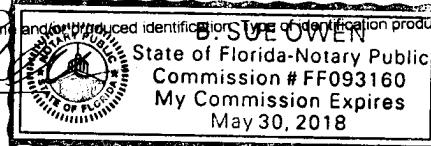
SCANNED
JAN 15 2017

ROADSIDE TASKS**HORIZONTAL GAZE NYSTAGMUS:** LT EYE-LACK OF SMOOTH PURSUIT RT EYE-LACK OF SMOOTH PURSUIT LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES**Other Observations:****Orbital sway during the task, glassy eyes, vertical nystagmus observed both eyes****WALK & TURN:****I explained and demonstrated the task Kaylen who stated that she understood. Kaylen started the task too soon. Kaylen stepped off the line on step 1 and did not look at her feet while walking. Kaylen completed an improper turn then stepped off the line on step one of the remaining 9 steps.****ONE LEG STAND:****I explained and demonstrated the task to Kaylen who stated that she understood. Kaylen put her foot down at the 15 second mark then stated "im done"****FINGER TO NOSE:****I explained and demonstrated the task to Kaylen who stated that she understood. Kaylen could not stay in the starting position. On left command, left finger to right nostril, no return. On right command, right finger to nose tip, no return. On left command, left finger to nose tip, no return. On right command, right finger to right nostril. On left command, left finger to nose tip. On left command, left finger to bridge of the nose. On right command, right finger to left nostril. Kaylen swayed during the task.****ROMBERG ALPHABET:****I explained and demonstrated the task to Kaylen who stated that she understood. Kaylen stated "ABCDEFIGHJKLMNOPQRSTUVWXYZ"****BREATH TEST RESULTS: 1) .206 2) .200 3) 4)****STATE OF FLORIDA****COUNTY OF PALM BEACH****SERRAES**

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 13 day of January 2017 by SERRAES

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



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

SCANNED
JAN 15 2017

TESTING FACILITY TASK REPORT

AGENCY: PBSO

SUBJECT: Grover, Kaylen CASE NUMBER: 17-026407

DATE: 01/13/16 VIDEO TAPE NUMBER: DVDF 61981

BEGINNING TIME: 2204 ENDING TIME: 2222

BREATH TESTS RESULTS: 1) .206 TIME 2211 A.M./P.M. 2) .200 TIME 2214 A.M./P.M.
3) TIME A.M./P.M. 4) TIME A.M./P.M.

BREATH OPERATOR: S. Owen #3184

MAINTENANCE TECHNICIAN: J. Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH:

ATTITUDE: Talkative, cooperative, asked lots of questions

CLOTHING: Sandals, black tights, brown tank top

MEDICAL CONDITIONS: ceriliAT disease

MEDICATIONS: 150 MG Zoloft for manic depression at 9 AM

OTHER: Tech arrived at 2150 hrs

Glazed Eyes Δ was in accident

COMMENTS: Alot A arrived at 2125 hrs

Alot observed 20 minutes

Alot requested breath test, Δ asked consequences

Alot read I/C, Δ didn't understand

Alot explained Δ agreed to test then started

questioning again Alot agreed to test

During test Δ said she has Asthma

No problem with test, Tech explained results

Alot read I/C, Δ understood rights

Δ answered Q & A Δ admitted drinking

3 beers in Miami before driving to WPB

last drink 5pm Couldnt feel effects, not
under influence

SCANNED

JAN 15 2017

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 DIS SERRAES of the PBSO.

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) Read on Camera

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.

SCANNED
JAN 15 2011

SUSPECT'S SIGNATURE: (X) Read on Camera

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? Military

DIRECTION OF TRAVEL? N WHERE DID YOU START? Miami

WHAT TIME DID YOU START? 7:00PM WHAT TIME IS IT NOW? Don't know

WHAT IS TODAY'S DATE? AUG 13th WHAT DAY OF THE WEEK IS IT? Fri

WHAT COUNTY AND CITY ARE YOU IN NOW? West Palm Palm Beach

WHEN DID YOU LAST EAT? 6PM WHAT DID YOU EAT? Steak

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? Driving home

HOW MUCH DO YOU WEIGH? 40 HAVE YOU BEEN DRINKING? Yes WHAT? 3 beers

HOW MUCH? WHERE? Miami WITH WHOM?

WHEN DID YOU HAVE YOUR FIRST DRINK? 4PM AND YOUR LAST DRINK? 5PM

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? no answer

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? no ARE YOU UNDER THE INFLUENCE? no

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? no HOW MUCH?

WHAT? WHERE? WHEN?

WHAT LINE OF WORK ARE YOU IN? Waitress WHEN DID YOU LAST WORK? yesterday

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?

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? yes WHO? Psychologist WHY?

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? Yes WHAT? Zoloft WHEN?

DO YOU HAVE: EPILEPSY?

GLASS EYE?

FALSE TEETH?

EAR INFECTION?

INNER EAR TROUBLE?

DIABETES?

No

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? Yes

DO YOU TAKE INSULIN? No IF SO, WHEN WAS YOUR LAST INJECTION? SCANNED

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? No WHERE? JAN 15 2017

INTERVIEWER:

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL

WITNESS LIST

CASE NUMBER: 17026402

ARRESTING OFFICER: SERRAES

ADDRESS: 17901 STATE ROAD 7, BOCA RATON, FL 33498

PHONE NUMBERS (HOME): _____ (WORK) 5616883000

CAN TESTIFY TO: CRASH INVESTIGATION, DUI INVESTIGATION

NAME: PEDRO VOYER

ADDRESS: 5729 VISTA LINDA LANE, BOCA RATON, FL 33433

PHONE NUMBERS (HOME) 3053329381 (WORK) _____

CAN TESTIFY TO: CRASH WITNESS/INVOLVED

NAME: D/S RAINY 8540

ADDRESS 17901 STATE ROAD 7, BOCA RATON, FL 33498

PHONE NUMBERS (HOME) _____ (WORK) 5616883000

CAN TESTIFY TO: BACK UP

NAME: SGT OBRAY 6250

ADDRESS 17901 STATE ROAD 7, BOCA RATON, FL 33498

PHONE NUMBERS (HOME) 0 (WORK) 0

CAN TESTIFY TO: BACK UP

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 15 2017