

0497979

ARREST / NOTICE TO APPEAR

3580

18CT 7972

3, 2

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

1 JUVENILE

OBTS Number _____ Agency ORI Number **0500200** Agency Name **Boca Raton Police Department** Agency Report Number (N.T.A.'s only) **2018-006218**

Charge Type: 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) **1450 N FEDERAL HWY, BOCA RATON, FL** Location of Offense (Business Name, Address) **1450 N FEDERAL HWY, BOCA RATON, FL 33432**

Date of Arrest **05/04/2018** Time of Arrest **01:56** Booking Date **05/04/2018** Booking Time **02:06** Jail Date **05/04/2018** Jail Time **00:00** Location of Vehicle **WESTWAY TOWING**

Name (Last, First, Middle) **BLAKELY, KELLY DANIELLE** Alias: _____ Alias (Name, DOB, Soc. Sec. #, Etc.) _____

Race **W - White** I - American Indian **W** O - Oriental/Asian **F** Date of Birth **09/06/1992** Height **5'07** Weight **125** Eye Color **BROWN** Hair Color **BLACK** Complexion **LIGHT** Build **Thin**

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) _____ Marital Status **S** Religion _____ Indication of: Alcohol Influence Yes No Unk. Drug Influence Yes No Unk.

Local Address (Street, Apt. Number) (City) (State) (Zip) **1690 RENAISSANCE COMMONS BLVD 1602, BOYNTON BEACH, FL 33426** Phone **(239) 822-0851**

Permanent Address (Street, Apt. Number) (City) (State) (Zip) **1690 RENAISSANCE COMMONS BLVD 1602, BOYNTON BEACH, FL 33426** Phone **(239) 822-0851** Address Source **SUBJECT**

Business Address (Name, Street) (City) (State) (Zip) **FAU,** Phone _____ Occupation **Student**

D/L Number, State **B424504928260 / FL** Soc. Sec. Number _____ DNS Number _____ Place of Birth (City, State) **FT MYERS, FL, United** Citizenship **US**

Co-Defendant Name (Last, First, Middle) _____ Race _____ Sex _____ Date of Birth _____ 1. Arrested 3. Felony 5. Juvenile 2. At Large 4. Misdemeanor

Co-Defendant Name (Last, First, Middle) _____ Race _____ Sex _____ Date of Birth _____ 1. Arrested 3. Felony 5. Juvenile 2. At Large 4. Misdemeanor

Parent Other: _____ Name (Last, First, Middle) _____ Residence Phone _____

Legal Custodian _____

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 _____

Drug Activity: S. Sell N. N/A B. Buy P. Possess R. Smuggle D. Deliver E. Use K. Dispense/Distribute M. Manufacture/Produce/Cultivate Z. Other _____ Drug Type: N. N/A A. Amphetamine B. Barbiturate C. Cocaine E. Heroin H. Hallucinogen M. Marijuana O. Opium/Deriv. P. Paraphernalia/Equipment S. Synthetic U. Unknown Z. Other _____

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

Drug Activity _____ Drug Type **N** Amount / Unit _____ Offense # _____ Counts **1** Domestic Violence Y N Warrant / Capias Number _____ Bond **OK**

Charge Description _____ Statute Violation Number _____ Violation of ORD # _____

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

Charge Description _____ Statute Violation Number _____ Violation of ORD # _____

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

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.O.T. County Jail Posted Bond South County Mental Health

Transported By **VAN CAMP** Date Transported **05/04/2018** Time Transported **00:00** Released By **VAN CAMP** Released To **PBCJ**

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 **06/04/2018 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 COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.

Signature of Defendant (or Juvenile and Parent/Custodian) _____ Date Signed **MAY 4 AM 3:39**

HOLD for Other Agency _____ Signature of Arresting Officer _____ Name Verification (Printed by _____)

Dangerous Resisted Arrest Suicidal Other _____ Name of Arresting Officer (PRINT) **VAN CAMP, J. A.** I.D. # **747** (PRINT) **MAY - 5 2018** PAGE **1 OF 1**

Transporting Officer **Castillo** I.D. # **804** Agency **BOCA** Witness here if subject signed with an "X".

SCANNED MAY 5 2018

No Photo Available

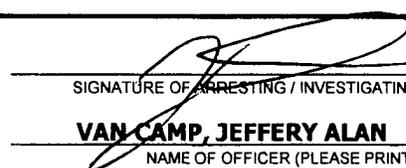
PROBABLE CAUSE AFFIDAVIT

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

1

JUVENILE

A D M I N I S T R A T I V E	OBTS Number		Agency ORI Number FL 0500200		Agency Name BOCA RATON POLICE DEPARTMENT		Agency Report Number 3 2 2018-006218		
	Charge Type: Check as many as apply.		Special Notes:		Name (Last, First, Middle) BLAKELY, KELLY DANIELLE		Race W	Sex F	Date of Birth 09/06/1992
C H A R G E S	Charge Description 316.193(1) DUI		Charge Description		Victim's Name (Last, First, Middle) STATE OF FLORIDA,		Race	Sex	Date of Birth
	Charge Description		Charge Description		Local Address (Street, Apt. Number) 100 NW 2ND AVE, BOCA RATON, FL 33432		Phone (561) -	Address Source	
V I C T I M	Business Address (Name, Street) (56) -		Phone (56) -		Occupation				
	<p>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.</p> <p>The Person taken into custody . . .</p> <p><input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.</p> <p><input type="checkbox"/> confessed to _____ admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the 4 day of May, 2018 at 00:56 (Specifically include facts constituting cause for arrest.)</p> <p>On 5-4-2018 at 0035 hours, while on routine patrol, I observed a Beige Honda vehicle bearing Fl Tag#Y13XXJ traveling northbound on N. Federal Hwy with no headlights on. I activated my in-car camera and began following the vehicle. The vehicle continued traveling northbound and was traveling 55 mph in a 35 mph zone. I was in my un-marked police unit#303, which is speed calibrated semi annually. The vehicle was also having a hard time maintaining a single lane. Based on the above mentioned traffic infractions, I conducted a traffic stop on the car. It stopped in the parking lot of 1450 N. Federal Hwy. I walked to the driver's side portion of the car and made contact with a W/F, identified as Kelly Blakely. As I made contact with her, Blakely said, "my headlights were out." I immediately detected the odor of alcoholic beverage coming from her person, she had a slurred speech and a delayed reaction time. I requested that she provide me with her FLDL, registration and insurance, she fumbled around with her documents and eventually handed over the paperwork. Blakely informed me that she had not consumed any alcoholic beverages tonight. Ofc. Chriswisser arrived on scene as back up a short time later.</p> <p>At this point, I requested that Blakely exit her vehicle so that I could ask her further questions. Blakely exited without incident. Once out of her car, I again asked Blakely how much alcohol she had consumed, she stated that she had not drank anything. Blakely advised that she is driving home after a night at her friends house. I asked Blakely if she knew where she was at and she said she was at "Flakowitz" which is a restaurant in Boca Raton, Fl. After briefly speaking with Blakely I requested that she submit to the standard roadside exercises to dispel my alarm she was driving impaired, she provided consent.</p> <p>Blakely stated she was not taking any medications and does not have any injuries. I explained and demonstrated each task before she performed them.</p>								
S W O R N	SWORN AND SUBSCRIBED BEFORE ME		SIGNATURE OF ARRESTING / INVESTIGATING OFFICER		SCANNED				
	WOLLSCHLAGER, ANTHONY J NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) 05/04/2018 DATE		VAN CAMP, JEFFERY ALAN (747) NAME OF OFFICER (PLEASE PRINT) 05/04/2018 DATE		MAY - 5 2018 PAGE		1 OF 2		

OBTS Number Agency ORI Number FL 0500200	PROBABLE CAUSE AFFIDAVIT SUPPLEMENT Agency Name BOCA RATON POLICE DEPARTMENT	1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias <div style="border: 1px solid black; padding: 2px; display: inline-block;">1</div>	JUVENILE <div style="border: 1px solid black; width: 20px; height: 20px; margin-left: 10px;"></div>	
Agency Report Number 3 2 2018-006218		Charge Type: Check as many as apply <input type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other		
Name (Last, First, Middle) BLAKELY, KELLY DANIELLE		Race W	Sex F	
Alias		Date of Birth 09/06/1992		
P R O B A B L E C A U S E S T A T E M E N T	<p>The first task was the Horizontal Gaze Nystagmus. While observing HGN, lack of smooth pursuit was present in both eyes. Each eye had a constant jerking while at maximum deviation. Onset prior to 45 degrees was present in both eyes. She also had a hard time listening to instructions and was moving her head from side to side.</p> <p>The second task was the Walk and Turn. Blakely fell off the line and did not maintain the starting position. Blakely started the task early on three different occasions. After explaining/demonstrating the task, it didn't seem as if she was paying attention so I asked if she understood the task. Blakely stated she understood and started walking forward saying "heel to toe, heel to toe" instead of counting her steps. She made an improper turn during the exercise. Blakely was confused upon returning and had to ask me if she was doing it correctly.</p> <p>The third task was the One Leg Stand. As I was explaining the task, Blakely said that she felt like I was "setting her up for failure." Blakely said that she could do push-ups easier and she also mentioned that she knew she was being video recorded. She also stated, "they are going to be watching me." She also started the exercise early, I told her to not start yet and she said that she was practicing. She did not count out loud as instructed. She did not look down at her feet the entire time and she began doing one leg squats toward the end of the task.</p> <p>The fourth task was the Finger to Nose (L-R-L-R-R-L). L- Missed the tip of her nose. R- No issue. L- Missed the tip of her nose, held her finger. R- Held her finger. R- Held her finger. L- Missed the tip of her nose, held he finger.</p> <p>The fifth task was the Rhomberg Alphabet. Blakely said she could finish the task without an issue. Blakely got to the letter G and stopped. Blakely couldn't finish the alphabet. She said that she "had been out of school for a while."</p> <p>At 0156 hours, I placed Blakely under arrest for DUI per F.S.S. 316.193(1) and transported her to the booking facility. I conducted the 20 minute observation and Ofc. Bissoon conducted the Intoxilyzer 8000. While in the DUI room, Blakely refused to provide a breath sample. I read he implied consent and again she refused.</p> <p>Blakely was later transported to the Palm Beach County Jail without incident.</p> <p>The vehicle was towed by Westway Towing.</p>			
A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME <div style="text-align: center;">  WOLLSCHLAGER, ANTHONY J NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) 05/04/2018 DATE </div>		<div style="text-align: right;"> SCANNED MAY - 5 2018 </div> <div style="text-align: center;">  SIGNATURE OF ARRESTING / INVESTIGATING OFFICER VAN CAMP, JEFFERY ALAN (747) NAME OF OFFICER (PLEASE PRINT) 05/04/2018 DATE </div>	
		PAGE 2 OF 2		



BOCA RATON POLICE SERVICES DEPARTMENT
DUI INFLUENCE REPORT - PART II

To be filled out at testing facility

Agency Case # 2018-6218

I. INTRODUCTION (Instrument Operator faces video camera)

A. The day is Friday, May, 4, 2018.
(day) (month) (date) (year)

B. The time is now approximately 0124 AM/PM.

C. The following is in reference to case number 2018-006218.

D. Present at this time is Van Camp, Bissou of the Boca Raton Police Department.
(Officer's Name)

E. Officer Van Camp, have you arrested Kelly Blakely in violation of
Florida State Statute 316.193? (Defendant's name)

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

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

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

NOT A CERTIFIED COPY

SCANNED
MAY - 5 2018

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 its alcohol content.
- 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 Officer Van Camp of the Boca Raton PD.

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. Blakely has refused to submit to a breath test.

The date is May, 4, 2018, and the time is 0126 AM/PM.
(month) (day) (year)



BOCA RATON POLICE SERVICES DEPARTMENT
TESTING FACILITY TASK REPORT

SUBJECT: Blakely Kelly

CASE #: 2018-6218 DATE: 05/04/18

BREATH TEST RESULTS

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

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

BREATH OPERATOR: Bisson, Stephen

MAINTENANCE TECHNICIAN: ~~Pat~~ Pare, Brian

TESTING OFFICER'S OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Good, Crying

CLOTHING: black dress

MEDICAL CONDITION: None

OTHER: _____

COMMENTS: Blind shot glassy eyes, Slurred speech and odor of an alcoholic beverage emanating from her person.

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? _____

Where were you going? _____

What street or highway were you on? _____

Direction of travel? _____

Where did you start driving from? _____

What city (county) were you stopped in? _____

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

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

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

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

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

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

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

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 0132 AM PM.

The date is May, 4, 2018.
(month) (day) (year)

SCANNED
MAY - 5 2018