

0485611

17CT355

3685

## ARREST / NOTICE TO APPEAR

Juvenile Referral Report

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

Juvenile

1

|   |   |                                    |   |  |          |                                       |  |   |  |                           |  |   |                          |                               |                 |   |  |                            |   |  |                                  |   |  |  |
|---|---|------------------------------------|---|--|----------|---------------------------------------|--|---|--|---------------------------|--|---|--------------------------|-------------------------------|-----------------|---|--|----------------------------|---|--|----------------------------------|---|--|--|
| ADMINISTRATIVE  | OBTS Number   |                                    |   | Agency ORI Number  |          |                                       | Agency Name  |   |  | ARREST / NOTICE TO APPEAR |  |   | Juvenile Referral Report |                               |                 | 1. Arrest<br>2. N.T.A.  |  |                            | 3. Request for Warrant<br>4. Request for Capias |  |                                  | Name Verification (Printed by Arrestee) |  |  |
|   | FLO 500000  |                                    |   | PALM BEACH COUNTY SHERIFF'S OFFICE                         |          |                                       | Agency Report Number (N.T.A.'s only)   |   |  | 06-                       |  |   | 17-043714                |                               |                 | FEB 24 AM 4:02  |  |                            | (PRINT)   |  |                                  |   |  |  |
| ChargeType:<br>Check as many as apply:<br>1. Felony<br>2. Traffic Felony<br>3. Misdemeanor<br>4. Traffic Misdemeanor<br>5. Ordinance<br>6. Other  |   |                                    | Weapon Seized / Type  |  |          | Multiple Clearance Indicator          |  |   | 1. Yes<br>2. No                                |                           |  | 1. Yes<br>2. No                         |                          |                               | 1. Yes<br>2. No |   |  | 1. Yes<br>2. No            |   |  |                                  |   |  |  |
| Location of Arrest (Including Name of Business)<br>13800 BLK ELLISON WILSON RD  |   |                                    | Location of Offense (Business Name, Address)<br>13800 BLK ELLISON WILSON RD |  |          | JUNO BEACH, FL                        |  |   | JUNO BEACH, FL                                 |                           |  | JUNO BEACH, FL                          |                          |                               | JUNO BEACH, FL  |   |  | JUNO BEACH, FL             |   |  |                                  |   |  |  |
| Date of Arrest<br>02/24/2017  |   | Time of Arrest<br>01:30            |   | Booking Date   |          | Booking Time                          |  | Jail Date   |  | Jail Time                 |  | Location of Vehicle                     |                          | NORTH COUNTY TOWING           |                 |   |  |                            |   |  |                                  |   |  |  |
| Name (Last, First, Middle)<br>VANDERLUGT, KENDRA DONAE  |   |                                    |   |  |          |                                       |  |   |  |                           |  | Alias (Name, DOB, Soc. Sec. #, Etc.)    |                          |                               |                 |   |  |                            |   |  |                                  |   |  |  |
| Race<br>W - White 1 - American Indian<br>B - Black 0 - Oriental/Asian   |   | Sex<br>W                           |   | Date of Birth<br>02/04/1993                                |          | Height<br>6'0"                        |  | Weight<br>160                                     |  | Eye Color<br>BLUE         |  | Hair Color<br>BLONDE                    |                          | Complexion<br>MED             |                 | Build<br>MED  |  |                            |   |  |                                  |   |  |  |
| Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)<br>NONE   |   |                                    |   |  |          |                                       |  |   |  |                           |  | Marital Status<br>SINGLE                |                          | Religion<br>CHRISTIAN         |                 | Indication of:<br>Alcohol Influence<br>Drug Influence                       |  | Y<br>N<br>Unk.             |   |  |                                  |   |  |  |
| Local Address (Street, Apt. Number)<br>2636 GREENWAY DRIVE  |   | (City)<br>JUPITER,                 |   | (State)<br>FL  |          | (Zip)<br>33458                        |  | Phone<br>(616) 745-8678                           |  |                           |  | Residence Type:<br>1. City<br>2. County |                          | 3. Florida<br>4. Out of State |                 | 2   |  |                            |   |  |                                  |   |  |  |
| Permanent Address (Street, Apt. Number)   |   | (City)                             |   | (State)  |          | (Zip)                                 |  | Phone   |  |                           |  | Address Source<br>VERBAL                |                          |                               |                 |   |  |                            |   |  |                                  |   |  |  |
| Business Address (Name, Street)   |   | (City)                             |   | (State)  |          | (Zip)                                 |  | Phone   |  |                           |  | Occupation<br>HAIR STYLIST              |                          |                               |                 |   |  |                            |   |  |                                  |   |  |  |
| D/L Number, State<br>V-536-465-149-093; MI  |   | Soc. Sec. Number                   |   | INS Number   |          |                                       |  | Place of Birth (City, State)<br>BYRON CENTER, MI  |  |                           |  | Citizenship<br>US                       |                          |                               |                 |   |  |                            |   |  |                                  |   |  |  |
| Co-Defendant Name (Last, First, Middle)   |   |                                    |   |  |          |                                       |  |   |  |                           |  | Race                                    |                          | Sex                           |                 | Date of Birth   |  | 1. Arrested<br>2. At Large |   | 3. Felony<br>4. Misdemeanor<br>5. Juvenile |                                  |   |  |  |
| Co-Defendant Name (Last, First, Middle)   |   |                                    |   |  |          |                                       |  |   |  |                           |  | Race                                    |                          | Sex                           |                 | Date of Birth   |  | 1. Arrested<br>2. At Large |   | 3. Felony<br>4. Misdemeanor<br>5. Juvenile |                                  |   |  |  |
| Parent<br>Legal Custodian<br>Other:<br>Name (Last)<br>(First)<br>(Middle)   |   |                                    |   |  |          |                                       |  |   |  |                           |  |   |                          |                               |                 |   |  |                            |   |  |                                  | Residence Phone<br>( )                  |  |  |
| Address (Street, Apt. Number)<br>(City)   |   |                                    |   |  |          |                                       |  |   |  |                           |  | (State)                                 |                          | (Zip)                         |                 |   |  |                            |   | Business Phone<br>( )                      |                                  |   |  |  |
| Notified by: (Name)   |   |                                    |   |  |          |                                       |  |   |  |                           |  | Date<br>(1)                             |                          | Time                          |                 | Juvenile Disposition<br>1. Handled/ processed within<br>Dept. and Released. |  | 2. TOT HRS / DYS           |   |  |                                  |   |  |  |
| Released To: (Name)   |   |                                    |   |  |          |                                       |  |   |  |                           |  | Relationship                            |                          |                               |                 |   |  | 3. Incarcerated            |   | 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<br>to keep the Juvenile Court Clerk (Phone 355-2526) informed of any change of address.<br><input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason) |   |                                    |   |  |          |                                       |  |   |  |                           |  |   |                          |                               |                 | School Attended   |  |                            |   | Grade                                      |                                  |   |  |  |
| Property Crime?<br><input type="checkbox"/> Yes <input type="checkbox"/> No   |   | Description of Property            |   |  |          |                                       |  |   |  |                           |  | Value of Property                       |                          |                               |                 |   |  |                            |   |  |                                  |   |  |  |
| CODE  | S. Sell<br>N. N/A<br>P. Possess   | R. Smuggle<br>B. Buy<br>T. Traffic | K. Dispense/<br>D. Deliver<br>E. Use  | M. Manufacture/<br>Produce/<br>Cultivate                   | Z. Other | Drug Type<br>N. N/A<br>P. Amphetamine | B. Barbiturate<br>C. Cocaine<br>E. Heroin  | H. Hallucinogen<br>M. Marijuana<br>O. Opium/Denv. | P. Paraphernalia/<br>Equipment<br>S. Synthetic | U. Unknown<br>Z. Other    |  |   |                          |                               |                 |   |  |                            |   |  |                                  |   |  |  |
| CHARGE  | DRIVING UNDER THE INFLUENCE   |                                    |   |  |          | Counts<br>1                           | Domestic<br>Violence<br><input type="checkbox"/> Y <input checked="" type="checkbox"/> N | Statute Violation Number<br>316.193(1)            |  | Violation of ORD #        |  |   |                          |                               |                 |   |  |                            |   |  |                                  |   |  |  |
| CHARGE  | Drug Activity<br>N  | Drug Type<br>N                     | Amount / Unit<br>NONE   | Offense #<br>17-043714                                     |          |                                       |  | Warrant / Capias Number                           |  | Bond<br>1                 |  |   |                          |                               |                 |   |  |                            |   |  |                                  |   |  |  |
| CHARGE  | FAIL TO ACQUIRE FLORIDA DL  |                                    |   |  |          | Counts<br>1                           | Domestic<br>Violence<br><input type="checkbox"/> Y <input checked="" type="checkbox"/> N | Statute Violation Number<br>322.031(1)            |  | Violation of ORD #        |  |   |                          |                               |                 |   |  |                            |   |  |                                  |   |  |  |
| CHARGE  | Drug Activity<br>N  | Drug Type<br>N                     | Amount / Unit<br>NONE   | Offense #<br>17-043714                                     |          |                                       |  | Warrant / Capias Number                           |  | Bond<br>1                 |  |   |                          |                               |                 |   |  |                            |   |  |                                  |   |  |  |
| CHARGE  |   |                                    |   |  |          | Counts                                | Domestic<br>Violence<br><input type="checkbox"/> Y <input type="checkbox"/> N            | Statute Violation Number                          |  | Violation of ORD #        |  |   |                          |                               |                 |   |  |                            |   |  |                                  |   |  |  |
| CHARGE  | Drug Activity   | Drug Type                          | Amount / Unit   | Offense #  |          |                                       |  | Warrant / Capias Number                           |  | Bond                      |  |   |                          |                               |                 |   |  |                            |   |  |                                  |   |  |  |
| CHARGE  |   |                                    |   |  |          | Counts                                | Domestic<br>Violence<br><input type="checkbox"/> Y <input type="checkbox"/> N            | Statute Violation Number                          |  | Violation of ORD #        |  |   |                          |                               |                 |   |  |                            |   |  |                                  |   |  |  |
| CHARGE  | Drug Activity   | Drug Type                          | Amount / Unit   | Offense #  |          |                                       |  | Warrant / Capias Number                           |  | Bond                      |  |   |                          |                               |                 |   |  |                            |   |  |                                  |   |  |  |
| NOTICE TO APPEAR  | Location (Court, Room Number, Address)<br>CRIMINAL JUSTICE COMPLEX / 3228 GUN CLUB ROAD, WEBER BEACH, FL 33406                                  |                                    |   |  |          |                                       |  |   |  |                           |  |   | FEB 24 2017              |                               |                 |   |  |                            |   |  |                                  |   |  |  |
| NOTICE TO APPEAR  | Court Date and Time<br>Month MARCH Day 23rd Year 2017 Time 08:30 AM ✓ 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/Juvenile and Parent/Custodian  |   |                                    |   |  |          |                                       |  |   |  |                           |  | Date Signed                             |                          |                               |                 |   |  |                            |   |  |                                  |   |  |  |
| ADMIN   | HOLD for other Agency<br>Name:  |                                    |   | Signature of Arresting Officer<br>X INV. J. SCHAEFER #8777 |          |                                       | Name Verification (Printed by Arrestee)  |   |  | FEB 24 AM 4:02            |  |   |                          |                               |                 |   |  |                            |   |  |                                  |   |  |  |
|   | <input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest<br><input type="checkbox"/> Suicidal <input type="checkbox"/> Other |                                    |   | Name of Arresting Officer (Print)<br>INV. J. SCHAEFER      |          |                                       | I.D. #<br>8777   |   |  | (PRINT)                   |  |   |                          |                               |                 |   |  |                            |   |  |                                  |   |  |  |
|   | Intake Deputy<br>Pouch #  |                                    |   | Transporting Officer<br>INV. J. SCHAEFER                   |          |                                       | ID #<br>8777   |   |  | Agency<br>PBSO            |  |   |                          |                               |                 |   |  |                            |   |  |                                  |   |  |  |
|   |   |                                    |   |  |          |                                       |  |   |  |                           |  |   |                          |                               |                 | PAGE  |  |                            |   |  |                                  |   |  |  |
|   |   |                                    |   |  |          |                                       |  |   |  |                           |  |   |                          |                               |                 | 1   |  |                            |   |  |                                  |   |  |  |
| DISTRIBUTION: WHITE - COURT COPY  |   |                                    |   |  |          |                                       |  |   |  |                           |  | GREEN - STATE ATTORNEY                  |                          |                               | YELLOW - AGENCY |   |  | PINK - AGENCY              |   |  | GOLD - DEFENDANT (N.T.A.'s ONLY) |   |  |  |

|   |  |  |   |  |  |                |               |
|---|--|--|---|--|--|----------------|---------------|
| OBTS Number   |  | PROBABLE CAUSE AFFIDAVIT   |   |  |  |                |               |
| A   | D  | Agency ORI Number  | Agency Name   | 1. Arrest<br>2 N T A   | 3. Request for Warrant<br>4 Request for Capias | 1 JUVENILE     |               |
| M   | I  | FL 0501600   | JUNO BEACH POLICE DEPT  | Agency Report Number   |  | 17-000096      |               |
| N   | Charge Type:<br>Check as many<br>as apply  | <input type="checkbox"/> 1. Felony<br><input type="checkbox"/> 2. Traffic Felony | <input type="checkbox"/> 3. Misdemeanor<br><input checked="" type="checkbox"/> 4. Traffic Misdemeanor | <input type="checkbox"/> 5. Ordinance<br><input type="checkbox"/> 6. Other | Special Notes:<br><b>SUPPLEMENT</b>            |                |               |
| D   | E  | F  | Name (Last, First, Middle)  | Alias  | Race   | Sex            | Date of Birth |
| CHARGE  | 316.193(1) DUI - DRIVING WHILE UNDER INFLUENCE   | Charge Description   |   |  |  |                |               |
| GES   | Charge Description   | Charge Description   |   |  |  |                |               |
| VICTIM  | Victim's Name (Last, First, Middle)  | STATE of FLORIDA   | Race  | Sex  | Date of Birth                                  |                |               |
| LOCAL ADDRESS   | Local Address (Street, Apt Number)   | (City)   | (State)   | (Zip)  | Phone  | Address Source |               |
| Business Address (Name, Street)   | (City)   | (State)  | (Zip)   | Phone  | 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 checked="" type="checkbox"/> committed the below acts in my presence.</p> <p><input type="checkbox"/> confessed to _____ admitting to the below facts.</p> <p><input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.</p> <p><input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <u>24</u> day of <u>February</u>, <u>2017</u> at <u>00:44</u> (Specifically include facts constituting cause for arrest.)</p> |  |  |   |  |  |                |               |
| PROBLE  | <p>This is a supplemental probable cause affidavit for the Palm Beach County Sheriff's Office. On 02/24/2017 at approximately 12:44PM, while traveling North on Ellison Wilson Rd, approximately 500 feet South of Chesterbay Ln (Juno Beach, PBSO Jurisdiction), I observed a vehicle parked on the Southbound bicycle path and sidewalk that appeared to be occupied and had it's headlights on. I turned around and stopped to conduct a welfare check on the vehicle occupant(s) to see if they were in need of assistance. Upon approaching the vehicle I noticed that there was a female in the driver's seat who had her face pointing down and appeared to be sleeping and the vehicle was running. I knocked on the passenger's side window and flashed my flash light at the driver multiple times and received no response. I opened the unlocked front passenger door and turned off the vehicle. I continued to knock on the roof of the car, yell to the driver, and flash my light at her, but did not receive an immediate response. I did see that the driver was breathing, as I could see the rising and falling of her chest. After yelling and shining my light in her face multiple times, the driver briefly opened her eyes, then closed them again. In that time I noticed that her eyes were extremely bloodshot and watery. In the center console, I noticed a clear glass jar containing a clear liquid. I picked up the jar and smelled it. The liquid was emitting a fruity odor. I turned off the car and took the keys out of the vehicle. I stayed on scene until deputies from the Palm Beach County Sheriff's Office responded to take control of the scene. This ends my involvement in this case.</p> |  |   |  |  |                |               |
| ADMINISTRATIVE  | <p>SWORN AND SUBSCRIBED BEFORE ME<br/><u>INV. J. Schaefer #8777</u></p> <p>NOTARY PUBLIC / CLERK OF COURT / OFFICER (F S S. 117.10)</p> <p><u>02/24/2017</u><br/>DATE</p> <p>SIGNATURE OF ARRESTING / INVESTIGATING OFFICER<br/><u>ISHAM, MATTHEW (291)</u></p> <p>NAME OF OFFICER (PLEASE PRINT)</p> <p><u>02/24/2017</u><br/>DATE</p>  |  |   |  |  |                |               |

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P.I.O.

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 24th DAY OF FEBRUARY 20 17, AT 00:44  AM  PM  
SUBJECT: VANDERLUGT, KENDRA DONAE CASE NUMBER: 17-043714  
AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: INV. J. SCHAEFER #8777  
**PERSONAL CONTACT**

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

I was called to the scene of a traffic stop near the intersection of Ellison Wilson Road and Chester Bay Lane, which is located in unincorporated Palm Beach County, Florida. I arrived at the scene at approximately 01:18hrs. Juno Beach Officer M. Isham #291 relayed to me, and completed a written signed sworn supplemental Probable Cause Affidavit, that he had observed the defendant's vehicle, a 2016 Nissan Altima bearing FL temporary tag BMW6520 parked upon the sidewalk and with the vehicle lights. Officer Isham elected to conduct a welfare check on the vehicle's occupant(s). Officer Isham noticed the defendant appeared to be sleeping in the driver seat while the vehicle was running. Officer Isham noticed that the defendant had articulable indicators of impairment, so he called for a DUI unit to conduct a possible DUI investigation. Officer Isham identified the defendant, to me, as the driver and sole occupant of the vehicle, at the time of the stop.

## OBSERVATION OF DRIVER:

Upon making contact with the driver who was identified as "KENDRA DONAE VANDERLUGT" by her Michigan driver license, I immediately detected an obvious and strong odor of an unknown alcoholic beverage emitting from Kendra's person and face area. This odor intensified as I spoke to Kendra. She had glassy, glazed, and blood shot eyes. Kendra's speech was slurred, slow, and thick, and at times difficult to understand. Her movements were slow and deliberate. Kendra was lethargic in her movements with poor coordination. As Kendra attempted to exit the vehicle, she dropped her wallet and her money fell out of it. She fumbled many attempts to retrieve the money. Kendra had an unsteady gait while walking to the front of my patrol vehicle. Once there, I noticed that Kendra had soiled herself at one point.

## DRIVER'S STATEMENTS:

Pre-Miranda: Kendra stated numerous times she should not of driven because she had been drinking and that's why she pulled over onto the sidewalk.

Post Miranda: None

## ODORS:

A strong and obvious odor of an unknown alcoholic beverage was emitting from Kendra's person and face area which intensified as I spoke to her.

## **GENERAL OBSERVATIONS**

SPEECH: Kendra's speech was slurred, slow, and thick, and at times difficult to understand.

ATTITUDE: talkative, sleepy, polite, friendly, cooperative

CLOTHING: burgundy top, jeans, sandals

MEDICAL/OTHER: none stated

STATE OF FLORIDA  
COUNTY OF PALM BEACH

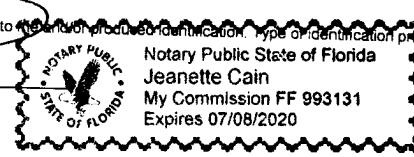
INV. J. SCHAEFER #8777 Inv. J. Schaefer #8777

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 24th day of FEBRUARY 20 17 by INV. J SCHAEFER #8777

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

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



# WITNESS LIST

17-043714

CASE NUMBER: \_\_\_\_\_

ARRESTING OFFICER: **INV. J. SCHAEFER #8777**

ADDRESS: 3228 GUN CLUB ROAD WPB, FL 33406

PHONE NUMBERS (HOME): \_\_\_\_\_ (WORK) (561)681-4500

CAN TESTIFY TO: SEE OFFENSE REPORT

NAME: OFFICER MATTHEW ISHAM #291

ADDRESS: JUNO BEACH POLICE DEPARTMENT

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: SEE SUPPLEMENTAL PROBABLE CAUSE AFFIDAVIT

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

# TESTING FACILITY TASK REPORT

3

AGENCY: PBSOSUBJECT: VANDERLUGT, KENDRA DONAECASE NUMBER: 17-043714DATE: FEB. 24th, 2017VIDEO TAPE NUMBER: 62184BEGINNING TIME: 02:25 hrs.ENDING TIME: 02:28 hrs.

BREATH TESTS RESULTS:

**REFUSED**TIME 02:27 A.M./P.M. 2) \_\_\_\_\_ TIME \_\_\_\_\_ A.M./P.M.

3) \_\_\_\_\_ TIME \_\_\_\_\_ A.M./P.M. 4) \_\_\_\_\_ TIME \_\_\_\_\_ A.M./P.M.

BREATH OPERATOR: J. CAINE #2109MAINTENANCE TECHNICIAN: J. KARLECKE #6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: slurredATTITUDE: slightly reservedCLOTHING: Blue jeans, purple tank top, brown belt (boiled wine)MEDICAL CONDITIONS: allergicMEDICATIONS: KenalogOTHER: blonde hair 24 yrsodor of unknown alcoholic beverageEyes red, glassy + watery

COMMENTS:

20 Min. observ done by arresting Inv.Said no to b/t.Sgt. read the Dny/Ref Consent to A.Stated she understood I/C and again - No.Sgt. accepted refusal.Rights were read by Inv.Refused to answer any questions.

SUBJECT: **WANDELUGT, KENDRA DONAE**

CASE NUMBER:

17-043714

## **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.**

**REFUSED**

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)

**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.

SUSPECT'S SIGNATURE: (X)

## READ

2

## 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? \_\_\_\_\_

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

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

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

WHAT TIME DID YOU START? \_\_\_\_\_ WHAT TIME IS IT NOW? \_\_\_\_\_

WHAT IS TODAY'S DATE? \_\_\_\_\_ WHAT DAY OF THE WEEK IS IT? \_\_\_\_\_

WHAT COUNTY AND CITY ARE YOU IN NOW? \_\_\_\_\_

WHEN DID YOU LAST EAT? \_\_\_\_\_ WHAT DID YOU EAT? \_\_\_\_\_

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

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

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

WHEN DID YOU HAVE YOUR FIRST DRINK? \_\_\_\_\_ AND YOUR LAST DRINK? \_\_\_\_\_

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? \_\_\_\_\_

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? \_\_\_\_\_ ARE YOU UNDER THE INFLUENCE? \_\_\_\_\_

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? \_\_\_\_\_ HOW MUCH? \_\_\_\_\_

WHAT? \_\_\_\_\_ WHERE? \_\_\_\_\_ WHEN? \_\_\_\_\_

WHAT LINE OF WORK ARE YOU IN? \_\_\_\_\_ WHEN DID YOU LAST WORK? \_\_\_\_\_

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? \_\_\_\_\_ WHAT? \_\_\_\_\_

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

DO YOU LIMP? \_\_\_\_\_ DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? \_\_\_\_\_

WERE YOU IN AN ACCIDENT TODAY? \_\_\_\_\_

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? \_\_\_\_\_ WHEN? \_\_\_\_\_

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

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? \_\_\_\_\_ WHAT? \_\_\_\_\_ WHEN? \_\_\_\_\_

DO YOU HAVE: EPILEPSY? \_\_\_\_\_

GLASS EYE? \_\_\_\_\_

FALSE TEETH? \_\_\_\_\_

EAR INFECTION? \_\_\_\_\_

INNER EAR TROUBLE? \_\_\_\_\_

DIABETES? \_\_\_\_\_

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

DO YOU TAKE INSULIN? \_\_\_\_\_ IF SO, WHEN WAS YOUR LAST INJECTION? \_\_\_\_\_

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

INTERVIEWER: Inv G. L. Hafer #8777

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

I, INV. J. SCHAEFER #8777

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

am a member of PALM BEACH COUNTY SHERIFF'S OFFICE

(Name of law enforcement agency), and I do swear

or affirm that on or about the 24th day of FEBRUARY, 20 17, at 01:30  P.M.  A.M.

DRIVER \_\_\_\_\_, at 01:30  P.M.  A.M.  
(Type or Print) KENDRA FIRST NAME DONAE MIDDLE OR MAIDEN NAME VANDERLUGT LAST NAME

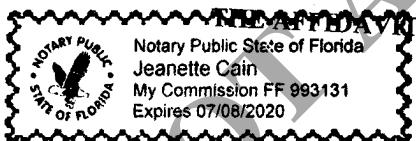
DL# [REDACTED] STATE NAME LAST NAME  
, state of MICHIGAN , was placed under lawful arrest for  
the offense of DRIVING UNDER THE INFLUENCE by INV. J. SCHAEFER #8777 and  
issued Citation # A0ZSDBP (Name of Arresting Officer)

That on or about the 24th day of FEBRUARY, 20 17, at 02:27  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.

Inv J Schaefer # 8772  
Signature of Law Enforcement Officer  
Correctional Officer

Signature of Law Enforcement Officer or  
Correctional Officer



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

The foregoing instrument was sworn and subscribed before me:

**(AFFIX SEAL)**

me this 24th day of FEBRUARY 2017

by INV. J. SCHAEFER

who is personally known to me or who has pro

PERSONALLY KNOWN \_\_\_\_\_ as identification

Notary Public

— 1 —

HSMV-BAR1001 (REV. 10/2010)

HSMV-BAR1001 (REV. 10/2010)

HSMV-BAR1001 (REV. 10/2010)

1001 (REV. 10/2016)

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.

**MICHIGAN** MI USA

**DRIVER LICENSE**

ISS 02-02-2016 020493

DOB 02-04-1993

EXP 02-04-2018

KENDRA DONAE VANDERLUGT  
3220 76TH ST SW  
BYRON CENTER, MI 49315-9437

Sex F

Hgt 600

Eyes BLU

Lic Type O

End NONE

Restrictions NONE



Kendra Vanderlugt

DD 0000897626830

DONOR  
Rev 01-21-2011

NOT A CERTIFICATE