

190714880

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

OBTS Number	Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-19-103469	
Charge Type: Check as many as apply <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Weapon Seized / Type 1. Yes 2. No		Multiple Clearance Indicator 1		
Location of Arrest (Including Name of Business) LAWRENCE RD AND NAUTICA BV BOYNTON BEACH FL				Location of Offense (Business Name, Address) LAWRENCE AVE AND NAUTICA BV BOYNTON BEACH FL 33426		
Date of Arrest 8/13/19	Time of Arrest 0356	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle BIG CITY TOWING

Name (Last, First, Middle) FEINSTEIN KIMBERLIE C		Alias (Name, DOB, Soc. Sec. #, Etc.)				
Race W - White I - American Indian B - Black O - Oriental/Asian W	Sex F	Date of Birth 03/19/1993	Height 505	Weight 190	Eye Color BRO	Hair Color BRO
Complexion FAIR		Build HEV		Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) NONE		
Local Address (Street, Apt. Number) 749 BUTTONWOOD LANE		(City) BOYNTON BEACH FL	(State) FL	(Zip) 33426	Phone (772) 631 9861	Residence Type: 1. City 2. County 3. Florida 4. Out of State 1
Permanent Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone	Address Source DEFENDANT
Business Address (Name, Street)		(City)	(State)	(Zip)	Phone	Occupation WAITRESS
D/L Number, State (FL)F523503935990		Soc. Sec. Number		INS Number		Place of Birth (City, State) BOYNTON BCH FL
Citizenship US						

Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large	<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile
Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large	<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile
Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other:		Residence Phone			
Address (Street, Apt. Number)		(City)	(State)	(Zip)	Business Phone

Notified by: (Name)	Date	Time	Juvenile Disposition 1. Handled/processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated
Released To: (Name)	Relationship	Date	Time
The above address provided by <input type="checkbox"/> defendant and / or <input type="checkbox"/> defendant's parents The child and / or parent was told to keep the Juvenile Court Clerk (Phone 355-2526) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No (Reason)		School Attended	Grade
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No	Description of Property	Value of Property	

Drug Activity N. N/A P. Possess	S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. Dispense/ Distribute	M. Manufacture/ Produce/ Cultivate	Z. Other	Drug Type N. N/A A. Amphetamine	B. Barbiturate C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana O. Opium/Deriv.	P. Paraphernalia/ Equipment S. Synthetics	U. Unknown Z. Other
Charge Description DUI		Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 316.193(1)		Violation of ORD #				
Drug Activity /	Drug Type /	Amount / Unit N/A	Offense # 19-103469	Warrant / Capias Number		Bond				
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation of ORD #				
Drug Activity /	Drug Type /	Amount / Unit /	Offense #	Warrant / Capias Number		Bond				
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation of ORD #				
Drug Activity /	Drug Type /	Amount / Unit N/A	Offense #	Warrant / Capias Number		Bond				
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation of ORD #				
Drug Activity N/A	Drug Type N/A	Amount / Unit N/A	Offense # 19-083207	Warrant / Capias Number		Bond				

Location (Court Room Number, Address) 3228 GUN CLUB RD WPB FL 33406	
Court Date and Time Month SEPTEMBER Day 5 Year 2019 Time 0830 AM <input checked="" type="checkbox"/> PM	
I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED	
Signature of Defendant (or Juvenile and Parent/Guardian)	Date Signed

HOLD for other Agency Name		Signature of Arresting Officer X		Name Verification (Printed by Arrestee)	
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		Name of Arresting Officer (Print) INV E. K. WHITE		(PRINT)	
<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		I.D. # 7209		PAGE	
Inmate Deputy	I.D. #	Pouch #	Transporting Officer E. K. WHITE	ID # 7209	Agency PBSO
Witness here if subject signed with an "X"				PAGE 1 OF 1	

05/0163

744

2019 AUG 13 AM 8:40

PROBABLE CAUSE AFFIDAVIT

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

1 Juvenile N

OBTS Number	Agency ORI Number FLO 50000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 06-19-103469
Charge Type: Check as many as apply		1. Felony <input type="checkbox"/>	2. Traffic Felony <input type="checkbox"/>	3. Misdemeanor <input checked="" type="checkbox"/>
		4. Traffic Misdemeanor <input type="checkbox"/>	5. Ordinance <input type="checkbox"/>	6. Other <input type="checkbox"/>

Name (Last, First, Middle) FEINSTEIN, KIMBERLIE,	Alias	Race w	Sex f	Date of Birth 03/19/1993
Charge Description Driving Under The Influence	316.197(1)	Charge Description		
Charge Description		Charge Description		

Victim's Name (Last, First, Middle) * *	Race	Sex	Date of Birth
Local Address (Street, Apt. Number) (City) (State) (zip) Phone ()	Address Source		
Business Address (Name, Street) (City) (State) (zip) Phone ()	Occupation		

The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law. The Person taken into custody

committed the below acts in my presence. was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.

confessed to _____ admitting to the below facts. was found to have committed the below acts, resulting from my (described) investigation.

On the 13th day of August 20 19 at 0301 A.M. P.M. (Specifically include facts constituting cause for arrest.)

On the above date and time while conducting traffic control at the intersection of Lawrence Rd/Old Boynton Rd I observed a grey in color Hyundai vehicle traveling northbound on Lawrence Rd approaching Old Boynton Rd. The area was hazardous due to power lines, two traffic lights, a concrete pole and scattered debris lying in the roadway. Other patrol officers were also in the intersection conducting traffic control while FP&L workers repaired the damaged lights. During my duty I watched a grey Hyundai failed to yield to traffic cones that were placed south of the intersection. It ran over the traffic cones and continued through the intersection of Lawrence Rd/Old Boynton Rd without yielding to inoperable traffic signals. I initiated a traffic stop on the grey Hyundai at Citrus Park Blvd/Lawrence Rd and made contact with the driver and registered owner of the vehicle Kimberlie Feinstein. While speaking with Kimberlie I could smell the faint odor of an unknown alcoholic beverage, based on my training and experience. While D/S Ward was speaking with Kimberlie outside of her vehicle I could clearly see her swaying side to side at which point I called for a DUI unit to respond.

PROBABLE CAUSE STATEMENT

ADMINISTRATIVE

STATE OF FLORIDA
COUNTY OF PALM BEACH

28287

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to, affirmed and subscribed before me this 13th day of August 20 19 by D/S K. BRUNNER

(Print name of Arresting/Investigative Officer, who is personally known to me and/or produced identification. Type of identification produced None)

Notary Public, Clerk of Court, Officer (F.S. 9-117.10)

SCANNED
AUG 14 2019

PROBABLE CAUSE AFFIDAVIT

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

1

Juvenile

OBTS Number	Agency ORI Number FLO 50000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 06-19-103469
Charge Type: Check as many as apply	<input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other	Special Notes:

Name (Last, First, Middle) FEINSTEIN, KIMBERLIE, C	Alias	Race W	Sex F	Date of Birth 03/19/1993
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Charge Description DUI	316.193(1)	Charge Description
Charge Description		Charge Description

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
Local Address (Street, Apt. Number)	(City)	(State)	(zip)
Business Address (Name, Street)	(City)	(State)	(zip)

The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law. The Person taken into custody

committed the below acts in my presence. was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.

confessed to _____ admitting to the below facts. was found to have committed the below acts, resulting from my (described) investigation.

On the 13th day of August 2019 at 0301 A.M. P.M. (Specifically include facts constituting cause for arrest.)

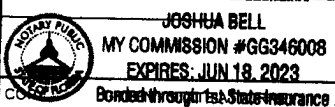
On Tuesday, August 13, 2019 at approximately 0315 hours, I was dispatched to Lawrence Road and Nautica Boulevard to assist Deputy K. Brunner with a traffic stop with a possible drunk driver. Upon my arrival I noticed three Palm Beach County Sheriff's Officer patrol vehicles stopped in the northbound lanes of Lawrence Rd with their emergency lights activated. A blue Hyundai was stopped ahead of the patrol cars in the outside lane. A white female was standing on the sidewalk. I made contact with D/S Brunner who wrote the following statement regarding his traffic stop: On the above date and time while conducting traffic control at the intersection of Lawrence Rd/Old Boynton Rd I observed a gray in color Hyundai vehicle traveling northbound on Lawrence Rd approaching Old Boynton Rd. The area was hazardous due to power lines, two traffic lights, a concrete pole and scattered debris lying in the roadway. Other patrol officers were also in the intersection conducting traffic control while FP&L workers repaired the damaged lights. During my duty I watched a gray Hyundai failed to yield to traffic cones that were placed south of the intersection. It ran over the traffic cones and continued through the intersection of Lawrence Rd/Old Boynton Rd without yielding to inoperable traffic signals. I initiated a traffic stop on the gray Hyundai at Citrus Park Blvd/Lawrence Rd and made contact with the driver and registered owner of the vehicle Kimberlie Feinstein. While speaking with Kimberlie I could smell the faint odor of an unknown alcoholic beverage, based on my training and experience. While D/S Ward was speaking with Kimberlie outside of her vehicle I could clearly see her swaying side to side at which point I called for a DUI unit to respond:

STATE OF FLORIDA
COUNTY OF PALM BEACH

[Signature]
INV E. K. WHITE
(Signature of Arresting Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 13th day of August 2019 by INV E. K. WHITE 7209

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

Notary Public, Clerk of Court, Officer (F.S.S. 117.10)		PAGE 1 OF 3
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PROBABLE CAUSE AFFIDAVIT

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

1

Juvenile

OBTS Number	Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 06-19-103469
Charge Type Check as many as apply.	1. Felony <input type="checkbox"/>	2. Traffic Felony <input type="checkbox"/>	3. Misdemeanor <input type="checkbox"/>	4. Traffic Misdemeanor <input type="checkbox"/>
	5. Ordinance <input type="checkbox"/>	6. Other <input type="checkbox"/>	Special Notes	

Name (Last, First, Middle) FEINSTEIN, KIMBERLIE, C	Alias	Race W	Sex F	Date of Birth 03/19/1993
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Charge Description DUI	316.193(1)	Charge Description
Charge Description		Charge Description

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
Local Address (Street, Apt. Number)	(City)	(State)	(zip)
Business Address (Name, Street)	(City)	(State)	(zip)

The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law.
 The Person taken into custody
 committed the below acts in my presence. was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.
 confessed to _____ admitting to the below facts. was found to have committed the below acts, resulting from my (described) investigation.
 On the 13th day of August 2019 at 0301 A.M. P.M. (Specifically include facts constituting cause for arrest.)

I made contact with the driver who was walking toward me. She was later identified as Kimberlie Crystal Feinstein by her Florida driver license. During my interview I noticed her eyes were red, watery and glossy. Her cheeks were flushed, her mouth was dry and she slurred his speech while speaking. She seemed happy and friendly. She labored in maintaining her balance. She was wearing black tights, a light blue shirt and a black furry shoes. I could smell a strong odor of an unknown alcoholic beverage emanating from her breath that intensified when she spoke. I told the driver I had a suspicion that she had been drinking an unspecified amount of alcoholic beverages. She admitted to having two drinks. I asked if she would consent to performing Standardized Field Sobriety Evaluations (SFSTs) for the purpose of determining if she was impaired while operating a motor vehicle. She consented to performing the SFSTs. Prior to her performance I asked if she had any physical problems with her body that would inhibit her from performing light physical movements. I also asked if she was on medication. The defendant conveyed she has scoliosis. She told me she is not taking medication however. I placed a yellow strip of tape on the roadway that formed a line. She successfully did so by placing her left foot on it when prompted to do so. This area was a smooth and level surface that was free from obstructions and debris. It was well lighted by street lights and the lights from my patrol car. The following SFSTs were explained, demonstrated and acknowledged by her prior to her performance: HGN, The Walk and Turn, The One Leg Stand, The Finger to Nose and The Romberg Alphabet Recitation. Her deficiencies were recorded on another form on this worksheet. At the conclusion of the SFSTs, coupled with the officer's observation of the defendant's vehicle in motion and my observation of personal indicators of impairment exhibited by the defendant, probable cause was established for DUI. I told the defendant she was being placed under lawful arrest for DUI. The defendant was searched and handcuffed (double locked and checked for tightness) prior to being seated into the rear of my patrol car. Investigator Lynch arranged for the defendant's vehicle to be towed by a tow service from PBSO's rotation list. Big City Towing Company responded and impounded the defendant's vehicle to their lot. Meanwhile I began transport to the main jail breath analysis facility for further processing. Upon our arrival I escorted the defendant into the facility and began a 20 minute observation period. During this time the defendant did not ingest anything into her body orally or otherwise. Neither did she regurgitate.

STATE OF FLORIDA
 COUNTY OF PALM BEACH

 INV E. K. WHITE
 (Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 13th day of August 2019 by INV E. K. WHITE
 (Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced KNOWN

Notary Public, Clerk of Court, Sheriff, etc.
SCANNED

JOSHUA BELL
 MY COMMISSION #GG348008
 EXPIRES: JUN 18, 2023
 Bonded through 1st State Insurance

PROBABLE CAUSE AFFIDAVIT

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

Juvenile 1

OBTS Number

Agency ORI Number
FLO 500000

Agency Name
PALM BEACH COUNTY SHERIFF'S OFFICE

Agency Report Number
06-19-103469

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

Special Notes:

Name (Last, First, Middle)
FEINSTEIN, KIMBERLIE, C

Alias Race Sex Date of Birth
W F 03/19/1993

Charge Description
DUI 316.193(1)

Charge Description

Charge Description

Charge Description

Victim's Name (Last, First, Middle)

Race Sex Date of Birth

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

Address Source

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

Occupation

The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law. The Person taken into custody

committed the below acts in my presence. was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.
 confessed to _____ admitting to the below facts. was found to have committed the below acts, resulting from my (described) investigation.

On the 13th day of August 20 19 at 0301 A.M. P.M. (Specifically include facts constituting cause for arrest.)

I escorted her into the testing room and asked her to provide breath samples for the purpose of determining her alcohol content. She consented to the breath samples. The defendant gave two adequate breath samples that rendered results of .187 and .185. I read her Constitutional Rights and asked if she understood them. She told me she did. I asked if she would consent to an interview. She declined. The defendant was booked into the main jail on the charge of DUI.

PROBABLE CAUSE STATEMENT

STATE OF FLORIDA
COUNTY OF PALM BEACH

INV E. K. WHITE

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 13th day of August 20 19 by INV E. K. WHITE

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

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

JOSHUA BELL
MY COMMISSION #GG346008
EXPIRES: JUN 18, 2023
Bonded through 1st State Insurance

PAGE
3 OF 3

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 13th DAY OF August 20 19, AT 0301 AM PM
SUBJECT: FEINSTEIN KIMBERLIE C CASE NUMBER: 19-103469

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

PERSONAL CONTACT

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

OBSERVATION OF DRIVER:
SEE PC AFFIDAVITS

DRIVER'S STATEMENTS:
I HAD TWO DRINKS

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

GENERAL OBSERVATIONS

SPEECH: **SLURRED**

ATTITUDE: **POLITE COOPERATIVE AND INATTENTIVE**

CLOTHING: **BLACK TIGHTS, BLUE SHIRT AND FURRY SHOES**

MEDICAL/OTHER: **SCHOLIOSIS**

STATE OF FLORIDA
COUNTY OF PALM BEACH

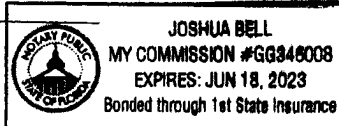
INV E. K. WHITE

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 13th day of August 20 19 by INV E. K. WHITE

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

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



ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

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

Other Observations:

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

WALK & TURN:

THE DEFENDANT WAS PLACED IN THE INSTRUCTIONAL STANCE FOR THE WALK AND TURN. THIS TASK WAS EXPLAINED AND DEMONSTRATED TO THE DEFENDANT. THE DEFENDANT ACKNOWLEDGED THE INSTRUCTIONS PRIOR TO PERFORMING THIS TASK: Subject was unable to maintain her balance while the instructional position. She started too soon during the instructions. She swayed and abandoned the position. During the task she stepped off the line, she lost her balance while walking, she stopped to steady herself, she turned improperly losing her balance in the turn and she failed to keep her arms by her side as instructed.

ONE LEG STAND:

THE DEFENDANT WAS PLACED IN THE INSTRUCTIONAL STANCE FOR THE ONE LEG STAND. THIS TASK WAS EXPLAINED AND DEMONSTRATED TO THE DEFENDANT. THE DEFENDANT ACKNOWLEDGED THE INSTRUCTIONS PRIOR TO PERFORMING THIS TASK: Subject was unable to maintain her balance during this task. She raised her arms away from her side. She dropped her foot on the pavement twice. She raised her foot too high and did not look at her elevated foot.

FINGER TO NOSE:

THE DEFENDANT WAS PLACED IN THE INSTRUCTIONAL STANCE FOR THE FINGER TO NOSE. THIS TASK WAS EXPLAINED AND DEMONSTRATED TO THE DEFENDANT. THE DEFENDANT ACKNOWLEDGED THE INSTRUCTIONS PRIOR TO PERFORMING THIS TASK: Subject swayed while performing this task. She failed to touch the tip of her finger to the tip of her nose 4 out of 6 times. Rather she touched underneath and the bridge of her nose. She made search attempts for the tip of her nose twice (slowing her hand prior to reaching her face as she tried to find her nose)

ROMBERG ALPHABET:

THE DEFENDANT WAS PLACED IN THE INSTRUCTIONAL STANCE FOR THE ROMBERG ALPHABET TASK. THIS TASK WAS EXPLAINED AND DEMONSTRATED TO THE DEFENDANT. THE DEFENDANT ACKNOWLEDGED THE INSTRUCTIONS PRIOR TO PERFORMING THIS TASK: Subject swayed while performing this task. She failed to recite the 26 letter alphabet.

BREATH TEST RESULTS: 1) .187 2) .185 3) 4)

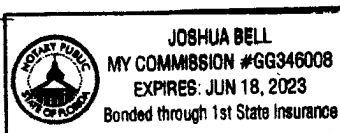
STATE OF FLORIDA
COUNTY OF PALM BEACH

INV E. K. WHITE
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 13th day of August 2019 by INV E. K. WHITE

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

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



TESTING FACILITY TASK REPORT

AGENCY: PBSO

SUBJECT: FEINSTEIN, KIMBERLIE C

CASE NUMBER: 19-103469

DATE: 08/13/19

VIDEO TAPE NUMBER: N/A

BEGINNING TIME: 0455

ENDING TIME: 0505

BREATH TESTS RESULTS: 1) .187 TIME 0459 A.M./P.M. 2) .185 TIME 0502 A.M./P.M.
3) N/A TIME XX A.M./P.M. 4) N/A TIME XX A.M./P.M.

BREATH OPERATOR: J. BELL #8656

MAINTENANCE TECHNICIAN: J. KARLECKE #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED AT TIMES

ATTITUDE: VULGAR, TALKATIVE, JOKING, COOPERATIVE

CLOTHING: BLUE/WHITE HOODIE, BLACK LEGGINGS, BLACK FUZZY SLIPPERS

MEDICAL CONDITIONS: SCOLIOSIS

MEDICATIONS: NONE

OTHER: EYES: GLASSY

ODOR OF AN UNKNOWN ALCHOLIC BEVERAGE COMING FROM BREATH

COMMENTS: ARRIVED AT CENTER A/O BEGAN 20 MIN OBSERVATION AT 0432 HRS

SUBJECT STATED SHE WOULD TAKE BREATH TEST

A/O READ RIGHTS

SUBJECT STATED SHE UNDERSTOOD HER RIGHTS

TECH READ BREATH TEST RESULTS

SUBJECT STATED SHE UNDERSTOOD BREATH TEST RESULTS

SUBJECT DECLINED TO ANSWER ANY QUESTIONS

SUBJECT: Feinstein, Kimberle C CASE NUMBER: 19-103469

IMPLIED CONSENT FOR DUI IN A MOTOR VEHICLE

NOTE: READ ONLY THE PARAGRAPH APPLICABLE TO THE TYPE OF TEST YOU ARE REQUESTING.

I am now requesting that you submit to a lawful test of your BREATH for the purpose of determining its alcohol content.

-OR-

I am now requesting that you submit to a lawful test of your URINE for the purpose of detecting the presence of chemical or controlled substances.

-OR-

I am now requesting that you submit to a lawful test of your BLOOD for the purpose of detecting its alcohol content and the presence of chemical or controlled substances.

NOTE: READ ONLY IF THE SUBJECT DOES NOT COMPLY WITH YOUR REQUEST.

I am _____ of the _____

If you fail to submit to the test I have requested of you, your privilege to operate a motor vehicle will be suspended for a period of one (1) year for a first refusal, or eighteen (18) months if your privilege has been previously suspended as a result of a refusal to submit to a lawful test of your breath, urine or blood. Additionally, if you refuse to submit to the test I have requested of you and if your driving privilege has been previously suspended for a prior refusal to submit to a lawful test of your breath, urine or blood, you will be committing a misdemeanor. Refusal to submit to the test I have requested of you is admissible into evidence in any criminal proceeding.

SUBJECT'S SIGNATURE: (X) _____

CONSTITUTIONAL WARNINGS

I AM REQUIRED TO WARN YOU BEFORE YOU MAKE ANY STATEMENTS THAT YOU HAVE THE FOLLOWING RIGHTS:

1. You have the right to remain silent and not answer any questions.
2. Any statement must be freely and voluntarily given.
3. You have the right to the presence of a lawyer of your choice before you make any statement and during any questioning.
4. If you cannot afford a lawyer, you are entitled to the presence of a court appointed lawyer before you make any statements and during any questioning.
5. If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent.
6. I can make no threats or promises to induce you to make a statement. This must be of your own free will.
7. Any statement can and will be used against you in a court of law.

SUSPECT'S SIGNATURE: (X) Read on camera

SUBJECT: Feinstein, Kimberlie C CASE NUMBER: 19-103469

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. E. K. White #7209

FLORIDA DEPARTMENT OF LAW ENFORCEMENT
ALCOHOL TESTING PROGRAM
BREATH ALCOHOL TEST AFFIDAVIT

Instrument Type: Intoxilyzer 8000
Instrument Registered To: PALM BEACH CO SO
Instrument Serial Number: 80-006478 Software: 8100.27
Date of Test: 08/13/2019

Date of Last Agency Inspection: 07/19/2019
Observation Period Began: 04:32
Subject's Name: KIMBERLIE C FEINSTEIN DOB: 03/19/1993 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	04:57
	Air Blank	0.000	04:57
	Control Test	0.080	04:58
	Air Blank	0.000	04:58
	Subject Sample #1	0.187	04:59
	Air Blank	0.000	05:00
	Air Blank	0.000	05:01
	Subject Sample #2	0.185	05:02
	Air Blank	0.000	05:03
	Control Test	0.081	05:03
	Air Blank	0.000	05:04
	Diagnostics Check	OK	05:04

Cylinder Lot: 00919080A3
Exp: 03/05/2021

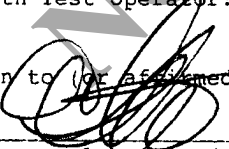
State of Florida, County of Palm Beach

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 JOSHUA J BELL, 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:  Date: 08/13/19
Signature

Sworn to (~~or affirmed~~) before me this 13 day of August, 2019

 Inv. E. K. White #7209
Signature of Notary Public-State of Florida 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.

WITNESS LIST

CASE NUMBER: 19-103469

ARRESTING OFFICER: INV E. K. WHITE

ADDRESS: HQ

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

CAN TESTIFY TO: FACTS

NAME: D/S K. BRUNNER

ADDRESS: DIST 6

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

CAN TESTIFY TO: SEEING THE VEHICLE DRIVE THROUGH THE CRASH SCENE

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) 0 (WORK) 0

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

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ADDRESS _____

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CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NOT A CERTIFIED COPY



Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	<input type="checkbox"/>	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	<input type="checkbox"/>	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel.	
	<input type="checkbox"/>	119.071(2)(f)	Confidential informants (CIs).	
	<input type="checkbox"/>	119.071(2)(e)	Confession.	
Public Info. Exemptions	<input type="checkbox"/>	985.04(1)	Juvenile offender records.	
	<input type="checkbox"/>	119.071(h)(i)	Assets of a crime victim.	
	<input type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	<input type="checkbox"/>	394.4615(7)	Mental health information.	
	<input type="checkbox"/>	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)	<input checked="" type="checkbox"/>	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	<input type="checkbox"/>	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	<input type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	<input type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>	539.001 FS	Other: All records relating to pawnbroker transactions.	
	<input type="checkbox"/>	119.0712(2)	Other: Personal information contained within a motor vehicle record	

REVIEW COMPLETED BY

Booking Number: 2019026410	Date: 08/13/2019
	Specialist Name/ID: howardt/7185