

ARREST / NOTICE TO APPEAR

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

1 JUVENILE

OBTS Number	Agency ORI Number 0501700		Agency Name Jupiter Police Department		Agency Report Number (N.T.A.'s only) 5 4 17-005865	
Charge Type: Check as many as apply.	<input type="checkbox"/> 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	If Weapon Seized Enter Type: NONE		Multiple Clearance Indicator 1
Location of Arrest (Including Name of Business) 1 E FREDERICK SMALL RD/S ALT AIA JUPITER, FL 33477			Location of Offense (Business Name, Address) 1 E FREDERICK SMALL RD/S ALT AIA, JUPITER, FL 33477			
Date of Arrest 12/08/2017	Time of Arrest 23:07	Booking Date 12/08/2017	Booking Time 23:17	Jail Date	Jail Time	Location of Vehicle
Name (Last, First, Middle) REES, KIMBERLY ANN			Alias (Name, DOB, Soc. Sec. #, Etc.) Alias:			
Race W - White B - Black	I - American Indian O - Oriental/Asian	Sex F	Date of Birth 09/25/1995	Height 5'02	Weight 100	Eye Color BLUE
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)			Marital Status S	Religion OTHER	Complexion LIGHT	
Local Address (Street, Apt. Number) 13334 ST TROPEZ CIR, PALM BEACH GARDENS, FL 33410			(City) PALM BEACH GARDENS, FL	(State) FL	(Zip) 33410	Phone (561) 635-7729
Permanent Address (Street, Apt. Number) 13334 ST TROPEZ CIR, PALM BEACH GARDENS, FL 33410			(City) PALM BEACH GARDENS, FL	(State) FL	(Zip) 33410	Phone (561) 635-7729
Business Address (Name, Street)			(City)	(State)	(Zip)	Phone (561) 635-7729
D/L Number, State R200501958450 / FL		Soc. Sec. Number	INS Number		Place of Birth (City, State) CINCINATI, OH	Citizenship
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
<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ Name (Last, First, Middle)						Residence Phone
<input type="checkbox"/> Legal Custodian						Business Phone
Address (Street, Apt. Number)			(City)	(State)	(Zip)	
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 <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's Office (Phone 355-2526) informed of any change of address.				School Attended	Grade	
<input type="checkbox"/> Yes, by: _____		<input type="checkbox"/> No		Property Crime? <input type="checkbox"/> Yes <input checked="" 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. Disperse/ 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-DAMAGE TO PERSON/PROPERTY				Statute Violation Number 316.193(3)(C)(1)	Violation of ORD #	
Drug Activity	Drug Type N	Amount / Unit	Offense # 17-005865	Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number
Charge Description				Statute Violation Number	Violation of ORD #	
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number
Charge Description				Statute Violation Number	Violation of ORD #	
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number
Health / Apparent Physical Condition of Defendant				Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries		
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail				PROPERTY - Received By		Released By
<input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health				Released To		
Transported By			Date Transported	Time Transported	Other	
<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court				Location (Court, Room) North County PALM BEACH GARD		
<input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court				Court Date and Time 01/10/2018 08:30:00		
but must comply with instructions on Page 2.						
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.						No Photo Available
Signature of Defendant (or Juvenile and Parent/Custodian) [Signature]						DATE DEC 9 AM 9:57
HOLD for Other Agency			Signature of Arresting Officer [Signature] 385		Name Verification (Printed by Arrestee)	
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest			Name of Arresting Officer (Print) YUCHUM, CRAIG		(PRINT) DEC 9 AM 2:35	
<input type="checkbox"/> Suicidal <input type="checkbox"/> Other			Transporting Officer OFC. C. YOCHUM		I.D. # 1185	
Intake Designation D/S J. THOMAS # 7956			Pouch #		Agency JPD	
Witness here if subject signed with an "X".						PAGE 1 OF 1

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25

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 8th DAY OF December 20 17, AT 11:03 AM PM
SUBJECT: Kimberly Rees CASE NUMBER: 17-005865
AGENCY: Jupiter Police Department ARRESTING OFFICER: Craig Yochum # 383

PERSONAL CONTACT

DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUTTING DEF. BEHIND WHEEL OF VEHICLE)
During crash investigation, I observed Rees' vehicle, 2013 Buick four door vehicle bearing CT tag # 255XCF facing east in the westbound lane of E Frederick Small Rd. I observed front end damage to the Buick and also observed a gray 2009 Honda four door vehicle bearing FL tag # 203RGU stopped, facing west, in the westbound lane of E Frederick Small Rd. Both vehicles had front-end damage and the airbags of both vehicles were deployed. I made contact with the driver of the Honda, Peter Senzon (w/m; 04/26/1944) and obtained a positive identification from him, as well as the passenger in the Honda, Craig Senzon (w/m; 10/01/1971), that Rees was the driver of the Buick at the time of the crash (see witness statements).

OBSERVATION OF DRIVER:

Rees was emotional, crying, and had bloodshot, glassy eyes. Rees was wearing a gray tank top, blue jeans, and blue shoes. Rees was swaying back and forth while I spoke with her and I noted the strong odor of an unknown alcoholic beverage on her person, which intensified as she spoke. Rees was unsteady on her feet and it appeared as if she was having trouble walking in a straight line, as she would walk from side to side while walking back to my vehicle. I also noted that Rees was slurring her speech while she was speaking to me, although she did not elaborate frequently when asked questions.

DRIVER'S STATEMENTS:

Rees advised post-Miranda that she was driving her vehicle but was unable to recall any details of the crash. Rees advised that she was coming from Johnny Mangos (bar) prior to my contact with her and she advised that she drank 2 Tito's brand drinks "on the rocks" and also took two shots of Patron at approximately 2230 hours. Rees advised during roadsides that she "couldn't do this sober". Rees was relatively quiet and reserved but I noted that she had slurred speech when she did speak.

ODORS:

Strong odor of unknown alcoholic beverage on person, which intensified as she spoke.

GENERAL OBSERVATIONS

SPEECH: Slurred, Quiet

ATTITUDE: Emotional, Crying, Hyperventilating, Cooperative

CLOTHING: Casual

MEDICAL/OTHER: Rees advised she experiences "blackouts" and migraines. Rees stated she takes medications once per day at approximately 9:00 AM each morning for the medical conditions. Rees further advised that she did take her medication prior to my contact with her.

STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this

9th day of December 20 17

by Craig Yochum # 383

(Print name of Arresting/Investigative Officer) who is personally known to the undersigned Notary Public, produced

B. SUE OWEN
Commission # FF093160
My Commission Expires
May 30, 2018

Personally Known

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

SCANNED
DEC 11 2017

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:

In addition to HGN, Distinct and Sustained Nystagmus at Maximum Deviation, and Onset of Nystagmus prior to 45-Degrees, I observed noticeable vertical nystagmus while checking for Vertical Gaze Nystagmus. Rees was also swaying back and forth noticeably during the task.

WALK & TURN

During the Instructions Stage, Rees lost her balance on several occasions and had difficulty standing with her left foot in front of her right. Rees began the task after being advised to stand in the starting position and not to move until told to begin the task. Rees advised on two separate occasions that she "could not do this sober" and asked if she could stand with her right foot on the line with her left foot in front of it (opposite of what I instructed). When asked, Rees advised that she could balance better with her feet in the other configuration and I allowed her to stand in this position. Rees switched her foot position and was unable to keep her balance any better than the original configuration that was described to her initially. While walking, Rees missed heel to toe on steps 1, 3, 5, 7, 8, and 9. Rees stepped off the line, to the left, on step 5 and 7. Additionally, Rees turned in a manner inconsistent with what was described and demonstrated to her. After turning, Rees began walking back (not heel to toe) for approximately 7 steps. Rees walked to the left of the line, in the dirt, and made no attempt to walk heel-to-toe back along the line.

ONE LEG STAND:

While demonstrating the one leg stand task, Rees was swaying back and forth. Rees began advising that she was unable to complete the task and stated that if she was home, she could complete the task. When asked why completing the task at home was different than completing the task at the time, Rees advised it would be easier to do it at home because she would be in bed, sleeping. Due to the fact that Rees was somewhat uncooperative at this stage, I advised her of Taylor Warnings and, after being advised, she advised she was willing to continue. Rees raised her right leg, bent completely at the knee, standing almost like a flamingo instead of what was instructed to her. Rees did not count out loud, as instructed and after approximately 16 seconds, she began losing her balance, to the left, hopping on her left leg. Rees put her foot down to regain her balance and I terminated the task after approximately 16 seconds due to the fact that I was concerned Rees may fall down and injure herself during the task.

FINGER TO NOSE:

On the first call of "left" and the first call of "right," Rees raised the appropriate hand and touched her finger to her nose appropriately, as demonstrated. On the second call of "left," Rees raised her left hand and touched the pad of her finger to the outside of her right nostril. On the second call of "right," Rees touched the pad of her finger to the outside of her left nostril. On the third call of "right," Rees initially raised her left arm before realizing that she raised the wrong hand and touched the pad of her right finger to the tip of her nose. On the third call of "left," Rees touched the pad of her finger to the tip of her nose.

ROMBERG ALPHABET:

I observed Rees swaying back and forth during this task. Rees completed the entire alphabet in an acceptable manner, not pausing or incorrectly reciting the entire time. Task was completed appropriately.

BREATH TEST RESULTS: .249 .251

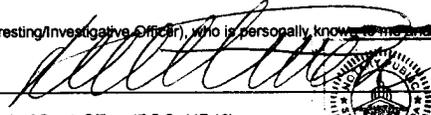
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DEC 11 2017

STATE OF FLORIDA
COUNTY OF ~~PALM BEACH~~

 383
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 9th day of December 2017 by Craig Yochum # 383

(Print name of Arresting/Investigative Officer, who is personally known to me and/or produces identification. Type of Commission produced Personally Known


Notary Public, Clerk of Court, Officer (F.S.S. 117.10)
B. SUE OWEN
State of Florida-Notary Public
Commission # FF093160
My Commission Expires
May 30, 2018

WITNESS LIST

CASE NUMBER: 17-005865

ARRESTING OFFICER: Craig Yochum # 383

ADDRESS: 210 Military Trl. Jupiter, FL 33458

PHONE NUMBERS (HOME): _____ (WORK) (561) 386-4574

CAN TESTIFY TO: PC

NAME: Peter Senzon

ADDRESS: 112 Harbor Cove Piermont, NY 10968

PHONE NUMBERS (HOME) (845) 825-7120 (WORK) _____

CAN TESTIFY TO: Witness statement

NAME: Craig Senzon

ADDRESS 112 Harbor Cove Piermont, NY 10968

PHONE NUMBERS (HOME) Unknown - refused to provide (WORK) _____

CAN TESTIFY TO: Witness statement

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: _____

NOT A CERTIFIED COPY

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DEC 11 2017

SUBJECT: _____ CASE NUMBER: _____

QUESTIONS AND ANSWERS

I AM NOW GOING TO ASK YOU SOME QUESTIONS. WITH THESE RIGHTS IN MIND, YOU MAY ANSWER SOME OF, ALL OF, OR NONE OF THE FOLLOWING QUESTIONS AS YOU LIKE.

WERE YOU OPERATING A MOTOR VEHICLE AT THE TIME OF THE STOP/ACCIDENT? YES

WHERE WERE YOU GOING? Home

WHAT STREET OR HIGHWAY WERE YOU ON? _____

DIRECTION OF TRAVEL? _____ - WHERE DID YOU START? _____

WHAT TIME DID YOU START? _____ WHAT TIME IS IT NOW? ONE

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? 175 HAVE YOU BEEN DRINKING? YES WHAT? _____

HOW MUCH? _____ WHERE? Home WITH WHOM? _____

WHEN DID YOU HAVE YOUR FIRST DRINK? 7:30 PM AND YOUR LAST DRINK? _____

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? _____

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? No ARE YOU UNDER THE INFLUENCE? "Probably, YES"

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? No HOW MUCH? _____

WHAT? _____ WHERE? _____ WHEN? _____

WHAT LINE OF WORK ARE YOU IN? Construction WHEN DID YOU LAST WORK? Every day

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? No WHAT? _____

ARE YOU SICK OR INJURED? No WHAT'S WRONG? _____

DO YOU LIMP? No DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? _____

WERE YOU IN AN ACCIDENT TODAY? No

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? No WHEN? _____

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? No WHO? _____ WHY? _____

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? No WHAT? _____ WHEN? _____

DO YOU HAVE:

- EPILEPSY? No
- GLASS EYE? No
- FALSE TEETH? No
- EAR INFECTION? No
- INNER EAR TROUBLE? No
- DIABETES? No

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DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? No

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

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

INTERVIEWER: Deanna Larson #383

SUBJECT: _____ CASE NUMBER: _____

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.

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SUSPECT'S SIGNATURE: (X) Rowen A. ...

TESTING FACILITY TASK REPORT

SUBJECT: _____ AGENCY: _____
DATE: _____ CASE NUMBER: _____

BEGINNING TIME: _____ VIDEO TAPE NUMBER: _____
ENDING TIME: _____

BREATH TESTS RESULTS: 1) _____ TIME _____ A.M./P.M. 2) _____ TIME _____ A.M./P.M.
3) _____ TIME _____ A.M./P.M. 4) _____ TIME _____ A.M./P.M.

BREATH OPERATOR: _____
MAINTENANCE TECHNICIAN: _____

TESTING OFFICER'S OBSERVATIONS

SPEECH: _____

ATTITUDE: _____

CLOTHING: _____

MEDICAL CONDITIONS: _____

MEDICATIONS: _____

OTHER: _____

COMMENTS: _____

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