

Arrest Report

ORIGINAL

FLORIDA HIGHWAY PATROL
6855 62ND AVENUE NO. PINELLAS PARK, FL 33781

22-1010

Report Date / Time 3/6/2022 03:17 PM	Report Number FHP99ARR845066	Case Number/Cad Number FHP22ON0112035 / RCC22IN0166032	Reporting Officer Name J.S. ANGELICCHI
Originating Agency ORI FL0419000	Occur Date Time Range 03/06/2022 08:45:06 -	Jurisdiction	
OBTS Number 4131028772	Other Number	Clearance	

Location of Occurrence

County MANATEE	Location Type PUBLIC PLACE	Location Description ROADWAY			
Street Number	Street NB I-275 MM 6 / NOF US 19	Apt/Lot/Bldg	City PALMETTO	State FL	Zip Code 34221

Defendant

First Name KRISTEN	Middle Name KAY	Last Name WATTS	Suffix	Race WHITE	Sex FEMALE	Height 509	Weight 165	Hair BLO	Eyes BLU
MNI #	SSN [REDACTED]	Date of Birth 03/03/1970	Age 52	ID Type E	Drivers License or other ID W320511705830	State FL	OCA / Agency ID		
Place of Birth:	OHIO OH UNITED STATES								
Address * RESIDENCE / 4190 TAGGART CAY S APT 205 , SARASOTA, FL 34233 /									

Arrest

Arrest Date/Time 3/6/2022 11:28:00 AM	Arrest Location Type PUBLIC PLACE	Arrest Location Description ROADWAY				
Street Number	Street NB I-275 MM 6 / NOF US 19	Apt/Lot/Bldg	County MANATEE	City PALMETTO	State FL	Zip Code 34221

Charge : S

Counts 1	Charge 316.193.3c2	Bond Amount \$1500.00	<input type="checkbox"/> No Bond
Charge Degree T	Charge Level FELONY		
General Offense Code	Arrest Offense Code DUI-UNLAW BLD ALCH		
Charge Description DUI AND SERIOUS BODILY INJURY TO ANOTHER			
Is Arrestee Juvenile?		No	
Type of Arrest		On-View Arrest (apprehension without a warrant or previous incident report)	

Charge : S

Counts 1	Charge 316.193.3c1	Bond Amount \$500.00	<input type="checkbox"/> No Bond
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FILED FOR RECORD
 2022 MAR - 11 AM 3:27
 CLERK OF THE DISTRICT COURT
 MANATEE COUNTY FLORIDA

Report Date / Time 3/6/2022 03:17 PM	Report Number FHP99ARR845066	Case Number/Cad Number FHP22ON0112035 / RCC22IN0166032	Reporting Officer Name J.S. ANGELICCHI
Originating Agency ORI FL0419000	Occur Date Time Range 03/06/2022 08:45:06 -	Jurisdiction	
OBTS Number	Other Number	Clearance	

Charge Degree F	Charge Level MISDEMEANOR
General Offense Code	Arrest Offense Code DUI-UNLAW BLD ALCH
Charge Description DUI AND DAMAGE PROPERTY	
Is Arrestee Juvenile?	No
Type of Arrest	On-View Arrest (apprehension without a warrant or previous incident report)

Charge : S

Counts 1	Charge 316.193.3c1	Bond Amount \$500.00	<input type="checkbox"/> No Bond
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Charge Degree F	Charge Level MISDEMEANOR
General Offense Code	Arrest Offense Code DUI-UNLAW BLD ALCH
Charge Description DUI AND DAMAGE PROPERTY	
Is Arrestee Juvenile?	No
Type of Arrest	On-View Arrest (apprehension without a warrant or previous incident report)

Charge : S

Counts 1	Charge 316.192.3a1	Bond Amount \$500.00	<input type="checkbox"/> No Bond
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Charge Degree F	Charge Level MISDEMEANOR
General Offense Code	Arrest Offense Code MOVING TRAFFIC VIOL
Charge Description RECKLESS DRIVE DAMAGE PERSON OR PROPERTY	

Charge : S

Counts 1	Charge 316.192.3a1	Bond Amount \$500.00	<input type="checkbox"/> No Bond
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Charge Degree F	Charge Level MISDEMEANOR
General Offense Code	Arrest Offense Code MOVING TRAFFIC VIOL
Charge Description RECKLESS DRIVE DAMAGE PERSON OR PROPERTY	

Report Date / Time 3/6/2022 03:17 PM	Report Number FHP99ARR845066	Case Number/Cad Number FHP22ON0112035 / RCC22IN0166032	Reporting Officer Name J.S. ANGELICCHI
Originating Agency ORI FL0419000	Occur Date Time Range 03/06/2022 08:45:06 -	Jurisdiction	
OBTS Number	Other Number	Clearance	

Bond Set by Court

<input type="checkbox"/> Bond Amount <input type="checkbox"/> No Bond
Bond Type(s)

Probable Cause

On 3/6/2022, at approximately 9:07 am, I (Sgt. Angelicchi, J.) responded to a traffic collision on I-275 at mile marker 5 in Manatee County, FL. I was notified that a suspicious vehicle traveling at high rates of speed drove through barricades blocking northbound traffic on I-275. The barriers were set for all northbound traffic to keep cars from the runners of the 10k Skyway Run. According to Law Enforcement, the suspect vehicle failed to stop while chasing the vehicle.

The suspect vehicle traveled through the south (Manatee County) toll at high-speed, approaching two stopped FHP marked patrol vehicles with emergency equipment activated. The suspect vehicle did not slow and attempted to evade the marked patrol vehicles. Due to the speed of the suspect vehicle, it could not avoid and collided head-on with a marked FHP Tahoe.

After the collision, the suspect (white female) got out of the suspect vehicle and started to stumble around on an injured right ankle. FHP (Florida Highway Patrol), FWC (Florida Wildlife Conservation), and other Law Enforcement agencies had to subdue the suspect as she attempted to reenter her vehicle. EMS evaluated the suspect and subsequently transported her to Bayfront Health St. Petersburg.

As I was traveling to the scene, I was notified by Lt. O'Donnell, T. (151), to change my route and head to Bayfront hospital. According to Lt. O'Donnell, they needed a DRE (Drug Recognition Expert) to evaluate the suspect involved. I arrived at Bayfront Health before the suspect. When she arrived, I positively identified the suspect as Kristen Kay Watts (DOB: 3/3/1970) by her FL DL.

During my interactions with the suspect, I detected the odor of alcohol emitting from her breath. She also exhibited bloodshot watery eyes. She was yelling at me to get away from her and attempting to swing, but she was tied down. I followed the suspect to trauma bay two and gathered further information and other possible indicators. The suspect had slurred speech and could not inform me where she was. The suspect also started yelling and verbally abusing the medical staff attempting to treat her.

After my interaction with the suspect, I checked on the FHP Trooper involved in the collision. She had bleeding from her head and a concussion. I was notified the trooper would need several stitches, causing scarring on her head and face. I was also informed the medical staff was still determining how severe the head injury could be. As I was returning to the suspect's room, I was notified by medical staff at Bayfront that the suspect (Ms. Watts) had a medical blood alcohol level of .271.

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Originating Agency ORI FL0419000	Occur Date Time Range 03/06/2022 08:45:06 -	Jurisdiction	
OBTS Number	Other Number	Clearance	

I started to obtain more information to create a warrant for a blood sample from the suspect (Ms. Watts). First, I attempted to obtain consent for a voluntary blood draw from the suspect. When I approached the suspect, she was unconscious and unable to speak. I obtained the exigent blood sample through the implied consent of the unconscious suspect.

At 11:11 am, I request Phlebotomist De'Myiris Peters (829034) of Bayfront Health to execute blood draw on the suspect. I witnessed as Mrs. Peters collected two vials of blood from the suspect and took possession of them at 11:12 am on 3/6/2022. The blood sample kit was collected and later submitted to the Tampa FHP Station.

After finishing the blood draw, Lt. Burgess, the traffic crash investigator, notified me that he was finished with his investigation and ready for me to move to a criminal investigation. Sgt. Bloom J (389) and I advised the suspect that we concluded the traffic crash investigation and started a criminal investigation for DUI. Due to the injuries sustained by the suspect, she was only able to participate in one exercise.

HGN Exercises (prone)

During this exercise, the suspect denied any medical or physical issues that would hinder her performance. I observed the suspect exhibit equal tracking and equal pupils. I did not observe the suspect display resting nystagmus in either eye. I observed the following clues of impairment in both eyes: Lack of Smooth Pursuit, Distinct Sustained Nystagmus at Maximum Deviation, and an immediate Angle of Onset. The subject also exhibited VGN (Vertical Gaze Nystagmus) and LOC (Lack of Convergence) in both eyes. During the exercise performance, the subject failed to follow instructions by turning her head several times.

After completing the exercise, the subject was notified that she was under arrest for Driving Under the Influence involving Serious Bodily Injury. Shortly after the arrest, the subject was provided an air cast for her feet and treated for minor injuries. She was subsequently medically released by the medical staff. I requested the subject (Ms. Watts) to provide a breath sample once at the jail. She consented and was transported to the Manatee County Jail by Trooper Tomberlin K. (1499).

Once we arrived at the jail, I started my observation period of the suspect at 2:05 pm on 3/6/2022. At 2:31 pm, Ms. Watts provided her first breath sample, and the sample was analyzed at .094. The second sample was provided at 2:34 pm, which was analyzed at .090. These samples were collected approximately six hours after the collision. The subject was notified of her charges for DUI and Reckless Driving. The above offenses occurred in Manatee County, FL.

Manatee County Court Date: 4/1/2022 at 9:00 am

Jail Booking Facility

Report Date / Time 3/6/2022 03:17 PM	Report Number FHP99ARR845066	Case Number/Cad Number FHP22ON0112035 / RCC22IN0166032	Reporting Officer Name J.S. ANGELICCHI
Originating Agency ORI FL0419000	Occur Date Time Range 03/06/2022 08:45:06 -	Jurisdiction	
OBTS Number	Other Number	Clearance	

Booking Date/Time 3/6/2022 02:35 PM	Booking County MANATEE	Booking Facility MANATEE COUNTY JAIL	Booking Facility Phone (941) 747-3011
Booking Facility Location 14470 HARLEE ROAD PALMETTO, FLORIDA			Booking Number
Booking Comments			

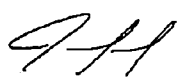
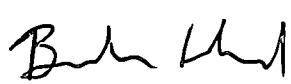
Court

Court County MANATEE	Court Location 1051 MANATEE AVENUE WEST BRADENTON, FL 34205		
Court MANATEE COUNTY JUDICIAL CENTER	Court Phone (941) 749-1800	Court Appearance Date / Time 04/01/2022 9:00 AM	Court Fine
Comments			

Officer Name Rank / ID #	Involvement On Report / Reporting Role	Officer Agency Org/Unit
J.S. ANGELICCHI SGT 3605	REPORTING OFFICER	FLORIDA HIGHWAY PATROL FHPC\TBRC\IPINELLAS\ADMIN

The undersigned certifies and swears that he/she has just and reasonable grounds to believe that the above named Defendant, committed violation(s), of law, on the below date(s) and time(s), as listed in the probable cause associated with this report:

Reporting Officer

Officer Name J.S. ANGELICCHI	Office Rank SGT	Officer ID No 3605	Sworn and subscribed before me, the undersigned authority This the <u>6</u> day of <u>March</u> , <u>2022</u> DEPUTY OF THE COURT, NOTARY OR LAW ENFORCEMENT
Officer Agency FLORIDA HIGHWAY PATROL			
Officer Signature 			 11000707

<input type="radio"/> No Bill / Petition	<input type="radio"/> Issue Warrant	<input type="radio"/> Prosecution Approved	Signature of Assistant State Attorney	Date
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FLORIDA TRAFFIC CRASH REPORT

LONG FORM SHORT FORM UPDATE

HIGHWAY SAFETY & MOTOR VEHICLES
TRAFFIC CRASH RECORDS
NEIL KIRKMAN BUILDING, TALLAHASSEE, FL 32399-0537

Crash Date 3/6/2022	Time of Crash 8:45 AM	Date of Report 3/6/2022	Reporting Agency FLORIDA HIGHWAY PATROL	Reporting Agency Case Number FHP22ON0112035	HSMV Crash Report Number 24900190-01
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CRASH IDENTIFIERS

County Code 15	City Code 42	County of Crash MANATEE	Place or City of Crash PALMETTO	Within City Limits NO	Reported Date/Time 3/6/2022 8:45 AM	Dispatched Date/Time 3/6/2022 8:47 AM
On Scene Date/Time 3/6/2022 8:47 AM	Cleared Scene Date/Time 3/6/2022 1:04 PM	Investigation Completed NO	Reason (if Investigation Not Complete)			Notified By LAW ENFORCEMENT AGENCY

ROADWAY INFORMATION

Crash Occurred on Street, Road, Highway INTERSTATE 275 (SR 93) NB			At Street Address #	At Latitude N 27 34.9878	And Longitude W 82 34.9812
At Feet	Or Miles	Direction N	From Intersection With Street, Road, Highway US 19	Or From Milepost Number	
Road System Identifier INTERSTATE	Type of Shoulder PAVED	Type of Intersection NOT AT INTERSECTION			

CRASH INFORMATION

Light Condition DAYLIGHT	Weather Condition CLEAR	Roadway Surface Condition DRY	School Bus Related NO	Manner of Collision FRONT TO FRONT
First Harmful Event Type COLLISION WITH PERSON, MOTOR VEHICLE, OR NON-FIXED OBJECT	First Harmful Event Detail MOTOR VEHICLE IN TRANSPORT	First Harmful Event Location ON ROADWAY	Within Interchange NO	First Harmful Event's Relation to Junction NON-JUNCTION
Contributing Circumstances: Road OTHER, EXPLAIN IN NARRATIVE		Contributing Circumstances: Road		Contributing Circumstances: Road
Contributing Circumstances: Environment NONE		Contributing Circumstances: Environment		Contributing Circumstances: Environment
Work Zone Related NO	Crash in Work Zone	Type of Work Zone	Workers in Work Zone	Law Enforcement in Work Zone NO

VEHICLE

Vehicle V01	Motor Vehicle Type MOTOR VEHICLE IN TRANSPORT	Hit & Run (by this vehicle) NO	License Number QREI74	State FL	Reg. Expires 3/3/2022	Permanent Reg. VIN WBAKF9C58BE619502			
Year 2011	Make BMW	Model 335 I	Style 2D	Color GRY	Extent of Damage DISABLING	Est. Damage 15,000	Towed Due to Damage YES	Vehicle Removed By BULLET TOWING	Rotation ROTATION
Insurance Company STATE FARM		Insurance Policy Number 9208828594							
Name of Vehicle Owner KRISTEN KAY WATTS		Business <input type="checkbox"/>	Current Address 4190 TAGGART CAY S APT 205		City SARASOTA	State FL	Zip Code 34233-4821	Phone Number(s)	
Trailer One	License Number	State	Reg. Expires	Permanent Reg. NO	VIN	Year	Make	Length	Axes
Trailer Two	License Number	State	Reg. Expires	Permanent Reg. NO	VIN	Year	Make	Length	Axes
Vehicle Traveling	Direction NORTH	On Street, Road, Highway I-275 NB MM 6			At Est. Speed 65	Posted Speed 65	Total Lanes 2		
CMV Configuration	Cargo Body Type		Area of Initial Impact		Most Damaged Area				
Comm GVWR/GCWR	Trailer Type (Trailer One)	Trailer Type (Trailer Two)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Haz. Mat. Release	Haz. Mat. Placard	Haz. Mat. Number	Haz. Mat. Class		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motor Carrier Name		US DOT Number							
Motor Carrier Address		Address Other		City	State	Zip Code	Phone Number		
Comm/Non-Commercial	Vehicle Body Type PASSENGER CAR	Vehicle Defects (one) NONE		Vehicle Defects (two)		Emergency Vehicle Use NO	Special Function of MV NO SPECIAL FUNCTION		
Vehicle Maneuver Action STRAIGHT AHEAD	Trafficway TWO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER	Roadway Grade LEVEL	Roadway Alignment STRAIGHT	Most Harmful Event COLLISION NON-FIXED OBJECT		Most Harmful Event Detail MOTOR VEHICLE IN TRANSPORT			
Traffic Control Device for this Vehicle OTHER	First (1) Sequence of Events COLLISION NON-FIXED OBJECT		Second (2) Sequence of Events		Third (3) Sequence of Events		Fourth (4) Sequence of Events		
		MOTOR VEHICLE IN TRANSPORT							

VEHICLE

Vehicle V02	Motor Vehicle Type MOTOR VEHICLE IN TRANSPORT	Hit & Run (by this vehicle) NO	License Number FHP0002833	State FL	Reg. Expires	Permanent Reg. VIN 1GNLCDEC0KR174381			
Year 2019	Make CHEV	Model TAHOE	Style UT	Color BLK	Extent of Damage DISABLING	Est. Damage 25,000	Towed Due to Damage YES	Vehicle Removed By BULLET TOWING	Rotation ROTATION
Insurance Company STATE RISK MANAGEMENT TRUST FUND		Insurance Policy Number GL-1400							
Name of Vehicle Owner FLHSMV		Business <input checked="" type="checkbox"/>	Current Address 2900 APALACHEE PKWY		City TALLAHASSEE	State FL	Zip Code 32399	Phone Number(s)	
Trailer One	License Number	State	Reg. Expires	Permanent Reg. NO	VIN	Year	Make	Length	Axes
Trailer Two	License Number	State	Reg. Expires	Permanent Reg. NO	VIN	Year	Make	Length	Axes
Vehicle Traveling	Direction SOUTH	On Street, Road, Highway I-275(SR-93)			At Est. Speed 25	Posted Speed 65	Total Lanes 4		

Crash Date 3/9/2022	Time of Crash 8:45 AM	Date of Report 3/8/2022	Reporting Agency FLORIDA HIGHWAY PATROL	Reporting Agency Case Number FHP22ON0112035	HSMV Crash Report Number 24900190-01
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CMV Configuration	Cargo Body Type	Area of Initial Impact		Most Damaged Area	
Comm GVWR/GCWR	Trailer Type (Trailer One)	Trailer Type (Trailer Two)	<input type="checkbox"/> Undercarriage	<input type="checkbox"/>	<input type="checkbox"/>
Haz. Mat. Release	Haz Mat Placard	Haz. Mat. Number	Haz. Mat. Class	<input type="checkbox"/> Overturn	<input type="checkbox"/>
Motor Carrier Name	US DOT Number		<input type="checkbox"/> Windshield	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Motor Carrier Address	Address Other	City	State	Zip Code	Phone Number
Comm/Non-Commercial	Vehicle Body Type (SPORT) UTILITY VEHICLE	Vehicle Defects (one) NONE	Vehicle Defects (two)	Emergency Vehicle Use YES	Special Function of MV POLICE
Vehicle Maneuver Action STRAIGHT AHEAD	Trafficway TWO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER	Roadway Grade LEVEL	Roadway Alignment STRAIGHT	Most Harmful Event COLLISION NON-FIXED OBJECT	Most Harmful Event Detail MOTOR VEHICLE IN TRANSPORT
Traffic Control Device for this Vehicle NO CONTROLS	First (1) Sequence of Events COLLISION NON-FIXED OBJECT	Second (2) Sequence of Events	Third (3) Sequence of Events	Fourth (4) Sequence of Events	
	MOTOR VEHICLE IN TRANSPORT				

PERSON RECORD

# 1	Person Type DRIVER	Vehicle # V01	Name KRISTEN KAY WATTS	Injury Severity INCAPACITATING	Ejection NOT EJECTED	Driver ReExam NO
Date of Birth 03/03/1970	Sex F	Condition at Time of Crash UNKNOWN	Address 4190 TAGGART CAY S APT 205, SARASOTA FL 34233		Phone Number	
Driver License Number W320511705830	State FL	Expires 03/03/2027	Type CLASS E / OPERATOR	Required Endorsements NO REQUIRED ENDORSEMENTS		
Restraint Systems SHOULDER AND LAP BELT USED		Air Bag Deployed DEPLOYED - COMBINATION		Helmet Use	Eye Protection NOT APPLICABLE	
Motor Vehicle Seating Position: Row FRONT		Motor Vehicle Seating Position: Seat LEFT		Motor Vehicle Seating Position: Other NOT APPLICABLE		
Driver Distracted By NOT DISTRACTED			Driver Vision Obstructions VISION NOT OBSCURED			
Driver Actions at Time of Crash 1 (based on judgement of investigation officer) OTHER CONTRIBUTING ACTION			Driver Actions at Time of Crash 2 (based on judgement of investigation officer)			
Driver Actions at Time of Crash 3 (based on judgement of investigation officer)			Driver Actions at Time of Crash 4 (based on judgement of investigation officer)			
Suspected Alcohol Use YES	Alcohol Tested TEST GIVEN	Alcohol Test Type BLOOD	Alcohol Test Result PENDING	BAC	Suspected Drug Use YES	Drug Tested TEST GIVEN
Source of Transport to Medical Facility EMS		EMS Agency Name or ID SUNSTAR 335	EMS Run Number 2037446	Medical Facility Transported To BAYFRONT HOSPITAL		

PERSON RECORD

# 2	Person Type DRIVER	Vehicle # V02	Name TONI SCHUCK	Injury Severity NON-INCAPACITATING	Ejection NOT EJECTED	Driver ReExam NO
Date of Birth 08/16/1974	Sex F	Condition at Time of Crash APPARENTLY NORMAL	Address 11305 N MCKINLEY DRIVE, TAMPA FL 33610		Phone Number	
Driver License Number EXEMPT	State FL	Expires	Type CLASS E / OPERATOR	Required Endorsements NO REQUIRED ENDORSEMENTS		
Restraint Systems SHOULDER AND LAP BELT USED		Air Bag Deployed DEPLOYED - COMBINATION		Helmet Use	Eye Protection NOT APPLICABLE	
Motor Vehicle Seating Position: Row FRONT		Motor Vehicle Seating Position: Seat LEFT		Motor Vehicle Seating Position: Other		
Driver Distracted By NOT DISTRACTED			Driver Vision Obstructions VISION NOT OBSCURED			
Driver Actions at Time of Crash 1 (based on judgement of investigation officer) NO CONTRIBUTING ACTION			Driver Actions at Time of Crash 2 (based on judgement of investigation officer)			
Driver Actions at Time of Crash 3 (based on judgement of investigation officer)			Driver Actions at Time of Crash 4 (based on judgement of investigation officer)			
Suspected Alcohol Use NO	Alcohol Tested TEST NOT GIVEN	Alcohol Test Type	Alcohol Test Result	BAC	Suspected Drug Use NO	Drug Tested TEST NOT GIVEN
Source of Transport to Medical Facility EMS		EMS Agency Name or ID MANATEE CO	EMS Run Number E2211749	Medical Facility Transported To BAYFRONT HOSPITAL		

VIOLATION

Person# 1	Violator Name Kristen Kay Watts	FL Statute Number 316.192(3)(a)(b)(c)1	Violation Description RECKLESS DRIVING - PROPERTY DAMAGE/PERSONAL INJURY	Citation Number AFFVM3E
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VIOLATION

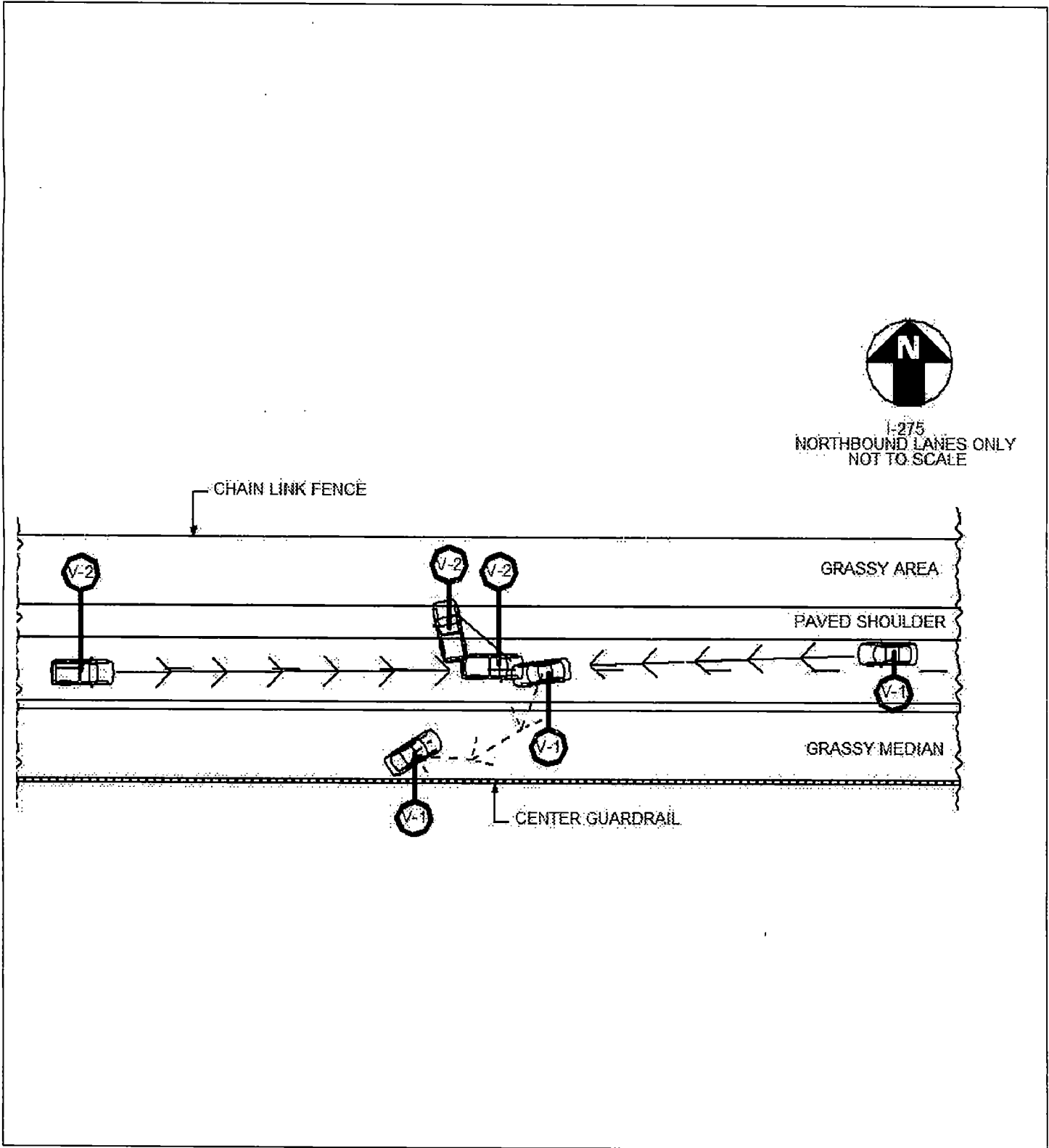
Person# 1	Violator Name Kristen Kay Watts	FL Statute Number 316.192(3)(a)(b)(c)1	Violation Description RECKLESS DRIVING - PROPERTY DAMAGE/PERSONAL INJURY	Citation Number AFFVM4E
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REPORTING OFFICER

ID Number 3045	Rank LT	Name T. BURGESS	Troop / Post J	Officer Agency FLORIDA HIGHWAY PATROL	Phone Number 813-558-1776
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Crash Date 3/6/2022	Time of Crash 8:45 AM	Date of Report 3/6/2022	Reporting Agency FLORIDA HIGHWAY PATROL	Reporting Agency Case Number FHP22ON0112035	HSMV Crash Report Number 24900190-01
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DIAGRAM OF CRASH



OBSERVATIONS

CLOTHING DESCRIPTION AND COLOR	Hat / Cap _____ Jacket / Coat _____ Shirt / Dress _____ Footwear _____ Pants / Skirt _____
CLOTHING CONDITION	<input type="checkbox"/> Orderly <input type="checkbox"/> Disorderly <input type="checkbox"/> Clean <input type="checkbox"/> Mussed <input type="checkbox"/> Unzipped <input type="checkbox"/> Inside Out <input checked="" type="checkbox"/> Torn <input checked="" type="checkbox"/> Naked <input type="checkbox"/> Urine <input type="checkbox"/> Feces <input type="checkbox"/> Vomit <input checked="" type="checkbox"/> Blood <input type="checkbox"/> Other: _____
BREATH	Odor of Alcoholic Beverage <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Moderate <input type="checkbox"/> Faint <input type="checkbox"/> None
ATTITUDE	<input type="checkbox"/> Excited <input type="checkbox"/> Hilarious <input type="checkbox"/> Polite <input checked="" type="checkbox"/> Cooperative <input type="checkbox"/> Silent <input checked="" type="checkbox"/> Sleepy <input checked="" type="checkbox"/> Lethargic <input checked="" type="checkbox"/> Confused <input checked="" type="checkbox"/> Talkative <input checked="" type="checkbox"/> Carefree <input type="checkbox"/> Indifferent <input checked="" type="checkbox"/> Profanity <input checked="" type="checkbox"/> Mood Swings <input type="checkbox"/> Cocky <input type="checkbox"/> Insulting <input type="checkbox"/> Remorseful <input checked="" type="checkbox"/> Combative <input checked="" type="checkbox"/> Sarcastic <input type="checkbox"/> Angry <input checked="" type="checkbox"/> Argumentative <input type="checkbox"/> Threatening <input type="checkbox"/> Sullen <input type="checkbox"/> Other: _____
COLOR OF FACE	<input checked="" type="checkbox"/> Pale <input type="checkbox"/> Flushed <input type="checkbox"/> Normal <input type="checkbox"/> Other: _____
EYES	<input checked="" type="checkbox"/> Bloodshot <input checked="" type="checkbox"/> Watery <input type="checkbox"/> Normal <input type="checkbox"/> Other: _____ Color: <u>BLU</u> Reaction to Light: <input type="checkbox"/> Normal <input checked="" type="checkbox"/> Slow <input type="checkbox"/> No Reaction
PUPILS	<input type="checkbox"/> Not Equal Size <input checked="" type="checkbox"/> Constricted <input type="checkbox"/> Dilated <input type="checkbox"/> Normal
UNUSUAL ACTIONS	<input type="checkbox"/> Hiccoughing <input type="checkbox"/> Belching <input type="checkbox"/> Vomiting <input type="checkbox"/> Sleeping <input type="checkbox"/> Crying <input type="checkbox"/> Laughing <input type="checkbox"/> None <input type="checkbox"/> Other: _____
SPEECH	<input type="checkbox"/> Incoherent <input checked="" type="checkbox"/> Mumbling <input checked="" type="checkbox"/> Slurred <input checked="" type="checkbox"/> Thick Tongued <input type="checkbox"/> Stuttering <input type="checkbox"/> Accent <input type="checkbox"/> Apparently Normal

MEDICAL QUESTIONS

Do you have any physical defects? Yes No If yes, please explain. _____

Are you sick or injured? Yes No If yes, please explain. _____

When did you last sleep? _____ How much sleep did you have? _____

Have you ever had a head injury? Yes No If yes, did you lose consciousness? Yes No

Are you under the care of a Doctor or Dentist? _____ If so, who? _____ When? _____

What for? _____ Are you taking tranquilizers, pills or medicines of any kind? Yes No

If yes, what kind? _____ Last dose? _____ AM PM Do you have epilepsy? Yes No

Diabetes? Yes No Do you take insulin? Yes No If yes, last dose? _____

Are you wearing an artificial limb? _____ Do you have any medical alert ID? _____

Do you have any foreign objects in your mouth? _____

Subject advised of Miranda Rights Date: _____ Time: _____ AM PM Invoked Yes No

INTERVIEW QUESTIONS (Quote Answers)

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

Have you been drinking? _____ What? _____ How much? _____

Where? _____ With whom? _____ Time started? _____ Time stopped? _____

Have you used any type of illegal drugs recently? _____ If so, what kind of drug? _____

Last dose? _____ AM PM Do you feel the effects of the alcohol or drugs? _____

Do you feel impaired? _____

Were you operating a vehicle at the time of the stop/crash? _____ Was anyone in the vehicle with you? _____

What street or highway were you on? _____ Direction of travel? _____

Where did you start from? _____ What time did you start? _____

Were you involved in a crash today? _____ Have you had any alcoholic beverages or drugs since the crash? _____

If so, what? _____

Where? _____ How Much? _____ When? _____

Is it day or night? _____ What time is it now? _____

What is the date? _____ Day of week? _____ What city (county) are we in? _____

Interviewer's Name: TPR ANGELICCHI, JOSEPH S. Actual Date/Day/Time: _____ AM PM
Date Day of Week Time

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

Instrument Type: Intoxilyzer 8000
Instrument Registered To: MANATEE COUNTY SO
Instrument Serial Number: 80-006631 Software: 8100.27
Date of Test: 03/06/2022

Date of Last Agency Inspection: 02/14/2022
Observation Period Began: 14:05
Subject's Name: KRISTEN KAY K WATTS DOB: 03/03/1970 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	14:29
	Air Blank	0.000	14:29
	Control Test	0.079	14:30
	Air Blank	0.000	14:30
	Subject Sample #1	0.094	14:31
	Air Blank	0.000	14:32
	Air Blank	0.000	14:33
	Subject Sample #2	0.090	14:34
	Air Blank	0.000	14:34
	Control Test	0.078	14:35
	Air Blank	0.000	14:35
	Diagnostics Check	OK	14:35

Cylinder Lot: 1408275
Exp: 11/19/2023

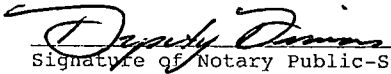

State of Florida, County of MANATEE,

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 JOSEPH S ANGELICCHI, 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: 3/6/22
Signature

Sworn to (or affirmed) before me this 6th day of MARCH, 2022

 
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.

Florida Department of Highway Safety
and Motor Vehicles

FLORIDA HIGHWAY PATROL



DUI INVESTIGATION
CASE REPORT

ADULT

MANATEE COUNTY

Misdemeanor Felony

Offense Date: 3/6/2022 Report/Arrest Date: 3/6/2022

FHP Case #: FHP22ON0112035

Defendant Name: KRISTEN KAY WATTS

Arresting Trooper: TPR. ANGELICCHI, JOSEPH S. #994
Print Name, Rank, and ID #

Test Type: Blood Breath Urine Refusal

Video: Yes No Drug Recognition Evaluation: Yes No

State Attorney Copy DL Administrative Packet Station Copy

IN THE CIRCUIT/COUNTY COURT OF THE TWELFTH JUDICIAL CIRCUIT IN
AND FOR SARASOTA COUNTY, FLORIDA

Administrative Order 2015-14.3

**RE: NO CONTACT WITH THE VICTIM ORDER
AS A CONDITION OF PRETRIAL RELEASE/**

WHEREAS, Section 903.047, Florida Statutes was amended effective October 1, 2015, to provide additional specifications for a "no contact" with the victim order as a condition of pretrial release: and

WHEREAS, defendants may be released pretrial numerous ways, including but not limited to : released on his recognizance (ROR); released on bond before an advisory hearing; released on bond after an advisory hearing; and release on pretrial supervision with various conditions; and

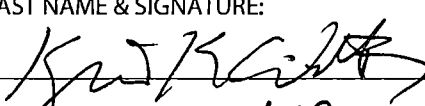
WHEREAS, in order to ensure that all defendants on pretrial release are provided with a "no contact" with the victim order, the sheriffs of the Twelfth Judicial Circuit must be able to provide said order to defendants;


THEREFORE, IT IS ORDERED that pursuant to the authority conferred by Florida Rule of Judicial Administration 2.215, the "no contact" with the victim order shall apply as a condition of pretrial release to all applicable defendants and shall be provided to defendants by the sheriffs of the Twelfth Judicial circuit prior to their release:

1. As a condition of pretrial release, whether such release is by surety bail bond or recognizance bond or in some other form, all defendants in criminal cases must:
 - (a) Refrain from criminal activity of any kind.
 - (b) Refrain from any contact with the victim(s) in defendant's case(s). **This no contact order is effective immediately and enforceable for the duration of the pretrial release or until modified by the court.** "No contact" includes the following prohibited acts;
 - 1) Communicating orally or in any written form, either in person, telephonically, or in any other manner, either directly or indirectly through a third person with the victim or any other person named in the order. If the victim and the defendant have children in common, at the defendant's request, the court may designate an appropriate third person to contact the victim for the sole purpose of facilitating the defendant's contact with the children. **This does not prohibit an attorney for the defendant consistent with rules regulating The Florida Bar, from communicating with any person protected by the no contact order for lawful purposes.**
 - 2) Having physical or violent contact with the victim or other named person or his or her property.
 - 3) Being within 500 feet of the victim's or other named person's residence, even if the defendant and the victim or other named person share the residence.
 - 4) Being within 500 feet of the victim's or other named person's vehicle, place of employment, or a specified place frequented regularly by such person.
2. An invitation for contact from the victim does not affect this order and is not a defense to a violation of the no contact order. Contact with the victim, despite arising from an invitation from the victim, constitutes a violation of the no contact order.
3. Defendants shall receive a copy of this Administrative Order from the Sheriff's Office prior to defendant's release from custody on any applicable pretrial release.
4. The prohibitions contained herein are subject to modification by court order and may be supplemented by court order to include additional prohibitions.
5. This order is effective October 1, 2015.

DONE and ORDERED in Sarasota County, Florida on this 30th day of September, 2015.

Watts

INMATE LAST NAME & SIGNATURE:	
INMATE NUMBER:	<u>22-1610</u>
DELIVERED ON (DATE/TIME):	<u>3/6/22</u>
BY: (DEPUTY INTIAL/ID NUMBER)	<u>Martinez 11005521</u>


CHARLES E. WILLIAMS, CHIEF JUDGE
TWELFTH JUDICIAL CIRCUIT COURT
STATE OF FLORIDA