

0520085 20CT 1596 MB
 #3918

OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report			1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	Juvenile	N
Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE			Agency Report Number (N.T.A.'s only) 06- 20-134417						
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 checked="" type="checkbox"/>		5. Ordinance 6. Other <input type="checkbox"/>	
Weapon Seized / Type 2		1. Yes 2. No		NONE		Multiple Clearance Indicator		01			
Location of Arrest (Including Name of Business) 245 Jackson Ave Greenacres Fl 33463						Location of Offense (Business Name, Address) 245 Jackson Ave Greenacres Fl 33463					
Date of Arrest 12/07/2020		Time of Arrest 1902		Booking Date		Booking Time		Jail Date		Jail Time	
Name (Last, First, Middle) Holmes Christopher Douglas						Alias (Name, DOB, Soc. Sec. #, Etc.)					
Race W - White I - American Indian B - Black O - Oriental/Asian W		Sex M		Date of Birth 02/10/1967		Height 5'9		Weight 176		Eye Color Green	
Hair Color Brown		Complexion Light		Build Med		Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) None		Marital Status Single		Religion NONE	
Local Address (Street, Apt. Number) 4098 Westview Street		(City) Lake Worth		(State) FL		(Zip) 33463		Phone (646) 676-7338		Indication of Alcohol Influence Drug Influence Y N Unk. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Permanent Address (Street, Apt. Number)		(City)		(State)		(Zip)		Phone		Residence Type: 1. City 2. County 3. Florida 4. Out of State 2	
Business Address (Name, Street)		(City)		(State)		(Zip)		Phone		Address Source DAVID	
D/L Number, State H452104670500		Soc. Sec. Number		INS Number		Place of Birth (City, State) Pittsburgh Pa		Citizenship Yes			
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"/> Legal Custodian <input type="checkbox"/> Other		Address (Street, Apt. Number)		(City)		(State)		(Zip)		Residential Phone	
Notified by: (Name)		Date		Time		Juvenile Disposition 1. Handed/ 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 355-2528) 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 D. Deliver T. Traffic		R. Smuggle 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 DRIVING UNDER THE INFLUENCE		Counts 1		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number 316.193(1)(c)		Violation of ORD #			
Drug Activity N		Drug Type N		Amount / Unit .159/.161		Offense # 20-134417		Warrant / Capias Number		Bond	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input 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 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 type="checkbox"/> N		Statute Violation Number		Violation of ORD #			
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond	
Location (Court, Room Number, Address) CRIMINAL JUSTICE COMPLEX / 3228 GUN CLUB ROAD, WPB, FL 33406											
Court Date and Time Month January Day 7th Year 2021 Time 8:30 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. 12/07/2020											
Signature of Defendant (or Juvenile and Parent /Custodian)						Date Signed					
HOLD for other Agency Name:		Signature of Arresting Officer X [Signature]				Name Verification (Printed by Arrestee) DEC 7 PM 9:36					
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print) Cpl. M. SMITH		I.D. # 9621		(PRINT)		PAGE	
Intake Deputy DP JAMMIE S0403		I.D. #		Pouch #		Transporting Officer Smith		ID # 9621		Agency PBSO	
Witness here if subject signed with an "X"										1. OF 1	

REC-8-2020
 8-2020
 AM

PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	Jvenile N
OBTS Number					
ADMIN	Agency ORI Number FLO 500000	Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 06-20-134417		
	Charge Type: Check as many as apply.		Special Notes:		
	<input type="checkbox"/> 1. Felony	<input checked="" type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance		
	<input type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 6. Other		
DEF	Name (Last, First, Middle) Holmes, Christopher, D		Alias	Race W	Sex M
				Date of Birth 02/10/1967	
CHARGES	Charge Description DUI	316.193	Charge Description		
	Charge Description		Charge Description		
VICTIM	Victim's Name (Last, First, Middle) State Of Florida, ,		Race	Sex	Date of Birth
	Local Address (Street, Apt. Number) 3228 Gunclab Rd West Palm Beach, Florida 33406		(City)	(State)	(zip)
	Business Address (Name, Street) 3228 Gunclab Rd West Palm Beach, Florida 33406		(City)	(State)	(zip)
			Phone (561) 688-3000	Address Source 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. The Person taken into custody</p> <p><input checked="" type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____</p> <p><input type="checkbox"/> confessed to _____ that he/she saw the arrested person commit the below acts.</p> <p>admitting to the below facts. <input type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <u>7th</u> day of <u>December</u> 20<u>20</u> at <u>1820</u> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p> <p>On December 7th, 2020 at approximately 1813 hours I responded to 245 Jackson Ave, Greenacres, Florida 33463 in reference to a suspicious vehicle parked in front of the residence for the past three hours. Upon my arrival, I observed a white male wearing a gray shirt, gray jeans and and gray sock no shoes slumped over the steering wheel in the driver seat of a white GMC Savana work truck bearing FL tg JPWX22. I observed a day shift deputy check the individuals pulse and the white male woke up and attempted to put his van in drive but was unsuccessful. I observed a green and orange can 16oz of Jai Alai India Pale Ale in the center console of the vehicle. I asked the driver if he was okay he slowly turned his head and said " I'm fine" but with a slurred speech. I continued to observe the individual and saw that he had glossy red eyes and a very delayed reaction. I asked the individual for his license and he replied "I don't have a physical license" as the individual spoke a strong odor of an unknown alcoholic beverage emitted from his breath and intensified the more he spoke. The white male while seated in the driver seat of the vehicle continued to put his vehicle in drive but was not successful due to the vehicle being turned off. I asked the white male to step out of the vehicle in which he complied. The male stepped out of the vehicle and began to hold on to the side of the van in order to maintain his balance, he was not able to walk unassisted and would stumble if he attempted. EMS was on scene and checked the males vitals and it was confirmed that he was stable and okay by medics. The white male told EMS on scene "I had to much to be driving". The driver was identified as Christopher D. Holmes 02/10/1967. I asked PBSO dispatched if their was an available DUI unit, I was advised that DUI 13 Investigator Smith # 9621 was en route. Upon Investigator Smith arrival I informed him of my findings and I was advised he would take over this case.</p>					
PROBABLE CAUSE STATEMENT					
ADMINISTRATIVE	<p>STATE OF FLORIDA COUNTY OF PALM BEACH</p> <p><i>[Signature]</i> #31780 D/S A.SANTANA</p> <p>(Signature of Arresting/Investigative Officer)</p> <p>The foregoing instrument was sworn to or affirmed and subscribed before me this <u>7th</u> day of <u>December</u> 20<u>20</u> by <u>D/S A. Santana</u></p> <p>(Print name of Arresting/Investigative Officer) who is personally known to me and/or produced identification. Type of identification produced <u>Known LEO</u></p> <p><i>[Signature]</i></p> <p>Notary Public, Clerk of Court, Officer (F.S.S. 117.10)</p>				
					PAGE 1 OF 1

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 7TH DAY OF December 20 20, AT 1814 AM PM

SUBJECT: Holmes Christopher Douglas CASE NUMBER: 20-134417

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: Cpl. M. SMITH

PERSONAL CONTACT

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

On 12/07/2020 at approximately 18:21hrs, I was called to the scene of a suspicious vehicle at 245 Jackson Ave, which is located in the City of Greenacres, Florida. I arrived at the scene at approximately 1836hrs. D/S Santana #31780 relayed to me, and completed a written signed sworn supplemental Probable Cause Affidavit stating the following, "On December 7th, 2020 at approximately 1813 hours I responded to 245 Jackson Ave, Greenacres, Florida 33463 in reference to a suspicious vehicle parked in front of the residence for the past three hours. Upon my arrival, I observed a white male wearing a gray shirt, gray jeans and and gray sock no shoes slumped over the steering wheel in the driver seat of a white GMC Savana work truck bearing FL tg JPWX22. I observed a day shift deputy check the individuals pulse and the white male woke up and attempted to put his van in drive but was unsuccessful. I observed a green and orange can 16oz of Jai Alai India Pale Ale in the center console of the vehicle. I asked the driver if he was okay he slowly turned his head and said "I'm fine" but with a slurred speech. I continued to observe the individual and saw that he had glossy red eyes and a very delayed reaction. I asked the individual for his license and he replied "I don't have a physical license" as the individual spoke a strong odor of an unknown alcoholic beverage emitted from his breath and intensified the more he spoke. The white male while seated in the driver seat of the vehicle continued to put his vehicle in drive but was not successful due to the vehicle being turned off. I asked the white male to step out of the vehicle in which he complied. The male stepped out of the vehicle and began to hold on to the side of the van in order to maintain his balance, he was not able to walk unassisted and would stumble if he attempted. EMS was on scene and checked the males vitals and it was confirmed that he was stable and okay by medics. The white male told EMS on scene "I had to much to be driving". The driver was identified as Christopher D. Holmes 02/10/1967". D/S Santana noticed that the defendant had articulable indicators of impairment, so he called for a DUI unit to conduct a possible DUI investigation. D/S Santana identified the defendant, to me, as the driver and sole occupant of the vehicle.

OBSERVATION OF DRIVER:

Upon making contact with the driver who was identified by DAVID as Christopher Douglas Holmes, I immediately detected an obvious and strong odor of an unknown alcoholic beverage emitting from his person and face area. This odor intensified as I spoke to Holmes. Holmes had glassy, glazed, and blood shot eyes. Holmes's speech was slurred, slow, thick, and at times difficult to understand. Holmes's movements were slow and deliberate. Holmes was lethargic in his movements with poor coordination. Holmes had an unsteady gait while walking to my patrol vehicle and had difficulty following directions given to him. Holmes was wearing a black t-shirt, blue jeans, and no shoes. All the clothing appeared to have paint stains.

DRIVER'S STATEMENTS:

Pre Miranda Holmes informed Deputies and Fire Rescue that " I had to much to be driving"
Post Miranda Holmes did not wish to complete the Q ad A portion.

ODORS:

obvious and strong odor of an unknown alcoholic beverage emitting from his person and face area

GENERAL OBSERVATIONS

SPEECH: slurred, slow, thick, and at times difficult to understand

ATTITUDE: Calm, Cooperative

CLOTHING: black t-shirt, blue jeans, and no shoes

MEDICAL/OTHER: See BAT report

STATE OF FLORIDA
COUNTY OF PALM BEACH

Cpl. M. SMITH

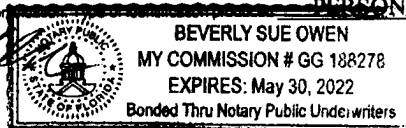
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 7TH day of December 20 20 by Cpl. M. SMITH

(Print name of Arresting/Investigative Officer), who is personally known to me PERSONALLY KNOWN LEO

Sue Owen (#3184)

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



SUBJECT Holmes

Christopher

CASE NUMBER 20-134417

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:

Holmes would sway roughly in a side to side front to back pattern throughout the task. Holmes did positively identify the point to be tracked. Holmes was reminded numerous times to track the pen with his eyes only. Holmes failed to keep his head still while tracking the stimulus.

WALK & TURN:

I explained and demonstrated the instructions for the "Walk & Turn" to Holmes who stated that he understood. During the task, I observed Holmes to sway roughly in a side to side, front to back pattern throughout the demonstration phase. Holmes could not maintain his balance while listening to instructions. Holmes stepped out of the instructional stance during the demonstration to catch his balance. Holmes started the task before being instructed to do so. Holmes would stop walking to steady himself, Holmes, missed heel-to-toe steps and stepped off the line. Holmes used his arms for balance by raising them more than six inches. Holmes performed an improper turn. he lost his balance while turning. Holmes did not complete the 9 return steps

ONE LEG STAND:

I explained and demonstrated the instructions for the "One Leg Stand" to Holmes who stated that he understood. During the task, I observed Holmes to sway roughly in a side to side, front to back pattern throughout the demonstration phase. Holmes continued to sway while balancing on one leg. Holmes used his arms to balance raising them more than 6 inches from his sides. Holmes started hopping in an attempt to maintain balance. Holmes put his foot down to regain balance numerous times before the 30 seconds had elapsed.

FINGER TO NOSE:

I explained and demonstrated the instructions for the "Finger to Nose" task to Holmes who stated that he understood. During the task, I observed Holmes to sway roughly in a side to side, front to back pattern throughout the demonstration phase. Holmes did not keep his eyes closed and had to be reminded numerous times. Holmes index finger did not touch the nose on 5 of 6 attempts. Holmes searched for the tip of their nose using the finger to find their nose prior to touching the tip. The sequence used for this task was L, R, L, R, R, L.

ROMBERG ALPHABET:

I explained and demonstrated the instructions for the "Rhomberg Alphabet" task to Holmes who stated that he understood. During the task, I observed Holmes to sway roughly in a side to side, front to back pattern throughout the demonstration phase. Holmes would sway more than 2 inches. Holmes correctly recited the alphabet.

BREATH TEST RESULTS: .159 .161

STATE OF FLORIDA
COUNTY OF PALM BEACH

Cpl. M. SMITH

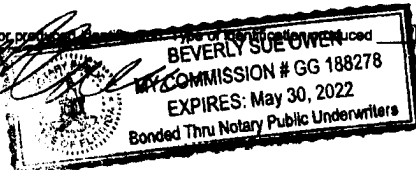
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 7TH day of December 2020 by Cpl. M. SMITH

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced to me by PERSONALLY KNOWN LEO

Sue Owen (#3184)

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



TESTING FACILITY TASK REPORT

AGENCY:
SUBJECT:
CASE NUMBER:
DATE:
VIDEO DVD NUMBER:
BEGINNING TIME:
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 TECHNICAN:

TESTING OFFICER'S OBSERVATIONS

SPEECH:

ATTITUDE:

CLOTHING:

MEDICAL CONDITIONS:

MEDICATIONS:

OTHER:

COMMENTS:

A/O AND DEFENDANT ARRIVED AT 1930 HOURS. A/O OBSERVED 20 MINUTES. A/O REQUESTED BREATH TEST, DEFENDANT AGREED. A/O READ I/C , DEFENDANT UNDERSTOOD. NO PROBLEM WITH TESTS. A/O READ C/W, DEFENDANT UNDERSTOOD RIGHTS, TECH GAVE RESULTS, DEFENDDAN UNDERSTOOD RESULT. DEFENDANT REFUSED Q & A

SUBJECT: Holmes, Christopher Douglas CASE NUMBER: 20134417

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 Cpl Smith of the PBSO

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 on Camera

SUBJECT: Holmes, Christopher Douglas CASE NUMBER: 20134417

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? _____

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: _____

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: 80-006240 Software: 8100.27
Date of Test: 12/07/2020

Date of Last Agency Inspection: 11/13/2020

Observation Period Began: 19:30

Subject's Name: CHRISTOPHER D HOLMES

DOB: 02/10/1967 Sex: M

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	19:54
	Air Blank	0.000	19:55
	Control Test	0.081	19:55
	Air Blank	0.000	19:56
	Subject Sample #1	0.159	19:56
	Air Blank	0.000	19:57
	Air Blank	0.000	19:59
	Subject Sample #2	0.161	19:59
	Air Blank	0.000	20:00
	Control Test	0.080	20:00
	Air Blank	0.000	20:01
	Diagnostics Check	OK	20:01

Cylinder Lot: 14020080A1
Exp: 07/05/2022

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 SUE OWEN, 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: [Signature] Date: 12/7/2020
Signature

Sworn to (or affirmed) before me this 7th day of December, 2020

[Signature] Signature of Notary Public-State of Florida
Epl M. Smith 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.



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"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2020028624	Date: 12/07/20
	Specialist Name/ID: J. Beck/9007