

J-0518524 50-2020-CT-011313-ANB

P-3773

NH
N

OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		N	
Agency ORI Number FLO 502600		Agency Name Palm Beach Gardens Police Department				Agency Report Number (N.T.A.'s only) 78- 20-004074					
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		Weapon Seized / Type 1. Yes 2. No		Multiple Clearance Indicator	
Location of Arrest (Including Name of Business) PGA Blvd/West of Central Blvd						Location of Offense (Business Name, Address) PGA Blvd/ West of Central Blvd					
Date of Arrest 09/12/2020		Time of Arrest 2212		Booking Date		Booking Time		Jail Date		Jail Time	
Name (Last, First, Middle) Hogan, Colin M						Alias (Name, DOB, Soc. Sec. #, Etc.)					
Race W - White 1 - American Indian B - Black 0 - Oriental/Asian		Sex M		Date of Birth 01/25/1989		Height 5'08		Weight 145		Eye Color blue	
								Hair Color brown		Complexion Light	
										Build small	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) multiple tattoos						Marital Status single		Religion Jewish		Indication of Alcohol Influence Drug Influence Y N Unk. <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	
Local Address (Street, Apt. Number) 5434 Wellcraft Drive		(City) Greenacres		(State) FL		(Zip) 33463		Phone (561) 351-0556		Residence Type: 1. City 2. County 3. Florida 4. Out of State	
Permanent Address (Street, Apt. Number) 5434 Wellcraft Drive		(City) Greenacres		(State) FL		(Zip) 33463		Phone () Same		Address Source License	
Business Address (Name, Street) Whole Foods Market		(City) Pompano Beach		(State) FL		(Zip)		Phone ()		Occupation Manager	
D/L Number, State H-250-113-89-025-0 FL		Soc. Sec. Number [REDACTED]		INS Number		Place of Birth (City, State) Silverspring, MD		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	
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other:		Name (Last) (First) (Middle)		Address (Street, Apt. Number)		(City) (State) (Zip)		Residence Phone () () ()		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 355-2528) informed of any change of address. <input checked="" type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No. (Reason)						School Attended		Grade			
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. 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)(C)		Violation of ORD #			
Drug Activity N		Drug Type N		Amount / Unit NA		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		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		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		Offense #		Warrant / Capias Number		Bond	
Location (Court, Room Number, Address) North County Courthouse 3188 PGA Blvd, Palm Beach Gardens, FL 33410											
Court Date and Time Month 10 Day 14 Year 2020 Time 10:00 AM											
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 /Custodian)						Date Signed					
HOLD for other Agency Name:		Signature of Arresting Officer [Signature] 525				Name Verification (Printed by Arrestee) (PRINT)					
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other.		Name of Arresting Officer (Print) Amanda Wood #525		I.D. # 525					
Intake Deputy Spano 8101		I.D. #		Pouch #		Transporting Officer Amanda Wood 525 PDGPD		ID #		Agency	

NR

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 12th DAY OF September 20 20 AT 2132 AM PM

SUBJECT: Hogan, Colin M CASH NUMBER: 20-004074

AGENCY: PALM BEACH GARDENS POLICE DEPT. ARRESTING OFFICER: Amanda Wood #525

PERSONAL CONTACT

DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUTTING DEF. BEHIND WHEEL OF VEHICLE)
On 09/12/2020 Ofc. Dean Morea responded to the area od PGA Blvd. west of Centrel Blvd in respons to a possible broken down vehicle. The vehile was an older modle grey Toyota bearing FL Tag 076QBR that was in the left lane with a left front flat tire. Ofc. Morea observed a white male driver and sole occupant who was identified by the photo on Fl driver's licnsc as Colin Hogan. Ofc. Morca asked Hogan to exit.

OBSERVATION OF DRIVER:

Ofc. Morea observed Hogan swaying, unable to stand without leaning against the vehicle, blood shot eyes, was sluring his words and could smell the oder of an unknown alcoholic beverage coming from his breath as he spoke. When I was speaking with Hogan I smelled the oder of an unknown alcoholic substance, I observed Hogan swaying and leaning against his vehicle for balance. Hogan also had blood shot eyes and was sluring his words.

DRIVER'S STATEMENTS:

Hogan stated that he only had 1 beer a few hours ago. He stated that his tire blew out on I95.

ODORS:

Strong oder of an unknown alcoholic beverage

GENERAL OBSERVATIONS

SEEKCH: slured

ATTITUDE: cooperative

CLOTHING: Green shirt, Blue jeans, brown shoes

MEDICAL/OTHER: anxiety, clonazcpam,

STATE OF FLORIDA
COUNTY OF PALM BEACH

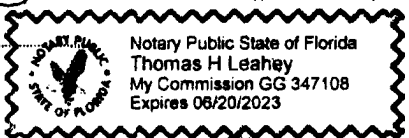
[Signature of Arresting Officer]

The foregoing instrument was sworn to or affirmed and subscribed before me this 12 day of Sept 20 of ok. wood

(Print name of Arresting/Investigative Officer's who is participating in the stop and/or issuance identification. Type of identification issued KROON

[Signature of Notary]

Notary Public, Cert. of Court, Office # [5 3 119 12]



SUBJECT: Hogan, Colin M

CASE NUMBER: 20-004074

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

- LT EYE-LACK OF SMOOTH PURSUIT
- RT EYE-LACK OF SMOOTH PURSUIT
- LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX DEVIATION
- RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX DEVIATION
- LT EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES
- RT EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

Other Observations:

swaying, had almost immediate angle of onset, did have VGN

WALK & TURN:

demonstrated and explained the starting stance. Hogan attempted to stand in the stance and stumbled several times. The last time he stumbled he nearly fell into the bushes. I discontinued this task.

ONE LEG STAND:

demonstrated and explained the instructions. he said he understood. He was swaying the entire time. Attempted to start several times before being told to begin. He attempted to start twice and kept stumbling, putting his foot down at that time I discontinued the task.

FINGER TO NOSE:

ask him if he knew the difference between his left and his right, he answered yes. demonstrated and explained, he said he understood. he touched the side, under, bridge of his nose each time and started to use the wrong hand once and was swaying the entire time.

ROMBERG/ALPHABET:

says he knows the alphabet and has an AA degree. He kept opening his eyes, swaying, and could not recite the proper order of the alphabet.

BREATH TEST RESULTS: .317, .305

STATE OF FLORIDA
COUNTY OF PALM BEACH

[Signature]

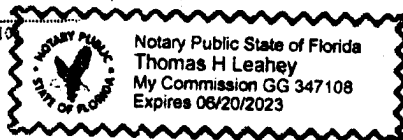
(Signature of Arresting/Investigative Officer)

The foregoing instrument was notarized or sworn before me this 12 day of sept 20 20 by ofc wood

who is personally known to me and/or enhanced identification. Type of identification produced Kraen

[Signature]

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



WITNESS LIST

CASE NUMBER: 20-004074

ARRESTING OFFICER: Amanda Wood #525

ADDRESS: 10500 N. Military Trail, Palm Beach Gardens, FL 33410

PHONE NUMBERS (HOME): _____ (WORK) 561-799-4445

CAN TESTIFY TO: obsrvations, arrcst,

NAME: Melinda Hanton

ADDRESS: 10500 N Military Trl

PHONE NUMBERS (HOME) _____ (WORK) 561-799-4445

CAN TESTIFY TO: assisting Ofc. Wood

NAME: Dean Morae

ADDRESS 10500 N Military Trl

PHONE NUMBERS (HOME) _____ (WORK) 561-799-4445

CAN TESTIFY TO: driver behind the wheel

NAME: Cameron Carver

ADDRESS 10500 N Military Trl

PHONE NUMBERS (HOME) _____ (WORK) 561-799-4445

CAN TESTIFY TO: back up on scene

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) _____

NOT A CERTIFIED COPY

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: 80-006239 Software: 8100.27
Date of Test: 09/12/2020

Date of Last Agency Inspection: 08/14/2020
Observation Period Began: 22:42
Subject's Name: COLIN M HOGAN

DOB: 01/25/1989 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	23:10
	Air Blank	0.000	23:10
	Control Test	0.079	23:11
	Air Blank	0.000	23:11
	Subject Sample #1	0.317	23:13
	Air Blank	0.000	23:14
	Air Blank	0.000	23:15
	Subject Sample #2	0.305	23:16
	Air Blank	0.000	23:16
	Control Test	0.077	23:17
	Air Blank	0.000	23:17
	Diagnostics Check	OK	23:17

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 THOMAS H LEAHEY, 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: T. Leahey Date: 09/12/2020
Signature

Sworn to (or affirmed) before me this 12th day of September, 2020
Thomas H. Leahey OK A Wood #525
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.

TESTING FACILITY TASK REPORT

AGENCY: PBG

SUBJECT: Hogan, Colin M

DATE: 09/12/2020

BEGINNING TIME: 2305

CASE NUMBER: 20-106451

VIDEO DVD NUMBER: N/A

ENDING TIME: 2321

BREATH TESTS RESULTS: 1) .317 TIME 2313 A.M. P.M. 2) .305 TIME 2316 A.M. P.M.
3) 0 TIME n/a A.M. P.M. 4) 0 TIME n/a A.M. P.M.

BREATH OPERATOR: Thomas H Leahey #19183

MAINTENANCE TECHNICIAN: Jason Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: slurred

ATTITUDE: calm, cooperative

CLOTHING: blue jeans, green s/s shirt, brown boots

MEDICAL CONDITIONS: anxiety

MEDICATIONS: clonazepam

OTHER:

eyes are glassy & bloodshot
odor of unknown alcoholic beverage on breath
Ofc M Hanton #305 advised A/O

COMMENTS:

arrived at center A/O conducted 20 minute observation period at 2242 hrs.
subject refused to perform breath test - what if he refuses wants blood test
A/O read I/C & subject understood I/C
subject agreed to perform breath test
A/O read rights & subject understood rights
tech read breath test results & subject understood breath test results
A/O attempted Q&A
subject declined to answer questions after 1 question

SUBJECT: Hogan, Colin CASE NUMBER: 20-071074

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 Colin Wood #525 of the PBBPD

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) Colin Wood

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) Colin Wood

SUBJECT: Hogan Colon M CASE NUMBER: 474

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: _____



**PALM BEACH COUNTY
SHERIFF'S OFFICE**
Florida State Statute Exemption Sheet

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"/>	119.0712(2)	Other: Personal information contained in a motor vehicle record	
	<input type="checkbox"/>	119.071(2)(j)	Other: MARSY'S LAW PROTECTED INFORMATION REGARDING VICTIM(S).	

REVIEW COMPLETED BY

Booking Number: 2020021637	Date: 9/13/2020
	Specialist Name/ID: M. Tooks #8557