

0518392

Arrest Report

50-2020-CT-010960-ASB

2663

FLORIDA HIGHWAY PATROL
P.O. BOX 540007, GREENACRES, FL 33454

Report Date / Time 9/5/2020 10:31 PM	Report Number FHP99ARR827644	Case Number/Cad Number FHPL20OFF049361 / LWRC20CAD132303	Reporting Officer Name Z. TODD
Originating Agency ORI	Occur Date Time Range 09/05/2020 21:06:57 -	Jurisdiction	Clearance

Location of Occurrence

County PALM BEACH	Location Type PUBLIC PLACE	Location Description ROADWAY
Street Number SR-9	Street NB HYPOLUXO ROAD	Apt/Lot/Bldg LAKE WORTH
City LAKE WORTH	State FL	Zip Code 33462

Defendant

First Name DOUGLAS	Middle Name ALAN	Last Name SOBEL	Suffix	Race WHITE	Sex MALE	Height 600	Weight 175	Hair BLK	Eyes BRO
MNI #	SSN [REDACTED]	Date of Birth 04/02/1961	Age 59	ID Type E	Drivers License or other ID S140161611224	State FL	OCA / Agency ID		
Place of Birth:	BALTIMORE MD USA								
Address * RESIDENCE / 5171 SW HAMMOCK CREEK DR , PALM CITY, FL 34990 /									

Arrest

Arrest Date/Time 9/5/2020 10:11:57 PM	Arrest Location Type	Arrest Location Description
Street Number SR-9	Street NB HYPOLUXO ROAD	Apt/Lot/Bldg LAKE WORTH
County PALM BEACH	City LAKE WORTH	State FL
		Zip Code 33462

Charge : S

Counts 1	Charge 316.193.1a	Bond Amount \$0.00	<input checked="" type="checkbox"/> No Bond
Charge Degree S	Charge Level MISDEMEANOR	General Offense Code DUI-UNLAW BLD ALCH	
Charge Description DUI INFLUENCE OF ALCOHOL OR DRUGS			

Bond Set by Court

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

SEP 5 AM 12:37

Probable Cause

On September 5, 2020 I was on routine patrol in my marked patrol car in Palm Beach County. I arrived on the scene of a disabled vehicle that was on the right shoulder of I-95 (State Road 9) northbound south of Hypoluxo Road. Trooper M.

DSCollins 7602

Z TODD TPR 4/4/1

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Stiles stated that she arrived on scene and observed that the vehicle had a front left tire that was flat. She then stated that she observed the driver behind the wheel of the vehicle with the keys in the ignition. She stated that the driver had the odor of an unknown alcoholic beverage emitting from his breath, bloodshot glassy eyes and he was stumbling when he exited the vehicle. I then arrived on scene and observed the driver standing outside the rear of the vehicle. As he talked, I observed that he had bloodshot glassy eyes, an orbital sway, and the odor of an unknown alcoholic beverage was emitting from his breath as he talked. I then had the driver walk towards the front of my patrol car. I then requested that the driver conduct field sobriety exercise and he refused to. Taylor warnings were then explained to him and he stated that he understood, and he refused again. He was then placed under arrest for DUI and secured inside of my patrol car. I continued to observe the odor of an unknown alcoholic beverage emitting from his breath as he talked. The driver was later identified as Douglas Sobel by his FL DL.

Once I arrived at the breath testing center, I conducted a 20-minute observation. At no time did he regurgitate or take anything by mouth. While inside of the testing room I requested that Mr. Sobel provide a lawful sample of his breath and he agreed. Mr. Sobel stated multiple times that he would like a blood test and he was advised as to the procedure for obtaining his own blood sample. He then inquired as to the consequences for not conducting the test. Implied consent was read, and he stated that he understood and that he would provide a sample. He then provided a sample of .248 and .243. He was then placed into a holding cell and provided a phone book to obtain his own test. He was unsuccessful in his search and was then booked into the county jail. He then refused to sign or accept the summons.

The above incident occurred in Palm Beach County.

Jail Booking Facility

Booking Date/Time 9/5/2020 10:36 PM	Booking County PALM BEACH	Booking Facility PALM BEACH COUNTY CORRECTIONS	Booking Facility Phone (561) 688-4400
Booking Facility Location 3228 GUN CLUB ROAD WEST PALM BEACH, FLORIDA 33406		Booking Number	
Booking Comments			

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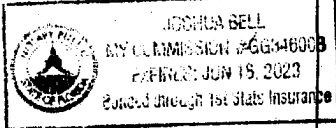

Court

Court County PALM BEACH	Court Location 200 WEST ATLANTIC AVE. DELRAY BEACH, FL 33444		
Court PALM BEACH SOUTH COUNTY COURTHOUSE	Court Phone 561-274-1530	Court Appearance Date / Time 10/05/2020 1:00PM	Court Fine
Comments			

Officer Name Rank / ID #	Involvement On Report / Reporting Role	Officer Agency Org/Unit
Z. TODD TPR 4141	REPORTING OFFICER	FLORIDA HIGHWAY PATROL FHPL\LRCC\PALM BEACH\SR804 JSOF SR702

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 Z. TODD	Office Rank TPR	Officer ID No 4141	Sworn and subscribed before me, the undersigned authority This the <u>05</u> day of <u>September</u> , <u>2020</u> DEPUTY OF THE COURT, NOTARY OR LAW ENFORCEMENT
Officer Agency FLORIDA HIGHWAY PATROL			
Officer Signature 			

<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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TESTING FACILITY TASK REPORT

AGENCY: FHP-L

SUBJECT: SOBEL, DOUGLAS ALAN

CASE NUMBER: 20-104344

DATE: Sep 5, 2020

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 2256

ENDING TIME: 2307

BREATH TESTS RESULTS: 1) .248 TIME 2302 A.M. P.M. 2) .243 TIME 2305 A.M. P.M.
3) N/A TIME XX A.M. P.M. 4) N/A TIME XX A.M. P.M.

BREATH OPERATOR: JOSHUA J BELL #8656

MAINTENANCE TECHNICIAN: J. KARLECKE #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: TALKATIVE, REPETATIVE

CLOTHING: BLACK POLO SHIRT, TAN CARGO PANTS; BLACK SHOES

MEDICAL CONDITIONS: ASTHMA

MEDICATIONS: SEROQUEL, PROVENTIL

OTHER:

EYES: BLOODSHOT, GLASSY

ODOR OF UNKNOWN ALCOHOLIC BEVERAGE COMING FROM BREATH

COMMENTS:

ARRIVED AT DUI TESTING FACILITY AND BEGAN THE 20 MINUTE OBSERVATION AT 2230 HOURS

SUBJECT STATED HE WOULD TAKE BREATH TEST

SUBJECT ASKED IF HE COULD REFUSE BREATH TEST AND DO A BLOOD TEST

A/O READ I.C

SUBJECT TALKED OVER A/O WHILE READING I.C

SUBJECT STATED OK HE WOULD TAKE BREATH TEST

A/O READ RIGHTS

SUBJECT STATED HE UNDERSTOOD HIS RIGHTS

SUBJECT DECLINED TO ANSWER Q AND A

TECH READ BREATH TEST RESULTS AND EXPLAINED

SUBJECT ACKNOWLEDGED HE UNDERSTOOD BREATH TEST RESULTS



PALM BEACH COUNTY SHERIFF'S OFFICE
DUI TESTING FACILITY
INFORMATION SHEET

PBSO CASE # 20-104344 PBSO ZONE 6-12

AGENCY CASE # FHPL20OFF049361 CRASH CASE # N/A

TIME OF STOP/CRASH 2129 DATE 09/05/2020 DAY SATURDAY

SUBJECT'S NAME SOBEL, DOUGLAS ALAN RACE W SEX M

HGT 6'0 WGT 175 DOB 04/02/1961

LOCATION I-95 NB HYPOLUXO RD

ARRESTING OFFICER'S NAME & ID TROOPER Z. TODD #4141 AGENCY FHP-L

DIVISION: DUI

NOTIFIED BY COMMO YES

ARRIVAL AT FACILITY 2230

BREATH RESULTS:

Arrest Time 2211

1. .248
2. .243
3. N/A
4. N/A

TESTING OFFICER'S ID BELL 8656

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: 09/05/2020

Date of Last Agency Inspection: 08/14/2020

Observation Period Began: 22:30

Subject's Name: DOUGLAS A SOBEL

DOB: 04/02/1961 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	22:59
Air Blank	0.000	22:59
Control Test	0.080	23:00
Air Blank	0.000	23:00
Subject Sample #1	0.248	23:02
Air Blank	0.000	23:02
Air Blank	0.000	23:04
Subject Sample #2	0.243	23:05
Air Blank	0.000	23:05
Control Test	0.079	23:06
Air Blank	0.000	23:06
Diagnostics Check	OK	23:06

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 JOSHUA J BELL, hold a valid Breath Test Operator permit issued by the Florida Department of Law Enforcement, I administered the above breath test to the subject named above in accordance with Chapter 11D-8, Florida Administrative Code, and this form is a true and accurate report of that breath test.

Breath Test Operator: _____

Signature

Date: 09/05/20

Sworn to (or affirmed) before me this 05 day of September, 2020

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.

SUBJECT: Sobel, Douglas Alan

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? _____

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: TPR. Z. Todd #4141

SUBJECT: Sobel, Douglas Alan 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) 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



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: 2020021083	Date: 09/06/2020
	Specialist Name/ID: AM/31562