

0514873

20CT 2905

2129

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

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

1 [ ] Juvenile [ N ]

ADMINISTRATIVE	OBTS Number		Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number (N.T.A.'s only) <b>06-20-039333</b>		
	Charge Type: Check as many as apply. <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other				Weapon Seized / Type 2 1. Yes 2. No N/A		Multiple Clearance Indicator <b>01</b>		
	Location of Arrest (Including Name of Business) <b>900 BLK BLUE HERON BLVD</b>				Location of Offense (Business Name, Address) <b>900 BLK BLUE HERON BLVD, RIVERIA BEACH FL</b>				
	Date of Arrest <b>02/18/2020</b>	Time of Arrest <b>0050</b>	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle <b>Priority Towing</b>		
Name (Last, First, Middle) <b>Douglass, Holly, Hong Ran</b>								Alias (Name, DOB, Soc. Sec. #, Etc.)	
Race <b>W - White I - American Indian B - Black O - Oriental/Asian</b>	Sex <b>W F</b>	Date of Birth <b>7/27/1969</b>	Height <b>5'03</b>	Weight <b>110</b>	Eye Color <b>BRN</b>	Hair Color <b>BLK</b>	Complexion <b>MED</b>	Build <b>MED</b>	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>None</b>				Marital Status <b>Single</b>	Religion <b>NONE</b>	Indication of Alcohol Influence Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk <input type="checkbox"/>			
Local Address (Street, Apt. Number) (City) (State) (Zip) <b>2600 N Flagler Dr Apt 505, West Palm Beach, FL 33407</b>				Phone <b>(203) 868-9990</b>	Residence Type 1. City 2. County 3. Florida 4. Out of State <b>1</b>				
Permanent Address (Street, Apt. Number) (City) (State) (Zip)				Phone	Address Source <b>FL DL</b>				
Business Address (Name, Street) (City) (State) (Zip)				Phone	Occupation <b>Computer Programmer</b>				
D/L Number, State <b>D24232869760, FL</b>		Soc. Sec. Number		INS Number		Place of Birth (City, State) <b>SOUTH KOREA</b>		Citizenship <b>USA</b>	
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)		Residence Phone					
Address (Street, Apt. Number) (City) (State) (Zip)				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 355-2526) 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 S. Sell N. N/A P. Possess		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 <b>Driving Under the Influence</b>				Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number <b>316.193(1)(c)</b>		Violation of ORD #	
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond <b>OR</b>			
N	N	.225/.230	20-039333						
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) <b>3228 GUN CLUB RD WEST PALM BEACH FL 33406</b>									
Court Date and Time Month <b>3</b> Day <b>12</b> Year <b>2020</b> Time <b>0830</b> 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. <b>Refused</b> Signature of Defendant (or Juvenile and Parent /Custodian) Date Signed <b>02/18/2020</b>									
HOLD for other Agency Name:			Signature of Arresting Officer <b>INV D. S. SCHNEIDER</b>			Name Verification (Printed by Arrestee) <b>Refused</b>			
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal			<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:			Name of Arresting Officer (Print) <b>INV D. S. SCHNEIDER</b> I.D. # <b>8723</b>			
Inmate #			Pouch #			Transporting Officer ID # <b>INV D. S. SCHNEIDER 8723</b> Agency <b>PBSOFF</b>			
DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'s ONLY)									

OBTS Number		<b>PROBABLE CAUSE AFFIDAVIT</b>		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	Juvenile	N
ADMIN	Agency ORI Number	Agency Name	Agency Report Number					
	FLO 500000	PALM BEACH COUNTY SHERIFF'S OFFICE	06-20-039333					
CHARGES	Charge Type Check as many as apply	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 <input type="checkbox"/>	Special Notes: Supp P/C
	Name (Last, First, Middle)	Alias			Race	Sex	Date of Birth	
VICTIM	Douglass, Holly, Hong Ran					W	F	07/27/1969
	Charge Description	316.1931A	Charge Description					
DUI				Charge Description				
Charge Description				Charge Description				
VICTIM	Victim's Name (Last, First, Middle)	Race			Sex	Date of Birth		
	State of Florida, ,							
	Local Address (Street, Apt. Number)	(City)	(State)	(zip)	Phone	Address Source		
Business Address (Name, Street)		(City)	(State)	(zip)	Phone	Occupation Government		
<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.  <b>The Person taken into custody</b></p> <p><input checked="" type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.  <input type="checkbox"/> confessed to _____ 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>17</u> day of <u>February</u> 20<u>20</u> at <u>2359</u> <input type="checkbox"/> A. M. <input type="checkbox"/> P. M. (Specifically include facts constituting cause for arrest.)</p> <p><b>On 02/17/2020 at approximately 23:59hrs, while on patrol in the area of 900 East Blue Heron Blvd which is located in the City of Riviera Beach located in Palm Beach County, Florida I initiated a traffic stop on the defendant's vehicle, a 2020 white Toyota bearing FL tag CCYD52, for traveling westbound in the eastbound lanes of travel. Upon making contact with the driver and sole occupant of the vehicle I immediately detected a strong and obvious odor of an unknown alcoholic beverage emitting from the vehicle. The driver was identified as Holly Hong Ran Douglass, by her Florida driver license. Douglass had glassy, blood shot eyes and she appeared lethargic in her movements. Having observed articulable indicators of impairment I requested a DUI unit for further investigation.</b></p> <p><b>Inv. Schneider responded to the scene and conducted a DUI Investigation.</b></p>								
NOT A CERTIFICATE								
ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH		D/S M. Singer 36149					
	(Signature of Arresting/Investigative Officer)							
	The foregoing instrument was sworn to or affirmed and subscribed before me this <u>17</u> day of <u>February</u> 20 <u>20</u> by <u>D/S M. Singer 36149</u>				Personally known LEO			
(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced								
INV. Schneider 8723								
Notary Public, Clerk of Court, Officer (F.S.S. 1246)								
								PAGE 1 OF 1

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 18 DAY OF FEB 20 20, AT 0003 AM PM

SUBJECT: Douglass, Holly, Hong Ran CASE NUMBER: 20-039333

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: INV D. S. SCHNEIDER

## PERSONAL CONTACT

DRIVING PATTERN: Actual physical control (physical evidence or statements putting def. behind wheel of vehicle)

On 02/18/2020 at approximately 0003hrs, I was dispatched to the scene of a motor vehicle traffic stop near the 900 block of Blue Heron Blvd, which is located the city Riviera Beach Palm Beach County, Florida.

Upon my arrival D/S Singer # 36149 relayed to me that Holly Hong Ran Douglass had articulable indicators of impairment, so he called for a DUI Unit to conduct a possible DUI investigation. D/S Singer provided me with a written sworn supplemental Probable Cause Affidavit.

## OBSERVATION OF DRIVER:

Upon making contact with the driver who was identified by her Florida driver license as Douglass, I immediately detected an obvious and strong odor of an unknown alcoholic beverage emitting from her person and face area. This odor intensified as I spoke to Douglass. Douglass had glassy and blood shot eyes. Douglass' speech was slurred and at times difficult to understand. Douglass' movements were slow and she appeared lethargic in her movements. Douglass had poor coordination. Douglass had an unsteady gait while walking to my patrol vehicle and fell onto me to avoid falling to the ground. Douglass had difficulty following directions given to her. Douglass was wearing a yellow shirt, black and grey skirt and tan and black sandals. All the clothing appeared neat and orderly.

## DRIVER'S STATEMENTS:

Pre-Miranda: Douglass stated she had one Ketel One and tonic before driving.

Douglass consented to breath at the BAT however she did not cooperate with Breath Tech Operator O'Neal and it took 5 attempts to successfully provide 2 samples.

Douglass was read her Constitutional Warnings and Q&A was not attempted due to her uncooperative nature.

## ODORS:

A strong and obvious odor of an unknown alcoholic beverage was emitting from her person and face area which intensified as I spoke to Douglass.

## GENERAL OBSERVATIONS

SPEECH: Douglass' speech was slurred and at times difficult to understand.

ATTITUDE: talkative, sleepy, emotional, annoyed, pleading, argumentative

CLOTHING: Douglass was wearing a yellow shirt, black and grey skirt and tan and black sandals. All the clothing appeared neat and orderly.

MEDICAL/OTHER: None

STATE OF FLORIDA  
COUNTY OF PALM BEACH

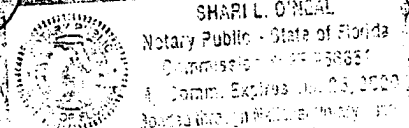
INV D. S. SCHNEIDER

Signature of Arresting/Investigative Officer

foregoing instrument was sworn to or affirmed and subscribed before me this 18 day of FEB 20 20 by INV D. S. SCHNEIDER

Print name of Arresting/Investigative Officer, who is personally known to me and/or produced identification. Type of identification produced: PERSONALLY KNOWN LEO

Shari O'Neal (#6212)  
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)



SCANNED  
FEB 18 2020

**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:**

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

**WALK & TURN:**

I explained and demonstrated the instructions for the "Walk & Turn" to Douglass who stated the she understood. During the task, I observed Douglass to sway roughly in a side to side, front to back pattern throughout the demonstration phase. Douglass could not maintain her balance while listening to instructions. Douglass stepped out of the instructional stance during the demonstration to catch her balance. Douglass would stop walking to steady herself and regain her balance. Douglass missed heel-to-toe steps and stepped off the line. Douglass did not complete the task due to her level of impairment.

**ONE LEG STAND:**

I explained and demonstrated the instructions for the "One Leg Stand" to Douglass who stated that she understood. During the task, I observed Douglass to sway roughly in a side to side, front to back pattern throughout the demonstration phase. Douglass continued to sway and she was unable to balancing on one leg. Douglass did not complete the task due to her level of impairment.

**FINGER TO NOSE:**

I explained and demonstrated the instructions for the "Finger to Nose" task to Douglass who stated that she understood. During the task, I observed Douglass to sway roughly in a side to side, front to back pattern throughout the demonstration phase. Douglass did not keep her eyes closed and had to be reminded numerous times. Douglass failed to return her arms down to her sides as instructed after touching her nose. Douglass' index finger did not touch the tip of the nose on numerous. Douglass searched for the tip of her 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 Douglass who stated that she understood. During the task, I observed Douglass to sway roughly in a side to side, front to back pattern throughout the demonstration phase. Douglass would sway more than 2 inches. Douglass incorrectly recited the alphabet and did not complete the alphabet as instructed.

**BREATH TEST RESULTS:** .225 .230

STATE OF FLORIDA  
COUNTY OF PALM BEACH

INV D. S. SCHNEIDER

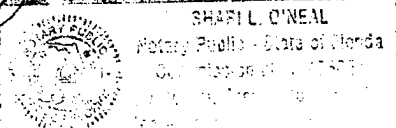
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 18 day of FEB 20 20 by INV D. S. SCHNEIDER

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

Shari O'Neal (#6212)

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



SCANNED  
FEB 18 2020

11

**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: 80-006238 Software: 8100.27  
Date of Test: 02/18/2020

Date of Last Agency Inspection: 02/14/2020  
Observation Period Began: 01:40  
Subject's Name: HOLLY H DOUGLASS

DOB: 07/27/1969 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	02:17
	Air Blank	0.000	02:18
	Control Test	0.078	02:18
	Air Blank	0.000	02:19
	Subject Sample #1	VNM*	02:22
	Air Blank	0.000	02:23
	Air Blank	0.000	02:24
	Subject Sample #2	0.225	02:27
	Air Blank	0.000	02:28
	Air Blank	0.000	02:30
	Subject Sample #3	0.230	02:31
	Air Blank	0.000	02:32
	Control Test	0.076	02:32
	Air Blank	0.000	02:33
	Diagnostics Check	OK	02:33

\*Volume Not Met (0.193 - Breath Sample Not Reliable to Determine Breath Alcohol Level)

Cylinder Lot: 00919080A3  
Exp: 03/05/2021

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 SHARI L O'NEAL, 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: *S. O'neal* Date: 02-18-20  
Signature

Sworn to (or affirmed) before me this 18 day of February, 2020

*[Signature]* Inv. Schneider #8723  
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 LAW ENFORCEMENT  
ALCOHOL TESTING PROGRAM  
BREATH ALCOHOL TEST AFFIDAVIT

Instrument Type: Intoxilyzer 8000  
Instrument Registered To: PALM BEACH CO SO  
Instrument Serial Number: 80-006238 Software: 8100.27  
Date of Test: 02/18/2020

Date of Last Agency Inspection: 02/14/2020  
Observation Period Began: 01:40  
Subject's Name: HOLLY H DOUGLASS

DOB: 07/27/1969 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	02:04
	Air Blank	0.000	02:05
	Control Test	0.080	02:05
	Air Blank	0.000	02:05
	Subject Sample #1	VNM*	02:09
	Air Blank	0.000	02:09
	Air Blank	0.000	02:11
	Subject Sample #2	VNM**	02:14
	Air Blank	0.000	02:15
	Control Test	0.078	02:15
	Air Blank	0.000	02:16
	Diagnostics Check	OK	02:16

\*Volume Not Met (0.223 - Breath Sample Not Reliable to Determine Breath Alcohol Level)  
\*\*Volume Not Met (0.220 - Breath Sample Not Reliable to Determine Breath Alcohol Level)

Cylinder Lot: 00919080A3  
Exp: 03/05/2021

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 SHARI L O'NEAL, 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: 02-18-20  
Signature

Sworn to (or affirmed) before me this 18 day of February, 2020

[Signature] Signature of Notary Public-State of Florida Inv. Schneider #8723 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.

SCANNED  
FEB 18 2020



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

PBSO CASE # 20-039333 PBSO ZONE 3-13

AGENCY CASE # / CRASH CASE # \_\_\_\_\_

TIME OF STOP/CRASH 2359 DATE 02/17/2020 DAY Monday

SUBJECT'S NAME Douglass, Holly, Hong Ran RACE A SEX F

HGT 5'03 WGT 110 DOB 7/27/1969

LOCATION 900 BLK BLUE HERON BLVD

ARRESTING OFFICER'S NAME & ID INV D. S. SCHNEIDER (8723) AGENCY Palm Beach County Sheriff's Office

DIVISION: VCD/DUI

NOTIFIED BY COMMO YES

ARRIVAL AT FACILITY 0140hrs

ARREST TIME 0050

- BREATH RESULTS:
- 223 \*VNM
  - 220 \*\*VNM
  - 225
  - 230

TESTING OFFICER'S ID 6212 PBSO VIDEOTAPE # /

NOT A CERTIFIED COPY

SCANNED  
FEB 18 2020

# WITNESS LIST

CASE NUMBER: 20-039333

ARRESTING OFFICER: INV D. S. SCHNEIDER

ADDRESS: PBSO HQ 3228 GUN CLUB ROAD WEST PALM BEACH FL 33406

PHONE NUMBERS (HOME): \_\_\_\_\_ (WORK) 561 688 4001

CAN TESTIFY TO: SEE DUI PROBABLE CAUSE AFFIDAVIT & OFFENSE REPORT & IN CAR VIDEO

NAME: DS Singer 36149

ADDRESS: PBSO HQ 3228 Gun Club Road West Palm Beach FL 33406

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) 561-688-3000

CAN TESTIFY TO: DRIVING PATTERN, SEE SUPP PC

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) 0

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

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CAN TESTIFY TO: \_\_\_\_\_

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ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NOT A CERTIFIED COPY

SCANNED

FEB 18 2020

# TESTING FACILITY TASK REPORT

33

AGENCY: 1170 Twp. Police Dept #1728

SUBJECT: Douglas, Holly Holly Ann CASE NUMBER: 20-074773

DATE: 0215/20 VIDEO TAPE NUMBER: 1

BEGINNING TIME: 020215 ENDING TIME: 023515

BREATH TESTS RESULTS: 1) .225 <sup>\*\*V.N.\*\*</sup> TIME 0209 (A.M./P.M.) 2) .220 <sup>\*\*V.N.\*\*</sup> TIME 0219 (A.M./P.M.)  
3) .197 <sup>\*\*V.N.\*\*</sup> TIME 0222 (A.M./P.M.) 4) .225 TIME 0227 (A.M./P.M.)

BREATH OPERATOR: L. O'Neil #16212 S. B. O. 0221 A.M.

MAINTENANCE TECHNICIAN: J. V. K... #1467

### TESTING OFFICER'S OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Cooperative, Timid, Emotional, Nervous, Anxious

CLOTHING: Jeans & Gray & Yellow Shirt - Yellow Vest - Black &

MEDICAL CONDITIONS: None Gray Beard

MEDICATIONS: None

OTHER: Eyes: Red, Glass

During observation of subject at the testing facility...

COMMENTS: 20 min observation conducted by A/C #1728

All appeared to be normal.

Subject referred to the health agent.

Subject was not breathing correctly, explained to the agent

subject stated how to blow.

Subject had a test run on camera.

Subject eventually blew correctly to complete the

test.

C/W and a witness.

No W/F or A/C.

SCANNED  
FEB 18 2020







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

**REVIEW COMPLETED BY**

Booking Number: 2020005436	Date: 2/18/2020
	Specialist Name/ID: T Howard/7185

SCANNED  
FEB 18 2020