

20CT3569 SB

3824

0424325

ADMINISTRATION		ARREST / NOTICE TO APPEAR Juvenile Referral Report				1. Arrest 3. Request for Warrant 2. N.T.A. 4. Request for Capias		1	Juvenile	N			
OBTS Number		Agency ORI Number FL 0500300		Agency Name BOYNTON BEACH POLICE DEPT.		Agency Report Number 34-20-010828							
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		If Weapon Seized Enter Type None		Multiple Clearance Indicator 1			
Location of Arrest (Including Name of Business) 500 W Boynton Beach Blvd Boynton Beach, FL 33435					Location of Offense (Business Name, Address) 500 W Boynton Beach Blvd, Boynton Beach, FL 33435								
Date of Arrest 02/25/2020		Time of Arrest 0646		Booking Date		Booking Time		Jail Date		Jail Time			
Name (Last, First, Middle) Rosenberg, Holly, Marie													
Alias (Name, DOB, Soc. Sec. #, Etc)													
W - White B - Black		I - American Indian O - Oriental / Asian		Race W	Sex F	Date of Birth 04/06/1993		Height 5'01"	Weight 120	Eye Color Blue	Hair Color Brown	Complexion Light	Build Thin
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)													
Local Address (Street, Apt. Number) 163 Treasure Ln, Greenacres, FL 33463		(City)		(State)		(Zip)		Phone		Marital Status Single		Religion None	
Permanent Address (Street, Apt. Number) 163 Treasure Ln, Greenacres, FL 33463		(City)		(State)		(Zip)		Phone		Indication of Alcohol Influence <input type="checkbox"/> <input type="checkbox"/> Drug Influence <input type="checkbox"/> <input type="checkbox"/>		Residence Type 1. City 3. Florida 2. County 4. Out of State Address Source Verbal	
Business Address (Street, Apt. Number)		(City)		(State)		(Zip)		Phone		Occupation Waitress		Y N Unit 1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/> 4. <input type="checkbox"/> 5. <input type="checkbox"/>	
D/L Number, State R251-333-93-626-0		Soc. Sec. Number		INS Number		Place of Birth Boynton Beach FL		Citizenship US		Y N Unit 1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/> 4. <input type="checkbox"/> 5. <input type="checkbox"/>		2	
CO-DEF													
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		Business Phone		JUVENILE	
Address (Street, Apt. Number)		(City)		(State)		(Zip)		Business Phone		JUVENILE		JUVENILE	
Notified by: (Name)		Date		Time		JUVENILE		JUVENILE		JUVENILE		JUVENILE	
Released To: (Name)		Relationship		Date		Time		JUVENILE		JUVENILE		JUVENILE	
The above address was 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's Office (Phone 581-355-2526) informed of any change of address: <input type="checkbox"/> Yes, By: (Name) <input type="checkbox"/> No: (Reason)													
Property Crime? Yes <input type="checkbox"/> No <input type="checkbox"/>		Description of Property		Value of Property		JUVENILE		JUVENILE		JUVENILE		JUVENILE	
CODE													
Drug Activity		S. Sell N. N/A P. Possess		R. Smuggle B. Buy D. Deliver E. Use		K. Dispense/ Distribute		M. Manufacture/ Produce/ Cultivate		Z. Other		Drug Type N. N/A A. Amphetamine	
Charge Description DUI > .15 BAC (Enhanced)		Counts 1		Domestic Violence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Statute Violation Number 316.193(4)		Violation of ORD#		Warrant/Capias Number		Bond	
Drug Activity N		Drug Type N		Amount/Unit None		Offense # 20-010828		Warrant/Capias Number		Bond		Violation of ORD#	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No		Statute Violation Number		Violation of ORD#		Warrant/Capias Number		Bond	
Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number		Bond		Violation of ORD#	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No		Statute Violation Number		Violation of ORD#		Warrant/Capias Number		Bond	
Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number		Bond		Violation of ORD#	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No		Statute Violation Number		Violation of ORD#		Warrant/Capias Number		Bond	
Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number		Bond		Violation of ORD#	
NOTICE TO APPEAR		Instruction No. 1 Mandatory Appearance in Court		Instruction No. 2 You need not appear in Court but must comply with instruction on reverse side.		Location (Court, Room Number, Address) South County Courthouse, 200 West Atlantic Ave, Delray Beach, FL 33444		Court Date and Time Month March Day 23 Year 2020 Time 0830		<input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M.		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)		Signature of Arresting Officer Bely		Name Verification (Printed by Arrestee) BU#114948		Name of Arresting Officer (Print) Otc Surajbally		I.D.# 844		Agency BBDP		Witness here is subject Signed with an "X".	
HOLD for other Agency Name		I.D.#		Pouch #		Transporting Officer Surajbally		I.D.# 844		Agency BBDP		Page 1 of 1	

SCANNED
FEB 27 2020

BOYNTON BEACH POLICE CLERK
CLUB BRANCH
FEB 26 AM 8:17

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 25 DAY OF February 2020 AT 0606 A.M P.M.

CASE #: 20-010828 DEFENDANT: Rosenberg, Holly

PERSONAL CONTACT/DRIVING PATTERN/OBSERVATION OF DRIVER:

On 02/25/2020 at approximately 0606 hours, I was dispatched to 500 W Boynton Beach Blvd, Boynton Beach, Palm Beach County FL in reference a traffic crash (BBPD case # 20010828).

Upon arrival, Ofc Mendez conducted his crash investigation where he made contact W/F Rosenberg, Holly (04/06/1993). Ofc Mendez advised he could smell the odor of an unknown alcoholic beverage emanating from Rosenberg and increasing as she spoke. Ofc Mendez stated that Rosenberg uttered she drank two unknown alcoholic beverages. Additionally, he advised Rosenberg had blood shot glassy eyes and was having trouble standing and keeping balance. Due to Ofc Mendez observations he informed me of the situation and requested I assist with a possible DUI investigation. See Ofc Mendez supplement for further.

I then made contact with Rosenberg who was leaning on a metal barricade on Boynton Beach Blvd, as she was using it for balance. Rosenberg speech was slurred and her eyes were glassy and blood shot red.

Based on Ofc Mendez and my observation, I requested Rosenberg if she would submit to a series of Field Sobriety tests which she agreed to. Prior to beginning I asked her if she has any type of medical and or disability that will hinder her from performing the FST's. Rosenberg stated that her left ankle was injured several years ago as a result of an accident. Rosenberg was cooperative and talkative with me while I conducted my investigation.

Pen Exercise: During the task, Rosenberg swayed side to side, numerous times. Rosenberg failed to use only her eyes to follow the tip of my pen as instructed on several occasions.

HORIZONTAL GAZE NYSTAGMUS:

- | | |
|---|--|
| <input checked="" type="checkbox"/> Left eye does not follow smoothly | <input checked="" type="checkbox"/> Right eye does not follow smoothly |
| <input checked="" type="checkbox"/> Left eye prior to 45 degrees | <input checked="" type="checkbox"/> Right eye prior to 45 degrees |
| <input checked="" type="checkbox"/> Distinct jerking in left eye at maximum deviation | <input checked="" type="checkbox"/> Distinct jerking in right eye at maximum deviation |
| <input checked="" type="checkbox"/> Vertical Nystagmus in left eye | <input checked="" type="checkbox"/> Vertical Nystagmus in right eye |

WALK AND TURN:

The following task was demonstrated and explained to Rosenberg, which she stated that she understood and did not have any questions regarding the task. During the instruction phase Rosenberg failed to keep her arms to her side and had to be told to stand with her right foot in front of her left foot multiple times. Rosenberg was having a difficult time balancing on her feet as she was crying stating she was trying to not have an anxiety attack. During the walking

stage Rosenberg began the task before being asked to begin. Once I told her to begin, Rosenberg took several steps without counting out loud while using her arms for balance. Rosenberg completed an incorrect turn and used her arms for balance while counting her steps looking at her feet.

ONE LEG STAND:

The following task was demonstrated and explained to Rosenberg, which she stated that she understood. During the instructional stage, Rosenberg swayed side to side. When asked to begin Rosenberg was having a hard time balancing on her feet and had placed her foot on the ground for balance. Rosenberg was unable to perform the task any further.

FINGER TO NOSE:

The following task was demonstrated and explained to Rosenberg, which she stated that she understood. During the instructional stage, Rosenberg swayed side to side as she was having a hard time balancing on her own. During the exercise stage, Rosenberg missed the tip of her nose by covering her entire nose with her finger. On all attempts, she had used her index finger to cover her entire nose instead of the tip of her nose. Rosenberg did not return her hand as demonstrated.

ROMBERG/ALPHABET:

Not conducted

Based on the above facts, Rosenberg was placed into custody under suspicion of DUI (D/L and Spaced). Rosenberg was then placed in the back seat of Mendez marked Police vehicle (#4551) and was transported to the Palm Beach County BAT facility. Ofc Mendez and I arrived at the facility at 0705hrs, started my 20 minutes observations at 0714hours and completed it at 0812hours. Upon completion I requested Rosenberg to provide a sample of her breath to determine the alcohol content, which she agreed to. Rosenberg provide two accurate breath samples which were .202 on the first and .201 on the second. I then read Rosenberg her Miranda Warnings, which she stated that she understood. Rosenberg completed the Q & As. During the Q and As, Rosenberg advised that she had consumed two Jack Daniels drinks. Investigation was completed at this time.

Based on the above facts I've established Probable Cause to arrest Rosenberg with 1M count of DUI > .201 BAC (Enhanced) F.S.S. 316.193(4). Rosenberg was processed, medically cleared and later TOT PBCJ.

Incident was captured via BWC. Rosenberg's vehicle was removed from scene by Beck's Towing.

Nothing further.

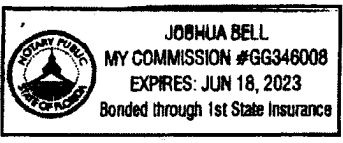
The following instrument was sworn to before me this
By: Personally Known/ Officer Mendez #1120

25 day of February, 2020

[Handwritten Signature]

Notary/Police Officer (F.S.S. 117.10)

[Handwritten Signature]
Signature of Arresting Officer



NOT A CERTIFIED COPY

CASE #: 20-10828

DEFENDANT: Rosenberg, Holly

**BOYNTON BEACH POLICE DEPARTMENT
D.U.I. ARREST CHECKLIST**

	<u>DUI</u>	<u>BLOOD/URINE</u>	<u>REFUSAL</u>
D.U.I CHECKLIST	X	X	X
ROUGH ARREST	X	X	X
D.U.I. PROBABLE CAUSE AFFIDAVIT	X	X	X
TEST FACILITY TASK REPORT	X		X
WITNESS LIST	X	X	X
PHOTOCOPY OF D/L	X	X	X
PROPERTY RECIEPT	X	X	X
AFFIDAVIT OF REFUSAL			X
INTOX. 8000 BREATH TEST RESULT	X		
PBSO LABORATORY ANALYSIS		X	
PBSO PROPERTY RECEIPT		X	
CERTIFICATION OF BLOOD WITHDRAWL		X	
CONSENT FORM		X	
PBSO CRIME LAB REPORT		X	
PBSO BLOOD ALCOHOL ANALYSIS AFFID			
COPY OF CITATIONS/WARNINGS	X	X	X
ACCIDENT REPORT (IF APPLICABLE)	X	X	X
QED / CAD REPORT	X	X	X

ARRESTING OFFICER: Ofc Surajbally

DATE TURNED IN FOR REVIEW: _____

REVIEWING SERGEANT: _____

DATE REVIEWED: _____

RECEIVED BY STATE ATTORNEY'S OFFICE

BY: _____

DATE: _____

SCANNED
FEB 27 2020

TESTING FACILITY TASK REPORT

AGENCY: BBPD

SUBJECT: ROSENBERG, HOLLY M

CASE NUMBER: 20-042175

DATE: 2/25/20

VIDEO TAPE NUMBER: N/A

BEGINNING TIME: 0744

ENDING TIME: 0812

BREATH TESTS RESULTS: 1) .203 TIME 0748 A.M./P.M. 2) .194/RFI TIME 0751 A.M./P.M.
3) .202 TIME 0757 A.M./P.M. 4) .201 TIME 0800 A.M./P.M.

BREATH OPERATOR: J. BELL #8656

MAINTENANCE TECHNICIAN: J. KARLECKE #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: TALKATIVE, COOPERATIVE, INQUISITIVE, EMOTIONAL, AGITATED

CLOTHING: ORANGE SPAGHETTI STAP SHIRT, BLUE JEANS, BLACK KNEE HIGH BOOTS

MEDICAL CONDITIONS: PSORIASIS, HEART MURMUR, PARTIALLY DEAF IN LEFT EAR

MEDICATIONS: NONE

OTHER: EYES: BLOODSHOT, WATERY

ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE COMING FROM BREATH

SUBJECT STATED SHE DRANK 2 JACK DANIELS DRINKS (Q AND A)

COMMENTS: ARRIVED AT CENTER A/O BEGAN 20 MIN OBSERVATION AT 0714 HRS

SUBJECT STATED SHE WOULD TAKE BREATH TEST

DURING FIRST BREATH TEST AN RFI WAS DETECTED. IT WAS DISCOVERED THAT THE OFFICERS CELL PHONE WAS LEFT ON IN HIS POCKET BY MISTAKE.

A NEW BREATH TEST WAS COMPLETED WITH NO ISSUES

TECH READ BREATH TEST RESULTS

SUBJECT ACKNOWLEDGED SHE UNDERSTOOD BREATH TEST RESULTS

A/O READ RIGHTS

SUBJECT STATED SHE UNDERSTOOD HER RIGHTS

A/O CONDUCTED Q AND A

SUBJECT ANSWERED QUESTIONS

OFFICER MENDEZ BBPD ASSISTED

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SUBJECT: ROSENBERG, HOLLY M

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A NEW BREATH TEST WAS COMPLETED WITH NO ISSUES

TECH READ BREATH TEST RESULTS

SUBJECT ACKNOWLEDGED SHE UNDERSTOOD BREATH TEST RESULTS

A/O READ RIGHTS

SUBJECT STATED SHE UNDERSTOOD HER RIGHTS

A/O CONDUCTED Q AND A

SUBJECT ANSWERED QUESTIONS

OFFICER MENDEZ BBPD ASSISTED

SCANNED
FEB 27 2020

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: 80-006477 Software: 8100.27
Date of Test: 02/25/2020

Date of Last Agency Inspection: 02/14/2020

Observation Period Began: 07:14

Subject's Name: HOLLY MARIE ROSENBERG

DOB: 04/06/1993 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.

Test	g/210L	Time
Diagnostics Check	OK	07:46
Air Blank	0.000	07:47
Control Test	0.080	07:47
Air Blank	0.000	07:48
Subject Sample #1	0.203	07:48
Air Blank	0.000	07:49
Air Blank	0.000	07:51
Subject Sample #2	0.194	07:51
Air Blank	RFI*	07:52
Air Blank	RFI*	07:52

*RFI Detect

Cylinder Lot: 28719080A1
Exp: 12/05/2021

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 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: 02/25/20

Sworn to (or affirmed) before me this 25 day of February, 2020

Signature of Notary Public-State of Florida

Printed Name of Notary Public-State of Florida

Ofc. Surajbally #844

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

REVIEW COMPLETED BY

Booking Number: 2020006377	Date: 2/25/2020
	Specialist Name/ID: J. Beck/9007

SCANNED
 FEB 27 2020