

0234695 / 2854 20CT4129 MB

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

| | | | | | | |
|--|--|--|--|---|--|--|
| OBTS Number | Agency ORI Number FLO 500000 | | Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE | | Agency Report Number (N.T.A.'s only) 06- 20-046830 | |
| 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 NONE | | Multiple Clearance Indicator 01 | | |
| Location of Arrest (Including Name of Business) 6265 Lakeworth Rd Greenacres Fl 33463 | | | Location of Offense (Business Name, Address) 6265 Lakeworth Rd Greenacres Fl 33463 | | | |
| Date of Arrest 03/07/2020 | Time of Arrest 23:16 | Booking Date | Booking Time | Jail Date | Jail Time | |
| Location of Vehicle Gardens Towing | | | | | | |

| | | | | | |
|--|-----------------|--------------------------------------|-------------------------|--|--------------------------------|
| Name (Last, First, Middle) Hollman Joshua L | | Alias (Name, DOB, Soc. Sec. #, Etc.) | | | |
| Race W - White I - American Indian B - Black O - Oriental/Asian W | Sex M | Date of Birth 06/27/1978 | Height 6'0 | Weight 250 | Eye Color Brn |
| Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) None | | Marital Status Single | Religion NONE | Indication of Alcohol Influence 1. Yes 2. No <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk | |
| Local Address (Street, Apt. Number) 5531 S. 36th Street | | (City) Greenacres | (State) Fl | (Zip) 33463 | Phone (561) 414-5478 |
| Permanent Address (Street, Apt. Number) | | (City) | (State) | (Zip) | Phone |
| Business Address (Name, Street) | | (City) | (State) | (Zip) | Phone |
| D/L Number, State H455-432-78-227-0 | | Soc. Sec. Number | INS Number | Place of Birth (City, State) WISCONSIN | 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 |

| | |
|--|-------------------------|
| Parent <input type="checkbox"/> Legal Custodian Other: <input type="checkbox"/> | Residence Phone |
| Address (Street, Apt. Number) | (City) (State) (Zip) |
| Business Phone | |
| Notified by: (Name) | Date Time |
| Released To: (Name) | Relationship |
| 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 365-2528) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason) | |
| 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 B. Buy T. Traffic | R. Smuggle D. Deliver E. Use | K. Dispense/ Distribute | M. Manufacture/ Product/ 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 checked="" type="checkbox"/> N | Statute Violation Number 316.193(1)(A) | | Violation of ORD # | | | | |
| Drug Activity N | Drug Type N | Amount / Unit Refusal | Offense # 20-046830 | 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) CRIMINAL JUSTICE COMPLEX / 3228 GUN CLUB ROAD, WPB, FL 33406 | | | | | |
| Court Date and Time Month April Day 2 Year 2020 Time 08:30 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 | | | | | |
| Signature of Defendant (or Juvenile and Parent /Custodian) <i>Refused</i> | | | | Date Signed 03/07/2020 | |

| | | | | | |
|--|---|---|--|---|-----------------------|
| HOLD for other Agency Name: | | Signature of Arresting Officer <i>[Signature]</i> | | Name Verification (Printed by Arrestee) | |
| <input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal | <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other: | Name of Arresting Officer (Print) INV. M. SMITH | | (PRINT) | |
| Intake Deputy SMAN 8/01 | I.D. # | Pouch # | Transporting Officer INV. M. SMITH | ID # 9621 | Agency PBSO |
| DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'S ONLY) | | | | PAGE 1 OF 1 | |

SCANNED
MAR 09 2020

PROBABLE CAUSE AFFIDAVIT

1 Arrest 3 Request for Warrant
2 NTA 4 Request for Copies

1

Juvenile

| | | | | | |
|-------|---------------------------------------|--|---|--|----------------------------------|
| ADMIN | OBTS Number | Agency OR# Number FL0 5 0 0 0 0 0 | | Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE | Agency Report Number 20046830 |
| | 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 | Special Notes |

| | | | | | |
|-----|---|--------------------|--------------------|--------------------|-----------------------------|
| DEF | Name (Last, First, Middle) Hollman, Joshua L | Alias | Race W | Sex M | Date of Birth 06/27/1978 |
| | Charge Description DUI 316.193(1) | Charge Description | 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) Business Address (Name, Street) | (City) (State) (Zip) | Phone | Address Source Occupation |

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

committed the below acts in my presence. was observed by _____ who told _____

confessed to _____ that he/she saw the arrested person commit the below acts.

admitting to the below facts. was found to have committed the below acts, resulting from my (described) investigation.

On the 7th day of March 20 20 at 2217 A.M P.M (Specifically include facts constituting cause for arrest.)

On 03/07/2020 at approximately 2217 hours, I was conducting speed enforcement in the area of Lake Worth Road & Sherwood Forest Blvd. I was in the median on Lake Worth Road just west of Sherwood Forest Blvd. While doing so, I was utilizing my in car mounted radar which is a Dual Stalker [REDACTED]. It should be noted, this area of Lake Worth Road is a six lane roadway which travels east and west, has a posted speed limit of 45mph in falls within the jurisdictional boundaries of the City of Greenacres.

While doing so, I observed a blue 2014 F150 pickup truck bearing Florida tag# KVAZ11, traveling westbound on Lake Worth Road approaching my location. I visually estimated the vehicle to be traveling approximately 60mph. Utilizing my speed measurement device verified that the vehicle was traveling 62mph. At that time, I got behind the vehicle and activated my emergency equipment and conducted a traffic stop on the vehicle. As the vehicle pulled into the parking lot of 6265 Lake Worth Road (Taco Bell), the vehicle continued to travel around around the building before coming to a complete stop.

I made contact with the sole occupant of the vehicle who was identified by his Florida Driver's License as W/M Joshua Hollman (06/27/78). Immediately upon contact, I was able to smell an unknown alcoholic beverage coming from Hollman's breath as he spoke. I observed his eyes to be blood shot red and glassy and his speech was extremely slurred.

At that time, I contacted Investigator Smith #9621 who responded to the scene and took over the investigation. At this time, this concludes my involvement with this case.

| | | |
|----------------|---|---|
| ADMINISTRATIVE | STATE OF FLORIDA COUNTY OF PALM BEACH | (Signature of Arresting/Investigative Officer) |
| | The foregoing instrument was sworn to or affirmed and subscribed before me this <u>7</u> day of <u>March</u> 20 <u>20</u> by <u>D/S J. McCoy #33108</u> | (Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced <u>Known</u> |

Notary Public, Clerk of Court, Officer (F.S.8, 117.10)

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 7th DAY OF March 2020 AT 22:17 AM PM
SUBJECT: Hollman Joshua L CASE NUMBER: 20-046830

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

PERSONAL CONTACT

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

On 03/07/2020 at approximately 22:44hrs, I was called to the scene of a traffic stop at 6265 Lake Worth Rd, which is located in the City of Greenacres, Florida. I arrived at the scene at approximately 22:52hrs. D/S McCoy #33108 relayed to me, and completed a written signed sworn supplemental Probable Cause Affidavit, that he had stopped the defendant's vehicle, a blue Ford F150 bearing FL tag KVAZ11, because the defendant was speeding traveling 62mph in a 45mph zone. D/S McCoy noticed that the defendant had articulable indicators of impairment, so he called for a DUI unit to conduct a possible DUI investigation. D/S McCoy identified the defendant to me as the driver and sole occupant of the vehicle at the time of the stop.

OBSERVATION OF DRIVER:

Upon making contact with the driver who was identified by their Florida Driver License as Joshua L Hollman, 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 Hollman. Hollman had glassy, glazed, and blood shot eyes. Hollman's speech was slurred, slow, thick, and at times difficult to understand. Hollman's movements were slow and deliberate. Hollman was lethargic in his movements with poor coordination. Upon Hollman exiting his vehicle he stumbled getting out of the truck, dropping his wallet. Hollman had an unsteady gait while walking to my patrol vehicle and had difficulty following directions given to him. Hollman was wearing a gray t-shirt, tan shorts, and black shoes. All the clothing appeared neat.

DRIVER'S STATEMENTS:

Hollman stated that he was going to Taco Bell to get burritos and tacos and that he did not do anything wrong.

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: Agitated, Emotional, Confused, Hesitant, Upset

CLOTHING: Gray t-shirt, tan shorts, and black shoes

MEDICAL/OTHER: See BAT report

STATE OF FLORIDA
COUNTY OF PALM BEACH

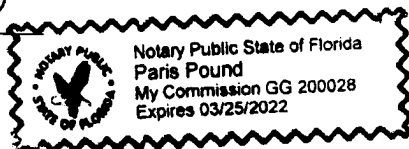
INV. M. SMITH

(Signature of Arresting/Investigative Officer)

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

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

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



SCANNED
MAR 09 2020

SUBJECT Hollman

Joshua

CASE NUMBER

20-046830

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:

Hollman would sway roughly in a side to side front to back pattern throughout the task. Hollman did not touch the tip of the pen as directed to positively identify the point to be tracked reaching pass the pen. Hollman was reminded numerous times to track the pen with his eyes only. Hollman failed to keep his head still while tracking the stimulus.

WALK & TURN:

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

ONE LEG STAND:

I explained and demonstrated the instructions for the "One Leg Stand" to Hollman who stated that he understood. During the task, I observed Hollman to sway roughly in a side to side, front to back pattern throughout the demonstration phase. Hollman continued to sway while balancing on one leg. Hollman used his arms to balance raising them more than 6 inches from his sides. Hollman failed to count out loud as instructed. Hollman put his foot down three times all before counting to 30 seconds, thusly not being able to complete the task.

FINGER TO NOSE:

I explained and demonstrated the instructions for the "Finger to Nose" task to Hollman who stated that he understood. During the task, I observed Hollman to sway roughly in a side to side, front to back pattern throughout the demonstration phase. Hollman did not keep his eyes closed and had to be reminded numerous times. Hollman's index finger did not touch the nose on 6 of 6 attempts. Hollman searched for the tip of their nose using the finger to find their nose prior to touching the tip. Hollman used the pad of his index finger instead of the tip as instructed. 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 Hollman who stated that he understood. During the task, I observed Hollman to sway roughly in a side to side, front to back pattern throughout the demonstration phase. Hollman would sway more than 2 inches. Hollman would use his arms for balance by raising them more than 6 inches. Hollman correctly recited the alphabet.

BREATH TEST RESULTS: Refusal Refusal

STATE OF FLORIDA
COUNTY OF PALM BEACH

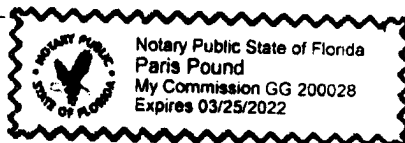
INV. M. SMITH

(Signature of Arresting/Investigative Officer)

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

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

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



SCANNED
MAR 09 2020

WITNESS LIST

CASE NUMBER: 20-046830

ARRESTING OFFICER: INV. M. SMITH

ADDRESS: 3228 GUN CLUB ROAD WEST PALM BEACH, FL 33406

PHONE NUMBERS (HOME): _____ (WORK) (561) 688-3000

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

NAME: D/S McCoy #33108

ADDRESS: 3228 Gun Club Rd West Palm Beach FL 33406

PHONE NUMBERS (HOME) _____ (WORK) 561-688-3000

CAN TESTIFY TO: Traffic Stop, Supplemental PC

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) 0 (WORK) 0

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) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NOT A CERTIFIED COPY

SCANNED
MAR 09 2020

TESTING FACILITY TASK REPORT

AGENCY: PBSO
SUBJECT: HOLLIMAN, JOSHUA L CASE NUMBER: 20-046830
DATE: 03/08/20 VIDEO TAPE NUMBER: N/A
BEGINNING TIME: 00:12 ENDING TIME: 00:25
BREATH TESTS RESULTS: 1) R TIME 00:23 A.M./P.M. 2) N/A TIME — A.M./P.M.
3) N/A TIME — A.M./P.M. 4) N/A TIME — A.M./P.M.
BREATH OPERATOR: P. POUND #24637
MAINTENANCE TECHNICIAN: J. KARLECKE #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED
ATTITUDE: CALM, QUIET
CLOTHING: TAN SHORTS, GREEN T-SHIRT, BLACK SLIPPERS.
MEDICAL CONDITIONS: NONE
MEDICATIONS: NONE
OTHER: EYES

REFUSED

NOTE: A/D. READ RIGHTS. A. REFUSED TO ANSWER IF HE UNDERSTOOD
A/D. ATTEMPTED VIA A. REFUSED TO ANSWER (VOLUNTARILY).
COMMENTS: ARRIVED AT CENTER A/D BEGAN THE 20
MINUTE OBSERVATION PERIOD AT 23:48 HRS.

A. AGREED TO TAKE TEST.
A. TECH. WENT OVER INSTRUCTIONS WITH A.
TECH ASKED A. DID HE UNDERSTAND INSTRUCTIONS
A. REFUSED TO ANSWER IF HE UNDERSTOOD
INSTRUCTIONS THEN A. FELL OUT OF SEAT.
A. CAME UP TOWARDS INSTRUMENT AND SAID
HE ISN'T TAKING TEST.
A/D. READ I/C A. REFUSED TO ANSWER IF
HE UNDERSTOOD I/C.
A/D. ASKED A. A COUPLE OF TIMES. WOULD
HE TAKE IT? A. REFUSED TO ANSWER
A/D. CALLED REFUSAL. @ 00:23.

REFUSED

SUBJECT: HULLMAN, JOSHUA L CASE NUMBER: 20-046830

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) REHU 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) REHU ON CAMERA

SUBJECT: HOLLMAN, JOSHUA L CASE NUMBER: 20-046830

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: _____

NOT A CERTIFIED COPY

SCANNED
MAR 09 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: 03/08/2020

Date of Last Agency Inspection: 02/14/2020

Observation Period Began: 23:48

Subject's Name: JOSHUA L HOLLMAN

DOB: 06/27/1978 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 | 00:15 |
| | Air Blank | 0.000 | 00:16 |
| | Control Test | 0.080 | 00:16 |
| | Air Blank | 0.000 | 00:16 |
| | Subject Sample #1 | NSP* | 00:20 |
| | Air Blank | 0.000 | 00:20 |
| | Air Blank | 0.000 | 00:22 |
| | Subject Sample #2 | REF** | 00:23 |
| | Air Blank | 0.000 | 00:23 |
| | Control Test | 0.081 | 00:24 |
| | Air Blank | 0.000 | 00:24 |
| | Diagnostics Check | OK | 00:24 |

*No Sample Provided
**Subject Test Refused

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 PARIS D POUND, 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: _____ Date: 03/08/20
Signature

Sworn to (or affirmed) before me this 8th day of MARCH, 2020

INU. M. SMITH
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.

SCANNED
MAR 09 2020



Palm Beach County Sheriff's Office – Arrests Only

| | X | Florida State Statute | Description | Page Number(s) |
|--|-------------------------------------|---|--|----------------|
| L/E Exemptions | <input checked="" 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. | 3 |
| | <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"/> | F.C. Art. 1, Sect 16 | Other: Marsy's Law | |
| | <input type="checkbox"/> | 119.071(2)(M) | Other: Personal identifying information of a witness to a murder. | |

REVIEW COMPLETED BY

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|-----------------------------------|---------------------------------------|
| Booking Number: 2020007661 | Date: 03/09/2020 |
| | Specialist Name/ID: VARGO/6665 |

SCANNED
 MAR 09 2020