

0518274 20CT10609 SB 177

ARREST / NOTICE TO APPEAR

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

JUVENILE

1

| | | | | | |
|--|--|---|--|---|--|
| OBTS Number | Agency ORI Number 0500400 | | Agency Name Delray Beach Police Department | | Agency Report Number (N.T.A.'s only) 4 0 20-011506 |
| 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/not Applicable | |
| Location of Arrest (Including Name of Business) 2350 BLACK OLIVE BLVD DELRAY BEACH | | | Location of Offense (Business Name, Address) 1499 HOMEWOOD BLVD/BLACK OLIVE BLVD, DELRAY | | |
| Date of Arrest 08/29/2020 | Time of Arrest 17:52 | Booking Date 08/29/2020 | Booking Time 18:02 | Jail Date | Jail Time |

| | | | | | |
|--|------------------|--|---|--|---------------------------|
| Name (Last, First, Middle) HOLLAND, SAMUEL RYAN | | Alias (Name, DOB, Soc. Sec. #, Etc.) Alias: | | | |
| Race W - White B - Black O - Oriental/Asian | Sex M | Date of Birth 05/28/1999 | Height 5'10 | Weight 165 | Eye Color HAZEL |
| Hair Color BLOND OR | | Complexion FAIR | | Build MEDIUM | |
| Local Address (Street, Apt. Number) 4994 N CITATION DR 201, DELRAY BEACH, FL 33445 | | Phone (561) 507-9782 | | Residence Type 1. City 2. County 3. Florida 4. Out of State 1 | |
| Permanent Address (Street, Apt. Number) 4994 N CITATION DR 201, DELRAY BEACH, FL 33445 | | Phone (561) 507-9782 | | Address Source VERBAL | |
| Business Address (Name, Street) | | Phone | | Occupation Unemployed | |
| D.V.I. Number, State H453796991880 / FL | Soc. Sec. Number | INS Number | Place of Birth (City, State) LONDON, United | Citizenship UK | |

| | | | | | | |
|---|------|-----|---------------|--|---|--------------------------------------|
| 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"/> Other | Name (Last, First, Middle) | | Residence Phone |
| <input type="checkbox"/> Legal Custodian | Address (Street, Apt. Number) | | Business Phone |
| Notified by: (Name) | Date | Time | JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated |
| Released To: (Name) | Relationship | Date | Time |
| 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 355-2526) informed of any change of address. | | | School Attended |
| 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 T. Traffic | R. Smuggle D. Deliver E. Use | K. Disperses/ 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. Synthetic | U. Unknown 2. Other |
|---------------------------------------|-----------------------|------------------------------------|-----------------------------|--|----------|---------------------------------------|---|--|---|------------------------|

| | | | | | |
|--|--------------------------|--------------------|-----------|--|---|
| Charge Description DRIVING WHILE UNDER INFLUENCE | | | | Statute Violation Number 316.193(1)A | Violation of ORD # |
| Drug Activity | Drug Type N | Amount / Unit | Offense # | Counts 1 | Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N |
| Warrant / Capias Number | Bond | | | | |
| Charge Description | Statute Violation Number | Violation of ORD # | | | |
| Drug Activity | Drug Type | Amount / Unit | Offense # | Counts | Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N |
| Warrant / Capias Number | Bond | | | | |
| Charge Description | Statute Violation Number | Violation of ORD # | | | |
| Drug Activity | Drug Type | Amount / Unit | Offense # | Counts | Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N |
| Warrant / Capias Number | Bond | | | | |

| | | | | | |
|--|--|--|--|------------------------|-------------|
| Health / Apparent Physical Condition of Defendant | | Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries | | | |
| Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Posted Bond | | <input type="checkbox"/> Released to Parent/Guardian | <input checked="" type="checkbox"/> T.O.T. County Jail | PROPERTY - Received By | Released By |
| Transported By | | Date Transported | Time Transported | Other | |

| | |
|---|---|
| <input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court | Location (Court, Room) South County 200 W Atlantic Ave Delray Beach, FL 33444 |
| <input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2. | Court Date and Time 09/28/2020 08:30:00 |
| 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 | |

No Photo Available

| | | |
|--|---|--|
| HOLD for Other Agency | Signature of Arresting Officer | Name Verification (Required by 2011) |
| <input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal | Name of Arresting Officer (Print) BONET, LUIS C | (PRINT) AUG 30 2020 |
| <input type="checkbox"/> Restated Arrest <input type="checkbox"/> Other | I.D. # 1148 | PAGE 1 |
| Initials SSDC | Fouch # | Agency DELRA |
| I.D. # 4777 | I.D. # 1148 | Witness here if subject signed with an "X" |

SCANNED

AUG 30 2020

PAGE 1

AM 5:46

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 29th DAY OF August 2020 AT 1647 AM PM

SUBJECT: Samuel R Holland CASE NUMBER: 20-011506

AGENCY: Delray Beach PD ARRESTING OFFICER: Ofc. L Bonet 1148

PERSONAL CONTACT

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

On August 29th, 2020, I responded to 2350 Black Olive Blvd in reference to an accident that occurred on Homewood Blvd/Black Olive Blvd. I made contact with the witness (Aaron Siegel) who gave the following recount of events in a sworn recorded statement: Siegel was stopped at a stop sign facing westbound on Black Olive Dr when a black Hyundai Sonata struck his vehicle while making a right turn onto Black Olive Dr. Siegel immediately reversed as the vehicle pulled into 2350 Black Olive Dr and saw the driver, Samuel Holland, in the driver's seat and then saw an unknown white male bail from the passenger door of the vehicle. Holland was still in the driver seat when Siegel made contact with him. It should be noted that Holland tried moving his vehicle numerous times in an attempt to leave but was unable to because the front left tire was blown out.

OBSERVATION OF DRIVER:

Holland appeared impaired, had slurred and mumbled speech, had glassy and bloodshot eyes, and was unable to maintain his balance. Holland appeared disoriented and was unable to explain what exactly happened in the crash.

DRIVER'S STATEMENTS:

Holland stated that he was not the driver during the accident. Holland did state he was the passenger in the vehicle and switched to the driver's seat after the accident, however, the witness stated he maintained visual of him the entire time after the accident in the driver's seat.

ODORS:

Holland had the odor of an unknown alcoholic emanating from his person.

GENERAL OBSERVATIONS

SPEECH: Slurred and mumbled

ATTITUDE: Polite and cooperative

CLOTHING: Black shirt, black jeans, and white shoes.

MEDICAL/OTHER: N/A

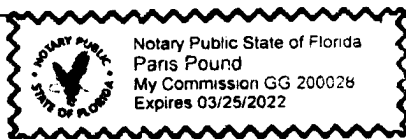
STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 29th day of August 2020 by Ofc. Luis Bonet 1148

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

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



SCANNED
AUG 30 2020

SUBJECT: Samuel R Holland

CASE NUMBER 20-011506

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 during the exercise

WALK & TURN:

Did not touch heel to toe in step 4 and 7 and also took 10 steps at the beginning. Holland then proceeded to walk backwards and did not touch heel to toe at any point in time. Holland was instructed to turn around and not walk backwards.

ONE LEG STAND:

Holland counted 4 twice and put his foot down twice during the exercise.

FINGER TO NOSE:

Holland did not touch the tip of his nose 2 times out of the 6 and was swaying during the exercise.

ROMBERG ALPHABET:

Holland was instructed to count from 20-46. Holland skipped the number 39, was swaying during the exercise, and counted to 56 instead.

BREATH TEST RESULTS: 1) .223 | 2) .216 | 3) | 4)

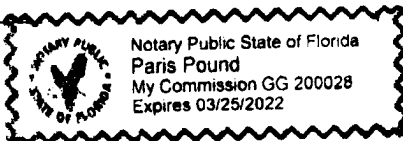
STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 29th day of August 20 by Ofc. Luis Bonet 1148

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

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



SCANNED
AUG 30 2020

TESTING FACILITY TASK REPORT

AGENCY: DBPD

SUBJECT: HOLLAND, SAMUEL R

CASE NUMBER: 20-102022

DATE: Aug 29, 2020

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 18:39

ENDING TIME: 18:55

BREATH TESTS RESULTS: 1) .223 TIME 18:44 A.M. P.M. 2) .216 TIME 18:47 A.M. P.M.
3) N/A TIME N/A A.M. P.M. 4) N/A TIME N/A A.M. P.M.

BREATH OPERATOR: P.POUND #24639

MAINTENANCE TECHNICIAN: J. KARLECKE# 6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: ACCENT

ATTITUDE: CALM, QUIET

CLOTHING: BLACK JEANS, BLACK SHIRT, WHITE SNEAKERS

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER:

EYES: GLASSY AND BLOODSHOT

COMMENTS:

ARRIVED AT CENTER A/O BEGAN THE 20 MINUTE OBSERVATION PERIOD AT 18:18 HRS.

SUBJECT: AGREED TO TAKE TEST

A/O: READ RIGHTS

SUBJECT: STATED HE UNDERSTOOD RIGHTS

TECH: READ TEST RESULTS

SUBJECT: STATED HE UNDERSTOOD TEST RESULTS

A/O: CONDUCTED Q&A

SUBJECT: ANSWER QUESTIONS



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

PBSO CASE # 20-102022 PBSO ZONE 4-12

AGENCY CASE # 20-011506 CRASH CASE # 20-011506

TIME OF STOP/CRASH 16:47 DATE 8/29/20 DAY Saturday

SUBJECT'S NAME Samuel Holland RACE W SEX M

HGT 5'10" WGT 165 lbs DOB 05/28/99

LOCATION 2350 ~~Old~~ Black Olive Blvd. Delray Beach, FL

ARRESTING OFFICER'S NAME & ID Luis Bonet 1148 AGENCY Delray Beach

DIVISION: Road Patrol

NOTIFIED BY COMMO Y

ARRIVAL AT FACILITY 18:18

Arrest Time 17:52

BREATH RESULTS:

- 1. .223
- 2. .216
- 3. N/A
- 4. N/A

TESTING OFFICER'S ID 24639

NOT A CERTIFIED

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: 08/29/2020

Date of Last Agency Inspection: 08/14/2020
Observation Period Began: 18:18
Subject's Name: SAMUEL R HOLLAND

DOB: 05/28/1999 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 | 18:42 |
| | Air Blank | 0.000 | 18:42 |
| | Control Test | 0.079 | 18:43 |
| | Air Blank | 0.000 | 18:43 |
| | Subject Sample #1 | 0.223 | 18:44 |
| | Air Blank | 0.000 | 18:44 |
| | Air Blank | 0.000 | 18:46 |
| | Subject Sample #2 | 0.216 | 18:47 |
| | Air Blank | 0.000 | 18:47 |
| | Control Test | 0.079 | 18:48 |
| | Air Blank | 0.000 | 18:48 |
| | Diagnostics Check | OK | 18:48 |

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 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: 08/29/20
Signature

Sworn to (or affirmed) before me this 29th day of AUGUST, 2020

[Signature] OFC. L. BOWEN
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: HOLLAND, SAMUEL R 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? No

WHERE WERE YOU GOING? Home

WHAT STREET OR HIGHWAY WERE YOU ON? Don't know

DIRECTION OF TRAVEL? W WHERE DID YOU START? Park Tavern

WHAT TIME DID YOU START? 11:30 WHAT TIME IS IT NOW? Don't know

WHAT IS TODAY'S DATE? Don't know WHAT DAY OF THE WEEK IS IT? Sat

WHAT COUNTY AND CITY ARE YOU IN NOW? Pike County

WHEN DID YOU LAST EAT? 12:30 WHAT DID YOU EAT? Waffles

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? Park Tavern

HOW MUCH DO YOU WEIGH? 165 lbs HAVE YOU BEEN DRINKING? Yes WHAT? Meats

HOW MUCH? 4-5 WHERE? Park Tavern WITH WHOM? Friends

WHEN DID YOU HAVE YOUR FIRST DRINK? 1:00 AND YOUR LAST DRINK? Don't know

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? Slow

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? Yes ARE YOU UNDER THE INFLUENCE? Yes

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? No HOW MUCH? _____

WHAT? _____ WHERE? _____ WHEN? _____

WHAT LINE OF WORK ARE YOU IN? Student WHEN DID YOU LAST WORK? _____

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? No WHAT? _____

ARE YOU SICK OR INJURED? No WHAT'S WRONG? _____

DO YOU LIMP? No DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? No

WERE YOU IN AN ACCIDENT TODAY? Yes

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? No WHEN? _____

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? No WHO? _____ WHY? _____

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? No WHAT? _____ WHEN? _____

DO YOU HAVE:

| | |
|--------------------|----------|
| EPILEPSY? | <u>N</u> |
| GLASS EYE? | <u>N</u> |
| FALSE TEETH? | <u>N</u> |
| EAR INFECTION? | <u>N</u> |
| INNER EAR TROUBLE? | <u>N</u> |
| DIABETES? | <u>N</u> |

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? No

DO YOU TAKE INSULIN? No IF SO, WHEN WAS YOUR LAST INJECTION? _____

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? No WHERE? _____

INTERVIEWER: _____

SUBJECT: HOLLAND, Samuel R 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) _____

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