

JH 0525965 210115599 PH1706

ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	Juvenile
OBTS Number		Agency ORI Number <b>FLO 50000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>
Agency Report Number (N.T.A.'s only) <b>06-21-107093</b>		Charge Type: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input checked="" type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other		
Location of Arrest (Including Name of Business) <b>Jog Road/Woolbright Road</b>		Location of Offense (Business Name, Address) <b>Jog Road/Woolbright Road, Boynton Beach, FL 33437</b>		
Date of Arrest <b>09/16/2021</b>	Time of Arrest <b>12:13 AM</b>	Booking Date	Booking Time	Jail Date
Name (Last, First, Middle) <b>Doubek, Timothy, John</b>		Alias (Name, DOB, Soc. Sec. #, Etc.)		
Race <b>W - White I - American Indian</b>	Sex <b>M</b>	Date of Birth <b>5/4/1963</b>	Height <b>6'03</b>	Weight <b>195</b>
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>Left arm</b>		Marital Status <b>Single</b>	Religion	Complexion <b>Fair</b>
Local Address (Street, Apt. Number) <b>6100 Terra Mere Cir, Boynton Beach, FL 33437</b>		Phone <b>(612) 801-3076</b>	Residence Type: <input type="checkbox"/> 1. City <input type="checkbox"/> 3. Florida <input type="checkbox"/> 2. County <input type="checkbox"/> 4. Out of State <input checked="" type="checkbox"/> 2	
Permanent Address (Street, Apt. Number)		Phone	Address Source <b>Verbal</b>	
Business Address (Name, Street)		Phone	Occupation	
DL Number, State <b>D1208106316409 WI,</b>		Soc. Sec. Number	INS Number	Place of Birth (City, State) <b>Milwaukee, WI</b>
Citizenship <b>US</b>		Co-Defendant Name (Last, First, Middle)		
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth
Parent Name (Last, First, Middle)		Residence Phone		<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile
Address (Street, Apt. Number)		Business Phone		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large
Notified by (Name)		Date	Time	Juvenile Disposition: <input type="checkbox"/> 1. Handled/processed within Dept. and Released. <input type="checkbox"/> 2. TOT HRS / DYS <input type="checkbox"/> 3. Incarcerated
Released To (Name)		Relationship		Date
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 355-2528) 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    R. Smuggle    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		<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile
Charge Description <b>DUI</b>		Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number <b>316.193(1)A</b>
Drug Activity <b>N</b>	Drug Type <b>N</b>	Amount / Unit <b>N/A</b>	Offense # <b>21-107093</b>	Warrant / Capias Number
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number
Location (Court, Room Number, Address) <b>200 W. ATLANTIC AVE. DELRAY BEACH, FL 33444</b>				
Court Date and Time Month <b>October</b> Day <b>18</b> Year <b>2021</b> Time <b>8:30</b> 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)				Date Signed <b>09/16/2021</b>
HOLD for other Agency Name		Signature of Arresting Officer <b>D/S D. Holligan 37274</b>		Name Verification (Printed by Arrestee)
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other		Name of Arresting Officer (Print) <b>D/S D. Holligan</b>		(PRINT)
Intake Deputy <b>Spencer Bid</b>		ID #	Pouch #	PAGE
Transporting Officer <b>D/S D. Holligan</b>		ID # <b>37274</b>	Agency <b>PBSO</b>	Witness here if subject signed with an -X" <b>1</b> OF <b>1</b>

		<b>PROBABLE CAUSE AFFIDAVIT</b>		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	Juvenile	N
OBTS Number		Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number <b>06- 21-107093</b>		
Charge Type: Check as many as apply.		<input type="checkbox"/> 1. Felony	<input type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance	Special Notes:			
		<input checked="" type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 6. Other				
Name (Last, First, Middle) <b>Doubek, Timothy, John</b>		Alias		Race W	Sex M	Date of Birth 5/4/1963		
Charge Description <b>DUI</b>		316.193(1)A		Charge Description				
Charge Description		Charge Description						
Victim's Name (Last, First, Middle) <b>State of Florida, ,</b>				Race	Sex	Date of Birth		
Local Address (Street, Apt. Number)		(City)	(State)	(zip)	Phone		Address Source	
Business Address (Name, Street)		(City)	(State)	(zip)	Phone		Occupation	
<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. The Person taken into custody</p> <p><input 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.</p> <p><input type="checkbox"/> confessed to _____ admitting to the below facts.      <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <u>15</u> day of <u>September</u> 20<u>21</u> at <u>11:41 pm</u> <input type="checkbox"/> A. M. <input checked="" type="checkbox"/> P. M. (Specifically include facts constituting cause for arrest.)</p> <p><b>On Wednesday September 15th, 2021 at approximately 11:41 pm while performing the duties of a Palm Beach County Sheriff's Deputy; I was dispatched to assist on a traffic stop at Jog road and Woolbright road. Upon my arrival I met with Deputy (D/S) Reid (ID 37950) who conducted the traffic stop. D/S Reid stated that the vehicle nearly struck another deputy vehicle and was failing to maintain a lane. After he attempted to conduct a traffic stop on the vehicle it took approximately a mile before the driver pulled over. Inside of the vehicle in the passenger seat was a bottle of Bacardi that was almost empty along with other unopen beers. The vehicle was bearing a Wisconsin tag of ALT4205. D/S Reid also provided a supplement recalling the incident.</b></p> <p><b>I then approached the driver who was already outside of the vehicle leaning against D/S Reid vehicle. I asked where he was going and he stated to his apartment in Delray. He then stated that he is in the process of moving to Florida. I asked if he had anything to drink tonight and he stated last night he had some rum. I then asked if he knew what time it was and he stated about 9:00 pm. While speaking with the driver I noticed his eyes were bloodshot/watery and the odor of an unknown alcoholic beverage coming from his facial area. The driver provided his Wisconsin driver's license and I identified him as Timothy John Doubek (D1208106316409)</b></p> <p><b>At approximately 11:59 pm I asked Timothy would he consent to performing Standardized Field Sobriety Evaluations (SFSTs) for the purpose of determining if he was impaired while operating a motor vehicle. He consented to the exercises. Prior to the start of the exercises I asked if he had any medical issues/injures or used drugs and he stated no. He also stated no to taking any medication.</b></p> <p><b>The first field sobriety exercise I conducted was the Horizontal Gaze Nystagmus. Before beginning the exercise, I explained the instructions to Timothy and he stated he understood. During this exercise he had Lack of Smooth Pursuit in both eyes, Distinct &amp; Sustained Nystagmus at maximum deviation in both eyes, and Onset of Nystagmus prior to 45-degrees in both eyes. He also had to be reminded to not move his head during the exercise.</b></p>								
STATE OF FLORIDA COUNTY OF PALM BEACH		<i>[Signature]</i> 37274		D/S D.Holligan				
(Signature of Arresting/Investigative Officer)								
The foregoing instrument was sworn to or affirmed and subscribed before me this _____ day of _____ 20 <u>21</u> by <u>D/S D.Holligan</u>								
(Print name of Arresting/Investigative Officer), who is personally known to me and produced identification. Type of identification produced <u>KNOWN</u>								
<b>Shari O'Neal (#6212)</b>		<i>[Signature]</i>		Notary Public - State of Florida Commission # GG 972080 My Comm. Expires Jun 25, 2024				
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)				Bonds through National Notary Assn				
				PAGE 1 OF 1				

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						
	<b>FLO 500000</b>	<b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>	<b>06- 21-107093</b>						
CHARGES	Charge Type Check as many as apply.	Special Notes:							
	<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								
VICTIM	Name (Last, First, Middle)		Alias		Race	Sex	Date of Birth		
	<b>Doubek, Timothy, John</b>				W	M	5/4/1963		
CHARGES	Charge Description	Charge Description							
	<b>DUI</b>	<b>316.193(1)A</b>							
VICTIM	Victim's Name (Last, First, Middle)		Race	Sex	Date of Birth				
	<b>State of Florida, ,</b>								
	Local Address (Street, Apt. Number)	(City)	(State)	(zip)	Phone	Address Source			
	Business Address (Name, Street)	(City)	(State)	(zip)	Phone	Occupation			
<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.</p> <p>The Person taken into custody</p> <p><input 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.</p> <p><input type="checkbox"/> confessed to _____ admitting to the below facts.      <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <u>15</u> day of <u>September</u> 20<u>21</u> at <u>11:41 pm</u> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p>									
<p><b>The next exercise I had him perform was the walk and turn. I again explained the instructions and demonstrated this, and he stated he understood. For this exercise I had him walk on a white lane line on a dry flat surface clear of debris. While explaining the instructions, Timothy could not keep his balance. While performing the exercise; he missed heel to toe, stepped off of the line, stopped to steady, and did an improper turn.</b></p> <p><b>The following exercise performed was the One Leg Stand. I again explained the instructions for this exercise, and he stated that he understood. During the exercise; Timothy placed his foot down several times and swayed.</b></p> <p><b>The next exercise performed was the finger to nose. I again explained the instructions for this exercise, and he stated that he understood. During this exercise; Timothy missed his nose and touched his cheek.</b></p> <p><b>The final exercise performed was the Romberg Alphabet. I again explained the instructions for this exercise, and he stated that he understood. During this exercise, Timothy completed it as instructed.</b></p> <p><b>At approximately 12:13 am, Timothy was placed under arrest for driving under the influence. His cuffs were double locked and checked for proper fit. I then transported him to the Palm Beach County Sheriff Office BAT center without incident. At approximately 1:55 am, we arrived at the BAT center and the 20-minute observation period began under my supervision. At approximately 2:23 am, Timothy was asked if he would provide a breathe sample. He then asked if he had to. At approximately 2:24 am, implied consent was read and he understood. He then agreed to provide a breath sample. At approximately 2:31 am, the first breath sample was provided. That sample was a .164. The second sample was provided at approximately 2:33 am and that sample was .157.</b></p> <p><b>Timothy was then read his Miranda rights and he chose not to speak. His vehicle was towed by Priority Towing. He was then booked into the county jail.</b></p>									
<p>STATE OF FLORIDA COUNTY OF PALM BEACH</p> <p><i>[Signature]</i> 37274 D/S D.Holligan (Signature of Arresting/Investigative Officer)</p> <p>The foregoing instrument was sworn to or affirmed and subscribed before me this _____ day of _____ 20 <u>21</u> by <u>D/S D.Holligan</u></p> <p>(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced <u>KNOWN</u></p> <p><b>Shari O'Neal (#6212)</b> Notary Public - State of Florida Commission # GC 972980 My Comm. Expires Jun 25, 2024</p> <p>Notary Public, Clerk of Court, Officer (F.S.S. 117.10)</p>									
ADMINISTRATIVE								PAGE	
								<u>2</u>	<u>2</u>

OBTS Number		<b>PROBABLE CAUSE AFFIDAVIT</b>		1 Arrest	3 Request For Warrant	<b>01</b>	Juvenile <input type="checkbox"/>
Agency ORI Number <b>FLO 5 0 0 0 0</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		2 N.T.A	4 Request For Capias		
Agency Report Number <b>06</b>		Agency Report Number <b>21-107093</b>		Special Notes			
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 type="checkbox"/> 4 Traffic Misdemeanor <input type="checkbox"/> 5 Ordinance <input type="checkbox"/> 6 Other		Special Notes					
Defendant Name (Last, First, Middle) <b>Doubek Timothy John</b>				Race <b>White</b>	Sex <b>M</b>	Date of Birth <b>05/04/1963</b>	
Charge <b>DUI</b>		Charge					
Charge		Charge					
Victim Name (Last, First, Middle) <b>State of Florida</b>				Race	Sex	Date of Birth	
Local Address (Street, Apt. Number)		City	State	Zip	Phone	Address Source	
Business Address (Street, Apt. Number)		City	State	Zip	Phone	Occupation	
<p>The undersign 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...</p> <p><input type="checkbox"/> committed the below acts in my presence</p> <p><input type="checkbox"/> confessed to admitting to the below facts</p> <p><input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts</p> <p><input checked="" type="checkbox"/> was found to have committed the below acts, resulting from (described) investigation</p> <p>On the <b>15</b> day of <b>September</b> 20 <b>21</b> at <b>2350</b> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM</p>							

**On 09/15/2021 at approximately 23:50 hours, while traveling south on Jog Rd in my marked PBSO patrol car, I observed a silver sedan later identified to be a Silver BMW bearing a Wisconsin Tag of ( ALT 4205) almost side swipe Deputy S Capobianco's marked vehicle while approaching Le Chalet Blvd, in Boynton Beach. The vehicle left the center lane of travel and began swerve in and out of the center and outside lane.**

**I was able to get behind the vehicle to conduct a traffic stop on the vehicle at the intersection of Boynton Beach Blvd, and Jog Rd, for failure to maintain a single lane. The vehicle continued to swerve in and out of the center lane, on Jog Rd after activating my emergency lights. The vehicle decided to stop one mile from where my emergency lights were activated at the intersection of Woolbright and Jog in the left turning lane.**

**Upon approaching the driver side of the vehicle, I made contact with a white male a later identified by his Wisconsin DL as Timothy John Doubek (05/04/1963 W/M). Timothy was able to provide me with his driver's license, insurance and registration.**

**While speaking with Timothy, I observed his eyes lids to be very low, with blood shot eyes. I could smell the presence of an unknown intoxicating beverage emanating from his breath.**

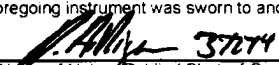
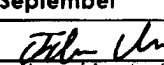
**As I attempted to ask Timothy where he was headed to for the evening, he stated, he was going to Delray Beach. I observed what appeared to be a clear white bottle on the front passenger seat of the vehicle that, was three quarters of the way empty. I asked Timothy did he consume any alcoholic beverages this evening. Timothy replied, he last consumed alcohol the evening before.**

**I asked Timothy to step outside of the vehicle due to suspecting him to be under the influence of an unknown substance, and escorted him to sit down right in front of my marked patrol unit**

**Deputy Holligan # 37274 arrived on scene and began a DUI investigation**

**The case was later turned over to Deputy Holligan #37274**

**This is a supplemental PC.**

The foregoing instrument was sworn to and affirmed before me this		<b>15</b>	day of	<b>September</b>	20	<b>21</b>	by
 Name of Notary Public / Clerk of Court / Officer (F S S 117 00)				 Name of Arresting/Investigating Officer		<b>37950</b>	

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 15 DAY OF September 20 21, AT 11:41 pm AM  PM

SUBJECT: Doubek, Timothy, John CASE NUMBER: 21-107093

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: D/S D.Holligan

## PERSONAL CONTACT

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

**SEE PC AFFIDAVIT**

OBSERVATION OF DRIVER:

**SEE PC AFFIDAVIT**

DRIVER'S STATEMENTS:

**SEE PC AFFIDAVIT**

ODORS:

**STRONG ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE EMANATING FROM SUBJECT'S BREATH**

## GENERAL OBSERVATIONS

SPEECH: **Slurred**

ATTITUDE: **Polite**

CLOTHING: **Orderly**

MEDICAL/OTHER: **None**

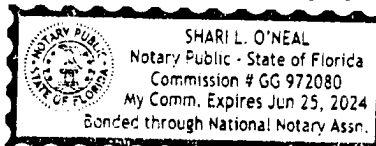
STATE OF FLORIDA  
COUNTY OF PALM BEACH

D/S D.Holligan  37274  
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 16 day of September 20 21 by D/S D.Holligan

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

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



SUBJECT: Doubek, Timothy, John

CASE NUMBER 21-107093

**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:**

**SSEE PC AFFIDAVIT**

**WALK & TURN:**

**SEE PC AFFIDAVIT**

**ONE LEG STAND:**

**SEE PC AFFIDAVIT**

**FINGER TO NOSE:**

**SEE PC AFFIDAVIT**

**ROMBERG ALPHABET:**

**SEE PC AFFIDAVIT**

**BREATH TEST RESULTS: .164 .157**

STATE OF FLORIDA  
COUNTY OF PALM BEACH

D/S D.Holligan

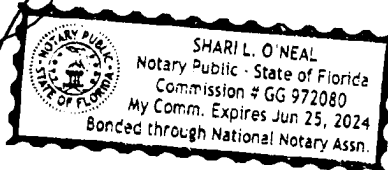
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 16 day of September 2021 by D/S D.Holligan

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

Shari O'Neal (#6212)

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



NOT A CERTIFIED COPY

SUBJECT: \_\_\_\_\_ 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) \_\_\_\_\_

SUBJECT: \_\_\_\_\_ CASE NUMBER: \_\_\_\_\_

## QUESTIONS AND ANSWERS

I AM NOW GOING TO ASK YOU SOME QUESTIONS. WITH THESE RIGHTS IN MIND, YOU MAY ANSWER SOME OF, ALL OF, OR NONE OF THE FOLLOWING QUESTIONS AS YOU LIKE.

WERE YOU OPERATING A MOTOR VEHICLE AT THE TIME OF THE STOP/ACCIDENT? \_\_\_\_\_

WHERE WERE YOU GOING? \_\_\_\_\_

WHAT STREET OR HIGHWAY WERE YOU ON? \_\_\_\_\_

DIRECTION OF TRAVEL? \_\_\_\_\_ WHERE DID YOU START? \_\_\_\_\_

WHAT TIME DID YOU START? \_\_\_\_\_ WHAT TIME IS IT NOW? \_\_\_\_\_

WHAT IS TODAY'S DATE? \_\_\_\_\_ WHAT DAY OF THE WEEK IS IT? \_\_\_\_\_

WHAT COUNTY AND CITY ARE YOU IN NOW? \_\_\_\_\_

WHEN DID YOU LAST EAT? \_\_\_\_\_ WHAT DID YOU EAT? \_\_\_\_\_

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? \_\_\_\_\_

HOW MUCH DO YOU WEIGH? \_\_\_\_\_ HAVE YOU BEEN DRINKING? \_\_\_\_\_ WHAT? \_\_\_\_\_

HOW MUCH? \_\_\_\_\_ WHERE? \_\_\_\_\_ WITH WHOM? \_\_\_\_\_

WHEN DID YOU HAVE YOUR FIRST DRINK? \_\_\_\_\_ AND YOUR LAST DRINK? \_\_\_\_\_

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? \_\_\_\_\_

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? \_\_\_\_\_ ARE YOU UNDER THE INFLUENCE? \_\_\_\_\_

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? \_\_\_\_\_ HOW MUCH? \_\_\_\_\_

WHAT? \_\_\_\_\_ WHERE? \_\_\_\_\_ WHEN? \_\_\_\_\_

WHAT LINE OF WORK ARE YOU IN? \_\_\_\_\_ WHEN DID YOU LAST WORK? \_\_\_\_\_

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? \_\_\_\_\_ WHAT? \_\_\_\_\_

ARE YOU SICK OR INJURED? \_\_\_\_\_ WHAT'S WRONG? \_\_\_\_\_

DO YOU LIMP? \_\_\_\_\_ DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? \_\_\_\_\_

WERE YOU IN AN ACCIDENT TODAY? \_\_\_\_\_

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? \_\_\_\_\_ WHEN? \_\_\_\_\_

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? \_\_\_\_\_ WHO? \_\_\_\_\_ WHY? \_\_\_\_\_

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? \_\_\_\_\_ WHAT? \_\_\_\_\_ WHEN? \_\_\_\_\_

DO YOU HAVE:   EPILEPSY?           \_\_\_\_\_

                  GLASS EYES?           \_\_\_\_\_

                  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: \_\_\_\_\_

WHITE - STATE ATTY.   YELLOW - DHSMV   PINK - CENTRAL RECORDS   GOLD - JAIL

# TESTING FACILITY TASK REPORT

AGENCY:

SUBJECT:  CASE NUMBER:

DATE:  VIDEO DVD NUMBER:

BEGINNING TIME:  ENDING TIME:

BREATH TESTS RESULTS: 1)  TIME  A.M.  P.M.  2)  TIME  A.M.  P.M.

3)  TIME  A.M.  P.M.  4)  TIME  A.M.  P.M.

BREATH OPERATOR:

MAINTENANCE TECHNICAN:

## TESTING OFFICER'S OBSERVATIONS

SPEECH:

ATTITUDE:

CLOTHING:

MEDICAL CONDITIONS:

MEDICATIONS:

## OTHER:

EYES: RED, GLASSY  
ODOR OF UNKNOWN ALCOHOLIC BEVERAGE.

## COMMENTS:

20 MIN. OBSERVATION CONDUCTED BY A/O HOLLIGAN #37274  
D FELL ASLEEP DURING 20 MIN. OBSERVATION.  
A/O REQUESTED THE BREATH TEST ON CAMERA.  
D ASKED WHAT HAPPENED IF HE DID OR DID NOT SUBMIT.  
IMPLIED CONSENT READ ON CAMERA TO THE THE D AND BROKEN DOWN.  
D UNDERSTOOD THE I/C AND EXPLANATION ABOUT BLOWING OR REFUSING THE TEST.  
D DECIDED TO SUBMIT TO THE TEST.  
D COMPLETED THE TEST CORRECTLY.  
EXPALINED THE BREATH RESULTS TO THE D.  
C/W READ ON CAMERA.NO Q&A, ASKED FOR ATTORNEY.



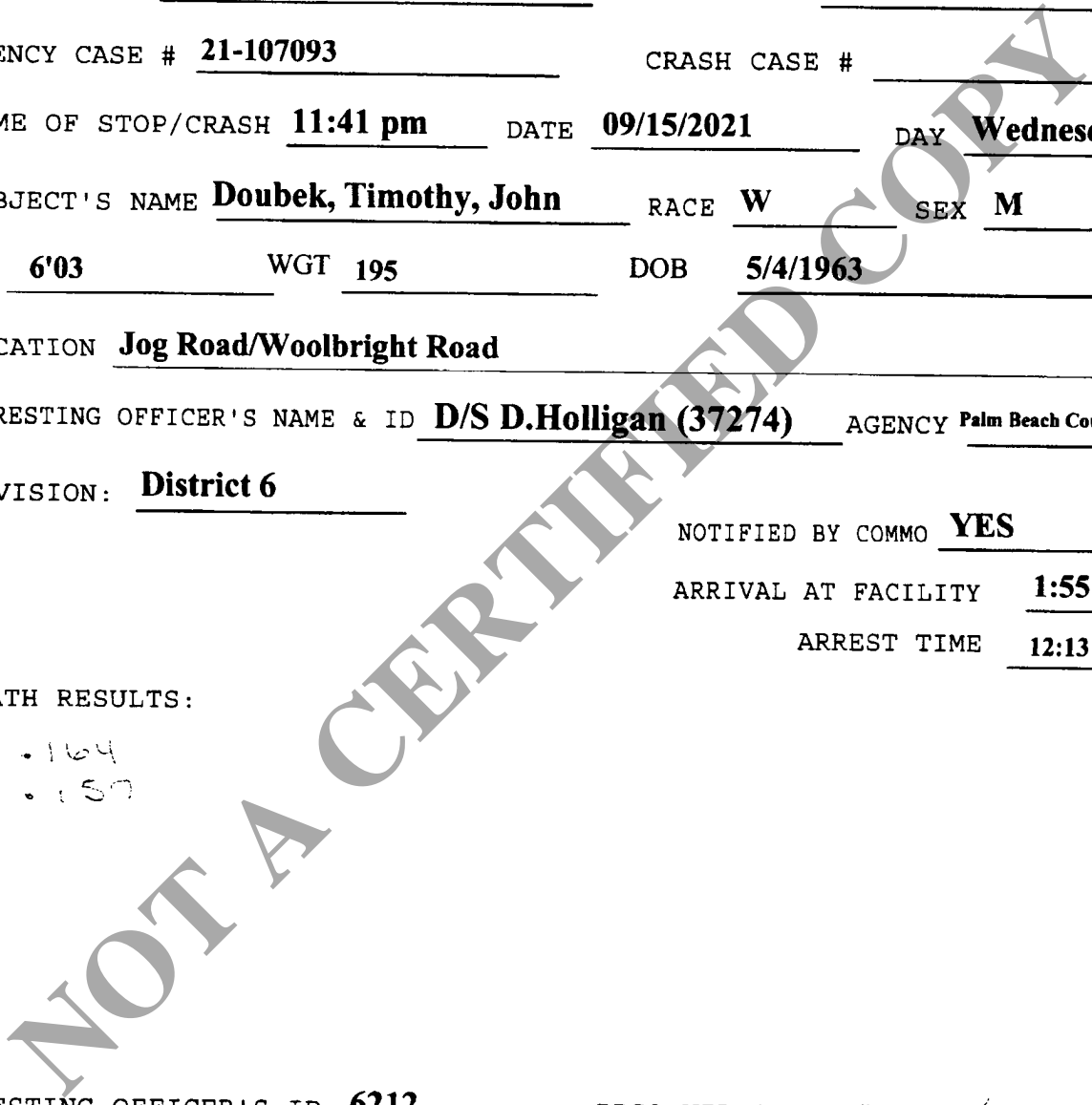
PALM BEACH COUNTY SHERIFF'S OFFICE  
DUI TESTING FACILITY  
INFORMATION SHEET

PBSO CASE # 21-107093 PBSO ZONE 6-42  
AGENCY CASE # 21-107093 CRASH CASE # \_\_\_\_\_  
TIME OF STOP/CRASH 11:41 pm DATE 09/15/2021 DAY Wednesday  
SUBJECT'S NAME Doubek, Timothy, John RACE W SEX M  
HGT 6'03 WGT 195 DOB 5/4/1963  
LOCATION Jog Road/Woolbright Road  
ARRESTING OFFICER'S NAME & ID D/S D.Holligan (37274) AGENCY Palm Beach County Sheriff's Office  
DIVISION: District 6  
NOTIFIED BY COMMO YES  
ARRIVAL AT FACILITY 1:55 AM  
ARREST TIME 12:13 AM

BREATH RESULTS:

• 1164  
• 1157

TESTING OFFICER'S ID 6212 PBSO VIDEOTAPE #  /



**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: 80-006478 Software: 8100.27  
Date of Test: 09/16/2021

Date of Last Agency Inspection: 09/10/2021  
Observation Period Began: 01:55  
Subject's Name: TIMOTHY J DOUBEK DOB: 05/04/1963 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	02:29
	Air Blank	0.000	02:29
	Control Test	0.080	02:30
	Air Blank	0.000	02:30
	Subject Sample #1	0.164	02:31
	Air Blank	0.000	02:31
	Air Blank	0.000	02:33
	Subject Sample #2	0.157	02:33
	Air Blank	0.000	02:34
	Control Test	0.080	02:35
	Air Blank	0.000	02:35
	Diagnostics Check	OK	02:35

Cylinder Lot: 02021080A1  
Exp: 03/05/2023

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: 09-16-21  
Signature

Sworn to (or affirmed) before me this 16 day of September, 2021

[Signature] #37274 D/S Holligan #37274  
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.



**Palm Beach County Sheriff's Office – Arrests Only**

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	<input type="checkbox"/>	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	<input type="checkbox"/>	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel.	
	<input type="checkbox"/>	119.071(2)(f)	Confidential informants (CIs).	
	<input type="checkbox"/>	119.071(2)(e)	Confession.	
Public Info. Exemptions	<input type="checkbox"/>	985.04(1)	Juvenile offender records.	
	<input type="checkbox"/>	119.071(h)(i)	Assets of a crime victim.	
	<input type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	<input type="checkbox"/>	394.4615(7)	Mental health information.	
	<input type="checkbox"/>	119.071(4)(d)(2)(a)	Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)	<input checked="" type="checkbox"/>	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	<input type="checkbox"/>	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	<input type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	<input type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2021023136	Date: 9/16/2021
	Specialist Name/ID: M. Tooks #8557

# WITNESS LIST

CASE NUMBER: 21-107093

ARRESTING OFFICER: D/S D.Holligan

ADDRESS: 7894 S. Jog Road

PHONE NUMBERS (HOME): \_\_\_\_\_ (WORK) 561-688-4860

CAN TESTIFY TO: FACTS

NAME: D/S Reid

ADDRESS: 7894 S. Jog Road

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) 561-688-4860

CAN TESTIFY TO: Driving pattern/wheel witness

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 \_\_\_\_\_

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

ADDRESS \_\_\_\_\_

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

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

ADDRESS \_\_\_\_\_

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

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

NOT A CERTIFIED COPY