

0502570

153

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 **FLO 502600** Agency Name **PALM BEACH GARDENS POLICE DEPARTMENT** Agency Report Number (N.T.A.'s only) **78-18006559**

Charge Type: Check as many as apply: 1. Felony 3. Misdemeanor 5. Ordinance 2. Traffic Felony 4. Traffic Misdemeanor 6. Other
Weapon Seized / Type: 1. Yes 2. No
Multiple Clearance Indicator:

Location of Arrest (Including Name of Business) **3600 RCA Boulevard, Palm Beach Gardens, FL 33410** Location of Offense (Business Name, Address) **3600 RCA Boulevard, Palm Beach Gardens, FL 33410**

Date of Arrest **10/26/2018** Time of Arrest **22:24** Booking Date Booking Time Jail Date Jail Time Location of Vehicle **KAUFF'S TOWING & RECOVERY 4301 East Avenue, West Palm Beach, FL 33405**

Name (Last, First, Middle) **Holmes, Carleen, Ann** Alias (Name, DOB, Soc. Sec. #, Etc.)

Race **W - White I - American Indian** Sex **F** Date of Birth **03/23/1957** Height **503** Weight **150** Eye Color **BLUE** Hair Color **BLONDE** Complexion **LGT** Build **MED**

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) Marital Status **Divorced** Religion **CATHOLIC** Indication of Alcohol Influence Drug Intoxication: Y N Unk

Local Address (Street, Apt. Number) (City) (State) (Zip) Phone **(561) 214-3912** Residence Type: 1. City 2. County 3. Florida 4. Out of State **1**

Permanent Address (Street, Apt. Number) (City) (State) (Zip) Phone Address Source **FL Driver's License**

Business Address (Name, Street) (City) (State) (Zip) Phone Occupation

D/L Number, State **H452101576030 FL** Soc. Sec. Number **[REDACTED]** INS Number Place of Birth (City, State) **Mckeesport, PA** Citizenship **USA**

Co-Defendant Name (Last, First, Middle) Race Sex Date of Birth 1. Arrested 3. Felony 4. Misdemeanor 5. Juvenile

Co-Defendant Name (Last, First, Middle) Race Sex Date of Birth 1. Arrested 3. Felony 4. Misdemeanor 5. Juvenile

Parent Legal Custodian Other: Name (Last) (First) (Middle) Residence Phone

Address (Street, Apt. Number) (City) (State) (Zip) Business Phone

Notified by: (Name) Date Time Juvenile Disposition: 1. Handled/processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated

Released To: (Name) Relationship Date Time

The above address provided by defendant and / or 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. Yes, by: (Name) No: (Reason) School Attended Grade

Property Crime? Yes No Description of Property Value of Property

CODE Drug Activity: N, N/A, S. Sell, B. Buy, P. Possess, R. Smuggle, D. Deliver, E. Use, K. Dispense/Distribute, M. Manufacture/Produce/Cultivate, Z. Other, Drug Type: N, N/A, A. Amphetamine, B. Barbiturate, C. Cocaine, E. Heroin, H. Hallucinogen, M. Marijuana, O. Opium/Deriv., P. Paraphernalia/Equipment, S. Synthetics, U. Unknown, Z. Other

CHARGE Charge Description **DUI - Property Damage** Counts **1** Domestic Violence Y N Statute Violation Number **316.193(3)(c)(1)** Violation of ORD #

CHARGE Drug Activity Drug Type Amount / Unit Offense # Warrant / Capias Number Bond

CHARGE Charge Description Counts Domestic Violence Statute Violation Number Violation of ORD #

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CHARGE Drug Activity Drug Type Amount / Unit Offense # Warrant / Capias Number Bond

Location (Court Room Number Address) **NORTH COUNTY COURTHOUSE, 3188 PGA BOULEVARD, PALM BEACH GARDENS, FL 33410 - PH: (561) 662-6700**

Court Date and Time Month **NOVEMBER** Day **28** Year **2018** Time **10:00** AM 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

Carleen Holmes Signature of Defendant (or Juvenile and Parent/Custodian) **10/26/2018** Date Signed

HOLD for other Agency Name: Signature of Arresting Officer **[Signature]** Name Verification (Printed by Arrestee) **OCT 27 AM 2:51**

Dangerous Resisted Arrest Suicidal Other: Name of Arresting Officer (Print) **Ofc. Cameron Carver** I.D. # **471** (PRINT) **OCT 27 AM 2:51**

Transporting Officer **Ofc. Cameron Carver** ID # **471** Agency **PBGPD** Witness here if subject signed with an "X" **1** OF **1**

DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'s ONLY)

Received WB

OCT 29 2018

FILED
OCT 28 2018
SHARON R. BOCK
Clerk & Comptroller

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 26 DAY OF October 20 18, AT 21:20 AM PM

SUBJECT: Holmes, Carleen, Ann CASE NUMBER: 18006559

AGENCY: PALM BEACH GARDENS POLICE DEPT. ARRESTING OFFICER: Ofc. Cameron Carver #471

PERSONAL CONTACT

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

Upon my arrival in my black and white marked "Palm Beach Gardens Police" vehicle I made contact with Sydney Anspach, the driver of the Toyota, who provided a sworn-oral statement advising the following: Anspach was traveling Westbound on RCA Boulevard when the Ford pulled out of the driveway (located at 3600 RCA Blvd) and collided with her vehicle. Anspach stated the driver of the Ford, later identified as Carleen Holmes via her Florida Driver's License, stated to Anspach she did not see her coming as she was distracted by another vehicle.

OBSERVATION OF DRIVER:

While speaking with Holmes I could smell the odor of the impurities of an alcoholic beverage emitting from her breath as she spoke. I observed Holmes's eyes to be watery her pupils dilated more than the average person. I asked Holmes prescreening questions prior to conducting the SFST's. Holmes stated she drank alcohol, had no medical conditions that impair her ability to drive and had no issues with walking or keeping balance. Holmes stated she consumes no drugs or medication.

DRIVER'S STATEMENTS:

Post-Miranda I asked Holmes how much alcohol she consumed, which she replied 4 beers. Holmes's speech was slurred as she spoke.

ODORS:

Unknown alcoholic beverage coming from her breath.

GENERAL OBSERVATIONS

SPEECH: Low, Slurred

ATTITUDE: Cooperative

CLOTHING: Multi-Colored Shirt, Blue Jeans, Flip Flops

MEDICAL/OTHER: At BAT: complained of COPD, High Cholesterol and HBP.

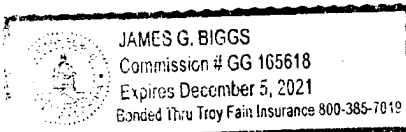
STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 27 day of October 20 18 by Ofc. Cameron Carver

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

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



SUBJECT: Holmes, Carleen, Ann

CASE NUMBER 18006559

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:

Refer to Agency PC.

WALK & TURN:

I explained and demonstrated the instructions to Holmes, who stated she understood. Holmes was unable to keep balance and swayed during the instructional phase. Holmes started prior to being directed to. Holmes started on command however stopped walking to regain balance. She did not touch heel-to-toe as instructed. While walking down she walked off the line and stated she could not complete the task due to her legs bothering her. Holmes stated her foot was swollen and could not perform the task and self-terminated the task. She raised her arms more than six-inches to regain balance. I observed 6 of 8 clues, indicating impairment.

ONE LEG STAND:

I explained and demonstrated the instructions to Holmes, who stated she understood. Upon beginning the exercise, Holmes swayed while balancing. She raised her arms over six inches to keep her balance. She put her foot down 5 times before the 30 seconds elapsed. I observed 3 of 4 clues, indicating impairment.

ROMBERG ALPHABET:

I explained and demonstrated the instructions to Holmes, who stated she understood. Holmes did not keep her eyes closed. She swayed more than two inches to the left/right while performing the task.

FINGER TO NOSE:

I explained and demonstrated the instructions to Holmes, who stated she understood. She did not touch the tip of the finger to the tip of the nose as instructed and demonstrated as she touched the side of her nose multiple times.

BREATH TEST RESULTS: .119 .118

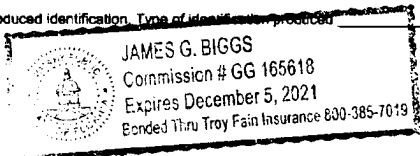
STATE OF FLORIDA
COUNTY OF PALM BEACH


(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 27 day of October 20 18 by Ofc. Cameron Carver

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

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



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: 80-006240 Software: 8100.27
Date of Test: 10/26/2018

Date of Last Agency Inspection: 10/19/2018

Observation Period Began: 23:00

Subject's Name: CARLEEN A HOLMES

DOB: 03/23/1957 Sex: F

The subject was observed for at least twenty-minutes prior to the administration of the breath test to ensure that the subject did not take anything orally and did not regurgitate.

Results:	Test	g/210L	Time
	Diagnostics Check	OK	23:22
	Air Blank	0.000	23:23
	Control Test	0.081	23:23
	Air Blank	0.000	23:24
	Subject Sample #1	0.119	23:24
	Air Blank	0.000	23:25
	Air Blank	0.000	23:27
	Subject Sample #2	0.118	23:28
	Air Blank	0.000	23:28
	Control Test	0.081	23:29
	Air Blank	0.000	23:29
	Diagnostics Check	OK	23:29

Cylinder Lot: 05218080A3
Exp: 05/05/2020

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 JAMES G BIGGS, hold a valid Breath Test Operator permit issued by the Florida Department of Law Enforcement, 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: 10/26/18
Signature

Sworn to (or affirmed) before me this 26 day of Oct, 2018

[Signature] #471 Ofe Carver
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: White State Atty. v. [unclear] CASE NUMBER: 19-006-19

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: [unclear]

WITNESS LIST

CASE NUMBER: 18006559

ARRESTING OFFICER: Ofc. Cameron Carver

ADDRESS: 10500 N. Military Trail, Palm Beach Gardens, FL 33410

PHONE NUMBERS (HOME): N/A (WORK) (561) 799-4445

CAN TESTIFY TO: Facts of Case

NAME: Ofc. Jason Hennessy #409

ADDRESS: 10500 N. Military Trail, Palm Beach Gardens, FL 33410

PHONE NUMBERS (HOME) N/A (WORK) (561) 799-4445

CAN TESTIFY TO: Scene Safety

NAME: Ofc. Michael Koegel #456

ADDRESS 10500 N. Military Trail, Palm Beach Gardens, FL 33410

PHONE NUMBERS (HOME) N/A (WORK) (561) 799-4445

CAN TESTIFY TO: Scene Safety

NAME: Sydney Nicole Anspach

ADDRESS 540 Harbour Road

PHONE NUMBERS (HOME) 561-907-3423 (WORK) _____

CAN TESTIFY TO: Traffic Crash

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: _____

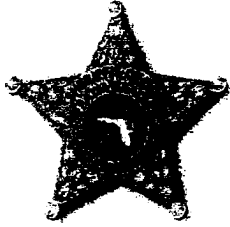
NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NOT A CERTIFIED COPY



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

PBSO CASE # 18-137748 PBSO ZONE 3-13

AGENCY CASE # 18006559 CRASH CASE # 87812708

TIME OF STOP/CRASH 21:20 DATE 10/02/2018 DAY Friday

SUBJECT'S NAME Holmes Carleen Ann RACE W SEX F
LAST FIRST MID

HGT 503 WGT 150 DOB 03/23/1957

LOCATION 3600 RCA Boulevard, Palm Beach Gardens, FL 33410

ARRESTING OFFICER'S NAME & ID Ofc. Cameron Carver #471 AGENCY PBGPD

DIVISION: Traffic Unit

NOTIFIED BY COMMO Yes

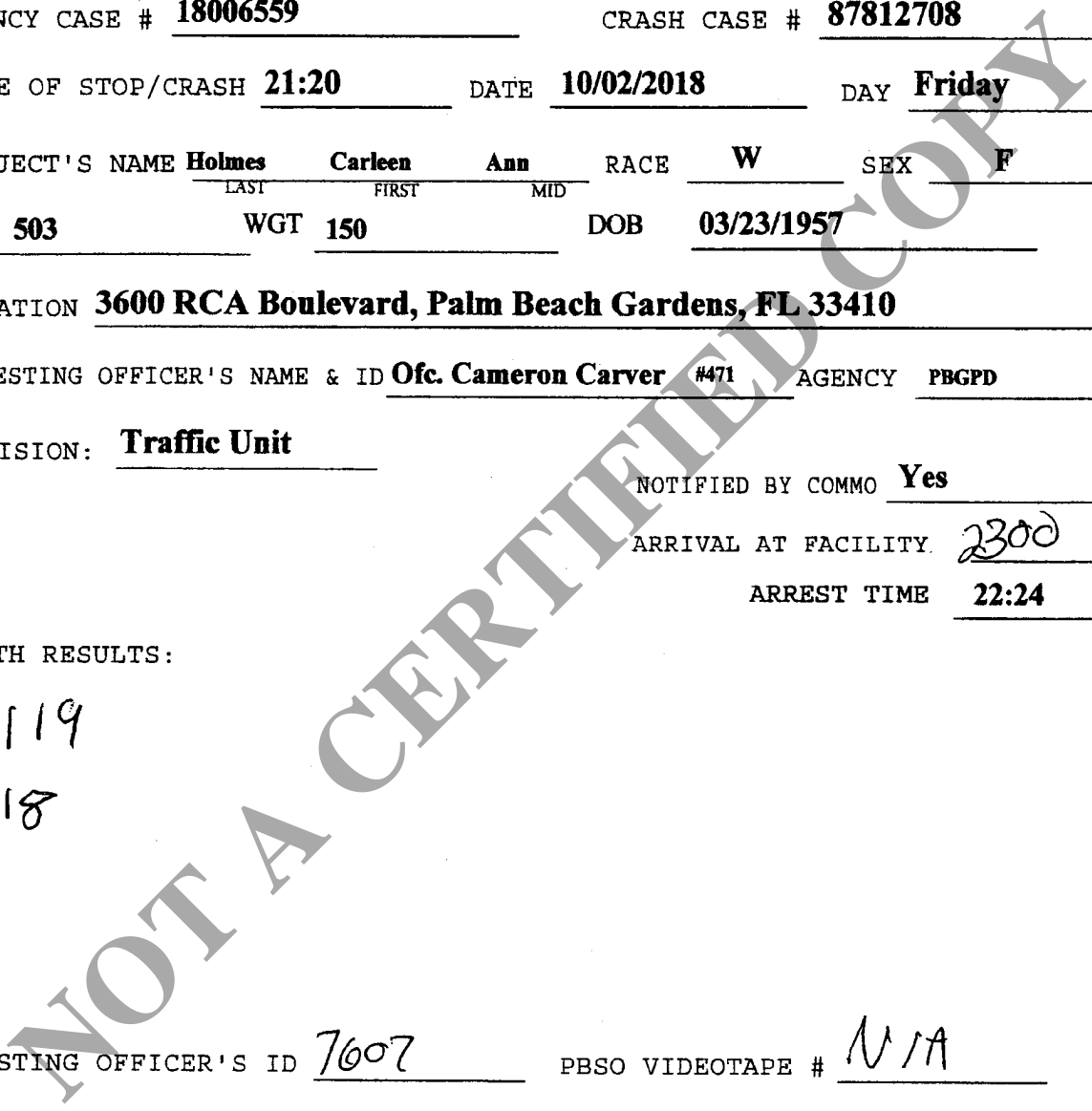
ARRIVAL AT FACILITY 2300

ARREST TIME 22:24

BREATH RESULTS:

.119
.118

TESTING OFFICER'S ID 7607 PBSO VIDEOTAPE # N/A



TESTING FACILITY TASK REPORT

AGENCY: PBGPD-CARVER

SUBJECT: HOLMES, CARLEEN A

DATE: Oct 26, 2018

BEGINNING TIME: 2321

ENDING TIME: 2331

CASE NUMBER: 18-137748

VIDEO DVD NUMBER: N/A

BREATH TESTS RESULTS: 1) .119 TIME 2324 A.M. P.M. 2) .118 TIME 2328 A.M. P.M.
3) XX TIME XX A.M. P.M. 4) XX TIME XX A.M. P.M.

BREATH OPERATOR: J Biggs# 7607

MAINTENANCE TECHNICIAN: D/S J Karklecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: LOW, SLURRED

ATTITUDE: COOPERATIVE

CLOTHING: MULTI-COLORED BLOUSE, BLUE JEANS

MEDICAL CONDITIONS: COPD, HIGH CHOLESTROL, HBP

MEDICATIONS: MEDS FOR ABOVE MEDICATIONS

OTHER:

EYES GLASSY, RED
ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE ON SUBJECT

COMMENTS:

ARRESTING OFFICER CONDUCTED THE 20 MINUTE OBSERVATION BEGINNING AT 2300
SUBJECT ADVISED SHE WOULD SUBMIT TO THE BREATH TEST
SUBJECT WAS GIVEN THE INSTRUCTIONS FOR THE TEST
SUBJECT COMPLETED BOTH SAMPLES SUCCESSFULLY
RESULTS WERE GIVEN TO THE SUBJECT
MIRANDA WAS READ TO SUBJECT
SUBJECT REFUSED QUESTIONS



**PALM BEACH COUNTY
SHERIFF'S OFFICE**

Florida State Statute Exemption Sheet

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: 2018036006	Date: 10/28/2018
	Specialist Name/ID: AM/31562