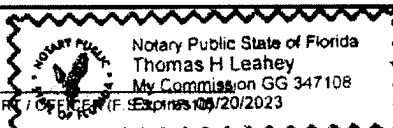


19CT021946NB

| ARREST / NOTICE TO APPEAR                                                                                                                                                                                                                                                                                          |                                | 1. Arrest<br>2. N.T.A.<br>3. Request for Warrant<br>4. Request for Capias                                                                                                                                       |                                    | 1                                                                                                            | JUVENILE                                                                                                                                                                                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Agency ORI Number<br><b>0501700</b>                                                                                                                                                                                                                                                                                |                                | Agency Name<br><b>Jupiter Police Department</b>                                                                                                                                                                 |                                    | Agency Report Number (N.T.A.'s only)<br><b>5, 4 19-005286</b>                                                |                                                                                                                                                                                                       |
| Charge Type:<br>Check as many as apply:<br><input type="checkbox"/> 1. Felony<br><input type="checkbox"/> 2. Traffic Felony<br><input type="checkbox"/> 3. Misdemeanor<br><input checked="" type="checkbox"/> 4. Traffic Misdemeanor<br><input type="checkbox"/> 5. Ordinance<br><input type="checkbox"/> 6. Other |                                | If Weapon Seized<br>Enter Type: <b>NONE</b>                                                                                                                                                                     |                                    | Multiple Clearance Indicator<br><b>01</b>                                                                    |                                                                                                                                                                                                       |
| Location of Arrest (Including Name of Business)<br><b>W 706/TAYLOR RD, JUPITER FL 33458</b>                                                                                                                                                                                                                        |                                | Location of Offense (Business Name, Address)<br><b>7699 W INDLANTOWN RD/FLORIDAS TPKE, JUPITER, FL</b>                                                                                                          |                                    |                                                                                                              |                                                                                                                                                                                                       |
| Date of Arrest<br><b>11/26/2019</b>                                                                                                                                                                                                                                                                                | Time of Arrest<br><b>03:19</b> | Booking Date<br><b>11/26/2019</b>                                                                                                                                                                               | Booking Time<br><b>03:29</b>       | Jail Date                                                                                                    | Jail Time                                                                                                                                                                                             |
| Location of Vehicle<br><b>ALL HOOKED UP TOWING</b>                                                                                                                                                                                                                                                                 |                                |                                                                                                                                                                                                                 |                                    |                                                                                                              |                                                                                                                                                                                                       |
| Name (Last, First, Middle)<br><b>ASHBY, DOUGLAS STEPHEN Jr</b>                                                                                                                                                                                                                                                     |                                |                                                                                                                                                                                                                 |                                    |                                                                                                              |                                                                                                                                                                                                       |
| Alias (Name, DOB, Soc. Sec. #, Etc.)                                                                                                                                                                                                                                                                               |                                |                                                                                                                                                                                                                 |                                    |                                                                                                              |                                                                                                                                                                                                       |
| Race<br>W - White<br>B - Black<br>O - Oriental/Asian                                                                                                                                                                                                                                                               | Sex<br><b>M</b>                | Date of Birth<br><b>03/10/1974</b>                                                                                                                                                                              | Height<br><b>6'01</b>              | Weight<br><b>270</b>                                                                                         | Eye Color<br><b>BLUE</b>                                                                                                                                                                              |
| Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)                                                                                                                                                                                                                                      |                                | Marital Status<br><b>S</b>                                                                                                                                                                                      | Religion                           | Complexion<br><b>LIGHT</b>                                                                                   | Build<br><b>Large</b>                                                                                                                                                                                 |
| Local Address (Street, Apt. Number)<br><b>4571 ROYAL PALM BEACH BLVD, WEST PALM BCH, FL 33411</b>                                                                                                                                                                                                                  |                                | Phone<br><b>(561) 260-8905</b>                                                                                                                                                                                  |                                    | Residence Type:<br>1. City<br>2. County<br>3. Florida<br>4. Out of State<br><b>2</b>                         |                                                                                                                                                                                                       |
| Permanent Address (Street, Apt. Number)<br><b>4571 ROYAL PALM BEACH BLVD, WEST PALM BCH, FL 33411</b>                                                                                                                                                                                                              |                                | Phone<br><b>(561) 260-8905</b>                                                                                                                                                                                  |                                    | Address Source<br><b>DL</b>                                                                                  |                                                                                                                                                                                                       |
| Business Address (Name, Street)                                                                                                                                                                                                                                                                                    |                                | Phone                                                                                                                                                                                                           |                                    | Occupation                                                                                                   |                                                                                                                                                                                                       |
| D/L Number, State<br><b>A210177740900 / FL</b>                                                                                                                                                                                                                                                                     |                                | Soc. Sec. Number                                                                                                                                                                                                |                                    | INS Number                                                                                                   |                                                                                                                                                                                                       |
| Place of Birth (City, State)<br><b>PAINESVILLE, OH</b>                                                                                                                                                                                                                                                             |                                | Citizenship<br><b>US</b>                                                                                                                                                                                        |                                    |                                                                                                              |                                                                                                                                                                                                       |
| Co-Defendant Name (Last, First, Middle)                                                                                                                                                                                                                                                                            |                                | Race                                                                                                                                                                                                            | Sex                                | Date of Birth                                                                                                | <input type="checkbox"/> 1. Arrested<br><input type="checkbox"/> 2. At Large<br><input type="checkbox"/> 3. Felony<br><input type="checkbox"/> 4. Misdemeanor<br><input type="checkbox"/> 5. Juvenile |
| Co-Defendant Name (Last, First, Middle)                                                                                                                                                                                                                                                                            |                                | Race                                                                                                                                                                                                            | Sex                                | Date of Birth                                                                                                | <input type="checkbox"/> 1. Arrested<br><input type="checkbox"/> 2. At Large<br><input type="checkbox"/> 3. Felony<br><input type="checkbox"/> 4. Misdemeanor<br><input type="checkbox"/> 5. Juvenile |
| <input type="checkbox"/> Parent<br><input type="checkbox"/> Other: _____<br>Name (Last, First, Middle)                                                                                                                                                                                                             |                                | Residence Phone                                                                                                                                                                                                 |                                    |                                                                                                              |                                                                                                                                                                                                       |
| <input type="checkbox"/> Legal Custodian<br>Address (Street, Apt. Number)                                                                                                                                                                                                                                          |                                | (City)                                                                                                                                                                                                          | (State)                            | (Zip)                                                                                                        | Business Phone                                                                                                                                                                                        |
| Notified by: (Name)                                                                                                                                                                                                                                                                                                |                                | Date                                                                                                                                                                                                            | Time                               | JUVENILE DISPOSITION<br>1. Handled/Processed within Department and Released<br>2. TOT JAC<br>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.<br>The child and/or parent was told to keep the Juvenile Court Clerk's Office<br>(Phone 355-2526) informed of any change of address.                                                     |                                | School Attended                                                                                                                                                                                                 |                                    |                                                                                                              |                                                                                                                                                                                                       |
| Property, Crime?<br><input type="checkbox"/> Yes, by _____<br><input type="checkbox"/> No                                                                                                                                                                                                                          |                                | Description of Property                                                                                                                                                                                         |                                    |                                                                                                              |                                                                                                                                                                                                       |
| Drug Activity<br>S. Sell<br>N. N/A<br>P. Possess                                                                                                                                                                                                                                                                   |                                | S. Sell<br>B. Buy<br>T. Traffic                                                                                                                                                                                 | R. Smuggle<br>D. Deliver<br>E. Use | K. Dispense/<br>Distribute                                                                                   | M. Manufacture/<br>Produce/<br>Cultivate                                                                                                                                                              |
| Drug Type<br>N. N/A<br>A. Amphetamine                                                                                                                                                                                                                                                                              |                                | Drug Type<br>B. Barbiturate<br>C. Cocaine<br>E. Heroin<br>H. Hallucinogen<br>M. Marijuana<br>O. Opium/Deriv.<br>P. Paraphernalia/<br>Equipment<br>S. Synthetic<br>U. Unknown<br>2. Other                        |                                    |                                                                                                              |                                                                                                                                                                                                       |
| Charge Description<br><b>DUI - BAC/BRAC OVER .15 -OR- MINOR IN VEHICLE</b>                                                                                                                                                                                                                                         |                                | Statute Violation Number<br><b>316.193(4)</b>                                                                                                                                                                   |                                    | Violation of ORD #                                                                                           |                                                                                                                                                                                                       |
| Drug Activity                                                                                                                                                                                                                                                                                                      | Drug Type                      | Amount / Unit                                                                                                                                                                                                   | Offense #                          | Counts                                                                                                       | Domestic Violence<br><input type="checkbox"/> Y <input checked="" type="checkbox"/> N                                                                                                                 |
| Charge Description                                                                                                                                                                                                                                                                                                 |                                | Statute Violation Number                                                                                                                                                                                        |                                    | Violation of ORD #                                                                                           |                                                                                                                                                                                                       |
| Drug Activity                                                                                                                                                                                                                                                                                                      | Drug Type                      | Amount / Unit                                                                                                                                                                                                   | Offense #                          | Counts                                                                                                       | Domestic Violence<br><input type="checkbox"/> Y <input type="checkbox"/> N                                                                                                                            |
| Charge Description                                                                                                                                                                                                                                                                                                 |                                | Statute Violation Number                                                                                                                                                                                        |                                    | Violation of ORD #                                                                                           |                                                                                                                                                                                                       |
| Drug Activity                                                                                                                                                                                                                                                                                                      | Drug Type                      | Amount / Unit                                                                                                                                                                                                   | Offense #                          | Counts                                                                                                       | Domestic Violence<br><input type="checkbox"/> Y <input type="checkbox"/> N                                                                                                                            |
| 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"/> Released to Parent/Guardian <input 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<br><input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court<br>but must comply with instructions on Page 2.                                                                                                 |                                | Location (Court, Room)<br><b>North County PALM BEACH GARD</b>                                                                                                                                                   |                                    | Court Date and Time<br><b>01/08/2020 08:30:00</b>                                                            |                                                                                                                                                                                                       |
| 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.    |                                | No Photo Available                                                                                                                                                                                              |                                    |                                                                                                              |                                                                                                                                                                                                       |
| Signature of Defendant (or Juvenile and Parent/Custodian)<br><b>NON-COMPLIANT</b>                                                                                                                                                                                                                                  |                                | Date Signed<br><b>11/26/19</b>                                                                                                                                                                                  |                                    |                                                                                                              |                                                                                                                                                                                                       |
| HOLD for Other Agency                                                                                                                                                                                                                                                                                              |                                | Signature of Arresting Officer<br><b>Q. A. J.</b>                                                                                                                                                               |                                    | Name Verification (Printed by Arrestee)                                                                      |                                                                                                                                                                                                       |
| <input type="checkbox"/> Dangerous<br><input type="checkbox"/> Suicidal                                                                                                                                                                                                                                            |                                | Referred Arrest<br><input type="checkbox"/> Other                                                                                                                                                               |                                    | (PRINT)                                                                                                      |                                                                                                                                                                                                       |
| Takeaway<br><b>05/01/19 7632</b>                                                                                                                                                                                                                                                                                   |                                | Transporting Officer<br><b>A BORROWS</b>                                                                                                                                                                        |                                    | ID #<br><b>380</b>                                                                                           |                                                                                                                                                                                                       |
| ID #<br><b>1138</b>                                                                                                                                                                                                                                                                                                |                                | Agency<br><b>JPD</b>                                                                                                                                                                                            |                                    | Witness here if subject signed with an "X"                                                                   |                                                                                                                                                                                                       |

☒ COURT ☐ CLERK ☐ ATTORNEY ☐ AGENCY ☐ CENTRAL RECORDS ☐ JAIL ☐ COURT REPORTER ☐ OTHER

035 NOV 27 2019

| OBTS Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                       | PROBABLE CAUSE AFFIDAVIT |                                                                                                                                                                                     | 1. Arrest<br>2. N.T.A. |                                                                                                                                                                                                                                        | 3. Request for Warrant<br>4. Request for Capias |                 | 1 | JUVENILE                           |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|-----------------|---|------------------------------------|--|
| A<br>D<br>M<br>I<br>N<br>I<br>S<br>T<br>R<br>A<br>T<br>I<br>V<br>E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Agency ORI Number<br><b>FL 0501700</b>                                                                                                                                                                                |                          | Agency Name<br><b>JUPITER POLICE DEPARTMENT</b>                                                                                                                                     |                        | Agency Report Number<br><b>5   4   19-005286</b>                                                                                                                                                                                       |                                                 |                 |   |                                    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Charge Type:<br>Check as many as apply<br><input type="checkbox"/> 1. Felony<br><input type="checkbox"/> 2. Traffic Felony                                                                                            |                          | <input type="checkbox"/> 3. Misdemeanor<br><input checked="" type="checkbox"/> 4. Traffic Misdemeanor<br><input type="checkbox"/> 5. Ordinance<br><input type="checkbox"/> 6. Other |                        | Special Notes                                                                                                                                                                                                                          |                                                 |                 |   |                                    |  |
| D<br>E<br>F<br>I<br>N<br>E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Name (Last, First, Middle)<br><b>ASHBY, DOUGLAS STEPHEN J</b>                                                                                                                                                         |                          |                                                                                                                                                                                     |                        | Race<br><b>W</b>                                                                                                                                                                                                                       |                                                 | Sex<br><b>M</b> |   | Date of Birth<br><b>03/10/1974</b> |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Charge Description<br><b>DUI (ENHANCED OVER .15)</b>                                                                                                                                                                  |                          |                                                                                                                                                                                     |                        | Charge Description                                                                                                                                                                                                                     |                                                 |                 |   |                                    |  |
| C<br>H<br>A<br>R<br>G<br>E<br>S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Charge Description                                                                                                                                                                                                    |                          |                                                                                                                                                                                     |                        | Charge Description                                                                                                                                                                                                                     |                                                 |                 |   |                                    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Charge Description                                                                                                                                                                                                    |                          |                                                                                                                                                                                     |                        | Charge Description                                                                                                                                                                                                                     |                                                 |                 |   |                                    |  |
| V<br>I<br>C<br>T<br>I<br>M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Victim's Name (Last, First, Middle)<br><b>State Of Florida</b>                                                                                                                                                        |                          |                                                                                                                                                                                     |                        | Race                                                                                                                                                                                                                                   |                                                 | Sex             |   | Date of Birth                      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Local Address (Street, Apt. Number) (City) (State) (Zip)                                                                                                                                                              |                          |                                                                                                                                                                                     |                        | Phone                                                                                                                                                                                                                                  |                                                 | Address Source  |   |                                    |  |
| M<br>I<br>S<br>D<br>E<br>M<br>E<br>A<br>N<br>O<br>R                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 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 checked="" 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 type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <u>26</u> day of <u>November</u>, <u>2019</u> at <u>02:49</u> (Specifically include facts constituting cause for arrest.)</p> <p>On the above date at approximately 0249 hours I was on routine patrol in the area of West Indiantown Road and Island Way in the Town of Jupiter, Palm Beach County, Florida.</p> <p>I was traveling west. The area west of the intersection is a posted 45 miles per hour zone for a short span then becomes a posted 50 mile per hour zone. I observed a 2013 Chevrolet bearing Florida license plate DPGR25 traveling in front of me. It was in the posted 50 mile per hour zone when I first took notice of it. It appeared to be moving at a speed appreciably above the posted limit. I visually estimated the vehicle's speed at 65 miles per hour. I activated the front antenna of my Stalker Dual S/L in car radar in same direction moving mode. The patrol speed matched my certified speedometer. The target speed indicated a speed of 63 then 64 then 65 miles per hour. I heard a clear audio Doppler tone. There were no other vehicles in between us. I caught up to the vehicle at the intersection with Florida's Turnpike. When the light turned to green, the vehicle proceeded at a speed near the speed limit. I noticed the vehicle swerve within its lane, not affecting other traffic.</p> <p>I initiated a traffic stop of the vehicle as it approached Taylor Road. The vehicle took slightly longer than usual to react but pulled over to the right hand shoulder. I walked up to the driver's side door and spoke to the driver, Douglas Ashby. I immediately noticed Ashby was behaving unusually and also noticed several signs of impairment. Ashby had bloodshot glassy eyes. There was an overpowering odor of an unknown alcoholic beverage on Ashby's breath. Ashby looked oddly shocked or surprised as I was introducing myself as a Jupiter Police Officer. Ashby spoke a moment later. Ashby's speech was heavily slurred. I asked Ashby how much he'd had to drink. Ashby referred to the water he had in the car. I clarified that I was speaking about alcohol. Ashby denied drinking. I expressed some incredulity at that statement and Ashby mumbled/slurred something about having two beers. I asked him to repeat it and Ashby became (even more) evasive. Ashby had some difficulty locating his registration and he</p> |                                                                                                                                                                                                                       |                          |                                                                                                                                                                                     |                        |                                                                                                                                                                                                                                        |                                                 |                 |   |                                    |  |
| S<br>T<br>A<br>T<br>E<br>M<br>E<br>N<br>T                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | SWORN AND SUBSCRIBED BEFORE ME<br><br>NOTARY PUBLIC / CLERK OF COURT / OFFICE (If Expires 10/20/2023)<br><u>11/26/2019</u><br>DATE |                          |                                                                                                                                                                                     |                        | <br>SIGNATURE OF ARRESTING / INVESTIGATING OFFICER<br><b>BORROWS, ANDREW (1138)</b><br>NAME OF OFFICER (PLEASE PRINT)<br><u>11/26/2019</u><br>DATE |                                                 |                 |   |                                    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                       |                          |                                                                                                                                                                                     |                        | PAGE<br><b>1 OF 4</b>                                                                                                                                                                                                                  |                                                 |                 |   |                                    |  |

COURT

STATE ATTORNEY

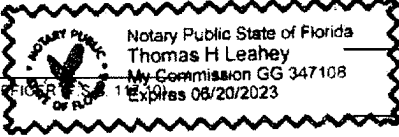
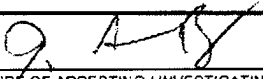
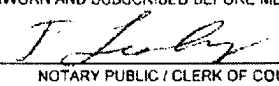
CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

NOV 27 2019

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| OBTS Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                             | PROBABLE CAUSE AFFIDAVIT<br>SUPPLEMENT                                              |                          | 1. Arrest<br>2. N.T.A.                                                                                                                                                                                    | 3. Request for Warrant<br>4. Request for Capias | <b>1</b> | JUVENILE              |
| ADMINISTRATIVE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Agency ORI Number                                                                                                                                                                                                                                           | Agency Name                                                                         | Agency Report Number     |                                                                                                                                                                                                           |                                                 |          |                       |
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| PROBABLE CAUSE STATEMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Charge Type: Check as many as apply                                                                                                                                                                                                                         |                                                                                     | Special Notes:           |                                                                                                                                                                                                           |                                                 |          |                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance<br><input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other |                                                                                     |                          |                                                                                                                                                                                                           |                                                 |          |                       |
| DEFENDANT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Name (Last, First, Middle)                                                                                                                                                                                                                                  |                                                                                     | Alias                    |                                                                                                                                                                                                           | Race                                            | Sex      | Date of Birth         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>ASHBY, DOUGLAS STEPHEN J</b>                                                                                                                                                                                                                             |                                                                                     |                          |                                                                                                                                                                                                           | <b>W</b>                                        | <b>M</b> | <b>03/10/1974</b>     |
| <p>had difficulty focusing on the task at hand. Ashby stated he has no medical conditions, and takes no medicine or drugs.</p> <p>Upon the arrival of Officer Raleigh, who was acting as my back up officer, I arranged a safe area behind Ashby's car to conduct roadside tasks. I then had Ashby exit his vehicle. It was immediately apparent that Ashby was unsteady on his feet and was swaying visibly. I asked Ashby to complete roadside tasks. He agreed. I first conducted the Horizontal Gaze Nystagmus task. I am a certified Drug Recognition Expert and conducted the task in a manner consistent with my training and experience. I observed all six standardized clues of Horizontal Gaze Nystagmus. I observed Lack of Smooth Pursuit, Distinct and Sustained Nystagmus at Maximum Deviation and Onset of Nystagmus prior to 45 degrees in both of Ashby's eyes. I did not observe Vertical Gaze Nystagmus. Ashby was swaying visibly during the task.</p> <p>I next conducted the Walk and Turn Task. Ashby had great difficulty attaining and maintaining the starting position. Ashby blamed his flip flops but refused to take them off. Ashby then walked towards me, turned his back on me, and put his hands together behind his back. I asked Ashby what he was doing and he stated he didn't want to get into trouble. When I pointed out that it looked like Ashby was trying to get me to arrest him, he shrugged his shoulders and said "Yea." When I asked why, Ashby said it was because he just wanted to go home. I confirmed that's what he meant. I pointed out the illogic in this statement and advised Ashby of the Taylor Warnings. Ashby stated he understood and then said he didn't want to refuse. He then stated he couldn't do the task due to "cancer" on his legs. Ashby indicated he couldn't do the tasks due to his legs, but asked to do an exercise like "the alphabet" to show he wasn't impaired. I pointed out I have a chair to do seated roadides. Ashby agreed to do seated roadides.</p> <p>I have previously completed an eight hour transition course for the Seated Battery of Roadside Tasks. I retrieved the folding chair I keep for just such occasions in the back of my car and set it up on the roadway. I started conducting the seated battery with the Finger to Nose Task. I observed the following: L1: Ashby searched for the tip then touched the tip of his nose with the pad of his finger. Ashby forgot to put his hand back down. I reminded him to. Ashby opened his eyes. R2: Ashby hovered over his right eye before searching for the tip of his nose and touching the tip of his nose with the pad of his finger. L3: Ashby touched the tip of his nose with the pad of his finger. Ashby opened his eyes. R4: Ashby searched for the tip from the bridge of his nose down then touched the tip of his nose with the pad of his finger. R5: Ashby moved his head towards his right. Ashby touched the tip of his nose with the pad of his finger. L6: Ashby touched the tip of his nose with the pad of his finger.</p> <p>I next conducted the Palm Pat. Ashby forgot to speed up and didn't until I'd reminded him twice. Ashby then counted faster but started to count out of sync with his hands.</p> |                                                                                                                                                                                                                                                             |                                                                                     |                          |                                                                                                                                                                                                           |                                                 |          |                       |
| SWORN AND SUBSCRIBED BEFORE ME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                             |  |                          | <br>SIGNATURE OF ARRESTING / INVESTIGATING OFFICER<br><b>BORROWS, ANDREW (1138)</b><br>NAME OF OFFICER (PLEASE PRINT) |                                                 |          |                       |
| <br>NOTARY PUBLIC / CLERK OF COURT / OFFICER OF RECORD<br><b>11/26/2019</b><br>DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                             |                                                                                     |                          |                                                                                                                                                                                                           |                                                 |          |                       |
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COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

NOV 27 2019

|                                                               |  |                                                                                                                                                                                                                                                                         |  |                                                  |                                                 |                                    |          |
|---------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------|-------------------------------------------------|------------------------------------|----------|
| OBTS Number                                                   |  | <b>PROBABLE CAUSE AFFIDAVIT<br/>SUPPLEMENT</b>                                                                                                                                                                                                                          |  | 1. Arrest<br>2. N.T.A.                           | 3. Request for Warrant<br>4. Request for Copies | <b>1</b>                           | JUVENILE |
| Agency ORI Number<br><b>FL 0501700</b>                        |  | Agency Name<br><b>JUPITER POLICE DEPARTMENT</b>                                                                                                                                                                                                                         |  | Agency Report Number<br><b>5   4   19-005286</b> |                                                 |                                    |          |
| Charge Type:<br>Check as many as apply.                       |  | <input type="checkbox"/> 1. Felony<br><input type="checkbox"/> 2. Traffic Felony<br><input type="checkbox"/> 3. Misdemeanor<br><input checked="" type="checkbox"/> 4. Traffic Misdemeanor<br><input type="checkbox"/> 5. Ordinance<br><input type="checkbox"/> 6. Other |  | Special Notes:                                   |                                                 |                                    |          |
| Name (Last, First, Middle)<br><b>ASHBY, DOUGLAS STEPHEN J</b> |  | Alias                                                                                                                                                                                                                                                                   |  | Race<br><b>W</b>                                 | Sex<br><b>M</b>                                 | Date of Birth<br><b>03/10/1974</b> |          |

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I next conducted the Hand Coordination. I observed an improper touch of the fourth step out. After the fourth step, Ashby paused for several seconds. Ashby did not clap at all. Ashby then counted back "7, 6, 5, 4" (improper count). Ashby then put his left fist back on his chest then his hands in his lap as instructed.

I then conducted a modified (seated) Romberg / Alphabet task. Ashby stated the alphabet as follows: A B C D E F G H I J K L M N O P Q R S T U V W X Y Z. At about "T", Ashby started to speed up and stated rhythmically, though I had told him not to.

At that time, I placed Ashby under arrest for DUI. I advised him that I was arresting him for DUI and secured him in handcuffs, which I checked for spacing and double locked. I transported Ashby to the Jupiter Police Department so I could dock my body worn camera and to secure evidence from a prior arrest. I then transported Ashby to the Palm Beach County Breath Alcohol Testing Facility. I conducted a 20 minute observation period facing Ashby. During transport and during the observation period, Ashby asked repeatedly what would happen if his breath sample was under the legal limit. I advised him of what would happen. Ashby asked repeatedly for a blood sample. I advised him several times of the requirement in law that I facilitate a blood draw after he provides a breath sample. Upon completion of the 20 minute observation period, I requested Ashby provide a breath sample. He said, "Yes sir." Ashby subsequently provided two samples of .230. After Ashby was advised of the breath testing results, I read the following which I printed from the relevant Florida State Statute (FSS 316.1932):

"The person tested may, at his or her own expense, have a physician, registered nurse, other personnel authorized by a hospital to draw blood, or duly licensed clinical laboratory director, supervisor, technologist, or technician, or other person of his or her own choosing administer an independent test in addition to the test administered at the direction of the law enforcement officer for the purpose of determining the amount of alcohol in the person's blood or breath or the presence of chemical substances or controlled substances at the time alleged, as shown by chemical analysis of his or her blood or urine, or by chemical or physical test of his or her breath. The failure or inability to obtain an independent test by a person does not preclude the admissibility in evidence of the test taken at the direction of the law enforcement officer. The law enforcement officer shall not interfere with the person's opportunity to obtain the independent test and shall provide the person with timely telephone access to secure the test, but the burden is on the person to arrange and secure the test at the person's own expense."

I asked Ashby if he understood. Ashby stated he did. He declined to pursue that route for obtaining a blood sample. I then read Ashby his Miranda Rights from a prepared text. Ashby stated he understood. Ashby stated he wanted to speak to me. Ashby answered the questions I asked. I then secured Ashby in a holding cell while I completed my paperwork. Prior to starting, I gave Ashby a cup of fresh water and made a

|                                                                                                                           |  |                                                                                                                                                    |
|---------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------|
| SWORN AND SUBSCRIBED BEFORE ME<br><br>NOTARY PUBLIC / CLERK OF COURT (OFFICER F.S.S. 117.10)<br><b>11/26/2019</b><br>DATE |  | <br>SIGNATURE OF ARRESTING / INVESTIGATING OFFICER<br><b>BORROWS, ANDREW (1138)</b><br>NAME OF OFFICER (PLEASE PRINT)<br><b>11/26/2019</b><br>DATE |
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PAGE  
**3 OF 4**

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P.I.O.

NOV 27 2019

| OBT Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                  | PROBABLE CAUSE AFFIDAVIT<br>SUPPLEMENT |                           | 1. Arrest<br>2. N.T.A. |                                                                                                                       | 3. Request for Warrant<br>4. Request for Copies |                   | <b>1</b>              | JUVENILE |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|----------------------------------------|---------------------------|------------------------|-----------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|-------------------|-----------------------|----------|
| Agency ORI Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Agency Name                      |                                        | Agency Report Number      |                        |                                                                                                                       |                                                 |                   |                       |          |
| <b>FL 0501700</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>JUPITER POLICE DEPARTMENT</b> |                                        | <b>5   4   19-005286</b>  |                        |                                                                                                                       |                                                 |                   |                       |          |
| Charge Type:<br>Check as many as apply:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                  |                                        | Special Notes:            |                        |                                                                                                                       |                                                 |                   |                       |          |
| <input type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance<br><input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other                                                                                                                                                                                                                                                                                                                         |                                  |                                        |                           |                        |                                                                                                                       |                                                 |                   |                       |          |
| Name (Last, First, Middle)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                  |                                        | Alias                     |                        | Race                                                                                                                  | Sex                                             | Date of Birth     |                       |          |
| <b>ASHBY, DOUGLAS STEPHEN J</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                  |                                        |                           |                        | <b>W</b>                                                                                                              | <b>M</b>                                        | <b>03/10/1974</b> |                       |          |
| <p>phone call at his request. Ashby then stated he wanted a blood sample. I immediately retrieved a phone book and offered it to Ashby, telling him to notify me when he wanted to use the phone. Ashby refused to take the phone book. Shortly after, Ashby's attitude started to deteriorate. Ashby, previously polite (though pedantic) and more or less cooperative became extremely insulting and demanding.</p> <p>After completion of my paperwork Ashby was booked into the Palm Beach County Jail where I charged him with DUI (enhanced over .15) per FSS 316.193(4).</p> |                                  |                                        |                           |                        |                                                                                                                       |                                                 |                   |                       |          |
| <div style="position: relative;"> <div style="position: absolute; top: 0; left: 0; right: 0; bottom: 0; opacity: 0.1; font-size: 100px; transform: rotate(-30deg); pointer-events: none;"> NOT A CERTIFIED COPY </div> </div>                                                                                                                                                                                                                                                                                                                                                       |                                  |                                        |                           |                        |                                                                                                                       |                                                 |                   |                       |          |
| SWORN AND SUBSCRIBED BEFORE ME<br><br>NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.19)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                  |                                        |                           |                        | SIGNATURE OF ARRESTING / INVESTIGATING OFFICER<br><br><b>BORROWS, ANDREW (1138)</b><br>NAME OF OFFICER (PLEASE PRINT) |                                                 |                   |                       |          |
| <b>11/26/2019</b><br>DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                  |                                        | <b>11/26/2019</b><br>DATE |                        |                                                                                                                       |                                                 |                   | PAGE<br><b>4 OF 4</b> |          |

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

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: 11/26/2019

Date of Last Agency Inspection: 11/15/2019

Observation Period Began: 04:05

Subject's Name: DOUGLAS S ASHBY JR

DOB: 03/17/1974 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     | 04:20 |
|          | Air Blank         | 0.000  | 04:20 |
|          | Control Test      | 0.061  | 04:20 |
|          | Air Blank         | 0.000  | 04:20 |
|          | Subject Sample #1 | 0.230  | 04:20 |
|          | Air Blank         | 0.000  | 04:31 |
|          | Air Blank         | 0.000  | 04:33 |
|          | Subject Sample #2 | 0.230  | 04:33 |
|          | Air Blank         | 0.000  | 04:34 |
|          | Control Test      | 0.080  | 04:34 |
|          | Air Blank         | 0.000  | 04:35 |
|          | Diagnostics Check | OK     | 04:35 |

Cylinder Lot: 17919030A1  
Exp: 08/05/2021

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 THOMAS H LEAHY, 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: T Leahy

Signature

Date: 11/26/19

Sworn to (or affirmed) before me this 26th day of November, 2019

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, corrections officers, or other 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. It is used in accordance with Section 316.1934(5), F.S., and in administrative proceedings pursuant to 22B.20, F.A.C.

NOV 27 2019

SUBJECT: Ashby, Douglas S

CASE NUMBER: 19-005286

## 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.

SCANNED  
SUSPECT'S SIGNATURE: (X) Read on camera

NOV 27 2019

WHITE - STATE ATTORNEY

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL



SUBJECT:

Ashby T. Douglas S

CASE NUMBER:

19-005286

## 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:

Of. Andrew Borrows 3/20/1978

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL



# TESTING FACILITY TASK REPORT

AGENCY: SPD

SUBJECT: Ashby Jr Douglas S

CASE NUMBER: 19-141586

DATE: 11/26/19

VIDEO TAPE NUMBER: N/A

BEGINNING TIME: 04:27

ENDING TIME: 04:42

BREATH TESTS RESULTS: 1) .230 TIME 04:30 A.M./P.M. 2) .230 TIME 04:31 A.M./P.M.  
3) N/A TIME --- A.M./P.M. 4) N/A TIME --- A.M./P.M.

BREATH OPERATOR: T. Carlock #19183

MAINTENANCE TECHNICIAN: T. Carlock #6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: sturred thick

ATTITUDE: calm, cooperative, talkative

CLOTHING: white shorts, black pullover, brown flip flops

MEDICAL CONDITIONS: None - cancer on leg

MEDICATIONS: None

OTHER: eyes glossy + bloodshot  
odor of urine + alcoholic beverage on breath

COMMENTS: arrived at center A/O conducted 20 minute  
observation period, on video

Agreed to perform breath test

Technician performed breath test correctly + stated he  
understood breath test results

A/O read blood testing requirements - & kept asking for  
us to draw blood - & stated he understood

A/O read rights & stated he understood rights

A/O conducted Q+A  
NOV 27 2019

A answered questions

## WITNESS LIST

CASE NUMBER: 19-005286

ARRESTING OFFICER: Ofc. A. Borrows 380 / 1138

ADDRESS: 210 Military Trail, Jupiter Fl 33458

PHONE NUMBERS (HOME): \_\_\_\_\_ (WORK) 561 746 6201

CAN TESTIFY TO: PC

NAME: Officer Elizabeth Ralieg

ADDRESS: 210 Military Trail, Jupiter Fl 33458

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) 561 746 6201

CAN TESTIFY TO: Scene, tow of vehicle

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: \_\_\_\_\_

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

ADDRESS \_\_\_\_\_

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

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

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

ADDRESS \_\_\_\_\_

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

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

SCANNED

NOV 27 2019



**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),<br>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),<br>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),<br>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"/>            |                                         |                                                                                                                                                                            |                |
|                                                             | <input type="checkbox"/>            |                                         |                                                                                                                                                                            |                |
| Other                                                       | <input type="checkbox"/>            |                                         | Other:                                                                                                                                                                     |                |
|                                                             | <input type="checkbox"/>            |                                         | Other:                                                                                                                                                                     |                |

**REVIEW COMPLETED BY**

Booking Number: 2019038025

Date: 11/26/2019

Specialist Name/ID: J. Beck/9007

SO 11/27/2019  
NOV 27 2019