

OBTS Number		1. Arrest		3. Request for Warrant		Juvenile	
17CT782		2. N.T.A.		4. Request for Capias		1	
Agency ORI Number		Agency Name		Agency Report Number (N.T.A.'s only)			
FLO 500000		PALM BEACH COUNTY SHERIFF'S OFFICE		06- 17025972			
Charge Type:		1. Felony		3. Misdemeanor		5. Ordinance	
Check as many as apply:		2. Traffic Felony		4. Traffic Misdemeanor		6. Other	
				Weapon Seized / Type		Multiple Clearance Indicator	
				2 1. Yes		1	
				2. No			
Location of Arrest (Including Name of Business)		Location of Offense (Business Name, Address)					
STATE ROAD 7/GLADES ROAD, BOCA RATON/FL/33498		STATE ROAD 7/GLADES ROAD, BOCA RATON/FL/33498					
Date of Arrest		Time of Arrest		Booking Date		Booking Time	
01/13/2017		0245					
Name (Last, First, Middle)		Alias (Name, DOB, Soc. Sec. #, Etc.)					
Ingram, Holly, G							
Race		Sex		Date of Birth		Height	
W - White I - American Indian B - Black O - Oriental/Asian		W F		04/21/1973		5'5	
						Weight	
						109	
						Eye Color	
						GRN	
						Hair Color	
						BLO	
						Complexion	
						LIGHT	
						Build	
						THIN	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status		Religion		Indication of:	
		Married		NONE		Alcohol Influence	
						Drug Influence	
						Y N Unk.	
						1. City	
						2. County	
						3. Florida	
						4. Out of State	
						3	
Local Address (Street, Apt. Number)		(City)		(State)		(Zip)	
1831 NE 25TH AVENUE APT B, POMPANO BEACH FL 33062							
Phone		(859) 2295220					
Permanent Address (Street, Apt. Number)		(City)		(State)		(Zip)	
Business Address (Name, Street)		(City)		(State)		(Zip)	
D/L Number, State		Soc. Sec. Number		INS Number		Place of Birth (City, State)	
J94309304, KY						GERMANY	
Citizenship		US					
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth	
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth	
Parent Legal Custodian		Other:		Residence Phone			
Address (Street, Apt. Number)		(City)		(State)		(Zip)	
Notified by: (Name)		Date		Time		Juvenile Disposition	
						1. Handled/ processed within Dept. and Released.	
						2. TOT HRS / DYS	
						3. Incarcerated	
Released To: (Name)		Relationship		Date		Time	
The above address provided by defendant and / or defendant's parents The child and / or parent was told to keep the Juvenile Court Clerk (Phone 355-2526) informed of any change of address.		School Attended		Grade			
Yes, by: (Name)		No: (Reason)					
Property Crime?		Description of Property		Value of Property			
Yes No							
Drug Activity		S. Sell		R. Smuggle		K. Dispense/ Distribute	
N. N/A		B. Buy		D. Deliver		E. Use	
P. Possess		T. Traffic					
Drug Type		B. Barbiturate		H. Hallucinogen		P. Paraphernalia/ Equipment	
N. N/A		C. Cocaine		M. Marijuana		S. Synthetics	
A. Amphetamine		E. Heroin		O. Opium/deriv.			
Charge Description		Counts		Domestic Violence		Statute Violation Number	
DUI		1		Y N		316.193(1)	
Drug Activity		Drug Type		Amount / Unit		Offense #	
N		N				17025972	
Warrant / Capias Number		Bond					
Charge Description		Counts		Domestic Violence		Statute Violation Number	
				Y N			
Drug Activity		Drug Type		Amount / Unit		Offense #	
Warrant / Capias Number		Bond					
Charge Description		Counts		Domestic Violence		Statute Violation Number	
				Y N			
Drug Activity		Drug Type		Amount / Unit		Offense #	
Warrant / Capias Number		Bond					
Charge Description		Counts		Domestic Violence		Statute Violation Number	
				Y N			
Drug Activity		Drug Type		Amount / Unit		Offense #	
Warrant / Capias Number		Bond					
Location (Court, Room Number, Address)		SOUTH COUNTY COURT, 200 W ATLANTIC AVENUE, DELRAY BEACH, FL 33444					
Court Date and Time		Month FEBRUARY Day 13 Year 2017 Time 830 AM X PM					
I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED		01/13/2017					
Signature of Defendant (or Juvenile and Parent /Custodian)		Date Signed					
HOLD for other Agency		Signature of Arresting Officer		Name Verification (Printed by Arrestee)			
Name:		X		SCANNED			
Dangerous Resisted Arrest		Name of Arresting Officer (Print)		(PRINT)			
Suicidal Other:		SERRAES		19471			
Ink Deputy		ID #		Pouch #			
Thomas T936		19471		PBSO			
Transporting Officer		ID #		Agency			
SERRAES		19471		PBSO			
Witness here if subject signed with an -X-		1			OF 1		

J-0484430

P 1618

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 13TH DAY OF JANUARY 20 17, AT 0225 ☒ AM ☐ PM

SUBJECT: Ingram, Holly, G CASE NUMBER: 17025972

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: SERRAES

PERSONAL CONTACT

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

The driver, Holly Ingram, was observed asleep behind the wheel of her 99 volkswagon, FL tag ELSV84, at the intersection of State Road 7/Glades Road, unincorporated Boca Raton, FL. Holly was confused as to why police were there and stated that she was not sleeping.

OBSERVATION OF DRIVER:

Holly had glassy eyes, slow movements and was confused. I asked Holly to exit the vehicle and it took her several attempts to take off her seatbelt. While standing outside her vehicle Holly could not stand straight and almost fell over to the point where I had to catch her

DRIVER'S STATEMENTS:

Holly stated she drank half a four loko before driving

ODORS:

Strong odor of an unknown alcoholic beverage emanating from Holly's breath

GENERAL OBSERVATIONS

SPEECH: Slurred heavily, mumbled

ATTITUDE: somewhat cooperative

CLOTHING: normal

MEDICAL/OTHER: Anxiety

STATE OF FLORIDA
COUNTY OF PALM BEACH

SERRAES

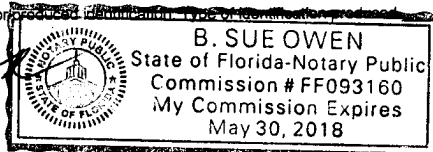
(Signature of Arresting/Investigative Officer)

I, the foregoing instrument was sworn to or affirmed and subscribed before me this 13 day of January 20 17 by SERRAES

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

Sue Owen (#3184)

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



SUBJECT: Ingram, Holly, G

CASE NUMBER 17025972

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

☐

LT EYE-LACK OF SMOOTH PURSUIT

☐

RT EYE-LACK OF SMOOTH PURSUIT

☐

LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION

☐

RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION

☐

LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

☐

RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

Other Observations:

REFUSED

WALK & TURN:

REFUSED

ONE LEG STAND:

REFUSED

FINGER TO NOSE:

REFUSED

ROMBERG ALPHABET:

REFUSED

BREATH TEST RESULTS: 1) REF

2)

3)

4)

STATE OF FLORIDA
COUNTY OF PALM BEACH

SERRAES

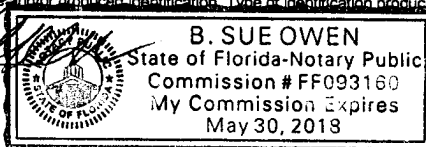
Signature of Arresting/Investigative Officer

The foregoing instrument was sworn to or affirmed and subscribed before me this 13 day of January, 20 17 by SERRAES

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

Sue Owen (#3184)

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



TESTING FACILITY TASK REPORT

AGENCY: PB50
SUBJECT: Ingram, Holly G. CASE NUMBER: 17-025972
DATE: 01/13/17 VIDEO TAPE NUMBER: 61977
BEGINNING TIME: 0344 ENDING TIME: 0348
BREATH TESTS RESULTS: **REFUSED** 1) TIME 0347 A.M./P.M. 2) TIME A.M./P.M.
3) TIME A.M./P.M. 4) TIME A.M./P.M.

BREATH OPERATOR: S. Owen #3184

MAINTENANCE TECHNICIAN: J. Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: very quietly, whiney

ATTITUDE: NOT cooperative, got up from seat during obsv.

CLOTHING: Zebra pants, black top

MEDICAL CONDITIONS: couldn't understand

MEDICATIONS: lots of meds

OTHER: shook a lot, droopy eyes went to bathroom during observation

COMMENTS: A/O & A arrived at 0318 hrs

A/O observed 20 minutes

A/O requested breath test, A refused w/o judge

A/O read I/C, A understood, still refused

A/O read C/W, A understood rights

Refused Q & A w/o attorney

WITNESS LIST

CASE NUMBER: 17025972

ARRESTING OFFICER: SERRAES

ADDRESS: 17901 STATE ROAD 7, BOCA RATON, FL 33498

PHONE NUMBERS (HOME): _____ (WORK) 5616883000

CAN TESTIFY TO: DUI INVESTIGATION, ARREST

NAME: SGT. OBRAY 6250

ADDRESS: 17901 STATE ROAD 7, BOCA RATON, FL 33498

PHONE NUMBERS (HOME) _____ (WORK) 5616883000

CAN TESTIFY TO: BACK UP

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) 0 (WORK) 0

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

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PHONE NUMBERS (HOME) _____ (WORK) _____

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CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

SUBJECT: INGRAM, Holly G. CASE NUMBER: 17-025972

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 D/S SERRAES of the PBSO

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) Read on Camera

CONSTITUTIONAL WARNINGS

I AM REQUIRED TO WARN YOU BEFORE YOU MAKE ANY STATEMENTS THAT YOU HAVE THE FOLLOWING RIGHTS:

1. You have the right to remain silent and not answer any questions.
2. Any statement must be freely and voluntarily given.
3. You have the right to the presence of a lawyer of your choice before you make any statement and during any questioning.
4. If you cannot afford a lawyer, you are entitled to the presence of a court appointed lawyer before you make any statements and during any questioning.
5. If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent.
6. I can make no threats or promises to induce you to make a statement. This must be of your own free will.
7. Any statement can and will be used against you in a court of law.

SUSPECT'S SIGNATURE: (X) Read on Camera

SUBJECT: INGRAM, Holly G. CASE NUMBER: 17-025972

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: _____

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL