

OBTS Number		ARREST / NOTICE TO APPEAR		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	Juvenile		
ADMINISTRATIVE	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: Check as many as apply.		<input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Weapon Seized / Type		Multiple Clearance Indicator			
Location of Arrest (Including Name of Business)		STATE ROAD 7/GLADES ROAD, BOCA RATON/FL/33498		Location of Offense (Business Name, Address)					
Date of Arrest		Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle		
01/13/2017		0245					ACCESS TOWING		
Name (Last, First, Middle)									
Ingram, Holly, G									
Alias (Name, DOB, Soc. Sec. #, Etc.)									
Race		Sex	Date of Birth	Height	Weight	Eye Color	Hair Color		
W - White I - American Indian B - Black O - Oriental/Asian		W	F	04/21/1973	5'5	109	GRN		
Build		Complexion							
THIN		LIGHT							
Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description)									
				Marital Status	Religion		Indication of:		
				Married	NONE		Alcohol Influence Drug Influence		
						Y N Unk.			
						<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Local Address (Street, Apt. Number)				(City)	(State)	(Zip)	Phone		
1831 NE 25TH AVENUE APT B, POMPANO BEACH FL 33062							(859) 2295220		
Permanent Address (Street, Apt. Number)				(City)	(State)	(Zip)	Phone		
							( )		
Business Address (Name, Street)				(City)	(State)	(Zip)	Phone		
							( )		
D/L Number, State		Soc. Sec. Number		INS Number		Place of Birth (City, State)	Citizenship		
J94309304, KY						GERMANY	US		
Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile		
Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile		
Parent Legal Custodian Other:									
Address (Street, Apt. Number)				(City)	(State)	(Zip)	Residence Phone		
							( )		
Notified by: (Name)				Date	Time	Juvenile Disposition	Business Phone		
						1. Handled/processed within Dept. and Released.	( )		
Released To: (Name)				Relationship		Date	Time		
The above address provided by <input type="checkbox"/> defendant and / or <input type="checkbox"/> defendant's parents The child and / or parent was told to keep the Juvenile Court Clerk (Phone 355-2526) informed of any change of address.									
<input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)									
Property Crime?		Description of Property				Value of Property			
<input type="checkbox"/> Yes <input type="checkbox"/> No									
Drug Activity		S. Sell	R. Smuggle	K. Dispense/ Distribute	M. Manufacture/ Produce/ Cultivate	Z. Other	Drug Type N. N/A P. Possess B. Buy T. Traffic D. Deliver E. Use		
							B. Barbiturate N. N/A A. Amphetamine C. Cocaine E. Heroin		
							H. Hallucinogen M. Marijuana O. Opium/Deriv. P. Paraphernalia/ Equipment S. Synthetics		
							U. Unknown Z. Other		
CODE		Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #	
		DUI		1		316.193(1)			
CHARGE		Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond	
		N	N		17025972				
CHARGE		Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #	
CHARGE		Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond	
CHARGE		Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #	
CHARGE		Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond	
CHARGE		Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation of ORD #	
CHARGE		Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond	
NOTICE TO APPEAR		Location (Court, Room Number, Address)							
SOUTH COUNTY COURT, 200 W ATLANTIC AVENUE, DELRAY BEACH, FL 33444								3	
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			
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal				<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print) SERRAES I.D. # 19471			
						(PRINT)			
Int. Deputy Thomas 7930				Transporting Officer SERRAES I.D. # 19471		Agency PBSO PINK - AGENCY			
						JAN 13 2017			
						PAGE			
						1 OF 1			
Witness here if subject signed with an 'X'									
DISTRIBUTION: WHITE - COURT COPY									
GREEN - STATE ATTORNEY									
YELLOW - AGENCY									
PINK - AGENCY									
GOLD - DEFENDANT (N.T.A.'s ONLY)									
J-0484430 P 1618									



**ROADSIDE TASKS****HORIZONTAL GAZE NYSTAGMUS:**

<input type="checkbox"/> LT EYE-LACK OF SMOOTH PURSUIT	<input type="checkbox"/> RT EYE-LACK OF SMOOTH PURSUIT
<input type="checkbox"/> LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION	<input type="checkbox"/> RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION
<input type="checkbox"/> LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES	<input type="checkbox"/> 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**

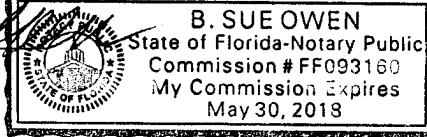
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 13 day of January 2017 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: PBSO

SUBJECT: INGRAM, Holly G.

DATE: 01/13/17

BEGINNING TIME: 0344

BREATH TESTS RESULTS: **REFUSED**

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 #64107

## 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/I & I arrived at 0318 hrs

A/I observed 20 minutes

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

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

A/I 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: \_\_\_\_\_

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: \_\_\_\_\_

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 DJS Serratos 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

## 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? \_\_\_\_\_ *REFUSED*

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

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? \_\_\_\_\_ *REFUSED*  
GLASS EYE? \_\_\_\_\_ *REFUSED*  
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: \_\_\_\_\_