

0481934

1601019582 AM 3 407
ARREST / NOTICE TO APPEAR

1. Arrest
2. N.T.A.
3. Request for Warrant
4. Request for Capias

1 JUVENILE

OBTS Number	Agency ORI Number 0502000		Agency Name Lantana Police Department		Agency Report Number (N.T.A.'s only) 6, 4 16-002301		Multiple Clearance Indicator 1	
Charge Type: Check as many as apply: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other	Location of Arrest (Including Name of Business) 1589 W LANTANA RD, LANTANA FL 33462		Location of Offense (Business Name, Address) 1589 W LANTANA RD, LANTANA, FL 33462		If Weapon Seized Enter Type: None/not Applicable		Multiple Clearance Indicator 1	
Date of Arrest 10/18/2016	Time of Arrest 00:03	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle		
Name (Last, First, Middle) HOLCOMB, TAMMY K								Alias: None
Race W - White B - Black O - Oriental/Asian W	Sex F	Date of Birth 12/11/1968	Height 5'02	Weight 110	Eye Color BLUE	Hair Color BLONDE	Complexion LIGHT	Build Thin
Local Address (Street, Apt. Number) 762 NW 11TH ST, BOYNTON BEACH, FL 33426				(City) BOYNTON BEACH	(State) FL	(Zip) 33426	Phone (561) 84-3844	Indication of Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>
Permanent Address (Street, Apt. Number) 762 NW 11TH ST, BOYNTON BEACH, FL 33426				(City) BOYNTON BEACH	(State) FL	(Zip) 33426	Phone (561) 84-3844	Residence Type: 1. City 2. County 3. Out of State DEFENDENT
Business Address (Name, Street) UNKNOWN,				(City) UNKNOWN	(State) UNKNOWN	(Zip) UNKNOWN	Phone UNKNOWN	Occupation Unknown
D/L Number, State H425811689510 / FL		Soc. Sec. Number [REDACTED]		INS Number [REDACTED]		Place of Birth (City, State) ROCKFORD, IL		Citizenship 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
Name (Last, First, Middle) [REDACTED]								Residence Phone
Address (Street, Apt. Number) [REDACTED]								Business Phone
Notified by: (Name) [REDACTED]				Date	Time	JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated		
Released To: (Name) [REDACTED]				Date	Time	Grade		
The above address was 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's Office (Phone 355-2526) informed of any change of address.								Value of Property
<input type="checkbox"/> Yes, by: <input type="checkbox"/> No: <input type="checkbox"/> Other: [REDACTED]								Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Drug Activity N. N/A P. Possess								Drug Type N. N/A A. Amphetamine
S. Sell B. Buy T. Traffic								B. Barbiturate C. Cocaine E. Heroin
R. Smuggle D. Deliver E. Use								H. Hallucinogen M. Marijuana O. Opium/Deriv.
K. Disperses/ Distribute								P. Paraphernalia/ Equipment S. Synthetic
M. Manufacture/ Produce/ Cultivate								U. Unknown Z. Other
Z. Other								
Charge Description DUI-DRIVING UNDER THE INFLUENCE								Statute Violation Number 316.193(1)
Drug Activity N								Violation of ORD #
Drug Type N								Bond
Amount / Unit /								
Offense # 16-002301								
Counts 1								
Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N								
Warrant / Capias Number								
Charge Description REFUSAL TO SUBMIT TO BAL TEST								Statute Violation Number 316.1939(1)(E)
Drug Activity N								Violation of ORD #
Drug Type N								Bond
Amount / Unit /								
Offense # 16-002301								
Counts 1								
Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N								
Warrant / Capias Number								
Charge Description								Bond
Drug Activity								
Drug Type								
Amount / Unit								
Offense #								
Counts								
Domestic Violence								
Warrant / Capias Number								
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								
Health / Apparent Physical Condition of Defendant								
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health								
PROPERTY - Received By								
Released By								
Date Transported								
Time Transported								
Other								
Location (Court, Room) 200 W Atlantic Ave, DELRAY BEACH								
Court Date and Time 11/14/2016 00:00:00								
INSTRUCTION NO. 1 - Mandatory appearance in court INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.								No Photo Available
I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.								
Signature of Defendant (or Juvenile and Parent/Custodian) [Signature]								Date Signed
HOLD for Other Agency								Name Verification (Printed by Arrestee)
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other								(PRINT)
Name of Arresting Officer (Print) GUARIN, EDGAR L.								PAGE 1 OF 1
Transporting Officer [Signature]								Witness here if subject signed with an "X"

OCT 18 AM 3:03

WITNESS LIST

CASE NUMBER: 16-002301

ARRESTING OFFICER EDGAR GUARIN#866

ADDRESS 500 GREYNOLDS CIRCLE, LANTANA FL 33462

PHONE NUMBERS (HOME) 561-540-5701 (WORK) _____

CAN TESTIFY TO: PC Affidavit

NAME: SAMANTHA, VANDERHOOF

ADDRESS 514 S "C" STREET APT 3, LAKE WORTH FL 33460

PHONE NUMBERS (HOME) (661) 662-2783 (26) (WORK) 614-905-7597

CAN TESTIFY TO: Wheel witness, Drawing pattern.

NAME: OFFICER J. FROMMER #859

ADDRESS 570 Greynold Cir, LANTANA FL 33462

PHONE NUMBERS (HOME) (901) 540-5701 (WORK) _____

CAN TESTIFY TO: Condition of Driver.

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

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ADDRESS _____

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CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NOT A CERTIFICATE

SUBJECT: Holcomb, Tammy K

CASE NUMBER: 16-001301

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: J. Quinn # 866

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL

SUBJECT: Holcomb, Tommy < CASE NUMBER: 16-002301

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 _____

REFUSED

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 _____

TESTING FACILITY TASK REPORT

6

SUBJECT: **HOLCOMB, TERRY K.,**

AGENCY: **LANTANA PD**

DATE: **OCT. 18th, 2016**

CASE NUMBER: **16-140393**

BEGINNING TIME: **00:55 hrs.**

VIDEO TAPE NUMBER: **61528**

ENDING TIME: **01:01 hrs.**

BREATH TESTS RESULTS:

1) **REFUSED** TIME **00:00** A.M./P.M. 2) **REFUSED** TIME **00:00** A.M./P.M.
3) **REFUSED** TIME **00:00** A.M./P.M. 4) **REFUSED** TIME **00:00** A.M./P.M.

BREATH OPERATOR:

J. CAIN #2109

MAINTENANCE TECHNICIAN:

INV. J. KARLECKE #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: **slurred, soft + low @ times**

ATTITUDE: **crying on**

CLOTHING: **white pants, teal shirt, shoes**

MEDICAL CONDITIONS: **pain none**

MEDICATIONS: **" "**

OTHER: **blonde / blue**

Obs of unknown alcoholic beverage
Eyes: Red, glassy & watery

COMMENTS: **A was unsteady, stumbling on her feet.**
20 min. observ done by arresting officer.

Spoke up to 1st.
Then asked what if she didn't submit.
A/O read the Implied Consent to her.
Stated she understood I/C and No to 1st.
A/O accepted refusal.

Rights read by A/O.

Refused to answer any questions.

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 18 DAY OF OCTOBER 20 16, AT 2349 AM / PM

SUBJECT: HOLCOMB, TAMMY H CASE NUMBER: 16-002301

AGENCY: LANTANA ARRESTING OFFICER: EDGAR GUARIN #866

PERSONAL CONTACT

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

Witness saw the driver swerving and hitting the median of the roadway on W Lantana Rd. The witness then followed the driver to the Publix parking lot located at 1589 W Lantana Rd. On scene I observed the driver w/f, Tammy Holcomb (12/11/1968) sitting behind the wheel, wearing her seatbelt, with the vehicle keys in the ignition and the vehicle running. Holcomb was in full physical control of the vehicle.

OBSERVATION OF DRIVER:

Slurred speech, glossy red eyes, unable to focus, disorientated as to where she was. Unable to answer simple questions: Name, today's date, location.

DRIVER'S STATEMENTS:

She's depressed, and her boyfriend is leaving her.

ODORS:

A strong odor of an unknown alcoholic beverage emanating from her mouth.

GENERAL OBSERVATIONS

SPEECH: slurred speech

ATTITUDE: annoyed, angry

CLOTHING: green shirt, white pants and no shoes.

MEDICAL / OTHER:

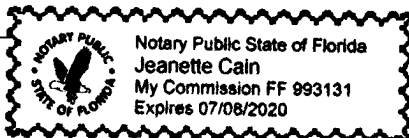
STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting / Investigative Officer) #866

The foregoing instrument was sworn to or affirmed and subscribed before me this 18 day of October 20 16 by _____

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

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



SUBJECT: HOLCOMB, TAMMY H CASE NUMBER: 16-002301

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:

Can not keep balanced, unable to focus.

WALK & TURN:

Can't keep balance while listening to instructions, misses heel-to-toe, steps off the line, uses arms for balance, improper turn, and stumbles.

ONE LEG STAND:

Sways while balancing, uses arms to balance, puts foot down at 8 secs, 12 secs, 15 secs. I stopped the test after 3 times of putting foot down.

FINGER TO NOSE :

Does not keep eyes closed, failed to return arms to side, used the wrong hand for the exam.

ROMBERG / ALPHABET :

did not complete task.

BREATH TEST RESULTS :

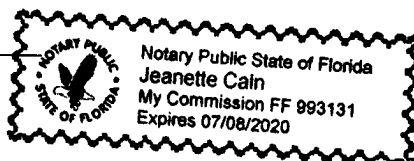
STATE OF FLORIDA
COUNTY OF PALM BEACH

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(Signature of Arresting/Investigative Officer)

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[Signature]
Notary Public, Clerk of Court, Officer F.S.S. 117-10)



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DRIVER'S STATEMENTS:

She's depressed, and her boyfriend is leaving her.

ODORS:

A strong odor of an unknown alcoholic beverage emanating from her mouth.

GENERAL OBSERVATIONS

SPEECH: slurred speech

ATTITUDE: annoyed, angry

CLOTHING: green shirt, white pants and no shoes.

MEDICAL / OTHER:

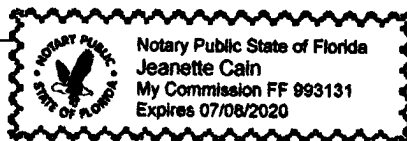
STATE OF FLORIDA
COUNTY OF PALM BEACH

[Signature] #866
(Signature of Arresting / Investigative Officer)

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

[Signature]
Notary Public, Clerk of Court, Officer (F.S.S 1 17.10)



SUBJECT: HOLCOMB, TAMMY H CASE NUMBER: 16-002301

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 |
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BREATH TEST RESULTS :

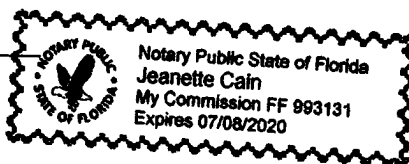
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Jeanette Cain
Notary Public, Clerk of Court, Officer F.S.S. 117-10)



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ON THE 18 DAY OF OCTOBER 20 16, AT 2349 AM / PM
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ATTITUDE: annoyed, angry

CLOTHING: green shirt, white pants and no shoes.

MEDICAL / OTHER:

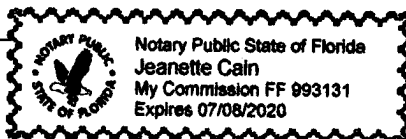
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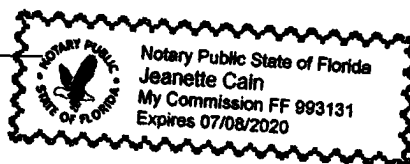
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COUNTY OF PALM BEACH

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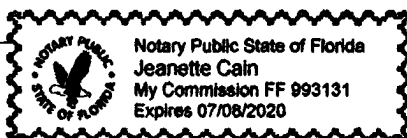
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ROADSIDE TASKS

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:

Can not keep balanced, unable to focus.

WALK & TURN:

Can't keep balance while listening to instructions, misses heel-to-toe, steps off the line, uses arms for balance, improper turn, and stumbles.

ONE LEG STAND:

Sways while balancing, uses arms to balance, puts foot down at 8 secs, 12 secs, 15 secs. I stopped the test after 3 times of putting foot down.

FINGER TO NOSE :

Does not keep eyes closed, failed to return arms to side, used the wrong hand for the exam.

ROMBERG / ALPHABET :

did not complete task.

BREATH TEST RESULTS :

STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was notarized or sworn before me this 18 day of October 20 16 by _____

who is personally known to me and/or produced identification. Type of identification produced _____

Notary Public, Clerk of Court, Officer F.S.S. 117-10)

