

0481934

16C1019582 AND 407
ARREST NOTICE TO APPEAR1. Arrest 3. Request for Warrant
2. N.T.A. 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 1 4 16-002301		If Weapon Seized Enter Type None/not Applicable Multiple Clearance Indicator 1			
Charge Type: <input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance Check as many as apply. <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other		Location of Offense (Business Name, Address) 1589 W LANTANA RD, LANTANA, FL 33462											
Location of Arrest (Including Name of Business) 1589 W LANTANA RD, LANTANA, FL 33462		Date of Arrest 10/18/2016	Time of Arrest 00:03	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle					
Alias (Name, DOB, Soc. Sec. #, Etc.) Alias: HOLCOMB, TAMMY K													
Race W - White W - American Indian B - Black O - Oriental/Asian		Sex F	Date of Birth 12/11/1968	Height 5'02	Weight 110	Eye Color BLUE	Hair Color BLONDE	Complexion LIGHT	Build Thin				
Scars, Marks, Tattoos Unique Physical Features (Location, Type, Description)					Marital Status	Religion METHODIST	Indication of: Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/> Drug Influence						
Local Address (Street, Apt. Number) 762 NW 11TH ST, BOYNTON BEACH, FL 33426		(City) (State) (Zip)			Phone (561) 84-3844		Residence Type: 1. City 3. Florida 2. County 4. Out of State						
Permanent Address (Street, Apt. Number) 762 NW 11TH ST, BOYNTON BEACH, FL 33426		(City) (State) (Zip)			Phone (561) 84-3844		Address Source DEFENDANT						
Business Address (Name, Street) UNKNOWN		(City) (State) (Zip)			Phone		Occupation Unknown						
D/L Number, State H425811689510 / FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) ROCKFORD, IL		Citizenship US					
Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth							
Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth							
Name (Last, First, Middle) <i>10/18</i>													
<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____								Residence Phone					
<input type="checkbox"/> Legal Custodian								Business Phone					
Address (Street, Apt. Number)		(City) (State) (Zip)											
Notified by: (Name)					Date	Time	JUVENILE DISPOSITION						
Released To: (Name)					Date	Time	1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated						
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.													
<input type="checkbox"/> Yes, by: _____						School Attended		Grade					
Drug Activity S. Sell R. Smuggle K. Disperses/ Distribute M. Manufacture/ Produce/ Cultivate Z. Other						Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property		Value of Property			
C O D E N N/A P. Possess		S. Buy T. Traffic E. Use		R. Deliver		B. Barbiturate C. Cocaine E. Heroin		H. Hallucinogen M. Marijuana O. Opium/Deriv.		P. Paraphernalia/ Equipment S. Synthetic			
Drug Activity N		R. Smuggle		K. Disperses/ Distribute		M. Manufacture/ Produce/ Cultivate		Z. Other		U. Unknown Z. Other			
C H A R G E D		Statute Violation Number 316.193(1)										Violation of ORD #	
D U I - D R I V I N G U N D E R T H E I N F L U E N C E												Bond	
Drug Activity N		Drug Type /		Amount / Unit		Offense # 16-002301	Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number		Statute Violation Number		
C H A R G E R		316.193(1)(E)										Violation of ORD #	
R E F U S A L T O S U B M I T T O B A L T E S T												Bond	
Drug Activity N		Drug Type /		Amount / Unit		Offense # 16-002301	Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number		Statute Violation Number		
C H A R G E R												Violation of ORD #	
C H A R G E												Bond	
Drug Activity N		Drug Type /		Amount / Unit		Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number				
I N T A K E		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 Explain: _____											
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		Release Date			
Transported By						Date Transported	Time Transported	Other		10/18/2016			
N O T I C E		Location (Court, Room) 200 W Atlantic Ave, DELRAY BEACH											
T O A P P E A R		Court Date and Time 11/14/2016 00:00:00											
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 COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.		No Photo Available											
Signature of Defendant (or Juvenile and Parent/Custodian) <i>Guarin, Edgar L.</i> Date Signed													
A D M I N I		HOLD for Other Agency		Signature of Arresting Officer		Name of Arresting Officer (Print) GUARIN, EDGAR L.		I.D. # 866		Name Verification (Printed by Arrestee) (PRINT)			
I.D. #		Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other <input type="checkbox"/>		Transporting Officer		I.D. #		Agency		PAGE 1 OF 1			
Initials Deputy		Pouch #								Witness here if subject signed with an "X"			

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 AFF. DAWIT

NAME: SAMANTHA, VANDERHOOF

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

PHONE NUMBERS (HOME) (661) 662-2782 (W) (WORK) 614-905-7597

CAN TESTIFY TO: Wheel witness, Driving Pattern.

NAME: OFFICER J. FROMMEL # 859

ADDRESS 580 Greynold Cir, Lantana FL 33462

PHONE NUMBERS (HOME) (561) 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: _____

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: _____

NOTA CERTA

SUBJECT: Holcomb, Harry K

CASE NUMBER: 16-003301

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: L. Quinn - 866

REFUSED

SUBJECT: Holcomb, Timothy

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, TAMMY K.

DATE: OCT. 18th, 2016

BEGINNING TIME: 00:55 AM

BREATH TESTS RESULTS:

1)

3)

REFUSED

TIME

TIME

AGENCY: LANTANA PD

CASE NUMBER: 16-140393

VIDEO TAPE NUMBER: 61528

ENDING TIME:

01:01 hrs.

2)

4)

TIME

TIME

A.M./P.M.

A.M./P.M.

BREATH OPERATOR:

J. CAIN #2109

MAINTENANCE TECHNICIAN:

INV. J. KARLECKE #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: slurred, soft + low (2 times)

ATTITUDE: slumped over

CLOTHING: white pants, turtleneck, no shoes

MEDICAL CONDITIONS: No ill

MEDICATIONS: " "

OTHER: black/blue

DOB: 7/27/1982 Known alcoholic beverage

Eyes: Red, glassy & watery

COMMENTS: Δ was unsteady, slumped on her feet.

20 min. observe done by arresting officer.

Asked up to lift.

Then asked what if she didn't submit.

A/O gave the implied consent to her.

Stated she understood I/C and No to lift.

A/O accepted refuse.

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)

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

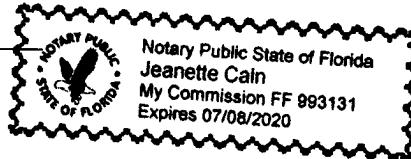
(Signature of Arresting/Investigative Officer)

#866

The foregoing instrument was notarized or sworn before me this 18 day of October 2016 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



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:

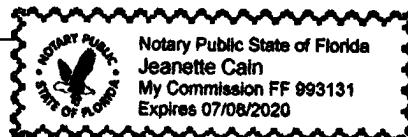
STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting / Investigative Officer)

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 1 17.10)



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

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS :

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

#866

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



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:

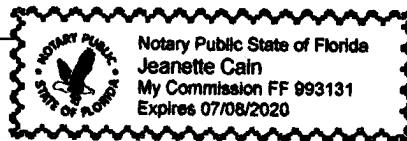
STATE OF FLORIDA
COUNTY OF PALM BEACH

(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

(Signature of Arresting/Investigative Officer)

866

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 _____

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



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:

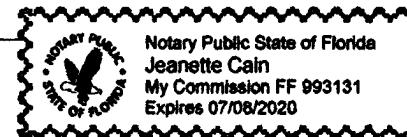
STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting / Investigative Officer)

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 1 17.10)



ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS :

<input checked="" type="checkbox"/> LT EYE-LACK OF SMOOTH PURSUIT <input checked="" type="checkbox"/> LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX DEVIATION <input checked="" type="checkbox"/> LT EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES	<input checked="" type="checkbox"/> RT EYE-LACK OF SMOOTH PURSUIT <input checked="" type="checkbox"/> RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX DEVIATION <input checked="" type="checkbox"/> 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 2016 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

