

20CT10248 MB

| ARREST / NOTICE TO APPEAR<br>Juvenile Referral Report                                                                                                                                                                                                                                                           |  | 1. Arrest<br>2. N.T.A.                                                                                       |  | 3. Request for Warrant<br>4. Request for Capias                                                       |  | 1                                                                                                              |  | Juvenile                                                                     |  | N                                                                                                                     |  |                                                                                        |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------|--|
| OBTS Number                                                                                                                                                                                                                                                                                                     |  | Agency ORI Number<br><b>FLO 500000</b>                                                                       |  | Agency Name<br><b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>                                              |  | Agency Report Number (N.T.A.'s only)<br><b>06-20-099352</b>                                                    |  |                                                                              |  |                                                                                                                       |  |                                                                                        |  |
| Charge Type:<br>Check as many as apply.                                                                                                                                                                                                                                                                         |  | 1. Felony<br><input type="checkbox"/>                                                                        |  | 3. Misdemeanor<br><input type="checkbox"/>                                                            |  | 5. Ordinance<br><input type="checkbox"/>                                                                       |  | 2. Traffic Felony<br><input type="checkbox"/>                                |  | 4. Traffic Misdemeanor<br><input checked="" type="checkbox"/>                                                         |  | 6. Other<br><input type="checkbox"/>                                                   |  |
| Location of Arrest (Including Name of Business)<br><b>2ND AVE N/NORTH 'J' STREET, LAKE WORTH BEACH/FL/33460</b>                                                                                                                                                                                                 |  | Location of Offense (Business Name, Address)<br><b>2ND AVE N/NORTH 'J' STREET, LAKE WORTH BEACH/FL/33460</b> |  | Weapon Seized / Type<br>2. Yes<br>1. No                                                               |  | Multiple Clearance Indicator                                                                                   |  |                                                                              |  |                                                                                                                       |  |                                                                                        |  |
| Date of Arrest<br><b>08/21/2020</b>                                                                                                                                                                                                                                                                             |  | Time of Arrest<br><b>0330HRS</b>                                                                             |  | Booking Date<br><b>08/21/2020</b>                                                                     |  | Booking Time                                                                                                   |  | Jail Date                                                                    |  | Jail Time                                                                                                             |  | Location of Vehicle<br><b>palm beach auto</b>                                          |  |
| Name (Last, First, Middle)<br><b>Wofford, Antelita, Alyss</b>                                                                                                                                                                                                                                                   |  | Alias (Name, DOB, Soc. Sec. #, Etc.)                                                                         |  |                                                                                                       |  |                                                                                                                |  |                                                                              |  |                                                                                                                       |  |                                                                                        |  |
| Race<br>W - White I - American Indian<br>B - Black O - Oriental/Asian                                                                                                                                                                                                                                           |  | Sex<br>W F                                                                                                   |  | Date of Birth<br><b>12/18/1992</b>                                                                    |  | Height<br><b>5'02</b>                                                                                          |  | Weight<br><b>120</b>                                                         |  | Eye Color<br><b>BRO</b>                                                                                               |  | Hair Color<br><b>BLACK</b>                                                             |  |
| Complexion<br><b>light</b>                                                                                                                                                                                                                                                                                      |  | Build<br><b>small</b>                                                                                        |  | Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)<br><b>all over body</b> |  | Marital Status<br><b>Single</b>                                                                                |  | Religion<br><b>NA</b>                                                        |  | Indication of:<br>Alcohol Influence<br>Drug Influence                                                                 |  | Y N Unit<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |  |
| Local Address (Street, Apt. Number)<br><b>4444 Flows Way, Lake Worth/FL/33461</b>                                                                                                                                                                                                                               |  | (City)                                                                                                       |  | (State)                                                                                               |  | (Zip)                                                                                                          |  | Phone<br><b>(561) 4201649</b>                                                |  | Residence Type:<br>1. City<br>2. County<br>3. Florida<br>4. Out of State                                              |  | 2                                                                                      |  |
| Permanent Address (Street, Apt. Number)                                                                                                                                                                                                                                                                         |  | (City)                                                                                                       |  | (State)                                                                                               |  | (Zip)                                                                                                          |  | Phone                                                                        |  | Address Source<br><b>FL ID CARD</b>                                                                                   |  |                                                                                        |  |
| Business Address (Name, Street)                                                                                                                                                                                                                                                                                 |  | (City)                                                                                                       |  | (State)                                                                                               |  | (Zip)                                                                                                          |  | Phone                                                                        |  | Occupation<br><b>RESTURANT</b>                                                                                        |  |                                                                                        |  |
| D/L Number, State<br><b>W163001929580, FL</b>                                                                                                                                                                                                                                                                   |  | INS Number                                                                                                   |  | Place of Birth (City, State)<br><b>WPB, FLORIDA</b>                                                   |  | Citizenship<br><b>USA</b>                                                                                      |  |                                                                              |  |                                                                                                                       |  |                                                                                        |  |
| Co-Defendant Name (Last, First, Middle)                                                                                                                                                                                                                                                                         |  | Race                                                                                                         |  | Sex                                                                                                   |  | Date of Birth                                                                                                  |  | <input type="checkbox"/> 1. Arrested<br><input type="checkbox"/> 2. At Large |  | <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 |  | <input type="checkbox"/> 3. Felony<br><input type="checkbox"/> 4. Misdemeanor<br><input type="checkbox"/> 5. Juvenile |  |                                                                                        |  |
| Parent<br>Legal Custodian<br>Other:                                                                                                                                                                                                                                                                             |  | Name (Last)                                                                                                  |  | (First)                                                                                               |  | (Middle)                                                                                                       |  | Residence Phone                                                              |  |                                                                                                                       |  |                                                                                        |  |
| Address (Street, Apt. Number)                                                                                                                                                                                                                                                                                   |  | (City)                                                                                                       |  | (State)                                                                                               |  | (Zip)                                                                                                          |  | Business Phone                                                               |  |                                                                                                                       |  |                                                                                        |  |
| Notified by: (Name)                                                                                                                                                                                                                                                                                             |  | Date                                                                                                         |  | Time                                                                                                  |  | Juvenile Disposition<br>1. Handled/processed within Dept. and Released:<br>2. TOT HRS / DYS<br>3. Incarcerated |  |                                                                              |  |                                                                                                                       |  |                                                                                        |  |
| 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 365-2526) informed of any change of address.                                                                  |  | School Attended                                                                                              |  | Grade                                                                                                 |  |                                                                                                                |  |                                                                              |  |                                                                                                                       |  |                                                                                        |  |
| Property Crime?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                     |  | Description of Property                                                                                      |  | Value of Property                                                                                     |  |                                                                                                                |  |                                                                              |  |                                                                                                                       |  |                                                                                        |  |
| Drug Activity<br>N. N/A<br>S. Sell<br>B. Buy<br>P. Possess<br>T. Traffic                                                                                                                                                                                                                                        |  | S. Sell<br>B. Buy<br>P. Possess<br>T. Traffic                                                                |  | R. Smuggle<br>D. Deliver<br>E. Use                                                                    |  | K. Dispense/<br>Distribute                                                                                     |  | M. Manufacture/<br>Produce/<br>Cultivate                                     |  | Z. Other                                                                                                              |  |                                                                                        |  |
| Drug Type<br>N. N/A<br>A. Amphetamine                                                                                                                                                                                                                                                                           |  | B. Barbiturate<br>C. Cocaine<br>E. Heroin                                                                    |  | H. Hallucinogen<br>M. Marijuana<br>O. Opium/Deriv.                                                    |  | P. Paraphernalia/<br>Equipment<br>S. Synthetics                                                                |  | U. Unknown<br>Z. Other                                                       |  |                                                                                                                       |  |                                                                                        |  |
| Charge Description<br><b>DRIVING UNDER THE INFLUENCE</b>                                                                                                                                                                                                                                                        |  | Counts<br><b>1</b>                                                                                           |  | Domestic Violence<br><input type="checkbox"/> Y <input checked="" type="checkbox"/> N                 |  | Statute Violation Number<br><b>316.193(1A)</b>                                                                 |  | Violation of ORD #                                                           |  |                                                                                                                       |  |                                                                                        |  |
| Drug Activity<br><b>N</b>                                                                                                                                                                                                                                                                                       |  | Drug Type<br><b>N</b>                                                                                        |  | Amount / Unit                                                                                         |  | Offense #<br><b>20-099352</b>                                                                                  |  | Warrant / Capias Number                                                      |  | Bond<br><b>OR</b>                                                                                                     |  |                                                                                        |  |
| Charge Description<br><b>NO DRIVER'S LICENSE</b>                                                                                                                                                                                                                                                                |  | Counts<br><b>1</b>                                                                                           |  | Domestic Violence<br><input type="checkbox"/> Y <input checked="" type="checkbox"/> N                 |  | Statute Violation Number<br><b>322.03(1)</b>                                                                   |  | Violation of ORD #                                                           |  |                                                                                                                       |  |                                                                                        |  |
| Drug Activity<br><b>N</b>                                                                                                                                                                                                                                                                                       |  | Drug Type<br><b>N</b>                                                                                        |  | Amount / Unit                                                                                         |  | Offense #<br><b>20-099352</b>                                                                                  |  | Warrant / Capias Number                                                      |  | Bond<br><b>OR</b>                                                                                                     |  |                                                                                        |  |
| Charge Description                                                                                                                                                                                                                                                                                              |  | Counts                                                                                                       |  | Domestic Violence<br><input type="checkbox"/> Y <input checked="" type="checkbox"/> N                 |  | Statute Violation Number                                                                                       |  | Violation of ORD #                                                           |  |                                                                                                                       |  |                                                                                        |  |
| Drug Activity                                                                                                                                                                                                                                                                                                   |  | Drug Type                                                                                                    |  | Amount / Unit                                                                                         |  | Offense #                                                                                                      |  | Warrant / Capias Number                                                      |  | Bond                                                                                                                  |  |                                                                                        |  |
| Charge Description                                                                                                                                                                                                                                                                                              |  | Counts                                                                                                       |  | Domestic Violence<br><input type="checkbox"/> Y <input checked="" type="checkbox"/> N                 |  | Statute Violation Number                                                                                       |  | Violation of ORD #                                                           |  |                                                                                                                       |  |                                                                                        |  |
| Drug Activity                                                                                                                                                                                                                                                                                                   |  | Drug Type                                                                                                    |  | Amount / Unit                                                                                         |  | Offense #                                                                                                      |  | Warrant / Capias Number                                                      |  | Bond                                                                                                                  |  |                                                                                        |  |
| Charge Description                                                                                                                                                                                                                                                                                              |  | Counts                                                                                                       |  | Domestic Violence<br><input type="checkbox"/> Y <input checked="" type="checkbox"/> N                 |  | Statute Violation Number                                                                                       |  | Violation of ORD #                                                           |  |                                                                                                                       |  |                                                                                        |  |
| Drug Activity                                                                                                                                                                                                                                                                                                   |  | Drug Type                                                                                                    |  | Amount / Unit                                                                                         |  | Offense #                                                                                                      |  | Warrant / Capias Number                                                      |  | Bond                                                                                                                  |  |                                                                                        |  |
| Location (Court, Room Number, Address)<br><b>Criminal Justice Complex, 3228 Gun Club Road, West Palm Beach, FL 33406 - Ph: (561) 688-4600</b>                                                                                                                                                                   |  |                                                                                                              |  |                                                                                                       |  |                                                                                                                |  |                                                                              |  |                                                                                                                       |  |                                                                                        |  |
| Court Date and Time<br>Month <b>SEP</b> Day <b>17TH</b> Year <b>2020</b> Time <b>0830</b> AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>                                                                                                                                                    |  |                                                                                                              |  |                                                                                                       |  |                                                                                                                |  |                                                                              |  |                                                                                                                       |  |                                                                                        |  |
| 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)<br><b>XNINA</b>                                                                                                                                                                                                                                      |  | Date Signed<br><b>08/21/2020</b>                                                                             |  |                                                                                                       |  |                                                                                                                |  |                                                                              |  |                                                                                                                       |  |                                                                                        |  |
| HOLD for other Agency Name:                                                                                                                                                                                                                                                                                     |  | Signature of Arresting Officer<br><b>32415</b>                                                               |  | Name Verification (Printed by Arrestee)<br><b>AUG 21 AM 8:12</b>                                      |  |                                                                                                                |  |                                                                              |  |                                                                                                                       |  |                                                                                        |  |
| <input type="checkbox"/> Dangerous<br><input type="checkbox"/> Suicidal                                                                                                                                                                                                                                         |  | <input type="checkbox"/> Resisted Arrest<br><input type="checkbox"/> Other:                                  |  | Name of Arresting Officer (Print)<br><b>D/S L. E. ESCARAN 32415</b>                                   |  | I.D. #                                                                                                         |  |                                                                              |  |                                                                                                                       |  |                                                                                        |  |
| Intake Deputy<br><b>DS Collins 2622</b>                                                                                                                                                                                                                                                                         |  | ID #                                                                                                         |  | Pouch #                                                                                               |  | Transporting Officer<br><b>D/S L. E. ESCARAN 32415</b>                                                         |  | ID #                                                                         |  | Agency<br><b>PBSO</b>                                                                                                 |  | Witness here if subject signed with an "X"<br><b>AUG 21 2020</b>                       |  |

04 89213

254

| OBTS Number              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | PROBABLE CAUSE AFFIDAVIT |                                                          | 1. Arrest<br>2. N.T.A. |             | 3. Request for Warrant<br>4. Request for Capias |                                                  | 1 |                 | Juvenile |                                    | N |  |
|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|----------------------------------------------------------|------------------------|-------------|-------------------------------------------------|--------------------------------------------------|---|-----------------|----------|------------------------------------|---|--|
| ADMIN                    | Agency ORI Number<br><b>FLO 500000</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                          | Agency Name<br><b>PALM BEACH COUNTY SHERIFF'S OFFICE</b> |                        |             |                                                 | Agency Report Number<br><b>06- 20-099352</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 type="checkbox"/> 4. Traffic Misdemeanor<br><input type="checkbox"/> 5. Ordinance<br><input type="checkbox"/> 6. Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                          | Special Notes:                                           |                        |             |                                                 |                                                  |   |                 |          |                                    |   |  |
| DEF                      | Name (Last, First, Middle)<br><b>Wofford, Antelita, Alyss</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                          |                                                          |                        | Alias       |                                                 | Race<br><b>W</b>                                 |   | Sex<br><b>F</b> |          | Date of Birth<br><b>12/18/1992</b> |   |  |
| CHARGES                  | Charge Description<br><b>DRIVING UNDER THE INFLUENCE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          |                                                          |                        | 316.193(1A) |                                                 | Charge Description<br><b>NO DRIVER'S LICENSE</b> |   |                 |          | 322.03(1)                          |   |  |
|                          | Charge Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                                                          |                        |             |                                                 | Charge Description                               |   |                 |          |                                    |   |  |
| VICTIM                   | 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                              |   |  |
|                          | Business Address (Name, Street)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                          |                                                          |                        | (City)      |                                                 | (State)                                          |   | (zip)           |          | Phone                              |   |  |
| PROBABLE CAUSE STATEMENT | 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.<br>The Person taken into custody<br><input checked="" type="checkbox"/> committed the below acts in my presence.<br><input type="checkbox"/> confessed to _____<br>admitting to the below facts.<br><input type="checkbox"/> was observed by _____ who told _____<br>that he/she saw the arrested person commit the below acts.<br><input type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.<br>On the <b>21ST</b> day of <b>AUGUST</b> 20 <b>20</b> at <b>0301</b> <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                          |                                                          |                        |             |                                                 |                                                  |   |                 |          |                                    |   |  |
|                          | On 8/21/2020, I was in service in Palm Beach County in the city of Lake Worth Beach. I was patrolling the area of North Dixie Highway and Lacerre Ave in my marked patrol vehicle. As I was traveling northbound on North Dixie highway I observed a gray SUV traveling westbound on Lacerre Ave pass the stop bar into North Dixie Highway causing me to perform an evasive maneuver to prevent collision with the vehicle. I then observed the vehicle stop at the red light and then failed to obey the traffic control sign that stated "NO TURN ON RED". I observed the vehicle to have a steady red light and the vehicle then performed a right hand turn onto north Dixie Highway and began to travel northbound. I then got behind the vehicle and conducted a traffic stop on the vehicle with my emergency equipment. I observed the vehicle to be bearing Florida tag of CTKF82 on a gray Mitsubishi. The vehicle then came to a stop in the TD bank drive thru.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                          |                                                          |                        |             |                                                 |                                                  |   |                 |          |                                    |   |  |
|                          | I then made contact with the occupants of the vehicle on the passenger side of the vehicle. Once I had approached the vehicle, I observed the vehicle to be occupied by one white female, later identified by FL ID card as Antelita Alyss Wofford 12/18/1992. Upon contact, I observed Antelita to have red blood shot and glassy eyes and there to be an odor of an unknown alcoholic beverage coming from the interior of the vehicle. I introduced myself to the driver and asked her for her information. Antelita advised that she knows how cops operate and stated that she didn't do anything wrong. I advised Antelita the reason for the stop was due to the failing to obey traffic control sign "NO TURN ON RED". She advised that she isn't used to the area and was trying to drive the car home for a friend who was intoxicated.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |                                                          |                        |             |                                                 |                                                  |   |                 |          |                                    |   |  |
|                          | Antelita then provided her FL ID card. She advised that she doesn't usually drive but she needed to take someone one home that was intoxicated. I then asked Antelita if she had anything to drink tonight and she stated that she had drank earlier in the night.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                                                          |                        |             |                                                 |                                                  |   |                 |          |                                    |   |  |
|                          | I then requested Antelita to exit the vehicle and she agreed to do so. Upon exiting the vehicle I observed Antelita to have an odor of an odor an unknown alcoholic beverage coming from her mouth area and breath. I then asked Antelita to perform roadside exercises to check for impairment and she agreed to do so. Antelita advised that she does not have any problems with her eyes that are not corrected by glasses. She also advised that she does not have any physical problems and that there were no problems with the vehicle that she was aware of. Antelita also advised that she had not bumped her head recently.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                          |                                                          |                        |             |                                                 |                                                  |   |                 |          |                                    |   |  |
|                          | <b>Horizontal Gaze Nystagmus</b><br>- Left eye - lack of smooth pursuit<br>- Right eye - lack of smooth pursuit<br>- Left eye - distinct and sustained nystagmus at maximum deviation<br>- Right eye - distinct and sustained nystagmus at maximum deviation<br>- Left eye - onset of nystagmus prior to 45 degrees<br>- Right eye - onset of nystagmus prior to 45 degrees<br>- Observed subject to have red blood shot and glassy eyes. Observed subject to have an odor of an unknown alcoholic beverage coming from her mouth area and breath. Observed subject to have equal tracking and pupil size. Observed subject to have onset of nystagmus at approximately 35 degrees in each eye. Observed subject to have lack of convergence.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                          |                                                          |                        |             |                                                 |                                                  |   |                 |          |                                    |   |  |
|                          | <b>Walk and Turn</b><br>- Subject advised that she did not have any physical problems. Subject advised that she understood the instructions. Subject was provided a yellow line with tape. Subject advised that her slides were very slippery and performed the exercise barefoot. Subject could not stay in the starting position and came out of the position several times. Subject missed heel to toe on all heel to toe steps. Subject did not turn as instructed and took foot off of the line. Subject did not take correct number of steps. Subject took 13 steps each direction. Subject stepped off of the line. Subject advised that she performed the task as instructed.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                          |                                                          |                        |             |                                                 |                                                  |   |                 |          |                                    |   |  |
|                          | <b>One leg stand</b><br>- Subject advised that she understood the instructions and did not have any questions. Subject raised left leg. Subject used arms for balance. Subject swayed performing the task. Subject placed foot on the ground.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                          |                                                          |                        |             |                                                 |                                                  |   |                 |          |                                    |   |  |
|                          | <b>Finger to nose</b><br>- Subject advised that she understood the instructions and did not have any questions. Subject correctly identified left and right hands and also index fingers. Subject performed the task as follows: left- touched left index finger to bridge of nose. Right- touched right index finger to bridge of nose. Left- touched left index finger to bridge of nose. Right- touched pad of right index finger to tip of nose. Right- touched pad of right index finger to tip of nose. Left- touched pad of left index finger to tip of nose. Observed subject to have orbital sway front to back about 1-2 inches.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                          |                                                          |                        |             |                                                 |                                                  |   |                 |          |                                    |   |  |
|                          | <b>Romberg Balance</b><br>- Subject advised that she understood the instructions and did not have any questions. Observed subject to have body tremors and to have orbital sway front to back about 2-3 inches. Subject stopped task at about 20 seconds.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                          |                                                          |                        |             |                                                 |                                                  |   |                 |          |                                    |   |  |
| ADMINISTRATIVE           | After roadside exercises were completed, Antelita was placed under arrest for DUI and advised of this. Antelita then began to get verbally combative and upset and stated that this was "racist" that she was getting arrested. I advised her several times that she was placed under arrest for DUI due to several factors.<br>Antelita was then searched by a female Deputy and then placed in the rear of my marked patrol vehicle and placed in a seatbelt.<br>While in the rear of my marked patrol vehicle, Antelita began to get physically combative and began to kick the partition of my marked patrol vehicle several times. She was advised to stop several times but refused to do so. Antelita then began to make threats that she was going to shoot us for arresting her. Antelita was then transported to the Palm Beach County jail.<br>Upon arrival to the Palm Beach County jail, Antelita had calmed down and was cooperative. Antelita was then escorted to the Breath Alcohol Testing center and a 20 minute observation was conducted.<br>After the 20 minute observation was concluded, Antelita was escorted to the testing room and was requested to submit to a lawful test of her breath. She physically nodded her head yes and then provided a verbal confirmation that she was willing to provide a lawful test of her breath.<br>Antelita provided two valid samples of her breath and upon the completion of the test were advised to her. The results were 0.189 and 0.189. Antelita advised that she understood the results and that she was over the legal limit. Antelita was also advised of her constitutional warnings and she advised that she understood. Antelita agreed to answer questions (see questions and answers sheet).<br>Antelita was then placed in the holding cell to complete paperwork. Upon the completion of the paperwork, Antelita was then escorted to the booking desk for processing.<br>Antelita Alyss Wofford was arrested and charged with Driving Under the Influence FSS 316.193(1a) and Driving without a driver's license FSS 322.03(1). |                          |                                                          |                        |             |                                                 |                                                  |   |                 |          |                                    |   |  |
|                          | STATE OF FLORIDA<br>COUNTY OF PALM BEACH<br><b>D/S L. E. ESCARAN 32415</b><br>(Signature of Arresting/Investigative Officer)<br>The foregoing instrument was sworn to or affirmed and subscribed before me this <b>21</b> day of <b>AUGUST</b> 20 <b>20</b> by <b>D/S L. E. ESCARAN 32415</b><br>(Print name of Arresting/Investigative Officer, who is personally known to me, and/or sworn to by a Notary Public or State of Florida Notary Public)<br><b>PERSONALLY KNOWN</b><br>Notary Public, Clerk of Court, Officer (F.S.S. 117.10)<br><b>Paris Pound</b><br>My Commission GG 200028<br>Expires 03/25/2022<br>PAGE <b>1</b> OF <b>1</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                          |                                                          |                        |             |                                                 |                                                  |   |                 |          |                                    |   |  |

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 21ST DAY OF AUGUST 20 20, AT 0301 ✓ AM PM

SUBJECT: Wofford, Antelita, Alyss CASE NUMBER: 20-099352

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: D/S L. E. ESCARAN 32415

## PERSONAL CONTACT

DRIVING PATTERN: Actual physical control (physical evidence or statements putting def. behind wheel of vehicle)

On 8/21/2020, I was in service in Palm Beach County in the city of Lake Worth Beach. I was patrolling the area of North Dixie Highway and Lucerne Ave in my marked patrol vehicle. As I was traveling northbound on North Dixie highway I observed a gray SUV traveling westbound on Lucerne Ave pass the stop bar into North Dixie Highway causing me to perform an evasive maneuver to prevent collision with the vehicle. I then observed the vehicle stop at the red light and then failed to obey to the traffic control sign that stated "NO TURN ON RED". I observed the vehicle to have a steady red light and the vehicle then performed a right hand turn onto north Dixie Highway and began to travel northbound. I then got behind the vehicle and conducted a traffic stop on the vehicle with my emergency equipment. I observed the vehicle to be bearing Florida tag of CTKF82 on a gray Mitsubishi. The vehicle then came to a stop in the TD bank drive thru.

I then made contact with the occupants of the vehicle on the passenger side of the vehicle. Once I had approached the vehicle, I observed the vehicle to be occupied by one white female, later identified by FL ID card as Antelita Alyss Wofford 12/18/1992. Upon contact, I observed Antelita to have red blood shot and glassy eyes and there to be an odor of an unknown alcoholic beverage coming from the interior of the vehicle. I introduced myself to the driver and asked her for her information. Antelita advised that she knows how cops operate and stated that she didn't do anything wrong. I advised Antelita the reason for the stop was due to the failing to obey traffic control sign "NO TURN ON RED". She advised that she isn't used to the area and was trying to drive the car home for a friend who was intoxicated.

## OBSERVATION OF DRIVER:

Antelita then provided her FL ID card. She advised that she doesn't usually drive but she needed to take someone one home that was intoxicated. I then asked Antelita if she had anything to drink tonight and she stated that she had drank earlier in the night. I then requested Antelita to exit the vehicle and she agreed to do so. Upon exiting the vehicle I observed Antelita to have an odor of an odor an unknown alcoholic beverage coming from her mouth area and breath. I then asked Antelita to perform roadside exercises to check for impairment and she agreed to do so. Antelita advised that she does not have any problems with her eyes that are not corrected by glasses. She also advised that she does not have any physical problems and that there were no problems with the vehicle that she was aware of. Antelita also advised that she had not bumped her head recently.

After roadside exercises were completed, Antelita was placed under arrest for DUI and advised of this. Antelita then began to get verbally combative and upset and stated that this was 'racist' that she was getting arrested. I advised her several times that she was placed under arrest for DUI due to several factors. Antelita was then searched by a female Deputy and then placed in the rear of my marked patrol vehicle and placed in a seatbelt. While in the rear of my marked patrol vehicle, Antelita began to get physically combative and began to kick the partition of my marked patrol vehicle several times. She was advised to stop several times but refused to do so. Antelita then began to make threats that she was going to shoot us for arresting her. Antelita was then transported to the Palm Beach County jail. Upon arrival to the Palm Beach County jail, Antelita had calmed down and was cooperative. Antelita was then escorted to the Breath Alcohol Testing center and a 20 minute observation was conducted. After the 20 minute observation was concluded, Antelita was escorted to the testing room and was requested to submit to a lawful test of her breath. She physically nodded her head yes and then provided a verbal confirmation that she was willing to provide a lawful test of her breath.

## DRIVER'S STATEMENTS:

Antelita provided two valid samples of her breath and upon the completion of the test were advised to her. The results were 0.189 and 0.189. Antelita advised that she understood the results and that she was over the legal limit. Antelita was also advised of her constitutional warnings and she advised that she understood. Antelita agreed to answer questions (see questions and answers sheet).

Antelita was then placed in the holding cell to complete paperwork. Upon the completion of the paperwork, Antelita was then escorted to the booking desk for processing.

## ODORS:

Antelita Alyss Wofford was arrested and charged with Driving Under the Influence FSS 316.193(1a) and Driving without a driver's license FSS 322.03(1).

## GENERAL OBSERVATIONS

SPEECH: THICK, MUMBLED

ATTITUDE: COOPERATIVE, UPSET, COMBATIVE

CLOTHING: WHITE SHIRT, PINK SHORTS, BLACK SLIDES

MEDICAL/OTHER: NONE

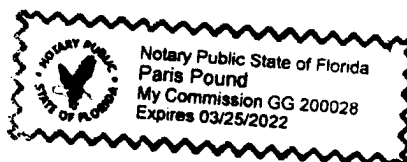
STATE OF FLORIDA  
COUNTY OF PALM BEACH

D/S L. E. ESCARAN 32415  
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 21 day of AUGUST 20 20 by D/S L. E. ESCARAN 32415

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

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



SUBJECT: Wofford, Antelita, Alyss

CASE NUMBER 20-099352

### 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:

- Observed subject to have red blood shot and glassy eyes. Observed subject to have an odor of an unknown alcoholic beverage coming from her mouth area and breath. Observed subject to have equal tracking and pupil size. Observed subject to have onset of nystagmus at approximately 35 degrees in each eye. Observed subject to have lack of convergence.

#### WALK & TURN:

- Subject advised that she did not have any physical problems. Subject advised that she understood the instructions. Subject was provided a yellow line with tape. Subject advised that her slides were very slippery and performed the exercise barefoot. Subject could not stay in the starting position and came out of the position several times. Subject missed heel to toe on all heel to toe steps. Subject did not turn as instructed and took foot off of the line. Subject did not take correct number of steps. Subject took 13 steps each direction. Subject stepped off of the line. Subject advised that she performed the task as instructed.

#### ONE LEG STAND:

- Subject advised that she understood the instructions and did not have any questions. Subject raised let leg. Subject used arms for balance. Subject swayed performing the task. Subject placed foot on the ground.

#### FINGER TO NOSE:

- Subject advised that she understood the instructions and did not have any questions. Subject correctly identified left and right hands and also index fingers. Subject performed the task as follows; left- touched left index finger to bridge of nose. Right- touched right index finger to bridge of nose. Left- touched left index finger to bridge of nose. Right- touched pad of right index finger to tip of nose. Right- touched pad of right index finger to tip of nose. Left- touched pad of left index finger to tip of nose. Observed subject to have orbital sway front to back about 1-2 inches.

#### ROMBERG BALANCE

- Subject advised that she understood the instructions and did not have any questions. Observed subject to have body tremors and to have orbital sway front to back about 2-3 inches. Subject stopped task at about 20 seconds.

#### BREATH TEST RESULTS:

1) 0.189

2) 0.189

3)

4)

STATE OF FLORIDA  
COUNTY OF PALM BEACH

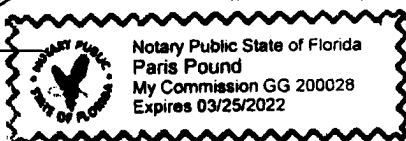
D/S L. E. ESCARAN 32415

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 21 day of AUGUST, 2020 by D/S L. E. ESCARAN 32415

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

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



SUBJECT: WOLFORD, ANTELITA A

CASE NUMBER: 20-091272

## 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? Yes

WHERE WERE YOU GOING? to work

WHAT STREET OR HIGHWAY WERE YOU ON? 101st St

DIRECTION OF TRAVEL? North WHERE DID YOU START? at home

WHAT TIME DID YOU START? 7:00 AM WHAT TIME IS IT NOW? 8:00 AM

WHAT IS TODAY'S DATE? 11-21-18 WHAT DAY OF THE WEEK IS IT? Monday

WHAT COUNTY AND CITY ARE YOU IN NOW? San Diego

WHEN DID YOU LAST EAT? 7:30 AM WHAT DID YOU EAT? breakfast

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? working

HOW MUCH DO YOU WEIGH? 170 HAVE YOU BEEN DRINKING? Yes WHAT? beer

HOW MUCH? 2 WHERE? at home WITH WHOM? alone

WHEN DID YOU HAVE YOUR FIRST DRINK? at 18 AND YOUR LAST DRINK? at 7:00 PM

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? by drinking

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? Yes ARE YOU UNDER THE INFLUENCE? Yes

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? Yes HOW MUCH? 2

WHAT? beer WHERE? at home WHEN? at 7:00 PM

WHAT LINE OF WORK ARE YOU IN? teacher WHEN DID YOU LAST WORK? at 7:00 PM

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? No WHAT? None

ARE YOU SICK OR INJURED? No WHAT'S WRONG? None

DO YOU LIMP? No DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? No

WERE YOU IN AN ACCIDENT TODAY? No

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? No WHEN? None

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? No WHO? None

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? No WHAT? None WHY? None

DO YOU HAVE:

- EPILEPSY? No
- GLASS EYE? No
- FALSE TEETH? No
- EAR INFECTION? No
- INNER EAR TROUBLE? No
- DIABETES? No

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? No

DO YOU TAKE INSULIN? No IF SO, WHEN WAS YOUR LAST INJECTION? None

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? No WHERE? None

INTERVIEWER: [Signature]

SUBJECT: WATKINS, ANTHONY A CASE NUMBER: 20-099352

## 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.

SUSPECT'S SIGNATURE: (X) \_\_\_\_\_

# TESTING FACILITY TASK REPORT

AGENCY: PBSO

SUBJECT: WOFFORD, ANTELITA A

CASE NUMBER: 20-099352

DATE: Aug 21, 2020

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 04:46

ENDING TIME: 05:04

BREATH TESTS RESULTS: 1) .189 TIME 04:51 A.M. ☒ P.M. ☐ 2) .189 TIME 04:54 A.M. ☒ P.M. ☐  
3) N/A TIME N/A A.M. ☐ P.M. ☐ 4) N/A TIME N/A A.M. ☐ P.M. ☐

BREATH OPERATOR: P.POUND #24639

MAINTENANCE TECHNICIAN: J. KARLECKE# 6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: CALM, UPSET, CRYING

CLOTHING: PINK SHORTS, WHITE T-SHIRT, BLACK SANDALS

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

## OTHER:

EYES: GLASSY AND BLOODSHOT

## COMMENTS:

ARRIVED AT CENTER A/O BEGAN THE 20 MINUTE OBSERVATION PERIOD AT 04:20 HRS.

SUBJECT: AGREED TO TAKE TEST

A/O: READ RIGHTS

SUBJECT: STATED SHE UNDERSTOOD RIGHTS

TECH: READ TEST RESULTS

SUBJECT: STATED SHE UNDERSTOOD TEST RESULTS

A/O: CONDUCTED Q&A

SUBJECT: ANSWER QUESTIONS

# WITNESS LIST

CASE NUMBER: 20-099352

ARRESTING OFFICER: D/S L. E. ESCARAN 32415

ADDRESS: 3228 GUN CLUB ROAD, WEST PALM BEACH 33406

PHONE NUMBERS (HOME): \_\_\_\_\_ (WORK) 5616883000

CAN TESTIFY TO: DRIVER'S ACTIONS, ROADSIDES, ARREST

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

ADDRESS: \_\_\_\_\_

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

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

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

ADDRESS \_\_\_\_\_

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

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

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

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (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: \_\_\_\_\_

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: 08/21/2020

Date of Last Agency Inspection: 08/14/2020

Observation Period Began: 04:20

Subject's Name: ANTELITA A WOFFORD

DOB: 12/18/1992 Sex: F

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     | 04:49 |
| Air Blank         | 0.000  | 04:49 |
| Control Test      | 0.079  | 04:50 |
| Air Blank         | 0.000  | 04:50 |
| Subject Sample #1 | 0.189  | 04:51 |
| Air Blank         | 0.000  | 04:52 |
| Air Blank         | 0.000  | 04:53 |
| Subject Sample #2 | 0.189  | 04:54 |
| Air Blank         | 0.000  | 04:55 |
| Control Test      | 0.078  | 04:55 |
| Air Blank         | 0.000  | 04:56 |
| Diagnostics Check | OK     | 04:56 |

Cylinder Lot: 14020080A1  
Exp: 07/05/2022

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 PARIS D POUND, 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: \_\_\_\_\_

Signature

Date: 08/21/20

Sworn to (or affirmed) before me this 21<sup>st</sup> day of August, 2020

DS 32415  
Signature of Notary Public-State of Florida

D/S. L.E. ESCARAN  
Printed Name of Notary Public-State of Florida

Note: Pursuant to section 117.10, Florida Statutes, law enforcement officers, correctional officers, traffic 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. To be used in accordance with Section 316.1934(5), F.S., and in administrative proceedings pursuant to 322.2615, F.S.



**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) |
|--------------------------------------------------------------------|-------------------------------------|-----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| <b>L/E Exemptions</b>                                              | <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.                                                                                                                                                                |                |
| <b>Public Info. Exemptions</b>                                     | <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.                                            |                |
| <b>Florida Rules of Judicial Administration 2.420 (Rule of 23)</b> | <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"/>            |                                         |                                                                                                                                                                            |                |
| <b>Other</b>                                                       | <input type="checkbox"/>            |                                         | Other:                                                                                                                                                                     |                |
|                                                                    | <input type="checkbox"/>            |                                         | Other:                                                                                                                                                                     |                |

**REVIEW COMPLETED BY**

**Booking Number:** 2020019904

**Date:** 8/22/2020

**Specialist Name/ID:** B Evans / 23649