

0514652

20CF 1284MB

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

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

1

Juvenile  
N

ADMINISTRATIVE	OBTS Number		Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number (N.T.A.'s only) <b>06-20035897</b>			
	Charge Type: Check as many as apply.		Weapon Seized / Type		Multiple Clearance Indicator		01			
	<input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony		<input type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		<input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No			
	Location of Arrest (Including Name of Business) <b>3400 EQUESTRIAN CLUB RD, WELLINGTON, FL, 33414</b>				Location of Offense (Business Name, Address) <b>3400 EQUESTRIAN CLUB RD, WELLINGTON, FL, 33414</b>					
DEFENDANT	Date of Arrest <b>02/08/2020</b>		Time of Arrest <b>23:50</b>		Booking Date		Booking Time			
	Jail Date		Jail Time		Location of Vehicle					
	Name (Last, First, Middle) <b>Wilson, Nichole, Elizabeth</b>				Alias (Name, DOB, Soc. Sec. #, Etc.)					
	Race W - White I - American Indian B - Black O - Oriental/Asian		Sex <b>F</b>		Date of Birth <b>9/11/1975</b>		Height <b>5'02</b>			
	Weight <b>198</b>		Eye Color <b>BRN</b>		Hair Color <b>BLK</b>		Complexion <b>MED</b>			
	Build <b>MED</b>		Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status <b>Married</b>		Religion			
	Local Address (Street, Apt. Number) <b>3500 Collonade Dr, Wellington, FL 33449</b>		(City)		(State)		(Zip)			
	Permanent Address (Street, Apt. Number)		(City)		(State)		(Zip)			
	Business Address (Name, Street)		(City)		(State)		(Zip)			
	CO-DEF	DL Number, State <b>W425625758310, FL</b>		Soc. Sec. Number <b>NONE</b>		INS Number		Place of Birth (City, State) <b>CANADA</b>		
Citizenship <b>NO</b>		Co-Defendant Name (Last, First, Middle)		Race		Sex				
Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large		<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile		Indication of: Alcohol Influence Drug Influence				
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth				
<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large		<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile		Residence Type: 1. City 2. County 3. Florida 4. Out of State						
Parent Legal Custodian Other:		Name (Last)		(First)		(Middle)				
Address (Street, Apt. Number)		(City)		(State)		(Zip)				
Residence Phone		Business Phone		Occupation <b>UNEMPLOYED</b>						
Notified by: (Name)		Date		Time		Juv. Disposition 1. Handed/processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated				
Released To: (Name)		Relationship		Date		Time				
CHARGE	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 365-2528) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)									
	Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property				Value of Property		School Attended	
	Grade		Drug Activity N. N/A P. Possess		S. Sell B. Buy T. Traffic		R. Smuggle D. Deliver E. Use		K. Dispense/ Distribute	
	M. Manufacture/ Produce/ Cultivate		Z. Other		Drug Type N. N/A A. Amphetamine		B. Barbiturate C. Cocaine E. Heroin		H. Hallucinogen M. Marijuana O. Opium/Deriv.	
	P. Paraphernalia/ Equipment S. Synthetics		U. Unknown Z. Other		Charge Description <b>DUI</b>		Counts <b>1</b>		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
	Statute Violation Number <b>316.193(3C1)</b>		Violation of ORD #		Drug Activity <b>N</b>		Drug Type <b>N</b>		Amount / Unit	
	Offense # <b>20035897</b>		Warrant / Capias Number		Bond		Charge Description <b>GRAND THEFT</b>		Counts <b>1</b>	
	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number <b>812.014(2C1)</b>		Violation of ORD #		Drug Activity <b>N</b>		Drug Type <b>N</b>	
	Amount / Unit <b>1</b>		Offense # <b>20035897</b>		Warrant / Capias Number		Bond		Charge Description	
	Counts		Domestic Violence <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 <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 <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 <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 <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 <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 <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 <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 <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 <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 <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 <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 <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 <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 <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 <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 <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 <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 <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 <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 <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 <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 <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 <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 <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 <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 <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 <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 <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 <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 <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 <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 <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 <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 <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 <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 <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 <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 <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 <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 <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 <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 <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 <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 <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 <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 <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 <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 <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 <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 <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 <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 <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 <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 <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 <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 <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #		
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant /		

PROBABLE CAUSE AFFIDAVIT

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

1

Juvenile N

OBTS Number	Agency ORI Number <b>FLO 50000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>	Agency Report Number <b>06- 20035897</b>
Charge Type: Check as many as apply.	<input checked="" type="checkbox"/> 1. Felony	<input type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance	Special Notes:
	<input type="checkbox"/> 2. Traffic Felony	<input checked="" type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 6. Other	

Name (Last, First, Middle) <b>Wilson, Nichole, Elizabeth</b>	Alias	Race W	Sex F	Date of Birth 9/11/1975
Charge Description <b>DUI</b>	316.193(3C1)	Charge Description <b>GRAND THEFT</b>	812.014(2C1)	
Charge Description		Charge Description		

Victim's Name (Last, First, Middle) <b>STATE OF FLORIDA, ,</b>	Race	Sex	Date of Birth
Local Address (Street, Apt. Number) , (City) (State) (zip) Phone ( )	Address Source		
Business Address (Name, Street) (City) (State) (zip) Phone ( )	Occupation		

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.  
 The Person taken into custody  
 committed the below acts in my presence.  was observed by \_\_\_\_\_ who told \_\_\_\_\_ that he/she saw the arrested person commit the below acts.  
 confessed to \_\_\_\_\_ admitting to the below facts.  was found to have committed the below acts, resulting from my (described) investigation.  
 On the 9 day of FEB 2020 at 23:01  A.M.  P.M. (Specifically include facts constituting cause for arrest.)

**On 2/8/20 I responded to 3400 Equestrian Club Rd, in Palm Beach County, in reference to a single vehicle crash (PBSO case 20035896) with injuries. Upon arrival I met with D/S Miller id 24991, who witnessed the crash. D/S Miller advised that while working the event he witnessed a white female, later identified as Nichole Wilson, sit on a golf cart. The golf cart belonged to the facility and left unattended. Moments later the golf cart lurched forward as Wilson was attempting to drive the golf cart. Wilson almost immediately drove the golf cart into a fence and into a crowd of people. After crashing Wilson continued to press on the gas until D/S Miller was able to turn the cart off.**

**I spoke with, Benjamin Crowe, who was struck by the golf cart. I observed Crowe as he limped to the gurney to be checked by fire rescue. Crowe suffered a minor injury to his left leg, but declined to be transported to the hospital.**

**I spoke with 2 witnesses, Tiffany Vanhille, and Blake Bishop, who were working at the event. Both were working at the hot dog cart and had served Wilson. Both advised that Wilson stated she was "hammered" and Vanhille attempted to give Wilson water. Both then witnessed Wilson driving the golf cart through the fence and knocking over people. Both positively identified Wilson as the driver of the golf cart.**

**I spoke with the director of the Equestrian Club, Cathleen Regal, who advised that they wish to prosecute for the theft of their golf cart. Estimated value of the golf cart was approximately \$1500. Based on Wilson taking the golf cart, without permission, I found probable cause to charge Wilson with grand theft, pursuant to Florida State Statue 812.014(2C1).**

STATE OF FLORIDA  
 COUNTY OF PALM BEACH  
 INV G. LYNCH 8568  
 (Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 9 day of FEB 2020 by INV G. LYNCH 8568  
 (Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced KOWN  
Thomas Leahey (#19183)  
 Notary Public, Clerk of Court, Officer (F.S.S. 117.10)



OBTS Number		<b>PROBABLE CAUSE AFFIDAVIT</b>			1. Arrest 2. N.T.A.	3. Request For Warrant 4. Request For Copies	1	Juvenile
Agency ORI Number <b>FLO 5 0 0 0 0 0</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>			Agency Report Number <b>06 20035897</b>			
Charge Type: Check as many as apply		Special Notes						
<input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other								
Defendant Name (Last, First, Middle) <b>WILSON NICOLE</b>					Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>9/11/75</b>	
Charge <b>DUI</b>					Charge			
Charge					Charge			
Victim Name (Last, First, Middle) <b>State of FL</b>					Race	Sex	Date of Birth	
Local Address (Street, Apt. Number)			City	State <b>FL</b>	Zip	Phone	Address Source	
Business Address (Street, Apt. Number)			City	State	Zip	Phone	Occupation	
The undersign 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. The person taken into custody... <input checked="" type="checkbox"/> committed the below acts in my presence.								
<input type="checkbox"/> confessed to admitting to the below facts.								
<input type="checkbox"/> was observed by _____ who told that he/she saw the arrested person commit the below acts.								
<input checked="" type="checkbox"/> was found to have committed the below acts, resulting from (described) investigation.								
On the <u>8th</u> day of <u>February</u> 20 <u>20</u> at <u>2300</u> <input type="checkbox"/> AM <input type="checkbox"/> PM								

\*\*\*\*\*Supplemental Probable Cause Affidavit\*\*\*\*\*

On Saturday, February 8, 2020 at approximately 2300hrs I was working an off duty uniformed detail at the Winter Equestrian Festival located at 3400 Equestrian Club Drive, Wellington, FL. From my position I observed a white female wearing a black dress sit on facility golf cart that had been left unattended. A few moments later I saw the golf cart lurch forward with the female in the driver's seat and then drive into a section of fencing with a large crowd of people behind it. The golf cart and then fence crashed into the crowd. I ran over to the cart which was still powered on. I shut the ignition off and began assessing the crowd. One male complained of injuries. I contacted dispatch and requested EMS to respond. I separated the female from the crowd and kept her on scene until additional deputies arrived. Inv. Lynch responded to the scene to conduct a DUI investigation.

This concluded my involvement in the case.

The foregoing instrument was sworn to and affirmed before me this <u>8th</u> day of <u>February</u> 20 <u>20</u> , by:	
<u>INV. LYNCH 8568</u>	<u>D/S Miller 24991</u>
Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	Name of Arresting/Investigating Officer
Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	Signature of Arresting/Investigating Officer
	Page 1 of 1

FEB 09 2020

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 9 DAY OF FEB 2020, AT 23:01 AM  PM

SUBJECT: Wilson, Nichole, Elizabeth CASE NUMBER: 20035897

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: INV G. LYNCH 8568

## PERSONAL CONTACT

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

On 2/8/20 I responded to 3400 Equestrian Club Rd, in Palm Beach County, in reference to a single vehicle crash (PBSO case 20035896) with injuries. Upon arrival I met with D/S Miller id 24991, who witnessed the crash. D/S Miller advised that while working the event he witnessed a white female, later identified as Nichole Wilson, sit on a golf cart. The golf cart belonged to the facility and left unattended. Moments later the golf cart lurched forward as Wilson was attempting to drive the golf cart. Wilson almost immediately drove the golf cart into a fence and into a crowd of people. After crashing Wilson continued to press on the gas until he was able to turn the cart off. I spoke with, Benjamin Crowe, who was struck by the golf cart. I observed Crowe as he limped to the gurney to be checked by fire rescue. Crowe suffered a minor injury to his left leg, but declined to be transported to the hospital. I spoke with 2 witnesses, Tiffany Vanhille, and Blake Bishop, who were working at the event. Both were working at the hot dog cart and had served Wilson. Both advised that Wilson stated she was "hammered" and Vanhille attempted to give Wilson water. Both then witnessed Wilson driving the golf cart through the fence and knocking over people. Both positively identified Wilson as the driver of the golf cart.

## OBSERVATION OF DRIVER:

I then spoke with Wilson who was standing on the walkway. I immediately observed Wilson's eyes to be bloodshot and glassy. Wilson exhibited a slight sway while standing still. I could smell the odor of an unknown alcoholic beverage coming from Wilson's breath, which got stronger when she spoke. I escorted Wilson to the parking lot and had her stand in front of my patrol car. I advised Wilson the crash investigation was complete and I was going to conduct a criminal DUI investigation. I read Miranda warnings to Wilson, which she advised she understood. Wilson advised that she was not injured and did not need EMS or a hospital. Wilson refused to answer any questions about the crash, stating she was advised not to say anything. When asked if she had anything to drink Wilson again refused to answer. Based on my observations I asked Wilson to perform standard field sobriety tasks. Wilson advised she did not know what to do and asked me what she should do. I advised Wilson I could not give her legal advice and advised her of Taylor warnings, which she advised she understood. Wilson repeated herself multiple times, and seemed to be unaware that she was repeating herself. I gave Wilson another opportunity to perform standard field sobriety tasks, to which she agreed.

## DRIVER'S STATEMENTS:

## ODORS:

STRONG ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE COMING FROM SUBJECT'S BREATH.

## GENERAL OBSERVATIONS

## SPEECH:

ATTITUDE: CALM

CLOTHING: BLACK DRESS

MEDICAL/OTHER: NONE

STATE OF FLORIDA  
COUNTY OF PALM BEACH

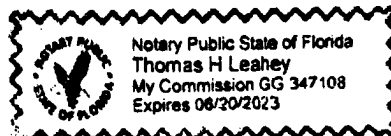
INV G. LYNCH 8568  
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 9 day of FEB 2020 by INV G. LYNCH 8568

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

Thomas Leahey (#19183)

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



SUBJECT: Wilson, Nichole, Elizabeth

CASE NUMBER 20035897

**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:**

Wilson was asked to stand with her feet together and place her hands by her sides. Wilson was asked to focus on the stimulus and follow it with her eyes. Wilson was told not to move her head to assist in following the stimulus. Wilson showed equal pupil size that tracked equally. Both eyes lacked a smooth pursuit. I saw distinct and sustained Nystagmus at maximum deviation and onset of Nystagmus prior to 45 degrees in both eyes. I did not observe vertical nystagmus in either of Wilson's eyes. Wilson exhibited a sway throughout the task. I had to remind Wilson several times to follow the stimulus and not to move her head.

**WALK & TURN:**

I attempted to perform the walk and turn task. I utilized yellow duct tape to make a straight level line, free of debris, that Wilson advised she could see. I placed Wilson in the instructional stance and began to explain the task to Wilson. During the instructions Wilson was unable to maintain the instructional stance, stepping out of the position. Wilson then advised she was going to refused to perform standard field sobriety tasks.

**ONE LEG STAND:**

**REFUSED**

**FINGER TO NOSE:**

**REFUSED**

**ROMBERG ALPHABET:**

**REFUSED**

**BREATH TEST RESULTS:** 1) REFUSED 2) REFUSED 3) 4)

STATE OF FLORIDA  
COUNTY OF PALM BEACH

INV G. LYNCH 8568

(Signature of Arresting/Investigative Officer)

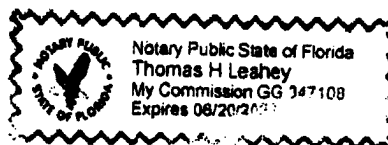
The foregoing instrument was sworn to or affirmed and subscribed before me this 9 day of FEB 2020 by INV G. LYNCH 8568

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

**Thomas Leahey (#19183)**

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

FEB 09 2020



**STATE OF FLORIDA**  
**DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES**  
**AFFIDAVIT OF REFUSAL TO SUBMIT TO**  
**BREATH AND/OR URINE TEST**

I, INV. G. LYNCH 8568, a duly certified Law Enforcement Officer or Correctional Officer,  
(Name of Officer reading Implied Consent Warning)

am a member of PALM BEACH COUNTY SHERIFFS OFFICE, and I do swear  
(Name of law enforcement agency)

or affirm that on or about the 8 day of FEB, 2020, at 23:50  P.M.  A.M.

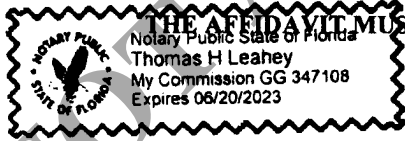
DRIVER NICHOLE ELIZABETH WILSON  
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# W425625758310, state of FL, was placed under lawful arrest for  
the offense of DUI by INV. G. LYNCH 8568 and  
issued Citation # A2GD7OP  
(Name of Arresting Officer)

That on or about the 9 day of FEB, 2020, at 00:47  P.M.  A.M.  
in PALM BEACH County,

I requested that the driver submit to a breath and/or urine test to determine his or her blood alcohol level and/or the presence of chemical or controlled substances. I informed the driver that the refusal to submit to such test(s) would result in the suspension of his or her driving privilege for a period of one (1) year for a first refusal, or for a period of eighteen (18) months if his or her driving privilege had been previously suspended for refusing to submit to a breath, urine or blood test. I also informed the driver that he or she commits a misdemeanor by refusing to submit to a lawful test as requested above if his or her driving privilege has been previously suspended for refusal to submit to a lawful test of his or her breath, urine, or blood. Additionally, I informed the driver that if he or she holds a CDL, or was operating a CMV, refusal will result in the disqualification of the Commercial Driver's License/driving privilege for a period of one (1) year in the case of a first refusal or permanently if he or she has previously been disqualified as a result of a refusal to submit to any such lawful test. Nonetheless, the driver refused to submit to the test(s) requested.

\_\_\_\_\_  
Signature of Law Enforcement Officer or  
Correctional Officer



(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before  
me this 9 day of FEB, 2020,  
by INV. G. LYNCH 8568,  
who is personally known to me or who has produced  
KNOWN as identification

Notary Public T Leahy

HSMV-BAR1001 (REV. 10/2016)

The foregoing instrument was sworn and subscribed before me:

\_\_\_\_\_  
Signature of Attesting Officer

Title \_\_\_\_\_  
Date \_\_\_\_\_

Note: Mail or hand deliver to the designated Bureau of Administrative Reviews office, Department of Highway Safety and Motor Vehicles, with the driver's license, the appropriate copy of the UTC, and the probable cause affidavit.

# TESTING FACILITY TASK REPORT

SUBJECT: Nichole Wilson, ~~XXXX~~ E AGENCY: PBSO  
DATE: 02/09/2020 CASE NUMBER: 20-035897  
VIDEO TAPE NUMBER: N/A  
BEGINNING TIME: 00:42 ENDING TIME: 00:47  
BREATH TESTS RESULTS: 1) R TIME 00:47 A.M./P.M. 2) N/A TIME --- A.M./P.M.  
3) N/A TIME --- A.M./P.M. 4) N/A TIME --- A.M./P.M.

BREATH OPERATOR: T Lealey #19183  
MAINTENANCE TECHNICIAN: J. Kurleko #6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: thick, slurred

ATTITUDE: talkative, repetitive, flighty

CLOTHING: black dress, gray 1/2 shirt, tan sandals

MEDICAL CONDITIONS: none

MEDICATIONS: none

OTHER: eyes glassy, bloodshot

odor of unknown alcoholic beverage on breath  
D stated she drank 2 glasses of wine

COMMENTS: arrived at center A/O conducted 20 minute  
observation period at 00:20 hrs

A refused to perform breath test. requested lawyer

A/O read I/C + A stated she understood I/C

A refused to perform breath test

A/O did not read rights - rights read on scene

A invoked right to counsel

COPIED

02/09/2020

**REFUSED**

**REFUSED**

SUBJECT: Wilson, Nichole E CASE NUMBER: 20 035897

## 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 Inu G Lynch # 8568 of the PBSO

If you fail to submit to the test I have requested of you, your privilege to operate a motor vehicle will be suspended for a period of one (1) year for a first refusal, or eighteen (18) months if your privilege has been previously suspended as a result of a refusal to submit to a lawful test of your breath, urine or blood. Additionally, if you refuse to submit to the test I have requested of you and if your driving privilege has been previously suspended for a prior refusal to submit to a lawful test of your breath, urine or blood, you will be committing a misdemeanor. Refusal to submit to the test I have requested of you is admissible into evidence in any criminal proceeding.

SUBJECT'S SIGNATURE: (X) Read on camera

## CONSTITUTIONAL WARNINGS

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

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

SUSPECT'S SIGNATURE: (X) Did not Read on camera - read on scene

FEB 09 2023

SUBJECT: Wilson, Nichole E CASE NUMBER: 20-035897

### QUESTIONS AND ANSWERS

I AM NOW GOING TO ASK YOU SOME QUESTIONS. WITH THESE RIGHTS IN MIND, YOU MAY ANSWER SOME OF, ALL OF, OR NONE OF THE FOLLOWING QUESTIONS AS YOU LIKE.

WERE YOU OPERATING A MOTOR VEHICLE AT THE TIME OF THE STOP/ACCIDENT? \_\_\_\_\_

WHERE WERE YOU GOING? \_\_\_\_\_

WHAT STREET OR HIGHWAY WERE YOU ON? \_\_\_\_\_

DIRECTION OF TRAVEL? \_\_\_\_\_ WHERE DID YOU START? \_\_\_\_\_

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

WHAT IS TODAY'S DATE? \_\_\_\_\_ WHAT DAY OF THE WEEK IS IT? \_\_\_\_\_

WHAT COUNTY AND CITY ARE YOU IN NOW? \_\_\_\_\_

WHEN DID YOU LAST EAT? \_\_\_\_\_ WHAT DID YOU EAT? \_\_\_\_\_

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? \_\_\_\_\_

HOW MUCH DO YOU WEIGH? \_\_\_\_\_ HAVE YOU BEEN DRINKING? \_\_\_\_\_ WHAT? \_\_\_\_\_

HOW MUCH? \_\_\_\_\_ WHERE? \_\_\_\_\_ WITH WHOM? \_\_\_\_\_

WHEN DID YOU HAVE YOUR FIRST DRINK? \_\_\_\_\_ AND YOUR LAST DRINK? \_\_\_\_\_

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? \_\_\_\_\_

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? \_\_\_\_\_ ARE YOU UNDER THE INFLUENCE? \_\_\_\_\_

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? \_\_\_\_\_ HOW MUCH? \_\_\_\_\_

WHAT? \_\_\_\_\_ WHERE? \_\_\_\_\_ WHEN? \_\_\_\_\_

WHAT LINE OF WORK ARE YOU IN? \_\_\_\_\_ WHEN DID YOU LAST WORK? \_\_\_\_\_

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? \_\_\_\_\_ WHAT? \_\_\_\_\_

ARE YOU SICK OR INJURED? \_\_\_\_\_ WHAT'S WRONG? \_\_\_\_\_

DO YOU LIMP? \_\_\_\_\_ DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? \_\_\_\_\_

WERE YOU IN AN ACCIDENT TODAY? \_\_\_\_\_

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? \_\_\_\_\_ WHEN? \_\_\_\_\_

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? \_\_\_\_\_ WHO? \_\_\_\_\_ WHY? \_\_\_\_\_

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? \_\_\_\_\_ WHAT? \_\_\_\_\_ WHEN? \_\_\_\_\_

DO YOU HAVE: NO  
EPILEPSY? \_\_\_\_\_  
GLASS EYE? \_\_\_\_\_  
FALSE TEETH? \_\_\_\_\_  
EAR INFECTION? \_\_\_\_\_  
INNER EAR TROUBLE? \_\_\_\_\_  
DIABETES? \_\_\_\_\_

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? \_\_\_\_\_

DO YOU TAKE INSULIN? \_\_\_\_\_ IF SO, WHEN WAS YOUR LAST INJECTION? \_\_\_\_\_

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? \_\_\_\_\_ WHERE? \_\_\_\_\_

INTERVIEWER: \_\_\_\_\_

# WITNESS LIST

CASE NUMBER: 20035897

ARRESTING OFFICER: INV G. LYNCH 8568

ADDRESS: HQ

PHONE NUMBERS (HOME): \_\_\_\_\_ (WORK) 561 688 3000

CAN TESTIFY TO: FACTS OF CASE

NAME: D/S MILLER 24991

ADDRESS: DIST 16

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) 561 688 3000

CAN TESTIFY TO: CRASH/ IDENTIFY DRIVER

NAME: BLAKE BISHOP

ADDRESS 3805 LOWSON BLVD, DELRAY BEACH, FL, 33445

PHONE NUMBERS (HOME) 561 414 7421 (WORK) \_\_\_\_\_

CAN TESTIFY TO: CRASH/ IDENTIFY DRIVER

NAME: TIFFANY VANHILLE

ADDRESS 1441 SW 26TH AVE #8D, BOYNTON BEACH, FL, 33426

PHONE NUMBERS (HOME) 561 904 1122 (WORK) 0

CAN TESTIFY TO: CRASH/ IDENTIFY DRIVER

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

ADDRESS \_\_\_\_\_

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

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

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

ADDRESS \_\_\_\_\_

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

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

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

ADDRESS \_\_\_\_\_

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

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

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

ADDRESS \_\_\_\_\_

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

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

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

ADDRESS \_\_\_\_\_

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

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

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

ADDRESS \_\_\_\_\_

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

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

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

ADDRESS \_\_\_\_\_

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

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



**PALM BEACH COUNTY SHERIFF'S OFFICE  
DUI TESTING FACILITY  
INFORMATION SHEET**

PBSO CASE # 20035897 PBSO ZONE 8-32

AGENCY CASE # / CRASH CASE # 20035896

TIME OF STOP/CRASH 23:01 DATE 02/08/2020 DAY Saturday

SUBJECT'S NAME Wilson, Nichole, Elizabeth RACE W SEX F

HGT 5'02 WGT 198 DOB 9/11/1975

LOCATION 3400 EQUESTRIAN CLUB RD, WELLINGTON, FL, 33414

ARRESTING OFFICER'S NAME & ID INV G. LYNCH 8568 (8568) AGENCY Palm Beach County Sheriff's Office

DIVISION: VCD/DUI

NOTIFIED BY COMMO YES

ARRIVAL AT FACILITY 00:20

ARREST TIME 23:50

BREATH RESULTS:

1) **REFUSED**  
2) **REFUSED**  
3)   
4)

TESTING OFFICER'S ID 19183 PBSO VIDEOTAPE # n/a

RECEIVED  
FEB 09 2020

