21 CT 533 7AMB

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

OBTS Number | 1 Arrest 2 N.T.A. 3 Request for Warrant 4 Request for Capias | 1 | Juvenile N

ADMINISTRATIVE

Agency ORI Number	Agency Name	Agency Report Number (N.T.A.'s only)
FLO 500000	PALM BEACH COUNTY SHERIFF'S OFFICE	06- 21051827

Charge Type (Check as many as apply): 1. Felony; 2. Traffic Felony; 3. Misdemeanor; 4. Traffic Misdemeanor [X]; 5. Ordinance; 6. Other
Weapon Seized / Type: 2 (1 Yes 2 No N/A)
Multiple Clearance Indicator:

Location of Arrest (Including Name of Business)	Location of Offense (Business Name, Address)
6TH AVE S / S C ST LAKE WORTH FL, 33460	6TH AVE S / S C ST LAKE WORTH FL, 33460

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
04/03/2021	2343					PALM BEACH AUTO

DEFENDANT

Name (Last, First, Middle)	Alias (Name, DOB, Soc. Sec. #, Etc.)
LEDFERD WYATT	WILLIAM JAMES

Race (W - White I - American Indian B - Black O - Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	M	09/08/1986	6'00	200	BLUE	BROWN	MED	MED

Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description)

Marital Status	Religion	Indication of Alcohol Influence / Drug Influence	Y	N	Unk.
SINGLE	CHRISTIAN		☐	☐	☐

Local Address (Street, Apt. Number)	(City)	(State)	(Zip)	Phone	Residence Type (1 City, 2 County, 3 Florida, 4 Out of State)
9430 LIVE OAK PL APT 402	DAVIE FL, 33324			(561) 907-9654	2

Permanent Address (Street, Apt. Number)	(City)	(State)	(Zip)	Phone	Address Source
				( )	FL DL

Business Address (Name, Street)	(City)	(State)	(Zip)	Phone	Occupation
				( )	PROJECT MANAGER

DL Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
L316899863280, FL	[redacted]		OKEECHOBEE COUNTY, FL	US

CO-DEF

Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	1. Arrested 2. At Large	3. Felony 4. Misdemeanor 5. Juvenile
				☐ 1. Arrested ☐ 2. At Large	☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile
Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	1. Arrested 2. At Large	3. Felony 4. Misdemeanor 5. Juvenile
				☐ 1. Arrested ☐ 2. At Large	☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile

JUVENILE

☐ Parent ☐ Legal Custodian ☐ Other

Address (Street, Apt. Number)	(City)	(State)	(Zip)	Residence Phone	Business Phone
				( )	( )

Notified by (Name)	Date	Time	Juvenile Disposition (1 Handled/processed within Dept. and Released; 2 To DJJ RRS; DYS; 3 Incarcerated)

Released To (Name)	Relationship	Date	Time

The above address provided by ☐ defendant and / or ☐ defendant's parents. The child and / or parent was told to keep the Juvenile Court Clerk (Phone 355-2526) informed of any change of address. ☐ Yes by (Name) ☐ No (Reason)

School Attended | Grade

Property Crime? ☐ Yes ☐ No | Description of Property | Value of Property

CODE

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

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
DUI	1	☐Y ☒N	316.193(1)(A)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
N	N	N/A	21051827		

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐Y ☐N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐Y ☐N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐Y ☐N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

NOTICE TO APPEAR

Location (Court, Room Number, Address)
PALM BEACH COUNTY CRIMINAL JUSTICE COMPLEX, 3228 GUN CLUB RD, WEST PALM BEACH, FL 33406 - PH: (561) 355-2996

Court Date and Time: Month APRIL Day 29TH Year 2021 Time 8:30 AM X PM

I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.

Signature of Defendant (or Juvenile and Parent / Custodian) | Date Signed 04/03/2021

ADMIN

HOLD for other Agency Name	Signature of Arresting Officer	Name Verification (Printed by Arrestee)
☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other	Name of Arresting Officer (Print) D/S A. TEJEDA I.D. # 31814	(PRINT)
Intake Deputy I.D. # Pouch #	Transporting Officer D/S A. TEJEDA I.D. # 31814 Agency PBSO	Name Verification signed with an "X"

PAGE 1 OF 1

DISTRIBUTION: WHITE - COURT COPY; GREEN - STATE ATTORNEY; YELLOW - AGENCY; PINK - AGENCY; GOLD - DEFENDANT (N.T.A.'s ONLY)

PBSO #148 REV. 8/97

NOT A CERTIFIED COPY

SCANNED APR 04 2021

J#0522432 P# 2700

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 3RD DAY OF APRIL 20 21, AT 2325 AM ✓ PM

SUBJECT: LEDFERD WYATT WILLIAM JAMES CASE NUMBER: 21051827

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: D/S A. TEJEDA

PERSONAL CONTACT

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

ON SATURDAY, APRIL 3RD, 2021 AT APPROXIMATELY 2325 HORS, WHILE PATROLLING THE AREA OF 6TH AVE S AND S H ST IN THE CITY OF LAKE WORTH BEACH, WITHIN PALM BEACH COUNTY FL I OBSERED A BLACK TOYOTA TUNDRA, BEARING FL TAG: KEVJ22 TRAVELING SOUTHBOUND ON S H ST APPROACHING 6TH AVE S. I OBSERVED THE VEHICLE FAIL TO STOP AT THE STOP SIGN PRIOR TO TURNING WESTBOUND ONTO 6TH AVE S, THE VEHICLE THEN MADE A WIDE TURN CUTTING THROUGH THE EAST BOUND LANES OF TRAFFIC, BEFORE CONTINUING WEST BOUND. THE VEHICLE THEN CONTINUED TRAVELING WESTBOUND FAILING TO DRIVE WITHIN A SINGLE LANE. I ACTIVATED MY OVER HEAD RED AND BLUE LIGHTS TO MY MARKED PBSO PATROL CAR IN AN ATTEMPT TO INITIATE A TRAFFIC STOP ON THE VEHICLE WHICH CONTINUED TRAVELING WESTBOUND ON 6TH AVE S AND TURN SOUTHBOUND ONTO S A STREET BEFORE COMING TO A FINAL STOP. I THEN MADE CONTACT WITH THE DRIVER AND SOLE OCCUPANT OF THE TRUCK WHO IDENTIFIED HIMSELF TO ME BY FLORIDA DRIVER'S LICENSE AS, WYATT WILLIAM JAMES LEDFERD(LATER IDENTIFIED AS THE DEFENDANT). THE DEFENDANT WAS EXPLAINED THE REASON FOR THE TRAFFIC STOP AND ASKED FOR HIS DRIVER'S LICENSE. I IMMEDIATELY SMELLED AN ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE EMITING FROM LEDFERD'S BREATH. I ALSO OBSERVED LEDFERD HAVE TROUBLE GETTING HIS DRIVER'S LICENSE FROM HIS WALLET. LEDFERD'S EYES WERER GLASSY AND BLOODSHOT AND LEDFERD HAD TROUBLE UNDERSTANDING ME WITH A SLOW SPEECH.

OBSERVATION OF DRIVER:

GLASSY EYES, SLOW REACTION TIME, HAD TROUBLE GETTING DRIVER'S LICENSE FROM HIS WALLET. SLOW SPEECH. STRONG ODOR OF AN UNKNOWNA LCOHOLIC BEVERAGE EMITTING FROM HIS BREATH.

DRIVER'S STATEMENTS:

SLOW SPEECH, ON HIS WAY HOME FROM 3RD AND 3RD. (UNKNOWN WHERE OR WHAT 3RD AND 3RD IS)

ODORS:

ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE COMING FROM HIS PERSON.

GENERAL OBSERVATIONS

SPEECH: **SLOW SPEECH**

ATTITUDE: **CALM AND COOPERATIVE**

CLOTHING: **NEAT AND CLEAN**

MEDICAL/OTHER: **NO MEDICAL CONDITIONS**
All ROADSIDES CAPTURED ON IN-CAR VIDEO

STATE OF FLORIDA
COUNTY OF PALM BEACH

D/S A. TEJEDA
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 3RD day of APRIL 20 21 by D/S A. TEJEDA

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

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

Notary Public State of Florida
Paris Pound
My Commission GG 200[illegible]
Expires 03/25/2022

SCANNED
APR 04 2021

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SUBJECT: LEDFERD WYATT CASE NUMBER 21051827

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

- [x] LT EYE-LACK OF SMOOTH PURSUIT
- [x] RT EYE-LACK OF SMOOTH PURSUIT
- [x] LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION
- [x] RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION
- [x] LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES
- [x] RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

Other Observations:

THE DEFENDANT WAS PLACED INTO THE INSTRUCTIONAL STANCE FOR THE HORIZONTAL GAZE NYSTAGMUS AND GIVEN INSTRUCTIONS. THE DEFENDANT STATED THAT HE UNDERSTOOD THE INSTRUCTIONS. THE DEFENDANT DID NOT HAVE ANY QUESTIONS FOR ME AT THAT TIME. THE DEFENDANT FAILED TO MAINTAIN THE INSTRUCTIONAL STANCE. THE DEFENDANT CONTINUED PUTTING HIS HANDS AND FINGERS INTO THIS POCKETS TO ASSIST HIME WITH HIS BALANCE. THE DEFENDANT SWAYED FROM SIDE TO SIDE SEVERAL TIMES. THE DEFENDANT HAD TO BE REMINDED TO FOLLOW THE STIMULUS WITH HIS EYES ONLY SEVERAL TIMES.

WALK & TURN:

THE DEFENDANT WAS PLACED INTO THE INSTRUCTIONAL STANCE FOR THE WALK AND TURN AND GIVEN INSTRUCTIONS. THE DEFENDANT STATED THAT HE UNDERSTOOD THE INSTRUCTIONS. THE DEFENDANT DID NOT HAVE ANY QUESTIONS FOR ME AT THAT TIME. THE DEFENDANT FAILED TO MAINTAIN THE INSTRUCTIONAL STANCE. THE DEFENDANT IMPROPERLY BEGAN THE EXERCISE. THE DEFENDANT FAILED TO LOOK AT HIS FEET AS HE TOOK EACH STEP. THE DEFENDANT IMPROPERLY TURNED AROUND. THE DEFENDANT STEPPED OFF OF THE LINE BETWEEN STEPS 4 THROUGH 9 ON THE WAY BACK. THE DEFENDANT DID NOT WALK HEEL TO TOE ON THE WAY BACK.

ONE LEG STAND:

THE DEFENDANT WAS PLACED INTO THE INSTRUCTIONAL STANCE FOR THE ONE LEG STAND AND GIVEN INSTRUCTIONS. THE DEFENDANT STATED THAT HE UNDERSTOOD THE INSTRUCTIONS. THE DEFENDANT DID NOT HAVE ANY QUESTIONS FOR ME AT THAT TIME. THE DEFENDANT LIFTED HIS LEFT FOOT. THE DEFENDANT WAS NOT LOOKING AT HIS ELEVATED FOOT. THE DEFENDANT PLACED HIS FOOT DOWN AFTER APPROXIMATELY 8 SECONDS. THE DEFENDANT THEN SAID HE WAS DONE ADN ONCE TOLD OT DO IT AGAIN COUNTED TO APPROXIMATELY 12 SECONDS.

FINGER TO NOSE:

THE DEFENDANT WAS PLACED INTO THE INSTRUCTIONAL STANCE FOR THE FINGER TO NOSE AND GIVEN INSTRUCTIONS. THE DEFENDANT STATED THAT HE UNDERSTOOD THE INSTRUCTIONS. THE DEFENDANT DID NOT HAVE ANY QUESTIONS FOR ME AT THAT TIME. THE DEFENDANT DID NOT TILT HIS HEAD BACK. THE DEFENDANT KEPT HIS EYES OPENED THROUGHOUT THE ENTIRE EXERCISE. THE DEFENDANT WAS TOLD LEFT AND TOUCHED THE SIDE OF HIS FINGER WITH THE NOSTRIL. THE DEFENDANT WAS TOLD RIGHT AND USED THE SIDE OF HIS FINGER TO TOUCH HIS UPPER LIP. THE DEFENDANT WAS TOLD LEFT AND TOUCH THE TIP OF HIS FINGER TO HIS UPPER LIP. THE DEFENDANT WAS TOLD RIGHT AND TOUCHED THE TIP OF HIS FINGER WITH THE BRIDGE OF HIS NOSE. THE DEFENDANT WAS TOLD RIGHT AND TOUCHED THE SIDE OF HIS FINGER WITH THE UPPER LIP. THE DEFENDANT WAS FINALLY TOLD LEFT AND TOUCHED THE TIP OF HIS FINGER TO THE BRIDGE OF HIS NOSE. THE DEFENDANT HAD TO BE REMINDED EACH TIME OT PLACE HIS HADN ABCK DOWN. THE DEFENDANT ALSO MAINTAINED HIS EYES OPEN THE ENTIRE EXERCISE.

ROMBERG ALPHABET:

THE DEFENDANT WAS PLACED INTO THE INSTRUCTIONAL STANCE FOR THE ROMBERG ALPHABET AND GIVEN INSTRUCTIONS. THE DEFENDANT STATED THAT HE UNDERSTOOD THE INSTRUCTIONS. THE DEFENDANT DID NOT HAVE ANY QUESTIONS FOR ME AT THAT TIME. THE DEFENDANT SWAYED FROM LEFT TO RIGHT BETWEEN LETTERS E THROUGH G. THE DEFENDANT MAINTAINED HIS EYES OPEN THROUGHOUT THE ENTIRE EXERCISE. THE DEFENDANT SAID THE ENTIRE ALPHABET AND THEN CONTINUED TO SAY Y,M, X, NOW A, B, C.

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

STATE OF FLORIDA
COUNTY OF PALM BEACH

D/S A. TEJEDA
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 3RD day of APRIL 2021 by D/S A. TEJEDA

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

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

Notary Public State of Florida
Paris Pound
My Commission GG 200028
Expires 03/25/2022

SCANNED
APR 04 2021

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TESTING FACILITY TASK REPORT

AGENCY: PBSO

SUBJECT: LEDFERD, WYATT W

CASE NUMBER: 21-051827

DATE: Apr 4, 2021

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 00:12

ENDING TIME: 00:19

BREATH TESTS RESULTS: 1) R TIME 00:14 A.M. ☒ P.M. ☐ 2) N/A TIME N/A 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 TECHNICAN: J. KARLECKE# 6467

REFUSED

TESTING OFFICER'S OBSERVATIONS

SPEECH: LOW

ATTITUDE: UPSET, PROFANITY

CLOTHING: BLUE JEANS , WHITE T-SHIRT, BLACK / WHITE SNEAKERS

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER:

EYES: GLASSY AND BLOODHSOT
SUBJECT: STATED HE HAD THREE CORONAS IN Q&A

COMMENTS:

ARRIVED AT CENTER A/O BEGAN THE 20 MINUTE OBSERVATION PERIOD AT 23:50 HRS.

SUBECT: REFUSED TO TAKE TEST

A/O: READ I/C

SUBJECT: STATED HE UNDERSTOOD I/C AND REFUSED TEST

A/O: READ RIGHTS

SUBJECT: STATED HE UNDERSTOOD RIGHTS

A/O: CONDUCTED Q&A

SUBJECT: ANSWER QUESTIONS

REFUSED

NOT A CERTIFIED COPY

SCANNED
APR 04 2021

SUBJECT: _____ CASE NUMBER: _____

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)_____

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SCANNED
APR 04 2021

SUBJECT: _____ CASE NUMBER: _____

QUESTIONS AND ANSWERS

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

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

WHERE WERE YOU GOING? _____

WHAT STREET OR HIGHWAY WERE YOU ON? _____

DIRECTION OF TRAVEL? _____ WHERE DID YOU START? _____

WHAT TIME DID YOU START? _____ WHAT TIME IS IT NOW? _____

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

WHAT COUNTY AND CITY ARE YOU IN NOW? _____

WHEN DID YOU LAST EAT? _____ WHAT DID YOU EAT? _____

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

HOW MUCH DO YOU WEIGH? _____ HAVE YOU BEEN DRINKING? _____ WHAT? _____

HOW MUCH? _____ WHERE? _____ WITH WHOM? _____

WHEN DID YOU HAVE YOUR FIRST DRINK? _____ AND YOUR LAST DRINK? _____

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? _____

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

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? _____ HOW MUCH? _____

WHAT? _____ WHERE? _____ WHEN? _____

WHAT LINE OF WORK ARE YOU IN? _____ WHEN DID YOU LAST WORK? _____

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? _____ WHAT? _____

ARE YOU SICK OR INJURED? _____ WHAT'S WRONG? _____

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

WERE YOU IN AN ACCIDENT TODAY? _____

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? _____ WHEN? _____

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? _____ WHO? _____ WHY? _____

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? _____ WHAT? _____ WHEN? _____

DO YOU HAVE:
- EPILEPSY? _____
- GLASS EYE? _____
- FALSE TEETH? _____
- EAR INFECTION? _____
- INNER EAR TROUBLE? _____
- DIABETES? _____

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

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

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

INTERVIEWER: _____

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SCANNED APR 04 2

WHITE - STATE ATTY. YELLOW - DHSMV PINK - CENTRAL RECORDS GOLD - JAIL

21051827

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

I, **D/S A. TEJEDA**, a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)

am a member of **PALM BEACH COUNTY SHERIFF'S OFFICE**, and I do swear
(Name of law enforcement agency)

or affirm that on or about the **3RD** day of **APRIL**, 20 **21**, at **2343** ☑ P.M ☐ A.M.

DRIVER **WYATT** **WILLIAM JAMES** **LEDFERD**,
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# **L316899863280, FL**, state of **FLORIDA**, was placed under lawful arrest for

the offense of **DUI** by **D/S A. TEJEDA** and
(Name of Arresting Officer)

issued Citation # **AEA7EME**.

That on or about the **4TH** day of **APRIL**, 20 **21**, at **0014** ☐ P.M ☑ A.M.

in **PALM BEACH** County.

I requested that the driver submit to a X **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

THE AFFIDAVIT MUST BE NOTARIZED OR ATTESTED TO (F.S. 117.10)

Notary Public State of Florida
Paris Pound
My Commission GG 200028
Expires 03/25/2022

The foregoing instrument was sworn and subscribed before me this **4th** day of **APRIL**, 20 **21**, by **D/S A. TEJEDA**, who is personally known to me or who has produced **KNOWN** as identification.

Notary Public

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.

HSMV-BAR1001 (REV. 10/2016)

NOT A CERTIFIED COPY

SCANNED
APR 04 2021

SUBJECT: _____ CASE NUMBER: _____

QUESTIONS AND ANSWERS

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

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

WHERE WERE YOU GOING? _____

WHAT STREET OR HIGHWAY WERE YOU ON? _____

DIRECTION OF TRAVEL? _____ WHERE DID YOU START? _____

WHAT TIME DID YOU START? _____ WHAT TIME IS IT NOW? _____

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

WHAT COUNTY AND CITY ARE YOU IN NOW? _____

WHEN DID YOU LAST EAT? _____ WHAT DID YOU EAT? _____

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

HOW MUCH DO YOU WEIGH? _____ HAVE YOU BEEN DRINKING? _____ WHAT? _____

HOW MUCH? _____ WHERE? _____ WITH WHOM? _____

WHEN DID YOU HAVE YOUR FIRST DRINK? _____ AND YOUR LAST DRINK? _____

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? _____

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

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? _____ HOW MUCH? _____

WHAT? _____ WHERE? _____ WHEN? _____

WHAT LINE OF WORK ARE YOU IN? _____ WHEN DID YOU LAST WORK? _____

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? _____ WHAT? _____

ARE YOU SICK OR INJURED? _____ WHAT'S WRONG? _____

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

WERE YOU IN AN ACCIDENT TODAY? _____

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? _____ WHEN? _____

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? _____ WHO? _____ WHY? _____

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? _____ WHAT? _____ WHEN? _____

DO YOU HAVE:

EPILEPSY? _____
GLASS EYE? _____
FALSE TEETH? _____
EAR INFECTION? _____
INNER EAR TROUBLE? _____
DIABETES? _____

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

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

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

INTERVIEWER: _____

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SCANNED
APR 04

WITNESS LIST

CASE NUMBER: 21051827

ARRESTING OFFICER: D/S A. TEJEDA

ADDRESS: 3228 GUN CLUB ROAD WEST PALM BEACH, FL 33406

PHONE NUMBERS (HOME): _____ (WORK) 5616883600

CAN TESTIFY TO: DUI INVESTIGATION AND FACTS OF CASE

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 _____

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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: _____

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APR 04 2

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)
L/E Exemptions	☐	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	☐	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	☐	119.071(4)(c)	Undercover personnel.	
	☐	119.071(2)(f)	Confidential informants (CIs).	
	☐	119.071(2)(e)	Confession.	
Public Info. Exemptions	☐	985.04(1)	Juvenile offender records.	
	☐	119.071(h)(i)	Assets of a crime victim.	
	☐	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	☐	394.4615(7)	Mental health information.	
	☐	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.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)	☒	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	☐	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	☐	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	☐	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	☐			
	☐			
	☐			
	☐			
	☐			
Other	☐	119.0712 (2)	Other: Personal information contained in a motor vehicle record	
	☐	119.071(2)(J)	Other: MARSY'S LAW PROTECTED INFORMATION REGARDING VICTIM(S).	

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REVIEW COMPLETED BY

Booking Number: 2021008077	**Date:** 4/4/2021
	Specialist Name/ID: M. Tooks #8557

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APR 04 2021