

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

Check if Supplement is Attached

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

|                  |                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                |  |                                                                               |  |                                                           |  |
|------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------|--|-----------------------------------------------------------|--|
| ADMINISTRATIVE   | OBTS Number                                                                                                                                                                                                                                                                                                    |  | Agency ORI Number<br>FLO 5 0 0 0 0 0                                                                                                                                           |  | Agency Name<br>PALM BEACH COUNTY SHERIFF'S OFFICE                             |  | Agency Report Number (N.T.A.'s only)<br>0 6 1-22-133155   |  |
|                  | Charge Type:<br>Check as many as apply                                                                                                                                                                                                                                                                         |  | 1. Felony<br>2. Traffic Felony                                                                                                                                                 |  | 3. Misdemeanor<br>4. Traffic Misdemeanor                                      |  | 5. Ordinance<br>6. Other                                  |  |
|                  | Location of Arrest (Including Name of Business)                                                                                                                                                                                                                                                                |  | HYPOLUXO ROAD / S MILITARY TRAIL, UNINCORPORATED/FL/33463                                                                                                                      |  | Location of Offense (Business Name, Address)                                  |  | HYPOLUXO ROAD / S MILITARY TRAIL, UNINCORPORATED/FL/33463 |  |
|                  | Date of Arrest<br>11/26/2022                                                                                                                                                                                                                                                                                   |  | Time of Arrest<br>0054                                                                                                                                                         |  | Booking Date                                                                  |  | Booking Time                                              |  |
| DEFENDANT        | Name (Last, First, Middle)                                                                                                                                                                                                                                                                                     |  | Dighton, Destiny, Elizabeth                                                                                                                                                    |  | Aliases (Name, DOB, Soc. Sec. #, Etc.)                                        |  |                                                           |  |
|                  | Race                                                                                                                                                                                                                                                                                                           |  | W - White                                                                                                                                                                      |  | Sex                                                                           |  | F                                                         |  |
|                  | Date of Birth                                                                                                                                                                                                                                                                                                  |  | 5/31/1998                                                                                                                                                                      |  | Height                                                                        |  | 5'04                                                      |  |
|                  | Weight                                                                                                                                                                                                                                                                                                         |  | 130                                                                                                                                                                            |  | Eye Color                                                                     |  | BLUE                                                      |  |
|                  | Hair Color                                                                                                                                                                                                                                                                                                     |  | BLOND                                                                                                                                                                          |  | Complexion                                                                    |  | MED                                                       |  |
|                  | Build                                                                                                                                                                                                                                                                                                          |  | SMALL                                                                                                                                                                          |  | Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) |  | ARMS LEGS CHEST STERNUM                                   |  |
|                  | Marital Status                                                                                                                                                                                                                                                                                                 |  | Single                                                                                                                                                                         |  | Religion                                                                      |  | NONE                                                      |  |
|                  | Indication of:<br>Alcohol Influence<br>Drug Influence                                                                                                                                                                                                                                                          |  | Y N Unk                                                                                                                                                                        |  | Residence Type:<br>1. City<br>2. County<br>3. Florida<br>4. Out of State      |  | 2                                                         |  |
|                  | Local Address (Street, Apt. Number)                                                                                                                                                                                                                                                                            |  | (City) (State) (Zip)                                                                                                                                                           |  | Phone                                                                         |  | (908) 310 0475                                            |  |
|                  | Permanent Address (Street, Apt. Number)                                                                                                                                                                                                                                                                        |  | (City) (State) (Zip)                                                                                                                                                           |  | Phone                                                                         |  | ( ) ( ) ( )                                               |  |
| CO-DEF           | Business Address (Name, Street)                                                                                                                                                                                                                                                                                |  | (City) (State) (Zip)                                                                                                                                                           |  | Phone                                                                         |  | ( ) ( ) ( )                                               |  |
|                  | Occupation                                                                                                                                                                                                                                                                                                     |  | BARTENDER                                                                                                                                                                      |  | D/L Number, State                                                             |  | D235165986910, FL                                         |  |
|                  | Soc. Sec. Number                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                |  | INS Number                                                                    |  |                                                           |  |
|                  | Place of Birth (City, State)                                                                                                                                                                                                                                                                                   |  | NEW JERSEY, NJ                                                                                                                                                                 |  | Citizenship                                                                   |  | YES                                                       |  |
|                  | Co-Defendant (Last, First, Middle)                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                |  | Race                                                                          |  |                                                           |  |
|                  | Sex                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                |  | Date of Birth                                                                 |  |                                                           |  |
|                  | 1. Arrested<br>2. At Large                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                |  | 3. Felony<br>4. Misdemeanor<br>5. Juvenile                                    |  |                                                           |  |
|                  | Co-Defendant (Last, First, Middle)                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                |  | Race                                                                          |  |                                                           |  |
|                  | Sex                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                |  | Date of Birth                                                                 |  |                                                           |  |
|                  | 1. Arrested<br>2. At Large                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                |  | 3. Felony<br>4. Misdemeanor<br>5. Juvenile                                    |  |                                                           |  |
| JUVENILE         | Parent Name (Last) (First) (Middle)                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                |  | Residence Phone                                                               |  | ( ) ( ) ( )                                               |  |
|                  | Legal Custodian                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                |  | Business Phone                                                                |  | ( ) ( ) ( )                                               |  |
|                  | Address (Street, Apt. Number)                                                                                                                                                                                                                                                                                  |  | (City) (State) (Zip)                                                                                                                                                           |  | Notified by: (Name)                                                           |  | Date Time                                                 |  |
|                  | Relationship                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                |  | Juvenile Disposition<br>1. Handled/Processed within<br>Dept. and Released.    |  | 2. TOT HRS/DYS<br>3. Incarcerated                         |  |
|                  | The above address was provided by                                                                                                                                                                                                                                                                              |  | defendant and / or defendant's parents. The child and / or parent was told to keep the Juvenile Court Clerk's Office (Phone (561) 355-6511) informed of any change of address. |  | School Attended                                                               |  | Grade                                                     |  |
|                  | Property Crime?                                                                                                                                                                                                                                                                                                |  | Description of Property                                                                                                                                                        |  | Value of Property                                                             |  |                                                           |  |
|                  | Yes No                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                |  |                                                                               |  |                                                           |  |
|                  | Drug Activity                                                                                                                                                                                                                                                                                                  |  | S. Sell<br>N. N/A<br>P. Possess                                                                                                                                                |  | R. Smuggle<br>D. Deliver<br>E. Use                                            |  | K. Dispense/<br>Distribute                                |  |
|                  | M. Manufacture/<br>Produce/<br>Cultivate                                                                                                                                                                                                                                                                       |  | Z. Other                                                                                                                                                                       |  | Drug Type                                                                     |  | 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                                                |  | S. Synthetic<br>U. Unknown<br>Z. Other                    |  |
| CHARGE           | Charge Description                                                                                                                                                                                                                                                                                             |  | DRIVING UNDER THE INFLUENCE BAC 0.15 OR HIGHER                                                                                                                                 |  | Counts                                                                        |  | 1                                                         |  |
|                  | Domestic Violence                                                                                                                                                                                                                                                                                              |  | Y N                                                                                                                                                                            |  | Statute Violation Number                                                      |  | 316.193(4)                                                |  |
|                  | Warrant / Capias Number                                                                                                                                                                                                                                                                                        |  | 22-133155                                                                                                                                                                      |  | Bond                                                                          |  |                                                           |  |
|                  | Violation of ORD #                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                |  |                                                                               |  |                                                           |  |
| CHARGE           | Charge Description                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                |  | Counts                                                                        |  |                                                           |  |
|                  | Domestic Violence                                                                                                                                                                                                                                                                                              |  | Y N                                                                                                                                                                            |  | Statute Violation Number                                                      |  |                                                           |  |
|                  | Warrant / Capias Number                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                |  | Bond                                                                          |  |                                                           |  |
|                  | Violation of ORD #                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                |  |                                                                               |  |                                                           |  |
| CHARGE           | Charge Description                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                |  | Counts                                                                        |  |                                                           |  |
|                  | Domestic Violence                                                                                                                                                                                                                                                                                              |  | Y N                                                                                                                                                                            |  | Statute Violation Number                                                      |  |                                                           |  |
|                  | Warrant / Capias Number                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                |  | Bond                                                                          |  |                                                           |  |
|                  | Violation of ORD #                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                |  |                                                                               |  |                                                           |  |
| CHARGE           | Charge Description                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                |  | Counts                                                                        |  |                                                           |  |
|                  | Domestic Violence                                                                                                                                                                                                                                                                                              |  | Y N                                                                                                                                                                            |  | Statute Violation Number                                                      |  |                                                           |  |
|                  | Warrant / Capias Number                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                |  | Bond                                                                          |  |                                                           |  |
|                  | Violation of ORD #                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                |  |                                                                               |  |                                                           |  |
| NOTICE TO APPEAR | Location (Court, Room Number, Address)                                                                                                                                                                                                                                                                         |  | Criminal Justice Complex, 3228 Gun Club Road, West Palm Beach, FL 33406 - Ph: (561) 688-4600                                                                                   |  | Court Date and Time                                                           |  | Month DECEMBER Day 22 Year 2022 Time 08:30 A.M. X P.M.    |  |
|                  | 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 11/26/2022                                    |  |
|                  | HOLD for other agency                                                                                                                                                                                                                                                                                          |  | Signature of Arresting Officer                                                                                                                                                 |  | Name Verification (Printed by Arresting Officer)                              |  |                                                           |  |
|                  | Dangerous Suicidal                                                                                                                                                                                                                                                                                             |  | Name of Arresting Officer (Print)                                                                                                                                              |  | (PRINT)                                                                       |  |                                                           |  |
| ADMIN            | Intake Deputy                                                                                                                                                                                                                                                                                                  |  | I.D. # Pouch #                                                                                                                                                                 |  | Transporting Officer                                                          |  | I.D. # Agency                                             |  |
|                  | INV. W. AMADON 9440                                                                                                                                                                                                                                                                                            |  | PBO                                                                                                                                                                            |  | Witness here if subject signs with an X                                       |  |                                                           |  |

# WITNESS LIST

CASE NUMBER: 22-133155

ARRESTING OFFICER: INV. W. AMADON

ADDRESS: 3228 GUN CLUB ROAD / WEST PALM BEACH / FL / 33460

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

CAN TESTIFY TO: DUI INVESTIGATION

NAME: D/S O. Delice # 39055

ADDRESS: 3228 GUN CLUB ROAD / WEST PALM BEACH / FL / 33460

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

CAN TESTIFY TO: CRASH REPORT / WHEEL WITNESS

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

ADDRESS \_\_\_\_\_

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

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

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

ADDRESS \_\_\_\_\_

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

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

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

ADDRESS \_\_\_\_\_

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

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

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

ADDRESS \_\_\_\_\_

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

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

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

ADDRESS \_\_\_\_\_

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

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

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

ADDRESS \_\_\_\_\_

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

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

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

ADDRESS \_\_\_\_\_

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

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

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

ADDRESS \_\_\_\_\_

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

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

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

ADDRESS \_\_\_\_\_

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

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

| OBS Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                         | <b>PROBABLE CAUSE AFFIDAVIT</b> |                                                                                                                                                                                                                                                                         | 1. Arrest<br>2. N.T.A. |                                             | 3. Request for Warrant<br>4. Request for Copies |                | Juvenile      |               |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|---------------------------------------------|-------------------------------------------------|----------------|---------------|---------------|--|
| 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- 22133149</b> |                                                 |                |               |               |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Charge Type:<br>Check as many as apply.                                                                                                                                                                                                 |                                 | <input type="checkbox"/> 1. Felony<br><input type="checkbox"/> 2. Traffic Felony<br><input type="checkbox"/> 3. Misdemeanor<br><input checked="" type="checkbox"/> 4. Traffic Misdemeanor<br><input type="checkbox"/> 5. Ordinance<br><input type="checkbox"/> 6. Other |                        | Special Notes:                              |                                                 |                |               |               |  |
| CHARGES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Name (Last, First, Middle)                                                                                                                                                                                                              |                                 |                                                                                                                                                                                                                                                                         |                        | Alias                                       |                                                 | Race           | Sex           | Date of Birth |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Charge Description                                                                                                                                                                                                                      |                                 |                                                                                                                                                                                                                                                                         |                        | Charge Description                          |                                                 |                |               |               |  |
| VICTIM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Charge Description                                                                                                                                                                                                                      |                                 |                                                                                                                                                                                                                                                                         |                        | Charge Description                          |                                                 |                |               |               |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Victim's Name (Last, First, Middle)                                                                                                                                                                                                     |                                 |                                                                                                                                                                                                                                                                         |                        | 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     |               |               |  |
| <p>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</p> <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> committed the below acts in my presence.<br/> <input type="checkbox"/> confessed to _____ admitting to the below facts.         </div> <div> <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.<br/> <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.         </div> </div> <p>On the _____ day of _____ 20__ at _____ <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p> <p><b>On 11-25-22, I responded to Hypoluxo Rd &amp; S Military Trl in unincorporated Lake Worth , Palm Beach County Florida 33463 in reference to a traffic crash. Upon arrival, I made contact with W/F who was later identified as Destiny Dighton by her Florida driver's license and the sole occupant of a blue 2016 Jeep Wrangler bearing FL tag (06BGML). While on scene Dighton appeared impaired, had bloodshot and glassy eyes, was unable to locate her documentation pertaining to the vehicle upon request and had the smell of an unknown alcoholic beverage emanating from her person. Due to my observations, I requested a DUI Investigator D/S Amadon who responded and conducted a DUI investigation.</b></p> |                                                                                                                                                                                                                                         |                                 |                                                                                                                                                                                                                                                                         |                        |                                             |                                                 |                |               |               |  |
| ADMINISTRATIVE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | STATE OF FLORIDA<br>COUNTY OF PALM BEACH                                                                                                                                                                                                |                                 | <b>39055</b><br><b>D/S O.DELICE</b>                                                                                                                                                                                                                                     |                        |                                             |                                                 |                |               |               |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | (Signature of Arresting/Investigative Officer)                                                                                                                                                                                          |                                 |                                                                                                                                                                                                                                                                         |                        |                                             |                                                 |                |               |               |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | The foregoing instrument was sworn to or affirmed and subscribed before me this <u>25</u> day of <u>NOV</u> 20 <u>22</u> by <u>D/S O.DELICE</u>                                                                                         |                                 |                                                                                                                                                                                                                                                                         |                        |                                             |                                                 |                |               |               |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | (Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced _____<br><u>Det. W. Amadon</u><br>Notary Public, Clerk of Court, Officer (F.S.S. 117.10) |                                 |                                                                                                                                                                                                                                                                         |                        |                                             |                                                 |                |               |               |  |

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 25 DAY OF NOVEMBER 20 22, AT 2332 AM ☒ PM

SUBJECT: Dighton, Destiny, Elizabeth CASE NUMBER: 22-133155

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: INV. W. AMADON

## PERSONAL CONTACT

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

On Friday November 25, 2022 I responded to intersection of Hypoluxo Road and S. Military Trail, located within Unincorporated Palm Beach County Florida regarding a motor vehicle crash, with a suspected impaired driver. Upon arrival I met with D/S O. Delice, #39055 who provided me with a signed, sworn written supplemental probable cause affidavit stating: "On 11-25-22, I responded to Hypoluxo Rd & S Military Trl in unincorporated Lake Worth, Palm Beach County Florida 33463 in reference to a traffic crash. Upon arrival, I made contact with W/F who was later identified as Destiny Dighton by her Florida driver's license and the sole occupant of a blue 2016 Jeep Wrangler bearing FL tag (06BGML). While on scene Dighton appeared impaired, had bloodshot and glassy eyes, was unable to locate her documentation pertaining to the vehicle upon request and had the smell of an unknown alcoholic beverage emanating from her person".

## OBSERVATION OF DRIVER:

I observed the defendant to be unsteady on her feet. I observed the defendant to have a noticeable orbital sway as she stood. I observed the defendant's clothing was properly worn. The defendant's eyes were red, glassy, and watery. The defendant weaved as she walked from their vehicle to the front of mine. The defendant's movements were clumsy, slow, and at times uncoordinated.

## DRIVER'S STATEMENTS:

The defendant admitted to consuming one glass of champagne and an alcoholic coffee.

## ODORS:

I immediately detected the odor of an unknown alcoholic beverage emanating from the defendant's breath that intensified when she spoke.

## GENERAL OBSERVATIONS

SPEECH: slow / slurred / deliberate

ATTITUDE: polite / respectful / crying / upset

CLOTHING: black shirt / black pants / black shoes

MEDICAL/OTHER: stated none

STATE OF FLORIDA  
COUNTY OF PALM BEACH

INV. W. AMADON  
Signature of Arresting/Investigative Officer

I, the foregoing instrument was sworn to or affirmed and subscribed before me this 26 day of NOVEMBER, 20 22 by INV. W. AMADON

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

Renee Ragin (#16877)

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



SUBJECT: Dighton, Destiny, Elizabeth

CASE NUMBER 22-133155

## ROADSIDE TASKS

### HORIZONTAL GAZE NYSTAGMUS:



LT EYE-LACK OF SMOOTH PURSUIT



RT EYE-LACK OF SMOOTH PURSUIT



LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION



RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION



LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES



RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

### Other Observations:

The defendant had a noticeable orbital sway during this task.

### WALK & TURN:

The defendant was placed into the instructional stance and told to remain in that position until I asked her to move. The defendant was given instructions and a demonstration. The defendant moved from the instructional position prior to me telling her to move. The defendant missed heel to toe. The defendant stepped off the line. The defendant took an incorrect number of steps. The defendant stopped walking. The defendant performed an improper turn. The defendant had a noticeable orbital sway during this task.

### ONE LEG STAND:

The defendant was placed into the instructional stance and told to remain in that position until I asked them to move. The defendant was given instructions and a demonstration. The defendant put her foot down more than three times within approximately thirty seconds. The defendant did not count aloud. The defendant swayed trying to maintain balance. The defendant had a noticeable orbital sway during this task.

### FINGER TO NOSE:

The defendant was placed into the instructional stance and told to remain in that position until I told them to move. The defendant was given instructions and a demonstration. The defendant did not touch tip to tip as instructed. The defendant had a noticeable orbital sway during this task.

### ROMBERG ALPHABET:

The defendant was placed into the instructional stance and told to remain in that position until I told them to move. The defendant was given instructions and a demonstration. The defendant correctly recited the alphabet.

BREATH TEST RESULTS: 1) 0.197 2) 0.198 3) 4)

STATE OF FLORIDA  
COUNTY OF PALM BEACH

INV. W. AMADON

Signature of Arresting/Investigative Officer

I, the foregoing instrument was sworn to or affirmed and subscribed before me this 26 day of NOVEMBER, 2022 by INV. W. AMADON

Print name of Arresting/Investigative Officer, who is personally known to me and/or produced identification. Type of identification produced: KNOWN L.E.O.

Renee Ragin (#16877)

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





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

PBSO CASE # 22-133155 PBSO ZONE 6-11

AGENCY CASE # \_\_\_\_\_ CRASH CASE # 22-133149

TIME OF STOP/CRASH 2332 DATE 11/25/2022 DAY Friday

SUBJECT'S NAME Dighton, Destiny, Elizabeth RACE W SEX F

HGT 5'04 WGT 130 DOB 5/31/1998

LOCATION HYPOLUXO ROAD / S MILITARY TRAIL, UNINCORPORATED/FL/33463

ARRESTING OFFICER'S NAME & ID INV. W. AMADON (9440) AGENCY Palm Beach County Sheriff's Office

DIVISION: CID / DUI

NOTIFIED BY COMMO YES

ARRIVAL AT FACILITY 0110

ARREST TIME 0054

BREATH RESULTS:

|    |      |
|----|------|
| 1) | .197 |
| 2) | .198 |
| 3) | N/A  |
| 4) | N/A  |

TESTING OFFICER'S ID 16877 PBSO VIDEOTAPE # \_\_\_\_\_

SUBJECT: D. L. BROWN, 157-111 E CASE NUMBER: 15-153155

## **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 determining 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 refuse to take the test I have requested of you, your driving privilege will be suspended for a period of one (1) year for a FIRST REFUSAL, or eighteen (18) months if your driving privilege has been PREVIOUSLY SUSPENDED, or if you have been PREVIOUSLY FINED under s. 327.35215, for refusing to submit to a lawful test of your breath, urine, or blood. Additionally, if you refuse to take the test I have requested of you, and if your driving privilege has been previously suspended, or if you have been previously fined under s. 327.35215, for a refusal to submit to a lawful test of your breath, urine or blood, you will be committing a misdemeanor, in addition to any other penalties which can be imposed by law.

Refusal to submit to the test I have requested is admissible into evidence in any criminal proceeding.

Do you understand what I have just read to you? YES <or> NO Do you still refuse to submit to this test? YES <or> NO

**NOTE: IF THE SUBJECT POSSESSES A COMMERCIAL DRIVER'S LICENSE (CDL), READ THE FOLLOWING,**

If you are a Commercial Driver License (CDL) holder or were driving a Commercial Motor Vehicle (CMV), your refusal to submit to testing will result in the loss of your commercial driving privilege for a period of one year from today. If this is your SECOND REFUSAL, you will be permanently disqualified from holding a CDL or operating a CMV.

Do you understand what I have just read to you? YES <or> NO Do you still refuse to submit to this test? YES <or> NO

SUBJECTS 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) \_\_\_\_\_

*Handwritten signature*  
*DU SEINE*

SUBJECT: DICTION, DESTINY E CASE NUMBER: 20-133/55

## 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? MY SISTER'S HOUSE

WHAT STREET OR HIGHWAY WERE YOU ON? 1201X1

DIRECTION OF TRAVEL? W WHERE DID YOU START? NB

WHAT TIME DID YOU START? 1 PM WHAT TIME IS IT NOW? 2:15 PM

WHAT IS TODAY'S DATE? 5-24 WHAT DAY OF THE WEEK IS IT? FR

WHAT COUNTY AND CITY ARE YOU IN NOW? NB

WHEN DID YOU LAST EAT? 4:15 PM WHAT DID YOU EAT? TAOS

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

HOW MUCH DO YOU WEIGH? 135 HAVE YOU BEEN DRINKING? YES WHAT? 100% Vodka

HOW MUCH? 1 WHERE? IN THE CAR WITH WHOM? FR

WHEN DID YOU HAVE YOUR FIRST DRINK? 5:30 PM AND YOUR LAST DRINK? 7:00 PM

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? SHOT

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? NO ARE YOU UNDER THE INFLUENCE? YES

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? NO HOW MUCH? 1

WHAT? 100% Vodka WHERE? IN THE CAR WHEN? 7:00 PM

WHAT LINE OF WORK ARE YOU IN? DRIVER WHEN DID YOU LAST WORK? YES

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? NO WHAT? NO

ARE YOU SICK OR INJURED? NO WHAT'S WRONG? NO

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

WERE YOU IN AN ACCIDENT TODAY? YES

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? NO WHEN? NO

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? NO WHO? NO WHY? NO

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? NO WHAT? NO WHEN? NO

DO YOU HAVE:

|                    |           |
|--------------------|-----------|
| EPILEPSY?          | <u>NO</u> |
| GLASS EYE?         | <u>NO</u> |
| FALSE TEETH?       | <u>NO</u> |
| EAR INFECTION?     | <u>NO</u> |
| INNER EAR TROUBLE? | <u>NO</u> |
| DIABETES?          | <u>NO</u> |

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? NO

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

INTERVIEWER: Inv. W. Arana #7440

**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: 80-006239 Software: 8100.27  
Date of Test: 11/26/2022

Date of Last Agency Inspection: 11/18/2022

Observation Period Began: 01:10

Subject's Name: DESTINY E DIGHTON

DOB: 05/31/1998 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     | 01:36 |
| Air Blank         | 0.000  | 01:36 |
| Control Test      | 0.079  | 01:37 |
| Air Blank         | 0.000  | 01:37 |
| Subject Sample #1 | 0.197  | 01:38 |
| Air Blank         | 0.000  | 01:39 |
| Air Blank         | 0.000  | 01:40 |
| Subject Sample #2 | 0.198  | 01:41 |
| Air Blank         | 0.000  | 01:42 |
| Control Test      | 0.078  | 01:42 |
| Air Blank         | 0.000  | 01:42 |
| Diagnostics Check | OK     | 01:42 |

Cylinder Lot: 02021080A1  
Exp: 03/05/2023

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 RENEE M RAGIN, 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: 11/26/22

Sworn to (or affirmed) before me this 26 day of Nov., 2022

Inv. W. Amadon

Signature of Notary Public-State of Florida

Inv. W. Amadon #9440

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.

# TESTING FACILITY TASK REPORT

AGENCY: **PBSO**

SUBJECT: **Dighton, Destiny E.**

CASE NUMBER: **22-133155**

DATE: **Nov 26, 2022**

VIDEO DVD NUMBER: **N/A**

BEGINNING TIME: **01:33**

ENDING TIME: **01:49**

BREATH TESTS RESULTS: 1) **.197** TIME **01:38** A.M. ☒ P.M. ☐ 2) **.198** TIME **01:41** A.M. ☒ P.M. ☐  
3) **N/A** TIME **---** A.M. ☐ P.M. ☐ 4) **N/A** TIME **---** A.M. ☐ P.M. ☐

BREATH OPERATOR: **R. Ragin #16877**

MAINTENANCE TECHNICIAN: **Jason Karlecke #6467**

## TESTING OFFICER'S OBSERVATIONS

SPEECH: **Slurred**

ATTITUDE: **Calm, cooperative**

CLOTHING: **Black pants, black tank top, black sandals**

MEDICAL CONDITIONS: **None**

MEDICATIONS: **None**

## OTHER:

Eyes are glassy & bloodshot  
odor of unknown alcoholic beverage on breath

## COMMENTS:

Arrived at center A/O started 20 minute observation period at 01:10 hrs.

Subject agreed to perform breath test.

Tech read breath test results.

Subject stated she understood breath test results.

A/O read rights on scene.

Subject stated she understood rights.

A/O conducted Q&A.

Subject answered Q&A.



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

**REVIEW COMPLETED BY**

|                            |                                           |
|----------------------------|-------------------------------------------|
| Booking Number: 2022030525 | Date: 11/26/2022                          |
|                            | Specialist Name/ID: Chantel Daniels/30347 |