0537564 23CT-1021 ASB 2059

ARREST / NOTICE TO APPEAR

1. Arrest (No Warrant) 3. Request for Warrant
6. Arrest (Warrant) 4. Request for Capias
2. N.T.A. 5. Juvenile Referral

1 JUVENILE

ADMINISTRATION

OBTS Number

Agency ORI Number	Agency Name	Agency Report Number (N.T.A.'s only)
0500200	Boca Raton Police Department	3 2 2023-000886

Charge Type: Check as many as apply. ☐ 1. Felony ☒ 3. Misdemeanor ☐ 5. Ordinance ☐ 2. Traffic Felony ☐ 4. Traffic Misdemeanor ☐ 6. Other

If Weapon Seized: Enter Type UNARMED

Multiple Clearance Indicator

Location of Arrest (Including Name of Business)	Location of Offense (Business Name, Address)
900 W PALMETTO PARK RD, 900 W PALMETTO PARK RD, BOCA	900 W PALMETTO PARK RD, BOCA RATON, FL 33486

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
01/18/2023	23:57					

MARSY'S LAW INVOKED Confidential Info Contained

DEFENDANT

Name (Last, First, Middle): WOODALL, JUSTIN AARON Alias:

Alias (Name, DOB, Soc. Sec. #, Etc.):

Race (W - White, B - Black, I - American Indian, O - Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	M	06/23/1995	5'10	160	BLUE	BLONDE	LIGHT	Medium

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

Marital Status: Religion: CHRISTIAN

Indication of: Alcohol Influence ☒ Yes ☐ No ☐ Unk. Drug Influence

Local Address (Street, Apt. Number) (City) (State) (Zip)	Phone	Residence Type: 1. City 3. Florida 2. County 4. Out of State
706 MOONLIGHT TER, GAMALIEL, AR 72537	(918) 949-5330	

Permanent Address (Street, Apt. Number) (City) (State) (Zip)	Phone	Address Source
706 MOONLIGHT TER, GAMALIEL, AR 72537	(918) 949-5330	DL

Business Address (Name, Street) (City) (State) (Zip)	Phone	Occupation
GPS/ELD DASHCAM SALESMAN,		Utech Corp

D/L Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
943739485 / AR	[redacted]		LITTLE ROCK, AR	US

CO-DEF

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

JUVENILE

☐ Parent ☐ Other: ☐ Legal Custodian — Name (Last, First, Middle) — Residence Phone

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

Notified by: (Name)	Date	Time	JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated
Released To: (Name) Relationship	Date	Time	

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 355-2526) informed of any change of address.
☐ Yes, by: ☐ No:

School Attended — Grade

Property Crime? ☐ Yes ☒ No — Description of Property — Value of Property

CODE

Drug Activity: N. N/A; P. Possess; S. Sell; B. Buy; T. Traffic; R. Smuggle; D. Deliver; E. Use; K. Disperses/ Distribute; M. Manufacture/ Produce/ Cultivate; Z. Other

Drug Type: N. N/A; A. Amphetamine; B. Barbiturate; C. Cocaine; E. Heroin; H. Hallucinogen; M. Marijuana; O. Opium/Deriv.; P. Paraphernalia/ Equipment; S. Synthetic; U. Unknown; Z. Other

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #
DRIVING WHILE INTOXICATED	DUI 316.193(1)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
	N	/		1	☐ Y ☒ N		OK

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
		/			☐ Y ☐ N		

CHARGE

Charge Description	Statute Violation Number	Violation of ORD #

Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
		/			☐ Y ☐ N		

INTAKE

Health / Apparent Physical Condition of Defendant

Any knowledge of the following: ☐ Mental ☐ Escape Risk ☐ Medication ☐ Deformities ☐ Injuries
Explain:

Check which applies: ☐ Released O.R. ☐ Released to Parent/Guardian ☐ T.O.T. County Jail ☐ Posted Bond ☐ South County Mental Health

PROPERTY - Received By | Released By | Released To

Transported By | Date Transported | Time Transported | Other

NOTICE TO APPEAR

☐ INSTRUCTION NO. 1 - Mandatory appearance in court
☒ INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.

Location (Court, Room): South County 200 W Atlantic Ave Delray Beach, FL 33444

Court Date and Time: 2/21/23 0830 hours

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

No Photo Available

Signature of Defendant (or Juvenile and Parent/Custodian) — Date Signed

ADMIN

HOLD for Other Agency

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other

Signature of Arresting Officer

Name of Arresting Officer (Print): BUGALLO, G. A. I.D. #: 847

Name Verification (Printed by Arrestee) (PRINT)

Intake Deputy: J. Durst I.D. #: 3402 Pouch #

Transporting Officer: Bugallo I.D. #: 847 Agency: BRPD

Witness here if subject signed with an "X".

PAGE 1 OF 1

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JAN 9 2023

PROBABLE CAUSE AFFIDAVIT

OBTS Number:

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

JUVENILE:

ADMIN

Agency ORI Number	Agency Name	Agency Report Number
FL FL0500200	BOCA RATON POLICE DEPARTMENT	3 | 2 | 2023-000886

Charge Type: Check as many as apply. ☐ 1. Felony ☒ 3. Misdemeanor ☐ 5. Ordinance ☐ 2. Traffic Felony ☐ 4. Traffic Misdemeanor ☐ 6. Other

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
WOODALL, JUSTIN AARON		W	M	06/23/1995

CHARGES

Charge Description	Charge Description
316.193(1) DUI	
Charge Description	Charge Description

[redacted]

The undersigned certifies and swears that he/she has just and resonable grounds to believe, and does believe that the above named Defendant committed the following violation of law.

The Person taken into custody . . .

☐ committed the below acts in my presence.

☐ confessed to _____ admitting to the below facts.

☐ was observed by _____ who told _____ that he/she saw the arrested person committ the below acts.

☒ was found to have committed the below acts, resulting from my (described) investigation.

On the 19 day of January, 2023 at 01:47 (Specifically include facts constituting cause for arrest.)

PROBABLE CAUSE STATEMENT

On 1/18/23 at 2237 hours, I responded to the 900 W Palmetto Park Rd intersection in reference to an accident.

Upon arrival, I proceeded to meet with Justin Woodall who was standing outside of his crashed black Tesla bearing FL temp tag DHQ6450. Upon approaching Justin, I smelled a noticeable and overwhelming odor of an alcoholic substance radiating from Justin`s person as he was struggling to keep his balance. I proceeded to ask Justin for his driver`s license, insurance, and registration, and as he began to look for his credentials, Justin attempted to hand me a credit card, then continued to look through is wallet. It must be noted that Justin had a flush red face, extremely dilated pupils, slurred speech, and a blank stare when asked simple questions.

After Justin`s credentials were located and collected, I proceeded to help Ofc Keener collect the rest of the information for the crash report.

It must be noted that while Justin was waiting for Ofc Keener to finish the crash investigation, Justin was standing on the side of the road and proceeded to lose balance and rolled into the grass area. Justin was not injured.

I then proceeded to make contact with [redacted] who was driving the [redacted] that was struck by the black Tesla bearing FL tag DHQ6450. [redacted] provided a sworn statement stating that he observed Justin exit the driver seat of the vehicle immediately after his vehicle was hit by the black Tesla.

As I waited for Ofc Keener to finish her investigation Justin`s girlfriend Isabella Pierce spontaneously uttered that she should have been driving, not Justin. Justin began to take off his property and handed it to Pierce as he advised her that he was going to jail.

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ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

CARNEY, DANIEL CHARLES
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

01/19/2023
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

BUGALLO, GABRIEL ALEJANDRO (847)
NAME OF OFFICER (PLEASE PRINT)

01/19/2023
DATE

COURT STATE ATTORNEY CENTRAL RECORDS JAIL CRIME ANALYSIS P. I. O.

SCANNED JAN 19 2023

ADMIN

OBTS Number

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

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

1

JUVENILE

Agency ORI Number	Agency Name	Agency Report Number
FL FL0500200	BOCA RATON POLICE DEPARTMENT	3 | 2 | 2023-000886

Charge Type: Check as many as apply. ☐ 1. Felony ☐ 2. Traffic Felony ☒ 3. Misdemeanor ☐ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
WOODALL, JUSTIN AARON		W	M	06/23/1995

Marsh's Law Books Orthodontal Inc. Coloring

PROBABLE CAUSE STATEMENT

After Ofc Keener finished her investigation, Justin was informed that the crash investigation had concluded and that a criminal investigation began. I read Justin Woodall his Miranda Warnings off of my BRPD issued card and Justin agreed to speak with me.
Justin divulged that approximately one to one and a half hours prior to the accident, he was at a restaurant / bar called Flanigan`s when he had "a couple beers", "a couple mixed drinks", a shot, and wine.

Justin agreed to participate in roadside sobriety tasks in order to dispel my alarm that he was driving impaired.

My task observations were as follows:

The first task was the horizontal gaze nystagmus. I explained the instructions and Justin stated he understood. While observing his eyes I noticed, a lack of smooth pursuit that was present in both eyes, each eye had a constant jerking while at maximum deviation, and onset prior to 45 degrees was present in both eyes.

The second task was the walk and turn. I explained the instructions, demonstrated it, and he stated he understood. Justin was unable to maintain the starting position as he lost balance and began the task without being instructed to begin. When Justin finally began the task, he didn`t touch heel to toe on multiple steps. Justin missed his steps on the turn and missed all heel to toe steps on the return. Justin used his arms throughout the task for balance, stepped off the line, and was unsteady on his feet.

The third task was the one leg stand. I explained the instructions, demonstrated it, and Justin stated he understood. Justin again began the task before being instructed to start. Justin lifted up his left foot, stared blankly at me while wobbling, then said "Ten Thousand" prior to lowering his foot. He did not count aloud and used his hands for balance.

The fourth task was the Romberg alphabet. I explained the instructions and he stated he understood. Justin began mumbling random letters in no order. He then re-started the task and continued to mumble letters in a random order.

The fifth task was the finger to nose. I explained the instructions and Justin stated he understood. He then began the task (R-L-R-R-L-R-L). The second L, he touched the top of his lip.

The sixth task was the time estimation. After showing Justin how long 30 seconds passes on my timer, I instructed Justin to put his feet together and arms at his side. I explained to place his head back and eyes shut and count to 30 seconds in his head.

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ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

CARNEY, DANIEL CHARLES
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

01/19/2023
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

BUGALLO, GABRIEL ALEJANDRO (847)
NAME OF OFFICER (PLEASE PRINT)

01/19/2023
DATE

COURT STATE ATTORNEY CENTRAL RECORDS JAIL CRIME ANALYSIS P. I. O.

SCANNED
JAN 19 2023

ADMIN

OBTS Number

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

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

1

JUVENILE

Agency ORI Number	Agency Name	Agency Report Number
FL FL0500200	BOCA RATON POLICE DEPARTMENT	3 | 2 | 2023-000886

Charge Type: Check as many as apply.
☐ 1. Felony ☒ 3. Misdemeanor ☐ 5. Ordinance
☐ 2. Traffic Felony ☐ 4. Traffic Misdemeanor ☐ 6. Other

Special Notes:

DEF

Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
WOODALL, JUSTIN AARON		W	M	06/23/1995

PROBABLE CAUSE STATEMENT

When he shut his eyes, I would begin my timer and when he opened his eyes and advised me of 30 seconds elapsing, I would end the timer. He counted to 30 seconds in about 34-35 seconds.

Justin Woodall was then placed under arrest for DUI under FSS 316.193(1). It must be noted that Woodall has two prior convictions for DUI from Arkansas.

I then transported Justin to BRPD booking for processing. Once inside booking, I conducted the observation period. Officer Timoney conducted the intoxilyzer and Justin refused breath. Justin Woodall received citation A6LQLAE for violation of F.S.S. 316.193(1).

Justin was TOT BRRH for clearance prior to PBCJ.

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SCANNED
JAN 19 2023

ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

CARNEY, DANIEL CHARLES
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

01/19/2023
DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

BUGALLO, GABRIEL ALEJANDRO (847)
NAME OF OFFICER (PLEASE PRINT)

01/19/2023
DATE

COURT STATE ATTORNEY CENTRAL RECORDS JAIL CRIME ANALYSIS P. I. O.

Observation Period Starts - 0006 1/19/23

Arrest time - 2356 1/18/23

DUI INFLUENCE REPORT

NOT A CERTIFIED COPY

BOCA RATON POLICE SERVICES DEPARTMENT
100 NW 2nd Avenue
Boca Raton, FL 33432

SCANNED
JAN 19 2023

BOCA RATON POLICE SERVICES DEPARTMENT

DUI INFLUENCE REPORT – PART I

On the _____day of _____, at _____ AM/PM:

Subject: _____ Case Number: _____

PERSONAL CONTACT

Driving Pattern: _____

Observation of Driver: _____

Driver's Statement: _____

Odors: _____

GENERAL OBSERVATIONS

Speech: _____

Attitude: _____

Clothing: _____

Medical Problems: _____

Medications: _____

Other: _____

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SCANNED
JAN 19 2023

Horizontal Gaze Nystagmus:

☐ Left eye does not follow smoothly ☐ Right eye does not follow smoothly

☐ Left eye jerks at 45 degrees angle or less ☐ Right eye jerks at 45 degrees angle or less

☐ Distinct jerking left eye maximum deviation ☐ Distinct jerking right eye maximum deviation

Can not do, Why? _____

Walk and turn: _____

Can not do, Why? _____

One leg stand: _____

Can not do, Why? _____

Finger to nose: _____

Can not do, Why? _____

Alphabet (speech pattern): _____

Can not do, Why? _____

Breath/Blood test results: _____

State of Florida, County of Palm Beach,
Sworn and subscribed before me this _____ (date) by _____.

_____ _____
Notary/Clerk of Court/ Officer (FSS 117.10) Date

_____ _____
Signature of Arresting Officer Name of Officer (print)

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SCANNED
JAN 19 2023

ARRESTING OFFICER: Bugallo

Name: Ofc. Bugallo Phone # 561-368-6201 Work # _____

Address: 100 NW 2nd Ave Boca Raton FL 33432

Can testify to: DUI

Name: Ofc. Keenes Phone # 561-368-6201 Work # _____

Address: 100 NW 2nd Ave Boca Raton FL 33432

Can testify to: DUI

Name: Ofc. Timoney Phone # 561-368-6201 Work # _____

Address: 100 NW 2nd Ave Boca Raton FL 33432

Can testify to: Breath Test operator

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

Name: _____ Phone # _____ Work # _____

Address: _____

Can testify to: _____

NOT A CERTIFIED COPY

SCANNED
JAN 19 2023

BOCA RATON POLICE SERVICES DEPARTMENT

DUI INFLUENCE REPORT – PART II

To be filled out at testing facility

Agency Case # 2023-000886

I. INTRODUCTION (Instrument Operator faces video camera)

A. The day is Thursday (day), January (month), 19 (date), 2023 (year).

B. The time is now approximately ~~1209~~ RPT 1226 (AM)/PM.

C. The following is in reference to case number 2023-000886.

D. Present at this time is Ofc. Bugalla / Ofc. Timoney (Officer's Name) of the Boca Raton Police Department.

E. Officer Bugalla, have you arrested Justin A. Woodall (Defendant's name) in violation of Florida State Statute 316.193?

F. Did this violation occur within the City of Boca Raton, Palm Beach County, Florida? Yes

G. Mr./Mrs./Ms. Woodall, I am required to inform you these proceedings are being video recorded.

Operator Note: *Video record breath request, breath sample, and interview.*

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SCANNED
JAN 19 2023

II. AT THIS TIME THE ARRESTING OFFICER WILL REQUEST A BREATH SAMPLE.

Note: Read only the paragraph applicable to the type of test you are requesting.

A. I am now requesting that you submit to a lawful test of your **BREATH** for the purpose of determining its alcohol content.

B. 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.

C. I am now requesting that you submit to a lawful test of your **BLOOD** for the purpose of determining its alcohol content and the presence of chemical or controlled substances.

IMPLIED CONSENT WARNINGS

Note: Read only if the subject does not comply with your request.

I am _____ of the _____.

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

Subject Signature: _____

Note: Also read for CDL holders:

IN ADDITION, your refusal to submit will result in the loss of your commercial privileges for one year from today. If this is your SECOND REFUSAL, you will be permanently disqualified from operating a commercial motor vehicle.

Note: After reading the implied consent warning, the arresting officer must request a breath sample again.

(IF REFUSAL THEN)

At this time (Mr.)/Mrs./Ms. Woodall has refused to submit to a breath test.

The date is January (month), 19 (day), 2023 (year), and the time is 1234 (AM)/PM.

A refusal form will be completed by the arresting officer.

NOT A CERTIFIED COPY

SCANNED
JAN 19 2023

BOCA RATON POLICE SERVICES DEPARTMENT

JUVENILE CONSTITUTIONAL WARNINGS

Rights of suspects prior to custodial questioning.
Identify yourself and state:

I am required to warn you before you make any statement that you have the following Constitutional rights:

) You have the right to remain silent and not answer any questions. *Tell me in your own words what you think this means.*
(You do not have to talk to me or answer any questions about this offense. You can be quiet if you want.)

) Any statement you make must be freely and voluntarily given. *Tell me in your own words what you think this means.*
(If you do talk to me it has to be because you want to and not because anyone is forcing you to speak.)

) You have a right to the presence and representation of a lawyer of your choice before you make any statement and during any questioning. *Tell me in your own words what you think this means.*
(You can talk to a lawyer before we ask you any questions and you can have him/her with you now, during our questioning.)

) If you cannot afford a lawyer, you are entitled to the presence and representation of a court appointed lawyer before you make any statement and during any questioning. *Tell me in your own words what you think this means*
(If you do not have money for a lawyer and you want one, a lawyer will be given to you for free.)

) If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent. *Tell me in your own words what you think this means.*
(If you decide to talk to me then change your mind, you can stop answering my questions at any time.)

) I can make no threats or promises to induce you to make a statement. This must be of your own free will. *Tell me in your own words what you think this means*
(I am not allowed to threaten you or make you any promises to get you to talk to me. If you decide to talk, it must be because you want to.)

) Any statement can be and will be used against you in a court of law. *Tell me in your own words what you think this means*
(Anything you say to me can and will be told to the judge or a jury in court. A judge is a person who decides if you have done something wrong. Sometimes a group of people called a jury decide this, but the Judge is the person who decides what punishment you get.)

) Do you understand these rights as I have read them to you, and do you wish to speak to me?

gned: _____ Date: _____ Time: _____

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SCANNED
JAN 19 2023

BOCA RATON POLICE SERVICES DEPARTMENT

TESTING FACILITY TASK REPORT

SUBJECT: Justin A. Woodall

CASE #: 2023-000886 DATE: 1-19-23

BREATH TEST RESULTS

1) TIME 1234 Refusal (AM)/PM 2) TIME _____ AM/(PM)

3) TIME _____ AM/PM 4) TIME _____ AM/PM

BREATH OPERATOR: Ofc. Timoney

MAINTENANCE TECHNICIAN: Ofc. Crawford

TESTING OFFICER'S OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Good

CLOTHING: Gray long Sleeve Shirt, Blue Jeans, brown Shoes

MEDICAL CONDITION: None

OTHER: _____

COMMENTS: _____

NOT A CERTIFIED COPY

SCANNED
JAN 19 2023

Identify yourself and state:

I am required to warn you before you make any statement that you have the following Constitutional rights:

(1) You have the right to remain silent and not answer any questions.
(2) Any statement you make must be freely and voluntarily given.
(3) You have a right to the presence and representation 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 and representation of a court appointed lawyer before you make any statement 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 be and will be used against you in a court of law.
(8) Do you understand these rights as I have read them to you, and do you wish to speak to me?

Signed: _____ Date: 1/19/23 Time: 1231

QUESTIONS AND ANSWERS

Were you operating a motor vehicle at the time of the accident/stop? did not answer

Where were you going? _____

What street or highway were you on? _____

Direction of travel? _____

Where did you start driving from? _____

What city (county) were you stopped in? _____

What time did you start? _____ AM/PM What time is it now? _____

What is today's date? _____ What day of the week is it? _____

When did you last eat? _____ What did you eat? _____

What have you been doing the past three hours prior to this stop/accident? _____

How much do you weigh? _____ Have you been drinking? _____ What were you drinking? _____

How much? _____ Where? _____ With whom were you drinking? _____

When did you have your first drink? _____ AM/PM When did you stop drinking? _____AM/PM

NOT A CERTIFIED COPY

SCANNED JAN 19 2023

How did you consume your last two drinks? _____

Are you under the influence of alcohol now? ☐ Yes ☐ No

Can you feel the effects of alcohol? ☐ Yes ☐ No

Have you consumed alcohol since the accident? ☐ Yes ☐ No

Can you feel the effects of alcohol? ☐ Yes ☐ No

Have you consumed alcohol since the accident? ☐ Yes ☐ No How much? _____

What? _____ Where? _____

What line of work are you in? _____

When did you last work? _____

Do you have any physical defects or injuries? ☐ Yes ☐ No If yes, explain:

_____

Are you sick or injured? ☐ Yes ☐ No If yes, explain:

_____

Do you limp? ☐ Yes ☐ No Did you get a bump on the head? ☐ Yes ☐ No

Were you in an accident today? _____

Have you taken any drugs or smoked marijuana today? _____

What? _____ When? _____

Have you seen a doctor or dentist today? ☐ Yes ☐ No Who? _____

Are you taking any prescription medications? ☐ Yes ☐ No What? _____ When? _____

Do you have: Epilepsy? ☐ Yes ☐ No Inner ear trouble? ☐ Yes ☐ No

Glass eye? ☐ Yes ☐ No Ear infection? ☐ Yes ☐ No

False teeth? ☐ Yes ☐ No Diabetes? ☐ Yes ☐ No

Any problems not correctable by glasses or contact lenses? _____

Do you take insulin? ☐ Yes ☐ No If yes, when was your last injection? _____

Have you ever had a driver's license in any other state? _____

I am now ending this video recording. The time is now approximately 1:37 (AM)/PM.

The date is January (month), 19 (day), 2023 (year).

NOT A CERTIFIED COPY

SCANNED
JAN 19 2023

FLORIDA DEPARTMENT OF LAW ENFORCEMENT
ALCOHOL TESTING PROGRAM
BREATH ALCOHOL TEST AFFIDAVIT

Instrument Type: Intoxilyzer 8000
Instrument Registered To: BOCA RATON PD
Instrument Serial Number: 80-006622 Software: 8100.27
Date of Test: 01/19/2023

Date of Last Agency Inspection: 01/16/2023
Observation Period Began: 00:06
Subject's Name: JUSTIN A WOODALL DOB: 06/23/1995 Sex: M

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	00:32
Air Blank	0.000	00:33
Control Test	0.080	00:33
Air Blank	0.000	00:34
Subject Sample #1	REF*	00:34
Air Blank	0.000	00:34
Control Test	0.080	00:35
Air Blank	0.000	00:35
Diagnostics Check	OK	00:35

*Subject Test Refused

Cylinder Lot: 02422080A1
Exp: 02/05/2024

State of Florida, County of Palm Beach,

Personally appeared before me the undersigned authority, who (__) is personally known to me or (✓) produced AR DL as identification, and who after being placed under oath, states:

I RYAN F TIMONEY, 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: _____ Date: 1-19-23
Signature

Sworn to (or affirmed) before me this 19 day of January, 2023

_____ _____
Signature of Notary Public-State of Florida 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.

FDLE/ATP FORM 38 - MARCH 2004, Ref. 11D-8.007

NOT A CERTIFIED COPY

SCANNED
JAN 19 2023

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

I, Ofc. Bugallo (Name of Officer reading Implied Consent Warning), a duly certified Law Enforcement Officer or Correctional Officer,

am a member of Boca Raton Police Services Department (Name of law enforcement agency), and I do swear

or affirm that on or about the 19 day of January, 20 23, at 1234 ☐ P.M ☒ A.M.

DRIVER Justin (Type or Print) FIRST NAME A. MIDDLE OR MAIDEN NAME Woodall LAST NAME,

DL# 943739485, state of Arkansas, was placed under lawful arrest for

the offense of DUI by Ofc. Bugallo (Name of Arresting Officer) and

issued Citation # ACeLQLAE.

That on or about the 18 day of ~~11-56-APT~~ January, 20 23, at 1156 ☒ P.M ☐ A.M.

in Palm Beach County,

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

Signature of Law Enforcement Officer or Correctional Officer

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

The foregoing instrument was sworn and subscribed before me:

Signature of Attesting Officer

Title Ofc. Timoney (Breath Tech)

Date 1-19-23

(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before me this _____ day of _____, 20 _____,

by _____,

who is personally known to me or who has produced _____ as identification

Notary Public _____

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

HSMV-BAR1001 (REV. 10/2016)

NOT A CERTIFIED COPY

SCANNED
JAN 19 20

PALM BEACH COUNTY
SHERIFF'S OFFICE
Florida State Statute Exemption Sheet

Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	☐	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	☐	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	☐	119.071(4)(c)	Undercover personnel.	
	☐	119.071(2)(f)	Confidential informants (CIs).	
	☐	119.071(2)(e)	Confession.	
Public Info. Exemptions	☐	985.04(1)	Juvenile offender records.	
	☐	119.071(h)(i)	Assets of a crime victim.	
	☐	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	☐	394.4615(7)	Mental health information.	
	☐	119.071(4)(d)(2)(a)	Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)	☒	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	☐	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	☐	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	☐	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	☐			
	☐			
	☐			
	☐			
	☐			
Other	☐		Other:	
	☐		Other:	

NOT A CERTIFIED COPY

REVIEW COMPLETED BY

Booking Number: 2023001741	**Date:** 1/19/2023
	Specialist Name/ID: M. Tooks #8557

SCANNED
JAN 19 202