0509992 19C14356800

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 Capias

Juvenile: N

ADMINISTRATIVE

OBTS Number:

Agency ORI Number: FLO 5 0 0 0 0 0 0

Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE

Agency Report Number (N.T.A.'s only): 0 6 - 1 9 - 0 0 1 4 6 1 4 6

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

If Weapon Seized: Enter Type N/A

Multiple Clearance Indicator:

Location of Arrest (Including Name of Business): Gardens East Dr/Burns Rd, PBG

Location of Offense (Business Name, Address): Gardens East Dr/Burns Rd, PBG

Date of Arrest: 0 8 0 5 1 9

Time of Arrest: 2 0 5 2

Booking Date:

Booking Time:

Jail Date:

Jail Time:

Location of Vehicle: 4301 East Av, WPB, FL

DEFENDANT

Name (Last, First, Middle): Woods, Amy Jane

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	F	1 1 1 6 7	5'1	110	BLU	Bro	Light	Thin

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

Marital Status: Single

Religion: Episcopal

Indication of: Alcohol Influence ☒ Y ☐ N ☐ Unk; Drug Influence ☐ Y ☒ N ☐ Unk

Local Address (Street, Apt. Number): 702 Sun Terrace Ct (City): PBG, (State): FL (Zip): 33403

Phone: (561) 346 2664

Residence Type: 1. City 2. County 3. Florida 4. Out of State: 1

Permanent Address (Street, Apt. Number): 702 Sun Terrace Ct (City): PBG, (State): FL (Zip): 33403

Phone: ( )

Address Source: Verbal

Business Address (Name, Street): (City): (State): (Zip):

Phone: ( )

Occupation: Journalism

D/L Number, State: W320010679110/FL [redacted]

INS Number:

Place of Birth (City, State): Cocoa Bch, FL

Citizenship: US

CO-DEF

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

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

JUVENILE

☐ Parent ☐ Legal Custodian ☐ Other: Name (Last): 1. OR (First): (Middle): Residence Phone: ( )

Address (Street, Apt. Number): 2. OR (City): (State): (Zip): Business Phone: ( )

Notified by: (Name): 3. OR Date: Time: Juvenile Disposition: 1. Handled/Processed within Dept. and Released. 2. TOT HRS/DYS 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: (Name) ☐ No (Reason)

School Attended: Grade:

Property Crime? ☐ Yes ☐ No

Description of Property:

Value of Property:

CODE

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

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

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #	Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
Driving Under the Influence	1	☐Y ☒N	316.193 (1)							
DUI over .15	1	☐Y ☒N	316.193 (4)							
DUI Property Damage	1	☐Y ☒N	316.193 (3)(c)1							
		☐Y ☐N								

NOTICE TO APPEAR

Location (Court, Room Number, Address): Main County Courthouse, 3188 PGA Blvd, PBG, FL 33410

Court Date and Time: Month Sept Day 4 Year 2019 Time 10:00 A.M. ☒ 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

08/05/2019

Date Signed

ADMIN

HOLD for other agency: AUG 05 2019

☐ Dangerous ☐ Suicidal ☒ Resisted Arrest ☐ Other:

Signature of Arresting Officer: X

Name of Arresting Officer (Print): Andrew Flink I.D. #: 514

Intake Deputy: I.D. #: Pouch #:

Transporting Officer: Andrew Flink I.D. #: 514 Agency: PBGPD

Name Verification (Printed by Arrestee) (PRINT): AUG 5 AM 12:58 2019 AUG 5 PM

Witness here if subject signed with an 'X':

PAGE 1 OF 1

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 5TH DAY OF AUGUST 20 19, AT 2021 AM ✓ PM

SUBJECT: WOODS, AMY, JANE CASE NUMBER: 19004646

AGENCY: PALM BEACH GARDENS POLICE DEPT. ARRESTING OFFICER: ANDREW FLINK 514

PERSONAL CONTACT

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

I was dispatched to the area reference a traffic collision. John C. Wikse (a PBSO sworn Deputy) observed a black Ford Mustang on a guy-wire. Wikse observed Amy Woods in the driver seat of the vehicle, while it was still on and running. Wikse assisted Woods in exiting the vehicle. Wikse stated Woods attempted to leave the scene several times, prior to my arrival.

OBSERVATION OF DRIVER:

Woods appeared disoriented, had bloodshot eyes, flushed red face, and the odor of an alcoholic beverage emanating from her breath. Woods walked with a stagger and was very uneasy on her feet.

DRIVER'S STATEMENTS:

Woods admitted to consuming alcohol prior to driving. Woods stated she was coming from XXXXXXX. Woods thought she was on Burns and Alt A1A, but said she had just come from Burns Rd and US Hwy 1.

ODORS:

Unknown alcoholic beverage emanating from breath

GENERAL OBSERVATIONS

SPEECH: **Slurred**

ATTITUDE: **Upset**

CLOTHING: **White shirt, teal shorts, teal flip-flops.**

MEDICAL/OTHER: **None stated or observed.**

STATE OF FLORIDA
COUNTY OF PALM BEACH

Signature of Arresting/Investigative Officer

The foregoing instrument was sworn to or affirmed and subscribed before me this 5th day of AUGUST 20 19 by ANDREW FLINK

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

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

BEVERLY SUE OWEN
MY COMMISSION # GG 188278
EXPIRES: May 30, 2022
Bonded Thru Notary Public Underwriters

SUBJECT: WOODS, AMY, JANE CASE NUMBER 19004646

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

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

)ther Observations:

Swayed while balancing.

WALK & TURN:

Woods had difficulty getting into and maintaining the starting position. Woods raised her arms and stepped off the line four times prior to beginning the exercise. Woods attempted to step two times, but kept stepping off the line. On the fourth and fifth step, she stepped off the line. Woods missed heel-to-toe on each of the steps. Woods took ten steps rather than nine as instructed. Woods conducted an improper turn around, after her final step. On the third step, Woods stepped off the line. On the fifth step and used her foot which was off the line to take the step. Woods also stepped off the line on the ninth step. Wood took ten steps rather than nine steps as instructed. During the duration of the exercise, Woods kept her arms raised well over six inches from her sides. Also for the duration of the exercise, Woods would pause after each step, to steady herself.

ONE LEG STAND:

Woods had to be told five times to begin. Woods put her foot down at the count of three. At the count of six, Woods raised her arms and foot down at the count of eight. During the duration of the exercise, Woods was swaying while balancing and each time she put her foot down, she was hesitant to raise her foot again.

ROMBERG ALPHABET:

Not performed

FINGER TO NOSE:

Not performed

BREATH TEST RESULTS: 1) .262 | 2) .268 | 3) | 4)

TATE OF FLORIDA
'OUNTY OF PALM BEACH

ignature of Arresting/Investigative Officer)

ne foregoing instrument was sworn to or affirmed and subscribed before me this 5th day of AUGUST 20 19 by ANDREW FLINK

rint name of Arresting/Investigative Officer) who is personally known to me and/or produced identification. Type of identification produced

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

SCANNED AUG 06 2019

BEVERLY SUE OWEN
MY COMMISSION # GG 188278
EXPIRES: May 30, 2022
Bonded Thru Notary Public Underwriters

SUBJECT: _____ CASE NUMBER: _____

QUESTIONS AND ANSWERS

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

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

WHERE WERE YOU GOING? _____

WHAT STREET OR HIGHWAY WERE YOU ON? _____

DIRECTION OF TRAVEL? _____ WHERE DID YOU START? _____

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

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

WHAT COUNTY AND CITY ARE YOU IN NOW? _____

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

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

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

HOW MUCH? _____ WHERE? _____ WITH WHOM? _____

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

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? _____

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

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

WHAT? _____ WHERE? _____ WHEN? _____

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

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

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

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

WERE YOU IN AN ACCIDENT TODAY? _____

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

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

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

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

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

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

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

INTERVIEWER: _____

SUBJECT: _____ CASE NUMBER: _____

IMPLIED CONSENT FOR DUI IN A MOTOR VEHICLE

NOTE: READ ONLY THE PARAGRAPH APPLICABLE TO THE TYPE OF TEST YOU ARE REQUESTING.

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

-OR-

I am now requesting that you submit to a lawful test of your URINE for the purpose of detecting the presence of chemical or controlled substances.

-OR-

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

NOTE: READ ONLY IF THE SUBJECT DOES NOT COMPLY WITH YOUR REQUEST.

I am _____ of the _____.

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

SUBJECT'S SIGNATURE: (X) _____

CONSTITUTIONAL WARNINGS

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

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

SUSPECT'S SIGNATURE: (X) _____

TESTING FACILITY TASK REPORT

AGENCY: _____

SUBJECT: _____ CASE NUMBER: _____

DATE: _____ VIDEO TAPE NUMBER: _____

BEGINNING TIME: _____ ENDING TIME: 2200

BREATH TESTS RESULTS: 1) _____ TIME _____ A.M./P.M. 2) _____ TIME _____ A.M./P.M.

3) _____ TIME _____ A.M./P.M. 4) _____ TIME _____ A.M./P.M.

BREATH OPERATOR: _____

MAINTENANCE TECHNICIAN: _____

TESTING OFFICER'S OBSERVATIONS

SPEECH: _____

ATTITUDE: _____

CLOTHING: _____

MEDICAL CONDITIONS: _____

MEDICATIONS: _____

OTHER: _____

COMMENTS: _____

refused

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: 80-006478 Software: 8100.27
Date of Test: 08/05/2019

Date of Last Agency Inspection: 07/19/2019
Observation Period Began: 21:18
Subject's Name: AMY J WOODS DOB: 11/11/1967 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	21:45
Air Blank	0.000	21:45
Control Test	0.081	21:46
Air Blank	0.000	21:46
Subject Sample #1	0.268	21:47
Air Blank	0.000	21:48
Air Blank	0.000	21:50
Subject Sample #2	0.262	21:51
Air Blank	0.000	21:51
Control Test	0.080	21:52
Air Blank	0.000	21:52
Diagnostics Check	OK	21:52

Cylinder Lot: 00919080A3
Exp: 03/05/2021

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 SUE OWEN, 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: 08/05/19
Signature

Sworn to (or affirmed) before me this 5th day of August 2019

_____ ofc A. Flink
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

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

PBSO CASE # 19-100913 PBSO ZONE 3-15

AGENCY CASE # 19004646 CRASH CASE #

TIME OF STOP/CRASH 2021 DATE 08/05/19 DAY Monday

SUBJECT'S NAME Woods, Mary Jane RACE W SEX F

HGT 5'1 WGT 110 DOB 11/11/1967

LOCATION Gardens East Dr/Burns Rd

ARRESTING OFFICER'S NAME & ID Andrew Flink 514 AGENCY PBGPD

DIVISION: Patrol

NOTIFIED BY COMMO Yes

ARRIVAL AT FACILITY 2118

Arrest Time 2052

BREATH RESULTS:

1. .268
2. .262
3. /
4. /

TESTING OFFICER'S ID 3184 PBSO VIDEOTAPE # N/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)
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	☐	539.003	Other: Florida Pawnbroking Act	
	☐	119.0712(2)(j)1	Other: Documents regarding victims which are received by an agency	

REVIEW COMPLETED BY

Booking Number: 2019025647	**Date:** 08/06/2019
	Specialist Name/ID: VARGO/6665