

J-0487315

P-1930

| OBTS Number                                                                                                                                                                                                                                                                                                                                    |  | ARREST / NOTICE TO APPEAR<br>Juvenile Referral Report                            |  | 1. Arrest 3. Request for Warrant<br>2. N.T.A. 4. Request for Capias                                              |          | 1                                                                                        | Juvenile | N                                                                                                                                                                                                                             |                              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------|----------|------------------------------------------------------------------------------------------|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|
| Agency ORI Number<br>FL 0500300*                                                                                                                                                                                                                                                                                                               |  | Agency Name<br>BOYNTON BEACH POLICE DEPT.                                        |  | Agency Report Number<br>34-17-022860                                                                             |          |                                                                                          |          |                                                                                                                                                                                                                               |                              |
| Charge Type:<br>Check as many as Apply.                                                                                                                                                                                                                                                                                                        |  | <input type="checkbox"/> 1. Felony<br><input type="checkbox"/> 2. Traffic Felony |  | <input type="checkbox"/> 3. Misdemeanor<br><input checked="" type="checkbox"/> 4. Traffic Misdemeanor            |          | <input type="checkbox"/> 5. Ordinance<br><input type="checkbox"/> 6. Other               |          | If Weapon Seized Enter Type                                                                                                                                                                                                   | Multiple Clearance Indicator |
| Location of Arrest (Including Name of Business)<br>800 S. SR9 N/B, BOYNTON BEACH, FL, 33435                                                                                                                                                                                                                                                    |  |                                                                                  |  | Location of Offense (Business Name, Address)<br>800 S. SR9 N/B, BOYNTON BEACH, FL, 33435                         |          |                                                                                          |          |                                                                                                                                                                                                                               |                              |
| Date of Arrest<br>04/23/2017                                                                                                                                                                                                                                                                                                                   |  | Time of Arrest<br>0308                                                           |  | Booking Date                                                                                                     |          | Booking Time                                                                             |          | Jail Date                                                                                                                                                                                                                     | Jail Time                    |
| Name (Last, First, Middle)<br>WOODHOUSE, ANDREW MICHAEL                                                                                                                                                                                                                                                                                        |  |                                                                                  |  | Alias (Name, DOB, Soc. Sec. #, Etc)                                                                              |          |                                                                                          |          |                                                                                                                                                                                                                               |                              |
| W - White<br>B - Black                                                                                                                                                                                                                                                                                                                         |  | I - American Indian<br>O - Oriental / Asian                                      |  | Race<br>W                                                                                                        | Sex<br>M | Date of Birth<br>01/18/1982                                                              |          | Height<br>600                                                                                                                                                                                                                 | Weight<br>175                |
| Eye Color<br>BRO                                                                                                                                                                                                                                                                                                                               |  | Hair Color<br>BRO                                                                |  | Complexion<br>LIGHT                                                                                              |          | Build<br>MED                                                                             |          |                                                                                                                                                                                                                               |                              |
| Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)<br>N/A                                                                                                                                                                                                                                                           |  |                                                                                  |  | Marital Status<br>DIVORCE                                                                                        |          | Religion<br>N/A                                                                          |          | Indication of:<br>Alcohol Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk.<br>Drug Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk. |                              |
| Local Address (Street, Apt. Number)<br>15 SLASH PINE DR,                                                                                                                                                                                                                                                                                       |  | (City)<br>BOYNTON BEACH,                                                         |  | (State)<br>FLORIDA,                                                                                              |          | (Zip)<br>33436                                                                           |          | Phone<br>( ) -                                                                                                                                                                                                                |                              |
| Permanent Address (Street, Apt. Number)                                                                                                                                                                                                                                                                                                        |  | (City)                                                                           |  | (State)                                                                                                          |          | (Zip)                                                                                    |          | Phone<br>( ) -                                                                                                                                                                                                                |                              |
| Business Address (Street, Apt. Number)                                                                                                                                                                                                                                                                                                         |  | (City)                                                                           |  | (State)                                                                                                          |          | (Zip)                                                                                    |          | Phone<br>( ) -                                                                                                                                                                                                                |                              |
| D/L Number, State<br>W320013820180 / FL                                                                                                                                                                                                                                                                                                        |  | Soc. Sec. Number                                                                 |  | INS Number                                                                                                       |          | Place of Birth<br>WISCONSIN                                                              |          | Citizenship<br>US                                                                                                                                                                                                             |                              |
| Co-Defendant Name (Last, First, Middle)                                                                                                                                                                                                                                                                                                        |  |                                                                                  |  | Race                                                                                                             |          | Sex                                                                                      |          | Date of Birth                                                                                                                                                                                                                 |                              |
| Co-Defendant Name (Last, First, Middle)                                                                                                                                                                                                                                                                                                        |  |                                                                                  |  | Race                                                                                                             |          | Sex                                                                                      |          | Date of Birth                                                                                                                                                                                                                 |                              |
| <input type="checkbox"/> Parent<br><input type="checkbox"/> Legal Custodian<br><input type="checkbox"/> Other                                                                                                                                                                                                                                  |  |                                                                                  |  | Name (Last)<br>(First)<br>(Middle)                                                                               |          | Residence Phone                                                                          |          |                                                                                                                                                                                                                               |                              |
| Address (Street, Apt. Number)                                                                                                                                                                                                                                                                                                                  |  |                                                                                  |  | (City)                                                                                                           |          | (State)                                                                                  |          | (Zip)                                                                                                                                                                                                                         |                              |
| Notified by: (Name)                                                                                                                                                                                                                                                                                                                            |  |                                                                                  |  | Date                                                                                                             |          | Time                                                                                     |          | Juvenile Disposition<br>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 <input type="checkbox"/> defendant and/or <input type="checkbox"/> defendant's parents. The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 561-355-2526) informed of any change of address:<br><input type="checkbox"/> Yes, By: (Name) <input type="checkbox"/> No: (Reason) |  |                                                                                  |  | School Attended                                                                                                  |          | Grade                                                                                    |          |                                                                                                                                                                                                                               |                              |
| Property Crime? Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                                                                                                                                                                                                                       |  |                                                                                  |  | Description of Property                                                                                          |          | Value of Property                                                                        |          |                                                                                                                                                                                                                               |                              |
| Drug Activity<br>N. N/A<br>P. Possess                                                                                                                                                                                                                                                                                                          |  |                                                                                  |  | S. Sell<br>B. Buy<br>T. Traffic                                                                                  |          | R. Smuggle<br>D. Deliver<br>E. Use                                                       |          | K. Dispense/<br>Distribute                                                                                                                                                                                                    |                              |
| M. Manufacture<br>Produce/<br>Cultivate                                                                                                                                                                                                                                                                                                        |  |                                                                                  |  | Z. Other                                                                                                         |          | Drug Type<br>N. N/A<br>A. Amphetamine                                                    |          | B. Barbituate<br>C. Cocaine<br>E. Heroin                                                                                                                                                                                      |                              |
| H. Hallucinogen<br>M. Marijuana<br>O. Opium/Deriv.                                                                                                                                                                                                                                                                                             |  |                                                                                  |  | P. Paraphernalia/<br>Equipment                                                                                   |          | S. Synthetic                                                                             |          | U. Unknown<br>Z. Other                                                                                                                                                                                                        |                              |
| Charge Description<br>DUI                                                                                                                                                                                                                                                                                                                      |  |                                                                                  |  | Counts<br>1                                                                                                      |          | Domestic Violence<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |          | Statute Violation Number<br>316.193.1                                                                                                                                                                                         |                              |
| Drug Activity                                                                                                                                                                                                                                                                                                                                  |  |                                                                                  |  | Drug Type                                                                                                        |          | Amount/Unit                                                                              |          | Offense #<br>17-022860                                                                                                                                                                                                        |                              |
| Charge Description                                                                                                                                                                                                                                                                                                                             |  |                                                                                  |  | Counts                                                                                                           |          | Domestic Violence<br><input type="checkbox"/> Yes <input type="checkbox"/> No            |          | Statute Violation Number                                                                                                                                                                                                      |                              |
| Drug Activity                                                                                                                                                                                                                                                                                                                                  |  |                                                                                  |  | Drug Type                                                                                                        |          | Amount/Unit                                                                              |          | Offense #                                                                                                                                                                                                                     |                              |
| Charge Description                                                                                                                                                                                                                                                                                                                             |  |                                                                                  |  | Counts                                                                                                           |          | Domestic Violence<br><input type="checkbox"/> Yes <input type="checkbox"/> No            |          | Statute Violation Number                                                                                                                                                                                                      |                              |
| Drug Activity                                                                                                                                                                                                                                                                                                                                  |  |                                                                                  |  | Drug Type                                                                                                        |          | Amount/Unit                                                                              |          | Offense #                                                                                                                                                                                                                     |                              |
| Charge Description                                                                                                                                                                                                                                                                                                                             |  |                                                                                  |  | Counts                                                                                                           |          | Domestic Violence<br><input type="checkbox"/> Yes <input type="checkbox"/> No            |          | Statute Violation Number                                                                                                                                                                                                      |                              |
| Drug Activity                                                                                                                                                                                                                                                                                                                                  |  |                                                                                  |  | Drug Type                                                                                                        |          | Amount/Unit                                                                              |          | Offense #                                                                                                                                                                                                                     |                              |
| <input type="checkbox"/> Instruction No. 1<br>Mandatory Appearance in Court<br><input type="checkbox"/> Instruction No. 2<br>You need not appear in Court but must<br>Comply with instruction on reverse side.                                                                                                                                 |  |                                                                                  |  | Location (Court, Room Number, Address)<br>South County Courthouse, 200 West Atlantic Ave, Delray Beach, FL 33444 |          |                                                                                          |          |                                                                                                                                                                                                                               |                              |
| Court Date and Time<br>Month JUNE Day 05 Year 2017 Time 0830                                                                                                                                                                                                                                                                                   |  |                                                                                  |  | Date Signed                                                                                                      |          |                                                                                          |          |                                                                                                                                                                                                                               |                              |
| 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 (of Juvenile and Parent/Custodian)                                                        |          |                                                                                          |          |                                                                                                                                                                                                                               |                              |
| HOLD for other Agency<br>Name:                                                                                                                                                                                                                                                                                                                 |  |                                                                                  |  | Signature of Arresting Officer                                                                                   |          |                                                                                          |          | Name Verification (Printed by Arrestee)<br>(PRINT)                                                                                                                                                                            |                              |
| <input type="checkbox"/> Dangerous<br><input type="checkbox"/> Suicidal                                                                                                                                                                                                                                                                        |  |                                                                                  |  | <input type="checkbox"/> Resisted Arrest<br><input type="checkbox"/> Other                                       |          |                                                                                          |          | Name of Arresting Officer (Print)<br>OFFICER CASTRO                                                                                                                                                                           |                              |
| Intake Deputy<br>I.D. #                                                                                                                                                                                                                                                                                                                        |  |                                                                                  |  | Pouch #                                                                                                          |          |                                                                                          |          | Transporting Officer<br>OFFICER CASTRO                                                                                                                                                                                        |                              |
| I.D. #                                                                                                                                                                                                                                                                                                                                         |  |                                                                                  |  | Agency<br>BBPD                                                                                                   |          |                                                                                          |          | Witness here is subject<br>Signed with an                                                                                                                                                                                     |                              |

APR 28 2017  
7:45:45

### D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 24 DAY OF April 2017 AT 0229 ☒ A.M ☐ P.M.

CASE #: 17-022860 DEFENDANT: WOODHOUSE, ANDREW M.

#### PERSONAL CONTACT/DRIVING PATTERN/OBSERVATION OF DRIVER:

On the above date and time I was traveling westbound on W. Woolbright Rd in the 300 block in my fully marked patrol vehicle 4734. Let it be noted that this incident occurred within the City of Boynton Beach, Palm Beach County, Florida. While in the area I observed a Gray Honda Civic bearing Florida tag 2642PP traveling directly in front of me at a high rate of speed. I estimated the vehicle to be traveling 55mph in a 40mph speed zone. Utilizing my in-car Stalker Radar Unit (serial DB007751) and front antenna (KC122791) I received a reading of 56mph. Let it be noted that the above vehicle was the only vehicle in front of my patrol vehicle. As the vehicle entered the northbound entrance ramp to SR9 (Interstate 95) he quickly jerked his wheel toward to the right to avoid striking the lifted median. As the vehicle proceeded through the entrance ramp, it reached speeds up to 75mph. Based on the above facts I activated my emergency lights and sirens and initiated a traffic on the vehicle at the 800 S. SR9.

I then made contact with the sole occupant of the vehicle, W/M Woodhouse, Andrew (01/18/82); which he identified himself via FL DL. I identified myself to Woodhouse and advised him of the reason for the traffic stop, which he quickly apologized and stated that he understood. While requesting for Woodhouse's credentials, I noticed that his eyes were bloodshot/glassy and his speech was thick and slurred. I also detected the odor of an unknown alcoholic beverage emitting from his breath and within the vehicle, which intensified as he spoke. Based on my investigation I this point, I requested for an additional unit to assistance me in redirected traffic so that I can continue my DUI Investigation. After the arrival of the additional unit and properly placing my vehicle and camera view I requested Woodhouse to exit the vehicle, which he agreed to. As Woodhouse exited the vehicle and walked towards the front of my patrol vehicle he swayed side to side. I requested Woodhouse to walk towards the light on the ground that was illumed by my flashlight, but instead Woodhouse walked in a different direction. Once in front of my patrol vehicle I advised Woodhouse that this investigation was being audio and video recorded which he stated that he understood. I then reassured that Woodhouse knew the reason why the traffic stop was being conducted, which he stated that he understood as well. Woodhouse advised that he was coming from his place of employment in Pompano Beach and was heading to his mother's residence in West Boynton. Woodhouse advised that he exited Atlantic Ave by accident, therefore he reentered SR9 northbound at Atlantic Ave and was heading towards Boynton Beach Blvd.

Knowing that Woodhouse entered SR9 from Woolbright Rd not Atlantic Ave, I asked him a couple more times where he entered SR9, which he corrected his story and stated Woolbright Rd. Woodhouse advised that he exited Atlantic Ave by accident and began to travel northbound on SR5 (Federal Highway) to SE 23<sup>rd</sup> Ave. Woodhouse advised that he passed SE 23<sup>rd</sup> Ave on Federal Highway, therefore he began to travel westbound on Woolbright Rd so that he could enter SR9 northbound to Boynton Beach Blvd. As Woodhouse is providing this information, it was cleared that Woodhouse was lost in direction. Let it be noted that SE 23<sup>rd</sup> Ave is south of Woolbright Rd and north of Atlantic Ave. SE 23<sup>rd</sup> Ave can be reached by SR5, Seacrest Blvd, CR807 (Congress Ave) and numerous side streets within the City of Boynton Beach. Woodhouse advised that he was heading towards Boynton Beach Blvd and CR807, so that he could travel southbound on CR807 to SE 23<sup>rd</sup> Ave. While speaking with Woodhouse, he was swaying side to side, losing his balance at times. Woodhouse's speech was still thick and slurred; as well as dry. The odor of the unknown alcoholic beverage was still emitting from his breath and person(s). Woodhouse's eyes were still bloodshot/glassy. I advised Woodhouse that I requested that he exited the vehicle because I observed the above physical facts and I wanted to reassure myself that they were not influenced by him sitting within his vehicle. I then asked Woodhouse if he had any type of alcoholic beverage to drink tonight, which he stated yes. Woodhouse advised that he had a couple of drinks. Woodhouse further advised that he had a Jack and Coke approximately 1 hour prior to the traffic stop. Based on my investigation at this point, I requested Woodhouse to submit to series of Standardized Field Sobriety Task, which he refused. I then advised Woodhouse of his Taylor Warnings, which he stated that he understood. I then requested a second time, which he agreed to. Prior to starting the task, I asked Woodhouse if he had any injuries and/or disabilities I should be aware of, which he stated yes. Woodhouse advised that he has a left knee injury as of October 2017. Woodhouse advised as a result he has no ACL in his left knee. Woodhouse advised that his injury does not affect the way he walks nor does he limp from it. Woodhouse advised that he also has tennis elbow and nothing further.

Let it be noted that during the pen exercise Woodhouse had a difficult time keeping his head still. I had to repeatedly advise Woodhouse to not move his head. There were times that Woodhouse was not looking at the tip of the pen, but rather at my hand or something behind me. Woodhouse was swaying side to side during the exercise. See the following:

**HORIZONTAL GAZE NYSTAGMUS:**

- ☐ Left eye does not follow smoothly
- ☐ Left eye prior to 45 degrees
- ☐ Distinct jerking in left eye at maximum deviation
- ☐ Vertical Nystagmus in left eye

- ☐ Right eye does not follow smoothly
- ☐ Right eye prior to 45 degrees
- ☐ Distinct jerking in right eye at maximum deviation
- ☐ Vertical Nystagmus in right eye

**WALK AND TURN:**

The Task was explained and demonstrated to Woodhouse, which he stated that he understood. During the instructional stage, Woodhouse had a difficult time standing in the manner I requested of him. Woodhouse was swaying side to side. During the Walking Stage, Woodhouse missed heel to toe between steps number 3-4,4-5 and stepped of the line of step number 6; during his first 9 steps. On the returning 9 steps Woodhouse missed heel to toe between steps 6-7,7-8. Woodhouse used his arms for balance.

**ONE LEG STAND:**

The Task was explained and demonstrated to Woodhouse, which he stated that he understood. During the instructional stage Woodhouse swayed side to side. During the balancing stage, Woodhouse raised his left foot, dropping it on count 16 and 19. Woodhouse sway for balance during the task.

**FINGER TO NOSE:**

The Task was explained and demonstrated to Woodhouse, which he stated that he understood. During the instructional stage, Woodhouse swayed side to side. During the exercise stage, Woodhouse missed the tip of his finger to the toe of his nose on the 1<sup>st</sup> LEFT command and on all 3 RIGHT commands. Woodhouse swayed side to side during the task.

**ROMBERG/ALPHABET:**

The Task was explained and demonstrated to Woodhouse, which he stated that he understood. During the instructional stage and during the task, Woodhouse swayed side to side. Woodhouse recited the alphabet correctly.

Based on the above facts Based on the above facts Woodhouse was placed into custody under suspicion of DUI, which he stated that he understood. I then transported Woodhouse to the Boynton Beach Police Department to continue my investigation. I arrived at BBPD at 0320hrs, started my 20 minutes observation at 0321hrs and completed at 0341hrs. Upon completion I requested Woodhouse to provide a sample of his breath to determine the alcohol content, which he refused. I then read Woodhouse Implied Consent, which he stated that he understood. I then requested a second time for a breath sample, which Woodhouse refused again. I then read Woodhouse his Miranda Warning, which he stated that he understood. I then ask Woodhouse if he wanted to answer the question on this packet, which he agreed. Let it be noted that during the questions and answers Woodhouse denied consuming any type of alcoholic beverages tonight, which on video during the SFST Woodhouse advised that he had 3 mix drinks. Woodhouse advised that he had back surgery. Woodhouse advised that he limped as a result of his leg injury. Woodhouse advised that he left work at approximately 0245hrs but the traffic stop was conducted at 0229hrs. Woodhouse's statements on scene and on the Q/A's are not consistent.

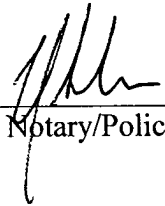
Based on the above stated facts I have established Probable Cause to charge Woodhouse with 1M count of DUI with F.S.S. 316.193.1. Woodhouse was processed and later transported to PBCJ.

Woodhouse vehicle was removed from scene by Beck's Towing. Woodhouse was issued a citation for the speed infraction, 56mph in a 40 mph zone.

Nothing further.

The following instrument was sworn to before me this 24 day of April 2017

By: PERSONALLY KNOWN/ OFFICER CASTRO #905



Notary/Police Officer (F.S.S. 117.10)



Signature of Arresting Officer

NOT A CERTIFIED COPY