

OBTS Number		0485736		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		759 Juvenile	
Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE				Agency Report Number (N.T.A.'s only) 06-17045783							
Charge Type: Check as many as apply		<input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony		<input type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Weapon Seized / Type 1. Yes 2. No		Multiple Clearance Indicator			
Location of Arrest (Including Name of Business) STATE ROAD 80 AND 441						Location of Offense (Business Name, Address) STATE ROAD 80 AND 441							
Date of Arrest 02/28/17		Time of Arrest 2135		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle GARDENS TOWING	
Name (Last, First, Middle) WOODWARD, DUDLEY, C						Alias (Name, DOB, Soc. Sec. #, Etc.)							
Race W - White 1 - American Indian B - Black 0 - Oriental/Asian		Sex W M		Date of Birth 02/27/54		Height 6'2		Weight 240		Eye Color BROWN		Hair Color BROWN	
Complexion MED		Build LARGE		Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status MARRIED		Religion PROTESTANT		Indication of: Alcohol Influence Drug Influence			
Local Address (Street, Apt. Number) 19087 SE LOXAHATCHEE RIVER ROAD		(City) JUPITER		(State) FL		(Zip) 33458		Phone (561) 427-5069		Residence Type: 1. City 2. County 3. Florida 4. Out of State			
Permanent Address (Street, Apt. Number) 19087 SE LOXAHATCHEE RIVER ROAD		(City) JUPITER		(State) FL		(Zip) 33458		Phone (561) 427-5069		Address Source FL DL			
Business Address (Name, Street) ()		(City) ()		(State) ()		(Zip) ()		Phone ()		Occupation			
D/L Number, State W363-163-54-067-0		Soc. Sec. Number ()		INS Number		Place of Birth (City, State) WORSCHTER, MASS		Citizenship US					
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large		<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile			
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large		<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile			
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other		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 Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated							
Released To: (Name)		Relationship		Date		Time							
The above address 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 (Phone 355-2526) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)						School Attended		Grade					
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property		Value of Property									
Drug Activity N. N/A P. Possess		S. Sell B. Buy T. Traffic		R. Smuggle D. Deliver E. Use		K. Dispense/ Distribute		M. Manufacture/ Produce/ Cultivate		Z. Other		Drug Type N. N/A A. Amphetamine	
B. Barbiturate C. Cocaine E. Heroin		H. Hallucinogen M. Marijuana O. Opium/Deriv.		P. Paraphernalia/ Equipment S. Synthetics		U. Unknown Z. Other							
Charge Description DUI		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number 316.193(1)		Violation of ORD #					
Drug Activity NA		Drug Type NA		Amount / Unit		Offense # 17045783		Warrant / Capias Number		Bond			
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number		Violation of ORD #					
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond			
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number		Violation of ORD #					
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond			
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number		Violation of ORD #					
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond			
Location (Court, Room Number, Address) 3228 GUN CLUB ROAD PBC CRIMINAL JUSTICE COMPLEX WPB, FL, 33415													
Court Date and Time Month MARCH Day 23RD Year 2017 Time 0830 AM <input checked="" type="checkbox"/> PM													
I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED. Signature of Defendant (or Juvenile and Parent /Custodian) Date Signed													
HOLD for other Agency Name: <input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Signature of Arresting Officer x DS G. MCMAHON Name of Arresting Officer (Print) DS G. MCMAHON Transporting Officer DS G. MCMAHON		I.D. # 6149 ID # 6149		Name Verification (Printed by Arrestee) (PRINT) SCANNED		PAGE 1 OF 1					

		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		Juvenile	
ADMIN	OBTS Number		Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06-17045783				
	Charge Type: Check as many as apply: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Special Notes:								
DEF	Name (Last, First, Middle) WOODWARD, DUDLEY, C				Alias		Race W	Sex M	Date of Birth 02/27/54		
CHARGES	Charge Description DUI				316.193(1)		Charge Description				
	Charge Description						Charge Description				
VICTIM	Victim's Name (Last, First, Middle)						Race	Sex	Date of Birth		
	Local Address (Street, Apt. Number)						(City)	(State)	(zip)	Phone	Address Source
	Business Address (Name, Street)						(City)	(State)	(zip)	Phone	Occupation
<p>The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law. The Person taken into custody</p> <p><input checked="" type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts. <input type="checkbox"/> confessed to _____ admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the 28TH day of FEBRUARY 20 17 at 2105 <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p> <p>On 02/28/17 at approximately 2105 hours I responded to back up unit for Lt. R. Sandt on a traffic stop on State Road 80 just East of the overpass for State Road 7.</p> <p>Upon arrival to the location of the stop I observed that Lt. Sandt had a white male standing next to the driver's side door. As I approached the vehicle I spoke with the white male driver and asked him if he knew why he was stopped. The white male driver who was the only occupant stated that he was stopped for speeding. I asked him for his driver's license and he stated that it was in his wallet in the car. The wallet was retrieved from the vehicle and he handed me his drivers license, identifying him as Dudley Woodard.</p> <p>As I was speaking with him I could smell the odor of an alcoholic beverage coming from his breath. Mr. Woodward also could not stand still for very long he kept sliding back and forth and moving side to side. At the conclusion of the traffic stop, I informed him that at that point I was going to be conducting a DUI investigation.</p> <p>After explaining to him that I was doing the DUI investigation I asked him if he would submit to the roadside task. Mr. Woodward agreed to do the roadside task. I was not able to conduct the HGN due to him not being able to stand still long enough to do so. Although I did notice that he had glassy eyes even though he was wearing glasses.</p> <p>The next task performed was the finger to nose of which was demonstrated for him and then performed by Mr. Woodward. During the task he immediately touch his nose right to left bringing his hand back to his side each time as instructed.</p> <p>The next task performed was the walk and turn which was demonstrated for him. I asked him if he had any questions before starting and he replied no questions. Upon him conducting the the first set of steps he was not able to keep his feet together and could not maintain the heel to toe method as demonstrated. He also took 12 steps on the first pass and then 9 steps on the return still not being able to keep his feet together heel to toe and loss balance twice on the return of the steps.</p> <p>The next task performed was the Romberg Alphabet. This task was demonstrated for him and he was instructed not to sing it like taught in school. As Mr. Woodward performed the task he started going faster about half way through the alphabet.</p> <p>At the conclusion of the tasks I found there was probable cause to arrest Mr. Woodward for violation of 316.193 (1) of Florida Statutes.</p>											
STATE OF FLORIDA COUNTY OF PALM BEACH MCMAHON / PS 2 28th Feb 17 (Signature of Arresting/Investigative Officer)											
ADMINISTRATIVE	The foregoing instrument was sworn to or affirmed and subscribed before me this 28th day of Feb 20 17 by MCMAHON										
	(Print name of Arresting/Investigative Officer, who is personally known to me and produced valid State of Florida Notary Public Commission # FF093160 My Commission Expires May 30, 2018)										
	Notary Public, Clerk of Court, Officer (F.S. 117.10)										
PAGE 1 OF 1											

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		Juvenile		
ADMIN	Agency ORI Number FL0 5 0 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE			Agency Report Number 0 6				
	Charge Type: Check as many as apply: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony		<input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Special Notes:			
DEF.	Name (Last, First, Middle)					Alias		Race	Sex	Date of Birth
	Charge Description					Charge Description				
CHARGES	Charge Description					Charge Description				
	Charge Description					Charge Description				
VICTIM	Victim's Name (Last, First, Middle)					Race		Sex	Date of Birth	
	Local Address (Street, Apt. Number)					(City)	(State)	(Zip)	Phone	Address Source
	Business Address (Name, Street)					(City)	(State)	(Zip)	Phone	Occupation
PROBABLE CAUSE STATEMENT	<p>The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law: The Person taken into custody...</p> <p><input checked="" type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts. <input type="checkbox"/> confessed to _____ admitting to the below facts. <input type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <u>28th</u> day of <u>Feb.</u> 20<u>17</u> at <u>9:05</u> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p> <p>On The Aforementioned Date and Time I was travelling EASTWARD on 10000 AK SR00 (SOUTHEAN BLVD) when I observed A SILVER TYPE MINI VAN DRIVE PAST ME IN THE SAME DIRECTION (EASTWARD) @ A High Rate of Speed. (Posted Limit 50MPH) I INCREASED my speed to maintain pace with this vehicle for APPROX 1/4 mile. SPEED MAINTAINED WAS 77MPH IN 50 MPH ZONE. D/S REMARKS ARRIVED ON SCENE as my backup, the stop was subsequently turned over to Him for further investigation</p>									
ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH <u>[Signature]</u> #220 (Signature of Arresting/Investigative Officer)									
	The foregoing instrument was sworn to or affirmed and subscribed before me this <u>28</u> day of <u>February</u> 20 <u>17</u> by <u>V. C. SANDI</u> (Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced <u>PERSONAL KNOWLEDGE</u>									
	<u>[Signature]</u> #8064 Notary Public, Clerk of Court, Officer (F.S.S. 117.10)									

PALM BEACH COUNTY SHERIFF'S OFFICE

3228 GUN CLUB ROAD
WEST PALM BEACH, FL 33406-3001

- ☒ WRITTEN WARNING
☐ NOTICE OF ILLEGAL OR FAULTY EQUIPMENT

Date/Time: TUESDAY 02/28/2017 11:24 PM

VIOLATOR

First Name: DUDLEY Middle: C
Last: WOODWARD DOB: 02/27/1954
Address: 19087 SE LOXAHATCHEE RIVER RD
City: JUPITER State: FL Zip: 33458
Telephone: Race: W Sex: M Hgt: 603
DL #: W363163540670 DL State: FL Lic. Expires: 2021
Type: E Diff. Addr. on DL: N

REGISTRATION

Yr. Veh: 2011 Veh. Tag: N069MB
Color: GRY Yr. Tag Expires: 19 State: FL
Make: TOYT Style: VN

LOCATION

Upon a Public Street or Highway or Other Location Namely:
STATE ROAD 80 AND STATE ROAD 7

VIOLATION

Did unlawfully commit the following Offense
UNLAWFUL SPEED 77 MPH IN A 50 MPH

NOTE: FOR EQUIPMENT VIOLATIONS PLEASE FOLLOW INSTRUCTIONS ON THE
FOOTER

THIS IS A WARNING ONLY
THIS IS NOT A CITATION AND NO FINE IS ASSESSED

I HEREBY ACKNOWLEDGE RECEIPT OF THIS WARNING AND UNDERSTAND THAT
THIS WARNING IS ISSUED IN LIEU OF A UNIFORM TRAFFIC CITATION.

SIGNATURE
OF DRIVER X _____

D/S: MCMAHON I.D.#: 6149

CERTIFICATION OF CORRECTION

I CERTIFY THAT THE EQUIPMENT ON THE VEHICLE DESCRIBED HEREIN AS
INDICATED HAS BEEN TESTED AND, OR CORRECTED, AND UPON THIS DATE
COMPLIES WITH THE REQUIREMENTS OF THE TRAFFIC LAWS OF FLORIDA.

DATE _____ 20____ HOURS _____ ☐ A.M.
☐ P.M.

SIGNED _____
Party Making Correction

Address: _____

IMPORTANT. This Notification With Proper Certification Above is To Be Mailed Or
Delivered To The Officer Indicated Within 48 Hours.

PALM BEACH COUNTY SHERIFF'S OFFICE
P.O. BOX 24681
WEST PALM BEACH, FL 33416-4681

FAILURE TO COMPLY WITH THIS NOTICE COULD RESULT IN A NON-CRIMINAL
INFRACTION BEING ISSUED.

NOT A CERTIFIED COPY

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 28TH DAY OF FEBRUARY 20 17, AT 2105 PM ☒ AM
SUBJECT: WOODWARD, DUDLEY, C CASE NUMBER: 17045783
AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: DS MCMAHON

PERSONAL CONTACT

DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUTTING DEF. BEHIND WHEEL OF VEHICLE)
excessive speed on State Highway observed by L. R. Sandt

OBSERVATION OF DRIVER:

Mr. Woodward had glassy eyes and could not stand still

DRIVER'S STATEMENTS:

Mr. Woodward stated that he was a birthday party and had two drinks while there

ODORS:

odor of alcoholic beverage was not and got stronger as the investigation progressed

GENERAL OBSERVATIONS

SPEECH: clear

ATTITUDE: good

CLOTHING: shirt was a 1/4 was open

MEDICAL/OTHER: none

STATE OF FLORIDA
COUNTY OF PALM BEACH

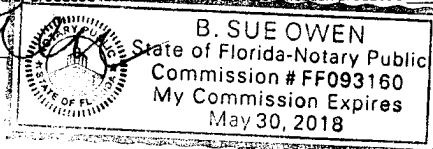
DS MCMAHON

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 28th day of Feb 20 17 by DS MCMAHON

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

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



SUBJECT: WOODWARD, DUDLEY, C

CASE NUMBER 17045783

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

☐ LT EYE-LACK OF SMOOTH PURSUIT

☐ RT EYE-LACK OF SMOOTH PURSUIT

☐ LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION

☐ RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION

☐ LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

☐ RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

Other Observations:

HGN not done due to not able to be still long enough to conduct task

WALK & TURN:

On the first pass he did not keep feet together and took 12 steps. On the return took 9 steps but still did not keep his feet together and lost balance twice

ONE LEG STAND:

Conducted did not keep foot at height level as instructed

FINGER TO NOSE:

Performed with all instructions followed except too fast to return back to his side

ROMBERG ALPHABET:

Performed as instructed except half way sped up to finish

BREATH TEST RESULTS:

1) .152

2) .152

3)

4)

STATE OF FLORIDA
COUNTY OF PALM BEACH

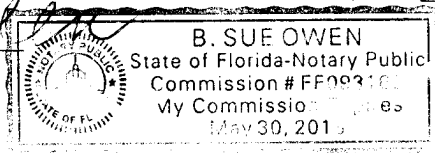
DS MCMAHON

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 28th day of Feb, 2017 by D/S McMahon

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

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



WITNESS LIST

CASE NUMBER: 17045783

ARRESTING OFFICER: DS MCMAHON

ADDRESS: 3228 Gun Club Road WPB/FL/ 33415

PHONE NUMBERS (HOME): _____ (WORK) 561-688-3000

CAN TESTIFY TO: Roadside task

NAME: LT. R. Sandt

ADDRESS: 3228 Gun Club Road WPB/FL/33415

PHONE NUMBERS (HOME) _____ (WORK) 561-688-3000

CAN TESTIFY TO: Driving

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

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CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

TESTING FACILITY TASK REPORT

AGENCY: PBSO
 SUBJECT: WOODWARD, Dudley C CASE NUMBER: 17-045783
 DATE: 2/28/17 VIDEO TAPE NUMBER: DVD# 62211
 BEGINNING TIME: 2222 ENDING TIME: 2240
 BREATH TESTS RESULTS: 1) .152 TIME 2226 A.M./P.M. 2) .152 TIME 2229 A.M./P.M.
 3) TIME A.M./P.M. 4) TIME A.M./P.M.
 BREATH OPERATOR: S. Owen #3184
 MAINTENANCE TECHNICIAN: J. Karleck #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH:
 ATTITUDE: co-operative, pleasant
 CLOTHING: decksiders, tan pants, flowered shirt, glasses
 MEDICAL CONDITIONS: None
 MEDICATIONS: None
 OTHER: odor of unknown Alcoholic beverage detected in video room upon leaving.

COMMENTS: A/OEA arrived at 2200 hrs
A/o observed 20 minutes
A/o requested breath test, A agreed
No problem with test, tech explained results
A/o read A/W, A understood rights
A answered Q & A at 7pm
A admitted drinking whiskey & diet coke (2)
1st drink 6:30pm last 7:30pm Felt sober

SUBJECT: Woodward, Dudley C CASE NUMBER: 17-045783

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) Reed on Camera

SUBJECT: Woodward, Dudley C. CASE NUMBER: 17-045783

QUESTIONS AND ANSWERS

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

WERE YOU OPERATING A MOTOR VEHICLE AT THE TIME OF THE ~~STOP~~ ACCIDENT? yes

WHERE WERE YOU GOING? Home

WHAT STREET OR HIGHWAY WERE YOU ON? SOUTHEAST BLVD

DIRECTION OF TRAVEL? EAST WHERE DID YOU START? WELLINGTON

WHAT TIME DID YOU START? 9:00pm WHAT TIME IS IT NOW? 10:30p

WHAT IS TODAY'S DATE? 2/28/17 WHAT DAY OF THE WEEK IS IT? Thursday

WHAT COUNTY AND CITY ARE YOU IN NOW? DADE COUNTY MIAMI

WHEN DID YOU LAST EAT? 7:00pm WHAT DID YOU EAT? PIZZA, BREAD, CHIPS ETC

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

HOW MUCH DO YOU WEIGH? 240 HAVE YOU BEEN DRINKING? yes WHAT? WHISKEY & COGNAC

HOW MUCH? 3 DRINKS WHERE? AT A PARTY WITH WHOM? Friends & Family

WHEN DID YOU HAVE YOUR FIRST DRINK? 6:30pm AND YOUR LAST DRINK? 7:30pm

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? Sipped them

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

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

WHAT? _____ WHERE? _____ WHEN? _____

WHAT LINE OF WORK ARE YOU IN? PROPERTY MANAGER WHEN DID YOU LAST WORK? Today

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

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

DO YOU LIMP? once on my leg DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? NO

WERE YOU IN AN ACCIDENT TODAY? NO

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

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

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

DO YOU HAVE:	EPILEPSY?	<u>NO</u>
	GLASS EYE?	<u>NO</u>
	FALSE TEETH?	<u>NO</u>
	EAR INFECTION?	<u>NO</u>
	INNER EAR TROUBLE?	<u>NO</u>
	DIABETES?	<u>NO</u>

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? NO

DO YOU TAKE INSULIN? NO IF SO, WHEN WAS YOUR LAST INJECTION? _____

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

INTERVIEWER: _____

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL