

AD M I N I S T R A T I O N	OBT Number		Agency ORI Number 0501700		Agency Name Jupiter Police Department		Agency Report Number (N.T.A.'s only) 5 4 17-002626		1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias 1		1513 JUVENILE																			
	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		Location of Arrest (Including Name of Business) 2999 MILITARY TRL/INDIAN CREEK PARKWAY		Location of Offense (Business Name, Address) 2999 MILITARY TRL/INDIAN CREEK PKWY, JUPITER, FL		If Weapon Seized Enter Type NONE		Multiple Clearance Indicator																					
	Date of Arrest 05/29/2017		Time of Arrest 02:49		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle																	
D E F E N D A N T	Name (Last, First, Middle) WOODS, ELDRICK TIGER										Alias (Name, DOB, Soc. Sec. #, Etc.) Alias:																			
	Race W - White B - Black B		Sex M - Male F - Female M		Date of Birth 12/30/1975		Height 6'00		Weight 185		Eye Color BROWN		Hair Color BLACK		Complexion DARK		Build Medium													
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)										Marital Status D		Religion OTHER		Indication of: Alcohol Influence Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>															
	Local Address (Street, Apt. Number) 462 S BEACH RD, HOBE SOUND, FL 33455										(City) HOBE SOUND		(State) FL		(Zip) 33455		Phone (407) 421-1888		Residence Type: 1. City 2. County 3. Florida 4. Out of State 3											
	Permanent Address (Street, Apt. Number) 462 S BEACH RD, HOBE SOUND, FL 33455										(City) HOBE SOUND		(State) FL		(Zip) 33455		Phone (407) 421-1888		Address Source FL DL											
	Business Address (Name, Street) W320218754700 / FL										(City) HOBE SOUND		(State) FL		(Zip) 33455		Phone (407) 421-1888		Occupation Athlete											
	D/L Number, State W320218754700 / FL										Soc. Sec. Number [REDACTED]		INS Number [REDACTED]		Place of Birth (City, State) LONG BEACH, CA,		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													
	J U V E N I L E	<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ Name (Last, First, Middle)										Residence Phone																		
<input type="checkbox"/> Legal Custodian Address (Street, Apt. Number) 462 S BEACH RD, HOBE SOUND, FL 33455										(City) HOBE SOUND										(State) FL		(Zip) 33455		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 <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 355-2526) informed of any change of address.										School Attended		Grade																		
<input type="checkbox"/> Yes, by: _____ <input type="checkbox"/> No: _____										Property Crime? <input type="checkbox"/> Yes <input checked="" 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. Disperse/ 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 Description DUI - DRIVING WHILE UNDER INFLUENCE										Statute Violation Number 316.193(1)		Violation of ORD #																		
Drug Activity N										Drug Type N		Amount / Unit /		Offense # 17-002626		Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number		Bond								
C H A R G E		Charge Description										Statute Violation Number		Violation of ORD #																
	Drug Activity N										Drug Type N		Amount / Unit /		Offense # 17-002626		Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number		Bond							
	Charge Description										Statute Violation Number		Violation of ORD #																	
	Drug Activity N										Drug Type N		Amount / Unit /		Offense # 17-002626		Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number		Bond							
	Charge Description										Statute Violation Number		Violation of ORD #																	
	Drug Activity N										Drug Type N		Amount / Unit /		Offense # 17-002626		Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number		Bond							
	Health / Apparent Physical Condition of Defendant										Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries Explain:																			
	Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health										PROPERTY - Received By		Released By		Released To															
	Transported By										Date Transported		Time Transported		Other															
	N O T I C E T O A P P E A R	<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.										Location (Court, Room) North County PALM BEACH GARD										Court Date and Time 07/05/2017 08:30:00		No Photo Available						
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) [Signature]										Date Signed 07/05/2017										
HOLD for Other Agency										Signature of Arresting Officer [Signature] 340										Name Verification (Printed by Arrestee) FANDREY, CHRISTOPHER 1182										
A D M I N	<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other										Name of Arresting Officer (Print) FANDREY, CHRISTOPHER 1182										I.D. # 1182									
	Transporting Officer [Signature] 340										I.D. # 340										Agency JPD									
	Witness here if subject signed with arrest										Witness here if subject signed with arrest										Witness here if subject signed with arrest									

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 29th DAY OF May 20 17, AT 0203 ✓ AM PM

SUBJECT: Eldrick Tiger Woods CASE NUMBER: 17-002626

AGENCY: JUPITER POLICE DEPARTMENT ARRESTING OFFICER: Ofc. C. Fandrey

PERSONAL CONTACT

DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUTTING DEF. BEHIND WHEEL OF VEHICLE)
Ofc. Palladino #362 observed a black Mercedes bearing FL tag ECNY70 stopped in the roadway in the right lane. Ofc. Palladino made contact with the driver and sole occupant of the vehicle B/M Eldrick T. Woods (12/30/1975) who had his seat belt on and was seated in the drivers seat. It should be noted the Woods was asleep at the wheel and had to be woken up. The vehicle was running and brake lights were illuminated as well as the right blinker flashing.

See Ofc. Palladino #362 supplement for further.

OBSERVATION OF DRIVER:

Upon my arrival after speaking to officers on scene I made contact with the sole occupant of the vehicle who was later positively identified as B/M Eldrick T. Woods (12/30/1975) was seated in the driver seat of the vehicle. Woods had extremely slow and slurred speech.

DRIVER'S STATEMENTS:

Woods stated that he was coming from LA California from golfing. Woods stated that he did not know where he was. Woods had changed his story of where he was going and where he was coming from. Woods asked how far from his house he was. It should be noted that Woods was heading south bound away from Hobe Sound. Takes several prescriptions.

ODORS:

None

GENERAL OBSERVATIONS

SPEECH: Extremely slow and slurred, mumbled, confused

ATTITUDE: Cooperative, confused,

CLOTHING: White shirt, black shorts, black/white shoes

MEDICAL/OTHER: Stated takes several prescriptions.

STATE OF FLORIDA
COUNTY OF ~~PALM BEACH~~

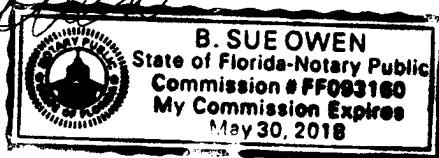
340
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 29th day of May 20 17 by Ofc. C. Fandrey

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

Sue Owen

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



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MAY 30 2017

SUBJECT: Eldrick Tiger Woods

CASE NUMBER 17-002626

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

- | | |
|--|--|
| <input type="checkbox"/> LT EYE-LACK OF SMOOTH PURSUIT | <input type="checkbox"/> RT EYE-LACK OF SMOOTH PURSUIT |
| <input type="checkbox"/> LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION | <input type="checkbox"/> RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION |
| <input type="checkbox"/> LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES | <input type="checkbox"/> RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES |

Other Observations:

Did not follow stimulus and was not able to conduct HGN.

WALK & TURN

Could not maintain starting position. Missed heel to toe each time. Stepped off line several times. Used arms for balance. Did not return. Re explained instructions and again did not maintain starting position, stepped off line, used arms for balance, also stopped walking to steady self.

ONE LEG STAND:

Did not maintain starting position did not raise leg off the ground six inches, placed foot down several times

FINGER TO NOSE:


Did not maintain starting position, reexplained instructions multiple times to which he stated he understood, did not return arms to side after touching nose,

ROMBERG ALPHABET:

When asked if he understood directions he stated "yes, recite entire national anthem backwards". After several times of explaining instructions he completed the task correctly.

BREATH TEST RESULTS: .000 .000

STATE OF FLORIDA
COUNTY OF PALM BEACH

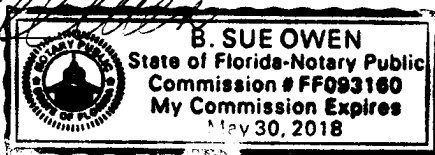

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 29th day of May, 2017 by Ofc. C. Fandrey

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

Sue Owen

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



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MAY 30 2017

WITNESS LIST

CASE NUMBER: 17-002626

ARRESTING OFFICER: Ofc. C. Fandrey

ADDRESS: 210 Military Trail

PHONE NUMBERS (HOME): _____ (WORK) 561-746-6201

CAN TESTIFY TO: See PC

NAME: Ofc. Palladino #362

ADDRESS: 210 Military Trail

PHONE NUMBERS (HOME) _____ (WORK) 561-746-6201

CAN TESTIFY TO: Initial Contact

NAME: Sgt. Hennesy #210

ADDRESS 210 Military Trail

PHONE NUMBERS (HOME) _____ (WORK) 561-746-6201

CAN TESTIFY TO: On scene

NAME: Sgt. Alexandre #221

ADDRESS 210 Military Trail

PHONE NUMBERS (HOME) _____ (WORK) 561-746-6201

CAN TESTIFY TO: On Scene

NAME: Ofc. Imperiale #382

ADDRESS 210 Military Trail

PHONE NUMBERS (HOME) _____ (WORK) 561-746-6201

CAN TESTIFY TO: On scene

NAME: PFC A Borrows 380

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: DRE Evaluation

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

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MAY 30 2017

TESTING FACILITY TASK REPORT

AGENCY: Jupiter P.D.
SUBJECT: Woods, Elorick Tiger CASE NUMBER: 17-083484
DATE: 5/29/17 VIDEO TAPE NUMBER: 62714
BEGINNING TIME: 0422 ENDING TIME: 0434
BREATH TESTS RESULTS: 1) 1.000 TIME 0428 AM/P.M. 2) 1.000 TIME 0431 AM/P.M.
3) _____ TIME _____ A.M./P.M. 4) _____ TIME _____ A.M./P.M.
BREATH OPERATOR: S. Owen #3184
MAINTENANCE TECHNICIAN: J. Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: slow, sluggish, very slurred
ATTITUDE: sluggish, sleepy, unable to walk alone
CLOTHING: black athletic shorts, white athletic shirt
MEDICAL CONDITIONS: Goloxer, vicodin torix, viox (not taken this year)
MEDICATIONS: 4 left knee surgeries, 4 achilles
OTHER: Co-operative as much as possible very doopy
extremely sleepy hard to keep eyes open
hard to walk

COMMENTS: A/O arrived at 0402 hrs
A/O observed 20 minutes
A/O requested breath test, A agreed
No problem with test, Tech explained results
A blew 0.0015 A/O requested urine, A agreed
A/O read C/W A understood rights
Refused Q&A Urine drawn at 0440 hrs
OFC Borrows JPD did DRE

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SUBJECT: _____ CASE NUMBER: 11-01676

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.

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SUSPECT'S SIGNATURE: (X) _____

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? _____

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MAY 30 2017

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: _____

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL



ELDRICK TIGER
WOODS
482 S BEACH RD
HOLME SPRING, FL 33465-0000
DOB: 12-30-1975 SEX: M
EXP: 01-01-2011 HGT: 5-00
WGT: 150-00

[Signature]

EXP: 01-01-2011

Operation of a motor vehicle constitutes consent to any sobriety test required by law.

NOT A CERTIFIED COPY

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