

0488422

N/H ARREST / NOTICE TO APPEAR
2017 CT 9620

1513

OBTS Number	Agency ORI Number 0501700			Agency Name Jupiter Police Department			Agency Report Number (N.T.A.'s only) 5, 4 17-002626		
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	If Weapon Seized	Multiple Clearance Indicator	
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			
Date of Arrest 05/29/2017	Time of Arrest 02:49	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle			

Name (Last, First, Middle) WOODS, ELDRIK TIGER										Alias (Name, DOB, Soc. Sec. #, Etc.)										
Race W - White B - Black	1 - American Indian O - Oriental/Asian	Sex B	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)									
Local Address (Street, Apt. Number) 462 S BEACH RD, HOBE SOUND, FL 33455					Permanent Address (Street, Apt. Number) 462 S BEACH RD, HOBE SOUND, FL 33455					Business Address (Name, Street)					DL Number, State					
Marital Status D					Religion OTHER					Indication of Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/>					Residence Type: 1. City 3. Florida 2. County 4. Out of State 3					
Place of Birth (City, State) LONG BEACH, CA,					Citizenship US					Occupation Athlete										

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 <input type="checkbox"/> Other: _____										Name (Last, First, Middle)										Residence Phone																													
<input type="checkbox"/> Legal Custodian										Address (Street, Apt. Number)										(City)										(State)										(Zip)									
Notified by: (Name)										Date										Time										JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated																			
Released To: (Name)										Relationship										Date										Time																			

The above address was provided by defendant and/or defendant's parents. The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address.

Yes, by: _____ No: _____

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
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Charge Description DUI - DRIVING WHILE UNDER INFLUENCE										Statute Violation Number 316.193(1)										Violation of ORD #									
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond																						
	N		17-002626	1	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N																								

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																													
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail										PROPERTY - Received By										Released By										Released To									
<input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health										Date Transported										Time Transported										Other									

<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court										Location (Court, Room) North County PALM BEACH GARD										No Photo Available									
<input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.										Court Date and Time 07/05/2017 08:30:00																			
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) <i>[Signature]</i>										Date Signed NOV 30 AM 5:35									

HOLD for Other Agency										Signature of Arresting Officer <i>[Signature]</i> 340										Name Verification (Printed by Arrestee) <i>[Signature]</i> #38									
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest										Name of Arresting Officer (Print) FANDREY, CHRISTOPHER										I.D. # 1182									
<input type="checkbox"/> Suicidal <input type="checkbox"/> Other										Transporting Officer <i>[Signature]</i>										Agency JPD									
Health Deputy <i>[Signature]</i> 7141										Pouch #										Witness here if subject signed with an "X" NOV 29 AM 7:30									

SCANNED

No Photo Available

#38

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 [REDACTED] 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

[Signature]
(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:

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:

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

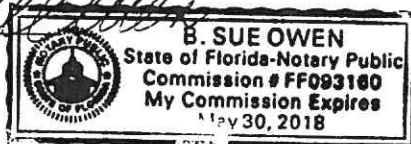
[Signature] 340
(Signature of Arresting/Investigative Officer)

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)



SCANNED
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: Sg.t 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: _____
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CAN TESTIFY TO: _____
NAME: _____
ADDRESS _____
PHONE NUMBERS (HOME) _____ (WORK) _____
CAN TESTIFY TO: _____

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MAY 3 0 2017

TESTING FACILITY TASK REPORT

AGENCY: Jupiter P.D.

SUBJECT: Woods, Florick Tiger CASE NUMBER: 17-083484

DATE: 5/29/17 VIDEO TAPE NUMBER: 62714

BEGINNING TIME: 0422 ENDING TIME: 0434

BREATH TESTS RESULTS: 1) .000 TIME 0428 W/P.M. 2) .000 TIME 0431 W/P.M.
3) _____ TIME _____ A.M./P.M. 4) _____ TIME _____ A.M./P.M.

BREATH OPERATOR: Sr 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: Soloxer, vicodin torix, viok (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 & A 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

Off Borrows JPD did DRE

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MAY 30 2017

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.

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MAY 30 2017

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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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: _____



ELDRICK TIGER
WOODS
107 S BEACH RD
MORRIS ISLAND, FL 33465-0000
DOB: 12-23-1975 SEX: M
HGT: 5-00

[Handwritten signature]

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

NOT A CERTIFIED COPY

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