

0520894

21 CT 1047 SB

3496

ARREST / NOTICE TO APPEAR

1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias 1 JUVENILE

Agency ORI Number 0500400	Agency Name Delray Beach Police Department	Agency Report Number (N.T.A.'s only) 4, 0 21-000864
Charge Type: Check as many as apply: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other	Warrant / Capias Number None/not Applicable	Multiple Clearance Indicator 2
Location of Arrest (Including Name of Business) 100 SE 2ND AVE DELRAY BEACH, FL 33444		Location of Offense (Business Name, Address) 100 SE 2ND AVE, DELRAY BEACH, FL 33444
Date of Arrest 01/21/2021	Time of Arrest 02:05	Booking Date 01/21/2021
Booking Time 02:15	Jail Date 01/21/2021	Jail Time 05:38
Name (Last, First, Middle) PAPPAS, GEORGIOS		
Alias: Alias (Name, DOB, Soc. Sec. #, Etc.)		
Race W - White B - Black O - Original/Asian S - Scar, Marks, Tattoos, Unique Physical Features (Location, Type, Description)	Sex M	Date of Birth 01/27/1980
Height 5'09	Weight 165	Eye Color GREEN
Hair Color GRAY/BLK	Complexion LIGHT	Build MEDIUM
Local Address (Street, Apt. Number) 214 SE 1ST AVE B, DELRAY BEACH, FL 33444	City DELRAY BEACH	State FL
Phone (561) 880-7708	Marital Status U	Religion NOT INDICA
Permanent Address (Street, Apt. Number) 214 SE 1ST AVE B, DELRAY BEACH, FL 33444	City DELRAY BEACH	State FL
Phone (561) 880-7708	Indication of: Alcohol Influence Yes <input type="checkbox"/> No <input type="checkbox"/> Drug Influence Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>	Residence Type: 1. City 3. Florida 2. County 4. Out of State 1
Business Address (Name, Street) TAVERNA OPA, 270 E ATLANTIC AVE, DELRAY BEACH, FL 33444	City DELRAY BEACH	State FL
Phone (561) 303-3602	Address Source VERBAL	Occupation Manager
DL Number, State /	Soc. Sec. Number	Citizenship GR
Co-Defendant Name (Last, First, Middle)	Race	Sex
Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile	<input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor
Co-Defendant Name (Last, First, Middle)	Race	Sex
Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile	<input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor
<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ Name (Last, First, Middle)	Residence Phone	
<input type="checkbox"/> Legal Custodian	Business Phone	
Address (Street, Apt. Number) 1, OR	City OR	State OR
Zip	Notified by: (Name) J. OR	Date
Time	Refused To: (Name) J. OR	Date
Time	Relationship OR	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.	
<input type="checkbox"/> Yes, by: _____	Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Description of Property
Value of Property	Drug Type N. N/A A. Amphetamine	B. Barbiturate C. Cocaine E. Heroin
H. Hallucinogen M. Marijuana O. Opium/Deriv.	P. Paraphernalia/ Equipment	U. Unknown Z. Other
Charge Description DRIVING WHILE UNDER INFLUENCE	Statute Violation Number 316.193(DA)	Violation of ORD #
Drug Activity N	Drug Type N	Amount / Unit /
Offense #	Counts I	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
Warrant / Capias Number	Bond	
Charge Description NO DRIVERS LICENSE - NEVER HAD ONE ISSUED	Statute Violation Number 322.03(1)	Violation of ORD #
Drug Activity N	Drug Type N	Amount / Unit /
Offense #	Counts I	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	Drug Type	Amount / Unit
Offense #	Counts	Domestic Violence
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	
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Posted Bond <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> South County Mental Health	<input checked="" type="checkbox"/> T.O.T. County Jail	PROPERTY - Received By
Released By	Released To	
Transported By	Date Transported	Time Transported
Other		
<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) South County 200 W Atlantic Ave Delray Beach, FL 33444	
	Court Date and Time 02/18/2021 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)		Date Signed
HOLD for Other Agency		Name Verification (Printed by Arrestee)
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal	<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other	(PRINT) JAN 21 2021 09:15
Intake Deputy D. [Signature]	ID #	POUCH #
Name of Arresting Officer (Print) WINDSOR, NICHOLAS	ID # 1029	Agency DBPD
Transporting Officer WINDSOR	ID # 1029	Agency DBPD
Witness here if subject signed with an "X".		

No Photo Available
JAN 22 2021

PAGE 1 OF 1

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 21TH DAY OF JANUARY 20 21 AT 0128 2 AM PM

SUBJECT: PAPPAS, GEORGIOS CASE NUMBER: DELRAY BEACH PD #21-000864

AGENCY: DELRAY BEACH PD ARRESTING OFFICER: WINDSOR #1029

PERSONAL CONTACT

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

The following occurred in the City of Delray Beach, County of Palm Beach, FL. On 01/21/21 at 0128hrs K9 Ofc. Mintus #989 observed a silver 2018 Zhejiang Rlyu motor scooter (FL Tag #MIHN66) traveling south on NE 2nd Ave. approaching NE 1st St. with no headlight or taillight illuminated. The Zhejiang Rlyu failed to stop for the posted stop sign at the intersection and continued traveling south. The Zhejiang Rlyu approached the intersection at E. Atlantic Ave. and failed to stop for a steady red traffic signal. The Zhejiang Rlyu continued south on SE 2nd Ave. and failed to stop for another stop sign located at the intersection of SE 1st St. The Zhejiang Rlyu continued south and K9 Ofc. Mintus conducted a traffic stop in the 100 block of SE 2nd Ave. K9 Ofc. Mintus observed a white male driver operating the motor scooter and there were no passengers on the motor scooter. The white male driver verbally identified himself as Georgios Pappas D.O.B. 01/27/80. The registration record for the motor scooter showed Pappas as the registered owner. The scooter was running and the scooter's key was in the ignition. I arrived on scene to conduct a DUI investigation. The white male driver verbally identified himself to me as Georgios Pappas. The D.A.V.I.D. record showed Pappas did not possess a drivers license nor had an assigned FL DL number. Pappas stated he had a Greece drivers license but it was at his residence. Pappas stated he had lived in Florida as a resident for the past three years but he did not have a FL DL or ID card. The motor scooter's registration expired on 01/27/20.

OBSERVATION OF DRIVER:

I smelled a strong odor of an unknown alcoholic beverage coming from Pappas. Pappas' eyes were red and had a glassy appearance. Pappas' speech was slurred and thick. Pappas spoke with a Greek accent. Pappas swayed while standing still and was unsteady on his feet while walking. Pappas was polite initially but became evasive while answering questions (i.e. not giving answers related to the question). During roadsides, Pappas did not follow instructions.

DRIVER'S STATEMENTS:

Pappas stated he left his residence to drive to his place of employment (Taverna Opa 270 E Atlantic Ave, Delray Beach, FL 33444). Pappas stated he was a manager at the business. Pappas stated he was on his way home when he was pulled over. Pappas could not explain why he driving north of the E. Atlantic Ave. and his residence (214 SE 1st Ave. #B Delray Beach, FL 33444) was south of Taverna Opa. Pappas stated he consumed two beers between 1400hrs and 0030hrs. Pappas stated he finished his last beer one hour prior to the traffic stop. Pappas stated his headlight did not work because of an electrical problem. Pappas stated he had a driver license from Greece but it was at his residence. Pappas stated he never had a driver license or ID card issued to him while he has been a resident in Florida. Pappas stated he has been a resident in Florida for the last three years. Prior to roadsides, Pappas stated he had no medical conditions or injuries, took any prescription medications, took any over the counter medications prior to driving. Pappas denied being involved in a motor vehicle crash or being hit in the head recently. Pappas stated he would leave the scooter and he would walk home if we would allow him. Pappas initially stated he was refusing everything and to take him to jail. Pappas later agreed to perform roadsides after I informed him of Taylor Warning.

ODORS:

Pappas had a strong odor of an unknown alcoholic beverage coming from his person.

GENERAL OBSERVATIONS

SPEECH: Slurred and Thick

ATTITUDE: Polite

CLOTHING: Black Jacket, Black Shirt, Blue Jeans and Black Shoes

MEDICAL/OTHER: Allergy to Plastic in the Mouth

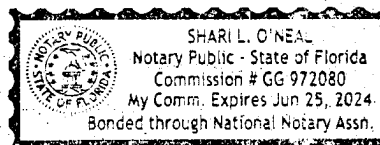
STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 21st day of January 20 21 by Ofc. Windsor #1029

(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. 117.10)



SUBJECT: PAPPAS, GEORGIOS

CASE NUMBER DELRAY BEACH PD #21-000864

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

[X] LT EYE-LACK OF SMOOTH PURSUIT

[X] RT EYE-LACK OF SMOOTH PURSUIT

[] LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION

[X] 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:

Pappas stated he understood my instructions for the HG/VGN roadside. After starting the roadside, Pappas would not follow instructions to keep his head still during the HG/VGN roadside. Pappas stated he had a problem with his left eye and could not follow the light. Pappas continued to move head and not follow the stimulus light with his eyes.

WALK & TURN:

Pappas swayed while standing still. Pappas lost his balance while in the instructional phase position. Pappas did not follow instructions by placing his feet back into the instructional phase position. Pappas questioned if I could do this roadside and I informed him I was going to demonstrate the roadside for him. Pappas observed me perform the walk and turn roadside and he stated he understood my instructions for this roadside. Pappas used his arms for balance and began walking without being instructed to do so. Pappas did not walk heel to toe on several steps. Pappas did not count his steps out loud as instructed.

ONE LEG STAND:

Pappas swayed while standing still. Pappas stated he understood my instructions for this roadside. Pappas used his arms for balance. When Pappas started the roadside, he moved his left foot out in front of him but did not lift his foot off the ground. I had to instruct Pappas to lift his foot six inches off the ground. When Pappas lifted his foot off the ground, he did not count out loud and put his foot down on the ground several times.

FINGER TO NOSE:

Pappas swayed while standing still. Pappas stated he understood my instructions for this roadside. I had to instruct Pappas several times to keep his eyes closed and his head tilted back. When I gave commands to touch his nose, Pappas lifted his hand into the air and did not attempt to touch the tip of his nose. I had to instruct Pappas to touch his nose with his finger after the roadside was started. Pappas did not keep his head tilted back. Pappas missed the tip of his nose on several attempts.

ROMBERG ALPHABET:

Pappas swayed while standing still. Pappas stated he understood my instructions for this roadside. Pappas began to recite the English Alphabet but stopped after a few letters and restarted while skipping several letters. Pappas stopped reciting again and stated he knew the Greek Alphabet and began reciting the Greek Alphabet. I do not know if Pappas missed any Greek letters but Pappas was captured on my body worn camera.

BREATH TEST RESULTS: [1) Refused] [2)] [3)] [4)]

STATE OF FLORIDA
COUNTY OF PALM BEACH

[Handwritten Signature]

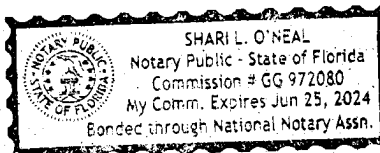
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 21st day of January, 2021 by Ofc. Windsor #1029

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

[Handwritten Name: S. O'Neal]

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



**STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES
AFFIDAVIT OF REFUSAL TO SUBMIT TO
BREATH AND/OR URINE TEST**

I, Nicholas Windsor, a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)

am a member of Delray Beach Police Department, and I do swear
(Name of law enforcement agency)

or affirm that on or about the 21st day of January, 20 21, at 0205 P.M. A.M.

DRIVER Georgios Pappas
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# NO DRIVERS LICENSE, state of _____, was placed under lawful arrest for

the offense of Driving Under the Influence by Ofc. Windsor #1029 and
(Name of Arresting Officer)

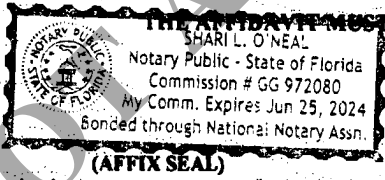
issued Citation # A1UR8FE

That on or about the 21st day of January, 20 21, at 0313 P.M. A.M.

in Palm Beach County,

I requested that the driver submit to a breath and/or urine test to determine his or her blood alcohol level and/or the presence of chemical or controlled substances. I informed the driver that the refusal to submit to such test(s) would result in the suspension of his or her driving privilege for a period of one (1) year for a first refusal, or for a period of eighteen (18) months if his or her driving privilege had been previously suspended for refusing to submit to a breath, urine or blood test. I also informed the driver that he or she commits a misdemeanor by refusing to submit to a lawful test as requested above if his or her driving privilege has been previously suspended for refusal to submit to a lawful test of his or her breath, urine, or blood. Additionally, I informed the driver that if he or she holds a CDL, or was operating a CMV, refusal will result in the disqualification of the Commercial Driver's License/driving privilege for a period of one (1) year in the case of a first refusal or permanently if he or she has previously been disqualified as a result of a refusal to submit to any such lawful test. Nonetheless, the driver refused to submit to the test(s) requested.

[Signature]
Signature of Law Enforcement Officer or
Correctional Officer



THE AFFIDAVIT MUST BE NOTARIZED OR ATTESTED TO (F.S. 117.10)

The foregoing instrument was sworn and subscribed before me:

Signature of Attesting Officer _____

Title _____

Date _____

The foregoing instrument was sworn and subscribed before
me this 21 day of January, 20 21,

by _____
who is personally known to me or who has produced

_____ as identification
Notary Public [Signature]

Note: Mail or hand deliver to the designated Bureau of Administrative Reviews office, Department of Highway Safety and Motor Vehicles, with the driver's license, the appropriate copy of the UTC, and the probable cause affidavit.

WITNESS LIST

CASE NUMBER: DELRAY BEACH PD #21-000864

ARRESTING OFFICER: OFC. WINDSOR #1029 DELRAY BEACH POLICE DEPARTMENT

ADDRESS: 300 W ATLANTIC AVE DELRAY BEACH, FL 33444

PHONE NUMBERS (HOME): _____ (WORK) 561-243-7800

CAN TESTIFY TO: DUI PC

NAME: K9 OFC. MINTUS #989 DELRAY BEACH POLICE DEPARTMENT

ADDRESS: 300 W ATLANTIC AVE. DELRAY BEACH, FL 33444

PHONE NUMBERS (HOME) _____ (WORK) 561-243-7800

CAN TESTIFY TO: TRAFFIC STOP

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: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

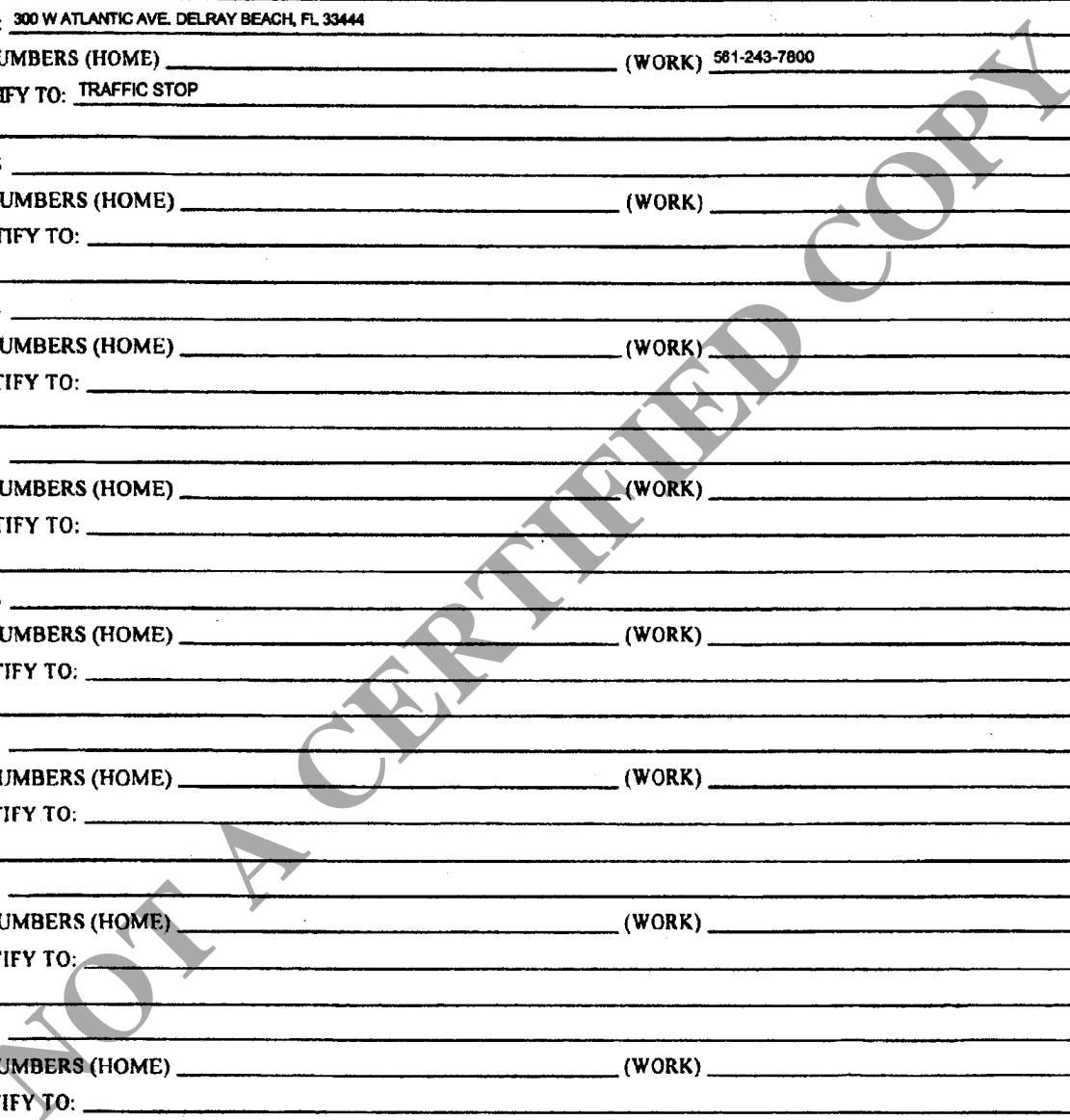
CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____





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

PBSO CASE # 21-027527 PBSO ZONE 4-11

AGENCY CASE # 21-000864 CRASH CASE # N/A

TIME OF STOP/CRASH 0128 DATE 01/21/21 DAY THURSDAY

SUBJECT'S NAME PAPPAS, GEORGIOS RACE W SEX M

HGT 5'09" WGT 165 DOB 01/27/1980

LOCATION 200 BLOCK SE 2ND AVE, DELRAY BEACH, FL

ARRESTING OFFICER'S NAME & ID WINDSOR #1029 AGENCY DELRAY BEACH PD

DIVISION: CRD

NOTIFIED BY COMMO YES

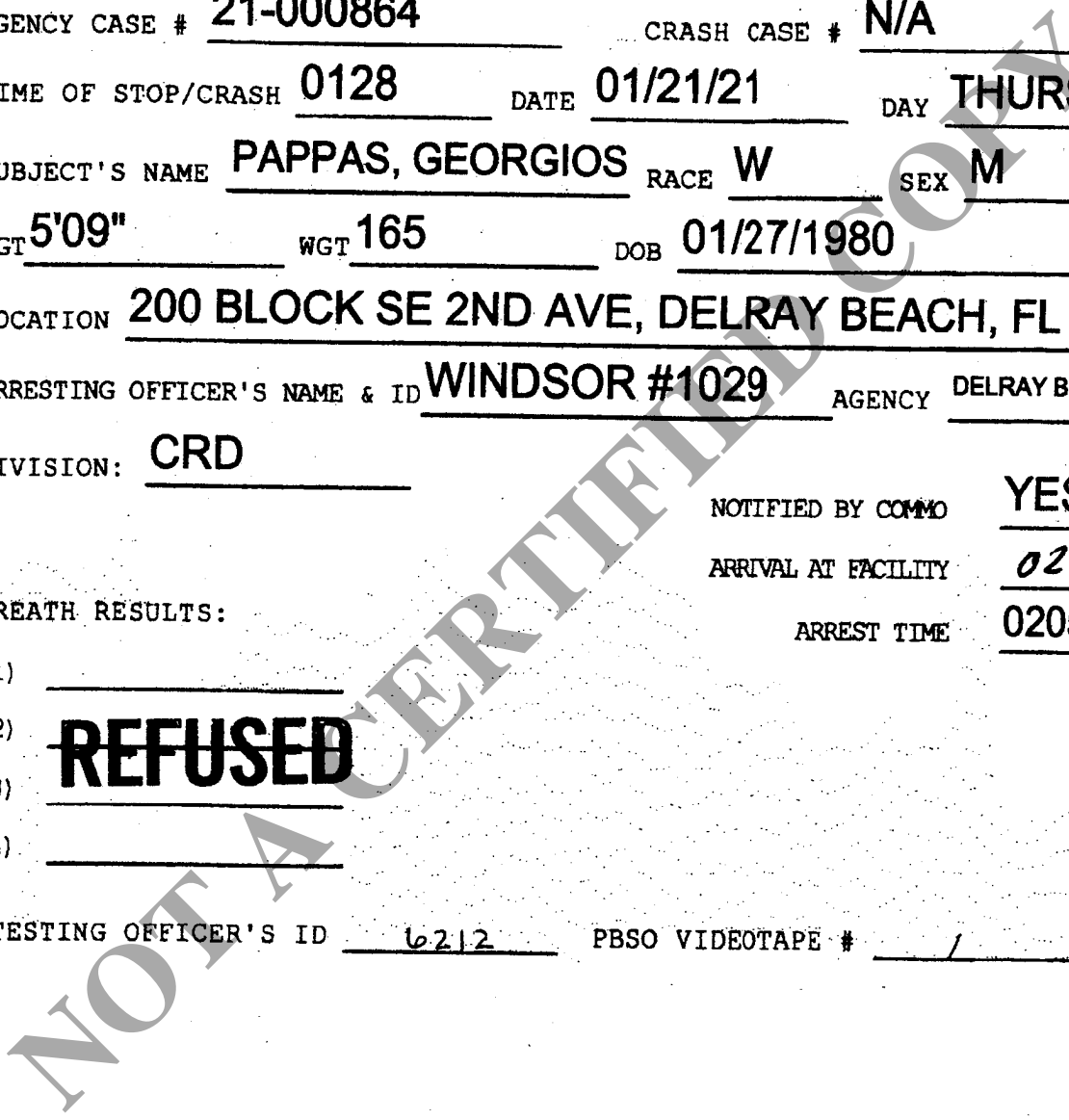
ARRIVAL AT FACILITY 0245

ARREST TIME 0205

BREATH RESULTS:

- 1) _____
- 2) **REFUSED**
- 3) _____
- 4) _____

TESTING OFFICER'S ID 6212 PBSO VIDEOTAPE # /



TESTING FACILITY TASK REPORT

AGENCY: DBPD OFC. WINDSOR #1029

SUBJECT: PAPPAS, GEORGIOS

CASE NUMBER: 21-027527

DATE: 01-21-21

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 0306 HRS

ENDING TIME: 0316 HRS

BREATH TESTS RESULT

REFUSED

1) 0306 HRS

A.M. P.M.

2) TIME A.M. P.M.

3) TIME A.M. P.M.

4) TIME A.M. P.M.

BREATH OPERATOR: S.O'NEAL #6212

MAINTENANCE TECHNICAN: J. KARLECKE #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: ACCENT, SLURRED

ATTITUDE: CALM, QUIET

CLOTHING: JACKET- BLACK SHIRT- BLACK PANTS- BLUE JEANS

MEDICAL CONDITIONS: NONE / NO ALLERGIES

MEDICATIONS: NONE

OTHER:

EYES: BLOODSHOT, GLASSY

FACE: FLUSHED

COMMENTS:

20 MIN. OBSERVATION DONE BY A/O WINDSOR #1029
A/O REQUESTED THE BREATH TEST.
D WAS GOING AROUND AND AROUND ABOUT THE BREATH REQUEST.
A/O READ THE IMPLIED CONSENT ON CAMERA.
D KEPT STATING HE NEEDED AN INTERPRETER.
D STATED HE HAD AN ALLERGY TO PLASTIC ON CAMERA.
A/O ASKED HIM AGAIN ABOUT SUBMITTING TO THE BREATH REQUEST.
TAKEN AS A REFUSAL.
A/O READ THE C/W ON CAMERA.
NO Q&A ATTEMPTED, D ASKED FOR AN ATTORNEY.
VIDEO CONCLUDED.
A/O GAVE THE D AN ALTERNATIVE TO THE BREATH TEST.
A/O REQUESTED BLOOD FROM THE D ON HIS BODY CAM.
IMPLIED CONSENT READ FOR BLOOD.
REFUSAL FOR BLOOD AT 0340 HRS.

ATLANTA, GEORGIA

CASE NUMBER

100

STATEMENT OF SUBJECT IN A MOTION VEHICLE

STATEMENT OF SUBJECT TO THE BEST OF HIS KNOWLEDGE AND BELIEF

STATEMENT OF SUBJECT OF YOUR URINE FOR THE PURPOSES OF THIS INVESTIGATION

OR

STATEMENT OF SUBJECT OF YOUR URINE FOR THE PURPOSES OF THIS INVESTIGATION

OR

STATEMENT OF SUBJECT OF YOUR BLOOD FOR THE PURPOSES OF THIS INVESTIGATION

STATEMENT OF SUBJECT OF YOUR BLOOD FOR THE PURPOSES OF THIS INVESTIGATION

Richard Wilson of the *Police Department*

I hereby certify that the above is a true and correct copy of the original statement of the subject as given to me on this date.

SUBJECT'S SIGNATURE (S)

Richard Wilson

CONSTITUTIONAL WARNING

YOU HAVE THE RIGHT TO REMAIN SILENT. ANY STATEMENT YOU MAKE CAN BE USED AGAINST YOU IN COURT.

YOU HAVE THE RIGHT TO TALK TO A LAWYER FOR ADVICE BEFORE YOU ANSWER ANY QUESTIONS. IF YOU CANNOT AFFORD A LAWYER, ONE WILL BE APPOINTED FOR YOU BEFORE ANY QUESTIONING IF YOU WANT.

IF YOU ARE ARRESTED, YOU WILL BE ADVISED OF YOUR RIGHTS AND WILL BE GIVEN AN OPPORTUNITY TO STOP AT ANY TIME.

YOU HAVE THE RIGHT TO STOP ANSWERING QUESTIONS AT ANY TIME. YOU WILL BE STOPPED AT THE END OF EACH INTERVIEW.

YOU HAVE THE RIGHT TO STOP ANSWERING QUESTIONS AT ANY TIME. YOU WILL BE STOPPED AT THE END OF EACH INTERVIEW.

IF YOU ARE ARRESTED, YOU WILL BE ADVISED OF YOUR RIGHTS AND WILL BE GIVEN AN OPPORTUNITY TO STOP AT ANY TIME.

YOU HAVE THE RIGHT TO STOP ANSWERING QUESTIONS AT ANY TIME. YOU WILL BE STOPPED AT THE END OF EACH INTERVIEW.

YOU HAVE THE RIGHT TO STOP ANSWERING QUESTIONS AT ANY TIME. YOU WILL BE STOPPED AT THE END OF EACH INTERVIEW.

Richard Wilson

MS, 6206103

CASE NUMBER: DB/D 31-00063

QUESTIONS AND ANSWERS

PLEASE READ THESE QUESTIONS WITH THESE RIGHTS MINDING YOU MAY ANSWER THEM OR NOT AT THE FOLLOWING POINTS IN YOUR LIFE

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

WHAT TYPE OF VEHICLE WERE YOU IN?

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 IS YOUR OCCUPATION AND YOUR BUSINESS? _____

WHERE DID YOU TAKE IT? _____ WHAT DID YOU EAT? _____

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS?

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

HOW MUCH? _____ WHERE? _____ WITH WHOM? _____

WHAT DID YOU DRINK FIRST TODAY? _____ AND YOUR LAST DRINK? _____

HOW MUCH DID YOU DRINK 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? _____ WHEN? _____

WHAT TIME OF DAY ARE YOU IN? _____ WHEN DID YOU _____

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

ARE YOU SURE OF THIS? _____ 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? _____

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

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? _____ WHAT? _____

- DO YOU HAVE:
- _____ EPILEPSY?
 - _____ GLASS EYE?
 - _____ FALSE TEETH?
 - _____ EAR INFECTION?
 - _____ BURNED EAR DRUM?
 - _____ DEAFNESS?

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

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

HAVE YOU EVER BEEN A DRIVER LICENSEE IN ANY OTHER STATE? _____

INTERVIEWER: _____