

ARREST / NOTICE TO APPEAR

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

1

JUVENILE

N

OBTS Number	Agency ORI Number 0501700		Agency Name Jupiter Police Department		Agency Report Number (N.T.A.'s only) 514 17-004794	
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 Enter Type: NONE	Multiple Clearance Indicator 01	
Location of Arrest (Including Name of Business) ICP WF OF MILITARY, JUPITER FL			Location of Offense (Business Name, Address) 2999 MILITARY TRL/INDIAN CREEK PKWY, JUPITER, FL			
Date of Arrest 10/08/2017	Time of Arrest 02:00	Booking Date 10/08/2017	Booking Time 02:10	Jail Date	Jail Time	Location of Vehicle EAST COAST TOWING
Name (Last, First, Middle) KEY, BENJAMIN CHAD						
Alias: Alias (Name, DOB, Soc. Sec. #, Etc.)						
Race W - White B - Black	I - American Indian O - Oriental/Asian	Sex M	Date of Birth 11/09/1974	Height 6'04	Weight 220	Eye Color BLUE
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) TATT BOTH ARM / TRIBAL		Marital Status M	Religion	Indication of: Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/> Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>		Complexion MEDIUM
Local Address (Street, Apt. Number) 197 VIA ROSINA, JUPITER, FL 33458		(City)	(State)	(Zip)	Phone (918) 633-4043	Residence Type: 1. City 3. Florida 2. County 4. Out of State 1
Permanent Address (Street, Apt. Number) 197 VIA ROSINA, JUPITER, FL 33458		(City)	(State)	(Zip)	Phone (918) 633-4043	Address Source DL
Business Address (Name, Street)		(City)	(State)	(Zip)	Phone	Occupation Plait
D/L Number, State K00063744090 / FL	Soc. Sec. Number	INS Number	Place of Birth (City, State) TULSA, OK		Citizenship US	
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)		(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 <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. Disperses/ 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	Drug Type N	Amount / Unit	Offense # 17-004794	Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number
Charge Description			Statute Violation Number		Violation of ORD #	
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number
Charge Description			Statute Violation Number		Violation of ORD #	
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number
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			PROPERTY - Received By		Released By	Released To
<input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health			Date Transported		Time Transported	Other
Transported By			Date Transported 11		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) North County PALM BEACH GARD		Court Date and Time 11/08/2017 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 10/8/17	
HOLD for Other Agency			Signature of Arresting Officer <i>[Signature]</i>		Name Verification (Printed by Arrestee) 5	
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other			Name of Arresting Officer (Print) BORROWS, ANDREW		I.D. # 1138	
Intake Deputy SPAIN 8101			Transporting Officer PFC BORROWS		I.D. # Agency 380 JPD	
			Witness here: if subject signed with an "X".		PAGE 1 OF 1	

JD 473812 SCANNED 3207 #30
OCT 08 2017

ARREST / NOTICE TO APPEAR

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

1 JUVENILE A

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Alias:											
Race W - White B - Black	Sex M	Date of Birth 11/09/1974	Height 6'04	Weight 220	Eye Color BLUE	Hair Color BROWN	Complexion MEDIUM	Build L			
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) TATT BOTH ARM / TRIBAL				Marital Status M	Religion	Indication of: Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/> Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>					
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Parent <input type="checkbox"/> Other: _____ Legal Custodian <input type="checkbox"/>							Residence Phone				
Address (Street, Apt. Number)							Business Phone				
Notified by: (Name)				Date	Time	JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated					
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<input type="checkbox"/> Yes, by: _____				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
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Charge Description						Statute Violation Number		Violation of ORD #			
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number		Bond			
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Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number		Bond OCT 8 AM 4:26			
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				
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Signature of Defendant (or Juvenile and Parent/Custodian)				Date Signed 10/8/17							
HOLD for Other Agency				Signature of Arresting Officer [Signature]		Name Verification (Printed by Arrestee)					
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other				Name of Arresting Officer (Print) BORROWS, ANDREW		(PRINT)					
Intake Deputy SPAWN 8/01		I.D. #	Pouch #	Transporting Officer PFC BORROWS		I.D. # 380	Agency JPD				
Witness here if subject signed with an "X".											

JD 473812 SCANNED 3207 #30
OCT 08 2017

PROBABLE CAUSE AFFIDAVIT

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

1

JUVENILE

OBTs Number		Agency ORI Number FL 0501700		Agency Name JUPITER POLICE DEPARTMENT		Agency Report Number 5 4 17-004794	
Charge Type: Check as many as apply.		Special Notes:		Race		Sex	
<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				W		M	
Name (Last, First, Middle) KEY, BENJAMIN CHAD				Date of Birth 11/09/1974		Alias	
Charge Description DUI 316.193(1)		Charge Description		Charge Description		Charge Description	
Victim's Name (Last, First, Middle)				Race		Sex	
Local Address (Street, Apt. Number)				City		State	
Business Address (Name, Street)				City		State	
<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.</p> <p>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.</p> <p><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>8</u> day of <u>October</u>, <u>2017</u> at <u>01:40</u> (Specifically include facts constituting cause for arrest.)</p> <p>On the above date at approximately 0140 hours, I was traveling south on Military Trail, in the Town of Jupiter, Palm Beach County, Florida.</p> <p>I observed a 2004 Jeep bearing Florida License Plate 2890XB traveling south in the right hand through lane, directly in front of me. As I observed the vehicle, I noticed the vehicle was traveling at a speed of between 10 and 15 miles per hour under the posted speed limit. When the vehicle was in the area of the Maplecrest neighborhood, it swerved to its right, and both passenger side tires crossed the solid white line separating the road from the bicycle lane. As the vehicle turned west on Indiancreek Parkway, I initiated a traffic stop. I made contact with the driver, identified to me as Benjamin Key.</p> <p>I immediately noticed that Key had bloodshot, glassy eyes. I could smell the odor of an unknown alcoholic beverage on his breath that got stronger as he spoke. Key was slurring his speech. Key apologized several times as I spoke to him. I asked Key how much he'd had to drink, and he replied, "I've had a few". I repositioned my vehicle in order to conduct Standardized Field Sobriety Tasks. I then had Key exit his vehicle. Key mentioned several times as I spoke to him that he was very close to his house. When I asked Key how much "a few" was, Key stated he'd had 3-4 beers. Key stated he was at Average Joe's Bar. Key asked several times to park his vehicle and go home. I asked Key to participate in SFSTs. Key demurred and attempted to negotiate a way to go home. I advised Key of his Taylor Warnings. Key stated he didn't know what to do. I advised Key of the general nature of the roadside tasks and that they were to help me gauge his level of impairment. Key continued to appear unsure. I asked Key for a decision, with his Taylor Warnings in mind. Key refused to complete roadsides.</p> <p>Based on my observations of Key to that point, including his refusal to complete roadsides, I placed Key under arrest for DUI. I ordered Key to place his hands behind</p>							
SWORN AND SUBSCRIBED BEFORE ME				SIGNATURE OF ARRESTING / INVESTIGATING OFFICER			
NOTARY PUBLIC / CLERK OF COURT QUE OWEN State of Florida-Notary Public Commission # FF093160 My Commission Expires May 30, 2018				BORROWS, ANDREW (1138) NAME OF OFFICER (PLEASE PRINT)			
DATE 10/08/2017				DATE 10/08/2017			
ADMINISTRATIVE				PAGE 1 OF 2			

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

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

OBTS Number	Agency ORI Number FL 0501700		Agency Name JUPITER POLICE DEPARTMENT	Agency Report Number 5 4 17-004794
Charge Type: Check as many as apply.				Special Notes:
<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

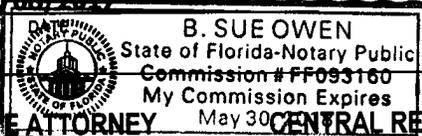
Name (Last, First, Middle) KEY, BENJAMIN CHAD	Alias	Race W	Sex M	Date of Birth 11/09/1974
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his back. I secured Key in handcuffs, which I checked for spacing and double locked. I secured Key in the back of my police vehicle and shortly thereafter I transported him to the Palm Beach County Breath Alcohol Testing Facility. I conducted a 20 minute observation period. I then requested that Key provide a sample of his breath. Key again demurred. I read Key Implied Consent from a prepared text. Key indicated he was unsure of the meaning and I broke down each sentence into other words. Key prevaricated and asked several other questions. Key eventually declined to provide a sample. I then read Key his Miranda Rights from a prepared text, which he indicated he understood. Key declined to continue without a lawyer present. I then secured Key in a holding cell while I completed my paperwork. I subsequently booked Key into the Palm Beach County Jail, where I charged him with DUI per FSS 316.193(1).

PROBABLE CAUSE STATEMENT

NOT A CERTIFIED COPY

SWORN AND SUBSCRIBED BEFORE ME	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER <i>[Signature]</i>
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)	BORROWS, ANDREW (1138) NAME OF OFFICER (PLEASE PRINT)
10/08/2017	10/08/2017 DATE



WITNESS LIST

CASE NUMBER: 17-004794

ARRESTING OFFICER: PFC Andrew Borrows

ADDRESS: 210 Military Trail, Jupiter Florida 33458

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

CAN TESTIFY TO: PC

NAME: Officer Craig Yochum 383

ADDRESS: 210 Military Trail, Jupiter Florida 33458

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

CAN TESTIFY TO: Scene, Supplement

NAME: Officer Riley Schneider

ADDRESS 210 Military Trail, Jupiter Florida 33458

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

CAN TESTIFY TO: Inventory and Tow of vehicle

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) 0 _____ (WORK) 0

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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CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

SCANNED

OCT 08 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.

SCANNED
OCT 08 2017

SUSPECT'S SIGNATURE: (X) _____

SUBJECT: _____ CASE NUMBER: _____ 779

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? _____

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

SCANNED
OCT 11 8 2017

TESTING FACILITY TASK REPORT

AGENCY: _____

SUBJECT: _____ CASE NUMBER: _____

DATE: _____ VIDEO TAPE NUMBER: _____

BEGINNING TIME: _____ ENDING TIME: _____

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

BREATH OPERATOR: _____

MAINTENANCE TECHNICIAN: _____

TESTING OFFICER'S OBSERVATIONS

SPEECH: _____

ATTITUDE: _____

CLOTHING: _____

MEDICAL CONDITIONS: _____

MEDICATIONS: _____

OTHER: _____

COMMENTS: _____

NOT A CERTIFIED COPY

SCANNED
OCT 08 2017