



FLORIDA HIGHWAY PATROL

J#0483951

PCH#2898

REPORT NUMBER  
FHP99ARR123562

## ARREST REPORT

Report Date / Time 12/27/2016 01:23 AM	Agency Case/Offense Number FHPL16OFF095501	OCA Number 10000000000000000000000000000000	Officer Number Case Number 100123878A	OBTS Number Offender Based Transaction System	Jail Booking Number	Other Number LWRC16CAD223407
---	---	--	---	---	---------------------	---------------------------------

## LOCATION OF OCCURRENCE

County PALM BEACH	Address SB I-95 (SR-9) AT FOREST HILL BLV , WEST PALM BEACH , FL 33405
Range of Occurrence Date/Time 12/27/2016 12:41 AM to 12/27/2016 02:30 AM	Latitude N 26 39.3186

## PERSON: SUSPECT

First Name BRIAN	Middle Name D	Last Name SHUNK	Suffix	Date of Birth 12/08/1976	Age 40	Race W	Sex M	Height 605	Weight 240	Hair GRY	Eyes BLU
Master Name Index Number	Place of Birth SUMMIT NJ	Nation US		SSN S620064764480	Driver's License or Other ID FL	State E	Class or Type FL				
Address 2307 ASPEN WAY	City BOYNTON BEACH	County			State FL	Zip Code 33436	Phone				

## CHARGES

Counts 1	Charge Number 316.193.1	Charge DUI-UNLAW BLD ALCH	
Charge Degree	Charge Level MISDEMEANOR	General Offense Code PRINCIPAL	<input type="checkbox"/> Hate Crime <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Bond Amount \$0.00
DUI ALCOHOL OR DRUGS			

## PROBABLE CAUSE

On the referenced date and approximate time I was dispatched to a medical alert on southbound I-95 (State Road 9) at the Forest Hill Blvd Exit ramp. The Medical alert was described as a male in the left turn lane slumped over / passed out in the drivers seat. Upon arrival I observed a white male in actual physical control of a Volkswagen Passat, sitting in the drivers seat with the engine running in the outside left turn lane. The driver identified himself as the registered owner of the vehicle as Brian D Shunk. Shunk could not find his drivers license and said it might be in the Golf Club Bag in the trunk but upon inventory of the vehicle there was no golf club bag in the vehicle. When asked where Shunk was coming from he stated Golfing. Shunk stated he was done golfing at 9pm. When asked what he did between golfing and now, Shunk stated he had dinner at his friends house.

An independent witness, Thomas Rothrock stated Shunk was slumped over the wheel passed out. Rothrock put his vehicle in front of Shunks at the stop light and he said Shunk woke up and tapped the back of his vehicle with his front bumper but no damage occurred.

Fire rescue was on scene and sated there was no medical issue with Shunk.

While speaking to Shunk he was observed to have a strong odor of an alcoholic beverage coming from him. Shunk was also observed to have:

- Bloodshot eyes
- Slurred speech
- Trouble finding his license
- Gum, Mints or Candy in his mouth in an apparent attempt to mask the odor of the alcoholic beverage When asked, Shunk agreed to submit to a series of field sobriety exercises.

## Horizontal Gaze Nystagmus Exercise

Prior to beginning the Exercise it was determined Shunk was not wearing contacts. Shunk's eyes were checked and his eyes displayed equal tracking and his pupils were equal sizes. Shunk stated he had googly eyes but no medical term deemed by a physician. Shunk was instructed to following the stimulus with his eyes only, keeping his head still. After stating he understood the instructions Shunk attempted this Exercise.

The results of this Exercise displayed 6 of the 6 possible clues.

- A lack of Smooth Pursuit in his left eye.
- A lack of Smooth Pursuit in his right eye.
- A distinct and sustained nystagmus in the left eye at maximum deviation.
- A distinct and sustained nystagmus in the right eye at maximum deviation.
- An onset of nystagmus in the left eye prior to 45 degrees.
- An onset of nystagmus in the right eye prior to 45 degrees.

While performing the Horizontal Gaze Nystagmus Exercise, it was observed that Shunk:

- Swayed while standing.

## Walk and Turn Exercise

Prior to attempting this Exercise, Shunk indicated he did not have any medical problems that would have prevented him from performing the Exercise. Shunk was instructed to put his left foot on the line and his right foot in front of it with his right heel touching the toe of his left foot. He was instructed to stand in this manner with his hands to his sides until the Exercise instructions were completed and the Exercise demonstrated. Shunk was instructed not to begin the Exercise until told to start. He was instructed to take nine steps along the line in a heel-to-toe manner. After the ninth step he was to stop and turn around keeping his lead foot on the ground, taking several small steps with the other foot to turn around. After turning around he was to take nine steps in a heel-to-toe manner back along the line, in the direction he had come from. Shunk was further instructed to watch his feet at all times while walking, keep his arms down to his side, and to count his steps out loud. After the Exercise was demonstrated Shunk stated he understood the instructions and was instructed to begin the Exercise.

- After attempting the Walk and Turn Exercise Shunk displayed 6 of 8 possible clues.

## Walk and Turn Exercise observations:

- On the first set of steps Shunk failed to walk in a heel-to-toe manner on 4 steps, failing to walk heel-to-toe on steps 1, 2, 4, & 5. Shunk then stepped off the line on 1 step, stepping off the line on step 5. Shunk stopped then went back to the beginning of the line and started again.
- On the first set of steps Shunk failed to walk in a heel-to-toe manner on 7 steps, failing to walk heel-to-toe on steps 3, 4, 5, 6, 7, 8, and 9. Shunk then stepped off the line on 1 step, stepping off the line on step 11.
- On the second set of steps Shunk failed to walk in a heel-to-toe manner on 8 steps, failing to walk heel-to-toe on steps 2, 3, 4, 5, 6, 7, 8, and 9. Shunk then

2016 DEC 27

- Stepped off the line on 3 steps, stepping off the line on steps 4, 5, 9, and 10.
- Was unable to stand in a heel-to-toe manner while the instructions to the Exercise were given.
- Lost his balance while walking.
- Turned incorrectly.
- Failed to count his steps out loud.
- Took the incorrect number of steps on the first set of 9 steps (up)
- Took the incorrect number of steps on the second set of 9 steps (back)
- Stopped while walking.

#### One Leg Stand Exercise

Prior to attempting this Exercise, Shunk indicated he did not have any medical problems that would have prevented him from performing the Exercise. Shunk was instructed to stand with his heels together and hands down to his sides while the instructions were given and during the Exercise. Shunk was instructed not to begin the Exercise until he was instructed to start, and after the Exercise had been demonstrated. When instructed to start, he was to raise the foot of his choice off the ground approximately 6 inches. While his leg was raised he was to keep his leg straight, watch his raised foot, and to count out loud by thousands (one thousand one, one thousand two, one thousand three...) and to continue the Exercise until told to stop (30 seconds). After this Exercise was demonstrated and indicating he understood the instructions Shunk attempted this Exercise.

When Shunk attempted this Exercise he raised his left foot.

The result of this Exercise displayed 3 of the 4 possible clues.

During this Exercise Shunk:

- Swayed during the Exercise.
- Used arms for balance.
- Put his foot down (4 time(s) during the Exercise).

Additionally, during the One Leg Stand Exercise, Shunk was observed to:

- Fail to count out loud correctly by thousands as instructed.

#### Finger to Nose

Prior to attempting this exercise, Shunk indicated he did not have any medical problems that would have prevented him from performing the exercise. Shunk was instructed to touch the tip of his nose with the tip of his finger with his right or left pointer finger when instructed and then immediately place his hand back down to his side with his head tilted back and his eyes closed during the exercise. The exercise was demonstrated and Shunk stated he had no questions. Shunk was observed to touch above the tip of his nose with the side of his left finger, touch below the tip of his nose with the side of his right finger, touch above the tip of his nose with the side of his left finger, touch above the tip of his nose with the side of his right finger, touch above the tip of his nose with the side of his right finger, and touch above the tip of his nose with the side of his left finger.

#### Rhomberg Balance

Shunk was instructed to stand with his feet together and hands flat against his side. Shunk was to tilt his head back and close his eyes. While standing in this manner, Shunk was instructed to begin to estimate the passing of 30 seconds in his head and when he was finished estimating the passing of 30 seconds he was to open his eyes and say Stop. Shunk stated he understood the instructions and had no questions. When Shunk attempted this exercise, he estimated the passage of 30 seconds until the exercise was stopped at 1 minute 30 seconds. Shunk swayed front to back and left to right approximately 2". When asked how long he estimated Shunk first stated 45 seconds then stated 35 seconds and counted by Mississippi's.

A sample of Shunks breath was requested at 2:23am to which Shunk asked if he could call his attorney. Shunk was read implied consent to which he agreed to provide a sample of his breath. Shunk asked if he could use the restroom and I explained we would be done in 4 minutes and Shunk said he was ok. Shunk provided two breath samples which resulted in a first breath sample of .200. After the first breath sample Shunk stated he really had to use the restroom and he started urinating in his shorts. Shunk was accompanied to the bathroom to relieve himself and he the returned to provide a second sample of his breath of .206. At no time while using the restroom did Shunk put anything in his mouth or touch the water.

Shunk was read Miranda at 2:33am to which he asked to speak to his attorney. No questions were asked at this time.

#### LEO BOND

Bond Amount \$	None	<input type="checkbox"/> ROR	<input type="checkbox"/> Cash	<input type="checkbox"/> Any	<input type="checkbox"/> PreTrial If Qualify
<u>TO BE SET</u>	<input type="checkbox"/> Pro				<input type="checkbox"/>

#### COURT APPEARANCE INFORMATION

Court (CIRCUIT) PALM BEACH NORTH COUNTY COURTHOUSE	Court Phone 561-624-6608	Court Date & Time 12/28/2016 01:30 PM
Court Address 3188 PGA BLVD., PALM BEACH GARDENS, FL 33410		
Instructions		

#### ARREST INFORMATION

Arrest Date / Time 12/27/2016 01:23 AM	Residency Within jurisdiction	Injured None	Extent of Injury N/A	Resist Arrest No
Prior Arrests Yes	Arrest Jurisdiction Within jurisdiction	Alcohol Yes	Drugs No	

#### ARREST LOCATION

County PALM BEACH	Address SB I-95 (SR-9) AT FOREST HILL BLV , WEST PALM BEACH , FL 33405
----------------------	---

#### ARREST DELIVERED TO

Jail / Booking Facility PALM BEACH COUNTY CORRECTIONS	Location 3228 GUN CLUB ROAD, WEST PALM BEACH, FLORIDA 33406	Phone (561) 688-4400
--	--	-------------------------

8/22

## ARRESTING OFFICER

Officer Call Number    Officer Name  
1251                    R.E. WEBER

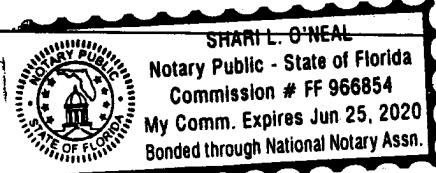
Officer Signature

Subscribed and sworn to (or affirmed) before me this 27<sup>th</sup> day of December A.D., 2016 by Ronald L. Weber who is personally known to me or  
has produced Mr. O'Neal as identification.

Signature

Notary Public  LEO  CO Commission No: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_



NOT A CERTIFIED COPY

Florida Department of Highway Safety  
and Motor Vehicles

FLORIDA HIGHWAY PATROL



DUI INVESTIGATION  
CASE REPORT

Offense Date: 12/27/16

Report Date: 12/27/16

FHP Case #: FHPL16OFF095501

THI Case #: \_\_\_\_\_

Defendant Name: BRIAN D SHUNK

Incident Type / Charges: S1 / DUI

Arresting Trooper: RONALD WEBER TROOPER 3011

Print Name, Rank, and ID #

  
Signature

Reviewing Supervisor: \_\_\_\_\_  
Print Name, Rank, and ID # \_\_\_\_\_ Signature \_\_\_\_\_

Test Type:  Blood  Breath  Urine  Refusal  None

Video:  Yes  No      Drug Recognition Evaluation:  Yes  No

State Attorney Copy  DL Administrative Packet  E/P Copy  Station Copy

Trooper Copy  Other (Specify): \_\_\_\_\_



**FLORIDA HIGHWAY PATROL**  
**DUI CASE REPORT CHECKLIST**

Defendant Name: BRIAN D SHUNK  
FHP Case#: FHPL16OFF095501  
THI Case#: \_\_\_\_\_  
Offense Date: 12/27/16  
Report Date: 12/27/16

- Cover Sheet (HSMV 61295)
- Table of Contents (HSMV 61305)
- DUI Case Report Checklist (HSMV 61306)
- Copy of DUI Citation (Hard Copy - Specific DUI UTC for DL Packet)
- BAR Waiver Review Notice – Copy Issued with DUI UTC for 1<sup>st</sup> Time DUI Offenders
- Copy of All Other Traffic Citations, Written Warnings, & Faulty Equipment Notices
- Completed UTC Transmittal Form (HSMV 75954)
- Original DL, If Surrendered (Submit with DL Packet); Copy for Others
- Copy of Identification Card, If No DL
- Arrest Report / Probable Cause Affidavit
- Offense Report
- Alcohol and Drug Influence Report (HSMV 61160)
- Standardized Field Sobriety Exercises Instruction Sheet  Copy of SFSEs Pocket Cards
- Implied Consent (HSMV 61299 / 61301)  Copy of Implied Consent Pocket Card (HSMV 61304)
- Breath Alcohol Test Affidavit (FDLE / ATP Form 38)
- Consent to Voluntary Blood Withdrawal (HSMV 61296)
- Search / Arrest Warrant (Missouri v. McNeely)
- Certificate of Blood Withdrawal (FDLE / ATP Form 11)
- Toxicology Services - DUI Lab Work Request (FDLE / T Form 01) or Other Lab's Request Form
- FDLE or Other Laboratory Results
- Refusal to Submit Affidavit (HSMV 78054) (Submit Original with DL Packet)
- Miranda Warning (HSMV 61297 / 61298)  Copy of Miranda Warning Pocket Card (HSMV 61300)
- DAVID / FCIC-NCIC Printout (DL & Vehicle)
- Criminal History
- Evidence/Property Receipt (HSMV 61802 / IEvidence)
- Tow Report / Inventory and Vehicle Storage Receipt (HSMV 61801)
- Florida Traffic Crash Report (HSMV 90003/4/5)
- Witness List (HSMV 62704) / Witness Interview (HSMV 62705)
- Notification of DL Hearing (HSMV 61170)
- Affidavit of Investigative Costs (HSMV 61303)
- Copy of Audio/Video Recording (DVD) Attached  Audio/Video Recording On File
- Copy of Photographs Attached  Photographs On File
- Consent to Search (HSMV 61061)
- Drug Interdiction Reporting Form (HSMV 60105)
- Notice of Seizure / Right to Adversarial Hearing (HSMV 61023)
- FHP CAD Call History
- Other (specify): \_\_\_\_\_
- Any Items Required By Local Jurisdiction (see below): \_\_\_\_\_

**Traffic Warning**

COUNTY OF  
**PALM BEACH**  
CITY OF (IF APPLICABLE)

AGENCY  
**FLORIDA HIGHWAY PATROL**

DAY OF WEEK    MONTH    DAY    YEAR    TIME OF DAY  
**Tuesday    December    27    2016    1:23 AM**

**WARNING ISSUED TO**

NAME (FIRST MIDDLE LAST)

**BRIAN D SHUNK**

ADDRESS

**2307 ASPEN WAY**

CITY

**BOYNTON BEACH**

STATE ZIP CODE

**FL 33436**COMPANION  
CITATION 

TELEPHONE NUMBER

DATE OF BIRTH & AGE  
**12/8/1976 40**DRIVER NUMBER  
**S520064764480**LICENSE STATE CLASS / TYPE  
**OR FL E**

CDL EXPIRES ON

**12/8/2022****VEHICLE**VEHICLE TAG STATE EXPIRES ON  
**803QLP FL 12/8/2017**COMMERCIAL HAZMAT 

YEAR MAKE MODEL

STYLE **2012 VOLK**COLOR 

VEHICLE VIN TRAILER TAG STATE

**BLU****LOCATION**UPON A PUBLIC STREET OR HIGHWAY OR OTHER LOCATION, NAMELY  
**SOUTHBOUND I-95 (STATE ROAD 9) FOREST HILL BLVD EXIT RAMP****WARNINGS**

OBSTRUCT ROADWAY IMPEDE TRAFFIC

RANK / SIGNATURE AND IDENTITY OF OFFICER  
**TROOPER R.E. WEBER**ORG / UNIT **L** I.D. NUMBER **3011**  
**OFFICER COPY***4/22*

## FLORIDA CITATION TRANSMITTAL FORM

<p>Transmitted to: CLERK OF COURT - TVB  <b>PALM BEACH COUNTY</b></p> <hr/> <hr/> <hr/>	<input type="checkbox"/> By Mail <input type="checkbox"/> In Person <input type="checkbox"/> Other <small>(Explain Under Remarks)</small>	Transmitted By: <b>R.E. WEBER</b> <b>TROOPER 3011</b> <b>L</b> Enforcement Agency: <b>FLORIDA HIGHWAY PATROL</b> Address: <b>P.O. BOX 540007, GREENACRES, FL 33454</b> Date: <b>12/27/2016</b>
---	---	---

The below listed complaint and abstract copies of citations issued by the above are transmitted herewith for court action as required by 316.650 (3) F.S.

CITATION NUMBER	DATE ISSUED	COURT COPIES ATTACHED YES NO	BLUE COPY PREVIOUSLY SENT YES NO	REMARKS	CITATION NUMBER	DATE ISSUED	COURT COPIES ATTACHED YES NO	BLUE COPY PREVIOUSLY SENT YES NO	REMARKS
-----------------	-------------	---------------------------------	-------------------------------------	---------	-----------------	-------------	---------------------------------	-------------------------------------	---------

6157-XBS	12/27/2016				DUI
----------	------------	--	--	--	-----

NOT A CERTIFIED COPY

Total Number of Citations Attached: 1      Received By: \_\_\_\_\_ Date: \_\_\_\_\_

THE ABOVE LISTED CITATION COPIES ARE SUBMITTED HEREWITH ON 12/27/2016  
AS PROVIDED IN 316.650 FLORIDA STATUTE. (DATE)

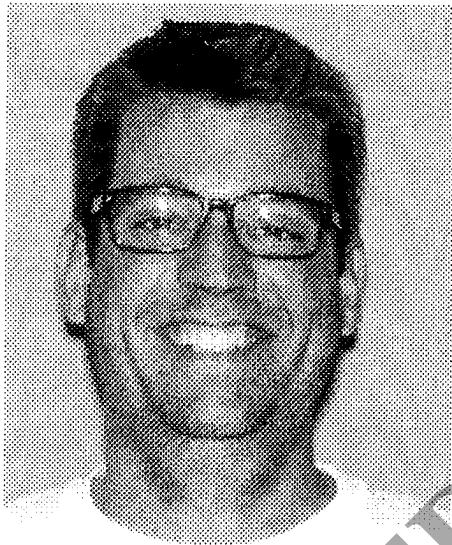
Prepared By: BUREAU OF UNIFORM TRAFFIC CITATIONS / Division of Driver Licenses  
DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES

HSMV 75954 (REV. 7/05) S  
Revised 07-2007

Page 1 of 1

S of 22

**CIC Vehicle Owner by OLN: S520064764480**



FDQ FL05092M0S520064764480

--DHSMV--

Y

S-520-064-76-448-0

BRIAN,D,SHUNK

2307 ASPEN WAY

BOYNTON BEACH

FL 33436

2307 ASPEN WAY

BOYNTON BEACH

FL 33436

TYPE LIC: CLASS E OPERATOR

DOB: 12/08/1976 HT: 605 RACE: W SEX: M

CURRENT LICENSE ISSUED: 04/23/2014 EXPIRES: 12/08/2022 REP. LIC. ISSUED 08/25/15

VALID LICENSE

SOC SEC: [REDACTED]

PRIOR SUSPENSION FOR REFUSAL TO SUBMIT TO LAWFUL TEST OF BREATH, URINE, BLOOD

END OF DDL/DHSMV RESPONSE

**CIC Vehicle Owner by OLN: S520064764480**

QW FL05092M0BRIAN

D

SHUNK

19761208MW

--FCIC HIT RESPONSE--

#NAME HIT (89)#[REDACTED]

IMMEDIATELY CONFIRM WARRANT AND EXTRADITION WITH ENTERING AGENCY

WANTED PERSON

6 of 22

**Florida Highway Patrol**  
**ALCOHOL AND DRUG INFLUENCE REPORT**

Case Number: **FHPL16OFF095501**  
Offense Location: **SB I-95 (SR-9) EXIT RAMP TO FOREST HILL BLVD**  
Arresting Trooper / ID#: **RONALD WEBER** TROOPER 3011  
Defendant: **BRIAN D SHUNK** 12/08/1976  
(Name) DOB

Offense Date: **12/27/18** Time: **1:01**  AM  PM  
Arrest Date: **12/27/18** Time: **1:23**  AM  PM  
Crash:  Yes  No  
In Car Video Used:  YES  NO  
DUI Citation Number: **6157-XBS**

**PHASES OF DETECTION**

**Phase 1 - Vehicle in Motion:** (If more than 12 total lines of type in Phases of Detection Section use Narrative Continuation page of this form)

**SEE ARREST REPORT**

**Phase 2 - Physical Contact:**

**SEE ARREST REPORT**

**Phase 3 - Pre-Arrest Screening:**

**SEE ARREST REPORT**

**Traffic Crash Details:**

**NA**

**DUI DETECTION DRIVING CUES**

Not Applicable - Traffic Crash Investigation

**Problems In Maintaining Proper Lane Position:**

Weaving  Weaving Across Lane Lines  Drifting  Straddling a Lane Line  Swerving  Almost Striking Object or Vehicle  
 Turning With Wide Radius

**Speeding and Braking Problems:**

Braking Erratically (too far/short/jerky)  Unnecessary Acceleration/Deceleration  Varying Speed  
 Driving 10mph or More Below Speed Limit

**Vigilance Problems:**

Driving Without Headlights  Failure to Signal/Signal Inconsistent With Actions  Driving in Opposing Lanes or the Wrong Way on a One-Way  
 Slow Response to Traffic Signals  Slow or Failure to Respond to Officer's Signals  Stopping in Lane for No Apparent Reason

**Judgment Problems:**

Following Too Closely (Tailgating)  Improper/Unsafe Lane Change  Turning Abruptly or Illegally  
 Driving on Other Than Designated Roadway  Stopping Inappropriately in Response to Officer  Inappropriate/Unusual Behavior  
 Appearing to be Impaired

**POST-STOP CUES**

Difficulty With Motor Vehicle Controls  Fumbling With DL/Registration  Difficulty Exiting the Vehicle  
 Repeating Questions/Comments  Swaying, Unsteady, or Balance Problems  Leaning on the Vehicle or Other Object  
 Slurred Speech  Slow to Respond to Officer/Officer Must Repeat  Provides Incorrect Information or Changes Answers  
 Odor of Alcoholic Beverage From the Driver

RONALD WEBER

TROOPER 3011

FHPL16OFF095501

Page 10 of 22

Trooper

HSMV 61160 (Rev.03/14)

ID Number

Case Number

# STANDARDIZED FIELD SOBRIETY EXERCISES (SFSEs)

Performed:  Yes      No - Why:  Unable       Too Impaired       Refused

Date: 12/27/16      Time: 1:11       AM       PM

Given By (Name / ID#): TROOPER RONALD WEBER 3011

Location:  Roadside/On-Scene       Parking Lot       Sidewalk/Driveway       BAT/Testing Facility       Medical Facility       Jail       Other: \_\_\_\_\_

Lighting:  Day       Night       Dusk       Dawn       Street Light       Vehicle Lights       Other: \_\_\_\_\_

Surface:  Dry       Wet       Paved       Dirt       Hard       Level       Upgrade/Downgrade       Marked Line       Other: \_\_\_\_\_

Weather Conditions:  Rain       Fog       Smoke       Wind       Ice       Other: \_\_\_\_\_

Video:  Yes       Intoxilyzer Room       BAT       In Car       Other: \_\_\_\_\_

No      Why? \_\_\_\_\_

If refused, was refusal captured on video?  Yes       No

Subject's Education Level:  None       Elementary       Middle/Junior High       High School       College       Other: \_\_\_\_\_

Subject's Ability To Understand Instructions:  Good       Fair       Poor       Unable

Wearing Glasses  Yes       No

Wearing Contacts  Yes       No

Eye Problems  Yes       No

Artificial Eye  Yes       No

Equal Pupil Size  Yes       No

Resting Nystagmus  Yes       No

Able to Follow Stimulus  Yes       No

Equal Tracking  Yes       No

## HORIZONTAL GAZE NYSTAGMUS

Lack Smooth pursuit: Left eye

Lack Smooth pursuit: Right eye

Distinct & Sustained Nystagmus at Max deviation: Left Eye

Distinct & Sustained Nystagmus at Max deviation: Right Eye

Onset of Nystagmus prior to 45 degrees: Left Eye

Onset of Nystagmus prior to 45 degrees: Right Eye

TOTAL CLUES OBSERVED (Decision point 4)

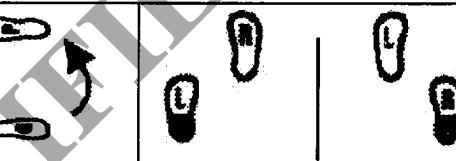
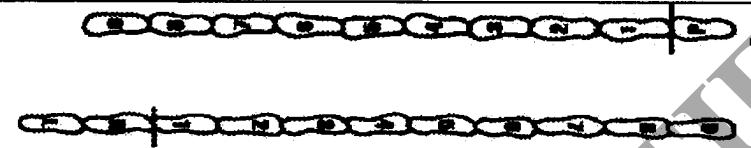
Exercise was: Performed Unsatisfactorily

## VERTICAL GAZE NYSTAGMUS Not Present

### LACK OF CONVERGENCE Select One



Draw arrows in the direction that eyes move.



Wearing Footwear During WAT  Yes       No

Wearing Footwear During OLS  Yes       No

## WALK AND TURN

Cannot keep balance while listening to instructions

Starts before instructions are finished

Stops walking to steady self

Does not touch heel-to-toe

Loses balance while walking (steps off the line)

Uses arm(s) for balance (raising arm(s) over six inches)

Incorrect number of steps

Incorrect turn or loses balance during turn

Cannot perform, subject is in danger of falling

TOTAL CLUES OBSERVED (Decision point 2)

Exercise was: Performed Unsatisfactorily

## FINGER TO NOSE (OPTIONAL EXERCISE)

Uses arm(s) for balance (raising arm(s) over six inches)

Sways forward-backward / side-to-side

Eyes do not remain closed

Brings head forward to finger

Misses tip of nose with tip of finger

Uses wrong hand

Forgets to remove finger

Cannot perform, subject is in danger of falling

Exercise was: Performed Unsatisfactorily

## RHOMBERG BALANCE (OPTIONAL EXERCISE) 1MIN 30SEC / 30 seconds

Uses arm(s) for balance (raising arm(s) over six inches)

Sways forward-backward / side-to-side

Eyes do not remain closed

Eye lid tremors

Body tremors

Cannot perform, subject is in danger of falling

Exercise was: Performed Unsatisfactorily

## ONE-LEG STAND 30 / 30 seconds

Sways while balancing

Uses arm(s) to balance (raises arm(s) over six inches)

Hops

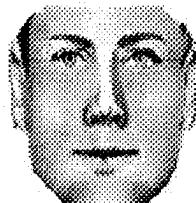
Puts foot down

Cannot perform, subject is in danger of falling

TOTAL CLUES OBSERVED (Decision point 2)

Exercise was: Performed Unsatisfactorily

Right ←———— Finger —————→ Left



Draw a line from the number to the area touched

ORDER:

1. Left	2. Right	3. Left
4. Right	5. Right	6. Left

## OBSERVATIONS

CLOTHING DESCRIPTION AND COLOR	Hat / Cap _____ Jacket / Coat _____ Shirt / Dress PURPLESHIRT Footwear BLACK SANDALS Pants / Skirt GREEN SHORTS
CLOTHING CONDITION	<input checked="" type="checkbox"/> Orderly <input type="checkbox"/> Disorderly <input type="checkbox"/> Clean <input type="checkbox"/> Mussed <input type="checkbox"/> Unzipped <input type="checkbox"/> Inside Out <input type="checkbox"/> Torn <input type="checkbox"/> Naked <input type="checkbox"/> Urine <input type="checkbox"/> Feces <input type="checkbox"/> Vomit <input type="checkbox"/> Blood <input type="checkbox"/> Other: _____
BREATH	Odor of Alcoholic Beverage <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Moderate <input type="checkbox"/> Faint <input type="checkbox"/> None
ATTITUDE	<input type="checkbox"/> Excited <input type="checkbox"/> Hilarious <input checked="" type="checkbox"/> Polite <input checked="" type="checkbox"/> Cooperative <input type="checkbox"/> Silent <input type="checkbox"/> Sleepy <input type="checkbox"/> Lethargic <input type="checkbox"/> Confused <input type="checkbox"/> Talkative <input type="checkbox"/> Carefree <input type="checkbox"/> Indifferent <input type="checkbox"/> Profanity <input type="checkbox"/> Mood Swings <input type="checkbox"/> Cocky <input type="checkbox"/> Insulting <input type="checkbox"/> Remorseful <input type="checkbox"/> Combative <input type="checkbox"/> Sarcastic <input type="checkbox"/> Angry <input type="checkbox"/> Argumentative <input type="checkbox"/> Threatening <input type="checkbox"/> Sullen <input type="checkbox"/> Other: _____
COLOR OF FACE	<input type="checkbox"/> Pale <input checked="" type="checkbox"/> Flushed <input type="checkbox"/> Normal <input type="checkbox"/> Other: _____
EYES	<input checked="" type="checkbox"/> Bloodshot <input checked="" type="checkbox"/> Watery <input type="checkbox"/> Normal <input type="checkbox"/> Other: _____ Color: BLU Reaction to Light: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Slow <input type="checkbox"/> No Reaction
PUPILS	<input type="checkbox"/> Not Equal Size <input type="checkbox"/> Constricted <input type="checkbox"/> Dilated <input checked="" type="checkbox"/> Normal
UNUSUAL ACTIONS	<input type="checkbox"/> Hiccuping <input type="checkbox"/> Belching <input type="checkbox"/> Vomiting <input type="checkbox"/> Sleeping <input type="checkbox"/> Crying <input type="checkbox"/> Laughing <input type="checkbox"/> None <input type="checkbox"/> Other: _____
SPEECH	<input type="checkbox"/> Incoherent <input type="checkbox"/> Mumbling <input checked="" type="checkbox"/> Slurred <input type="checkbox"/> Thick Tongued <input type="checkbox"/> Stuttering <input type="checkbox"/> Accent <input type="checkbox"/> Apparently Normal

## MEDICAL QUESTIONS

Do you have any physical defects?  Yes  No If yes, please explain. \_\_\_\_\_

Are you sick or injured?  Yes  No If yes, please explain. \_\_\_\_\_

When did you last sleep? \_\_\_\_\_ How much sleep did you have? \_\_\_\_\_

Have you ever had a head injury?  Yes  No If yes, did you lose consciousness?  Yes  No

Are you under the care of a Doctor or Dentist? \_\_\_\_\_ If so, who? \_\_\_\_\_ When? \_\_\_\_\_

What for? \_\_\_\_\_ Are you taking tranquilizers, pills or medicines of any kind?  Yes  No

If yes, what kind? \_\_\_\_\_ Last dose?  AM  PM Do you have epilepsy?  Yes  No

Diabetes?  Yes  No Do you take insulin?  Yes  No If yes, last dose? \_\_\_\_\_

Are you wearing an artificial limb? \_\_\_\_\_ Do you have any medical alert ID? \_\_\_\_\_

Do you have any foreign objects in your mouth? \_\_\_\_\_

Subject advised of Miranda Rights Date: 12/27/16 Time: 2:33  AM  PM Invoked  Yes  No

## INTERVIEW QUESTIONS (Quote Answers)

When did you last eat? \_\_\_\_\_ What did you eat? \_\_\_\_\_ Where? \_\_\_\_\_

Have you been drinking? \_\_\_\_\_ What? \_\_\_\_\_ How much? \_\_\_\_\_

Where? \_\_\_\_\_ With whom? \_\_\_\_\_ Time started? \_\_\_\_\_ Time stopped? \_\_\_\_\_

Have you used any type of illegal drugs recently? \_\_\_\_\_ If so, what kind of drug? \_\_\_\_\_

Last dose?  AM  PM Do you feel the effects of the alcohol or drugs? \_\_\_\_\_

Do you feel impaired? \_\_\_\_\_

Were you operating a vehicle at the time of the stop/crash? \_\_\_\_\_ Was anyone in the vehicle with you? \_\_\_\_\_

What street or highway were you on? \_\_\_\_\_ Direction of travel? \_\_\_\_\_

Where did you start from? \_\_\_\_\_ What time did you start? \_\_\_\_\_

Were you involved in a crash today? \_\_\_\_\_ Have you had any alcoholic beverages or drugs since the crash? \_\_\_\_\_

If so, what? \_\_\_\_\_

Where? \_\_\_\_\_ How Much? \_\_\_\_\_ When? \_\_\_\_\_

Is it day or night? \_\_\_\_\_ What time is it now? \_\_\_\_\_

What is the date? \_\_\_\_\_ Day of week? \_\_\_\_\_ What city (county) are we in? \_\_\_\_\_

Interviewer's Name: \_\_\_\_\_ Actual Date/Day/Time: \_\_\_\_\_  AM  PM  
Date \_\_\_\_\_ Day of Week \_\_\_\_\_ Time \_\_\_\_\_

RONALD WEBER TROOPER 3011 FHPL160FF095501 Page 17 of 22  
Trooper ID Number Case Number  
HSMV 61160 (Rev.03/14)

## BREATH / URINE / BLOOD TEST DATA

Voluntary Consent **OR**  Implied Consent Warning Given: Date: 12/27/16 Time: 2:23  AM  PM  
 Involuntary Consent – Warrant Obtained  Yes  No If no, why? \_\_\_\_\_

Specimen:  Breath  Urine  Blood  None  
 Refused  Unable

If refused, why? \_\_\_\_\_

Analysis result: .200 & .206

Breath Test Operator: S. Oneal # 6212

If breath, Intoxilyzer 8000 serial #: 80-006240

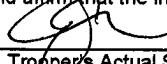
Department: PBSO

Did the subject request an independent blood test, as outlined in FSS 316.1932?  Yes  No

If yes, what arrangements were made for the subject to obtain the independent test? \_\_\_\_\_

**Conclusion:** Is the subject's ability to safely operate a vehicle impaired?  Yes, is impaired.  No, is not impaired.

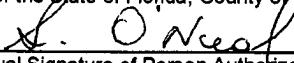
I swear and affirm that the information and / or statements contained in this report are true and accurate to the best of my knowledge.

  
Trooper's Actual Signature

**TROOPER RONALD WEBER**

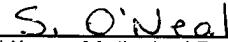
Trooper's Printed Name

In and for the State of Florida, County of PALM BEACH, sworn to and subscribed before me this 27TH day of DECEMBER, 2016.

  
SHARI L. O'NEAL

Notary Public - State of Florida

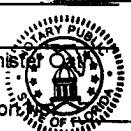
Commission # FF 966854

  
S. O'NEAL

Printed Name of Authorized Person

LEO  CO  Notary Public

Commissioner



My Comm. Expires Jun 25, 2020

Bonded through National Notary Assn. My Commission Expires: \_\_\_\_\_

**RONALD WEBER**

Trooper

HSMV 61160 (Rev.03/14)

**TROOPER 3011**

ID Number

**FHPL16OFF095501**

Case Number

Page 13 of 22

Place Drivers License Here

# STANDARDIZED FIELD SOBRIETY EXERCISES INSTRUCTION SHEET

## Horizontal Gaze Nystagmus Instructions

1. I am going to check your eyes. (Please remove your glasses.)
2. Stand with your feet together and your hands down at your side. (Subject may also be seated.)
3. Keep your head still and follow the stimulus (i.e., tip of the pen) with your eyes only.
4. Do not move your head.
5. Do you understand the instructions?

## Walk and Turn Instructions

1. Put your left foot on the line and put your right foot in front of it with your right heel touching your left toe. Keep your hands at your side. (*Demonstrate*)
2. Do not start to perform the exercise until I tell you to do so.
3. Do you understand the instructions so far?
4. When I tell you to begin, take nine heel-to-toe steps on the line, turn around keeping one foot on the line, and return nine heel-to-toe steps. (*Demonstrate heel-to-toe; three steps is sufficient.*)
5. On the ninth step, keep the front foot on the line and turn by taking several small steps with the other foot. (*Demonstrate turn*)
6. While walking, watch your feet at all times, keep arms at your side, and count steps out loud. Once you begin, do not stop until the exercise is completed.
7. Do you understand the instructions?
8. You may begin the exercise.

## One-Leg Stand Instructions

1. Stand with your heels together and your arms at your side. (*Demonstrate*)
2. Do not start to perform the exercise until I tell you to do so.
3. Do you understand the instructions so far?
4. When I tell you to, I want you to raise one leg, either leg, approximately six inches off the ground, foot pointed out forward. Keep both legs straight, and keep your eyes on the elevated foot.
5. While holding that position, count out loud; one thousand and one, one thousand and two, one thousand and three, and so forth until you are told to stop. (*Demonstrate raised leg and count*)
6. Do you understand the instructions?
7. You may begin the exercise.

## Vertical Gaze Nystagmus Instructions (if checked)

1. I am going to check your eyes. (Please remove your glasses.)
2. Stand with your feet together and your hands down at your sides. (Subject may also be seated.)
3. Keep your head still and follow the stimulus (i.e., tip of the pen) with your eyes only.
4. Do not move your head.
5. Do you understand the instructions?

## Finger-to-Nose Instructions (optional exercise)

1. Stand with your feet together, your arms at your side, and your index fingers pointed down. (*Demonstrate*)
2. Do not start to perform the exercise until I tell you to do so.
3. Do you understand the instructions so far?
4. When I tell you to start, close both eyes and tilt your head back.
5. When I tell you to do so, bring the hand I direct, upward, touching the tip of the finger to the tip of your nose.
6. After touching your nose, immediately bring hand down at your side.
7. Do you understand all instructions so far?

NOTE: Test will be conducted in the following sequence: **left, right, left, right, right, left**

## Rhomberg Balance Instructions (optional exercise)

1. Stand with your feet together and your arms at your side. (*Demonstrate*)
2. Do not start to perform the exercise until I tell you to do so.
3. When I tell you to begin, close your eyes, tilt your head back, and keep your arms at your side.
4. Do you understand the instructions?
5. You may begin the exercise and continue until you are told to stop.

## **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) \_\_\_\_\_ *On Camera / Video*

## **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) \_\_\_\_\_ *On Camera / Video*

15-22

## FLORIDA HIGHWAY PATROL

## Vehicle Tow

CASE NUMBER  
FHPL16OFF095501

Page 1 of 1

DATE / TIME 12/27/2016 1:34:44 AM	COUNTY PALM BEACH	CITY	OTHER NUMBER	CITATION / REPORT
--------------------------------------	----------------------	------	--------------	-------------------

NO HOLD - MAY BE RELEASED

OWNER	FIRST NAME <b>BRIAN</b>	MIDDLE NAME <b>D</b>	LAST NAME <b>SHUNK</b>	SUFFIX NAME	TELEPHONE			
	ADDRESS <b>2307 ASPEN WAY</b>	CITY <b>BOYNTON BEACH</b>	STATE ZIP CODE <b>FL 33436-6611</b>	OWNER NOTIFICATION ATTEMPTS:	<input type="checkbox"/> OWNER NOTIFICATION SUCCESSFUL			
DRIVER	NAME FIRST <b>BRIAN</b>	NAME MIDDLE <b>D</b>	LAST NAME <b>SHUNK</b>	SUFFIX NAME	TELEPHONE			
	ADDRESS <b>2307 ASPEN WAY</b>	CITY <b>BOYNTON BEACH</b>	STATE ZIP CODE <b>FL 33436-6611</b>					
VEHICLE / TRAILERS	YEAR <b>2012</b>	MAKE <b>VOLK</b>	MODEL <b>PASSAT</b>	VEHICLE STYLE <b>4D</b>	VEHICLE COLOR <b>BLU</b>	TAG STATE / NUMBER <b>FL 803QLP</b>	VIN <b>1VWCN7A31CC020323</b>	ODOMETER
	CIC ENTRY			RED TAG DATE / TIME		ID NUMBER	NAME	
REASON VEHICLE TOWED <b>ARREST</b>								
VEHICLE	POWER UNIT	MAKE	YEAR	COLOR	UNIT NO.	VEHICLE IDENTIFICATION NO.	TAG NO.	STATE EXP. DATE
	TRAILER 1	MAKE	YEAR	COLOR	UNIT NO.	VEHICLE IDENTIFICATION NO.	TAG NO.	STATE EXP. DATE
	TRAILER 2	MAKE	YEAR	COLOR	UNIT NO.	VEHICLE IDENTIFICATION NO.	TAG NO.	STATE EXP. DATE
TOW	TOW SELECTION TYPE <b>ROTATION WRECKER</b> LOCATION VEHICLE INVENTORIED / TOWED FROM <b>SB I-95 (SR-9) EXIT RAMP TO FOREST HILL BLVD</b>							
	DAY TELEPHONE <b>(561)965-0799</b>					NIGHT TELEPHONE		
STORAGE	CITY / STATE / ZIP				DAY TELEPHONE <b>(561)965-0799</b>	NIGHT TELEPHONE		
	ADDRESS <b>262 TALL PINES ROAD W.PALM BEACH, FL</b>	CITY / STATE / ZIP						
VEHICLE INVENTORY & DAMAGE	<input type="checkbox"/> CELLULAR PHONE (MAKE/MODEL)	INDICATE VEHICLE DAMAGE						
	<input type="checkbox"/> RADAR DETECTOR (MAKE/MODEL)	<input type="checkbox"/> WHEEL COVERS QTY	<input type="checkbox"/> CUSTOM RIMS QTY	<input type="checkbox"/> NO DAMAGE	<input type="checkbox"/> MARK AREA OF DAMAGE			
<input checked="" type="checkbox"/> STEREO SYSTEM (RADIO / CD / TAPE, ETC.)		NUMBER OF TIRES (INCLUDE SPARE) <b>4</b>		<input type="checkbox"/> TRUNK ACCESSIBLE	<input type="checkbox"/> REAR SPOILER	<input type="checkbox"/> UNDERCARRIAGE		
<input type="checkbox"/> CB RADIO / 2 WAY RADIO				<input type="checkbox"/> NO DAMAGE	<input type="checkbox"/> OVERTURN			
<input type="checkbox"/> TRAILER HITCH				<input type="checkbox"/> WINDSHIELD	<input type="checkbox"/> FIRE			
				<input type="checkbox"/> TRAILER				
PROPERTY IN VEHICLE <b>MISC CLOTHES, KEYS, MISC CHANGE, MISC PAPERS, GOLF CLUB X2 , BROWN BAG , BACK PACK , 2 TUMBLER CUPS, BLK UMBRELLA, TABLET IN TRUNK</b>								

OFFICER COMMENTS

NO HOLD - MAY BE RELEASED

WE THE UNDERSIGNED OFFICER(S) AND TOW DRIVER, HEREBY CERTIFY THAT THE ABOVE LISTED JOINT PROPERTY INVENTORY IS CORRECT TO THE BEST OF OUR KNOWLEDGE.

SIGNATURE OF TOW TRUCK DRIVER

DATE

PRINTED NAME OF TOW TRUCK DRIVER

SIGNATURE OF OFFICER

RANK AND NAME OF OFFICER  
**TROOPER R.E. WEBER**ORG / UNIT  
**L**I.D. NUMBER  
**3011**

17 of 22

# WITNESS INTERVIEW / STATEMENT

Name	THOMAS ROTHRICK	Date/Time	12/27/10 11:30AM
Address	790 WOODBINE WAY # 716, RIVERBACH, IL 33418		
Place of Employment	NONE		
Phone Number(s): Home	(561) 354-8881	Work	( - ) -
Interview Conducted By:			
Identification Produced:	PL # 362 - 838 - 65 - 222 - 0		

WHEN I PULLED UP TO THE LIGHT @ FOREST HILLS BLVD I SAW TWO CARS SITTING THRU A GREEN LIGHT IN THE RIGHMOST LANE OF THE TWO LEFT TURN LANES (EASTBOUND). I PULLED UP NEXT TO THE FRONT VEHICLE AND NOTICED THE DRIVER SLUMPED OVER BEHIND THE WHEEL. I PULLED OVER IN FRONT OF THEM AND TURNED ON MY HAZARD LIGHTS. I EXITED MY CAR TO CHECK ON THE DRIVER BEHIND ME. HIS WINDOW WAS OPEN AND HE WOKE UP WHEN I CALLED TO HIM. HE APPEARED TO BE DRUNK AND SMELLED OF ALCOHOL. THE MAN BEHIND HIM CALLED ME BACK TO TELL ME SHE CALLED POLICE AND THEY WERE ON THE WAY. I GOT BACK IN MY CAR AND WAITED FOR THEM TO ARRIVE. THE DRIVER BEHIND ME (THE ONE WHO WAS PASSED OUT) THEN BUMPED HIS CAR INTO MINE. I TURNED MY CAR OFF AND WENT BACK TO CHECK ON HIM AGAIN AND ASK FOR HIS INFO. HE TOLD ME HIS NAME WAS BRIAN (STRUMIC?) AND HANDED ME HIS REGISTRATION. I HAVE VIDEO OF THIS PART.

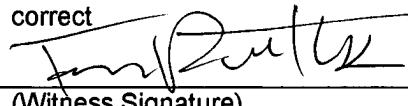
Sworn to me this 27th day of DECEMBER  
2010

  
(Law Enforcement Officer Signature)  
Section 117.10 Florida Statute

Trooper Ronald Weber 3011  
(Print Name / PIN)

Statement Page 1 of 1

Case Number: FHPL16OFF095501

  
I swear/affirm that this statement is true and correct

(Witness Signature)

Page 18 of 22

## WITNESS LIST

Name THOMAS,VICTOR,ROTHROCK On Scene  Yes  No Statement  Yes  No

Home Address 790 WOODBINE WAY APT 716 RIVIERA BEACH FL 33418

Place of Employment \_\_\_\_\_

Employment Address \_\_\_\_\_

Phone Numbers: Primary (561) 354-8881

Secondary \_\_\_\_\_

Can Testify To: INDEPENDENT WITNESS OBSERVED DRIVER IN ACTUAL PHYSICAL CONTROL PASSED OUT BEHIND WHEEL THEN COLLIDING WITH HIS VEHICLE

Name \_\_\_\_\_ On Scene  Yes  No Statement  Yes  No

Home Address \_\_\_\_\_

Place of Employment \_\_\_\_\_

Employment Address \_\_\_\_\_

Phone Numbers: Primary

Secondary \_\_\_\_\_

Can Testify To: \_\_\_\_\_

Name \_\_\_\_\_ On Scene  Yes  No Statement  Yes  No

Home Address \_\_\_\_\_

Place of Employment \_\_\_\_\_

Employment Address \_\_\_\_\_

Phone Numbers: Primary

Secondary \_\_\_\_\_

Can Testify To: \_\_\_\_\_

Name \_\_\_\_\_ On Scene  Yes  No Statement  Yes  No

Home Address \_\_\_\_\_

Place of Employment \_\_\_\_\_

Employment Address \_\_\_\_\_

Phone Numbers: Primary

Secondary \_\_\_\_\_

Can Testify To: \_\_\_\_\_

Case Number: FHPL16OFF095501

THI Case Number: \_\_\_\_\_

Page \_\_\_\_\_

# TESTING FACILITY TASK REPORT

12

AGENCY: FHP Trp. Weber # 3011

SUBJECT: Shunk, Brian D.

CASE NUMBER: 16-169891

DATE: 12-27-16

VIDEO TAPE NUMBER: 61894

BEGINNING TIME: 0221 hrs

ENDING TIME: 0233 hrs

BREATH TESTS RESULTS: 1) .200 TIME 0226 A.M./P.M. 2) .206 TIME 0230 A.M./P.M.  
3) \_\_\_\_\_ TIME \_\_\_\_\_ A.M./P.M. 4) \_\_\_\_\_ TIME \_\_\_\_\_ A.M./P.M.

BREATH OPERATOR: S. O'Neal #6212

MAINTENANCE TECHNICIAN: DIS J. Harlecke #6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: —

ATTITUDE: Calm, Cooperative

CLOTHING: Shirt- Purple Shorts- Lime Green/ Urinated

MEDICAL CONDITIONS: — stain

MEDICATIONS: —

OTHER: Eyes: Red & Glossy

Strong odor of unknown alcoholic beverage. #3011

COMMENTS: 20 min. observation done by Al Weber

Al requested the breath test.

D asked about his attorney.

Al read the implied consent on camera.

D understood the IC.

D submitted to the breath request.

D completed the test correctly.

C/W read on camera.

D ask for attorney no Q&A.

# 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: \_\_\_\_\_ L1 of 22