

J#0483951 PCH#2898
1100123878A

ARREST REPORT

Report Date / Time 12/27/2016 01:23 AM	Agency Case/Offense Number FHPL16OFF095501	OCA Number	Offender Case Number	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 33406
Range of Occurrence Date/Time 12/27/2016 12:41 AM to 12/27/2016 02:30 AM	Latitude N 26 39.3186
	Longitude W 80 4.1634

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	Driver's License or Other ID S620064764480	State FL	Class or Type E						
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
DUI ALCOHOL OR DRUGS		<input type="checkbox"/> Hate Crime <input type="checkbox"/> Domestic Violence Bond Amount \$0.00

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

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 Shunk's 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 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 \$ <u>TO BE SET</u>	<input type="checkbox"/> None <input type="checkbox"/> Pro	<input type="checkbox"/> ROR	<input type="checkbox"/> Cash	<input type="checkbox"/> Any	<input type="checkbox"/> Pre Trial If Qualify <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
--	--	-------------------------

8522

ARRESTING OFFICER

Officer Call Number 1251
Officer Name R.E. WEBER

Officer Signature

Subscribed and sworn to (or affirmed) before me this 27th day of December A.D., 2016 by Russell L. Weber who is personally known to me or has produced as identification.

Signature

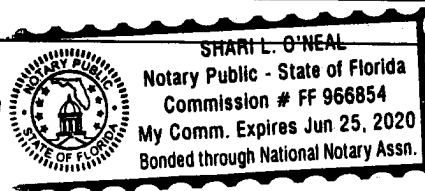
Notary Public

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 [Signature]
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 1st 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 Recoding (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): _____

HSMV 61306 (03/14)

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

COMPANION
CITATION ☐

ADDRESS

2307 ASPEN WAY

CITY

BOYNTON BEACH

STATE ZIP CODE

FL 33436

DIFFERENT THAN
REGISTRATION ☐

TELEPHONE NUMBER DATE OF BIRTH & AGE

12/8/1976 40

DRIVER LICENSE

NUMBER
S520064764480

OR STATE CLASS / TYPE

OTHER ID

FL E

CDL EXPIRES ON
☐ **12/8/2022**

VEHICLE

VEHICLE TAG STATE EXPIRES ON

803QLP FL 12/8/2017

COMMERCIAL

☐

HAZMAT

☐

YEAR MAKE MODEL

2012 VOLK

STYLE

4D

COLOR

BLU

VEHICLE VIN TRAILER TAG STATE

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

FLORIDA CITATION TRANSMITTAL FORM

Transmitted to: CLERK OF COURT - TVB

PALM BEACH COUNTY

- ☐ By Mail
☐ In Person
☐ Other
 (Explain Under Remarks)

Transmitted By: **R.E. WEBER** TROOPER 3011 L
 Enforcement Agency: **FLORIDA HIGHWAY PATROL**
 Address: **P.O. BOX 540007, GREENACRES, FL 33454**
 Date: **12/27/2016**

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.

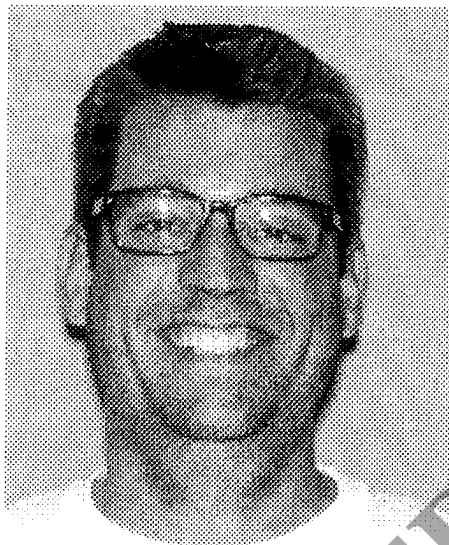
CITATION NUMBER	DATE ISSUED	COURT COPIES ATTACHED YES NO	BLUE COPY PREVIOUSLY SENT YES NO	REMARKS	CITATION NUMBER	DATE ISSUED	COURT COPIES ATTACHED YES NO	BLUE COPY PREVIOUSLY SENT YES NO	REMARKS
6157-XBS	12/27/2016			DUI					

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

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)#

IMMEDIATELY CONFIRM WARRANT AND EXTRADITION WITH ENTERING AGENCY

WANTED PERSON

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 ID Number Case Number
HSMV 61160 (Rev.03/14)

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)

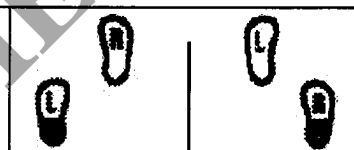
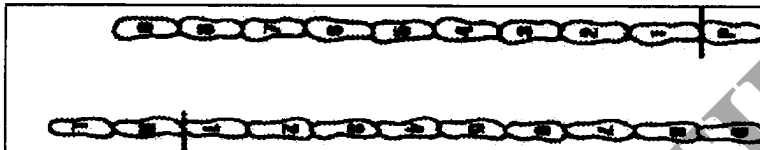
Exercise was: Performed Unsatisfactorily

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) 1 MIN 30 SEC / 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

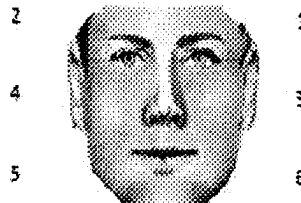
Exercise was: Performed Unsatisfactorily

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

RONALD WEBER

TROOPER 3011

FHPL18OFF095501

Page 11 of 22

Trooper

HSMV 61160 (Rev.03/14)

ID Number

Case Number

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: <u>BLU</u> 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"/> Hiccoughing <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

FHPL16OFF095501

Page 12 of 22
 Trooper
 HSMV 61160 (Rev.03/14)

ID Number Case Number

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 and subscribed before me this 27TH day of DECEMBER, 2016.

SHARI L. O'NEAL

Actual Signature of Person Authorized to Administer

Notary Public - State of Florida

Commission # FF 966854

My Comm. Expires Jun 25, 2020

Printed Name of Authorized Person

☐ LEO ☐ CO ☒ Notary Public

Commission Expires

Bonded through National Notary Assn.

My Commission Expires: _____

RONALD WEBER

TROOPER 3011

FHPL16OFF095501

Page 13 of 22

Trooper

ID Number

Case Number

HSMV 61160 (Rev.03/14)

Place Drivers License Here

STANDARIZED 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.

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) _____ *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*

15th 22

Vehicle Tow

Page 1 of 1

CASE NUMBER
FHPL16OFF095501

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

NO HOLD - MAY BE RELEASED

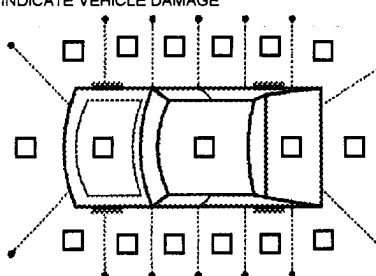
OWNER	FIRST NAME BRIAN	MIDDLE NAME D	LAST NAME SHUNK	SUFFIX NAME	TELEPHONE
	ADDRESS 2307 ASPEN WAY		CITY BOYNTON BEACH	STATE FL	ZIP CODE 33436-6611
	<input type="checkbox"/> OWNER PRESENT OR <input type="checkbox"/> OWNER NOTIFICATION ATTEMPTED		OWNER NOTIFICATION ATTEMPTS: <input type="checkbox"/> OWNER NOTIFICATION SUCCESSFUL		

DRIVER	NAME FIRST BRIAN	NAME MIDDLE D	LAST NAME SHUNK	SUFFIX NAME	TELEPHONE
	ADDRESS 2307 ASPEN WAY		CITY BOYNTON BEACH	STATE FL	ZIP CODE 33436-6611

VEHICLE / TRAILERS	YEAR 2012	MAKE VOLK	MODEL PASSAT	VEHICLE STYLE 4D	VEHICLE COLOR BLU	TAG STATE / NUMBER FL 803QLP	VIN 1VWCN7A31CC020323	ODOMETER	
	CIC ENTRY		RED TAG DATE / TIME		ID NUMBER	NAME			
	REASON VEHICLE TOWED ARREST								
	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 ROTATION WRECKER	LOCATION VEHICLE INVENTORIED / TOWED FROM SB I-95 (SR-9) EXIT RAMP TO FOREST HILL BLVD	
	TOWING SERVICE BABBS CO	DAY TELEPHONE (561)966-0799	NIGHT TELEPHONE
	ADDRESS 262 TALL PINES ROAD W.PALM BEACH, FL	CITY / STATE / ZIP	

STORAGE	VEHICLE STORAGE LOCATION BABBS CO	DAY TELEPHONE (561)966-0799	NIGHT TELEPHONE
	ADDRESS 262 TALL PINES ROAD W.PALM BEACH, FL	CITY / STATE / ZIP	

VEHICLE INVENTORY & DAMAGE	<input type="checkbox"/> CELLULAR PHONE (MAKE/MODEL)	<input type="checkbox"/> WHEEL COVERS QTY	INDICATE VEHICLE DAMAGE 	MARK AREA OF DAMAGE <input type="checkbox"/> UNDERCARRIAGE <input type="checkbox"/> OVERTURN <input type="checkbox"/> WINDSHIELD <input type="checkbox"/> FIRE <input type="checkbox"/> TRAILER
	<input type="checkbox"/> RADAR DETECTOR (MAKE/MODEL)	<input type="checkbox"/> CUSTOM RIMS QTY		
	<input checked="" type="checkbox"/> STEREO SYSTEM (RADIO / CD / TAPE, ETC).	NUMBER OF TIRES (INCLUDE SPARE) 4		
	<input type="checkbox"/> CB RADIO / 2 WAY RADIO	<input type="checkbox"/> TRUNK ACCESSIBLE		
	<input type="checkbox"/> TRAILER HITCH	<input type="checkbox"/> REAR SPOILER		
PROPERTY IN VEHICLE MISC CLOTHES, KEYS, MISC CHANGE, MISC PAPERS, GOLF CLUB X2, BROWN BAG, BACK PACK, 2 TUMBLER CUPS, BLK UMBRELLA, TABLET IN TRUNK				

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

SIGNATURE OF OFFICER

RANK AND NAME OF OFFICER

TROOPER R.E. WEBER

ORG / UNIT
LI.D. NUMBER
3011

PRINTED NAME OF TOW TRUCK DRIVER

17 of 22

WITNESS INTERVIEW / STATEMENT

Name	THOMAS ROTHROCK		Date/Time	12/27/16
Address	790 WOODBINE WAY #716, DUNEDARBY, IL 33418			
Place of Employment	NONE			
Phone Number(s): Home	(561) 354-8881	Work	(-)	-
Interview Conducted By:				
Identification Produced:	FDL #362-838-65-222-0			

WHEN I PULLED UP TO THE LIGHT @ FORREST HILLS BLVD I SAW TWO CARS SITTING THRU A GREEN LIGHT IN THE RIGHTMOST 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 WOKED UP WHEN I CALLED TO HIM. HE APPEARED TO BE DRUNK AND SMELLED OF ALCOHOL. THE WOMAN 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 ON) 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 (STROMIC?) AND HANDED ME HIS REGISTRATION. I HAVE VIDEO OF THIS PARK

Sworn to me this 27th day of DECEMBER, 2016

I swear/affirm that this statement is true and correct

(Law Enforcement Officer Signature)
Section 117.10 Florida Statute

(Witness Signature)

Trooper Ronald Weber 3011
(Print Name / PIN)

Statement Page 1 of 1

Case Number: FHPL16OFF095501

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: 0221hrs

ENDING TIME: 0233hrs

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 & Glassy

Strong odor of unknown alcoholic beverage. #3011

COMMENTS: 20 min. observation done by ALO Weber

ALO requested the breath test.

D asked about his attorney.

ALO 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.

SUBJECT: _____ CASE NUMBER: _____

QUESTIONS AND ANSWERS

I AM NOW GOING TO ASK YOU SOME QUESTIONS. WITH THESE RIGHTS IN MIND, YOU MAY ANSWER SOME OF, ALL OF, OR NONE OF THE FOLLOWING QUESTIONS AS YOU LIKE.

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

WHERE WERE YOU GOING? _____

WHAT STREET OR HIGHWAY WERE YOU ON? _____

DIRECTION OF TRAVEL? _____ WHERE DID YOU START? _____

WHAT TIME DID YOU START? _____ WHAT TIME IS IT NOW? _____

WHAT IS TODAY'S DATE? _____ WHAT DAY OF THE WEEK IS IT? _____

WHAT COUNTY AND CITY ARE YOU IN NOW? _____

WHEN DID YOU LAST EAT? _____ WHAT DID YOU EAT? _____

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? _____

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

HOW MUCH? _____ WHERE? _____ WITH WHOM? _____

WHEN DID YOU HAVE YOUR FIRST DRINK? _____ AND YOUR LAST DRINK? _____

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? _____

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? _____ ARE YOU UNDER THE INFLUENCE? _____

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? _____ HOW MUCH? _____

WHAT? _____ WHERE? _____ WHEN? _____

WHAT LINE OF WORK ARE YOU IN? _____ WHEN DID YOU LAST WORK? _____

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

ARE YOU SICK OR INJURED? _____ WHAT'S WRONG? _____

DO YOU LIMP? _____ DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? _____

WERE YOU IN AN ACCIDENT TODAY? _____

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? _____ WHEN? _____

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

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? _____ WHAT? _____ WHEN? _____

DO YOU HAVE:

EPILEPSY? _____
GLASS EYE? _____
FALSE TEETH? _____
EAR INFECTION? _____
INNER EAR TROUBLE? _____
DIABETES? _____

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: _____

41 of 22