

0497982

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3914

ARREST / NOTICE TO APPEAR

OBTS Number	Agency ORI Number <b>0500200</b>		Agency Name <b>Boca Raton Police Department</b>		Agency Report Number (N.T.A.'s only) <b>3   2   2018-006222</b>	1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	<b>1</b>	JUVENILE		
Charge Type: Check as many as apply	<input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other	If Weapon Seized Enter Type	<b>None/not Applicable</b>	Multiple Clearance Indicator					
Location of Arrest (Including Name of Business) <b>299 W CAMINO REAL, BOCA RATON, FL</b>					Location of Offense (Business Name, Address) <b>299 W CAMINO REAL, BOCA RATON, FL 33432</b>						
Date of Arrest <b>05/04/2018</b>	Time of Arrest <b>03:47</b>	Booking Date <b>05/04/2018</b>	Booking Time <b>03:57</b>	Jail Date <b>05/04/2018</b>	Jail Time <b>04:15</b>	Location of Vehicle <b>WESTWAY</b>					
Name (Last, First, Middle) <b>SWART, CHANTAL LYDIA</b>					Alias (Name, DOB, Soc. Sec. #, Etc.)						
Race W - White B - Black	I - American Indian O - Oriental/Asian	Sex <b>F</b>	Date of Birth <b>08/19/1974</b>	Height <b>5'03</b>	Weight <b>180</b>	Eye Color <b>BLUE</b>	Hair Color <b>BLONDE</b>	Complexion <b>LIGHT</b>	Build <b>Medium</b>		
Local Address (Street, Apt. Number) <b>22276 PINEAPPLE WALK DRIVE, BOCA RATON, FL 33433</b>					Phone <b>(561) 212-9134</b>		Residence Type: 1. City 2. County 3. Florida 4. Out of State <b>2</b>				
Permanent Address (Street, Apt. Number) <b>22276 PINEAPPLE WALK DRIVE, BOCA RATON, FL 33433</b>					Phone <b>(561) 212-9134</b>		Address Source <b>DEFENDANT</b>				
Business Address (Name, Street) <b>ADDISON RESTAURANT, 2 E. CAMINO REAL B/R 33486</b>					Phone <b>(561) 395-9335</b>		Occupation <b>Waitress</b>				
D/L Number, State <b>S630112747990 / FL</b>		Sec. Sec. Number		DNS Number		Place of Birth (City, State) <b>MONTREAL, Canada</b>		Citizenship <b>US</b>			
Co-Defendant Name (Last, First, Middle)			Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile					
Co-Defendant Name (Last, First, Middle)			Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile					
<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ Name (Last, First, Middle)					Residence Phone						
<input type="checkbox"/> Legal Custodian					Business Phone						
Address (Street, Apt. Number) <b>22276 PINEAPPLE WALK DRIVE, BOCA RATON, FL 33433</b>					(City) (State) (Zip)						
Notified by: (Name)			Date	Time	JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated						
Released To: (Name)			Relationship	Date	Time						
The above address was provided by <input type="checkbox"/> defendant and/or <input type="checkbox"/> defendant's parents. The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address.					School Attended		Grade				
<input type="checkbox"/> Yes, by: _____ <input type="checkbox"/> No: _____					Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property		Value of Property		
Drug Activity N. N/A P. Possess		S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. Disperses/ Distribute	M. Manufacture/ Produce/ Cultivate	Z. Other	Drug Type N. N/A A. Amphetamine	B. Barbiturate C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana O. Opium/Deriv.	P. Paraphernalia/ Equipment S. Synthetic	U. Unknown Z. Other
Charge Description <b>DUI</b>					Statute Violation Number <b>316.193(1)</b>		Violation of ORD #				
Drug Activity <b>N</b>	Drug Type <b>N</b>	Amount / Unit <b>/</b>	Offense # <b>2018-6222</b>	Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number		Bond			
Charge Description <b>POSSESSION OF XANAX</b>					Statute Violation Number <b>893.13(6A)</b>		Violation of ORD #				
Drug Activity <b>P</b>	Drug Type <b>B</b>	Amount / Unit <b>0.30 / GM</b>	Offense # <b>2018-6222</b>	Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number		Bond			
Charge Description <b>POSSESSION OF CLONAZEPAM</b>					Statute Violation Number <b>893.13(6A)</b>		Violation of ORD #				
Drug Activity <b>P</b>	Drug Type <b>B</b>	Amount / Unit <b>0.50 / GM</b>	Offense # <b>2018-6222</b>	Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number		Bond			
Health / Apparent Physical Condition of Defendant <b>GOOD</b>					Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries Explain:						
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health					PROPERTY - Received By <b>BISSOON</b>		Released By <b>BISSOON</b>		Released To <b>COUNTY JAIL</b>		
Transported By					Date Transported <b>//</b>	Time Transported		Other			
<input type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input checked="" type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.					Location (Court, Room) <b>South County 200 W Atlantic Ave Delray Beach, FL 33444</b>						
I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.					Date Signed <b>MAY 07 2018</b>						
Signature of Defendant (or Juvenile and Parent/Custodian)					Date Signed						
HOLD for Other Agency					Signature of Arresting Officer <b>BISSOON S.R.</b>		Name Verification (Printed by Arrestee) <b>MAY 4 AM 8:20</b>				
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal					Name of Arresting Officer (Print) <b>BISSOON, S. R.</b>		ID. # <b>664</b>		(PRINT)		
<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other					Transporting Officer <b>McCabe</b>		ID. # <b>252</b>		Agency <b>BRPD</b>		
Inmate Deputy <b>Cpt Honley 7206</b>					Pouch #		Agency <b>BRPD</b>		Witness here if subject signed with an "X"		

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MAY 07 2018  
MAY 4 AM 8:20  
PAGE 1 OF 2

ARREST / NOTICE TO APPEAR  
Additional Charge List

Agency ORI Number <b>0500200</b>		Agency Name <b>Boca Raton Police Department</b>				Agency Report Number (N.T.A.'s only) <b>3   2   2018-006222</b>					
C O D E	Drug Activity	S. Sell	R. Smuggle	K. Disperses/ Distribute	M. Manufacture/ Produce/ Cultivate	Z. Other	Drug Type	B. Barbiturate	H. Hallucinogen	P. Paraphernalia/ Equipment	U. Unknown
	N. N/A	B. Buy	D. Deliver	E. Use			N. N/A	C. Cocaine	M. Marijuana	S. Synthetic	Z. Other
	P. Possess	T. Traffic					A. Amphetamine	E. Heroin	O. Opium/Deriv.		
C H A R G E	Charge Description <b>POSSESSION OF PARAPHERNALIA (USE)</b>						Statute Violation Number <b>893.147(1B)</b>		Violation of ORD #		
	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number		Bond		
	<b>P</b>	<b>PAR</b>	<b>1.00 / EA</b>	<b>2018-6222</b>	<b>1</b>	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N					

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**MAY 07 2018**

PROBABLE CAUSE AFFIDAVIT

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

1

JUVENILE

A D M I N	OBTS Number		Agency ORI Number <b>FL 0500200</b>		Agency Name <b>BOCA RATON POLICE DEPARTMENT</b>		Agency Report Number <b>3   2   2018-006222</b>		
	Charge Type: Check as many as apply. <input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony		<input checked="" type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Special Notes:		
D E F	Name (Last, First, Middle) <b>SWART, CHANTAL LYDIA</b>					Alias	Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>08/19/1974</b>
	Charge Description <b>893.13(6A) POSSESSION OF XANAX</b>				Charge Description <b>893.13(6A) POSSESSION OF CLONAZEPAM</b>				
C H A R G E S	Charge Description <b>316.193(1) DUI</b>				Charge Description <b>893.147(1B) POSS/USE DRUG PARAPHENALI</b>				
	Victim's Name (Last, First, Middle) <b>STATE OF FLORIDA,</b>						Race	Sex	Date of Birth
V I C T I M	Local Address (Street, Apt. Number) (City) (State) (Zip) <b>100 NW 2ND AVE, BOCA RATON, FL 33432</b>				Phone <b>(561) -</b>		Address Source		
	Business Address (Name, Street) (City) (State) (Zip)				Phone <b>(56) -</b>		Occupation		
<p>The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law.</p> <p>The Person taken into custody . . .</p> <p><input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.</p> <p><input type="checkbox"/> confessed to _____ admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <b>4</b> day of <b>May</b>, <b>2018</b> at <b>03:47</b> (Specifically include facts constituting cause for arrest.)</p>									
P R O B A B L E  C A U S E  S T A T E M E N T	<p>On 05/04/2018, while patrolling the parking lot of 299 W Camino Real I observed a silver BMW bearing Fl tag#DLLL85 with the taillights on and observed Chantal Swart passed out in the driver side seat. I then knocked on the driver side window and Swart rolled down the window and stated that she was drunk. I then asked her where the keys to the vehicle were and she stated that the keys were not in the ignition but in the center console. Swart advised that she was sitting in the parking lot waiting for someone to pick her up because she had too much to drink. I then asked Swart for identification which she provided her Florida Driver's license. I then asked Swart to exit the vehicle. While speaking to Swart I could smell a strong odor of an alcoholic beverage emanating from her person, her eyes were bloodshot and glossy and she was slurring her speech. Swart exited the vehicle and based on my observations I asked Swart if she would submit to roadside sobriety tasks to dispel my alarm that she was under the influence. Ofc Alvarez arrived on scene as well. Swart stated that she wanted a lawyer and wouldn't do the roadside tasks. I then advised her of her Taylor Warnings and then asked her again if she would submit to the tasks. Swart stated that she wouldn't do them and I then approached her, and she stated that she would do the tasks.</p>								
	<p>I then walked her over to a well-lit area and asked her if she had any medical problems or medical issues that would prevent her from doing the tasks. Swart advised that she had no medical or physical issues that would prevent her from conducting the tasks. The tasks that were conducted were the Walk and Turn, One Leg Stand, Finger to Nose, and the Rhomberg Alphabet.</p>								
	<p>The first SFST was the Walk and Turn. Swart failed to maintain the starting position. As she walked the line she failed to keep her feet heel to toe. She took 8</p>								
A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME				SIGNATURE OF ARRESTING / INVESTIGATING OFFICER				
	<b>GRAHAM, KEITH T</b> #714 NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) <b>05/04/2018</b> DATE				<b>BISSOON, STEPHEN R (664)</b> NAME OF OFFICER (PLEASE PRINT) <b>05/04/2018</b> DATE				
SCANNED MAY 07 2018								PAGE <b>1 OF 2</b>	

PROBABLE CAUSE AFFIDAVIT  
SUPPLEMENT

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

**1** JUVENILE

OBTs Number	Agency ORI Number <b>FL 0500200</b>		Agency Name <b>BOCA RATON POLICE DEPARTMENT</b>	Agency Report Number <b>3   2   2018-006222</b>
Charge Type: Check as many as apply.	<input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony	<input checked="" type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other	Special Notes:

Name (Last, First, Middle) <b>SWART, CHANTAL LYDIA</b>	Alias	Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>08/19/1974</b>
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steps forward and 10 steps back. She also made an improper turn by just turning around instead of the way that she was instructed. She was also swaying during the task.

The second SFST was the One Leg Stand. Swart failed to keep her foot six inches off the ground and she put her foot down during the task. Swart was swaying during the task. Swart when told to stop she continued with the task.

The third SFST was the Finger to Nose (L-R-L-R-R-L). On the first left she touched the bridge of her nose. On the first right, she touched the right side of her nose. On the second left she touched the top of her nose with the pad of her finger. On the second right she touched the right side of her nose. On the third right she touched the top of her nose. On the third left she touched the top of her nose with the pad of her finger. She also swayed during the task.

The fourth SFST was the Rhomberg Alphabet which she was able to recite properly, but she swayed during the task. Based on my investigation I placed Swart under arrest for DUI. Ofc Alvarez searched Swart and I then transported her to BRPD. Search incident to arrest Ofc Alvarez located inside of Swart purse two prescription pill bottles (Chantal Swart name on the bottles) with different pills inside of them. There was a Xanax bar inside of a Propranolol bottle (blue pills with the scoring of P 20) belonging to Swart. Inside the other bottle was Teva pills Clonazepam but the prescription bottle was for Amphetamine Salts with Swart name on the bottle. On the bottom of the purse were several Propranolol pills which Swart's is prescribed for. Ofc Alvarez also located an Ibuprofen bottle with a glass pipe inside. I spoke with Poison Control representative Sergio case#3576942 and he verified the identity of the pills.

Ofc Deen responded as my Breath Test Operator. Ofc Deen and I conducted the 20-minute observation and then she was taken into the BAT room. Swart refused to provide a breath sample at which time, I read her Implied Consent Warnings. She became argumentative with me about the facts of the and was stuck on the facts of the incident. I explained the warnings to her several times and Swart refused to provide a sample. I also read Swart her Constitutional Warnings which she advised she understood and she wouldn't answer my questions without an attorney present. See DUI influence report.

Swart is being charged under F.S.S. 316.193(1) for DUI. She is also being charged under F.S.S 893.13(6a) for possession of Xanax and possession of Clonazepam schedule IV narcotics without a valid prescription. Swart is also being charged for possession of paraphernalia under F.S.S 893.147(1b). Swart was transported to Palm Beach county jail for final disposition. Swart's vehicle was towed to Westway.

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SWORN AND SUBSCRIBED BEFORE ME	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER <i>[Signature]</i>
<b>GRAHAM, KEITH T</b> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)	<b>BISSON, STEPHEN R (664)</b> NAME OF OFFICER (PLEASE PRINT)
<b>05/04/2018</b> DATE	<b>05/04/2018</b> DATE

2018-006222

1015 = 0347

0410

0430

## DUI INFLUENCE REPORT



BOCA RATON POLICE SERVICES DEPARTMENT

100 NW 2<sup>nd</sup> Avenue

Boca Raton, FL 33432

SCANNED

MAY 07 2018

ARRESTING OFFICER: Bissoon

Name: Stephen Bissoon Phone # 561 368 -6201 Work # \_\_\_\_\_

Address: 100 NW 2<sup>nd</sup> Ave / 299 W. Camino Real

Can testify to: DUI Investigation

Name: Alvarez Phone # 561 368 6201 Work # \_\_\_\_\_

Address: 100 NW 2<sup>nd</sup> / 299 W. Camino Real

Can testify to: Support Officer

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Work # \_\_\_\_\_

Address: \_\_\_\_\_

Can testify to: \_\_\_\_\_

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Work # \_\_\_\_\_

Address: \_\_\_\_\_

Can testify to: \_\_\_\_\_

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Work # \_\_\_\_\_

Address: \_\_\_\_\_

Can testify to: \_\_\_\_\_

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Work # \_\_\_\_\_

Address: \_\_\_\_\_

Can testify to: \_\_\_\_\_

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Work # \_\_\_\_\_

Address: \_\_\_\_\_

Can testify to: \_\_\_\_\_

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MAY 07 2018



BOCA RATON POLICE SERVICES DEPARTMENT  
DUI INFLUENCE REPORT - PART II

To be filled out at testing facility

Agency Case # 18 - 6222

I. INTRODUCTION (Instrument Operator faces video camera)

A. The day is Friday, May, 4, 2018.  
(day) (month) (date) (year)

B. The time is now approximately 0430 AM/PM.

C. The following is in reference to case number 18 - 6222.

D. Present at this time is Ofc. Bissoon of the Boca Raton Police Department.  
(Officer's Name)

E. Officer Bissoon, have you arrested Chantal L. Swart in violation of Florida State Statute 316.193?  
(Defendant's name)

F. Did this violation occur within the City of Boca Raton, Palm Beach County, Florida? yes

G. Mr./Mrs./Ms. Swart, I am required to inform you these proceedings are being video recorded.

Operator Note: Video record breath request, breath sample, and interview.

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**II. AT THIS TIME THE ARRESTING OFFICER WILL REQUEST A BREATH SAMPLE.**

*Note: Read only the paragraph applicable to the type of test you are requesting.*

- A. I am now requesting that you submit to a lawful test of your **BREATH** for the purpose of determining its alcohol content.
- B. I am now requesting that you submit to a lawful test of your **URINE** for the purpose of determining its alcohol content.
- C. I am now requesting that you submit to a lawful test of your **BLOOD** for the purpose of determining its alcohol content and the presence of chemical or controlled substances.

**IMPLIED CONSENT WARNINGS**

*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 Signature: \_\_\_\_\_

*Note: Also read for CDL holders:*

IN ADDITION, your refusal to submit will result in the loss of your commercial privileges for one year from today. If this is your **SECOND REFUSAL**, you will be permanently disqualified from operating a commercial motor vehicle.

*Note: After reading the implied consent warning, the arresting officer must request a breath sample again.*

**(IF REFUSAL THEN)**

At this time Mr./Mrs./Ms. <sup>Swart</sup> \_\_\_\_\_ has refused to submit to a breath test.

The date is May, 4, 2018, and the time is 0439 AM/PM.  
(month) (day) (year)

SCANNED  
MAY 07 2018

A refusal form will be completed by the arresting officer.

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MAY 07 2018



BOCA RATON POLICE SERVICES DEPARTMENT  
JUVENILE CONSTITUTIONAL WARNINGS

**Rights of suspects prior to custodial questioning.  
Identify yourself and state:**

I am required to warn you before you make any statement that you have the following Constitutional rights:

- (1) You have the right to remain silent and not answer any questions. *Tell me in your own words what you think this means.  
(You do not have to talk to me or answer any questions about this offense. You can be quiet if you want.)*
- (2) Any statement you make must be freely and voluntarily given. *Tell me in your own words what you think this means.  
(If you do talk to me it has to be because you want to and not because anyone is forcing you to speak.)*
- (3) You have a right to the presence and representation of a lawyer of your choice before you make any statement and during any questioning. *Tell me in your own words what you think this means.  
(You can talk to a lawyer before we ask you any questions and you can have him/her with you now, during our questioning.)*
- (4) If you cannot afford a lawyer, you are entitled to the presence and representation of a court appointed lawyer before you make any statement and during any questioning. *Tell me in your own words what you think this means  
(If you do not have money for a lawyer and you want one, a lawyer will be given to you for free.)*
- (5) If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent. *Tell me in your own words what you think this means.  
(If you decide to talk to me then change your mind, you can stop answering my questions at any time.)*
- (6) I can make no threats or promises to induce you to make a statement. This must be of your own free will. *Tell me in your own words what you think this means  
(I am not allowed to threaten you or make you any promises to get you to talk to me. If you decide to talk, it must be because you want to.)*
- (7) Any statement can be and will be used against you in a court of law. *Tell me in your own words what you think this means  
(Anything you say to me can and will be told to the judge or a jury in court. A judge is a person who decides if you have done something wrong. Sometimes a group of people called a jury decide this, but the Judge is the person who decides what punishment you get.)*
- (8) Do you understand these rights as I have read them to you, and do you wish to speak to me?

Signed: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

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MAY 07 2018



BOCA RATON POLICE SERVICES DEPARTMENT  
TESTING FACILITY TASK REPORT

SUBJECT: Chantal L. Swart

CASE #: 18 - 6222 DATE: 5/4/18

BREATH TEST RESULTS

1) TIME \_\_\_\_\_ AM/PM 2) TIME \_\_\_\_\_ AM/PM

3) TIME \_\_\_\_\_ AM/PM 4) TIME \_\_\_\_\_ AM/PM

BREATH OPERATOR: Deen

MAINTENANCE TECHNICIAN: Pare

TESTING OFFICER'S OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Calm

CLOTHING: Black Jeans, Black Sweater

MEDICAL CONDITION: N/A

OTHER: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SCANNED  
MAY 07 2018

**Identify yourself and state:**

I am required to warn you before you make any statement that you have the following Constitutional rights:

- (1) You have the right to remain silent and not answer any questions.
- (2) Any statement you make must be freely and voluntarily given.
- (3) You have a right to the presence and representation 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 and representation of a court appointed lawyer before you make any statement 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 be and will be used against you in a court of law.
- (8) Do you understand these rights as I have read them to you, and do you wish to speak to me?

Signed: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**QUESTIONS AND ANSWERS**

Were you operating a motor vehicle at the time of the accident/stop? \_\_\_\_\_

Where were you going? \_\_\_\_\_

What street or highway were you on? \_\_\_\_\_

Direction of travel? \_\_\_\_\_

Where did you start driving from? \_\_\_\_\_

What city (county) were you stopped in? \_\_\_\_\_

What time did you start? \_\_\_\_\_ AM/PM What time is it now? \_\_\_\_\_

What is today's date? \_\_\_\_\_ What day of the week is it? \_\_\_\_\_

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

What have you been doing the past three hours prior to this stop/accident? \_\_\_\_\_

How much do you weigh? \_\_\_\_\_ Have you been drinking? \_\_\_\_\_ What were you drinking?  
\_\_\_\_\_

How much? \_\_\_\_\_ Where? \_\_\_\_\_ With whom were you drinking? \_\_\_\_\_

When did you have your first drink? \_\_\_\_\_ AM/PM When did you stop drinking? \_\_\_\_\_ AM/PM

How did you consume your last two drinks? \_\_\_\_\_

Are you under the influence of alcohol now?  Yes  No

Can you feel the effects of alcohol?  Yes  No

Have you consumed alcohol since the accident?  Yes  No

Can you feel the effects of alcohol?  Yes  No

Have you consumed alcohol since the accident?  Yes  No How much? \_\_\_\_\_

What? \_\_\_\_\_ Where? \_\_\_\_\_

What line of work are you in? \_\_\_\_\_

When did you last work? \_\_\_\_\_

Do you have any physical defects or injuries?  Yes  No If yes, explain: \_\_\_\_\_

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

Do you limp?  Yes  No Did you get a bump on the head?  Yes  No

Were you in an accident today? \_\_\_\_\_

Have you taken any drugs or smoked marijuana today? \_\_\_\_\_

What? \_\_\_\_\_ When? \_\_\_\_\_

Have you seen a doctor or dentist today?  Yes  No Who? \_\_\_\_\_

Are you taking any prescription medications?  Yes  No What? \_\_\_\_\_ When? \_\_\_\_\_

Do you have: Epilepsy?  Yes  No Inner ear trouble?  Yes  No

Glass eye?  Yes  No Ear infection?  Yes  No

False teeth?  Yes  No Diabetes?  Yes  No

Any problems not correctable by glasses or contact lenses? \_\_\_\_\_

Do you take insulin?  Yes  No If yes, when was your last injection? \_\_\_\_\_

Have you ever had a driver's license in any other state? \_\_\_\_\_

I am now ending this video recording. The time is now approximately 0440 AM/PM.

The date is May, 4, 2018.  
(month) (day) (year)

SCANNED  
MAY 07 2018