

0494157

4000

ARREST / NOTICE TO APPEAR

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

1 JUVENILE

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   2017-017216</b>
Charge Type: Check as many as apply: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other	If Weapon Seized Enter Type <b>None/not Applicable</b>	Multiple Clearance Indicator
Location of Arrest (Including Name of Business) <b>5700 W GLADES RD Boca Raton, FL 33431</b>		Location of Offense (Business Name, Address) <b>5700 W GLADES RD, BOCA RATON, FL 33431</b>		
Date of Arrest <b>12/15/2017</b>	Time of Arrest <b>21:09</b>	Booking Date <b>12/15/2017</b>	Booking Time <b>21:36</b>	Jail Time <b>WESTWAY</b>

Name (Last, First, Middle) <b>BUNCH, CHRISTIE LEIGH</b>		Alias:		
Race W - White B - Black	Sex <b>F</b>	Date of Birth <b>12/14/1982</b>	Height <b>5'08</b>	Weight <b>150</b>
Eye Color <b>Blue</b>	Hair Color <b>Blonde</b>	Complexion <b>Light</b>	Build <b>Med</b>	
Local Address (Street, Apt. Number) <b>312 S. 9TH ST, LANTANA, FL 33462</b>		Phone <b>(561) -</b>	Indication of Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/>	
Permanent Address (Street, Apt. Number) <b>312 S. 9TH ST, LANTANA, FL 33462</b>		Phone <b>(561) -</b>	Residence Type: 1. City 3. Florida 2. County 4. Out of State <b>12</b>	
Business Address (Name, Street) <b>(561) -</b>		Phone <b>(561) -</b>	Occupation <b>Defendant</b>	
D/L Number, State <b>B520112829540 / FL</b>	Soc. Sec. Number	INS Number	Place of Birth (City, State) <b>Boynton Beach, FL</b>	Citizenship <b>USA</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"/> Legal Custodian	Name (Last, First, Middle)			Residence Phone		
Address (Street, Apt. Number)			(City)	(State)	(Zip)	Business Phone

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. Disperse/ Distribute	M. Manufacture/ Produce/ Cultivate	Z. Other	Drug Type N. N/A A. Amphetamine	B. Barbiturate C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana O. Opium/Deriv.	P. Paraphernalia/ Equipment S. Synthetic	U. Unknown Z. Other
---------------------------------------	---------------------------------	------------------------------------	----------------------------	--	----------	---------------------------------------	---	--	--	------------------------

Charge Description <b>LEAVE SCENE OF ACCIDENT</b>	Statute Violation Number <b>316.061(1)</b>	Violation of ORD #
Drug Activity <b>N</b>	Drug Type <b>N</b>	Amount / Unit <b>/</b>
Offense # <b>2017-017216</b>	Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
Warrant / Capias Number	Bond <b>OK</b>	
Charge Description <b>DUI- PROPERTY DAMAGE/ INJURY TO PROPERTY OR PERSON ENHANCED</b>	Statute Violation Number <b>316.193(3C1)</b>	Violation of ORD #
Drug Activity <b>N</b>	Drug Type <b>N</b>	Amount / Unit <b>/</b>
Offense # <b>2017-017216</b>	Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
Warrant / Capias Number	Bond <b>OK</b>	
Charge Description	Statute Violation Number	Violation of ORD #
Drug Activity	Drug Type	Amount / Unit
Offense #	Counts	Domestic Violence
Warrant / Capias Number	Bond	

Health / Apparent Physical Condition of Defendant <b>FAIR</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	<input checked="" type="checkbox"/> T.O.T. County Jail
Transported By	PROPERTY - Received By <b>GENDEN</b>
	Released By <b>GENDEN</b>
	Released To <b>TOT COUNTY</b>
	Date Transported <b>// ::</b>
	Time Transported <b>Other</b>

<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.	Location (Court, Room) <b>South County 200 W Atlantic Ave Delray Beach, FL 33444</b>	No Photo Available
I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.	Court Date and Time <b>01/08/2018 08:30:00</b>	
Signature of Defendant (as Juvenile and Parent/Custodian) <i>[Signature]</i>		Date Signed

HOLD for Other Agency	Signature of Arresting Officer <i>[Signature]</i>	Name Verification (Printed by Arrestee) <b>DEC 16 AM 2:23</b>
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other	Name of Arresting Officer (Print) <b>GENDEN, ERIC B.</b>	(PRINT)
Intake Deputy <b>D/S J. THOMAS #7956</b>	LD.# <b>680</b>	PAGE <b>1 OF 1</b>
Pouch #	Transporting Officer <b>Reissi</b>	Agency <b>776 BRD</b>
	LD.# <b>776</b>	Witness here if subject signed with an "X". <b>(NR)</b>

PROBABLE CAUSE AFFIDAVIT

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

1

JUVENILE

Agency ORI Number <b>FL 0500200</b>		Agency Name <b>BOCA RATON POLICE DEPARTMENT</b>		Agency Report Number <b>3   2   2017-017216</b>	
Charge Type: Check as many as apply. <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony		<input type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other	
Name (Last, First, Middle) <b>BUNCH, CHRISTIE LEIGH</b>				Race <b>W</b>	Sex <b>F</b>
Date of Birth <b>12/14/1982</b>					
Charge Description <b>316.193(3C1) DUI- PROPERTY DAMAGE/ INJURY TO PROPERTY</b>			Charge Description <b>316.061(1) LEAVE SCENE OF ACCIDENT</b>		
Victim's Name (Last, First, Middle) <b>MESA, TROY DALE</b>				Race <b>W</b>	Sex <b>M</b>
Date of Birth <b>10/31/1960</b>					
Local Address (Street, Apt. Number) (City) (State) (Zip) <b>5900 NE 7TH AVE, BOCA RATON, FL 33487</b>		Phone <b>(561) -</b>		Address Source	
Business Address (Name, Street) (City) (State) (Zip)		Phone		Occupation	

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.

The Person taken into custody ...

committed the below acts in my presence.  was observed by \_\_\_\_\_ who told \_\_\_\_\_ that he/she saw the arrested person commit the below acts.

confessed to \_\_\_\_\_ admitting to the below facts.  was found to have committed the below acts, resulting from my (described) investigation.

On the 15 day of December, 2017 at 20:28 (Specifically include facts constituting cause for arrest.)

On 12/15/2017 at 2028 hours, I responded to 5700 W Glades Road (Macy's parking garage), Boca Raton, FL in reference to a DUI investigation. Upon arrival, I met with CSO Bucinkas and Officer Green. CSO Bucinkas and Officer Green advised a blue Mazda bearing FL tag #DTG4X crashed into two vehicles in the Macy's parking lot and tried to flee the scene by driving away through the parking lot. Additionally, CSO Bucinkas and Officer Green advised W/F Christie Bunch was in actual physical control of the Mazda. CSO Bucinkas advised Christie's eyes were glassy and watery. Officer Green advised Christie had slurred speech and glassy eyes. It should be noted there were four witnesses on scene that saw Christie in actual physical control of her vehicle and saw her crash (W/M Thomas O'Connor, W/F Margaret O'Connor, W/F Brianna O'Connor and W/F Debbie Leonard). At this point CSO Bucinkas advised his crash investigation was complete and I read Christie her constitutional rights and I told her I was conducting a criminal investigation. See CSO Bucinkas's crash report and Officer Green's supplement for further information.

I asked Christie if she had any medical conditions and she advised "no." Christie told me she took her prescribed Adderall earlier in the day and she had two drinks. Christie stated she was coming from her company Christmas party. I could smell a strong alcoholic beverage smell emanating from her breath. Christie's eyes were glassy and watery. Her eyelids were droopy (ptosis) and her speech was slurred.

First, Christie conducted the Horizontal Gaze Nystagmus Exercise. She displayed a lack of smooth pursuit in the right and left eye. She also displayed a distinct nystagmus at maximum deviation and an onset of nystagmus prior to forty five degrees in the right and left eyes. Lastly, Christie displayed a lack of convergence in her right eye.

Next, I asked Christie to conduct the Walk and Turn exercise and she advised she understood my instructions. Christie did not remain in the starting position and she

SWORN AND SUBSCRIBED BEFORE ME

*Sgt K. Shifflett*  
**SHIFFLETT, KENYD**  
 NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

12/15/2017  
 DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

*[Signature]*  
**GENDEN, ERIC BRADLEY (680)**  
 NAME OF OFFICER (PLEASE PRINT)

12/15/2017  
 DATE

PAGE  
**1 OF 2**

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   2017-017216</b>	
Charge Type: Check as many as apply.			Special Notes:			
<input type="checkbox"/> 1. Felony	<input type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 3. Misdemeanor	<input checked="" type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 5. Ordinance	<input type="checkbox"/> 6. Other	
Name (Last, First, Middle) <b>BUNCH, CHRISTIE LEIGH</b>				Alias	Race <b>W</b>	Sex <b>F</b>
					Date of Birth <b>12/14/1982</b>	

started too soon. Christie did not use heel to toe steps and she took ten steps on the first nine. Christie fell off the line at the end of the last nine steps. She did not count out loud toward the end of the exercise and she used her arms to balance.

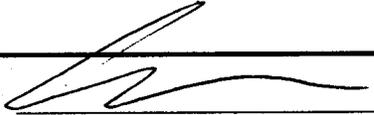
Next, I asked Christie to conduct the one leg stand exercise and she advised she understood my instructions. Christie used her arms to balance and dropped her foot two times. Lastly, she was swaying during the exercise.

Based on my training (DRE #028046), experience and the totality of circumstances, Christie was placed under arrest for driving under the influence. I transported Christie to the Boca Raton Police Department and Officer Pare conducted the breath tech operation. Christie refused to provide a lawful breath sample and I read her implied consent. Christie refused a second time to provide a breath sample and she refused to answer any further questions. Lastly, Christie was medically cleared at Boca Regional Hospital and transported to the Palm Beach County Jail. Her vehicle was towed to Westway Towing and the roadside exercises were downloaded into evidence on 12/15/2017. Sworn written witness statements by Thomas, Margaret, Brianna and Debbie were placed into evidence on 12/15/2017.

Per Florida State Statute 316.193(3C1), Christie did drive or was in actual physical control of a vehicle, while under the influence of alcoholic beverages/ chemical substances and was affected to the extent that her normal faculties were impaired causing property damage/ minor injury.

Per Florida State Statute 316.061(1), Christie fled the scene of a crash resulting in damage to two vehicles.

NOT A CERTIFIED COPY

ADMINISTRATIVE	SWORN AND SUBSCRIBED BEFORE ME	
	<b>Sgt K. Shifflett</b> <b>SHIFFLETT, KELLY D</b>	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
	NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)	<b>GENDEN, ERIC BRADLEY (680)</b> NAME OF OFFICER (PLEASE PRINT)
	<b>12/15/2017</b> DATE	<b>12/15/2017</b> DATE
		PAGE <b>2 OF 2</b>

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

I, Det. Genden, a duly certified Law Enforcement Officer or Correctional Officer,  
(Name of Officer reading Implied Consent Warning)

am a member of Boca Raton Police Dept., and I do swear  
(Name of law enforcement agency)

or affirm that on or about the 15<sup>th</sup> day of December, 20 17, at 2109  P.M.  A.M.

DRIVER Leigh C. Bunch,  
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# BS20112829540, state of FL, was placed under lawful arrest for

the offense of DUI by Det. Genden and  
(Name of Arresting Officer)

issued Citation # AGLQ05E

That on or about the 15<sup>th</sup> day of December, 20 17, at 2206  P.M.  A.M.

in Palm Beach County,

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

[Signature]  
Signature of Law Enforcement Officer or  
Correctional Officer

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

The foregoing instrument was sworn and subscribed before me:

[Signature] 671  
Signature of Attesting Officer

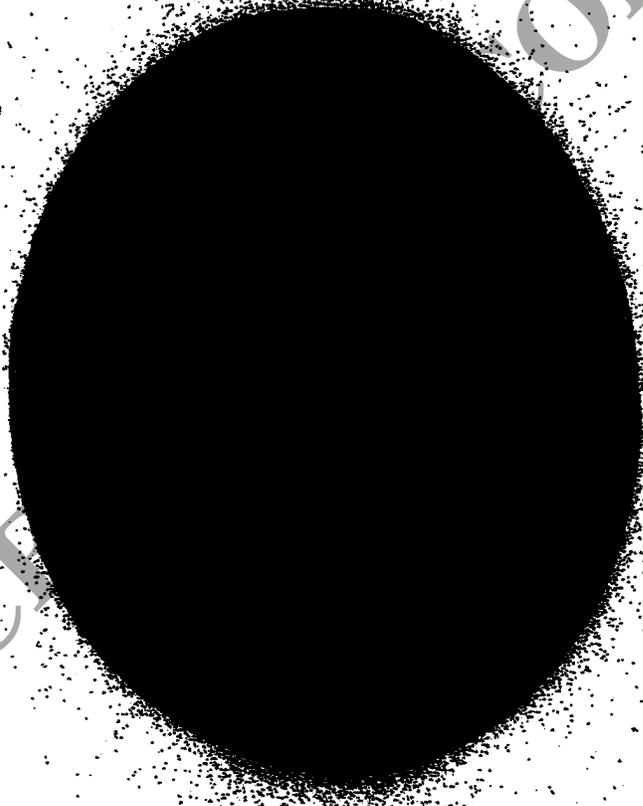
Title Officer

Date 12/15/17

(AFFIX SEAL)  
The foregoing instrument was sworn and subscribed before  
me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,  
by \_\_\_\_\_,  
who is personally known to me or who has produced  
\_\_\_\_\_ as identification  
Notary Public \_\_\_\_\_

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

# D. U. I. INFLUENCE REPORT



NOT A COPY

Boca Raton Police Services Department  
100 Northwest Second Avenue  
Boca Raton, Florida 33432

On the \_\_\_\_\_ Day of \_\_\_\_\_, at \_\_\_\_\_ AM/PM:

Subject: \_\_\_\_\_ Case Number: \_\_\_\_\_

**PERSONAL CONTACT**

Driving Pattern: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Observation of Driver: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Driver's Statement: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Odors: \_\_\_\_\_

**GENERAL OBSERVATIONS**

Speech: \_\_\_\_\_

Attitude: \_\_\_\_\_

Clothing: \_\_\_\_\_

Medical Problems: \_\_\_\_\_

Medications: \_\_\_\_\_

Other: \_\_\_\_\_

NOT A CERTIFIED COPY  
SEE PG

Horizontal Gaze Nystagmus:

   Left eye does not follow smoothly  
   Left eye jerks at 45 degrees angle or less  
   Distinct jerking left eye maximum deviation

   Right eye does not follow smoothly  
   Right eye jerks at 45 degrees angle or less  
   Distinct jerking right eye maximum deviation

Can not do, Why? \_\_\_\_\_

Walk and turn: \_\_\_\_\_

Can not do, Why? \_\_\_\_\_

One leg stand: \_\_\_\_\_

Can not do, Why? \_\_\_\_\_

Finger to nose: \_\_\_\_\_

Can not do, Why? \_\_\_\_\_

Alphabet (speech pattern) \_\_\_\_\_

Can not do, Why? \_\_\_\_\_

Breath/Blood test results: \_\_\_\_\_

State of Florida, County of Palm Beach

Sworn and subscribed before me this \_\_\_\_\_ (date) By: \_\_\_\_\_

\_\_\_\_\_  
Notary/Clerk of Court/  
Officer (F.S. 117.10)

\_\_\_\_\_  
Signature of arresting officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Officer (please print)

ARRESTING OFFICER: F. Genden ID 680

Name: ofc. K. Green Phone # Home \_\_\_\_\_ Work 561-338-1234

Address: 100 NW 2nd Ave Boca Raton FL 33432

Can testify to: Case Details

Name: ofc. Alvino Phone # Home \_\_\_\_\_ Work 561-338-1234

Address: 100 NW 2nd Ave Boca Raton FL 33432

Can testify to: Case Details

Name: CSO. Bucinskas Phone # Home \_\_\_\_\_ Work 561-338-1234

Address: 100 NW 2nd Ave Boca Raton FL 33432

Can testify to: Case Details

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

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

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

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

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

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

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

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

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

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

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

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

NOT A CERTIFIED COPY

BOCA RATON POLICE DEPARTMENT

Agency Case# 17-17216

PART II D.U.I. REPORT  
To be filled out at testing facility

I. INTRODUCTION (Instrument Operator faces video camera)

A. The day is: Friday, December, 15, 2017  
(day) (month) (date) (year)

B. The time is now approximately 2204 AM/PM

C. The following is in reference to case number: 17-17216

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

E. Officer Genden Have you arrested Leigh Christie Borch  
(Defendant's name)  
In violation of Florida State Statute 316.193?

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

G. Mr./Mrs./Ms Borch I am required to  
Inform you these proceedings are being video taped.

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

BOCA RATON POLICE DEPARTMENT  
TESTING FACILITY TASK REPORT

SUBJECT: Leigh Christie Bonch

CASE #: 17-17216 DATE: 12/15/17

BREATH TESTS RESULTS Refused

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

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

BREATH OPERATOR: B. PARE 671

MAINTENANCE TECHNICIAN: B. PARE 671

TESTING OFFICER'S OBSERVATIONS

SPEECH: odor of alcoholic beverage

ATTITUDE: Polite

CLOTHING: Black Top / Jeans

MEDICAL CONDITION: None

OTHER: N/A

COMMENTS: Subject stated she ingested 30mg  
of adderall ~~for~~ this morning for a medical  
condition. Subject's eyes were glassy/bloodshot.  
Subject did not want to discuss anything  
having to do with her accident.

**H. 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.*

2. I am Mr. Gorden of the BPD

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: on video

**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.

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

**(IF REFUSAL THEN)**

At this time Mr/Mrs/MS Bench has refused to submit to a breath test.

The date is December (Month) 15 (Day) 2017 (Year) and the time 2206 AM/PM

A refusal form will be completed by the arresting officer.

**ADULT CONSTITUTIONAL WARNINGS**  
(Juvenile warning on reverse side)

"I am required to warn you before you make any statement that you have the following 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 the right to the presence of a lawyer 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 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.

**DO YOU UNDERSTAND THESE RIGHTS AS I HAVE READ THEM TO YOU AND DO YOU WISH TO SPEAK TO ME?**

(X) see video

**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? \_\_\_\_\_

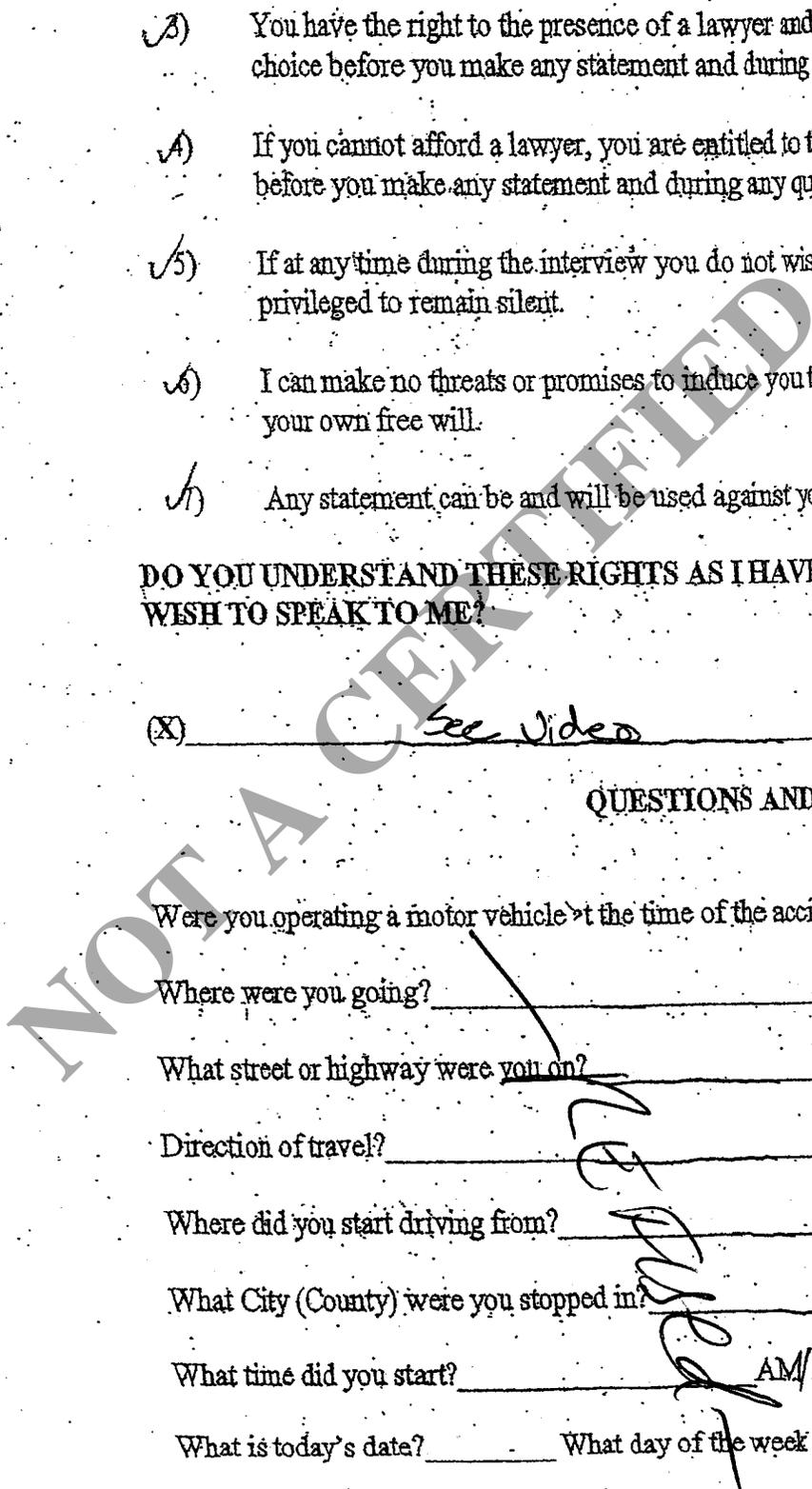
Direction of travel? \_\_\_\_\_

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 affects of alcohol? Yes  No

Have you consumed alcohol since the accident? Yes  No

Can you feel the affects 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? \_\_\_\_\_ Did you get a bump on the head? \_\_\_\_\_

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

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

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

Have you seen a doctor or dentist today? \_\_\_\_\_ Who? \_\_\_\_\_

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

Do you have:	Epilepsy? Yes <input type="checkbox"/> No <input type="checkbox"/>	Inner ear trouble? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Glass Eye? Yes <input type="checkbox"/> No <input type="checkbox"/>	Ear Infection? Yes <input type="checkbox"/> No <input type="checkbox"/>
	False Teeth? Yes <input type="checkbox"/> No <input type="checkbox"/>	Diabetes? Yes <input type="checkbox"/> No <input type="checkbox"/>

Any eye 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 videotaping. The time now is approximately 2211 AM/PM

The date is: December (month) 15 (day) 2017 (year).