

0485324

## ARREST / NOTICE TO APPEAR

Juvenile Referral Report

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

1

Juvenile

N

Agency Report Number (N.T.A.'s only)

06-

17-039434

|  |  |   |   |                            |   |   |                          |  |  |   |                        |
|--|--|---|---|----------------------------|---|---|--------------------------|--|--|---|------------------------|
| OBTS Number  |  |   | ARREST / NOTICE TO APPEAR   |                            |   |   |                          |  |  |   |                        |
| Agency ORI Number  |  |   | Agency Name   |                            |   | Juvenile Referral Report  |                          |  |  |   |                        |
| FLO 500000   |  |   | PALM BEACH COUNTY SHERIFF'S OFFICE  |                            |   | Juvenile Referral Report  |                          |  |  |   |                        |
| Charge Type:<br>Check as many as apply   |  |   | <input type="checkbox"/> 1. Felony<br><input type="checkbox"/> 2. Traffic Felony<br><input type="checkbox"/> 3. Misdemeanor<br><input checked="" type="checkbox"/> 4. Traffic Misdemeanor<br><input type="checkbox"/> 5. Ordinance<br><input type="checkbox"/> 6. Other |                            |   | Weapon Seized / Type  |                          |  |  |   |                        |
|  |  |   |   |                            |   | 2 1. Yes<br>2. No N/A   |                          |  |  |   |                        |
| Multiple Clearance Indicator   |  |   |   |                            |   | 01  |                          |  |  |   |                        |
| Location of Arrest (Including Name of Business)  |  |   | Location of Offense (Business Name, Address)  |                            |   |   |                          |  |  |   |                        |
| FLORIDA TURNPIKE / OKEECHOBEE BLVD PBC   |  |   | FLORIDA TURNPIKE / OKEECHOBEE BLVD PBC  |                            |   |   |                          |  |  |   |                        |
| Date of Arrest   |  | Time of Arrest                            |   | Booking Date               | Booking Time                                    | Jail Date   | Jail Time                | Location of Vehicle                        |  |   |                        |
| 2/13/2017  |  | 2356                                      |   |                            |   |   |                          | PRIORITY TOWING                            |  |   |                        |
| Name (Last, First, Middle)   |  |   |   |                            |   |   |                          |  |  |   |                        |
| STOKES, CRYSTAL  |  |   |   |                            |   |   |                          |  |  |   |                        |
| Race   |  | Sex                                       |   | Date of Birth              |   | Height  | Weight                   | Eye Color                                  |  |   |                        |
| W - White 1 - American Indian<br>B - Black 0 - Oriental/Asian  |  | W   |   | 9/19/1979                  |   | 5'04  | 130                      | BLUE                                       |  |   |                        |
| Hair Color   |  | Complexion                                |   | Build                      |   |   |                          |  |  |   |                        |
| BLONDE   |  | LIGHT                                     |   | SLIM                       |   |   |                          |  |  |   |                        |
| Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)  |  |   |   |                            |   |   |                          |  |  |   |                        |
| SCAR ON LOWER CHEST AREA   |  |   |   |                            |   | Marital Status  | Religion                 | Indication of:                             |  |   |                        |
| N/A  |  |   |   |                            |   | NONE  |                          | Y N<br>Alcohol Influence<br>Drug Influence |  |   |                        |
| Local Address (Street, Apt. Number)  |  |   | (City)  | (State)                    | (Zip)   | Phone   | Residence Type:          |  |  |   |                        |
| 3622 WOODS WALK BLVD, LAKE WORTH, FL, 33467  |  |   |   |                            |   | (954) 325-2816  | 1. City<br>2. County     | 3. Florida<br>4. Out of State              |  |   |                        |
| Permanent Address (Street, Apt. Number)  |  |   | (City)  | (State)                    | (Zip)   | Phone   | Address Source:          |  |  |   |                        |
| 3622 WOODS WALK BLVD, LAKE WORTH, FL, 33467  |  |   |   |                            |   | (954) 325-2816  | VERBAL                   |  |  |   |                        |
| Business Address (Name, Street)  |  |   | (City)  | (State)                    | (Zip)   | Phone   | Occupation               |  |  |   |                        |
|  |  |   |   |                            |   | ( )   | TEACHER                  |  |  |   |                        |
| D/L Number, State  |  | Soc. Sec. Number                          |   | INS Number                 |   | Place of Birth (City, State)  |                          | Citizenship                                |  |   |                        |
| S-322-112-79-839-0, FL   |  |   |   |                            |   | ALBANY, NY  |                          | US   |  |   |                        |
| Co-Defendant Name (Last, First, Middle)  |  |   |   |                            |   |   |                          |  |  |   |                        |
|  |  |   | Race  | Sex                        | Date of Birth                                   | <input type="checkbox"/> 1. Arrested<br><input type="checkbox"/> 2. At Large  |                          |  |  |   |                        |
|  |  |   |   |                            |   | <input type="checkbox"/> 3. Felony<br><input type="checkbox"/> 4. Misdemeanor<br><input type="checkbox"/> 5. Juvenile |                          |  |  |   |                        |
| Co-Defendant Name (Last, First, Middle)  |  |   |   |                            |   |   |                          |  |  |   |                        |
|  |  |   | Race  | Sex                        | Date of Birth                                   | <input type="checkbox"/> 1. Arrested<br><input type="checkbox"/> 2. At Large  |                          |  |  |   |                        |
|  |  |   |   |                            |   | <input type="checkbox"/> 3. Felony<br><input type="checkbox"/> 4. Misdemeanor<br><input type="checkbox"/> 5. Juvenile |                          |  |  |   |                        |
| Parent Name (Last) (First) (Middle)  |  |   |   |                            |   |   |                          |  |  |   |                        |
|  |  |   |   |                            |   | Residence Phone   |                          |  |  |   |                        |
|  |  |   |   |                            |   | ( )   |                          |  |  |   |                        |
| Address (Street, Apt. Number)  |  |   |   |                            |   |   |                          |  |  |   |                        |
|  |  |   | (City)  | (State)                    | (Zip)   | Business Phone  |                          |  |  |   |                        |
|  |  |   |   |                            |   | ( )   |                          |  |  |   |                        |
| Notified by: (Name)  |  |   |   |                            |   |   |                          |  |  |   |                        |
|  |  |   | Date  | Time                       | Juvenile Disposition                            |   |                          | 2. TOT HRS / DYS                           |  |   |                        |
|  |  |   |   |                            | 1. Handled/processed within Dept. and Released. |   |                          | 3. Incarcerated                            |  |   |                        |
| Released To: (Name)  |  |   |   |                            |   |   |                          |  |  |   |                        |
|  |  |   | Relationship  |                            |   | Date  |                          |  | Time   |   |                        |
| The above address 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 (Phone 355-2526) informed of any change of address.   |  |   |   |                            |   |   |                          |  |  |   |                        |
| <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)   |  |   |   |                            |   |   |                          |  |  |   |                        |
| Property Crime?  |  | Description of Property                   |   |                            |   |   |                          |  |  |   |                        |
| <input type="checkbox"/> Yes <input type="checkbox"/> No   |  | Value of Property                         |   |                            |   |   |                          |  |  |   |                        |
| Drug Activity  |  | S. Sell<br>N. N/A<br>B. Buy<br>T. Possess | R. Smuggle<br>D. Deliver<br>T. Traffic  | K. Dispense/<br>Distribute | M. Manufacture/<br>Produce/<br>Cultivate        | Z. Other  | Drug Type                | B. Barbiturate<br>N. N/A<br>A. Amphetamine | H. Hallucinogen<br>M. Marijuana<br>E. Heroin | P. Paraphernalia/<br>Equipment<br>S. Synthetics | U. Unknown<br>Z. Other |
| Charge Description   |  | DRIVING UNDER THE INFLUENCE               |   |                            | Counts  | Domestic Violence<br><input type="checkbox"/> Y <input checked="" type="checkbox"/> N                                 | Statute Violation Number |  |  | Violation of ORD #                              |                        |
| Drug Activity  |  | Drug Type                                 | Amount / Unit   | Offense #                  | 17-039434                                       |   |                          | 316.193(1)                                 |  |   |                        |
|  |  |   | /   |                            |   |   |                          |  |  |   |                        |
| Charge Description   |  |   |   |                            | Counts  | Domestic Violence<br><input type="checkbox"/> Y <input type="checkbox"/> N  | Statute Violation Number |  |  | Violation of ORD #                              |                        |
| Drug Activity  |  | Drug Type                                 | Amount / Unit   | Offense #                  |   |   |                          |  |  |   |                        |
|  |  |   | /   |                            |   |   |                          |  |  |   |                        |
| Charge Description   |  |   |   |                            | Counts  | Domestic Violence<br><input type="checkbox"/> Y <input type="checkbox"/> N  | Statute Violation Number |  |  | Violation of ORD #                              |                        |
| Drug Activity  |  | Drug Type                                 | Amount / Unit   | Offense #                  |   |   |                          |  |  |   |                        |
|  |  |   | /   |                            |   |   |                          |  |  |   |                        |
| Charge Description   |  |   |   |                            | Counts  | Domestic Violence<br><input type="checkbox"/> Y <input type="checkbox"/> N  | Statute Violation Number |  |  | Violation of ORD #                              |                        |
| Drug Activity  |  | Drug Type                                 | Amount / Unit   | Offense #                  |   |   |                          |  |  |   |                        |
|  |  |   | /   |                            |   |   |                          |  |  |   |                        |
| Location (Court, Room Number, Address)   |  |   |   |                            |   |   |                          |  |  |   |                        |
| NORTH COUNTY COURTHOUSE / 3188 PGA BLVD, PALM BEACH GARDENS, FL 33410  |  |   |   |                            |   |   |                          |  |  |   |                        |
| Court Date and Time  |  |   |   |                            |   |   |                          |  |  |   |                        |
| Month MARCH  |  | Day 8TH                                   | Year 2017   | Time 0830                  | AM <input checked="" type="checkbox"/>          | PM <input type="checkbox"/>   |                          |  |  |   |                        |
| 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 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 |  |   |   |                            |   |   |                          |  |  |   |                        |
| <i>Signature of Defendant (or Juvenile and Parent / Custodian)</i>   |  |   |   |                            |   |   |                          |  |  |   |                        |
| Date Signed <i>2/13/2017</i>   |  |   |   |                            |   |   |                          |  |  |   |                        |
| HOLD for other Agency  |  |   | Signature of Arresting Officer  |                            |   | Name Verification (Printed by Arrestee)   |                          |  |  |   |                        |
| Name: <i>CRYSTAL STOKES</i>  |  |   | X <i>CRYSTAL STOKES 21289</i>   |                            |   |   |                          |  |  |   |                        |
| <input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest<br><input type="checkbox"/> Suicidal <input type="checkbox"/> Other:   |  |   | Name of Arresting Officer (Print)<br><i>M/S P SCARTOZI #21289</i>   |                            |   | I.D. #<br><i>21289</i>  |                          |  |  |   |                        |
| Intake Deputy <i>SLVN 8101</i>   |  |   | Transporting Officer ID #<br><i>SAME</i>  |                            |   | Agency PBSO   |                          |  |  |   |                        |
| Witness here if subject signed with an 'X'   |  |   |   |                            |   |   |                          |  |  |   |                        |
| 1 OF 1   |  |   |   |                            |   |   |                          |  |  |   |                        |

|             |
|-------------|
| OBTS Number |
|-------------|

### PROBABLE CAUSE AFFIDAVIT

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

1

Juvenile

N

|   |  |                                   |   |                                 |               |
|---|--|-----------------------------------|---|---------------------------------|---------------|
| Agency ORI Number<br><b>FLO 5 0 0 0 0 0</b>   | Agency Name<br><b>PALM BEACH COUNTY SHERIFF'S OFFICE</b> | Agency Report Number<br><b>06</b> | <b>17039434</b>                         |                                 |               |
| Charge Type:<br>Check as many as apply<br><input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor<br><input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor<br><input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other _____  |  |                                   | Special Notes<br><b>SUPPLEMENTAL PC</b> |                                 |               |
| Defendant Name (Last, First, Middle)<br><b>STOKES CRYSTAL LOCKE</b>   |  | Race<br><b>W</b>                  | Sex<br><b>F</b>                         | Date of Birth<br><b>9/19/79</b> |               |
| Charge<br><b>DUI</b>  | Charge   |                                   |   |                                 |               |
| Charge  | Charge   |                                   |   |                                 |               |
| Victim Name (Last, First, Middle)<br><b>STATE OF FLORIDA</b>  |  |                                   | Race                                    | Sex                             | Date of Birth |
| Local Address (Street, Apt. Number)   |  | City                              | State                                   | Zip                             | Phone         |
| Business Address (Street, Apt. Number)  |  | City                              | State                                   | Zip                             | Phone         |
| The undersigned 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.<br>The person taken into custody...  |  |                                   |   |                                 |               |
| <input checked="" type="checkbox"/> committed the below acts in my presence.<br><input type="checkbox"/> confessed to admitting to the below facts.<br><input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.<br><input type="checkbox"/> was found to have committed the below acts, resulting from (described) investigation. |  |                                   |   |                                 |               |
| On the <b>13</b> day of <b>FEBRUARY</b> 20 <b>17</b> at <b>23:36</b> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM   |  |                                   |   |                                 |               |

while operating my marked Palm Beach County Sheriff's Office patrol car, with equipped over-head blue and red lights, and wearing my PBSO Issued class-B uniform, I observed a Gold In color Toyota Van Bearing FL Tag# CQQE54 travelling West on SR 704 from West Dr., In the unincorporated West Palm Beach, FL.

I watched as the van sped carelessly from lane #1 to lane #3 while cutting off multiple vehicles and not using a turn signal. I followed the vehicle onto the Florida Turnpike entrance and observed the van cross the solid white line multiple times. As the vehicle rounded the corner to merge onto the FL turnpike Southbound, The vehicle veered off to the right side of the road, with all four tires crossing the white solid line and completely leaving the roadway.

At that time I conducted a traffic stop, activating my over-head red and blue lights and notifying PBSO dispatch of my location, Per. PBSO policy. On approach to the vehicle the driver was identified as Crystal Stokes by FL Driver's license. Crystal was the sole occupant of the vehicle. Crystals eyes were glossy and blood shot, her speech was very slurred, and her movements were slow. Crystal advised she had consumed "2" beers while at bar. I requested Crystal to exit the vehicle, which she complied. When she exited the vehicle I observed her movements were slow and she was visibly swaying back and forth.

At this time I turned this case over to D/S Scartozzi #21289 who conducted a DUI Investigation.

|   |  |  |
|---|--|--|
| The foregoing instrument was sworn to and affirmed before me this <u>14<sup>th</sup></u> day of |  | <u>February</u> 20 <u>17</u> , by:           |
| <u>D/S Scartozzi #21289</u><br><u>21289</u>   |  | <u>D/S Sullivan #24765</u><br><u>24765</u>   |
| Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)                                |  | Name of Arresting/Investigating Officer      |
| <u>J. Scartozzi</u><br><u>21289</u>   |  | <u>J. Sullivan</u><br><u>24765</u>           |
| Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)                           |  | Signature of Arresting/Investigating Officer |
| Page <b>1 of 1</b>  |  |  |

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 13th DAY OF February 20 17, AT 2336 AM PM

SUBJECT: STOKES, CRYSTAL CASE NUMBER: 17-039434

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: D/S P SCARTOZZI #21289

## PERSONAL CONTACT

DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUTTING DEF. BEHIND WHEEL OF VEHICLE)

See supplemental probable cause affidavit provided by D/S Sullivan ID 24745

### OBSERVATION OF DRIVER:

Upon contact with the driver I immediately detected an obvious and strong odor of an unknown alcoholic beverage emitting from her person and face area which intensified as she spoke to me. She had glassy, glazed, and blood shot eyes. Her speech was slow, slurred, thick, and at times difficult to understand. Her movements were slow and deliberate. She was lethargic in her movements with poor coordination. She had an unsteady gate while walking to my patrol vehicle.

### DRIVER'S STATEMENTS:

Driver stated she had two vodka cranberry drinks at a bar in downtown West Palm Beach.

### ODORS:

A strong and obvious odor of an unknown alcoholic beverage was emitting from her person and face area. This odor intensified as she spoke with me.

## GENERAL OBSERVATIONS

SPEECH: Slow, thick slurred, sometimes difficult to understand.

ATTITUDE: Cooperative

CLOTHING: Black shirt, blue jeans, black boots.

MEDICAL/OTHER: The driver stated that she has cataracts and she has trouble seeing without her contacts.

STATE OF FLORIDA  
COUNTY OF PALM BEACH

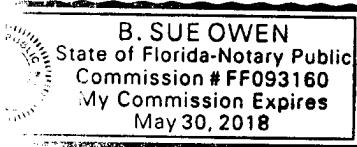
D/S P SCARTOZZI #21289

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 13th day of February 20 17 by D/S P SCARTOZZI #21289

(Print name of Arresting/Investigative Officer, who is personally known to me and/or produced identification. Type of identification produced)

Notary Public, Clerk of Court, Officer (F.S.S. 117.10)



## ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

|   |   |
|---|---|
| <input checked="" type="checkbox"/> LT EYE-LACK OF SMOOTH PURSUIT                           | <input checked="" type="checkbox"/> RT EYE-LACK OF SMOOTH PURSUIT                           |
| <input checked="" type="checkbox"/> LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION | <input checked="" type="checkbox"/> RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION |
| <input checked="" type="checkbox"/> LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES          | <input checked="" type="checkbox"/> RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES          |

**Other Observations:**

She was instructed to stand with her feet and toes together with her arms at her sides. While in this position she would sway roughly in a side to side front to back pattern. She was then asked if she could identify the color of the stimulus I placed in front of her eyes. She was then asked to touch the tip of the stylus with her right index finger to properly identify the point to be tracked. She was reminded to track the pen with her eyes only. She failed to keep her head still while tracking the stimulus.

**WALK & TURN:**

She was asked to place her left foot on the ground with her right foot directly in front of it, then place her arms at her sides and stay in this position while I demonstrated this task. She would sway roughly, in a side to side, front to back pattern throughout the demonstration phase. She could not maintain her balance while listening to instructions and stepped out of the stance during the demonstration to catch her balance. She started the task before being instructed. She would stop walking to steady herself with pauses to regain her balance. On the first set of heel to toe steps she missed steps one through nine and stepped off the line, using her arms for balance by raising them more than six inches. On the second set of heel to toe steps she missed steps one through nine and stepped off the line, using her arms for balance by raising them more than six inches. She performed the incorrect number of steps.

**ONE LEG STAND:**

She was asked to stand with her feet and toes together with her arms at his sides and stay in this position while I demonstrate this task. She would sway roughly, in a side to side, front to back pattern throughout the demonstration phase. She could not maintain her balance while listening to instructions and stepped out of the stance during the demonstration to catch her balance. She started the task before being instructed. She continued to sway while balancing on one leg. She used his arms for balance by raising them more than six inches from her sides. She started hopping in an attempt to maintain her balance. She put his foot down to regain her balance at numerous times before the thirty seconds had elapsed. She put his foot down three times all before counting to thirty seconds, thusly not being able to complete the task.

**FINGER TO NOSE:**

She was asked to stand with her feet and toes together. She was then instructed to make a fist with both hands and extend both her index fingers. She was then asked to placed her hands down to her sides and remain in this position while I demonstrated this task. I demonstrated the proper instruction position. She would sway roughly in a side to side, front to back pattern throughout the demonstration phase. She did not keep his eyes closed and had to be reminded numerous times to do so. She failed to return her arms down to her sides as instructed after touching her nose. Her index finger did not touch her nose. She used the hand other than that which was called. The sequence used for this task was L, R, L, R, R, L. She was unable to perform the task.

**ROMBERG ALPHABET:**

She was asked to stand with her feet and toes together with his arms at her sides and stay in this position while I demonstrated this task. She chose to recite the alphabet. She would sway roughly in a side to side, front to back pattern throughout the demonstration phase. She would not keep her eyes closed and had to be reminded numerous times to do so. She would sway more than 2 inches. She would use her arms for balance by raising them more than six inches. She recited the alphabet correctly with no noticeable mistakes.

BREATH TEST RESULTS: 1) .198      2) .192      3)      4)

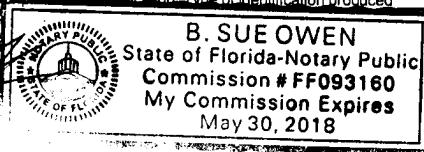
STATE OF FLORIDA  
COUNTY OF PALM BEACH

D/S P SCARTOZZI #21289  
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 13th day of February 2017 by D/S P SCARTOZZI #21289

(Print name of Arresting/Investigative Officer), who is personally known to me and has produced identification. Type of identification produced

Notary Public, Clerk of Court, Officer (F.S.S. 117.10)



# WITNESS LIST

17-039434

CASE NUMBER: \_\_\_\_\_

ARRESTING OFFICER: **D/S P SCARTOZZI #21289**

ADDRESS: 3228 Gun Club Road, West Palm Beach, FL, 33406

PHONE NUMBERS (HOME): 561-688-3000 (WORK) (561)688-4900

CAN TESTIFY TO: DUI INVESTIGATION

NAME: D/S Sullivan ID 24745

ADDRESS: 3228 Gun Club Road, West Palm Beach, FL, 33406

PHONE NUMBERS (HOME) 561-688-3000 (WORK) 561-688-3000

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

# TESTING FACILITY TASK REPORT

AGENCY: PBSO  
SUBJECT: Stokes, Crystal  
DATE: 02/14/17  
CASE NUMBER: 17-039434  
VIDEO TAPE NUMBER: DVDF 62135

BEGINNING TIME: 0045 ENDING TIME: 0055

BREATH TESTS RESULTS: 1) .198 TIME 0050 A.M./P.M. 2) .192 TIME 0053 A.M./P.M.  
3)        TIME        A.M./P.M. 4)        TIME        A.M./P.M.

BREATH OPERATOR: S. Owen #3184

MAINTENANCE TECHNICIAN: J. Karlecke #6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH:

ATTITUDE: Crying, upset, co-operative

CLOTHING: black boots, jeans (calf length) black t-shirt

MEDICAL CONDITIONS: none

MEDICATIONS: none

OTHER: 37 yrs

odor of unknown alcoholic beverage

COMMENTS: A/I & A arrived at 0024 hrs

A/I observed 20 minutes

A/I requested breath test, A agreed

No problem with test, A/I read cl/w

A/I understood rights, Tech explained results.

A/I refused test

SUBJECT: Stokes, Crystal

CASE NUMBER: 17-039434

## IMPLIED CONSENT FOR DUI IN A MOTOR VEHICLE

NOTE: READ ONLY THE PARAGRAPH APPLICABLE TO THE TYPE OF TEST YOU ARE REQUESTING.

I am now requesting that you submit to a lawful test of your BREATH for the purpose of determining its alcohol content.

-OR-

I am now requesting that you submit to a lawful test of your URINE for the purpose of detecting the presence of chemical or controlled substances.

-OR-

I am now requesting that you submit to a lawful test of your BLOOD for the purpose of detecting its alcohol content and the presence of chemical or controlled substances.

NOTE: READ ONLY IF THE SUBJECT DOES NOT COMPLY WITH YOUR REQUEST.

I am \_\_\_\_\_ of the \_\_\_\_\_.

If you fail to submit to the test I have requested of you, your privilege to operate a motor vehicle will be suspended for a period of one (1) year for a first refusal, or eighteen (18) months if your privilege has been previously suspended as a result of a refusal to submit to a lawful test of your breath, urine or blood. Additionally, if you refuse to submit to the test I have requested of you and if your driving privilege has been previously suspended for a prior refusal to submit to a lawful test of your breath, urine or blood, you will be committing a misdemeanor. Refusal to submit to the test I have requested of you is admissible into evidence in any criminal proceeding.

SUBJECT'S SIGNATURE: (X) \_\_\_\_\_

## CONSTITUTIONAL WARNINGS

I AM REQUIRED TO WARN YOU BEFORE YOU MAKE ANY STATEMENTS THAT YOU HAVE THE FOLLOWING RIGHTS:

1. You have the right to remain silent and not answer any questions.
2. Any statement must be freely and voluntarily given.
3. You have the right to the presence of a lawyer of your choice before you make any statement and during any questioning.
4. If you cannot afford a lawyer, you are entitled to the presence of a court appointed lawyer before you make any statements and during any questioning.
5. If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent.
6. I can make no threats or promises to induce you to make a statement. This must be of your own free will.
7. Any statement can and will be used against you in a court of law.

SUSPECT'S SIGNATURE: (X) READ ON CAMERA \_\_\_\_\_

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL

## 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: \_\_\_\_\_