

0087614 / 482

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

1 Juvenile N

ADMINISTRATIVE	OBTS Number		Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-17-122730		17mm 11007															
	Charge Type: Check as many as apply: <input 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						Weapon Seized / Type 2 <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No		Multiple Clearance Indicator															
	Location of Arrest (Including Name of Business) ICW north of 706 bridge, Jupiter, FL						Location of Offense (Business Name, Address)																	
	Date of Arrest 09/03/2017		Time of Arrest 1602		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle ICW north of 706 bridge, Jupiter											
DEFENDANT	Name (Last, First, Middle) Vandever, Daniel, C												Alias (Name, DOB, Soc. Sec. #, Etc.)											
	Race W - White I - American Indian B - Black O - Oriental/Asian		Sex M		Date of Birth 09/06/1959		Height 5'10		Weight 165		Eye Color BL		Hair Color BR		Complexion MED		Build THIN							
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) NONE												Marital Status Single		Religion CATHOLIC		Indication of: Alcohol Influence Drug Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk.							
	Local Address (Street, Apt. Number) 16687 134th Ter N, Jupiter, FL 33478						(City)		(State)		(Zip)		Phone (561) 747 5881		Residence Type: 1. City 2. County 3. Florida 4. Out of State 1									
CO-DEF	Permanent Address (Street, Apt. Number)						(City)		(State)		(Zip)		Phone		Address Source DEF									
	Business Address (Name, Street)						(City)		(State)		(Zip)		Phone		Occupation									
	D/L Number, State V531163593260, FL				Soc. Sec. Number				INS Number				Place of Birth (City, State) BURIO, OH				Citizenship US							
	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									
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 <input type="checkbox"/> Other: Address (Street, Apt. Number)						(City)		(State)		(Zip)		Residence Phone () Business Phone ()											
	Notified by: (Name)				Date		Time		Juvenile Disposition 1. Handled/processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated															
	Released To: (Name)						Relationship						Date		Time									
CHARGE	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)												School Attended				Grade							
	Property Crime? <input type="checkbox"/> Yes <input 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. Dispense/ 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. Synthetics		U. Unknown Z. Other			
	Charge Description BOATING UNDER THE INFLUENCE						Counts 1		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number 327.35				Violation of ORD #									
CHARGE	Drug Activity N		Drug Type N		Amount / Unit		Offense # 17-122730		Warrant / Capias Number				Bond											
	Charge Description						Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number				Violation of ORD #									
	Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number				Bond											
	Charge Description						Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number				Violation of ORD #									
CHARGE	Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number				Bond											
	Charge Description						Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number				Violation of ORD #									
	Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number				Bond											
	Charge Description						Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number				Violation of ORD #									
NOTICE TO APPEAR	Location (Court, Room Number, Address) 3328 GUN CLUB RD W PALM BEACH FL																							
	Court Date and Time Month 9 Day 28 Year 17 Time 8:30 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 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																							
	Signature of Defendant (or Juvenile and Parent /Custodian) [Signature]																							
ADMIN	Name D.S. C. GILYARD						Signature of Arresting Officer [Signature]						Name Verification (Printed by Arrestee) 7:06											
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal						<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:						Name of Arresting Officer (Print) A SOLOWAY											
	I.D. # #7392						Transporting Officer S. DEVRIEND						I.D. # 7056											
	Agency PBSO						ID # 7056						Agency PBSO											
Witness here if subject signed with an -X"														PAGE 1 OF 1										

		PROBABLE CAUSE AFFIDAVIT		1 Arrest 2 NTA		3 Request for Warrant 4 Request for Capias		1		Juvenile	
ADMIN	OBTS Number			Agency ORI Number		Agency Name		Agency Report Number			
	FLO 5 0 0 0 0 0		PALM BEACH COUNTY SHERIFF'S OFFICE				17-122730				
CHARGES	Charge Type	<input type="checkbox"/> 1 Felony		<input checked="" type="checkbox"/> 3 Misdemeanor		<input type="checkbox"/> 5 Ordinance		Special Notes			
	Check as many as apply	<input type="checkbox"/> 2 Traffic Felony		<input type="checkbox"/> 4 Traffic Misdemeanor		<input type="checkbox"/> 6 Other					
DEF	Name (Last, First, Middle)	Vandever, Daniel, C		Alias		Race		Sex		Date of Birth	
VICTIM	Charge Description	BUI		Charge Description							
	Charge Description			Charge Description							
VICTIM	Victim's Name (Last, First, Middle)	State of Florida		Race		Sex		Date of Birth			
	Local Address (Street, Apt Number)	(City) (State) (Zip)		Phone		Address Source					
	Business Address (Name, Street)	(City) (State) (Zip)		Phone		Occupation					
PROBABLE CAUSE STATEMENT	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										
	<input checked="" type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____										
	<input type="checkbox"/> confessed to _____ <input type="checkbox"/> that he/she saw the arrested person commit the below acts.										
	admitting to the below facts. _____ was found to have committed the below acts, resulting from my (described) investigation.										
	On the 03 day of September 20 17 at 1529 <input type="checkbox"/> A.M <input checked="" type="checkbox"/> P.M (Specifically include facts constituting cause for arrest.)										
	On 09/03/2017 at approximately 1529 hours I did observe the defendant driving south bound in The ICW channel north of the 706 bridge Jupiter FL, 33477 on a 1995 22 ft Aqua Sport registration # FL/177BG. The defendant was on the east side of the channel going against the flow of traffic causing vessels traveling north to swerve out of the way. At that time I conducted a vessel stop on the defendant. While checking for safety gear I noticed the defendant's eyes were blood shot, he had slurred speech, and I could smell the odor of unknown alcoholic beverage. Also on the deck of the vessel I did observe numerous empty bottles of bud light and a Bud Light bottle at the helm of the vessel. Due to my observation the DUI unit was contacted and responded to my location. TOT to DUI Unit for further investigation										
ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH										
	(Signature of Arresting/Investigative Officer) _____										
The foregoing instrument was sworn to or affirmed and subscribed before me this 03 day of September 20 17 by _____											
(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											
PAGE 1 OF 1											

B.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 3 DAY OF SEPTEMBER 20 17, AT 1539 PM ☒ AM
SUBJECT: Vandever, DANIEL CASE NUMBER: 17-122730
AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: A SOLOWAY 8586

PERSONAL CONTACT

BOATING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS THAT THE DEFENDANT WAS OPERATING A VESSEL)
I responded to assist D/S N. Smith #7871 with a possible impaired boater. Upon my arrival the operator, Daniel Vandever, was standing behind the console of his vessel. D/S Smith advised me and later completed a sworn PC of the following:
On 09/03/2017 at approximately 1529 hours I did observe the defendant driving south bound in The ICW channel north of the 706 bridge Jupiter FL, 33477 on a 1995 22 ft Aqua Sport registration # FL7177BG. The defendant was on the east side of the channel going against the flow of traffic causing vessels traveling north to swerve out of the way. At that time I conducted a vessel stop on the defendant. While checking for safety gear I noticed the defendant's eyes were blood shot, he had slurred speech, and I could smell the odor of unknown alcoholic beverage. Also on the deck of the vessel I did observe numerous empty bottles of bud light and a Bud Light bottle at the helm of the vessel. Due to my observation the DUI unit was contacted and responded to my location.

OBSERVATION OF DRIVER:

Driver's eyes were red and glassy. Driver had slurred speech. Driver was confused and had difficulty completing a sentence. There was a empty beer bottle on the floor of the vessel and one standing up in the center console.

DRIVER'S STATEMENTS:

Stated he consumed 2-3 Budweiser beers. I asked the driver what the current time was and he said "7:00pm" he then corrected himself and said "5:00pm". He said he had his first beer at noon. I asked the driver where he was now and he was unable to explain, other than to say in the Jupiter Inlet near a boat ramp. I asked him which ramp and he could not remember the name. He stated he had no medical problems, was not diabetic, had no physical abnormalities and takes no medications.

ODORS:

Obvious odor of an unknown alcoholic beverage.

GENERAL OBSERVATIONS

SPEECH: slurred

ATTITUDE: compliant

CLOTHING: bathing suit-brown

MEDICAL/OTHER: stated none

STATE OF FLORIDA
COUNTY OF PALM BEACH
A SOLOWAY 8586

Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 3 day of September 20 17 by A. Soloway

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

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

Samantha Palmer
Clerk of Court, #5172377
Expires: OCT 29, 2018
RECEIVED FPU
1ST FLORIDA NOTARY, LLC

SUBJECT: Vandev eer,DANIEL

CASE NUMBER 17-122730

SEATED TASKS

HORIZONTAL GAZE NYSTAGMUS:



LT EYE-LACK OF SMOOTH PURSUIT



RT EYE-LACK OF SMOOTH PURSUIT



LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION



RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION



LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES



RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

Other Observations:

Red and glassy eyes

FINGER TO NOSE:

On the first attempt the driver touched the bridge of his not and did not return his hand to his side. He opened his eyes. He then asked if he was supposed to touch his nose. I again explained the instructions and he again stated he understood. On the first and second attempt the driver touched the bridge of his nose and did not return his hand to his side. On the third, fourth and sixth attempt the driver touched the tip of his nose but did not return his hand to his side. On the fifth attempt the driver touched the middle of his nose and did not return his hand to his side.

PALM PAT:

The driver moved his bottom hand to the top of his top hand and touched top to bottom as well as bottom to top. He did not increase speed. He double patted his hands multiple times.

HAND COORDINATION:

Driver began task before being instructed to. Driver moved his fists in the proper order and counted to four. He then said "then I lose it". He did not continue the task.

ROMBERG ALPHABET:

NA

BREATH TEST RESULTS:

1) .093

2) .095

3)

4)

STATE OF FLORIDA
COUNTY OF PALM BEACH

A SOLOWAY 8586

Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 3 day of September 20 17 by A. Soloway

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

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

Samantha Palmer
Co. # 17-122730
Notary Public
1ST FLORIDA NOTARY, LLC



FLORIDA FISH AND WILDLIFE CONSERVATION COMMISSION
DIVISION OF LAW ENFORCEMENT



FLORIDA BUI/DUI
IMPLIED CONSENT WARNING

DEFENDANT'S NAME: VanDeveer, Daniel CASE NO.: 17-122730

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

You are under arrest for operating a vessel or vehicle while under the influence of alcoholic beverages or chemical or controlled substance.

- ☒ I am now requesting that you submit to a lawful test of your **BREATH** for the purpose of determining its alcohol content. Will you submit to a **BREATH** test?
- ☐ 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. Will you submit to a **URINE** test?
- ☐ 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. Will you submit to a **BLOOD** test?

IF THE SUBJECT **REFUSES** TO SUBMIT TO TESTING, READ ONE OF THE FOLLOWING:

I am INV. Soloway of the PBSO
(Officer's Name) (Agency)

☒ **VESSEL**

If you fail to submit to the test I have requested of you, it will result in a civil penalty of \$500.00. Additionally, if you refuse to submit to the test I have requested of you and have previously been fined for 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.

Will you submit to the test? ☒ YES ☐ NO

☐ **VEHICLE**

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 privileges have been previously suspended for 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.

Will you submit to the test? ☐ YES ☐ NO

9/3/17 1748 _____
DATE TIME DEFENDANT'S SIGNATURE
A. Soloway _____
OFFICER'S NAME (PRINTED) OFFICER'S SIGNATURE

**FLORIDA DEPARTMENT OF LAW ENFORCEMENT
ALCOHOL TESTING PROGRAM
BREATH ALCOHOL TEST AFFIDAVIT**

Instrument Type: Intoxilyzer 8000
Instrument Registered To: PALM BEACH CO SO
Instrument Serial Number: 80-006478 Software: 8100.27
Date of Test: 09/03/2017

Date of Last Agency Inspection: 08/04/2017

Observation Period Began: 17:20

Subject's Name: DANIEL C VANDEVEER

DOB: 09/06/1959 Sex: M

The subject was observed for at least twenty-minutes prior to the administration of the breath test to ensure that the subject did not take anything orally and did not regurgitate.

Results:

Test	g/210L	Time
Diagnostics Check	OK	17:48
Air Blank	0.000	17:48
Control Test	0.081	17:48
Air Blank	0.000	17:49
Subject Sample #1	0.093	17:49
Air Blank	0.000	17:50
Air Blank	0.000	17:52
Subject Sample #2	0.095	17:53
Air Blank	0.000	17:53
Control Test	0.080	17:54
Air Blank	0.000	17:54
Diagnostics Check	OK	17:54

Cylinder Lot: 12317080A3
Exp: 07/05/2019

State of Florida, County of Palm Beach

Personally appeared before me the undersigned authority, who (✓) is personally known to me or () produced _____ as identification, and who after being placed under oath, states:

I SAMANTHA M PALMER, hold a valid Breath Test Operator permit issued by the Florida Department of Law Enforcement. I administered the above breath test to the subject named above in accordance with Chapter 11D-8, Florida Administrative Code, and this form is a true and accurate report of that breath test.

Breath Test Operator: _____

Signature

Date: 09/03/17

Sworn to (or affirmed) Before me this 3 day of Sept, 2017

Signature of Notary Public-State of Florida

Printed Name of Notary Public-State of Florida

Note: Pursuant to section 117.10, Florida Statutes, law enforcement officers, correctional officers, traffic accident investigation officers and traffic infraction enforcement officers are notaries public when engaged in the performance of official duties. In accordance with section 316.1934(5), F.S., this completed form is admissible without further authentication and is presumptive proof of the results herein. To be used in accordance with Section 316.1934(5), F.S., and in administrative proceedings pursuant to 322.2615, F.S.

TESTING FACILITY TASK REPORT

AGENCY: PBSO/SOLOWAY

SUBJECT: VANDEVEER, DANIEL

CASE NUMBER: 17-122730

DATE: 09/03/2017

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 1743

ENDING TIME: 1757

BREATH TESTS RESULTS: 1) .093 TIME 1749 A.M. ☐ P.M. ☒ 2) .095 TIME 1753 A.M. ☐ P.M. ☒
3) XX TIME XX A.M. ☐ P.M. ☐ 4) XX TIME XX A.M. ☐ P.M. ☐

BREATH OPERATOR: S. PALMER #24520

MAINTENANCE TECHNICAN: J Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: QUIET, CALM

CLOTHING: BROWN BOARD SHORTS, NO SHIRT, NO SHOES

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER:

EYES GLASSY AND BLOODSHOT,

COMMENTS:

ARRESTING OFFICER CONDUCTED THE 20 MINUTE OBSERVATION BEGINNING AT 1720
SUBJECT REFUSED TO TAKE BREATH TEST
A/O READ I/C
SUBJECT STATED SHE UNDERSTOOD I/C AND AGREED TO TAKE BREATH TEST
AND PROVIDED TWO ADEQUATE BREATH SAMPLES
A/O READ RIGHTS
SUBJECT STATED HE UNDERSTOOD HIS RIGHTS
TECH READ TEST RESULTS
SUBJECT STATED HE UNDERSTOOD RESULTS
A/O ATTEMPTED Q&A
SUBJECT REFUSED QUESTIONING

WITNESS LIST

CASE NUMBER: 17-122730

ARRESTING OFFICER: A SOLOWAY 8586

ADDRESS: PBSO

PHONE NUMBERS (HOME): _____ (WORK) _____

CAN TESTIFY TO: BUI investigation

NAME: D/S Nate Smith #7871

ADDRESS: PBSO

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: stopping D/S

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: _____

SUBJECT: Vandever, Daniel CASE NUMBER: 17-122730

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

SUBJECT: Vanessa Taylor CASE NUMBER: 17-122730

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: INU Colway

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL