

## ARREST / NOTICE TO APPEAR

Juvenile Referral Report

1. Arrest

2. N.T.A.

3. Request for Warrant

4. Request for Capias

1

Juvenile

N

OBTS Number

## ARREST / NOTICE TO APPEAR

Agency ORI Number

Agency Name

PALM BEACH COUNTY SHERIFF'S OFFICE

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

06-17-122730

17Mm 1007

Charge Type:	<input type="checkbox"/> 1. Felony	<input type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance	Weapon Seized / Type	Multiple Clearance Indicator
Check as many as apply:	<input type="checkbox"/> 2. Traffic Felony	<input checked="" type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 6. Other	2 1. Yes 2. No	

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, Jupite
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Name (Last, First, Middle)  
**Vandeveer, Daniel, C**

Alias (Name, DOB, Soc. Sec. #, Etc.)

Race W - White 1 - American Indian B - Black 0 - Oriental/Asian	Sex W	Date of Birth 09/06/1959	Height 5'10	Weight 165	Eye Color BL	Hair Color BR	Complexion MED	Build THIN
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Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)  
**NONE**

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
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Permanent Address (Street, Apt. Number)	(City)	(State)	(Zip)	Phone ( )	Address Source DEF
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Business Address (Name, Street)	(City)	(State)	(Zip)	Phone ( )	Occupation
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D/L Number, State V531163593260, FL	Soc. Sec. Number [REDACTED]	INS Number	Place of Birth (City, State) BURIO, OH	Citizenship US
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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
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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
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<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other:	Residence Phone ( )
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Address (Street, Apt. Number)	(City)	(State)	(Zip)	Business Phone ( )
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Notified by: (Name)	Date	Time	Juvenile Disposition 1. Handled/ processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated
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Released To: (Name)	Relationship	Date	Time
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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
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Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No	Description of Property	Value of Property
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Drug Activity S. Sell B. Buy P. Possess	R. Smuggle D. Deliver T. Traffic	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
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Charge Description <b>BOATING UNDER THE INFLUENCE</b>	Counts 1	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 327.35	Violation of ORD #
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Drug Activity N	Drug Type N	Amount / Unit	Offense # 17-122730	Warrant / Capias Number	Bond
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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 #
--------------------	--------	--	--------------------------	--------------------

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
---------------	-----------	---------------	-----------	-------------------------	------

Location (Court, Room Number, Address) <b>3328 GUN CLUB RD W PALM BEACH FL</b>	Date	Time	AM X	PM
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Court Date and Time  
Month 9 Day 28 Year 17 Time 8:30 AM X PM

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

09/03/2017

Signature of Defendant (or Juvenile and Parent / Custodian)

Date Signed

Hold for other Agency Name:	Signature of Arresting Officer X	Name Verification (Printed by Arrestee) 11:18 PM 7:06 (PRINT)
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<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal	<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:	Name of Arresting Officer (Print) <b>A SOLOWAY</b>	I.D. # 8586
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Make Deputy <b>D.S. C. GILYARD</b>	I.D. # #7392	Pouch #	Transporting Officer <b>S. DEVRIEND</b>	ID # 7056	Agency PBSO
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Witness here if subject signed with an -X"

PAGE  
1 OF 1

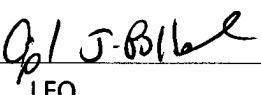
DISTRIBUTION: WHITE - COURT COPY

GREEN - STATE ATTORNEY

YELLOW - AGENCY

PINK - AGENCY

GOLD - DEFENDANT (N.T.A.'s ONLY)

OBTS Number		PROBABLE CAUSE AFFIDAVIT					1 Arrest 2 NTA	3 Request for Warrant 4 Request for Copies	1	Juvenile						
ADMIN	Agency ORI Number <b>FLO 5 0 0 0 0 0 0</b>	Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>	Agency Report Number <b>17-122730</b>													
	Charge Type Check as many as apply	1 Felony <input checked="" type="checkbox"/>	3 Misdemeanor <input type="checkbox"/>	5 Ordinance <input type="checkbox"/>	6 Other <input type="checkbox"/>	Special Notes										
DEF	Name (Last, First, Middle) <b>Vandeveer, Daniel,C</b>		Alias			Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>09/06/1959</b>								
CHARGES	Charge Description <b>BUI</b>		Charge Description													
	Charge Description		Charge Description													
VICTIM	Victim's Name (Last, First, Middle) <b>State of Florida</b>					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									
<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. The Person taken into custody</p> <p><input checked="" type="checkbox"/> committed the below acts in my presence.  <input type="checkbox"/> confessed to _____  admitting to the below facts.</p> <p><input type="checkbox"/> was observed by _____ who told _____  <input type="checkbox"/> that he/she saw the arrested person commit the below acts.  was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <u>03</u> day of <u>September</u> <u>20</u> <u>17</u> at <u>1529</u> <input type="checkbox"/> A.M <input checked="" type="checkbox"/> P.M (Specifically include facts constituting cause for arrest.)</p> <p><b>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 # FL177BG. 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 where 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</b></p>																
PROBABLE CAUSE STATEMENT																
ADMINISTRATIVE	<p>STATE OF FLORIDA COUNTY OF PALM BEACH  (Signature of Arresting/Investigative Officer)</p> <p>The foregoing instrument was sworn to or affirmed and subscribed before me this <u>03</u> day of <u>September</u> <u>20</u> <u>17</u> by  (Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced _____</p> <p>Notary Public, Clerk of Court, Officer (P.S.S.) 117.10</p>															
	<table border="1"> <tr> <td>DISTRIBUTION</td> <td>WHITE - Court Copy</td> <td>GREEN - State Attorney</td> <td>YELLOW - Agency</td> <td>PINK - Agency</td> <td>PAGE 1 OF 1</td> </tr> </table>										DISTRIBUTION	WHITE - Court Copy	GREEN - State Attorney	YELLOW - Agency	PINK - Agency	PAGE 1 OF 1
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# B.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 3 DAY OF SEPTEMBER 20 17, AT 1539  AM  PM

SUBJECT: Vandeveer,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 Vandeveer, 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:

Drivers 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

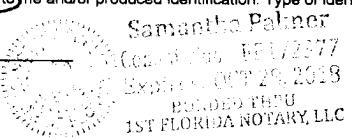
A SOLOWAY 8586

(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

(The 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)



## SEATED TASKS

HORIZONTAL GAZE NYSTAGMUS:

LT EYE-LACK OF SMOOTH PURSUIT  
 LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION  
 LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

RT EYE-LACK OF SMOOTH PURSUIT  
 RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION  
 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 nose 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.

ALM 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.

LAND 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

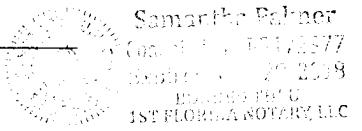
A SOLOWAY 8586

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(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)





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

DATE

1748

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: Samantha Date: 09/03/17  
Signature

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

INV. A. Soloway  
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

17-122730

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

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: \_\_\_\_\_

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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: \_\_\_\_\_

## **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) \_\_\_\_\_ *Karen Ann Vandeveer*

## 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: John Doe

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL