

024/498

PCH 3050

OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		Juvenile	
Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-17129857							
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 type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Weapon Seized / Type 1. Yes 2. No		Multiple Clearance Indicator					
Location of Arrest (Including Name of Business) Hypoluxo and Haverhill						Location of Offense (Business Name, Address)					
Date of Arrest 09/21/2017		Time of Arrest 01:56		Booking Date 09/21/2017		Booking Time		Jail Date		Jail Time	
Location of Vehicle											
Name (Last, First, Middle) James Hidehiko Springer											
Alias (Name, DOB, Soc. Sec. #, Etc.)											
Race W - White I - American Indian B - Black O - Oriental/Asian		Sex M - Male F - Female		Date of Birth 05/12/1969		Height 5'10		Weight 180		Eye Color Brown	
Hair Color Brown		Complexion Light		Build Medium							
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)						Marital Status Single		Religion CHRISTIAN		Indication of: Alcohol Influence Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>	
Local Address (Street, Apt. Number) 5564 Muirfield Village Cir						(City) Lake Worth		(State) FL		(Zip) 33463	
Phone (561) 577-9967						Residence Type: 1. City 2. County 3. Florida 4. Out of State		2			
Permanent Address (Street, Apt. Number)						(City)		(State)		(Zip)	
Business Address (Name, Street)						(City)		(State)		(Zip)	
D/L Number, State S165-448-69-172-0						Soc. Sec. Number		INS Number		Place of Birth (City, State) Mount Clements, MI	
Citizenship US											
Co-Defendant Name (Last, First, Middle)						Race		Sex		Date of Birth	
Co-Defendant Name (Last, First, Middle)						Race		Sex		Date of Birth	
Parent Legal Custodian Other:						Residence Phone ()		Business Phone ()			
Address (Street, Apt. Number)						(City)		(State)		(Zip)	
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	
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		Amount / Unit		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number 316.193 (3)(C)(1)	
Charge Description D.U.I. Enhanced		Amount / Unit		Offense # 17129857		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number	
Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	
Charge Description		Amount / Unit		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number	
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Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	
Charge Description		Amount / Unit		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number	
Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	
Location (Court Room Number, Address) PALM BEACH COUNTY CRIMINAL JUSTICE COMPLEX - 3228 GUN CLUB RD WEST PALM BEACH FL, 33406											
Court Date and Time Month October Day 19 Year 2017 Time 08:30 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											
Date Signed 09/21/2017											
Signature of Arresting Officer CPL SORIANO											
Name Verification (Printed by Arrestee) CORPORAL R SORIANO											
Name of Arresting Officer (Print) CORPORAL R SORIANO											
ID # 9418											
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		Juvenile 1	N N
Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06		17129853	
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 type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other _____		Special Notes					
Defendant Name (Last, First, Middle) Springer James H				Race W	Sex M	Date of Birth 5/12/69	
Charge DUI Enhanced 316.193(3)(4)(1)		Charge					
Charge		Charge					
Victim Name (Last, First, Middle)				Race	Sex	Date of Birth	
Local Address (Street, Apt. Number)		City	State	Zip	Phone		Address Source
Business Address (Street, Apt. Number)		City	State	Zip	Phone		Occupation
The undersign 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 _____ that he/she saw the arrested person commit the below acts. <input type="checkbox"/> confessed to admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from (described) investigation.							
On the 21 day of September 20 17 at 0022 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM							

I was traveling westbound on Hypoluxo Rd approaching Haverhill Rd in my PBSO issued marked patrol car. As I was coming up to the green light at Haverhill Rd, I observed a white Hyundai sedan in the intersection yielding to go northbound on Haverhill. I approached the middle of the intersection and the Hyundai drove into the rear driver's side quarter panel of my vehicle, causing my vehicle to turn sideways and cross over the median. I came to a final stop facing southbound in the eastbound lanes of Hypoluxo Rd. I exited my vehicle and observed the driver of the Hyundai exit from his driver's seat. The individual walked towards me and sat down on the median. I could smell the odor of alcohol emanating from his person and breath.

A DUI unit was contacted and responded to the scene for further investigation.

The foregoing instrument was sworn to and affirmed before me this <u>21</u> day of <u>September</u> 20 <u>17</u> , by:	
<u>D/S. Schwartz #17620</u> Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	<u>D/S SCHWARTZ 13670</u> Name of Arresting/Investigating Officer
<u>[Signature]</u> Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	<u>[Signature]</u> Signature of Arresting/Investigating Officer
Page 1 of 1	

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 21 DAY OF September 20 17 AT 01:36 AM PM

SUBJECT: Springer James Hidehiko CASE NUMBER: 17129857

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: Corporal R Soriano

PERSONAL CONTACT

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

On September 21, 2017 At approximately 01:36 hours I was dispatched to Hypoluxo Rd and Haverhill Rd for department involved vehicle accident with a possibly impaired driver.

Upon arrival I witness a W/M, who I later identified as James Springer, sitting on the curb. I met with Deputy Schwartz who told me the following.

"I was traveling westbound on Hypoluxo Rd approaching Haverhill Rd in my PBSO Issued Marked patrol car. As I was coming up to the green light at Haverhill Rd, I observed a White Hyundai sedan in the intersection yielding to go northbound on Haverhill. I approached the middle of the intersection and the Hyundai drove into the rear driver's side quarter panel of my vehicle, causing my vehicle to turn sideways and cross over the median. I came to a final stop facing southbound in the eastbound lanes of Hypoluxo Rd. I exited my vehicle and observed the driver of the Hyundai exit from his driver's seat. The individual walked towards me and sat down on the median. I could smell the odor of alcohol emanating from his person and breath."

During my investigation of the scene I observed James Springer's White Hyundai in the middle of the intersection facing east and Deputy Schwartz marked patrol car was facing south in the east bound lanes of Hypoluxo Rd with the rear of the vehicle against the median. There was damage to the driver side front bumper on James Springer's Hyundai and damage to the driver's side rear wheel and quarter panel on Deputy Schwartz's marked patrol car. The damage that I observed on both vehicles appeared to be consistent with the accident.

Deputy White completed the traffic crash investigation Case #17129853

Upon completion of Deputy White's investigation, I met with James Springer and explained to him that the traffic crash investigation was over and that I would be conducting a criminal investigation for DUI based on the suspicion that he consumed a unspecified amount of an unknown alcoholic beverages.

OBSERVATION OF DRIVER:

I observed James Springer was wearing gray shorts and blue shirt. While questioning James Springer, I observed James Springer's eyes appeared red and glassy. I observed that he was slurring his words. James Springer was asked to stand in front of my patrol vehicle to perform field sobriety tasks and he agreed. While walking towards the front of my vehicle, James Springer appeared to be shaky on his feet. James Springer had difficulty walking.

DRIVER'S STATEMENTS:

I asked James Springer if he had been drinking or used any drugs. James Springer stated "I had three cans of Budweiser beer." He said he did not consume any drugs. I asked James Springer what medical problems and/or previous injuries they had. James Springer stated that he had a previous injuries to back, right ankle and left knee. James Springer stated "I got these injuries from skateboarding back in the day." James Springer stated that he wears glasses for corrective vision. I should be known that James Springer was not wearing any glasses or corrective lens during the accident or throughout the DUI investigation. I asked what medications he takes and he stated "None."

ODORS:

Detected odor of an unknown alcoholic beverage coming from his breath and his person.

GENERAL OBSERVATIONS

SPEECH: slurred, thick, slow

ATTITUDE: calm, compliant, upset

CLOTHING: wearing Gray shots and blue shirt

MEDICAL/OTHER: NONE

STATE OF FLORIDA
COUNTY OF PALM BEACH

Corporal R Soriano

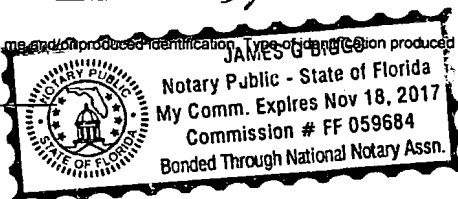
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 21st day of September 20 17 by Corporal R Soriano

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

James Biggs (#7607)

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



SUBJECT Springer

James

CASE NUMBER 17129857

ROADSIDE 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:

Once positioned in the front of my vehicle, I continued my investigation. I instructed James Springer to keep his hands by their side, stand with his feet together, and follow a red light stimulus with his eyes not turning his head. I asked him if he understood my instructions. James Springer verbally stated he understood my instructions. James Springer swayed while standing stationary. I observed both eyes to be red, bloodshot, and glossy. His left and right eye displayed equal pupil size, equal tracking, and a lack of smooth. I observed distinct and sustained nystagmus was present in both his left and right eye at maximum deviation during two separate four second evaluations. The onset of nystagmus was prior to a 45 degree angle in both his left and right eye during two separate four second evaluations. Vertical nystagmus was not present in both the left and right eye during two separate four second evaluations.

WALK & TURN:

I positioned James Springer on a preexisting black line in the road which was on a smooth and level surface, free of any debris and well lit by the headlights on my vehicle. I instructed James Springer to place his left foot on the line and his right foot in front of the left touching heel to toe. I instructed him that he was to keep his hands at his side and stay in this position until I instructed him to do otherwise. I instructed him to walk nine heel to toe steps counting out loud, while watching his feet. On the ninth step he was to keep his front foot on the line and use his back foot, in a series of small steps, to turn around before walking nine heel to toe steps the opposite direction counting out loud and watching his feet. I demonstrated the task while I was verbally instructing him in the proper way to complete the task. During the task, I observed the driver swayed while balancing, stops walking to steady self, did not touch heel to toe, stepped off the line. Used arms to maintain balance (+6"), did not turn properly (loses balance while turning) staggers.

ONE LEG STAND:

I placed James Springer with HIS feet together and arms at HIS side. I demonstrated the task as I verbally instructed HIM to raise one of HIS feet approximately six inches off of the ground, point HIS toe towards my patrol car, look at the raised foot, and count out loud 1001, 1002, 1003 and so on until told to stop. I asked HIM if HE understood the instructions and demonstration I provided. After James Springer stated he understood my instructions, the task was performed. While James Springer stood in the instructional position, I observed HE started too soon AND swayed while standing stationary. While raising HIS foot HE swayed while balancing, hopped, put foot down (within 30 seconds).

FINGER TO NOSE:

I instructed James Springer to stand with his feet together, make each hand into a fist keeping, extended his index fingers and to place his palms facing up. He was instructed to lower their arms by their side. I instructed and demonstrated the proper hand and arm position and for him to remain in this position while I demonstrated the rest of the task. I instructed and demonstrated him to tilt his head back approximately 45 degrees and close their eyes while waiting for a verbal command of left or right. On the command of "left" or "right", he would raise the requested hand, touch the tip of his finger to the tip of his nose, then bring their hand immediately back down to his side. During the instruction and demonstration of the task he swayed heavily while standing in the instructional position. I asked him if he understood the instructions I provided and he verbally stated he understood. I instructed him to start the task as explained. During the task, I observed James Springer did not touch tip of nose.

ROMBERG ALPHABET:

I verbally inquired if James Springer could recite the entire English alphabet. He stated he was able to recite the English alphabet and I instructed him to place their feet together with his arms at their side and stay in this position until told to do otherwise. I instructed him that upon starting he was to tilt his head back approximately 45 degrees and close their eyes. He would begin to state the alphabet in a slow and methodical manner without singing or rhyming it. I asked him if he understood the instructions and he verbally replied he understood. During the instructions he continued to sway while standing stationary. I instructed James Springer to start the task as explained. During the task, I observed the driver swayed more than (+2") from side to side and from front to back.

BREATH TEST RESULTS: 1) .172 2) .176 3) 4)STATE OF FLORIDA
COUNTY OF PALM BEACH

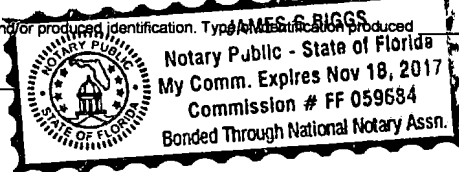
Corporal R Soriano

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 21st day of September 2017 by Corporal R Soriano(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced Known

James Biggs (#7607)

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



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

Instrument Type: Intoxilyzer 8000
Instrument Registered To: PALM BEACH SO
Instrument Serial Number: 80-006476 Software: 8100.27
Date of Test: 09/21/2017

Date of Last Agency Inspection: 08/04/2017

Observation Period Began: 02:15

Subject's Name: JAMES H SPRINGER

DOB: 05/12/1969 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	02:38
	Air Blank	0.000	02:38
	Control Test	0.081	02:39
	Air Blank	0.000	02:39
	Subject Sample #1	0.176	02:40
	Air Blank	0.000	02:41
	Air Blank	0.000	02:42
	Subject Sample #2	0.172	02:43
	Air Blank	0.000	02:44
	Control Test	0.080	02:44
	Air Blank	0.000	02:45
	Diagnostics Check	OK	02:45

Cylinder Lot: 279870
Exp: 02/04/2019

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:

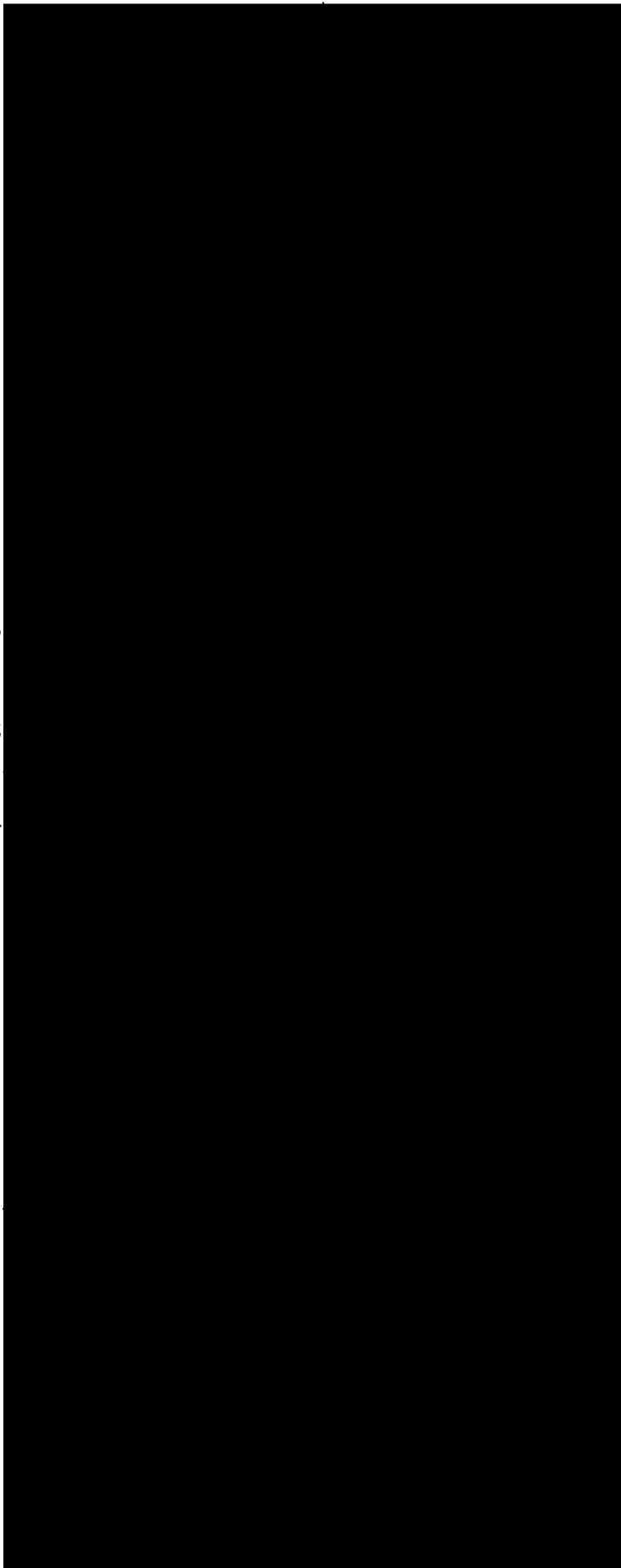
I JAMES G BIGGS hold a valid Breath Test Operator permit issued by the Florida Department of Law Enforcement. I administered the above breath test to the subject named above in accordance with Chapter 11D-8, Florida Administrative Code, and this form is a true and accurate report of that breath test.

Breath Test Operator: _____ Date: 9/21/17
Signature

Sworn to (or affirmed) before me this 21 day of Sept, 2017

[Signature] Ind Soriano
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.



UNIFIED COPY

WITNESS LIST

CASE NUMBER: 17129857

ARRESTING OFFICER: Corporal R Soriano

ADDRESS: 3228 GUN CLUB RD WEST PALM BEACH, FL 33406

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

CAN TESTIFY TO: FACTS OF CASE AND INVESTIGATING SUCH CASE

NAME: _____

ADDRESS: 3228 GUN CLUB RD WEST PALM BEACH, FL 33406

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

CAN TESTIFY TO: FACTS OF CASE

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) 0 (WORK) 0

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

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CAN TESTIFY TO: _____

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ADDRESS _____

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CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

SUBJECT: Springer, James H. CASE NUMBER: 17-129857

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

SUBJECT: Springer, James H

CASE NUMBER: 17-129857

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? yes

WHERE WERE YOU GOING? Home

WHAT STREET OR HIGHWAY WERE YOU ON? Hypoluxo

DIRECTION OF TRAVEL? E WHERE DID YOU START? Home

WHAT TIME DID YOU START? 10:45 WHAT TIME IS IT NOW? 2 or 3

WHAT IS TODAY'S DATE? 9/21/17 WHAT DAY OF THE WEEK IS IT? Thursday

WHAT COUNTY AND CITY ARE YOU IN NOW? LoPB PBC

WHEN DID YOU LAST EAT? 5pm WHAT DID YOU EAT? _____

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? Proccess

HOW MUCH DO YOU WEIGH? 180 HAVE YOU BEEN DRINKING? yes WHAT? Beer

HOW MUCH? 3 WHERE? Home WITH WHOM? Alone

WHEN DID YOU HAVE YOUR FIRST DRINK? _____ AND YOUR LAST DRINK? 10 pm

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? slow

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? _____ ARE YOU UNDER THE INFLUENCE? yes

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? NO HOW MUCH? _____

WHAT? _____ WHERE? _____ WHEN? _____

WHAT LINE OF WORK ARE YOU IN? Computer program WHEN DID YOU LAST WORK? yesterday

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? yes WHAT? Back, Right Ankle, Left Kne

ARE YOU SICK OR INJURED? NO WHAT'S WRONG? _____

DO YOU LIMP? yes DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? NO

WERE YOU IN AN ACCIDENT TODAY? yes

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? NO WHEN? _____

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? NO WHO? _____ WHY? _____

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? NO 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? NO

DO YOU TAKE INSULIN? NO IF SO, WHEN WAS YOUR LAST INJECTION? _____

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? NO WHERE? _____

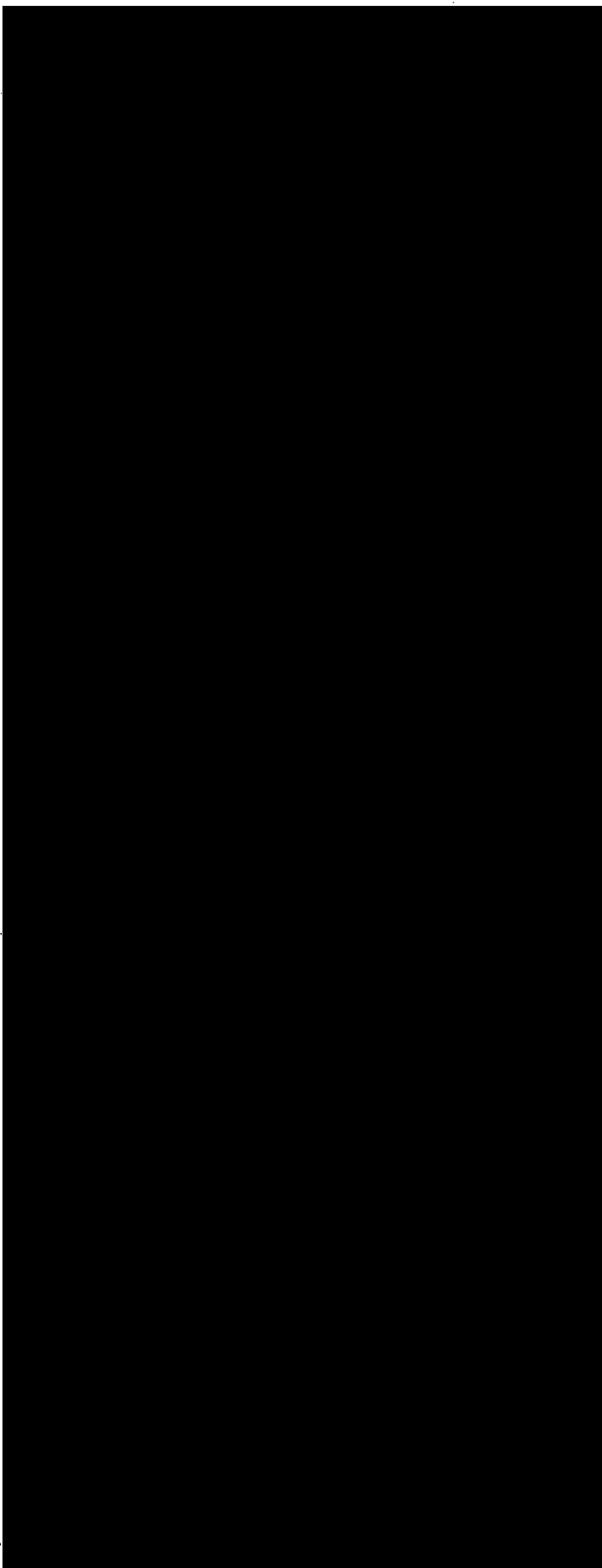
INTERVIEWER: _____

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL



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