

## ARREST / NOTICE TO APPEAR

Juvenile Referral Report

1. Arrest

2. N.T.A.

3. Request for Warrant

4. Request for Capias

Juvenile

1

ADMINISTRATIVE	OBTS Number			ARREST / NOTICE TO APPEAR			Juvenile Referral Report			Agency Report Number (N.T.A.'s only)					
	Agency ORI Number <b>FLO 5 0 0 0 0,0</b>			Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>			06-17129857								
DEFENDANT	Charge Type: Check as many as apply.			<input checked="" 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		
	Location of Arrest (Including Name of Business) <b>Hypoluxo and Haverhill</b>			Location of Offense (Business Name, Address)									Multiple Clearance Indicator		
CO-DEF	Date of Arrest <b>09/21/2017</b>	Time of Arrest <b>01:56</b>	Booking Date <b>09/21/2017</b>	Booking Time	Jail Date	Jail Time	Location of Vehicle								
	Name (Last, First, Middle) <b>Springer James Hidehiko</b>						Alias (Name, DOB, Soc. Sec. #, Etc.)								
JUVENILE	Race W - White 1 - American Indian B - Black 0 - Oriental/Asian			Sex <b>Male</b>	Date of Birth <b>05/12/1969</b>	Height <b>5'10</b>	Weight <b>180</b>	Eye Color <b>Brown</b>	Hair Color <b>Brown</b>	Complexion <b>Light</b>	Build <b>Medium</b>				
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)						Marital Status <b>Single</b>	Religion <b>CHRISTIAN</b>	Indication of: Alcohol Influence Drug Influence			Y <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> N <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Unk. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
CHARGE	Local Address (Street, Apt. Number) <b>5564 Muirfield Village Cir</b>			(City) <b>Lake Worth</b>	(State) <b>FL</b>	(Zip) <b>33463</b>	Phone <b>(561) 577-9967</b>	Residence Type: 1. City 2. County			3. Florida 4. Out of State	<b>2</b>			
	Permanent Address (Street, Apt. Number)			(City)	(State)	(Zip)	Phone <b>( )</b>	Address Source							
CHARGE	Business Address (Name, Street)			(City)	(State)	(Zip)	Phone <b>( )</b>	Occupation							
	D/L Number, State <b>S165-448-69-172-0</b>		Soc. Sec. Number		INS Number		Place of Birth (City, State) <b>Mount Clemens, MI</b>			Citizenship <b>US</b>					
CODE	Co-Defendant Name (Last, First, Middle)			Race	Sex	Date of Birth <b>577-</b>	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large	<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile							
	Co-Defendant Name (Last, First, Middle)			Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large	<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile							
CHARGE	Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other: <input type="checkbox"/>						Residence Phone <b>( )</b>								
	Address (Street, Apt. Number)			(City)	(State)	(Zip)	Business Phone <b>( )</b>								
CHARGE	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						
CHARGE	Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No			Description of Property			Value of Property <b>JP</b>								
	Drug Activity S. Sell N. N/A P. Possess			R. Smuggle B. Buy T. Traffic	K. Dispense/ D. Deliver E. Use	M. Manufacture/ Produce/ Cultivate Z. Other	Drug Type N. N/A A. Amphetamine	B. Barbiturates C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana O. Opium/Deriv.	P. Paraphernalia/ Equipment S. Synthetics	U. Unknown Z. Other				
CHARGE	Charge Description <b>D.U.I. Enhanced</b>			Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number <b>316.193 (3)(C)(1)</b>			Violation of ORD #						
	Drug Activity	Drug Type	Amount / Unit	Offense # <b>17129857</b>			Warrant / Capias Number			Bond					
CHARGE	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	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	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					
NOTICE TO APPEAR	Location (Court Room Number / Address) <b>PALM BEACH COUNTY CRIMINAL JUSTICE COMPLEX - 3228 GUN CLUB RD WEST PALM BEACH FL, 33406</b>														
	Court Date and Time Month <b>October</b> Day <b>19</b> Year <b>2017</b> Time <b>08:30</b>			AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>			Date Signed <b>09/21/2017</b>								
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) <b>09/21/2017</b>															
ADMIN	HOLD for other Agency Name:			Signature of Arresting Officer <b>15418</b>			Name Verification (Printed by Arrestee) (PRINT)								
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other			Name of Arresting Officer (Print) <b>Corporal R Soriano</b>			I.D. # <b>#9418</b>				PAGE				
Intake Deputy <b>3050</b>			Pouch # <b>3050</b>	Transporting Officer <b>CPL SORIANO</b>	ID # <b>9418</b>	Agency <b>PBSO</b>	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 <b>FLO 5 0 0 0 0 0 0</b>	Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>	Agency Report Number <b>06</b>	<b>17129853</b>			
Charge Type: Check as many as apply 1. Felony 2. Traffic Felony 3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 6. Other _____	Special Notes					
Defendant Name (Last, First, Middle) <b>Springer James H</b>	Race <b>W</b>	Sex <b>m</b>	Date of Birth <b>5/12/69</b>			
Charge <b>DUI Enhanced 316.193(3)(c)(1)</b>	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	
I, the undersigned, swear 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"/> confessed to admitting to the below facts. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from (described) investigation.						
On the <b>21</b> day of <b>September</b> <b>20</b> <b>17</b> at <b>0022</b> <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.

NOT A CERTIFIED COPY

The foregoing instrument was sworn to and affirmed before me this <b>21</b> day of <b>September</b> <b>20</b> <b>17</b> , by:	<b>D/S SCHWARTZ</b>	<b>13670</b>
Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	Name of Arresting/Investigating Officer	
<b>John J. Alvarez #17670</b>	<b>John J. Alvarez</b>	
Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	Signature of Arresting/Investigating Officer	
Page <b>1</b> of <b>1</b>		

# 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 shorts 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 21<sup>st</sup> day of September 20 17 by Corporal R Soriano

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

JAMES R SORIANO  
Notary Public - State of Florida  
My Comm. Expires Nov 18, 2017  
Commission # FF 059684  
Bonded Through National Notary Assn.

James Biggs (#7607)

Notary Public, Clerk of Court, Officer (F.S.S. 117-10)

## ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

<input type="checkbox"/> LT EYE-LACK OF SMOOTH PURSUIT	<input type="checkbox"/> RT EYE-LACK OF SMOOTH PURSUIT
<input type="checkbox"/> LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION	<input type="checkbox"/> RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION
<input type="checkbox"/> LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES	<input type="checkbox"/> 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 21<sup>st</sup> 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 or print information produced

James S. Biggs  
Notary Public - State of Florida  
My Comm. Expires Nov 18, 2017  
Commission # FF 059684  
Bonded Through National Notary Assn.

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:

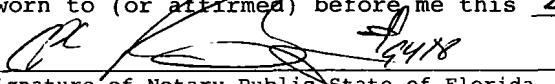
I JAMES G BIGGS hold a valid Breath Test Operator permit issued by the Florida Department of Law Enforcement. I administered the above breath test to the subject named above in accordance with Chapter 11D-8, Florida Administrative Code, and this form is a true and accurate report of that breath test.

Breath Test Operator: \_\_\_\_\_

Date: 9/21/17

Signature

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

  
Signature of Notary Public-State of Florida

Indy Sciarano  
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.

UNIDENTIFIED 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) \_\_\_\_\_

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: \_\_\_\_\_

## 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) Rcd on January

## 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? WPB PBC

WHEN DID YOU LAST EAT? 5 pm WHAT DID YOU EAT? \_\_\_\_\_

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

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 Knee

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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