

J#0243803

14 CT 17463

P#3069

| ARREST / NOTICE TO APPEAR<br>Juvenile Referral Report                                                                                                                                                                                                                                                                            |                                                                                                                                 |                               |                                                      | 1. Arrest<br>2. N.T.A.                                                                                                   | 3. Request for Warrant<br>4. Request for Capias | 1                                                                                                              | Juvenile                                                    |                                                                                                                                                                                                       |                                       |                                           |                                                    |                                                 |                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|-------------------------------|------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|-------------------------------------------|----------------------------------------------------|-------------------------------------------------|------------------------|
| ADMINISTRATIVE                                                                                                                                                                                                                                                                                                                   | OBTS Number<br><b>FLO 502700</b>                                                                                                |                               | Agency Name<br><b>PALM SPRINGS POLICE DEPARTMENT</b> | Agency Report Number (N.T.A.'s only)<br><b>06-82- 16-23313</b>                                                           |                                                 |                                                                                                                |                                                             |                                                                                                                                                                                                       |                                       |                                           |                                                    |                                                 |                        |
|                                                                                                                                                                                                                                                                                                                                  | Charge Type:<br>Check as many as apply:<br>1. Felony<br>2. Traffic Felony                                                       |                               | 3. Misdemeanor<br>4. Traffic Misdemeanor             | 5. Ordinance<br>6. Other                                                                                                 | Weapon Seized / Type<br>2<br>1. Yes<br>2. No    | N/A                                                                                                            | Multiple Clearance Indicator                                |                                                                                                                                                                                                       |                                       |                                           |                                                    |                                                 |                        |
| Location of Arrest (Including Name of Business)<br><b>3985 Lake Worth Road, Palm Springs, FL 33461 (Sunoco Gas Station)</b>                                                                                                                                                                                                      |                                                                                                                                 |                               |                                                      | Location of Offense (Business Name, Address)<br><b>3985 Lake Worth Road, Palm Springs, FL 33461 (Sunoco Gas Station)</b> |                                                 |                                                                                                                |                                                             |                                                                                                                                                                                                       |                                       |                                           |                                                    |                                                 |                        |
| Date of Arrest<br><b>9/14/16</b>                                                                                                                                                                                                                                                                                                 |                                                                                                                                 | Time of Arrest<br><b>2222</b> | Booking Date                                         | Booking Time                                                                                                             | Jail Date                                       | Jail Time                                                                                                      | Location of Vehicle                                         |                                                                                                                                                                                                       |                                       |                                           |                                                    |                                                 |                        |
| Name (Last, First, Middle)<br><b>Etter, Jordan Eric</b>                                                                                                                                                                                                                                                                          |                                                                                                                                 |                               |                                                      | Alias (Name, DOB, Soc. Sec. #, Etc.)                                                                                     |                                                 |                                                                                                                |                                                             |                                                                                                                                                                                                       |                                       |                                           |                                                    |                                                 |                        |
| DEFENDANT                                                                                                                                                                                                                                                                                                                        | Race<br>W - White 1 - American Indian<br>B - Black 0 - Oriental/Asian                                                           |                               | Sex<br>White                                         | Date of Birth<br><b>08/11/1977</b>                                                                                       | Height<br><b>5'11</b>                           | Weight<br><b>170</b>                                                                                           | Eye Color<br><b>Blue</b>                                    | Hair Color<br><b>Brown</b>                                                                                                                                                                            | Complexion<br><b>Light</b>            | Build<br><b>Medium</b>                    |                                                    |                                                 |                        |
|                                                                                                                                                                                                                                                                                                                                  | Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description)<br><b>Tattoo: Chest, Back, Rt. thigh, Rt. calf</b> |                               |                                                      |                                                                                                                          |                                                 | Marital Status                                                                                                 | Religion<br><b>NONE</b>                                     | Indication of:<br>Alcohol Influence<br>Drug Influence                                                                                                                                                 |                                       |                                           |                                                    |                                                 |                        |
| Local Address (Street, Apt. Number)<br><b>1002 S L Street, Lake Worth, FL 33460</b>                                                                                                                                                                                                                                              |                                                                                                                                 |                               |                                                      | (City)                                                                                                                   | (State)                                         | (Zip)                                                                                                          | Phone<br>( )                                                | Residence Type:<br>1. City<br>2. County<br>3. Florida<br>4. Out of State                                                                                                                              |                                       |                                           |                                                    |                                                 |                        |
| Permanent Address (Street, Apt. Number)<br><b>1002 S L Street, Lake Worth, FL 33460</b>                                                                                                                                                                                                                                          |                                                                                                                                 |                               |                                                      | (City)                                                                                                                   | (State)                                         | (Zip)                                                                                                          | Phone<br>(561) 670-6774                                     | Address Source<br><b>Defendant</b>                                                                                                                                                                    |                                       |                                           |                                                    |                                                 |                        |
| Business Address (Name, Street)<br><b>1002 S L Street, Lake Worth, FL 33460</b>                                                                                                                                                                                                                                                  |                                                                                                                                 |                               |                                                      | (City)                                                                                                                   | (State)                                         | (Zip)                                                                                                          | Phone<br>( )                                                | Occupation<br><b>Handyman</b>                                                                                                                                                                         |                                       |                                           |                                                    |                                                 |                        |
| DL Number, State<br><b>E360-425-77-291-0</b>                                                                                                                                                                                                                                                                                     |                                                                                                                                 | Soc. Sec. Number              |                                                      | INS Number                                                                                                               |                                                 | Place of Birth (City, State)<br><b>Princeton, New Jersey</b>                                                   |                                                             | Citizenship<br><b>US</b>                                                                                                                                                                              |                                       |                                           |                                                    |                                                 |                        |
| CO-DEF                                                                                                                                                                                                                                                                                                                           | Co-Defendant Name (Last, First, Middle)                                                                                         |                               |                                                      |                                                                                                                          | Race                                            | Sex                                                                                                            | Date of Birth                                               | <input type="checkbox"/> 1. Arrested<br><input type="checkbox"/> 2. At Large<br><input type="checkbox"/> 3. Felony<br><input type="checkbox"/> 4. Misdemeanor<br><input type="checkbox"/> 5. Juvenile |                                       |                                           |                                                    |                                                 |                        |
|                                                                                                                                                                                                                                                                                                                                  | Co-Defendant Name (Last, First, Middle)                                                                                         |                               |                                                      |                                                                                                                          | Race                                            | Sex                                                                                                            | Date of Birth                                               | <input type="checkbox"/> 1. Arrested<br><input type="checkbox"/> 2. At Large<br><input type="checkbox"/> 3. Felony<br><input type="checkbox"/> 4. Misdemeanor<br><input type="checkbox"/> 5. Juvenile |                                       |                                           |                                                    |                                                 |                        |
| JUVENILE                                                                                                                                                                                                                                                                                                                         | Parent<br>Legal Custodian<br>Other:                                                                                             |                               | Name (Last) (First) (Middle)                         |                                                                                                                          |                                                 | Residence Phone<br>( )                                                                                         |                                                             |                                                                                                                                                                                                       |                                       |                                           |                                                    |                                                 |                        |
|                                                                                                                                                                                                                                                                                                                                  | Address (Street, Apt. Number)                                                                                                   |                               |                                                      |                                                                                                                          | (City)                                          | (State)                                                                                                        | (Zip)                                                       | Business Phone<br>( )                                                                                                                                                                                 |                                       |                                           |                                                    |                                                 |                        |
| Notified by: (Name)                                                                                                                                                                                                                                                                                                              |                                                                                                                                 |                               |                                                      | Date                                                                                                                     | Time                                            | Juvenile Disposition<br>1. Handled/processed within Dept. and Released.<br>2. TOT HRS / DYS<br>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.<br><input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason) |                                                                                                                                 |                               |                                                      |                                                                                                                          |                                                 | School Attended                                                                                                |                                                             |                                                                                                                                                                                                       | Grade                                 |                                           |                                                    |                                                 |                        |
| Property Crime?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                      |                                                                                                                                 | Description of Property       |                                                      |                                                                                                                          |                                                 | Value of Property                                                                                              |                                                             |                                                                                                                                                                                                       |                                       |                                           |                                                    |                                                 |                        |
| CODE                                                                                                                                                                                                                                                                                                                             | Drug Activity<br>N. N/A<br>P. Possess                                                                                           |                               |                                                      | S. Sell<br>B. Buy<br>T. Traffic                                                                                          | R. Smuggle<br>D. Deliver<br>E. Use              | K. Dispense/<br>Distribute                                                                                     | M. Manufacture/<br>Produce/<br>Cultivate                    | Z. Other                                                                                                                                                                                              | Drug Type<br>N. N/A<br>A. Amphetamine | B. Barbiturate<br>C. Cocaine<br>E. Heroin | H. Hallucinogen<br>M. Marijuana<br>O. Opium/Deriv. | P. Paraphernalia/<br>Equipment<br>S. Synthetics | U. Unknown<br>Z. Other |
|                                                                                                                                                                                                                                                                                                                                  | Charge Description<br><b>DUI (Refusal)</b>                                                                                      |                               |                                                      |                                                                                                                          | Counts<br><b>1</b>                              | Domestic<br>Violence<br><input type="checkbox"/> Y <input type="checkbox"/> N                                  | Statute Violation Number<br><b>316.193(1)</b>               |                                                                                                                                                                                                       |                                       | Violation of ORD #                        |                                                    |                                                 |                        |
| CHARGE                                                                                                                                                                                                                                                                                                                           | Drug Activity<br><b>N</b>                                                                                                       | Drug Type<br><b>N</b>         | Amount / Unit<br><b>.000/.000</b>                    | Offense #<br><b>2016-23313</b>                                                                                           |                                                 |                                                                                                                | Warrant / Capias Number                                     |                                                                                                                                                                                                       |                                       | Bond<br><b>On</b>                         |                                                    |                                                 |                        |
|                                                                                                                                                                                                                                                                                                                                  | Charge Description                                                                                                              |                               |                                                      |                                                                                                                          | Counts                                          | Domestic<br>Violence<br><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<br>Violence<br><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<br>Violence<br><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<br>Violence<br><input type="checkbox"/> Y <input type="checkbox"/> N                                  | Statute Violation Number                                    |                                                                                                                                                                                                       |                                       | Violation of ORD #                        |                                                    |                                                 |                        |
| NOTICE TO APPEAR                                                                                                                                                                                                                                                                                                                 | Location (Court, Room Number, Address)<br><b>CRIMINAL JUSTICE COMPLEX</b>                                                       |                               |                                                      |                                                                                                                          | 3228 GUN CLUB RD                                |                                                                                                                |                                                             | WEST PALM BEACH, FL 33406                                                                                                                                                                             |                                       |                                           |                                                    |                                                 |                        |
|                                                                                                                                                                                                                                                                                                                                  | Court Date and Time<br>Month <b>October</b> Day <b>20th</b> Year <b>2016</b> Time <b>8:30</b>                                   |                               |                                                      |                                                                                                                          |                                                 |                                                                                                                |                                                             | AM <input checked="" type="checkbox"/> 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                   |                                                                                                                                 |                               |                                                      |                                                                                                                          |                                                 |                                                                                                                |                                                             |                                                                                                                                                                                                       |                                       |                                           |                                                    |                                                 |                        |
| SCANNED                                                                                                                                                                                                                                                                                                                          |                                                                                                                                 |                               |                                                      |                                                                                                                          |                                                 |                                                                                                                |                                                             |                                                                                                                                                                                                       |                                       |                                           |                                                    |                                                 |                        |
| Signature of Defendant (or Juvenile and Parent /Custodian) Date Signed                                                                                                                                                                                                                                                           |                                                                                                                                 |                               |                                                      |                                                                                                                          |                                                 |                                                                                                                |                                                             |                                                                                                                                                                                                       |                                       |                                           |                                                    |                                                 |                        |
| ADMIN                                                                                                                                                                                                                                                                                                                            | HOLD for other Agency<br>Name:                                                                                                  |                               |                                                      | Signature of Arresting Officer<br><i>X</i>                                                                               |                                                 |                                                                                                                | Name Verification (Printed by <b>9/15/2016</b> )<br>(PRINT) |                                                                                                                                                                                                       |                                       |                                           |                                                    |                                                 |                        |
|                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Dangerous<br><input type="checkbox"/> Suicidal                                                         |                               |                                                      | <input type="checkbox"/> Resisted Arrest<br><input type="checkbox"/> Other:                                              |                                                 |                                                                                                                | Name of Arresting Officer (Print)<br><b>Ofc. Alonso</b>     |                                                                                                                                                                                                       | I.D. #<br><b>161</b>                  |                                           |                                                    |                                                 |                        |
| Intake Deputy<br><b>W/G/Sosa</b>                                                                                                                                                                                                                                                                                                 |                                                                                                                                 |                               | I.D. #                                               | Pouch #                                                                                                                  | Transporting Officer<br><b>Ofc. Alonso</b>      |                                                                                                                | ID #<br><b>161</b>                                          | Agency<br><b>PSPD</b>                                                                                                                                                                                 | PAGE <b>1</b><br>OF <b>1</b>          |                                           |                                                    |                                                 |                        |
| Witness here if subject signed with an -X"                                                                                                                                                                                                                                                                                       |                                                                                                                                 |                               |                                                      |                                                                                                                          |                                                 |                                                                                                                |                                                             |                                                                                                                                                                                                       |                                       |                                           |                                                    |                                                 |                        |

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 14th DAY OF September 20 16, AT 2154 AM PM  
SUBJECT: Etter, Jordan Eric CASE NUMBER: 16-23313  
AGENCY: PALM SPRINGS POLICE DEPARTMENT ARRESTING OFFICER: Ofc. Alonso #161

## PERSONAL CONTACT

DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUTTING DEF. BEHIND WHEEL OF VEHICLE)  
Vehicle was running with the driver behind the wheel. Vehicle was partially in the parking lot of the Sunoco Gas Station and Lake Worth Road. Driver appeared asleep and woke up upon me making contact with him.

### OBSERVATION OF DRIVER:

Red glossy eyes  
Unable to keep eyes open very long  
Fumbled with paperwork

### DRIVER'S STATEMENTS:

Said he had a cocktail to drink about an hour prior to the stop

### ODORS:

Unable to detect any odors.

## GENERAL OBSERVATIONS

SPEECH: Slow slurred speech

ATTITUDE: Calm,

CLOTHING: Blue polo shirt, Black shorts,

MEDICAL/OTHER: Stated he was shot in the back a few months prior. Takes Adderol, Seboxin, Clonodine.

STATE OF FLORIDA  
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

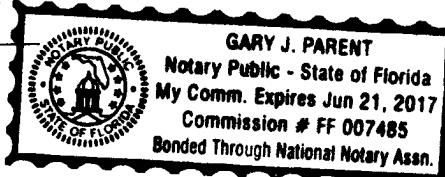
The foregoing instrument was sworn to or affirmed and subscribed before me this 14th day of September 20 16 by Ofc. Alonso #161

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

KNOWN TO ME

SCANNED

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



SEP 15 2016

## 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 DEGREESOther Observations:

Swayed forward and side to side while performing HGN

WALK & TURN

Stepped off line on seventh step

Used arms for balance

Improper turn

Incorrect number of steps

ONE LEG STAND:

Put his foot down several times

Used his arms for balance

Swayed

Hopped

FINGER TO NOSE:

Did not return his left arm to his side after touching tip of nose.

First right finger did not touch tip of nose with tip of finger

ROMBERG ALPHABET:

Recited alphabet correctly.

BREATH TEST RESULTS: .000 / .000

STATE OF FLORIDA  
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

14th

September

16

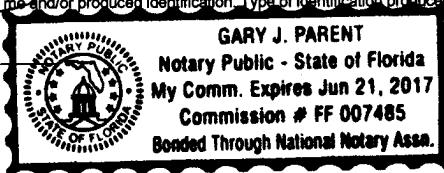
Ofc. Alonso #161

The foregoing instrument was sworn to or affirmed and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, by \_\_\_\_\_

KNOWN TO ME

(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)

SCANNED  
SEP 15 2016

SUBJECT: Erin, Jordan E CASE NUMBER: \_\_\_\_\_

## **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) Read on Camera

## **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.

**SCANNED**  
**SEP 15 2016**

SUSPECT'S SIGNATURE: (X) Read on Camera

SUBJECT: ETTE, Jason E

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

## 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? B

WHAT STREET OR HIGHWAY WERE YOU ON? Little River Rd.

DIRECTION OF TRAVEL? W WHERE DID YOU START? Shop

WHAT TIME DID YOU START? ? WHAT TIME IS IT NOW? I don't know

WHAT IS TODAY'S DATE? Sept. 15 WHAT DAY OF THE WEEK IS IT? Wednesday

WHAT COUNTY AND CITY ARE YOU IN NOW? St. Lucie Co., FL, Palm Beach County

WHEN DID YOU LAST EAT? 6:00 PM WHAT DID YOU EAT? Salad

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

HOW MUCH DO YOU WEIGH? 170 HAVE YOU BEEN DRINKING? No WHAT? How much wine

HOW MUCH? 1/2 glass WHERE? Shop WITH WHOM? By myself

WHEN DID YOU HAVE YOUR FIRST DRINK? Earlier AND YOUR LAST DRINK? \_\_\_\_\_

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? \_\_\_\_\_

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? No 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? Cold WHAT'S WRONG? \_\_\_\_\_

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

WERE YOU IN AN ACCIDENT TODAY? No

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? No WHEN? Not today

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? No WHO? \_\_\_\_\_ WHY? \_\_\_\_\_

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? Yes WHAT? Aspirin WHEN? Now

DO YOU HAVE:

EPILEPSY? No

GLASS EYE? No

FALSE TEETH? No

EAR INFECTION? No

INNER EAR TROUBLE? No

DIABETES? No

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? Yes WHERE? Pennsylvania

INTERVIEWER: SL. HUNTER #1161

SCANNED  
SEP 15 2016

# TESTING FACILITY TASK REPORT

AGENCY: PSPO  
SUBJECT: ETTER JORDAN E. CASE NUMBER: 16-127142  
DATE: 08/14/16 VIDEO TAPE NUMBER: 61379  
BEGINNING TIME: 2303 ENDING TIME: 2323  
BREATH TESTS RESULTS: 1) .000 TIME 2308 A.M./P.M. 2) .000 TIME 2312 A.M./P.M.  
3) N/A TIME — A.M./P.M. 4) N/A TIME — A.M./P.M.

BREATH OPERATOR: G. Parent #<sup>7909</sup>

MAINTENANCE TECHNICIAN: KASLECKE #<sup>6767</sup>

## TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED, MUS. AND SLOW

ATTITUDE: CALM, QUIET, SLEEPING, LETHARGIC, CO-OPERATIVE

CLOTHING: BLACK SHORTS, BLUE POLO SHIRT, BLACK SNEAKERS

MEDICAL CONDITIONS: None, NO MEDICATION

MEDICATIONS: Aspirin, Searax, Colace

OTHER: EYES GLASSY, UNSTABLE ON FEET, ADMITTED TO DRINKING A HALF OF A BOTTLED BEER.

COMMENTS: ARRIVED AT CENTER AT 2045, THE 20 MINUTE OBSERVATION PERIOD AT 2235 HRS.

A AGREED TO TAKE TEST

TECH READ BREATH TEST RESULTS

A STATED HE UNDERSTOOD TEST RESULTS

A REQUESTED A URINE

A DID NOT RESPOND

A/6 READ I/C AND AGREE, REQUESTED URINE SAMPLE

A AGREED TO PROVIDE A SAMPLE AT 2315 HRS

A COULD NOT PROVIDE SAMPLE AFTER SEVERAL ATTEMPTS REQUESTED AT A/6 READ AGAIN

A STATED HE UNDERSTOOD RIGHTS

A/6 COVERED Q&A

A ANSWERED QUESTIONS

**REFUSED**

**SCANNED**

**SEP 15 2016**