

ARREST / NOTICE TO APPEAR		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		JUVENILE													
Agency ORI Number <b>0501700</b>		Agency Name <b>Jupiter Police Department</b>		Agency Report Number (N.T.A.'s only) <b>5 4 17-003187</b>																	
Charge Type: Check as many as apply: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		If Weapon Seized Enter Type <b>NONE</b>		Multiple Clearance Indicator																	
Location of Arrest (Including Name of Business) <b>185 E INDIANTOWN RD JUPITER FL 33477</b>		Location of Offense (Business Name, Address) <b>185 E INDIANTOWN RD, JUPITER, FL 33477</b>																			
Date of Arrest <b>06/29/2017</b>		Time of Arrest <b>08:31</b>		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle									
Name (Last, First, Middle) <b>GRIECO, LORETTA ANNE</b>		Alias:		Alias (Name, DOB, Soc. Sec. #, Etc.)																	
Race W - White B - Black I - American Indian O - Oriental/Asian <b>W</b>		Sex <b>F</b>		Date of Birth <b>10/26/1956</b>		Height <b>5'01</b>		Weight <b>111</b>		Eye Color <b>BLUE</b>		Hair Color <b>BLONDE /</b>		Complexion <b>FAIR</b>		Build <b>Thin</b>					
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status <b>S</b>		Religion <b>OTHER</b>		Indication of Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>		Indication of Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>													
Local Address (Street, Apt. Number) <b>344 KEEN TERRACE A, SEBASTION, FL 32958</b>		(City) <b>(City)</b>		(State) <b>(State)</b>		(Zip) <b>(Zip)</b>		Phone <b>(561) 701-0952</b>		Residence Type: 1. City 2. County 3. Florida 4. Out of State <b>3</b>											
Permanent Address (Street, Apt. Number) <b>344 KEEN TERRACE A, SEBASTION, FL 32958</b>		(City) <b>(City)</b>		(State) <b>(State)</b>		(Zip) <b>(Zip)</b>		Phone <b>(561) 701-0952</b>		Address Source <b>VERBAL</b>											
Business Address (Name, Street) <b>(City)</b>		(City) <b>(City)</b>		(State) <b>(State)</b>		(Zip) <b>(Zip)</b>		Phone <b>(561) 701-0952</b>		Occupation <b>Retired</b>											
D/L Number, State <b>G620521568860 / MD</b>		Soc. Sec. Number <b>(Redacted)</b>		INS Number <b>(Redacted)</b>		Place of Birth (City, State) <b>ROCKVILLE CENTER, NY</b>		Citizenship <b>US</b>													
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									
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large		<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor		<input type="checkbox"/> 5. Juvenile									
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian		Name (Last, First, Middle)		Residence Phone																	
Address (Street, Apt. Number)		(City)		(State)		(Zip)		Business Phone													
Notified by: (Name)		Date		Time		JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated															
Released To: (Name)		Relationship		Date		Time															
The above address was 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's Office (Phone 355-2526) informed of any change of address.		School Attended		Grade																	
<input type="checkbox"/> Yes, by: <input type="checkbox"/> No:		Property Crime? <input type="checkbox"/> Yes <input checked="" 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. Disperses/ Distribute		M. Manufacture/ Produce/ Cultivate		Z. Other		Drug Type N. N/A A. Amphetamine		B. Barbiturate C. Cocaine E. Heroin		H. Hallucinogen M. Marijuana O. Opium/Deriv.		P. Paraphernalia/ Equipment S. Synthetic		U. Unknown Z. Other	
Charge Description <b>DUI - DRIVING WHILE UNDER INFLUENCE</b>		Statute Violation Number <b>316.193(1)</b>		Violation of ORD #																	
Drug Activity		Drug Type <b>N</b>		Amount / Unit <b>/</b>		Offense # <b>17-003187</b>		Counts <b>1</b>		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number		Bond							
Charge Description		Statute Violation Number		Violation of ORD #																	
Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number		Bond							
Charge Description		Statute Violation Number		Violation of ORD #																	
Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number		Bond							
Health / Apparent Physical Condition of Defendant		Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries																			
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Posted Bond		<input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> South County Mental Health		<input type="checkbox"/> T.O.T. County Jail		PROPERTY - Received By		Released By		Released To											
Transported By		Date Transported		Time Transported		Other															
<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.		Location (Court, Room) <b>North County PALM BEACH GARD</b>		Court Date and Time <b>08/02/2017 08:30:00</b>		Date Signed <b>June 30, 2017</b>		No Photo Available													
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>[Signature]</b>		Date Signed <b>June 30, 2017</b>																	
HOLD for Other Agency		Signature of Arresting Officer <b>[Signature]</b>		Name Verification (Printed by Arrestee) <b>LORETTA GRIECO</b>																	
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Name of Arresting Officer (Print) <b>FANDREY, CHRISTOPHER</b>		I.D. # <b>1182</b>		Page <b>1 OF 1</b>													
Intake Deputy <b>[Signature]</b>		I.D. # <b>340</b>		Pouch # <b>[Signature]</b>		Transporting Officer <b>[Signature]</b>		I.D. # <b>340</b>		Agency <b>JPD</b>		Witness here if subject signed with an "X".									

#0489317

19

7:39

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 28<sup>th</sup> DAY OF June 20 17, AT 2331 2308 CT AM ☒ PM

SUBJECT: Loretta A. Grieco CASE NUMBER: 17-003187

AGENCY: JUPITER POLICE DEPARTMENT ARRESTING OFFICER: Ofc. Fandrey #340

## PERSONAL CONTACT

DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUTTING DEF. BEHIND WHEEL OF VEHICLE)  
On 6/29/17 at approximately 2308hrs Ofc. Flesch #348 observed a 1998 Gray Toyota bearing FL Tag #Y55CRT driving east bound in the west bound lanes of E. Indiantown Rd. Ofc. Flesch stated that the vehicle had made a left turn out of the plaza where the Duffy's restaurant. Upon my arrival Ofc. Flesch identified W/F Loretta A. Grieco (10/26/1956) as the driver. See Ofc. Flesch Supplemental PC for further.

## OBSERVATION OF DRIVER:

I made contact with Grieco and identified myself as Ofc. Fandrey of the Jupiter Police Department. I immediately noticed the odor of an unknown alcoholic beverage coming from her person. asked Grieco how much she had to drink and she stated that she had one glass of wine. Grieco had red bloodshot glassy eyes and was swaying while standing still. Grieco was apologetic about the incident. Grieco had mumbled and slurred speech.

## DRIVER'S STATEMENTS:

Grieco stated that she had one glass of wine to drink tonight. Grieco stated that she drank about 8pm at the La Quinta Hotel and then went to the Duffy's restaurant. Grieco later stated she drank at the Duffy's. Grieco was apologetic and was repetitive.

## ODORS:

Odor of an unknown alcoholic beverage coming from her person.

## GENERAL OBSERVATIONS

SPEECH: Mumbled and slurred

ATTITUDE: black shirt, cooperative, repetitive

CLOTHING: gray shirt, blue jeans, black shoes

MEDICAL/OTHER: None stated and later advised she had a bad back.

STATE OF FLORIDA  
COUNTY OF PALM BEACH

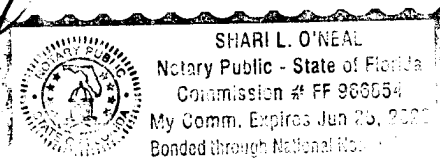
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 29 day of June 20 17 by Ofc. Fandrey #340

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

S. Oneal #6212

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



SUBJECT: Loretta A. Grieco

CASE NUMBER 17-003187

### 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:

sway, red bloodshot glassy eyes, unable to follow directions

#### WALK & TURN

Grieco did not maintain the starting position and started early. Grieco did not follow directions. Grieco eventually decided to take off her shoes to conduct the tasks. I asked Grieco to go back to the starting position which she complied. Grieco again left the starting position. Grieco missed heel to toe each step. Grieco made an improper turn. Grieco missed heel to toe each time and stepped off line several times.

#### ONE LEG STAND:

Grieco did not maintain the starting position. Grieco did not follow directions and only lifted the heel of her left foot off the ground leaving her toes on the ground. Grieco was reexplained to ensure she lifted her leg. Grieco complained about having a bad back. Grieco placed her foot down several times and the task was stopped.

#### FINGER TO NOSE:

Grieco did not maintain the starting position. Grieco stated she understood the instructions. Grieco opened her eyes and lifted her left hand up and did not touch her nose. Grieco was again reexplained the instructions and the task was demonstrated again. Grieco opened her eyes again throughout the task. Grieco used wrong hand on the double right.

#### ROMBERG ALPHABET:

Grieco did not maintain the starting position. Grieco was swaying.

a,b,c,d

BREATH TEST RESULTS: Refused

Refused

STATE OF FLORIDA  
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was read to or affirmed and subscribed before me this 29 day of June, 2017 by Ofc. Fandrey #340

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

S. O Neal #6212

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

SHARIL L. O'NEAL  
Notary Public - State of Florida  
Commission # F0968654  
My Comm. Expires Jun 26, 2020  
Bonded through National Notary Association

## WITNESS LIST

CASE NUMBER: 17-003187

ARRESTING OFFICER: Ofc. Fandrey #340

ADDRESS: 210 Military Trail Jupiter FL 33458

PHONE NUMBERS (HOME): \_\_\_\_\_ (WORK) 561-746-6201

CAN TESTIFY TO: See PC

NAME: Ofc. Flesch #348

ADDRESS: 210 Military Trail Jupiter FL 33458

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) 561-746-6201

CAN TESTIFY TO: PC for traffic stop

NAME: Ofc. Pope #316

ADDRESS 210 Military Trail Jupiter FL 33458

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) 561-746-6201

CAN TESTIFY TO: Assisting on scene

NAME: Ofc. Razzano #317

ADDRESS 210 Military Trail Jupiter FL 33458

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) 561-746-6201

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: \_\_\_\_\_

**STATE OF FLORIDA  
DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES  
AFFIDAVIT OF REFUSAL TO SUBMIT TO  
BREATH AND/OR URINE TEST**

I, Ofc. Fandrey #340, a duly certified Law Enforcement Officer or Correctional Officer,  
(Name of Officer reading Implied Consent Warning)

am a member of Jupiter Police Department, and I do swear  
(Name of law enforcement agency)

or affirm that on or about the 29 day of June, 20 17, at 2331 ☒ P.M. ☐ A.M.

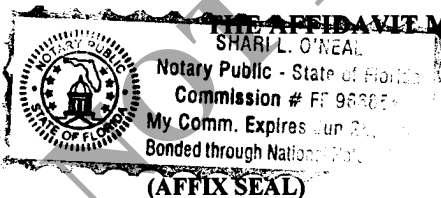
DRIVER Loretta Anne Grieco  
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# G620-521-56-886-0, state of Florida, was placed under lawful arrest for  
the offense of DUI by Ofc. Fandrey and  
(Name of Arresting Officer)  
issued Citation # A7RX5OE

That on or about the 30 day of June, 20 17, at 0035 ☐ P.M. ☒ A.M.  
in Palm Beach County,

I requested that the driver submit to a ☒breath and/or ☐urine test to determine his or her blood alcohol level and/or the presence of chemical or controlled substances. I informed the driver that the refusal to submit to such test(s) would result in the suspension of his or her driving privilege for a period of one (1) year for a first refusal, or for a period of eighteen (18) months if his or her driving privilege had been previously suspended for refusing to submit to a breath, urine or blood test. I also informed the driver that he or she commits a misdemeanor by refusing to submit to a lawful test as requested above if his or her driving privilege has been previously suspended for refusal to submit to a lawful test of his or her breath, urine, or blood. Additionally, I informed the driver that if he or she holds a CDL, or was operating a CMV, refusal will result in the disqualification of the Commercial Driver's License/driving privilege for a period of one (1) year in the case of a first refusal or permanently if he or she has previously been disqualified as a result of a refusal to submit to any such lawful test. Nonetheless, the driver refused to submit to the test(s) requested.

[Signature]  
Signature of Law Enforcement Officer or  
Correctional Officer



**THE AFFIDAVIT MUST BE NOTARIZED OR ATTESTED TO (F.S. 117.10)**

The foregoing instrument was sworn and subscribed before me:

Signature of Attesting Officer

The foregoing instrument was sworn and subscribed before

me this 30 day of June, 20 17,

by Ofc. Fandrey,

who is personally known to me or who has produced

Personally Known as identification

Notary Public S. O'Neal #6212 [Signature]

HSMV-BAR1001 (REV. 10/2016)

Title \_\_\_\_\_

Date \_\_\_\_\_

Note: Mail or hand deliver to the designated Bureau of Administrative Reviews office, Department of Highway Safety and Motor Vehicles, with the driver's license, the appropriate copy of the UTC, and the probable cause affidavit.

SUBJECT: Lozano, A. C. CASE NUMBER: 17-00000

## **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) \_\_\_\_\_

SUBJECT: Loretta A. Grice CASE NUMBER: 17-00157

## QUESTIONS AND ANSWERS

I AM NOW GOING TO ASK YOU SOME QUESTIONS. WITH THESE RIGHTS IN MIND, YOU MAY ANSWER SOME OF, ALL OF, OR NONE OF THE FOLLOWING QUESTIONS AS YOU LIKE.

WERE YOU OPERATING A MOTOR VEHICLE AT THE TIME OF THE STOP/ACCIDENT? \_\_\_\_\_

WHERE WERE YOU GOING? \_\_\_\_\_

WHAT STREET OR HIGHWAY WERE YOU ON? \_\_\_\_\_

DIRECTION OF TRAVEL? \_\_\_\_\_ WHERE DID YOU START? \_\_\_\_\_

WHAT TIME DID YOU START? \_\_\_\_\_ WHAT TIME IS IT NOW? \_\_\_\_\_

WHAT IS TODAY'S DATE? \_\_\_\_\_ WHAT DAY OF THE WEEK IS IT? \_\_\_\_\_

WHAT COUNTY AND CITY ARE YOU IN NOW? \_\_\_\_\_

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

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? \_\_\_\_\_

HOW MUCH DO YOU WEIGH? \_\_\_\_\_ HAVE YOU BEEN DRINKING? \_\_\_\_\_ WHAT? \_\_\_\_\_

HOW MUCH? \_\_\_\_\_ WHERE? \_\_\_\_\_ WITH WHOM? \_\_\_\_\_

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

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

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? \_\_\_\_\_ ARE YOU UNDER THE INFLUENCE? \_\_\_\_\_

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? \_\_\_\_\_ HOW MUCH? \_\_\_\_\_

WHAT? \_\_\_\_\_ WHERE? \_\_\_\_\_ WHEN? \_\_\_\_\_

WHAT LINE OF WORK ARE YOU IN? \_\_\_\_\_ WHEN DID YOU LAST WORK? \_\_\_\_\_

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? \_\_\_\_\_ WHAT? \_\_\_\_\_

ARE YOU SICK OR INJURED? \_\_\_\_\_ WHAT'S WRONG? \_\_\_\_\_

DO YOU LIMP? \_\_\_\_\_ DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? \_\_\_\_\_

WERE YOU IN AN ACCIDENT TODAY? \_\_\_\_\_

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? \_\_\_\_\_ WHEN? \_\_\_\_\_

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? \_\_\_\_\_ WHO? \_\_\_\_\_ WHY? \_\_\_\_\_

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? \_\_\_\_\_ WHAT? \_\_\_\_\_ WHEN? \_\_\_\_\_

DO YOU HAVE:    EPILEPSY? \_\_\_\_\_  
                      GLASS EYE? \_\_\_\_\_  
                      FALSE TEETH? \_\_\_\_\_  
                      EAR INFECTION? \_\_\_\_\_  
                      INNER EAR TROUBLE? \_\_\_\_\_  
                      DIABETES? \_\_\_\_\_

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? \_\_\_\_\_

DO YOU TAKE INSULIN? \_\_\_\_\_ IF SO, WHEN WAS YOUR LAST INJECTION? \_\_\_\_\_

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? \_\_\_\_\_ WHERE? \_\_\_\_\_

INTERVIEWER: \_\_\_\_\_

# TESTING FACILITY TASK REPORT

2

AGENCY: JPD Ofc. Fundrey #340  
 SUBJECT: Grice, Loretta A. CASE NUMBER: 17-046601  
 DATE: 06-30-17 VIDEO TAPE NUMBER: 62883  
 BEGINNING TIME: 003317S ENDING TIME: 003517S  
 BREATH TESTS RESULTS: **REFUSED** TIME 0035 A.M./P.M. 2) \_\_\_\_\_ TIME \_\_\_\_\_ A.M./P.M.  
 3) \_\_\_\_\_ TIME \_\_\_\_\_ A.M./P.M. 4) \_\_\_\_\_ TIME \_\_\_\_\_ A.M./P.M.

BREATH OPERATOR: S. O'Neal #6212

MAINTENANCE TECHNICIAN: PIC J. V. Locke #6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: \_\_\_\_\_

ATTITUDE: Calm Cooperative

CLOTHING: Shirt: Black

Pants: Blue Jeans

MEDICAL CONDITIONS: None

MEDICATIONS: None

OTHER: Eyes: Red & Glassy

Dexterity: Swaying

Odor of alcohol: electroclic

COMMENTS: 20 min. observation done by AIO Fundrey #340  
AIO requested the breath test.

D refused the request.

AIO read the implied consent on camera.

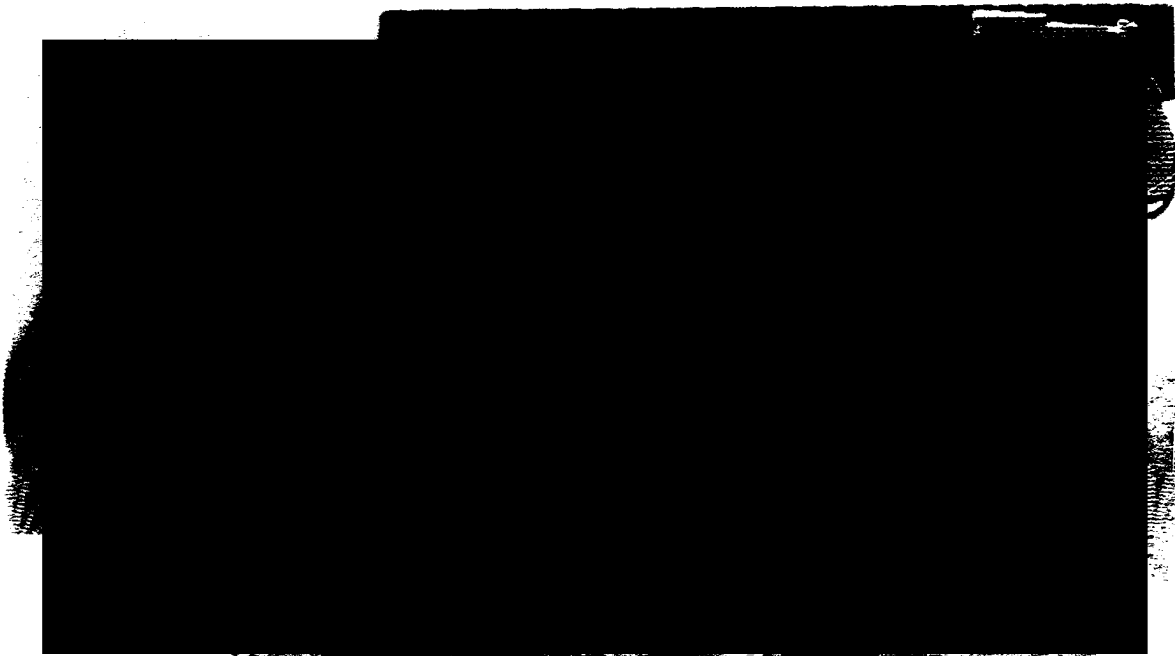
D understood the I/C as read.

D still refused the breath request.

CW read on camera.

D refused the test.





**SAFETY**

Operation of a motor vehicle constitutes consent to any sobriety test required by law.

NOT A CERTIFIED COPY