

0499683 / 3581

18CF



FLORIDA FISH AND WILDLIFE CONSERVATION COMMISSION  
1937 BANANA GROVE ROAD  
MOORE HAVEN, FL.

REPORT NUMBER  
ARR003232

ARREST REPORT

Report Date / Time 07/08/2018 11:07 PM	Agency Case/Offense Number FWBA18OFF006328	OCA Number	Original Agency Case Number	OBTS Number	Officer Case Number	Jail Booking Number	Other Number FWLR18CAD010702
---	---	------------	-----------------------------	-------------	---------------------	---------------------	---------------------------------

LOCATION OF OCCURRENCE

County PALM BEACH	Address BLUFFS BLVD, JUPITER, FL 33477
Range of Occurrence Date/Time 07/08/2018 08:03 PM to 07/08/2018 08:03 PM	Latitude N 28 54.2370
	Longitude W 80 3.9240

PERSON: SUSPECT

First Name MARK	Middle Name STUART	Last Name METROVICH	Suffix	Date of Birth 05/09/1958	Age 60	Race W	Sex M	Height 5'09"	Weight 160	Hair BRN	Eyes BRN
Master Name Index Number	Place of Birth	Nation	SSN	Driver's License or Other ID M361567581690	State FL	Class of Type4					
Address 138 GAPE POINTE CIRCLE			City JUPITER	County	State FL	Zip Code 33477	Phone				

CHARGES

Counts 1	Charge Number 316.193.1	Charge TRAFFIC OFFENSE	Charge Level FIRST DEGREE	General Offense Code	<input type="checkbox"/> Hate Crime	<input type="checkbox"/> Domestic Violence	Bond Amount \$0.00
DUI ALCOHOL OR DRUGS 1ST OFF							

Counts 1	Charge Number 1838.021.3b	Charge CRIMES AGAINST PERSON	Charge Level THIRD DEGREE	General Offense Code	<input type="checkbox"/> Hate Crime	<input type="checkbox"/> Domestic Violence	Bond Amount \$0.00
CORRUPT BY THREAT PUBLIC SERVANT OR FAMILY							

318.14 d/s  
PROBABLE CAUSE

On Sunday, July 8, 2018 at approximately 2000 hours, I, Officer James Brodbeck of the Florida Fish and Wildlife Conservation Commission, was on patrol in Jupiter Florida. I observed an Infinit in my rearview mirror quickly approaching and nearly collide with the rear of a vehicle before slamming on its brakes. I initiated a traffic stop to address the violation. Upon making contact with the driver of the vehicle, identified by Florida DL as MARK S. METROVICH, I detected multiple signs of impairment. The subject had difficulty finding his requested documents, had difficulty with his driver's license, and was slurring his speech. I asked METROVICH to step out of the vehicle.

During Horizontal Gaze Nystagmus, METROVICH had a lack of smooth pursuit in both eyes, distinct and sustained nystagmus at maximum deviation, and an onset of nystagmus prior to 45 degrees. METROVICH also had to be reminded three times to keep his head still, yet still tracked with his head.

During Walk and Turn, METROVICH repeatedly lost balance during the instruction stage. During the performance stage, METROVICH stopped while walking, never made contact with his feet, stepped off the line repeatedly, lifted his arms to maintain balance, conducted an improper turn, and counted out to 11 steps.

During One Leg Stand, METROVICH swayed constantly, leaned back and placed his hand on his vehicle, raised his arms to maintain balance, and repeatedly put his foot down. METROVICH also did not count as instructed and did not keep his foot parallel to the ground.

At 2020 hrs, I placed METROVICH under arrest and transported him to Palm Beach County Jail, where he provided a BrAC sample of 0.168 and 0.164.

While in the breathalyzer room, METROVICH made threats against myself and my family.

3000.00

LEO BOND

Bond Amount \$	None	<input type="checkbox"/> TOR	<input type="checkbox"/> Cash	<input type="checkbox"/> Any	<input type="checkbox"/> Pre Trial if Quality
	<input type="checkbox"/> Pro				<input type="checkbox"/>

COURT APPEARANCE INFORMATION

Court	Court Phone	Court Date & Time
Court Address		
Instructions		

ARREST INFORMATION

Arrest Date / Time	Residency	Injured	Extent of Injury	Resist Arrest
Prior Arrests	Arrest Jurisdiction	Alcohol	Drugs	

ARREST LOCATION

County	Address
--------	---------

ARREST DELIVERED TO

Jail / Booking Facility	Location	Phone
-------------------------	----------	-------

ARRESTING OFFICER

Officer Call Number W8421	Officer Name BRODBECK, JAMES J	Officer Signature <i>[Signature]</i>
------------------------------	-----------------------------------	---

DS COLLINS 7622

SCANNET  
JUL 9 AM 12:38  
JUL - 9 2018

2018 JUL - 9 AM 9:51  
Palm Beach County Jail

RESOURCE CITATION

NUMBER  
319100C

COURT COPY



COUNTY OF <b>PALM BEACH (50)</b>		AGENCY <b>FLORIDA FISH AND WILDLIFE CONSERVATION COMMISSION</b>		LATITUDE <b>N 26 40.1879</b>		INCIDENT/SUMMARY NO <b>FWSA18OFF006329</b>	
CITY OF (IF APPLICABLE) <b>WEST PALM BEACH (94)</b>				LONGITUDE <b>W 80 5.5389</b>		COURT CASE NUMBER	
DAY OF WEEK <b>SUNDAY</b>	MONTH <b>JULY</b>	DAY <b>08</b>	YEAR <b>2018</b>	TIME OF DAY <b>22:50</b>	<input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.		
LOCATION OF OCCURRENCE <b>PALM BEACH COUNTY JAIL</b>				LOCATION DESCRIPTION			

PERSON(S)		NAME (FIRST) <b>MARK</b>		NAME (MIDDLE) <b>STUART</b>		NAME (LAST) <b>METROVICH</b>		DATE OF BIRTH & AGE <b>5/9/1958 60</b>		SEX <b>NO</b>		RACE <b>W</b>		S M <b>509</b>		WGT <b>160</b>		HWR		EYES	
SCARS/MARKS/SITAROOS		PLACE OF BIRTH		ID NUMBER <b>M361557581680</b>		STATE <b>FL</b>		TYPE OF I.D. <b>E</b>		ID EXPIRES <b>5/9/2019</b>		ENDORSEMENTS		SPL #							
STREET <b>138 CAPE POINTE CIRCLE</b>		CITY <b>JUPITER</b>		STATE <b>FL</b>		ZIP CODE <b>33477</b>		TELEPHONE NUMBER													
DATE OF ARREST		LOCATION OF ARREST																			

**CHARGE(S)**

IN VIOLATION OF A <b>STATE STATUTE</b>	VIOLATION <b>838.021(1)</b>	VIOLATION LEVEL <b>STATE STATUTE</b>	OTHER DESCRIPTION
VIOLATION DESCRIPTION <b>UNLAWFUL THREATEN TO HARM ANY PUBLIC SERVANT, HIS OR HER IMMEDIATE FAMILY, OR ANY OTHER PERSON WITH WHOSE WELFARE THE PUBLIC SERVANT</b>			

**NARRATIVE(S)**

The undersigned certifies and swears that he/she has just and reasonable grounds to believe that the named Defendant, Mark Stuart Metrovich, on Sunday, the 08 day of July, 2018, committed the above violation(s) of law.

**NARRATIVE DATE** 07/08/2018 **NARRATIVE TIME** 10:50 PM **NARRATIVE DESCRIPTION (IF SUPPLEMENTAL)**  
The following violation of law was committed:

Subject while awaiting breathalyzer, stated "I'm going to fucking get you. Do you have kids? I'm going to find your family and get them. I know people. I'll fucking find you and your kids and wife and get you."

<b>OFFICER NAME</b> BRODBECK, JAMES J	<b>OFFICER'S SIGNATURE</b> 
<b>ID NO</b> WN957	<b>RANK</b> OFFICER
<b>ORGANIZATION / UNIT</b> FWSAISO RE	

Sworn and subscribed before me the undersigned authority This the \_\_\_\_\_ day of \_\_\_\_\_

DEPUTY OF THE COURT, NOTARY OR LAW ENFORCEMENT OFFICER

**MANDATORY COURT APPEARANCE INFORMATION**

**IMPORTANT:** You are required to appear in court. The following information contains the date and time you must appear.

<b>COURT NAME</b> PALM BEACH COUNTY, NORTH COURTHOUSE	<b>COURT DATE/TIME</b> 08/09/2018	<b>COURT PHONE</b> 561-355-2996
<b>COURT LOCATION</b> 3188 PGA BLVD RM 210, PALM BEACH GARDENS FL 33410	<b>TBS</b>	

Officer Notes/Instructions to Defendant:

I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED ABOVE 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. IN ADDITION TO ANY CIVIL OR CRIMINAL PENALTIES IMPOSED BY THE COURT, THE ABOVE VIOLATION MAY RESULT IN ADMINISTRATIVE PENALTIES IMPOSED BY THE FLORIDA FISH AND WILDLIFE CONSERVATION COMMISSION, INCLUDING, BUT NOT LIMITED TO, FINES, LICENSE SUSPENSION, OR LICENSE REVOCATION. LICENSE SUSPENSIONS/REVOCATIONS MAY BE RECOGNIZED BY OTHER STATES.

**SIGNATURE OF DEFENDANT** ~~REFUSED TO SIGN~~

Report Date / Time 07/08/2018 11:07 PM	Agency Case/Offense Number #WBA18OPF006320	CC# Number	Reporting Party Case Number	CBFS Number	Change Agent Transaction Number	Call Backing Number	Other Number FWLR18CAD010792
---	---	------------	--------------------------------	-------------	------------------------------------	---------------------	---------------------------------

Subscribed and sworn to (or affirmed) before me this 8th day of July A.D. 2018 by AK BRODIE who is  personally known to me or  
 has produced \_\_\_\_\_ as identification.  
 Signature: [Signature] Notary Public LEO CO Commission No: \_\_\_\_\_ My Commission Expires: \_\_\_\_\_



NOT A CERTIFIED COPY



NUMBER  
319100C

COURT COPY

**ABSTRACT OF COURT RECORD AND REPORT OF DISPOSITION**

MUST BE REPORTED WITHIN 10 DAYS AFTER FINAL ADJUDICATION TO:

RECORDS SECTION  
FLORIDA FISH & WILDLIFE CONSERVATION COMMISSION  
DIVISION OF LAW ENFORCEMENT  
620 S. MERIDIAN ST.  
TALLAHASSEE, FL 32399-1600

Defendant's Name: \_\_\_\_\_ Arrest/Citation Date: \_\_\_\_\_

Court Case#: \_\_\_\_\_ Citation #: \_\_\_\_\_

**I. VERDICT, DISPOSITION, OTHER ACTION (Enter one code from below for each count):**

Count 1 \_\_\_\_\_ Count 2 \_\_\_\_\_ Count 3 \_\_\_\_\_ Count 4 \_\_\_\_\_

**Codes:**

- 1. Adjudicated Guilty
- 2. Adjudicated Delinquent
- 3. Adjudicated Guilty, Bond estreated, no further action
- 4. Found Guilty, Adjudication withheld
- 5. Not Guilty
- 6. Dismissed
- 7. Nolle Prosequi
- 8. License Suspension
- 9. Other: \_\_\_\_\_

**II. SENTENCE OF THE COURT (Enter all applicable codes from below for each count):**

Count 1 \_\_\_\_\_ Count 2 \_\_\_\_\_ Count 3 \_\_\_\_\_ Count 4 \_\_\_\_\_

**Codes:**

- 1. Imprisonment or Juvenile Detention
- 2. Fine
- 3. Civil penalty
- 4. Court Costs
- 5. Probation
- 6. Community Service or Public Work
- 7. Sentence Withheld, Deferred, Suspended
- 8. Other: \_\_\_\_\_

Enter the amount for all fines, civil penalties, court costs, jail and service assessed for each count:

FINES:	Count 1 _____	Count 2 _____	Count 3 _____	Count 4 _____
CIVIL PENALTIES:	Count 1 _____	Count 2 _____	Count 3 _____	Count 4 _____
COURT COST:	Count 1 _____	Count 2 _____	Count 3 _____	Count 4 _____
JAIL TIME (DAYS):	Count 1 _____	Count 2 _____	Count 3 _____	Count 4 _____
COMMUNITY/PUBLIC SERVICE HRS:	Count 1 _____	Count 2 _____	Count 3 _____	Count 4 _____

**III. COURT INFORMATION**

County: \_\_\_\_\_ City: \_\_\_\_\_ Presiding Judge: \_\_\_\_\_

Court Type \_\_\_\_\_ Final Adjudication or Action on: \_\_\_\_\_ Submitted on \_\_\_\_\_

to FW/DLE Records Section by: \_\_\_\_\_ Title: \_\_\_\_\_

# Field Sobriety Task Performance Report

Subject Name **MARK METROVICH**

**WALK AND TURN**

- Place your left foot on the line with your right foot in front of the left foot, with the heel of the right foot touching the toe of the left. (Demonstrate)
- Place your arms at your sides. Maintain this position until I have completed the instructions. Do not start to walk until I tell you to do so. Do you understand? (Response) **YES**
- When I tell you to begin, take nine heel-to-toe steps, turn and take nine heel-to-toe steps back. (Demonstrate 3 heel-to-toe steps)
- When you turn, keep the front foot on the line and turn by taking a series of small steps with the other foot, like this. (Demonstrate)
- While you are walking, keep your arms at your sides, watch your feet at all times and count your steps out loud. Once you start walking, do not stop until you have completed the task. Do you understand? (Response)
- Begin.

**WENT TO #**

Loses balance during instructions	<input checked="" type="checkbox"/>
Starts before told	<input type="checkbox"/>
Stops while walking	<input checked="" type="checkbox"/>
Does not touch heel-to-toe (1/2"+)	<input checked="" type="checkbox"/>
Steps off line	<input checked="" type="checkbox"/>
Uses arms to balance (6"+)	<input checked="" type="checkbox"/>
Improper turn <b>used both feet</b>	<input checked="" type="checkbox"/>
Wrong number of steps	<input checked="" type="checkbox"/>
Cannot perform task (explain)	<input type="checkbox"/>

**ONE LEG STAND**

- Stand with your feet together and your arms at your sides, like this. (Demonstrate)
- Do not start until I tell you to. Do you understand? (Response) **YES**
- When I tell you to start, raise one leg, either leg, approximately six inches off the ground, keeping your raised foot parallel to the ground. (Demonstrate)
- You must keep both legs straight, arms at your sides. While holding that position, count out loud in the following manner: one thousand and one, one thousand and two, one thousand and three, and so on until told to stop.
- Keep your arms at your sides at all times and keep watching the raised foot. Do you understand? (Response) **YES**
- Begin. (30 seconds)

**LEANED ON CAR, DID NOT COUNT**

Sways while balancing	<input checked="" type="checkbox"/>
Uses arms to balance (6"+)	<input checked="" type="checkbox"/>
Hopping	<input type="checkbox"/>
Puts foot down	<input checked="" type="checkbox"/>
Cannot perform task (explain)	<input type="checkbox"/>

**NOT parallel, pointed toe towards**

Phase I: Vessel In Motion – Document initial observations to describe vessel maneuvers or operator/occupant behaviors that may be associated with alcohol/drug influence prior to the stop. If no Phase I observations are made, describe initial contact.

Phase II: Personal Contact – Document observations made during face-to-face contact with the operator.

<p><b>Operator Actions</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Cannot find registration/wallet</li> <li><input type="checkbox"/> Tries to conceal something</li> <li><input type="checkbox"/> Produces wrong documents</li> <li><input checked="" type="checkbox"/> Fumbles items</li> <li><input type="checkbox"/> Excessive movement</li> <li><input checked="" type="checkbox"/> Forgets to respond to request</li> <li><input type="checkbox"/> Incorrect answers</li> <li><input checked="" type="checkbox"/> Problem using fingertips</li> <li><input checked="" type="checkbox"/> Avoids eye contact</li> <li><input type="checkbox"/> Ignores questions</li> <li><input type="checkbox"/> Lights cigarette or eats/chews</li> <li><input type="checkbox"/> Angry/abusive language</li> <li><input checked="" type="checkbox"/> Admits to drinking</li> <li><input type="checkbox"/> Difficulty with safety equip.</li> <li><input checked="" type="checkbox"/> Unusual statements</li> </ul>	<p><b>Breath</b></p> <p>Alcoholic beverage:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Strong</li> <li><input checked="" type="checkbox"/> Moderate</li> <li><input type="checkbox"/> None</li> <li><input type="checkbox"/> Marijuana</li> <li><input type="checkbox"/> Breath mint/cover odor</li> </ul> <p><b>Face</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Pale</li> <li><input type="checkbox"/> Flushed</li> <li><input type="checkbox"/> Sweating</li> <li><input type="checkbox"/> Sunburned</li> <li><input checked="" type="checkbox"/> Normal</li> </ul>	<p><b>Eyes</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Bloodshot</li> <li><input checked="" type="checkbox"/> Watery</li> <li><input checked="" type="checkbox"/> Glassy</li> <li><input type="checkbox"/> Dilated pupils</li> <li><input checked="" type="checkbox"/> Constricted pupils</li> <li><input type="checkbox"/> Droopy eyelids</li> <li><input type="checkbox"/> Normal</li> </ul> <p><b>Unusual Actions</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Hiccoughing</li> <li><input type="checkbox"/> Belching</li> <li><input type="checkbox"/> Vomiting</li> <li><input type="checkbox"/> Gagging/dry heaves</li> <li><input type="checkbox"/> Fighting</li> <li><input type="checkbox"/> Laughing</li> <li><input type="checkbox"/> Crying</li> </ul>	<p><b>Attitude</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Jovial</li> <li><input checked="" type="checkbox"/> Talkative</li> <li><input type="checkbox"/> Cooperative</li> <li><input type="checkbox"/> Indifferent</li> <li><input type="checkbox"/> Sleepy</li> <li><input type="checkbox"/> Profanity</li> <li><input type="checkbox"/> Combative</li> <li><input type="checkbox"/> Belligerent</li> <li><input checked="" type="checkbox"/> Insulting</li> </ul> <p><b>Clothing (describe)</b></p>	<p><b>Balance</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Normal</li> <li><input type="checkbox"/> Falling</li> <li><input checked="" type="checkbox"/> Supports against object</li> <li><input checked="" type="checkbox"/> Staggering</li> <li><input type="checkbox"/> Wide stance</li> <li><input checked="" type="checkbox"/> Swaying</li> <li><input type="checkbox"/> Sits down</li> <li><input checked="" type="checkbox"/> Unsteady</li> <li><input type="checkbox"/> Needs assistance</li> </ul> <p>Notes:</p>
---	---	---	---	--

Phase III – Pre-Arrest Screening – Document any other observations made during field sobriety evaluation to describe finding of probable cause to place subject under arrest for operating while impaired.

Officer: <b>JAMES BRODBECK</b>	Agency: <b>FWC</b>	Case #: <b>FW SA 18 OFF 00</b>
Date:	Location:	
Subject Name:	D/O/B:	
Height:	Weight:	Eyes:
		Hair:
Time of arrest:	hours	Evidentiary breath test results:
		and completed @
		hrs. <b>REFUSED</b> <input type="checkbox"/>

# Field Sobriety Task Performance Report

Subject Name **MARK S. METCAL** Start time **2010**

### PRE-TASK QUESTIONS (select)

Do you have any physical defects or disabilities?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Notes: <b>WEARINg TINTED GLASSES</b>
Do you have any defects with your eyes?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
Are you sick or injured?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
Are you under the care of a doctor or dentist?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
Are you taking any medication or drugs?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	

### GENERAL INSTRUCTIONS:

Please sit straight at the front edge of your seat. Put your arms down at your sides. Place your feet shoulder-width apart so you are comfortable and stable. Are you stable? (Response) Do not move your feet until the tasks are over. Stay in this position and do not do anything else until I tell you to do so. Do you understand? (Response)

### HORIZONTAL GAZE NYSTAGMUS

Have the subject remove their eyeglasses, if worn.  
Are you wearing contact lenses?  Yes  No  
I am going to check your eyes. Hold your head still and follow the stimulus with your eyes only. Do you understand? (Response)  
Elevate the stimulus about 12-15" from the subject's nose. Check for equal pupil size, resting nystagmus and equal tracking.

Lack of smooth pursuit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Distinct & sustained nystagmus at max. deviation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Onset of nystagmus prior to 45-degrees	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Vertical nystagmus: Yes <input type="checkbox"/> No <input type="checkbox"/>		

### FINGER TO NOSE

- Make a fist with both hands, extend your index fingers and turn your palms forward. Remain in this position while I explain the task. (Demonstrate) Do you understand? (Response)
- When I say begin, tilt your head back to about a 45° angle and close your eyes. (Demonstrate)
- When I tell you to, touch the tip of your nose with the tip of your index finger and immediately return it to your side. (Demonstrate and explain the fingertip, pad and side of fingers and demonstrate touching tip of the nose)
- When I say right, you must touch your right index finger to your nose; when I say left, you must touch your left index finger to your nose. Do you understand? (Response)
- Begin. (After head tilt...) Left...Right...Left...Right...Right...Left (After performance...) Open your eyes and straighten your head.

Unable to follow instructions	<input type="checkbox"/>	Did not close eyes	<input type="checkbox"/>	Wrong hand	<input type="checkbox"/>	Wrong hand	<input type="checkbox"/>
Started at wrong time	<input type="checkbox"/>	Did not tilt head	<input type="checkbox"/>	Hesitated	<input type="checkbox"/>	Hesitated	<input type="checkbox"/>
		Opened eyes during task	<input type="checkbox"/>	Not fingertip	<input type="checkbox"/>	Not fingertip	<input type="checkbox"/>
		Moved head during task (1"*)	<input type="checkbox"/>	Did not bring down	<input type="checkbox"/>	Did not bring down	<input type="checkbox"/>

### PALM PAT

- Place your hands palm to palm with one hand up and one hand down, like this. (Demonstrate) Remain in this position while I explain the task. Do you understand? (Response)
- When I tell you to begin, turn the top hand over and count out loud "one," then turn the hand back over and count out loud "two," counting only when the hands make contact, like this. (Demonstrate at least two sets)
- Repeat this, speed up as you go, and do not stop until told. Make sure to keep your hands and fingers parallel during each pat, like this. (Demonstrate)
- Do you understand? (Response) Begin. (if necessary, tell to speed up)

Unable to follow instructions	<input type="checkbox"/>
Started at wrong time	<input type="checkbox"/>
Did not count as instructed	<input type="checkbox"/>
Rolled hands	<input type="checkbox"/>
Double pat	<input type="checkbox"/>
Chopped pat	<input type="checkbox"/>
Other improper pat (document)	<input type="checkbox"/>
Did not increase speed	<input type="checkbox"/>
Rotated hands	<input type="checkbox"/>
Stopped before told	<input type="checkbox"/>

### HAND COORDINATION

- Make fists with both hands, place your left fist at the center of your chest and your right fist against your left fist, like this. (Demonstrate)
- Remain in this position while I explain the tasks. Do you understand? (Response)
- When I say begin, you must perform four tasks:
- The first task is to count out loud from one to four while you move your fists in a step-like fashion, making contact between your fists at each step. (Demonstrate while counting out loud 1, 2, 3, 4)
- The second task is to memorize the position of your fists after you have counted to four, clap your hands three times and return your fists to the memorized position. (Demonstrate)
- The third task is to move your fists in a step-like fashion in reverse order; counting out loud from five to eight and returning your left fist to your chest. (Demonstrate while counting out loud 5, 6, 7, 8)
- The fourth task is to open your hands with palms down and place them in your lap. (Demonstrate)
- Do you understand? (Response) Begin.

Unable to follow instructions	<input type="checkbox"/>
Started at wrong time	<input type="checkbox"/>
Improper count	<input type="checkbox"/>
Improper touch	<input type="checkbox"/>
Did not perform	<input type="checkbox"/>
Improper count	<input type="checkbox"/>
Improper touch	<input type="checkbox"/>
Improper return	<input type="checkbox"/>
Did not perform	<input type="checkbox"/>
Improper count	<input type="checkbox"/>
Improper touch	<input type="checkbox"/>
Did not return left fist to chest	<input type="checkbox"/>
Did not perform	<input type="checkbox"/>
Improper position	<input type="checkbox"/>
Did not perform	<input type="checkbox"/>

# WITNESS LIST

CASE NUMBER: FWSA1500FF006329

ARRESTING OFFICER JAMES BRODIE

ADDRESS 8535 NORTHLAKE BLVD, UNIT 11 (ALUM BEACH)

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) (61) 914-6005

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: \_\_\_\_\_

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: \_\_\_\_\_

# TESTING FACILITY TASK REPORT

AGENCY: F-113

SUBJECT: 11/1/74 CASE NUMBER: 18-74139

DATE: 11/1/74 VIDEO TAPE NUMBER: 11A

BEGINNING TIME: 2:37 ENDING TIME: 3:03

BREATH TESTS RESULTS: 1) 11.6 TIME 1 A.M./P.M. 2) 11.4 TIME 3:03 A.M./P.M.

3) \_\_\_\_\_ TIME \_\_\_\_\_ A.M./P.M. 4) \_\_\_\_\_ TIME \_\_\_\_\_ A.M./P.M.

BREATH OPERATOR: 3 4

MAINTENANCE TECHNICIAN: \_\_\_\_\_

## TESTING OFFICER'S OBSERVATIONS

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

ATTITUDE: \_\_\_\_\_

CLOTHING: \_\_\_\_\_

MEDICAL CONDITIONS: \_\_\_\_\_

MEDICATIONS: \_\_\_\_\_

OTHER: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

NOT A CERTIFIED COPY

SUBJECT: 1274012th Clark Street CASE NUMBER: FMSA18CFE01329

## 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 Brook of the 5100

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) [Signature]

## 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) [Signature]

WHITE - STATE ATTY.    YELLOW - DHSMV    PINK - CENTRAL RECORDS    GOLD - JAIL

SUBJECT: MacCouch, Mark Stuart CASE NUMBER: FLUSA 120FF206329

### 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? \_\_\_\_\_

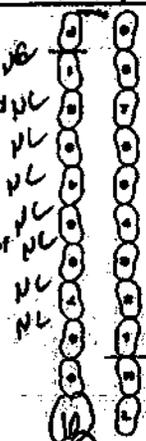
INTERVIEWER: \_\_\_\_\_

# Field Sobriety Task Performance Report

Subject Name **MARK METROVICH**

## WALK AND TURN

- Place your left foot on the line with your right foot in front of the left foot, with the heel of the right foot touching the toe of the left. (Demonstrate)
- Place your arms at your sides. Maintain this position until I have completed the instructions. Do not start to walk until I tell you to do so. Do you understand? (Response) **YES**
- When I tell you to begin, take nine heel-to-toe steps, turn and take nine heel-to-toe steps back. (Demonstrate 3 heel-to-toe steps)
- When you turn, keep the front foot on the line and turn by taking a series of small steps with the other foot, like this. (Demonstrate)
- While you are walking, keep your arms at your sides, watch your feet at all times and count your steps out loud. Once you start walking, do not stop until you have completed the task. Do you understand? (Response)
- Begin.



WENT TO II

Loses balance during instructions	<input checked="" type="checkbox"/>
Starts before told	<input type="checkbox"/>
Stops while walking	<input checked="" type="checkbox"/>
Does not touch heel-to-toe (1/2"+)	<input checked="" type="checkbox"/>
Steps off line	<input checked="" type="checkbox"/>
Uses arms to balance (6"+)	<input checked="" type="checkbox"/>
Improper turn <i>used both feet</i>	<input checked="" type="checkbox"/>
Wrong number of steps	<input checked="" type="checkbox"/>
Cannot perform task (explain)	<input type="checkbox"/>

## ONE LEG STAND

- Stand with your feet together and your arms at your sides, like this. (Demonstrate)
- Do not start until I tell you to. Do you understand? (Response) **YES**
- When I tell you to start, raise one leg, either leg, approximately six inches off the ground, keeping your raised foot parallel to the ground. (Demonstrate)
- You must keep both legs straight, arms at your sides. While holding that position, count out loud in the following manner: one thousand and one, one thousand and two, one thousand and three, and so on until told to stop.
- Keep your arms at your sides at all times and keep watching the raised foot. Do you understand? (Response) **YES**
- Begin. (30 seconds)

LEANED ON CAR, DID NOT COUNT

Sways while balancing	<input checked="" type="checkbox"/>
Uses arms to balance (6"+)	<input checked="" type="checkbox"/>
Hopping	<input type="checkbox"/>
Puts foot down	<input checked="" type="checkbox"/>
Cannot perform task (explain)	<input type="checkbox"/>

*NOT parallel, pointed toe towards*

Phase I: Vessel in Motion – Document initial observations to describe vessel maneuvers or operator/occupant behaviors that may be associated with alcohol/drug influence prior to the stop. If no Phase I observations are made, describe initial contact.

Phase II: Personal Contact – Document observations made during face-to-face contact with the operator.

<b>Operator Actions</b> <input checked="" type="checkbox"/> Cannot find registration/wallet <input type="checkbox"/> Tries to conceal something <input type="checkbox"/> Produces wrong documents <input type="checkbox"/> Fumbles items <input type="checkbox"/> Excessive movement <input checked="" type="checkbox"/> Forgets to respond to request <input type="checkbox"/> Incorrect answers <input checked="" type="checkbox"/> Problem using fingertips <input checked="" type="checkbox"/> Avoids eye contact <input type="checkbox"/> Ignores questions <input type="checkbox"/> Lights cigarette or eats/chews <input type="checkbox"/> Angry/abusive language <input checked="" type="checkbox"/> Admits to drinking <input type="checkbox"/> Difficulty with safety equip. <input checked="" type="checkbox"/> Unusual statements	<b>Breath</b> Alcoholic beverage: <input type="checkbox"/> Strong <input checked="" type="checkbox"/> Moderate <input type="checkbox"/> None <input type="checkbox"/> Marijuana <input type="checkbox"/> Breath mint/cover odor  <b>Face</b> <input type="checkbox"/> Pale <input type="checkbox"/> Flushed <input type="checkbox"/> Sweating <input type="checkbox"/> Sunburned <input checked="" type="checkbox"/> Normal	<b>Eyes</b> <input type="checkbox"/> Bloodshot <input checked="" type="checkbox"/> Watery <input checked="" type="checkbox"/> Glassy <input type="checkbox"/> Dilated pupils <input checked="" type="checkbox"/> Constricted pupils <input type="checkbox"/> Droopy eyelids <input type="checkbox"/> Normal <b>Unusual Actions</b> <input type="checkbox"/> Hiccupping <input type="checkbox"/> Belching <input type="checkbox"/> Vomiting <input type="checkbox"/> Gagging/dry heaves <input type="checkbox"/> Fighting <input type="checkbox"/> Laughing <input type="checkbox"/> Crying	<b>Attitude</b> <input type="checkbox"/> Jovial <input checked="" type="checkbox"/> Talkative <input type="checkbox"/> Cooperative <input type="checkbox"/> Indifferent <input type="checkbox"/> Sleepy <input type="checkbox"/> Profanity <input type="checkbox"/> Combative <input type="checkbox"/> Belligerent <input checked="" type="checkbox"/> Insulting  <b>Clothing (describe)</b>	<b>Balance</b> <input type="checkbox"/> Normal <input type="checkbox"/> Falling <input checked="" type="checkbox"/> Supports against object <input type="checkbox"/> Wide stance  <input checked="" type="checkbox"/> Swaying <input type="checkbox"/> Sits down <input checked="" type="checkbox"/> Unsteady <input type="checkbox"/> Needs assistance  Notes:
--	--	---	---	--

Phase III – Pre-Arrest Screening – Document any other observations made during field sobriety evaluation to describe finding of probable cause to place subject under arrest for operating while impaired.

Officer: <b>JAMES BRODBECK</b>	Agency: <b>FWC</b>	Case #: <b>FW SA/KOFFRO</b>
Date:	Location:	
Subject Name:	D/O/B:	
Height:	Weight:	Eyes:
		Hair:
Time of arrest:	hours:	Evidentiary breath test results:
		and completed @
		hrs. <b>REFUSED</b> <input type="checkbox"/>

# Field Sobriety Task Performance Report

Subject Name **MARL S. MERTON** Start time **2010**

<b>PRE-TASK QUESTIONS (select)</b> Do you have any physical defects or disabilities? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N Do you have any defects with your eyes? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N Are you sick or injured? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N Are you under the care of a doctor or dentist? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N Are you taking any medication or drugs? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		<b>Notes:</b> WEARING TINTED GLASSES	<b>GENERAL INSTRUCTIONS:</b> Please sit straight at the front edge of your seat. Put your arms down at your sides. Place your feet shoulder-width apart so you are comfortable and stable. Are you stable? (Response) Do not move your feet until the tasks are over. Stay in this position and do not do anything else until I tell you to do so. Do you understand? (Response)
--	--	---	---

<b>HORIZONTAL GAZE NYSTAGMUS</b> Have the subject remove their eyeglasses, if worn. Are you wearing contact lenses? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No I am going to check your eyes. Hold your head still and follow the stimulus with your eyes only. Do you understand? (Response) Elevate the stimulus about 12-15" from the subject's nose. Check for equal pupil size, resting nystagmus and equal tracking.	Lack of smooth pursuit <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Distinct & sustained nystagmus at max. deviation <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Onset of nystagmus prior to 45-degrees <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Vertical nystagmus: Yes <input type="checkbox"/> No <input type="checkbox"/>
---	--

**FINGER TO NOSE** *MOVED HEAD DURING ENTIRE TASK*

- Make a fist with both hands, extend your index fingers and turn your palms forward. Remain in this position while I explain the task. (Demonstrate) Do you understand? (Response)
- When I say begin, tilt your head back to about a 45° angle and close your eyes. (Demonstrate)
- When I tell you to, touch the tip of your nose with the tip of your index finger and immediately return it to your side. (Demonstrate and explain the fingertip, pad and side of fingers and demonstrate touching tip of the nose)
- When I say right, you must touch your right index finger to your nose; when I say left, you must touch your left index finger to your nose. Do you understand? (Response)
- Begin. (After head tilt...) Left...Right...Left...Right...Right...Left (After performance...) Open your eyes and straighten your head.

Unable to follow instructions	<input type="checkbox"/>	Did not close eyes	<input type="checkbox"/>	Wrong hand	<input type="checkbox"/>	Wrong hand										
Started at wrong time	<input type="checkbox"/>	Did not tilt head	<input type="checkbox"/>	Hesitated	<input type="checkbox"/>	Hesitated										
		Opened eyes during task	<input type="checkbox"/>	Not fingertip	<input type="checkbox"/>	Not fingertip										
		Moved head during task (1"+)	<input type="checkbox"/>	Did not bring down	<input type="checkbox"/>	Did not bring down										

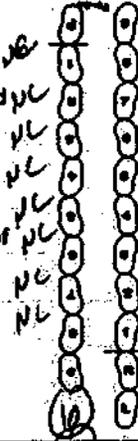
<b>PALM PAT</b> Place your hands palm to palm with one hand up and one hand down, like this. (Demonstrate) Remain in this position while I explain the task. Do you understand? (Response) When I tell you to begin, turn the top hand over and count out loud "one," then turn the hand back over and count out loud "two," counting only when the hands make contact, like this. (Demonstrate at least two sets) Repeat this, speed up as you go, and do not stop until told. Make sure to keep your hands and fingers parallel during each pat, like this. (Demonstrate) Do you understand? (Response) Begin. (if necessary, tell to speed up)	Unable to follow instructions <input type="checkbox"/> Started at wrong time <input type="checkbox"/> Did not count as instructed <input type="checkbox"/> Rolled hands <input type="checkbox"/> Double pat <input type="checkbox"/> Chopped pat <input type="checkbox"/> Other improper pat (document) <input type="checkbox"/> Did not increase speed <input type="checkbox"/> Rotated hands <input type="checkbox"/> Stopped before told <input type="checkbox"/>	<b>HAND COORDINATION</b> Make fists with both hands, place your left fist at the center of your chest and your right fist against your left fist, like this. (Demonstrate) Remain in this position while I explain the tasks. Do you understand? (Response) When I say begin, you must perform four tasks. The first task is to count out loud from one to four while you move your fists in a step-like fashion, making contact between your fists at each step. (Demonstrate while counting out loud 1, 2, 3, 4) The second task is to memorize the position of your fists after you have counted to four, clap your hands three times and return your fists to the memorized position. (Demonstrate) The third task is to move your fists in a step-like fashion in reverse order; counting out loud from five to eight and returning your left fist to your chest. (Demonstrate while counting out loud 5, 6, 7, 8) The fourth task is to open your hands with palms down and place them in your lap. (Demonstrate) Do you understand? (Response) Begin.	Unable to follow instructions <input type="checkbox"/> Started at wrong time <input type="checkbox"/> Improper count <input type="checkbox"/> Improper touch <input type="checkbox"/> Did not perform <input type="checkbox"/> Improper count <input type="checkbox"/> Improper touch <input type="checkbox"/> Improper return <input type="checkbox"/> Did not perform <input type="checkbox"/> Improper count <input type="checkbox"/> Improper touch <input type="checkbox"/> Did not return left fist to chest <input type="checkbox"/> Did not perform <input type="checkbox"/> Improper position <input type="checkbox"/> Did not perform <input type="checkbox"/>
---	---	--	--

# Field Sobriety Task Performance Report

Subject Name **MARK METROVICH**

## WALK AND TURN

- Place your left foot on the line with your right foot in front of the left foot, with the heel of the right foot touching the toe of the left. (Demonstrate)
- Place your arms at your sides. Maintain this position until I have completed the instructions. Do not start to walk until I tell you to do so. Do you understand? (Response) **YES**
- When I tell you to begin, take nine heel-to-toe steps, turn and take nine heel-to-toe steps back. (Demonstrate 3 heel-to-toe steps)
- When you turn, keep the front foot on the line and turn by taking a series of small steps with the other foot, like this. (Demonstrate)
- While you are walking, keep your arms at your sides, watch your feet at all times and count your steps out loud. Once you start walking, do not stop until you have completed the task. Do you understand? (Response)
- Begin.



**WENT TO 11**

Loses balance during instructions	<input checked="" type="checkbox"/>
Starts before told	<input type="checkbox"/>
Stops while walking	<input checked="" type="checkbox"/>
Does not touch heel-to-toe (1/2"+)	<input checked="" type="checkbox"/>
Steps off line	<input checked="" type="checkbox"/>
Uses arms to balance (6"+)	<input checked="" type="checkbox"/>
Improper turn <b>used both feet</b>	<input checked="" type="checkbox"/>
Wrong number of steps	<input checked="" type="checkbox"/>
Cannot perform task (explain)	<input type="checkbox"/>

## ONE LEG STAND

- Stand with your feet together and your arms at your sides, like this. (Demonstrate)
- Do not start until I tell you to. Do you understand? (Response) **YES**
- When I tell you to start, raise one leg, either leg, approximately six inches off the ground, keeping your raised foot parallel to the ground. (Demonstrate)
- You must keep both legs straight, arms at your sides. While holding that position, count out loud in the following manner: one thousand and one, one thousand and two, one thousand and three, and so on until told to stop.
- Keep your arms at your sides at all times and keep watching the raised foot. Do you understand? (Response) **YES**
- Begin. (30 seconds)

**LEANED ON CAR, DID NOT COUNT**

Sways while balancing	<input checked="" type="checkbox"/>
Uses arms to balance (6"+)	<input checked="" type="checkbox"/>
Hopping	<input type="checkbox"/>
Puts foot down	<input checked="" type="checkbox"/>
Cannot perform task (explain)	<input type="checkbox"/>

**NOT parallel, pointed toe yards**

Phase I: Vessel In Motion - Document initial observations to describe vessel maneuvers or operator/occupant behaviors that may be associated with alcohol/drug influence prior to the stop. If no Phase I observations are made, describe initial contact.

Phase II: Personal Contact - Document observations made during face-to-face contact with the operator.

Operator Actions	Breath	Eyes	Attitude	Balance
<input checked="" type="checkbox"/> Cannot find registration/wallet <input type="checkbox"/> Tries to conceal something <input type="checkbox"/> Produces wrong documents <input checked="" type="checkbox"/> Fumbles items <input type="checkbox"/> Excessive movement <input checked="" type="checkbox"/> Forgets to respond to request <input type="checkbox"/> Incorrect answers <input checked="" type="checkbox"/> Problem using fingertips <input type="checkbox"/> Ignores questions <input type="checkbox"/> Lights cigarette or eats/chews <input type="checkbox"/> Angry/abusive language <input checked="" type="checkbox"/> Admits to drinking <input type="checkbox"/> Difficulty with safety equip. <input checked="" type="checkbox"/> Unusual statements	Alcoholic beverage: <input type="checkbox"/> Strong <input checked="" type="checkbox"/> Moderate <input type="checkbox"/> None <input type="checkbox"/> Marijuana <input type="checkbox"/> Breath mint/cover odor	<input type="checkbox"/> Bloodshot <input checked="" type="checkbox"/> Watery <input checked="" type="checkbox"/> Glassy <input type="checkbox"/> Dilated pupils <input checked="" type="checkbox"/> Constricted pupils <input type="checkbox"/> Droopy eyelids <input type="checkbox"/> Normal Unusual Actions <input type="checkbox"/> Hiccupping <input type="checkbox"/> Belching <input type="checkbox"/> Vomiting <input type="checkbox"/> Gagging/dry heaves <input type="checkbox"/> Fighting <input type="checkbox"/> Laughing <input type="checkbox"/> Crying	<input type="checkbox"/> Jovial <input checked="" type="checkbox"/> Talkative <input type="checkbox"/> Cooperative <input type="checkbox"/> Indifferent <input type="checkbox"/> Sleepy <input type="checkbox"/> Profanity <input type="checkbox"/> Combative <input type="checkbox"/> Belligerent <input checked="" type="checkbox"/> Insulting Clothing (describe)	<input type="checkbox"/> Normal <input type="checkbox"/> Falling <input checked="" type="checkbox"/> Supports against object <input checked="" type="checkbox"/> Staggering <input type="checkbox"/> Wide stance <input checked="" type="checkbox"/> Swaying <input type="checkbox"/> Sits down <input checked="" type="checkbox"/> Unsteady <input type="checkbox"/> Needs assistance Notes:

Phase III - Pre-Arrest Screening - Document any other observations made during field sobriety evaluation to describe finding of probable cause to place subject under arrest for operating while impaired.

Officer: <b>JAMES BRODBECK</b>	Agency: <b>FWC</b>	Case #: <b>KW SA 160600</b>
Date:	Location:	
Subject Name:	D/O/B:	
Height:	Weight:	Eyes:
		Hair:
Time of arrest:	hours	Evidentiary breath test results: and completed @ hrs. <b>REFUSED</b> <input type="checkbox"/>

# Field Sobriety Task Performance Report

Subject Name **MARL-S. METRICH** Start time **2010**

<b>PRE-TASK QUESTIONS</b> (select)		<b>Y</b> <input type="checkbox"/> <b>N</b> <input checked="" type="checkbox"/> <b>Notes:</b> Do you have any physical defects or disabilities? <input type="checkbox"/> <input checked="" type="checkbox"/> <b>WEARIN</b> Do you have any defects with your eyes? <input type="checkbox"/> <input checked="" type="checkbox"/> <b>TWISTED</b> Are you sick or injured? <input type="checkbox"/> <input checked="" type="checkbox"/> <b>GLASSES</b> Are you under the care of a doctor or dentist? <input type="checkbox"/> <input checked="" type="checkbox"/> Are you taking any medication or drugs? <input type="checkbox"/> <input checked="" type="checkbox"/>	<b>GENERAL INSTRUCTIONS:</b> Please sit straight at the front edge of your seat. Put your arms down at your sides. Place your feet shoulder-width apart so you are comfortable and stable. Are you stable? (Response) Do not move your feet until the tasks are over. Stay in this position and do not do anything else until I tell you to do so. Do you understand? (Response)
------------------------------------	--	--	---

<b>HORIZONTAL GAZE NYSTAGMUS</b> Have the subject remove their eyeglasses, if worn. Are you wearing contact lenses? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No I am going to check your eyes. Hold your head still and follow the stimulus with your eyes only. Do you understand? (Response) Elevate the stimulus about 12-15" from the subject's nose. Check for equal pupil size, resting nystagmus and equal tracking.	Lack of smooth pursuit <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Distinct & sustained nystagmus at max. deviation <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Onset of nystagmus prior to 45-degrees <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Vertical nystagmus: Yes <input type="checkbox"/> No <input type="checkbox"/>
---	--

**FINGER TO NOSE** *MAILED HEAD DURING ENTIRE TASK*

- Make a fist with both hands, extend your index fingers and turn your palms forward. Remain in this position while I explain the task. (Demonstrate) Do you understand? (Response)
- When I say begin, tilt your head back to about a 45° angle and close your eyes. (Demonstrate)
- When I tell you to, touch the tip of your nose with the tip of your index finger and immediately return it to your side. (Demonstrate and explain the fingertip, pad and side of fingers and demonstrate touching tip of the nose)
- When I say right, you must touch your right index finger to your nose; when I say left, you must touch your left index finger to your nose. Do you understand? (Response)
- Begin. (After head tilt...) Left...Right...Left...Right...Right...Left (After performance...) Open your eyes and straighten your head.

Unable to follow instructions	<input type="checkbox"/>	Did not close eyes	<input type="checkbox"/>	Wrong hand	<input type="checkbox"/>	Wrong hand										
Started at wrong time	<input type="checkbox"/>	Did not tilt head	<input type="checkbox"/>	Hesitated	<input type="checkbox"/>	Hesitated										
		Opened eyes during task	<input type="checkbox"/>	Not fingertip	<input type="checkbox"/>	Not fingertip										
		Moved head during task (1"+)	<input type="checkbox"/>	Did not bring down	<input type="checkbox"/>	Did not bring down										

**PALM PAT**

- Place your hands palm to palm with one hand up and one hand down, like this. (Demonstrate) Remain in this position while I explain the task. Do you understand? (Response)
- When I tell you to begin, turn the top hand over and count out loud "one," then turn the hand back over and count out loud "two," counting only when the hands make contact, like this. (Demonstrate at least two sets)
- Repeat this, speed up as you go, and do not stop until told. Make sure to keep your hands and fingers parallel during each pat, like this. (Demonstrate)
- Do you understand? (Response) Begin. (If necessary, tell to speed up)

Unable to follow instructions	<input type="checkbox"/>
Started at wrong time	<input type="checkbox"/>
Did not count as instructed	<input type="checkbox"/>
Rolled hands	<input type="checkbox"/>
Double pat	<input type="checkbox"/>
Chopped pat	<input type="checkbox"/>
Other Improper pat (document)	<input type="checkbox"/>
Did not increase speed	<input type="checkbox"/>
Rotated hands	<input type="checkbox"/>
Stopped before told	<input type="checkbox"/>

**HAND COORDINATION**

- Make fists with both hands, place your left fist at the center of your chest and your right fist against your left fist, like this. (Demonstrate)
- Remain in this position while I explain the tasks. Do you understand? (Response)
- When I say begin, you must perform four tasks.
- The **first** task is to count out loud from one to four while you move your fists in a step-like fashion, making contact between your fists at each step. (Demonstrate while counting out loud 1, 2, 3, 4)
- The **second** task is to memorize the position of your fists after you have counted to four, clap your hands three times and return your fists to the memorized position. (Demonstrate)
- The **third** task is to move your fists in a step-like fashion in reverse order; counting out loud from five to eight and returning your left fist to your chest. (Demonstrate while counting out loud 5, 6, 7, 8)
- The **fourth** task is to open your hands with palms down and place them in your lap. (Demonstrate)
- Do you understand? (Response) Begin.

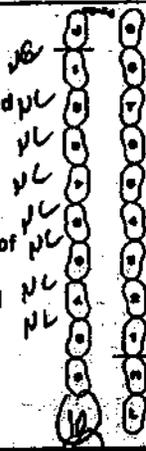
Unable to follow instructions	<input type="checkbox"/>
Started at wrong time	<input type="checkbox"/>
Improper count	<input type="checkbox"/>
Improper touch	<input type="checkbox"/>
Did not perform	<input type="checkbox"/>
Improper count	<input type="checkbox"/>
Improper touch	<input type="checkbox"/>
Improper return	<input type="checkbox"/>
Did not perform	<input type="checkbox"/>
Improper count	<input type="checkbox"/>
Improper touch	<input type="checkbox"/>
Did not return left fist to chest	<input type="checkbox"/>
Did not perform	<input type="checkbox"/>
Improper position	<input type="checkbox"/>
Did not perform	<input type="checkbox"/>

# Field Sobriety Task Performance Report

Subject Name **MARK METROVICH**

## WALK AND TURN

- Place your left foot on the line with your right foot in front of the left foot, with the heel of the right foot touching the toe of the left. (Demonstrate)
- Place your arms at your sides. Maintain this position until I have completed the instructions. Do not start to walk until I tell you to do so. Do you understand? (Response) **YES**
- When I tell you to begin, take nine heel-to-toe steps, turn and take nine heel-to-toe steps back. (Demonstrate 3 heel-to-toe steps)
- When you turn, keep the front foot on the line and turn by taking a series of small steps with the other foot, like this. (Demonstrate)
- While you are walking, keep your arms at your sides, watch your feet at all times and count your steps out loud. Once you start walking, do not stop until you have completed the task. Do you understand? (Response)
- Begin.



**WENT TO II**

Loses balance during instructions	<input checked="" type="checkbox"/>
Starts before told	<input type="checkbox"/>
Stops while walking	<input checked="" type="checkbox"/>
Does not touch heel-to-toe (1/2"+)	<input checked="" type="checkbox"/>
Steps off line	<input checked="" type="checkbox"/>
Uses arms to balance (6"+)	<input checked="" type="checkbox"/>
Improper turn <b>used both feet</b>	<input checked="" type="checkbox"/>
Wrong number of steps	<input checked="" type="checkbox"/>

Cannot perform task (explain) **(G)**

## ONE LEG STAND

- Stand with your feet together and your arms at your sides, like this. (Demonstrate)
- Do not start until I tell you to. Do you understand? (Response) **YES**
- When I tell you to start, raise one leg, either leg, approximately six inches off the ground, keeping your raised foot parallel to the ground. (Demonstrate)
- You must keep both legs straight, arms at your sides. While holding that position, count out loud in the following manner: one thousand and one, one thousand and two, one thousand and three, and so on until told to stop.
- Keep your arms at your sides at all times and keep watching the raised foot. Do you understand? (Response) **YES**
- Begin. (30 seconds)

**LEANED ON CAR, DID NOT COUNT**

Sways while balancing	<input checked="" type="checkbox"/>
Uses arms to balance (6"+)	<input checked="" type="checkbox"/>
Hopping	<input type="checkbox"/>
Puts foot down	<input checked="" type="checkbox"/>

Cannot perform task (explain) **NOT parallel, pointed toe upwards**

Phase I: Vessel in Motion – Document initial observations to describe vessel maneuvers or operator/occupant behaviors that may be associated with alcohol/drug influence prior to the stop. If no Phase I observations are made, describe initial contact.

## Phase II: Personal Contact – Document observations made during face-to-face contact with the operator.

<b>Operator Actions</b> <input checked="" type="checkbox"/> Cannot find registration/wallet. <input type="checkbox"/> Tries to conceal something <input type="checkbox"/> Produces wrong documents <input type="checkbox"/> Fumbles items <input type="checkbox"/> Excessive movement <input checked="" type="checkbox"/> Forgets to respond to request <input type="checkbox"/> Incorrect answers <input checked="" type="checkbox"/> Problem using fingertips <input checked="" type="checkbox"/> Avoids eye contact <input type="checkbox"/> Ignores questions <input type="checkbox"/> Lights cigarette or eats/chews <input type="checkbox"/> Angry/abusive language <input checked="" type="checkbox"/> Admits to drinking <input type="checkbox"/> Difficulty with safety equip. <input checked="" type="checkbox"/> Unusual statements	<b>Breath</b> Alcoholic beverage: <input type="checkbox"/> Strong <input checked="" type="checkbox"/> Moderate <input type="checkbox"/> None <input type="checkbox"/> Marijuana <input type="checkbox"/> Breath mint/cover odor	<b>Eyes</b> <input type="checkbox"/> Bloodshot <input checked="" type="checkbox"/> Watery <input checked="" type="checkbox"/> Glassy <input type="checkbox"/> Dilated pupils <input checked="" type="checkbox"/> Constricted pupils. <input type="checkbox"/> Droopy eyelids <input type="checkbox"/> Normal <b>Unusual Actions</b> <input type="checkbox"/> Hiccoughing <input type="checkbox"/> Belching <input type="checkbox"/> Vomiting <input type="checkbox"/> Gagging/dry heaves. <input type="checkbox"/> Fighting <input type="checkbox"/> Laughing <input type="checkbox"/> Crying	<b>Attitude</b> <input type="checkbox"/> Jovial <input checked="" type="checkbox"/> Talkative <input type="checkbox"/> Cooperative <input type="checkbox"/> Indifferent <input type="checkbox"/> Sleepy <input type="checkbox"/> Profanity <input type="checkbox"/> Combative <input type="checkbox"/> Belligerent <input checked="" type="checkbox"/> Insulting <b>Clothing (describe)</b>	<b>Balance</b> <input type="checkbox"/> Normal <input type="checkbox"/> Falling <input checked="" type="checkbox"/> Supports against object <input type="checkbox"/> Wide stance <input checked="" type="checkbox"/> Swaying <input type="checkbox"/> Sits down <input checked="" type="checkbox"/> Unsteady <input type="checkbox"/> Needs assistance Notes:
	<b>Face</b> <input type="checkbox"/> Pale <input type="checkbox"/> Flushed <input type="checkbox"/> Sweating <input type="checkbox"/> Sunburned <input checked="" type="checkbox"/> Normal			

Phase III – Pre-Arrest Screening – Document any other observations made during field sobriety evaluation to describe finding of probable cause to place subject under arrest for operating while impaired.

Officer: <b>JAMES BRODBECK</b>	Agency: <b>FWC</b>	Case #: <b>PW SAIKOFF00</b>
Date:	Location:	
Subject Name:	D/O/B:	
Height:	Weight:	Eyes:
		Hair:
Time of arrest:	hours	Evidentiary breath test results:
		and completed @
		hrs. <b>REFUSED</b> <input type="checkbox"/>