

0497742

3845

ARREST / NOTICE TO APPEAR

A D M I N I S T R A T I O N	OBTS Number <b>18CT 7407</b>		Agency ORI Number <b>0501700</b>		Agency Name <b>Jupiter Police Department</b>		Agency Report Number (N.T.A.'s only) <b>5   4   18-002257</b>		1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias <b>1</b>		JUVENILE												
	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		Location of Arrest (Including Name of Business) <b>MARCINSKI RD/S US HWY 1 JUPITER FL 33477</b>		Location of Offense (Business Name, Address) <b>2099 MARCINSKI RD/S US HIGHWAY 1, JUPITER, FL 33477</b>		If Weapon Seized Enter Type <b>NONE</b>		Multiple Clearance Indicator														
D E F E N D A N T	Date of Arrest <b>04/25/2018</b>	Time of Arrest <b>18:51</b>	Booking Date <b>04/25/2018</b>	Booking Time <b>19:01</b>	Jail Date	Jail Time	Location of Vehicle																
	Name (Last, First, Middle) <b>LESLEY, MICHAEL HUTCHINS</b>		Alias: <b>LESLEY, MICHAEL HUTCHINS</b>		Alias (Name, DOB, Soc. Sec. #, Etc.)		Race W - White B - Black I - American Indian O - Oriental/Asian <b>W   M</b>		Date of Birth <b>01/09/1947</b>	Height <b>6'04</b>	Weight <b>250</b>	Eye Color <b>HAZE</b>	Hair Color <b>GRAY</b>	Complexion <b>LIGHT</b>	Build <b>Large</b>								
C O D E F	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status <b>S</b>	Religion	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"/>		Residence Type: 1. City 2. County 3. Florida 4. Out of State <b>I</b>		Address Source <b>VERBAL</b>		Occupation										
	Local Address (Street, Apt. Number) (City) (State) (Zip) <b>801 SEAFARER CIR 304, JUPITER, FL 33477</b>		Permanent Address (Street, Apt. Number) (City) (State) (Zip) <b>801 SEAFARER CIR 304, JUPITER, FL 33477</b>		Business Address (Name, Street) (City) (State) (Zip) <b>NONE</b>		D/L Number, State <b>000027067940 / NC</b>		INS Number		Place of Birth (City, State) <b>AKRON, OH, United</b>		Citizenship <b>US</b>										
J U V E N I L E	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"/> Other: _____ <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								
C O D E F	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		Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property		Value of Property						
	Drug Activity 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		
C H A R G E	Charge Description <b>DUI - ENHANCED BAC OVER .15</b>		Statute Violation Number <b>316.193(4)</b>		Violation of ORD #		Drug Activity		Drug Type <b>N</b>		Amount / Unit <b>/</b>		Offense #		Counts <b>I</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		
C H A R G E	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 Explain:		Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health		<input checked="" type="checkbox"/> T.O.T. County Jail		PROPERTY - Received By		Released By		Released To		Transported By		Date Transported		Time Transported		Other		
N O T I C E T O A P P E A R	<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>05/30/2018 08:30:00</b>		I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED AND I FULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN COMPLIANCE WITH THE COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.		Signature of Defendant (or Juvenile and Parent/Custodian)		Date Signed <b>APR 26 2018</b>		No Photo Available										
	HOLD for Other Agency		Signature of Arresting Officer <b>320/112</b>		Name Verification (Printed by Arrestee)		Name of Arresting Officer (Print) <b>ZEITZ, DIANA</b>		I.D. # <b>1172</b>		Intake Deputy <b>ABC</b>		I.D. # <b>320</b>		Pouch #		Transporting Officer <b>D ZEITZ</b>		I.D. # <b>320</b>		Agency <b>JUPITE</b>		Witness here if subject signed with an "X"

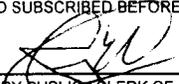
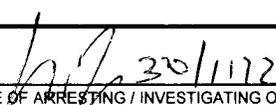
APR 26 2018

17

PROBABLE CAUSE AFFIDAVIT

1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias

1 JUVENILE

A D M I N	OBTS Number		Agency ORI Number <b>FL 0501700</b>		Agency Name <b>JUPITER POLICE DEPARTMENT</b>		Agency Report Number <b>5 4 18-002257</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							Special Notes:	
D E F	Name (Last, First, Middle) <b>LESLEY, MICHAEL HUTCHINS</b>						Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>01/09/1947</b>
	Charge Description <b>316.193(4)(1) DUI - ENHANCED BAC OVER .15</b>		Charge Description						Charge Description
V I C T I M	Victim's Name (Last, First, Middle) <b>STATE OF FLORIDA</b>						Race	Sex	Date of Birth
	Local Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone	Address Source		
Business Address (Name, Street)		(City)	(State)	(Zip)	Phone	Occupation			
<p>The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law.</p> <p>The Person taken into custody . . .</p> <p><input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.</p> <p><input type="checkbox"/> confessed to _____ admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <b>25</b> day of <b>April</b>, <b>2018</b> at <b>18:51</b> (Specifically include facts constituting cause for arrest.)</p>									
<p>The following was captured on my BWC:</p> <p>On Wednesday April 25, 2018, at 1825 hours, I responded to the area of S US Hwy 1 and Driftwood Plaza in reference to a careless driver, later identified as Michael Lesley (W/M 1/9/47) driving south bound. The caller reported a gold Mercedes bearing NC tag # DMF1624 driving off the roadway multiple times and riding into the bicycle lane. I responded to the area in my marked JPD patrol vehicle and got behind the vehicle at S US Hwy 1 and Driftwood Plaza.</p> <p>I observed the vehicle traveling south bound on S. US Hwy 1 passing Driftwood Plaza. While driving behind the vehicle, I witnessed the vehicle driving into the bicycle lane 3 times, crossing completely over the solid white lane divider on the west side of the road. I also observed the vehicle go into the lane to the left of it, crossing completely over the dotted white lane divider separating the inside and outside lanes, where another car was traveling in the same direction almost hitting it. I turned on my lights and sirens and came to a final stop at Marcinski Rd and S US Hwy 1. While I was approaching the vehicle on foot in my full JPD uniform, Lesley put the vehicle in reverse and started traveling towards the front of my patrol car. I gave commands for him to put the vehicle in park, but he slowly kept traveling in reverse until he stopped approximately an inch from my vehicle.</p> <p>Lesley was the sole occupant of the vehicle. I identified myself to Lesley and while speaking to him his speech was slurred and his eyes were blood shot and glossy. I could smell an odor of an unknown alcoholic beverage emitting from his person. I asked him multiple times for his driver's license, insurance and registration but he only provided me with his DL. He never handed me the other documents I requested. When he was asked to step out of the vehicle he advised he could not because he was drunk . He needed assistance on standing and walking.</p>									
A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME				SIGNATURE OF ARRESTING / INVESTIGATING OFFICER				
	 NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) <b>04/25/2018</b> DATE				 <b>ZEITZ, DIANA (1172)</b> NAME OF OFFICER (PLEASE PRINT) <b>04/25/2018</b> DATE				
								SCANNED APR 26 2018	PAGE 1 OF 2

PROBABLE CAUSE AFFIDAVIT  
SUPPLEMENT

1. Arrest  
2. N.T.A. 3. Request for Warrant  
4. Request for Capias

1

JUVENILE

OBTS Number	Agency ORI Number <b>FL 0501700</b>		Agency Name <b>JUPITER POLICE DEPARTMENT</b>	Agency Report Number <b>5   4   18-002257</b>
Charge Type: Check as many as apply. <input type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other				Special Notes:

Name (Last, First, Middle) <b>LESLEY, MICHAEL HUTCHINS</b>	Alias	Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>01/09/1947</b>
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Lesley told me multiple times while sitting in the vehicle that he was drunk and to just take him home. When asked to do the SFSTs he said there was no reason for it because he's drunk. I advised him of Taylor Warnings which he said he understood. He still refused to do the SFSTs and I advised him I could use the refusal against him. He was advised he was under arrest for DUI. Incident to arrest, a search of his vehicle revealed 4 mini bottles of vodka on the passenger seat, 1 of which was opened.

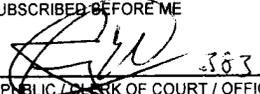
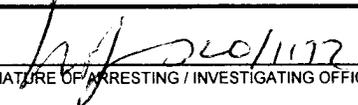
I transported Lesley to the Palm Beach County Breath Alcohol Testing Facility where I conducted a 20 minute observation period to ensure she did not ingest or regurgitate anything orally. While at the BAT he said multiple times that he is hammered and intoxicated and no point of him doing anything, because he's admitting he's hammered. At the conclusion of the observation period, I requested Lesley to provide a lawful sample of his breath for the purpose of determining the alcohol content. Lesley agreed to provide a sample and blew a .214 and .219, both over the legal limit of .08.

I read Lesley his Miranda Warnings and confirmed that he understood. I conducted a post-arrest, post-Miranda interrogation with Lesley. During questions he said he was drinking at the Ale House at approximately 1400 hours where he drank "a lot" and ate chicken salad. He then went to Schooners where he continued to drink. He advised this is where he was coming from before I stopped him. When asked what he was drinking he said "red wine". I placed him in a holding cell while I completed the arrest paperwork. When the arrest paperwork was complete, I escorted Lesley to the Palm Beach County Jail where he was booked for DUI without incident.

The above gave me probable cause to charge Lesley with DUI (enhanced) per FSS 316.193(4) (1) .

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APR 26 2018

SWORN AND SUBSCRIBED BEFORE ME  NOTARY PUBLIC / CLERK OF COURT / OFFICER (F. S. S. 117.10) <b>04/25/2018</b> DATE	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER  <b>ZEITZ, DIANA (1172)</b> NAME OF OFFICER (PLEASE PRINT) <b>04/25/2018</b> DATE	PAGE <b>2 OF 2</b>
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# WITNESS LIST

CASE NUMBER: 18-002257

ARRESTING OFFICER: Officer D. Zeitz

ADDRESS: 210 Military Trl Jupiter FL 33458

PHONE NUMBERS (HOME): 561-313-5008 (WORK) 561746-5134

CAN TESTIFY TO: DUI Investigation

NAME: Officer R. Kolenich 1175

ADDRESS: 210 Military Trl Jupiter FL 33458

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) 561-746-5134

CAN TESTIFY TO: Backup for DUI investigation

NAME: JEFFREY ISSACS

ADDRESS 1606 TREEMONT AVE JUPITER FL

PHONE NUMBERS (HOME) 770-312-3417 (WORK) \_\_\_\_\_

CAN TESTIFY TO: Driving pattern

NAME: Sergeant Smith Juno Beach PD

ADDRESS Juno PD

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: Backup

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) \_\_\_\_\_

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CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

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APR 26 2018

SUBJECT: \_\_\_\_\_ 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) \_\_\_\_\_

## 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.

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**APR 26 2018**

SUSPECT'S SIGNATURE: (X) \_\_\_\_\_

SUBJECT: \_\_\_\_\_ 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? \_\_\_\_\_

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? \_\_\_\_\_

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**APR 26 2018**

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: \_\_\_\_\_

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

# TESTING FACILITY TASK REPORT

AGENCY: \_\_\_\_\_

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

DATE: \_\_\_\_\_ VIDEO TAPE NUMBER: \_\_\_\_\_

BEGINNING TIME: \_\_\_\_\_ ENDING TIME: \_\_\_\_\_

BREATH TESTS RESULTS: 1) \_\_\_\_\_ TIME \_\_\_\_\_ A.M./P.M. 2) \_\_\_\_\_ TIME \_\_\_\_\_ A.M./P.M.  
3) \_\_\_\_\_ TIME \_\_\_\_\_ A.M./P.M. 4) \_\_\_\_\_ TIME \_\_\_\_\_ A.M./P.M.

BREATH OPERATOR: \_\_\_\_\_

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

TESTING OFFICER'S OBSERVATIONS

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

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

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

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

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

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

COMMENTS: \_\_\_\_\_ 1930

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APR 26 2018

*Kelly J. Thomas*  
Commissioner of Motor Vehicles

**DRIVER LICENSE** 27067940  
Dup



**MICHAEL HUTCHINS LESLEY**  
7008 SHADOW ROCK CT  
MATTHEWS NC 28104-8967

class: C endors: None restr: 1  
issued: 06-05-2015 expires: 01-09-2020  
sex: M ht: 6-03 eyes: HAZ hair: BRN race:

birthdate:  
01-09-1947

*Michael Lesley*

NOT A CERTIFIED

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