

0301505

18CT2828

1413

ARREST / NOTICE TO APPEAR

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

1

JUVENILE

OBTS Number	Agency ORI Number <b>0500400</b>		Agency Name <b>Delray Beach Police Department</b>		Agency Report Number (N.T.A.'s only) <b>4, 0   18-002189</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/not Applicable</b>		Multiple Clearance Indicator <b>1</b>
Location of Arrest (Including Name of Business) <b>W LINTON BLVD/S CONGRESS AVE</b>			Location of Offense (Business Name, Address) <b>1999 W LINTON BLVD/S CONGRESS AVE, DELRAY BEACH,</b>			
Date of Arrest <b>02/11/2018</b>	Time of Arrest <b>20:00</b>	Booking Date <b>02/11/2018</b>	Booking Time <b>20:10</b>	Jail Date	Jail Time	Location of Vehicle
Name (Last, First, Middle) <b>BANASIAK, MICHAEL JOSEPH</b>			Alias:			
Race W - White B - Black O - Oriental/Asian	Sex <b>M</b>	Date of Birth <b>07/11/1972</b>	Height <b>5'10</b>	Weight <b>180</b>	Eye Color <b>BLUE</b>	Hair Color <b>BLOND OR</b>
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)			Marital Status	Religion <b>CATHOLIC</b>	Indication of: Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/> Drug Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>	
Local Address (Street, Apt. Number) <b>1365 CRYSTAL WAY E, DELRAY BEACH, FL 33444</b>			(City)	(State)	(Zip)	Phone <b>(561) 282-6240</b>
Permanent Address (Street, Apt. Number) <b>1365 CRYSTAL WAY E, DELRAY BEACH, FL 33444</b>			(City)	(State)	(Zip)	Phone <b>(561) 282-6240</b>
Business Address (Name, Street)			(City)	(State)	(Zip)	Phone <b>(561) 282-6240</b>
DL Number, State <b>B522550722510 / FL</b>		Sec. Sec. Number	INS Number	Place of Birth (City, State) <b>DETROIT, MI</b>		Citizenship <b>US</b>
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor
<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ Name (Last, First, Middle)						Residence Phone
<input type="checkbox"/> Legal Custodian						Business Phone
Address (Street, Apt. Number)			(City)	(State)	(Zip)	
Notified by: (Name)		Date	Time	JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT IAC 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.				Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Description of Property	Value of Property
Drug Activity S. Sell N. N/A P. Possess		R. Smuggle D. Deliver E. Use	K. Disperse/ 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-DAMAGE TO PERSON/PROPERTY</b>			Statute Violation Number <b>316.193(3)(C)(I)</b>		Violation of ORD #	
Drug Activity	Drug Type <b>N</b>	Amount / Unit <b>/</b>	Offense # <b>18-002189</b>	Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number <b>Bond</b>
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 <b>Bond</b>
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 <b>Bond</b>
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"/> Posted Bond		<input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> South County Mental Health		<input checked="" type="checkbox"/> T.O.T. County Jail		PROPERTY - Received By
Transported By		Date Transported	Time Transported	Released By		
<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>South County 200 W Atlantic Ave Delray Beach, FL 33444</b>		Released To <b>2018 FEB 12 AM 10:46</b>		
I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.		Court Date and Time <b>03/15/2018 08:30:00</b>		Signature of Defendant (or Juvenile and Parent/Custodian) <b>SCANNED</b>		
Signature of Defendant (or Juvenile and Parent/Custodian)		Date Signed		Name Verification (Printed by Arrestee) <b>SCANNED</b>		
HOLD for Other Agency		Signature of Arresting Officer <b>T103</b>		Name Verification (Printed by Arrestee) <b>SCANNED</b>		
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other		Printed Name of Arresting Officer (Print) <b>SAINT MARTIN, NORMILE</b>		ID.# <b>1103</b>		
Intake Deputy <b>SPANN S101</b>		Pouch #	Transporting Officer <b>SAINT-MARTIN</b>	ID.# <b>1103</b>	Agency <b>DBPD</b>	Witness here if subject signed with an "X".

PROBABLE CAUSE AFFIDAVIT

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

1

JUVENILE

OBTS Number	Agency ORI Number <b>FL 0500400</b>		Agency Name <b>DELRAY BEACH POLICE DEPARTMENT</b>	Agency Report Number <b>4   0   18-002189</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>BANASIAK, MICHAEL JOSEPH</b>	Alias <b>JEAN, MARKIVOUS D</b>	Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>07/11/1972</b>
Charge Description <b>316.193(3)(C)(1) DUI-DAMAGE TO PERSON/PROPERTY</b>	Charge Description	Charge Description	Charge Description	Charge Description

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	

The undersigned certifies and swears that he/she has just and resonable grounds to believe, and does believe that the above named Defendant committed the following violation of law.  
 The Person taken into custody ...  
 committed the below acts in my presence.     was observed by \_\_\_\_\_ who told \_\_\_\_\_ that he/she saw the arrested person commit the below acts.  
 confessed to \_\_\_\_\_ admitting to the below facts.     was found to have committed the below acts, resulting from my (described) investigation.  
 On the 11 day of February, 2018 at 20:04 (Specifically include facts constituting cause for arrest.)

The following incident occurred in the City of Delray Beach, County of Palm Beach, Florida.

**OFFICER'S NARRATIVE:** On 2/11/18 at approximately 2004 hours, I responded to the area W Linton Blvd/S Congress Ave in reference to an accident. Upon my arrival and with my BWC activated, I observed a black Nissan Altima in the middle of the intersection with heavy front end damage. I also observed a gray Lexus Sedan just south of the intersection parked on the right side of the road with damage to the driver side front of the vehicle.

CSO Rackauskas handled the accident investigation. I made contact with Stephanie Kemp, the driver of the black Nissan, and she stated that she was stopped in the left turning lane on S Congress Ave about to make left turn to head west on W Linton Blvd. Kemp stated she began making a left a turn to go through the intersection once the left turn traffic light turned green. Kempstated that out of nowhere, a vehicle ran the light red light heading south bound on S Congress Ave and struck her vehicle.

I made contact with Michael Banasiak and informed him that I was conducting a criminal investigation into the accident. I read Banasiak Miranda Warnings and he stated that he understood his rights. I asked Banasiak if he was the driver of the Gray Lexus and he stated yes. I asked Banasiak if he would perform Roadside Tasks and he stated that he would. Before administering the tasks, I asked Banasiak he had any injuries and he stated that he had an operation on his right knee for a torn ligament but he stated he would perform the test.

**DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUTTING DEFENDANT BEHIND THE WHEEL OF THE VEHICLE):** Post Miranda, driver admitted to being the driver and owner of the gray Lexus Sedan.

SWORN AND SUBSCRIBED BEFORE ME	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER <i>[Signature]</i> 103
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 17.01) <b>B. SUE OWEN</b> State of Florida-Notary Public Commission # FF093160 My Commission Expires May 30, 2018	NAME OF OFFICER (PLEASE PRINT) <b>SAINT MARTIN, NORMILE (1193)</b>
DATE <u>02/11/18</u>	DATE <u>02/11/2018</u>
	DATE <b>FEB 14 2018</b>

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 0500400</b>		Agency Name <b>DELRAY BEACH POLICE DEPARTMENT</b>	Agency Report Number <b>4 0 18-002189</b>
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Charge Type: Check as many as apply.	<input type="checkbox"/> 1. Felony	<input type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance	Special Notes:
	<input type="checkbox"/> 2. Traffic Felony	<input checked="" type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 6. Other	

Name (Last, First, Middle) <b>BANASIAK, MICHAEL JOSEPH</b>	Alias <b>JEAN, MARKIVOUS D</b>	Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>07/11/1972</b>
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OBSERVATION OF DRIVER: Driver's eyes were glassy; had slurred speech; noticeable odor of an unknown alcoholic beverage coming from his breath.

DRIVER'S STATEMENTS: Stated that he was driving in the turning lane on W Linton Blvd attempting to make a left turn to head south bound on S Congress Ave.

ODORS: Noticeable odor of an unknown alcoholic beverage coming from driver's breath.

SPEECH: Slurred.

ATTITUDE: Calmed, quiet.

CLOTHING: Blue shirt, shorts, and sandals.

MEDICAL PROBLEMS: Torn ligament in right knee.

MEDICATIONS: Unknown

BREATH TESTING REQUEST IS VIDEO RECORDED: Driver refused.

**\*\* ROAD SIDE TASKS \*\***

HORIZONTAL GAZE NYSTAGMUS:

LEFT EYE: Driver's left eye followed the stimulus up to 45 degrees without him moving his head.

RIGHT EYE: Driver's left eye followed the stimulus up to 45 degrees without him moving his head.

WALK AND TURN: Driver failed to keep heel and toe together. Driver failed to count aloud. Driver failed to place his hands to his side. Driver failed to count to specify number and driver failed to turn on the specify foot.

ONE LEG STAND: Driver failed to keep his hands to his side. Driver failed to stop counting without being instructed to. Driver failed to keep his leg raised while counting.

FINGER TO NOSE: Driver performed this task without any problem.

ROMBERG ALPHABET: Driver failed to recite the alphabet in proper order.

SWORN AND SUBSCRIBED BEFORE ME	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER <i>[Signature]</i>
NOTARY PUBLIC / CLERK OF COURT / JUDGE (F.S.S. 115.10) <b>BUSUE OWEN</b> State of Florida-Notary Public Commission # FF093160 My Commission Expires May 30, 2018	<b>SAINT MARTIN, NORMILE (1103)</b> NAME OF OFFICER (PLEASE PRINT)
DATE <b>02/11/18</b>	DATE <b>02/11/2018</b>

OBTS Number	PROBABLE CAUSE AFFIDAVIT SUPPLEMENT		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	<b>1</b>	JUVENILE
Agency ORI Number <b>FL 0500400</b>	Agency Name <b>DELRAY BEACH POLICE DEPARTMENT</b>	Agency Report Number <b>4 0 18-002189</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>BANASIAK, MICHAEL JOSEPH</b>	Alias <b>JEAN, MARKIVOUS D</b>	Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>07/11/1972</b>
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**BREATH ALCOHOL TEST RESULTS:** Driver refused to submit to a breath test.

The test results were:

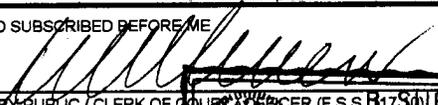
Defendant sample #1: Refused.

Defendant sample #2: Refused.

**CHARGES:** Driving Under the Influence with Property Damage.

Based on the above stated facts probable cause exists to charge the defendant, Michael Banasiak, with one count of driving under the influence in violation of FSS 316.193(3)(C)(1).

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ADMINISTRATIVE	SWORN AND SUBSCRIBED BEFORE ME		
	NOTARY PUBLIC / CLERK OF COURT (F.S.S. 473.01)	<b>JE OWEN</b> State of Florida-Notary Public Commission # FF093160 My Commission Expires May 30, 2018	<b>SAINT MARTIN, NORMILE (1103)</b> NAME OF OFFICER (PLEASE PRINT) <b>02/11/2018</b> DATE
	DATE <b>02/11/18</b>		PAGE <b>3 OF 3</b>

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? \_\_\_\_\_

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

**SCANNED**  
FEB 14 2018

# TESTING FACILITY TASK REPORT

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

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

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

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

BREATH TESTS RESULTS: **REFUSED** TIME 2:04 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: \_\_\_\_\_

NOT A CERTIFIED COPY

SCANNED

FEB 14 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.

**SCANNED**

**FEB 14 2018**

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



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

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SCANNED  
FEB 14 2018