

## ARREST / NOTICE TO APPEAR

AD M I N I S T R A T I O N	OBTS Number <b>1701 783</b>	1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias	1	JUVENILE
	Agency ORI Number <b>0500200</b>	Agency Name <b>Boca Raton Police Department</b>		Agency Report Number (N.T.A.'s only) <b>3   2   2017-000530</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>01</b>		
	Location of Arrest (Including Name of Business) <b>100 W YAMATO RD, BOCA RATON, FL</b>		Location of Offense (Business Name, Address) <b>100 W YAMATO RD, BOCA RATON, FL 33431</b>			
	Date of Arrest <b>01/11/2017</b>	Time of Arrest <b>23:38</b>	Booking Date <b>01/11/2017</b>	Booking Time <b>23:48</b>	Jail Date	Jail Time
	Name (Last, First, Middle) <b>KATSCH, MICHAEL JOSEPH</b>				Alias (Name, DOB, Soc. Sec. #, Etc.)	
	Race <b>W - White</b>	Sex <b>M</b>	Date of Birth <b>09/15/1964</b>	Height <b>6'00</b>	Weight <b>215</b>	Eye Color <b>BROWN</b>
	Local Address (Street, Apt. Number) <b>5601 NW 2ND AVE 217, BOCA RATON, FL 33487</b>		(City) <b>BOCA RATON, FL</b>		(Zip) <b>33487</b>	
	Permanent Address (Street, Apt. Number) <b>5601 NW 2ND AVE 217, BOCA RATON, FL 33487</b>		(City) <b>BOCA RATON, FL</b>		(Zip) <b>33487</b>	
	Business Address (Name, Street) <b>WILLIAM ROBERT,</b>		(City) <b>BOCA RATON, FL</b>		(Zip) <b>33487</b>	
	D/L Number, State <b>K320550643350 / FL</b>		Soc. Sec. Number <b>[REDACTED]</b>		INS Number <b>N/A</b>	
	Place of Birth (City, State) <b>BRONX, NY, United</b>		Citizenship <b>US</b>		Complexion <b>MEDIUM</b>	
	Co-Defendant Name (Last, First, Middle) <b>[REDACTED]</b>		Race <b>[REDACTED]</b>		Sex <b>[REDACTED]</b>	
	Co-Defendant Name (Last, First, Middle) <b>[REDACTED]</b>		Race <b>[REDACTED]</b>		Sex <b>[REDACTED]</b>	
	Parent <input type="checkbox"/> Other: <b>[REDACTED]</b>		Name (Last, First, Middle) <b>[REDACTED]</b>		Residence Phone <b>[REDACTED]</b>	
	Legal Custodian <input type="checkbox"/> Other: <b>[REDACTED]</b>		Name (Last, First, Middle) <b>[REDACTED]</b>		Business Phone <b>[REDACTED]</b>	
	Address (Street, Apt. Number) <b>[REDACTED]</b>		(City) <b>[REDACTED]</b>		(State) <b>[REDACTED]</b>	
	Notified by: (Name) <b>[REDACTED]</b>		Date <b>[REDACTED]</b>		Time <b>[REDACTED]</b>	
	Released To: (Name) <b>[REDACTED]</b>		Relationship <b>[REDACTED]</b>		Date <b>[REDACTED]</b>	
	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 <b>[REDACTED]</b>		Grade <b>[REDACTED]</b>	
	Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property <b>[REDACTED]</b>		Value of Property <b>[REDACTED]</b>	
	Drug Activity N. N/A P. Possess		S. Sell B. Buy T. Traffic		R. Smuggle D. Deliver E. Use	
	K. Disperses/ Distribute		M. Manufacture/ Produce/ Cultivate		Z. Other	
	Drug Type N. N/A A. Amphetamine		B. Barbiturate C. Cocaine E. Heroin		H. Hallucinogen M. Marijuana O. Opium/Deriv.	
	P. Paraphernalia/ Equipment S. Synthetic		U. Unknown Other		[REDACTED]	
	Charge Description <b>DUI</b>		Statute Violation Number <b>316.193(1)</b>		Violation of ORD # <b>[REDACTED]</b>	
	Drug Activity <b>N</b>		Drug Type <b>N</b>		Amount / Unit <b>[REDACTED]</b>	
	Offense # <b>2017-000530</b>		Counts <b>1</b>		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
	Warrant / Capias Number <b>[REDACTED]</b>		Bond <b>[REDACTED]</b>		[REDACTED]	
	Charge Description <b>[REDACTED]</b>		Statute Violation Number <b>[REDACTED]</b>		Violation of ORD # <b>[REDACTED]</b>	
	Drug Activity <b>[REDACTED]</b>		Drug Type <b>[REDACTED]</b>		Amount / Unit <b>[REDACTED]</b>	
	Offense # <b>[REDACTED]</b>		Counts <b>[REDACTED]</b>		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
	Warrant / Capias Number <b>[REDACTED]</b>		Bond <b>[REDACTED]</b>		[REDACTED]	
	Charge Description <b>[REDACTED]</b>		Statute Violation Number <b>[REDACTED]</b>		Violation of ORD # <b>[REDACTED]</b>	
	Drug Activity <b>[REDACTED]</b>		Drug Type <b>[REDACTED]</b>		Amount / Unit <b>[REDACTED]</b>	
	Offense # <b>[REDACTED]</b>		Counts <b>[REDACTED]</b>		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
	Warrant / Capias Number <b>[REDACTED]</b>		Bond <b>[REDACTED]</b>		[REDACTED]	
	Health / Apparent Physical Condition of Defendant <b>GOOD</b>		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: <b>[REDACTED]</b>	
	Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Posted Bond		<input checked="" type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> South County Mental Health		<input checked="" type="checkbox"/> T.O.T. County Jail	
	Transported By <b>[REDACTED]</b>		PROPERTY - Received By <b>789</b>		Released By <b>789</b>	
	Date Transported <b>[REDACTED]</b>		Time Transported <b>[REDACTED]</b>		Other <b>[REDACTED]</b>	
	<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>		Court Date and Time <b>02/06/2017 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. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.		Signature of Defendant (or Juvenile and Parent/Custodian) <b>[REDACTED]</b>		Date Signed <b>1/12/17</b>	
	HOLD for Other Agency <input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other		Signature of Arresting Officer <b>[REDACTED]</b>		Name Verification (Printed by Arrestee) <b>[REDACTED]</b>	
	Intake Agency <b>Bembury/282</b>		Pouch # <b>[REDACTED]</b>		Transferring Officer <b>TYSON, THOMAS R.</b>	
	ID # <b>785</b>		Agency <b>BRPD</b>		Witness here if subject signed with an "X". <b>[REDACTED]</b>	
	AD M I N I S T R A T I O N		PAGE <b>1 OF 1</b>		[REDACTED]	

SCANNED

JAN 13 2017

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	<b>1</b>	JUVENILE
Agency ORI Number <b>FL 0500200</b>		Agency Name <b>BOCA RATON POLICE DEPARTMENT</b>		Agency Report Number <b>3   2   2017-000530</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>KATSCH, MICHAEL JOSEPH</b>		Alias		Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>09/15/1964</b>	
Charge Description <b>316.193(1) DUI</b>		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
<p>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.</p> <p>The Person taken into custody . . .</p> <p><input checked="" type="checkbox"/> committed the below acts in my presence.      <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person committ 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>11</b> day of <b>January</b>, <b>2017</b> at <b>23:38</b> (Specifically include facts constituting cause for arrest.)</p>							
<p>The following incident occurred on January 11, 2017 in the City of Boca Raton, Palm Beach County, FL</p> <p>At 2249hrs Ofc. Jesionek and I were dispatched to 100 West Yamato Road in reference to an accident that had occurred. Upon arrival at 198 W Yamato Road (Mobil Gas), I observed a white Kia Optima bearing FL tag #960PWL, stopped near the building with heavy damage to its front passenger wheel. I observed a white male, later to be identified as Michael Katsch, coming from the driver's side of the vehicle. Michael stumbled towards the gas station. An employee of the gas station was outside helping Michael maintain his balance. I approached Michael and asked if he needed medical attention. Upon speaking with Michael, I immediately recognized the odor of alcohol emanating from Michael's breath. Michael had a hard time standing and was swaying from side to side as I asked what happened. Michael had slurred speech and glassy eyes while speaking with him. It should be noted that there was an empty beer can in the center console and the odor of alcohol emanating from the vehicle.</p> <p>Michael stated that he came to the gas station to get a hot dog and that he was coming from Yamato and Dixie Highway. He stated that he felt a crash and did not know what happened. Michael was placed into a seat to prevent him from falling. Boca Raton Fire Rescue arrived on scene to check Michael for injuries. Michael stated he had a brain tumor and was diabetic. BRFR took Michael's vitals and blood and determined that his blood sugar was normal. Upon speaking with Michael, he slurred his speech and had a tough time reciting any of his information. BRFR cleared Michael at the scene.</p> <p>Upon speaking with Hrvoje Posavac, he stated that he made a right turn onto Yamato Road from the Mobil gas station; he entered the center lane when he observed a white sedan traveling westbound in the eastbound center lane. He stated that the white sedan struck his vehicle in the roadway, then backed up and struck his vehicle again. The</p>							
<p>SWORN AND SUBSCRIBED BEFORE ME</p> <p><b>IMMLER, DOUGLAS J</b>      <b>789</b>          NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)      SIGNATURE OF ARRESTING / INVESTIGATING OFFICER</p> <p><b>01/12/2017</b>      <b>TYSON, THOMAS ROBERT (789)</b>          DATE      NAME OF OFFICER (PLEASE PRINT)</p> <p><b>01/12/2017</b>          DATE</p>							

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 0500200</b>		Agency Name <b>BOCA RATON POLICE DEPARTMENT</b>		Agency Report Number <b>3   2   2017-000530</b>			
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PROBABLE CAUSE AFFIDAVIT  
SUPPLEMENT

vehicle then continued westbound in the eastbound lane, turning into the Mobil gas station. Upon entering the Mobil gas station, the vehicle stopped after striking the curb. A witness statement was filled out and submitted into evidence.

There was minor damage to the rear of Hrvoje's vehicle and heavy damage to the front of Michael's vehicle. A traffic crash report was completed for this incident.

Based upon the odor of alcohol, the traffic crash and Michael's actions, Michael was placed in front of BRPD Vehicle # (303). Michael was read his Constitutional warnings. Michael stated that he understood his rights and would answer questions. Michael advised that he was driving the car during the accident. He stated that he does not know how the accident occurred; all he felt was a large jolt. Michael stated that he had taken Ambien, Klonopin, and Trazadon 4 hours prior. Michael stated that he was not under the influence of alcohol and that his last drink was at 7:30. Michael did not remember striking another vehicle and driving the wrong way on Yamato Road. During questioning, Michael swayed, slurred his speech and had the odor of alcohol emanating from his breath. After the traffic crash investigation was complete, Michael was informed that the driving under the influence investigation was about to begin.

Michael was asked to complete Standardized Field Sobriety Task (SFST) and advised that he would complete the tasks. Michael stated that due to his brain tumor, he could not complete any tasks that involved walking. The first task that was administered was the Horizontal Gaze Nystagmus. Michael had trouble focusing on the tip of my pen and following directions. I observed the lack of smooth pursuit in both directions and in both eyes. I observed the onset of Nystagmus prior to 45 degrees in both directions and in both eyes. I observed distinct and sustained Nystagmus at maximum deviation in both eyes and in both directions. It should be noted that during the task, Michael swayed and had glassy and bloodshot eyes.

The second task completed was the Finger to Nose task. Michael was read the directions and stated that he understood the task. Upon administering the tasks, Michael did not keep his head tilted back and eyes close. Michael swayed and had trouble maintaining balance. On each instruction to place a finger on the nose, Michael missed touching the tip of his nose. The sequence read out was Left, Right, Left, Right, Right, Left. On the 3rd instruction of Left, Michael raised his right hand halfway and then his right after. Each time he attempted to touch his nose, his eyes were open and he kept his fingers together.

The last task administered was the Rhomberg Alphabet. Michael stated that he knew the English Alphabet. Michael was read the directions and stated that he understood the directions. On Michael's first attempt he could not complete the task without saying the alphabet with a rhythmic tone. Michael also could not complete the full alphabet.

SWORN AND SUBSCRIBED BEFORE ME  <div style="display: flex; justify-content: space-between;"> <div style="width:45%;"> <b>IMMLER, DOUGLAS J</b>  <small>NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</small>   <b>01/12/2017</b>  <small>DATE</small> </div> <div style="width:45%; text-align: right;">   <small>SIGNATURE OF ARRESTING / INVESTIGATING OFFICER</small>   <b>TYSON, THOMAS ROBERT (789)</b>  <small>NAME OF OFFICER (PLEASE PRINT)</small>   <b>01/12/2017</b>  <small>DATE</small> </div> </div>	PAGE <b>2 OF 3</b>
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COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

A D M I N I S T R A T I V E	OBTS Number		PROBABLE CAUSE AFFIDAVIT SUPPLEMENT		1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias		1	JUVENILE
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	Name (Last, First, Middle) <b>KATSCH, MICHAEL JOSEPH</b>						Race: <b>W</b> Sex: <b>M</b> Date of Birth: <b>09/15/1964</b>	
Based upon my investigation, Michael Katsch was placed under arrest for DUI, a violation of FSS 316.193(1). Michael was taken to Boca Raton Police Department Holding Facility where he provided breath samples of .243 and .246. Michael's car was removed by Westway towing. Michael was turned over to Palm Beach County Jail.								
<div style="font-size: 4em; opacity: 0.1; transform: rotate(-30deg); pointer-events: none;">NOT A CERTIFIED COPY</div>								
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>SWORN AND SUBSCRIBED BEFORE ME</p> <p style="text-align: center;"><b>IMMLER, DOUGLAS J</b></p> <p style="text-align: center;">NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</p> <p style="text-align: center;"><b>01/12/2017</b></p> <p style="text-align: center;">DATE</p> </div> <div style="width: 45%;"> <p style="text-align: center;">             SIGNATURE OF ARRESTING / INVESTIGATING OFFICER  <b>TYSON, THOMAS ROBERT (789)</b>            NAME OF OFFICER (PLEASE PRINT)  <b>01/12/2017</b>            DATE         </p> </div> </div>								
								PAGE <b>3 OF 3</b>

COURT

STATE ATTORNEY

CENTRAL RECORDS

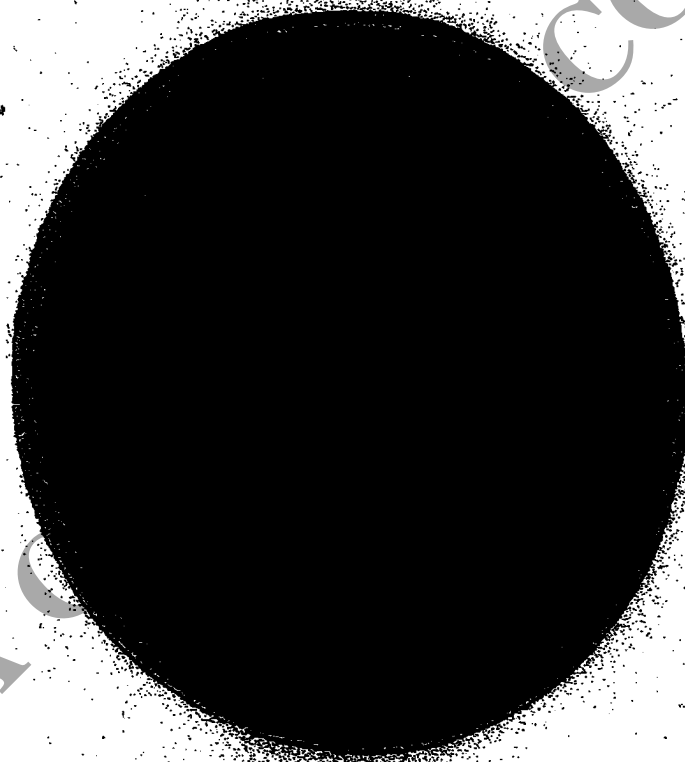
JAIL

CRIME ANALYSIS

P. I. O.

2017-000 530

# **D. U. I. INFLUENCE REPORT**



**Boca Raton Police Services Department  
100 Northwest Second Avenue  
Boca Raton, Florida 33432**

WITNESS LIST

ARRESTING OFFICER: Tyson #789

Name: Jesionk 531 Phone # Home — Work —

Address: BRPD

Can testify to: Blat

Name: Badly 668 Phone # Home — Work —

Address: BRPD

Can testify to: Simp

Name: Hrujo Posavac Phone # Home 561-929-7137 Work —

Address: 690 Kingsbury St # R, Bogota, FL 33487

Can testify to: —

Name: — Phone # Home — Work —

Address: —

Can testify to: —

Name: — Phone # Home — Work —

Address: —

Can testify to: —

Name: — Phone # Home — Work —

Address: —

Can testify to: —

Name: — Phone # Home — Work —

Address: —

Can testify to: —

BOCA RATON POLICE DEPARTMENT

Agency Case#

2017-000530

PART II D.U.I. REPORT  
To be filled out at testing facility

I. INTRODUCTION

(Instrument Operator faces video camera)

A. The day is: Thurs, Jan, 12, 2017  
(day) (month) (date) (year)

B. The time is now approximately 12-25 AM/PM

C. The following is in reference to case number 2017-000530

D. Present at this time is J. Smith / Tyson of the Boca Raton Police  
Department. (Officer's Name)

E. Officer Tyson, Have you arrested Michael Katsch  
In violation of Florida State Statute 316.193? (Defendant's name)

F. Did this violation occur within the City of Boca Raton, Palm Beach County, Florida?

G. Mr. Katsch, I am required to  
Inform you these proceedings are being video taped.

Operator Note:

Video tape breath request, breath sample, and interview.

## BOCA RATON POLICE DEPARTMENT

Agency Case #

2017-000530

**H. AT THIS TIME THE ARRESTING OFFICER WILL REQUEST A BREATH SAMPLE.***Note: Read only the paragraph applicable to the type of test you are requesting.***A.**I am now requesting that you submit to a lawful test of your **BREATH** for the purpose of determining its alcohol content.**B.**I am now requesting that you submit to a lawful test of your **URINE** for the purpose of determining its alcohol content.**C.**I am now requesting that you submit to a lawful test of your **BLOOD** for the purpose of determining its alcohol content and the presence of chemical or controlled substances.**IMPLIED CONSENT WARNINGS***Note: Read only if the subject does not comply with your request.*

2.

I am

Officer Tyson

of the

Boca Raton PD

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 signature:

Video

**ALSO READ FOR CDL HOLDERS**

IN ADDITION, your refusal to submit will result in the loss of your commercial privileges for one year from today. If this is your SECOND REFUSAL, you will be permanently disqualified from operating a commercial motor vehicle.

After reading the implied consent warning, the arresting officer must request a breath sample again.

**(IF REFUSAL THEN)**

At this time Mr/Mrs/Ms.

K. T. S. C.

has refused to submit to a breath test.

The date is

Jan

(Month)

12

(Day)

2017

(Year)

and the time

2 AM/PM

A refusal form will be completed by the arresting officer.



BOCA RATON POLICE DEPARTMENT  
TESTING FACILITY TASK REPORT

SUBJECT: Katsch, Michael J

CASE #: 2017-000530 DATE: 1-12-2017

BREATH TESTS RESULTS

1) TIME 243/12.28 AM/PM 2) TIME 1246/1231 AM/PM  
3) TIME        AM/PM 4) TIME        AM/PM

BREATH OPERATOR: JSIORK 531

MAINTENANCE TECHNICIAN: R/C 671

TESTING OFFICER'S OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Cooperative

CLOTHING: gray T-shirt, black jeans, flip flops

MEDICAL CONDITION: Tumor, Neck

OTHER: Meds - Tazadac, Ambien, Xanax - taken 4hrs ago

FL O/C# K320-550-64-335-0 (9-15-64)

COMMENTS: For Tel - 0001 hours 10-15-2338 hrs

On 1-11-2017. Lethargic. Sleepy. Swaying

Red & glassy eyes

Strong odor of an alcoholic beverage coming  
from mouth

BOCA RATON POLICE DEPARTMENT

Agency Case #

2017-000530

ADULT CONSTITUTIONAL WARNINGS

(Juvenile warning on reverse side)

"I am required to warn you before you make any statement that you have the following rights":

- ✓1) You have the right to remain silent and not answer any questions.
- ✓2) Any statement you make must be freely and voluntarily given.
- ✓3) You have the right to the presence of a lawyer and representation 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 statement 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 be and will be used against you in a court of law.

DO YOU UNDERSTAND THESE RIGHTS AS I HAVE READ THEM TO YOU AND DO YOU WISH TO SPEAK TO ME?

(X) Video

QUESTIONS AND ANSWERS

Were you operating a motor vehicle at the time of the accident/stop? \_\_\_\_\_

Where were you going? \_\_\_\_\_

What street or highway were you on? \_\_\_\_\_

Direction of travel? \_\_\_\_\_

Where did you start driving from? \_\_\_\_\_

What City (County) were you stopped in? \_\_\_\_\_

What time did you start? \_\_\_\_\_ AM/PM What time is it now \_\_\_\_\_

What is today's date? \_\_\_\_\_ What day of the week is it? \_\_\_\_\_

Agency Case # 217-00530

When did you last eat? \_\_\_\_\_ What did you eat? \_\_\_\_\_

What have you been doing the past three hours prior to this stop/accident? \_\_\_\_\_

How much do you weigh? \_\_\_\_\_ Have you been drinking? \_\_\_\_\_ What were you drinking? \_\_\_\_\_

How much? \_\_\_\_\_ Where? \_\_\_\_\_ With whom were you drinking? \_\_\_\_\_

When did you have your first drink? \_\_\_\_\_ AM/PM When did you stop drinking? \_\_\_\_\_ AM/PM

How did you consume your last two drinks? \_\_\_\_\_

Are you under the influence of alcohol now? Yes ☐ No ☐

Can you feel the affects of alcohol? Yes ☐ No ☐

Have you consumed alcohol since the accident? Yes ☐ No ☐

Can you feel the affects of alcohol? Yes ☐ No ☐

Have you consumed alcohol since the accident? Yes ☐ No ☐ How much? \_\_\_\_\_ What? \_\_\_\_\_

Where? \_\_\_\_\_

What line of work are you in? \_\_\_\_\_

When did you last work? \_\_\_\_\_

Do you have any physical defects or injuries? Yes ☐ No ☐ If yes, explain: \_\_\_\_\_

Are you sick or injured? Yes ☐ No ☐ If yes explain: \_\_\_\_\_

Do you limp? \_\_\_\_\_ Did you get a bump on the head? \_\_\_\_\_

Were you involved in an accident today? \_\_\_\_\_

Have you taken any drugs or smoked marijuana today? \_\_\_\_\_

What? \_\_\_\_\_ When? \_\_\_\_\_

Have you seen a doctor or dentist today? \_\_\_\_\_ Who? \_\_\_\_\_

Are you taking any prescription medicines? Yes ☐ No ☐ What? \_\_\_\_\_ When? \_\_\_\_\_

Do you have: Epilepsy? Yes ☐ No ☐ Inner ear trouble? Yes ☐ No ☐  
Glass Eye? Yes ☐ No ☐ Ear Infection? Yes ☐ No ☐  
False Teeth? Yes ☐ No ☐ Diabetes? Yes ☐ No ☐

Any eye problems not correctable by glasses or contact lenses? \_\_\_\_\_

Do you take insulin? Yes ☐ No ☐ If yes, when was your last injection? \_\_\_\_\_

Have you ever had a driver's license in any other state? \_\_\_\_\_

I am now ending this videotaping. The time now is approximately 12:36 AM PM

The date is: Jan (month) 12 (day) 2017 (year).