

0485352

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report1. Arrest  
2. N.T.A.  
3. Request for Warrant  
4. Request for Capias1  
Juv  
N

ADMINISTRATIVE	OBTS Number		Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number (N.T.A.'s only) <b>06-17-039905</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		Weapon Seized / Type 2 1. Yes 2. No N/A		Multiple Clearance Indicator 01			
	Location of Arrest (Including Name of Business) <b>LIGHTHOUSE DR/ALTERNATE A1A PBG</b>				Location of Offense (Business Name, Address) <b>LIGHTHOUSE DR/ALTERNATE A1A PBG</b>			
	Date of Arrest <b>2/15/2017</b>	Time of Arrest <b>0220</b>	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle <b>ALL HOOKED UP TOWING</b>	
DEFENDANT	Name (Last, First, Middle) <b>FIELD, MORGAN</b>						Alias (Name, DOB, Soc. Sec. #, Etc.)	
	Race W - White I - American Indian B - Black O - Oriental/Asian	Sex <b>W</b>	Date of Birth <b>6/22/1992</b>	Height <b>5'05</b>	Weight <b>130</b>	Eye Color <b>GREEN</b>	Hair Color <b>BLONDE</b>	Complexion <b>LIGHT</b>
	Build <b>SLIM</b>			Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>NONE</b>		Marital Status <b>N/A</b>	Religion <b>NONE</b>	Indication of: Alcohol Influence <input type="checkbox"/> Drug Influence <input type="checkbox"/>
	Local Address (Street, Apt. Number) <b>221 NORTH H STREET APT 10, LAKE WORTH, FL, 33460</b>		(City)	(State)	(Zip)	Phone <b>( ) UNKNOWN</b>	Residence Type: 1. City 2. County 3. Florida 4. Out of State <b>2</b>	
	Permanent Address (Street, Apt. Number) <b>221 NORTH H STREET APT 10, LAKE WORTH, FL, 33460</b>		(City)	(State)	(Zip)	Phone <b>( ) UNKNOWN</b>	Address Source <b>VERBAL</b>	
	Business Address (Name, Street)		(City)	(State)	(Zip)	Phone <b>( )</b>	Occupation <b>Chillies</b>	
	D/L Number, State <b>F430551927220, FL</b>		Soc. Sec. Number <b>[REDACTED]</b>		INS Number		Place of Birth (City, State) <b>WEST PALM BEACH, FL</b>	Citizenship <b>US</b>
	Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large		<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile
	Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large		<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile
	JUVENILE	Parent Name (Last, First, Middle) <b>[REDACTED]</b>		Legal Custodian Name (Last, First, Middle) <b>[REDACTED]</b>		Other Name (Last, First, Middle) <b>[REDACTED]</b>		Residence Phone <b>( )</b>
Address (Street, Apt. Number) <b>[REDACTED]</b>		(City)	(State)	(Zip)	Business Phone <b>( )</b>			
Notified by: (Name) <b>[REDACTED]</b>		Date	Time	Juvenile Disposition 1. Handled/processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated				
Released To: (Name) <b>[REDACTED]</b>		Relationship <b>[REDACTED]</b>		Date	Time			
The above address 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 (Phone 355-2526) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <b>[REDACTED]</b> <input type="checkbox"/> No: (Reason)				School Attended		Grade		
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property		Value of Property				
Drug Activity N. N/A S. Sell B. Buy P. Possess R. Smuggle D. Deliver E. Use K. Dispense/ 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. Synthetics U. Unknown Z. Other						
Charge Description <b>DRIVING UNDER THE INFLUENCE</b>		Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number <b>316.193(1)</b>		Violation of ORD #		
Drug Activity <b>N</b>		Drug Type <b>N</b>	Amount / Unit <b>/</b>	Offense # <b>17-039905</b>	Warrant / Capias Number		Bond	
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation of ORD #		
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond		
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation of ORD #		
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond		
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation of ORD #		
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond		
NOTICE TO APPEAR	Location (Court, Room Number, Address) <b>NORTH COUNTY COURTHOUSE / 3188 PGA BLVD, PALM BEACH GARDENS, FL 33410</b>							
	Court Date and Time Month <b>MARCH</b> Day <b>8</b> Year <b>2017</b> Time <b>0830</b> AM <input checked="" type="checkbox"/> PM							
	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. <b>REFUSED</b> Signature of Defendant (or Juvenile and Parent /Custodian) _____ Date Signed _____							
ADMIN	HOLD for other Agency Name		Signature of Arresting Officer <b>[REDACTED]</b>		Name Verification (Printed by Arrestee) <b>[REDACTED]</b>			
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print) <b>S/S P SCARFOTZI #21289</b>		I.D. # <b>21289</b>		PAGE <b>1</b>	
	Intake Deputy <b>SPAWN B101</b>		I.D. #	Pouch #	Transporting Officer <b>SAME</b>	ID #	Agency <b>PBSO</b>	Witness here if subject signed with an "X" <b>1</b> OF

OBTS Number		<b>PROBABLE CAUSE AFFIDAVIT</b>		1. Arrest 2. N.T.A.		3. Request For Warrant 4. Request For Capias		1	Juvenile <input type="checkbox"/>
Agency ORI Number <b>FLO 5 0 0 0 0 0</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number <b>06</b>		<b>17039905</b>			
Charge Type Check as many as apply <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Special Notes							
Defendant Name (Last, First, Middle) <b>FIELD MORGAN KRISTINE</b>				Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>6/22/1992</b>			
Charge <b>DUI</b>				Charge					
Charge				Charge					
Victim 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 (Street, Apt. Number)		City	State	Zip	Phone		Occupation		
The undersign 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. The person taken into custody... <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 commit the below acts. <input type="checkbox"/> confessed to admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from (described) investigation.									
On the <b>15th</b> day of <b>February</b> 20 <b>17</b> at <b>1:45</b> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM									

\*\*\*\*SUPPLEMENT PROBABLE CAUSE AFFIDAVIT\*\*\*\*

On February 15th, 2017 at approximately 1:45 am, I was traveling north on Alternate A1A in the 9800 block in Palm Beach Gardens, FL. I noticed a vehicle traveling southbound and estimated it to be driving approximately 70 mph in a posted 45 mph zone. I had my in-car Stalker Pro radar activated which showed the target vehicle (only vehicle on the roadway) traveling 71 mph. I turned around and began following the vehicle steadily pacing it at 70 mph in the same 45 mph zone. The vehicle then quickly shifted lanes and turned east into the Promenade Plaza. I initiated a traffic stop on the vehicle and made contact with the driver (sole occupant). I identified the driver by her FL driver's license as Morgan Field.

Upon speaking to Field, I immediately noticed the odor of alcohol emanating from her as she spoke. I advised her for the reason I was stopping her and asked her to step out of the vehicle. I asked Field why she was driving so fast. At this time, outside of the vehicle and talking on her cell phone and responded by asking me if I wanted to talk to her friend who was on the phone. I denied the offer and continued talking to her. I could also see that Field's eyes were bloodshot red and glossy. As I was talking to Field who was outside of the vehicle at this point, I could still smell the odor of alcohol emanating from her.

I notified D/S Scarlotzi 21289 via PBSO radio who responded to the scene. While speaking with D/S Scarlotzi, Field began interrupting us and was upset about being stopped. She then began walking towards us and was ordered to not approach us and to stay by her car. She responded with "I can stay there but I can talk to him, how about that?".

D/S Scarlotzi 21289 then conducted a DUI investigation where Field was subsequently arrested. This is a supplemental report.

The foregoing instrument was sworn to and affirmed before me this <b>15th</b> day of <b>February</b> 20 <b>17</b> , by:	
<b>D/S Scarlotzi 21289</b> Name of Notary Public / Clerk of Court Officer (F.S.S. 117.00)	<b>D/S Hole 18340</b> Name of Arresting/Investigating Officer
Page 1 1	

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 15TH DAY OF FEBRUARY 20 17, AT 0150 ✓ AM PM

SUBJECT: FIELD, MORGAN CASE NUMBER: 17-039905

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: D/S P SCARTOZZI #21289

## PERSONAL CONTACT

DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUTTING DEF. BEHIND WHEEL OF VEHICLE)

**Not observed by me see supplemental probable cause affidavit submitted by D/S K Hole ID 18340**

## OBSERVATION OF DRIVER:

Upon contact with the driver I immediately detected an obvious and strong odor of an unknown alcoholic beverage emitting from her person and face area which intensified as she spoke to me. She had glassy, glazed, and blood shot eyes. Her speech was slow, slurred, thick, and at times difficult to understand. Her movements were slow and deliberate while retrieving the vehicle documents. She was lethargic in her movements with poor coordination. She had an unsteady gate while walking to my patrol vehicle.

## DRIVER'S STATEMENTS:

Driver stated 3 beers and 2 other alcoholic drinks at her place of employment, Chillies in Palm Beach Gardens.

## ODORS:

A strong and obvious odor of an unknown alcoholic beverage was emitting from her person and face area. This odor intensified as she spoke with me.

## GENERAL OBSERVATIONS

**SPEECH:** Slow, thick, slurred, sometimes difficult to understand

**ATTITUDE:** uncooperative

**CLOTHING:** Black shirt, blue jeans, brown saddles.

**MEDICAL/OTHER:** The driver denied any medical conditions, physical disabilities, injuries and medication use and or use of recreational drugs.

STATE OF FLORIDA  
COUNTY OF PALM BEACH

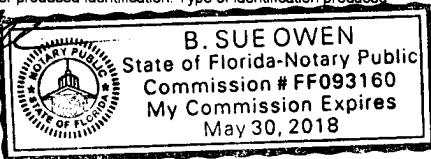
D/S P SCARTOZZI #21289

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 15th day of February 20 17 by D/S P SCARTOZZI #21289

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

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



## ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

LT EYE-LACK OF SMOOTH PURSUIT



RT EYE-LACK OF SMOOTH PURSUIT



LT EYE-DISTINCT &amp; SUSTAINED NYSTAGMUS AT MAX. DEVIATION



RT EYE-DISTINCT &amp; SUSTAINED NYSTAGMUS AT MAX. DEVIATION



LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES



RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

## Other Observations:

She was instructed to stand with her feet and toes together with her arms at her sides. While in this position she would sway roughly in a side to side front to back pattern. She was then asked if she could identify the color of the stimulus I placed in front of her eyes. She was then asked to touch the tip of the stylus with her right index finger to properly identify the point to be tracked. She was reminded to track the pen with her eyes only. She failed to keep her head still while tracking the stimulus.

## WALK &amp; TURN:

She was asked to place her left foot on the ground with her right foot directly in front of it, then place her arms at her sides and stay in this position while I demonstrated this task. She would sway roughly, in a side to side, front to back pattern throughout the demonstration phase. She could not maintain her balance while listening to instructions and stepped out of the stance during the demonstration to catch her balance. She started the task before being instructed. She would stop walking to steady herself with pauses to regain her balance. On the first set of heel to toe steps she missed steps one through nine and stepped off the line, using her arms for balance by raising them more than six inches. On the second set of heel to toe steps she missed steps one through nine and stepped off the line, using her arms for balance by raising them more than six inches. She performed the incorrect number of steps. She performed the turn other than the way it was demonstrated. She could not perform the task.

## ONE LEG STAND:

She was asked to stand with her feet and toes together with her arms at his sides and stay in this position while I demonstrate this task. She would sway roughly, in a side to side, front to back pattern throughout the demonstration phase. She could not maintain her balance while listening to instructions and stepped out of the stance during the demonstration to catch her balance. She started the task before being instructed. She continued to sway while balancing on one leg. She used his arms for balance by raising them more than six inches from her sides. She started hopping in an attempt to maintain her balance. She put his foot down to regain her balance at numerous times before the thirty seconds had elapsed. She put his foot down three times all before counting to thirty seconds, thusly not being able to complete the task.

## FINGER TO NOSE:

She was asked to stand with her feet and toes together. She was then instructed to make a fist with both hands and extend both her index fingers. She was then asked to placed her hands down to her sides and remain in this position while I demonstrated this task. I demonstrated the proper instruction position. She would sway roughly in a side to side, front to back pattern throughout the demonstration phase. She did not keep his eyes closed and had to be reminded numerous times to do so. She failed to return her arms down to her sides as instructed after touching her nose. Her index finger did not touch her nose. She used the hand other than that which was called. The sequence used for this task was L, R, L, R, R, L.

## ROMBERG ALPHABET:

She was asked to stand with her feet and toes together with his arms at her sides and stay in this position while I demonstrated this task. She chose to recite the alphabet. She would sway roughly in a side to side, front to back pattern throughout the demonstration phase. She would not keep her eyes closed and had to be reminded numerous times to do so. She would sway more than 2 inches. She would use her arms for balance by raising them more than six inches. She incorrectly recited the alphabet. She incorrectly recited the number sequence. The sequence she recited the alphabet in the following manner "A, B, C, D, E, F, G, H, I, J, S, O". She then attempted the task again and said the following "A, B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, G, R, I, S, T, V, V, W, X, Y, Z"

## BREATH TEST RESULTS:

1) .134

2) .150

3)

4)

STATE OF FLORIDA  
COUNTY OF PALM BEACH

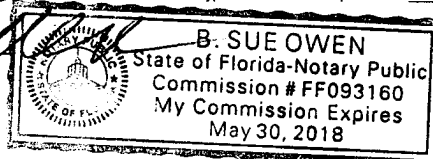
D/S P SCARTOZZI #21289

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 15th day of February 2017 by D/S P SCARTOZZI #21289

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

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



# WITNESS LIST

CASE NUMBER: 17-039905

ARRESTING OFFICER: D/S P SCARTOZZI #21289

ADDRESS: 3228 Gun Club Road, West Palm Beach, FL, 33406

PHONE NUMBERS (HOME): 561-688-3000 (WORK) (561)688-4900

CAN TESTIFY TO: DUI INVESTIGATION

NAME: D/S Hole ID 18340

ADDRESS: 3228 Gun Club Road, West Palm Beach, FL, 33406

PHONE NUMBERS (HOME) 561-688-3000 (WORK) 561-688-3000

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

ADDRESS \_\_\_\_\_

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

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

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

ADDRESS \_\_\_\_\_

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

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

# TESTING FACILITY TASK REPORT

AGENCY: PBSO  
SUBJECT: Field, Morgan Kristine CASE NUMBER: 17-039905  
DATE: 02/15/17 VIDEO TAPE NUMBER: DVA# 62140  
BEGINNING TIME: 0318 ENDING TIME: 0332  
BREATH TESTS RESULTS: 1) 134 TIME 0326 AM/PM. 2) 150 TIME 0329 AM/PM.  
3) \_\_\_\_\_ TIME \_\_\_\_\_ A.M./P.M. 4) \_\_\_\_\_ TIME \_\_\_\_\_ A.M./P.M.

BREATH OPERATOR: S. Owen #3184

MAINTENANCE TECHNICIAN: J. Karlecke #6467

## TESTING OFFICER'S OBSERVATIONS

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

ATTITUDE: Angry, insulting, loud, profane, crying, upset

CLOTHING: Sandals, jeans, grey T-shirt

MEDICAL CONDITIONS: Anxiety

MEDICATIONS: Adavan 4pm today

OTHER: made threats to NS (female) during observation

strong odor of unknown alcoholic beverage

24 yoa gave finger to tech on video

COMMENTS: A/O arrived at 0255 hrs

A/O observed 20 minutes

A/O requested breath test, A refused

A/O read I/C, A understood, asked questions

gave finger again to tech on video.

A agreed to test tests were adequate

A/O read C/U A understood rights,

Refused Q & A

SUBJECT: Field, Morgan Kristine CASE NUMBER: 17-039905

## 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 D/S Scartozzi of the PBSO

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) Read on Camera

## 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) READ ON CAMERA

SUBJECT: Field, Morgan, Kristine CASE NUMBER: 17-039905

## 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