

ADMINISTRATIVE		OBTS Number		ARREST / NOTICE TO APPEAR				1. Arrest		3. Request for Warrant		4. Request for Capias		Juvenile							
Agency ORI Number		Agency Name		PALM BEACH COUNTY SHERIFF'S OFFICE				2. N.T.A.		180		1		N							
FLO 500000		PALM BEACH COUNTY SHERIFF'S OFFICE						1. Yes		3. Request for Warrant		4. Request for Capias									
Charge Type: Check as many as apply: 1. Felony 2. Traffic Felony		<input checked="" type="checkbox"/> 3. Misdemeanor <input 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		02							
Location of Arrest (Including Name of Business) NB 95 / OKEECHOBEE BLVD, WEST PALM BEACH, FL								Location of Offense (Business Name, Address) NB 95 / OKEECHOBEE BLVD, WEST PALM BEACH, FL													
Date of Arrest 04/13/2017		Time of Arrest 2358		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle JD'S TOWING									
Name (Last, First, Middle) LITARDO								Alias (Name, DOB, Soc. Sec. #, Etc.) PATRICK ANDRES													
Race W - White 1 - American Indian B - Black 0 - Oriental/Asian		Sex W		Date of Birth 08/07/1983		Height 6'01"		Weight 200		Eye Color BRN		Hair Color BLK		Complexion MED		Build MED					
Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description) TAT - LEFT UPPER CHEST (TRIBAL)								Marital Status SINGLE		Religion CHRISTIAN		Indication of: Alcohol Influence Drug Influence		Y <input checked="" type="checkbox"/>		N <input type="checkbox"/>		Unk. <input type="checkbox"/>			
Local Address (Street, Apt. Number) 11871 ELLISON WILSON RD								(City) NORTH PALM BEACH, FL		(State) 33408		(Zip)		Phone (561) 891-2755		Residence Type: 1. City 2. County		3. Florida 4. Out of State		2	
Permanent Address (Street, Apt. Number) ,								(City)		(State)		(Zip)		Phone		Address Source		VERBAL			
Business Address (Name, Street)								(City)		(State)		(Zip)		Phone		Occupation		FOOD SERVICE			
D/L Number, State L363661832870, FL		Soc. Sec. Number		INS Number				Place of Birth (City, State) PLANTATION, FL		Citizenship		USA									
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					
Parent Legal Custodian Other:														Residence Phone							
Address (Street, Apt. Number)								(City)		(State)		(Zip)		Business Phone							
Notified by: (Name)								Date		Time		Juvenile Disposition		1. Handled/processed within Dept. and Released.		2. TOT HRS / DYS					
Released To: (Name)								Relationship						3. Incarcerated		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) <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 P. Possess		S. Sell B. Buy T. Traffic		R. Smuggle D. Deliver E. Use		K. Dispense/ Distribute		M. Manufacture/ Produce/ Cultivate		Z. Other		Drug Type N. N/A E. 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 DUI								Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N				Statute Violation Number 316.193(1)				Violation of ORD #			
Drug Activity N		Drug Type N		Amount / Unit N/A		Offense # 17-064336						Warrant / Capias Number				Bond					
Charge Description POSSESSION OF MARIJUANA UNDER 20 GRAMS								Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N				Statute Violation Number 893.13(6B)				Violation of ORD #			
Drug Activity P		Drug Type M		Amount / Unit UNDER 20 GRAMS		Offense # 17-064336						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					
Location (Court Room Number, Address) NORTH COUNTY COURTHOUSE, 3188 PGA BOULEVARD, PALM BEACH GARDENS, FL 33410																					
Court Date and Time Month MAY Day 10 Year 2017 Time 08:30 AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>																					
I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT IF I 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)																					
HOLD for other Agency Name:								Signature of Arresting Officer				Name Verification (Printed by Arresting Officer)									
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:								Name of Arresting Officer (Print) INV. S. LEVEY #9415		I.D. # 9415		(PRINT) APR 14 2017									
Intake Deputy S. LEVEY #9415								Transporting Officer INV. S. LEVEY		ID # 9415		Agency PBSO									
DISTRIBUTION: WHITE - COURT COPY								GREEN - STATE ATTORNEY		YELLOW - DEFENDANT											
Witness here if subject signed with an -X"																					

PROBABLE CAUSE AFFIDAVIT

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

1 Juvenile
N

ADMIN	OBTS Number	PROBABLE CAUSE AFFIDAVIT			1		
DEF	Agency ORI Number FLO 500000	Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 06- 17-064336				
CHARGES	Charge Type: Check as many as apply. 1. Felony 2. Traffic Felony	3. Misdemeanor 4. Traffic Misdemeanor	5. Ordinance 6. Other	Special Notes:			
VICTIM	Name (Last, First, Middle) LITARDO, PATRICK, ANDRES			Alias		Race W	Sex M
						Date of Birth 08/07/1983	
	Charge Description DUI			Charge Description POSSESSION OF MARIJUANA UNDER 20 GRAMS			
	Charge Description			Charge Description			
	Victim's Name (Last, First, Middle) THE STATE OF FLORIDA, ,			Race -		Sex -	Date of Birth -
	Local Address (Street, Apt. Number)			(City)	(State)	(zip)	Phone ()
	Business Address (Name, Street)			(City)	(State)	(zip)	Phone ()
	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. The Person taken into custody <input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> confessed to _____ admitting to the below facts. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts. <input type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.						
	On the <u>13TH</u> day of <u>APRIL</u> 20 <u>17</u> at <u>2332</u> <input checked="" type="checkbox"/> A. M. <input type="checkbox"/> P. M. (Specifically include facts constituting cause for arrest.)						

WHILE PLACING PATRICK INTO HANDCUFFS AND INFORMING HIM THAT HE WAS UNDER ARREST FOR DUI, I ASKED HIM IF HE HAD ANY DRUGS OR WEAPONS ON HIM. HE STATED THAT HE HAD MARIJUANA IN HIS VEHICLE, AND SOME MOONSHINE AS WELL.

I RESPONDED TO THE VEHICLE BASED ON HIS STATEMENTS, AND SEARCH INCIDENT TO TOWING. I LOCATED A SMALL BAGGIE OF MARIJUANA, LATER LEARNED TO BE 13.2 TOTAL PACKAGE WEIGHT, IN THE CENTER CONSOLE OF THE VEHICLE. THE CONTAINER OF MOONSHINE WAS LOCATED IN A GLASS BOTTLE BEHIND THE DRIVER'S SEAT, UNDER HIS WHITE COWBOY HAT.

THE MARIJUANA WAS LATER FIELD TESTED USING A DUQUENOIS FIELD TEST KIT AND YEILDED POSITIVE.

BASED ON PATRICK'S SPONTANEOUS STATEMENTS, AND MY INVESTIGATION, I FIND THAT PROBABLE CAUSE EXISTS TO CHARGE PATRICK ANDRES LITARDO IN VIOLATION OF FSS 893.13(6B), POSESESSION OF MARIJUANA UNDER 20 GRAMS.

PROBABLE CAUSE STATEMENT

STATE OF FLORIDA
COUNTY OF PALM BEACH

INV. S. LEVEY #9415

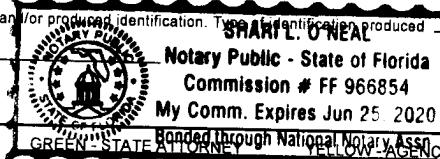
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 14TH day of APRIL 20 17 by INV. S. LEVEY

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

Shari O'Neal (#6212) S. O'Neal PERSONALLY KNOWN LEO

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

PAGE
1 OF 1

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 13TH DAY OF APRIL 20 17, AT 2332

AM PM

SUBJECT: LITARDO PATRICK ANDRES CASE NUMBER: 17-064336

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: INV. S. LEVEY #9415

PERSONAL CONTACT

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

ON 04/13/2017 AT 2332 HOURS I WAS DRIVING MY MARKED PBSO PATROL VEHICLE NORTHBOUND ON INTERSTATE 95, PASSING THE OVERPASS FOR OKEECHOBEE BLVD, IN THE CITY OF WEST PALM BEACH. AT THAT TIME, I OBSERVED BEHIND ME THAT THERE WAS A VEHICLE TRAVELING AT A HIGH RATE OF SPEED IN THE HOV LANE. I ESTIMATED THAT THE VEHICLE WAS TRAVELING AT 91 MPH IN A POSTED 65 MPH ZONE. I THEN OBSERVED MY RADAR UNIT, THAT WAS GIVING OFF AN AUDIBLE TONE, AND SHOWING A SPEED OF 90 MPH. AS THE VEHICLE PASSED MY POSITION, I OBSERVED THAT IT HAD AN ATTACHED FLORIDA TAG OF KN49N, AND WAS A CHEVROLET PICKUP. I THEN GOT BEHIND IT AND I ACTIVATED MY OVERHEAD LIGHTS AND SIREN. THE VEHICLE PULLED OFF TO THE LEFT ONTO THE MEDIAN.

OBSERVATION OF DRIVER:

AS I APPROACHED THE DRIVER'S SIDE OF THE VEHICLE, I OBSERVED THAT IT WAS OCCUPIED ONE TIME, BY THE DRIVER. HE WAS LATER IDENTIFIED BY HIS FLORIDA DRIVER'S LICENSE AS PATRICK ANDRES LITARDO. PATRICK WAS OBSERVED TO HAVE RED, WATERY, AND GLASSY EYES. HIS SPEECH WAS SLURRED AND THICK TOUNGED AT TIMES. WHILE I WAS SPEAKING WITH PATRICK, I NOTICED THAT HE HAD THE OBVIOUS ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE COMING FROM HIS PERSON, AND AS HE SPOKE IT BECAME STRONGER.

PATRICK HAD DIFFICULTY LOCATING HIS INSURANCE CARD FOR THE VEHICLE, AND WAS ULTIMATLEY UNABLE TO DO SO.

DRIVER'S STATEMENTS:

PATRICK HAD TO BE ASKED TWICE WHERE HE WAS COMING FROM. HE STATED THAT HE WAS COMING FROM BELVEDERE, AT A FRIENDS HOUSE. I ASKED HIM IF HE HAD BEEN DRINKING, HE STATED A COUPLE. WHEN I ASKED HIM IF HE SAW MY VEHICLE, HE STATED HE WAS NOT PAYING ATTENTION AND THAT HE WAS GOING HOME.

HE SPONTANEOUSLY STATED THAT THIS IS NOT HIS FIRST DUI, SO I KNOW. HE STAED THAT HE IS NERVOUS, BECAUSE HE HAD A COUPLE.

ODORS:

WHILE I WAS SPEAKING WITH PATRICK, I NOTICED THAT HE HAD THE OBVIOUS ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE COMING FROM HIS PERSON, AND AS HE SPOKE IT BECAME STRONGER. IT SHOULD BE NOTED THAT ONCE HE WAS PLACED INTO MY VEHICLE, THERE WAS NO ODOR OF ALCOHOL IN MY VEHICLE, BUT ONCE HE WAS PLACED INTO THE BACK SEAT, THERE WAS AN ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE THAT WAS AS STRONG AS IT WAS WHEN I WAS SPEAKING WITH PATRICK.

GENERAL OBSERVATIONS

SPEECH: SLURRED, AND THICK TOUNGED AT TIMES.

ATTITUDE: HIS ATTITUDE WAS CALM, COOPERATIVE, POLITE, AND OVERLY HONEST.

CLOTHING: HE WAS WEARING A GRAY COORS LIGHT SHIRT, CAMO SHORTS, AND GRAY SNEAKERS.

MEDICAL/OTHER: ***ALL ROADSIDE TASKS CONDUCTED ON IN CAR VIDEO*** HE STATED THAT HE HAD NO MEDICAL ISSUES ON SCENE. HE ALSO SAID THAT HE HAD NO DIFFICULTY HEARING ME WHILE I WAS GIVING INSTRUCTIONS FOR TASKS. HE STATED THAT HIS ANKLES WERE WEAK, BUT NOT ANY MAJOR ISSUES. HE STATED THAT HE WEARS SOFT CONTACTS, AND IS CURRENTLY.

**STATE OF FLORIDA
COUNTY OF PALM BEACH**

INV. S. LEVEY #9415

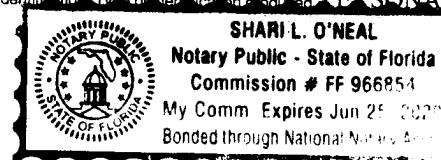
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 14TH day of APRIL 20 17 by INV. S. LEVEY #9415

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

Shari O'Neal (#6212)

Shari O'Neal



ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

LT EYE-LACK OF SMOOTH PURSUIT

LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION

LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

RT EYE-LACK OF SMOOTH PURSUIT

RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION

RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

Other Observations:

The overhead forward facing blue police lights were turned off prior to beginning the task. Patrick's eyes tracked equally, the pupils were the same size and appropriate for the lighting conditions, and no resting nystagmus was observed. Vertical gaze nystagmus was administered and was not observed. Lack of convergence was administered and was not observed. I had to do an extra pass while doing the tasks, because Patrick would look past the stimulus at times. Patrick at times would also move his head. He was also observed to be swaying while conducting the tasks.

WALK & TURN:

As I put tape on the ground he stated that "thats not gonna happen." I explained and demonstrated the instructions for the walk and turn task to Patrick who stated that he understood. After being instructed, he stated that "I can't do that. I know I can't accomplish it." I then informed him about not doing the tasks. When stating why he was unable to do the tasks, he stated that "I had a couple." He then said that he would do tasks.

During the task I observed that Patrick had the following cues: couldn't keep balance while listening to instructions; started too soon; stops walking to steady self/regain balance; missed heel-to-toe on several steps; improper turn by losing his balance, and turned the other way; took incorrect number of steps (first time 7 up, 8 back, second attempt 9 up, while conducting the turn, he did so correctly, however he picked his foot up and then put it back, and took 10 back). He also did not count out loud when taking each step.

ONE LEG STAND:

I explained and demonstrated the instructions for the one leg stand task to Patrick who stated that he understood. During the task I observed that Patrick had the following cues: swayed while balancing; put foot down (before 30 seconds).

FINGER TO NOSE:

I explained and demonstrated the instructions for the finger to nose task to Patrick. I explained what is considered the tip of the finger and tip of the nose to Patrick who stated that he understood. During the task I observed that Patrick had the following cues: failed to return arms to the side.

The task was conducted as follows. L - pad to tip and remained, he was reminded to bring his hand back down after touching. R - pad to tip, L - tip to tip, R - tip to tip, R - closed.

ROMBERG ALPHABET:

Prior to beginning the task, I confirmed what level of education Patrick had completed. He stated that they had college education, and is familiar with the English alphabet. I explained and demonstrated the instructions for the Romberg with recitation task to Patrick who stated that he understood. During the task I observed that Patrick had the following cues: swayed more than two inches in any direction; incorrectly recites alphabet or numbers. He stated, "A, B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R, X, W, Y, Z." He also still had eye lid tremors.

The modified Romberg balance was explained and demonstrated to Patrick who stated that he understood. Patrick was asked to estimate the passage of 30 seconds in their head. Patrick showed the following cues: He was swaying while conducting the task. Patrick estimated 30 seconds as 36 seconds.

BREATH TEST RESULTS: 1) .117 2) .112 3) -- 4) ---

STATE OF FLORIDA
COUNTY OF PALM BEACH

INV. S. LEVEY #9415

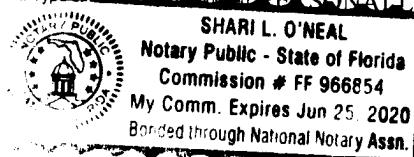
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 14TH day of APRIL 2017 by INV. S. LEVEY #9415

(Print name of Arresting/Investigative Officer), who is personally known to me and/or provided identification that is acceptable to me, and is personally known to me as a PERSONALLY KNOWN LEO

Shari O'Neal (#6212)

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



WITNESS LIST

CASE NUMBER: 17-064336

ARRESTING OFFICER: INV. S. LEVEY #9415

ADDRESS: 3228 GUN CLUB RD, WEST PALM BEACH, FL 33406

PHONE NUMBERS (HOME): N/A (WORK) 561-688-3000

CAN TESTIFY TO: ORIGINAL STOPPING D/S - SEE REPORT AND PC

NAME: D/S G. LYNCH #8568

ADDRESS: 3228 GUN CLUB RD, WEST PALM BEACH, FL 33406

PHONE NUMBERS (HOME) N/A (WORK) 561-688-3000

CAN TESTIFY TO: BACKUP OFFICER ON SCENE

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) 0 (WORK) 0

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

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CAN TESTIFY TO: _____

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CAN TESTIFY TO: _____

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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: City of Louisville

SUBJECT: Louisville Police CASE NUMBER: 123456789

DATE: 04/14/01 VIDEO TAPE NUMBER: 123456789

BEGINNING TIME: 12:00 ENDING TIME: 12:30

BREATH TESTS RESULTS: 1) 0.11 TIME 12:00 A.M./P.M. 2) 0.12 TIME 12:15 A.M./P.M.
3) 0.13 TIME 12:30 A.M./P.M. 4) 0.14 TIME 12:45 A.M./P.M.

BREATH OPERATOR: Sgt. John J. Murphy

MAINTENANCE TECHNICIAN: John P. Murphy

TESTING OFFICER'S OBSERVATIONS

SPEECH: Normal

ATTITUDE: Cooperative

CLOTHING: Normal

MEDICAL CONDITIONS: Normal

MEDICATIONS: None

OTHER: None

COMMENTS: None

SUBJECT: LAWRENCE, RONALD A.

CASE NUMBER: 17-06642-36

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.

SUSPECT'S SIGNATURE: (X) _____

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? yes

WHERE WERE YOU GOING? home

WHAT STREET OR HIGHWAY WERE YOU ON? T 95

DIRECTION OF TRAVEL? N WHERE DID YOU START? Private 1/4 mile off of 100th Street

WHAT TIME DID YOU START? 12 WHAT TIME IS IT NOW? 10 2

WHAT IS TODAY'S DATE? 4/14 WHAT DAY OF THE WEEK IS IT? Fri

WHAT COUNTY AND CITY ARE YOU IN NOW? WPPC/WPPC

WHEN DID YOU LAST EAT? 8pm WHAT DID YOU EAT? Plates w/ vegetables

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? Reading / reading of getting

HOW MUCH DO YOU WEIGH? 180 HAVE YOU BEEN DRINKING? Yes WHAT? 1/2 bottle of beer

HOW MUCH? 1/2 bottle of beer WHERE? At my house WITH WHOM? Jack

WHEN DID YOU HAVE YOUR FIRST DRINK? 10pm AND YOUR LAST DRINK? 11pm

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? in a row

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? yes ARE YOU UNDER THE INFLUENCE? like

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? yes HOW MUCH? /

WHAT? / WHERE? / WHEN? /

WHAT LINE OF WORK ARE YOU IN? Part time WHEN DID YOU LAST WORK? Today

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? N WHAT? /

ARE YOU SICK OR INJURED? N WHAT'S WRONG? /

DO YOU LIMP? N DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? No No balance problems

WERE YOU IN AN ACCIDENT TODAY? /

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? yes WHEN? 2-3 hr ago

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? N WHO? / WHY? /

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? N WHAT? / WHEN? /

DO YOU HAVE:

EPILEPSY?

N

GLASS EYE?

N

FALSE TEETH?

N

EAR INFECTION?

N

INNER EAR TROUBLE?

N

DIABETES?

N

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? N

DO YOU TAKE INSULIN? N IF SO, WHEN WAS YOUR LAST INJECTION? /

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? N WHERE? /

INTERVIEWER: LL do, Rinker A.