

0484961

2017 CT 2044

Pch 2642

## ARREST NOTICE TO APPEAR

Juvenile Referral Report

1. Arrest

2. N.T.A.

3. Request for Warrant

4. Request for Capias

1

Juvenile

N

|   |  |                                 |   |                            |  |   |  |  |  |   |                        |                    |  |
|---|--|---------------------------------|---|----------------------------|--|---|--|--|--|---|------------------------|--------------------|--|
| ADMINISTRATIVE  | OBTS Number  |                                 | Agency ORI Number   |                            | Agency Name                                  |   | Agency Report Number (N.T.A.'s only)   |  |  |   |                        |                    |  |
|   | FLO 500000   |                                 | PALM BEACH COUNTY SHERIFF'S OFFICE  |                            |  |   | 06- 17-033902  |  |  |   |                        |                    |  |
| DEFENDANT   | ChargeType:<br>Check as many as apply.   |                                 | <input type="checkbox"/> 1. Felony<br><input type="checkbox"/> 2. Traffic Felony<br><input checked="" type="checkbox"/> 3. Misdemeanor<br><input type="checkbox"/> 4. Traffic Misdemeanor<br><input type="checkbox"/> 5. Ordinance<br><input type="checkbox"/> 6. Other |                            | Weapon Seized / Type<br>2<br>1. Yes<br>2. No |   | Multiple Clearance Indicator<br>01   |  |  |   |                        |                    |  |
|   | Location of Arrest (Including Name of Business)<br>9177 SW 5th St, Boca Raton, FL 33428  |                                 | Location of Offense (Business Name, Address)<br>9177 SW 5th St, Boca Raton, FL 33428  |                            |  |   |  |  |  |   |                        |                    |  |
| Date of Arrest<br>01/31/2017  | Time of Arrest<br>22:02  | Booking Date                    | Booking Time  | Jail Date                  | Jail Time                                    | Location of Vehicle<br>9235 Sw 5th St Apt B, Boca Raton, FL 33428   |  |  |  |   |                        |                    |  |
| Name (Last, First, Middle)<br><b>Dedominico, Peter, Anthony</b>   |  |                                 |   |                            |  |   |  |  |  |   |                        |                    |  |
| Alias (Name, DOB, Soc. Sec. #, Etc.)  |  |                                 |   |                            |  |   |  |  |  |   |                        |                    |  |
| Race<br>W - White 1 - American Indian<br>B - Black 0- Oriental/Asian      W      Sex M      Date of Birth 05/11/1967      Height 5'11      Weight 210      Eye Color brown      Hair Color brown      Complexion light      Build medium  |  |                                 |   |                            |  |   |  |  |  |   |                        |                    |  |
| Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)<br>right arm scar.  |  |                                 |   |                            | Marital Status<br>Married                    | Religion<br>PROTESTANT  | Indication of:<br>Alcohol Influence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unk.<br>Drug Influence <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> C |  |  |   |                        |                    |  |
| Local Address (Street, Apt. Number)<br>9235 Sw 5th St Apt B, Boca Raton, FL 33428   |  |                                 |   |                            | Phone<br>(561) 558 3983                      | Residence Type<br>1. City 3. Florida<br>2. County 4. Out of State 2 |  |  |  |   |                        |                    |  |
| Permanent Address (Street, Apt. Number)<br>,  |  |                                 |   |                            | Phone<br>( )                                 | Address Source<br>DL  |  |  |  |   |                        |                    |  |
| Business Address (Name, Street)<br>Walmart, 4498 Wiles Rd, Coral Springs, FL  |  |                                 |   |                            | Phone<br>( )                                 | Occupation<br>Store manager   |  |  |  |   |                        |                    |  |
| D/L Number, State<br>D355661671710, FL  |  | Soc. Sec. Number<br>[REDACTED]  |   | INS Number                 | Place of Birth (City, State)<br>Beaumont, TX |   | Citizenship<br>US  |  |  |   |                        |                    |  |
| Co-Defendant Name (Last, First, Middle)   |  |                                 |   |                            | Race   | Sex   | Date of Birth  | <input type="checkbox"/> 1. Arrested<br><input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony<br><input type="checkbox"/> 4. Misdemeanor<br><input type="checkbox"/> 5. Juvenile |  |   |                        |                    |  |
| Co-Defendant Name (Last, First, Middle)   |  |                                 |   |                            | Race   | Sex   | Date of Birth  | <input type="checkbox"/> 1. Arrested<br><input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony<br><input type="checkbox"/> 4. Misdemeanor<br><input type="checkbox"/> 5. Juvenile |  |   |                        |                    |  |
| Parent<br>Legal Custodian<br>Other:<br><i>OR</i>  |  |                                 |   |                            |  |   |  |  |  |   |                        |                    |  |
| Address (Street, Apt. Number)   |  |                                 |   |                            | (City)                                       | (State)   | (Zip)  | Business Phone<br>( )  |  |   |                        |                    |  |
| Notified by: (Name)   |  |                                 |   |                            | Date   | Time  | Juvenile Disposition<br>1. Handled/processed within Dept. and Released.<br>2. TOT HRS / DYS<br>3. Incarcerated   |  |  |   |                        |                    |  |
| Released To: (Name)   |  |                                 |   |                            | Relationship                                 |   |  | 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.<br><input type="checkbox"/> Yes, by (Name) <input type="checkbox"/> No: (Reason) |  |                                 |   |                            | School Attended                              |   |  |  | Grade  |   |                        |                    |  |
| Property Crime?<br><input type="checkbox"/> Yes <input type="checkbox"/> No   |  | Description of Property         |   |                            | Value of Property                            |   |  |  |  |   |                        |                    |  |
| CODE  | Drug Activity<br>N. N/A<br>P. Possess  | S. Sell<br>B. Buy<br>T. Traffic | R. Smuggle<br>D. Deliver<br>E. Use  | K. Dispense/<br>Distribute | M. Manufacture/<br>Produce/<br>Cultivate     | Z. Other  | Drug Type<br>N. N/A<br>A. Amphetamine  | B. Barbiturate<br>C. Cocaine<br>E. Heroin  | H. Hallucinogen<br>M. Marijuana<br>O. Opium/Deriv. | P. Paraphernalia/<br>Equipment<br>S. Synthetics | U. Unknown<br>Z. Other |                    |  |
|   | Driving Under the Influence  |                                 |   |                            |  | Counts<br>1   | Domestic Violence<br><input type="checkbox"/> Y <input checked="" type="checkbox"/> N  | Statute Violation Number<br>316.193(1)   |  |   |                        | Violation of ORD # |  |
| CHARGE  | Drug Activity<br>N   | Drug Type<br>N                  | Amount / Unit   | Offense #<br>17-033902     |  | Counts  | Domestic Violence<br><input type="checkbox"/> Y <input type="checkbox"/> N   | Warrant / Capias Number  |  |   |                        | Bond               |  |
|   | Charge Description   |                                 |   |                            |  | Counts  | Domestic Violence<br><input type="checkbox"/> Y <input type="checkbox"/> N   | Statute Violation Number   |  |   |                        | Violation of ORD # |  |
| CHARGE  | Drug Activity  | Drug Type                       | Amount / Unit   | Offense #                  |  | Warrant / Capias Number   |  |  |  | Bond  |                        |                    |  |
|   | Charge Description   |                                 |   |                            |  | Counts  | Domestic Violence<br><input type="checkbox"/> Y <input type="checkbox"/> N   | Statute Violation Number   |  |   |                        | Violation of ORD # |  |
| CHARGE  | Drug Activity  | Drug Type                       | Amount / Unit   | Offense #                  |  | Warrant / Capias Number   |  |  |  | Bond  |                        |                    |  |
|   | Charge Description   |                                 |   |                            |  | Counts  | Domestic Violence<br><input type="checkbox"/> Y <input type="checkbox"/> N   | Statute Violation Number   |  |   |                        | Violation of ORD # |  |
| CHARGE  | Drug Activity  | Drug Type                       | Amount / Unit   | Offense #                  |  | Warrant / Capias Number   |  |  |  | Bond  |                        |                    |  |
|   | Charge Description   |                                 |   |                            |  | Counts  | Domestic Violence<br><input type="checkbox"/> Y <input type="checkbox"/> N   | Statute Violation Number   |  |   |                        | Violation of ORD # |  |
| NOTICE TO APPEAR  | Location (Court Room Number, Address)<br><b>South County Courthouse, Courtroom #1, 200 W. Atlantic Ave., Delray Beach, FL 33444 - Ph: (561) 355-2996</b> |                                 |   |                            |  |   |  |  |  | Date Signed<br><i>01/31/2017</i> <i>38</i>      |                        |                    |  |
|   | Court Date and Time<br>Month <b>February</b> Day <b>27th</b> Year <b>2017</b> Time <b>08:30</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                  |  |                                 |   |                            |  |   |  |  |  |   |                        |                    |  |
| <i>J. Dedominico</i>  |  |                                 |   |                            |  |   |  |  |  |   |                        |                    |  |
| Signature of Defendant (or Juvenile and Parent /Custodian)  |  |                                 |   |                            |  |   |  |  |  |   |                        |                    |  |
| HOLD for other Agency<br>Name:  |  |                                 | Signature of Arresting Officer<br>X   |                            |  | Name Verification (Printed by Arrestee)<br><i>GETTM R. DOMINICO</i> |  |  |  |   |                        |                    |  |
| <input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest<br><input type="checkbox"/> Suicidal <input type="checkbox"/> Other:  |  |                                 | Name of Arresting Officer (Print)<br><b>D/S POINTU P.</b>   |                            |  | I.D. #<br><b>16032</b>  |  |  |  |   |                        |                    |  |
| Intake Deputy<br><i>Cpl. Hardin</i> I.D. # <i>4776</i> Pouch #  |  |                                 | Transporting Officer<br><b>D/S POINTU P.</b>  |                            |  | ID # <b>16032</b> Agency<br><b>PBSO</b>                             |  |  |  |   |                        |                    |  |
| Witness here if subject signed with an 'X'<br><i>Q</i>  |  |                                 |   |                            |  |   |  |  |  |   |                        |                    |  |

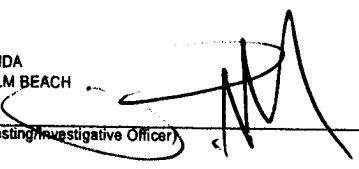
DISTRIBUTION: WHITE - COURT COPY

GREEN - STATE ATTORNEY

YELLOW - AGENCY

PINK - AGENCY

GOLD - DEFENDANT (N.T.A.'s ONLY)

|  |   |  |                                       |   |  |                                      |   |                                    |               |
|--|---|--|---------------------------------------|---|--|--------------------------------------|---|------------------------------------|---------------|
| ADMIN  | OBTS Number   |  | PROBABLE CAUSE AFFIDAVIT              |   |  | 1. Arrest<br>2. N.T.A.               | 3. Request for Warrant<br>4. Request for Capias | 1                                  | Juvenile<br>N |
|  | Agency ORI Number<br><b>FLO 500000</b>                            | Agency Name<br><b>PALM BEACH COUNTY SHERIFF'S OFFICE</b> |                                       |   |  | Agency Report Number<br><b>06</b>    | <b>17-033902</b>                                |                                    |               |
| DEF  | ChargeType:<br>Check as many as apply.                            |  | 1. Felony<br><input type="checkbox"/> | 3. Misdemeanor<br><input checked="" type="checkbox"/> | 5. Ordinance<br><input type="checkbox"/> | 6. Other<br><input type="checkbox"/> | Special Notes:                                  |                                    |               |
| CHARGES  | Name (Last, First, Middle)<br><b>DEDOMINICO, PETER, ANTHONY</b>   |  | Alias                                 |   |  | Race<br><b>W</b>                     | Sex<br><b>M</b>                                 | Date of Birth<br><b>05/11/1967</b> |               |
| VICTIM   | Charge Description<br><b>DUI FSS 318.193(1)</b>                   |  | Charge Description                    |   |  |                                      |   |                                    |               |
|  | Charge Description  |  | Charge Description                    |   |  |                                      |   |                                    |               |
|  | Victim's Name (Last, First, Middle)<br><b>STATE OF FLORIDA, ,</b> |  |                                       |   |  |                                      | Race  | Sex                                | Date of Birth |
|  | Local Address (Street, Apt. Number)<br>,                          |  | (City)                                | (State)   | (zip)                                    | Phone<br>( )                         | Address Source                                  |                                    |               |
|  | Business Address (Name, Street)                                   |  | (City)                                | (State)   | (zip)                                    | Phone<br>( )                         | Occupation                                      |                                    |               |
| <p>The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law.</p> <p>The Person taken into custody</p> <p><input type="checkbox"/> committed the below acts in my presence.</p> <p><input type="checkbox"/> confessed to _____ admitting to the below facts.</p> <p><input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.</p> <p><input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> |   |  |                                       |   |  |                                      |   |                                    |               |
| <p>On the <b>19TH</b> day of <b>NOVEMBER</b> <b>20 15</b> at <b>12:17</b> <input checked="" type="checkbox"/> A. M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p>  |   |  |                                       |   |  |                                      |   |                                    |               |
| <p><b>PETER THEN LOOKED AT ME, PAUSED, AND THEN I REQUESTED HIS VEHICLE REGISTRATION AND PROOF OF INSURANCE FOR THE SECOND TIME. PETER THEN LOOKED IN HIS WALET, HIS CENTER CONSOLE, THEN HIS GLOVE COMPARTMENT, AND THEN PAUSED SEEMINGLY CONFUSED AND FRUSTRATED. PETER THEN LOOKED IN THE SAME PLACES AGAIN, AND THEN LOCATED HIS VEHICLE REGISTRATION.</b></p>   |   |  |                                       |   |  |                                      |   |                                    |               |
| <p><b>I THEN REQUESTED FOR THE THIRD TIME, FOR PETER TO PROVIDE ME, PROOF OF INSURANCE, AND PETER THEN HANDED ME HIS VISA CREDIT CARD, AND A WALMART BUSINESS CARD. I TOLD PETER I DID NOT NEED THOSE CARDS, BUT THAT I NEEDED HIS PROOF OF INSURANCE. PETER THEN LOCATED HIS INSURANCE CARD IN THE GLOVE COMPARTMENT.</b></p>   |   |  |                                       |   |  |                                      |   |                                    |               |
| <p><b>I THEN RELOCATED TO THE DRIVERS SIDE OF PETER'S VEHICLE, AND ASKED PETER IF HE HAD ANYTHING TO DRINK. PETER STATED THAT HE HAD, AND I ASKED HIM IF HE COULD CALL A FRIEND TO DRIVE HIS VEHICLE TO HIS HOUSE, AS I WAS NOT GOING TO ALLOW HIM TO DRIVE.</b></p>   |   |  |                                       |   |  |                                      |   |                                    |               |
| <p><b>DURING THIS CONVERSATION, PETER BEGAN TO PROFUSLY SWEAT, HE HAD A HEAVY ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE EMMITTING FROM HIS PERSON, HIS EYES WERE RED, AND BLOOD SHOT. WHILE PETER ATTEMPTED TO CALL A FRIEND, HE VOMITTED THREE TIMES ON THE FRONT OF HIS CLOTHING.</b></p>  |   |  |                                       |   |  |                                      |   |                                    |               |
| <p><b>I THEN REQUESTED D/S POINTU, ID # 16032, TO MEET ME AT THIS LOCATION TO CONDUCT A DUI INVESTIGATION. D/S POINTU ARRIVED ON SCENE, AND I TURNED THE INVESTIGATION OVER TO HIM AT THAT TIME.</b></p>   |   |  |                                       |   |  |                                      |   |                                    |               |
| <p><b>THIS IS A SUPPLEMENT PROBABLE CAUSE AFFIDAVIT.</b></p>   |   |  |                                       |   |  |                                      |   |                                    |               |
| <p>STATE OF FLORIDA<br/>COUNTY OF PALM BEACH</p> <p></p> <p><b>D/S MCDONOUGH</b></p> <p>(Signature of Arresting/Investigative Officer)</p>  |   |  |                                       |   |  |                                      |   |                                    |               |
| <p>The foregoing instrument was sworn to or affirmed and subscribed before me this <b>31</b> day of <b>JANUARY</b> <b>20 17</b> by <b>D/S MCDONOUGH</b></p>  |   |  |                                       |   |  |                                      |   |                                    |               |
| <p>(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced _____</p> <p><b>D/S, POINTU 16032</b></p>  |   |  |                                       |   |  |                                      |   |                                    |               |
| <p>Notary Public, Clerk of Court, Officer (F.S.S. 117.10)</p>  |   |  |                                       |   |  |                                      |   |                                    |               |
| <p>PAGE <b>2</b> OF <b>2</b></p>   |   |  |                                       |   |  |                                      |   |                                    |               |

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 31st DAY OF January 20 17, AT 21:09 AM PM

SUBJECT: Dedominico, Peter, Anthony CASE NUMBER: 17-033902

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: D/S POINTU P.

## PERSONAL CONTACT

DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUTTING DEF. BEHIND WHEEL OF VEHICLE)  
**D/S McDonough (#14976)** observed the vehicle failing to stop at a red light and initiated a traffic stop.  
The defendant was the driver and only occupant of the vehicle. Upon my arrival, defendant was still sitting on the driver's seat.

### OBSERVATION OF DRIVER:

Had extreme difficulty to produce his driver's license, provided business cards instead. Sweaty, red and glassy eyes. Vomited multiple times on himself. Extremely drowsy.  
When exited the vehicle, unsteady gait, had to use the car to maintain his balance, heavy swaying.

### DRIVER'S STATEMENTS:

Post Miranda admitted having drinking at least four beers and four vodka at a nearby bar. Admitted being drunk and impaired.

### ODORS:

strong odor of unknown alcohol and vomit following him.

## GENERAL OBSERVATIONS

SPEECH: **slurred**

ATTITUDE: **cooperative**

CLOTHING: **green polo shirt. slack pants. black shoes**

MEDICAL/OTHER: **denied any medical conditions**

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STATE OF FLORIDA  
COUNTY OF PALM BEACH

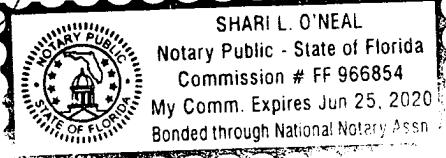
**D/S POINTU P.**

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 1st day of February 20 17 by **D/S POINTU P.**

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

**Shari O'Neal (#6212)** *S. O'Neal*  
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)



SUBJECT: Dedominico, Peter, Anthony

CASE NUMBER 17-033902

**ROADSIDE TASKS**

**HORIZONTAL GAZE NYSTAGMUS:**

LT EYE-LACK OF SMOOTH PURSUIT

RT EYE-LACK OF SMOOTH PURSUIT

LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION

RT EYE-DISTINCT & 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:**

**No VGN. Glassy and bloodshot eyes. Heavy sway.**

**WALK & TURN:**

**Unable to maintain the instructional stance, started the task before being asked to do so. Abandoned the task saying that he could not perform it because he was drunk.**

**ONE LEG STAND:**

**Not performed has stated that he could not perform it.**

**FINGER TO NOSE:**

**not offered**

**ROMBERG ALPHABET:**

**Missed multiple letters. heavy sway. did not keep his head tilted backwards, rhymed it.**

**BREATH TEST RESULTS: 0.157 0.155**

**STATE OF FLORIDA  
COUNTY OF PALM BEACH**

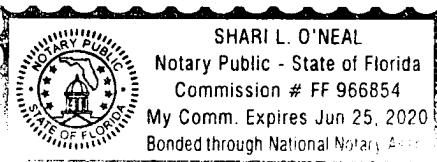
**D/S POINTU P.**

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 1st day of February 2017 by D/S POINTU P.

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

**Shari O'Neal (#6212)**



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

# WITNESS LIST

CASE NUMBER: 17-033902

ARRESTING OFFICER: **D/S POINTU P.**

ADDRESS: Palm Beach County Sheriff's Office - 3228 Gun Club Rd - West Palm Beach, FL 33406

PHONE NUMBERS (HOME): \_\_\_\_\_ (WORK) (561) 688 3000

CAN TESTIFY TO: see report

NAME: **D/S McDonough P. (#14976)**

ADDRESS: Palm Beach County Sheriff's Office - 3228 Gun Club Rd - West Palm Beach, FL 33406

PHONE NUMBERS (HOME) 0 (WORK) (561) 688 3000

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

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) \_\_\_\_\_

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

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

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

ADDRESS \_\_\_\_\_

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

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

# TESTING FACILITY TASK REPORT

AGENCY: PBSO 105 Points #160-2

SUBJECT: DeJanielle, Peter A.

CASE NUMBER: 17-023402

DATE: 01-31-17

VIDEO TAPE NUMBER: 62065

BEGINNING TIME: 2145 hrs

ENDING TIME: 0002 hrs

BREATH TESTS RESULTS: 1) 15.7 TIME 2145 A.M./P.M. 2) 16.8 TIME 2354 A.M./P.M.  
3) \_\_\_\_\_ TIME \_\_\_\_\_ A.M./P.M. 4) \_\_\_\_\_ TIME \_\_\_\_\_ A.M./P.M.

BREATH OPERATOR: S. Wilson #212

MAINTENANCE TECHNICIAN: J. J. Johnson #101

## TESTING OFFICER'S OBSERVATIONS

SPEECH: Slurred, Slurred

ATTITUDE: Calm, Cooperative

CLOTHING: Shirt: Green / Vest: Blue / Pant: Black

MEDICAL CONDITIONS: None

MEDICATIONS: Blood Pressure

OTHER: Eyes: Very Red + Gums

Dexterity: Slurred, Slurred, + Slurred, Slurred, Slurred.

Strong odor of alcohol, aromatic beverage.

COMMENTS: 20 min. duration. Issued by A10 Points

A10 requested BAC test.

D Substituted for the breath report.

D completed the test correctly.

CWA had no issue.

QTA conducted

**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) \_\_\_\_\_ *Reed* *On* *Scene*

## 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? NO

WHERE WERE YOU GOING? Home

WHAT STREET OR HIGHWAY WERE YOU ON? None

DIRECTION OF TRAVEL? North WHERE DID YOU START? None

WHAT TIME DID YOU START? 8:00 WHAT TIME IS IT NOW? 8:00

WHAT IS TODAY'S DATE? 8/10/02 WHAT DAY OF THE WEEK IS IT? Wednesday

WHAT COUNTY AND CITY ARE YOU IN NOW? None

WHEN DID YOU LAST EAT? Breakfast WHAT DID YOU EAT? None

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? Driving

HOW MUCH DO YOU WEIGH? 180 lbs HAVE YOU BEEN DRINKING? Yes WHAT? Beer

HOW MUCH? 2 WHERE? None WITH WHOM? None

WHEN DID YOU HAVE YOUR FIRST DRINK? 8:00 AND YOUR LAST DRINK? 8:00

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? None

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? Yes ARE YOU UNDER THE INFLUENCE? Yes

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? Yes HOW MUCH? None

WHAT? Beer WHERE? None WHEN? 8:00

WHAT LINE OF WORK ARE YOU IN? None WHEN DID YOU LAST WORK? 8:00

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? Yes WHAT? None

ARE YOU SICK OR INJURED? Yes WHAT'S WRONG? None

DO YOU LIMP? Yes DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? Yes

WERE YOU IN AN ACCIDENT TODAY? Yes

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? Yes WHEN? 8:00

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? Yes WHO? None WHY? None

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? Yes WHAT? None WHEN? 8:00

DO YOU HAVE: None EPILEPSY? None

GLASS EYE? None

FALSE TEETH? None

EAR INFECTION? None

INNER EAR TROUBLE? None

DIABETES? None

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

DO YOU TAKE INSULIN? Yes IF SO, WHEN WAS YOUR LAST INJECTION? 8:00

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? Yes WHERE? None

INTERVIEWER: D. Jones

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL

NOT A CERTIFICATE