

0485693

P-1519

OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		Juvenile		N	
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-</b>		17-044960					
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		Weapon Seized / Type 2. Yes 1. No <b>NONE</b>		Multiple Clearance Indicator <b>01</b>							
Location of Arrest (Including Name of Business) <b>1470 GREENVIEW SHORES BLVD WELLINGTON, FL 33414</b>				Location of Offense (Business Name, Address) <b>1470 GREENVIEW SHORES BLVD WELLINGTON, FL 33414</b>							
Date of Arrest <b>02/27/17</b>		Time of Arrest <b>05:37</b>		Booking Date		Booking Time		Jail Date		Jail Time	
Name (Last, First, Middle) <b>COWDEN, REBECCA CARRIE</b>				Alias (Name, DOB, Soc. Sec. #, Etc.)							
Race W - White I - American Indian B - Black O - Oriental/Asian <b>W</b>		Sex <b>F</b>		Date of Birth <b>03/10/1979</b>		Height <b>5'9"</b>		Weight <b>180</b>		Eye Color <b>BLUE</b>	
Hair Color <b>BRW</b>		Complexion <b>FAIR</b>		Build <b>LARGE</b>							
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>LEFT CHEST: "PIECIES" RIGHT ANKLE: "SEA HORSE"</b>				Marital Status <b>SINGLE</b>		Religion <b>NONE</b>		Indication of: Alcohol Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk. Drug Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk.			
Local Address (Street, Apt. Number) (City) (State) (Zip) <b>3642 HANOVER CIRCLE LOXAHATCHEE, FL 33470</b>				Phone <b>(908) 875-9655</b>		Residence Type: 1. City 2. County 3. Florida 4. Out of State <b>2</b>					
Permanent Address (Street, Apt. Number) (City) (State) (Zip)				Phone <b>( )</b>		Address Source <b>FLORIDA DRIVER LICENSE</b>					
Business Address (Name, Street) (City) (State) (Zip)				Phone <b>( )</b>		Occupation <b>EQUESTRIAN</b>					
D/L Number, State <b>C350-723-79-590-0; FL</b>		Soc. Sec. Number <b>[REDACTED]</b>		INS Number		Place of Birth (City, State) <b>BRITISH COLUMBIA, CANADA</b>		Citizenship <b>NO</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	
Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other: Name (Last) (First) (Middle)				Residence Phone <b>( )</b>							
Address (Street, Apt. Number) (City) (State) (Zip)				Business Phone <b>( )</b>							
Notified by: (Name)				Date		Time		Juvenile Disposition 1. Handled/ processed within Dept. and Released. 2. TOT HRS / DYS 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. <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 S. Sell N. N/A 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		Drug Type		Amount / Unit		Offense # <b>17-044960</b>		Warrant / Capias Number		Bond <b>OR</b>	
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 <b>FEB 27 AM 8:37</b>	
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 <b>2017 FEB 28 AM 5:37</b>	
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) <b>CRIMINAL JUSTICE COMPLEX / 3228 GUN CLUB ROAD, WEST PALM BEACH, FL 33406</b>											
Court Date and Time Month <b>MARCH</b> Day <b>23th</b> Year <b>2017</b> Time <b>08:30</b> 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 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>[Signature]</b>											
Date Signed <b>[Signature]</b>											
HOLD for other Agency Name:		Signature of Arresting Officer <b>INV. J. Schaefer #8777</b>		Name Verification (Printed by Arrestee) <b>[Signature]</b>							
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print) <b>INV. J. SCHAEFER</b>		I.D. # <b>8777</b>		PAGE <b>1</b> OF <b>1</b>			
Intake Deputy <b>[Signature]</b>		I.D. #		Pouch #		Transporting Officer <b>INV. J. SCHAEFER</b>		ID # <b>8777</b>		Agency <b>PBSO</b>	
Witness here / subject signed with an "X"											

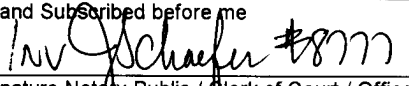

OBTS Number		<b>PROBABLE CAUSE AFFIDAVIT</b>				0		Juvenile		N	
Agency ORI Number <b>FLO 5 0 0 0 0 0</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>				Agency Report Number <b>06 - 17-044960</b>					
Charge Type: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance Check as many <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other as apply.						Special Notes: <b>SUPPLEMENTAL</b>					
Defendant's Name (Last, First, Middle) <b>REBECCA, CARRIE, COWDEN</b>						Race <b>W</b>		Sex <b>F</b>		Date of Birth <b>03/10/1979</b>	
Charge Description <b>DUI</b>				Charge Description							
Charge Description				Charge Description							
Victim's Name (Last, First, Middle) <b>STATE OF FLORIDA</b>						Race		Sex		Date of Birth	
Victim's Local Address (Street, Apt. Number) (City) (State) (Zip)				Phone		Address Source					
Victim's Business Address (Name, Street) (City) (State) (Zip)				Phone		Occupation <b>GOVERNMENT</b>					
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 checked="" type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _ who told _____ <input type="checkbox"/> confessed to _____ that he/she saw the arrested person commit the below acts. <input type="checkbox"/> admitting to the below facts. <input type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.											
On the day of _____, 20____ at <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest).											

## NARRATIVE:

On 02/27/2017 at 0510 hours, I arrived at the McDonalds Restaurant located at 1470 Greenview Shores Blvd, Wellington, FL, 33414 in reference to an Unconscious Female.

I immediately observed a running 2015 Black Toyota Tundra Truck bearing FL Tag# DVLP41, parked with its driver front side directly on the hedgeline/curb, in the drive through lane. Upon approaching the driver side of the running truck, I observed a white female, later identified as Rebecca Carrie Cowden. Rebecca was in the driver side of the vehicle unresponsive, with her foot on the brake, and the vehicle in "Drive". I knocked on the window numerous times in an attempt to gain Rebeccas attention, and after several loud verbal commands to lower the window and place the vehicle in park, she awoke and unlocked the door. I then opened the door and immediately placed the vehicle in "Park", as her foot was still on the brake. I ordered Rebecca to exit the vehicle, to which she stated "No". I then grabbed Rebeccas left arm and assisted her out of the vehicle. It should be noted that it was apparent to me, that due to Rebeccas slurred speech and irrational body movements, she was possibly impaired.

I requested the assistance of DUI Investigator J. Schaefer #8777, to initiate a DUI Investigation.

Sworn and Subscribed before me		Signature of Arresting / Investigating Officer	
 Signature Notary Public / Clerk of Court / Officer (F.S.S 117.10) <b>INV J. SCHAEFER #8777</b>		 Name of Officer (Please Print) <b>D/S SEPTIEN #20750</b>	
Name of Notary Public / Clerk of Court / Officer (F.S.S 117.10) <b>02/27/2017</b> Date		Name of Officer (Please Print) <b>02/27/2017</b> Date	



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

NOT A CERTIFICATE

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE \_\_\_\_\_ DAY OF \_\_\_\_\_ 20 17, AT 05:10 AM PM

SUBJECT: COWDEN, REBECCA CARRIE CASE NUMBER: 17-044960

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: INV. J. SCHAEFER #8777

## PERSONAL CONTACT

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

On the above date at approximately 05:10hrs, I was dispatched to the scene of a driver passed out behind the wheel of a black Toyota truck in the drive-thru of the McDonald's located at 1470 Greenview Shores Blvd. in the Village of Wellington, Palm Beach County, Florida. D/S Septien #20750 noticed that the defendant had articulable indicators of impairment, so he called for a DUI unit to conduct a possible DUI investigation. D/S Septien identified the defendant, to me, as the driver/sole occupant of the vehicle, at the time of his arrival. D/S Septien provided me with a written sworn supplemental Probable Cause Affidavit.

## OBSERVATION OF DRIVER:

Upon making contact with the driver who was identified as "REBECCA CARRIE COWDEN" by her Florida driver license, I immediately detected an obvious and strong odor of an unknown alcoholic beverage emitting from her person and face area. This odor intensified as I spoke to Rebecca. She had glassy, glazed, and extremely blood shot eyes. Rebecca's speech was slurred, slow, and thick, and at times difficult to understand. Rebecca's movements were slow and deliberate. She was lethargic in her movements with poor coordination. She had an unsteady gait while walking to my patrol vehicle.

## DRIVER'S STATEMENTS:

Pre-Miranda: none

Post Miranda: none

## ODORS:

A strong and obvious odor of an unknown alcoholic beverage was emitting from \*\*\* person and face area which intensified as I spoke to them.

## GENERAL OBSERVATIONS

SPEECH: Rebecca's speech was slurred, slow, and thick, and at times difficult to understand.

ATTITUDE: annoyed, threatening, insulting

CLOTHING: red/blk jacket / brw riding pants / blk top

MEDICAL/OTHER: stated injured left foot

STATE OF FLORIDA  
COUNTY OF PALM BEACH

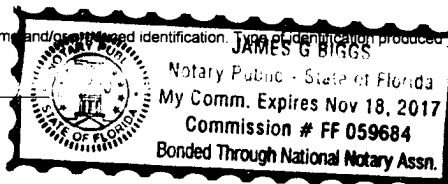
INV. J. SCHAEFER #8777

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 27th day of FEBRUARY 20 17 by INV. J. SCHAEFER #8777

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

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



SUBJECT: COWDEN, REBECCA CARRIE

CASE NUMBER 17-044960

### ROADSIDE TASKS

#### HORIZONTAL GAZE NYSTAGMUS:

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> LT EYE-LACK OF SMOOTH PURSUIT                           | <input checked="" type="checkbox"/> RT EYE-LACK OF SMOOTH PURSUIT                           |
| <input checked="" type="checkbox"/> LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION | <input checked="" type="checkbox"/> RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION |
| <input checked="" type="checkbox"/> LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES          | <input checked="" type="checkbox"/> RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES          |

#### Other Observations:

Rebecca would sway roughly in a side to side front to back pattern throughout the task. She touched the tip of the pen with both index fingers, which she was not instructed to do. She was reminded numerous times to track the pen with her eyes only. She failed to keep her head still while tracking the stimulus. I had her hold her chin with her right hand and her right hand with her left hand to further stabilize her head.

#### WALK & TURN:

I explained and demonstrated the instructions for the "Walk & Turn" to Rebecca who stated she understood. She would sway roughly in a side to side, front to back pattern throughout the demonstration phase. Rebecca could not maintain her balance while listening to instructions. She would stop walking to steady herself with pauses to regain balance. On the first pass she missed heel-to-toe steps and stepped off the line, using her arms for balance by raising them almost parallel to the ground. She performed the turn properly. On the return, Rebecca would miss heel-to-toe steps and stepped off the line, and took the incorrect number of steps.

#### ONE LEG STAND:

I explained and demonstrated the instructions for the "One Leg Stand" to Rebecca who stated that she understood. She would sway roughly in a side to side, front to back pattern throughout the demonstration phase. Rebecca continued to sway while balancing on one leg. She used her arms to balance raising them more almost parallel to the ground.

#### FINGER TO NOSE:

I explained and demonstrated the instructions for the "Finger to Nose" task to Rebecca who stated that she understood. Rebecca would sway roughly in a side to side, front to back pattern throughout the demonstration phase. She did keep her eyes closed. Rebecca hesitated before returning her hands back down to her sides as instructed after touching her nose. Her index finger did not touch the tip of her nose on 4 of the six attempts, touching her lip, underside of her nose, and the left nostril twice. She hesitated & searched for the tip of her nose prior to touching the tip. The sequence used for this task was L, R, L, R, R, L.

#### ROMBERG ALPHABET:

I explained and demonstrated the instructions for the "Rhombert Alphabet" task to Rebecca who stated that she understood. She would sway roughly in a side to side, front to back pattern throughout the demonstration phase. Rebecca kept her eyes closed as instructed. She would sway more than 2 inches. Rebecca correctly recited the alphabet.

BREATH TEST RESULTS: 1) .181 2) .181 3) n/a 4) n/a

STATE OF FLORIDA  
COUNTY OF PALM BEACH

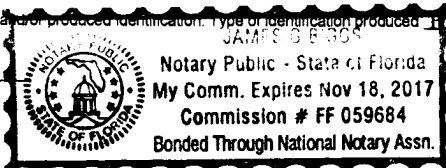
INV. J. SCHAEFER #8777

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 27th day of FEBRUARY 2017 by INV. J. SCHAEFER #8777

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

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



# WITNESS LIST

CASE NUMBER: 17-044960

ARRESTING OFFICER: INV. J. SCHAEFER #8777

ADDRESS: 3228 GUN CLUB ROAD WPB, FL 33406

PHONE NUMBERS (HOME): \_\_\_\_\_ (WORK) (561)681-4500

CAN TESTIFY TO: SEE OFFENSE REPORT

NAME: D/S SEPTIEN #20750

ADDRESS: 3228 GUN CLUB ROAD WPB, FL 33406

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

CAN TESTIFY TO: SEE SUPPLEMENTAL PC

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

ADDRESS \_\_\_\_\_

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

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

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

ADDRESS \_\_\_\_\_

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

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

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

ADDRESS \_\_\_\_\_

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

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

ADDRESS \_\_\_\_\_

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

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

# TESTING FACILITY TASK REPORT

AGENCY: PBSO-SCHAEFER

SUBJECT: COWDEN, REBECCA C

CASE NUMBER: 17-044960

DATE: Feb 27, 2017

VIDEO DVD NUMBER: 62205

BEGINNING TIME: 0651

ENDING TIME: 0701

BREATH TESTS RESULTS: 1) .181 TIME 0654 A.M. ☒ P.M. ☐ 2) .181 TIME 0657 A.M. ☒ P.M. ☐  
3) XX TIME XX A.M. ☐ P.M. ☐ 4) XX TIME XX A.M. ☐ P.M. ☐

BREATH OPERATOR: J Biggs# 7607

MAINTENANCE TECHNICAN: D/S J Karkleck #6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: MUMBLING

ATTITUDE: COOPERATIVE

CLOTHING: RED/BLACK JACKET, BLACK/GRAY PANTS

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

## OTHER:

EYES GLASSY, RED

ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE ON SUBJECT

## COMMENTS:

ARRESTING OFFICER CONDUCTED THE 20 MINUTE OBSERVATION BEGINNING AT 0630  
SUBJECT ADVSIED SHE WOULD SUBMIT TO THE TEST  
SUBJECT WAS GIVEN THE INSTUCTIONS FOR THE TEST  
SUBJECT COMPLETED BOTH SAMPLES SUCCESSFULLY  
RESULTS WERE GIVEN  
MIRANDA WAS READ TO THE SUBJECT  
SUBJECT REFUSED QUESTIONS

SUBJECT: Cowden, Rebecca C

CASE NUMBER: 17-044960

## **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) \_\_\_\_\_

READ ON VIDEO



SUBJECT: Cowden, Rebecca C

CASE NUMBER: 17-044960

## 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: INV Gschneider #8777

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL