

K# 0490032

NH

17CT13953

PC# 3231

ARREST / NOTICE TO APPEAR

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

JUVENILE

AD M I N I S T R A T I O N	OBTS Number		Agency ORI Number 0502000		Agency Name Lantana Police Department		Agency Report Number (N.T.A.'s only) 6 4 17-001886		If Weapon Seized Enter Type None/not Applicable		Multiple Clearance Indicator 1			
D E F E N D A N T	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		Location of Arrest (Including Name of Business) 530 S LAKE DRIVE, LANTANA, FL 33462		Location of Offense (Business Name, Address) 530 S LAKE DR, LANTANA, FL 33462		Date of Arrest 07/26/2017		Time of Arrest 05:11		Booking Date			
	Name (Last, First, Middle) STODDARD, ROBERT ANTHONY		Alias:		Marital Status S		Religion CATHOLIC		Indication of: Alcohol Influence Yes <input type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/> Drug Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>		Residence Type: 1. City <input checked="" type="checkbox"/> 2. County <input type="checkbox"/> 3. Florida <input type="checkbox"/> 4. Out of State <input type="checkbox"/>			
	Race W - White 1 - American Indian B - Black O - Oriental Asian W M		Sex M		Date of Birth 03/16/1994		Height 5'08		Weight 180		Eye Color BLUE		Hair Color BROWN	
	Complexion LIGHT		Build Large		Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Place of Birth (City, State) WEST PALM BEACH, FL		Citizenship US		Occupation Cook		Address Source DL	
C O D E F	Local Address (Street, Apt. Number) 916 W CENTRAL ST, LANTANA, FL 33462		(City) LANTANA		(State) FL		(Zip) 33462		Phone (561) 283-5649		Business Address (Name, Street) K4 POW NOODLE BAR,		Business Address (City, State, Zip) LANTANA, FL 33462	
	Permanent Address (Street, Apt. Number) 916 W CENTRAL ST, LANTANA, FL 33462		(City) LANTANA		(State) FL		(Zip) 33462		Phone (561) 283-5649		Business Address (Name, Street) K4 POW NOODLE BAR,		Business Address (City, State, Zip) LANTANA, FL 33462	
	D.L. Number, State S336761940960 / FL		Social Security Number [REDACTED]		INS Number [REDACTED]		Place of Birth (City, State) WEST PALM BEACH, FL		Citizenship US		Occupation Cook		Address Source DL	
	Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		Indication of: 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile <input type="checkbox"/>		Residence Phone		Business Phone	
J U V E N I L E	Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth		Indication of: 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile <input type="checkbox"/>		Residence Phone		Business Phone	
	Parent <input type="checkbox"/> Other <input type="checkbox"/>		Legal Custodian <input type="checkbox"/>		Name (Last, First, Middle)		(City)		(State)		(Zip)		Ex. Phone	
	Address (Street, Apt. Number)		(City)		(State)		(Zip)		Notified by: (Name)		Date		Time	
	Released To: (Name)		Relationship		Date		Time		JUVENILE DISPOSITION 1. Handled/Processed within Department and Released <input type="checkbox"/> 2. TOT JAC <input type="checkbox"/> 3. Incarcerated <input type="checkbox"/>		Grade		Value of Property	
C O D E	The above address was provided by: The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address.		<input type="checkbox"/> defendant and/or <input type="checkbox"/> defendant's parents.		Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property		Statute Violation Number		Violation of ORD =		Bond	
	Drug Activity N - N.A. P - Possess		S - Sell B - Buy T - Traffic		R - Struggle D - Deliver E - Use		K - Disperse Distribute		M - Manufacture Produce Cultivate		Z - Other		Drug Type N - N.A. A - Amphetamine	
	B - Barbiturate C - Cocaine E - Heroin		H - Hallucinogen M - Marijuana O - Opium/Deriv.		P - Paraphernalia Equipment S - Synthetic		U - Unknown Z - Other		Statute Violation Number		Violation of ORD =		Bond	
	Charge Description DUI-PROPERTY DAMAGE/PERSONAL INJURY		Drug Type N		Amount Unit		Offense = 17-001886		Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant Capias Number	
C H A R G E	Charge Description		Drug Type		Amount Unit		Offense =		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Warrant Capias Number	
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	Charge Description		Drug Type		Amount Unit		Offense =		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Warrant Capias Number	
I N T A K E	Health Apparent Physical Condition of Defendant		Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries		Explain:		PROPERTY - Received By		Released By		Released To		Date Transported	
	Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health		Date Transported		Time Transported		Other		Signature of Arresting Officer (Print) CHURCH, RYAN		ID # 877		Agency 877 CPD	
	Transported By		Signature of Defendant (or Juvenile and Parent Custodian)		Signature of Arresting Officer		Name (Verification required by Arrestee)		Date Transported		Time Transported		Other	
	INSTRUCTION NO. 1 - Mandatory appearance in court INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.		Location (Court, Room) 200 W Atlantic Ave. DELRAY BEACH		Court Date and Time 08/21/2017 08:30:00		No Photo Available		Signature of Defendant (or Juvenile and Parent Custodian)		Signature of Arresting Officer		Name (Verification required by Arrestee)	
N O T I C E T O A P P E A R	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)		Signature of Arresting Officer		Name (Verification required by Arrestee)		Date Transported		Time Transported		Other	
	HOLD for Other Agency		Signature of Arresting Officer		Name (Verification required by Arrestee)		Date Transported		Time Transported		Other		Witness here if subject signed with an "X"	
	Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other <input type="checkbox"/>		Signature of Arresting Officer		Name (Verification required by Arrestee)		Date Transported		Time Transported		Other		Witness here if subject signed with an "X"	
	Signature of Arresting Officer		Name (Verification required by Arrestee)		Date Transported		Time Transported		Other		Witness here if subject signed with an "X"		PAGE 1 OF 1	

A D M I N I S T R A T I V E	OBTS Number		PROBABLE CAUSE AFFIDAVIT				1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	JUVENILE		
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	Name (Last, First, Middle) STODDARD, ROBERT ANTHONY													
C H A R G E S	Charge Description		Charge Description											
	316.193(3)(C)1 DUI-PROPERTY DAMAGE/PERSONAL INJURY													
	Charge Description		Charge Description											
V I C T I M	Victim's Name (Last, First, Middle) State Of Florida								Race W		Sex M		Date of Birth 03/16/1994	
	Local Address (Street, Apt. Number) (City) (State) (Zip)								Phone		Address Source			
	Business Address (Name, Street) (City) (State) (Zip)								Phone		Occupation			
P R O B A B L E C A U S E S T A T E M E N T	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"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.													
	<input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (descr bed) investigation.													
On the 26 day of July , 2017 at 05:11 (Specifically include facts constituting cause for arrest.)														
See DUI PC Affidavit														
A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME													
	NOTARY PUBLIC / CLERK OF COURT 26-JUL DATE				JAMES G BIGGS Notary Public - State of Florida My Comm. Expires Nov 18, 2017 Commission # FF 059684 Bonded Through National Notary Assn.				SIGNATURE OF ARRESTING / INVESTIGATING OFFICER CHURCH, RYAN (877) NAME OF OFFICER (PLEASE PRINT)					
									07/26/2017 DATE					
									JUL 28 2017 DATE					

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P.I.O.

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 26 DAY OF July 20 17, AT 0511 AM / PM
SUBJECT: Robert A Stoddard CASE NUMBER: 17-00186
AGENCY: Lantana Police Dep ARRESTING OFFICER: R. Church 877

PERSONAL CONTACT

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

On July 26, 2017 at 0445 hours I was dispatched to a vehicle crash at 532 South Lake Drive, Lantana, Florida, 33462. I arrived on scene and observed gold in color 2011 Toyota 4 door upside down in front of 530 S Lake Drive. I identified Mr Robert A Stoddard (DOB 03-16-1994) on the sidewalk. Another man identified as John J Miller (DOB 06-16-1962) was laying in the road. John stated that Robert had been driving the vehicle at the time of the crash. John complained of neck pain and PBCFR arrived on scene.

OBSERVATION OF DRIVER:

LPD crash number 17-001885 for more information. I approached Robert where I immediately smelled the strong odor of the impurities of an alcoholic beverage emanating from him at a conversational distance. Robert informed me that he had been operating the vehicle at the time of the accident. Robert had slurred speech, struggled to stand, and his eyes were bloodshot and glassy. Robert was informed that the traffic crash investigation was complete and that I was beginning a DUI investigation.

DRIVER'S STATEMENTS:

Robert stated that he was willing to attempt to complete SFSE's.

ODORS:

strong odor of the impurities of an alcoholic beverage

GENERAL OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Cooperative, distraught

CLOTHING:

MEDICAL / OTHER:

STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this

26

day of

July

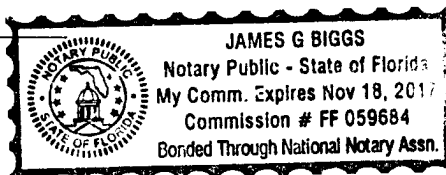
20

17

by

(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)



SCANNED

JUL 28 2017

SUBJECT: Robert A Stoddard CASE NUMBER: 17-001885

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:

WALK & TURN:

I explained the exercise to Robert and he stated that he understood. Robert lost his balance while I was explaining the exercise. Robert began the exercise where he did not touch heel to toe and stepped off of the line. After taking less than the number of required steps Robert stated he could not perform the exercise.

ONE LEG STAND:

Robert refused to complete the exercise.

FINGER TO NOSE :

N/A

ROMBERG / ALPHABET :

N/A

BREATH TEST RESULTS : .272 and .264

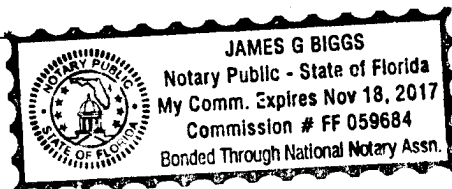
STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting / Investigative Officer)

The foregoing instrument was notarized or sworn before me this 26 day of July 20 17 by

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)



SCANNED
JUL 28 2017

WITNESS LIST

CASE NUMBER: 17-001885

ARRESTING OFFICER R. Church 877

ADDRESS 500 Greynolds Circle Lantana Florida 33462

PHONE NUMBERS (HOME) 561-540-5701 (WORK)

CAN TESTIFY TO: Arrest

NAME: John J Miller

ADDRESS 100 Waterway Drive Apt 205, Lantana, Florida, 33462

PHONE NUMBERS (HOME) (WORK)

CAN TESTIFY TO: Operation of vehicle.

NAME:

ADDRESS

PHONE NUMBERS (HOME) (WORK)

CAN TESTIFY TO:

NAME:

ADDRESS

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JUL 28 2017

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PHONE NUMBERS (HOME) (WORK)

CAN TESTIFY TO:

SCANNED

JUL 28 2017

Only use these tags: **, *, , ~~, <sup>, <sub>, $,
$$...$$$</sub></sup>~~***

SCANNED
JUL 28 2017

TESTING FACILITY TASK REPORT

AGENCY: Lantana P.D.
SUBJECT: Stoddard, Robert Anthony CASE NUMBER: 17-107075
DATE: 7/26/17 VIDEO TAPE NUMBER: DVD# 63058
BEGINNING TIME: 0559 ENDING TIME: 0611
BREATH TESTS RESULTS: 1) .272 TIME 0604 A.M./P.M. 2) .264 TIME 0608 A.M./P.M.
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: slightly slurred
ATTITUDE: fussed about cuffs, co-operative
CLOTHING: Tennis shoes, tan shorts, grey top
MEDICAL CONDITIONS: asthma
MEDICATIONS: inhaler when needed
OTHER: _____

COMMENTS: A/O arrived at 0537 hrs
A/O observed 20 minutes
A/O requested breath test, A agreed
tech demonstrated procedure
No problem with test, tech explained results
A/O read C/w A understood rights
A refused C & A

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JUL 28 2017

SUBJECT: _____ CASE NUMBER: _____ 56

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? _____ 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

SCANNED

JUL 28 2017

SUBJECT: _____ CASE NUMBER: _____

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.

SCANNED
JUL 28 2017

SUSPECT'S SIGNATURE: (X) _____

TESTING FACILITY TASK REPORT

AGENCY: _____

SUBJECT: _____ CASE NUMBER: 17-17715

DATE: 7-27-17 VIDEO TAPE NUMBER: 5 63058

BEGINNING TIME: 1:57 ENDING TIME: 2:11

BREATH TESTS RESULTS: 1) 772 TIME 1:54 A.M./P.M. 2) 774 TIME 1:55 A.M./P.M.
3) _____ TIME _____ A.M./P.M. 4) _____ TIME _____ A.M./P.M.

BREATH OPERATOR: William A. 384

MAINTENANCE TECHNICIAN: John Locke 40467

TESTING OFFICER'S OBSERVATIONS

SPEECH: _____

ATTITUDE: _____

CLOTHING: _____

MEDICAL CONDITIONS: _____

MEDICATIONS: _____

OTHER: _____

COMMENTS: 17-17715-5324-5

NOT A CERTIFIED COPY

SCANNED

JUL 28 2017