

JETT 04/9/2017

NTH

PC# 3231

## ARREST / NOTICE TO APPEAR

OBTS Number		Agency ORI Number		Agency Name		Agency Report Number (N.T.A.'s only)		1. Arrest		3. Request for Warrant		5. Ordinance		7. N.T.A.		9. Request for Capias		JUVENILE			
0502000		Lantana Police Department				6 1 4 17-001886															
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 type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other				If Weapon Seized		Enter Type		None/not Applicable		Multiple Clearance Indicator		1							
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		Time of Arrest		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle									
07/26/2017		05:11																			
Name (Last, First, Middle)		STODDARD, ROBERT ANTHONY		Alias:																	
Race		W - White B - Black		Sex		Date of Birth		Height		Weight		Eye Color		Hair Color		Complexion		Build			
		I - American Indian O - Oriental Asian		W M		03/16/1994		5'08		180		BLUE		BROWN		LIGHT		Large			
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)												Marital Status		Religion							
												S		CATHOLIC							
Local Address (Street, Apt. Number)		(City)		(State)		(Zip)						Phone		(561) 283-5649		Indication of:					
916 W CENTRAL ST, LANTANA, FL 33462																Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>					
Permanent Address (Street, Apt. Number)		(City)		(State)		(Zip)						Phone		(561) 283-5649		Drug Influence:					
916 W CENTRAL ST, LANTANA, FL 33462																					
Business Address (Name, Street)		(City)		(State)		(Zip)						Phone				Residence Type:					
KA POW NOODLE BAR,																1. City <input type="checkbox"/> 2. County <input type="checkbox"/> 3. Out of State <input type="checkbox"/>		1			
D.L. Number, State		Soc. Sec. Number		INS Number				Place of Birth (City, State)				Citizenship		US		Address Source					
S336761940960 / FL								WEST PALM BEACH,													
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					
Name (Last, First, Middle)																Residence Phone					
<input type="checkbox"/> Parent <input type="checkbox"/> Other: <input type="checkbox"/> Legal Custodian																Business Phone					
Address (Street, Apt. Number)		(City)		(State)		(Zip)															
Notified by: (Name)								Date		Time		JUVENILE DISPOSITION				<input type="checkbox"/> 1. Handled/Processed within Department and Released <input type="checkbox"/> 2. TOT JAC <input type="checkbox"/> 3. Incarcerated					
Released To: (Name)								Relationship		Date		Time									
The above address was 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's Office (Phone 355-2526) informed of any change of address.										School Attended						Grade			
<input type="checkbox"/> Yes, by: C								<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Description of Property						Value of Property			
Drug Activity		S. Sell N. N.A. D. Possess		R. Smuggle B. Buy T. Traffic		K. Dispenses 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	
Charge Description																					
DUI-PROPERTY DAMAGE/PERSONAL INJURY																					
Drug Activity		Drug Type		Amount Unit		Offense =		Counts		Domestic Violence		Warrant Capias Number									
N						17-001886		1		<input type="checkbox"/> Y <input checked="" type="checkbox"/> N											
Charge Description																					
Drug Activity		Drug Type		Amount Unit		Offense =		Counts		Domestic Violence		Warrant Capias Number									
										<input type="checkbox"/> Y <input type="checkbox"/> N											
Charge Description																					
Drug Activity		Drug Type		Amount Unit		Offense =		Counts		Domestic Violence		Warrant Capias Number									
										<input type="checkbox"/> Y <input type="checkbox"/> N											
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							
Check which applies:		<input type="checkbox"/> Released O.R. <input type="checkbox"/> Posted Bond		<input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> South County Mental Health		<input type="checkbox"/> T.O.T. County Jail		PROPERTY - Received By:		Released By:		Released To:									
Transported By								Date Transported		Time Transported		Other									
<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input type="checkbox"/> 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											
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)								<input type="checkbox"/> Date Signed 8/7/2017				Name Verification Initialed by Arrestee									
HOLD for Other Agency				Signature of Arresting Officer																	
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other				Name of Arresting Officer (Print) CHURCH, RYAN				ID # 877		PRE-TRAIL 8/7/2017									
D/S T. BURNSIDE #5406						Transporting Officer															
<input type="checkbox"/> COURT <input type="checkbox"/> STATE ATTORNEY		<input type="checkbox"/> AGENCY		<input type="checkbox"/> CENTRAL RECORDS		<input type="checkbox"/> JAIL		<input type="checkbox"/> CRIME ANALYSIS		<input type="checkbox"/> P.D.		<input type="checkbox"/> DEFENDANT									

No Photo Available

SCANNED

Witness here if subject signed with an "X"

1 OF 1

OBTS Number		PROBABLE CAUSE AFFIDAVIT						
A	Agency ORI Number		Agency Name		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias	
D	FL 0502000		LANTANA POLICE DEPARTMENT		6   4   17-001886		1	
M	Charge Type: Check as many as apply.		<input type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other		Special Notes:			
N	Name (Last, First, Middle)		Alias		Race	Sex	Date of Birth	
E	STODDARD, ROBERT ANTHONY				W	M	03/16/1994	
F	Charge Description		Charge Description					
316.193(3)(C)1 DUI-PROPERTY DAMAGE/PERSONAL INJURY								
G	Charge Description		Charge Description					
R	Victim's Name (Last, First, Middle)		Race	Sex	Date of Birth			
G	State Of Florida							
E	Local Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone	Address Source	
S	Business Address (Name, Street)		(City)	(State)	(Zip)	Phone	Occupation	
<p>The undersigned certifies and swears that he/she has just and resonable 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 committ the below acts.</p> <p><input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (descr bed) investigation.</p> <p>On the <u>26</u> day of <u>July</u> <u>2017</u> at <u>05:11</u> (Specifically include facts constituting cause for arrest.)</p>								
<p><b>See DUI PC Affidavit</b></p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">PROBABLE CAUSE STATEMENT</p>								
<p>SWORN AND SUBSCRIBED BEFORE ME</p> <p><i>[Signature]</i></p> <p>JAMES G BIGGS Notary Public - State of Florida My Comm. Expires Nov 18, 2017 Commission # FF 059684 Bonded Through National Notary Assn.</p> <p>NOTARY PUBLIC / CLERK OF COURT OFFICER # 17-001886 DATE 07/26/2017</p> <p>SIGNATURE OF ARRESTING / INVESTIGATING OFFICER</p> <p><i>[Signature]</i> 407 CHURCH, RYAN (877) NAME OF OFFICER (PLEASE PRINT)</p> <p>SCANNED 07/26/2017 JUL 28 2017 OF 1</p>								

# 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

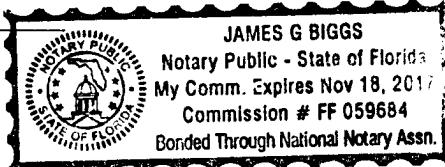
877

(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 17.10)



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

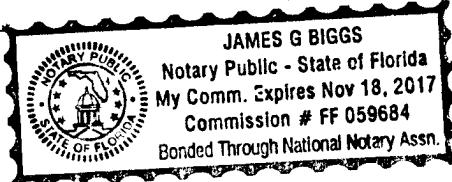
STATE OF FLORIDA  
COUNTY OF PALM BEACH

(Signature of Arresting / Investigative Officer)

The foregoing instrument was notarized or sworn before me this 26 day of July 2017 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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CAN TESTIFY TO: \_\_\_\_\_  
NAME: \_\_\_\_\_

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

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

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

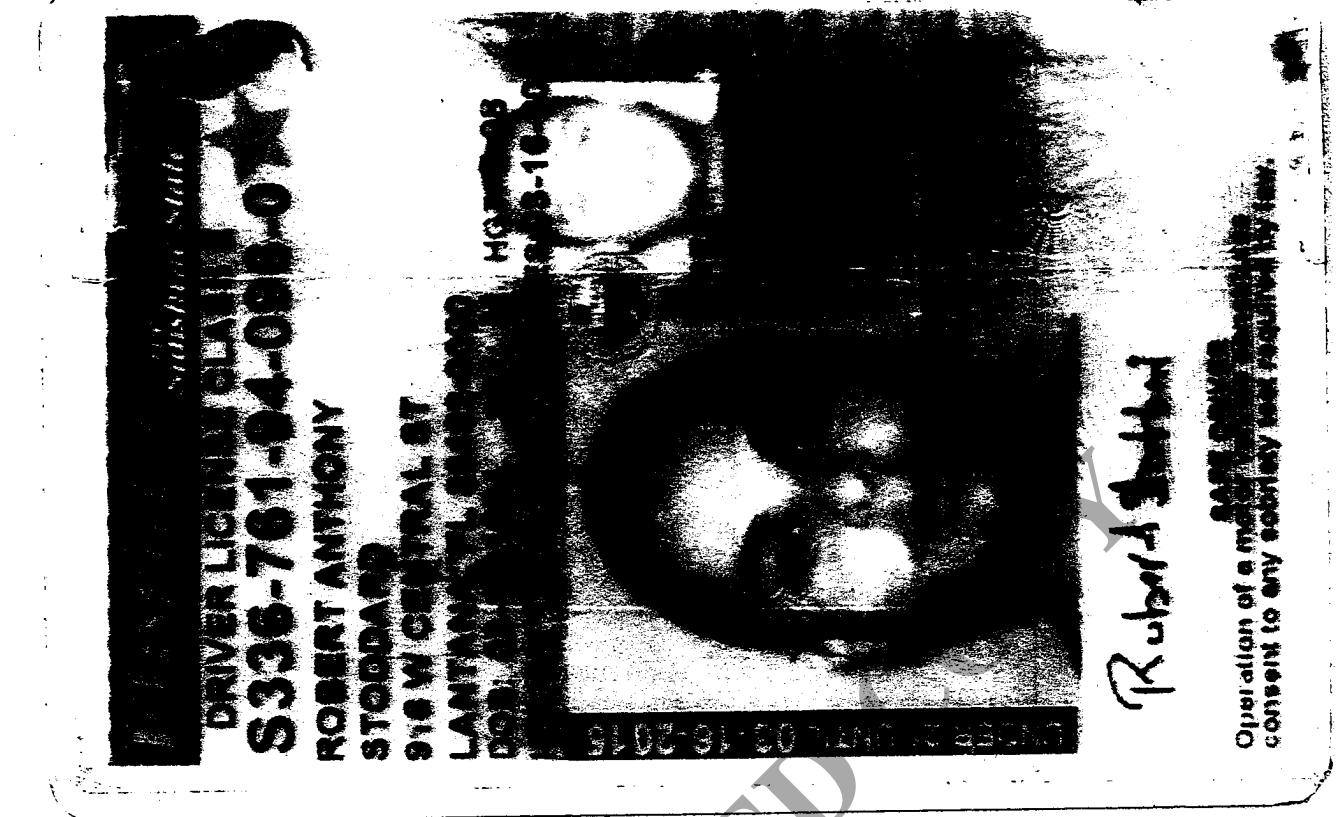
NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

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

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

SCANNED JUL 28 2017



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. Karleke #64467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: Slightly slurred

ATTITUDE: Fussed about cuffs, co-operative

CLOTHING: Tenn's shoes, tan shorts, grey top

MEDICAL CONDITIONS: asthma

MEDICATIONS: inhaler when needed

OTHER:  

COMMENTS: 1/0 & I arrived at 0537 hrs  
1/0 observed 30 minutes  
1/0 requested breath test, I agreed  
tech demonstrated procedure  
No problem with test, tech explained results  
1/0 read c/w & understood rights  
I refused Q&A

SCANNED

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? **REFUSED**

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? **REFUSED** 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? **REFUSED** 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? **SCANNED**

INTERVIEWER: \_\_\_\_\_

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) \_\_\_\_\_

WHITE - STATE ATTY.    YELLOW - DHSMV    PINK - CENTRAL RECORDS    GOLD - JAIL

# TESTING FACILITY TASK REPORT

AGENCY: \_\_\_\_\_

SUBJECT: \_\_\_\_\_ CASE NUMBER: 17-0000000

DATE: 7-26-17 VIDEO TAPE NUMBER: 63058

BEGINNING TIME: 13:37 ENDING TIME: 14:11

BREATH TESTS RESULTS: 1) 0.12 TIME 13:41 A.M./P.M. 2) 0.14 TIME 13:44 A.M./P.M.  
3) 0.10 TIME 13:44 A.M./P.M. 4) 0.10 TIME 13:44 A.M./P.M.

BREATH OPERATOR: 13:37-14:11 0.14

MAINTENANCE TECHNICIAN: 13:37-14:11

## TESTING OFFICER'S OBSERVATIONS

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

ATTITUDE: \_\_\_\_\_

CLOTHING: \_\_\_\_\_

MEDICAL CONDITIONS: \_\_\_\_\_

MEDICATIONS: \_\_\_\_\_

OTHER: \_\_\_\_\_

COMMENTS: 13:37-14:11

SCANNED  
JUL 28 2017