

0497391

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

18mm4394

3189

| | | | | |
|---|---|---|--|---|
| OBTS Number | Agency ORI Number FLO 500000 | | Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE | Agency Report Number (N.T.A.'s only) 06- 18061944 |
| 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 | Weapon Seized / Type 2 1. Yes 2. No | Multiple Clearance Indicator 3 |
| Location of Arrest (Including Name of Business) STATE RD 7/ STATE RD 80, ROYAL PALM BEACH, FL, 33411 | | Location of Offense (Business Name, Address) STATE RD 7/ STATE RD 80 ROYAL PALM FL, 33411 | | |
| Date of Arrest 04/13/2018 | Time of Arrest 01:04 | Booking Date | Booking Time | Jail Date Jail Time Location of Vehicle |

| | | | | |
|--|---------------------------------------|--------------------------------------|---|--|
| Name (Last, First, Middle) LONG SAMANTHA ANN | | Alias (Name, DOB, Soc. Sec. #, Etc.) | | |
| Race W - White I - American Indian B - Black O - Oriental/Asian | Sex F | Date of Birth 3/28/1994 | Height 5'6 | Weight 132 |
| Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) TATTOO ON BACK | | Marital Status Single | Religion NONE | Indication of: Alcohol Influence Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/> |
| Local Address (Street, Apt. Number) 49 W PALMETTO RD LAKE WORTH/ FL/ 33467 | | Phone () UNK | Residence Type: 1. City 2. County 3. Florida 4. Out of State 2 | |
| Permanent Address (Street, Apt. Number) | | Phone () | Address Source FL DL | |
| Business Address (Name, Street) | | Phone () | Occupation BAR TENDER | |
| D/L Number, State L520781946080 | Soc. Sec. Number [REDACTED] | INS Number | Place of Birth (City, State) WEST PALM/ FL | Citizenship |

| | | | | | |
|---|------|-----|---------------|--|---|
| 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 |

| | | | | |
|--|--|--|--------------------------|-------------------------------|
| <input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other | Address (Street, Apt. Number) (City) (State) (Zip) | | | Residence Phone () |
| Notified by: (Name) | | | Date | Time |
| Released To: (Name) | | | Relationship | Date |
| The above address provided by <input type="checkbox"/> defendant and / or <input type="checkbox"/> defendant's parents The child and / or parent was told to keep the Juvenile Court Clerk (Phone 355-2526) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason) | | | School Attended Grade | |
| Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No | Description of Property | | Value of Property | |

| | | | | | | | | | | |
|---|---------------------------------|------------------------------------|--|--|-------------------------|---------------------------------------|---|--|---|------------------------|
| Drug Activity N. N/A P. Possess | S. Sell B. Buy T. Traffic | R. Smuggle D. Deliver E. Use | K. Dispense/ Distribute | M. Manufacture/ Produce/ Cultivate | Z. Other | Drug Type N. N/A 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 DUI | | Counts 1 | Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N | Statute Violation Number 316.193(1) | | Violation of ORD # | | | | |
| Drug Activity N | Drug Type N | Amount / Unit N/A | Offense # 18061944 | | Warrant / Capias Number | | | Bond | | |
| Charge Description POSS. OF MARIJUANA | | Counts 1 | Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N | Statute Violation Number 893.13(6B) | | Violation of ORD # | | | | |
| Drug Activity P | Drug Type M | Amount / Unit / | Offense # 18061944 | | Warrant / Capias Number | | | Bond | | |
| Charge Description POSS. OF PARAPHERNALIA | | Counts 1 | Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N | Statute Violation Number 893.147(1B) | | Violation of ORD # | | | | |
| Drug Activity P | Drug Type P | Amount / Unit / | Offense # 18061944 | | Warrant / Capias Number | | | Bond | | |
| Charge Description | | Counts | Domestic Violence <input type="checkbox"/> Y <input 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) 3228 GUN CLUB RD WEST PALM BEACH FL 33406 | |
| Court Date and Time Month 5 Day 10 Year 2018 Time 0830 AM X 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 | |
| Signature of Defendant (or Juvenile and Parent /Custodian) <i>[Signature]</i> | Date Signed 04/13/2018 |

| | | |
|---|--|--|
| HOLD for other Agency Name: <input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other: | Signature of Arresting Officer X | Name Verification (Printed by Arrestee) APR 13 AM 3:37 |
| Intake Agency # Pouch # CPT HONEAL TUN | Name of Arresting Officer (Print) INV. G. LYNCH 8568 | (PRINT) SCANNED |
| Transporting Officer INV. G. LYNCH 8568 | ID # 8568 | Agency PBSO |
| Witness here if subject signed with an "X" | | PAGE 1 OF 1 |

PROBABLE CAUSE AFFIDAVIT

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

1

Juvenile

n

ADMIN
IDEE
CHARGES
VICTIM
ADMINISTRATIVE

OBTS Number

Agency ORI Number
FLO 500000

Agency Name
PALM BEACH COUNTY SHERIFF'S OFFICE

Agency Report Number
06- 18061944

Charge Type: Check as many as apply.
 1. Felony 2. Traffic Felony 3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 6. Other

Special Notes:

Name (Last, First, Middle)
LONG, SAMANTHA, ANN

Alias Race Sex Date of Birth
W F 3/28/1994

Charge Description
DUI 316.193(1)
POSS. OF PARAPHERNALIA 893.147(1B)

Charge Description
POSS. OF MARIJUANA 893.13(6B)

Victim's Name (Last, First, Middle)

Race Sex Date of Birth

Local Address (Street, Apt. Number) (City) (State) (zip) Phone

Address Source

Business Address (Name, Street) (City) (State) (zip) Phone

Occupation

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
 committed the below acts in my presence. was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.
 confessed to _____ admitting to the below facts. was found to have committed the below acts, resulting from my (described) investigation.
On the **13** day of **APR** 20 **18** at **00:38** A.M. P.M. (Specifically include facts constituting cause for arrest.)

On 4/13/18 while on routine patrol, southbound on State Road 7, in my fully marked PBSO vehicle, a white Honda Accord, bearing FL tag IJPH98, drove past my vehicle at a high rate of speed, which I estimated to be approximately 80mph. I activated my issued radar and got a speed reading of 77mph in the 45 mph zone. The Honda approached the intersection of State Road 80, with a steady red light. The Honda then made a right turn onto the on ramp for State Road 80, without stopping. I then activated my emergency lights and conducted a traffic stop for the infractions. I made contact with the driver, who identified herself by FL driver's license as Samantha Long. After a completing a DUI investigation Samantha was arrested; handcuffs were checked for fit and double-locked. A search of Samantha's vehicle revealed a plastic baggie containing a green leafy substance, in the glove box. Based on my training and experience I immediately recognized the substance to be marijuana. A glass marijuana pipe was also located in the glove box and the pipe still had pieces of marijuana in the smoking end of the pipe. The marijuana field tested positive. Based on finding the marijuana and paraphernalia in Samantha's vehicle I found probable cause to charge Samantha pursuant to Florida State Statue 893.13(6B), and 893.147(1B)

STATE OF FLORIDA
COUNTY OF PALM BEACH
(Signature)
(Signature of Arresting/Investigative Officer)

INV. G. LYNCH 8568

The foregoing instrument was sworn to or affirmed and subscribed before me this **13** day of **APR** 20 **18** by **INV G. LYNCH**
(Print name of Arresting/Investigative Officer) who is personally known to me and/or produced identification. Type of identification produced **KNOWN**

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

Samantha Palmer
Commission # **FF17277**
Expires: **OCT 28, 2018**
BONDED THRU **GREEN FLORIDA ATTORNEYS, LLC**

SCANNED
APR 15 2018

PAGE **1** OF **1**

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 13 DAY OF APR 20 18, AT 00:38 AM PM

SUBJECT: LONG SAMANTHA ANN CASE NUMBER: 18061944

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: INV. G. LYNCH 8568

PERSONAL CONTACT

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

On 4/13/18 while on routine patrol, southbound on State Road 7, in my fully marked PBSO vehicle, a white Honda Accord, bearing FL tag IJPH98, drove past my vehicle at a high rate of speed, which I estimated to be approximately 80mph. I activated my issued radar and got a speed reading of 77mph in the 45 mph zone. The Honda approached the intersection of State Road 80, with a steady red light. The Honda then made a right turn onto the on ramp for State Road 80, without stopping. I then activated my emergency lights and conducted a traffic stop for the infractions. I made contact with the driver, who identified herself by FL driver's license as Samantha Long.

OBSERVATION OF DRIVER:

Samantha's eyes were red and glassy. Samantha had an odor of an unknown alcoholic beverage coming from her breath, which got stronger as she spoke. Samantha swayed while standing still.

DRIVER'S STATEMENTS:

Takes prescription Xanax.
Had a couple of drinks at Brass Ring Pub
The marijuana found in the glove box wasn't hers

ODORS:

STRONG ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE COMING FROM SUBJECT'S BREATH.

GENERAL OBSERVATIONS

SPEECH:

ATTITUDE: Mood swings from calm/ cooperative to uncooperative

CLOTHING:

MEDICAL/OTHER:

STATE OF FLORIDA
COUNTY OF PALM BEACH

INV. G. LYNCH 8568

Signature of Arresting/Investigative Officer

This foregoing instrument was sworn to or affirmed and subscribed before me this 13 day of APR 20 18 by INV. G. LYNCH 8568

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

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



Samantha Palmer
Commission # FF172377
Expires: OCT 28, 2018
BONDED THRU
1ST FLORIDA NOTARY, LLC

SCANNED
APR 15 2018

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

Other Observations:

SAMANTHA REFUSED TO FOLLOW THE STIMULUS FOR MAXIMUM DEVIATION.

WALK & TURN:

SAMANTHA WAS PLACED IN THE INSTRUCTIONAL STANCE FOR THE WALK AND TURN. THIS TASK WAS EXPLAINED AND DEMONSTRATED TO SAMANTHA. DURING THE INSTRUCTIONS SAMANTHA SWAYED WHILE STANDING STILL AND WAS UNABLE TO MAINTAIN THE INSTRUCTIONAL STANCE. SAMANTHA ATTEMPTED TO BEGIN THE TASK PRIOR TO BEING INSTRUCTED TO DO SO. SAMANTHA ACKNOWLEDGED THE INSTRUCTIONS PRIOR TO PERFORMING THIS TASK:

DURING THE TASK SAMANTHA DID NOT WALK HEEL-TO-TOE, AND STEPPED OFF THE LINE MULTIPLE TIMES. SAMANTHA DID NOT TURN AS INSTRUCTED AND PAUSED TO STEADY HERSELF MULTIPLE TIMES.

ONE LEG STAND:

SAMANTHA WAS PLACED IN THE INSTRUCTIONAL STANCE FOR THE ONE LEG STAND. THIS TASK WAS EXPLAINED AND DEMONSTRATED TO SAMANTHA. DURING THE INSTRUCTIONS SAMANTHA WAS UNABLE TO MAINTAIN THE INSTRUCTIONAL STANCE, SEPERATING HER FEET FOR BALANCE, AND ATTEMPTED TO BEGIN THE TASK PRIOR TO BEING INSTRUCTED TO DO SO. SAMANTHA ACKNOWLEDGED THE INSTRUCTIONS PRIOR TO PERFORMING THIS TASK: DURING THE TASK SAMANTHA HAD TO BE INSTRUCTED AGAIN TO LOOK DOWN AT HER FOOT. SAMANTHA SWAYED AND WAS UNABLE TO MAINTAIN HER BALANCE. SAMANTHA PUT HER FOOT DOWN PRIOR TO 30 SECONDS ELAPSING.

FINGER TO NOSE:

SAMANTHA WAS PLACED IN THE INSTRUCTIONAL STANCE FOR THE FINGER TO NOSE. THIS TASK WAS EXPLAINED AND DEMONSTRATED TO SAMANTHA. SAMANTHA ACKNOWLEDGED THE INSTRUCTIONS PRIOR TO PERFORMING THIS TASK:

DURING THE TASK SAMANTHA SWAYED WHILE STANDING STILL. SAMANTHA FAILED TO RETURN HER ARM TO HER SIDE MULTIPLE TIMES. SAMANTHA MISSED TOUCHING THE TIP OF HER NOS MULTIPLE TIMES. SAMANTHA ALSO ATTEMPTED TO USE THE WRONG HAND DURING THE TASK.

ROMBERG ALPHABET:

SAMANTHA WAS PLACED IN THE INSTRUCTIONAL STANCE FOR THE ROMBERG ALPHABET TASK. THIS TASK WAS EXPLAINED AND DEMONSTRATED TO SAMANTHA. SAMANTHA ACKNOWLEDGED THE INSTRUCTIONS PRIOR TO PERFORMING THIS TASK:

DURING THE TASK SAMANTHA SWAYED WHILE STANDING STILL. SAMANTHA USED HER ARMS FOR BALANCE, LIFTING THEM MORE THAN 6 INCHES FROM HER SIDES. SAMANTHA WAS UNABLE TO MAINTAIN HER BALANCE AND PUT HER FOOT DOWN PRIOR TO 30 SECONDS ELAPSING.

BREATH TEST RESULTS:

STATE OF FLORIDA
COUNTY OF PALM BEACH

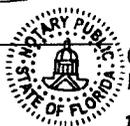
INV. G. LYNCH 8568

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 13 day of APR, 2018 by INV. G. LYNCH 8568

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

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



Samantha Palmer
Commission # FF 172007
Expires: OCT 28, 2018
BONDED THRU
1ST FLORIDA NOTARY, LLC

SCANNED
APR 15 2018

TESTING FACILITY TASK REPORT

AGENCY: PBSO/LYNCH

SUBJECT: LONG, SAMANTHA

CASE NUMBER: 18-061944

DATE: Apr 13, 2018

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 0152

ENDING TIME: 0202

BREATH TESTS RESULTS: 1) R TIME 155 A.M. P.M. 2) XX TIME XX A.M. P.M.
3) XX TIME XX A.M. P.M. 4) XX TIME XX A.M. P.M.

BREATH OPERATOR: S. PALMER #24520

MAINTENANCE TECHNICIAN: J Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: EMOTIONAL, CRYING, SNOBBY, SARCASTIC, UNCOOPERATIVE, MOODSWINGS

CLOTHING: BLUE SHIRT, BLUE JEANS, BROWN SANDALS

MEDICAL CONDITIONS: NONE

MEDICATIONS: XANX

OTHER:

EYES GLASSY AND BLOODSHOT,

COMMENTS:

ARRESTING OFFICER CONDUCTED THE 20 MINUTE OBSERVATION BEGINNING AT 0130
SUBJECT REFUSED TO TAKE BREATH TEST
A/O READ I/C
SUBJECT STATED SHE UNDERSTOOD I/C
AND AGAIN REFUSED TO TAKE BREATH TEST @ 155
A/O READ RIGHTS TWICE
SUBJECT STATED SHE UNDERSTOOD RIGHTS
A/O CONDUCTED Q&A
SUBJECT ANSWERED QUESTIONS

SCANNED
APR 15 2018

WITNESS LIST

CASE NUMBER: 18061944

ARRESTING OFFICER: INV. G. LYNCH 8568

ADDRESS: HQ

PHONE NUMBERS (HOME): _____ (WORK) 561 688 3000

CAN TESTIFY TO: FACTS OF CASE

NAME: _____

ADDRESS: _____

PHONE NUMBERS (HOME) _____ (WORK) _____

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) _____

CAN TESTIFY TO: _____

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CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

SCANNED

APR 15 2018

SUBJECT: _____ CASE NUMBER: 17-61944

QUESTIONS AND ANSWERS

I AM NOW GOING TO ASK YOU SOME QUESTIONS. WITH THESE RIGHTS IN MIND, YOU MAY ANSWER SOME OF, ALL OF, OR NONE OF THE FOLLOWING QUESTIONS AS YOU LIKE.

WERE YOU OPERATING A MOTOR VEHICLE AT THE TIME OF THE STOP/ACCIDENT? yes

WHERE WERE YOU GOING? _____

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? 16 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? no 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: _____

SCANNED
APR 15 2018

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 INV. LANCHE 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
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SUSPECT'S SIGNATURE: (X) _____