

0494362

ARREST / NOTICE TO APPEAR

3440

707 22955

AD M I N I S T R A T I O N	OBTS Number	Agency ORI Number 0502300		Agency Name North Palm Beach Police Department		Agency Report Number (N.T.A.'s only) 7 0 17-001127		1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias		JUVENILE							
D E F E N D A N T	Charge Type: Check as many as apply		1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 6. Other		If Weapon Seized Enter Type NONE		Multiple Clearance Indicator						
	Location of Arrest (Including Name of Business) OLD DIXIE HWY/SILVER BEACH RD RIVIERA BE						Location of Offense (Business Name, Address) 3799 OLD DIXIE HWY/SILVER BEACH RD, RIVIERA BEACH,										
C O D E F	Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle										
	12/23/2017	03:09	12/23/2017	03:19													
J U V E N I L E	Name (Last, First, Middle) MEDINA, SKARLETH MICHELLE						Alias (Name, DOB, Soc. Sec. #, Etc.)										
	Race W - White B - Black						I - American Indian O - Oriental/Asian		Sex W	Female F	Date of Birth 09/19/1993	Height 5'05	Weight 175	Eye Color BROWN	Hair Color BLACK	Complexion LIGHT	Build Thin
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)						Marital Status S		Religion OTHER		Indication of: Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/> Drug Influence Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/>						
	Local Address (Street, Apt. Number) (City) (State) (Zip) 410 FOREST ESTATE DR, WEST PALM BEACH, FL 33415						Phone (347) 872-5133										
	Permanent Address (Street, Apt. Number) (City) (State) (Zip) 410 FOREST ESTATE DR, WEST PALM BEACH, FL 33415						Phone (347) 872-5133										
	Business Address (Name, Street) (City) (State) (Zip) NORDSTROM, PALM BEACH GARDENS, FL						Phone (347) 872-5133										
C H A R G E	D/L Number, State M350793938390 / FL						Soc. Sec. Number		INS Number		Place of Birth (City, State) Honduras		Citizenship US		Occupation Makeup Artist		
	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						
C H A R G E	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"/> Other: _____ Name (Last, First, Middle)						Residence Phone										
C H A R G E	Legal Custodian <input type="checkbox"/>						Business Phone										
	Address (Street, Apt. Number) (City) (State) (Zip)						Notified by: (Name) Date Time										
C H A R G E	Address (Street, Apt. Number) (City) (State) (Zip)						Residence Phone										
	Address (Street, Apt. Number) (City) (State) (Zip)						Business Phone										
C H A R G E	Notified by: (Name)						Date Time										
	Released To: (Name) Relationship						Date Time										
C H A R G E	The above address was provided by <input type="checkbox"/> defendant and/or <input type="checkbox"/> defendant's parents.						School Attended										
	The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address.						Grade										
C H A R G E	Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						Description of Property										
	Value of Property																
C H A R G E	Drug Activity S. Sell N. N/A P. Possess						S. Sell B. Buy T. Traffic		R. Smuggle D. Deliver E. Use		K. Disperse/ Distribute		M. Manufacture/ Produce/ Cultivate		Z. Other		
	Charge Description DUI - DRIVING WHILE UNDER INFLUENCE / Refusal						Statute Violation Number 316.193(1)		Violation of ORD #								
C H A R G E	Drug Activity						Drug Type N	Amount / Unit /	Offense # 17-001127	Courts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number		Bond OR			
	Charge Description						Statute Violation Number		Violation of ORD #								
C H A R G E	Drug Activity						Drug Type	Amount / Unit	Offense #	Courts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number		Bond			
	Charge Description						Statute Violation Number		Violation of ORD #								
C H A R G E	Drug Activity						Drug Type	Amount / Unit	Offense #	Courts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number		Bond			
	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										
I N T A K E	Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail						PROPERTY - Received By		Released By		Released To						
	Transported By						Date Transported	Time Transported	Other DEC 23 AM 6:49								
N O T I C E	<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court						Location (Court, Room) North County PALM BEACH GARD										
	<input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.						Court Date and Time 01/17/2018 10:30:00										
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.						No Photo Available										
	Signature of Defendant (or Juvenile and Parent/Custodian) <i>Refused</i>						Date Signed 12/23/17										
A D M I N	HOLD for Other Agency						Signature of Arresting Officer <i>[Signature]</i>		Name Verification (Printed by Arrestee)								
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other						Name of Arresting Officer (Print) ZUCCARELLI, MICHAEL		ID.# 9857		PAGE 1 OF 1						
A D M I N	Intake Deputy WJ/SBC		ID.#	Pouch #	Transporting Officer ZUCCARELLI		ID.# 9857	Agency NPBPD		Witness here if subject signed with an "X".							
	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.I.O. <input type="checkbox"/> DEFENDANT <input type="checkbox"/>																

REC'D 2017

SCANNED

3440

PROBABLE CAUSE AFFIDAVIT

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

1 JUVENILE

OBTS Number	Agency ORI Number FL 0502300		Agency Name NORTH PALM BEACH POLICE	Agency Report Number 7 0 17-001127
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:

Name (Last, First, Middle) MEDINA, SKARLETH MICHELLE	Alias	Race W	Sex F	Date of Birth 09/19/1993
--	-------	------------------	-----------------	------------------------------------

Charge Description 316.193(1) DUI - DRIVING WHILE UNDER INFLUENCE	Charge Description
Charge Description	Charge Description

Victim's Name (Last, First, Middle) State of Florida	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. admitting to the below facts. was found to have committed the below acts, resulting from my (described) investigation.

On the **23** day of **December**, **2017** at **03:09** (Specifically include facts constituting cause for arrest.)

On 12/23/2017 at approximately 0248 hours, I arrived as a backup Police Officer to Sergeant Council's traffic stop at Old Dixie Highway and Silver Beach Rd Riviera Beach, Florida 33404. I spoke with Sgt. Council who advised me that he stopped the vehicle for a traffic violation. Sgt. Council advised me of his observations of the driver. (See Sgt. Council's probable cause affidavit).

I then made contact with the driver and sole occupant of the vehicle, Skarleth M. Medina (w/f 09/19/93). While speaking with Medina, I could smell an odor of an unknown alcoholic beverage emanating from her breath as she spoke. Medina had slurred speech with glassy and blood shot eyes. I then asked Medina where she was coming from and she replied "PGA" and then said "Dirty Martini". I then asked Medina what she had to drink and she replied "one beer".

Based on Medina's obvious signs of impairment and admission to consuming alcohol, I asked Medina to perform Standard Field Sobriety Task's (SFST's), to which she agreed. The SFST's were performed in a parking lot on a dry and clean surface and was well lit by the lights coming from the building. Medina was unsteady on her feet during our interaction.

Based Sgt. Council's lawful traffic stop and my subsequent D.U.I investigation, Medina was placed under arrest for Driving under the influence (DUI) contrary to F.S.S 316.193(1). Medina was searched prior to entering my marked patrol vehicle. Medina was wearing a black dress and black shoes. Medina was placed in handcuffs which were checked for tightness and double locked. Medina was then transported to the Palm Beach Sheriff's Office Breath Alcohol Testing Center (BAT). At the BAT I conducted a 20 minute observation time, during this time Medina did not take anything by mouth and did not regurgitate. I then asked Medina to provide a sample of her breath to which she agreed on camera initially but then refused because she said she had to be use the restroom.

SWORN AND SUBSCRIBED BEFORE ME Inv. L. Chiquito #18334 (P850) NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) 12/23/17 DATE	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER ZUCCARELLI, MICHAEL (9857) NAME OF OFFICER (PLEASE PRINT) 12/23/2017 DATE
--	--

OBTS Number

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

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

1

JUVENILE

A D M I N	Agency ORI Number	Agency Name	Agency Report Number	
	FL 0502300	NORTH PALM BEACH POLICE	7	0 17-001127
Charge Type: Check as many as apply.				Special Notes:
<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				

D E F	Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
	MEDINA, SKARLETH MICHELLE		W	F	09/19/1993

The BAT technician allowed her to use the bathroom and come back to conduct the breath test. Once back in the room to do the test Medina refused a second time, arguing with the BAT technician and myself. Time of refusal noted at 0456 hours. Medina's behavior continued to erratic and refused to cooperate.

Medina was issued a citation for Driving under the influence (DUI) contrary to F.S.S 316.193(1), citation #: _____. Police Officer G. Lew conducted the inventory on the vehicle prior to it being towed by All Florida Towing.

Medina was subsequently booked into the Palm Beach County Jail without incident.

End of report.

P
R
O
B
A
B
L
E

C
A
U
S
E

S
T
A
T
E
M
E
N
T

NOT A CERTIFIED COPY

SWORN AND SUBSCRIBED BEFORE ME
 Inv. L. Chiquito #18334 (P.B.S.O.)
[Signature]
 NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)
12/23/17
 DATE

[Signature]
 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
ZUCCARELLI, MICHAEL (9857)
 NAME OF OFFICER (PLEASE PRINT)
12/23/2017
 DATE

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 23 DAY OF December, 2017, AT 0246 AM PM

SUBJECT: Skarleth M. Medina CASE NUMBER: 17-001127

AGENCY: North Palm Beach ARRESTING OFFICER: M. Zuccarelli #9857

PERSONAL CONTACT

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

See Sgt. Council's probable cause affidavit.

OBSERVATION OF DRIVER:

Slurred speech, unable to maintain balance. Glassy and blood shot eyes.

DRIVER'S STATEMENTS:

Medina advised that she was coming from PGA (Palm Beach Gardens, Florida) and that she just got out of work. Medina then advised that she was coming from Dirty Martini in Palm Beach Gardens, FL and only had one beer.

ODORS:

Unknown alcoholic beverage.

GENERAL OBSERVATIONS

SPEECH: Slurred, skipping words and not completing full sentences.

ATTITUDE: Cooperative.

CLOTHING: Black dress with black shoes.

MEDICAL/OTHER: Medina advised she takes anti-depressant medication.

STATE OF FLORIDA
COUNTY OF PALM BEACH

M. Zuccarelli #9857
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 23 day of December, 2017 by _____

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

1203
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)

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:

WALK & TURN:

When I asked Medina to complete the task, instructions had to be given twice for her to understand. While in the ready position, Medina could not maintain her balance and was swaying left to right. Police Officer G. Lew had to stand behind Medina to make sure she did not fall and injure her self. Once Medina started the task, she missed every "heel to toe" touch and did not count out loud. Medina had to be told several time to keep her hands to her side.

ONE LEG STAND:

When Medina conducted the one leg stand task, she had to be told the instructions twice. When Medina began the task, she did not straighten out her leg and only raised her knee as if she was preparing to walk up stairs. Then when I asked Medina a second time if she knew the instructions she replied "yes". Medina then began the task raising her left leg and then her right several times, therefor doing the task not the way it was instructed. Medina stopped and looked at me as if she completed the task and was awaiting further instruction.

FINGER TO NOSE:

When Medina conducted the finger to nose task, Medina was told the instruction three times before she began the task. When Medina began the task she tilted her head forward and did not close her eyes, then missed her nose touching her upper lip with her left index finger. Medina then attempted to complete the task a second time, and did not tilt her head back or forward, leaving her eyes open subsequently missing the bridge of her nose.

ROMBERG ALPHABET:

Medina recited the "Romberg Alphabet" after being given instructions twice subsequently saying the alpha bet in a rhythmic manner after being told not too.

BREATH TEST RESULTS: 1) 2) 3) 4)

STATE OF FLORIDA
COUNTY OF PALM BEACH

M. Zuccarelli #9857
(Signature)
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 23 day of December 2017 by _____

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

(Signature) 1203
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)



**PALM BEACH COUNTY SHERIFF'S OFFICE
DUI TESTING FACILITY
INFORMATION SHEET**

PBSO CASE # 17-166918

AGENCY CASE# 17-001127

AGENCY ZONE Zone 4 3-13

CRASH CASE # _____

TIME OF STOP/CRASH 0246 DATE 12/23/2017 DAY Saturday

SUBJECT'S NAME Skarleth M. Medina RACE hispanic SEX female

HGT 505 WGT 175 DOB 09/19/93

LOCATION Northlake Blvd/Alt A1A

ARRESTING OFFICER'S NAME & ID M. Zuccarelli #9857 AGENCY North Palm Beach

DIVISION: Patrol

NOTIFIED BY COMMO NO

ARRIVAL AT FACILITY 0415

BREATH RESULTS:

ARREST TIME 0209

- 1. REFUSED
- 2. _____
- 3. REFUSED
- 4. _____

TESTING OFFICER'S ID 3184

PBSO VIDEOTAPE # W/A

NOT A CERTIFIED COPY

STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES
AFFIDAVIT OF
REFUSAL TO SUBMIT TO BREATH, URINE, OR BLOOD TEST

I, M. Zuccarelli #9857, a duly certified Law Enforcement Officer or Correctional Officer,
(Person reading Implied Consent Warning)

am a member of North Palm Beach Police Department, and I do swear
(Name of enforcement agency)

or affirm that on or about the 23 day of December, 20 17, at 0309 P.M. A.M.
(Circle One)

NAME Skarleth M. Medina
(Type or Print) FIRST MIDDLE OR MAIDEN LAST

DL# M-350-793-93-839-0, state of Florida, was placed under lawful arrest for
the offense of DUI by M. Zuccarelli #9857 and
issued Citation # A87QX9E
(Name of Arresting Officer)

That on or about the 23 day of December, 20 17, at 0456 P.M. A.M.
(Circle One)
in Palm Beach County, [PLEASE CHECK THE BOX OR BOXES THAT APPLY] I did request said

person to submit to a breath, urine, or blood test to determine the content of alcohol in his or her blood or breath or the presence of chemical or controlled substances therein. I did inform said person that any refusal to submit to such test or tests would result in the suspension of his or her privilege to operate a motor vehicle for a period of one (1) year for a first refusal, or for a period of eighteen (18) months if the driving privilege of such person had been suspended previously for refusing to submit to such test or tests. I did inform said person that he or she commits a misdemeanor, if said person refuses to submit to a lawful test as requested above, and his or her driving privilege has been previously suspended for a prior refusal to submit to a lawful test of his or her breath, urine, or blood. If driver holds a CDL or is operating a CMV, I did inform the driver that this refusal will result in the disqualification of the driver's Commercial Driver's License/privilege for a period of one (1) year in the case of a first refusal or permanently if he or she has previously been disqualified as a result of a refusal to submit to such test.
Said person did at that time and place refuse to submit to such test or tests

Signature of Law Enforcement Officer or
Correctional Officer

THE AFFIDAVIT MUST BE NOTARIZED OR ATTESTED TO (F.S. 117.10)

The foregoing instrument was sworn and subscribed before me:

Signature of Attesting Officer

Title Patrol Officer

Date 12/23/17

(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before

me this 23 day of December, 20 17,

by M. Zuccarelli #9857,

who is personally known to me or who has produced

as identification

Notary Public [Signature]

Note: Mail or hand deliver to the designated Bureau of Administrative Reviews office, Department of Highway Safety and Motor Vehicles, with the driver's license, the appropriate copy of the UTC, and the probable cause affidavit.

**FLORIDA DEPARTMENT OF LAW ENFORCEMENT
ALCOHOL TESTING PROGRAM
BREATH ALCOHOL TEST AFFIDAVIT**

Instrument Type: Intoxilyzer 8000
Instrument Registered To: PALM BEACH CO SO
Instrument Serial Number: 80-006239 Software: 8100.27
Date of Test: 12/23/2017

Date of Last Agency Inspection: 12/15/2017
Observation Period Began: 04:15
Subject's Name: SKARLETH M MEDINA

DOB: 09/19/1993 Sex: F

The subject was observed for at least twenty-minutes prior to the administration of the breath test to ensure that the subject did not take anything orally and did not regurgitate.

Results:	Test	g/210L	Time
	Diagnostics Check	OK	04:52
	Air Blank	0.000	04:52
	Control Test	0.080	04:52
	Air Blank	0.000	04:53
	Subject Sample #1	REF*	04:56
	Air Blank	0.000	04:56
	Control Test	0.081	04:56
	Air Blank	0.000	04:57
	Diagnostics Check	OK	04:57

*Subject Test Refused

Cylinder Lot: 12317080A3
Exp: 07/05/2019

State of Florida, County of Palm Beach

Personally appeared before me the undersigned authority, who () is personally known to me or () produced _____ as identification, and who after being placed under oath, states:

I SUE OWEN, hold a valid Breath Test Operator permit issued by the Florida Department of Law Enforcement, I administered the above breath test to the subject named above in accordance with Chapter 11D-8, Florida Administrative Code, and this form is a true and accurate report of that breath test.

Breath Test Operator: [Signature] Date: 12/23/17
Signature

Sworn to (or affirmed) before me this 23RD day of December, 2017

Signature of Notary Public-State of Florida [Signature] Printed Name of Notary Public-State of Florida ofc M. Zuccarelli

Note: Pursuant to section 117.10, Florida Statutes, law enforcement officers, correctional officers, traffic accident investigation officers and traffic infraction enforcement officers are notaries public when engaged in the performance of official duties. In accordance with section 316.1934(5), F.S., this completed form is admissible without further authentication and is presumptive proof of the results herein. To be used in accordance with Section 316.1934(5), F.S., and in administrative proceedings pursuant to 322.2615, F.S.

SUBJECT: _____ CASE NUMBER: _____

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: _____

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.

SUSPECT'S SIGNATURE: (X) _____