

DUI Packet

Test Department
32443 Address Here
Reno NV 33333-5655

Date of Incident 7/20/2007	Time of Incident 03:09 PM	Day of week 4 - WEDNESDAY	DUI Citation # 4435-AAA	Check Digit 4	Case Number 01TESTFULL	Video With Report Yes
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Defendant

Last Name LICENSE			First Name SECOND			Middle Name SAMPLE		
Race W	Sex F	Birthdate 2/14/1965	License Number L 2 5 2 7 8 4 6 5 5 4 1			Phone 1 (848) 327-2473 EXT. 24834		Phone 2 (332) 493-2932 EXT. 93932
Local Address 1234B ANY STREET					City JACKSONVILLE		State FL	Zipcode 32233-5262

Traffic Crash Investigation

Crash Related? Yes	Crash investigator (if other than arresting officer) Joe Smith Wallace		
Was the Crash Witnessed? Yes	Defendant Mirandized? Yes	Statements Received Yes	

Scene Conditions

Location On NW 66TH TER 180 Feet South of NW 18TH AVE			Number of Traffic Lanes 3	Traffic Volume Light	
Weather Conditions 01 - CLEAR	Roadway Conditions 02 - Wet	Road Surface Type 02 - Blacktop	Latitude 29.6687	Longitude -82.4132	

Vehicle Description

The defendant's vehicle is described as follows:

Year 2005	Make Alpha Romeo - ALFA	Model 156	Body Type 01- Automobile		Upper Body Color Blue	Lower Body Color Blue
Tag/Registration Number T R A C S F L	Tag/Registration State AK	Vehicle VIN 5 2 5 2 3 5 2 3 5 2 3 5		Vehicle Towed? Yes	Who Removed Vehicle? Jim's Towing	Vehicle Functional? No

PROBABLE CAUSE AFFIDAVIT

TO: **First Appearance Magistrate Bureau of Driver Improvement Hearing Officer**

REF: **LICENSE, SAMPLE DRIVER**

CHARGE: **Driving Under the Influence (DUI), Driving Under the Influence with Property Damage or Injury, Driving Under the Influence with Serious Bodily Injury**

The above named defendant was arrested and charged with the above named charge(s) after the undersigned officer observed him/her operating or being in actual physical control of a vehicle or motor vehicle in Leon County, Florida while under the influence of alcoholic beverages or other chemical or controlled substances to the extent that his/her normal faculties were impaired, or while having a breath alcohol level at or above 0.08 grams per 210 liters. The following information is provided in support of probable cause for this arrest.

This text and the above is an example of text that is editable by the officer.

Affiant's First Name GARCIA		Middle Name LEE		Last Name JAMES		ID # 123	Signature Example _____
Sworn and subscribed before me on 7/20/2007		Certifying Officer/ID# and Signature LIEUTENANT JIM DANGLE/321					
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Initial Observations

Vehicle Motion: Defendant almost struck vehicle, appeared to be impaired, braked erratically, gave no response to stop command, suddenly stopped, drifted, drove 10 MPH more below limit, drove on wrong side of road, drove without headlights, followed to close, unlawfully speeded, and almost struck object. Example of additional observations about Vehicle Motion.

Stop Command: Defendant had tires on center marker, passed places to stop safely, rapidly accelerated, responded slowly to traffic signals, responded slowly to stop command, signaled inconsistent with actions, did not respond until siren used, stopped in lane in roadway, straddled center lane, straddled center marker, struck object, struck vehicle, swerved, turned abruptly, turned illegally, turned in front of oncoming traffic, turned with wide radius, continued vehicle motion after stop command, put vehicle into reverse, wove, and had tires on center lane. Example of additional observations about Stop Command.

Driver's Actions: Defendant attempted to conceal something, avoided conversation, avoided eye contact, failed to observe documents while searching, fumbled documents, fumbled wallet, fumbled purse, dropped wallet, dropped purse, dropped documents, had bar wrist band, had bar stamp, ignored distracting questions, moved around excessively in vehicle, produced document(s) other than those requested, provided grossly inaccurate answer(s) to question, provided inconsistent answer(s) to questions, put object in mouth, required officer to repeat simple requests or questions, used abusive language, used profanity, was unable to retrieve document(s) with fingertips, and admitted drinking. Example of additional observations about Driver Actions.

Odors: There was a noticeable odor of alcohol. There was a faint odor of vomit.

Eyes/Pupils: Defendant had droopy eyelids, normal eyes, and bloodshot eyes. Defendant's pupils were constricted. Defendant's pupils had poor reaction to light.

Face/Skin Condition: Defendant's face/skin was bumped, cold to touch, dry, flushed, hot to touch, pale, scratched, having small cuts, sweaty, and bruised. Example of additional observations about Face and Skin condition.

Clothing Type: Defendant had coat, hat, jacket, pants, shoes, t-shirt, and cap. Example of additional observations about clothing.

Clothes Condition: Defendant's clothes were dirty, disorderly, stained, soiled, torn, and bloody. Example of additional observations about Clothes Condition.

Cover Up Items: Defendant had air freshner, candy, mint, cigars, cigarettes, eye drops, mouthwash, perfume, cologne, and breath freshner. Example of additional observations about Cover-Up items.

Speech: Example of additional observations about Speech.

Attitude: Defendant was argumentative, arrogant, belligerent, carefree, cocky, combative, confused, showing cyclic behavior, dazed, defensive, disoriented, emotional, euphoric, excited, indifferent, insulting, paranoid, sarcastic, sleepy, showing sudden mood changes, talkative, tense, uncooperative, using profanity, and agitated. Example of additional observations about attitude.

Unusual Actions: Defendant was belching, was hiccoughing, was vomiting, experiencing hallucinations, felt nauseous, had rigid muscles, had inflamed eyes, had dry mouth, had memory loss, was emotionally instable, spit excessively, had body tremors, had blank stare, had dizziness, had needle marks, had exaggerated reflexes, had increased pain threshold, had runny nose, had fixed stare, was drooling, was nodding head, had reddened nasal cavity, had slow reflexes, had depressed reflexes, was very hungry, was grinding teeth, had facial itching, had flashbacks, had residue substance around mouth, had residue substance around hands, had residue substance around clothing, and had eyelid tremors. Example of additional unusual observations.

Coordination: Defendant was dropping item(s), missing item(s), unsure, and clumsy. Example of additional Physical Observations.

Exiting Vehicle : Defendant exited with both feet first, fell, forgot seatbelt, leaned on vehicle or object, left vehicle in gear, needed help, sat down, staggered, swayed, was unsteady, was unsure, used car or door for support, had wide stance, and could not open vehicle door. Example of additional observations about Exiting Vehicle.

Walking Roadside: Defendant exited with both feet first, fell, forgot seatbelt, leaned on vehicle or object, left vehicle in gear, needed help, sat down, staggered, swayed, was unsteady, was unsure, used car or door for support, had wide stance, and could not open vehicle door. Example of additional observations about Walking Roadside.

Standing Roadside: Defendant exited with both feet first, fell, forgot seatbelt, leaned on vehicle or object, left vehicle in gear, needed help, sat down, staggered, swayed, was unsteady, was unsure, used car or door for support, had wide stance, and could not open vehicle door. Example of additional observations about Standing Roadside.

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Alcoholic Containers - Plain View In Vehicle

<input checked="" type="checkbox"/> Alcohol Found In Plain View					
Type Beer	Description Cory's Hard Orange-ade			Opened Yes	Temps Cold
Amount Left One fourth	Spilled No	Location In Vehicle Front Seat			Receipt Found: Yes

Medication Containers - Plain View In Vehicle

<input checked="" type="checkbox"/> Medication Found In Plain View					
Name Bryant's Remedy-All		Doctor Dr. Payne		Medication Number 4234	Date Prescribed 6/6/2006
Dose On Container 500ml	# Pills Prescribed 10	# Pills Left 98	<input type="checkbox"/> Ingestible <input checked="" type="checkbox"/> Injectable <input type="checkbox"/> Inhalant <input type="checkbox"/> Absorbable		Location Dashboard
Name Karen's Cure		Doctor Dr. Who		Medication Number 3235	Date Prescribed 7/10/2007
Dose On Container 4	# Pills Prescribed 500	# Pills Left 3	<input checked="" type="checkbox"/> Ingestible <input type="checkbox"/> Injectable <input type="checkbox"/> Inhalant <input type="checkbox"/> Absorbable		Location Rear Seat

Drug Containers - Plain View In Vehicle

<input checked="" type="checkbox"/> Drug Found In Plain View		
Type Stimulants	Location Center Console	Field Tested? Yes
Type Hallucinogens	Location Dashboard	Field Tested? No

Pre-Arrest Screening (Pre-F.S.E Questions)

Standardized Field Sobriety Evaluation (F.S.E.'s)

Is defendant willing to perform FSE? Yes	Are you sick or injured? Yes	If yes, what is wrong? Flu		
Do you have any physical defects? Yes	If yes, what is wrong? Missing index finger			
<i>Diabetes Questions</i>	Do you have diabetes? Yes	If yes, do you take medication? Yes	Last Dose Date 7/19/2007	Last Dose Time 03:45 PM
<i>Epilepsy Questions</i>	Do you have epilepsy? Yes	If yes, do you take medication? Yes	Last Dose Date 7/20/2007	Last Dose Time 03:46 PM

Horizontal Gaze Nystagmus (HGN)

Do not give if defendant has a head/eye injury that shows unequal pupils, or eyes do not track equally.

HGN Status Given	Eyeglasses Yes	(If yes, remove glasses) Eyes track equally Yes	Contacts Yes - Soft	Able to follow stimulus Yes	Blindness in either eye Yes - Right Eye	Pupils equal size Yes
Vertical nystagmus Yes	Eye Color Blue - BLU					

HGN Indicators

- Distinct and sustainable jerking at max. deviation left eye
- Distinct and sustainable jerking at max. deviation right eye
- Lack of smooth pursuit left eye
- Lack of smooth pursuit right eye
- Onset of distinct and sustained nystagmus prior to 45 degrees left eye
- Onset of distinct and sustained nystagmus prior to 45 degrees right eye

Total Indicators 6 (Decision point: 4 or more Indicators)

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Walk And Turn Evaluation (W & T)

W & T Status Given	Stop and assess if the defendant is in danger of falling	Shoe Type Sneakers	Actual Steps Taken 8 / 10
Counts Correctly No	Description of how defendant counts 1,2,5,0,5,8,3,9		

Select All Indicators that Apply

- Cant keep Balance during instruction
- Starts before instructions are finished
- Stops walking to steady self
- Does not touch heel to toe
- Steps off line
- Raises arms 6" or more from side
- Loses balance while turning/improper turn
- Incorrect number of steps

Step #: 3 / 8
 Step #: 2 / 2
 Step #: 5 / 4
 Step #: 4 / 5

Total Indicators 8 (Decision point: 2 or more Indicators)

One Leg Stand Evaluation (OLS)

OLS Status Given	Stop and assess if the defendant puts foot down 3 or more times, is in danger of falling
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- Stands on Left Leg Stands on Right Leg

Select All Indicators that Apply

- Sways while balancing
- Raises arms 6" or more from sides
- Hops to keep balance
- Puts foot down

Times: 4
 # Times: 5

Total Indicators 4 (Decision point: 2 or more Indicators)

Romberg Balance Evaluation (RA)

RA Status Given	Approx. Inches of sway front to rear 3	Approx. Inches sway left to right 4
Alphabet Recite Failures C, D, E		Number Recite Failures 3, 4
Indicators Eyes do not remain closed		
Indicators Incorrectly recites alphabets		
Indicators Raises arms 6 inches or more from sides		
Indicators Incorrectly recites numbers		
Indicators Sways more than 2 inches in any direction		

Total Indicators 5 (Decision point: 2 or more Indicators)

Finger To Nose Evaluation (FTN)

FTN Status Given	<i>Excercise should be given in the following order: left, right, left, right, right, left.</i>		
Select Where Fingertips Touched			
Left Left side of nose	Left Eyes	Right Left side of cheek	
Right Right side of nose	Right Left side of cheek	Left Left side of nose	
Indicators Misses tip of nose with index finger			# Times 3

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Indicators Uses wrong hand for exercise	# Times 6
Indicators Fails to return arms to sides	# Times

Total Indicators 3 (Decision point: 2 or more Indicators)

Investigative Screening: Passenger Interview

Did the passenger drink more than the driver? Unknown	Were they drinking together? Yes	What did the driver drink? beer	how much? 3	If sober, why didn't the passenger drive? he was drunk
Did the driver say anything when stopped? Yes	If yes, what? What is the matter officer friend person?			

Passengers/Witnesses

Are There Any Passengers Or Witnesses?
Yes

Passenger/Witness Information

Select a Type for the Passenger or Witness Passenger in defendant's vehicle	Passenger Seat Location 2 - FRONT CENTER	Passenger/Witness DOB 2/14/1965	Race W	Sex F
Passenger/Witness First Name SECOND	Passenger/Witness Middle Name SAMPLE	Passenger/Witness Last Name LICENSE		
Passenger/Witness Current Address 1234B ANY STREET	City JACKSONVILLE	State FL	Zip Code 32233-5262	

Assisting Officer(s)

Are There Any Assisting Officers?
Yes

Assisting Officer's Information

First Name Jim	Middle Name Kim	Last Name Dangle
Officer's Rank Lieutenant	Officer's Badge Number 008	Officer's ID Number 5646

Uniform Traffic Citations Issued (other than DUI UTC)

Are There Any Non-DUI Citations Issued?
Yes

Uniform Traffic Citation Information

Citation # 0000-ZZZ	Check Digit 1	Statue Number 316.1575(1)
Infraction R/R CROSSING - fail to obey traffic control device at (Drove around lowered gate)		

Post Arrest Investigation - Alcohol

Alcohol Found Thru Arrest

Type Liquor	Description Cleared Ever(70% Alcohol by volume)	Opened Yes	Temps Cool
Amount Left One fourth	Spilled No	Location In Vehicle Trunk	Receipt Found: Yes
Type Liquor	Description Example description 2	Opened No	Temps Warm
Amount Left Full	Spilled No	Location In Vehicle Center Console	

Post Arrest Investigation - Medication

Medication Found Thru Arrest

Name FluLite	Doctor Dr. Payne	Medication Number 123	Date Prescribed 7/20/2007
Dose On Container 100mg	# Pills Prescribed 5000	# Pills Left 4	<input checked="" type="checkbox"/> Ingestible <input type="checkbox"/> Injectable <input type="checkbox"/> Inhalant <input type="checkbox"/> Absorbable Location Dashboard

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Name InjectaFlu			Doctor Dr. Who			Medication Number 321		Date Prescribed 6/20/2007	
Dose On Container 500ml	# Pills Prescribed	# Pills Left	<input type="checkbox"/> Ingestible <input checked="" type="checkbox"/> Injectable <input type="checkbox"/> Inhalant <input type="checkbox"/> Absorbable				Location Glove Box		

Post Arrest Investigation - Drug

<input checked="" type="checkbox"/> Drug Found Thru Arrest				
Type Cannabis		Location Trunk		Field Tested? 1
Type Hallucinogens		Location Back seat		Field Tested? 1

Post Arrest Investigation

Pre-Breath Test Observation Period

20 Minute Observation Start Time 03:21 PM	Restarted Observation Period Yes	20 Minute Observation Restart Time 03:26 PM		
Did the defendant request to use the restroom during the observation period? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Time Restroom Used 03:23 PM
Did the defendant vomit or put foreign substance in his/her mouth? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				If yes, restart observation period
Were there any interruptions in the observation period? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Reason? Stray dog attacked
				Length of Interruption 3 minutes

Breath Test Questions

Was defendant previously read miranda? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes, by Officer: Deputy James Garcia		Time: 03:11 PM	
Did defendant request to speak with an attorney? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes, Time: 03:15 PM			
Does the defendant have diabetes/epilepsy? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes, do you take medication? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Date: 7/19/2007	Time: 03:45 PM
Is the defendant ill? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what is wrong? Has flu.			
Is the defendant presently taking any medication? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what type? Anti-epileptic		Date: 7/20/2007	Time: 03:46 PM
Does the defendant have dentures, false teeth, a partial plate, or a piercing in their mouth now? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Does the defendant have any foreign substance (candy, gum, tobacco, coins, etc.) in their mouth at this time? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

Chemical Test Data

Urine

Law Enforcement Officer Witnessing Jim Kim Dangle		Time Sample Provided 01:45 PM	Sample Results .25
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Blood

Blood Drawn By Dr. Payne		Title Doctor	Time Sample Provided 01:45 PM
Location Sample Taken Dr. Payne's Surgery Clinic		Sample Received By Jim Kim Dangle	
Sample Delivered To Reno's Office		Sample Analyzed By Johnathan Blimey	

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Post-Miranda Interrogation*Miranda Warning*

Officer Reading Miranda Warning Deputy James Garcia	Date Miranda Read 7/20/2007	Time Miranda Read 04:01 PM
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1. You have the right to remain silent.
2. Anything you say can and will be used against you in a court of law.
3. You have the right to speak with an attorney and have him or her present with you while you are being questioned.
4. If you cannot afford to hire an attorney, one will be appointed to represent you before any questioning, if you wish.
5. You can decide at any time to exercise these rights and not answer any questions or make any statements.

Do you understand each of the rights I have explained to you?

Have you previously requested any law enforcement officer to allow you to speak with an attorney?

Having these rights in mind, are you willing to speak with me now?

Vehicle Operation

Were you operating a motor vehicle? Yes	Where were you going? Home
What street or highway were you on? I don't know.	What direction were you going? Unknown
Where were you coming from? Grocery Store	What time did you leave there? 02:15 PM
Do you have any mechanical problem with your vehicle? If yes, what? No.	

Cognizance

Is it day or night right now? Day	What time is it now (without looking at a watch or clock)? 03:00 PM	What is today's date? 7/19/2007	What day of the week is it? 2 - Monday	What city or county are we in? Atlantis
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Recent History

When and where did you last eat? This morning at home.	What did you eat? Scrambled Eggs		
What have you been doing for the past three (3) hours? Driving home.			
When did you sleep last? 06:00 AM	How much sleep did you get? 5 hours	Did you get a bump on the head? No	Were you involved in a car crash today? No
Have you had anything to drink since being involved in the car crash? Yes	If yes, what and when? Beer, after the crash to soothe his nerves		

Alcohol/Drug Consumption

Have you been drinking? Yes	What have you been drinking? Beer	How much have you been drinking? A few
Where were you drinking? Home	What time did you start drinking? 01:00 PM	What time did you stop drinking? 03:00 PM
Who were you drinking with? No one.	Are you under the influence? No	
How did you consume your last two drinks?(shooting, sipping, chugging, etc)? Sipping.	Can you feel the effects of alcoholic beverages and/or drugs now? No	

Personal Information

How tall are you? 5' 01"	How much do you weigh? 150 lb	What line of work are you in? Unemployed	When did you last work? Don't remember
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Medical Information

Are you frequently exposed to chemicals such as lead, manganese, naphtha, toleuene? No		Are you wearing an artificial limb? No		Do you have false teeth? No	
Do you have a glass eye? No	Do you have an ear infection? No	Do you have inner ear trouble? No	Do you have hay fever? No		
Do you have any eye trouble not treated with corrective lenses? Yes		If yes, what? Far sighted			
Do you have glaucoma? No	Do you have a fever? No				
Do you have any allergic disorder? Yes	If yes, what? Allergic to penicillin.				
Are you sick or injured in any way? Yes	If yes, how? Have flu.				
Do you have any physical defects? Yes	If yes, what? Missing index finger.				
Are you under the care of a doctor or dentist? Yes	If yes, who? Dr. Payne				
When did you last see him/her? 3 days ago.	What for? Flu like symptoms.				
Are you taking tranquilizer, pills, or medications of any kind? Yes		If yes, what? Anti-epileptics			
Have you used any drugs or medications recently? Yes	If yes, what? Anti-epileptics				
What is that drug for? Epilepsy			Last dose date 7/20/2007	Last dose time 03:46 PM	

Additional Notes and Narrative

This is an example of additional notes and observations provided in the narrative by the officer.

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