

IMPAIRED DRIVING REPORT

Event # 100627-4361ID # 1656870

THE UNDERSIGNED MAKES THE FOLLOWING DECLARATIONS SUBJECT TO THE PENALTY FOR PERJURY AND SAYS:

That I am a Peace Officer with the Las Vegas Metropolitan Police Department, Clark County, Nevada being so employed for a period of 3 1/2 years (months). That I learned the following facts and circumstances which lead me to believe that the below subject committed (or was committing) the offense of ☐ Felony ☒ Misdemeanor Driving Under the Influence (DUI) at the location of LV BLVD / FASHION SHOW DR LV NV 8909 and that the offense occurred at approximately 2322 hours on the 27 day of AUG, 2010, in the county of ☒ Clark or ☐ City of Las Vegas, Nevada.

DEFENDANT & VEHICLE

Last <u>WAITS</u>		First <u>CY</u>		Middle <u>ELLIS</u>		Suffix (i.e. Jr. Sr. II, III)	
Driver's License #				State <u>NV</u>		<input type="checkbox"/> No Driver's Lic. <input type="checkbox"/> ID Card	
Vehicle Year <u>2009</u>		Vehicle Make <u>CADILLAC</u>		Vehicle Model <u>ESCALADE</u>		Body Style <u>SUV</u>	
Vehicle Color <u>BLK</u>		License Plate #		State <u>NV</u>		VIN #	

LOCATION FIRST OBSERVED

Date <u>08/27/10</u>	Time <u>2321</u>	Location <u>LV BLVD / FASHION SHOW DR</u>
Subject's Direction of Travel <u>N/A 813 LV BLVD</u>		Officer's Direction of Travel <u>S/O LV BLVD</u>

REASONABLE SUSPICION FOR STOP

☒ Traffic Violation ☐ 9-1-1/Star DUI ☐ DUI Checkpoint ☐ Approached Stopped Vehicle ☐ Other (explain)

Details
I COULD SMELL MARIJUANA COMING OUT OF THE VEHICLE, PULLED UP TO
PASSENGER SIDE + DRIVER STATED HE JUST GOT DONE SMOKING.

LOCATION OF VEHICLE STOP (CHECK ALL THAT APPLY AND DESCRIBE IN DETAIL BELOW)

Time <u>2322</u>	Location <u>LV BLVD / FASHION SHOW N/A</u>
Directed to Stop by Using <input checked="" type="checkbox"/> Lights <input type="checkbox"/> Horn <input type="checkbox"/> Siren <input checked="" type="checkbox"/> Other (explain)	
Reaction to Stop Signal <input checked="" type="checkbox"/> Appropriate Stop <input type="checkbox"/> Excessive Travel Before Stopping <input type="checkbox"/> Excessive Maneuvers <input type="checkbox"/> Other	
Position of Vehicle <input type="checkbox"/> Stopped in Traffic Lane <input checked="" type="checkbox"/> Partially On/Off Roadway <input type="checkbox"/> Parking Lot <input type="checkbox"/> Other	

Details

OFFICER'S OBSERVATIONS (CHECK ALL THAT APPLY)

☒ Engine was running ☐ Engine NOT running ☒ Keys were in the Ignition
☒ Vehicle lights ON ☐ Vehicle lights OFF ☐ Keys in Driver's Possession
☒ Suspect behind the wheel ☐ Suspect in passenger seat ☐ Seated in other location inside vehicle

Location _____

The vehicle was in: ☐ Park ☒ Drive ☐ Neutral ☐ Reverse ☐ Inoperable (explain why below)

Details
I APPROACHED PASSENGER SIDE OF VEHICLE + OBSERVED WAITS IN THE DRIVER'S
SEAT, HE HAD A FEMALE PASSENGER IN FRONT PASSENGER SEAT. THE VEHICLE
WAS IDLE + IN DRIVE.

IMPAIRED DRIVING REPORT

Event # 100827-4361ID # 1656870

STANDARDIZED FIELD SOBRIETY TESTS (SFST)

SFST Administered by (name and ID#)

M. PELTON 9800

Time Started

2335

SFST was

☐ Refused☐ Not Administered☐ Other

Details

Location of SFST

LV BLVD IN FRONT OF WYNN

Surface Conditions

FLAT + DRY

Weather Conditions

CLEAR, DRY, NO WIND

Lighting Conditions

NIGHT w/ STREET LIGHT + CASINO LIGHTS

Description of the outer clothing worn by suspect

DRESS PARTIES + BUTTON UP SHIRT

Description of shoes worn by suspect (high heels - flats - tennis, etc.)

DRESS SHOES - FLAT

Was the suspect transported to the hospital?

☐ Yes ☐ No

Hospital Name

By way of

☐ Self☐ Ambulance☐ Fire/Rescue☐ Other - Describe:

Details

GENERAL INSTRUCTIONS GIVEN TO THE SUBJECT

I am going to administer a set of tests to determine whether or not you are impaired. My evaluation will be based on how well you follow my instructions and whether or not you perform the tests exactly as I demonstrate them.

Do you understand?

☒ Yes ☐ No

HORIZONTAL GAZE NYSTAGMUS (HGN) TEST - (To be administered by trained personnel only)

HGN Test Administered by (name and ID#)

M. PELTON 9800

Were any overhead emergency lights left on?

☒ Yes ☐ No☐ Wearing Eye Glasses or Contacts☐ Eye Glasses Removed☒ Able to Follow Stimulus☒ Equal Pupil Size☒ Equal Tracking

Instructions: "I am going to check your eyes. Keep your head still and follow this FINGER with your eyes only. Keep following the FINGER with your eyes until I tell you to stop. Do you understand?"

☒ Yes ☐ No

CLUES OF IMPAIRMENT - (Based on scientific research, four or more clues of impairment indicates a BAC of .08 or higher)

Hold your stimulus approximately 12" to 15" in front of eyes and slightly above eye level

Lack of Smooth Pursuit

Approximately two seconds out and approximately two seconds back for each eye

Left Eye

Right Eye

0

0

Distinct and Sustained Nystagmus @ Maximum Deviation

Nystagmus was distinct and sustained for a maximum of four seconds

0

0

Onset of Nystagmus Prior to 45 Degrees Stimulus was moved no faster than approximately 4 seconds; onset of nystagmus was observed and sustained prior to 45 degrees.

0

0

Vertical Nystagmus

Observed and sustained for approximately 4 seconds

0

0

The total number of HGN clues is obtained by adding together the first three clues above for each eye. DO NOT count vertical nystagmus clue.

Total HGN Clues

0

NOTE: Nystagmus may be due to causes other than alcohol. A large disparity between the performance of the right and left eye may indicate a medical condition and/or problem. When in doubt, have the subject examined by trained medical personnel.

☒ PASSED HGN TEST☐ FAILED HGN TEST

Other indicators of impairment observed during the HGN test

IMPAIRED DRIVING REPORT

Event # 100827-4361ID # 1656870**ONE-LEG STAND (OLS) TEST**

The One-Leg Stand test should be conducted on a reasonably dry, hard, level, nonslippery surface. If the subject puts their foot down, give instructions to pick the foot up again and continue from the point at which the foot touched the ground. Using a wristwatch, time the subject for 30 seconds.

One-Leg Stand Test Administered by (name and ID#)

M. Polton 9800

Defendant was more than 65 years

of age or appeared to be more than 50 pounds overweight:

☐ Yes ☒ No**Instructions:** (Explain the test requirements using the following verbal instructions accompanied by demonstrations)

"Please stand with your feet together and your arms down at your sides, like this." (demonstrate)

"Do not start to perform the test until I tell you to do so."

"Do you understand the instructions so far?" ☒ Yes ☐ No

"When I tell you to start, raise one leg, either leg, with the foot approximately six inches off the ground, keeping your raised foot parallel to the ground." (demonstrate one leg stance)

"You must keep both legs straight, arms at your side."

"While holding that position, count out loud in the following manner: one thousand and one, one thousand and two, one thousand and three, until told to stop." (demonstrate and count as follows: one thousand and one, one thousand and two, one thousand and three, etc.) You should not look at your foot when conducting the demonstration.)

"Keep your arms at your sides at all times and keep watching the raised foot."

"Do you understand?" ☒ Yes ☐ No

"Begin the test."

CLUES OF IMPAIRMENT - (Based on scientific research, two or more clues of impairment indicates a BAC of .08 or higher)**Sways While Balancing**

Record this clue if the subject sways from side-to-side or front-to-back while maintaining the one-leg stand position.

☒ Yes ☐ No**Uses Arms to Balance**

Record this clue if the subject raises one or both arms more than six inches from their side to maintain balance.

☒ Yes ☐ No**Hopping**

Record this clue if the subject is able to keep one foot off the ground, but resorts to hopping in order to maintain balance.

☐ Yes ☒ No**Puts Foot Down**

Record this clue if the subject is not able to maintain the one-leg stand position, putting the foot down one or more times during the 30-second period.

☒ Yes ☐ No

To calculate the total number of one-leg stand clues, add the number of boxes checked above:

Total One-Leg Stand Clues3

NOTE: If the subject can't do the test, record observed clues and document the reason for not completing the test below.

☐ PASSED OLS TEST☒ FAILED OLS TEST**IMPLIED CONSENT WARNING**

You are required to submit to an evidentiary testing of your blood or breath to determine alcohol content. If this is a first offense, you may refuse to submit to a blood test if breath is available. If you choose breath you must give two or more consecutive samples. If this is other than a first offense, or grounds exist to believe you have caused death or substantial bodily harm to another person, you must submit to a blood test. If the presence of a controlled substance is in issue, you are required to submit to a blood or urine test, or both, in addition to the breath test. If you fail to submit to the required testing, the law allows me to direct reasonable force to be used to the extent necessary to obtain up to three blood samples from you. You are further advised that any warning related to having an attorney present before answering questions does not bear on the issue of submitting to evidentiary tests. **YOU DO NOT HAVE THE RIGHT TO SPEAK TO AN ATTORNEY BEFORE TESTING.**

By Officer M. PoltonP# 9800☒ DeclarantTime 0035

Which test do you choose?

☐ Refused ☒ Blood ☐ Breath ☐ Urine

Who administered the tests?

MAURON MCGINTY

Who witnessed the tests?

M. PoltonDefendant was not given a choice of tests because: ☐ Collision with substantial bodily harm or death. ☐ Defendant refused all testing.☐ Officer reasonably believes that defendant has a prior conviction for a DUI offense that occurred within seven years of the day of the present case.☐ Defendant refused/was not able to give valid breath sample. ☐ Breath machine not available.

IMPAIRED DRIVING REPORT

Event # 100827-4361ID # 1656870

PASSENGERS / WITNESSES

<input type="checkbox"/> Passenger <input type="checkbox"/> Witness <input type="checkbox"/> 911/*DUI-NHP Caller <input type="checkbox"/> Statement Obtained <input type="checkbox"/> Can ID Driver	Last Name		First Name		Middle	Suffix	
	Street Address			City		State	Zip Code
	Home Phone Number		Work Phone Number		Cell Phone Number		
<input type="checkbox"/> Passenger <input type="checkbox"/> Witness <input type="checkbox"/> 911/*DUI-NHP Caller <input type="checkbox"/> Statement Obtained <input type="checkbox"/> Can ID Driver	Last Name		First Name		Middle	Suffix	
	Street Address			City		State	Zip Code
	Home Phone Number		Work Phone Number		Cell Phone Number		

☐ Additional Witness Sheet(s) Attached

ASSISTING OFFICERS

Last Name		First Name		ID Number	
Work Street Address		City	State	Zip Code	Work Phone Number
Officer's Role			RDOs	Work Hours	

Officer's Certifications:

- | | | |
|--|--|---|
| <input type="checkbox"/> SFST (HGN) | <input type="checkbox"/> DRE IACP# _____ | <input type="checkbox"/> Breath Test Operator |
| <input type="checkbox"/> SFST Instructor | <input type="checkbox"/> DRE Instructor | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> PBT | <input type="checkbox"/> PBT Instructor | <input type="checkbox"/> Other _____ |

Last Name		First Name		ID Number	
Work Street Address		City	State	Zip Code	Work Phone Number
Officer's Role			RDOs	Work Hours	

Officer's Certifications:

- | | | |
|--|--|---|
| <input type="checkbox"/> SFST (HGN) | <input type="checkbox"/> DRE IACP# _____ | <input type="checkbox"/> Breath Test Operator |
| <input type="checkbox"/> SFST Instructor | <input type="checkbox"/> DRE Instructor | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> PBT | <input type="checkbox"/> PBT Instructor | <input type="checkbox"/> Other _____ |

☐ Additional Witness Sheet(s) Attached

REPORTS

OTHER COMPLETED OR ATTACHED REPORTS	<input checked="" type="checkbox"/> Accident Report	<input type="checkbox"/> Intoxilyzer Operator's Checklist	<input type="checkbox"/> Witness Statements
	<input type="checkbox"/> Breath Test Results	<input type="checkbox"/> Medical Records Release	<input type="checkbox"/> Nevada DMV DP45
	<input type="checkbox"/> Crime Report	<input checked="" type="checkbox"/> Nurse's Affidavit	<input type="checkbox"/> _____
	<input checked="" type="checkbox"/> Declaration of Arrest	<input type="checkbox"/> Prior DUI Convictions	<input type="checkbox"/> _____
	<input checked="" type="checkbox"/> Evidence Impound Report	<input checked="" type="checkbox"/> Temporary Custody Record	<input type="checkbox"/> _____
	<input type="checkbox"/> Intoxilyzer Operator's Affidavit	<input checked="" type="checkbox"/> Vehicle Impound Report	<input type="checkbox"/> _____

Wherefore this Declarant prays that the Honorable Magistrate find probable cause exists to hold the above named person for trial on such charge(s).

M. POLSON 9500
 Print Name and P#

[Signature]
 Signature

 Dated this 27 Day of Aug 2010
 LVMPD 295 (REV. 9-09)

IMPAIRED DRIVING REPORT

Event # 100827-4361ID # 1656870

Custodial Interrogation (Adult)

1. You have the right to remain silent.
2. Anything you say can be used against you in a court of law.
3. You have the right to the presence of an attorney.
4. If you cannot afford an attorney, one will be appointed before questioning.
5. Do you understand these rights? ☐ Yes ☐ No

Custodial Interrogation (Juvenile)

1. You have the right to remain silent.
2. Anything you say can be used against you in either Juvenile or adult court.
3. You have the right to the presence of an attorney.
4. If you cannot afford an attorney, one will be appointed before questioning.
5. Do you wish a parent or guardian to be present? ☐ Yes ☐ No
6. Do you understand these rights? ☐ Yes ☐ No

EVIDENTIARY SAMPLE REPORT

Defendant was asked to submit to preliminary Breath Test, which they: ☐ Passed ☐ FailedDefendant submitted to: ☒ Blood ☐ Breath ☐ Urine obtained or observed by: MAUREEN, MCGINTY / M. POLIN@ 0042 hours, 08/28/, 2010 Results are ☐ PendingDefendant was forced to submit to a: ☐ Blood Test ☐ Urine Test obtained or observed by: _____@ _____ hours, _____, 20____ Specimen was stored at the ☐ L.V. City Jail ☐ CCDC ☐ Traffic☒ Drugs are suspected and a screen for (be specific) MARIJUANA

has been requested based upon the following information PC FOR STOP, STRONG ODOR OF
MARIJUANA COMING FROM VEHICLE. VEHICLE INVENTOR TURNED UP A "ROACH",
WHITE PIECE OF ROLLED PAPER w/ GREEN LEAFY SUB INSIDE. IT WAS WET + UNABLE
TO BE TESTED.

The time of driving / physical control was established as 2322 hours, 08/27/2010, based upon TIME OF
VEHICLE STOP.

and the specimen ☒ was ☐ was NOT obtained within 2 hours of driving / physical control of the vehicle.

(if not, explain failure to obtain the sample(s) within 2 hours) _____

IMPAIRED DRIVING REPORT

Event # 100627-4341ID # 1656870**WALK-AND-TURN (WAT) TEST**

The Walk-and-Turn test requires a designated straight line and should be conducted on a reasonably dry, hard, level, nonslippery surface. There should be sufficient room for the subject to complete nine heel-to-toe steps. Subjects wearing heels more than two inches high should be given the opportunity to remove their shoes.

Shoes Removed

☐ Yes ☒ No

Walk-and-Turn Test Administered by (name and ID#)

M. Polton 9800

Defendant was more than 65 years

of age or appeared to be more than 50 pounds overweight:

☐ Yes ☒ No**Instructions:** (Explain the test requirements using the following verbal instructions accompanied by demonstrations)"Place your left foot on the line." (real or imaginary) (*demonstrate*)"Place your right foot on the line ahead of the left foot, with the heel of your right foot against the toe of your left foot." (*demonstrate*)"Place arms down at your side." (*demonstrate*)

"Maintain this position until I have completed the instructions. Do not start to walk until told to do so."

"Do you understand?" ☒ Yes ☐ No"When I tell you to start, take nine heel-to-toe steps on the line and take nine heel-to-toe steps back." (*demonstrate 3 heel-to-toe steps.*)"When you turn, keep your front foot on the line and turn by taking a series of small steps with the other foot, like this." (*demonstrate*)

"While you are walking, keep your arms at your sides, watch your feet at all times and count your steps out loud."

"Once you start walking, don't stop until you have completed the test."

"Do you understand the instructions?" ☒ Yes ☐ No

"Count your first step from the heel-to-toe position as one and begin."

CLUES OF IMPAIRMENT - (Based on scientific research, two or more clues of impairment indicates a BAC of .08 or higher)

Cannot Keep Balance While Listening to the Instructions Record this clue if the subject does not maintain the heel-to-toe position throughout the instructions (feet must actually break apart). Do not record this clue if the subject sways or uses arms to balance but maintains the heel-to-toe position.

☐ Yes ☒ No**Starts Before the Instructions are Finished**

Record this clue if the subject starts the test before you are finished giving the instructions.

☐ Yes ☒ No**Stops While Walking**

Record this clue if the subject pauses for several seconds. Do not record this clue if the subject is merely walking slowly.

☒ Yes ☐ No**Does Not Touch Heel-to-Toe**

Record this clue if the subject leaves a space of more than one-half inch between the heel and toe on any step.

☒ Yes ☐ No**Steps Off the Line**

Record this clue if the subject steps so that one foot is entirely off the line.

☐ Yes ☒ No**Uses Arms to Balance**

Record this clue if the subject raises one or both arms more than six inches from their side to maintain balance.

☒ Yes ☐ No

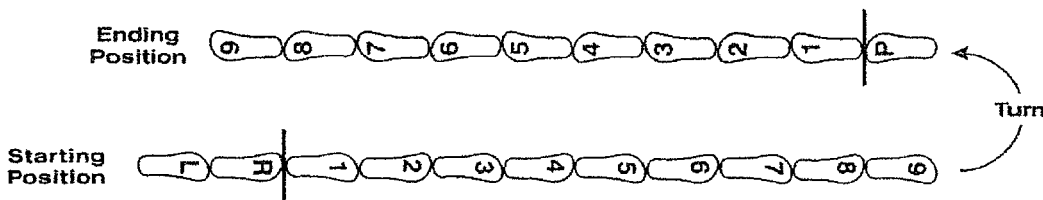
Improper Turn Record this clue if the subject removes the front foot from the line while turning. Also record this clue if the subject has not followed directions as demonstrated, i.e., spins or pivots around.

☐ Yes ☒ No**Incorrect Number of Steps**

Record this clue if the subject takes more or fewer than nine steps in either direction.

☐ Yes ☒ No

To calculate the total number of walk-and-turn clues, add the number of boxes checked above.

Total Walk-and-Turn Clues3

A = Used arms for balance on step(s)

AT E 5, 6 HE USED HIS ARMS TO BALANCE.

B = Did not touch heel-to-toe on step(s)

S 1, 5 E 1, 2, 7

L = Stepped off line "Left" on step(s)

R = Stepped off line "Right" on step(s)

☐ **PASSED WAT TEST**☒ **FAILED WAT TEST**

IMPAIRED DRIVING REPORT

Event # 100887-4361ID # 1656870

DOCUMENT PRESENTATION

- ☐ Difficulty Recognizing Paperwork ☐ Presented Wrong Paperwork ☐ Not in Possession of Documents (Identify what below)
☐ Not Responsive to Request ☐ No Problem Presenting Documents ☒ Other

Details

I RETRIEVED PAPER WORK

VEHICLE EXIT

- ☐ Refused to Exit Vehicle ☐ Trouble Opening Door ☐ Leaned on Vehicle ☐ Stumbling/Staggering
☐ Falling Down ☒ No Problem with Exit ☐ Other

Details

PHYSICAL OBSERVATIONS OF DRIVER

- Breath Odor: ☒ Alcoholic Beverage ☐ No Odor ☐ Other Odor ☐ Slight ☐ Mod ☐ Strong
 Eyes: ☐ Normal ☒ Bloodshot ☐ Watery ☐ Glassy ☐ Fixed Focus Stare ☐ Other
 Pupil Size: ☒ Apparently Normal ☐ Dilated ☐ Constricted
 Speech: ☒ Normal ☐ Stuttering ☐ Incoherent ☐ Slurred ☐ Confused ☐ Other
 Attitude: ☒ Polite ☒ Cooperative ☐ Talkative ☐ Insulting ☐ Excited ☐ Indifferent
 ☐ Argumentative ☐ Aggressive ☐ Combative ☐ Unresponsive ☐ Other
 Balance: ☐ Sure ☒ Wobbling ☐ Falling ☐ Swaying ☐ Leaned on Object for Support
 Clothing: ☐ Unkempt ☐ Urinated On ☐ Unfastened ☐ Other

Details

INITIAL FIELD INTERVIEW

Are you currently under the care of a Doctor or Dentist?	_____	Who owns the vehicle?	_____
Why did you see the Doctor or Dentist?	_____	What was your destination?	_____
When did you last see the Doctor or Dentist?	_____	Where did you start?	_____
What is the name of your Doctor or Dentist?	_____	What time did you leave?	_____
Do you have any physical and/or mental handicaps?	_____	What time is it now?	_____
Do you have Epilepsy and/or Diabetes?	_____	What is today's date?	_____
Describe any physical and or mental handicaps?	_____	Have you been drinking?	_____
What medications are you taking, when and how much?	_____	How much?	_____
When was your last dose (date & time)?	_____	What have you been drinking?	_____
When did the collision occur?	_____	When was your last drink?	_____
What road were you on?	_____	Where was your last drink?	_____
Were you driving?	_____		

Details