

LAS VEGAS METROPOLITAN POLICE DEPARTMENT  
**IMPAIRED DRIVING REPORT**

Event # 101009-4891  
 ID # 1077868

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 (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 7600 BLOCK W. TROPICANA AVE. and that the offense occurred at approximately 2336 hours on the 9TH day of OCTOBER, 2010, in the county of  Clark or  City of Las Vegas, Nevada.

**DEFENDANT & VEHICLE**

Last <u>MALDOF JR</u>		First <u>GEORGE</u>		Middle <u>JOSEPH</u>		Suffix (i.e. Jr, Sr, II, III) <u>JR</u>	
Driver's License # <u>2600438135</u>				State <u>NV</u>		<input type="checkbox"/> No Driver's Lic. <input type="checkbox"/> ID Card	
Vehicle Year		Vehicle Make <u>MERCEDES</u>		Vehicle Model <u>CL 550</u>		Body Style	
Vehicle Color <u>BLACK</u>		License Plate # <u>232 WLC</u>		State <u>NV</u>		VIN # <u>WDBEJ8GB3AA023685</u>	

**LOCATION FIRST OBSERVED**

Date <u>10/09/10</u>	Time <u>2336</u>	Location <u>7600 BLOCK W. TROPICANA AVE</u>
Subject's Direction of Travel <u>W/B</u>		Officer's Direction of Travel <u>N/B</u>

**REASONABLE SUSPICION FOR STOP**

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

Details

WAS TRAVELING 72 MPH IN A POSTED 45 MPH SPEED ZONE, AS EVIDENCED BY RADAR # 0712 (WHICH WAS TESTED AND CALIBRATED AT APPROXIMATELY

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

Time <u>2336</u>	Location <u>7600 BLOCK W. TROPICANA AVE</u> <u>2336 HOURS</u>
Directed to Stop by Using <input checked="" type="checkbox"/> Lights <input checked="" type="checkbox"/> Horn <input checked="" type="checkbox"/> Siren <input type="checkbox"/> Other (explain)	

Reaction to Stop Signal

Appropriate Stop  Excessive Travel Before Stopping  Excessive Maneuvers  Other ALMOST RACHED INTO MY

Position of Vehicle

Stopped in Traffic Lane  Partially On/Off Roadway  Parking Lot  Other MORDED POLICE

Details

FACING A SOUTHWEST DIRECTION, CROSS TWO E/B TRAVEL LANES.  
WHILE SIREN AND LIGHTS ACTIVATED, TWICE

**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

LOSS CONTROL OF VEHICLE, AS IT ATTEMPTED TO MAKE A LEFT TURN, AROUND INTO ONCOMING, E/B TRAFFIC, AND HIT SOUTH CURB, WITH LEFT FRONT TIRE.

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**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 NO PROOF OF INS. ENVELOPE VEHICLE

Details

WHEN ASKED FOR HIS D/L, SUSPECT REFUSALLY ASKED HIS GIRLFRIEND WHERE HIS PASSPORT WAS AND COULDN'T REMEMBER WHERE HIS D/L WAS, D/L WAS EXPIRED,

**VEHICLE EXIT**

- Refused to Exit Vehicle     Trouble Opening Door     Leaned on Vehicle     Stumbling/Staggering PER DMV.  
 Falling Down     No Problem with Exit     Other

Details

I SHOUTED FOR SUSPECT TO PLACE VEHICLE IN PARK AND TO EXIT, SEVERAL TIMES.

**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 RIGHT COCKETS     Other

Details

**INITIAL FIELD INTERVIEW**

- |  |                                      |                              |                                |
|--|--------------------------------------|------------------------------|--------------------------------|
| Are you currently under the care of a Doctor or Dentist? | <u>NO</u>                            | Who owns the vehicle?        | <u>I DO</u>                    |
| Why did you see the Doctor or Dentist?                   | <u>NO</u>                            | What was your destination?   | <u>HOME</u>                    |
| When did you last see the Doctor or Dentist?             | <u>-</u>                             | Where did you start?         | <u>CASANO'S BAR/CLUB</u>       |
| What is the name of your Doctor or Dentist?              | <u>-</u>                             | What time did you leave?     | <u>20 MINS AGO</u>             |
| Do you have any physical and/or mental handicaps?        | <u>NO</u>                            | What time is it now?         | <u>I DON'T KNOW</u>            |
| Do you have Epilepsy and/or Diabetes?                    | <u>NO</u>                            | What is today's date?        | <u>10/10</u>                   |
| Describe any physical and/or mental handicaps?           | <u>NO</u>                            | Have you been drinking?      | <u>YES</u>                     |
| What medications are you taking, when and how much?      | <u>AMBIAN 20 PMS AGO</u>             | How much?                    | <u>4 BEERS</u>                 |
| When was your last dose (date & time)?                   | <u>-</u>                             | What have you been drinking? | <u>CORONA</u>                  |
| When did the collision occur?                            | <u>N/A</u>                           | When was your last drink?    | <u>A BEER 1 HOUR AGO</u>       |
| What road were you on?                                   | <u>(1ST) PLANNING/TROVIANA (2ND)</u> | Where was your last drink?   | <u>ENROUTE; MAYBE CASANO'S</u> |
| Were you driving?  | <u>YES</u>                           |                              |                                |

AFTER I SAID, "WITHOUT LOOKING AT YOUR WATCH, DO YOU KNOW WHAT TIME IT IS?" HE LOOKED DOWN AT HIS WATCH, BEFORE SAYING, "I DON'T KNOW."

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**STANDARDIZED FIELD SOBRIETY TESTS (SFST)**

SFST Administered by (name and ID#) P. Quinn 4377 Time Started 2348

SFST was  Refused  Not Administered  Other \_\_\_\_\_ Details \_\_\_\_\_

Location of SFST END OF ENTRANCE DRIVEWAY, TO SPANISH TRAIL (EAST), ON SPANISH TRAIL LANE AND TROPICANS,

Surface Conditions RELATIVELY FLAT/DRY CONCRETE DRIVEWAY

Weather Conditions CLEAR, CALM; COOL

Lighting Conditions WELL LIT

Description of the outer clothing worn by suspect WHITE LIS BUTTON-DOWN SHIRT, BLACK PANTS

Description of shoes worn by suspect (high heels - flats - tennis, etc.) FLAT BLACK OLE'S SHOES

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#) P. Quinn 4377 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 LEFT INDEX FINGERTIP with your eyes only. Keep following the LEFT INDEX FINGERTIP 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.

	Left Eye	Right Eye
<b>Lack of Smooth Pursuit</b> Approximately two seconds out and approximately two seconds back for each eye.	1	1
<b>Distinct and Sustained Nystagmus @ Maximum Deviation</b> Nystagmus was distinct and sustained for a maximum of four seconds.	1	1
<b>Onset of Nystagmus Prior to 45 Degrees</b> Stimulus was moved no faster than approximately 4 seconds; onset of nystagmus was observed and sustained prior to 45 degrees.	1	1
<b>Vertical Nystagmus</b> 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.	<b>Total HGN Clues</b>	<b>6</b>

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 HAD TO BE REMINDED, A COUPLE OF TIMES, NOT TO MOVE HIS HEAD. SWAYED, NOTICEABLY, DURING TESTS.

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**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#)

P. QUINN 4377

Defendant was more than 65 years of age or appeared to be more than 50 pounds overweight:

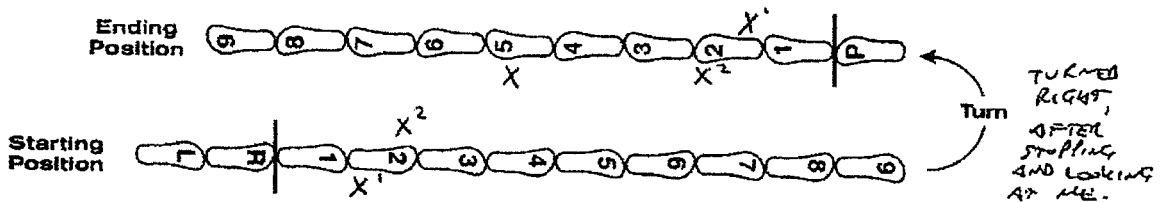
Yes  No

**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)**

<b>Cannot Keep Balance While Listening to the Instructions</b> 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. <u>LOST BALANCE 3 TIMES</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>1</u>
<b>Starts Before the Instructions are Finished</b> Record this clue if the subject starts the test before you are finished giving the instructions.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>1</u>
<b>Stops While Walking</b> Record this clue if the subject pauses for several seconds. Do not record this clue if the subject is merely walking slowly.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u>0</u>
<b>Does Not Touch Heel-to-Toe</b> Record this clue if the subject leaves a space of more than one-half inch between the heel and toe on any step.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>1</u>
<b>Steps Off the Line</b> Record this clue if the subject steps so that one foot is entirely off the line.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>1</u>
<b>Uses Arms to Balance</b> Record this clue if the subject raises one or both arms more than six inches from their side to maintain balance.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>1</u>
<b>Improper Turn</b> 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.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>1</u>
<b>Incorrect Number of Steps</b> Record this clue if the subject takes more or fewer than nine steps in either direction.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u>0</u>
To calculate the total number of walk-and-turn clues, add the number of boxes checked above.	<b>Total Walk-and-Turn Clues</b> <u>6</u>



A = Used arms for balance on step(s) 2

B = Did not touch heel-to-toe on step(s) 2 2 P2 P2 P3 P5

L = Stepped off line "Left" on step(s) P5

R = Stepped off line "Right" on step(s) 2 2 P2 P2

PASSED WAT TEST

FAILED WAT TEST

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**ONE-LEG STAND (OLS) TEST**

The One-Leg Stand test should be conducted on a reasonably dry, hard, level, non-slippery 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#) <u>P. QUINN 4377</u>	Defendant was more than 65 years of age or appeared to be more than 50 pounds overweight: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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**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."

LIFTED RIGHT FOOT/LEG

CLUES OF IMPAIRMENT - (Based on scientific research, two or more clues of impairment indicates a BAC of .08 or higher)	
<b>Sways While Balancing</b> <u>1010</u> Record this clue if the subject sways from side-to-side or front-to-back while maintaining the one-leg stand position.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>1</u>
<b>Uses Arms to Balance</b> <u>1010</u> Record this clue if the subject raises one or both arms more than six inches from their side to maintain balance.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>1</u>
<b>Hopping:</b> Record this clue if the subject is able to keep one foot off the ground, but resorts to hopping in order to maintain balance.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u>0</u>
<b>Puts Foot Down</b> <u>1005</u> (STARED AT ME UNTIL TOLD TO CONTINUE) HE THEN LIFTED HIS LEFT LEG/FEET, 1010 (WALKED AT ME, ASKED ME TO LIFT HIS LEFT LEG/FEET) UNTIL TOLD TO CONTINUE 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.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>1</u>
To calculate the total number of one-leg stand clues, add the number of boxes checked above.	<b>Total One-Leg Stand Clues</b> <u>3</u>

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 P. QUINN # 4377  Declarant Time 0015

Which test do you choose? <input type="checkbox"/> Refused <input type="checkbox"/> Blood <input checked="" type="checkbox"/> Breath <input type="checkbox"/> Urine	Who administered the tests? <u>R. AMELY</u>	Who witnessed the tests? <u>P. QUINN 4377</u>
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- Defendant 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.

LAS VEGAS METROPOLITAN POLICE DEPARTMENT  
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Event # 101009-48A1

ID # 1071868

**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  Failed

Defendant submitted to:  Blood  Breath  Urine obtained or observed by: R. AMELY / P. QUINN  
@ 0040 hours, Oct. 10, 2010 Results are .091 .087  Pending  
OBTAINED OBSERVED

Defendant 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) \_\_\_\_\_  
has been requested based upon the following information \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The time of driving / physical control was established as 2336 hours, 10/11, 2010, based upon TIME OF STOP, VISUAL OBSERVATION, BY DECLARANT.

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) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**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 <u>AMELY</u>		First Name <u>KAMIN</u>		ID Number <u>9984</u>	
Work Street Address <u>2300 E ST LOUIS</u>		City <u>LV</u>	State <u>NV</u>	Zip Code <u>89104</u>	Work Phone Number <u>828-3535</u>
Officer's Role <u>BREATH TEST OPERATOR</u>			RDOs <u>TWT</u>	Work Hours <u>2230-0830</u>	

Officer's Certifications:

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

<b>OTHER COMPLETED OR ATTACHED REPORTS</b>	<input type="checkbox"/> Accident Report	<input checked="" type="checkbox"/> Intoxilyzer Operator's Checklist	<input type="checkbox"/> Witness Statements
	<input checked="" type="checkbox"/> Breath Test Results	<input type="checkbox"/> Medical Records Release	<input checked="" type="checkbox"/> Nevada DMV DP45
	<input type="checkbox"/> Crime Report	<input 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 type="checkbox"/> Evidence Impound Report	<input checked="" type="checkbox"/> Temporary Custody Record	<input type="checkbox"/> _____
	<input checked="" 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).

P. QUINN 4377  
Print Name and P#

[Signature]  
Signature

Dated this 10<sup>TH</sup> Day of OCT. 20 10  
LVMPD 295 (REV. 9-09)