

65/PL

ARREST AFFIDAVIT/FIRST APPEARANCE FORM  
LAKE COUNTY, FLORIDA

17009049

OBTS # 3501186254 Agency ORI # FL0350100

Court Case Number 17CF3351 (03)  Felony  Misdemeanor  County or Municipal Ordinance  
 Traffic  Juvenile  Warrant/CAPIAS Agency Case Number E17122198

Defendant's Name Last ROACH First MICHAEL Middle RAY DOB 04/29/88 SEX M RACE W HGT 511 WGT 190 HAIR BLK EYES BRO

Mailing Address St/P O Box 531B MOORE AVE Scars-Marks-Tattoos-Amputations (describe each)  
 City NASHVILLE State TN Zip 37203 LEFT ARM CROSS RIGHT ARM MIC RIGHT ARM TRIBAL

St Add (if different), Street \_\_\_\_\_ Phone Residence (352) 5161882 Place of Birth EUSTIS Social Security No \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Place of Employment Street SELF EMPLOYED Phone Business ( ) N/A Occupation ARTIST Alias MICHAEL RAY  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Driver Lic No 134335513 State TN Vehicle towed by N/A Hold on Vehicle Yes  No  Arrest Suffix \_\_\_\_\_  
 Agency \_\_\_\_\_

Arrest Date Mo 12 Day 20 Yr 17 Arrest Time 0422 HRS Arrest Location 2800 S BAY ST (MCDONALDS PARKNG LOT)

U.S. Citizen: Y  N  U  Residence Type:  1 City  2 County  3 Florida  4. Out-of-Florida

ACTIVITY					TYPE			
C A Fraud	K Dispense / Distribute	M Manufacture / Produce / Cultivate	O Counterfeit	T Traffic	A Amphetamine	M Marijuana	P Paraphernalia / Equipment	U Unknown
O B Buy		N N/A	P Possess	U Use	B Barbiturate	N N/A		2 Other
D Deliver			R Smuggle	X Stolen Property	C Cocaine	O Opium/Denv	P Heroin	
S F Forgery			S Sell	Z Other	H Hallucinogen		S Synthetic	

Description	Counts	Activity	Type	NCIC	CIS	Statute	Bond Amount	In Accordance to Bond Schedule
DRIVING UNDER THE INFLUENCE	1	N	N	X	X	316 193(1)	\$1000	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>
POSSESSION OF MARIJUANA (THC HASH OIL)	1	N	M	X	X	893.13(6)(A)	\$5000	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>
								Y <input type="checkbox"/> N <input type="checkbox"/>
								Y <input type="checkbox"/> N <input type="checkbox"/>
								Y <input type="checkbox"/> N <input type="checkbox"/>
								Y <input type="checkbox"/> N <input type="checkbox"/>
								Y <input type="checkbox"/> N <input type="checkbox"/>
								Y <input type="checkbox"/> N <input type="checkbox"/>
								Y <input type="checkbox"/> N <input type="checkbox"/>

Indication of Alcohol Influence Y  N  Unknown   
 Drug Influence Y  N  Unknown   
 Weapon Seized Y  N

JAIL LOG (To be completed by Booking Officer) EPD Hackett E50 Jail Inmate Number 134410

Date Booked 12/20/17 Time Booked 08:19 AM  PM   
 Booking Officer Falcone Fingerprinted By Cheney Photographed By Cheney Bin Number \_\_\_\_\_  
 Advised of Rights By \_\_\_\_\_ Check for Warrant(s) \_\_\_\_\_ Holds Yes  No   
 NCIC  FCIC  Local  Agency of Hold \_\_\_\_\_

Attorney (if known) \_\_\_\_\_ Religion \_\_\_\_\_ Marital Status \_\_\_\_\_ Telephone call logged \_\_\_\_\_  
 J  Pr  C  Other  S  M  D  Sep  Time \_\_\_\_\_ Telephone No \_\_\_\_\_  
 Next of Kin/PARENTS OF JUVENILE (for emergency) \_\_\_\_\_ Relation \_\_\_\_\_ Address \_\_\_\_\_ Telephone No \_\_\_\_\_

Juvenile Disposition:  
 1. Handled/Processed Within Dept. and Released  2. Turned over to D.J.J.  3. Incarcerated

2017 DEC 21 AM 10:20  
 CLERK OF CIRCUIT  
 AND COUNTY COURT  
 LAKE COUNTY  
 FLORIDA

FAXED

ORIGINAL

Complaint <u>Arrest</u>	Court Case No		Agency Case No.
Affidavit Continuation			E17122198
Defendant's Name. Last	First	Middle	Date of Birth
Roach	Michael	Ray	04/29/1988

PROBABLE CAUSE AFFIDAVIT:

(specify probable cause for each charge)

Before Me, the undersigned authority personally appeared Ofc. S. Hackett E50 who being duly sworn, alleges, on information and belief, that on the 20 day of Decemeber, 2017, in Lake County, Florida, the defendant did.

Commit the offense driving while under the influence F.S.S 316.193 (1) and possession of marijuana (THC Hash Oil) F.S.S. 893.13 (6)(a), in the city of Eustis FL.

On 12/20/2017 at approximately 0334 hours I responded to 2800 S. Bay St, Eustis FL (McDonalds) in reference to a vehicle accident which occurred in the drive thru.

Upon arriving on scene I made contact with the driver of vehicle one, Michael Roach. Michael was the driver of a 2012 orange Jeep bearing FL tag AYIB20. Michael said he was in the drive thru and his foot slipped off the pedal causing him to hit the back of vehicle two. I then made contact with the driver of vehicle two, Erin Haynes. Erin was the driver of 2016 blue Scion bearing FL tag Y90FCX. Erin said she was sitting in the drive thru of McDonald's when vehicle one hit the rear of her vehicle. I also made contact with the front seat passenger of vehicle two, Leon Duncan. Leon made consistent statements with Erin's.

While speaking to Michael I noticed he had blood shot eyes, slurred speech, he stumbled while walking and smelled of alcohol. While speaking to Michael, he said he was coming from a bar in Tavares when the incident occurred. Due to my observations of the defendant, I informed him that I would be conducting a driving under the influence investigation. I requested that the defendant complete standardized field sobriety exercises, which he agreed to do. The defendant completed the following standardized field sobriety exercises.

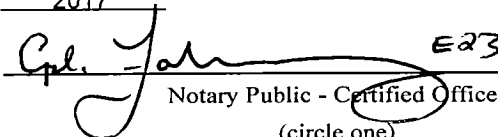
Horizontal Gaze Nystagmus (HGN) – Sgt Wiles instructed the exercise for the defendant and he stated he understood the instructions. The defendant was told to stand in the instruction position, which he did. The defendant had lack of smooth pursuit in both eyes. The defendant had distinct and sustained nystagmus at maximum deviation in both eyes. The defendant had the onset of nystagmus prior to 45 degrees in both eyes. While Sgt. Wiles administered the test I was present.

Walk and Turn: The defendant was told to stand in the instruction position, which he did. I instructed the exercise for the defendant and he stated he understood the instructions. The defendant missed heel to toe on the forward and return steps. The defendant took thirteen initial steps and 14 steps on the returning steps. The defendant lifted his hands from his side to balance, to stop from falling over.

One Leg Stand: The defendant was told to stand in the instruction position, which he did. I instructed the exercise for the defendant, and he stated he understood the instructions. The defendant dropped his foot to the ground at the following seconds 2, 10, 11, and 12. During the exercise the defendant lifted his hands from his side and lost balance. The defendant failed to count out loud.

SWORN to and SUBSCRIBED before me  
 this 20 day of December,  
2017

  CONTINUED  
 AFFIANT

 E23  
 Notary Public - Certified Officer  
 (circle one)

EUSTIS POLICE DEPARTMENT  
 ARRESTING AGENCY

SEAL

**FAXED**

**ORIGINAL**

Complaint <u>Arrest</u> Affidavit Continuation	Court Case No.	Agency Case No. E17122198
Defendant's Name: Last Roach	First Michael	Middle Ray
		Date of Birth 04/29/1988

**PROBABLE CAUSE AFFIDAVIT:**

(specify probable cause for each charge)


Before Me, the undersigned authority personally appeared Ofc. S Hackett E50 who being duly sworn, alleges, on information and belief, that on the 20 day of Decemeber, 2017, in Lake County, Florida, the defendant did:

Finger to Nose The defendant was told to stand in the instruction position, which he did. I instructed the exercise for the defendant and he stated he understood the instructions. The following sequence was used, left, right, left, right, right, and left. The defendant successfully completed this test.

Based on the defendants performance of the field sobriety exercises there was probable cause for the charge of driving under the influence. The defendant was placed under arrest at that time. While conducting a search of the defendants person incident to arrest I located a glass bottle in his left pocket. Inside the bottle was a brown tar like substance. The defendant said "that's weed oil". A field test of the brown substance tested positive for marijuana. A towing inventory of the defendant's vehicle was completed and the vehicle was turned over to Carol Borton.

The defendant was transported Eustis Police Department for booking. The defendant was read his Miranda Warnings and agreed to speak with me about the incident. The defendant said the brown substance inside the glass bottle was marijuana oil and it belonged to him. Once at the Eustis Police Department I asked the defendant to provide a lawful breath sample into the Eustis Police Intoxilyzer 8000. Being that I am a certified breath test operator I conducted the breath test. I started the twenty minute observation at 0431 hrs. The defendant advised that he would not take the test. I then read the Florida Implied Consent Warnings and he refused to provide a law sample of his breath at 0500 hours. Once booking was complete the defendant was transported to the Lake County Jail.

The Eustis Police Department is currently seeking investigative reimbursement.

SWORN to and SUBSCRIBED before me  
 this 20 day of December,  
2017  
  
 Notary Public - Certified Officer  
 (circle one)

CONTINUED  
  
 AFFIANT  
 EUSTIS POLICE DEPARTMENT  
 ARRESTING AGENCY

SEAL

**FAXED**

**ORIGINAL**

Complaint/Arrest Affidavit Continuation	Court Case No.	Agency Case No. E17122198
Defendant's Name: Last First Middle	Date of Birth	
ROACH Michael RAY	4-29-88	

**FIRST APPEARANCE FINDINGS & ORDERS**

Based upon the foregoing Affidavit and/or Sworn Testimony of \_\_\_\_\_ the undersigned finds and determines:

- As to charge(s) \_\_\_\_\_, that there was at the time of arrest and is probable cause to believe the defendant has committed the offense with which he/she is accused and it is hereby Ordered and Adjudged that defendant is to be detained or post bond as otherwise affixed pending further proceedings.
- As to charge(s) \_\_\_\_\_, that there is a lack of evidence that the defendant committed the offense with which he/she is accused, and it is hereby Ordered and Adjudged that the Sheriff or Chief of Police having custody is directed to forthwith release defendant from custody on defendant's own recognizance, subject to defendant appearing at all subsequent court proceedings upon proper notice.
- As to charge(s) \_\_\_\_\_, that it is hereby Ordered and Adjudged the matter of probable cause is hereby continued until the next First Appearance Hearing after date hereof, at which Hearing the Arresting Agency shall present any further proof of probable cause that it may possess.

**RELEASE ORDER**

The above named Defendant was brought before the undersigned on this date at 9 o'clock, A.M. for a first appearance hearing and the undersigned thereupon informed him/her of the charge against him/her and provided him/her with a copy thereof and also adequately advised him/her that (1) he/she was not required to say anything and that anything he/she did say might be used against him/her, (2) if he/she was financially unable to afford an attorney that the Court would appoint one to represent him/her, and (3) he/she had the right to communicate with his/her attorney, his/her family, or his/her friends and if necessary reasonable means would be provided to enable him/her to do so; and the undersigned having considered all available relevant factors necessary to determine whether bail is necessary to assure Defendant's future appearance, and found that same is \_\_\_\_\_ necessary, it is upon consideration thereof ORDERED AND ADJUDGED that the Defendant

- Be released on his/her own recognizance upon the condition that he/she appear as agreed below.
- Be admitted to bail in the amount of \$ \_\_\_\_\_ as to charge A, \_\_\_\_\_ as to charge B, \$ \_\_\_\_\_ as to charge C, \$ \_\_\_\_\_ as to charge D, and \$ \_\_\_\_\_ as to charge E, upon the condition that he/she appear as agreed below.

DONE AND ORDERED this 21 day of December, 2017, at Lake County, Florida

\_\_\_\_\_  
JUDGE

**DEFENDANT'S OATHS & AGREEMENTS**

**OATH OF INDIGENCY**

- ( ) The above name Defendant personally appeared before me and, being duly sworn, states:
- (1) I am the Defendant above named and desire the assistance of counsel in these proceedings.
  - (2) I represent to the court, under penalty of perjury, that I am without money or means with which to employ a lawyer. I have no assets which could be converted to cash, mortgaged or pledged to raise sufficient funds to employ a lawyer.
  - (3) Pursuant to Section 27.56, Florida Statutes, I understand that in the event I am found guilty of a criminal act, I may be civilly liable for Court cost and a reasonable attorney's fee incurred in my defense. I further understand that I shall have the opportunity to be heard and offer objections to the determination of the value of the services of the Public Defender or appointed private counsel, and cost, at the time of the final disposition of my case.

**AGREEMENT TO APPEAR**

I hereby acknowledge receipt of a copy of the above and I agree and promise to appear in Courtroom 16 Law of the Lake County Courthouse, in Tavares, Florida, on the 16 day of January, 2018, at 0830 o'clock, A.M., and at such other times as the Court may order, and also agree to notify the Clerk of the Court, in writing, of my new address should I move from the address below.

DATED: December 21, 2017  
 SWORN TO AND SUBSCRIBED BEFORE  
 ME THIS 21 DAY OF December, 2017

\_\_\_\_\_  
 Defendant  
531 B MOORE AVE  
WASHBURN, VA Address  
37203

Notary Public/Certified Officer (Circle One) Seal  
 Personally known OR produced identification  
 Type of identification produced \_\_\_\_\_

# EPD DUI PACKET CHECKLIST

17CF3351(03)

Defendant: ROACH, MICHAEL RAY Case Number: E17122198  
 Arresting Officer: Ofc. S. Hackett ID: E50

### Initial the box that applies to your DUI report

**DUI PACKET - BREATH TEST RESULTS ARE .08 AND OVER**  
**DUI Citation (D/L IS SURRENDERED AND TURNED IN WITH PACKET)**  
**Yellow copy of the DUI citation is their Driver's License for the next 10 days.**  
 Obtain a **voluntary** urine sample if drugs are suspected (complete a FDLE toxicology form and property receipt)  
 PC / Arrest Affidavit  
 DUI Investigation Report (pg.2-5)  
 Implied Consent Warning (pg. 6)  
 Breath Alcohol Test Affidavit (Printed from Intoxilyzer)

**DUI PACKET- BREATH TEST RESULTS ARE BETWEEN .05 - .079**  
**Regular Uniform Traffic Citation for DUI (D/L IS NOT SURRENDERED)**  
 Obtain a urine sample if drugs are suspected (complete a FDLE toxicology form and property receipt)  
 PC / Arrest Affidavit  
 DUI Investigation Report (pg. 2-5)  
 Implied Consent Warning (pg. 6)  
 Breath Alcohol Test Affidavit (Printed from Intoxilyzer)

**DUI DRUGS PACKET- BREATH TEST RESULTS ARE UNDER .05**  
**Call a Drug Recognition Expert (DRE)**  
**Regular Uniform Traffic Citation for DUI (D/L IS NOT SURRENDERED)**  
 Obtain a urine sample (Complete a FDLE toxicology form and property receipt)  
 PC / Arrest Affidavit  
 DUI Investigation Report (pg. 2-5)  
 Implied Consent Warning (pg. 6)  
 Breath Alcohol Test Affidavit (Printed from Intoxilyzer)

2017 DEC 21 AM 10:20  
 CLERK OF CIRCUIT  
 AND COUNTY COURT  
 LAKE COUNTY  
 TAVARES FLORIDA

**DUI PACKET- PERSON REFUSES A BREATH, URINE OR BLOOD TEST**  
**DUI citation (D/L IS SURRENDERED AND TURNED IN WITH PACKET)**  
 PC / Arrest Affidavit  
 DUI Investigation Report (pg. 2-5)  
 Implied Consent Warning (pg. 6)  
 Breath Alcohol Test Affidavit (Printed refusal from Intoxilyzer)(Not required)  
 Refusal to Submit to Breath, Urine, or Blood Testing Form

**(Blood must be voluntary with exception to a crash involving serious bodily injury or death and there is probable cause to believe the driver is DUI alcohol/drugs or a breath test is impossible or impractical.)**

ALL DUI PAPERWORK, WHITE COPY OF DUI AND ALL CRIMINAL CITATIONS ARE TURNED INTO BOOKING.

A COPY OF ALL DUI PAPERWORK, THIS FORM, BLUE COPY OF DUI CITATION AND ALL CITATIONS ARE TURNED INTO PATROL

# DUI INVESTIGATION

## ALCOHOL / DRUG INFLUENCE REPORT

Defendant: ROACH, MICHAEL RAY Case Number: E17122198

Arresting Officer: Ofc. S. Hackett ID: E50 Date of Stop:      /      /     

### OBSERVATIONS

<b>Breath: (Odor of Alcoholic Bev.)</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Eyes:</b> <input type="checkbox"/> Glasses <input type="checkbox"/> Contacts <input type="checkbox"/> Normal <input type="checkbox"/> Bloodshot <input type="checkbox"/> Watery <input checked="" type="checkbox"/> Droopy Eyelids <input checked="" type="checkbox"/> Glassy <input type="checkbox"/> Other	<b>Pupils:</b> <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Dilated <input type="checkbox"/> Constricted <input type="checkbox"/> Unequal Pupil Sizes	<b>Color of Face:</b> <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Pale <input type="checkbox"/> Flushed <input type="checkbox"/> Sweating <input type="checkbox"/> Other
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<b>Skin:</b> <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Goose Bumps <input type="checkbox"/> Sweating <input type="checkbox"/> Bar Bracelets <input type="checkbox"/> Track Marks <input type="checkbox"/> Bar Stamps <input type="checkbox"/> Other	<b>Speech:</b> <input type="checkbox"/> Clear <input checked="" type="checkbox"/> Slurred <input type="checkbox"/> Stuttering <input type="checkbox"/> Incoherent <input type="checkbox"/> Foreign Language <input type="checkbox"/> Low & Raspy <input checked="" type="checkbox"/> Mumbling <input type="checkbox"/> Not Understandable <input type="checkbox"/> Mush Mouth <input type="checkbox"/> Confusing <input type="checkbox"/> Thick Tongued	<b>Listening:</b> <input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Had to Repeat Instr. <input type="checkbox"/> Other
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<b>Unusual Actions:</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> Laughing <input type="checkbox"/> Belching <input type="checkbox"/> Hiccapping <input type="checkbox"/> Vomiting <input type="checkbox"/> Crying <input type="checkbox"/> Urination <input type="checkbox"/> Fighting <input type="checkbox"/> Jittery <input type="checkbox"/> Spitting <input type="checkbox"/> Other	<b>Coordination:</b> <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input checked="" type="checkbox"/> Unsteady <input type="checkbox"/> Fumbling <input type="checkbox"/> Falling <input type="checkbox"/> Needs Assistance <input type="checkbox"/> Clumsy <input type="checkbox"/> Slow Reflexes <input type="checkbox"/> Other	<b>Cover Up Odors:</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> Air Freshener <input type="checkbox"/> Cigars <input type="checkbox"/> Breath Freshener <input type="checkbox"/> Cigarettes <input type="checkbox"/> Perfume/Cologne <input type="checkbox"/> Incense <input type="checkbox"/> Mouthwash <input type="checkbox"/> Candy/Gum/Mints <input type="checkbox"/> Other
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<b>Other Observations:</b> <input checked="" type="checkbox"/> None Noticed <input type="checkbox"/> Rigid Muscles <input type="checkbox"/> Warm to Touch <input type="checkbox"/> Body Tremors <input type="checkbox"/> Memory Loss <input type="checkbox"/> Blank Stare <input type="checkbox"/> Cold to Touch <input type="checkbox"/> Grinding Teeth <input type="checkbox"/> Other	<b>Unusual Odors:</b> <input checked="" type="checkbox"/> None Noticed <input type="checkbox"/> Vomit <input type="checkbox"/> Urine <input type="checkbox"/> Feces <input type="checkbox"/> Drugs <input type="checkbox"/> Body Odor <input type="checkbox"/> Other
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<b>Attitude:</b> <input type="checkbox"/> Emotional <input type="checkbox"/> Belligerent <input type="checkbox"/> Combative <input checked="" type="checkbox"/> Polite <input type="checkbox"/> Indifferent <input type="checkbox"/> Profanity <input checked="" type="checkbox"/> Talkative <input type="checkbox"/> Excited <input type="checkbox"/> Uncooperative <input type="checkbox"/> Cocky <input type="checkbox"/> Hilarious <input type="checkbox"/> Paranoia <input type="checkbox"/> Sarcastic <input type="checkbox"/> Fighting <input type="checkbox"/> Carefree <input type="checkbox"/> Tense <input type="checkbox"/> Sleepy <input type="checkbox"/> Restless <input type="checkbox"/> Insulting <input type="checkbox"/> Confused <input checked="" type="checkbox"/> Cooperative <input type="checkbox"/> Dazed <input type="checkbox"/> Relaxed	<input type="checkbox"/> Mood Changes <input type="checkbox"/> Abusive Language <input type="checkbox"/> Argumentative <input type="checkbox"/> Other
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<b>Exiting Vehicle:</b> <input type="checkbox"/> Normal <input type="checkbox"/> Swaying <input type="checkbox"/> Used Door for Support <input type="checkbox"/> Leaves Car in Gear <input type="checkbox"/> Falling <input type="checkbox"/> Staggering <input type="checkbox"/> Can't Open Door <input type="checkbox"/> Used Car for Support <input type="checkbox"/> Unsteady <input type="checkbox"/> Needs Help <input type="checkbox"/> Fumbles for Door Latch <input type="checkbox"/> Gets Angry <input type="checkbox"/> Other	<input type="checkbox"/> Both Feet First <input type="checkbox"/> Can't Open Window <input type="checkbox"/> Forgets Seatbelt
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**Open Containers:**  None  Beer  Wine  Liquor  Other  Over Ice  Cold  Warm  
 Location(s) \_\_\_\_\_ Brand Name(s) \_\_\_\_\_

**Unopened Containers:**  None  Beer  Wine  Liquor  Other  Over Ice  Cold  Warm  
 Location(s) \_\_\_\_\_ Brand Name(s) \_\_\_\_\_

**COMMENTS:**  
 \_\_\_\_\_  
 \_\_\_\_\_

**None** **Pharmaceuticals Found On Scene**

Name of Medication \_\_\_\_\_ Prescribed by (Doctor's Name) \_\_\_\_\_  
 Prescribed To  Defendant  Other Name \_\_\_\_\_ Date Prescribed \_\_\_/\_\_\_/\_\_\_ Quantity Prescribed \_\_\_\_\_  
 Quantity Remaining \_\_\_\_\_ Recommended dose on Bottle \_\_\_\_\_

Name of Medication \_\_\_\_\_ Prescribed by (Doctor's Name) \_\_\_\_\_  
 Prescribed To  Defendant  Other Name \_\_\_\_\_ Date Prescribed \_\_\_/\_\_\_/\_\_\_ Quantity Prescribed \_\_\_\_\_  
 Quantity Remaining \_\_\_\_\_ Recommended dose on Bottle \_\_\_\_\_

Name of Medication \_\_\_\_\_ Prescribed by (Doctor's Name) \_\_\_\_\_  
 Prescribed To  Defendant  Other Name \_\_\_\_\_ Date Prescribed \_\_\_/\_\_\_/\_\_\_ Quantity Prescribed \_\_\_\_\_  
 Quantity Remaining \_\_\_\_\_ Recommended dose on Bottle \_\_\_\_\_

**COMMENTS:**  
 \_\_\_\_\_  
 \_\_\_\_\_

**Illegal Narcotics** Type Hash oil Location Left pocket on person

# STANDARDIZED FIELD SOBRIETY EXERCISES

<b>Walk to Roadside:</b> ___ Normal    ___ Swaying ___ Staggering    ___ Falling    ___ Unsure ___ Stops Walking <input checked="" type="checkbox"/> Unsteady    ___ Slow ___ Needs Help    ___ Other	<b>Standing:</b> ___ Normal <input checked="" type="checkbox"/> Unsteady    ___ Wide Stance ___ Staggering    ___ Swaying    ___ Falling    ___ Sits Down ___ Needs Help    ___ Supports Against an Object ___ Other
<b>Surface:</b> <input checked="" type="checkbox"/> Level    ___ Downgrade    ___ Upgrade    ___ Dry    ___ Wet ___ Driveway    ___ Parking Lot    ___ Roadway    ___ Non Slippery Surface ___ Concrete    ___ Blacktop    ___ Sidewalk    ___ Other	<b>Weather:</b> <input checked="" type="checkbox"/> Dry    ___ Clear    ___ Raining ___ Calm    ___ Windy    ___ Slight Breeze ___ Other
<b>Traffic:</b> ___ None <input checked="" type="checkbox"/> Light ___ Moderate    ___ Heavy ___ Other	<b>Lighting:</b> ___ Daytime    ___ Nighttime ___ Lighting from Vehicle <input checked="" type="checkbox"/> Street Lights <input checked="" type="checkbox"/> Flashlight ___ Parking Lot Lighting    ___ Dark-No Street Lights    ___ Other

<table style="width: 100%;"> <tr> <td style="text-align: center;"><b>YES</b></td> <td style="text-align: center;"><b>NO</b></td> </tr> <tr> <td style="text-align: center;">Are you sick or injured? <input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">Are you diabetic? <input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">Do you take insulin? <input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">Are you under the care of a doctor? <input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> </table>	<b>YES</b>	<b>NO</b>	Are you sick or injured? <input type="checkbox"/>	<input checked="" type="checkbox"/>	Are you diabetic? <input type="checkbox"/>	<input checked="" type="checkbox"/>	Do you take insulin? <input type="checkbox"/>	<input checked="" type="checkbox"/>	Are you under the care of a doctor? <input type="checkbox"/>	<input checked="" type="checkbox"/>	<table style="width: 100%;"> <tr> <td style="text-align: center;"><b>YES</b></td> <td style="text-align: center;"><b>NO</b></td> </tr> <tr> <td style="text-align: center;">Do you have seizures? <input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">Are you taking any medications? <input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">Do you have a physical handicap? <input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">Are you under the care of a dentist? <input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> </table>	<b>YES</b>	<b>NO</b>	Do you have seizures? <input type="checkbox"/>	<input checked="" type="checkbox"/>	Are you taking any medications? <input type="checkbox"/>	<input checked="" type="checkbox"/>	Do you have a physical handicap? <input type="checkbox"/>	<input checked="" type="checkbox"/>	Are you under the care of a dentist? <input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>YES</b>	<b>NO</b>																				
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Are you under the care of a dentist? <input type="checkbox"/>	<input checked="" type="checkbox"/>																				

Comments: \_\_\_\_\_

REFUSED

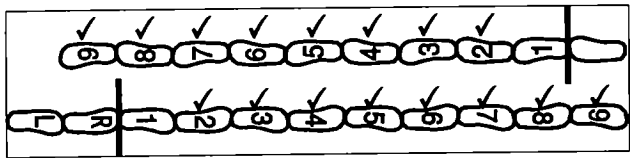
### Horizontal Gaze Nystagmus

<table style="width: 100%;"> <tr> <td style="text-align: center;"><b>YES</b></td> <td style="text-align: center;"><b>NO</b></td> </tr> <tr> <td style="text-align: center;">Able to follow stimulus <input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">Equal pupil size <input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">Equal tracking <input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	<b>YES</b>	<b>NO</b>	Able to follow stimulus <input checked="" type="checkbox"/>	<input type="checkbox"/>	Equal pupil size <input checked="" type="checkbox"/>	<input type="checkbox"/>	Equal tracking <input checked="" type="checkbox"/>	<input type="checkbox"/>	<table style="width: 100%;"> <tr> <td style="text-align: center;"><b>Left Eye</b></td> <td style="text-align: center;"><b>Right Eye</b></td> </tr> <tr> <td style="text-align: center;">Lack of smooth pursuit <input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">Distinct &amp; sustained nystagmus at maximum deviation <input checked="" type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">Onset of nystagmus prior to 45 degree angle <input checked="" type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">Vertical Nystagmus <input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	<b>Left Eye</b>	<b>Right Eye</b>	Lack of smooth pursuit <input checked="" type="checkbox"/>	<input type="checkbox"/>	Distinct & sustained nystagmus at maximum deviation <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Onset of nystagmus prior to 45 degree angle <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Vertical Nystagmus <input type="checkbox"/>	<input type="checkbox"/>
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Onset of nystagmus prior to 45 degree angle <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																		
Vertical Nystagmus <input type="checkbox"/>	<input type="checkbox"/>																		

COMMENTS: \_\_\_\_\_

REFUSED

### Walk and Turn



Start Position

Describe turn: Series of small steps

Type of footwear: Athletic shoes

**Instructional Phase**  
 Loses balance: \_\_\_\_\_  
 Starts too soon: \_\_\_\_\_

Walking Phase	1 <sup>st</sup> Nine	2 <sup>nd</sup> Nine
Raises arms	Yes	Yes
Steps off line	Yes	Yes
Misses heel to toe	Yes	Yes
Stops walking	No	Yes
Actual steps	No (13)	No (14)
Improper turn (check)	YES <input type="checkbox"/>	NO <input type="checkbox"/>

COMMENTS: Defendent took 13 steps initially then turned around and took 14 return steps.

REFUSED

### One Leg Stand

<p><b>Foot</b></p> <p><b>Raised</b>    <input checked="" type="checkbox"/> L    <input type="checkbox"/> R    <input type="checkbox"/> Hopping</p> <p><input type="checkbox"/> Uses arms for balance    <input checked="" type="checkbox"/> Puts foot down # <u>2, 10, 11, 12</u></p>	<p style="text-align: right;">Count reached in 30 seconds _____</p>
---	---

COMMENTS: Failed to count, dropped foot several times.





## Driver Interview

<b>Implied Consent:</b> <b>(read only for refusal)</b> Date: 12 / 20 / 2017 Time: 0500 hrs. Read By: Ofc. S.Hackett Agency: EPD	<b>Specimen:</b> <input checked="" type="checkbox"/> Breath <input type="checkbox"/> Urine <input type="checkbox"/> Refused <input type="checkbox"/> Blood  Property/Evidence Receipt#: _____	Breath Test Operator: Ofc. S. Hackett E50      Agency: EPD Begin observation time: 0431 hrs. 20 min observation conducted by: Ofc. S. Hackett E50 Results: _____ g/210L at _____ hrs.      _____ g/210L at _____ hrs. <input type="checkbox"/> Intoxilyzer 8000 <input checked="" type="checkbox"/> Other: Refused
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Behavioral observations made by breath test operator: Slurred speech. blood shot eyes. and smelled of alcohol.

Does subject request independent blood test?    Yes    No      If yes, arrangements made how? \_\_\_\_\_

<b>Miranda Read:</b> <input checked="" type="checkbox"/> Yes at 0553 hrs. <input type="checkbox"/> No Read By: Ofc. S. Hackett E50 <input type="checkbox"/> Invoked	Were you operating a vehicle? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Where were you coming from? From Tavares, FL at a fundraiser
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Where were you going? Unknown address in Eustis	What street were you on? Unknown	Direction of travel? N/A	When did you last eat? 1600 hours on 12/19/2017	What did you eat? Grilled chicken, carrots
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Have you been drinking? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	What have you been drinking? Vodka Soda	How much? 2 drinks	Where were you drinking? Ruby Street Grill	Started: 2000 : /	Stopped: 2100 : /
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What day is it? Wednesday	Time Now? 0630 a.m./pm	Actual Time 0622 a.m./pm	Day and Time you last slept? 0700 a.m./pm 12/19/2017 day to 0900 a.m./pm 12/18 day	Do you use marijuana? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
------------------------------	---------------------------	-----------------------------	---	--

Day and time you last used Marijuana? 12/19/2017 0700 /	How Much "a few hits"	Do you use prescription drugs? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Do you use any other drugs? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	--------------------------	---	--

What drugs do you use? 1) Marijuana 2) _____ 3) _____ 4) _____ 5) _____ 6) _____	Time of last dose? 1) _____ 2) _____ 3) _____ 4) _____ 5) _____ 6) _____	Doctor(s) prescribing drugs: DR: _____ DR: _____ DR: _____	Does your medication state you should not mix with alcohol? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Does your medication warn you to use care when operating a car or machinery? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Do you feel the effects of the alcoholic beverage / drugs <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No In your opinion are you under the influence of an alcoholic beverage / drugs? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	--	---	---

**TRANSPORT OBSERVATIONS AND ANY OTHER OBSERVATIONS NOT COVERED**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

ASSISTING OFFICERS and OTHER PERSONS	AGENCY	ID
Sgt. Wiles	EPD	E15
Ofc. Kouromousis	EPD	E44

IS THERE VIDEO OF THE STOP?    YES    NO  
 IS THERE VIDEO OF THE SFSE?    YES    NO      ADDITIONAL VIDEOS \_\_\_\_\_  
 IS THERE VIDEO OF THE BREATH TEST?    YES    NO      LOCATION OF BREATH TEST \_\_\_\_\_

Personally Known  or Produced Identification   
**Type of Identification Produced:** \_\_\_\_\_  
 Sworn to and subscribed before me  
 This \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  

\_\_\_\_\_  
 AFFIANT  
  
 Eustis Police Department  
 ARRESTING AGENCY

 Notary Public or Certified Officer (circle one)

## Florida Implied Consent Warning

DEFENDANT'S NAME ROACH, MICHAEL RAY	AGENCY CASE NUMBER E17122198
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**BREATH TEST**

I am now requesting that you submit to an approved test of your breath for the purpose of determining the alcoholic content of your breath.

OR

**URINE TEST**

I am now requesting that you submit to a test of your urine for the purpose of determining the presence of any chemical or controlled substance.

OR

**BLOOD TEST**

I am now requesting that you submit to an approved test of your blood for the purpose of determining its alcoholic content and/or the presence of any chemical or controlled substance.

**(NOTE: Blood must be voluntary. Do not read the below "Implied Consent Warning" or charge a refusal for blood. Exception to the above is if a breath test is either impossible or impractical or there is a crash with serious bodily injury or death and there is reason to believe that the person is under the influence of drugs.)**

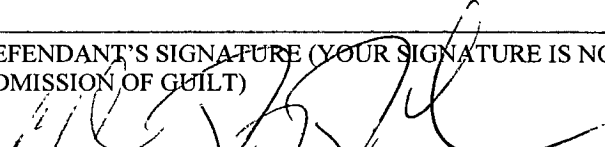
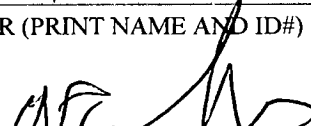

Will you take the test?     YES     NO

### IMPLIED CONSENT WARNING STATE OF FLORIDA

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 previously been 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 previously been 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.

**IF DRIVER HOLDS CDL MUST BE READ:** If you hold a commercial driver license refusal will result in the disqualification of your commercial driver license/privilege for a period of one (1) year in the case of a first refusal or permanently if you have previously been disqualified as a result of a refusal to submit to such test.

Do you still refuse to submit to this test knowing that your driving privilege will be suspended for a period of at least one year and that you will be charged criminally for a subsequent refusal?     YES     NO

DATE: 12/20/2017	TIME: 0500	DEFENDANT'S SIGNATURE (YOUR SIGNATURE IS NOT AN ADMISSION OF GUILT) 
ARRESTING OFFICER (PRINT NAME AND ID#) Ofc. S. Hackett E50 		BREATH TEST OPERATOR (PRINT NAME AND ID#) Ofc. S. Hackett E50 

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

170F3351

Instrument Type: Intoxilyzer 8000  
Instrument Registered To: EUSTIS P.D.  
Instrument Serial Number: 80-001345 Software: 8100.27  
Date of Test: 12/20/2017

Date of Last Agency Inspection: 11/20/2017  
Observation Period Began: 04:31  
Subject's Name: MICHAEL R ROACH

DOB: 04/29/1988 Sex: M

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
	Diagnositics Check	OK	04:59
	Air Blank	0.000	04:59
	Control Test	0.080	05:00
	Air Blank	0.000	05:00
	Subject Sample #1	REF*	05:00
	Air Blank	0.000	05:01
	Control Test	0.079	05:01
	Air Blank	0.000	05:02
	Diagnositics Check	OK	05:02

\*Subject Test Refused

2017 DEC 21 AM 10:20  
CLERK OF CIRCUIT  
AND COUNTY COURT  
LAKE COUNTY  
TAVARES FLORIDA

Cylinder Lot: 203499  
Exp: 12/10/2018

State of Florida, County of Lake

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, CLC, 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: CLC Signature Date: 12/20/2017

Sworn to (or affirmed) before me this 20 day of DEC, 2017

Signature of Notary Public-State of Florida: CLC E23 Printed Name of Notary Public-State of Florida: CPL FARMING E23

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.