

Advised ALS letter on _____ by _____
 DDS Letter paid by: cash check no. _____ DDS Letter sent by _____ on ____/____/____
 Certified Mail No. _____ on ____/____/____ @ _____ AM/PM
 *DDS charges \$150.00 processing fee.

How were you referred to our office? Online Search _____ Referred By _____

Date of Call: ____/____/____ Time of Call: _____ AM / PM

Full Name (as shown on citation): _____ Age: _____

Address (on citation): _____

City: _____ State: _____ Zip: _____

Current Mailing Address (if different): _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____

Email: _____

Driver's License No. _____ State: _____ D.O.B.: ____/____/____

CDL? _____

Incident Details

Date of Arrest: ____/____/____ Time of Arrest: _____ AM / PM Day of Week: S M T W T F S
 circle one

Court Date: ____/____/____ or Unknown Time of Court: _____ AM / PM

Name of Court: _____

Is this your first DUI in your lifetime ----- anytime, anywhere? Yes No.....has had prior offense(s) in:

| Month/Year | Court (Full Name) | Result (Guilty, Not Guilty, Nolo) |
|------------|-------------------|-----------------------------------|
| | | |
| | | |
| | | |

Are you currently on probation or parole? Yes No

If yes, why and where? _____

Other Tickets/Charges received with this DUI: Failure to Maintain Lane Speeding
 Failure to Yield No Headlights No Proof of Insurance Following Too Close
 Improper Turn Attempt to Elude Defective Equipment
 Other: _____

Why were you stopped/arrested, according to the officer? _____

Arresting Officer: _____ Police Department: _____ Task Force: Yes No
Street or Location Where Stopped: _____ County: _____
Car Towed? Yes No Who called for the tow truck? I did Officer did
Accident: Yes No Not sure **Injuries to:** Myself Other Person **Roadblock Stop:** Yes No
Witnesses *with* you who could testify for you? Yes No

FIELD SOBRIETY TESTS

Tests were: Given Not given Don't Recall Refused

- | | |
|---|--|
| <input type="checkbox"/> Follow the Pen with Eyes (HGN) | <input type="checkbox"/> Recite the Alphabet |
| <input type="checkbox"/> Stand on One Leg | <input type="checkbox"/> Hand-Held Breath Test @ Roadway |
| <input type="checkbox"/> Touch Finger to Nose | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Walk the Line Heel to Toe | _____ |

Did the officer advise you that the tests were 100% optional and that no penalty would result from not doing them?
 Yes No Don't Recall N/A

TESTING

Refused State's breath, blood, or urine test (circle one)
 The caller took the State's breath, blood, or urine test (circle one). The test result(s) were:
 BLOOD (pending) or _____% **URINE** (pending) or _____%
 BREATH test no. 1 _____% test no. 2 _____%
Name of Testing Officer _____

If the officer wrote you up for refusing the official state test or if you took the state test and registered **0.08%** or more (**0.02%** if under 21), (**0.04%** or above if you have a CDL & were driving a commercial vehicle) then you have ten (10) business days from the date of the arrest to request an Administrative Hearing or your license will be suspended before you ever go to court.

The letter of appeal when filed puts a stay on the suspension of your license until you have had a hearing with an Office of State Administrative Hearings Judge. This is an informal hearing to determine if you will be able to retain your driving privileges until the end of your DUI case or if you will be left without your license until that time.

Our office can request the Administrative License Suspension Hearing for you. The fee for the letter is \$100.00. The letter that we prepare is extremely technical and detailed. We send it by certified mail on your behalf and we also send it by fax to the Georgia Department of Public Safety as an extra precaution to insure delivery. We will also send you a copy of your letter.

How long were you in custody? _____
Bond was posted by: Self Bonding Company/Bondsman _____
 Other _____

Did you ever ask about getting your own independent breath, blood, or urine test? Yes No
Did you ever ask to call an attorney? Yes No If yes, when and who? _____

Comments: _____

091008939
Date: 10/31/09

**LAWRENCEVILLE POLICE DEPARTMENT
D.U.I. ARREST REPORT**
GA0670300

Case #: 091008939

OFFICER INFORMATION

Name: **A. Berry** Badge #: 127 Phone: **770-963-2443**
Address: **P. O. Box 2200 Lawrenceville, GA 30046-2200**

OFFENDER INFORMATION

Offender: **121**
Address: **1437 Shadwood Ct, Lawrenceville, GA 30043**
Race: **B** Gender: **M** DOB: **09/22/79** Age: **40**
Height: **508** Weight: **145** Hair: **BLK** Eyes: **BRO**
OLN / State (or SSN): **053871206**

License? Yes
 No

VEHICLE

Year: **2001** Make: **Mitsubishi** Model: **Montero Sport** Color: **RED**
License: **ADA4804** Year/State: **2010/GA** # of Passengers: **1**

Passenger Information:

Disposition of Vehicle: Left at scene, off roadway, at owner's request
 Released to **Passenger's Wife**
 Vehicle Impounded (Impound Form Attached)

LOCATION

Location of Stop / Arrest: **Glensping Dr//Emerald Pine Rd**

Roadway: Dry Wet Icy Snow Other.
 Asphalt Concrete Gravel Dirt
 Straight Curved Level Up Hill Down Hill

of Lanes: **2** Collision Involved? Yes No Under Construction? Yes No

Weather: Clear Cloudy Raining Snow / Sleet

WITNESSES

1. Name: Phone:
Address:
2. Name: Phone:
Address:

091008939

FIELD SOBRIETY EVALUATIONS (continued)

Alphabet

Level of Education:

Read and Write? Yes No

Fast
 Hesitant

Slow
 Deliberate

Singing
 Omit Letters

Transpose
Letters

Comments:

Eye Examination

Lack of Convergence

Yes

No

Distinct Reddening of the Conjunctivae

Yes

No

Pupils Dilated

Yes

No

Pupils Constricted

Yes

No

Comments:

Romberg Balance

30 Seconds estimated to be

Sway Circular inches
 Front to Back inches
 Side to Side inches

Tremors Body Eyelids

Comments:

Alco-Sensor Positive reading of .261 grams %
 Negative Reading

Comments:

ARREST / IMPLIED CONSENT WARNINGS

Driver placed under arrest for D.U.I. by: **A. Berry #127**

Location: **Stop Location**

Driver read Implied Consent Warning by: **A. Berry #127**

Location: **Stop Location**

Number of Times Warning was read to driver: **1**

State-Administered Test(s) Requested: Blood Breath Urine

Response: Yes No Type of Response: Verbal Non-Verbal Unable to Respond

STATE-ADMINISTERED TEST

Location of State Administered Test: **Gwinnett County Jail**

Instrument Used / Serial Number (if applicable): **Intox 5000/ 68-012156**

Administered by / Permit Number (if applicable): **A. Berry/33975**

Results: Breath: Sample 1: **.216** at **0338** hours.
 Sample 2: **.210** at **0342** hours.

Test results pending

Comments:

INDEPENDENT TEST

Did driver comply with state-administered test(s)? Yes No

Was an independent test requested? Yes No

Type of test requested: **Blood**

Location Requested: **Gwinnett Medical Center**

Was independent test obtained? Yes No

Comments: **Attempted to charge to insurance, when denied, did not have the funds**

INTOXICANTS LOCATED

Alcohol: Type / Quantity / Location:

Drugs: Type / Quantity / Location:

Comments:

CHARGES

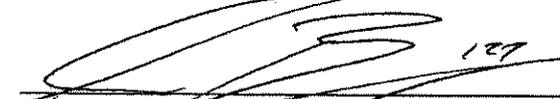
Were any of the charges brought on a warrant? Yes No

Charges brought in what court? **State Court**

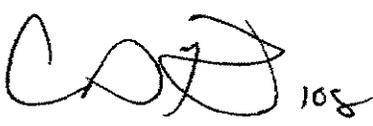
- | | |
|--|---------------|
| 1. Failure to Maintain Lane | 4. DUI |
| 2. Driving on Wrong Side of Roadway | 5. |
| 3. Stop Sign Violation | 6. |

VIDEO EVIDENCE

Is video evidence available in this case? Yes No



Reporting Officer / Badge # **127**



Approving Officer / Badge # **108**

LAWRENCEVILLE POLICE DEPARTMENT
ARREST REPORT NARRATIVE

Case Number: 091008939

Case Type: Traffic Stop – DUI

Location: McKendree Church Rd//Emerald Pine Rd

Date/Time: 10/31/09 0205 hrs

Offender(s): _____)

On 10/31/09 at approximately 0205 hrs, I was traveling southbound on McKendree Church Road, when I noticed a red Mitsubishi Montero Sport enter a right turn only lane near the intersection of McKendree Church Road and Emerald Spring Court. As the vehicle entered the turn lane its right front tire struck the curb. I pulled behind the vehicle as it turned onto Emerald Springs Court and activated my emergency equipment and the vehicle turned wide and began driving on the wrong side of the roadway. The vehicle then traveled through the intersection of Emerald Spring Court and Glensprings Drive, without stopping at a stop sign.

I approached the vehicle and asked the driver, _____, for his license. As he displayed his license, I noticed his eyes were bloodshot and glazed and there was an odor of an alcoholic beverage coming from the vehicle. I asked Wells how much he had to drink and he stated he had nothing to drink, as he spoke I noticed his speech was slurred. I asked _____ to exit the vehicle and walk to the front of my patrol car.

Once at the front of the patrol car I noticed an odor of an alcoholic beverage coming from his person. I asked him if he would submit to field sobriety evaluations and he agreed. _____ complained of injuries to his legs, so the only field sobriety evaluations performed were Horizontal Gaze Nystagmus (HGN) and the Alco-sensor. I recorded the listed results, and based on his less safe driving, his physical manifestations, and the field sobriety evaluations I placed him in double-locked handcuffs and advised him he was under arrest for DUI. I read him the Georgia Implied Consent Notice (orange card) and requested a breath sample and he verbally refused.

_____ was transported to the Gwinnett County Jail, where he received the following four (4) citations: failure to maintain lane (40-6-48), driving on the wrong side of the roadway (40-6-40), stop sign violation (40-6-72(b)), and DUI – less safe (40-6-391(a)(1)). Due to Wells refusing the state administered a DDS-1205 form was completed and submitted to the Department of Drivers Services.

The vehicle was released to the passenger's wife at _____ request.

Reporting Officer: A. Berry #127

Approved by:  127

INCIDENT: 10/31/09 0205 HOURS

CHARGES:

1. Failure to Maintain Lane
2. Driving on the Wrong side of the Roadway
3. Stop Sign Violation
4. DUI –less safe

→REPORT IS RELIABLE

→VIDEO IS AVAILABLE AND RELIABLE

→WHAT WERE THE WEATHER CONDITIONS LIKE ON OCTOBER 31st?

-how heavy was the rain?

-in your opinion did the rain play a factor in Mr. Wells' driving?

-did it play a factor in part of your investigation?

→WHEN DID YOU FIRST NOTICE MR. WELLS DRIVING?

-approximately how long did you follow him for?

-where did he pull over?

-any problems pulling over?

→WHAT DID YOU SAY WHEN YOU APPROACHED THE VEHICLE?

-what were your observations when you first had contact with him?

-license

-was there anyone else in the vehicle with him?

→BLOODSHOT EYES

→GLAZED EYES

→SLURRED SPEECH

-should be able to hear an accurate depiction on the video

→DID HE HAVE PROBLEMS WALKING OR STANDING?

→HGN

- couldn't finish the evaluation
- how many times did you advise him on how to do it?
- use the result?
- he cooperated correct?

→THE VALUE OF SFT's

- complained of injury; shouldn't be used against him

→IMPLIED CONSENT

- where read?
- read 1 time?
- gave a verbal no.
- how did you get a breath test result?
- when did you get him in front of the intox?
- at what point did he ask for an independent test?

→WHAT HAPPENED WITH THE INDEPENDENT TEST?

- where did you take him? *who choose the location?*
- did you offer to take him to get the appropriate funds?

NOT A REFUSAL
(refusal was withdrawn)

Request for Indep. test violated

purpose behind implied consent is to allow a person to obtain
their own indep. test

IN THE RECORDER'S COURT OF GWINNETT COUNTY
STATE OF GEORGIA

FILED IN OFFICE

SEP 17 2012

GWINNETT COUNTY

v.

CASE NO. 12-000830916

[Signature]
CLERK RECORDERS COURT
GWINNETT COUNTY GEORGIA

Defendant.

CERTIFICATE OF SERVICE
OF STATE'S RESPONSE TO DISCOVERY

This is to certify that I have this day served Defendant/ Counsel for Defendant with a true and correct copy of the document(s) checked below by electronic mail, or by depositing the same in the U.S. Mail, properly addressed with sufficient postage, and addressed as follows:

Ramon Alvarado
ralvarado@GwinnettDefenseAttorney.com

- a. COPY OF ACCUSATION(S) - Attached / Previously Furnished.
- b. LIST OF WITNESSES - Attached / Previously Furnished.
- c. DEFENDANT'S ORAL STATEMENTS - as contained in attached portion of incident report.
- d. DEFENDANT'S WRITTEN STATEMENTS - Attached / NA.
- e. WRITTEN SCIENTIFIC REPORTS - Attached / NA.
- f. VIDEO - Attached / NA / Previous Furnished Available for pick up contact the Solicitor's office at (770) 619-6140.
- g. PHOTOGRAPHS - Attached / NA / Previous Furnished / Available - contact the Solicitor's office at (770) 619-6140.
- h. COPY OF UTC(S) - Attached / NA.
- i. CAD HISTORY - Attached / NA.
- j. 911 - Available - to listen to the audio, contact the Solicitor at (770) 619-6140 / NA.
- k. POLICE REPORT - Attached / NA.
- l. OTHER _____

This 17th day of September, 2012.

Anna Pearce

Anna Pearce
Assistant Solicitor
Gwinnett County Recorder's Court
115 Stone Mountain Street
Lawrenceville, Georgia 30046
Anna.Pearce@gwinnettcourt.com

WITNESS LIST: Discovery Request

GWINNETT COUNTY v. _____

Case number: 12-00083096

1. Bailey 1258
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

FAILURE TO COMPLY

NAME:

12-83096
C

SENT TO STATE

TICKET #s:

Y / N DATE:

ACTIVE BENCH WARRANT

RECEIPT #:

LETTER/RESET DATE:

CB-DEF. CB-SURETY PROP SURETY CO. O.R.

NAME

TB

COURT BOND AMT:

NOTIFIED:

VIOLATOR

CALLED

DATE:

SURETY-BAIL BOND CALLED (DATE):

Requesting Cash Bond to be taken in lieu of court.

Defendant Sign/Date

Dep. Clk. Sign/Date

ALERT

OUTSTANDING BW / IO / FTC:

ARRAIGNMENT DATE

TIME

ARRAIGNMENT DATE

TIME

P / T DATE

TIME

P / T DATE

TIME

P / T DATE

TIME

S / C HEARING DATE

TIME

8/26/12

SMITH COUNTY JAIL
INTOXILYZER - ALCOHOL ANALYZER
66 HUNEL 5800 SN 63-012156
08/26/2012

OPER NAME=BAILEY, CHRISTOPHER T
PERMIT NUMBER= 39423
SUB NAME
SUB DOB =04/29/86
DRIV LIC=049903261
OPR OFF NAME=BAILEY, CHRISTOPHER T
OPR OFF AGENCY= SMITH COUNTY CO
VIOLATION TIME= 03:02
VIOLATION DATE= 08/26/12
CASE NUMBER= 12-029215

TEST 6/21/06 TIME
DIAGNOSTICS OK 04:16EDT
AIR BLANK .000 04:16EDT
SUBJECT SAMPLE REFUSED 04:16EDT
AIR BLANK .000 04:17EDT
SUBJECT REFUSED TO CONTINUE.

SECRET'S COPY

TEST INSTRUMENT ID

INSTRUMENT LOCATION

ADDITIONAL INFORMATION AND/OR REMARKS

EMERGENCY INSTRUMENT PRINTER CARD



By CMR/MS

ATTORNEY

REPORT DATE: 08-26-2012 REPORT TIME: 0302

GWINNETT COUNTY POLICE DEPARTMENT

JUVENILE INVOLVED? Yes No CASE NUMBER: 120079215

INVL: ME (F111):

W

NATURE OF CALL: 5200 Report Type: INCIDENT/ARREST

NARRATIVE:

VIDEO FILE:

01F42E7E/20120826/030406/01

1
2
3
4 ON 8-25-12 I RESPONDED TO THE ACCIDENT LOCATION. UPON ARRIVAL I FOUND THE LISTED VEHICLE OFF THE ROAD ABOUT 15 FEET AND BETWEEN
5 TWO TREES. THE DRIVER, P , WAS OUT OF THE VEHICLE AND WALKING. HE HAD A CUT ON HIS LEFT KNEE AND HE COMPLAINED HIS KNEE
6 AND ANKLE ON THE LEFT SIDE HURT ALSO. I ASKED THE DRIVER IF HE WANTED THE FIRE DEPARTMENT TO CONTINUE TO CHECK HIM OUT AND HE
7 STATED YES. I ASKED THE DRIVER WHAT HAPPENED WITH THE ACCIDENT AND HE STATED HE WAS TRAVELING NORTH ON OAK RD AND TURNED LEFT
8 ONTO HIGHPOINT RD. WHEN HE TURNED LEFT HE STATED THERE WAS A SILVER FORD TAURUS IN HIS LANE. HE STATED HE SWERVED TO AVOID AND
9 ACCIDENT AND LOST CONTROL.

10
11 WHILE THE DRIVER WAS TALKING I WAS ABLE TO SMELL A STRONG ODOR OF AN ALCOHOLIC BEVERAGE COMING FROM HIS BREATH. HIS EYES WERE
12 BLOODSHOT, WATERY AND GLAZED. HIS FACE WAS FLUSHED AND HIS SPEECH WAS SLURRED. I BROUGHT THE DRIVER BACK TO MY VEHICLE AND HAD
13 HIM SIT ON MY PUSH BUMPERS. I ASKED THE DRIVER WHERE HE WAS COMING FROM AND HE STATED WILD WINGS CAFE. I ASKED HIM IF HE HAD BEEN
14 DRINKING AND HE STATED HE HAD ONE DRINK AROUND 2130. HE STATED IT WAS A GREY GOOSE AND PINEAPPLE. THE DRIVER THEN STATED IT WAS
15 HURTING HIM TO SIT ON THE PUSH BUMPERS SO HE SAT ON THE CURB.

16
17 I ASKED THE DRIVER IF I COULD CHECK TO MAKE SURE ALCOHOL WAS NOT A FACTOR IN THE ACCIDENT. HE AGREED. HE STATED HE DID NOT HIT HIS
18 HEAD AND IT WAS NOT HURTING. HE WAS NOT WEARING CONTACTS AND TOOK MEDICATIONS FOR ACNE. WHILE THE DRIVER WAS SITTING I
19 PERFORMED HORIZONTAL GAZE NYSTAGMUS (HGN). I EXPLAINED TO THE DRIVER I WANTED HIM TO FOLLOW MY FINGER WITH HIS EYES AND HIS EYES
20 ONLY WHILE KEEPING HIS HEAD STILL. HE STATED HE UNDERSTOOD. WHEN I STARTED HGN I SAW HIS PUPILS WERE EQUAL IN SIZE, THERE WAS NO
21 RESTING NYSTAGMUS AND THEY TRACKED EQUALLY. WHEN I WAS THROUGH I OBSERVED SIX OF SIX CLUES (LACK OF SMOOTH PURSUIT, DISTINCT
22 AND SUSTAINED NYSTAGMUS AT MAXIMUM DEVIATION AND ONSET PRIOR TO 45 DEGREES IN BOTH EYES).

23
24 DUE TO THE COMPLAINT OF INJURIES TO HIS LEG I DID NOT PROCEED WITH THE NINE STEP WALK AND TURN OR THE ONE LEG STAND EVALUATION. I
25 SHOWED HIM THE ALCO SENSOR FST AND EXPLAINED TO HIM IT WAS NOT THE STATE ADMINISTERED BREATH TEST. HE PROVIDED A SAMPLE THAT
26 WAS POSITIVE FOR ALCOHOL WITH A READING OF .122 GRAMS.

27
28 I WAITED UNTIL THE FIRE DEPARTMENT CAME OUT AND CHECKED ON THE DRIVER BEFORE I PLACED HIM UNDER ARREST FOR DUI. WHEN THEY WERE
29 THROUGH AND HE REFUSED TO GO TO THE HOSPITAL I ADVISED HIM HE WAS UNDER ARREST FOR DUI. I PLACED HIM IN HANDCUFFS, CHECKED FOR
30 FIT, DOUBLE LOCKED THEM AND SEARCHED HIM INCIDENT TO ARREST. I THEN READ HIM GEORGIA'S IMPLIED CONSENT NOTICE FOR SUSPECTS AGE 21
31 OR OVER OFF THE ORANGE CARD ASKING FOR BREATH. THE DRIVER TURNED BELLIGERENT WHEN I PLACED HIM IN HANDCUFFS. HE STARTED TO
32 YELL AND CURSE AT ME. HE DID NOT PROVIDE AN ANSWER AND WOULD NEVER PROVIDE ONE.

33
34 THE VEHICLE WAS IMPOUNDED BY STATEWIDE WRECKER SERVICE. I TRANSPORTED THE DRIVER TO THE GWINNETT COUNTY JAIL. WHILE ENROUTE
35 TO THE JAIL THE DRIVER CONTINUED TO YELL AND CURSE AT ME. HE CALLED ME A "FUCK" SEVERAL TIMES AND STATED "DON'T PUT ME IN WITH THOSE
36 NIGGERS AND MEXICANS". HE WOULD THEN START TO CRY AND SAY HE WAS SORRY. THEN GO BACK TO YELLING AT ME. WHEN WE GOT THE JAIL THE
37 DRIVER REFUSED TO OBEY INSTRUCTIONS AND CURSED AND YELLED AT THE DEPUTIES. HE WAS IMMEDIATELY PUT INTO A CELL BY HIMSELF DUE TO
38 HIS UNRULY BEHAVIOR. DUE TO THE DRIVER'S UNWILLINGNESS TO COOPERATE AND TO FOLLOW INSTRUCTIONS I WAS UNABLE TO GET A BREATH

CASE STATUS: AA DATE CLEARED: 08-26-2012
CLEARED ARREST - ADULT

BADGE #: B1258 OFFICER: BAILEY, C

Assignment/Shift: DUIS

REPORT DATE
08-26-2012

JUVENILE INVOLVED?
 Yes No

GWINNETT COUNTY POLICE DEPARTMENT D.U.I. SUPPLEMENT

NATURE OF CALL
5200

CASE NUMBER
120079215

OFFICER NAME: _____

FIRST CONTACT:

| | | | | | | | |
|---------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| | NORMAL | UNSTEADY | STAGGER | SLOW | FAST | FELL | NEEDED ASSISTANCE |
| VEHICLE EXIT: | <input type="radio"/> |
| WALK TO REAR: | <input type="radio"/> |

MANIFESTATIONS OBSERVED:

| | | | | | |
|--|---|--|--|--|---|
| FACE: <input checked="" type="radio"/> FLUSHED <input type="radio"/> PALE <input type="radio"/> NORMAL | EYES: <input checked="" type="radio"/> BLOODSHOT <input type="radio"/> DILATED <input checked="" type="radio"/> GLAZED <input type="radio"/> SLEEPY <input checked="" type="radio"/> WATERY <input type="radio"/> NORMAL | SPEECH: <input type="radio"/> ACCENT <input type="radio"/> FAST <input type="radio"/> MUMBLED <input type="radio"/> SLOW <input checked="" type="radio"/> SLURRED <input type="radio"/> THICK <input type="radio"/> NORMAL | WALK: <input type="radio"/> FELL <input type="radio"/> LOST BALANCE <input type="radio"/> SUPPORTED <input type="radio"/> SWAYED <input checked="" type="radio"/> UNSTEADY <input type="radio"/> NORMAL | ODOR: <input type="radio"/> FAINT <input type="radio"/> FRESHENER <input type="radio"/> MARIJUANA <input type="radio"/> MODERATE <input checked="" type="radio"/> STRONG <input type="radio"/> NORMAL | OTHER: <input type="radio"/> DRUG PARAPHERNALIA <input type="radio"/> OPEN CONTAINER |
|--|---|--|--|--|---|

DRIVER ATTITUDE:

| | | | |
|--|---|----------------------------------|--|
| <input type="radio"/> ARGUMENTATIVE | <input checked="" type="radio"/> CRYING | <input type="radio"/> FRIENDLY | <input checked="" type="radio"/> INSULTING |
| <input checked="" type="radio"/> BELLIGERENT | <input type="radio"/> DEFIANT | <input type="radio"/> HILARIOUS | <input checked="" type="radio"/> MOOD SWINGS |
| <input type="radio"/> CONFUSED | <input type="radio"/> EXCITED | <input type="radio"/> HYSTERICAL | <input type="radio"/> NERVOUS |
| <input checked="" type="radio"/> COOPERATIVE | <input type="radio"/> FIGHTING | <input type="radio"/> INDIGNANT | <input type="radio"/> PASSIVE RESISTANCE |

SOBRIETY EVALUATION: ALPHABET

NOT USED A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

RECITED OK

MISSED

Mark either the letters recited correctly or the letters missed.

DELIBERATE FAST HESITATION SINGING SLOW TRANSPOSED LETTERS

NOTES

SOBRIETY EVALUATION: HORIZONTAL GAZE NYSTAGMUS

| | | |
|--|--|---|
| NOT USED <input type="radio"/> | GLASSES REMOVED <input type="radio"/> Yes <input checked="" type="radio"/> No | CONTACTS <input type="radio"/> Yes <input checked="" type="radio"/> No |
| FOLLOWED INSTRUCTIONS <input checked="" type="radio"/> Yes <input type="radio"/> No | | EYE INJURY OR DEFECT <input type="radio"/> Yes <input checked="" type="radio"/> No |
| | | LEFT EYE RIGHT EYE |
| | | YES NO YES NO |
| LACK OF SMOOTH PURSUIT | | <input checked="" type="radio"/> <input type="radio"/> <input checked="" type="radio"/> <input type="radio"/> |
| DISTINCT NYSTAGMUS @ MAX DEVIATION | | <input checked="" type="radio"/> <input type="radio"/> <input checked="" type="radio"/> <input type="radio"/> |
| NYSTAGMUS ONSET BEFORE 45 DEGREES | | <input checked="" type="radio"/> <input type="radio"/> <input checked="" type="radio"/> <input type="radio"/> |

SOBRIETY EVALUATION: WALK AND TURN

| | | | |
|----------------------|----------------------------------|---|---|
| NOT USED | <input checked="" type="radio"/> | STARTS TOO SOON | <input type="radio"/> |
| CAN'T BALANCE | <input type="radio"/> | FOLLOWED INSTRUCTIONS | <input type="radio"/> |
| NOT COMPLETED | <input type="radio"/> | | |
| | | 1st Nine Steps | 2nd Nine Steps |
| | | YES NO | YES NO |
| STOPS WALKING | | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> |
| MISSES HEEL TO TOE | | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> |
| STEPS OFF LINE | | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> |
| RAISES ARMS | | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> |
| LOST BALANCE ON TURN | | <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> |
| ACTUAL STEPS TAKEN | | <input type="text"/> | <input type="text"/> |

MISC REMARKS / COMPLAINT OR ILLNESS OR INJURY

Badge # Officer
B1258 BAILEY, C

Assignment/Shift
DUI

REPORT DATE:
08-26-2012

**GWINNETT COUNTY POLICE DEPARTMENT
D.U.I. SUPPLEMENT**

NATURE OF CALL: 5200 CASE NUMBER: 120079215

DEFENDANT'S NAME: _____

SOBRIETY EVALUATION: ONE LEG STAND

| | | | | | | | | |
|---|--|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| NOT USED <input checked="" type="checkbox"/> | LEG RAISED RIGHT <input type="checkbox"/> LEFT <input type="checkbox"/> | FOLLOWED INSTRUCTIONS <input type="checkbox"/> Yes <input type="checkbox"/> No | 1 - 10 | | 11 - 20 | | 21 - 30 | |
| | | | YES | NO | YES | NO | YES | NO |
| | | | <input type="checkbox"/> |
| | | | <input type="checkbox"/> |
| | | | <input type="checkbox"/> |
| | | | <input type="checkbox"/> |

PHYSICAL EVIDENCE: NONE:

| | | | |
|---|--|---|--|
| BEER: <input type="checkbox"/> EMPTIES <input type="checkbox"/> PARTIAL <input type="checkbox"/> FULL <input type="checkbox"/> 6 OZ <input type="checkbox"/> 12 OZ <input type="checkbox"/> 16 OZ <input type="checkbox"/> QUART <input type="checkbox"/> LITER <input type="checkbox"/> HOT <input type="checkbox"/> COLD <input type="checkbox"/> ICE CHEST <input type="text"/> QUANTITY <input type="text"/> BRAND NAME | WINE: <input type="checkbox"/> EMPTIES <input type="checkbox"/> PARTIAL <input type="checkbox"/> FULL <input type="checkbox"/> 6 OZ <input type="checkbox"/> 12 OZ <input type="checkbox"/> 16 OZ <input type="checkbox"/> QUART <input type="checkbox"/> LITER <input type="checkbox"/> GALLON <input type="checkbox"/> WINE COOLER <input type="checkbox"/> HOT <input type="checkbox"/> COLD <input type="text"/> QUANTITY <input type="text"/> BRAND NAME | LIQUOR: <input type="checkbox"/> EMPTIES <input type="checkbox"/> PARTIAL <input type="checkbox"/> FULL <input type="checkbox"/> PINT <input type="checkbox"/> FIFTH <input type="checkbox"/> GALLON <input type="checkbox"/> MIXED DRINK <input type="text"/> QUANTITY <input type="text"/> BRAND NAME | DRUGS: <input type="checkbox"/> COCAINE <input type="checkbox"/> MARIJUANA <input type="checkbox"/> METH <input type="checkbox"/> OTHER |
|---|--|---|--|

SOBRIETY EVALUATION: ALCO SENSOR

NOT USED POSITIVE RESULTS: GMS. NOT COMPLETED FOLLOWED INSTRUCTIONS YES NO

DRIVER PLACED UNDER ARREST FOR D.U.I. BY ARREST TIME

IMPLIED CONSENT WARNING GIVEN BY TIME

LOCATION CONSENT WARNING GIVEN

STATE ADMINISTERED TEST INFORMATION:

TEST TYPE DRAWN BY DRIVER RESPONSE

LOCATION BY PERMIT #

INTOXIMETER: MODEL #: SERIAL #: TEST RESULTS GMS. TIME

STATE ADMINISTERED TEST INFORMATION:

TEST TYPE DRAWN BY DRIVER RESPONSE

LOCATION BY PERMIT #

INTOXIMETER: MODEL #: SERIAL #: TEST RESULTS GMS. TIME

ADDITIONAL TEST:

REQUESTED Yes No TEST TYPE LOCATION

BY TIME

Badge # Officer:

Assignment/Shift

JUVENILE INVOLVED? Yes No COMMERCIAL? N PRIVATE PROPERTY? N

PAGE _____ of _____

| | | | | | | | | | | | |
|---|--|---|--|---|--|---|--------------------|---|--|---|--|
| Accident Number 120079215 | | Agency NCIC No. GA0670200 | | GEORGIA UNIFORM MOTOR VEHICLE ACCIDENT REPORT | | | County GWINNETT | | Date Rec by DMVS | | |
| Date 08-26-2012 | | Day of Week <input checked="" type="checkbox"/> Sun <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> S | | Time 0302 | | Off. Arrived 0307 | | Total Number of Vehicles 1 Injuries 1 Fatalities 0 | | Inside City of: | |
| Road of Occurrence HIGHPOINT RD | | | | | | At Its Intersection With OAK RD | | | Corrected Report? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N | | |
| 1 <input type="checkbox"/> Interstate 2 <input type="checkbox"/> Lowest St. Rt. 3 <input checked="" type="checkbox"/> Co. Road 4 <input type="checkbox"/> City St. | | | | | | 1 <input type="checkbox"/> Interstate 2 <input type="checkbox"/> Lowest St. Rt. 3 <input checked="" type="checkbox"/> Co. Road 4 <input type="checkbox"/> City St. | | | Suppl to Original? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N | | |
| Not at its Intersection But _____ Miles <input type="checkbox"/> North <input type="checkbox"/> East <input type="checkbox"/> South <input type="checkbox"/> West | | | | | | 1 <input type="checkbox"/> Interstate 2 <input type="checkbox"/> Lowest St. Rt. 3 <input type="checkbox"/> County Rd. 4 <input type="checkbox"/> City St. 5 <input type="checkbox"/> Co. Line | | | Hit & Run Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N | | |
| And continuing in the direction checked above, the Next Reference Point is | | | | | | 1 <input type="checkbox"/> Interstate 2 <input type="checkbox"/> Lowest St. Rt. 3 <input type="checkbox"/> Co. Road 4 <input type="checkbox"/> City St. 5 <input type="checkbox"/> Co. Line | | | City SNELLVILLE | | |
| Grid 222018 | | | | | | | | | | | |
| Inv: <input checked="" type="checkbox"/> DRV | | LAST NAME FIRST MIDDLE INITIAL V | | Inv: <input type="checkbox"/> | | LAST NAME FIRST MIDDLE INITIAL | | | | | |
| #: 1 | | Address 1375 HOLLY BROOK RD | | #: | | Address | | | | | |
| City SNELLVILLE | | State GA | | Zip 30078 | | DOB 04-29-1986 | | | | | |
| Driver's License No. 049903361 | | Class CM | | State GA | | <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female | | | | | |
| Posted Speed 45 | | Insurance Co. AMICA MUTUAL | | Policy No. ACTIVE | | Posted Speed | | Insurance Co. | | Policy No. | |
| Year 2001 | | Make TOYT | | Model AVALON | | Telephone No. | | Year | | Make | |
| VIN 4T1BF28B01U178764 | | Vehicle Color GRN | | VIN | | Vehicle Color | | | | | |
| Tag # BDC2531 | | State GA | | County GWINNETT | | Month / Year 08 / 2013 | | Tag # | | State | |
| Trailer Tag # | | State | | County | | Month / Year | | Trailer Tag # | | State | |
| <input type="checkbox"/> Same as Driver | | Owner's Name (last first middle initial) WYATT SUZANNE | | <input type="checkbox"/> Same as Driver | | Owner's Name (last first middle initial) | | | | | |
| Address 1375 HOLLY BROOK RD | | City SNELLVILLE | | State GA | | Zip 30078 | | | | | |
| Removed By STATEWIDE | | <input type="checkbox"/> Request <input checked="" type="checkbox"/> List | | Removed By | | <input type="checkbox"/> Request <input type="checkbox"/> List | | | | | |
| Alcohol Test 3 | | Type 2 | | Results | | Drug Test | | Type | | Results | |
| Driver Cond 4 | | Direction of Travel 1 | | Vision Obscured 1 | | Contributing Factors 10 02 | | Driver Cond | | Direction of Travel | |
| Veh Cond 1 | | Veh Maneuver 1 | | Ped Maneuver | | Veh Cond | | Veh Maneuver | | Ped Maneuver | |
| Most Harmful Event 11 | | Veh Class: 1 | | Veh Type: 1 | | Most Harmful Event | | Veh Class: | | Veh Type: | |
| Traffic Ctr 7 | | Device Inoperative? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Traffic Ctr | | Device Inoperative? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| Injured Taken To: | | By: | | EMS Notified Time | | EMS Arrival Time | | Hospital Arrival Time | | Photos Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Report By: B1258 | | <- Badge # | | Department Gwinnett County Police Dept. | | Report Date 08-26-2012 | | Checked By: B628 SAGE, TR | | Date Checked 08-26-2012 | |
| Witness(es): | | NAME (last first middle initial) | | Street Address | | City | | State | | Zip | |
| 1 | | NAME (last first middle initial) | | Street Address | | City | | State | | Zip | |
| 2 | | NAME (last first middle initial) | | Street Address | | City | | State | | Zip | |
| DMVS MICROFILM NUMBER (DO NOT WRITE IN THIS SPACE) | | | | | | | | | | | |
| Commercial Vehicles Only | | | | | | | | | | | |
| Carrier Name Vehicle # | | | | | | Carrier Name Vehicle # | | | | | |
| Address | | | | | | Address | | | | | |
| No. of Axles | | G.V.W.R. | | Fed. Reportable <input type="checkbox"/> Yes <input type="checkbox"/> No | | Cargo Body Type | | No. of Axles | | G.V.W.R. | |
| Vehicle Config. | | I.C.C.M.C.# | | U.S.D.O.T.# | | Interstate <input type="checkbox"/> Intrastate <input type="checkbox"/> | | Vehicle Config. | | I.C.C.M.C.# | |
| C.D.L.? 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No | | C.D.L. Suspended? 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No | | Vehicle Placarded? 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No | | Hazardous Materials? 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No | | Released? 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No | | C.D.L.? 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No | |
| C.D.L. Suspended? 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No | | Vehicle Placarded? 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No | | Hazardous Materials? 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No | | Released? 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No | | C.D.L.? 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No | | C.D.L. Suspended? 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No | |
| Vehicle Placarded? 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No | | Hazardous Materials? 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No | | Released? 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No | | C.D.L.? 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No | | C.D.L. Suspended? 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No | | Vehicle Placarded? 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No | |
| Released? 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No | | C.D.L.? 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No | | C.D.L. Suspended? 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No | | Vehicle Placarded? 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No | | Hazardous Materials? 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No | | Released? 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No | |
| If YES, Name or 4 Digit Number from Diamond or Box: _____ | | | | | | If YES, Name or 4 Digit Number from Diamond or Box: _____ | | | | | |
| 1 Digit Number from Bottom of Diamond: _____ | | | | | | 1 Digit Number from Bottom of Diamond: _____ | | | | | |
| <input type="checkbox"/> Ran Off Road <input type="checkbox"/> Down Hill Runaway <input type="checkbox"/> Cargo Loss/Shift <input type="checkbox"/> Separation of Units | | | | | | <input type="checkbox"/> Ran Off Road <input type="checkbox"/> Down Hill Runaway <input type="checkbox"/> Cargo Loss/Shift <input type="checkbox"/> Separation of Units | | | | | |

Accident Number: 120079215

Nature of Call: 5200

From Time: 0302

Date From: 08-26-2012

REMARKS:

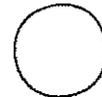
DRIVER WAS TRAVELING EAST ON HIGHPOINT RD WHEN HE ATTEMPTED TO TURN LEFT ONTO OAK RD. WHEN HE DID HE LOST CONTROL OF THE VEHICLE AND WENT OFF THE ROAD AND STRUCK A TREE. THE DRIVER STATED THERE WAS A SILVER FORD TAURUS IN HIS LANE AND HE SWERVED TO AVOID IT.

DRIVER 1 HAD MINOR INJURIES TO LEFT LEG AND WAS TREATED BY MED 3 ON SCENE. THE DRIVER REFUSED TRANSPORT TO THE HOSPITAL. VEHICLE 1 HAD HEAVY DAMAGE ALL OVER THE VEHICLE WAS TOTALED AND NOT DRIVABLE. IT WAS REMOVED BY STATEWIDE WRECKER SERVICE.

DRIVER 1 WAS DETERMINED TO BE UNDER THE INFLUENCE OF ALCOHOL. HE WAS ISSUED M331232 FOR DUI AND M331233 FOR FAILURE TO MAINTAIN LANE.

INDICATE ON THIS DIAGRAM WHAT HAPPENED

INDICATE NORTH



Citations - Vehicle # 1

Veh 1 Violation: 40-6-391(A)(1)

Citation #: M331232

Citations - Vehicle #

Veh 2 Violation:

Citation #:

| | | | | | | | | | | |
|---------------------|------------------|---------|---------------|-------------|---------------------|----------------------------|------------|-----------|----------------|-------------------------------|
| First Harmful Event | Traffic-Way Flow | Weather | Surface Cond. | Light Cond. | Manner of Collision | Location at Area of Impact | Road Comp. | Road Def. | Road Character | Construction/Maintenance Zone |
| 11 | 1 | 1 | 1 | 5 | 6 | 1 | 2 | 1 | 1 | 0 |

| | | | | | | | | |
|--------------------------|----|-------|-------|-----------------------------|-------|-------|---|---------------|
| Veh # 1 | | Veh # | | Skid Distance Before Impact | 0 | AFTER | 0 | Width of Road |
| Number of Occupants | 1 | | Veh 1 | | | Veh 1 | | |
| Point of Initial Contact | 03 | | | | AFTER | | | |
| Damage to Vehicles | 4 | | | Veh | | Veh | | 24' |

| | | | | | | | | | | | | |
|---------------------------|----------------------------|----------|------|-------|-------|-----|--------|-----------------|-------|--------------|--------|---------|
| Damage Other Than Vehicle | Owner: Name | Address: | AGE | SEX | VEH # | POS | INJURY | TAKEN FOR TREAT | EJECT | SAFETY EQUIP | EXTRIC | AIR BAG |
| | Driver # 1 or Pedestrian # | | | | | | 3 | 2 | 1 | 3 | 2 | 1 |
| Occupants (List Below): | Driver # or Pedestrian # | | | | | | | | | | | |
| Last Name | First | Address | City | State | ZIP | X | X | X | X | XXX | XXX | XXX |

JUVENILE INVOLVED? Yes No

| | | | |
|------------------------------|------------------------------|-----------------------------|--|
| Accident Number 120079215 | Agency NCIC No. GA0670200 | Accident Date 08-26-2012 | GEORGIA UNIFORM MOTOR VEHICLE REPORT CONTINUATION |
|------------------------------|------------------------------|-----------------------------|--|

| Occupants (List Below): | | | | | | AGE | SEX | VEH# | POS | INJURY | TAKEN FOR TREAT | EJECT | SAFETY EQUIP. | EXTRIC | AIR BAG |
|-------------------------|-------|---------|------|-------|-----|-----|-----|------|-----|--------|-----------------|-------|---------------|--------|---------|
| Last Name | First | Address | City | State | ZIP | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
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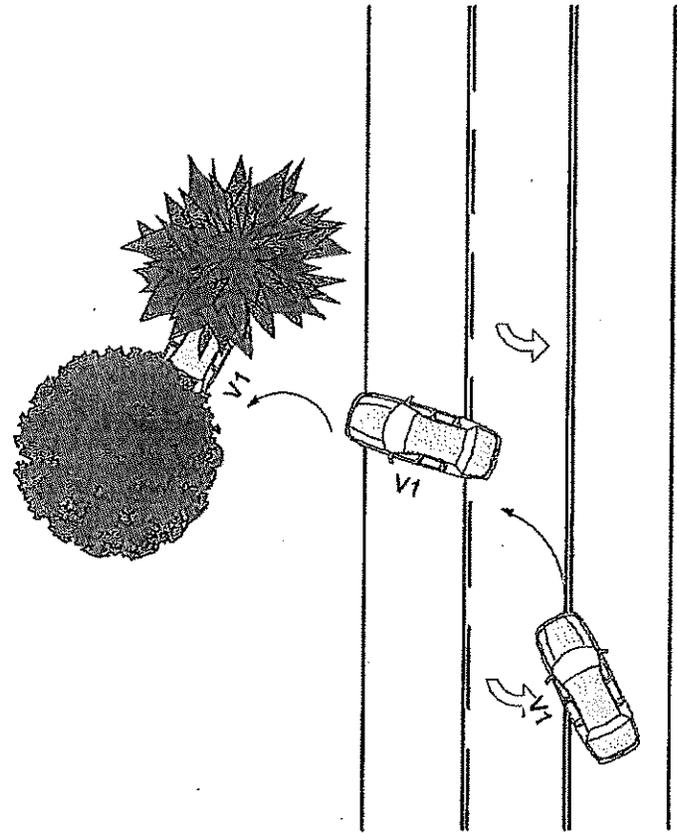
Injured Taken to: _____ By: _____

| Witness - Name (Last, First, MI Initial) | Address: (Street Address, City, State, Zip) | Phone: (Home, Business, Cell) |
|--|---|-------------------------------|
| | | H |
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| | | H |
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| | | H |
| | | H |
| | | H |

REMARKS:

Report By: BAILEY, C
 Badge # B1258

| | |
|------------------------------|----------------|
| Case Number: 12-079215 | Date: 08/26/12 |
| Location: HIGHPOINT / OAK RD | |
| Description: | |



NOT TO SCALE