

HOE COUNTY SHERIFF'S OFFICE - ALCOHOL INFLUENCE/D.U.I. REPORT

CR NUMBER **AC02-41563**

LOCATION: **000 BCK W. BELLEVUE NE**

DISTRICT _____ GEO-CODE _____

DATE/TIME OCCURED	ON OR BETWEEN	MONTH	DAY	YEAR	TIME	HOW RECEIVED?
		11	30	02	0014	ON VIEW <input checked="" type="checkbox"/> SUPERVISOR <input type="checkbox"/> CITIZEN <input type="checkbox"/> OTHER _____

SUSPECT	NAME: LAST, FIRST MIDDLE	SEX	RACE	AGE	DOB	OCCUPATION
	RIVERS JAMES ROBERT	M	W	40		MR MCKSHAN
	RESIDENCE _____	PHONE _____	BUS. ADDRESS _____		BUS. PHONE _____	


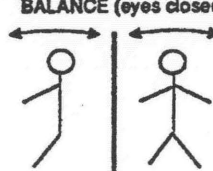
VEHICLE	YEAR	MAKE	MODEL	STYLE	LICENSE	LIS. STATE	COLOR	VIN.
	89	DEP	CHEROCHEE	4DR		TX	WHITE	

OBSERVATIONS: _____ ROADSIDE BALANCE AND COORDINATION MANUEVERS: **REFUSED**

EYES	CLEAR <input type="checkbox"/> WATERY <input type="checkbox"/> BLOODSHOT <input checked="" type="checkbox"/> OTHER: _____	HGN	Right Eye _____ Left Eye _____ Vertical Nystagmus? <input type="checkbox"/> Yes <input type="checkbox"/> No
	CORRECTION: GLASSES <input type="checkbox"/> CONTACTS <input type="checkbox"/>	Lack of Smooth Pursuit _____	Maximum Deviation _____
		Angle of Onset _____	

BREATH	ODOR NOT DETECTED <input type="checkbox"/> ODOR OF AN ALCOHOLIC BEVERAGE <input checked="" type="checkbox"/> OTHER: STRONG ODOR	WALK & TURN	Cannot keep balance Starts too soon _____ 1st Nine 2nd Nine _____ Stops Walking Misses Heel-toe Steps On Line Raises Arms Actual Steps Taken _____
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CLOTHING	OK <input checked="" type="checkbox"/> DIRTY <input type="checkbox"/> UNKEMPT <input type="checkbox"/> OTHER: <input type="checkbox"/>	Describe Turn _____	Cannot go Test (explain) _____
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SPEECH	OK <input type="checkbox"/> SLURRED <input checked="" type="checkbox"/> SLOW <input type="checkbox"/> THICK-TONGUED <input checked="" type="checkbox"/> OTHER: STUTTERING - DIFFICULT TO UNDERSTAND	ONE LEG STAND	 <input type="checkbox"/> Sways while balancing <input type="checkbox"/> Uses arms to balance <input type="checkbox"/> Hopping <input type="checkbox"/> Puts foot down	BALANCE (eyes closed)	 INTERNAL CLOCK: Estimated as 30 sec.
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ATTITUDE	CO-OPERATIVE <input type="checkbox"/> EMOTIONAL <input type="checkbox"/> BELLIGERENT <input type="checkbox"/> OTHER: UNCOOPERATIVE - ARGUMENTATIVE	ALPHABET	_____
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MANUEVER SURFACE	_____	ALCO-SENSOR	POSITIVE <input type="checkbox"/> NEGATIVE <input type="checkbox"/> READING: _____
WEATHER	_____	SERIAL NO.	_____

ADVISEMENT - EXPRESS CONSENT	REVOCATION OF LICENSE
TYPE OF ADVISEMENT: ALCOHOL <input checked="" type="checkbox"/> DRUG(S) <input checked="" type="checkbox"/>	REASON: REFUSED CHEMICAL TESTS <input checked="" type="checkbox"/> TEST GREATER THAN .10 <input type="checkbox"/>
TEST OFFERED: BLOOD <input checked="" type="checkbox"/> BREATH <input checked="" type="checkbox"/> URINE (DRUGS ONLY) <input type="checkbox"/>	COMPLETE DR FORM 1576 TO INCLUDE THE REVERSE, HAVE NOTORIZED, AND MAIL COPIES OF ALL PERTINENT REPORTS TO DIV. OF MOTOR VEHICLES

TEST RESULTS:

BLOOD TEST - _____ GRAMS OF ALCOHOL PER HUNDRED MILLILETERS OF BLOOD

BREATH TEST - _____ GRAMS OF ALCOHOL PER 210 LITERS OF BREATH

URINE (DRUGS ONLY)

DISPOSITION OF SUSPECT:	DISPOSITION OF VEHICLE:
RELEASED TO SOBER PERSON <input type="checkbox"/>	RELEASED TO SOBER PERSON <input type="checkbox"/> NAME: 1
JAILED <input type="checkbox"/>	ADDRESS: _____
DETOXIFICATION CENTER <input checked="" type="checkbox"/> (JUSTICE CENTER) OTHER: _____	TOWED <input checked="" type="checkbox"/> NAME OF TOW COMPANY: BOB'S TOWING
SUMMONS NUMBER 427885	(IF TOWED, ATTACH IMPOUND FORM, AND INSURE INFORMATION IS PLACED ON CCIC)
ARRESTING OFFICER AND NUMBER JANITA REED #0144	SUPERVISOR INITIALS 8928
	UCR ENTRY INITIALS _____

CR# AC02-41563

CONSENT FOR A CHEMICAL TEST

Having been advised pursuant to the express consent laws of the State of Color., I give my permission for, and submit to a chemical test of my (circle one) BLOOD BREATH in accordance with the provisions of the Colorado Board of Health for the purpose of determining the alcohol content of my blood or breath. If suspecting drugs, I agree to submit to a chemical test of my blood or urine to determine drug content.

Witness _____

REFUSED 0145 AM 46
Signature

Verbal consent given Y N

INTOXILYZER 5000 CHECK-LIST: (Initial when completed)

- _____ 1. Closely and continuously observe the subject for 20 minutes prior to the time of testing to detect any belching, regurgitation, or intake of any foreign material by nose or mouth. If such occurs, another 20 minutes of close observation must elapse under the same conditions. (If subject wears dentures, have them removed prior to test).
- _____ 2. Turn the power switch on and/or observe that the power switch has been activated.
- _____ 3. Observe that the simulator temperature is between 33.8 degrees centigrade and 34.2 degrees centigrade.
- _____ 4. Activate the Start Test switch.
- _____ 5. Follow the instructions and sequence of events as they appear on the display screen.
- _____ 6. After the sequence of events has been completed, properly seal and package the silica gel tube. Record information as needed.

Signature of Certified Operator
Breath Test was number _____ of 100 tests.
Solution changed by: _____

LEGAL BLOOD/ALCOHOL (Use only for BA kit)

Please Print:

This is to certify that I, _____ (full name), am a _____
(official title), who, as a regular part of my duties, draw blood samples through venipuncture under the
supervision of _____ Medical Doctor/Registered Nurse.

Signature

SUPPLEMENT - ALCOHOL INFLUENCE REPORT

AC02-41563

Advisement:

0305HR

- A. You have the right to remain silent.
- B. Anything you say may be used against you in court.
- C. You have the right to an attorney present during the time you are questioned.
- D. If you cannot afford to hire an attorney, one may be appointed to represent you before questioning.

Waiver:

- 1. Do you understand your rights? Yes No
- 2. Do you wish to waive your right to remain silent and answer questions? Yes No
- 3. Do you wish an attorney present before questioning?
Yes No

Suspect Signature

Verbal waiver given

Witness

INTERVIEW: (quote answers)

Were you driving a vehicle? _____ .

Where were you going? _____ .

Where were you stopped? _____ .

Where did you start from? _____ .

What is the date? _____ . Day of week? _____ . Time? _____ .

When did you eat last? _____ .

What did you eat? _____ .

Have you been drinking? _____ . How much? _____ .

Where? _____ .

Do you have any physical defects? _____ . What? _____ .

Are you diabetic? _____ . Epileptic? _____ .

Are you taking medication? _____ What? _____ .

Prescribed by: _____ .

Are you ill or injured? _____ Explain: _____ .

When did you sleep last night? _____ .

How much sleep did you get? _____ .

Time interview ended: _____

Officer signature

ARAPAHOE COUNTY SHERIFF'S OFFICE

5686 South Court Place

Littleton, Colorado 80120-1200

Report # AC02-41563
Report Date: 11 3002
Connecting #

INCIDENT REPORT
 CUSTODY
 MISSING PERSON
 RUNAWAY
 CONTINUATION
 SUPPLEMENTAL REPORT

Incident DUI					Location					District			GEO-Code	
Date/Time Occured	On Or Between	Month	Day	Year	Time	Date/Time Reported	Month	Day	Year	Time	How Received Dispatched _____ Citizen _____ On View _____ Supervisor _____			

CODES:	R/P-REPORTING PARTY	W-WITNESS	SB-SUBJECT	P-PARENT			
Code:	Name (Last, First, Middle)	Sex	Race	Age	DOB	Occupation	
	Residence					Zip	Telephone X=Day
	Business (Name & Address or School)					Zip	Telephone
Code:	Name (Last, First, Middle)	Sex	Race	Age	DOB	Occupation	
	Residence					Zip	Telephone X=Day
	Business (Name & Address or School)					Zip	Telephone
Code:	Name (Last, First, Middle)	Sex	Race	Age	DOB	Occupation	
	Residence					Zip	Telephone X=Day
	Business (Name & Address or School)					Zip	Telephone

OTHER PERSONS

CODES:	S-Suspect	A-Arrestee	J-Juvenile	M-Missing Person	R-Runaway
Code / #: A	Name RIVERS, JAMES ROBERT			Res. Address [REDACTED]	
[REDACTED]	P.O.B. Commerce TX		Occupation U.S. MARSHALL		Bus. Address
[REDACTED]	Age 40		HT 601		Bus. Phone
Sex M	Race N		WT 265		[REDACTED]
Hair BRO		Eyes BRN		SSN [REDACTED]	
Clothing			S & C # 427885		Additional Charges 42-4-1402 42-4-1007 42-4-1409
Arrest <input checked="" type="checkbox"/>		Detention <input type="checkbox"/>		Adult <input checked="" type="checkbox"/>	
Juv. Disp. <input type="checkbox"/>		Released on Summons# 427885		Released Pending Charges _____	
Multiple Arrest <input type="checkbox"/>		Assist Other Agency <input type="checkbox"/>		Date/Time Arrested 113002	
In Custody _____		Released to Other Agency _____		Detoxification <input checked="" type="checkbox"/>	
Injuries NONE		Treated By N/A		Where Treated N/A	
Date/Time Treated		Relation/Agency N/A		Time Parent Notified N/A	
Released to (Signature) N/A		Date/Time Released 0020			
Multiple Clearance Indicator: M <input type="checkbox"/> MULTIPLE			Arrestee H <input type="checkbox"/> HISPANIC		Resident Status:
C <input type="checkbox"/> COUNT ARRESTEE			Ethnicity: N <input checked="" type="checkbox"/> NON-HISPANIC		R <input type="checkbox"/> COUNTY RESIDENT (Unincorporated)
N <input type="checkbox"/> NOT APPLICABLE			U <input type="checkbox"/> UNKNOWN		N <input checked="" type="checkbox"/> NONRESIDENT U <input type="checkbox"/> UNKNOWN
Arrestee Was Armed With: (Check up to Two, Enter A in Box if Automatic)			Type of Arrest:		Disposition of Arrestee Under 18:
01. <input type="checkbox"/> UNARMED			O <input type="checkbox"/> ON-VIEW		H <input type="checkbox"/> HANDLED WITHIN DEPARTMENT
11. <input type="checkbox"/> FIREARM (type not stated)			S <input type="checkbox"/> SUMMONED/CITED		R <input type="checkbox"/> REFERRED TO OTHER AUTHORITY
12. <input type="checkbox"/> HANDGUN			T <input type="checkbox"/> TAKEN INTO CUSTODY		
13. <input type="checkbox"/> RIFLE					
35. <input type="checkbox"/> MOTOR VEHICLE					
14. <input type="checkbox"/> SHOTGUN					
15. <input type="checkbox"/> OTHER FIREARM					
16. <input type="checkbox"/> LETHAL CUTTING INSTRUMENT (e.g. switchblade, knife, etc.)					
17. <input type="checkbox"/> CLUB, BLACKJACK, BRASS KNUCKLES					
Officer Signature & Number [Signature] 8407		Supervisor Initial		Reporting Party Signature	

COURT

UNIFORM SUMMONS & COMPLAINT OR PENALTY ASSESSMENT

SUMMONS/ O.B.T.S. NO. 427885

THE PEOPLE OF THE STATE OF COLORADO VS. Defendant (Last Name) (First) (Middle) Age Date of Birth Mo. Day Yr. Mo. Day Yr.

RIVERS JAMES R. 40 [REDACTED] 0014 113002

Defendant's Address City State Zip Code Home Telephone Traffic Accident Injuries Involved Defendant Insured

[REDACTED] [REDACTED] [REDACTED] [REDACTED] Yes No Yes No Fatal Yes No

Employer's Name Employer Address Occupation Business Telephone Property Damage Involved

U.S. MARSHALL [REDACTED] SKY MARSHALL [REDACTED] Yes No

Driver's License No. Commercial Driver's Lic. Presented State Race Sex Weight Height Hair Eyes The offense occurred in the State of Colorado, in ARAPAHOE County at this approximate location:

[REDACTED] Yes No Yes No CO W M 265 601 BRO GRN

Vehicle License No. State VIN Vehicle Color (Top/Bottom) Commercial Vehicle Year Make Type or Body Style

[REDACTED] CO WHITE Yes No 89 JEEP UT 5-BROADWAY AT E. BELLVIEW AVE

Registered Owner (Name and Address) Placarded Nuclear Material Hazardous Material List the violation address, street intersecting, or Highway mile marker locations with distance and direction from marker.

[REDACTED] Yes No Yes No

BASIC FACTS IF PROVEN COULD CONSTITUTE: DOMESTIC VIOLENCE A SEXUAL OFFENSE Defendant Arrested Defendant Photographed Defendant Fingerprinted Agency Case Number: GANG AFFILIATION? YES NO UNKNOWN ARREST NO.

DOMESTIC VIOLENCE A SEXUAL OFFENSE Yes No Yes No Yes No AC02-41562

WITNESS NAME, ADDRESS, PHONE NUMBERS (Home & Work), DATE OF BIRTH IN ADDITION TO OFFICER LISTED BELOW

1 Name: REED D.O.B. Phone (H) Address: DEPUY ACSO Phone (W)	2 Name: VANHOOK, J D.O.B. Phone (H) Address: DEPUY ACSO Phone (W)
3 Name: D.O.B. Phone (H) Address: Phone (W)	4 Name: D.O.B. Phone (H) Address: Phone (W)

ADDITIONAL WITNESSES LISTED ON REVERSE SIDE OF YELLOW COPY OF SUMMONS PENALTY ASSESSMENT ONLY:

CHARGE No.	SECTION	CRS	DESCRIPTION	COM. CODE	POINTS	FINE	SURCHARGE
1	42-4-1402		CARELESS DRIVING	141	4	\$	\$
2	42-4-1007(1)(a)		FAILED TO DRIVE IN SINGLE LANE (NEAVING)	23	3	\$	\$
3	42-4-1409(3)		FAILED TO PRESENT EVIDENCE OF INSURANCE UPON REQUEST	957	4	\$	\$
4	42-4-1301(1)(a)		DROVE VEHICLE WHILE UNDER THE INFLUENCE OF ALCOHOL	800	12	\$	\$

ADDITIONAL CHARGES LISTED ON SUBSEQUENT SUMMONS CO-DEFENDANT(S) LAST NAME MAILED NRVC TOTAL POINTS TOTAL FINES TOTAL SURCHARGE

Yes No [REDACTED] [REDACTED] 23 \$

YOU ARE SUMMONED AND ORDERED TO APPEAR TO ANSWER CHARGES AS STATED ABOVE IN ARAPAHOE CO. COUNTY COURT LOCATED AT 15400 E. 14TH PL IN AURORA COLORADO ON JAN 8, 2003 TIME 8:30 AM

IF THIS DATE IS A SATURDAY, SUNDAY OR HOLIDAY, OR IF FOR ANY REASON THE COURTHOUSE IS CLOSED YOUR MANDATORY APPEARANCE DATE IS THE NEXT COURT BUSINESS DAY.

SUMMONS: TRAFFIC INFRACTION MISD. TRAFFIC MISD./PETTY PENALTY ASSESSMENT: TRAFFIC INFRACTION MISD. TRAFFIC MISD./PETTY

WITHOUT ADMITTING GUILT, I HEREBY PROMISE TO APPEAR AT THE TIME AND PLACE INDICATED ABOVE. FAILURE TO APPEAR MAY CONSTITUTE A SEPARATE OFFENSE AND WILL RESULT IN A WARRANT BEING ISSUED FOR MY ARREST. SEE INSTRUCTIONS ON REVERSE SIDE. (REQUIRED COURT APPEARANCE - DO NOT MAIL)

DEFENDANT: [Signature]

THE UNDERSIGNED SWEARS OR AFFIRMS THAT THERE IS PROBABLE CAUSE TO BELIEVE THE DEFENDANT COMMITTED THE ABOVE OFFENSE(S) AGAINST THE PEACE AND DIGNITY OF THE PEOPLE OF THE STATE OF COLORADO AND THAT A COPY OF THIS SUMMONS & COMPLAINT OR PENALTY ASSESSMENT WAS DULY SERVED UPON THE DEFENDANT.

DATE SERVED 113002 OFFICER E. HAWKINS OFFICER'S DEPT. ARAPAHOE COUNTY S.O. OFFICER - PRINT LAST NAME E. HAWKINS DISTRICT TROOP PATROL