

132589

T390 DUI VAN **ALCOHOL INFLUENCE REPORT** **DIGITALLY STORED EVIDENCE**
 SUSPECT ENTER VAN TIME: **0159** RELEASE TIME: **0220** **PHOENIX POLICE DEPARTMENT** PHOTO YES NO VIDEO YES NO

LAST: GINGRAS		FIRST: DAVID		MIDDLE: SCOTT		<input type="checkbox"/> FELONY DUI	
RACE: W	SEX: M	WEIGHT: 195	HEIGHT: 601	EYES: BRO	HAIR: BRO	DATE OF BIRTH: 09 / 14 / 72	<input checked="" type="checkbox"/> MISDEMEANOR DUI
RESIDENTIAL ADDRESS: 4072 E MOUNTAIN VISTA DR PHOENIX AZ 85048						RES. PHONE NUMBER: (480) 570-6157	
EMPLOYER: JABURG AND WILK				BUSINESS ADDRESS: 3200 N CENTRAL AVE #2000 PHX AZ		BUS. PHONE NUMBER: (UNK)	
DRIVER LICENSE #: [REDACTED]				STATE: AZ	FORCE USED: 30	SUPERVISOR #: [REDACTED]	ALIAS: [REDACTED]
REGISTERED OWNER: <input checked="" type="checkbox"/> SAME AS DRIVER				ADDRESS: (STREET, APT., CITY, STATE, ZIP)			
LICENSE PLATE #: SLOWER		YEAR: 07	STATE: AZ	VEHICLE MAKE: BMW	STYLE: 2D	MODEL: [REDACTED]	YEAR: 02
DISPOSITION OF VEHICLE: <input checked="" type="checkbox"/> PARKED <input type="checkbox"/> TOWED		TOW / IMPOUND COMPANY:		LOCATION: 5035 E CHANDLER BLVD			ARREST GRID:
LOCATION OF OCCURRENCE: 4300 E CHANDLER BLVD			LOCATION OF ARREST: 5035 E CHANDLER BLVD			ARREST DATE: 11/26/06	TIME DRIVING ENDED: 0128
ARREST TIME: 0139			ARREST NUMBER: 13536101		ARREST GRID:		

MIRANDA WARNINGS GIVEN BY: T. EHRLER #4339	LOCATION: 48TH ST AND ELLIOT	TIME: 0210	SUBJECT'S RESPONSE: "SILENT"
IMPLIED CONSENT EXPLAINED BY: T. EHRLER #4339	LOCATION: 48TH ST AND ELLIOT	TIME:	SUBJECT'S RESPONSE: <input checked="" type="checkbox"/> SUBMITTED TO TESTS
INTERVIEW CONDUCTED BY: T. EHRLER #4339	LOCATION: 48TH ST AND ELLIOT	START TIME:	<input type="checkbox"/> UNABLE TO CONDUCT INTERVIEW <input type="checkbox"/> SUBJECT REFUSED INTERVIEW

WERE YOU OPERATING THE VEHICLE? Yes No

WHERE WERE YOU GOING? WHERE WERE YOU COMING FROM?

WHAT TIME DID YOU LEAVE? **I WOULD RATHER REMAIN SILENT**

WHAT TIME IS IT NOW? ACTUAL TIME: AM PM WHAT IS THE DATE TODAY? ACTUAL DATE: **11/26/06**

WHAT DAY OF THE WEEK IS IT? ACTUAL DAY: **Sunday** WHAT HAVE YOU BEEN DRINKING? WHERE WERE YOU DRINKING?

HOW MUCH DID YOU DRINK? WHAT TIME DID YOU START DRINKING? WHAT TIME DID YOU STOP DRINKING?

WERE YOU INVOLVED IN A COLLISION? (IF YES, WHERE?) Yes No THE TIME IS _____ AT WHAT TIME DID THE COLLISION OCCUR? AM PM

HAVE YOU BEEN DRINKING SINCE THE COLLISION? (ASK IN COLLISION SITUATION ONLY) (IF YES, WHAT AND HOW MUCH?) Yes No **N/A**

WHERE WERE YOU CONTACTED BY THE OFFICER?

ARE YOU ILL? (IF YES, DESCRIBE ILLNESS) Yes No DO YOU HAVE A FEVER? (IF YES, EXPLAIN) Yes No

ARE YOU HURT? (IF YES, DESCRIBE) Yes No DID YOU HIT YOUR HEAD? (IF YES, DESCRIBE HOW INJURY OCCURRED) Yes No

HAVE YOU BEEN TO DOCTOR OR DENTIST IN THE LAST TWO WEEKS? Yes No (IF YES, WHEN, AND WHAT WAS THE REASON FOR THE VISIT?)

NATURE OF ON GOING TREATMENT: HAVE YOU TAKEN ANY MEDICATION / DRUG IN THE PAST 24 HOURS? Yes No IF YES, DATE TAKEN: TIME TAKEN: AM PM

TYPE OF MEDICATION / DRUG (OR NAME): DO YOU HAVE DIABETES? Yes No DO YOU TAKE INSULIN FOR ANY REASON? (IF YES, WHY?) Yes No

DO YOU HAVE ANY ALLERGIES? (IF YES, WHAT ARE THEY?) Yes No

ARE YOUR ALLERGIES BOTHERING YOU NOW? Yes No (IF YES, IN WHAT WAY?) **N/A**

DO YOU HAVE ANY PHYSICAL DISABILITIES? Yes No (IF YES, DESCRIBE) WHEN DID YOU LAST EAT? AM PM DATE: TIME:

WHAT DID YOU EAT? HOW MUCH SLEEP HAVE YOU HAD IN THE LAST 24 HOURS?

DID YOU FEEL IMPAIRED IN ANY WAY WHILE DRIVING? Yes No

FOR THIS NEXT QUESTION I AM NOT ASKING YOU HOW MUCH YOU HAVE HAD TO DRINK. OR A SCALE OF ZERO TO TEN, ZERO BEING COMPLETELY SOBER AND TEN BEING COMPLETELY FALLING DOWN DRUNK, HOW WOULD YOU RATE YOURSELF AT THE TIME YOU WERE DRIVING?
 0 1 2 3 4 5 6 7 8 9 10

SUBJECT NAME DAVID SCOTT GINGRAS

DOB: 09/14/72 **DOV:** 11/26/06



INTOXILYZER 8000

Location: PHOENIX POLICE DEPT.

Serial Number : 80-001020

11/26/2006

02:05:10

Standard Lot#: 523701I

Last Changed By: M. CAMPBELL

#A-4334

QAS: A. GALLEGOS

#A4710

PHOENIX PD

Operator: T. EHRLER

#4339

PHOENIX PD

Subject: GINGRAS, DAVID, S

DOB: 09/14/1972

Sex: M

Weight: 195

15 Minute Deprivation Period? Yes

Test	g/210L	Time
Air Blank	0.000	02:06:37
Diagnostic Test	Pass	02:07:06
Air Blank	0.000	02:07:33
0.100 Cal Check	0.098	02:07:52
Air Blank	0.000	02:08:21
Subject Test	0.117	02:09:18
Air Blank	0.000	02:09:50
Five Minute Wait		
Air Blank	0.000	02:14:46
Subject Test	0.119	02:15:31
Air Blank	0.000	02:16:03
0.100 Cal Check	0.096	02:16:22
Air Blank	0.000	02:16:52
Diagnostic Test	Pass	02:17:19

Successfully Completed Test Sequence

SUBJECT INTERVIEW CONTINUED

DO YOU HAVE A PRIOR DUI CONVICTION? YES <input type="checkbox"/> NO <input type="checkbox"/>	(IF "YES") IN WHAT STATE(S)?	DATE(S):
IS YOUR LICENSE SUSPENDED / REVOKED / CANCELED? <input type="checkbox"/> YES <input type="checkbox"/> NO		(IF "YES") HOW DO YOU KNOW?
IF SUSPENDED / REVOKED / CANCELED, IN WHAT STATE(S)?	HAS YOUR LICENSE BEEN SUSPENDED / REVOKED / CANCELED IN THE PAST? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF "YES", HAVE YOU PAID THE REINSTATEMENT FEE TO THE MOTOR VEHICLE DEPARTMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
UNUSUAL COMMENTS / OBSERVATIONS OF SUBJECT:		
INTERVIEW STOP TIME:	DATE:	WAS THERE ANY EVIDENCE OF ILLNESS / INJURY / DISABILITY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (IF YES, EXPLAIN)

CHEMICAL TEST EVIDENCE

SUBJECT ADVISED OF RIGHT TO ARRANGE AND PAY FOR AN INDEPENDENT CHEMICAL TEST		SUBJECT'S RESPONSE:		BACA FORM COMPLETED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
BY OFFICER T. EHRLER #4339		TIME: 0205		ADVISED	
TYPE OF TEST CONDUCTED <input checked="" type="checkbox"/> BREATH <input type="checkbox"/> URINE <input type="checkbox"/> BLOOD		"BACA" (BLOOD) SAMPLE TAKEN <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		WAS THERE ANY REASON TO BELIEVE THE INSTRUMENT WAS OPERATING INCORRECTLY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (IF YES, EXPLAIN)	
TEST CONDUCTED? BY OFFICER: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		SEARCH WARRANT OBTAINED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		COURT OF ISSUE:	
BLOOD DRAW CONDUCTED? BY: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		TIME OF DRAW:		WITNESSED BY:	
PACE / MVD CHECK: No record		PRIOR DUI CONVICTION DATE(S):		DRIVER LICENSE CHECK RESULTS: Valid	
				OFFICER / CLERK'S SERIAL #: 6238	

IN COLLISION SITUATIONS COMPLETE THE FOLLOWING

<input type="checkbox"/> COLLISION REPORT COMPLETED					
<input type="checkbox"/> FIRE DEPARTMENT	<input type="checkbox"/> TREATED AND RELEASED	<input type="checkbox"/> ADMITTED TO HOSPITAL	<input type="checkbox"/> SERIOUS INJURY	<input type="checkbox"/> FATALITY	<input type="checkbox"/> HIT AND RUN
<input type="checkbox"/> VICTIM'S RIGHTS INFORMATION PROVIDED TO VICTIM(S) <input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> SUSPECT'S COURT DATE PROVIDED TO VICTIM(S)		

OFFICER'S OBSERVATIONS OF SUBJECT'S PHYSICAL CONDITION

BY OFFICER T.G. EHRLER #4339					
BREATH (ODOR OF INTOXICATING LIQUOR)	<input type="checkbox"/> APPARENTLY NONE	<input type="checkbox"/> PAINT	<input type="checkbox"/> MODERATE	<input type="checkbox"/> STRONG	MODERATE
COLOR OF FACE	<input type="checkbox"/> APPARENTLY NORMAL	<input type="checkbox"/> FLUSHED	<input type="checkbox"/> PALE	<input type="checkbox"/> OTHER (DESCRIBE)	APPARENTLY NORMAL,
EYES	<input type="checkbox"/> APPARENTLY NORMAL	<input type="checkbox"/> WATERY	<input type="checkbox"/> BLOODSHOT	<input type="checkbox"/> OTHER (DESCRIBE)	WATERY AND BLOODSHOT
CLOTHING / FOOTWEAR	CASUAL SHOES, L/S SHIRT, JEANS, HEAD BAND				
CLOTHING CONDITION	<input type="checkbox"/> CLEAN	<input type="checkbox"/> BLOODY	<input type="checkbox"/> URINE	<input type="checkbox"/> VOMIT	<input type="checkbox"/> ORDERLY
	<input type="checkbox"/> DISARRANGED	<input type="checkbox"/> TORN	<input type="checkbox"/> OTHER (DESCRIBE) CLEAN, ORDERLY,		
ATTITUDE	<input checked="" type="checkbox"/> POLITE	<input type="checkbox"/> COOPERATIVE	<input type="checkbox"/> UNCOOPERATIVE	<input type="checkbox"/> ANTAGONISTIC	<input type="checkbox"/> ARGUMENTATIVE
	<input type="checkbox"/> STUPOROUS	<input type="checkbox"/> LAUGHING	<input type="checkbox"/> INSULTING	<input type="checkbox"/> SLEEPING	<input type="checkbox"/> OTHER (DESCRIBE) POLITE AND COOPERATIVE
UNUSUAL ACTIONS	<input type="checkbox"/> PROFANITY	<input type="checkbox"/> BELCHING	<input type="checkbox"/> URINATING ON SELF	<input type="checkbox"/> HICCUPPING	<input type="checkbox"/> SLURRED SPEECH
	<input type="checkbox"/> CRYING	<input type="checkbox"/> COMEATIVE	<input type="checkbox"/> THREATENING	<input type="checkbox"/> OTHER (DESCRIBE)	<input type="checkbox"/> VOMITING

PHONE CALLS / ATTORNEY

DID THE SUBJECT REQUEST AN ATTORNEY AT ANY TIME? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF YES, DOCUMENT THE REQUEST IN THE NARRATIVE (BE SPECIFIC) AND TIME			
ASK THE ARRESTED PERSON IF THEY WANT TO MAKE A PHONE CALL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO TIME:		DID THE SUBJECT ASK AT ANY TIME TO MAKE A PHONE CALL <input type="checkbox"/> YES <input type="checkbox"/> NO	
NUMBERS DIALED	TIME	OFFICER'S INITIALS	IF RESPONSE IS UNUSUAL, ENTER IT HERE (BE SPECIFIC):
() -			
() -			
() -			
() -			

WITNESS SECTION

LAST NAME	FIRST NAME	M.I.	ORIGIN	SEX	D.O.B.	ADDRESS (INCLUDE ZIP CODE)	PHONE #s
							H () -
							W () -
							H () -
							W () -
							H () -
							W () -

VICTIM INFORMATION

LAST NAME	FIRST NAME	M.I.	ORIGIN	SEX	D.O.B.	ADDRESS (INCLUDE ZIP CODE)	PHONE #s
							H () -
							W () -
							H () -
							W () -
							H () -
							W () -

DETAILS OF ARREST

SUBJECTS NAME GINGRAS, DAVID SCOTT	ORIGIN W	SEX M	D. O. B. 09/14/72
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1. INSTRUCTIONS TO SUBJECT ARE PROVIDED AS GUIDELINES TO ENABLE THE OFFICER TO BE CONSISTENT IN ADMINISTERING EACH OF THE FBT's. 2. DOCUMENTATION AIDS ARE PROVIDED TO ASSIST THE OFFICER IN RECORDING THE BEHAVIOR AND ACTIONS OF A SUBJECT DURING THE FBT's.	DR NUMBER
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ASK SUBJECT: TO LIKE YOU TO PERFORM SOME PHYSICAL TESTS- IS THERE ANY REASON WHY YOU CANNOT PERFORM THE TESTS? YES NO (IF YES, ENTER RESPONSE. BE SPECIFIC.)

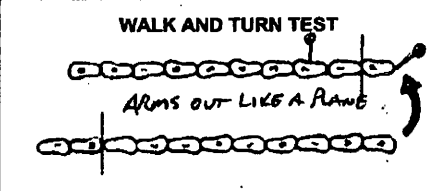
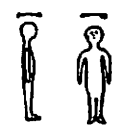
EXTERNAL CONDITIONS AT SCENE OF ARREST (CHECK ALL THAT APPLY)	
WEATHER	<input checked="" type="checkbox"/> CLEAR <input type="checkbox"/> CLOUDY <input type="checkbox"/> RAINING <input type="checkbox"/> WINDY <input type="checkbox"/> OTHER (EXPLAIN)
LIGHT CONDITIONS	<input type="checkbox"/> DAY TIME <input type="checkbox"/> NO LIGHTS <input type="checkbox"/> VEHICLE LIGHTS <input checked="" type="checkbox"/> FLASHLIGHT <input type="checkbox"/> OTHER (EXPLAIN) <input checked="" type="checkbox"/> NIGHT TIME <input checked="" type="checkbox"/> STREET LIGHTS <input type="checkbox"/> MOON LIGHT <input checked="" type="checkbox"/> COMMERCIAL BUSINESS LIGHTING
TYPE OF SURFACE USED FOR FIELD SOBRIETY TESTS	<input checked="" type="checkbox"/> LEVEL <input type="checkbox"/> CEMENT <input type="checkbox"/> DIRT <input type="checkbox"/> STREET <input type="checkbox"/> WET <input checked="" type="checkbox"/> DRY <input checked="" type="checkbox"/> PARKING LOT <input type="checkbox"/> UNEVEN <input checked="" type="checkbox"/> ASPHALT <input type="checkbox"/> GRAVEL <input type="checkbox"/> SIDEWALK <input type="checkbox"/> OTHER (EXPLAIN): FOOTWEAR:

HORIZONTAL GAZE NYSTAGMUS	WALK AND TURN	ONE LEG STAND	RHOMBERG BALANCE	FINGER TO NOSE
<p>QUESTIONS FOR SUBJECT: HAVE YOU HAD ANY HEAD OR EYE INJURIES? DO YOU WEAR CONTACT LENSES? (IF YES ENSURE THAT THEY ARE PROPERLY FITTED) <input type="checkbox"/> HARD <input type="checkbox"/> SOFT (IF SUBJECT IS WEARING EYE GLASSES, HAVE THEM REMOVED)</p> <p>INSTRUCTIONS TO SUBJECT: (HOLDING STIMULUS 12" - 15" IN FRONT OF FACE SLIGHTLY ABOVE EYE LEVEL) CAN YOU SEE THE TIP OF THIS ? WHAT I AM GOING TO DO IS MOVE THIS FROM SIDE TO SIDE. WHAT I WANT YOU TO DO IS FOLLOW THIS WITH YOUR EYES ONLY, KEEPING YOUR HEAD STILL. STAY FOCUSED ON THIS THE ENTIRE TIME. DO YOU UNDERSTAND THE INSTRUCTIONS? DO YOU HAVE ANY QUESTIONS? <input checked="" type="checkbox"/> Equal tracking <input checked="" type="checkbox"/> Equal pupil size</p> <p>HGN CUES</p> <input checked="" type="checkbox"/> Left eye does not follow smoothly <input checked="" type="checkbox"/> Right eye does not follow smoothly <input checked="" type="checkbox"/> Distinct and sustained nystagmus at maximum deviation of the left eye <input checked="" type="checkbox"/> Distinct and sustained nystagmus at maximum deviation of the right eye <input checked="" type="checkbox"/> Onset of nystagmus prior to 45 degrees in left eye <input checked="" type="checkbox"/> Onset of nystagmus prior to 45 degrees in right eye <p>VGN <input type="checkbox"/> Vertical Gaze Nystagmus present</p> <input type="checkbox"/> This FBT not administered for subject's safety <input type="checkbox"/> This FBT not administered for officer's safety <p>Time: <u>0130</u> Name: <u>G.W. Rice</u> Serial #: <u>6238</u> A certified HGN technician</p>	<p>INSTRUCTIONS TO SUBJECT: PLACE YOUR LEFT FOOT ON THE (IMAGINARY) LINE. NOW PLACE YOUR RIGHT FOOT ON THE LINE DIRECTLY IN FRONT OF YOUR LEFT FOOT TOUCHING HEEL TO TOE. PLACE YOUR ARMS DOWN AT YOUR SIDES. MAINTAIN THAT POSITION WHILE I EXPLAIN THE REST OF THE INSTRUCTIONS. DO YOU UNDERSTAND? WHEN I TELL YOU TO BEGIN AND NOT BEFORE THEN TAKE 8 HEEL-TO-TOE STEPS DOWN THE (IMAGINARY) LINE. AFTER THE 8TH STEP LEAVE YOUR FRONT FOOT ON THE (IMAGINARY) LINE WITH THE OTHER FOOT TAKE SMALL STEPS AROUND AND TAKE 8 MORE HEEL-TO-TOE STEPS BACK DOWN THE LINE. KEEP YOUR ARMS DOWN TO YOUR SIDES, WATCH YOUR FEET AT ALL TIMES, AND COUNT YOUR STEPS ALOUD. ONCE YOU START DO NOT STOP UNTIL YOU HAVE COMPLETED THE TEST. DO YOU UNDERSTAND THE INSTRUCTIONS? DO YOU HAVE ANY QUESTIONS?</p> <input type="checkbox"/> Cannot keep balance while listening to instructions <input type="checkbox"/> Starts before instructions are finished <input type="checkbox"/> Stops while walking to steady self <input type="checkbox"/> Does not touch heel to toe (measures by at least 1/2 inch) <input checked="" type="checkbox"/> Loses balance while walking to steady self (That is steps off line) <input checked="" type="checkbox"/> Uses arms for balance (8" or more from side) <input type="checkbox"/> Improper turn <input type="checkbox"/> Incorrect number of steps <input type="checkbox"/> Cannot do test (Steps off line three or more times) <input type="checkbox"/> This FBT not administered for subject's safety <input type="checkbox"/> This FBT not administered for officer's safety <input checked="" type="checkbox"/> Actual line used <p style="text-align: center;"><i>PARKING SPACE LINE</i></p>	<p>INSTRUCTIONS TO SUBJECT: STAND WITH YOUR FEET TOGETHER AND YOUR ARMS DOWN AT YOUR SIDES. REMAIN IN THAT POSITION UNTIL I TELL YOU OTHERWISE. DO YOU UNDERSTAND? WHEN I TELL YOU TO BEGIN AND NOT BEFORE THEN, I WANT YOU TO RAISE ONE LEG OFF THE GROUND APPROXIMATELY 6" AND MAINTAIN THAT POSITION. KEEP BOTH LEGS STRAIGHT. POINT YOUR TOES FORWARD SO THAT YOUR FOOT IS PARALLEL TO THE GROUND. LOOK AT YOUR RAISED FOOT AND KEEP YOUR ARMS DOWN AT YOUR SIDES WHILE YOU COUNT ALOUD IN THE FOLLOWING MANNER, 1001-1002-1003 ... ETC. UNTIL I TELL YOU TO STOP. DO YOU UNDERSTAND THE INSTRUCTIONS? DO YOU HAVE ANY QUESTIONS? <input checked="" type="checkbox"/> Sways while balancing <input checked="" type="checkbox"/> Uses arms for balance (8" or more from side) <input type="checkbox"/> Hopping <input type="checkbox"/> Puts foot down <input type="checkbox"/> Cannot do test (Puts foot down three or more times)</p> <input type="checkbox"/> This FBT not administered for subject's safety <input type="checkbox"/> This FBT not administered for officer's safety <p>Subject counted to <u>1030</u> at the completion of the 30 second test.</p> <input checked="" type="checkbox"/> Raised right leg <input type="checkbox"/> Raised left leg	<p>INSTRUCTIONS TO SUBJECT: STAND WITH YOUR FEET TOGETHER AND YOUR ARMS DOWN AT YOUR SIDES. REMAIN IN THAT POSITION UNTIL I TELL YOU OTHERWISE. DO YOU UNDERSTAND? WHEN I TELL YOU TO START AND NOT BEFORE THEN I WANT YOU TO TILT YOUR HEAD BACK SLIGHTLY AND CLOSE YOUR EYES. REMAIN IN THAT POSITION UNTIL I TELL YOU THE TEST IS COMPLETE. DURING THE TEST I WANT YOU TO <input type="checkbox"/> RECITE THE ALPHABET <input type="checkbox"/> COUNT ALOUD BACKWARD FROM TO <input type="checkbox"/> ESTIMATE THE PASSAGE OF 30 SECONDS. ONCE YOU BELIEVE 30 SECONDS HAVE PASSED TILT YOUR HEAD FORWARD, OPEN YOUR EYES AND SAY STOP". DO YOU UNDERSTAND THE INSTRUCTIONS? DO YOU HAVE ANY QUESTIONS?</p> <p style="text-align: center;">SECONDS WAS ESTIMATED AS 30 SECONDS</p> <p>AFTER THE TEST ASK "HOW MUCH TIME WAS THAT?"</p> <p style="text-align: center;">"HOW DID YOU ESTIMATE THAT?"</p> <input type="checkbox"/> Required additional instructions during testing <input type="checkbox"/> Opened eyes during test <input type="checkbox"/> Failed to keep feet together throughout <input type="checkbox"/> Failed to keep head tilted back <input type="checkbox"/> Used hand other than the one designated <input type="checkbox"/> Missed nose with fingertip (Record miss locations below) <input type="checkbox"/> Touched nose with other than fingertip (Record below) <input type="checkbox"/> Swayed front to back or side to side (Record below) <input type="checkbox"/> This FBT not administered for subject's safety <input type="checkbox"/> This FBT not administered for officer's safety	<p>INSTRUCTIONS TO SUBJECT: STAND WITH YOUR FEET TOGETHER AND YOUR ARMS DOWN AT YOUR SIDES. REMAIN IN THAT POSITION UNTIL I TELL YOU OTHERWISE. DO YOU UNDERSTAND? MAKE A FIST WITH BOTH HANDS AND POINT YOUR TWO INDEX FINGERS OUT STRAIGHT. (DEMONSTRATE FOR SUBJECT) NOW PLACE YOUR HANDS BACK DOWN AT YOUR SIDES AS THEY ARE WITH YOUR PALMS FACING FORWARD. (DEMONSTRATE FOR SUBJECT) WHEN I TELL YOU TO START AND NOT BEFORE THEN WHAT I WANT YOU TO DO IS TILT YOUR HEAD BACK SLIGHTLY AND CLOSE YOUR EYES. USING THE FINGER I TELL YOU TOUCH THE VERY TIP OF YOUR FINGER TO THE VERY TIP OF YOUR NOSE. AFTER TOUCHING YOUR NOSE, RETURN YOUR HAND TO YOUR SIDE IMMEDIATELY. DO YOU UNDERSTAND THE INSTRUCTIONS? DO YOU HAVE ANY QUESTIONS?</p> <input type="checkbox"/> Required additional instructions during testing <input type="checkbox"/> Opened eyes during test <input type="checkbox"/> Failed to keep feet together throughout <input type="checkbox"/> Failed to keep head tilted back <input type="checkbox"/> Swayed front to back or side to side (Record below) <input type="checkbox"/> This FBT not administered for subject's safety <input type="checkbox"/> This FBT not administered for officer's safety

DOCUMENTATION



DOCUMENTATION



SWAY:

FRONT TO BACK

 NONE (0")
 SLIGHT (1" - 2")
 MODERATE (3" - 4")
 HEAVY (5" +)

SIDE TO SIDE

 NONE (0")
 SLIGHT (1" - 2")
 MODERATE (3" - 4")
 HEAVY (5" +)

SWAY:

FRONT TO BACK

 NONE (0")
 SLIGHT (1" - 2")
 MODERATE (3" - 4")
 HEAVY (5" +)

SIDE TO SIDE

 NONE (0")
 SLIGHT (1" - 2")
 MODERATE (3" - 4")
 HEAVY (5" +)

SWAY:

FRONT TO BACK

 NONE (0")
 SLIGHT (1" - 2")
 MODERATE (3" - 4")
 HEAVY (5" +)

SIDE TO SIDE

 NONE (0")
 SLIGHT (1" - 2")
 MODERATE (3" - 4")
 HEAVY (5" +)

DETAILS OF ARREST

SUBJECT WAS:	<input type="checkbox"/> BOOKED	NAME (LAST, FIRST, M.I.)	ADDRESS:	PHONE #:	DATE:	TIME:
	<input checked="" type="checkbox"/> RELEASED TO:	TAXI		() -		

C H A R G E S	CITATION NUMBERS	CODE	CHARGE DESCRIPTION
	13536101 (1)	28-1381A1	DUI / ALCOHOL
	13536101 (2)	28-1381A2	DUI - ALCOHOL CONTENT .08 OR MORE
	13536101 (3)	28-701A	EXTREME DUI

SUBJECT'S RIGHT INDEX FINGERPRINT


ARRESTING OFFICER/S NAME/S AND SERIAL NUMBER/S:	WAGON OFFICER/S NAME/S AND SERIAL NUMBER/S:
RICE, GARY W 6238	Craig, Thomas C 6346

Phoenix Police Department

OFFICER G. W. RICE #6238

SUSPECTS NAME: GINGRAS, DAVID SCOTT
SUSPECTS D.O.B.: 091472
LOCATION OF ARREST: 5035 E. CHANDLER BLVD
DATE OF VIOLATION: 112606
TIME OF ARREST: 0139 HOURS

On 112606, at approximately 0128 hours, I was positioned at 4300 E. Chandler Blvd conducting speed enforcement. I was positioned on the south side of Chandler Blvd in the driveway to the U haul where I could observe both east and westbound traffic. There are three lanes for eastbound and three lanes for westbound separated by a raised median. At this time I observed a dark blue BMW 2dsd accelerating rapidly eastbound towards my location. I visually estimated the vehicle's speed at 65mph in the posted 45mph zone. I utilized my Stalker stationary radar unit #SP008188 which displayed a reading of 67mph. I conducted the manufacture specified checks both before and after the violation and the unit was operating properly. This is a non-self repairing unit. The vehicle passed my location and I went after it. I was able to catch up to the vehicle as it had stopped for the light at 48th Street. I initiated a traffic stop by activating the emergency lights on my fully marked police motorcycle. The vehicle continued eastbound and then finally pulled to the right and made a right turn into a hotel and stopped facing southbound.

I contacted the driver who identified himself by his Arizona driver's license as David Gingras. I introduced myself to him and informed him why I stopped his vehicle. I asked him if he knew how fast he was going and he stated he didn't know. I asked him what the speed limit was and he stated 45. As I spoke to him I noticed his eyes were bloodshot and watery and I could smell a moderate odor of an alcoholic beverage coming from him. I asked him how much he had to drink tonight and he stated "I'm not sure, I had a few earlier." He went of to tell me he was coming from Manhattans and his last drink was 45 minutes ago. I asked him to step out of the vehicle and walk with me to the back.

I asked him if he would take some field sobriety tests and he agreed. I administered a HGN and observed all six clues. I asked him if he would take some additional field sobriety tests and if he had any physical problems that might prevent him from performing the tests. I then briefly explained the walk and turn test and the one leg stand test. He stated he didn't have any problems and would take the tests. I administered a walk and turn test. We used a parking space line for the test. During the test he used his arms for balance out like a plane, stepped off the line and made an improper turn. I next administered a one leg stand test. He stood on his left leg and raised his right. During the test he swayed while balancing and used his arms for balance. I administered a PBT, which displayed a reading of .124 at 0138 hours.

I placed him under arrest for DUI and handcuffed him behind his back and double locked the cuffs. I parked and locked his vehicle per his request. He was transported to 4801 E. Elliot to the DUI van for processing. After processing he was given a citation and released.

EXHIBIT G1
OPERATIONAL CHECKLIST

ARIZONA DEPARTMENT OF PUBLIC SAFETY

STANDARD OPERATIONAL PROCEDURE
INTOXILYZER MODEL 8000

DUPLICATE BREATH TEST

AGENCY *Phoenix Police Department*

NAME OF SUBJECT GINGRAS, DAVID SCOTT DATE 11/26/06

INSTRUMENT SERIAL NO. 1020 LOCATION OF TEST T-390 DUI VAN

OPERATOR T. EHRLER #4339

TEST RESULTS	<u>0.117</u> AC	TIME	<u>0209</u>
	<u>0.119</u>		<u>0215</u>
	<u>0.</u>		<u></u>

Immediately preceding the administration of the tests, the subject underwent at least a 15 minute deprivation deprivation period from 0139 to 0215 by RICE, GARY W 6238

- 1. Display reads "PUSH BUTTON TO START".
- 2. Push Start Test button
- 3. Follow automated instructions on instrument display
- 4. If test record reads "Successfully Completed Test Sequence" go to step 5

OR

If test record reads "Not a Successfully Completed Test Sequence", and subject will be tested again, remove test record and go to step I

OR

If test record reads "Not a Successfully Completed Test Sequence", and subject will not be tested again, go to step 5

- 5. Remove test record

Note: Duplicate tests shall be administered at intervals of not less than 5 minutes nor more than 10 minutes apart. Two consecutive tests shall agree within 0.020 alcohol concentration.



Motor Vehicle Division

Mail Drop 533M
Driver Responsibility
Motor Vehicle Division
PO Box 2100
Phoenix AZ 85001-2100

40-5807 R07/08 www.azdot.gov

ADMIN PER SE/IMPLIED CONSENT AFFIDAVIT

LE or DR Case Number _____
Complaint Numbers Issued 13536101

Charges: A.R.S. 28-1381 28-1382 28-1383 4-244.33

Yes No While transporting hazardous material? (A.R.S. 28-101)
 Yes No While operating a commercial motor vehicle?

Applicant Name (first, middle, last, suffix) DAVID SCOTT GINGRAS		Date of Birth 09/14/72	State AZ	
Address 4072 E MOUNTAIN VISTA DR		City PHOENIX	State AZ	Zip 85048

On (date) 11/26/06, at (time) 0128, at (location) 4300 E CHANDLER BLVD

- I had probable cause to believe that the person named, caused or was cited for an accident resulting in death or serious physical injury while driving a motor vehicle. Citation Number _____ (If none issued, state probable cause on lines below)
- I had reasonable grounds to believe the person named was driving or in actual physical control of a motor vehicle while under the influence of intoxicating liquor and/or drugs, and I placed the named person under arrest therefore.

Among the facts leading to that belief were: SPEEDING Odor of alcohol, BS /watery eyes, HGN, FST's, PBT, ADMISSIONS

For the above stated reasons, I read the following to the version named above:

Arizona law requires you to submit to and successfully complete tests of breath, blood or other bodily substance as chosen by the law enforcement officer to determine alcohol concentration or drug content. The law enforcement officer may require you to submit to two or more tests. You are required to successfully complete each of the tests.

If the results of the tests indicate your alcohol concentration is .08 or above or .04 or above in a commercial vehicle, your Arizona driver license/permit or nonresident driving privilege will be suspended for not less than 90 consecutive days.

If you refuse to submit or do not successfully complete the specified tests, your Arizona driver license/permit or nonresident driving privilege will be suspended for 12 months, or for 2 years if there is a prior implied consent refusal, within the last 84 months, on your record. You are, therefore, required to submit to the specified tests.

Will you submit to the specified tests? Yes No (if person unreasonably delays the completion of test, read the following to him or her.)
You are not entitled to further delay taking the tests for any reason. Further delay will be considered refusal to submit to the tests.
Will you submit to the specified tests? Yes No

- The above admonitions were not read because the person was either unconscious or incapable of refusal.
- The person submitted to breath blood tests and the results indicated an alcohol concentration of: .117 / .119
- The person refused to take or did not complete the tests in the following manner: _____

Yes No Did the person cause serious physical injury as defined in A.R.S. 13-105 during this incident?

I certify, pursuant to A.R.S. 28-1581, that the above is true and correct. I request that any hearing be held in MARICOPA County.

Law Enforcement Officer (print name) RICE, GARY W	Badge Number 6238	Signature		
Agency Phoenix Police Department	ORI Number AZ0072300	Station T-390		
Agency Address 620 W Washington St		City Phoenix	State Az	Zip 85003
Test Operator (print name) T. EHRLER	Badge Number 4339	Signature		

ORDER OF SUSPENSION

Date Served 11/26/06 Time Served 0215 Please see reverse side to request a Summary Review or Hearing.

Pursuant to A.R.S. 28-1321, your Arizona driver license/permit or nonresident driving privilege is suspended effective 15 days from Date Served. The suspension is for 12 months, or 2 years if there is a prior implied consent refusal, within the last 84 months, on your record. This order is final unless a hearing is requested in writing and received within 15 days from Date Served. This action is a result of your failure to successfully complete or refusal to submit to tests to determine alcohol concentration or drug content. This suspension will not end until all reinstatement requirements are met.

Pursuant to A.R.S. 28-1385, your Arizona driver license/permit or nonresident driving privilege is suspended for not less than 90 consecutive days effective 15 days from Date Served. If a review of your driver record indicates that you are eligible for a 60-day restricted driving permit, one will automatically be mailed to your address of record within 45 days from Date Served. This order is final unless a summary review or hearing is requested in writing and received within 15 days from Date Served. This suspension is a result of tests to which you submitted that indicated an alcohol concentration of .08 or above. This suspension will not end until all reinstatement requirements are met.

SURRENDER OF ARIZONA DRIVER LICENSE

Pursuant to A.R.S. 28-1321 and 28-1385, the law enforcement officer shall require the surrender of all Arizona driver licenses or permits in the person's possession. If no license or permit is attached, state reason: Lost Destroyed Nonresident Other: _____

TEMPORARY DRIVER PERMIT

This entire form will serve as a temporary driver permit which will expire 15 days from Date Served. However, if you request a summary review or hearing, then this permit will remain valid until the summary review or hearing decision has been made. If your Arizona driver license/permit is currently suspended or revoked, this permit does not authorize you to operate a motor vehicle.

Sex M	Weight 195	Height 601	Eyes BRO	Hair BRO	Class D	Restrictions
Permit Not Issued Because					Licensee Signature	