

BREATH, BLOOD, URINE TEST REPORT

NOTICE OF BLOOD OR URINE TEST RESULT

PERSON'S FULL NAME (AS APPEARS ON MICHIGAN DRIVER LICENSE) KITA ANN JONES		BIRTH DATE (MMDDYY) 06/09/59	SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE
ADDRESS (NUMBER & STREET) 350 N. BROADWAY ST.		MICHIGAN DRIVER LICENSE NUMBER J-520-738-067-432	
CITY LAKE ORION	STATE MI	ZIP 48362	OTHER STATE DRIVER LICENSE NUMBER N/A
HEIGHT 5'10"	WEIGHT 150	EYE COLOR BLUE	HAIR COLOR BLONDE
ARREST DATE (MMDDYY) 09/14/01		MILITARY TIME 2333	INCIDENT DATE (MMDDYY) 09/14/01
COUNTY (OF ARREST) OAKLAND		CITY OR TOWNSHIP (OF ARREST) OAKLAND	CO/CITY/TWP CODE 63 14
VEHICLE TYPE PA	Was person involved in an accident? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	INSTRUMENT # 931007	BAC #1 .08
ARRESTING OFFICER'S NAME GARY ZORGA		BAC #2 .08	BAC #3
BREATH TEST OPERATOR'S NAME, only if not listed above and necessary for hearing TODD W STANFIELD		UCR CODE	COMPLAINT NUMBER 01-100814
		BADGE NUMBER 109	ORI NUMBER 6316300
		BADGE NUMBER 08	ORI NUMBER 6351600

You have been arrested for a crime described in section 625c of the Michigan Vehicle Code and submitted to a chemical test which revealed an unlawful bodily alcohol content or have a blood or urine test pending.

This temporary driving permit is valid only if you have a valid Michigan driver license. If your license was restricted, this permit grants the same restrictions. This permit grants you the same CDL and/or endorsements that are on your Michigan license. You may not apply for a replacement photo license or personal identification card.

This permit is to be used until the criminal charges against you are dismissed or you are acquitted, or your license or permit is suspended, restricted, or revoked for a conviction. [MCL 257.625g(3)].

Michigan driver license confiscated? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Michigan driver license destroyed? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Under 21? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	LICENSED OUT OF STATE <input type="checkbox"/>
Driving status on date of arrest <input checked="" type="checkbox"/> VALID <input type="checkbox"/> EXPIRED <input type="checkbox"/> RESTRICTED <input type="checkbox"/> SUSPENDED <input type="checkbox"/> REVOKED	DENIED <input type="checkbox"/>	UNLICENSED <input type="checkbox"/>	UNKNOWN <input type="checkbox"/>
License Permit A B C H N X P T CDL restrictions	INDORSEMENT	CY <input type="checkbox"/>	F <input type="checkbox"/>
Officer's Signature <i>Gary Zorga</i>	Date (MMDDYY) 9/14/01	R <input type="checkbox"/>	Other <input type="checkbox"/>

You were arrested for drunk driving and submitted to a blood or urine test to determine your bodily alcohol content. The blood or urine sample was submitted to a testing laboratory. The results were received and show a bodily alcohol content of _____

- Your bodily alcohol content was unlawful. The Temporary Driving Permit that was issued will be valid until the criminal charges against you are dismissed or you are acquitted, or your license or permit is suspended, restricted, or revoked for a conviction. [MCL 257.625g(3)]
- Your bodily alcohol content does not require confiscation of your driver license. Your license is being returned to you. Please see attached. This does not affect the criminal charges pending against you.

Notice to officer:

Use this form when a blood or urine test is given.

Attach driver license or permit to this form until test results are received.

When results are received, complete the "Results Section" of this form and input results into LEIN Alcohol File (F Breath Screen).

If the bodily alcohol content is unlawful, destroy the driver license or permit and send this form to the driver. If the bodily alcohol content does not require driver license confiscation, return the driver license or permit with this form.

After this form is completed, mail it to the arrested person.

Note: This copy can be discarded if a breath test was given.

FACE THIS SIDE DOWN - THIS EDGE IN FIRST

BAC DataMaster

Evidence Ticket

STATE OF MICHIGAN
DEPARTMENT OF STATE POLICE

INSTRUMENT 931867

SEPTEMBER 15, 2001
SUBJECT'S NAME (L/F/M):
JONES/RITA/F/M/
SUBJECT'S ADDRESS:
350 N. BROADWAY
LAKE ORION MI 48362
SUBJECT'S DOB: 06/09/1959
LICENSE NUMBER: J529738067432
REPORT NUMBER: 01-190814
OPERATOR'S NAME (L/F/M):
STANFIELD/T/W/
OPERATOR CERTIFICATE #:
21528

— BREATH ANALYSIS —

BLANK TEST	.000	00:18
INTERNAL STANDARD	VERIFIED	00:18
SUBJECT SAMPLE	.00	00:18
BLANK TEST	.000	00:19
SUBJECT SAMPLE	.00	00:19
BLANK TEST	.000	00:20
INTERNAL STANDARD	VERIFIED	00:20

ALCOHOL READINGS ARE EXPRESSED AS
GRAMS OF ALCOHOL PER 210 LITERS OF BREATH

Start Observation Time 23:57
(Enter if required by Agency/State)
Operator Signature [Signature]

Card Stock No.
60023

OD-80

NFAS Box 1435, Mansfield, Ohio 44901 419-526-6727

State of Michigan
Uniform Law Citation

Ticket No. **753186**

Victim Involved

US DOT # _____ Incident No. **01-100814** Dept. No. **153**

The People of: the State of Michigan
 Township City Village County

OF: **Oakland** S.A.C. **0876** of **1**

THE UNDERSIGNED SAYS THAT ON: **9** **14** **01** **2314** **PM** **6** **957**

State Driver License Number: **ML 520138** Social Security No. **007 432 31864** **8360**

Race: **W** Sex: **F** Height: _____ Weight: _____ Hair: _____ Eyes: _____ Occupation/Employer: _____

Name (First, Middle, Last) **RITA ANN JONES**

Street: **350 W. BROADWAY**

City: **LANSING MI** State: **MI** Zip Code: **48202**

Vehicle Plate No. **7B457** Year: **01** State: **MI** Vehicle Description (Year, Make, Color) **Dodge Truck 3100A** Type: **TR**

THE PERSON NAMED ABOVE, in violation of Local Ordinance State Law Administrative Rule
UPON **PROBATION**

AT OR NEAR **RT 14**

WITHIN CITY VILLAGE TOWNSHIP OF **Oakland**

COUNTY OF **OAKLAND** DID THE FOLLOWING:

Type	MCL Cit/PACC Code/Ordinance	Description (include any bond amount collected on each charge)	Charge No.
<input type="checkbox"/> Cit <input type="checkbox"/> Warn <input type="checkbox"/> Authorization pend.		O. W. I.	1
<input type="checkbox"/> Misd <input type="checkbox"/> Fug <input type="checkbox"/> Fel <input type="checkbox"/> Waiv			2
<input type="checkbox"/> Cit <input type="checkbox"/> Warn <input type="checkbox"/> Authorization pend.			3
<input type="checkbox"/> Misd <input type="checkbox"/> Fug <input type="checkbox"/> Fel <input type="checkbox"/> Waiv			

TO THE COURT: Do not arraign on a felony charge until an authorized complaint is filed.

Offense Code(s): **1** **2** **3**

Key for Type: Cit = Civil Infraction Misd = Misdemeanor Fel = Felony Warn = Warning Fug = Fugitive Waiv = Violation for Which Fines/Costs May be Waived Authorization pend. = Authorization pending

Remarks: _____

CHECK IF APPROPRIATE Damage to Property Local Court Bond \$ _____
 Vehicle Impounded Injury License Posted in Lieu of Bond
 Traffic Crash Death Appearance Certificate
Person in Active Military Service Yes No None

SEE DATE BEGON/SEE BACK OF CHARGE FOR EXPLANATION AND INSTRUCTIONS

Appearance Date on or before: _____ Circuit Court
 Hearing Date (if applicable) on: _____
 Juvenile Traffic Hear. (Court will notify): Former Hearing Required Court will notify

In the **52-3 District** Court of **MICHIGAN**

Court Address & Phone Number **135 Barclay Circle**
248-853-5553 **Recheater Hills, MI 48307**

I received a copy of the civil infraction complaint upon the detached (or owner's receipt by posting if applicable).
I declare under the penalties of perjury that the statements above are true to the best of my information, knowledge, and belief.

Complainant's Signature and receipt applicable _____ Month **7** Day **14** Year **01**

Officer's Name (printed) **Zurga, G** Officer's ID No. **109**

Agency ORI **MI-6316300** Agency Name **Oakland County Sheriff**

Ticket No. **753186** Name **JONES** Case No. **01-100814**

NARRATIVE REPORT

SUPPRESS

PRIMARY

SUPP PAGE

4 OF 6

DATE	DAY	SHIFT	PLAT	BADGE 1	BADGE 2	INCIDENT STATUS	CRIME CLASS	YEAR	INCIDENT #
09/14/01	Fri	01	22	109	178	<input type="checkbox"/> CLR ARREST <input type="checkbox"/> UNF <input type="checkbox"/> CLR EXCEPT <input type="checkbox"/> INACT	2115	01	100814

1 **Source:** Dispatched to Predmore and Klein on a PDA.

2 **Information:** Upon arrival, I observed a Silver Mustang (2000 02/MI [REDACTED]) partially up on the
 3 embankment on the south side of Predmore just west of Klein. The vehicle was facing west and was sitting up
 4 against a stop sign. The vehicle had left side damage and two flat tires. I then spoke to Deputy Joseph who gave
 5 me the driver's license, proof of insurance and registration of the driver and owned of the vehicle. Deputy
 6 Joseph said that he did not see the accident but arrived before me and spoke a Rita Jones who told him she was
 7 the driver of the car. Deputy Joseph further added that it appeared like the driver had been drinking.

8
 9 **Interview/Observation of Driver:** I approached Rita Jones and asked her if she was the driver and owner of
 10 the vehicle involved in the accident. Rita stated that she was the driver and only occupant. I asked Rita what had
 11 occurred and she said that she was s/b on Klein and was approaching Predmore. As she approached the
 12 intersection, she thought she saw a deer and tried to turn right onto w/b Predmore. Ms/ Jones said that she was
 13 going too fast to make the turn and ran her car up onto the embankment. Rita was observed to have very
 14 bloodshot watery eyes, slurred speech and strong odor of intoxicants coming from her breath and about her
 15 person. I asked Rita if she had been drinking and she stated "yep, Smirnoff Ice". I asked her how many drinks
 16 she had and she replied "two". Ms. Jones had either urinated in her pants or spilled something because her
 17 pants were soaked in the crotch and buttocks area.

18
 19 **Sobriety Evaluations:** I asked Ms. Jones to submit to three sobriety evaluations, which she agreed to
 20 complete. See attached Psycho-Physical form for details.

21
 22 **PBT:** I then asked Ms. Jones to take a PBT test, which she agreed to. The PBT showed a reading of .109% and
 23 was taken at 2230 hrs.

24
 25 **Interview with witnesses Miller and Hood:** Both witnesses stated that they witnessed the accident and
 26 approached the vehicle and observed Ms. Jones behind the wheel of the car. Both stated that Ms. Jones did not
 27 stop for the stop sign at Predmore and Klein and was travelling at a high rate of speed.

28
 29 **Arrest:** I then placed Ms. Jones under arrest for OUIL and she was searched, cuffed (sdl) and placed in the rear
 30 of my patrol vehicle. I then transported Ms. Jones to Lake Orion PD for a Breath Test.

31
 32 **Breath Test:** I read Ms. Jones her advice of rights to a chemical test in the presence of the Breathalyzer
 33 Operator, Officer Stanfield. Ms. Jones agreed to take the test with two test being given. The first test was taken
 34 at 0018 hrs with a result of .08%. The second test was taken at 0019 hrs with a result of .08%.

35 **Action Taken:** I then issued Ms. Jones a citation for OWI and she was released and transported home. The
 36 vehicle was towed to Byers as a result of the accident. Deputy Baldwin completed the UD-10 ax report.

37 **Status:** Closed.

INVESTIGATING OFFICER(S)

Zeigler 109

REVIEWED BY:

ASSIGNED TO:

I affirm the above information is true and correct.

O.I.C. Signature _____

DATE	DAY	SHIFT	PLATOON	BADGE 1	BADGE 2	INCIDENT STATUS	<input type="checkbox"/> CLR ARREST <input type="checkbox"/> CLR EXCEPT	<input type="checkbox"/> UNF <input type="checkbox"/> INACT	PRIM CLASS	YR	INCIDENT NUMBER
09/14/01	FRI	1422		109178					Z11501		100914

INTERVIEW

Were you operating this motor vehicle? Yes No Have you been drinking? Yes No If "YES" what? SMIROFF ICE Where did you have your last drink? 30 MINAS AGO Where were you going? FRIENDS HOUSE

When did you leave? 30 MINAS AGO How much have you consumed? 2 When did you start? 10:00 AM When did you stop? P.M. What time is it now? 1230 P.M.

Are you ILL? HURT? If "YES" what is wrong? Have you DOCTOR? DENTIST? If "YES" when? been to a Yes No Yes No

Doctor's or dentist's name? Reason for seeing doctor or dentist? Are you taking medicine? If "YES" what? A.M. Last dose? P.M. A.M. P.M.

Do you have epilepsy? Yes No Do you have diabetes? Yes No Are you taking insulin? Yes No Were you involved in an accident today? Yes No Have you been drinking since the accident? Yes No If "YES" when? A.M. Were you injured in the accident? Yes No A.M. P.M.

CCN CODES TYPE QTY YEAR MAKE MODEL STYLE COLOR(S) YEAR STATE

VX 0300 0100 FORD MUSTANG SIL 02 MI

DESCRIPTION SERIAL / VIN NUMBER CONDITION / OTHER I.D.

2 DR. COUPE. 1FARP40454F287785 6000

OBSERVATIONS OF DRIVER:

EYES: Dilated Pupils Normal Bloodshot Glassy
 Watery Sleepy Distinct Nystagmus at 40°

BREATH: (Alcohol Odor) Strong Moderate Faint None

FACE: Normal Red Flushed

SPEECH: Normal Mumbled Slurred Confused
 Stuttered Thick Tongued Rambling Repeating

CLOTHING: Orderly Disorderly Soiled Disarranged

BALANCE: Certain Staggering Swaying Needed Support

FIELD SOBRIETY TESTS: Location: _____ Administered By: _____

VERBAL:

ALPHABET: Acknowledged Education Unable to Follow Directions
1st: Normal Hesitation Missed
2nd: Normal Hesitation Missed

COUNT BACKWARD: Acknowledged Education Unable to Follow Directions
1st: Normal Hesitation Missed
2nd: Normal Hesitation Missed

MONTHS OF YEAR: Normal Hesitation Missed

PHYSICAL:

ONE FOOT BALANCE: Demonstrated Unable to Follow Directions
1st: Normal Unable to Hold Lean Turn Fall
2nd: Normal Unable to Hold Lean Turn Fall

FINGERT-TO-NOSE: Demonstrated Unable to Follow Directions
Right: Normal Missed
Left: Normal Missed

HEEL-TO-TOE: Demonstrated Unable to Follow Directions
1st: Normal Missed LOST BALANCE, DID NOT WALK Heel TO TOE.
2nd: Normal Missed

PRELIMINARY BREATH TEST: Offered Not Offered Time: 2330

Refused: Citation # _____ Results: 109 % BAC Other: _____

CHEMICAL TEST:

Chemical Test Rights Read By: GARY ZUZGA

Test Offered: Breath Blood Urine Test Refused Refusal Form Submitted

Breath Test Administered By: TODD STANFIELD #108 At: LK ORION P.D.

Sample #1: _____ % Time: _____ Sample #2: _____ % Time: _____ Sample #3: _____ Time: _____

Blood Test - Time: _____ Search Warrant - Time: _____

Medical Facility: _____ Judge: _____

Medical Technician: _____

INVESTIGATING OFFICER(S)	REVIEWED BY	ASSIGNED TO / BADGE	ATTENTION TO:
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COUNTY OF OAKLAND
OFFICE OF THE SHERIFF
JOHN F. NICHOLS

THOMAS QUISENBERRY
Major



HENRY BUFFA
Undersheriff

WITNESS STATEMENT

COMPLAINT # 01-100814

NAME Robert Miller

ADDRESS [REDACTED]

DATE OF BIRTH 7-1-60 TELEPHONE [REDACTED] HOME

DATE & TIME 9/14/70 WORK

STATEMENT 11:20

SAW accident of Mustang come around corner of
Bedmore/Kline w/o stopping and at high speed
and crash into corner. - 1 woman was thrown, blood
and appeared unharmed and intoxicated.

Randy saw girl behind wheel
at 11:15 PM

Randy Hood

SIGNATURE Randy Hood

OFFICER'S SIGNATURE [Signature] #109