

LAS VEGAS METROPOLITAN POLICE DEPARTMENT
IMPAIRED DRIVING REPORT

Event # 100627 - 4070
ID # 2593866

THE UNDERSIGNED MAKES THE FOLLOWING DECLARATIONS SUBJECT TO THE PENALTY FOR PERJURY AND SAYS:

That I am a Peace Officer with the Las Vegas Metropolitan Police Department, Clark County, Nevada being so employed for a period of 6 years (months). That I learned the following facts and circumstances which lead me to believe that the below subject committed (or was committing) the offense of Felony Misdemeanor Driving Under the Influence (DUI) at the location of DESERT INN/PARADISE and that the offense occurred at approximately 2259 hours on the 27th day of JUNE, 2010, in the county of Clark or City of Las Vegas, Nevada.

DEFENDANT & VEHICLE

Last <u>NEIL</u>		First <u>VINCENT</u>		Middle	Suffix (i.e. Jr, Sr, II, III)
Driver's License #		State <u>CA</u>		<input type="checkbox"/> No Driver's Lic. <input type="checkbox"/> ID Card	
Vehicle Year <u>2008</u>	Vehicle Make <u>LAMBORGHINI</u>	Vehicle Model <u>GALLARDO</u>		Body Style <u>CONV</u>	
Vehicle Color <u>BLK</u>	License Data #	State	VIN #		

LOCATION FIRST OBSERVED

Date <u>6/27/10</u>	Time <u>2259</u>	Location <u>DESERT INN/PARADISE</u>
Subject's Direction of Travel <u>WEST</u>		Officer's Direction of Travel <u>WEST</u>

REASONABLE SUSPICION FOR STOP

Traffic Violation 9-1-1/Star DUI DUI Checkpoint Approached Stopped Vehicle Other (explain)

Details
SPEEDING + LEAVING BETWEEN LANES
60 MPH IN A POSTED 45 MPH ZONE. PULSED BY OFFICER DARRISH #12879

LOCATION OF VEHICLE STOP (CHECK ALL THAT APPLY AND DESCRIBE IN DETAIL BELOW)

Time <u>2259</u>	Location <u>DESERT INN WEST OF PARADISE 4/3</u>
Directed to Stop by Using <input checked="" type="checkbox"/> Lights <input type="checkbox"/> Horn <input checked="" type="checkbox"/> Siren <input type="checkbox"/> Other (explain)	

Reaction to Stop Signal
 Appropriate Stop Excessive Travel Before Stopping Excessive Maneuvers Other

Position of Vehicle
 Stopped in Traffic Lane Partially On/Off Roadway Parking Lot Other ON SHOULDER

Details
TRAVELLED ABOUT 1/2 - 3/4 MILE BEFORE STOPPING

OFFICER'S OBSERVATIONS (CHECK ALL THAT APPLY)

<input checked="" type="checkbox"/> Engine was running	<input type="checkbox"/> Engine NOT running	<input checked="" type="checkbox"/> Keys were in the Ignition
<input checked="" type="checkbox"/> Vehicle lights ON	<input type="checkbox"/> Vehicle lights OFF	<input type="checkbox"/> Keys in Driver's Possession
<input checked="" type="checkbox"/> Suspect behind the wheel	<input type="checkbox"/> Suspect in passenger seat	<input type="checkbox"/> Seated in other location inside vehicle
Location _____		
The vehicle was in: <input checked="" type="checkbox"/> Park <input type="checkbox"/> Drive <input type="checkbox"/> Neutral <input type="checkbox"/> Reverse <input type="checkbox"/> Inoperable (explain why below)		

Details

The Use and Dissemination of this Record is Regulated by Law. Secondary Dissemination of any kind is Prohibited and could subject the offender to Criminal and Civil Liability.

This Information Released To: T. BABCOCK # 2188
By: RM 4704 Date: 06/28/10

LAS VEGAS METROPOLITAN POLICE DEPARTMENT
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Event # 100627-4070

ID # 2593806

DOCUMENT PRESENTATION

- Difficulty Recognizing Paperwork
- Presented Wrong Paperwork
- Not in Possession of Documents (Identify what below)
- Not Responsive to Request
- No Problem Presenting Documents
- Other

Details

VEHICLE EXIT

- Refused to Exit Vehicle
- Trouble Opening Door
- Leaned on Vehicle
- Stumbling/Slagging
- Falling Down
- No Problem with Exit
- Other

Details

PHYSICAL OBSERVATIONS OF DRIVER

Breath Odor: Alcoholic Beverage No Odor Other Odor Slight Mod Strong

Eyes: Normal Bloodshot Watery Glassy Fixed Focus Stare Other

Pupil Size: Apparently Normal Dilated Constricted

Speech: Normal Stuttering Incoherent Sturred Confused Other

Attitude: Polite Cooperative Talkative Insulting Excited Indifferent
 Argumentative Aggressive Combative Unresponsive Other

Balance: Sure Wobbling Falling Swaying Leaned on Object for Support (POLICE CAR)

Clothing: Unkempt Urinated On Unfastened Other

Details

INITIAL FIELD INTERVIEW

Are you currently under the care of a Doctor or Dentist? NO

Why did you see the Doctor or Dentist? -

When did you last see the Doctor or Dentist? -

What is the name of your Doctor or Dentist? -

Do you have any physical and/or mental handicaps? -

Do you have Epilepsy and/or Diabetes? -

Describe any physical and/or mental handicaps? -

What medications are you taking, when and how much? -

When was your last dose (date & time)? -

When did the collision occur? -

What road were you on? DESERT INN

Were you driving? YES

Who owns the vehicle? I DO

What was your destination? HOME

Where did you start? HILTON

What time did you leave? UNK

What time is it now? UNK

What is today's date? 26th

Have you been drinking? YES

How much? 3 GLASSES

What have you been drinking? CHAMPAGNE

When was your last drink? I DON'T KNOW

Where was your last drink? HILTON

Details

LAS VEGAS METROPOLITAN POLICE DEPARTMENT
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ID # 2593866

STANDARDIZED FIELD SOBRIETY TESTS (SFST)

SFST Administered by (name and ID#)

G. PHENIS #8094

Time Started

2:305

SFST was Refused Not Administered Other

Details

Location of SFST

DESERT INN WEST OF PARADISE

Surface Conditions

SMOOTH CONCRETE

Weather Conditions

CLEAR, DRY

Lighting Conditions

WELL LIT

Description of the outer clothing worn by suspect

JEANS, BUTTON UP SHIRT

Description of shoes worn by suspect (high heels - flats - tennis, etc.)

WHITE DRESS SHOES

Was the suspect transported to the hospital?

Yes No

Hospital Name

By way of

Self Ambulance Fire/Rescue Other - Describe:

Details

GENERAL INSTRUCTIONS GIVEN TO THE SUBJECT

I am going to administer a set of tests to determine whether or not you are impaired. My evaluation will be based on how well you follow my instructions and whether or not you perform the tests exactly as I demonstrate them.

Do you understand?

Yes No

HORIZONTAL GAZE NYSTAGMUS (HGN) TEST - (To be administered by trained personnel only)

HGN Test Administered by (name and ID#)

G. PHENIS #8094

Were any overhead emergency lights left on?

Yes No

Wearing Eye Glasses or Contacts Eye Glasses Removed Able to Follow Stimulus Equal Pupil Size Equal Tracking

Instructions: "I am going to check your eyes. Keep your head still and follow this FINGER with your eyes only. Keep following the FINGER with your eyes until I tell you to stop. Do you understand?"

Yes No

CLUES OF IMPAIRMENT - (Based on scientific research, four or more clues of impairment indicates a BAC of .08 or higher)

Hold your stimulus approximately 12" to 15" in front of eyes and slightly above eye level.

Lack of Smooth Pursuit

Approximately two seconds out and approximately two seconds back for each eye.

Left Eye

Right Eye

Distinct and Sustained Nystagmus @ Maximum Deviation

Nystagmus was distinct and sustained for a maximum of four seconds.

Onset of Nystagmus Prior to 45 Degrees Stimulus was moved no faster than approximately 4 seconds; onset of nystagmus was observed and sustained prior to 45 degrees.

Vertical Nystagmus

Observed and sustained for approximately 4 seconds.

The total number of HGN clues is obtained by adding together the first three clues above for each eye. DO NOT count vertical nystagmus clue.

Total HGN Clues

6

NOTE: Nystagmus may be due to causes other than alcohol. A large disparity between the performance of the right and left eye may indicate a medical condition and/or problem. When in doubt, have the subject examined by trained medical personnel.

PASSED HGN TEST

FAILED HGN TEST

Other indicators of impairment observed during the HGN test

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ID # 2573816

WALK-AND-TURN (WAT) TEST

The Walk-and-Turn test requires a designated straight line and should be conducted on a reasonably dry, hard, level, nonslippery surface. There should be sufficient room for the subject to complete nine heel-to-toe steps. Subjects wearing heels more than two inches high should be given the opportunity to remove their shoes.

Shoes Removed
 Yes No

Walk-and-Turn Test Administered by (name and ID#)

G. PHENIS #8094

Defendant was more than 65 years of age or appeared to be more than 50 pounds overweight:

Yes No

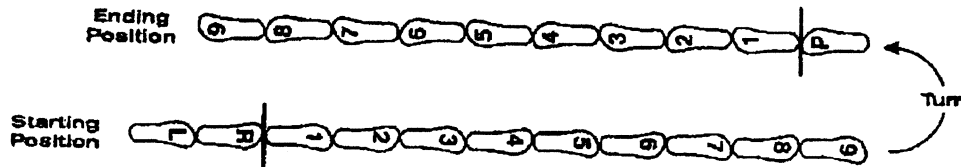
Instructions: (Explain the test requirements using the following verbal instructions accompanied by demonstrations)

- "Place your left foot on the line." (real or imaginary) (demonstrate)
- "Place your right foot on the line ahead of the left foot, with the heel of your right foot against the toe of your left foot." (demonstrate)
- "Place arms down at your side." (demonstrate)
- "Maintain this position until I have completed the instructions. Do not start to walk until told to do so."
- "Do you understand?" Yes No
- "When I tell you to start, take nine heel-to-toe steps on the line and take nine heel-to-toe steps back." (demonstrate 3 heel-to-toe steps.)
- "When you turn, keep your front foot on the line and turn by taking a series of small steps with the other foot, like this." (demonstrate)
- "While you are walking, keep your arms at your sides, watch your feet at all times and count your steps out loud."
- "Once you start walking, don't stop until you have completed the test."
- "Do you understand the instructions?" Yes No
- "Count your first step from the heel-to-toe position as one and begin."

CLUES OF IMPAIRMENT - (Based on scientific research, two or more clues of impairment indicates a BAC of .08 or higher)

Cannot Keep Balance While Listening to the Instructions Record this clue if the subject does not maintain the heel-to-toe position throughout the instructions (feet must actually break apart). Do not record this clue if the subject sways or uses arms to balance but maintains the heel-to-toe position.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>1</u>
Starts Before the Instructions are Finished Record this clue if the subject starts the test before you are finished giving the instructions.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u>1</u>
Stops While Walking Record this clue if the subject pauses for several seconds. Do not record this clue if the subject is merely walking slowly.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>1</u>
Does Not Touch Heel-to-Toe Record this clue if the subject leaves a space of more than one-half inch between the heel and toe on any step.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>1</u>
Steps Off the Line Record this clue if the subject steps so that one foot is entirely off the line.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>1</u>
Uses Arms to Balance Record this clue if the subject raises one or both arms more than six inches from their side to maintain balance.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>1</u>
Improper Turn Record this clue if the subject removes the front foot from the line while turning. Also record this clue if the subject has not followed directions as demonstrated, i.e., spins or pivots around.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>1</u>
Incorrect Number of Steps Record this clue if the subject takes more or fewer than nine steps in either direction.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>1</u>
To calculate the total number of walk-and-turn clues, add the number of boxes checked above.	
Total Walk-and-Turn Clues	<u>7</u>

LEANED AGAINST POLICE CAR DURING INSTRUCTIONS



- A = Used arms for balance on step(s) _____
- B = Did not touch heel-to-toe on step(s) _____
- L = Stepped off line "Left" on step(s) _____
- R = Stepped off line "Right" on step(s) _____

PASSED WAT TEST

FAILED WAT TEST

LAS VEGAS METROPOLITAN POLICE DEPARTMENT
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ID # 2593864

ONE-LEG STAND (OLS) TEST

The One-Leg Stand test should be conducted on a reasonably dry, hard, level, nonslippery surface. If the subject puts their foot down, give instructions to pick the foot up again and continue from the point at which the foot touched the ground. Using a wristwatch, time the subject for 30 seconds.

One-Leg Stand Test Administered by (name and ID) <u>G. PHENIS #8094</u>	Defendant was more than 65 years of age or appeared to be more than 50 pounds overweight: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Instructions: (Explain the test requirements using the following verbal instructions accompanied by demonstrations)

- "Please stand with your feet together and your arms down at your sides, like this." (demonstrate)
- "Do not start to perform the test until I tell you to do so."
- "Do you understand the instructions so far?" Yes No
- "When I tell you to start, raise one leg, either leg, with the foot approximately six inches off the ground, keeping your raised foot parallel to the ground." (demonstrate one leg stance)
- "You must keep both legs straight, arms at your side."
- "While holding that position, count out loud in the following manner: one thousand and one, one thousand and two, one thousand and three, until told to stop." (demonstrate and count as follows: one thousand and one, one thousand and two, one thousand and three, etc.) You should not look at your foot when conducting the demonstration.)
- "Keep your arms at your sides at all times and keep watching the raised foot."
- "Do you understand?" Yes No
- "Begin the test."

CLUES OF IMPAIRMENT - (Based on scientific research, two or more clues of impairment indicates a BAC of .08 or higher)

Sways While Balancing Record this clue if the subject sways from side-to-side or front-to-back while maintaining the one-leg stand position.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Uses Arms to Balance Record this clue if the subject raises one or both arms more than six inches from their side to maintain balance.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Hopping Record this clue if the subject is able to keep one foot off the ground, but resorts to hopping in order to maintain balance.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Puts Foot Down Record this clue if the subject is not able to maintain the one-leg stand position, putting the foot down one or more times during the 30-second period.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
To calculate the total number of one-leg stand clues, add the number of boxes checked above.	
Total One-Leg Stand Clues	<u>3</u>

NOTE: If the subject can't do the test, record observed clues and document the reason for not completing the test below.

PASSED OLS TEST FAILED OLS TEST

IMPLIED CONSENT WARNING

You are required to submit to an evidentiary testing of your blood or breath to determine alcohol content. If this is a first offense, you may refuse to submit to a blood test if breath is available. If you choose breath you must give two or more consecutive samples. If this is other than a first offense, or grounds exist to believe you have caused death or substantial bodily harm to another person, you must submit to a blood test. If the presence of a controlled substance is in issue, you are required to submit to a blood or urine test, or both, in addition to the breath test. If you fail to submit to the required testing, the law allows me to direct reasonable force to be used to the extent necessary to obtain up to three blood samples from you. You are further advised that any warning related to having an attorney present before answering questions does not bear on the issue of submitting to evidentiary tests. YOU DO NOT HAVE THE RIGHT TO SPEAK TO AN ATTORNEY BEFORE TESTING.

By Officer G. PHENIS PH 8094 Declarant Time 2333

Which test do you choose? <input type="checkbox"/> Refused <input type="checkbox"/> Blood <input checked="" type="checkbox"/> Breath <input type="checkbox"/> Urine	Who administered the tests? <u>G. PHENIS</u>	Who witnessed the tests? -
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Defendant was not given a choice of tests because: Collision with substantial bodily harm or death. Defendant refused all testing.
 Officer reasonably believes that defendant has a prior conviction for a DUI offense that occurred within seven years of the day of the present case. Defendant refused/was not able to give valid breath sample. Breath machine not available.

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Custodial Interrogation (Adult)

1. You have the right to remain silent.
2. Anything you say can be used against you in a court of law.
3. You have the right to the presence of an attorney.
4. If you cannot afford an attorney, one will be appointed before questioning.
5. Do you understand these rights? Yes No

@
001 hrs

Custodial Interrogation (Juvenile)

1. You have the right to remain silent.
2. Anything you say can be used against you in either Juvenile or adult court.
3. You have the right to the presence of an attorney.
4. If you cannot afford an attorney, one will be appointed before questioning.
5. Do you wish a parent or guardian to be present? Yes No
6. Do you understand these rights? Yes No

EVIDENTIARY SAMPLE REPORT

Defendant was asked to submit to preliminary Breath Test, which they: Passed Failed

Defendant submitted to: Blood Breath Urine obtained or observed by: G. PHEMS #8014

@ 0021 hours, 6/28, 2010 Results are 0.215 0.216 Pending

Defendant was forced to submit to a: Blood Test Urine Test obtained or observed by: _____

@ _____ hours, _____, 20____. Specimen was stored at the L.V. City Jail CCDC Traffic

Drugs are suspected and a screen for (be specific) _____

has been requested based upon the following information _____

The time of driving / physical control was established as 2257 hours, 6/27, 2010, based upon TIME OF STOP.

and the specimen was was NOT obtained within 2 hours of driving / physical control of the vehicle.

(if not, explain failure to obtain the sample(s) within 2 hours) _____

LAS VEGAS METROPOLITAN POLICE DEPARTMENT
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PASSENGERS / WITNESSES

<input type="checkbox"/> Passenger <input type="checkbox"/> Witness <input type="checkbox"/> 911/*DUI-NHP Caller <input type="checkbox"/> Statement Obtained <input type="checkbox"/> Can ID Driver	Last Name		First Name		Middle	Suffix	
	Street Address			City		State	Zip Code
	Home Phone Number		Work Phone Number		Cell Phone Number		
	Home Phone Number		Work Phone Number		Cell Phone Number		

Additional Witness Sheet(s) Attached

ASSISTING OFFICERS

Last Name <u>PARRISH</u>		First Name <u>STEPHAN</u>		ID Number <u>12899</u>
Work Street Address <u>400 E. STEWART</u>		City <u>LV</u>	State <u>NV</u>	Zip Code <u>89101</u>
Officer's Role <u>CONDUCTED CAR STOP</u>			RDCs <u>T/E/S</u>	Work Hours <u>2200-0800</u>

Officer's Certifications:

- SFST (HGN)
- SFST Instructor
- PBT
- DRE IACP# _____
- DRE Instructor
- PBT Instructor
- Breath Test Operator
- Other _____
- Other _____

Last Name		First Name		ID Number
Work Street Address		City	State	Zip Code
Officer's Role			RDCs	Work Hours

Officer's Certifications:

- SFST (HGN)
- SFST Instructor
- PBT
- DRE IACP# _____
- DRE Instructor
- PBT Instructor
- Breath Test Operator
- Other _____
- Other _____

Additional Witness Sheet(s) Attached

REPORTS

OTHER
COMPLETED
OR
ATTACHED
REPORTS

- Accident Report
- Breath Test Results
- Crime Report
- Declaration of Arrest
- Evidence Impound Report
- Intoxilyzer Operator's Affidavit
- Intoxilyzer Operator's Checklist
- Medical Records Release
- Nurse's Affidavit
- Prior DUI Convictions
- Temporary Custody Record
- Vehicle Impound Report
- Witness Statements
- Nevada DMV DP45
- PROPERTY REPORT

Wherefore this Declarant prays that the Honorable Magistrate find probable cause exists to hold the above-named person for trial on such charge(s).

Print Name and PD # G. PHENIS #8094

Signature [Handwritten Signature]

Dated this 22nd Day of JUNE 2010
LVMPD 295 (REV. 9-08)