

ORI # [REDACTED]

MINNESOTA STATE DWI REPORT

ICR # [REDACTED]

Juvenile Arrest Crash

Arresting Officer [REDACTED] Agency MSP Badge # [REDACTED] Date 1/27/17 Contact Time 2313

Subject Name [REDACTED] DOB [REDACTED] Telephone [REDACTED]

Address [REDACTED] City ST PAUL State MN Zip 55119

DL# [REDACTED] State MN Status VALID Hgt 5-5 Wgt 170 Eyes BROWN

Location YORK EAST OF WHITE BEAR AVE

Vehicle Make GMC Model SIERRA Yr. 2015 Color BLACK Lic. [REDACTED] St. MN

Owner SAA Owner's Telephone SAA

- 1st Degree DWI - 169A.20 & 169A.24 (Felony)
- 2nd Degree DWI - 169A.20 & 169A.25 (Gross Misd.)
- 3rd Degree DWI - 169A.20 & 169A.26 (Gross Misd.)
- 4th Degree DWI - 169A.20 & 169A.27 (Misd.)
- Refusal to Test - 169A.20 Subd. 2 (Gross Misd. Deg.-)

DISMISSED

AGGRAVATING FACTORS

- Prior DWI(s) in 10 years -Date(s): _____
- Prior IC Revocation in 10 years -Date(s): _____
- Child Endangerment
- Test over .16 AC

ROAD TYPE / SURFACE / ENVIRONMENT

- | | | | | |
|---|--|---|---|---|
| <input type="checkbox"/> Freeway | <input type="checkbox"/> Other Divided | <input type="checkbox"/> 2-lane | <input checked="" type="checkbox"/> Other | RESIDENTIAL |
| <input checked="" type="checkbox"/> Dry | <input type="checkbox"/> Wet | <input type="checkbox"/> Snow | <input type="checkbox"/> Ice | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Daylight | <input type="checkbox"/> Dawn | <input checked="" type="checkbox"/> Street Lights | <input type="checkbox"/> Dusk | <input type="checkbox"/> Dark |
| <input checked="" type="checkbox"/> Clear | <input type="checkbox"/> Cloudy | <input type="checkbox"/> Raining | <input type="checkbox"/> Steepling | <input type="checkbox"/> Snowing |
| <input type="checkbox"/> Other _____ | | | | <input type="checkbox"/> Wind Conditions: _____ |

DISMISSED

INITIAL OBSERVATION

Reason for contact: WEAVING, ALMOST HIT CURB

Citizen Complaint Caller identified prior to stop Caller provided a basis for suspicion of Impairment

Describe: ERRATIC, SPEED, ALL OVER, ON THE SHOULDER

Name/Address/phone: [REDACTED]

Officer's Observations during stop: _____

PERSONAL CONTACT / ROADSIDE OBSERVATIONS:

Testing Surface: ASPHALT Clothing Description: PANTS, SHIRT

Footwear: SHOES

ODOR OF BREATH <input checked="" type="checkbox"/> Alcoholic beverage <input type="checkbox"/> None <input type="checkbox"/> Faint <input checked="" type="checkbox"/> Moderate <input type="checkbox"/> Strong <input type="checkbox"/> Overwhelming <input type="checkbox"/> Other drug/chemicals <input type="checkbox"/> Marijuana <input type="checkbox"/> Other (i.e. paint, chemical, etc) (explain) _____	EYES <input type="checkbox"/> Normal <input checked="" type="checkbox"/> Watery/Glassy <input checked="" type="checkbox"/> Bloodshot <input type="checkbox"/> Marked Reddening <input type="checkbox"/> Other _____ PUPILS <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Dilated <input type="checkbox"/> Constricted <input type="checkbox"/> Other _____	SPEECH <input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Sturred <input type="checkbox"/> Stutter <input type="checkbox"/> Incoherent <input type="checkbox"/> Mumbling <input type="checkbox"/> Deliberate <input type="checkbox"/> Other _____ REACTIONS TO INSTRUCTIONS <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Slow <input type="checkbox"/> Unable to comprehend <input type="checkbox"/> Repeats same requests/questions <input type="checkbox"/> Other _____	COORDINATION <input type="checkbox"/> Unsteady Gait <input checked="" type="checkbox"/> Swaying <input type="checkbox"/> Staggering <input type="checkbox"/> Falling <input type="checkbox"/> Used Support <input type="checkbox"/> Fumbled D/L documents <input type="checkbox"/> Other _____	ATTITUDE <input checked="" type="checkbox"/> Polite <input type="checkbox"/> Antagonistic <input type="checkbox"/> Profanity <input type="checkbox"/> Excited <input type="checkbox"/> Cocky <input type="checkbox"/> Loud <input type="checkbox"/> Hilarious <input type="checkbox"/> Carefree <input type="checkbox"/> Talkative <input type="checkbox"/> Apologetic <input checked="" type="checkbox"/> Cooperative <input type="checkbox"/> Indifferent <input type="checkbox"/> Insulting <input type="checkbox"/> Upset/Emotional <input type="checkbox"/> Uncooperative <input type="checkbox"/> Other _____	UNUSUAL ACTIONS <input type="checkbox"/> Slow motor movement <input type="checkbox"/> Sweating <input type="checkbox"/> Combative <input type="checkbox"/> Threatening <input type="checkbox"/> Violent <input type="checkbox"/> Vomiting <input type="checkbox"/> Crying <input type="checkbox"/> Sleepy <input type="checkbox"/> Mood swings <input type="checkbox"/> Urinating on self <input type="checkbox"/> Other _____
---	--	---	--	--	--