

DWI

**SORRY BUT IT AIN'T JUST A TRAFFIC
TICKET**

SUPPLEMENT

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INDEX

1. NLRPD DWI CHECKLIST

2. A.C.A 5-65-103

3. A.C.A 5-65-102

4. ARKANSAS REGULATIONS FOR ALCOHOL TESTING

NLRPD DWI CHECKLIST

- Witnesses**; Other Agencies (Police), (NLRFD), (MEMS) who responded or assisted in any way. Addresses and telephone number of any civilian witness that show Defendant in possession or control of the vehicle or came in contact with Defendant.
- Copy of BARF Kit form with name of MEMS workers, or nurse or doctor who drew Blood or attempted to draw blood if the Defendant refuses.
- Copy of Accident Report/ if Accident involved.
- SFST due on video if possible and copy of DWI Field/Notes etc.
- Copy of 106 Form signed including Defendant's Right to Second Test. **READ 106 INSIDE BACROOM.**
- BAC Ticket/ be sure to sign.
- Copy of BAC Log Book to be signed
- ALS copy of DL Sups. Form (front and back).
- Copy of defendant's driver's license.
- Copy of PRA or ROR form and copy of driver's license of person taking PRA.
- Original Ticket(s) charges that match charges on ADR.

IF Other Felonies or SERIOUS PHYSICAL INJURY INVOLVED WRITE ON TICKET"
SERIOUS PHYSICAL INJURY" or "**OTHER FELONIES**"

A.C.A. § 5-65-103

§ 5-65-103. Driving or boating while intoxicated

Effective: July 22, 2015

(a)(1) It is unlawful and punishable as provided in this chapter for a person who is intoxicated to operate or be in actual physical control of a motorboat on the waters of this state or a motor vehicle.

(2) It is unlawful and punishable as provided in this chapter for a person to operate or be in actual physical control of a motorboat on the waters of this state or a motor vehicle if at that time the alcohol concentration in the person's breath or blood was eight-hundredths (0.08) or more based upon the definition of alcohol concentration in § 5-65-204.

(b) The consumption of alcohol or the possession of an open container of alcohol aboard a motorboat does not in and of itself constitute probable cause that the person committed the offense of boating while intoxicated.

(c) An alcohol-related offense under this section is a strict liability offense.

§ 5-65-102. Definitions

Effective: July 22, 2015

As used in this chapter:

(1)(A) “Controlled substance” means a drug, substance, or immediate precursor in Schedules I through VI.

(B) The fact that any person charged with a violation of this chapter is or has been entitled to use that drug or controlled substance under the laws of this state does not constitute a defense against any charge of violating this chapter;

(2) “Ignition interlock device” means a device that connects a motor vehicle ignition system to a breath-alcohol analyzer and prevents a motor vehicle ignition from starting if a driver’s blood alcohol level exceeds the calibration setting on the device;

(3) “Influence”, with respect to an underage driver, means being controlled or affected by the ingestion of an alcoholic beverage or similar intoxicant, or any combination of an alcoholic beverage or similar intoxicant, to such a degree that the underage driver’s reactions, motor skills, and judgment are altered or diminished, even to the slightest scale, and the underage driver, due to inexperience and lack of skill, constitutes a danger of physical injury or death to himself or herself or another person;

(4) “Intoxicated” means influenced or affected by the ingestion of alcohol, a controlled substance, any intoxicant, or any combination of alcohol, a controlled substance, or an intoxicant, to such a degree that the driver’s reactions, motor skills, and judgment are substantially altered and the driver, therefore, constitutes

a clear and substantial danger of physical injury or death to himself or herself or another person;

**ARKANSAS REGULATIONS
FOR
ALCOHOL TESTING**

Fifth Revision

**ARKANSAS DEPARTMENT OF HEALTH
OFFICE OF ALCOHOL TESTING
201 S. MONROE
LITTLE ROCK, ARKANSAS 72205**

**BOX 8509
LITTLE ROCK, ARKANSAS 72215-8509**

Effective January 24, 2013

PART B. BLOOD SAMPLING

- 3.20 Sample Collection. Blood samples may be collected from living individuals only by persons authorized by law and by means of a sterile, dry syringe and hypodermic needle or other sterile equipment. The skin at the area of puncture shall be thoroughly cleansed and disinfected with an aqueous solution of nonvolatile antiseptic. Alcohol or other volatile organic disinfectant solutions shall not be used as a skin antiseptic or to clean hypodermic needles, syringes, or containers.
- 3.21 Postmortem Sample Collection. Postmortem samples may be collected by anyone authorized by law to collect such samples from living subjects or by any county coroner or his appointed deputy who meets the requirements specified in Arkansas Code Annotated 16-83-112. The following precautions must be employed to insure a representative, uncontaminated sample.
- a. Samples must be taken prior to the start of embalming procedures. Blood shall not be obtained by forcing blood from vessels by use of embalming fluids.
 - b. Blood is to be withdrawn by syringe from peripheral vessels.
 - c. If necessary, heart blood may be used. Great care must be exercised to prevent dilution of the blood sample by fluids outside the heart (pleural or pericardial). Heart blood should be used only if the heart is intact.
- 3.22 Sample Size. A good sample is five milliliters (cc). Smaller samples may be analyzed if necessary.
- 3.23 Sample Container. The blood sample shall be deposited into a tightly stoppered, clean, dry container containing a solid anticoagulant and sodium fluoride or an approved equal as a preservative (see 3.24). Alcohol or other volatile organic solvents shall not be used to clean the container. The container shall be clearly identified with the following.
- a. Name of the subject.
 - b. Date, and time of collection.
 - c. Name or initials of person collecting and/or sealing sample.
- 3.24 Sample Preservation. While not in transit or under examination, all blood samples shall be refrigerated. If the sample is to be analyzed at the Department, sodium fluoride (between 2.0 and 3.0 milligrams per milliliter of blood) or its solid form equivalent shall be used as a preservative, and sodium citrate or potassium oxalate or equivalent, in final concentration of 0.3% to 0.5%, is recommended as an anticoagulant.

Postmortem blood samples to be analyzed by the Department shall be deposited into a tightly stoppered, clean dry container containing sodium fluoride as a preservative, in a concentration of 1% or more, (10.0 milligrams per milliliter of blood) or an approved equal. A solid anticoagulant such as sodium citrate or potassium oxalate, or equivalent, is also recommended.

- 3.25 Sample Witness. The officer requesting the blood sample should observe the collection of the sample so that he may attest to the authenticity of the sample. He should then initial or mark the sample for future identification. The sample should then be secured in a tamperproof manner.

PART C. URINE SAMPLING

- 3.30 Sample Collection. Urine sampling shall be considered only when other methods to determine equivalent alcohol concentrations in blood are not practicable, or under strictly controlled conditions, i.e., hospitalized subject, or for the limited purpose of demonstrating recent ingestion of alcohol. To collect a urine sample, the subject must first be instructed to void the bladder. Approximately one-half hour later (time not critical), the subject should again be requested to void the bladder and that specimen should be collected for analysis.
- 3.31 Sample Size. Ten to thirty milliliters (cc) of urine shall be considered sufficient quantity for analysis.
- 3.32 Sample Container. When urine collection is necessary, the specimen shall be deposited into a clean, dry, non-porous container and capped or stoppered. Alcohol or other volatile organic solvents shall not be used to clean the container. The container shall be clearly identified with the following information.
- a. Name of subject.
 - b. Date and time of first voiding and of the collection.
 - c. Name of person witnessing collection and handling of sample.
- 3.33 Sample Preservation. While not in transit or under examination, urine samples shall be refrigerated. If preservatives are used, a comment stating the type and amount should accompany the sample.
- 3.34 Sample Witness. The collection of the sample must be witnessed in order that its authenticity may be proven. It is to be properly marked for future identification and secured in a tamperproof manner.

Page 1 of 8

ARKANSAS MOTOR VEHICLE CRASH REPORT

(Rev. 1/07)

Report # 2013079054 Unit Assigned 5491 Premises _____ Lat/Long _____ District _____

Mo/Day/Yr 09/10/2013	Day of Week Tue	Time Of Crash 1245 AM PM	No. Of Vehicles 2	Time Notified 1246 AM LPM	Time Arrived 1247 AM LPM	Hit & Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Direction Of Travel V# <u>1</u> <u>W</u> V# <u>2</u> <u>N</u>	Official Use Only
County Pulaski	City NLR	Not In City, But _____ Of _____ Distance Direction City Limits		Speed Limit <u>25</u>		Road / Street / Highway LOCUST ST		
Section		Log Mile	At Intersection With		Posted <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Not At Intersection, But <u>145 Feet</u>		<input checked="" type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W		E. 53RD PL				

VEHICLE # <u>1</u> (PEDESTRIAN # _____)	VEHICLE # <u>2</u> (PEDESTRIAN # _____)
Also Complete Truck and Bus Crash Report for each qualifying vehicle, if crash involves fatality, injury or tow.	
Driver's Name (First/MI/Last Name) PARKED	Driver's Name (First/MI/Last Name) GABRIEL
Inj. Code 5	Inj. Code 5
Address ██████████	Address ██████████
Safety Equip 3	Safety Equip 3
Air Bag B	Air Bag B
Elect 0	Elect 0
City ██████████	City ██████████
State AR	State AR
Zip Code 72116	Zip Code 72116
Additional Information 501-983-8882	
Additional Information 501-940-2052	
DOB ██████████	DOB ██████████
Race ██████████	Race ██████████
Sex ██████████	Sex ██████████
Driver's License State AR	Driver's License State AR
Class D	Class D
# ██████████	# ██████████
End. ██████████	End. ██████████
Test Blood Breath Urine Toxicology Req <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Results: _____	Test Blood Breath Urine Toxicology Req <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Results: TBD
None Req. <input checked="" type="checkbox"/>	None Req. <input type="checkbox"/>
Vehicle Owner's Name (First/MI/Last Name) SHELLY BURRIS	Vehicle Owner's Name (First/MI/Last Name) KELLYE L. BAUMAN
Address 7008 PONDEROSA	Address 5900 N LOCUST
City NLR	City NLR
State AR	State AR
Zip Code 72118	Zip Code 72118
Vehicle Description Year <u>2010</u> Make <u>JEEP</u>	Vehicle Description Year <u>2006</u> Make <u>HONDA</u>
Model <u>LOREDO</u> Body Style <u>UT</u> Color <u>PEW</u>	Model <u>CIVIC</u> Body Style <u>S</u> Color <u>BLU</u>
Vehicle Identification Number 1J4P54GK4AC1013B2	Vehicle Identification Number 1HGFA18598L044555
Estimated Damage \$2,500.00	Estimated Damage \$3,000.00
Vehicle License Plate <input type="checkbox"/> None	Vehicle License Plate <input type="checkbox"/> None
Year <u>2014</u> State <u>AR</u> Number <u>583 PGN</u>	Year <u>2014</u> State <u>AR</u> Number <u>408 SXF</u>
Trailers <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Trailers <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
# Of Units	# Of Units
Reg. State	Reg. State
Plate #	Plate #
Prior Vehicle Damage? If Yes, Describe Damage & Location <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Prior Vehicle Damage? If Yes, Describe Damage & Location <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Vehicle Damage As Result Of Crash <input checked="" type="checkbox"/> Disabled <input type="checkbox"/> Other Damage <input type="checkbox"/> Functional <input type="checkbox"/> No Damage	Vehicle Damage As Result Of Crash <input checked="" type="checkbox"/> Disabled <input type="checkbox"/> Other Damage <input type="checkbox"/> Functional <input type="checkbox"/> No Damage
Towed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Towed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Name of Tow Service	Name of Tow Service PHILLIPS BROTHERS
Address Vehicle Removed To	Address Vehicle Removed To 3801 HAROLD
City	City NLR
State	State AR
Zip Code	Zip Code 72118
Additional Information	
Insurance Company STATE FARM	Insurance Company UNITED AUTO INSURANCE COM
Policy # 247 4588-C01-04	Policy # ARU-648961
EMS Notified <input type="checkbox"/> AM <input type="checkbox"/> PM	EMS Notified <input type="checkbox"/> AM <input type="checkbox"/> PM
Transported By	Transported By
EMS Arrived <input type="checkbox"/> AM <input type="checkbox"/> PM	EMS Arrived <input type="checkbox"/> AM <input type="checkbox"/> PM
<input checked="" type="checkbox"/> No Injury/Transport	<input checked="" type="checkbox"/> No Injury/Transport
Injured Transported To (Hospital Name/City/State)	Injured Transported To (Hospital Name/City/State)

RECEIVED
SEP 10 2013

Page 2 of 6

Report Number: 2013070054

Vehicle # <u>1</u> Point Of Initial Contact 	Vehicle # <u>2</u> Point Of Initial Contact
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Damage To Property Other Than Vehicle <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Object Struck FLOWER POT (3)	Owner's Name ROBERTS, DON Address (City/State/Zip Code) 5305 LOCUST, NLR, AR 72116	Damage Estimate \$500.00 Owner Notified <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Witness Name(s) (First/MI/Last Name) None Located	Address (City/State/Zip Code)
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Citation(s) Issued To (First/MI/Last Name)	Charge(s) And Statute Number(s)	Citation Number
[REDACTED]	5-05-103 - DWI ALCOHDL	V341827
[REDACTED]	27-22-104 - NO PROOF OF LIABILITY INSURANCE	V341827
[REDACTED]	27-53-102 - LEAVING SCENE OF ACCIDENT PROPERTY DAMAGE INVOL	V341827
[REDACTED]	102-72 - UNSAFE DRIVING	V341827

Narrative

V1 was parked facing west in the driveway of 5309 N Locust St. V2 was traveling north in the 5300 block of N Locust St. V2 left the roadway and drove through the front yard of 5305 N. Locust St. making contact with three potted plants. V2 continued north bound and struck the southeast corner of the residence at 5309 N. Locust St. The front of V2 then made contact with the left front of V1.

The approximate Area of Impact 1 is 145 feet north of the north curbline of E. 53rd Pl. and 32 feet west of the west curbline of N. Locust St. The approximate Area of Impact 2 is 155 feet north of the north curbline of E. 53rd Pl. and 36 feet west of the west curbline of N. Locust St. The approximate Area of Impact 3 is 165 feet north of the north curbline of E. 53rd Pl. and 32 feet west of the west curbline of N. Locust St.

Officers were advised that the driver of V2 fled the scene prior to officers arrival. Officers located [REDACTED] driver of V2, at 5900 N. Locust St. [REDACTED] stated he was driving the Honda Civic and stated, "I was driving on N. Locust and I topped the hill and closed my eyes." [REDACTED] then stated, "I realized I hit a car and I was scared so I ran from the scene of the accident." [REDACTED] also stated, "I smoked some weed around noon, and then I injected .5mg of Xanax using a needle that was in the vehicle. [REDACTED] also stated, "I take Buprenorphine 4 times a day, 2 pills when I wake up, 1 in the middle of the day, and 1 pill around bed time which is usually 10:00 pm. I observed Mr. [REDACTED] had bloodshot eyes, slurred speech, and was unsteady on his feet. [REDACTED] was transported to Police Headquarters at 200 W. Pershing for BAC testing.

Officer's Name (Rank/First/MI/Last Name) [REDACTED]	Badge No. [REDACTED]	Department North Little Rock Police Department	Reviewing Officer [REDACTED] 09/10/2013	Date Filed 09/10/2013	Photos <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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ARKANSAS MOTOR VEHICLE CRASH REPORT CONTINUATION

2013-79054

Property

Damage To Property Other Than Vehicle <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Object Struck HOUSE	Owner's Name DAVIS, KATHY	Damage Estimat \$5,000.00
		Address (City/State/Zip Code) 5308 N LOCUST, NLR, AR 72116	Owner Notified <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Offenses

Citation(s) Issued To (First/MI/Last Name)	Charge(s) And Statute Number(s)	Citation Number
[REDACTED]	27-16-303 - SUSPENDED DRIVERS LICENSE	V34182B