

AUBURN HILLS POLICE DEPARTMENT

1899 N. Squirrel Road - Auburn Hills, MI 48326

(248) 370-9444

ORI MI6385100

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DATE 04/06/03	DAY Sun	SFT 01	PLT 01	BDG1 097	BDG2	YR INC NO. 03-5741
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**INFORMATION:** While on patrol I witnesses the following accident/incident which led to an arrest for OUIL.

**INVESTIGATION:** I was on patrol on S/B Lapeer at the Opdyke traffic signal. The signal was red, and I was slowing towards the light. I was in the right S/B lane merging onto Opdyke. I observed listed 1993 Honda Accord, MI/04 WQZ 155 in that area. I observed the vehicle approaching me from behind at a high rate of speed. The vehicle was traveling in the right S/B lane. As the vehicle got closer to mine, it merged into the left S/B lane. The vehicle was still traveling at a high rate of speed. Both vehicles were approximately 60 feet from the traffic light. Listed Green Chrysler MI/03 3ET E07 was stopped in the left S/B lane at the red light. Listed Honda failed to stop and struck the Chrysler.

I approached both drivers to check on injuries. Neither party complained of any injuries. I spoke with both drivers to obtain driver information. Mr. Jeffrey Ottenhoff was driving the green Chrysler, and Ms. Lisa Sinclair was driving the black Honda. I could smell a strong odor of alcoholic beverage coming from Ms. Sinclair. I smelled no such odor coming from Mr. Ottenhoff and he showed no indications of having consumed any alcohol. I obtained his information and released him.

I spoke with Ms. Sinclair. She appeared nervous and agitated. She was slow to respond to my requests for her license. She provided me with her insurance and forgot to give me her license. I asked her how much alcohol she had consumed. She denied drinking. I told her I could smell it on her breath. She then said "2 beers". I asked her to exit the vehicle so I could evaluate her. She was slow to respond, but agreed.

I requested that Ms. Sinclair complete the following tasks after explaining and demonstrating them first. Ms. Sinclair advised she was mentally and physically able to perform the tasks. It should be noted that during the tasks, Ms. Sinclair had to be instructed several times for each tasks, and continually interrupted my instructions. Ms. Sinclair often began each task prior to me finishing the instructions, then would stop and and what she was supposed to do.

**HORIZONTAL GAZE NYSTAGMUS:** Subjects eyes bounced and jerked when following the stimulus. Her head moved for a portion of the task against instructions. I observed her eyes to be bloodshot.

**ALPHABET A-M:** Subject's speech was slurred. She continued past "M" to the letter "O" on both attempts.

**BACKWARD COUNT 93-74:** Subject was resistant to begin this task. She advised she was nervous several times, interrupting me each time. Subject then began the task, counted to 83 very slowly and slurred, then asked if that was far enough.

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04/06/03	Sun	01	01	097			03-5741

**HEEL TO TOE:** Subject had to be instructed several times. She did not touch her heel to toe on any steps. She side steps, and walked very deliberate.

**RHOMBERG:** Task held for approximately 15 seconds, not 30 as instructed. Head not tilted back as instructed. 1-2 inch sway.

**PBT: REFUSED**

**ACTION:** I placed Ms. Sinclair under arrest for OUIL and advised her of same. She was handcuffed in the rear (double locked, fit checked) and secured into my patrol car. Her vehicle was impounded to BYERS, BC# 232. I read Ms. Sinclair the chemical test rights per form. She advised she could not hear "the second line", so I read the entire sheet again. Ms. Sinclair requested some time to think about the test. After a short time, she refused the test.

I transported Ms. Sinclair to AHPD for booking. Throughout the booking process she was very uncooperative. Sgt. Amon was present during uncuff procedures. Ms. Sinclair was slow to respond to requests. She refused to answer questions when asked, and would not walk without us physically escorting her. On multiple occasions I was forced to escort Ms. Sinclair by her arms, at times using escort arm holds. No further force was needed, and no injuries occurred. Ms. Sinclair refused to cooperate during the processing/fingerprinting procedure, thus no fingerprints were obtained.

I contacted Magistrate Balian for a search warrant. The warrant was approved and sworn to. It should be noted that while Ms. Sinclair was secured in cell 3 at AHPD, she continued to drink non-stop from the drinking fountain.

I transported Ms. Sinclair to POH for blood draw and medical clearance. Dr. Sikorski drew two vials of blood after using the included alcohol free swab. I secured the blood into the kit. I transported Ms. Sinclair to OCSD where she was lodged. She displayed the same defiant behavior to OCSD staff as she did to myself and Sgt. Amon. I issued Ms. Sinclair ticket # 150404 for OUIL and PBT refusal, her temp ops refusal form, and a copy of the warrant and tabulation. Ms. Sinclair was RPI's, no bond money.

**EVIDENCE:** 03-5741-1, in car video # 277

03-5741-2, MSP blood kit

Items secured into locker 20.

**COMPUTER CHECKS:** Subject clear LEIN/ valid SOS, no priors.

Officer B. Miller # 314

Read the complete page to the arrested person.

03-5741

X I am a peace officer. You are under arrest for the offense of: *(Read only the charge that applies)*

- X  Operating a vehicle while under the influence of an intoxicating liquor or a controlled substance or a combination of both, or with a bodily alcohol content of 0.10 grams or more per 100 milliliters of blood, per 210 liters of breath, or per 67 milliliters of urine.
- X  Operating a vehicle while visibly impaired due to the consumption of an intoxicating liquor or a controlled substance or a combination of both.
  - Causing the death of another while operating a vehicle while under the influence of, or while visibly impaired by an intoxicating liquor or a controlled substance or a combination of both, or with an unlawful bodily alcohol content.
  - Causing serious injury to another while operating a vehicle while under the influence of, or while visibly impaired by an intoxicating liquor or a controlled substance or a combination of both, or with an unlawful bodily alcohol content.
  - Operating a commercial motor vehicle with a bodily alcohol content of 0.04 grams or more but not more than 0.07 grams per 100 milliliters of blood, per 210 liters of breath, or per 67 milliliters of urine.
  - Operating a vehicle while less than 21 years of age and having any bodily alcohol content.
  - Murder resulting from the operation of a motor vehicle.
  - Manslaughter resulting from the operation of a motor vehicle.
  - Felonious Driving.
  - Negligent Homicide.
  - Refusing a Preliminary Breath Test if arrested while operating a commercial motor vehicle.
  - Endangerment (Operating while intoxicated with person under age of 16.)

X **CHEMICAL TEST RIGHTS**

X I will be requesting that you take a chemical test to determine the alcohol content and/or presence of a controlled substance in your body. IF YOU WERE ASKED TO TAKE A PRELIMINARY BREATH TEST PRIOR TO YOUR ARREST, YOU MUST STILL TAKE THE TEST I AM ABOUT TO OFFER YOU.

X If you refuse to take this chemical test, it will not be given without a court order, but I may seek to obtain such a court order. Your refusal to take this test shall result in the suspension of your operator's or chauffeur's license and vehicle group designation or operating privilege, and the addition of six points to your driving record.

X After taking my chemical test, you have a right to demand that a person of your own choosing administer a breath, blood, or urine test. You will be given a reasonable opportunity for such a test. You are responsible for obtaining a chemical analysis of a test sample taken by a person of your own choosing.

X The results of both chemical tests shall be admissible in a judicial proceeding, and will be considered with other competent evidence in determining your innocence or guilt.

X Will you take a: *(Select the appropriate test from the following list)*

Breath Test?

or

\* Blood Test?

or

Urine Test?

\* MCL 257.625c(2) provides that a person afflicted with hemophilia, diabetes, or a condition requiring the use of an anticoagulant shall not be considered to have given consent to the withdrawal of blood.

EVIDENCE LIST

Incident No. C3 5741

Agency ANPD

ITEM	NEEDED	IN-FILE	COMMENTS
Audio/Video Tape and Transcripts	( )	(X)	<u>IN CAR VIDEO</u>
Autopsy Report	( )	( )	
BAC/Blood/Semen	( )	( )	
Ballistics/Bullets	( )	( )	
Chain of Evidence List	( )	( )	
Clothing/Shoes	( )	( )	
Confession (written, audio, video)	( )	( )	
Controlled Substance (Tox Report)	( )	(X)	<u>BAC .186</u>
Criminal History	( )	(X)	
CSC Kit	( )	( )	
Diagram/Map	( )	( )	
Finger/Foot Prints	( )	( )	
Hair/Fiber	( )	( )	
Hospital/Medical Records	( )	( )	
Photographs/Slides	( )	( )	
Weapons	( )	( )	
Witness Statements	( )	( )	
CERTIFIED RECORDS			
SOS			
Convictions	( )	( )	
	( )	( )	
	( )	( )	
	( )	( )	
OTHER PHYSICAL EVIDENCE	( )	( )	
	( )	( )	
	( )	( )	
	( )	( )	
VICTIM PROPERTY			
	( )	( )	
	( )	( )	
	( )	( )	

NT Thomas 5-8-03 367-9878  
 Officer-in-Charge Date Phone No.

The Prosecuting Attorney's Office certifies that (\*) property belonging to the crime victim must be retained by the Law Enforcement Agency for trial purposes in lieu of photograph or other means of memorialization pursuant to 1985 P.A. 87.

CITY OF AUBURN HILLS  
 1827 N. Squirrel Rd., Auburn Hills, MI 48326  
 Phone: 248-370-9448 ORI # MI6385100

# INCIDENT / PROSECUTION REPORT

PO # \_\_\_\_\_  
 PRIMARY  SUPP PAGE 1 OF 6

01	DATE	DAY	SHIFT	PLAT	BADGE 1	BADGE 2	UCR	ADMIN	YEAR	INCIDENT #
	04/03/03	5:00 PM	01	01	097				03	5741

02	RECEIVED	DISPATCHED	ARRIVED	COMPLETED	DATE(S) OCCURRED	TIME(S) OCCURRED	HOUR	DAY
	03/16	03/17	03/17	03/19	04/06/03	03:16	03	5:00 PM

03	LOCATION / ADDRESS	(DIRECTION, STREET, SUFFIX, QUALIFIER)	LOCATION 2 (INTERSECTING STREET)
		LAPARR	090442

04	CITY	STATE	ZIP	CODE	BUSINESS NAME	BUSINESS PHONE
	Auburn Hills	MI	48326			

05	ESTAB CODE	ORIGIN	HOW ACTIVATED	REPORT TAKEN	REC BADGE	DISP BADGE	UNIT 1	UNIT 2
	9990	<input type="checkbox"/> PHONE <input type="checkbox"/> PERSON <input type="checkbox"/> OTHER	<input checked="" type="checkbox"/> FOP <input type="checkbox"/> PERSON <input type="checkbox"/> DISP <input type="checkbox"/> OTHER	<input checked="" type="checkbox"/> SCENE <input type="checkbox"/> STATION				

06	NATURE OF INCIDENT #1	ATT <input type="checkbox"/>	CRIME CLASS	ALC DRUGS COMP	BIAS	WEAPON	# PREM	ACTIVITY	POINT OF ENTRY / ATTACK
	D.U.I. / P.D.A.		D.I.R.T.S.	<input checked="" type="checkbox"/>	90	01	01		

07	NATURE OF INCIDENT #2	ATT <input type="checkbox"/>	SEC CLASS	ALC DRUGS COMP	BIAS	WEAPON	# PREM	ACTIVITY	METHOD OF ENTRY / ATTACK

08	NATURE OF INCIDENT #3	ATT <input type="checkbox"/>	SEC CLASS	ALC DRUGS COMP	BIAS	WEAPON	# PREM	ACTIVITY	TOOL / OBJECT / WEAPON

09	NATURE OF INCIDENT #4	ATT <input type="checkbox"/>	SEC CLASS	ALC DRUGS COMP	BIAS	WEAPON	# PREM	ACTIVITY	OTHER CHARACTERISTICS

CODES (1) REPTD BY (2) OWNER (3) VICT (4) PERS INTERV (5) ARREST (6) SUSP (7) MISS'G (8) WITN (9) SECURD BY (0) JUV ARREST (D) DRIVER (P) PASSNGR (R) RESPONSIBLE (S) SUMMONED (X) MISC

10	CODE	VICT #	ACTUAL VICTIM (LAST, FIRST, MIDDLE, SUFFIX)	RAC	SEX	DOB	AGE	VICTIM TO RECEIVE CVRA NOTICE

11	CODE	NAME (LAST, FIRST, MIDDLE, SUFFIX) (ACTUAL VICTIM'S REP)	RAC	SEX	DOB	AGE	RELATION TO ACTUAL VICTIM

12	ADDRESS	(DIRECTION, STREET, SUFFIX, QUALIFIER)	CITY	STATE	ZIP

13	HOME PHONE	BUSINESS PHONE	STATE	DRIVER'S LICENSE #	CONN	TYP	REL TO OFN #	INJ	V	CIRC	JMC
					01 03						

14	PE	CODE	OFN #	NAME (LAST, FIRST, MIDDLE, SUFFIX)	RAC	SEX	DOB	AGE
		ST	01	SINCLAIR, LISA ECCLRESTA				

15	ADDRESS	(DIRECTION, STREET, SUFFIX, QUALIFIER)	CITY	STATE	ZIP

16	HOME PHONE	BUSINESS PHONE	HEIGHT	WEIGHT	EYES	HAIR	LENGTH	STYLE	SKIN TONE
									Light

17	STATE	DRIVER'S LICENSE #	SEC #	SID #	FBI #	MISC #

18	ARRESTED NAME, LAST, FIRST, MIDDLE, SUFFIX	COMMENTS / CLOTHING / ETC	VIOLATION

19	ARREST CHRG 1	ARREST DATE	PLAT	BADGE 1	BADGE 2	FM	DIS	ARREST CHRG 2	ARREST DATE	PLAT	BADGE 1	BADGE 2	FM	DIS
	2415	04/06/03	01	097		M								

20	OST	MON	CLR	ARMED AT ARREST	ORIGIN	DISP	PER	TEL	STATUS	APPEARANCE TCKT	FINGERPRINTS	CHR	ACTION REQUESTED
	000	01			<input checked="" type="checkbox"/> FOP <input type="checkbox"/> MDT	<input type="checkbox"/> PER	<input type="checkbox"/> TEL	<input checked="" type="checkbox"/> JAILED <input type="checkbox"/> RELEASED	3 <input type="checkbox"/> APPERANCE TCKT <input type="checkbox"/> NOT ARRESTED	2 <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	1 <input type="checkbox"/> ARREST WARRANT <input type="checkbox"/> SEARCH WARRANT	3 <input type="checkbox"/> PADLOCK <input type="checkbox"/> INJUNCTION	5 <input type="checkbox"/> FORFEITURE <input checked="" type="checkbox"/> OTHER

21	CODES	DESCRIPTION	PROP TYPE	QUANTITY	YEAR	MAKE	MODEL
	VIX	93, Honda, Blk	9390	01	93	Honda	Accord

22	STYLE	COLOR(S)	MONTH	YEAR	STATE	LICENSE	SERIAL / VIN #
	410	Blk	01	01	MI	W02 155	1H3CR7691PA182545

23	STOLEN	DAMAGED	RECOVERED	PROPERTY TAG #	LOCATION PROPERTY	LEIN REF #	NIC #
	\$	\$	\$		Byers	238	

24	COMMENTS / INSURANCE COMPANY / LIEN HOLDER / BANK	REC BADGE 1	REC BADGE 2	LEO	RECOVERY DATE	DG TYPE	DRUG AMOUNT	MEAS

25	BRIEF SUMMARY OF OFFENSE	YEAR INCIDENT #
	(TITLE / SUMMARY) VEHICLE CRASHED INTO OTHER VEHICLE, MINOR DML.	035741

26	
27	

28	
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Form 102 4-96	INVESTIGATING OFFICER(S)	REVIEWED BY	ATTENTION TO	I affirm the above information is true and correct.
	B. Miller	012		O.I.C. Signature

# OFFICER'S REPORT OF REFUSAL TO SUBMIT TO CHEMICAL TEST

PERSON'S FULL NAME (AS APPEARS ON MICHIGAN DRIVER LICENSE) <u>ISA EUGENIA SINGLAR</u>				BIRTH DATE (MMDDYY)		SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
ADDRESS (NUMBER & STREET) [REDACTED]				MICHIGAN DRIVER LICENSE NUMBER [REDACTED]			
CITY OR TOWNSHIP (OF ARREST) [REDACTED]				OTHER STATE DRIVER LICENSE NUMBER [REDACTED]			
HEIGHT		WEIGHT		EYE COLOR		HAIR COLOR	
[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]	
ARREST DATE (MMDDYY) <u>2/16/03</u>				MILITARY TIME <u>2330</u>		REFUSAL DATE (MMDDYY) <u>2/16/03</u>	
COUNTY (OF ARREST) <u>Washtenaw</u>				CITY OR TOWNSHIP (OF ARREST) <u>Ann Arbor Hills</u>		CO/CTY/TWP CODE <u>17 97</u>	
VEHICLE TYPE <u>DR</u>		Was person involved in an accident? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		INSTRUMENT # <u>REFUSED</u>		BAC #1 <u>N/A</u>	
				BAC #2 <u>N/A</u>		BAC #3 <u>N/A</u>	
ARRESTING OFFICER'S NAME <u>R. [REDACTED]</u>		BADGE NUMBER <u>314</u>		ORI NUMBER <u>6325100</u>		COMPLAINT NUMBER <u>02-5741</u>	
BREATH TEST OPERATOR'S NAME, only if not listed above and necessary for hearing				BADGE NUMBER		ORI NUMBER	
OTHER OFFICER, if necessary for hearing				BADGE NUMBER		ORI NUMBER	

The above named person was arrested for a violation of section 625(1),(3),(4),(5),(6),(7), 625a(5) or 625m of the Michigan Vehicle Code, as amended, or a local ordinance substantially corresponding to section 625(1),(3),(4),(5),(6),(7), 625a(5) or 625m or for the offense of felonious driving, manslaughter, murder, or negligent homicide resulting from the operation of a motor vehicle.

The officer had reasonable grounds to believe that the above named person violated section 625(1),(3),(4),(5),(6),(7), 625a(5) or 625m of the Michigan Vehicle Code, as amended, or a local ordinance substantially corresponding to section 625(1),(3),(4),(5),(6),(7), 625a(5) or 625m or committed the offense of felonious driving, negligent homicide, manslaughter or murder resulting from the operation of a motor vehicle while impaired by or under the influence of intoxicating liquor or a controlled substance, or a combination of intoxicating liquor and a controlled substance, or while having an unlawful bodily alcohol content, or if the person is less than 21 years of age while having any bodily alcohol content. [MCL 257.625c(1)(b)]

The above named person was requested to take a chemical test. The person was advised of the chemical test rights as required under section 625a and refused to take a chemical test.

Michigan driver license confiscated? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Michigan driver license destroyed? <input type="checkbox"/> YES <input checked="" 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	<input type="checkbox"/> DENIED <input type="checkbox"/> UNLICENSED <input type="checkbox"/> UNKNOWN	<input type="checkbox"/>
License Permit CDL <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	CDL restrictions A B C H N X P T	INDORSEMENT CY <input type="checkbox"/> F <input type="checkbox"/> R <input type="checkbox"/>	Other <input type="checkbox"/>

## MICHIGAN TEMPORARY DRIVING PERMIT

This temporary driving permit is valid only if you have a valid Michigan operator's or chauffeur's license. If your license has a CDL and/or indorsements or restrictions, this permit grants you the same CDL and/or indorsements or restrictions. You may not apply for a replacement photo license or personal identification card. This permit is valid until the criminal charges are dismissed or you are acquitted, or your license or permit is suspended, restricted, or revoked for a conviction. [MCL 257.625g(3)]

## SERVICE OF NOTICE OF SUSPENSION

I certify that I hand delivered a copy of the document containing the Notice of Suspension and Appeal Rights to the person named above.

Officer's Signature [Signature]

Date (MMDDYY) 4/7/03

## Notice to officer:

- Complete this form to record implied consent refusals, including most search warrants. (See DI-177)
- Confiscate and destroy arrested person's Michigan driver license or permit.
- Input arrest data into LEIN Alcohol File (F-Breath Screen).

**Note:** This LEIN data is a continuation of the written report prescribed and furnished by the Secretary of State. The encoded information will print at the Secretary of State office and will include the following statement: "The officer had reasonable grounds to believe that the person had committed a crime described in section 625(1) and that the person had refused to submit to the test upon the request of the peace officer and had been advised of the consequences of the refusal" as required by section 625d.

## OFFICER'S INSTRUCTIONS

- Give two white copies to person
- Keep two pink copies

Officer's Copy