

CRIMINAL COMPLAINT  
Commonwealth of Virginia

RULES 3A:3 AND 7C:3

Print ALL information clearly:

- General District Court
- Juvenile and Domestic Relations District Court

Henrico

CITY OR COUNTY

Under penalty of perjury, I, the undersigned Complainant swear or affirm that I have reason to believe that the Accused committed a criminal offense, on or about

4/30/16

DATE OFFENSE OCCURRED

in the  City  County  Town

of HENRICO

I base my belief on the following facts:

While operating stationary RADAR on Chippenham Pkwy, a Ford PK, traveling SB, passed my marked police car and entered RADAR at 59 mph (going away) in a posted 45 mph zone. I stopped the Ford and [REDACTED] driver, had a moderate odor of alcohol. He stated he had a couple beers earlier. SFST's were conducted with difficulty. PBT .109. He was arrested for DUI. Inventory of his vehicle found a sunglass case in the center console containing 2 pipes and a medicine bottle of marijuana. Breathalyzer results .09.

The statements above are true and accurate to the best of my knowledge and belief.

In making this complaint, I have read and fully understand the following:

- By swearing to these facts, I agree to appear in court and testify if a warrant or summons is issued.
- The charge in this warrant cannot be dismissed except by the court, even at my request.

L. C. Jones

NAME OF COMPLAINANT (LAST, FIRST, MIDDLE)  
(PRINT CLEARLY)

SIGNATURE OF COMPLAINANT

Subscribed and sworn to before me this day.

4/11/16 @ 12:18p  
DATE AND TIME

[Signature]  
CLERK  MAGISTRATE  JUDGE

CRIMINAL COMPLAINT

ACCUSED: Name, Description, Address / Location

LAST NAME, FIRST NAME, MIDDLE NAME

RICHMOND, VA 23225

COMPLETE DATA BELOW IF KNOWN

RACE	SEX	BORN			HT.		WGT.	EYES	HAIR
		MO.	DAY	YR.	FT.	IN.			
W	M	12	22		5	9	180	BL	BR
SSN [REDACTED]									



# HENRICO COUNTY DIVISION OF POLICE

## Driving Under the Influence Worksheet

DOP 098 (07/09)



<b>Officer</b>	LC Jones	<b>Code #</b>	0860	<b>Incident #</b>	160430184
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<b>Driver/Vehicle Information:</b>	
Name	SSN/OLN #
Vehicle License #	Vehicle Year/Make/Model: 2014 Ford PK

<b>Initial Observations:</b>
Vehicle in Motion On <u>Chippenham Pkwy</u> at <u>2200</u> hours running stationary RADAR, pass my marked police car, and enter into RADAR going away from me at 59 mph in posted 45 mph

<b>Stop Location</b> <u>Chippenham Pkwy</u> @ intersection with or <u>feet</u> <u>S end of Willey Bridge</u>
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<b>Crash Information:</b>	
Were you driving? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Are you Injured? <input type="checkbox"/> Yes <input type="checkbox"/> No
What time did the crash occur? :	Did you have anything to drink since the crash? <input type="checkbox"/> Yes <input type="checkbox"/> No
How was time verified?	What?
List Injuries:	How Much?

<b>Personal Contact:</b>	
Odor of Alcohol: <input type="checkbox"/> Faint <input checked="" type="checkbox"/> Moderate <input type="checkbox"/> Strong	
Breath: <input type="checkbox"/> Normal <input checked="" type="checkbox"/> Alcohol <input type="checkbox"/> Chemical <input type="checkbox"/> Other:	
Eyes: <input type="checkbox"/> Normal <input checked="" type="checkbox"/> Red <input type="checkbox"/> Watery <input type="checkbox"/> Glassy <input type="checkbox"/> Other:	
Clothing: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Soiled, Describe:	
Able to locate license/registration: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Comments:

<b>Health Issues:</b>	
Are you a Diabetic? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are you taking insulin? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No How Much?
Do you have any injuries/illnesses/disabilities? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Legs <input type="checkbox"/> Arms <input type="checkbox"/> Head <input type="checkbox"/> Asthma <input checked="" type="checkbox"/> Other
Describe how it will affect test: <u>left ankle - broke 2 years ago</u>	
What is your percent of disability?	

<b>Medications:</b>	
Name: <u>lexapro</u> Dosage: <u>20 mg</u> Doctor: <u></u> Time of Last Dose: <u>10 : 00 am</u>	
Reason Prescribed: <u>depression</u>	
Name: <u></u> Dosage: <u></u> Doctor: <u></u> Time of Last Dose: <u></u>	
Reason Prescribed: <u></u>	

<b>Driver Statements</b>		<b>Times</b>	
Have you been drinking? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Stop Time	10 : 00 pm
What? <u>beers</u>		Field Sobriety Tests Started	10 : 05 pm
How Much? <u>couple</u>		Preliminary Breath Test Offered	10 : 23 pm
Where? <u>friends party</u>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	Results: <u>0.109</u> BAC
Time of First Drink: <u>06 : 30</u> pm		Arrest	10 : 25 pm
Time of Last Drink: <u>07 : 45</u> pm		Implied Consent	10 : 27 pm
		Miranda	10 : 27 pm
<b>Breath Test Information:</b>		Magistrate Acknowledgement	
Name of Facility <input checked="" type="checkbox"/> Warrant Services <input type="checkbox"/> VSP		Reason for Refusal:	
<input type="checkbox"/> Not Available <input type="checkbox"/> Other		Certificate of Analysis given to subject: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Operator: <u>LC Jones</u>		Where placed: <u>shorts pocket</u>	
<b>Breath Test</b>	<b>First Test Attempt</b>	<b>Second Test Attempt</b>	<b>Third Test Attempt</b>
Time Observation Began	<u>10 : 52</u> pm	:	:
Time Test Taken	<u>11 : 21</u> pm	:	:

BAC= 0.09

**Field Tests** Place an  through letters missed or skipped

ABC's  
A B C D  F G H I J K L M N O P Q R S T U V W X Y Z

Were the letters pronounced out of order?  Yes  No

Comments: C to J: CDFGHJ (MISSED E)

Years of school completed? college grad Can you read?  Yes  No

Horizontal Gaze Nystagmus	Left Eye	Right Eye	Vertical Gaze Nystagmus
Lack of Smooth Pursuit	YES	YES	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Maximum Deviation	YES	YES	
Onset prior to 45 degrees	YES	YES	

**Walk and Turn**

**Instruction Stage**

Starts too Soon

Cannot Keep Balance

**Walk and Turn Stage**

	1st Nine	2nd Nine
Stops Walking	NO	NO
Misses Heel to Toe	YES	YES
Steps Off Line	NO	NO
Raises Arms	YES	NO
Actual Steps Taken	9	9

Describe Turn: OK

Type of Footwear: tennis shoes

Line on Pavement:  Yes  No Flat  Yes  No

**One Leg Stand**  Left Foot Up  Right Foot Up

Sways While Balancing  Sways While Balancing

Uses Arms to Balance  Uses Arms to Balance

Hopping  Hopping

Puts Foot Down  Puts Foot Down

**Counting For One Leg Stand**

1001 1002 1003 1004 1005 1006 1007 1008 1009 1010

1011 1012 1013 1014 1015 1016 1017 1018 1019 1020

1021 1022 1023 1024 1025 1026 1027 1028 1029 1030

X O

**Other Tests/Comments**

88-66: correct

Finger Dexterity: 1-4, 4-1 (touched middle & index at same time)

1-4, 4-1 (touched index as 3 & middle as 4)

1-4, 4-1 (started back with ring, then corrected / touched middle & index as same time)

1-4, 4-1 (touched middle & ring together)

**Procedure for Blood Vials (Effective July 1, 2003)**

Hospital Name:  Dr./Nurse Name:

Cleaning Solution Used:  Soap  PDI  Other  Time Blood Taken: :

Sealing of Vials by nurse or at their direction, the officer  Person sealing the vials shall complete the pre-numbered certificate

Place in plastic baggie and seal with "Integrity Seal"  Seal Container Kit with "Tamper Evident Shipping Seal"

Kit Container Mailed  Kit Container Delivered to DFS