

State of Indiana vs.

CAUSE NUMBER

C1 361264

PATRICIA L. MARTIN

AFFIDAVIT FOR PROBABLE CAUSE

I, Michael Meeks, a Law Enforcement Officer with the Steben County Sheriff's Department, swr that on the 26 day of October, 2007, at approximately 2:00 a.m. p. (Name) Patricia L. Martin, the accused, a (Race) Caucasian, (Sex) Male Female (Date of birth) 09 / / 58, (Social Security # Driver License #) XXX / xx / 1582 was observed at (location) C.R. 100 N and Landis Road

Steben County, Indiana operating a vehicle (description) 2005 Black Cadillac STS (continuation of vehicle description) under the following circumstances.

I.) PRELIMINARY OBSERVATIONS (check all that apply)

- I observed the accused operate a vehicle in my presence and view.
- _____ observed the accused operated a vehicle.
- I had reason to believe the accused operated the vehicle because _____
- The accused committed the following traffic violation(s) speeding; failure to stop at stop sign
- The accused's driving was unusual and erratic in that it was: excessive weaving in lane of traffic
- Reason for stop**
- The accused committed: offenses of speeding and failure to stop at stop sign
- The accused while driving: weaved excessively in lane of traffic
- The accused was already stopped when I approached.
- Other _____

II.) ACCIDENT INFORMATION

- No accident was involved. Number of vehicles involved in the accident: _____
- The accused was involved in an accident in my presence or view.
- _____ witnessed the accident and identified the accused as a driver involved in the accident
- The accused admitted to being the driver involved in the accident.
- The result of the accused's driving was: property damage; minor personal injury; serious bodily injury; fatality;
- Name of person(s) injured, describe property damage, injuries, estimate loss in dollars _____

III.) OBSERVATIONS

I had reason to believe the accused was **INTOXICATED** because I observed that: Reasons listed below

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| <input checked="" type="checkbox"/> Odor of alcoholic beverage | <input type="checkbox"/> Could not open door | <table border="0"> <tr><td>F</td><td><input checked="" type="checkbox"/> One leg stand</td><td rowspan="10"> <table border="0"> <tr><td>P</td><td></td></tr> <tr><td>A</td><td></td></tr> <tr><td>S</td><td></td></tr> <tr><td>S</td><td></td></tr> <tr><td>E</td><td></td></tr> <tr><td>D</td><td></td></tr> </table> </td> <td rowspan="10"> <table border="0"> <tr><td>F</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>A</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>I</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>L</td><td><input type="checkbox"/></td></tr> <tr><td>E</td><td><input type="checkbox"/></td></tr> <tr><td>D</td><td><input type="checkbox"/></td></tr> <tr><td>T</td><td><input type="checkbox"/></td></tr> <tr><td>E</td><td><input type="checkbox"/></td></tr> <tr><td>S</td><td><input type="checkbox"/></td></tr> <tr><td>T</td><td><input type="checkbox"/></td></tr> </table> </td> </tr> <tr> <td><input checked="" type="checkbox"/> Alcohol beverage containers in view</td> <td><input checked="" type="checkbox"/> Pulled self from vehicle</td> </tr> <tr> <td><input checked="" type="checkbox"/> Speech was <u>slow</u></td> <td><input type="checkbox"/> Left vehicle in gear</td> </tr> <tr> <td><input checked="" type="checkbox"/> Eyes were <u>bloodshot</u></td> <td><input type="checkbox"/> Failed to shut off vehicle</td> </tr> <tr> <td><input checked="" type="checkbox"/> Manual Dexterity <u>poor</u></td> <td><input type="checkbox"/> Staggered from vehicle</td> </tr> <tr> <td><input checked="" type="checkbox"/> Abusive attitude <u>yes</u></td> <td><input checked="" type="checkbox"/> Leaned against vehicle</td> </tr> <tr> <td><input checked="" type="checkbox"/> Balance was <u>poor</u></td> <td><input type="checkbox"/> Soiled / disorderly clothing</td> </tr> <tr> <td><input checked="" type="checkbox"/> Driving behavior stated above</td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table> | F | <input checked="" type="checkbox"/> One leg stand | <table border="0"> <tr><td>P</td><td></td></tr> <tr><td>A</td><td></td></tr> <tr><td>S</td><td></td></tr> <tr><td>S</td><td></td></tr> <tr><td>E</td><td></td></tr> <tr><td>D</td><td></td></tr> </table> | P | | A | | S | | S | | E | | D | | <table border="0"> <tr><td>F</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>A</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>I</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>L</td><td><input type="checkbox"/></td></tr> <tr><td>E</td><td><input type="checkbox"/></td></tr> <tr><td>D</td><td><input type="checkbox"/></td></tr> <tr><td>T</td><td><input type="checkbox"/></td></tr> <tr><td>E</td><td><input type="checkbox"/></td></tr> <tr><td>S</td><td><input type="checkbox"/></td></tr> <tr><td>T</td><td><input type="checkbox"/></td></tr> </table> | F | <input checked="" type="checkbox"/> | A | <input checked="" type="checkbox"/> | I | <input checked="" type="checkbox"/> | L | <input type="checkbox"/> | E | <input type="checkbox"/> | D | <input type="checkbox"/> | T | <input type="checkbox"/> | E | <input type="checkbox"/> | S | <input type="checkbox"/> | T | <input type="checkbox"/> | <input checked="" type="checkbox"/> Alcohol beverage containers in view | <input checked="" type="checkbox"/> Pulled self from vehicle | <input checked="" type="checkbox"/> Speech was <u>slow</u> | <input type="checkbox"/> Left vehicle in gear | <input checked="" type="checkbox"/> Eyes were <u>bloodshot</u> | <input type="checkbox"/> Failed to shut off vehicle | <input checked="" type="checkbox"/> Manual Dexterity <u>poor</u> | <input type="checkbox"/> Staggered from vehicle | <input checked="" type="checkbox"/> Abusive attitude <u>yes</u> | <input checked="" type="checkbox"/> Leaned against vehicle | <input checked="" type="checkbox"/> Balance was <u>poor</u> | <input type="checkbox"/> Soiled / disorderly clothing | <input checked="" type="checkbox"/> Driving behavior stated above | | | | | |
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| <input checked="" type="checkbox"/> Alcohol beverage containers in view | <input checked="" type="checkbox"/> Pulled self from vehicle | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <input checked="" type="checkbox"/> Driving behavior stated above | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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P.B.T. /Alco-sensor 0. 08 gram of alcohol per 210 liters of breath.

IV.) CHEMICAL TEST

- I advised the accused of the Implied Consent Law and the accused submitted to or refused a chemical test.
- I was unable to offer a chemical test to the accused because such person was: unconscious, injured, too intoxicated
- Michael Meeks, a certified chemical test operator, determined from a chemical test that the accused had an alcohol concentration equivalent to 0. 08 gram of alcohol per 210 liters of breath. The chemical test was administered at Sheriff's Department
- I was told by _____ the result of the chemical test was an alcohol concentration equivalent to 0. _____ gram of alcohol per 100 milliliters of blood. Such test was administered by drawing or taking a sample of _____ blood at _____ A.M. P.M.
- I was told by _____ the result of the chemical test determined that the accused had in his body a controlled substance a controlled substance metabolite, or a drug, to wit _____ Such test was administered by drawing or taking a sample of blood, urine, other _____ at _____ A.M. P.M., at (location) _____

V.) ADDITIONAL INFORMATION (WITNESSES)

six pack of warm Miller Lite beer was observed in the vehicle

The accused was arrested for a violation of IC 9-30-5.

I HEREBY SWEAR OR AFFIRM UNDER THE PENALTY OF PERJURY PURSUANT TO IC 35-34-1-2.4 THAT THE FOREGOING FACTS ARE TRUE:

Signature of Affiant 	Date <u>10/26/07</u>	Print Name & Department <u>Michael Meeks, Sheriff's Dept.</u>
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VI.) PREVIOUS CONVICTIONS - CAUSE NUMBER

I, _____, have examined the accused's driving / criminal record and determined that the accused has a previous conviction of Operating While Intoxicated on _____ day of _____, from _____ Court _____ County, Indiana, Room number _____ Case number _____

I HEREBY SWEAR OR AFFIRM UNDER THE PENALTY OF PERJURY PURSUANT TO IC 35-34-1-2.4 THAT THE FOREGOING FACTS ARE TRUE:

Signature of Affiant	Date
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