

Harrison County Sheriff Dept.

Corydon, IN 47112

- Emergency 911

Fax Number

MIKE DEATRICK
Sheriff**JOYCE DEATRICK**
Chief**ERIC FISCHER**
Captain**FAX COVER SHEET**

Send to:	From: HARRISON COUNTY SHERIFF'S DEPARTMENT
National Transportation Safety Board	Date: 10-25-10
Attention: Allison Violette	Office Location: Corydon, IN 47112
Office Location: Ashburn, VA	Phone Number:
Fax Number:	

- ☐ Urgent
- ☐ Reply ASAP
- ☐ Please Comment
- ☐ Please Review
- ☐ For Your Information

Comments:

Report # 2006-0646
Ref: Kent D. Shilling
Thanks
Darrin Deatrick

Total pages, including cover: 10



INDIANA OFFICER'S STANDARD CRASH REPORT

Mail to:

Electronic Version

Indiana State Police, Crash Records Section
100 North Senate Avenue, Indianapolis, IN 46204

Page

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of

4

Local ID

20060846

Date of Crash 04/04/2006	Day of Week Tue	Actual Local Time 11:23 PM	County HARRISON	Township HARRISON	# Motor Vehicles 2	# Injured 0	# Dead 0	# Commercial Vehicles 1	# Deer 0
Road Crash Occurred On 184E			Nearest/Intersecting Road/Mile Marker/Interchange 100		If not an Intersection, number of feet from 0	Direction E	Road Classification INTERSTATE		
Inside Corporate Limits? NO	City/Town or Nearest City/Town CORYDON			Property? OTHER	Crash Latitude 86 01.865		Crash Longitude 38 15.215		
Driver #1 SHILLING, KENT, D			Driver #2 FOREHAND, LEO, D III		Driver #3		Driver #4		

Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
Driver Contributing Circumstances					Vehicle Contributing Circumstances				
Alcoholic Beverages					Engine Failure or Defective				
Illegal Drugs					Accelerator Failure or Defective				
Prescription Drugs					Brake Failure or Defective				
Driver Asleep or Fatigued					Tire Failure or Defective				
Driver Illness					Headlight(s) Defective or Not On				
Unsafe Speed					Other Lights Defective				
Failure to Yield					Steering Failure				
Disregard Signal					Window/Windshield Defective				
Left of Center					Overload/Overweight Load				
Improper Passing					Insecure/Leaky Load				
Improper Turning					Tow Hitch Failure				
Improper Lane Usage					Other				
Following Too Closely					None				
Unsafe Backing					Environment Contributing Circumstances				
Overcorrecting					Glare				
Ran off Road					Roadway Surface				
Wrong Way on One Way					Holes/Ruts in Surface				
Pedestrian's Action					Shoulder Defective				
Passenger Distraction					Road Under Construction				
Restriction Violation					Severe Crosswinds				
Jackknifing					Obstruction Not Marked				
Cell Phone Usage					Lane Marking Obscured				
Other Teleatics					View Obscured				
Driver Distracted					Animal/Object in Roadway				
Speed/Weather Conditions					Traffic Ctl Inop/Missing/Obscure				
Other					Utility Work				
None					Other				
					None				

Area Information

Hit and Run	NO
School Zone	NO
Rumble Strips	NO
Locality	RURAL
Light Condition	DARK (NOT LIGHTED)
Weather Conditions	CLEAR
Surface Condition	DRY
Type of Median	NONE
Type of Roadway Junction	NO JUNCTION INVOLVED
Road Character	STRAIGHT/LEVEL
Roadway Surface	CONCRETE
Construction	NO
If Yes, Construction Type	
Traffic Control Devices	OTHER REGULATORY SIGN/MARKING
Traffic Control Device Operational?	NA

Total Estimate of all damage in the Crash:

\$2501 TO \$5000

Was this crash the result of aggressive driving? NO

Other Property Damage (1) State Property Owner's Name and Address

Other Property Damage (2) State Property Owner's Name and Address

Witness/Other Participant

Non-Motorist

☒ Witness # (Last Name, First Name, MI)
☐ Other Participant 1 JOE SAM COWAN

(Last Name, First Name, MI)

Address etc.

Non-Motorist Type

Non-Motorist Action

Phone #

Location at Time of Crash

Apparent Physical Condition

UN

BEHIND VEHICLE ONE

☒ Witness #

(Last Name, First Name, MI)

Cited?

Direction

☐ Other Participant

2 ROBERT WALKER

Address etc.

Street/Highway

Phone #

Location at Time of Crash

Traffic Control?

If yes, was traffic control operational?

UN

BEHIND VEHICLE 1

COPY

Local ID
20060646

**Type of
Crash**

SAME DIRECTION SIDESWIPE

Time Notified 11:23 PM	Time Arrived 11:23 PM	Other Location of Investigation SEE NARRATIVE			
Assisting Officer DENNIS ASHER		ID No. [REDACTED]	Agency HARRISON SD	Investigation Complete? YES	Photos Taken? NO
Assisting Officer		ID No.	Agency	Date of Report 04/04/2006	
Investigating Officer DOLEY, S		ID No. [REDACTED]	Agency HARRISON SD	Reviewing Officer	

Narrative

Vehicle #1 sideswipe Vehicle #2 when vehicle #2 was attempting to pass vehicle #1 on the interstate. Both vehicle was heading East when vehicle #1 driving in the right hand lane, crosses over the center line into the left hand lane sideswipe vehicle #2 which was in the left lane attempting to pass.

Driver of vehicle #1 was arrested for driving while intoxicated see case # 20060645.

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UNIT INFORMATION

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Local ID
20060646

1 Driver's Name (Last, First, MI) SHILLING, KENT, D		Safety Equipment Used NO RESTRAINT	
Address (Street, City, State, Zip) WARRENSBURG MO 64093		Safety Equipment Effective? N/A	
Date of Birth 1969	Age 36	Gender MALE	Ejection/Trapped NOT EJECTED OR TRAPPED
Driver's License #		Lic Type OP	CDL Class MO
Apparent Physical Status <input type="checkbox"/> Normal <input checked="" type="checkbox"/> Had Been Drinking <input type="checkbox"/> Handicapped <input type="checkbox"/> Ill <input type="checkbox"/> Asleep/Fatigued <input type="checkbox"/> Drugs/Medication <input type="checkbox"/> Unknown		Restrictions <input type="checkbox"/> Glasses/Contact Lenses <input type="checkbox"/> Outside Rearview Mirror <input type="checkbox"/> Daylight Driving <input type="checkbox"/> Automatic Transmission <input type="checkbox"/> Special Controls <input type="checkbox"/> Employment Only <input type="checkbox"/> Motorcycle Only <input type="checkbox"/> To/From Employment <input type="checkbox"/> Employer's Vehicle Only <input type="checkbox"/> State-Owned Vehicles <input type="checkbox"/> PP Chauffeurs Taxi Only <input type="checkbox"/> Power Steering <input type="checkbox"/> Special Restrictions <input type="checkbox"/> Probation DWI <input type="checkbox"/> Probation HTO <input checked="" type="checkbox"/> None	
Test Given ALCOHOL		Type Given <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input checked="" type="checkbox"/> Breath <input type="checkbox"/> SFST <input type="checkbox"/> PBT	
Alcohol Results PBT .20 Certified Test .22 <input type="checkbox"/> Pending		Drug Results	
Veh# 1	Color YELLOW	Vehicle Year Make 2006 GMC	Model BOX VAN
# Occupants 1	Lic Year 06	License # 903670	License State IN
# Axles 2	Speed Limit 70	Insured By UN	Phone Number UN
Registered Owner's Name (Last, First, MI) PENSKE TRUCK LEASING		<input type="checkbox"/> Same as Driver	
Address (Street, City, State, Zip) RT 10 GREEN HILLS		READING PA 19603	
Towed? YES	Towed To CORYDON	Towed By CHARLES TOWING	
Lic State	Lic Year	Registered Owner's Name (Last, First, MI) <input type="checkbox"/> Same as Driver	
License #		Address (Street, City, State, Zip)	
Veh Year	Make		
Lic State	Lic Year	Registered Owner's Name (Last, First, MI) <input type="checkbox"/> Same as Driver	
License #		Address (Street, City, State, Zip)	
Veh Year	Make		
Commercial Vehicle: Carrier's Name and Address			
HAZMAT Proper Shipping Name:			
US DOT#	ICC#	State DOT#	
Vehicle Identification#		CMV Inspection	If Yes
Gross Vehicle Weight Rating		Cargo Body Type	
HAZMAT Placard	HAZMAT Release of Cargo	HAZMAT 4-Digit ID#	Hazard Class #
Initial Impact Area <input type="checkbox"/> Undercarriage <input type="checkbox"/> Trailer <input type="checkbox"/> None <input type="checkbox"/> Unknown		Area Damaged (Multiples) <input type="checkbox"/> Undercarriage <input type="checkbox"/> Trailer <input type="checkbox"/> None <input type="checkbox"/> Unknown	
Vehicle Use RENTAL, NOT LEASED		Emergency Run? <input type="checkbox"/> Fire? <input type="checkbox"/> NO	
Vehicle Type VAN		Pre-Crash Vehicle Action GOING STRAIGHT	
Direction of Travel EAST		Type of Primary/Secondary Roadway One Way Traffic <input type="checkbox"/> One Lane <input checked="" type="checkbox"/> Two Lanes <input type="checkbox"/> Multi-Lanes (3 or more)	
		Two Way Traffic <input type="checkbox"/> Two Lanes <input type="checkbox"/> Multi-Lane Divided (3 or more) <input type="checkbox"/> Multi-Lane Undivided 2 way left turn <input type="checkbox"/> Multi-Lane Undivided (3 or more)	
Collision Crash ANOTHER MOTOR VEHICLE		Non-Collision Crash	

COPY

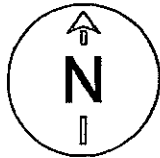
UNIT INFORMATION

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Local ID
20060646

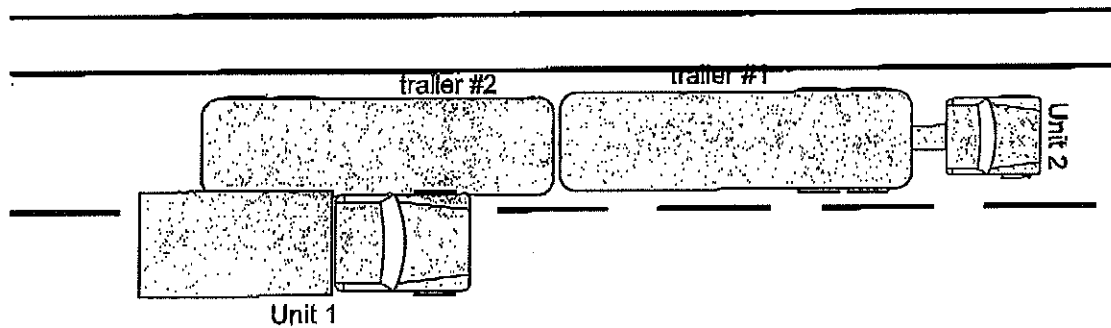
2	Driver's Name (Last, First, MI) FOREHAND, LEO, D III				Safety Equipment Used LAP + HARNESS				
Address (Street, City, State, Zip) SALEM IL 62881					Safety Equipment Effective? YES				
Date of Birth 1976					Age 30		Gender MALE		
Driver's License #					Lic Type CD		CDL Class A		
					Lic State IL		Nature of Most Severe Injury		
Apparent Physical Status <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Had Been Drinking <input type="checkbox"/> Handicapped <input type="checkbox"/> Ill <input type="checkbox"/> Asleep/Fatigued <input type="checkbox"/> Drugs/Medication <input type="checkbox"/> Unknown					Restrictions <input type="checkbox"/> Glasses/Contact Lenses <input type="checkbox"/> Outside Rearview Mirror <input type="checkbox"/> Daylight Driving <input type="checkbox"/> Automatic Transmission <input type="checkbox"/> Special Controls <input type="checkbox"/> Employment Only <input type="checkbox"/> Motorcycle Only <input type="checkbox"/> To/From Employment				
Test Given NONE Type Given <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Breath <input type="checkbox"/> SFST <input type="checkbox"/> PBT					Location of Most Severe Injury If Cited? <input type="checkbox"/> Infraction <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Felony				
Alcohol Results PBT Certified Test <input type="checkbox"/> Pending					Drug Results				
Veh# 2	Color WHITE	Vehicle Year 2003	Make STERLING	Model TRACTOR	Style SV	Initial Impact Area <input type="checkbox"/> Undercarriage <input type="checkbox"/> Trailer <input checked="" type="checkbox"/> None <input type="checkbox"/> Unknown			
# Occupants 1	Lic Year 06	License # 359606	License State IN		Areas Damaged (Multiples) <input type="checkbox"/> Undercarriage <input type="checkbox"/> Trailer <input checked="" type="checkbox"/> None <input type="checkbox"/> Unknown				
# Axles 2	Speed Limit 65	Insured By ACE AMERICAN	Phone Number 503-450-3640		Registered Owner's Name (Last, First, MI) CON WAY TRANSPORTATION SE Address (Street, City, State, Zip) 2626 W COLISEUM BLVD FT WAYNE IN 46808				
Towed? NO Towed To Towed By					Vehicle Use COMMERCIAL (BUSES, TAXIS, COMMON, CONTRACT) Emergency Run? NO Fire? NO				
2a	Lic State IN	Lic Year 2006	Registered Owner's Name (Last, First, MI) CON WAY TRANSPORTATION Address (Street, City, State, Zip) 2626 W COLISEUM		Vehicle Type TRACTOR/DOUBLE TRAILER				
2b	Lic State IL	Lic Year 06	Registered Owner's Name (Last, First, MI) CON WAY TRANSPORTATION Address (Street, City, State, Zip) 2626 W COLISEUM		Pre-Crash Vehicle Action OVERTAKING/PASSING				
Commercial Vehicle: Carrier's Name and Address 2626 W COLISEUM BLVD FT WAYNE IN 46808					Direction of Travel EAST				
US DOT# 241829 Vehicle Identification# 2FWBA2CG23AL73334 Gross Vehicle Weight Rating 26,001# OR MORE HAZMAT Placard NO					Type of Primary/Secondary Roadway One Way Traffic <input type="checkbox"/> One Lane <input checked="" type="checkbox"/> Two Lanes <input type="checkbox"/> Multi-Lanes (3 or more) Two Way Traffic <input type="checkbox"/> Two Lanes <input type="checkbox"/> Multi-Lane Divided (3 or more) <input type="checkbox"/> Multi-Lane Undivided 2 way left turn <input type="checkbox"/> Multi-Lane Undivided (3 or more) <input type="checkbox"/> Private Drive <input type="checkbox"/> Alley				
ICC# 165377 State DOT# 01998 CMV Inspection If Yes					Collision Crash ANOTHER MOTOR VEHICLE				
Cargo Body Type VAN/ENCLOSED BOX, COAL HAZMAT 4-Digit ID# Hazard Class #					Non-Collision Crash				

COPY



NOT TO SCALE

Accident # 20060646
Twp. Harrison Co. Harrison
04/04/2006 11:23pm



I-64 East Bound 109 Mile Marker

 **COPY**

HARRISON COUNTY POLICE ORI IN0310000 ☒ ORIGINAL REPORT ☐ SUPPLEMENTARY REPORT ☐ CORRECTION

REPORT NUMBER <u>20060645</u> DATE OF REPORT <u>04/05/2006</u> TIME <u>00:03</u>		Supv Review _____
TIME OF OFFENSE: From Date <u>04/04/06</u> Time <u>23:14</u> To Date <u>04/04/06</u> Time <u>23:23</u>		Data Entry _____
HOW REPORTED: <input checked="" type="checkbox"/> 1-Dispatch <input type="checkbox"/> 2-Phone <input type="checkbox"/> 3-Investigation <input type="checkbox"/> 4-View <input type="checkbox"/> 5-Other		CID _____
CONFIDENTIAL (Y/N) <u>N</u> YES-LIMITED RELEASE WITHOUT INVESTIGATOR'S AUTHORITY		NCIC Entry _____
		NCIC Cancel _____
		Oper Code _____

TITLE OF INVESTIGATION		CODE	IC CODE
1	Driving While Intoxicated	2103	9-30-5-2
2	Driving With A BAC Of .15% Or More	2103	9-30-5-1
3			
4			

LOCATION: Address <u>I-64 East Bound 109MM</u> CITY <u>Corydon</u> ZIP <u>47112</u>
GRID <u>HARRISON</u> SPOUSE ABUSE? (Y/N) <u>N</u> CHILD ABUSE? <u>N</u> ARREST MADE? (Y/N) <u>Y</u> HATE CRIME? (Y/N) <u>N</u>

STATUS OF CASE: <input checked="" type="checkbox"/> 10-Arrest Clearance <input checked="" type="checkbox"/> 20-Exceptional Clearance-Adult <input type="checkbox"/> 30-Juvenile Clearance <input type="checkbox"/> 40-Exceptional Clearance-Juvenile	
<input type="checkbox"/> 50-Active Pending <input type="checkbox"/> 60-Other-Sent to Prosecutor <input type="checkbox"/> 70-Unfounded	
Detective Assigned? (Y/N) _____	Detective _____ Code: _____ Date: _____

DAMAGED PROPERTY AMOUNT _____	INQUIRY MADE? (Y/N) <u>Y</u> NCIC HIT? (Y/N) <u>N</u>
-------------------------------	---

TYPE AREA: <input type="checkbox"/> 1-Inside/Rural <input checked="" type="checkbox"/> 2-Outside/Rural <input type="checkbox"/> 3-Inside/Urban <input type="checkbox"/> 4-Outside/Urban	DATA ENTRY CODE: [_____]
OCCURRED AT/IN: <input type="checkbox"/> 1-Victim's Car <input type="checkbox"/> 2-Victim's Business <input type="checkbox"/> 3-Victim's Home <input type="checkbox"/> 4-Victim's Property	
<input checked="" type="checkbox"/> 5-Offender's Car <input type="checkbox"/> 6-Offender's Business <input type="checkbox"/> 7-Offender's Home <input type="checkbox"/> 8-Offender's Property	
<input type="checkbox"/> Other _____ LIGHTING <input checked="" type="checkbox"/> 1-Good <input type="checkbox"/> 2-Poor <input type="checkbox"/> 3-N/A <input type="checkbox"/> 4-Other	

VICTIM DATA Are the Victim and Complainant the Same? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
NAME (L,F,M) _____	State Of <u>Indiana</u> Sex _____ RACE _____ DOB _____ HGT _____ WGT _____
Address _____	City _____ STATE _____ Zip _____
Home Phone: _____	Occupation _____ EMPLOYER _____
EMPLOYER ADDRESS _____ WORKING HOURS _____ EMP PHONE _____	
Resident <input type="checkbox"/> 1-Full Time <input type="checkbox"/> 2-Part Time <input type="checkbox"/> 3-Other	DATA ENTRY CODE: [_____]
Marital Status <input type="checkbox"/> S-Single <input type="checkbox"/> M-Married <input type="checkbox"/> D-Divorced	

ADDITIONAL VICTIM INFORMATION: Medical Facility Referred to _____	Transported by _____
HANDICAPPED <input type="checkbox"/> 1-No <input type="checkbox"/> 2-Visual <input type="checkbox"/> 3-Hearing <input type="checkbox"/> 4-Physical <input type="checkbox"/> 5-Mental	DATA ENTRY CODE: [_____]
UNDER THE INFLUENCE OF DRUGS OR ALCOHOL <input type="checkbox"/> 1-Yes <input type="checkbox"/> 2-No	

Person reporting if Not Victim (Must be completed if Victim is a Business) Name <u>Officer Steven C. Duley</u>	
Sex <u>M</u> Race <u>W</u> DOB _____	Address _____ City/State/Zip <u>Corydon IN 47112</u> Phone _____
VICTIM TYPE: <input type="checkbox"/> 1-Business <input type="checkbox"/> 2-Bank <input checked="" type="checkbox"/> 3-Government <input type="checkbox"/> 4-Individual <input type="checkbox"/> 5-Religious Group <input type="checkbox"/> 6-Society <input type="checkbox"/> 7-Other <input type="checkbox"/> 8-Unk	
EXTENT OF INJURY TO VICTIM: <input type="checkbox"/> 1-None <input type="checkbox"/> 2-Minor <input type="checkbox"/> 3-Moderate <input type="checkbox"/> 4-Serious <input type="checkbox"/> 5-Fatal	
<input type="checkbox"/> 6-Minor Injury <input type="checkbox"/> 7-Loss of Teeth <input type="checkbox"/> 8-Possible Internal Injuries <input type="checkbox"/> 9-Unconscious	
HOW SUSTAINED: <input type="checkbox"/> 1-Accidental/Medical Attention <input type="checkbox"/> 2-Accidental/No Medical Attention <input type="checkbox"/> 3-Self Inflicted/Medical Attention	
<input type="checkbox"/> 4-Self Inflicted/No Medical Attention <input type="checkbox"/> 5-Aggressive Act/Medical Attention	
<input type="checkbox"/> 6-Aggressive Act/No Medical Attention <input type="checkbox"/> 7-Unknown/Medical Attention	
<input type="checkbox"/> 8-Unknown/No Medical Attention	
DATA ENTRY CODE: [_____]	

HARRISON COUNTY POLICE

REPORT NUMBER 20060645

PERSONAL DETAIL SECTION Check appropriate block to indicate use of this section

CITATION NUMBER

☒ Suspect ☐ Wanted for Apprehension ☐ Warrant Outstanding WARRANT NUMBER _____
☐ Parent Name (L,F,M) _____ Sex _____ Race _____ DOB _____ Phone _____
☐ Alias or additional Information Concerning: Name (L,F,M) _____ SSN _____

NAME (L,F,M) Shilling Kent D.
 HOME ADDRESS _____ CITY Warrensburg STATE MO ZIP 64093
 HOME PHONE _____ SEX M RACE W DOB 1969 HGT 6/0 WGT 220 HAIR BRO EYES BRO
 DATE 04/05/2006 TIME 00:03 WARNING INFORMATION _____
 SCARS/TATTOOS _____ LOCATION ON BODY _____ OCCUPATION _____
 US CITIZEN (Y/N) Y GANG AFFILIATION _____ Driver Lic # _____ State MO
 SSN _____ CLOTHING _____ HAT _____ HANDICAP _____
 GLASSES (Y/N) _____ HAND USE (L/R) _____ FACIAL HAIR _____ COMPLEXION _____ BUILD _____
 TEETH _____ SPEECH _____ ARTIFICIAL PARTS _____ HAIR LENGTH _____ HAIR STYLE _____
 MO TRAITS _____ () _____ () NICKNAME _____
 EMPLOYER _____ Address _____ Phone _____ Hrs Worked _____

DRUGS SEIZED OR INVOLVED:

DRUG: Code Grass (or) Milliliter Value

Cocaine -1	Narcotics	Stimulants -12	1	_____	_____	_____	_____
Crack -18	(Other) -7	Barbiturates -13	2	_____	_____	_____	_____
Hashish -2	LSD -8	Depressants -14	3	_____	_____	_____	_____
Heroin -3	PCP -9	Tranquillizers -15	4	_____	_____	_____	_____
Marijuana -4	Hallucinogens -10	Talwin -16		_____	_____	_____	_____
Morphine -5	Amphetamines	Other -17		_____	_____	_____	_____
Oplua -6	MethAmphetamine -11	Unknown -19		_____	_____	_____	_____



VEHICLE INFORMATION ☐ WANTED ☒ SUSPECT Charge _____ ☐ STOLEN VALUE _____
 RECOVERY: ☐ A-Stolen HCPD Recovered HCPD ☐ B-Stolen HCPD Recovered elsewhere ☐ D-Stolen Elsewhere Recovered HCPD
 YEAR 2006 MAKE GMC MODEL Truck BODY STYLE Box Van COLOR Yellow / _____
 LICENSE 983670 STATE PA Year 06 Type _____ VIN 1GDHG31U661900773
 DECAL _____ ENGINE _____ DAMAGE _____ LIEN HOLDER _____
 ADDRESS _____ CITY _____ STATE _____ ZIP _____
 INSURANCE COMPANY _____ ☐ Repossessed ☐ Note Past Due

HCPD-2

OFFICER CODE 5108 (Entry Made when use Independent of Offense Report) Page 2 of 3 Pages

HARRISON COUNTY POLICE

REPORT NUMBER

20060645

OFFICER/VICTIMS STATEMENT


On 04/04/06 around 11:14pm dispatched received a 911 call from a truck driver stating that he was behind a drunk driver or a sleepy driver. He stated that the vehicle was a yellow Penske truck and that it was all over the road, it would slow down and speed up. Dispatch also advised that they received a second call from another truck driver on the same vehicle. Both truck driver stayed behind the suspect vehicle observing it.

At the 109 Mile Marker East Bound a third truck driver attempted to pass the suspect vehicle when the suspect vehicle crossed into the left lane sideswiping the trucks trailer causing both vehicle to pull over onto the emergency lane. I arrived just as the suspect vehicle was stopping.

As I was walking up to the suspect vehicle the driver exited the vehicle and staggered towards me. I asked the suspect driver if he was ok where he stated yes. I also asked the suspect driver if he had been drinking any alcoholic beverage tonight where he stated yes. I noticed inside the cab of the suspect vehicle was two empty Seagram's 7 bottles. I also noticed that the suspect had bloodshot eyes he wasn't wearing any shoes but had socks on and that he was unable to keep his balance. His speech was slow and his attitude towards the accident was that it wasn't no big deal.

I gave the suspect some field sobriety tests for coordination and balance. The first test was the walk and turn. He failed the test by not completing the test, he stepped off on step 2 and would not continue. The second test was the one leg stand. The suspect failed that test, he was unable to keep his balance. The third test was the gaze nystagmus test which he failed that test by not following the pen with his eyes. The suspect was also given a portable breath test which revealed a .20%BAC. The suspect was transported to the Harrison County Jail where a consensual breath test was administered. The test revealed a .20%BAC. The suspect was arrested for driving while intoxicated.

In this report are statements from the witness.

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