

07/01/2011 17:08 9103953919  
 Name: John Sawyer Peterson  
 07-09-59  
 Approx. Wt: 120 Gender:  M  F  
 Minors in Vehicle:  Yes  No  
 Blood / Breath Results: 0.00/0.00  
 Vehicle Crash:  Yes  No Injuries:  Yes  No  
 Date: 06-21-11 Time: 10:45  am  pm

NCSHP  
**Report (DWIR)**  
 Department of Health and  
 Human Services, Forensic  
 Tests for Alcohol Branch

NC SMP 1873  
 Officer's Name: E.S. Wipick Jr  
 Case No.: 5803/36-3  
 DRE Officer:  
 City / County: Wilmington / New Hanover  
 Street / Highway: US 74 A-7

Initial Observations: What drew your attention to the vehicle (wide turns, weaving, violations of law, etc.). Unusual driver's actions, blank stare, etc.  
Black Lexus traveling East on US 74 behind my vehicle. The driver's side headlight was not illuminating. I pulled into the right turn lane at Wrightsville Ave and let the vehicle cut in front of me to stop the vehicle.

Observation of Stop: Describe vehicle maneuvers during the stop, delays in stopping, unusual manner of parking, etc.  
The vehicle made a right turn onto Airline Rd. and then an immediate right into the hotel parking lot. The vehicle drove a short distance in the parking lot and stopped in a parking spot but the best was not in the parking spot.

General Observation: Observation of driver, condition of clothing, attitude, speech, ability to follow instruction, etc.  
Driver refused all testing on the roadside.  
Polite and cooperative

Breath: Describe the odor of alcohol on driver's breath: Moderate odor of an alcoholic beverage

Statements: Any statement made by the driver from time of stop to arrest:  
Nothing

Observation Prior to Arrest: Describe any difficulty with motor skills, retrieving driver's license, getting out of vehicle, walking, standing, etc.:  
I slipped a glass of wine but didn't drink. The driver gave me her driver's license, but not her registration. Around 6:30 After she looked at her headlight, I asked for her registration 6:30 and she finally gave it to me.

Odors: Describe any significant odors other than alcohol:  
Slightly unstable in her feet when None

Psychophysical Tests  
 Location Performed:  
 Time:  am  pm

Horizontal Gaze Nystagmus (HGN)		Walk and Turn Test		Walk and Turn Test
<input type="checkbox"/> Glasses	<input type="checkbox"/> Contact Lenses	Instruction Stage		
Remove Glasses <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Hard <input type="checkbox"/> Soft	<input type="checkbox"/> Cannot Keep Balance	<input type="checkbox"/> Starts Too Soon	
Tracking Equal? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	First 8 Steps	Second 8 Steps	
Able to Follow Stimulus? <input type="checkbox"/> Yes <input type="checkbox"/> No	Left Eye Right Eye	Stops Walking		
Lack of Smooth Pursuit		Misses Head to Toe		
Maximum Deviation		Steps Off Line		
Onset Prior 45°		Uses Arms To Balance		
Vertical Nystagmus? <input type="checkbox"/> Yes <input type="checkbox"/> No		Actual Steps Taken		
Explain:		Improper Turn (Diagonal):		
		Cannot Do Test (Explain):		

<p>One Leg Stand</p> <p>Sways While Balancing: <input type="checkbox"/> L <input type="checkbox"/> R          Uses Arms for Balance: <input type="checkbox"/> L <input type="checkbox"/> R          Hopping: <input type="checkbox"/> L <input type="checkbox"/> R          Puts Foot Down: <input type="checkbox"/> L <input type="checkbox"/> R          Type of Footwear:</p>	<p>Finger to Nose Test</p> <p>Draw Lines Spots Touched</p>	<p>Romberg Balance</p> <p>Estimated as 30 Seconds</p>
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Alcohol Screening Test Device (If test result is 0.08 or greater, wait 5 minutes and administer an additional test)

Make / Model	Serial #
Test 1	Test 2
Time: <input type="checkbox"/> am <input type="checkbox"/> pm Result: 0.	Time: <input type="checkbox"/> am <input type="checkbox"/> pm Result: 0.

Miranda Rights

Driver's Name: Gina Sawyer Tessenet

Miranda Rights Advised:  Yes  No  
 Location: Roadside  
 Date: 06-21-11  
 Time: 11:08  am  pm  
 Miranda Rights Waived:  Yes  No

Questionnaire

Were you operating a vehicle?  Yes  No  
 Were there any mechanical problems with that vehicle?  Yes  No  
 Describe:  
 Where were you going? \_\_\_\_\_ Where were you coming from? \_\_\_\_\_  
 What street or highway were you on? \_\_\_\_\_ What city are you in now? \_\_\_\_\_  
 Without looking at a watch, what time is it now? \_\_\_\_\_  am  pm What is the date? \_\_\_\_\_  
 What is the day of the week? \_\_\_\_\_ Actual Time \_\_\_\_\_  am  pm Actual Date \_\_\_\_\_ Actual Day \_\_\_\_\_  
 When did you last eat? \_\_\_\_\_  am  pm  
 What did you eat? \_\_\_\_\_  
 What time did you begin drinking? \_\_\_\_\_  am  pm Last drink? \_\_\_\_\_  am  pm  
 What did you drink? \_\_\_\_\_  
 How many? \_\_\_\_\_ What size? \_\_\_\_\_ Where? \_\_\_\_\_  
 Have you smoked Marijuana lately?  Yes  No Used any other drug?  Yes  No  
 On a scale of 0 to 10, with 0 being completely sober and 10 being completely drunk, where do you fit? (Check one.)  
 0  1  2  3  4  5  6  7  8  9  10  
 In your opinion, should you have been operating a vehicle?  Yes  No  
 Do you have any physical defects?  Yes  No If so, what? \_\_\_\_\_  
 Are you sick?  Yes  No If so, what's wrong? \_\_\_\_\_  
 Do you limp?  Yes  No Why do you limp? \_\_\_\_\_  
 Have you been injured lately?  Yes  No If so, what type of injury? \_\_\_\_\_  
 Were you involved in a crash today?  Yes  No When did the crash occur? \_\_\_\_\_  am  pm  
 Did you get a bump on your head?  Yes  No Have you had any alcoholic beverage(s) since the crash?  Yes  No  
 If so, what? \_\_\_\_\_ How many? \_\_\_\_\_  
 When? \_\_\_\_\_ Where? \_\_\_\_\_  
 Have you seen a doctor or dentist lately?  Yes  No If so, who? \_\_\_\_\_  
 What for? \_\_\_\_\_ When? \_\_\_\_\_  
 When did you last go to sleep? \_\_\_\_\_ How much sleep did you have? \_\_\_\_\_  
 Are you wearing false teeth?  Yes  No Are you wearing oral jewelry?  Yes  No Do you have a glass eye?  Yes  No  
 Are you taking medication(s) of any kind?  Yes  No How much taken? \_\_\_\_\_  
 If so, what kind? \_\_\_\_\_  
 Last dose? \_\_\_\_\_  am  pm  
 Do you have epilepsy?  Yes  No Do you have diabetes?  Yes  No  
 Do you take insulin?  Yes  No If so last dose? \_\_\_\_\_  
 Have you had any injections of any other drugs lately?  Yes  No If so, what for? \_\_\_\_\_  
 What kind of drug? \_\_\_\_\_ Last dose? \_\_\_\_\_  am  pm

1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_

1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_

These driver had her husband witness the test. The 1st question he asked her upon his arrival was "Did he touch you"? After she blew .00 he told me I should be ashamed. The defendant was transported to the jail. On the way to the jail her husband got stopped by Top Smith and she stated that I set him up, but I never made contact with Top Smith while enroute to the jail until after I verified he stopped her husband.