TOMS RIVER TOWNSHIP POLICE DEPARTMENT

DWI REPORT

REPORT #: 20-42541 (TRPD41)

DEFENDANT FIRST	MIDDLE	LAST	VIOLATION DATE	DAY	TIME
MATTHEW		ACE	9-19-2020	SATURDAY	1508

ACCIDENT INVOLVED
- [X] YES [ ] NO
- [ ] FATAL
- [X] INJURY

EXAMINATION
- [ ] ALCOTEST
- [X] BLOOD TEST
- [ ] URINE TEST

SUMMONS ISSUED FOR
- [X] DWI (39:4-50)
- [ ] ALLOWING (39:4-50)
- [ ] REFUSAL (39:4-50.2)
- [ ] DRUGS IN MV (39:4-49.1)

OBSERVATIONS:

ABILITY TO WALK
- [ ] UNABLE TO
- [ ] FALLING
- [ ] ON HANDS AND KNEES
- [ ] MOVED IN CIRCLES
- [ ] SWAYING
- [ ] SAGGING
- [ ] GRASPING FOR SUPPORT
- [ ] STAGGERING

ABILITY TO STAND
- [ ] SWAYING
- [ ] RIGID
- [ ] UNABLE TO STAND
- [ ] SAGGING KNEES
- [ ] CONTINUAL LEANING FOR BALANCE
- [ ] FEET WIDE APART FOR BALANCE

SPEECH
- [ ] SHOUTING
- [ ] RAMBLING
- [ ] SLOBBERING
- [ ] INCOHERENT
- [ ] BOISTEROUS
- [ ] WHISPERING
- [X] SLURRED
- [ ] HOARSE
- [X] WHINING
- [ ] CRYING
- [ ] STUTTERING
- [ ] ACCENT
- [ ] SLOW

DEMEANOR
- [ ] FIGHTING
- [ ] EXCITED
- [ ] INDIFFERENT
- [ ] HILARIOUS
- [ ] ANTAGONISTIC
- [X] COOPERATIVE
- [ ] POLITE
- [ ] CALM
- [X] SLEEPY
- [ ] CRYING

ACTIONS
- [ ] PUNCHING
- [ ] KICKING
- [ ] RESISTING
- [ ] PROFANITY
- [ ] THUMBING NOSE
- [ ] THREATENING
- [ ] DIFFICULT TO AWAKEN

EYES
- [X] BLOODSHOT
- [ ] RIGHT GLASS EYE
- [X] WATERY
- [ ] LEFT GLASS EYE
- [ ] DROOPY LIDS
- [ ] WEARING GLASSES
- [ ] WEARING CONTACTS

CLOTHING
- [X] MUSSED
- [ ] DIRTY
- [ ] PARTLY DRESSED
- [ ] VOMITED UPON
- [ ] DEFECATED IN SAME
- [ ] URINATED IN SAME

MOVEMENTS OF HANDS
- [ ] FUMBLING
- [ ] SLOW

FACE
- [ ] FLUSHED
- [ ] PALE

ODOR OF ALCHOLIC BEVERAGE ON BREATH
- [ ] NO
- [X] YES

CLOTHING DESCRIPTION: —

DEFENDANT TRANSPORTED TO HOSPITAL FOR INJURIES - UNABLE TO COMPLETE

QUESTIONS:

The following questions were asked: On N/A, 20 At ☐ AM ☐ PM			What is your occupation?
Are you sick? If yes, explain:	Are you under the care of a Doctor? If so, who and his address	Last Visit? Date: Time: ☐ AM ☐ PM	
Are you taking medicine? If so, what and what for?	Last Dose? Date: Time: ☐ AM ☐ PM		Do you have Diabetes?
Are you taking Insulin?	Last Dose? Date: Time: ☐ AM ☐ PM	Are you injured?	Where?
Are your injuries affecting you now? If so, what and how?		Note any physical injuries or deformities observed:	

ADVISE SUBJECT OF MIRANDA WARNING:

What kind of alcholic drinks have you had?	How Many?	Where?	What was the time between each drink?
When did you have your first drink? Date: Time: ☐ AM ☐ PM		When did you finish your last drink? Date: Time: ☐ AM ☐ PM	
What time did you finish eating?	What did you eat?		

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