

The undersigned officer has probable cause to believe that on or about September 1, 1970 (a) (p) m, the 2nd day of September, 1970, in the named county, the named defendant did unlawfully and willfully operate a (motor) vehicle on a (street or highway) (public-vehicular-area).

☐ 1. At a speed of _____ MPH in a _____ MPH zone. G.S. 20-141.
77. ☐ work zone. G.S. 20-141(f2). 88. ☐ school zone. G.S. 20-141.1.

☐ 2. In forward motion without having the provided seat belt properly fastened about the defendant's body. G.S. 20-135.2A.

☐ 3. By transporting a passenger of less than 16 years of age without having the passenger in a (weight appropriate child passenger restraint system) (see *both*, G.S. 20-137.1.

☐ 4. By transporting a child of less than five years of age and less than 40 pounds in weight without the child being secured in the rear seat, when the

☒ 5. While subject to an impairing substance. G.S. 20-137.1(a)(1).

☐ 7. While the defendant's driver's license was revoked, G.S. 20-28.

☐ 8. While displaying an expired registration plate on the vehicle knowing the same to be expired, G.S. 20-111(2).

☒ 9. Without displaying thereon a current approved inspection certificate, such

☐ 10. By failing to see before (starting) (stopping) (turning from a direct line) that such movement could be made in safety. G.S. 20-154.

☐ 11. By failing to stop at a duly erected (stop sign) (flashing red light).

☐ 12. By failing an intersection while a stop light was emitting a steady red light (a) traffic in defendant's direction of travel. G.S. 20-158(b)(2).

☐ 13* Without having in full force and effect the financial responsibility required by G.S. 20-313* The defendant was the owner of the motor vehicle that was

☐ 14. (Possess an open container of) (Consume) an alcoholic beverage in the passenger area of a motor vehicle. G.S. 20-138.7(a1). [NOTE: *Strike "operator (motor) vehicle" and "(public vehicular area)" above.*]

☐ 15. Without decreasing speed as necessary to avoid colliding with a (vehicle) (person). 5.S. 20-141(m).

☐ 16. 15

10/1

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
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_____ (street or highway) (public/veterinary area)

[illegible]

Date	05.23.17	Signature Of Officer	<i>[Signature]</i>
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5

File No. <u>0766 651075</u> NORTH CAROLINA UNIFORM CITATION Defendant is To Appear in District Court										N.C. <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	
Date of Week	Month	Day	Year	Time	No. Of Charges						
<u>Tues</u>	<u>06</u>	<u>26</u>	<u>07</u>	<u>9:00</u>	<u>2</u>						
<input checked="" type="checkbox"/> D.L. <input type="checkbox"/> D.C.I. <input type="checkbox"/> Other											
THE STATE OF NORTH CAROLINA VS. Name Of Defendant <u>JASON ALEX COLE</u>											
Address <u>1176 GORMAN AVE NW</u>											
City		State		Zip							
<u>COLUMBUS</u>		<u>GA</u>		<u>31902</u>							
Drivers License No. <u>RG498532</u>				State <u>GA</u>		CDL <u>N</u>		Class <u>B</u>			
Race <u>W</u>		Sex <u>M</u>		Date Of Birth <u>05-01-1995</u>		Age <u>31</u>					
Social Security No. Of Defendant <u>(614) 305-1050</u>											
Vehicle License No. <u>mgf-80869</u>											
Vehicle Type <u>P</u>		Trailer Type <u>N/A</u>		CMV <u>N</u>		Haz. Mat. <u>N</u>		Make <u>MAZDA</u>		Year <u>07</u>	
Name And Telephone No. Of Defendant's Employer <u>ALFORD</u>											
Date Of Arrest & Check Digit No. (As Shown On Fingerprint Card)											
I acknowledge receipt of this Citation <input type="checkbox"/> and I promise to appear in the named court at the time and place designated herein to answer the charge(s). I understand that my failure to appear or to dispose of this Citation by other acceptable legal means, such as a waiver, will result in my operator's license issued by my state of residence being suspended until I have done so. Also, I may go before a magistrate and make bail in lieu of my personal recognizance.											
Date <u>03/26/07</u>		Signature Of Defendant									
DEPARTMENTAL USE ONLY											
Officer <u>TRIP T. B. Davis</u>		No. <u>1501</u>		Troop <u>1</u>		District					
SHP Code <input checked="" type="checkbox"/> N.C. Patrol		Area <u>B</u>		Wea. <u>C</u>		Vis. <u>C</u>		Traffic <u>N/A</u>		Accident <u>N/A</u>	
On Highway No./Street <u>RP 1007</u>		In Vicinity/City Of <u>DAWSON</u>		At/Near Intersection <u>RP 1331</u>		<input type="checkbox"/> Injury, Or Serious Injury		<input type="checkbox"/> Passenger(s) Under 16		<input type="checkbox"/> AC <input type="checkbox"/> Refused	
Wt. <u>1</u>		Chemical Analyst <u>TRIP T. B. Davis</u>		Date <u>03/26/07</u>							

OFFICER'S COPY

OFFICER'S NOTES

CONSENT TO TOW, REMOVE OR STORE VEHICLE OR LEAVE VEHICLE AT THE SCENE

I, the undersigned, declare that I am the ☐ registered owner ☒ legal possessor

of the motor vehicle identified on the reverse of this Citation.

(check appropriate block)

☐ I consent to have this vehicle ☐ towed ☐ removed ☐ and stored

by towing service

☒ I consent to have this vehicle removed to the shoulder of the road by the undersigned law enforcement officer and left at this location.

Signature

Signature

Date

Date

VIN

THIS SIDE UP - THIS EDGE IN

LEE CO. LEC.
INTOXILIZER - ALCOHOL ANALYZER
NC MODEL 5000
03/25/2007
COUNT 523

CITATION NO= 4925879-7
SUB NAME=COLEY, JASON, A
DOB DOB =05/01/1973 SEX =MALE
DRIV LIC=OH-R0485852
OFF NAME=DAVIS, JONATHAN, B
TYPE OF AGENCY=SHP
AGENCY=01
RNA NAME=DAVIS, JONATHAN, B
PERMIT NUMBER=147020
CODE=NA

TEST
AIR BLANK
CALCHK #017 OF 125
AIR BLANK
SUBJECT TEST
AIR BLANK
REFUSED
02:34 AM
TIME

RIGHTS OF PERSON REQUESTED TO SUBMIT TO A
CHEMICAL ANALYSIS TO DETERMINE ALCOHOL
CONCENTRATION UNDER G.S. 20-16.2(a)

1. You have been charged with an implied-consent offense. Under the implied-consent law, you can refuse any test, but your drivers license will be revoked for one year and could be revoked for a longer period of time under certain circumstances, and an officer can compel you to be tested under other laws.
2. The test results, or the fact of your refusal, will be admissible in evidence at trial.
3. Your driving privilege will be revoked immediately for at least 30 days if you refuse any test or the test result is 0.08 or more, 0.04 or more if you were driving a commercial vehicle, or 0.01 or more if you are under the age of 21.
4. After you are released, you may seek your own test in addition to this test.
5. You may call an attorney for advice and select a witness to view the testing procedures remaining after the witness arrives, but the testing may not be delayed for these purposes longer than 30 minutes from the time you are notified of these rights. You must take the test at the end of 30 minutes even if you have not contacted an attorney or your witness has not arrived.

Time 8:05 a.m. Date 03/25/2007

Did defendant call an attorney and/or witness? [] No [] Yes Time 11:14 a.m. [] p.m.

Signature of Chemical Analyst

Signature of Person Charged

DISTRIBUTION OF COPIES:
1ST - COURT/AFFIDAVIT COPY
3RD - DEFENDANT'S COPY
4TH - ANALYST/OFFICER'S COPY
2ND - IF REFUSAL DMV COPY

ATTACH TEST

TICKET HERE

File No.

07CR 051175

NOTE TO OFFICER: The officer should review and follow the instructions on Side Two of this form.

STATE OF NORTH CAROLINA

LEE County

In The General Court Of Justice
District Court Division

IN THE MATTER OF:

AFFIDAVIT AND REVOCATION REPORT OF

Name <u>JASON ALAN COEY</u>		
Address <u>1676 ELMWOOD AVE. APT #0</u>		
City <u>COLUMBUS</u>	State <u>OH</u>	Zip <u>43212</u>
Race <u>W</u>	Sex <u>M</u>	Date Of Birth <u>05-01-1975</u>
Drivers License No. <u>RQ485852</u>		State <u>OH</u>
		Citation No. <u>49258747</u>

☒ CHARGING OFFICER☒ CHEMICAL ANALYST☐ The charged offense is impaired supervision or instruction under G.S. 20-12.1. Accordingly, substitute "supervisor/instructor" wherever "driver" appears below.

G.S. 20-16.2, 20-16.5, 20-17.8, 20-19(c3), 20-139.1

The undersigned being first duly sworn says:

☒ 1. I am a law enforcement officer. On the 25TH day of MARCH, 2007, at 1:20 (a)(p)m.,I had reasonable grounds to believe the above named person, hereinafter referred to as driver, operated a vehicle
(☐ commercial motor vehicle) in the above named county upon AP 1009while committing an implied-consent offense in that DRIVE OVER SIDE WALK CURB, WEAVING / DRIFTINGFROM CENTERLINE TO FOLLINE, OVER CENTERLINE X2, WIDE LEFT TURN, RED, GLASSY, DROWSY, WATERY EYES, STRONG COOR OF AN (List Sufficient Facts To Establish Probable Cause) ALCOHOLIC BEVERAGE ON HIS BREATH☐ 2. The driver has a drivers license restriction: ☐ alcohol concentration. ☐ ignition interlock. ☐ conditional restoration (Restr: '9).☐ 3. The driver violated a drivers license restriction by: ☐ refusing to be transported for testing. ☐ not having an operable ignition interlock on the vehicle being driven. ☐ failing to personally activate the ignition interlock on the vehicle being driven.☒ 4. I charged the driver with the implied-consent offense of: ☒ G.S. 20-138.1; ☐ Other Offense SLURRED / MUMBLED SPEECH, VERY UNSTEADY ON HIS FEET.☐ and the driver has one or more pending offenses in the following count(ies)

for which the drivers license had been or is revoked under G.S. 20-16.5.

☐ 5. After charging the driver, I took the driver before _____, a chemical analyst authorized to administer a test of the driver's breath.☒ 6. I am a chemical analyst and possess a current permit issued by the Department of Health and Human Services authorizing me to conduct chemical analyses of the breath utilizing the Intoxilyzer, Model 5000.☒ 7. I informed the driver, orally and also gave notice in writing of the rights specified in G.S. 20-16.2(a). I completed informing the driver of the rights as indicated on the attached ☒ DHHS 3908. ☐ DHHS 4003.☒ 8. I began observing the driver for the purpose of complying with the observation period requirements for a breath analysis in accordance with the methods approved by the Department of Health and Human Services at 2:05 (a)(p)m. on the 25TH day of MARCH, 2007.☒ 9. On the 25TH day of MARCH, 2007 at 21:32 (a)(p)m., ☒ a law enforcement officer in my presence requested the driver to submit to a chemical analysis of his/her breath or blood or urine. For blood or urine, I directed the taking of a blood or urine sample by a person qualified under G.S. 20-139.1.☐ 10. The driver was unconscious or otherwise incapable of refusal and therefore the notification of rights and request to submit to a chemical analysis were not made. I directed the taking of a blood sample by a person qualified under G.S. 20-139.1.☐ 11. The driver submitted to a chemical analysis of his/her breath. I administered the chemical analysis to the driver in accordance with the methods approved by the Department of Health and Human Services using an Intoxilyzer, Model 5000, an automated instrument, and it printed the results of the driver's chemical analysis on the attached test record, DHHS 3908, which is made part of this Affidavit. The most recent preventive maintenance was performed on this Intoxilyzer on the _____ day of _____, _____, as shown on the preventive maintenance record. I provided the driver with a copy of the attached test record before any trial or proceeding in which the results of the chemical analysis may be used.☐ 12. The chemical analysis of the driver's breath indicated an alcohol concentration of 0.16 or more.☐ 13. A sample of the driver's blood or urine was collected for a chemical analysis as indicated on the attached DHHS 4003.☒ 14. The driver willfully refused to submit to a chemical analysis as indicated on the attached ☒ DHHS 3908. ☐ DHHS 4003.☐ The willful refusal occurred in an implied-consent offense involving death or critical injury to another person.

SWORN/AFFIRMED AND SUBSCRIBED TO BEFORE ME

Signature Of Chemical Analyst/Charging Officer

DHHS Permit No.

Date

Signature Of Official Authorized To Administer Oaths

Print Name Of Chemical Analyst/Charging Officer

☒ Magistrate☐ Deputy CSC☐ Assistant CSC☐ CSC☐ Notary

Date My Commission Expires

County Where Notarized

Agency Name

SEAL

WCSHP D-1

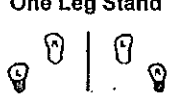
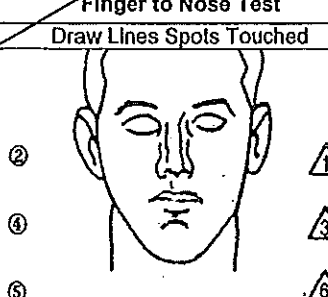
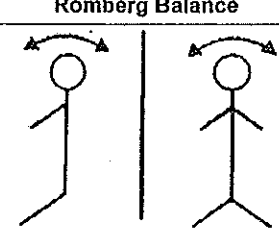
Driver's Name: <u>JASON ALAN COEY</u> Approx. Wt.: <u>210 6'0"</u> Gender: <input checked="" type="checkbox"/> M <input type="checkbox"/> F Minors in Vehicle: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Blood / Breath Results: <u>0. 10.</u> <u>REFUSED</u> Vehicle Crash: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Injuries: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date: <u>03/25/07</u> Time: <u>1:20</u> <input checked="" type="checkbox"/> am <input type="checkbox"/> pm	Driving While Impaired Report (DWIR) Department of Health and Human Services, Forensic Tests for Alcohol Branch	Agency: <u>NCSHP D-1</u> Officer's Name: <u>TR. J.B. DAVIS</u> Case No.: <u>4925874-7</u> DRE Officer: _____ City / County: <u>SANFORD / LEE</u> Street / Highway: <u>AP 1009</u>
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Phase I	Initial Observations: What drew your attention to the vehicle (wide turns, weaving, violations of law, etc.). Unusual driver's actions, blank stare, etc.: <u>SILVER MERCURY GRAND MARQ. DROVE OVER SIDEWALK/CURB IN FRONT OF B16 COTS EXITING PVA. MADE WIDE RIGHT TURN LEFT OF CENTER (LEFT SIDE TIRES) DRIFTING, WEAVING, LEFT OF CENTER X2. WIDE LEFT TURN ALMOST RUNNING OFF RIGHT SIDE OF ROADWAY.</u>
Phase II	Observation of Stop: Describe vehicle maneuvers during the stop, delays in stopping, unusual manner of parking, etc.: <u>PULLED OVER ONTO US#1 RAMP SOUTHBOUND, PUT BOTH HANDS OUT THE DRIVER SIDE WINDOW.</u>

Phase II	General Observation: Observation of driver, condition of clothing, attitude, speech, ability to follow instruction, etc.: <u>DRIVER: RED GLASSY SCUMMED WHITE EYES, STRONG ODOR OF AN ALCOHOLIC BEVERAGE ON HIS BREATH, VERY UNSTEADY ON HIS FEET (FELL BACKWARDS X2), SQUARED / MUMBLED SPEECH</u>
Phase II	Breath: Describe the odor of alcohol on driver's breath: <u>STRONG</u>
Phase II	Statements: Any statement made by the driver from time of stop to arrest: _____
Phase II	Observation Prior to Arrest: Describe any difficulty with motor skills, retrieving drivers license, getting out of vehicle, walking, standing, etc.: _____
Phase II	Odors: Describe any significant odors other than alcohol: _____

Phase III

Psychophysical Tests Location Performed: <u>US#1 RAMP</u> Time: <u>1:30</u> <input checked="" type="checkbox"/> am <input type="checkbox"/> pm																									
Horizontal Gaze Nystagmus (HGN) <input type="checkbox"/> Glasses- <input type="checkbox"/> Contact Lenses Remove Glasses: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Hard <input type="checkbox"/> Soft Tracking Equal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Able to Follow Stimulus? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Lack of Smooth Pursuit: <u>PRESENT</u> Left Eye <u>PRESENT</u> Right Eye Maximum Deviation: <u>PRESENT</u> Left Eye <u>PRESENT</u> Right Eye Onset Prior 45°: <u>35° / 35°</u> <u>PRESENT</u> Left Eye <u>PRESENT</u> Right Eye Vertical Nystagmus? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Explain: _____	Walk and Turn Test Instruction Stage <input type="checkbox"/> Cannot Keep Balance <input type="checkbox"/> Starts Too Soon <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th></th> <th>First 9 Steps</th> <th>Second 9 steps</th> </tr> <tr> <td>Stops Walking</td> <td></td> <td></td> </tr> <tr> <td>Misses Heel to Toe</td> <td></td> <td></td> </tr> <tr> <td>Steps Off Line</td> <td></td> <td></td> </tr> <tr> <td>Uses Arms To Balance</td> <td></td> <td></td> </tr> <tr> <td>Actual Steps Taken</td> <td><u>7</u></td> <td></td> </tr> <tr> <td>Improper Turn (Describe):</td> <td colspan="2"></td> </tr> <tr> <td>Cannot Do Test (Explain):</td> <td colspan="2"><u>US#1</u></td> </tr> </table>		First 9 Steps	Second 9 steps	Stops Walking			Misses Heel to Toe			Steps Off Line			Uses Arms To Balance			Actual Steps Taken	<u>7</u>		Improper Turn (Describe):			Cannot Do Test (Explain):	<u>US#1</u>	
	First 9 Steps	Second 9 steps																							
Stops Walking																									
Misses Heel to Toe																									
Steps Off Line																									
Uses Arms To Balance																									
Actual Steps Taken	<u>7</u>																								
Improper Turn (Describe):																									
Cannot Do Test (Explain):	<u>US#1</u>																								

One Leg Stand  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: _____	Optional Tests Finger to Nose Test Draw Lines Spots Touched 	Romberg Balance  Internal Clock Estimated as 30 Seconds
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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.

"my ATTORNEY TOLD ME NOT TO TAKE ANY TESTS OR ANSWER QUESTIONS"

Miranda Rights

Driver's Name: JASON ALAN COEY

Miranda Rights Advised:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Miranda Rights Waived:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Location:	US #1 RAMP	Date:	03/25/07
		Time:	1:53 <input checked="" type="checkbox"/> am <input type="checkbox"/> pm

Questionnaire

Were you operating a vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No		Were there any mechanical problems with that vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> 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?		<input type="checkbox"/> am <input type="checkbox"/> pm What is the date?	
What is the day of the week?		Actual Time <input type="checkbox"/> am <input type="checkbox"/> pm Actual Date Actual Day	
When did you last eat?		<input type="checkbox"/> am <input type="checkbox"/> pm	
What did you eat?			
What time did you begin drinking?		<input type="checkbox"/> am <input type="checkbox"/> pm Last drink? <input type="checkbox"/> am <input type="checkbox"/> pm	
What did you drink?			
How many?		What size? Where?	
Have you smoked Marijuana lately? <input type="checkbox"/> Yes <input type="checkbox"/> No		Used any other drug? <input type="checkbox"/> Yes <input type="checkbox"/> No	
On a scale of 0 to 10, with 0 being completely sober and 10 being completely drunk, where do you fit? (Check one.)			
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10
In your opinion, should you have been operating a vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you have any physical defects? <input type="checkbox"/> Yes <input type="checkbox"/> No		If so, what? ED	
Are you sick? <input type="checkbox"/> Yes <input type="checkbox"/> No		If so, what's wrong?	
Do you limp? <input type="checkbox"/> Yes <input type="checkbox"/> No		Why do you limp?	
Have you been injured lately? <input type="checkbox"/> Yes <input type="checkbox"/> No		If so, what type of injury?	
Were you involved in a crash today? <input type="checkbox"/> Yes <input type="checkbox"/> No		When did the crash occur? <input type="checkbox"/> am <input type="checkbox"/> pm	
Did you get a bump on your head? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you had any alcoholic beverage(s) since the crash? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If so, what?		How many?	
When?		Where?	
Have you seen a doctor or dentist lately? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you wearing oral jewelry? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you taking medication(s) of any kind? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have a glass eye? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If so, what kind?		How much taken?	
Last dose?		<input type="checkbox"/> am <input type="checkbox"/> pm	
Do you have epilepsy? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have diabetes? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you take insulin? <input type="checkbox"/> Yes <input type="checkbox"/> No		If so last dose?	
Have you had any injections of any other drugs lately? <input type="checkbox"/> Yes <input type="checkbox"/> No		If so, what for?	
What kind of drug?		Last dose? <input type="checkbox"/> am <input type="checkbox"/> pm	

Passengers

	Name	Age	Relationship
1.	JASON E. HEAVER	30	FRIEND
2.	6270 WEALTHY LN.		
3.	DUBLIN, OH 43016		

Witnesses

	Name	Address	Phone
1.			
2.			
3.			

Notes

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