

# Incident Report

NEW LENOX POLICE DEPARTMENT  
701 W. HAVEN AV  
NEW LENOX, ILLINOIS 60451  
(815) 462-6100

Incident Number: LN2121022002622

## Incident Summary

Incident Type: DUI - ALCOHOL Juv involved: No Report Type: CRIMINAL  
Inc Occurred Address: 1201 S GOUGAR RD, NEW LENOX, ILLINOIS 60451 Sector/Beat: W/N27R  
Inc Occurred Start: 10/22/2012 19:23 Inc Occurred End: 10/22/2012 22:00 Report Taken: 10/22/2012 19:23  
Domestic: N Bias Motivation: NONE Gang Related: N Substance: U  
Contact Nature: Reported Date/Time: 10/22/2012 19:24  
Reporting Officer: CONROY, JOHN 120 Primary Assigned Officer:  
Case Status: ADULT ARREST - C Disposition: NONE Disposition Date: 10/23/2012 16:17  
Approved by: Approved date/time: Approve status: Pending

## Offenses

Statute Code: 2410 Enhancers:  
Statute Desc: DUI/ALCOHOL  
Counts: 1 Statute Severity:  
Statute Code: 2430 Enhancers:  
Statute Desc: ILLEGAL TRANSPORTATION OF ALCOHOL  
Counts: 1 Statute Severity:  
Statute Code: 9649 Enhancers:  
Statute Desc: OTHER MOVING VIOLATIONS  
Counts: 1 Statute Severity:

## Officers

Event Association	Emp#	Badge#	Name	Squad#
PRIMARY REPORTING OFFICER	N2120	120	CONROY, JOHN 120	
SUPERVISOR	N2103	103	NELSON, PETER 103	
ASSIST/BACK-UP OFFICER	N2132	132	NOLAN, BRIAN 132	

## Persons Involved

Person#: 0001 MNI: 583317 DCN#: Can ID Suspect: No  
Event Association: ARRESTEE Contact Date/Time: 10/22/2012 19:23  
Name: FISK, CARLTON E  
SSN: DOB: Age: 64 - 64 Sex: MALE Race: WHITE/CAUCASIAN  
Height: 6' 2" - 6' 2" Weight: 245 - 245 lbs Eye Color: BROWN Hair Color: BROWN  
Address: 18705 63RD AV E, BRADENTON, FLORIDA 34211 Sector/Beat:  
Phone Type 1: CELLULAR Phone# 1: Ext 1:  
Phone Type 2: Phone# 2: Ext 2:  
DL State: FLORIDA DL#: DL Exp. Date:  
FBI#: SID#: Employer/School:  
Occupation:

## Person Offenses

Statute Code: 2410 Enhancers:  
Statute Desc: DUI/ALCOHOL  
Counts: 1  
Statute Code: 2430 Enhancers:  
Statute Desc: ILLEGAL TRANSPORTATION OF ALCOHOL  
Counts: 1  
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Statute Desc: OTHER MOVING VIOLATIONS  
Counts: 1

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## Vehicles Involved

Vehicle#: 0001

Event Assoc: TOWED/IMPOUNDED

Vehicle Type: A

Year: 2002

VIN: [REDACTED]

License#: [REDACTED]

Style: PICK-UP TRUCK

Prim Color: GREEN

Status Dt/Tm: 10/22/2012 19:24 Status Value:

NCIC Date:

NCIC#:

Vehicle Status:

Make: FORD

State: IL

Sec Color:

Recovered Date:

NCIC Reported By:

NCIC Cancelled:

Model: F150

Expires On:

Ter Color:

Recovered Value:

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## Incident Report

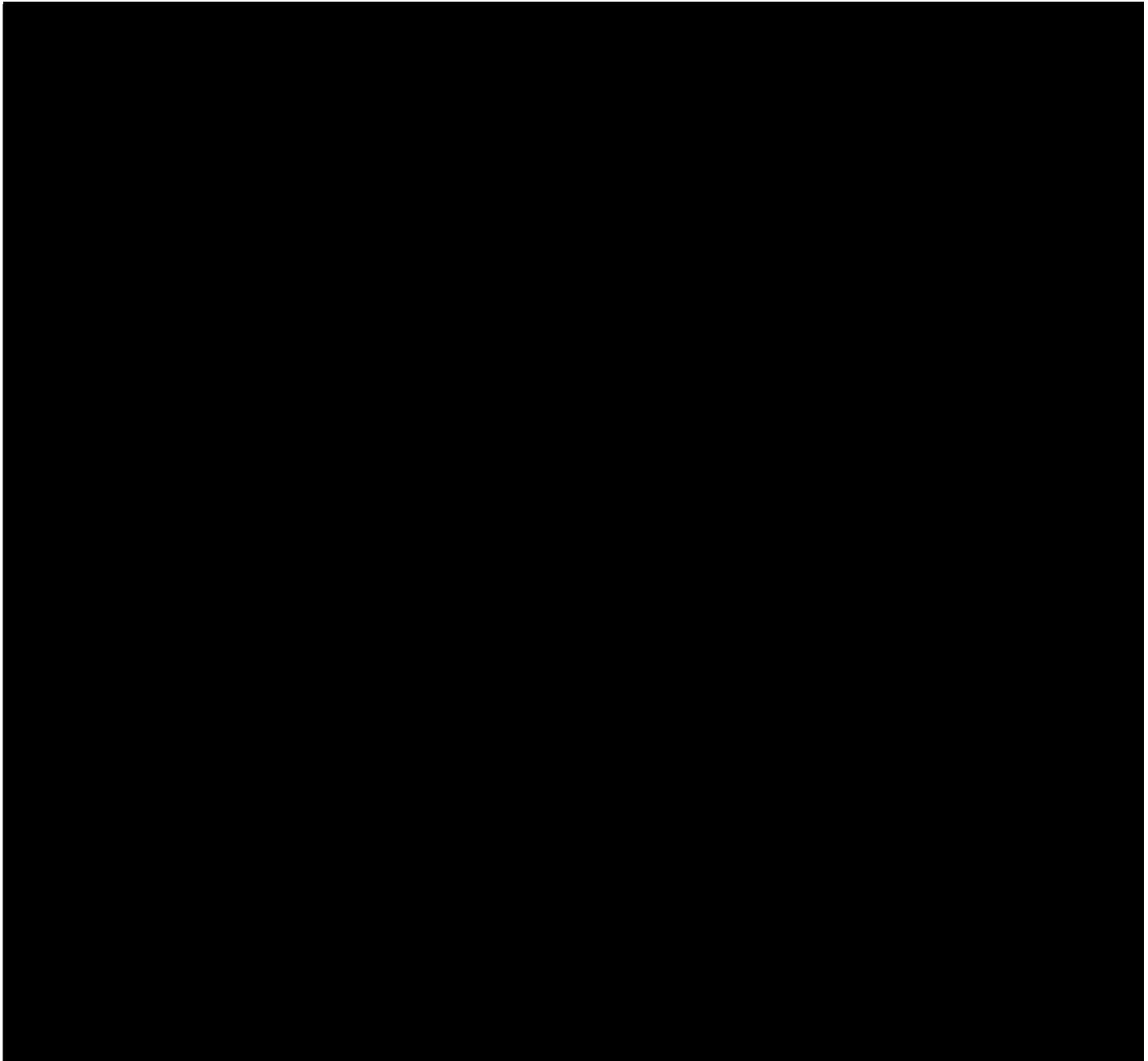
NEW LENOX POLICE DEPARTMENT  
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### Narratives

ENTERED DATE/TIME: 10/23/2012 00:52:43  
NARRATIVE TYPE: PRIMARY OFFICER NARRATIVE  
AUTHOR: CONROY, JOHN 120



# Incident Report

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701 W. HAVEN AV  
NEW LENOX, ILLINOIS 60451  
(815) 462-6100

Incident Number: LN2121022002622

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## Signatures

Report

Date

Supervisor

Date

10/23/12

# LAW ENFORCEMENT SWORN REPORT

Circuit Court, WILL County, WILL Municipal District

Case Number 12-2622

DUI TRAFFIC CITATION NO. (11-501A1)

DUI TRAFFIC CITATION NO. (11-501A2)

DUI TRAFFIC CITATION NO. (OTHER)

Name Hsk CARLTON CRNEST

Last

First

Middle

☐ CDL holder

Driver's License Number

State

FL

☐ Accident involving personal injury or death to another

Street Address

City & State

Sex

Date of Birth

Notice of Summary Suspension/Revocation Given On 10 / 22 / 12

Month

Day

Year

City and/or County of Arrest

Arrest Date

Month

Day

Year

Time

723 a.m.

Place of Refusal or Location of Test(s)

Refusal or Test Date

Month

Day

Year

Time

905 a.m.

The suspension/revocation shall take effect on the 46th day following issuance of this notice. Subsequent to an arrest for violating Section 11-501 of the Illinois Vehicle Code, or similar provision of a local ordinance, you are hereby notified that on the date shown above, you were asked to submit to a chemical test(s) to determine the alcohol, other drug(s), intoxicating compound(s), or any combination thereof, content of your breath, blood, or urine and warned of the consequences pursuant to Section 11-501.1 of the Illinois Vehicle Code. You have the right to a hearing to contest your suspension/revocation. You must file a petition to rescind your suspension/revocation within 90 days of this notice.

☒ Because you refused to submit to or failed to complete testing, your driving privileges will be suspended for a minimum of 12 months.\*

☐ Because you submitted to testing conducted pursuant to Section 11-501.2, which disclosed:

- ☐ an alcohol concentration of 0.14, which is .08 or more; or
- ☐ any amount of a drug, substance or intoxicating compound in your blood or urine resulting from the unlawful use or consumption of cannabis as listed in the Cannabis Control Act; a controlled substance as listed in the Illinois Controlled Substances Act; an intoxicating compound as listed in the Use of Intoxicating Compounds Act; or methamphetamine as listed in the Methamphetamine Control and Community Protection Act; your driving privileges will be suspended for a minimum of 6 months.\*

☐ Because you refused to submit to or failed to complete testing and you were involved in a motor vehicle crash that caused personal injury or death to another, your driving privileges will be revoked for a minimum of 12 months.

Driver's license surrendered?

☐ Yes

☒ No; Reason:

OUT OF STATE D.L. - FL

Driver's license valid at time of arrest?

☒ Yes (Sign receipt)

☐ No (Void receipt)

I have complied with Section 11-501.1 of the Illinois Vehicle Code by having reasonable grounds to believe the arrestee was in violation of Section 11-501 or a similar provision of a local ordinance: (Explain)

VEHICLE WAS LOCATED OFF THE HIGHWAY IN A FIELD - A BOTTLE OF VODKA LOCATED IN THE PASSENGER SEAT BLOODSTAIN CUES AND SLURRED SPEECH

Pursuant to Section 11-501.1 of the Illinois Vehicle Code I have:

☒ Served immediate Notice of Summary Suspension/Revocation of driving privileges on the above-named person.

☐ Given Notice of Summary Suspension/Revocation of driving privileges to the above-named person by depositing in the U.S. mail said notice in a prepaid postage envelope addressed to said person at the address as shown on the Uniform Traffic Ticket.

Under penalties as provided by law pursuant to Section 1-109 of the Illinois Code of Civil Procedure, the undersigned certifies that the statements set forth in this instrument are true and correct.

Signature of Arresting Officer

ID Number

Law Enforcement Agency

Date

Month

Day

Year

120

New Haven Police

10 / 22 / 12

443587

POLICE OFFICER - RETAIN

## WARNING TO MOTORIST

Case Number

12-2622

DUI TRAFFIC CITATION NO. (11-501A1)

DUI TRAFFIC CITATION NO. (11-501A2)

2991329

DUI TRAFFIC CITATION NO. (OTHER)

Subsequent to an arrest for driving while under the influence of alcohol, other drug(s) or intoxicating compound(s), or any combination thereof (DUI), you are hereby notified that:

As provided in Section 11-500 of the Illinois Vehicle Code, you are a first offender unless within the last 5 years of this arrest for DUI you have had:

- A previous conviction or court-assigned supervision for DUI or a similar provision of a local ordinance; or
- A conviction in any other state for DUI or a similar offense where the cause of action is the same or substantially similar to the Illinois Vehicle Code; or
- Pursuant to a DUI arrest, an Illinois driver's license suspension/revocation for refusing to submit to or failing to complete all requested chemical tests, or for submitting to a chemical test(s) disclosing an alcohol concentration of .08 or more or any amount of a drug, substance or intoxicating compound resulting from the unlawful use or consumption of cannabis as listed in the Cannabis Control Act; a controlled substance as listed in the Illinois Controlled Substances Act; an intoxicating compound as listed in the Use of Intoxicating Compounds Act; or methamphetamine as listed in the Methamphetamine Control and Community Protection Act, except in cases where you submitted to a chemical test(s) disclosing an alcohol concentration of .08 or more or any amount of a drug, substance or intoxicating compound resulting from the unlawful use or consumption of cannabis as listed in the Cannabis Control Act; a controlled substance as listed in the Illinois Controlled Substances Act; an intoxicating compound as listed in the Use of Intoxicating Compounds Act; or methamphetamine as listed in the Methamphetamine Control and Community Protection Act, and were subsequently found not guilty of the associated DUI charge.

Considering the above, you are warned:

1. If you refuse or fail to complete all chemical tests requested and:

- If you are a first offender, **your driving privileges will be suspended for a minimum of 12 months; or**
- If you are not a first offender, **your driving privileges will be suspended for a minimum of 3 years; or**
- If you were involved in a motor vehicle accident that caused personal injury or death to another, **your driving privileges will be revoked for a minimum of 12 months.** Personal injury means a Type A injury that requires immediate professional attention in a doctor's office or medical facility, including severely bleeding wounds, distorted extremities, and injuries that require the injured party to be carried from the scene.

2. If you submit to a chemical test(s) disclosing an alcohol concentration of .08 or more or any amount of a drug, substance or intoxicating compound resulting from the unlawful use or consumption of cannabis as listed in the Cannabis Control Act; a controlled substance as listed in the Illinois Controlled Substances Act; an intoxicating compound as listed in the Use of Intoxicating Compounds Act; or methamphetamine as listed in the Methamphetamine Control and Community Protection Act, and:

- If you are a first offender, **your driving privileges will be suspended for a minimum of 6 months; or**
- If you are not a first offender, **your driving privileges will be suspended for a minimum of 1 year.**

You are further warned that if you are a Commercial Driver's License (CDL) holder, your CDL privileges will be disqualified for the following time period if you refuse to submit to or fail to complete all chemical tests requested, or submit to a chemical test(s) disclosing an alcohol concentration of .08 or more or any amount of a drug, substance or intoxicating compound resulting from the unlawful use or consumption of cannabis as listed in the Cannabis Control Act; a controlled substance as listed in the Illinois Controlled Substances Act; an intoxicating compound as listed in the Use of Intoxicating Compounds Act; or methamphetamine as listed in the Methamphetamine Control and Community Protection Act:

- If you have not had a prior 12-month disqualification of your CDL privileges, **your CDL privileges will be disqualified for 12 months.**
- If you have had a prior 12-month disqualification of your CDL privileges, **your CDL privileges will be disqualified for life.**

### MOTORIST UNDER AGE 21

You are further warned that as a motorist under age 21, if you submit to a chemical test(s) disclosing an alcohol concentration of more than .00 and less than .08, your driving privileges will be suspended as provided in Sections 6-208.2 and 11-501.8 of the Illinois Vehicle Code.

As provided in Section 6-208.2, you are a first offender unless you have had a previous suspension under Section 11-501.8 for refusing or failing to complete a chemical test(s) or for submitting to a chemical test(s) disclosing an alcohol concentration of more than .00.

- If you are a first offender, **your driving privileges will be suspended for a minimum of 3 months; or**
- If you are not a first offender, **your driving privileges will be suspended for a minimum of 1 year.**

### SCHOOL BUS DRIVER

You are further warned that as a school bus driver operating a school bus in accordance with Section 6-106.1a of the Illinois Vehicle Code, if you submit to a chemical test(s) disclosing an alcohol concentration of more than .00, your privilege to possess a school bus driver permit will be cancelled for 3 years as provided under Sections 6-106.1a and 6-106.1b of the Illinois Vehicle Code.

Warning Issued To

NAME OF MOTORIST

CARLTON ERNEST FISK

Driver's License Number

FL

Under penalties as provided by law pursuant to Section 1-109 of the Illinois Code of Civil Procedure, the undersigned certifies that the statements set forth in this instrument are true and correct.

Signature of Arresting Officer

ID Number

Law Enforcement Agency

Date of Warning

Time of Warning

10/22/12

NEW LENOX POLICE

2105

905 a.m.

Sheet 1 of 1 Sheets



\*U100385960\*

INVESTIGATING AGENCY		DAMAGE TO ANY ONE PERSON'S VEHICLE / PROPERTY		<input type="checkbox"/> \$500 OR LESS <input type="checkbox"/> \$501 - \$1,500 <input type="checkbox"/> OVER \$1,500		TYPE OF REPORT		<input type="checkbox"/> A No Injury / Drive Away <input checked="" type="checkbox"/> B Injury and / or Tow Due To Crash		AGENCY CRASH REPORT NO.	
ADDRESS NO.		HIGHWAY or STREET NAME		<input type="checkbox"/> ON SCENE <input type="checkbox"/> NOT ON SCENE (DESK REPORT)		<input type="checkbox"/> AMENDED <input type="checkbox"/> NOT AMENDED		<input type="checkbox"/> A No Injury / Drive Away <input checked="" type="checkbox"/> B Injury and / or Tow Due To Crash		12 2622	
4500 (CIRCLE) 18765 63RD AVE E BRADENTON FL 34211		6006m RD SPENCER RD (NAME OF INTERSECTION OR ROAD FEATURE)		NEW LEVOT COUNTY WILL		INTERSECTION RELATED PRIVATE PROPERTY HIT & RUN		DATE OF CRASH 11/24/12 CIRCLE DAY OF WEEK MON		TIME 7:23 PM	
NAME DRIVER PARKED - NO DRIVER PED PEDESTAL EQUUS NMV NOY		DATE OF BIRTH 11/24/12		MAKE FORD MODEL F150 YEAR 02		CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 10 - UNDER CARRIAGE 11 - TOTAL (ALL AREAS) 12 - OTHER 99 - UNKNOWN POINT OF FIRST CONTACT		TOWED DUE TO CRASH FIRE HAZMAT SPILL COM VEH IF YES SEE SIDEBAR		LANS CODE 1	
TAKEN TO SILVER CROSS HOSP. NCLFD		EMS AGENCY NCLFD		VEHICLE OWNER (LAST, FIRST MI) S7A		INSURANCE CO. American Family Mutual		TOWED DUE TO CRASH FIRE HAZMAT SPILL COM VEH IF YES SEE SIDEBAR		LANS CODE 1	
NAME DRIVER PARKED - NO DRIVER PED PEDESTAL EQUUS NMV		DATE OF BIRTH 11/24/12		MAKE FORD MODEL F150 YEAR 02		CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 10 - UNDER CARRIAGE 11 - TOTAL (ALL AREAS) 12 - OTHER 99 - UNKNOWN POINT OF FIRST CONTACT		TOWED DUE TO CRASH FIRE HAZMAT SPILL COM VEH IF YES SEE SIDEBAR		LANS CODE 1	
STREET / ADDRESS CITY STATE ZIP		INJURY EJECT VIN		PLATE NO. STATE YEAR		CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 10 - UNDER CARRIAGE 11 - TOTAL (ALL AREAS) 12 - OTHER 99 - UNKNOWN POINT OF FIRST CONTACT		TOWED DUE TO CRASH FIRE HAZMAT SPILL COM VEH IF YES SEE SIDEBAR		LANS CODE 1	
TELEPHONE DRIVER LICENSE NO.		STATE CLASS		VEHICLE OWNER (LAST, FIRST MI) S7A		INSURANCE CO. American Family Mutual		TOWED DUE TO CRASH FIRE HAZMAT SPILL COM VEH IF YES SEE SIDEBAR		LANS CODE 1	
TAKEN TO EMS AGENCY		OWNER ADDRESS (STREET, CITY, STATE, ZIP)		TELEPHONE POLICY NO.		INSURANCE CO.		TOWED DUE TO CRASH FIRE HAZMAT SPILL COM VEH IF YES SEE SIDEBAR		LANS CODE 1	
PASSENGERS & WITNESSES ONLY		NAME / ADDRESS / TEL.		NAME / ADDRESS / TEL.		NAME / ADDRESS / TEL.		NAME / ADDRESS / TEL.		NAME / ADDRESS / TEL.	

Printed by authority of the State of Illinois

SF 1050 JANUARY 2010

REMEMBER TO USE BLACK INK, PRESS HARD, PRINT LEGIBLY AND COMPLETE ALL REQUIRED FIELDS!

\*IF YES TO HAZMAT SPILL OR COM VEH, COMPLETE COMMERCIAL MOTOR VEHICLE AREA ON BACK.



U100385960

A Diagram and Narrative are required on all Type B crashes, even if units have been moved prior to the officer's arrival.

SPENCER RD

GOOGAN RD



NARRATIVE (Refer to vehicle by Unit No.)

DISCARDED TO THE AREA REFERENCE TO A PICKUP TRUCK THAT HAD DRIVEN OFF THE ROADWAY AND INTO A FIELD. I LOCATED THE TRUCK NORTH OF SPENCER IN THE FIELD EAST OF GOOGAN RD. THE VEHICLE'S FRONT PASSENGER SIDE HAD BEEN FLAT.

THE DRIVER WAS FOUND, UNCONSCIOUS AND WAS TRANSPORTED TO SIVEN CROSS FOR OBSERVATION.

LOCAL USE ONLY

U1 Color Gray U2 Color WhiteU1 Towed by / to Superior U2 Towed by / to Superior

## COMMERCIAL MOTOR VEHICLE (CMV)

IF MORE THAN ONE CMV IS INVOLVED, USE SR 10050A  
ADDITIONAL UNITS FORMS.

A CMV is defined as any motor vehicle used to transport passengers or property and:

1. Has a weight rating of more than 10,000 pounds (example: truck or truck/trailer combination); or
2. Is used or designed to transport more than 15 passengers, including the driver (example: shuttle or charter bus); or
3. Is designed to carry 15 or fewer passengers and operated by a contract carrier transporting employees in the course of their employment (example: employee transporter - usually a van-type vehicle or passenger car); or
4. Is used or designed to transport between 9 and 15 passengers, including the driver, for direct compensation beyond 75 air miles from the driver's work reporting location (example: large van used for specific purpose); or
5. Is any vehicle used to transport any hazardous material (HAZMAT) that requires placarding (example: placards will be displayed on the vehicle).

CARRIER NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

USDOT NO. \_\_\_\_\_ ILCC NO. \_\_\_\_\_

Source of above info: ☐ Side of Truck ☐ Papers ☐ Driver ☐ Log Book

Gross Vehicle Weight Rating (GVWR) \_\_\_\_\_

Were HAZMAT placards displayed on the vehicle? ☐ Yes ☐ No

If yes, name on placard \_\_\_\_\_

4-digit UN no. \_\_\_\_\_ 1-digit Hazard Class no. \_\_\_\_\_

Did HAZMAT spill from the vehicle (do not consider fuel from the vehicle's own tank)? ☐ Yes ☐ No ☐ UnknownDid HAZMAT Regulations violation contribute to the crash? ☐ Yes ☐ No ☐ UnknownDid Motor Carrier Safety Regulations (MCS) violation contribute to the crash? ☐ Yes ☐ No ☐ UnknownWas a Driver/Vehicle Examination Report form completed? ☐ Yes ☐ NoHAZMAT ☐ Yes ☐ No ☐ Unk Out of Service? ☐ Yes ☐ NoMCS ☐ Yes ☐ No ☐ Unk Out of Service? ☐ Yes ☐ No

Form No. \_\_\_\_\_

IDOT PERMIT NO. \_\_\_\_\_ WIDE LOAD? ☐ Yes ☐ NoTRAILER WIDTH(S): 0-96" ☐ 97-102" ☐ >102" ☐TRAILER 1 ☐ ☐ ☐TRAILER 2 ☐ ☐ ☐

TRAILER LENGTH(S): 1 \_\_\_\_\_ ft TRAILER 2 \_\_\_\_\_ ft

TOTAL VEHICLE LENGTH \_\_\_\_\_ ft NO. OF AXLES \_\_\_\_\_

CRASH LOCATION: ☐ CITY OF OR ☐ NEAREST CITY




MILES N E S W OR \_\_\_\_\_ CITY NAME \_\_\_\_\_

SELECT CODES FROM BACK COVER OF CRASH BOOKLET:

VEHICLE CONFIGURATION \_\_\_\_\_ CARGO BODY TYPE \_\_\_\_\_ LOAD TYPE \_\_\_\_\_



<b>New Lenox Police Department</b> <b>Alcohol/Drug Influence Report</b>		INCIDENT NUMBER <div style="text-align: right; font-size: 1.2em;">12-2622</div>	
DATE: <div style="font-size: 1.2em;">10/22/12</div>	TIME: <div style="font-size: 1.2em;">9:55 PM</div>	LOCATION TEST PERFORMED: <div style="font-size: 1.2em;">NOT PERFORMED</div>	
SUBJECT'S NAME: <div style="font-size: 1.2em;">CANTON E. Fisk</div>		OFFICER(S) PRESENT: <div style="font-size: 1.2em;">CONROY #120</div>	
HORIZONTAL GAZE NYSTAGMUS TEST - NOT PERFORMED			
<input type="checkbox"/> LEFT EYE ONSET BEFORE 45° WITH SOME WHITE SHOWING		<input type="checkbox"/> RIGHT EYE ONSET BEFORE 45° WITH SOME WHITE SHOWING	
<input type="checkbox"/> LEFT EYE DISTINCT NYSTAGMUS AT MAXIMUM DEVIATION		<input type="checkbox"/> RIGHT EYE DISTINCT NYSTAGMUS AT MAXIMUM DEVIATION	
<input type="checkbox"/> LEFT EYE DOES NOT FOLLOW SMOOTHLY		<input type="checkbox"/> RIGHT EYE DOES NOT FOLLOW SMOOTHLY	
DECISION POINT: 4 OR MORE POINTS			
WALK AND TURN TEST - NOT PERFORMED			
<input type="checkbox"/> CANNOT KEEP BALANCE WHILE LISTENING TO INSTRUCTIONS		<input type="checkbox"/> STARTS BEFORE INSTRUCTIONS ARE FINISHED	
<input type="checkbox"/> STOPS WALKING TO STEADY SELF		<input type="checkbox"/> DOES NOT TOUCH HEEL TO TOE	
<input type="checkbox"/> INCORRECT NUMBER OF STEPS		<input type="checkbox"/> LOSES BALANCE WHILE WALKING (STEPS OFF LINE)	
<input type="checkbox"/> USES ARMS FOR BALANCE (RAISES ARMS MORE THAN 6 INCHES)		<input type="checkbox"/> LOSES BALANCE WHILE TURNING (TURNS INCORRECTLY)	
<input type="checkbox"/> CANNOT PERFORM TEST			
DECISION POINT: MINIMUM 2 - MAXIMUM 8			
ONE LEG STAND TEST - NOT PERFORMED			
<input type="checkbox"/> SWAYS WHILE BALANCING		<input type="checkbox"/> HOPPING	
<input type="checkbox"/> USES ARMS TO BALANCE (RAISES ARMS MORE THAN 6 INCHES)		<input type="checkbox"/> PUTS FOOT DOWN	
<input type="checkbox"/> CANNOT PERFORM TEST			
DECISION POINT: MINIMUM 2 - MAXIMUM 4			
EFFECTS OF ALCOHOL/DRUG <div style="display: flex; justify-content: space-between;"> <span><input type="checkbox"/> EXTREME</span> <span><input checked="" type="checkbox"/> OBVIOUS</span> <span><input type="checkbox"/> SLIGHT</span> <span><input type="checkbox"/> NONE</span> </div>		ABILITY TO UNDERSTAND INSTRUCTIONS <div style="display: flex; justify-content: space-between;"> <span><input type="checkbox"/> POOR</span> <span><input checked="" type="checkbox"/> FAIR</span> <span><input type="checkbox"/> GOOD</span> </div>	
REMARKS  <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px;"></div>			
OBSERVATION			
CLOTHES: HAT OR CAP: <u>N/A</u>		PANTS, SKIRT OR DRESS: <u>TAN SLACKS</u>	
JACKET OR COAT: <u>N/A</u>		SHIRT OR BLOUSE: <u>YELLOW SWEATSHIRT</u>	
SHOES: <u>GREEN CROCS</u>		DESCRIBE CONDITION OF CLOTHING: _____	
BREATH: ODOR OF ALCOHOLIC BEVERAGE: <input type="checkbox"/> STRONG <input type="checkbox"/> MODERATE <input type="checkbox"/> FAINT <input type="checkbox"/> NONE			
ATTITUDE: <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> EXCITED</div> <div style="width: 50%;"><input checked="" type="checkbox"/> HILARIOUS</div> <div style="width: 50%;"><input type="checkbox"/> TALKATIVE</div> <div style="width: 50%;"><input type="checkbox"/> CAREFREE</div> <div style="width: 50%;"><input type="checkbox"/> PROFANITY</div> <div style="width: 50%;"><input checked="" type="checkbox"/> SLEEPY</div> <div style="width: 50%;"><input type="checkbox"/> COMBATIVE</div> <div style="width: 50%;"><input checked="" type="checkbox"/> INDIFFERENT</div> <div style="width: 50%;"><input type="checkbox"/> INSULTING</div> <div style="width: 50%;"><input type="checkbox"/> COCKY</div> <div style="width: 50%;"><input type="checkbox"/> COOPERATIVE</div> <div style="width: 50%;"><input type="checkbox"/> POLITE</div> </div>			
UNUSUAL ACTION: <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> HICCOUGHING</div> <div style="width: 50%;"><input type="checkbox"/> VOMITING</div> <div style="width: 50%;"><input type="checkbox"/> CRYING</div> <div style="width: 50%;"><input type="checkbox"/> BELCHING</div> <div style="width: 50%;"><input type="checkbox"/> FIGHTING</div> <div style="width: 50%;"><input type="checkbox"/> LAUGHING</div> </div> OTHER: _____			
SPEECH: <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> MUMBLED</div> <div style="width: 50%;"><input type="checkbox"/> SLURRED</div> <div style="width: 50%;"><input checked="" type="checkbox"/> CONFUSED</div> <div style="width: 50%;"><input checked="" type="checkbox"/> NOT UNDERSTANDABLE</div> <div style="width: 50%;"><input type="checkbox"/> STUTTERED</div> <div style="width: 50%;"><input type="checkbox"/> ACCENT</div> <div style="width: 50%;"><input type="checkbox"/> FAIR</div> <div style="width: 50%;"><input type="checkbox"/> THICK TONGUED</div> <div style="width: 50%;"><input type="checkbox"/> GOOD</div> </div>			

CHEMICAL TEST GIVEN <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES		TYPE OF TEST GIVEN <input type="checkbox"/> BREATH <input type="checkbox"/> BLOOD <input type="checkbox"/> URINE	
NAME AND TITLE OF PERSON COLLECTING BLOOD OR URINE SAMPLE:			
BREATH TEST INSTRUMENT:		CERTIFICATION DATE:	OPERATOR:
INTERVIEW			
MIRANDA WARNING GIVEN AT: <u>920PM Silver Cross</u>		DATE: <u>10/22/12</u>	TIME: <u>920 PM</u>
WHAT TIME IS IT NOW? _____		WHAT IS THE DATE? _____	
WHAT CITY ARE YOU IN NOW? _____		WHAT DAY OF THE WEEK IS IT? _____	
WHEN DID YOU LAST EAT? _____		WHAT DID YOU EAT? _____	
HAVE YOU SEEN A DOCTOR OR DENTIST LATELY? _____		IF SO, WHO? _____	
ARE YOU ILL? _____		IF SO, WHAT IS WRONG? _____	
WERE YOU OPERATING A VEHICLE? _____		WHAT STREET WERE YOU ON? _____	DIRECTION OF TRAVEL? _____
WHERE DID YOU START FROM? _____		WHAT TIME DID YOU START? _____	
WHAT WERE YOU DOING THE LAST THREE HOURS? _____			
_____			
HAVE YOU BEEN DRINKING? _____		WHERE? _____	
WHAT? _____		HOW MUCH? _____	
STARTED (TIME)? _____		STOPPED (TIME)? _____	
ARE YOU UNDER THE INFLUENCE OF ALOCHOL AND/OR DRUGS NOW? _____			
SIGNATURE: 			
ADDITIONAL INFORMATION			
_____ _____ _____ _____ _____ _____ _____			
REPORTING OFFICER NAME <u>CONRY</u>	ID NUMBER <u>120</u>	SIGNATURE 	
SUPERVISOR NAME	ID NUMBER	SIGNATURE 	

New Lenox Police Department Evidence/Property Inventory			INCIDENT/CASE NUMBER  1Z-2622		
PRIMARY INCIDENT OFFENSE:  DUI			UCR:  2410		DATE/TIME:  10/22/12
LOCATION RECOVERED:  FRONT PASSENGER SIDE SEAT			RECOVERED FROM: Same as Victim [ ] Same as Suspect [X]		
VICTIM'S NAME: (Last, First, M.I.)  			DOB: [Redacted]		
SUSPECT'S NAME: (Last, First, M.I.)  FISK CARLTON			DOB: [Redacted]		
PROPERTY OWNER: Same as Victim [ ] Same as Suspect [X]			ADDRESS		PHONE
OWNER NOTIFIED:  [ ] YES [ ] NO		DATE/TIME		BY: NAME/NUMBER	
				ARREST MADE:  [X] YES [ ] NO	
PROPERTY STATUS: (check all that apply)					
[X] Hold for Court    [ ] Found Property    [ ] Investigative    [X] Safekeeping [ ] Hold for Owner    [ ] Stolen/Recovered    [ ] Other _____					
ITEM	QUAN	UNITS	DESCRIPTION: MAKE, MODEL, COLOR, SERIAL NO., MARKS ETC.		DATE/TIME IN
1	1	BOTTLE	1 1.75 ML RUE 33 VODKA BOTTLE 3/4 EMPTY		10/22/12 1130
[X] Lab Request    [ ] Copy Video/Photos    [ ] Process for Latents    [ ] Weigh and Analyze    [ ] Destroy					
SPECIAL INSTRUCTIONS: CONFIRM ALCOHOLIC BEVERAGE					
SUBMITTING OFFICER'S NAME:  [Signature]			ID NUMBER:  123	SIGNATURE:  CONNY	
FOR EVIDENCE SECTION ONLY					
HOW RECEIVED:    [ ] Locker # _____    [ ] Crime Scene					
ENTERED INTO PROPERTY ROOM BY:			ID NUMBER:	DATE/TIME:A1	

# NEW LENOX POLICE DEPARTMENT

## TOWED VEHICLE REPORT

CASE NO. 12-2622

LEADS NO. \_\_\_\_\_

DATE OF REPORT <u>10-22-12</u>	TIME <u>2000</u>	LOCATION <u>GOUGAR N/O ILLINOIS HWY</u>
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### REASON FOR TOW

☐ Accident
 ☐ Abandon
 ☐ Recovery
 ☒ Arrest
 ☐ Investigation
 ☐ Hazard
 ☐ Other \_\_\_\_\_

### VEHICLE INFORMATION

YEAR <u>02</u>	MAKE <u>FORD</u>	MODEL OR SERIES <u>F150</u>	# CYL(S) <u>4</u>	BODY STYLE <u>PIU</u>	COLOR(S) <u>GRN</u>																
LICENSE# [REDACTED]	STATE <u>IL</u>	VIN <table border="1"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td> </tr> </table>				1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16						
CITY LICENSE#	YEAR	SPECIAL IDENTIFYING CHARACTERISTICS																			

### OWNER INFORMATION

OWNER/LAST NAME (OR FIRM) <u>FISK</u>		FIRST NAME (TYPE OF BUSINESS) <u>CARLTON</u>		INIT. <u>E</u>	JR/SR	RACE	SEX	DATE OF BIRTH [REDACTED]
ADDRESS <u>18705 63RD AVE</u>		APT#						
CITY <u>BRADENTON</u>	STATE <u>FL</u>	ZIP CODE <u>34211</u>	PHONE	DRIVERS LICENSE #		STATE		
<b>DRIVER INFORMATION</b>	LAST NAME	FIRST NAME	INIT.	JR/SR	RACE	SEX	DATE OF BIRTH	ADDRESS APT#
RELATION TO OWNER	CITY	STATE	ZIP CODE	PHONE	DRIVERS LICENSE #		STATE	
CHARGES				LIEN HOLDER		INSURED BY		

### TOWING COMPANY

☒ SUPERIOR TOWING, 206 FORD COURT NEW LENOX, IL 60451 815-463-8888  
☐ DAN'S TOWING 1110 E. LINCOLN HWY., NEW LENOX, IL 60451 815-485-8038  
☐ OTHER \_\_\_\_\_

Normal Business Hours: M-F 8:00 a.m.-5:00 p.m., Sat. 8:00 a.m.-12:00 p.m. Sun. Closed

Doors Locked						<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Transmission						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Tires						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO # _____
Trunk Locked						<input type="checkbox"/> YES <input type="checkbox"/> NO	Battery						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Hub Caps						<input type="checkbox"/> YES <input type="checkbox"/> NO # _____
Glove Box Locked						<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Glass Intact						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Spare Tire						<input type="checkbox"/> YES <input type="checkbox"/> NO
Radio						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Ignition						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Keys						<input type="checkbox"/> YES <input type="checkbox"/> NO
Engine						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Pulled						<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Seats						<input type="checkbox"/> YES <input type="checkbox"/> NO

Exterior Damage (DESCRIBE) DAMAGE FROM CRASH  
 Interior Damage (DESCRIBE) \_\_\_\_\_  
 Personal Property Inventory (DESCRIBE) BAG W/ AUTOGRAPHED BASEBALLS, CLOTHING, CIGAR CASE

CIRCLE DAMAGED AREAS

FRONT

REAR

Owner Request Tow-I hereby authorize said towing company to tow the above-described vehicle to the specified location. The condition of the vehicle and the personal effects therein, are my responsibility. I also agree that I am responsible for any charges incurred relative to the towing and/or storing of this vehicle.

☐ Owner Request Tow Signature \_\_\_\_\_ Date \_\_\_\_\_  
☐ Inventory Verification Signature \_\_\_\_\_ Date \_\_\_\_\_

### VEHICLE RELEASE INFORMATION

Releasable ☐ YES ☐ AUTHORIZATION FOR RELEASE / OFFICER (Signature) \_\_\_\_\_  
☒ NO CHECK ALL THAT APPLY ☐ FORFEITURE ☒ \$500 ADMINISTRATIVE FEE ☐ DUI 12 HR ☐ DUI 24 HR

### TOW HEARING NOTICE

Pursuant to the Village of New Lenox, New Lenox Police Department Policy and Procedure entitled "Tow Hearing", all registered or legal owners of vehicles towed by the New Lenox Police Department may request a Hearing concerning the justification of the towing of his or her vehicle within 48 HOURS of tow, request obtained in person at the New Lenox Police Department, Administrative Office. M-F 8:30 am-5:00pm

TOW DRIVER SIGNATURE \_\_\_\_\_  
 REPORTING OFFICER(S) \_\_\_\_\_ STAR 132