

COMMONWEALTH OF KENTUCKY
UNIFORM CITATION

| | | | | | | | | | |
|---|--|---|---|----------------------------|--|-------------------------|----------------------|------------------|-----------|
| OFFENDER/VIOLATOR | AGENCY MARTIN COUNTY SHERIFF DEPT. | | ORI: 0800000 | COURT | | | | | |
| | NAME: LAST, FIRST, MI, FILIAL WHITE-SMITH, KERI A. | | ATTN: _____ | | | | | | |
| | ALIAS NAME: LAST, FIRST, MI, FILIAL _____ | | EMERGENCY PHONE: UNKNOWN | | | | | | |
| | OFFENSE NUMBER (SUFFIX): _____ | | KENTUCKY RESIDENT STATUS <input checked="" type="checkbox"/> F: FULL-TIME <input type="checkbox"/> P: PART-TIME <input type="checkbox"/> N: NON RESIDENT | | | | | | |
| VEHICLE | CITY: WARFIELD | STATE: KY | ZIP CODE/EXTENSION: 41267 | MARITAL STATUS: SINGLE | VICTIM'S RELATIONSHIP TO OFFENDER: _____ | | | | |
| | ID TYPE: OL | ID STATE: KY | ID NUMBER: _____ | S.S. NUMBER: _____ | HEIGHT: 5'06" | WEIGHT: 135 | HAIR COLOR: BLOND OR | EYE COLOR: BROWN | |
| | <input type="checkbox"/> COMMERCIAL VEHICLE <input type="checkbox"/> PLACARDED HAZARDOUS VEHICLE | | ETHNIC ORIGIN <input type="checkbox"/> HISPANIC <input checked="" type="checkbox"/> NON HISPANIC | | ALCOHOL/DRUG INVOLVEMENT <input type="checkbox"/> ALCOHOL <input checked="" type="checkbox"/> DRUGS <input type="checkbox"/> UNKNOWN | | | | |
| | DATE OF BIRTH: 03/06/1975 | SEX: <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE | RACE: <input checked="" type="checkbox"/> WHITE <input type="checkbox"/> BLACK <input type="checkbox"/> AM. INDIAN OR ALASKA <input type="checkbox"/> ASIAN | | B.A. RESULTS <input checked="" type="checkbox"/> BREATH NOT REQUESTED <input checked="" type="checkbox"/> BLOOD REFUSED <input checked="" type="checkbox"/> URINE NOT REQUESTED | | | | |
| VEHICLE MAKE: DODGE | | VEHICLE MODEL: AVENGER | VEH. YEAR: 1996 | VEHICLE COLOR: RED | VEHICLE IDENTIFIERS | | MPH | IN MPH ZONE | VIOL. KEY |
| DATE/TIME | VIOLATION DATE: 07/11/2013 | VIOLATION TIME: 9:17PM | EXACT LOCATION OF VIOLATION: INEZ WARFIELD RD | | MILES | DIRECTION | CITY: WARFIELD | COUNTY: MARTIN | SECTOR |
| | ARREST DATE: 07/11/2013 | TIME OF ARREST: 9:17PM | EXACT LOCATION OF ARREST: INEZ WARFIELD RD | | MILES | DIRECTION | CITY: WARFIELD | COUNTY: MARTIN | SECTOR |
| CHARGES AND POST-ARREST COMPLAINT | NUMBER: 1 | VIOLATION CODE: 02111 | ASCF: 0 | STATUTE/ORD.: 189A.010(5B) | CHARGE(S): 1 | STARTING CASE | ENDING CASE | DRUG TYPE | |
| | of | | | | | | | | |
| | of | | | | | | | | |
| | of | | | | | | | | |
| POST-ARREST COMPLAINT Charge 1: OPER MTR VEH U/INFLU ALC/DRUGS/ETC. .08 (AGG CIRCUM), 2ND I was with DSS on our way to this subject's apartment because they got a report of this subject being under the influence driving with her kids. While on the way to the subject's apartment we passed her going toward Warfield on RT 292. I stopped the subject at Warfield Fastlane and the subject had blue substance in the right side of her nose. I asked the subject what she have taken and she stated a Xanax about 2 hours before. I give the subject LOC and her eyes would not cross. I give the subject the Romberg Balance test and during the test the subject had eye lid tremors and body tremors. Also the subject would not lay her head back on the Romberg and stopped at 13 secs. I asked the subject for blood and she stated no. | | | | | | | | | |
| COURT | COURT DATE: _____ | COURT TIME: _____ | <input type="checkbox"/> PAYABLE <input checked="" type="checkbox"/> COURT | | COURT LOCATION: MARTIN | | | YEAR: 13 | |
| | COURT CASE NUMBER: _____ | TOTAL PREPAYABLE AMOUNT: _____ | NOT PREPAYABLE | | | CONTROL NUMBER: BM71666 | | | |
| CASE | WITNESS 1 NAME: LAST, FIRST, MI, FILIAL | | STATE: _____ | ZIP CODE: _____ | | | | | |
| | WITNESS 1 ADDRESS (NUMBER, STREET, SUFFIX) | | CITY: _____ | | | | | | |
| | WITNESS 2 NAME: LAST, FIRST, MI, FILIAL | | STATE: _____ | ZIP CODE: _____ | | | | | |
| | WITNESS 2 ADDRESS (NUMBER, STREET, SUFFIX) | | CITY: _____ | | | | | | |
| <input type="checkbox"/> CARRIED FOR UCR BY OTHER AGENCY SPECIFY: _____ | | <input checked="" type="checkbox"/> IN-CAR VIDEO <input checked="" type="checkbox"/> FINGERPRINTS <input checked="" type="checkbox"/> PHOTOS <input type="checkbox"/> EVIDENCE HELD | | | | | | | |
| OFFICER SIGNATURE: TIPTON, B. _____ | BADGE/I.D. NUMBER: 27 | ASSIGNMENT: CO | TYPE: 1 | | | | | | |