

COMMONWEALTH OF KENTUCKY
UNIFORM CITATION

COURT

YEAR

CONTROL NUMBER

TYPE

| | | | | | | | | | |
|---|---|---------------------------|--|--------------------------------------|--|---|-------------------|-----------|--|
| OFFENDER/VIOLATOR | AGENCY MARTIN COUNTY SHERIFF DEPT. | | | | | ORI: 0800000 | | | |
| | NAME: LAST, FIRST, MI, FILIAL REED, JIMMY | | | | | ATTN: <input type="checkbox"/> | | | |
| | ALIAS NAME: LAST, FIRST, MI, FILIAL | | | | | HOME PHONE UNKNOWN | | | |
| | ADDRESS (NUMBER, NAME, SUFFIX) | | | | | EMERGENCY PHONE UNKNOWN | | | |
| | CITY: LOVELY STATE: KY ZIP CODE/EXTENSION: 41231 | | | | | KENTUCKY RESIDENT STATUS <input checked="" type="checkbox"/> F: FULL-TIME <input type="checkbox"/> P: PART-TIME <input type="checkbox"/> N: NON RESIDENT | | | |
| | ID TYPE: PL ID STATE: KY ID NUMBER: S. S. NUMBER: | | | | | MARITAL STATUS: SINGLE VICTIM'S RELATIONSHIP TO OFFENDER: | | | |
| | <input type="checkbox"/> COMMERCIAL VEHICLE <input type="checkbox"/> PLACARDED HAZARDOUS VEHICLE | | | | | ETHNIC ORIGIN <input type="checkbox"/> HISPANIC <input checked="" type="checkbox"/> NON HISPANIC | | | |
| | DATE OF BIRTH: 10/04/1984 SEX: <input checked="" type="checkbox"/> MALE <input 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 type="checkbox"/> BREATH <input type="checkbox"/> BLOOD <input type="checkbox"/> URINE | | | |
| | PLACE OF EMPLOYMENT/OCCUPATION: CITY: STATE: | | | | | ALCOHOL/DRUG INVOLVEMENT <input type="checkbox"/> ALCOHOL <input checked="" type="checkbox"/> DRUGS <input type="checkbox"/> UNKNOWN | | | |
| | VEHICLE | VEHICLE MAKE CHEVROLET | | VEHICLE MODEL CAVALIER | VEH. YEAR 1991 | VEHICLE COLOR GREEN | | | |
| VEH. TYPE 4D | | KY | REGISTRATION: STATE, YEAR, NUMBER 0 6996633 | VEHICLE IDENTIFIERS | | | | | |
| DATE/TIME | VIOLATION DATE 08/04/2013 | | VIOLATION TIME 3:17AM | EXACT LOCATION OF VIOLATION KY292 | | | | | |
| | ARREST DATE 08/04/2013 | | TIME OF ARREST 3:17AM | EXACT LOCATION OF ARREST KY292 | | | | | |
| | MILES DIRECTION | | CITY LOVELY | | | | | | |
| | COUNTY MARTIN | | SECTOR | | | | | | |
| CHARGES AND POST-ARREST COMPLAINT | NUMBER | VIOLATION CODE | ASCF | STATUTE/ORD. | CHARGE(S) | STARTING CASE | ENDING CASE | DRUG TYPE | |
| | 1 of 4 | 02108 | 0 | 189A.010(5A) | 1 | | | | |
| | 2 of 4 | 00380 | 0 | 186.410(1) | 1 | | | | |
| | 3 of 4 | 00519 | 0 | 304.39-117 | 1 | | | | |
| | 4 of 4 | 00470 | 0 | 189.530(2) | 1 | | | | |
| | POST-ARREST COMPLAINT | | | | | | | | |
| | Charge 1: OPER MTR VEHICLE U/INFLUENCE ALC/DRUGS/ETC. .08 - 1ST OFF | | | | | | | | |
| | Charge 2: NO OPERATORS-MOPED LICENSE | | | | | | | | |
| | Charge 3: FAILURE TO PRODUCE INSURANCE CARD | | | | | | | | |
| | Charge 4: POSS OF OPEN ALC BEVERAGE CONT IN MOTOR VEH PROHIBITED | | | | | | | | |
| Subject was driving the above mentioned vehicle on KY-292. Subject left a parking lot at a high rate of speed and crossed the middle line. Deputy Hinkle made a traffic stop on the vehicle. Subject was given SFST and showed signs of HGN and also WAT. Subject had green residue up his left nostril. Subject admitted to drinking one beer and snorting a Lorcet earlier that day. Subject had a permit but no licensed driver with him. Subject could not produce an insurance card and there was 4 empty beer bottles two of which were still cool to the touch. Subject was placed under arrest and read implied consent and refused a test of his breath and blood. | | | | | | | | | |
| COURT | COURT DATE | | COURT TIME | <input type="checkbox"/> PAYABLE | COURT LOCATION | | | | |
| | ARRESTED | | <input checked="" type="checkbox"/> COURT | MARTIN | | | | | |
| CASE | COURT CASE NUMBER | | TOTAL PREPAYABLE AMOUNT | NOT PREPAYABLE | | | | | |
| | WITNESS 1 NAME: LAST, FIRST, MI, FILIAL HINKLE, DOUG | | | | | STATE KY | ZIP CODE 41224 | | |
| | WITNESS 1 ADDRESS (NUMBER, STREET, SUFFIX) MCSO 122 | | | | | CITY INEZ | | | |
| | WITNESS 2 NAME: LAST, FIRST, MI, FILIAL | | | | | STATE | ZIP CODE | | |
| WITNESS 2 ADDRESS (NUMBER, STREET, SUFFIX) | | | | | CITY | | | | |
| <input checked="" type="checkbox"/> CARRIED FOR UCR BY OTHER AGENCY SPECIFY: MARTIN COUNTY SHERIFF DEPT. | | | | | <input checked="" type="checkbox"/> IN-CAR VIDEO <input checked="" type="checkbox"/> FINGERPRINTS <input checked="" type="checkbox"/> PHOTOS <input checked="" type="checkbox"/> EVIDENCE HELD | | | | |
| OFFICER SIGNATURE MUNCY, D. | | | BADGE/I.D. NUMBER 7 | ASSIGNMENT COUNTY | | | | | |