

Bernalillo County Detention Center Offender Booking Sheet

6/23/2015 12:42:13 PM

Person Id: 100230277 **Name:** DAVIS, PATRICK M
Booking #: 130707441 **POB:** NEWNAN, GA, US **Age:** 37
 SSN: XXX-XX-9537 **DOB:** [REDACTED]/1978

Address: 3926 SIMMS AVE SE
City: ALBUQUERQUE
State: New Mexico
Zip:



DATE OF BIRTH: [REDACTED]/1978
AFIS Fingerprint No: 7/27/13 DL #10973
Social Security Number: XXX-XX-9537
FBI Number: [REDACTED]9WD7
AFIS Number: 361-573

OFFENDER DESCRIPTION

| | | | |
|-----------------------------|--------------------------|------------------------|----------------------|
| Gender: MALE | Height: 600 | Weight: 175 | Race: WHITE |
| Hair: Brown | Complexion: Light | Eyes: Brown | Build: Slight |
| Hair Length: Short | Glasses: NO | Diabetic: NO | Epileptic: NO |
| Facial Hair: Stubble | Primary Language: | Speaks English: | |

IDENTIFYING MARKS

ALSO KNOWN AS

| Name | SSN | DOB | Creator Date |
|------|-----|-----|--------------|
|------|-----|-----|--------------|

CASE CONTACTS

| Type | Relationship Name/Address | Telephone #1 | Telephone #2 |
|-----------|---------------------------|--------------|--------------|
| EMERGENCY | NO ONE PER INMATE | -- | -- |

SECURITY ALERTS

ADMISSION DETAILS

Admit Date: 27-JUL-13 **Admit Time:** 07:04 **Cash On Admission:**
Booking Officer: JUANITA GABALDON
 ---Searched By: GARY JACKSON

ARREST DETAILS

| Agency | Officer | Date/Time | ORI# | Location |
|--------|---------------|------------------|--------------|--------------------|
| BSO | J JARENO 4406 | 07/27/2013 00:31 | NONE NONE | 1343 BROADWAY BLVD |

ORDER DETAILS

| CaseNum/Date | Statute | Description |
|-----------------------|------------|----------------------|
| TMP0276583 07/27/2013 | 66-7-318 | FOLLOW VEH TOO CLOSE |
| TMP0276583 07/27/2013 | 66-8-102.D | AGGRAVATED DWI-1 |

»

WARRANT DETAILS

| CaseNum/Date | Type | Description |
|--------------|------|-------------|
|--------------|------|-------------|

BAIL DETAILS

0

| CaseNum/Date | Type | Amount | Release Type | Pay Date | Pay .Amount | Judge |
|--------------|-------------------|--------|--------------------------|------------|-------------|-------|
| TMP0276583 | RELEASE ON RECOGN | \$0 | ROR-Rlse on Recognizance | 07/27/2013 | \$ | |

| OCCURRENCE DATE(S) | | DATE REPORTED | | STATE OF NEW MEXICO UNIFORM INCIDENT REPORT | | | | ORI NO. | | CASE NO. | | PAGE | OF | | | | | | | | | |
|--|------------------|----------------------------|------------------------------------|---|----------------|--|----------------------|--|--------------|--------------------------|-------------------------|---------------------|-----------------------------|----------------------------|---------------------------------|-------------------------|-----|--------------------------------|--------|-------------------|-------|------|
| ON OR BETWEEN | | | | | | | | NM0010000 | | | | 1 | 3 | | | | | | | | | |
| MM/DD/YY | MM/DD/YY | MM/DD/YY | AGENCY/COUNTY | | | | DISTRICT NO. | | INCIDENT NO. | | BURGLARY FORCE NO F. | NO OF UNITS ENT | | | | | | | | | | |
| 07/27/2013 | 07/27/2013 | 07/27/2013 | Bernalillo County Sheriff's Office | | | | Out | | LSO13-654927 | | | | | | | | | | | | | |
| TIME | DAY OF WEEK | TIME | DAY OF WEEK | TIME | DAY OF WEEK | ADDRESS / LOCATION OF INCIDENT | | | | CITY | | ZIP | | GANG REL YES NO | HATE / BIAS NOT CODE | | | | | | | |
| 0017 | SA | 0300 | SA | 0919 | SA | 1343 Broadway SE | | | | Albuquerque | | | | X | 99 | | | | | | | |
| OFFENSE | AOL ON SUPP. | | OFFENSE / INCIDENT | | | | STATUTE OR ORDINANCE | | FEL. MISD. | ATTEMPTED | COMPLETED | UCR OFFENSE CODE | CRIMINAL ACTIVITY CODE | LOCAT. CODE | WEAPON CODE UP TO 3 PER OFFENSE | | | OFFENDER(S) SUSPECTED OF USING | | | | |
| | | | | | | | | | | | | | | | | | | | ALCOH. | DRUG | COMP. | UNK. |
| | | | 1 Agg dwi | | | | 66-8-102D | | M | | X | | N | 13 | 99 | 99 | 99 | X | | | | |
| | | | 2 Following too closely | | | | 66-7-318 | | M | | X | | N | 13 | 99 | 99 | 99 | X | | | | |
| | | 3 | | | | | | | | | | | | | | | | | | | | |
| PERSON CODES | | V-VICTIM | | C-CITED | | S-SUSPECT | | A-ARRESTED | | TYPE CODES | | F-FINANCIAL INST. | | R-RELIGIOUS | | INJURY CODES | | L-SEVERE LACERATION | | T-LOSS OF TEETH | | |
| G-PARENT/GUARDIAN | | W-WITNESS | | I-INTERVIEWED | | O-OTHER | | H-INDIVIDUAL | | P-POLICE | | O-OTHER | | S-SOCIETY / PUB. | | B-APPARENT BROKEN BONE | | M-APPARENT MINOR INJURY | | U-UNCONSCIOUSNESS | | |
| R-REPORTING PERSON | | D-DECEASED | | M-MISSING PERSON/RUNAWAY | | | | B-BUSINESS | | G-GOVERNMENT | | U-UNKNOWN | | I-POSSIBLE INTERNAL INJURY | | O-OTHER MAJOR INJURY | | N-NONE | | | | |
| PERSON CODE | TYPE CODE | NAME (LAST, FIRST, MIDDLE) | | | | SOCIAL SECURITY NO. | | DOB | | AGE (RANGE) | SEX | RACE | | | | | | | | | | |
| A | I | Davis, Patrick M | | | | 9537 | | 1978 | | 35 | M | X | WHT | BLK | ASIA | IND | UNK | | | | | |
| STREET ADDRESS | | | | APT. NO. | RES. PHONE | | HEIGHT | WEIGHT | HAIR | EYES | ETHNIC | | AGG. ASSAULT JUST.HOM. CODE | | | | | | | | | |
| 3926 Simms Av SE | | | | | | | 6'0" | 175 | BLK | BRO | X | | | | | | | | | | | |
| CITY | | | STATE | ZIP | BUS. PHONE | | VICTIM OF OFF. NO. | VICTIM OF SUSP. NO. | REL. | VICTIM OF SUSP. NO. | REL. | VICTIM OF SUSP. NO. | REL. | | | | | | | | | |
| Albuquerque | | | NM | | | | | | | | | | | | | | | | | | | |
| OCCUPATION | | | | EMPLOYER / SCHOOL AND ADDRESS | | | | SUSPECT OF OFFENSE NO. | | ARRESTED FOR OFFENSE NO. | | GANG AFFILIATION | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| ALIAS / NICKNAME | | | | MARKS, SCARS, TATTOOS AND/OR CLOTHING DESCRIPTION | | | | ARMED WITH (SEE CODES) | | TYPE OF ARREST | | | | | | | | | | | | |
| | | | | | | | | 99 | | ON VIEW | | CITED | CUST. | | | | | | | | | |
| DRIVER LICENSE NUMBER | | D.L. STATE | ARREST / CITATION NO. | | F.B.I. NO. | S.I.D. NO. | N.I.C. NO. | | RES. STATUS | | | | | | | | | | | | | |
| | | | | | | | | | RES. NON | | | | | | | | | | | | | |
| | | | | | | | | | X | | | | | | | | | | | | | |
| PERSON CODE | TYPE CODE | NAME (LAST, FIRST, MIDDLE) | | | | SOCIAL SECURITY NO. | | DOB | | AGE (RANGE) | SEX | RACE | | | | | | | | | | |
| V | G | State Of New Mexico | | | | | | | | 0 | | WHT | BLK | ASIA | IND | UNK | | | | | | |
| STREET ADDRESS | | | | APT. NO. | RES. PHONE | | HEIGHT | WEIGHT | HAIR | EYES | ETHNIC | | AGG. ASSAULT JUST.HOM. CODE | | | | | | | | | |
| 400 Roma Dr NW | | | | | | | | | | | X | | | | | | | | | | | |
| CITY | | | STATE | ZIP | BUS. PHONE | | VICTIM OF OFF. NO. | VICTIM OF SUSP. NO. | REL. | VICTIM OF SUSP. NO. | REL. | VICTIM OF SUSP. NO. | REL. | | | | | | | | | |
| Albuquerque | | | NM | | (505)798-7000 | | 1 | 2 | 1 | ST | | | | | | | | | | | | |
| OCCUPATION | | | | EMPLOYER / SCHOOL AND ADDRESS | | | | SUSPECT OF OFFENSE NO. | | ARRESTED FOR OFFENSE NO. | | GANG AFFILIATION | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| ALIAS / NICKNAME | | | | MARKS, SCARS, TATTOOS AND/OR CLOTHING DESCRIPTION | | | | ARMED WITH (SEE CODES) | | TYPE OF ARREST | | | | | | | | | | | | |
| | | | | | | | | 99 | | ON VIEW | | CITED | CUST. | | | | | | | | | |
| DRIVER LICENSE NUMBER | | D.L. STATE | ARREST / CITATION NO. | | F.B.I. NO. | S.I.D. NO. | N.I.C. NO. | | RES. STATUS | | | | | | | | | | | | | |
| | | | | | | | | | RES. NON | | | | | | | | | | | | | |
| | | | | | | | | | X | | | | | | | | | | | | | |
| PERSON CODE | TYPE CODE | NAME (LAST, FIRST, MIDDLE) | | | | SOCIAL SECURITY NO. | | DOB | | AGE (RANGE) | SEX | RACE | | | | | | | | | | |
| | | | | | | | | | | | | WHT | BLK | ASIA | IND | UNK | | | | | | |
| STREET ADDRESS | | | | APT. NO. | RES. PHONE | | HEIGHT | WEIGHT | HAIR | EYES | ETHNIC | | AGG. ASSAULT JUST.HOM. CODE | | | | | | | | | |
| | | | | | | | | | | | X | | | | | | | | | | | |
| CITY | | | STATE | ZIP | BUS. PHONE | | VICTIM OF OFF. NO. | VICTIM OF SUSP. NO. | REL. | VICTIM OF SUSP. NO. | REL. | VICTIM OF SUSP. NO. | REL. | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| OCCUPATION | | | | EMPLOYER / SCHOOL AND ADDRESS | | | | SUSPECT OF OFFENSE NO. | | ARRESTED FOR OFFENSE NO. | | GANG AFFILIATION | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| ALIAS / NICKNAME | | | | MARKS, SCARS, TATTOOS AND/OR CLOTHING DESCRIPTION | | | | ARMED WITH (SEE CODES) | | TYPE OF ARREST | | | | | | | | | | | | |
| | | | | | | | | | | ON VIEW | | CITED | CUST. | | | | | | | | | |
| DRIVER LICENSE NUMBER | | D.L. STATE | ARREST / CITATION NO. | | F.B.I. NO. | S.I.D. NO. | N.I.C. NO. | | RES. STATUS | | | | | | | | | | | | | |
| | | | | | | | | | RES. NON | | | | | | | | | | | | | |
| | | | | | | | | | X | | | | | | | | | | | | | |
| AOL ON SUPP. | VEH. STATUS CODE | 1-STOLEN | | | | 4-REC. (STOLEN OTHER JURIS.) | | 7-DAMAGED/VANDALIZED | | 10-OTHER | | VEH TYPE CODE | | 01-AIRPLANE | | 24-OTHER MOTOR VEHICLES | | 39-WATERCRAFT | | 43-ATV | | |
| | 8 | 2-BURNED | | | | 5-SEIZED | | 8-SUSPECT'S VEHICLE | | 11-EMBEZ. | | 3 | | 03-AUTOMOBILE | | 28-MOTOR HOMES | | 41-MOTORCYCLE | | 44-TRAILER | | |
| | | 3-REC. (STOLEN LOCALLY) | | | | 6-ABANDONED | | 9-VICTIM'S VEHICLE | | 12-REPO. | | | | 05-BUS | | 37-TRUCK (PICK-UP) | | 42-SNOWMOBILE | | | | |
| YEAR | MAKE | MODEL | | BODY STYLE | | LICENSE NO. | | LIC. YEAR | LIC. ST. | TOP COLOR | BTM.COLOR | VALUE / DAMAGE EST. | | | | | | | | | | |
| 2008 | Bmw | | | 2DR | | 804RNP | | 2013 | NM | GRY | GRY | | | | | | | | | | | |
| REGISTERED OWNER'S NAME (OR SAME AS SUBJECT NO.) | | | | VIN | | | | DISTINGUISHING FEATURES / VISIBLE DAMAGE | | | | | | | | | | | | | | |
| Patrick M Davis | | | | WBAUP73508VF09856 | | | | | | | | | | | | | | | | | | |
| ADDRESS | | | | TOW TO / BY | | | | N.I.C. NO. | | | | | | | | | | | | | | |
| 3926 Simms Av SE | | | | 8705 Broadway Bl SE 87102By: acme impound | | | | | | | | | | | | | | | | | | |
| AGENCY OPTIONAL USE | | | | TOWED FROM | | <input checked="" type="checkbox"/> OWNER NOTIFIED | | DATE RECOVERED | | TIME RECOVERED | | | | | | | | | | | | |
| | | | | 1343 Broadway SE | | | | | | | | | | | | | | | | | | |

Court (White)

| PROPERTY STATUS | 0-NONE 1-STOLEN 2-STOLEN & RECOVERED | 3-RECOVERED (STOLEN THIS JURIS.) 4-RECOVERED (STOLEN OTHER JURIS.) 5-EVIDENCE | 6-LOST | 7-FOUND 8-COUNTERFEIT/FORGED 9-DAMAGED/DESTROYED/VANDALIZED | 10-BURNED 11-SEIZED 12-USED IN CRIME | 13-SAFEKEEPING 14-UNKNOWN 15-EMBEZZLED | | | | | | | | | | | |
|--|---|--|--|--|--|--|----------------------|-------------------|---------------|-----|-------------|---------------------|------------------------|----------------------|---------------------------|--------------------|------------------|
| | PROPERTY TYPE | 02-ALCOHOL 04-BICYCLES 05-CLOTHES/FURS 07-COMPUTER HARDWARE/SOFTWARE 08-CONSUMABLE GOODS 09-CREDIT/DEBIT CARDS 10-DRUGS/NARCOTICS 11-DRUG/NARCOTIC EQUIPMENT | 12-FARM EQUIPMENT 13-FIREARMS 14-GAMBLING EQUIPMENT 15-HEAVY CONSTRUCTION/INDUSTRIAL EQUIP. 16-HOUSEHOLD GOODS 17-JEWELRY/PRECIOUS METALS 18-LIVESTOCK 19-MERCHANDISE | 20-MONEY 21-NEGOTIABLE INSTRUMENTS 22-NON-NEGOTIABLE INSTRUMENTS 23-OFFICE EQUIPMENT 25-PURSES/HANDBAGS/WALLETS 26-RADIOS/TVs/VCRs 27-RECORDINGS-AUDIOVISUAL 28-STRUCTURES-SINGLE OCCUPANCY | 30-STRUCTURES-OTHER DWELLINGS 31-STRUCTURES-OTHER COMM./BUSINESS 32-STRUCTURES-INDUSTRIAL/MANUF. 33-STRUCTURES-PUBLIC/COMMUNITY 34-STRUCTURES-STORAGE 35-STRUCTURES-OTHER 36-TOOLS 38-VEHICLE PARTS/ACCESSORIES | 40-SKIS/SKI EQUIPMENT 77-OTHER 88-PENDING INVENTORY 99-SPECIAL CATEGORY | | | | | | | | | | | |
| DRUG TYPE | A-CRACK B-COCAINE C-HASHISH | D-HEROIN E-MARIJUANA F-MORPHINE | G-OPIUM H-OTHER NARCOTICS I-LSD | J-PCP K-OTHER HALLUCINOGENS L-AMPH./METHAM. | M-OTHER STIMULANTS N-BARBITURATES O-OTHER DEPRESSANTS | P-OTHER DRUGS U-UNKNOWN X-OVER 3 TYPES | | | | | | | | | | | |
| FIELD UNIT OF MEASURE | GM-GRAM KG-KILOGRAM OZ-OUNCE LB-POUND GL-GALLON NP-NO. PLANTS LT-LITER FO-FLUID OUNCE DU-DOSAGE UNITS ML-MILLILITER | | | | | | | | | | | | | | | | |
| PROPERTY | 1-PROPERTY STATUS | PROPERTY TYPE | TYPE OF ITEM | MAKE/BRAND | MODEL | CALIBER | VALUE (EXCEPT DRUGS) | | | | | | | | | | |
| | SUSPECTED DRUG TYPE | QUANTITY/ UNIT OF MS. | DESCRIPTION (COLOR, SIZE, FEATURES, ETC.) | | | SERIAL / OAN | DATE RECOVERED | N.I.C. NO. | | | | | | | | | |
| | 2-PROPERTY STATUS | PROPERTY TYPE | TYPE OF ITEM | MAKE/BRAND | MODEL | CALIBER | VALUE (EXCEPT DRUGS) | | | | | | | | | | |
| | SUSPECTED DRUG TYPE | QUANTITY/ UNIT OF MS. | DESCRIPTION (COLOR, SIZE, FEATURES, ETC.) | | | SERIAL / OAN | DATE RECOVERED | N.I.C. NO. | | | | | | | | | |
| | 3-PROPERTY STATUS | PROPERTY TYPE | TYPE OF ITEM | MAKE/BRAND | MODEL | CALIBER | VALUE (EXCEPT DRUGS) | | | | | | | | | | |
| | SUSPECTED DRUG TYPE | QUANTITY/ UNIT OF MS. | DESCRIPTION (COLOR, SIZE, FEATURES, ETC.) | | | SERIAL / OAN | DATE RECOVERED | N.I.C. NO. | | | | | | | | | |
| | 4-PROPERTY STATUS | PROPERTY TYPE | TYPE OF ITEM | MAKE/BRAND | MODEL | CALIBER | VALUE (EXCEPT DRUGS) | | | | | | | | | | |
| | SUSPECTED DRUG TYPE | QUANTITY/ UNIT OF MS. | DESCRIPTION (COLOR, SIZE, FEATURES, ETC.) | | | SERIAL / OAN | DATE RECOVERED | N.I.C. NO. | | | | | | | | | |
| | M.O. EVENT CODES: (AGENCY OPTIONAL USE) | | | | | | TOTAL VALUE STOLEN | TOTAL VALUE REC. | ACQ. OR SUPP. | | | | | | | | |
| | | | | | | | \$ | \$ | | | | | | | | | |
| | SYNOPSIS | On 07/27/2013 Patrick M Davis was arrested at 1343 Broadway Blvd SE for Agg DWI and following too closely. | | | | | | | | | | | | | | | |
| | NARRATIVE | <p>On 07/27/2013 at approximately 0017 hrs, I arrived at 1343 Broadway SE to assist Deputy during a vehicle crash. (refer to Deputy Bolin's crash report 13-654921)</p> <p>Upon my arrival I observed a male subject, later identified as Patrick M Davis, leaning over the hood of a gray BMW bearing NM plate 804RNP. Upon my contact with Davis I was able to smell an overwhelming odor of alcoholic beverage coming from his breath, as well as bloodshot watery eyes and slurred speech. I asked Davis what had happened (in reference to the crash) and he stated he "stopped short".</p> <p>I asked Davis if he had consumed any alcoholic beverage's this night and he stated no and that the odor of alcohol emitting from his breath was due to a mouth wash. I asked Davis where he was coming from and he stated he was coming from Downtown and was going home. I asked him if his speech was usually slurred and he stated "no but I have a southern accent so it might sound different here". During this brief initial contact with Davis I was able to noticed he seemed very disoriented and his movements were slow and delivered.</p> <p>Based on my observations I asked Davis to submit to perform a series of standardized field sobriety tests, to which he agreed.</p> <p>All the tests were performed on a well lit paved and level surface. I explained and demonstrated all the tests to him, all of which he stated he understood. I visually verified that he was not eating or chewing anything prior to beginning the tests.</p> <p>From Davis performance I obtained the following observations:</p> | | | | | | | | | | | | | | | |
| CERT./ STATUS | *I WILL PROSECUTE/TESTIFY SHOULD THE OFFENDER BE ARRESTED.* | | YES | NO | *I UNDERSTAND IT IS A CRIMINAL OFFENSE TO FILE A FALSE REPORT TO POLICE.* | COMPLAINANT / VICTIM CERTIFICATION SIGNATURE | DATE | | | | | | | | | | |
| | REPORTING OFFICER (PRINT) | | RANK | I.D. NO. | DATE | DETECTIVE / FOLLOW-UP OFFICER / REFERRED TO | I.D. NO. | DATE | | | | | | | | | |
| | J Jareno | | D1C | 4406 | 07/27/2013 | | | | | | | | | | | | |
| | ASSISTING OFFICER (PRINT) | | RANK | I.D. NO. | DATE | PROCESSED BY | DATE | DATA ENTRY PERSON | DATE | | | | | | | | |
| APPROVING OFFICER (PRINT) | | RANK | I.D. NO. | DATE | INCIDENT STATUS | | | DATE | | | | | | | | | |
| LeCompte, Etan (S-33) | | Sgt | 3645 | 08/23/2013 | ACTIVE | INACT | CLOSED | U.F. | GLA. | CLE | EXCEPT CODE | A-DEATH OF OFFENDER | B-PROSECUTION DECLINES | C-EXTRADITION DENIED | D-VICTIM REF TO COOPERATE | E-OTHER/NO CUSTODY | F-NOT APPLICABLE |
| AGENCY OPTIONAL USE (DISTRIBUTION, OTHER OFFICERS, ETC.) | | | | | CASES CLEARED BY THIS ARREST | | CASE NO. | CASE NO. | REV. 10/99 | | | | | | | | |

| STATE OF NEW MEXICO SUPPLEMENTAL REPORT | | ORIGINAL OFFENSE DATE | SUPP. DATE | CASE NO. | INC. NO. | PAGE | OF | | |
|--|---------------------------|--|------------|-----------------|---|------------------|------------------------|---------------------------|------|
| | | 07/27/2013 | | | LSO13-654927 | 3 | 3 | | |
| ORIGINAL OFFENSE REPORTED | | ORIGINAL VICTIM'S NAME (LAST, FIRST, MIDDLE) | | | DATE OF BIRTH | | | | |
| | | State Of New Mexico | | | | | | | |
| LOCATION OF OCCURRENCE | | | | | | | | | |
| 1343 Broadway SE | | | | | | | | | |
| <p>I asked him if he had ever been diagnosed with natural nystagmus and he stated no.</p> <p>HGN: Davis presented lack of smooth pursuit on both eyes, distinct and sustain nystagmus at maximum deviation on both eyes and onset of nystagmus prior to 45 degrees on both eyes. He also had to be reminded at least twice not to move his head to follow the stimulus.</p> <p>VGN: Was observed on both eyes.</p> <p>I asked him if he had any type of medical condition that would stop him from walking on a straight line and or standing on one leg for a short period of time and he stated "only on my knee but it doesn't affect that".</p> <p>W&T: Davis lost balance during instructions at least 4 times once he was already given instructions for the position he needed to adopt. Davis was not able to adopt such position at all placing both feet next to each other every time he would lose balance. Once Davis began the test he was not able to maintain heel to toe contact on any of the steps during the test maintaining a separation of between 1 to 3 inches between each step. Davis stepped off line between steps 6-7 of the first set, placing his left foot in a diagonal position next to his right foot and take another step to the left as if he was losing complete balance. During steps 2-3 he also stepped off line and placed his right foot next to his left foot before placing it in front, raising his arms even higher than 10 inches as to help to maintain balance. He also performed a wrong turn by simply taking steps with both feet failing to maintain his lead or front foot in place. Davis also used his arms to balance during the entire test and was noticeably avoiding eye contact with his feet looking forward or at the road in front of him.</p> <p>OLS: Davis raised his right foot and placed it down at counts 1003, 1006 and 1009, losing balance in such a manner (raising his arms to balance and taking steps to the right or left every time his foot was placed down), that the performance of the test was stopped for his safety.</p> <p>Davis performed all of the tests poorly and was placed under arrest for driving under the influence of intoxicating liquor and/or drug. I read him the New Mexico Implied Consent Advisory on scene, which he stated he understood and agreed to submit to be tested.</p> <p>I transported Davis to the BAT command center, located this day at 401 Roma NW, where after the 20 minutes deprivation period, which started at 0031 hrs, he was submitted to a breath test on a certified IR8000 located in the BAT, with results of .19g/210L of breath and .18g/210L of breath.</p> <p>Davis was later transported and booked into MDC without any incidents and his vehicle was towed away from the location.</p> | | | | | | | | | |
| ADDL. ON SUPP. | | | | | | | | | |
| STATUS | REPORTING OFFICER (PRINT) | RANK | I.D. NO. | DATE | DETECTIVE / FOLLOW-UP OFFICER / REFERRED TO | | I.D. NO. | DATE | |
| | J Jareno | D1C | 4406 | 07/27/2013 | | | | | |
| | ASSISTING OFFICER (PRINT) | RANK | I.D. NO. | DATE | PROCESSED BY | DATE | DATA ENTRY PERSON | DATE | |
| | | | | | | | | | |
| APPROVING OFFICER (PRINT) | RANK | I.D. NO. | DATE | INCIDENT STATUS | | EXCEPT. CODE | A-DEATH OF OFFENDER | D-VICTIM REF TO COOPERATE | DATE |
| LeCompte, Etan (S-33) | Sgt | 3645 | 08/23/2013 | UNFOUNDED | FALSE ALARM | FALSELY REPORTED | B-PROSECUTION DECLINED | E-JUVENILE IN CUSTODY | |
| DISTRIBUTION | | CASES CLEARED BY THIS ARREST | | | CASE NO. | CASE NO. | REV. 1/94 | | |
| <input type="checkbox"/> B <input type="checkbox"/> NE <input type="checkbox"/> VALLEY <input type="checkbox"/> DAL <input type="checkbox"/> OTHER <input type="checkbox"/> IA <input type="checkbox"/> SE <input type="checkbox"/> N. VALLEY <input type="checkbox"/> CACU | | | | | | | | | |

Court (White)

Bernalillo County Sheriff's Office REPORTING DEPARTMENT

ON PRIVATE PROPERTY FATAL PROPERTY DAMAGE ONLY UNDER \$500 HIT AND RUN **Case Number: 13-654921**
 INJURY \$500 OR MORE

DATE OF CRASH M/D/YR: 7/27/2013 MILITARY TIME: 0009 CITY OCCURRED IN: Out COUNTY: Bernalillo

OCCURRED ON: (Route No. or Name) BROADWAY AT INTERSECTION WITH: BRIDGE TRIBAL LAND? Yes No

OTHER LOCATION: FEET: MILES: OF: PERMANENT LANDMARK - COUNTY LINE - INTERSECTION - MILEPOST: LAT: LONG:

CRASH OCCURRED: On Roadway Off Roadway CLASSIFICATION: Overturned Other N-Col Pedestrian Other Vehicle Vehicle on Other Rdwy Parked Vehicle ANALYSIS CODE: 8
 Rollover R.R. Train Pedal Cyclist Animal Fixed Object Other Object

VEHICLE NO. HEADED 1 On: N S E W BROADWAY Posted Speed: 35 Safe Speed: 35

Driver's Full Name: LUMPKIN, LYNN Address: 511 N. 10TH St

Driver's License Number: 0410 State: NM Type: D Restrictions: 00 Expires: 9/9/2013 City/State: BELEN, NM Zip Code: 87002- Phone: (505)864-3374

Date of Birth - M/D/YR: 1/19/73 Social Security Number: Occupation: UNEMPLOYED

Seat Pos: RF Occupant's Name: GORDON, ANY Occupant's Address (City, State, Zip): 511 N. 10TH St, BELEN, NM 87002- Age: 39 Sex (M/F): F Race: C Injury Code: O OP Code: 6 OP Used Properly: Y Airbag Deploy: N Ejected: N EMS#:

Seat Pos: RR Occupant's Name: LUMPKIN, CAROL Occupant's Address (City, State, Zip): 511 N. 10TH St, BELEN, NM 87002- Age: 59 Sex (M/F): F Race: C Injury Code: O OP Code: 6 OP Used Properly: Y Airbag Deploy: N Ejected: N EMS#:

Vehicle Yr: 2001 Vehicle Make: Ford Color: GRN Body Style: SV Cargo Body Type: Vehicle Use (1): Vehicle Use (2): P Towed? Yes No

License Yr: 2014 State: NM License Plate Number: 265PFX VIN: 1FMPV18LXLB32346 Towed due to disabling damage? Yes No

US DOT: ICC Docket #: Interstate Carrier? Yes No Overall Vehicle Damage: Disabled Heavy Moderate Slight None Extent: Property Fire None

Number of Axles: Gross Vehicle Weight Rating/Gross Combination Weight Rating: Hazmat Placard 4 digit #: OR --1 digit # and Hazmat Name: Hazmat Released? Yes No

Carrier's Name: Carrier's Address: Carrier's Zip:

Owner's Name: LUMPKIN, LYNN Owner's Address: 511 N. 10TH St, BELEN, NM Owner's Zip: 87002- Owner's Telephone: (505)864-3374

Insured By: (Name of Company) SENTRY Policy Number: 315801676 Liability Insurance? Yes No Trailer or Towed vehicles: Year: Make: License Yr: Lic. State: Lic. Number:

VEHICLE NO. HEADED 2 On: N S E W BROADWAY Posted Speed: 35 Safe Speed: 35

Driver's Full Name: DAVIS, PAT Address: 3926 SIMMS Av SE

Driver's License Number: 1260 State: NM Type: D Restrictions: 10,11 Expires: 7/20/2016 City/State: Albuquerque, NM Zip Code: 87108- Phone: (505)750-0012

Date of Birth - M/D/YR: 1/19/78 Social Security Number: Occupation: DIRECTOR

Seat Pos: Occupant's Name: Occupant's Address (City, State, Zip): Age: 35 Sex (M/F): M Race: C Injury Code: O OP Code: 6 OP Used Properly: Y Airbag Deploy: N Ejected: N EMS#:

Vehicle Yr: 2008 Vehicle Make: BMW Color: SIL Body Style: PC Cargo Body Type: Vehicle Use (1): Vehicle Use (2): P Towed? Yes No

License Yr: 2013 State: NM License Plate Number: 804RNP VIN: WBAUP73508VF09856 Towed due to disabling damage? Yes No

US DOT: ICC Docket #: Interstate Carrier? Yes No Overall Vehicle Damage: Disabled Heavy Moderate Slight None Extent: Property Fire None

Number of Axles: Gross Vehicle Weight Rating/Gross Combination Weight Rating: Hazmat Placard 4 digit #: OR --1 digit # and Hazmat Name: Hazmat Released? Yes No

Carrier's Name: Carrier's Address: Carrier's Zip:

Owner's Name: DAVIS, PAT Owner's Address: 3926 SIMMS Av SE Owner's Zip: 87108- Owner's Telephone: (505)750-0012

Insured By: (Name of Company) STATE FARM Policy Number: D355210-A05-31H Liability Insurance? Yes No Trailer or Towed vehicles: Year: Make: License Yr: Lic. State: Lic. Number:

CRASH REPORT NUMBER: STATE OF NEW MEXICO UNIFORM CRASH REPORT SHEET 1
 CASE NUMBER: 13-654921 NM DOT, CRASH RECORDS SECTION, PO BOX 1149, SANTA FE, NM 87504 OF 3 SHEETS

Vehicle No. 1

Vehicle No. 2

CAD # 13-654921

| ROAD - WEATHER | LIGHTING (Mark 1 with X) | WEATHER (Mark 1 with X) | ROAD COND (Mark 1 each with X) | ROAD SURFACE (Mark 1 each with X) | TRAFFIC CONTROL (Mark 1 each with X) | ROAD CHARACTER (Mark 1 with X) | CRASH REPORT NUM: CASE NUMBER: 13-654921 |
|----------------|--|---|--|---|--|--|--|
| | <input type="checkbox"/> Daylight <input type="checkbox"/> Dawn <input type="checkbox"/> Dusk <input checked="" type="checkbox"/> Dark Lighted <input type="checkbox"/> Dark-Not Lighted <input type="checkbox"/> Other | <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Raining <input type="checkbox"/> Snowing <input type="checkbox"/> Fog <input type="checkbox"/> Dust <input type="checkbox"/> Wind <input type="checkbox"/> Other <input type="checkbox"/> Sleet or Hail | V1 V2 <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Dry <input type="checkbox"/> <input type="checkbox"/> Wet <input type="checkbox"/> <input type="checkbox"/> Snow <input type="checkbox"/> <input type="checkbox"/> Ice <input type="checkbox"/> <input type="checkbox"/> Loose Material <input type="checkbox"/> <input type="checkbox"/> Other <input type="checkbox"/> <input type="checkbox"/> Standing or Moving Water <input type="checkbox"/> <input type="checkbox"/> Slush | V1 V2 <input type="checkbox"/> <input type="checkbox"/> Paved <input type="checkbox"/> <input type="checkbox"/> Unstriped <input type="checkbox"/> <input type="checkbox"/> Paved Center Stripe <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Paved Center & Edge line <input type="checkbox"/> <input type="checkbox"/> Unpaved | V1 V2 <input type="checkbox"/> <input type="checkbox"/> No Passing Zone <input type="checkbox"/> <input type="checkbox"/> Stop Sign <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Traffic Signals <input type="checkbox"/> <input checked="" type="checkbox"/> Yield Sign <input type="checkbox"/> <input type="checkbox"/> R.R. Gate <input type="checkbox"/> <input type="checkbox"/> 4 Way Stop <input type="checkbox"/> <input type="checkbox"/> Flashers <input type="checkbox"/> <input type="checkbox"/> No Controls <input type="checkbox"/> <input type="checkbox"/> Other | <input checked="" type="checkbox"/> Straight <input type="checkbox"/> Curve | GRADE (Mark 1 with X) <input checked="" type="checkbox"/> Level <input type="checkbox"/> Hillcrest <input type="checkbox"/> On Grade <input type="checkbox"/> Dip |

| APPARENT CONTRIBUTING FACTORS (Mark 1 or more for each with X) | | | | WHAT DRIVERS WERE DOING (Mark 1 for each with X) | | | | SEQUENCE OF EVENTS (See event codes) | | | | |
|---|---|-------|---|---|---|-------|---|---|---|----|----|--|
| V1 V2 | <input type="checkbox"/> Excessive Speed <input type="checkbox"/> Speed too fast for conditions <input type="checkbox"/> Failed to yield right of way <input type="checkbox"/> Passed stop sign <input type="checkbox"/> Disregarded traffic signal <input type="checkbox"/> Drove left of center <input type="checkbox"/> Improper overtaking <input type="checkbox"/> Avoid no contact vehicle <input type="checkbox"/> Avoid no contact - other <input type="checkbox"/> Cell Phone | V1 V2 | <input checked="" type="checkbox"/> Following too closely <input type="checkbox"/> Made improper turn <input checked="" type="checkbox"/> Driver inattention <input checked="" type="checkbox"/> Under influence of alcohol <input type="checkbox"/> Other improper driving <input type="checkbox"/> Pedestrian error <input type="checkbox"/> Inadequate brakes <input type="checkbox"/> Driverless moving vehicle <input type="checkbox"/> Failed to yield-Police Vehicle(s) <input type="checkbox"/> Failed to yield-Emergency Veh(s) | V1 V2 | <input type="checkbox"/> Defective steering <input type="checkbox"/> Defective tires <input type="checkbox"/> Other mechanical defect <input type="checkbox"/> Road defect <input type="checkbox"/> Other - No driver error <input type="checkbox"/> Traffic control not functioning <input type="checkbox"/> Improper lane change <input type="checkbox"/> Improper backing <input checked="" type="checkbox"/> None | V1 V2 | <input checked="" type="checkbox"/> Going Straight <input type="checkbox"/> Overtaking - Passing <input type="checkbox"/> Right Turn <input type="checkbox"/> Left Turn <input type="checkbox"/> U Turn <input type="checkbox"/> Slowing <input type="checkbox"/> Backing | V1 V2 | <input type="checkbox"/> Stopped for traffic <input checked="" type="checkbox"/> Stopped for sign/signal. <input type="checkbox"/> Start in traffic lane <input type="checkbox"/> Start from park <input type="checkbox"/> Parked <input type="checkbox"/> Other | V1 | V2 | FIRST EVENT SECOND EVENT THIRD EVENT FOURTH EVENT |

| DRIVER | DRIVER OR PEDESTRIAN SOBRIETY (Mark 1 or more for each with X) | | DRIVER OR PEDESTRIAN PHYSICAL CONDITION (Mark 1 or more for each with X) | | PEDESTRIAN ACTION | | | | | | |
|--------|---|--|---|--|-------------------|---|-------|-----------------|-------|---------------------|-------|
| | D1 D2 | <input type="checkbox"/> Consumed Alcohol <input type="checkbox"/> Consumed a Controlled Substance <input checked="" type="checkbox"/> Had Not Consumed Alcohol <input type="checkbox"/> Sobriety Unknown <input type="checkbox"/> Consumed Medication <input checked="" type="checkbox"/> Breath Test Administered gms/210L .19 gms/210L <input type="checkbox"/> Blood Test Administered <input type="checkbox"/> Field Sobriety Test <input type="checkbox"/> Refused Test | D1 D2 | <input type="checkbox"/> Fatigue-Asleep <input type="checkbox"/> Eyesight Imp. <input type="checkbox"/> Hearing Imp. <input type="checkbox"/> Ill *Specify | D1 D2 | <input type="checkbox"/> Medication <input type="checkbox"/> Amputee <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> No App. Defects <input type="checkbox"/> *Other Physical Impairment | P1 P2 | At Intersection | P1 P2 | Not at Intersection | P1 P2 |

ON July 27, 2013 VEHICLE 1 WAS STOPPED SOUTHBOUND AT THE INTERSECTION OF BROADWAY AND BRIDGE FOR A RED LIGHT. VEHICLE 2 WHICH WAS TRAVELING ON BROADWAY FAILED TO STOP IN TIME FOR TRAFFIC STOPPED AT THE INTERSECTION AND HIT VEHICLE 1 IN THE REAR. DRIVER 2 WAS FOUND TO BE UNDER THE INFLUENCE OF AN INTOXICATING LIQUOR AND WAS ARRESTED BY DEPUTY JARENO AT THE SCENE. VEHICLE 2 WAS TOWED FROM THE SCENE DUE TO THE DRIVER BEING ARRESTED. VEHICLE 1 WAS DRIVEN FROM THE SCENE. FOR FURTHER ON THE DWI INVESTIGATION REFER TO CASE NUMBER 13-654927.

Use Diagram/Narrative Sheet for additional information

| OTHER PROPERTY INVOLVED | DESCRIPTION OF PROPERTY AND DAMAGE | | |
|-------------------------|------------------------------------|-----------------|-------------------|
| | Owner's Name | Owner's Address | Owner's Telephone |

| WITNESS | NAME | AGE | ADDRESS | TELEPHONE |
|---------|------|-----|---------|-----------|
| | | | | |

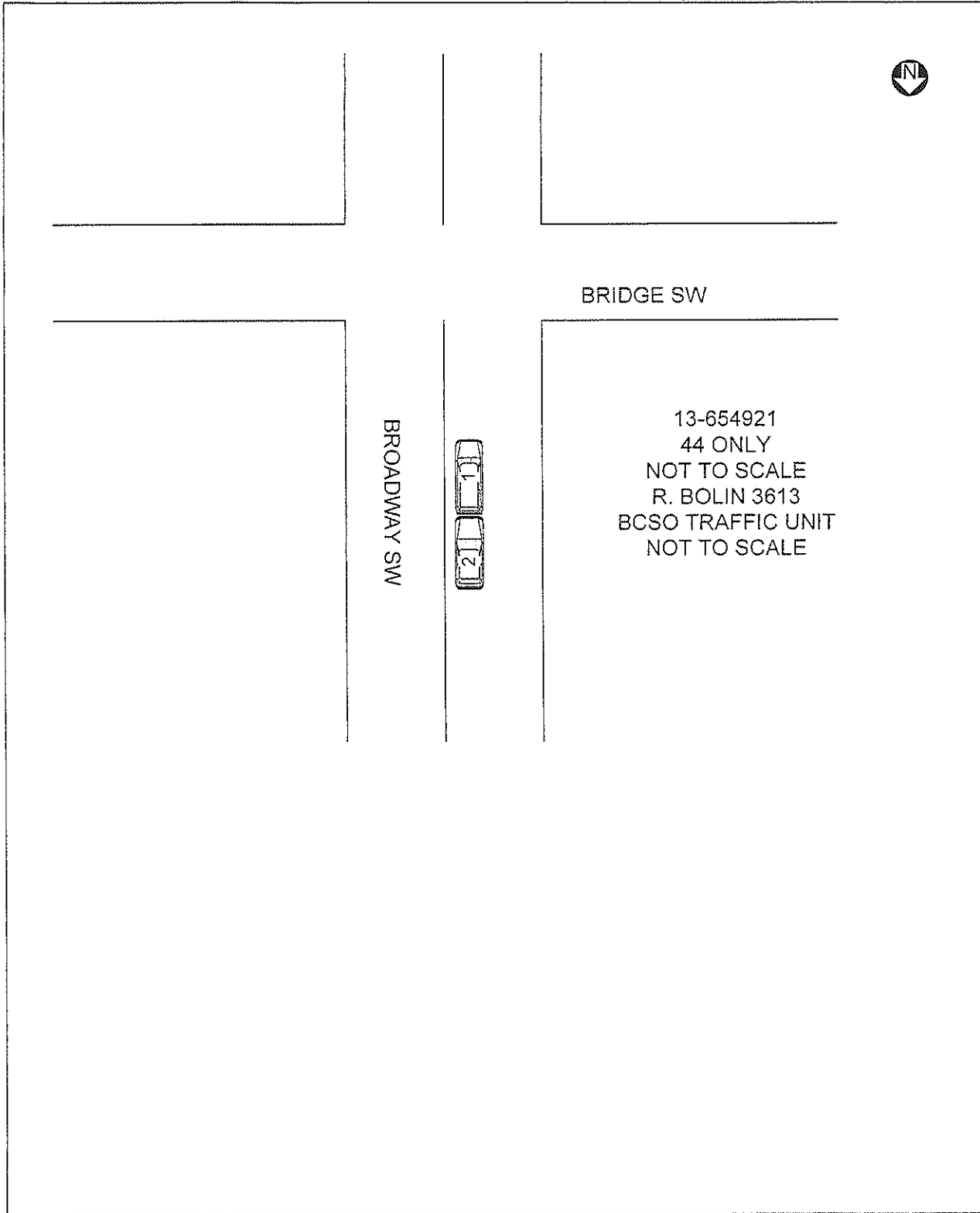
| ENFORCEMENT ACTION | VEH. NO. | NAME | VIOLATION (COMMON NAME) | ACTION |
|--------------------|----------|------------|-------------------------|--|
| | | 2 | DAVIS, PAT | FOLLOWING TO CLOSE |
| | 2 | DAVIS, PAT | AGG. DWI | <input checked="" type="checkbox"/> Booked <input type="checkbox"/> Cited <input type="checkbox"/> Pending |

| | | | | |
|-----------------------|----------------------|---|---------------------|------------------------------------|
| Time Notified 0009 | Time Arrived 0009 | Notified By SELF | Supervisor at Scene | Checked By Watkins, Paul (S-12) |
| Officer's Signature | | Printed Officers Name: Bolin, Robert (268) | | Rank D1 |
| | | ID No. 3613 | District Out | Date of Report 7/27/2013 |

CRASH REPORT NUMBER: STATE OF NEW MEXICO UNIFORM CRASH REPORT SHEET 2 OF 3 SHEETS
 CASE NUMBER: 13-654921

DIAGRAM/NARRATIVE

Use Additional Sheets As Necessary



13-654921
44 ONLY
NOT TO SCALE
R. BOLIN 3613
BCSO TRAFFIC UNIT
NOT TO SCALE

CAD # 13-654921
CASE NUMBER 13-654921
DIAGRAM DRAWN BY: R. BOLIN
MEASUREMENTS TAKEN BY:

○
Indicate
North
By
Arrow

CRASH REPORT #
CASE NUMBER: 13-654921

STATE OF NEW MEXICO UNIFORM CRASH REPORT

THIS REPORT MAY CONTAIN OPINIONS AND OBSERVATIONS OF THE INVESTIGATING OFFICER

SHEET 3
OF 3 SHEETS