ILLINOIS STATE POLICE Alcohol Drug Influence

			SUMMARY		
Field Report Number	Last Name		First Name		Middle Name
19-39763300541	ADAMS	-10-0	STACEY	de De fermed	L
	Were Field Sobriety Tests Perform Yes No	ed On Scene If Not	On Scene, Where Were Tes	ts Performed	
Describe Location \ Con	ditions				
D Effects of Alcohol/Drugs	or Combination		Ability To Drive	Video	Video Number
Extreme	Obvious Slight	None	Unfit Fit	Yes No	6803
Ability to Understand Ins	structions Fair Good		Date Tests Performed 4/17/2019	Time Tests 15:55	Performed
The same of the sa	hand handled	OBS	SERVED CONDITION	DNS	
Balance Falling	Needed Support	Wobbling	Swaying	Unsure	ure
Walking	Needed Support	vvobbling	Swaying	Official Control of the Control of t	uie
Falling	Staggering	Stumbling	Swaying	Unsure	ure
Turning Falling	Staggering	Hesitant	Swaying	Unsure	ure
	THE RESIDENCE OF THE PROPERTY	ZONTAL GAZ			
Equal Pupil Size	Nystagmus Test Performe Yes No	Resting Nystagmus	No Yes ⊠ No	Refused Equal Tracking	Yes No
Equal Fapir 6.26		Left		Right	<u> </u>
Lack of Smooth Pursuit		Yes No		Yes No	
Distinct & Sustained Nys	stagmus at Maximum Deviation	N I		N I	
Onset Prior to 45 Degre	es				
Vertical Nystagmus	Yes No	***************************************	Total Clues 4	***************************************	
Comments / Reason T	RE SQUINTED DUE TO SUN	LIGHT. WALK	AND TURN	TEST	
Walk and Turn Te	st Performed	X Yes	No	Refused	
Can't Keep Balance	Yes No		Starts Too Soon	Yes No	
	1s Yes	t Nine No		2nd Nine Yes No	
Stops Walking					
Misses Heel - Toe	X			X I	
Steps Off Line	\boxtimes				
Raises Arms		\boxtimes			
Actual Steps Taken	-	9		9	•
Improper Turn (Describe ADAMS MADE AN	e) IMPROPER TURN BY LIFTIN	IG HER LEAD FOO	T WHILE MAKING THE	TURN.	٠
Can Complete Test Yes No	Explain Why Test Cannot Be Com	pleted	,		
Total Clues 6					
Comments / Reason Te	st Not Given				

			ONE	LEG	STAND T	EST	
One L	eg Stand Te	st Performed	X Yes	No	Refused	Leg Used for Test	Left Right
	3		Left leg raised	L		Right leg raised	
			Yes No	-		Yes No	
	While Balancing						
	ms to Balance						
Hopping							
Puts Fo						\boxtimes	
Can Coi	mplete Test	Explain Why Test Car	not Be Completed				
Type of I	ootwear CAS	SUAL SHOES					
Total Clu	ies 1		0				
Commer	nts / Reason Tes	Not Given					
					РВТ		
Prelim	inary Breath	Test		Yes	No	Refused	
Commer	nts / Reason Tes	Not Given					
PBT Res	sult .23						
			CHEN	MICAL TES	TS GIVEN		
Breath	REFUSED		· Blood I	NOT REQUESTE	D/COMPLETED	Urine NOT REQUE	STED/COMPLETED
Breath		Observation Period Start Time	Observation Per Stop Time	iod Loca	ation		Breath Analysis Operator
breatti	Instrument Nan	ne/Serial #	Tes	st Record #		BAC	
Blood	Date	Time	Loc	cation		Name of Person Col	lecting Sample
Urine	Date	Time	Loc	cation		Name of Person Col	lecting Sample
				OE	SERVATIONS		
CLOTH	ES	Hat or Cap N/A			Sho	es CASUAL OVER-THE	-TOE SHOES
		Jacket or Coat ZIP-UP SWEATER	1				
		Shirt / Dress			÷		
22		Pants / Skirt / Shorts BLUE JEANS	.				v
		Condition of Clothes	Disor	derly 🔲 0	Orderly	Disarranged Soiled	Mussed
		Describe Condition of ADAMS DRESS A		BE IN ORDER			
BREAT	Н	Odor of Alcoholic Bev	rerage	Strong	Moderate	Faint None	
ATTITU		Excited Combative	Hilarious	Talkative Insulting	e Carefr		Profanity Polite
UNUSI	JAL ACTIONS		Belching	Vomiting	-		Laughing None
SPEEC		Not Understar		Mumbled	Slurred	Confused	
	3	Thick Tongue	<u></u>	Stuttered	Accent		Good

Indicate Any Other Unusual Actions or Statements

ADAMS APPEARED CONCERNED ABOUT ME ASKING HER ABOUT ALCOHOL CONSUMPTION. ADAMS HANDED ME A CAN OF ALTOIDS MINTS WHEN ASKED ABOUT ALCOHOL CONSUMPTION.

Signs or Complaints of Illness or Injury NONE													
				INTE	RVIEW								
MIRANDA WARNING GIVEN:	X	YES	П	NO	Date G	iven:	4/17/201	19	Time Giv	en:	17:16		
Interview Location	T. Carrier		<u> </u>					Interview D 4/17/2019		Interview	Time		
Witnesses to Interview													
TPR. W. DENTON #6762, CO M. E	30YLL #309												
What City (County) Are You In?	What Time	Is It Now?			What is the Da	te?			What Day of the	Week Is I	t?		
EDGAR CO, PARIS, IL	SOMEWH	IERE ARC	UNI	D 5	04/16/2019				WEDNESDAY				
Are You III? Yes No		If Yes, Wha	at is \	Wrong?									
Do You Take Insulin? If Yes, Last Dose?													
Have You Been Injured Lately? If Yes, Describe Injury?													
Have You See a Doctor or Dentist Lately? Yes No CYST ON HAND													
Have You Taken Any Medication in the Last 6 Hours? If Yes No													
When Did You Last Eat?					What Did You	Fat?							
YESTERDAY					BOILED EG								
Have You Been Drinking? If Yes, What?													
Yes No													
How Much?					Where Have Y	ou Been [Drinking?						
Started Drinking					Stopped Drink	ing							
What Were You Doing The Last 3 Hour WORKING ON A FOOD TRUCK													
Were You Operating a Vehicle?	ís.		et/Hig	hway Were You	On?								
Yes No		RT. 16											
Direction Of Travel? EAST					Are You Under	r the Influe No	ence of Ald	cohol and/or	Drugs Now?				
Officer Notes					163								
ADAMS MADE A JOKE ABOUT	DOING KITO A	AND DRIN	IKIN	G ALCOHOL									
				RE'	VIEW		(A. 190						
Officer ID Office	er Name							Sup	ervisor ID				
6803 A O	akley												

ILLINOIS CITA	ATION AND C		AINT		7	6330126
	III	DCN	1:			
				1		OLATOR
Case No.	ISP Dist. Occ.			10	Dist. Assign	
County of		Townsh				TWP.RD.
EDGAR PEOPLE STATE		GRAN	IDVII	EW TW	Р	
OF ILLINOIS				STAT	E OF ILL	INOIS VS.
NAME	11				SID#	e e
■ ADAMS	STACEY				L	
LAST ADDRESS	FIRST			EVEO	MIDDI	LE NAME
ADDRESS STREET	Ар	t.		EYES GREEI	N	Female Male
CITY STATE ZIP				HAIR	HEIGH	T WEIGHT
DR. LIC.	ATE CDL	EXPIR.	DATE	BLN	DOB	
	N	274 114			505	
The Undersigned states that on	4/17/2019	a	t <u>2:</u> 1	15 PM		
defendant did unlawfully operat		CTATE	luca:	EAD.	US DOT#	
REG NO.		STATE IL	мо/Y 04/2		N/A	
MAKE			YEAR		COLOR	
FORD TYPE	1	VEHICL	2016 E USE		RED	
> TRUCK				MOTOR \		YES NO X
				ASS. VEH		YES NO
Or as a Pedestrian or Passenger, a		highwa	y, or o	ther loca	ation, Spec	cifically
IL-16 1000 FEET EAST OF N						
located in the County and State Aforesaid and Did	Then and There Com	mit the Folk	wing Of	fense		
Chapter 625 Act	5	Section	11-90)2		
Nature of Offense: FAILURE TO				_		
[]						
ACCIDENT TYPE: PERSONAL Report No. 10-19-00163	INJURY					
Report No. 10-19-00163 Visibility: CLEAR, DAY	CAD N Road Condition	10-19		09577		
Method: MARKED, ACCIDE						
METHOD OF RELEASE						
\$0.00		Total Bo	nd/Bail	Posted:		
BOND ON COMPANION CASE						
Companion Citation Number:	9763300127					
WITHOUT ADMITTING GUILT, I	promise to com	ply with	the te	rms of th	is Ticket a	and Release.
Signature X						
CIRCUIT COURT LOCATION, E EDGAR COUN		E			9	
EDGAR COUN Court Location: 115 WEST COU PARIS Page: 05/20/2019	URT STREET				11	61044
PARIS Date: 05/20/2019	Time	e: 1:30	РМ		IL	61944
			_			

SEE INSTRUCTIONS in the column to the right.

Under penalties as provided by law for false certification pursuant to Section 1-109 of the Code of Civil Procedure and perjury pursuant to Section 32-2 of the Criminal Code of 2012, the undersigned certifies that the statements

04/17/2019

6803

Month

Day

Year Officer's Signature A OAKLEY

ID#

Read These Instructions Carefully

Your ticket has been marked COURT
APPEARANCE REQUIRED. You are required to come to court on the date, time, and place noted in the COURT
PLACE/DATE section on the ticket.

However, if you want to plead "NOT GUILTY", complete the portion of these instructions entitled "Avoid Multiple Court Appearances" and mail to the Clerk of the circuit court identified in the COURT PLACE/DATE section.

Method of Release - Failure to Appear

The method of release is noted in the "Release" section. The result of your failure to appear or pay this ticket is determined by the method of release identified below and whether your ticket is marked "Court Appearance Required."

or "No Court Appearance Required."

BOND DEPOSITED ON COMPANION CASE
The security which has been posted in another ticket or document also covers
this ticket.

Notice of Consent for Entry of Judgment

If a driver's license, cash bail, bond certificate, or an individual bond was posted or if you were released on a Notice to Appear or Promise to Comply and you were charged with an offense which does not require a court appearance. YOU ARE HEREBY NOTIFIED THAT:

In the event that you fail to appear in court or answer the charge on the date set for your appearance, or any date to which the case is continued, or you do not submit a written plea of guilty to the Clerk at least three (3) days before the date, you thereby consent to the entry of a judgment of conviction against you in the amount of the applicable fine, penalties, and costs. The cash bail or other security deposited will be used to pay the fines, penalties, and costs. If you are an Illinois Driver and you fail to pay in full any judgments imposed, a notice will be sent to the Secretary of State and your driver's license will not be renewed, reissued, or reclassified, until full payment is received.

	TATION AND		AINT		70	6330127
	IS STATE PO ∭∭∭∭	LICE DCN	ı:			
<u>z</u>					VIC	LATOR
Case No. County of	ISP Dist. Occ.			10	Dist. Assign.	
County of	10	Townsh	ip of	10		TWP.RD.
EDGAR		GRAN	IDVIE	W TW	P	
PEOPLE STATE OF ILLINOIS	4		ĵ	STATE	OF ILLII	NOIS VS.
NAME					SID#	
ADAMS	STACE	Y			L	
LAST ADDRESS	FIRST		1	EYES	MIDDLE	NAME Semale
STREET	,	Apt.		GREE		Male
CITY STATE ZIP			I 1	HAIR BLN	HEIGHT	WEIGHT
DR. LIC.	STATE CDL	EXPIR.	DATE		DOB	
The Undersigned states that			t 4:1	2 PM		
defendant did unlawfully oper		8		,,,		
REG NO.		STATE IL	MO/YE		US DOT#	
MAKE		1	YEAR		COLOR	
FORD TYPE		VEHICL	2016 E USE		RED	
> TRUCK		COMME				'ES □ NO 🏻 'ES □ NO 🛣
		16 OR M				ES NO
Or as a Pedestrian or Passenger, IL-16 1000 FEET EAST OF		lic highwa	y, or ot	her loca	ition, Speci	fically
located in the County and State Aforesaid and		mmit the Follo	owing Offe	ense		
ILCS						
	Act 5	Section				
Nature of Offense: DUI - ALC	OHOL - 1ST C	R 2ND (OFFEN	NSE - (CHILD PA	SSENGER
Š						
ACCIDENT TYPE: PERSONA	L INJURY					
Report No. 10-19-00163		No. 10-1		09577		
Visibility: CLEAR, DAY Method: MARKED, ACCI	Road Condition DENT Notation					
METHOD OF RELEASE						
\$3,000.00		Total Bo	nd/Bail	Posted:		
DRIVER'S LICENSE, DUI BO	OND					
WITHOUT ADMITTING GOIL	I, I promise to co	mply with	the ter	ms of th	is Ticket ar	nd Release.
Signature X CIRCUIT COURT LOCATION	I, DATE, AND TI	ME				
EDGAR COL Court Location: 115 WEST C	INTY COURT OURT STREE	т				
PARIS					IL	61944
Date: 05/20/2019	Ti	me: 1:30	PM			
Court Location: 115 WEST C PARIS Date: 05/20/2019					UIRE	D
Under penalties as provided by la				to Sectio		
Civil Procedure and perjury pursu undersigned certifies that the stat					of 2012, the e and corre	
04/47/2040						6902
04/17/2019 Month Day Year	Officer's Signature	A OAKI E	v v			6803 ID#

Read These Instructions Carefully

Your ticket has been marked COURT
APPEARANCE REQUIRED. You are required to come to court on the date, time, and place noted in the COURT
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Method of Release - Failure to Appear

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ILLINOIS DRIVERS LICENSE

A judgment may be entered against you for fine, penalties and costs as provided in the NOTICE. Or, instead, your driving privileges may be suspended, and/or the court may issue a warrant for your arrest.

Notice of Consent for Entry of Judgment If a driver's license, cash bail, bond certificate, or an individual bond was

If a driver's license, cash bail, bond certificate, or an individual bond was posted or if you were released on a Notice to Appear or Promise to Comply and you were charged with an offense which does not require a court appearance, YOU ARE HEREBY NOTIFIED THAT:

In the event that you fail to appear in court or answer the charge on the date set for your appearance, or any date to which the case is continued, or you do not submit a written plea of guilty to the Clerk at least three (3) days before the date, you thereby consent to the entry of a judgment of conviction against you in the amount of the applicable fine, penalties, and costs. The cash bail or other security deposited will be used to pay the fines, penalties, and costs. If you are an Illinois Driver and you fail to pay in full any judgments imposed, a notice will be sent to the Secretary of State and your driver's license will not be renewed, reissued, or reclassified, until full payment is received.

UNKNOWN WORK ZONE TYPE VORKERS PRESENT? DID CRASH OCCUR IN A WORK ZONE? MAINTENANCE UTILITY AGENCY CRASH REPORT NO CELLPHONE COM VEH * CELLPHONE SOM VEH * TOWED OFFE TO CRASH LARS CODE LARS CODE EXCEED SPEED LIMIT EXCEED SPEED LIMIT TIME NOTIFIED AM 02:15 PM OWNERS INSURANCE COMPANY TOWED ATT TO CRA (EMS) 2019 10-19-00414 :IRE POSTED SPEED LIMIT 55 01:30 NUMBER MOTOR
VEHICLES INVLD
2 OURT TIME AM SEAR G <u>_</u> 0 se SEAR 6 TELEPHONE POLICY NO TELEPHONE POLICY NO. 02:15 CONTRIBUTORY CAUSE(S) DATE POLICE NOTIFIED 5/20/2019 mo / day / vr 00 - NONE 10 - UNDER CARRIAGE 11 - TOTAL (ALL AREAS) 12 - OTHER 99 - UNKNOWN 4/17/2019 10 - UNDER CARRIAGE 11 - TOTAL (ALL AREAS) 12 - OTHER 99 - UNKNOWN **FIRM OWNED** CIRCLE NUMBER(S) FOR DAMAGED AREA(S) CIRCLE NUMBER(S) FOR DAMAGED AREA(S) INSURANCE CO. INSURANCE CO. PEDALCYCLIST? N (HOSP) PRIMARY POINT OF POINT OF FIRST CONTACT DATE OF CRASH 4/17/2019 B Injury and / or Tow Due To Crash 00 - NONE DOORING A No Injury / Drive Away VITH $\overset{\mathbb{Z}}{\boxtimes}$ $\overset{\mathsf{Z}}{\boxtimes}$ $\stackrel{\mathbb{Z}}{\boxtimes}$ CITATION NO. **76330126** CITATION NO. **76330127** ZIP 2016 YEAR **2020** 2016 2019 YEAR YEAR YEAR PPL INTERSECTION RELATED SUPERVISOR ID. J KLEIST, 4864 PRIVATE PROPERTY HIT & RUN OWNER ADDRESS (STREET, CITY, STATE, OWNER ADDRESS (STREET, CITY, STATE, PPA F150 SERIES EDGAR CO, SHERIFF'S DEPT (NAME) / (ADDR) / (TEL) HERRINGTON, SEANDRICK ALLAN ON SCENE NOT ON SCENE (DESK REPORT) AMENDED DAMAGED PROPERTY EXPLORER Sheets VEHICLE OWNER (LAST, FIRST M.I.) VEHICLE OWNER (LAST, FIRST M.I. Township 1FM5K8AR4GGB65686 LABAUME, TOMMY LEE 1FTEW1EG4GFA82368 MODEL STATE **IL** MODEL STATE OF REPORT ADAMS, STACEY L GRANDVIEW TWP MANV of SECTION **5011501A2** SECTION **5011902** COLL 9 BEAT/DIST PASSENGERS & WITNESSES ONLY PLATE NO PLATE NO EDGAR COUNTY FORD FORD City MAKE Sheet MAKE 10 LGHT $\boxtimes \Box \Box$ CLASS AIR CLASS DATE OF BIRTH DATE OF BIRTH EJECT EJECT \$500 OR LESS S501 - \$1,500 OVER \$1,500 Δ : U 2 (NAME OF INTERSECTION OR ROAD FEATURE) 7 CITY TRAFFIC CRASH REPORT INJURY INJURY STATE 0 B SEX NC.A PED PEDAL BOURS DIMY DICY DAMAGE TO ANY ONE PERSON'S VEHICLE / PROPERTY N 1100TH ST OFFICER NAME

A OAKLEY NAME SIDRIVER PARKED DRIVERLESS PED PEDAL EQUES DAM **-** 1 0 DAMAGED PROPERTY OWNER NAME **EMS AGENCY** (EJCT) PROPERTY OWNER ADDRESS DRIVER LICENSE NO. DRIVER LICENSE NO ZIP ARREST NAME ADAMS, STACEY L ZIP ARREST NAME ADAMS, STACEY L HIGHWAY or STREET NAME (IN) DRVA (AIR) WEAT OFFICER ID. 6803 IL-16 E/B (SAFT) STATE STATE NAME | DRIVER | PARKED | DRIVERLESS PARIS COMMUNITY HOSPITAL TRFC 4 N ED S ₩ (SEX) Σ Σ (LOC) TRFD 12 AT INTERSECTION WITH ADAMS, STACEY L (EVNT) RHOADS, ADAM L 7 7 INVESTIGATING AGENCY SIONIT X 1000 € / MI (DOB) STREET ADDRESS STREET ADDRESS X X ADDRESS NO. **FELEPHONE** *FELEPHONE* (UNIT) (SEAT) FAKEN TO TAKEN TO CITY CITY SP ≥ ≥ TINU ETOS YRAUNAL 0201 R2 **YGOD GETOADS** Printed by authority of the State of Illinois

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NCGN _ SUR _

15

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Source of above info. Side of Truck Papers Driver Log Book UNK UNK including the driver, for direct compensation (example: large van used COMMERCIAL MOTOR VEHICLE (CMV) IF MORE THAN ONE CMV IS INVOLVED, USE SR 1050A 1. Has a weight rating of more than 10,000 pounds (example: truck Did Motor Carrier Safety Regulations (MCS) violation contribute to the crash? Did HAZMAT spill from the vehicle (do not consider fuel from the employment (example: employee transporter - usually a van-type Is used or designated to transport between 9 and 15 passengers, 1-digit Hazard Class no. 3. Is designed to carry 15 or fewer passengers and operated by a (HAZMAT) that requires placarding (example: placards will be SELECT CODES FROM BACK COVER OF CRASH BOOKLET Did HAZMAT Regulations violation contribute to the crash? contract carrier transporting employees in the course of their NO. OF AXLES Is used or designed to transport more than 15 passengers, Was a Driver/Vehicle Examination Report form completed? WIDE LOAD? A CMV is defined as any motor vehicle used to transport 5. Is any vehicle used to transport any hazardous material TRAILER 2 including the driver (example: shuttle or charter bus); or Z Y N UNK Out of Service? Z Y N UNK Out of Service? > 102" Z LOAD TYPE ADDITIONAL UNITS FORMS. Were HAZMAT placards displayed on the vehicle? ILCC NO. 97-102" VEHICLE CONFIGURATION Gross Vehicle Weight Rating (GVWR) or truck/trailer combination); or ..96-0 vehicle or passenger car); or If yes, name on placard displayed on the vehicle). FOTAL VEHICLE LENGTH for specific purpose); or TRAILER LENGTH(S): 1 TRAILER 2 IDOT PERMIT NO. vehicle's own tank)? CARGO BODY TYPE FRAILER WIDTH(S): 4-digit UN no. CARRIER NAME CITY/STATE/ZIP HAZMAT USDOT NO. ADDRESS MCS Form No U 2 Towed by / to GERMAN'S TOWING & RECOVERY / GERMA crashed into the passenger side of Unit 1. Unit 1 slid off the roadway to the north and came to rest in the ditch facing impairment due to the consumption of alcohol and was charged with driving under the influence of alcohol (ISP Field Report #10-19-00169). Witnesses 1 and 2 were in a vehicle following Unit 1. Both witnesses saw Unit 1 weaving On 04/17/19, at 2:15 pm, Unit 1 was traveling eastbound on Route 16 approximately 1000 feet east of CR N. 1100th passenger side and was towed from the scene by German's Towing & Recovery. Unit 2 suffered heavy front-end damage and was towed from the scene by German's Towing & Recovery. The driver of Unit 1 showed signs of northbound into a private drive. The driver of Unit 1 did not see Unit 2 driving westbound. The front of Unit 2 eastbound. Unit 2 came to rest in the roadway facing southbound. Unit 1 suffered extensive damage to the Road. Unit 2 was traveling westbound on Route 16 in the same area. The driver of Unit 1 attempted to turn # PRIVATE DRIVE LOCATED AT 11263 RT 16 ROUTE 16 APPROXIMATLEY 1000 FEET EAST OF COUNTY ROAD NORTH 1100 - EDGAR COUNTY A Diagram and Narrative are required on all Type B crashes even if units have been moved prior to the officer's arrival. U 1 Towed by / to GERMAN'S TOWING & RECOVER / GERMAN from left to right, crossing the fog and center lines. NARRATIVE (Refer to vehicle by Unit No.) U 2 Color BLACK LOCAL USE ONLY U I Color RED NOT TO SCALE

Z Z



ILLINOIS STATE POLICE Field Report Number: F10-19-00163 TraCS Report Number: 19-39763300541

FIELD REPORT

CAD Number: 10190009577

Type of Report(s): DUI														Supplemental	
ORI Number		w Notified			- 1	acident Date		Incident T 4:12 PM	ime		Initial Notif		ate	Initial Notification Time 2:15 PM	
Location Descri	otion	-						GPS Latit	ude				_ongitu		
IL-16 1000 FE	ET EAST O	F N 1100TH	I ST					39.5829	47				52277		
County in which	Incident Occur	rred		Town		EW TWP		,			cation Type GHWAY/RO	AD/ALL	.EY		
Associated Rep	orts: A	gency Name				Reference Typ	е			_	Reference	Number			_
1.)															
2.)															_
3.)															
4.)															
On 04/17/19, the area of R	oute 16 and	t Type(s) of) in Edg	ar County.) was	arrested	TOF DOI a	iconoi	anter	being invol	ved in a	moto	or vehicle accident in	
Yes X		it Type(s) of	Force wer	re Osea?		D	-DCON								
Tune of Dorsen						, , , , , , , , , , , , , , , , , , ,	RSON								ğ
Type of Person DEFENDANT	8												- 1	Caution No	
Last Name ADAMS				First Na						Middle	Name			Suffix	
Alias(es)				STACE	=1			l _D		<u>(0</u>					_
									usiness	/Organi	zation				
DOB Known? I	Date of Birth	Age 56				Gender FEMALE	Race					Eth	nicity		
Skin Tone		Height	Weight			R STRAWBE		Eye Color GREEN			Build			rital Status ARRIED	
Scars/Marks/Ta	ttoos (select up	to 10)				Cit						le.		Iza out	
Address						City	y					3	tate	Zip Code	
Place of Birth				Resident Sta				Other Cont	act Info	rmation					
Home/Cell Phor	ne#		SS	N				Drivers L	icense	Numbe	r		Lice	ense State	
															_
ISP ticket # 9763300127		FBI#				BOI/SID# n/a			LEADS n/a	5 #			ICIC# I/a		
Employer or Sch	nool						Occupation	on							_
Address				Cit	у			Sta	te Z	p Code	ï	Work Ph	none #		
Type of Injury (u	ıp to 5)			1						Addre	ess where trea	atment giv	/en		_
NONE															

							OF	FENDER IN	ORM	ATION							Name of the state
Offender Arre	sted?	Type of Arr							70.57	t Date	Arrest		Bond				Bond Amount
YES Miranda?		ON-VIEW		ST					04/1	7/2019	4:12 F		DUI BOND				\$3,000.00
Willianda? ✓		Miranda By TPR. W. I		ON								1,000	da Date 7/2019	Miranda	lime	Э	Fingerprinted UNKNOWN
Court Date 05/20/2019		Where Held		BOND						Juvenil	e Arrest	ee Disp	position				
Arrestee Armo	ed?	Arrestee Ar	med Wi	ith (up to	2)					-							
								OFFEN	SF 1								Section 1
Ordinance (Code S	ection		Charges	.1											Attemp	ted or Completed
State	625-5/ ⁻	11-501(A)(Offense	DUI -	ALCOHOL -	- 1S	FOR 2ND OF	FENSI	E							PLETED
UCR Offense DRIN	VING L	JNDER TH	IE INFI	LUENC	E - 90C	Offender ALCOH		pected Of Using	(up to	3)							
Gang Related	Gang	g Name						G	ang Info	ormation	(up to 2))					
Type Of Crimi	inal Act	ivity (up to 3	3)					Т	ype Of	Weapon/	Force In	volved	(up to 3)				
Method Of En	ntry		N	umber C	of Premis	ses Entered		Exceptionally (Cleared						Date	Cleare	d Exceptionally
Force		No Force						NOT APPLIC									
T (D								PERSO	ON 2								
Type of Perso	on														- 1	Caution No	
Last Name RHOADS						First Name ADAM					N L	fiddle f	Name			Suffix	
Alias(es)											usiness/0	Organiz	zation HERIFF'S OI	FFICE			
DOB Known?	Date		ge						Race			-	12.11.1 0 0.	Ethn	icity		
YES Skin Tone		4	Height	10/	eight	Hair Color	M	ALE	ĮĘ.	e Color		- 1	Build			-1-1-01-1	
Skiii Tolie			rieigrit	.	signi	Tiali Coloi			-	e Color			bulla		Mar	rital Stat	us
Scars/Marks/Tattoos (select up to 10)																	
Address								City						Sta	ite	Zip Co	de
Place of Birth					Resi	dent Status			Oth	ner Conta	ct Inforn	nation					
						SIDENT											
Home/Cell Ph	one #				SSN					Drivers L	icense N	umber			Lice	ense Sta	te
ISP ticket #			FBI 7					SID#			LEADS 7	#			IC#		
N/A Employer or S	School		N/A				N/A		pation		N/A			N/	A		
EDGAR CO	SHER	RIFF'S OFF	FICE						A commence	S DEPU	TY						
Address 228 N CENT	TDAL A	AVE				City PARIS				Stat		Code 944	J. I.	Work Pho		cc	
Type of Injury						PARIS					101		ss where treat	(217) 46		00	
APPARENT	MINO	R INJURY	,										COURT ST	-		61944	
								VEHIC	LE 1								
Vehicle Year 2016	Make FOF					Model F150 SERIE	S						tyle RUCK				
License Plate						State IL		License Plate	Year	Color(s))						
VIN # 1FTEW1EG	4GFA	82368		Impoun YES	ded?	Impound Loca	ation	1		125						То	wed?
Owner Last Name ADAMS First Name STACEY												liddle N	Name			Suffix	
Street											<u> </u> L					State	
City						Zip Code			Dhan	e Numbe	\r.		I,	/ehicle Tie	nd to	Perce-	c)
						_ip oode			FIION	ie ianiline				7enicie 1 ie 001	5U (O	rerson(٥)

				VEHICLE	2						
Vehicle Year 2016	Make FORD		Model EXPLORER				Style MULTIPUR	POSE PASSE	NGE	R VEHICLE	
License Plate # \$238			State IL	License Plate Ye	ear Color(s						
VIN # 1FM5K8AR40	GB65686	Impounded?	Impound Location		•			Towed? YES			
Owner Last Nan			First Name SHERIFF'S OFFICE	 CE		Middl	le Name		Suffix		
Street 228 N. CENTI	•		J						State IL		
City PARIS	WE AVE		Zip Code 61944	The second secon	hone Number			Vehicle Tied to		on(s)	
FARIS			01944	NARRATIV	217) 465-4¹ ≣	100		002			
	e of this field repo f alcohol, after bei			_			The second secon		drivi	ng under th	ne
	/11-502 (a)(2) Dr /11-902 Failure T	-		Of Alcohol							
(see Crash later identification advised the Upon my a the roadwa the ditch or deputy and witnesses his statements) believed her. I identification with talking with	e, responded to Ro Report #10-19-00 fied as Deputy Ada deputy was being rrival I saw a blac y with heavy front a the north side of Paris Police Depa ad advised the deput would be dischart the driver of the rec diffied the driver as a me. Adams said	414). The I am L. Rhoa transported k 2016 Ford tend damage the roadway artment officially she had try about the ged from the I Ford truck Stacey L. All she was dr	Pontiac Communds (Male, Male,	unications Control vital with unkering Illinois so red 2106 For assenger side assenger	enter (PC) vas invol- nown inj- heriff's d ord F-150 e damage ale drive he center ds and he had he had had he had form th	C) said a ved in a curies. department bearing to I talked are of the F and fog I te said he will be said he will be said he will be Kansas	nt registrati Illinois trud d with an E F-150 was p lines multip was walkin my passeng peared upse s, IL area to	ounty Shering another vehicle registration and the registration of	in the ion Shapaire at a country Shapaire at a country in Ada	e middle of eriff's Officed and tached with eeling pain	uty, her f in ice ness but
vehicle to p	s following her clopass. Adams said as turned left.										iing
eyes appear last time sh those. I tol driving rest	ng to Adams I coured bloodshot. I a e consumed alcoh d Adams I was no criction while taking if she had any	sked Adam ol was poss ot smelling r	s how much ald sibly Saturday r mints. Adams s cation. Adams	cohol she had night. Adam said she was	l consum s gave m on	ed that d	ay and she	said none. ids mints and but she w	Adand sa ras no nigh	ims said the	е
Adams said tests on her if I transpo	e occasions, Adam I she was stressed to be sure she wa rted her to the Par om the hospital, be	because I a is safe to dr is Police De	sked her about ive. Due to hea epartment and s	alcohol. I to avy winds on she said yes.	old Adam the high	ns I wante way, I as	ed to condu sked Adams	ict standardi s if she wou	ized ıld p	field sobricerform the	ety
100	rrival at the Paris	_		7				_		-	

she said yes. The parking area on the north side of the building was used for testing. The parking area was reasonably flat with some loose gravel. I parked my patrol vehicle facing eastbound. All instructions for the testing were read from the Illinois State Police Standardized Field Sobriety Notebook.

Horizontal Gaze Nystagmus:

I had Adams remove her glasses before performing the test. Adams said she worked for an ophthalmologist and explained the removal of a person's glasses may induce nystagmus. Adams said her general health was good. Before performing the test I looked at Adams' eyes and saw equal pupil size, no resting nystagmus, and both eyes equally tracked.

I saw the following 4 clues while administering the test on Adams:

- Lack of smooth pursuit in Adams' left and right eyes
- Distinct and sustained nystagmus in Adams; left and right eyes

Walk and Turn:

I asked Adams if she was okay with the shoes she was wearing and she said they were new but it was okay. Adams said she did not have any physical problems or disabilities.

I saw the following 6 clues while administering the test on Adams:

Instruction Stage: 2

Unable to maintain balance

As I instructed Adams into the starting position she continuously stumbled on her left and right feet. On multiple occasions Adams stood with her left foot in front of her right and I had to instruct her to put her right foot in front of her left.

Starts too soon

Adams began walking after being instructed not to start until being told to do so.

Walking Stage: 4

Steps off the line

Adams stepped off the line multiple times down and back.

Does not touch heel-to-toe

Adams missed heel-to-toe greater than a half inch multiple times down and back.

Stops walking

Adams stopped walking to regain balance after making the turn.

• Improper turn

Adams made and improper turn by raising her lead foot off the ground while making the turn.

One Leg Stand:

I saw the following 1 clue while administering the test on Adams:

Puts foot down

On multiple occasions, Adams put her raised right foot down and stumbled on her left and right feet.

I asked Adams again when the last time she drank alcohol and she said she had four wine coolers the previous night. Adams said she finished drinking them at approximately 4:00 am that morning. I asked Adams if she would give a breath sample in a preliminary breath testing instrument and she said yes. Adams gave a sample returning at .23 BrAC.

At 4:12 pm, Adams was placed under arrest for driving under the influence of alcohol. Adams was handcuffed behind her back, the handcuffs were checked for proper fit and double locked. I searched the rear passenger area and placed Adams in the rear passenger seat. Adams was transported to the Edgar County Sherriff's Office for processing.

Once at the jail I secured my weapon in the provided lockbox. At 4:32 pm, I began a 20 minute observation on Adams and read her the warning to motorist. The time is based on the time displayed on the Intox EC/IR-II. Adams signed the document. At 4:54 pm, Adams was asked to give a sample into the Intox EC/IR-II. Adams said she did not want to provide a sample and the test was refused.

I completed the sworn report and issued Adams the receipt to drive. Adams was issued citation #76330126 for failure to yield turning left and citation #76330127 for DUI alcohol. Citation #76330127 displays DUI alcohol with a child passenger however this was an error. Adams is not known to have had a child passenger. Adams was left in the care of jail staff after being issued the paperwork. An officer with the Paris Police Department gave me copies of photographs of the crash scene (see attached photographs).

			OFFI	CER						
Officer Name		Officer ID	Assisting Officer Name(s)	_	sting Officer ID(s)					
A OAKLEY		6803	TPR. W. DENTON		6762					
The state of the s	Accept Date		Supervisor			Officer ID				
04/17/2019	04/26/2019		J KLEIST			4864				
Video Taken:		Video Nur	mber:	Evidence Seizure:	Photos:	otos:				
Yes		6803		NO	YES					
Case Status			1	Copies To:						
CLEARED BY ARREST				EDGAR CO SA						
Investigating Officer (Signatu	ıre)	9	1							