

NGPO Case # 2007-44494 (R)

No. 7545 P. 6

Dec. 17. 2007 5:06PM

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TIMES: Transporting Officer(s): SOCARRAS, P. #501 Transportation Time: 0421 Arrival Time: 0424
 Time Of First Observation: 0425 Time DRE/DART Notified: N/A Time Of Completed Examination: 0505
 If DRE/DART Not Notified, Why?: N/A

INTERVIEW (Quote Answers):
 Subject Advised Of Miranda Warnings: Date: 11-8-07 Time: 0507 By: CASNER, S. #526
 Are you ill? YES NO Nature of illness? N/A Taking medicine? YES NO What kind? N/A
 Last taken? N/A Taking illegal drugs? YES NO What kind? N/A
 Last taken? N/A Any physical disabilities? YES NO What kind? N/A Are you injured? YES NO
 Type of injury? N/A Do you have false teeth? YES NO A glass eye? YES NO
 Artificial limb? YES NO Under the care of a Doctor or Dentist? YES NO Name: N/A
 Are you diabetic or epileptic? YES NO Take insulin? YES NO Are there signs of physical injury? YES NO
 Type: N/A Any previous head injury? YES NO When? COACHES 11/12/07 Allergies? YES NO
 Type: N/A MEDIC ALERT ID present? YES NO Type: N/A
 Time of last meal? 8 PM What was eaten? SEAFOOD When did you last sleep? LAST NIGHT
 How long? 7 HR. What were you doing in the three hours prior to your arrest? AT THE GYM
 Have you been drinking? YES NO What? N/A How much? N/A Size of drink? N/A
 Time started? N/A Time finished last drink? N/A Time now? 4:30 AM Actual Time: 5:15 AM
 Where were you drinking? N/A Last three to four hours before that? N/A
 Were you operating a vehicle (or vessel) at the time of the stop (accident)? YES NO Coming from? MANSION
 Going to? HOME Were you involved in an accident today? YES NO Where? N/A
 Do you feel the effects of the alcohol? YES NO Drugs? YES NO At the time you were driving? YES NO
 If yes, how did it affect you? N/A Do you feel impaired, high, or buzzed? YES NO
 Describe this feeling? N/A Have you had anything to eat or drink since the arrest (accident)? YES NO
 NO If yes, what? N/A When? N/A How much? N/A

SPECIMEN COLLECTED: Breath Time: 021/0451 Breath Time: 022/0454 Breath Time: 074/0501
 Blood Time: N/A Blood Time: N/A Urine Time: N/A Urine Time: N/A Explain: N/A
 Refusal: Breath YES NO N/A Urine YES NO N/A Blood YES NO N/A
 Reason for refusal: Breath N/A Urine N/A Blood N/A
 PM Date: 10/25/07 Instrument S/N: N/A Operator: CASNER, S. Badge #: 526

NAME	ADDRESS	PHONE	CONDITION
<u>KRISTIN R. JENSEN</u>			<u>INTOXICATED</u>

Did the subject request an independent blood test, as outlined in the Implied Consent? YES NO
 If yes, what arrangements were made for the subject to obtain the independent test? N/A

REMARKS: 4th BAC SAMPLE 073/0504

CONCLUSION: IMPAIRED BY ALCOHOL
 EXAMINER'S NAME (Print): CASNER, S. SIGNATURE: [Signature]
 ID or BADGE NUMBER: 526 DATE OF EXAMINATION: 11/08/07

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MIAMI BEACH POLICE DUI TEST REPORT

ARREST DATE: 11/18/07 ARREST TIME: 0420
 ARREST LOCATION: 1300 BLK WASHINGTON AVE.
 MIAMI BEACH CASE NUMBER: 2007-44494R
 CITATION NUMBER: 8259-XCM
 OTHER DEPT. CASE NUMBER: N/A

DUI DRE Page 1 of 2

Arrestee Name (Last, First, MI): FOURKE, MICKEY ANDRE Age: 55 DOB: 04/16/52 Sex: M Race: W Weight: 200
 Arresting Officer (Name, Badge, Agency): F. SOCARRAS, 301, MBPD Arrest Test Site: 1300 BLK WASHINGTON AVE.
 Observations: Breath Test Site: MBPD

CLOTHING
 Describe: (Type & Color) GOLD PRINT LONG SLEEVE SHIRT, BLUE JEAN PANTS, BROWN SHOES
 Condition: DISORDERLY DISARRANGED SOILED MISSED ORDERLY
 (DESCRIBE) MESSY DIRTY

BREATH
 Odor of Breath: Alcoholic Beverage PRESENT NOT PRESENT
 OTHER

ATTITUDE
 EXCITED HILARIOUS TALKATIVE CAREFREE SLEEPY PROFANITY
 COOPERATIVE UNCOOPERATIVE INDIFFERENT INSULTING COCKY POLITE

COLOR OF FACE
 PALE FLUSHED NORMAL OTHER

EYES
 BLOODSHOT WATERY NORMAL Corrective Lenses: None Glasses
 Contacts, If so: Hard Soft

UNUSUAL ACTIONS
 HICCOUGHING BELCHING VOMITING FIGHTING CRYING LAUGHING NONE

SPEECH
 NOT UNDERSTANDABLE MUMBLED SLURRED MUSH MOUTHED CONFUSED
 THICK TONGUED STUTTERED ACCENT LOW BRASPY FAIR GOOD

PUPILS
 NOT EQUAL SIZE CONSTRICTED DILATED NORMAL

PSYCHOPHYSICAL EVALUATIONS/PERFORMANCE TESTS: Performed at scene? YES NO By: F. SOCARRAS (501)

HORIZONTAL GAZE NYSTAGMUS
 LEFT
 1. Cannot smoothly follow a moving object.
 2. Distinct nystagmus at Maximum Deviation.
 3. Onset occurs before 45° degrees.
 RIGHT
 1. Cannot smoothly follow a moving object.
 2. Distinct nystagmus at Maximum Deviation.
 3. Onset occurs before 45° degrees.
 (SWAYING)

ROMBERG BALANCE
 (Time Estimation)
 1. Does not maintain eyes closed. A
 2. Sways in any direction or manner.
 3. Uses arm(s) for balance.
 4. Time estimation: _____ for 30 seconds.
 5. Cannot do test.

WALK AND TURN TEST
 Backwards 10 STEPS
 WALK AND TURN TEST
 1. Loses balance during instructions. 1X
 2. Starts before told to do so. 1X
 3. Stops walking or pauses to regain balance.
 4. Doesn't touch heel to toe. (Leaves more than 1/2 inch space).
 5. Steps off line one or two times (count this only once).
 6. Raises one or both arms six or more inches to maintain balance. (1) FOOT, WAIST
 7. Does not turn correctly or loses balance during turn.
 8. Takes more or less than nine steps in each direction.
 9. Cannot do test. (Steps off line three or more times or is in danger of falling and cannot do test.)

ONE-LEG STAND
 L R
 1. Sways while balancing on one leg.
 2. Raises arm(s) more than six inches to maintain balance. (1) FOOT
 3. Hops on one leg to maintain balance. 1X
 4. Puts foot down one or two times during 30 sec. period.
 5. Cannot do test. (Puts foot down three or more times, or loses balance nearly falling.)

FINGER TO NOSE TEST
 1. Does not maintain eyes closed.
 2. Misses tip of nose with tip of index finger.
 3. Uses wrong hand when directed.
 4. Does not remove finger.
 5. Cannot do test.

4 = DROPPED FOOT ON COUNTS #9, #18 AND REFUSED TO CONTINUE.

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FLORIDA DEPARTMENT OF LAW ENFORCEMENT
ALCOHOL TESTING PROGRAM
BREATH ALCOHOL TEST AFFIDAVIT

2007-44494R

Instrument Type: Intoxilyzer 8000
Instrument Registered To: MIAMI BEACH PD
Instrument Serial Number: 80-002232 Software: 8100.27
Date of Test: 11/08/2007

Date of Last Agency Inspection: 10/25/2007
Observation Period Began: 04:25
Subject's Name: NICKY A ROURKE DOB: 09/16/1952 Sex: M

The subject was observed for at least twenty-minutes prior to the administration of the breath test to ensure that the subject did not take anything orally and did not regurgitate.

Results:	Test	g/210L	Time
	Diagnostics Check	OK	04:59
	Air Blank	0.000	04:59
	Control Test	0.079	05:00
	Air Blank	0.000	05:00
	Subject Sample #1	0.074	05:01
	Air Blank	0.000	05:01
	Air Blank	0.000	05:03
	Subject Sample #2	0.073	05:04
	Air Blank	0.000	05:04
	Control Test	0.079	05:05
	Air Blank	0.000	05:05
	Diagnostics Check	OK	05:05

Cylinder Lot: 7141011
Exp: 05/22/2009

State of Florida, County of MIAMI-DADE

Personally appeared before me the undersigned authority, who () is personally known to me or () produced _____ as identification, and who after being placed under oath, states:

I STEVE COOPER, hold a valid Breath Test Operator permit issued by the Florida Department of Law Enforcement, I administered the above breath test to the subject named above in accordance with Chapter 11D-8, Florida Administrative Code, and this form is a true and accurate report of that breath test.

Breath Test Operator: [Signature] Date: 11-8-07

Sworn to (or affirmed) before me this 08TH day of NOV., 2007
[Signature] P. SOLARRAS (SO)
Signature of Notary Public-State of Florida Printed Name of Notary Public-State of Florida

Note: Pursuant to section 117.10, Florida Statutes, law enforcement officers, correctional officers, traffic accident investigation officers and traffic infraction enforcement officers are notaries public when engaged in the performance of official duties. In accordance with section 316.1934(5), F.S., this completed form is admissible without further authentication and is presumptive proof of the results herein. To be used in accordance with Section 316.1934(5), F.S., and in administrative proceedings pursuant to 322.2675, F.S.

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FLORIDA DEPARTMENT OF LAW ENFORCEMENT
ALCOHOL TESTING PROGRAM
BREATH ALCOHOL TEST AFFIDAVIT

2007-44494R

Instrument Type: Intoxilyzer 8000
Instrument Registered To: MIAMI BEACH PD
Instrument Serial Number: 80-002232 Software: 8100.27
Date of Test: 12/08/2007

Date of Last Agency Inspection: 10/25/2007
Observation Period Began: 04:25
Subject's Name: MICKEY A ROURKE

DOB: 09/16/1952 Sex: M

The subject was observed for at least twenty-minutes prior to the administration of the breath test to ensure that the subject did not take anything orally and did not regurgitate.

Test	g/210L	Time
Diagnostics Check	OK	04:49
Air Blank	0.000	04:49
Control Test	0.080	04:50
Air Blank	0.000	04:50
Subject Sample #1	0.081	04:51
Air Blank	0.000	04:51
Air Blank	0.000	04:53
Subject Sample #2	0.072	04:54
Air Blank	0.000	04:55
Control Test	0.074*	04:55
Air Blank	0.000	04:55

*Control Outside Tolerance

Cylinder Lot: 7141011
Exp: 05/22/2009

State of Florida, County of MIAMI-DADE

Personally appeared before me the undersigned authority, who is personally known to me or produced _____ as identification, and who after being placed under oath, states:

I STEVE ROSE, hold a valid Breath Test Operator permit issued by the Florida Department of Law Enforcement, I administered the above breath test to the subject named above in accordance with Chapter 11D-8, Florida Administrative Code, and this form is a true and accurate report of that breath test.

Breath Test Operator: [Signature] Date: 11-8-07
Signature

Sworn to (or Affirmed) before me this 08TH day of NOV., 2007

[Signature] Printed Name of Notary Public-State of Florida
Signature of Notary Public-State of Florida

Note: Pursuant to section 117.10, Florida Statutes, law enforcement officers, correctional officers, traffic accident investigation officers and traffic infraction enforcement officers are notaries public when engaged in the performance of official duties. In accordance with section 316.1934(5), P.S., this completed form is admissible without further authentication and is presumptive proof of the results herein. To be used in accordance with Section 316.1934(5), P.S., and in administrative proceedings pursuant to 322.2615, P.S.

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 P. 2
 Roja @ Liva
 5:05 PM
 Dec. 17, 2007

CHS NUMBER		COMPLAINT/ARREST AFFIDAVIT CONTINUATION		POLICE CASE NO. 2007-44494R		
JAC. NO.		COURT CASE NO.				
IDE. NO.	AGENCY CODE 02	MUNICIPAL P.D. DEF. ID. NO.	MPO RECORDS AND ID NO.			
DEFENDANT'S NAME (LAST, FIRST, MIDDLE) ROURKE, Mickey ANDRE			DOB (MM/DD/YYYY) 09/16/1952			
ADDITIONAL CO-DEFENDANT NAME (Last, First, Middle)			DOB (MM/DD/YYYY)			
ADDITIONAL CO-DEFENDANT NAME (Last, First, Middle)			DOB (MM/DD/YYYY)			
ADDITIONAL CHARGES			MISDEMEANOR			
5.	CHARGE AR. <input type="checkbox"/> F.S. <input type="checkbox"/> ORD	COURT	FL. STATUTE NUMBER	VOL. OF SECT	CODE OF VIOL	
6.	<input type="checkbox"/> F.S. <input type="checkbox"/> ORD					
7.	<input type="checkbox"/> F.S. <input type="checkbox"/> ORD					
8.	<input type="checkbox"/> F.S. <input type="checkbox"/> ORD					
<p>ROADWAY. DEF. WAS STOPPED AND GOT OFF HIS SCOOTER STATING "WHAT THE FUCK DID I DO." UPON CONTACT WITH DEF. I OBSERVED HIM TO HAVE A FLUSHED FACE, BLOODSHOT WATERY EYES, SLURRED SPEECH AND A STRONG ODDOR OF AN ALCOHOLIC BEVERAGE ON HIS BREATH. DEF. WAS OFFERED S.F.S.T.'S ON A WELL LIT, DRY, SMOOTH LEVEL SURFACE AND HE DID NOT PERFORM TO STANDARDS (SEE DUI TEST REPORT). DEF. ARRESTED AND TRANSPORTED TO MBPD FOR FURTHER PROCESSING. DEF. STATED, "I'M NOT DRUNK, DIDN'T EVEN DRINK THAT MUCH." DC. ZAMUDIO (674) ASSISTED W SCENE AND WITH TOWING DEF.'S VEHICLE. SGT. ROJO (325) WAS W SCENE ON MY REQUEST DUE TO DEF. BECOMING UNCOOPERATIVE.</p>						
FOR OTHER AGENCY		VERIFIED BY	<input type="checkbox"/> HOLD FOR BOND HEARING, DO NOT BOND OUT (Officer Must Appear at Bond Hearing) <input type="checkbox"/> I understand that should I voluntarily appear before the court as required by this notice to appear that I may be held in contempt of court and a warrant for my arrest should be issued. Furthermore, I agree that within 30 days of the first, date, and place of all court hearings I shall be sent to the above address. I agree that it is my responsibility to notify Clerk of the Court (Sheriff's, with Attorney General) anytime that my address changes. <input type="checkbox"/> If I need not appear in court, I will comply with the instructions on the reverse side hereof.		SIGNATURE OF DEFENDANT SIGNATURE OF DETENDANT, ARRESTOR AND POLICE OR GUARDIAN	
AR THAT THE ABOVE STATEMENT IS TRUE AND CORRECT: I, S. J. SORRELLS AGENCY NAME: MBPD		SIGNED AND SUBSCRIBED BEFORE ME THE UNDERSIGNED AUTHORITY THIS 08TH DAY OF NOV. 2007 Signature of Notary Public	PAGE 2 OF 2			

COMPLAINT/ARREST AFFIDAVIT CONTINUATION - COURT COPY



COMPLAINT/ARREST AFFIDAVIT

POLICE CASE NO. **2007-44494R**

DEFENDANT'S NAME (LAST, FIRST, MIDDLE) **ROURKE, MICKEY ANDREW** ALIAS and/or STREET NAME **PHILIP A. ROURKE**

DOB (MM/DD/YYYY) **09/16/1952** AGE **55** RACE **W** SEX **M** ETHNICITY **ANG.** HEIGHT **6'0"** WEIGHT **200** HAIR COLOR **BRO** HAIR STYLE **MED** EYES **UNC** GLASSES **GRN** FACIAL HAIR **60T** TEETH **OTH**

PHYSICAL FEATURES (Location, Type, Description) **CHEST, BACK, BOTH HANDS, BOTH FOREARMS, BOTH SHOULDERS** PLACE OF BIRTH (City, State/County) **NEW YORK**

LOCAL ADDRESS (Street, Apt. Number) **S/A** PHONE **ACTOR**

BUSINESS OR SCHOOL NAME AND ADDRESS **SELF-EMPLOYED** PHONE **N/A** ADDRESS SOURCE: DL OTHER

WEAPON ORIENTED Type **Whipped Pistol** PERMIT # **NY** INDICATOR OF: M C A S

ARREST TIME (MM/DD/YYYY) **11/08/2007** ARREST TIME (MM) **0420**

CHARGES:

CHARGES	CHARGE NO.	DOUNTS	FL STATUTE NUMBER	VEH. OF SECT.	CODE OF VEH.	UCR	BY	WARRANT TYPE OR TRAFFIC CRITICION
DUI (.081, .072, .074, .073)	01	316.193				231		<input checked="" type="checkbox"/> CMC <input type="checkbox"/> CDP <input type="checkbox"/> CDF <input type="checkbox"/> CDF <input type="checkbox"/> CDF <input type="checkbox"/> CDF <input type="checkbox"/> CDF CASE # 8259-XCM

Arrested on **08TH** day of **NOV.** 20**07** at **0411** hours in **12TH ST. WASHINGTON AVE.**

DEF. WAS OBSERVED DRIVING A GREEN 2007 VISPA SCOOTER BEARING FL/TEMPORARY TAG #178333-M SOUTHBOUND AT INCIDENT LOCATION. DEF. WAS STOPPED AT A RED LIGHT IN THE LEFT LANE. DEF. THEN PROCEEDED TO MAKE A U-TURN FROM SOUTHBOUND TO NORTHBOUND WASHINGTON AVE. WITH A RED LIGHT. DEF. THEN DROVE NORTHBOUND ON WASHINGTON AVE. WEAVING FROM THE LEFT LANE TO THE RIGHT LANE SEVERAL TIMES AND THEN DOWN THE CENTER OF THE

FOR OTHER AGENCY: _____ VERIFIED BY: _____
 I, SOCRALIAS, certify that the above statement is true and correct.
 COURT ID NUMBER/COOR: **SO1 (02)**
 DATE OF ARREST: **NOV 08 2007**
 SIGNATURE OF OFFICER: **[Signature]**
 OFFICER ID: **0385**

No. 7545

COURT COPY

Dec. 17, 2007

5:05 PM

LIVIA

Roula

11/10/2007

11/10/2007

11/10/2007