

THIS FORM MUST BE COMPLETED AND TURNED INTO RECORDS WITH EVERY REPORT TAKEN

Case Number 21-4367 Officer Arulnar. it km

Date of Report/Supplement: 5/27/21 Original Report Supplemental Report # _____

Incident Type: DUI

Please Check One				
<input type="checkbox"/> Felony	<input type="checkbox"/> Gross Misd	<input checked="" type="checkbox"/> Misdemeanor	<input type="checkbox"/> Information Only	Marijuana Use <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
Please Check One				
<input type="checkbox"/> Dictated narrative			<input checked="" type="checkbox"/> Narrative completed in ARS	

Arrest: Yes No Refer to DA Refer to CA Refer Back to Officer Hold for my review

FINAL STATUS		
<input type="checkbox"/> OPEN	<input checked="" type="checkbox"/> CLOS - Closed/No follow-up	<input type="checkbox"/> CLOS - Suspended
<input type="checkbox"/> UNFD – Unfounded	<input type="checkbox"/> EXCA – Closed Except/Adult	<input type="checkbox"/> EXCJ – Closed Except/Juvenile
<input type="checkbox"/> COUR – Courtesy Report	<input type="checkbox"/> INFO – Information Only	

UPDATE/MODIFY INFORMATION		
Incident Type Modified to:		
Property	Description:	Value:
Serial #/VIN/PLATE:		
Additional Info:		

Case Distribution (Please check all that apply)					
<input type="checkbox"/> CA	<input type="checkbox"/> Detectives	<input type="checkbox"/> P& P	<input type="checkbox"/> Social Services	<input type="checkbox"/> Victim Advocate	
<input type="checkbox"/> Patrol	<input type="checkbox"/> Traffic	<input type="checkbox"/> District Attorney	<input type="checkbox"/> Jan Evans	<input checked="" type="checkbox"/> SMC	<input type="checkbox"/> SJC <input type="checkbox"/> File
<input type="checkbox"/> RMC	<input type="checkbox"/> RJC	<input type="checkbox"/>	<input type="checkbox"/> RIT	<input type="checkbox"/> Other	

FOR RECORDS USE ONLY

Quality Control/UCR requirements completed by: [Signature] Split By: MH

Completed Yellow Note / Date: _____ / By: _____

Email sent/Date: _____ / By: _____

Supplemental Matching Required

Case Management Completed

RECORDS ARS FORM

21-4367

Supplement No
ORIG

SPARKS POLICE DEPT

1701 E PRATER WAY

SPARKS, NV 89434
Phone
775-353-2279
Fax
775-353-2436

Reported Date
05/27/2021
Rpt/Incident Typ
DUI
Emp #
ARULANANTHAM, RACHEL

Administrative Information

Agency	SPARKS POLICE DEPT	OCA #	21-4367	Supplement No	ORIG	Reported Date	05/27/2021	Reported Time	20:44	CAD Call No	211471240								
Status	REPORT TO FOLLOW		Rp/Incident Typ DRIVING UNDER THE INFLUENCE																
Location	6274 VISTA BL									City	SPARKS								
ZIP Code	89436	Rep Dist	NE46	Area	SP	Beat	S2	From Date	05/27/2021	From Time	20:43								
Emp #	S432/ARULANANTHAM, RACHEL					Assignment PATROL TEAM 6 MID-DAY F-S-S													
Author	S432	Assignment	PATROL TEAM 6 MID-DAY F-S-S			RMS Transfer	Successful	Prop Trans Stat	Successful	Property?	None								
Solvability	C-SOLVABILITY		Approving Officer	S024		Approval Date	05/29/2021		Approval Time	17:35:57									
Marijuana Involvement	N																		
# Offenses	1	Offense	53900			Description	DUI, ABOVE LEGAL LIMI		Complaint Type	M	AC	Use	C A						
Bias	88	Loc	13	#Pr		MOE	Act	Weapon/Force	IBRS	90D	No	1	Cargo?	NV Offense	53900	Dom Violence?	N	# Child	
Med Atn?		Protection?		DV Card?															

Person Summary

Invl	ARR	Invl No	1	Type	I	Name	BROWN, MELODY					MNI	
Race	W	Sex	F	DOB	01/20/1961								
Invl	MED	Invl No	1	Type	I	Name	LITTLE, AMANDA					MNI	
Race	W	Sex	F	DOB	08/20/1999								
Invl	REP	Invl No	1	Type	I	Name	NOTYCE, DARYL					MNI	
Race	B	Sex	M	DOB	02/23/1980								
Invl	RVO	Invl No	1	Type	I	Name	;BROWN, ERIC					MNI	
Race	B	Sex	M	DOB									
Invl	VIC	Invl No	1	Type	S	Name	CITY OF SPARKS					MNI	
Race		Sex		DOB									

Vehicle Summary

Invl	TOW	Veh Type	1	License No		State	NV	Lic Year	2022	Year	2013	Make	AUDI	Model	S5	Style	2D	Color	RED
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ARRESTEE 1: BROWN, MELODY

Involvement ARRESTEE		Invl No 1	Type INDIVIDUAL							
Name BROWN, MELODY						MNI [REDACTED]	Race WHITE	Sex FEMALE		
DOB 01/20/1961	Age 60	Ethnicity NOT OF HISPANIC ORIGIN			Juvenile? No	Height 5'02"	Weight 150#	Hair Color BROWN	Eye Color GREEN	Skin LIGHT
Dom Violence? No	Res Status Resident	OFN_INVL 1	Vic/Ofnd Age 60	PRN 4292533						
Type HOME	Address 1 SP UNKNOWN ST									
City SPARKS	Slate Nevada	Date 05/27/2021								

Phone Type ALL CELLULAR AND/OR MOBILE PHONES	Phone No [REDACTED]	Date 05/27/2021
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Marijuana Involvement? N

Employer/School UNKNOWN

Involvement ARRESTED	Arrest Type ARRESTED	Arrest Date 05/27/2021	Arrest Time 21:10:00	Booking No 21-5901	Book Date 05/27/2021	Book Time 21:56:00	Status BOOKED
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Dispo MISDEMEANOR	Arrest Location 6274 VISTA BL									
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City SPARKS	Rep Dist NE46	Armed Unarmed	Multi-arrests Multiple	Beat S2
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NOC/Charge 53900	Counts 1	Level M	Charge Literal DUI, ABOVE LEGAL LIMI	IBRS 90D	Arrest NOC 53900
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NOC/Charge 53788	Counts 1	Level M	Charge Literal FAIL MAINT LANE/IMPR
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MEDICAL STAFF MEMBER (WC) 1: LITTLE, AMANDA

Involvement MEDICAL STAFF MEMBER (WC)		Invl No 1	Type INDIVIDUAL							
Name LITTLE, AMANDA						MNI [REDACTED]	Race WHITE	Sex FEMALE		
DOB 08/20/1999	Age 21	Juvenile? No	Height 5'06"	Weight 110#	Hair Color BROWN	Eye Color BROWN	PRN 4292534			
Type WORK/BUSINESS	Address 911 PARR BL									
City RENO	State Nevada	ZIP Code 89512	Date 05/27/2021							

Marijuana Involvement? N

Employer/School WCSO	Position/Grade PHLEBOTOM
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Location 911 PARR BL	City RENO
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State Nevada	ZIP Code 89512
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REPORTING PARTY 1: NOTYCE, DARYL

Involvement REPORTING PARTY		Invl No 1	Type INDIVIDUAL							
Name NOTYCE, DARYL						MNI [REDACTED]				
Race BLACK OR AFRICAN AMERICAN	Sex MALE	DOB 02/23/1980	Age 41	Juvenile? No	Height 5'10"	Weight 225#	Hair Color BLACK	Eye Color BROWN		
PRN 4292535										

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SPARKS POLICE DEPT

Type HOME	Address [REDACTED]		
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City SPARKS	State Nevada	ZIP Code 89436	Date 05/27/2021
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Phone Type ALL CELLULAR AND/OR MOBILE PHONES	Phone No [REDACTED]	Date 05/27/2021	Phone Type MESSAGE
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Phone No [REDACTED]	Date 05/27/2021
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Marijuana Involvement?
N

Employer/School
UNKNOWN

REGISTERED OWNER OF VEHICLE 1: ;BROWN,ERIC

Involvement REGISTERED OWNER OF VEHICLE	Invl No 1	Type INDIVIDUAL
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Name
;BROWN, ERIC

Race BLACK OR AFRICAN AMERICAN	Sex MALE	PRN 4292536
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Type HOME	Address [REDACTED]		
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City SPARKS	State Nevada	ZIP Code 89436	Date 05/27/2021
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VICTIM 1: CITY OF SPARKS

Involvement VICTIM	Invl No 1	Type SOCIETY/PUBLIC
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Name CITY OF SPARKS	MNI [REDACTED]	PRN 4292537
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IBRS Info

Victim Invl No 1	Offense Codes 90D
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Vehicle: LT52649

Veh Invl TOWED	Veh Type AUTO	License No [REDACTED]	State Nevada	Lic Year 2022	Lic Type PASSENGER CAR	Year 2013	Make Audi	Model S5
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Style COUPE, 2 DOOR	Color RED	VIN [REDACTED]	Damage RIGHT FRONT DAMAGE
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Tow By ALL POINTS TOWING 323-4002	Condition GOOD
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Tow From
6274 VISTA BL

Tow To
2801 VASSAR

Link DRV	Involvement ARR	Invl No 1	Name BROWN, MELODY	Race W	Sex F
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DOB
01/20/1961

Link RO	Involvement RVO	Invl No 1	Name ;BROWN, ERIC	Race B	Sex M
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DOB

Modus Operandi

Premise Type STREET, HIGHWAY, ALLEY	Crime Code(s) DUI
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Narrative

Details of Offense:

21-4367

Supplement No
ORIG**SPARKS POLICE DEPT****Narrative**

On 05/27/2021 at 2043 hours, Sparks Dispatch received a call about a possible intoxicated driver in the area of Vista Boulevard and Wingfield Hills Road. The reporting party, Daryl NOTYCE, advised he witnessed the vehicle, a red Audi sedan bearing NV license plate [REDACTED], driving northbound in the southbound lanes of traffic on Vista Boulevard at the intersection with S. Los Altos Parkway. The vehicle hit a S&C signal sign in the area of Vista Boulevard and S. Los Altos Parkway. NOTYCE advised the vehicle then did a U-turn into oncoming traffic to begin driving northbound on Vista Boulevard in the northbound lanes. NOTYCE said the vehicle "blew a tire" in the area of 6274 Vista Boulevard where the vehicle pulled over.

NOTYCE said the driver of the vehicle- a white female wearing a white sweatshirt with pink stripes, jeans and flip flops- exited the vehicle and approached NOTYCE in his vehicle. She began to speak with NOTYCE until officers arrived on scene.

When I arrived, the female, identified as Melody BROWN, walked around the front of her vehicle. She was using the vehicle to balance, she was slurring her speech, had red/glassy eyes and the odor of an alcoholic beverage coming from her person. BROWN said she had been driving to her residence, and she told me she had been drinking an alcoholic beverage. I asked BROWN to stand in front of me, and she needed to lean against the passenger side of the vehicle in order to remain upright.

The front right headlight of BROWN's vehicle was completely smashed, and the tread on the right front driver's tire was completely shredded.

I asked BROWN if she would consent to Field Sobriety Tests, which she said she would do. I began the Field Sobriety Tests with the medical questionnaire portion. BROWN said she did not have any medical conditions other than high blood pressure, but she said it was regulated with medication. BROWN said she typically takes her medication, unknown name, in the mornings. BROWN told me she had a "couple of glasses" of white wine about one hour prior. She could not remember when she stopped drinking, where she was drinking or when she last ate.

I then read BROWN the instructions for the Horizontal Gaze Nystagmus Test, which she said she understood. BROWN had equal tracking and equal pupil size in both eyes. She had lack of smooth pursuit in both eyes, distinct nystagmus at maximum deviation in both eyes and nystagmus onset prior to 45 degrees in both eyes.

I then read BROWN the instructions for the Walk and Turn test, which she said she understood. I read BROWN the instructions for how to position her feet for the instruction stage multiple times, and she told me she understood and claimed to be in the starting position; BROWN was standing with both her feet next to each other instead of one foot in front of the other. We were using the white edge lane line for BROWN to do the Walk and Turn Test. When BROWN began the test, she immediately turned 90 degrees and began to take steps while holding onto the front hood of her vehicle. She missed heel to toe on all these steps and then only took four steps. When she went to turn around, BROWN stumbled and almost fell. At this time, I ended the test for BROWN's safety.

We did not complete the One Leg Stand Test due to BROWN's level of intoxication and my concern for her safety.

BROWN was placed under arrest for Driving Under the Influence of Alcohol 1st (a criminal history check revealed no prior DUI arrests or convictions) and Failure to Maintain a Travel Lane.

I read BROWN the Implied Consent Warning and explained to her how we were unable to do a breath test due to COVID-19. BROWN consented to chemical testing of her blood at 2115 hours.

I spoke with construction workers in the area of Vista Boulevard and S. Los Altos Parkway who said one of their signs had been knocked over, but there was no damage.

I transported BROWN to the Washoe County Sheriff's Office Breath Room where Phlebotomist LITTLE withdrew two vials of BROWN's blood at 2144 hours. I packaged the blood and turned it in to the Washoe County Sheriff's Office Crime Lab.

BROWN was booked into the Washoe County Sheriff's Office with no further incident.

Several times during my investigation, BROWN kept telling me her husband "is the County Manager." I informed

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ORIG

SPARKS POLICE DEPT

Narrative

her I was just investigating whether she was able to drive or not.

BROWN's vehicle was towed by All Points Towing.

No further.

Final Status:

Closed/No Follow Up

DECLARATION OF PROBABLE CAUSE

ARRESTING AGENCY

- WCS NHP
- RPD PP
- SPD UNR
- RSIC

SPPD0075187C

CASE # 21-4367

COURT OF JURISDICTION _____

Smc

PHOTO # _____

OTHER _____

PRINT CLEARLY

ARRESTEE'S (Last, First, Middle) NAME BROWN, melody AKA/ALIAS _____

RESIDENCE (Street, City, State, Zip) ADDRESS 1 SA Unknown

RACE White Indian Black Asian Unknown

SEX Male Female

ETHNICITY Hispanic Non-Hispanic Unknown

DOB 01/20/61 POB CA

AGE 60 HT 5'02 WT 150 HAIR Bro EYES Grn

OCCUPATION & BUS ADDRESS Unemployed HOME PHONE _____

ARRESTEE'S VEH Stored Left at Scene Not Applicable Impounded Held to Oth Per BUS PHONE _____

NEXT OF KIN _____ SCARS, MARKS, TATTOOS _____

ARREST DATE 5/27/21 TIME 2110 LOCATION 6274 Vista Rl

OFFENSE DATE 5/27/21 TIME 2043 LOCATION " "

NRS/ORD #	NOC	BAIL	WARRANT # & DATE	CHARGE	F-Felony, G-Gross Misd, M-Misd F-G-M
<u>484C.110</u>	<u>53900</u>			<u>1 Driving Under the Influence</u>	<u>M</u>
				<u>2 of Alcohol 1st</u>	
				<u>3</u>	
<u>484B.223.1</u>	<u>53788</u>			<u>4 Failure to maintain a Travel Lane</u>	<u>M</u>
				<u>5</u>	
				<u>6</u>	
				<u>7</u>	
				<u>8</u>	

ARRESTING OFFICER(S) AND ID # Arulananthan 432 TRANSPORTING OFFICER(S) AND ID # Arulananthan 432

PRIVATE PERSON MAKING THE ARREST (Citizen Arrest) _____ REVIEWING SUPERVISOR AND ID # [Signature] 024

The undersigned, Arulananthan, a police officer, of SPD, hereby declares under penalty of perjury, that the above-named defendant has been arrested on probable cause and is subject to detention for the above-listed offense(s). Either personally or upon information and belief this officer learned the following facts and circumstances which support the arrest and detention:

See Typed

RELS TO _____ DATE _____ BY _____
DISSEMINATION IS RESTRICTED TO CRIMINAL JUSTICE AGENCIES ONLY. SECONDARY DISSEMINATION TO NON-CRIMINAL AGENCIES IS PROHIBITED.

WHEREFORE, Declarant requests that a finding be made by a magistrate that probable cause exists to hold said person for preliminary hearing (if charge is a felony or gross misdemeanor) or for trial (if charge is a misdemeanor).

Page 1 of 3 DECLARANT [Signature] I.D.# 432

REVIEWED FOR PROBABLE CAUSE (PC) PC FOUND PC NOT FOUND DATE _____ TIME _____, MAGISTRATE

DEFENDANT ORDERED RELEASED, DATE _____, MAGISTRATE

DECLARATION SUPPLEMENT

PAGE 2

Case #:21-4367

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NOTYCE said the driver of the vehicle- a white female wearing a white sweatshirt with pink stripes, jeans and flip flops- exited the vehicle and approached NOTYCE in his vehicle. She began to speak with NOTYCE until officers arrived on scene.

When I arrived, the female, identified as Melody BROWN, walked around the front of her vehicle. She was using the vehicle to balance, she was slurring her speech, had red/glassy eyes and the odor of an alcoholic beverage coming from her person. BROWN said she had been driving to her residence, and she told me she had been drinking an alcoholic beverage. I asked BROWN to stand in front of me, and she needed to lean against the passenger side of the vehicle in order to remain upright.

The front right headlight of BROWN's vehicle was completely smashed, and the tread on the right front driver's tire was completely shredded.

I asked BROWN if she would consent to Field Sobriety Tests, which she said she would do. I began the Field Sobriety Tests with the medical questionnaire portion. BROWN said she did not have any medical conditions other than high blood pressure, but she said it was regulated with medication. BROWN said she typically takes her medication, unknown name, in the mornings. BROWN told me she had a "couple of glasses" of white wine about one hour prior. She could not remember when she stopped drinking, where she was drinking or when she last ate.

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Wherefore, Declarant requests that a finding be made by magistrate that probable cause exists to hold said person for preliminary hearing (if charge is a felony or gross misdemeanor) or for trial (if charge is a misdemeanor.)

REVIEW FOR PROBABLE CAUSE (PC) _____ DECLARANT [Signature] ID# 432
PC FOUND _____ PC NOT FOUND _____
DATE _____ MAGISTRATE _____ PAGE 2 OF 3
DEFENDANT ORDERED RELEASED, DATE _____ MAGISTRATE _____

DECLARATION SUPPLEMENT

PAGE 3

Case #:21-4367

When BROWN began the test, she immediately turned 90 degrees and began to take steps while holding onto the front hood of her vehicle. She missed heel to toe on all these steps and then only took four steps. When she went to turn around, BROWN stumbled and almost fell. At this time, I ended the test for BROWN's safety.

We did not complete the One Leg Stand Test due to BROWN's level of intoxication and my concern for her safety.

BROWN was placed under arrest for Driving Under the Influence of Alcohol 1st (a criminal history check revealed no prior DUI arrests or convictions) and Failure to Maintain a Travel Lane.

I read BROWN the Implied Consent Warning and explained to her how we were unable to do a breath test due to COVID-19. BROWN consented to chemical testing of her blood at 2115 hours.

I transported BROWN to the Washoe County Sheriff's Office Breath Room where Phlebotomist LITTLE withdrew two vials of BROWN's blood at 2144 hours. I packaged the blood and turned it in to the Washoe County Sheriff's Office Crime Lab.

BROWN was booked into the Washoe County Sheriff's Office with no further incident.

No further.

Wherefore, Declarant requests that a finding be made by magistrate that probable cause exists to hold said person for preliminary hearing (if charge is a felony or gross misdemeanor) or for trial (if charge is a misdemeanor.)

REVIEW FOR PROBABLE CAUSE (PC)

DECLARANT

Paully Hill

ID#

432

PC FOUND _____

PC NOT FOUND _____

DATE _____

MAGISTRATE

PAGE

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OF

3

DEFENDANT ORDERED RELEASED, DATE _____

MAGISTRATE

IN THE MUNICIPAL COURT OF THE CITY OF SPARKS

COUNTY OF WASHOE, STATE OF NEVADA

CITY OF SPARKS,



Plaintiff,

v.

CRIMINAL COMPLAINT

Melody BROWN

Case # 21-4367

Defendant.

I, the undersigned, upon information and belief hereby complain and say that

Melody BROWN

, has committed the crime of DUI, to wit:

That said defendant, on or about the 27 day of May, 2021, in the vicinity of

6274 Vista Boulevard, in the City of Sparks, State of Nevada, did drive or was in actual

physical control of a vehicle on a street, highway, alley or premises to which the public has access while:

- under the influence of intoxicating liquor and/or having a concentration of alcohol of 0.08 or more in his/her blood or breath, or
- was found by measurement within two hours of driving or being in actual physical control of the vehicle to have a concentration of alcohol of 0.08 or more in his/her blood or breath, or
- under the influence of marijuana; or
- under the influence of any controlled substance; or
- under the combined influence of intoxicating liquor and/or a prohibited or controlled substance, and/or marijuana; or
- under the combined influence of intoxicating liquor and a controlled substance; or
- under the influence of any chemical, poison or organic solvent, or any compound or combination of any of these to a degree which rendered him/her incapable of safely driving or being in actual physical control of a vehicle.

All of which is in violation of NRS Section 484.C.110 as adopted by Section 1.12.050 of the Sparks Municipal Code, and I therefore request that said defendant be dealt with according to law.

I hereby declare upon information and belief under penalty of perjury pursuant to NRS 171.102, that the foregoing is true and correct to the best of my knowledge.

Handwritten signature

Dated: May 27, 2021

Handwritten initials

IN THE MUNICIPAL COURT OF THE CITY OF SPARKS
COUNTY OF WASHOE, STATE OF NEVADA

SOE

CITY OF SPARKS,

Plaintiff,

v.

CRIMINAL COMPLAINT

Melody BROWN

Case # 21-4367

Defendant.

_____ /

I, Officer ARULANANTHAM, hereby complain and say that one

Melody BROWN, has committed the crime of

Failure to Maintain a Travel Lane, to wit:

That said defendant, on or about the 27 day of May, 2021, in the City of Sparks, County of Washoe, State of Nevada, did fail to operate her motor vehicle entirely within one lane of traffic; she exited her lane of travel and struck a construction signal.

All of which is in violation of NRS Section 484B.223.1

as adopted by Section 1.12.050 of the Sparks Municipal Code and I therefore request that said defendant be dealt with according to law.

I hereby declare upon information and belief under penalty of perjury pursuant to NRS 171.102, that the foregoing is true and correct to the best of my knowledge.

Officer: Nandy AHA

Dated: May 27th, 2021

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SPARKS POLICE DEPARTMENT UNDER THE INFLUENCE ARREST SUPPLEMENT

Case Number
21-4367

Defendant's Name BROWN, melody	Officer and ID Number Arcularathan 432	Date 5/27/21	Time 2058
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FIELD INTERVIEW

INSTRUCTIONS 1) Ask the Defendant the following questions; 2) Only rephrase a question if the Defendant cannot understand it; 3) Record the Defendant's answer/response to each question asked in the space provided.

Do you know where you are now? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Where? Somewhere in Sparks	Without looking at your watch, what time is it? 9pm	Actual Time: 2058	Do you wear a Medical Alert Bracelet/Identification? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Why?
---	--	--------------------------	--

Is there anything mechanically wrong with your vehicle? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No What?	Are you sleepy, tired or fatigued? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No When did you last sleep? How Long?	Are you overweight? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No How much?
--	--	--

Are you under a Doctor's/Dentist's care? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Reason:	Doctor's/Dentist's name and address N/A
---	---

Are you taking any prescribed medication? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No What? Unknown	Reason for medication? blood pressure	Last dose morning
---	---	-----------------------------

Are you sick or injured? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Describe:	Medication N/A	Treatment/Doctor N/A
---	--------------------------	--------------------------------

Are you diabetic or epileptic? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Which?	Do you take Insulin/Medication? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Treatment/Doctor N/A
--	---	--------------------------------

Do you have any diseases? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Describe:	Medication N/A	Treatment/Doctor N/A
--	--------------------------	--------------------------------

Have you had a head injury, any illness affecting the brain, or bumped your head recently? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Describe	When? N/A	Medication N/A	Treatment/Doctor N/A
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Is there anything wrong with your inner ear/ear drum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Describe:	Is there anything wrong with your ability to speak? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Describe:	Dentures? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	--	--

Have you used a mouth wash or breath spray recently? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No How long ago?	Do you have any physical defects or disabilities? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Part of the body affected: <input type="checkbox"/> Feet <input type="checkbox"/> Ankles <input type="checkbox"/> Legs <input type="checkbox"/> Knees <input type="checkbox"/> Hips <input type="checkbox"/> Lower Back <input type="checkbox"/> Wrists <input type="checkbox"/> Upper Back <input type="checkbox"/> Neck <input type="checkbox"/> Shoulders <input type="checkbox"/> Arms <input type="checkbox"/> Elbows <input type="checkbox"/> Hands <input type="checkbox"/> Other _____
---	--

Do you have high Blood pressure or heart disease? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No high blood pressure	Medication unknown	Treatment/Doctor unknown
---	------------------------------	------------------------------------

Have you been drinking an alcoholic beverage? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No What and how much? white wine; couple glasses	Where? unknown restaurant
---	-------------------------------------

How long since your last drink? 1hr ago	Time Started? 6pm	Time Stopped? unknown	When did you last eat? unknown	What did you eat? unknown
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Have you used any controlled substances or dangerous drugs? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Type?	How much/dose? N/A	When/How long ago? N/A	Where? N/A
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FIELD SOBRIETY TESTS

Location of FST? Side of Street	Surface conditions during the FST (Describe)? Pavement
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Weather conditions during the FST (Describe)? clear	Lighting conditions during the FST (Describe)? flashlights
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General Observations: **slurred speech**

Odor of Alcohol: None Slight Moderate Strong

Speech: **slurred speech**

Attitude: **Cooperative**

Clothing: **jeans, flip flops, blouse**

Other: **red, watery - watery eyes**

STANDARDIZED FIELD SOBRIETY TESTS

HORIZONTAL GAZE NYSTAGMUS TEST

INSTRUCTIONS	CLUES AND PERFORMANCE																
<ul style="list-style-type: none"> I am going to look at your eyes <i>right index</i> Focus your eyes on the tip of this <i>right index</i> Follow this <i>right index</i> with your eyes only, do not move your head. Do you understand? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 	<p>EVALUATION</p> <p>Suspect wearing contacts? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p style="margin-left: 40px;"><input type="checkbox"/> Hard Lenses <input type="checkbox"/> Soft Lenses</p> <p><input checked="" type="checkbox"/> Check for equal tracking.</p> <p><input checked="" type="checkbox"/> Check pupil size</p>	<p>Answers are Y (yes or N (no))</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: center;">Left</td> <td style="text-align: center;">Right</td> </tr> <tr> <td>• Lack of smooth pursuit</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>• Distinct nystagmus at maximum deviation</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>• Nystagmus onset prior to 45 degrees</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>• Vertical nystagmus</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>		Left	Right	• Lack of smooth pursuit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	• Distinct nystagmus at maximum deviation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	• Nystagmus onset prior to 45 degrees	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	• Vertical nystagmus	<input type="checkbox"/>	<input type="checkbox"/>
	Left	Right															
• Lack of smooth pursuit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>															
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• Nystagmus onset prior to 45 degrees	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>															
• Vertical nystagmus	<input type="checkbox"/>	<input type="checkbox"/>															

WALK AND TURN

INSTRUCTIONS	CLUES AND PERFORMANCE																												
<ul style="list-style-type: none"> Put your left foot on the line and then place your right foot in front of your left foot with the heel and toe touching. Place your arms down at your side like this (demonstrate). Remain in this position until I tell you to begin. Do you understand? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No When I tell you to begin, take nine heel to toe steps down the line like this (demonstrate three steps) "one, two, three and so on until you reach nine". On your ninth step. I want you to turn around like this "keeping your front foot on the line, and with your back foot take a series of small steps like this" (demonstrate the turn). Return by taking nine heel to toe steps down the line like this (demonstrate three steps) "one, two, three and so on until your reach nine". Keep your hands down at your sides. Watch your feet and count each step out loud. Once you start the test do not stop until you have completed it. Do you understand? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Begin and count your first step with the left foot as one. 	<p>INSTRUCTION STAGE</p> <ul style="list-style-type: none"> Cannot keep balance _____ Starts too soon _____ <p>WALKING STAGE</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: center;">First Nine</td> <td style="text-align: center;">Second Nine</td> </tr> <tr> <td>• Stops walking (S)</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>• Misses heel to toe (M)</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>• Steps off line (←or→)</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>• Raises arms (R)</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>• Number of steps taken</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>• Improper turn</td> <td colspan="2">_____</td> </tr> <tr> <td>(Describe)</td> <td colspan="2">_____</td> </tr> <tr> <td>• Type of footwear:</td> <td colspan="2">_____</td> </tr> </table>		First Nine	Second Nine	• Stops walking (S)	_____	_____	• Misses heel to toe (M)	_____	_____	• Steps off line (←or→)	_____	_____	• Raises arms (R)	_____	_____	• Number of steps taken	_____	_____	• Improper turn	_____		(Describe)	_____		• Type of footwear:	_____		<p style="text-align: center; font-size: 2em; font-weight: bold;">unable to do</p>
	First Nine	Second Nine																											
• Stops walking (S)	_____	_____																											
• Misses heel to toe (M)	_____	_____																											
• Steps off line (←or→)	_____	_____																											
• Raises arms (R)	_____	_____																											
• Number of steps taken	_____	_____																											
• Improper turn	_____																												
(Describe)	_____																												
• Type of footwear:	_____																												

ONE LEG STAND

INSTRUCTIONS	CLUES AND PERFORMANCE																
<ul style="list-style-type: none"> Please stand with your heels together and your arms down at your side. Do not start the test until I tell you. Do you understand? <input type="checkbox"/> Yes <input type="checkbox"/> No When I tell you to begin, I want you to raise either foot 6 inches off the ground and point your foot like this. At the same time I want you to count out loud in this fashion, 1001, 1002, 1003, and so on until I tell you to stop. Keep watching your elevated foot. Do you understand? <input type="checkbox"/> Yes <input type="checkbox"/> No You may begin by raising either foot. 	<p>Type of footwear: _____</p> <p>Footwear removed: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="font-size: 2em; font-weight: bold; text-align: center;">did not complete due to safety</p> <p>NOTE: Officer is to time the test for 30 seconds unless the test is stopped for safety reasons.</p> <p>Cannot do test (explain) _____</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">L</td> <td style="text-align: center;">R</td> <td></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Sways while balancing</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Used arms to balance</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Hopping</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Puts foot down</td> </tr> </table>	L	R		<input type="checkbox"/>	<input type="checkbox"/>	Sways while balancing	<input type="checkbox"/>	<input type="checkbox"/>	Used arms to balance	<input type="checkbox"/>	<input type="checkbox"/>	Hopping	<input type="checkbox"/>	<input type="checkbox"/>	Puts foot down
L	R																
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<input type="checkbox"/>	<input type="checkbox"/>	Hopping															
<input type="checkbox"/>	<input type="checkbox"/>	Puts foot down															

PRELIMINARY BREATH TEST

Time Administered: unable PBT Number: do COVID PBT Results: _____

IMPLIED CONSENT ADMONISHMENT (READ FROM DL-45)

Time Read: 2115 Response: Breath Blood Refused Forced Draw? Yes No Phlebotomist: Little

Officer Signature and ID Number <i>[Signature]</i>	Assignment <u>swing patrol</u>	Reviewed by
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SPD Case No. 21-4367

IMPLIED CONSENT WARNING

1. Because you are suspected of driving under the influence, the law allows chemical testing to determine the alcohol and/or controlled substance content of your blood or breath. The testing may be done with your consent and cooperation, or if authorized, by court order.
2. If this is a first offense, you may choose to give a blood or breath sample, where available. If you choose breath, you must give two or more consecutive samples.
3. If this is either than a first offense, or reasonable grounds exist to believe that you have caused death or substantial bodily harm to another person, you may be asked to submit to a blood test.
4. If reasonable grounds exist to believe that the presence of a controlled substance is in issue, you may be required to a blood and/or urine test, in addition to a breath test.
5. If you do not consent to the requested chemical test, the law allows me apply for a court order authorizing the withdrawal of up to three samples of your blood without your consent, using reasonable force if necessary.
6. Testing will not be delayed in order for you to speak to your attorney.

A. *If seeking a breath test, ask:*

a. Do you consent to a chemical test?

1. *If no apply for court order authorizing blood draw.*

2. *If yes, ask "Do you choose blood or breath?"* _____

B. *If blood test is requested:*

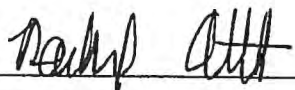
1. Will you consent to chemical testing of your blood? Sure

2. *If no, apply for court order.*

REFUSED. APPLICATION MADE FOR COURT ORDER

DATE: 5/27/2021

TIME: 2115

SIGNATURE OF OFFICER: 

BADGE NUMBER: 432

DECLARATION

Case # 21-4367

COPY

Control # 
T085439

I, Amanda Little, do hereby declare, under penalty of perjury, that the assertions of this Declaration are true and correct. I am a/an EMT/Lab Assistant, employed by NaphCare Inc., at Washoe County Detention Facility (WCDF) located at 911 Parr Blvd., Reno, Nevada, 89512.

As part of my duties, I withdraw blood samples from the persons and I am authorized to do so by Eloy Ituarte, M.D., the county Medical Director for NaphCare Inc., at WCDF. I am also authorized to draw blood samples by the State of Nevada Division of Public and Behavioral Health, the Nevada State Board of Nursing, or other governing authority.

On May 27, 2021, at 2144 hours, I withdrew a sample of blood in a medical accepted manner from a person identified to me as

Brown, Melody
(Name of individual)

I kept the sample in my sole custody or control in substantially the same condition as when I first obtained it, until I delivered it to

Arvi Ananthan, 432, SPD on May 27, 2021 at 2144 hours
(Officer, Badge #, Agency)

Dated this 27 day of May, 2021.

A Little EMT/Lab Assistant
Signature and Title

Witnessed this 27 day of May, 2021

[Signature]
Signature of Witness



SPARKS POLICE

STATEMENT

OFFICE USE ONLY

CASE NO.: 21-4367

CASE TYPE: DUI

TAKEN BY: Arulanantham

PERSON MAKING THE STATEMENT

NAME OF PERSON MAKING STATEMENT: DARYL NOTICE OTHER NAMES USED

RESIDENCE ADDRESS: [REDACTED] HOME PHONE: N/A

WORK / SCHOOL ADDRESS: [REDACTED] WORK PHONE: [REDACTED]

RACE: [REDACTED] SEX: Male DATE OF BIRTH: 2/23/80 HEIGHT: 5'10 WEIGHT: 240 HAIR: blk EYES: BRN DRIVER'S LIC. / STATE I.D. NUMBER: [REDACTED] STATE: [REDACTED] EMAIL ADDRESS: [REDACTED]

BUSINESS / SCHOOL NAME: [REDACTED] OCCUPATION / GRADE: [REDACTED] WORK HOURS DAYS OFF: M T W T F S S

INVOLVEMENT: Driver, Passenger, Complainant, Victim, Witness LOCATION OF OCCURRENCE: [REDACTED]

AUTO / MOTORCYCLE / TRUCK / OTHER: [REDACTED] MAKE: [REDACTED] MODEL: [REDACTED] YEAR: [REDACTED] LICENSE NO./REGISTRATION: [REDACTED] STATE: [REDACTED] YEAR: [REDACTED] VEHICLE COLOR(S): [REDACTED]

IDENTIFYING FEATURES / ACCESSORIES: [REDACTED] VEHICLE VALUE: [REDACTED] VEHICLE IDENTIFICATION NUMBER: [REDACTED]

STOLEN VEHICLE WAIVER

Know all persons by those presents: That I, [REDACTED] of the City of [REDACTED], County of [REDACTED], State of [REDACTED], do by these presents, for myself, my heirs, executors, administrators or assigns, release each, every, and all duly-appointed peace officers of a city, county or of the State of Nevada, from any claim, action demand, dues, sums of money, controversies, trespasses, judgments, executions, claims and demands whatsoever, in law or in equity, I ever had or now have or which I, or my heirs, executors, administrators or assigns, hereinafter can, shall or may have against any peace officer or peace officers, for, upon or by reason of any matter, cause, or thing whatsoever, as a result of said peace officer or peace officers recovering, holding, storing, or conveying the above-described vehicle, pursuant to the stolen report which I have this day made. I understand that I am liable for all towing and storage charges incurred during the recovery of the vehicle.

SIGNATURE OF OWNER / AGENT

CONSENT TO RELEASE MEDICAL RECORDS

I, [REDACTED], do hereby knowingly and voluntarily authorize [REDACTED] or any Detective of the Sparks Police to request and obtain any and all medical treatment records from [REDACTED] to [REDACTED] for [REDACTED]

Name of Patient: [REDACTED] Date of Birth: [REDACTED] SSN: [REDACTED] Start Date: [REDACTED] End Date: [REDACTED] The purpose of this request concerns an investigation involving the person subject to the medical record inquiry. I realize I have the right to refuse this request.

Signature of Person Authorizing

Signature of Witness

WRITTEN STATEMENT

1 Driver came down wrong side of the road in construction zone
2 on the corner of Vista & Los Altos into oncoming traffic.
3 Hit the SBC signal sign, did a U-turn into oncoming
4 traffic. Proceeded to drive on Vista the N-bound swimming
5 into both lanes of the road. Her tire blew & she
6 ended up pulling over right before the light at
7 Wingfield parkway & got out of the car & came to
8 mine, talking to me until officers arrived

DATE & TIME OF THE STATEMENT: Date 5/27/21 Time 9:00 pm

NRS 207.280 MAKES IT UNLAWFUL TO FILE A FALSE POLICE REPORT

NUMBER OF PAGES IN STATEMENT

SIGNATURE OF PERSON MAKING THIS STATEMENT X [Signature]

SPARKS POLICE DEPARTMENT VEHICLE INVENTORY REPORT

IMPOUND RECOVERY EVIDENCE FORFEITURE

SMC 10.60.380 NRS 484.397 NRS 484.397 NRS 179.1165

SPARKS CASE NO. 21-4367

PRIMARY REPORT/INCIDENT TYPE DUI

BUSINESS NAME _____

ADDRESS/LOCATION VEITA / WINGFIELD HILLS RD APT/SUITE _____

REPORTED DATE/TIME MO. 5 DAY 27 YEAR 21 WK. DAY Thurs TIME 2:43

PERSON REPORTING (Signature) _____
 NRS 207.280 MAKES IT UNLAWFUL TO FILE A FALSE POLICE REPORT X

FROM DATE/TIME _____ Reporting Officer B. YBE 145 ID No. _____

TO DATE/TIME _____ Approving Supervisor [Signature] ID No. 024

OFFENSE TYPE #1 <input type="checkbox"/> MISD <input type="checkbox"/> GM <input type="checkbox"/> F <input type="checkbox"/> INFO <input type="checkbox"/> COURTESY NRS/SMC _____	OFFENSE TYPE #4 <input type="checkbox"/> MISD <input type="checkbox"/> GM <input type="checkbox"/> F <input type="checkbox"/> INFO <input type="checkbox"/> COURTESY NRS/SMC _____
OFFENSE TYPE #2 <input type="checkbox"/> MISD <input type="checkbox"/> GM <input type="checkbox"/> F <input type="checkbox"/> INFO <input type="checkbox"/> COURTESY NRS/SMC _____	OFFENSE TYPE #5 <input type="checkbox"/> MISD <input type="checkbox"/> GM <input type="checkbox"/> F <input type="checkbox"/> INFO <input type="checkbox"/> COURTESY NRS/SMC _____
OFFENSE TYPE #3 <input type="checkbox"/> MISD <input type="checkbox"/> GM <input type="checkbox"/> F <input type="checkbox"/> INFO <input type="checkbox"/> COURTESY NRS/SMC _____	OFFENSE TYPE #6 <input type="checkbox"/> MISD <input type="checkbox"/> GM <input type="checkbox"/> F <input type="checkbox"/> INFO <input type="checkbox"/> COURTESY NRS/SMC _____

CASE CROSS REFERENCE 1 REASON (MANDATORY) SAME: AREA M.O. SUBJ SUSP VEHICLE TYPE

CASE CROSS REFERENCE 2 REASON (MANDATORY) SAME: AREA M.O. SUBJ SUSP VEHICLE TYPE

PHOTOS TAKEN YES NO AMT _____

WHO _____

FINAL STATUS OPEN OPEN EXCA CLOSED EXCEPT/ADULT

CLOS CLOSED/NO FOLLOW-UP EXCJ CLOSED EXCEPT/JUV.

CLOS SUSPENDED COUR COURTESY REPORT

UNFD UNFOUNDED INFO INFO ONLY

VEHICLE TYPE: 1 AUTO 2 TRUCK / VAN 3 MOTORCYCLE 4 CAMPER / RV

5 TRAILER 6 BUS 9 OTHER

VEHICLE INFORMATION

INV TYPE <u>TOW</u>	VEH TYP <u>1</u>	LICENSE NUMBER <u>[REDACTED]</u>	STATE <u>NV</u>	LIC YEAR <u>2022</u>	LIC TYPE <u>[REDACTED]</u>	VIN <u>[REDACTED]</u>	YEAR <u>2013</u>	MAKE <u>AUD</u>
MODEL <u>SS</u>	STYLE <u>ZDR</u>	COLOR <u>RED</u>	REGISTERED OWNER <u>BROWN, ERIC</u>					
STOLEN VALUE <u>N/A</u>	RECOVERED VALUE <u>N/A</u>	SPECIAL FEATURES <u>[REDACTED]</u>						

VEHICLE DISPO

DES DESTROYED

FOR FORFEITURE

REC RELEASED TO TOW COMPANY

REI RELEASED TO INSURANCE COMPANY

REL RELEASED TO OWNER

RET RETAINED

SLD SOLD/AUCTIONED

TFE TOWED FOR EVIDENCE

TFO TOWED FOR OWNER

TOW TOWED

HAS REGISTERED OWNER BEEN NOTIFIED OF TOW? YES NO X

SIGNATURE - ACKNOWLEDGEMENT OF RECEIPT _____

NOTIFICATION OF STORAGE: CERTIFIED LETTER IN PERSON

WERE PHOTOGRAPHS TAKEN? YES NO LATENT PRINTS? YES NO BY WHOM? _____

OTHER PROCESSING: YES NO IF YES, DESCRIBE: _____

LOCATION OF KEYS: WITH VEHICLE IN EVIDENCE UNKNOWN

IF STOLEN/EMBEZZLED, HAS REPORTING AGENCY BEEN ADVISED OF RECOVERY? YES NO N/A

ORIGINAL AGENCY: _____ CASE #: _____

VEHICLE INVENTORY

YES	NO	UNK	GENERAL CONDITION						
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	RADIO/STEREO	L.F. TIRE	<input type="checkbox"/> EXCELLENT	<input type="checkbox"/> GOOD	<input type="checkbox"/> FAIR	<input type="checkbox"/> POOR	<input checked="" type="checkbox"/> WRECKED
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FRONT PLATE	R.F. TIRE	<input type="checkbox"/> EXCELLENT	<input type="checkbox"/> GOOD	<input type="checkbox"/> FAIR	<input type="checkbox"/> POOR	<input type="checkbox"/> WRECKED
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	REAR PLATE	L.R. TIRE	<input type="checkbox"/> EXCELLENT	<input type="checkbox"/> GOOD	<input type="checkbox"/> FAIR	<input type="checkbox"/> POOR	<input type="checkbox"/> WRECKED
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BUMPER (FRONT)	R.R. TIRE	<input type="checkbox"/> EXCELLENT	<input type="checkbox"/> GOOD	<input type="checkbox"/> FAIR	<input type="checkbox"/> POOR	<input type="checkbox"/> WRECKED
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BUMPER (REAR)	WHEELS	<input type="checkbox"/> EXCELLENT	<input type="checkbox"/> GOOD	<input type="checkbox"/> FAIR	<input type="checkbox"/> POOR	<input type="checkbox"/> WRECKED
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BATTERY	FENDERS	<input type="checkbox"/> EXCELLENT	<input type="checkbox"/> GOOD	<input type="checkbox"/> FAIR	<input type="checkbox"/> POOR	<input type="checkbox"/> WRECKED
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HUB CAPS	BODY, HOOD	<input type="checkbox"/> EXCELLENT	<input type="checkbox"/> GOOD	<input type="checkbox"/> FAIR	<input type="checkbox"/> POOR	<input type="checkbox"/> WRECKED
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SPARE TIRE	TOP	<input type="checkbox"/> EXCELLENT	<input type="checkbox"/> GOOD	<input type="checkbox"/> FAIR	<input type="checkbox"/> POOR	<input type="checkbox"/> WRECKED
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MOTOR	GRILL	<input type="checkbox"/> EXCELLENT	<input type="checkbox"/> GOOD	<input type="checkbox"/> FAIR	<input type="checkbox"/> POOR	<input type="checkbox"/> WRECKED
			UPHOLSTERY		<input type="checkbox"/> EXCELLENT	<input type="checkbox"/> GOOD	<input type="checkbox"/> FAIR	<input type="checkbox"/> POOR	<input type="checkbox"/> WRECKED

1 Over Ride 2 Under Ride

EXTENT OF DAMAGE

1) Minor 4) Total

2) Moderate 5) None Visible

3) Major

DAMAGED AREAS

1) Front

2) Right Side

3) Left Side

4) Rear

5) Right Front

6) Right Rear

7) Top

8) Under Carriage

9) Left Front

10) Left Rear

11) None Visible

OTHER DAMAGE: _____

LIST PROPERTY, TOOLS, OTHER ITEMS: BLK UMBRELLA, BLUE JACKET, BLK BLANKET

VEHICLE TOWED BY: ALL POINTS PHONE: 323-4002

VEHICLE STORED OR IMPOUNDED AT: 2801 CASSAR ST

RELEASE CONDITIONS: _____

VEHICLE RELEASED TO: [Signature]

SIGNATURE OF RESPONSIBLE/AGENT STORING VEHICLE _____ DATE _____ TIME _____

UNLAWFUL DISSEMINATION OF THIS RESTRICTED INFORMATION IS PROHIBITED. VIOLATION WILL SUBJECT THE OFFENDER TO CIVIL AND CRIMINAL LIABILITY.

RELEASE TO _____ DATE _____ BY _____

DISTRIBUTION: CA DET P&P SOC SER DATA ENTRY _____

VA PAT DA JJC SMC SJC RMC RJC

OTHER _____ SPLIT _____

SPARKS POLICE DEPARTMENT


Notice to Registered Owner of Storage of Vehicle

Date: 05-28-21

Case #: 21-4367

I hereby certify that on this 28th day of May 2021, I deposited a copy of the Notice to Registered Owner of Storage of Vehicle in a sealed envelope in the United States, Mail, postage pre-paid, to the following:

Eric Brown



Sparks, NV 89436

- Notification Made In Person
- No Registered Owner Listed on Notice of Storage Form
- Other

Comments:

Name:
Helen Elliott

Signature:
Helen Elliott

Processed by:
Patrol Division

Event Number: 56		STATE OF NEVADA TRAFFIC CRASH REPORT SCENE INFORMATION SHEET Revised 11/2020			Crash Number: SPPD21-4367		Scene Information				
Code Revision: 11/2017								<input checked="" type="checkbox"/> 1) Property <input type="checkbox"/> 2) Injury <input type="checkbox"/> 3) Fatal			
<input checked="" type="checkbox"/> 1) Urban <input type="checkbox"/> 2) Rural	<input type="checkbox"/> 1) Emergency Use <input checked="" type="checkbox"/> 2) Office Report	<input checked="" type="checkbox"/> 1) Preliminary Report <input type="checkbox"/> 3) Supplement Report <input type="checkbox"/> 2) Initial Report		<input type="checkbox"/> 1) Hit and Run <input type="checkbox"/> 2) Private Property		Agency Name: Sparks PD					
Crash Date 05/27/2021		Time 2043	Day Thu	Beat / Sector S2	<input type="checkbox"/> 1) County <input checked="" type="checkbox"/> 2) City SPARKS						
Is this a Secondary Collision: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Roadway Clearance Time:			Incident Clearance Time:						
		# Vehicles 1	# Non Motorists 0	# Occupants 1	# Fatalities 0	# Injured 0	# Restrained 1				
Occurred On: (Highway # or Street Name) <input type="checkbox"/> 1) Parking Lot 6274 VISTA BLVD <input type="checkbox"/> 2) Active School Zone					Latitude 39.35		Longitude 119.42				
<input type="checkbox"/> 1) At Intersection With:					Mile Marker _____ Of: _____ or _____ Cross Street: VISTA DEL RANCHO PKWY						
Roadway Character <input type="checkbox"/> 1) Curve & Grade <input type="checkbox"/> 2) Curve & Hillcrest <input type="checkbox"/> 3) Curve & Level <input type="checkbox"/> 4) Straight & Grade <input checked="" type="checkbox"/> 5) Straight & Hillcrest <input type="checkbox"/> 6) Straight & Level <input type="checkbox"/> 7) Unknown <input type="checkbox"/> 8) Other		Roadway Conditions <input checked="" type="checkbox"/> 1) Dry <input type="checkbox"/> 7) Slush <input type="checkbox"/> 2) Icy <input type="checkbox"/> 8) Standing Water <input type="checkbox"/> 3) Wet <input type="checkbox"/> 9) Moving Water <input type="checkbox"/> 4) Snow <input type="checkbox"/> 10) Unknown <input type="checkbox"/> 5) Sand / Mud / Dirt / Gravel <input type="checkbox"/> 6) Other <input type="checkbox"/> 11) Oil		Surface <input checked="" type="checkbox"/> 1) Asphalt <input type="checkbox"/> 2) Concrete <input type="checkbox"/> 3) Gravel <input type="checkbox"/> 4) Dirt <input type="checkbox"/> 5) Other	Intersection <input type="checkbox"/> 1) Four Way <input type="checkbox"/> 4) Y <input type="checkbox"/> 2) > Four Way <input type="checkbox"/> 5) Roundabout <input type="checkbox"/> 3) T <input type="checkbox"/> 7) L <input checked="" type="checkbox"/> 6) Other <p style="text-align: center;"><u>NO INTERSECTION</u></p>		Total Thru Lanes Main Road <input type="checkbox"/> 1) One <input checked="" type="checkbox"/> 2) Two <input type="checkbox"/> 3) Three <input type="checkbox"/> 4) Four <input type="checkbox"/> 5) > 5 Total All Lanes: 4	Access Control <input type="checkbox"/> 1) None <input checked="" type="checkbox"/> 2) Full <input type="checkbox"/> 3) Partial			
Pavement Markings <input type="checkbox"/> 1) Centerline, Broken Yellow <input type="checkbox"/> 2) Centerline, Solid Yellow <input type="checkbox"/> 3) Centerline, Double Yellow <input checked="" type="checkbox"/> 4) Lane Line, Broken White <input type="checkbox"/> 5) Lane Line, Solid White <input type="checkbox"/> 6) No Passing, Either Direction <input type="checkbox"/> 7) Turn Arrow Symbols			<input type="checkbox"/> 8) Center Turn Lane Line <input type="checkbox"/> 9) Edge Line, Left Yellow <input type="checkbox"/> 10) Edge Line, Right White <input type="checkbox"/> 11) Other <input type="checkbox"/> 12) None <input type="checkbox"/> 13) Unknown		Roadway Description <input type="checkbox"/> 1) Two-Way, Not Divided <input type="checkbox"/> 2) Two-Way, Divided, Unpro, Median <input checked="" type="checkbox"/> 3) Two-Way, Divided, Median Barrier <input type="checkbox"/> 4) One-Way, Not Divided <input type="checkbox"/> 5) Unknown <input type="checkbox"/> 6) Off Road		Weather Conditions <input checked="" type="checkbox"/> 1) Clear <input type="checkbox"/> 7) Fog, Smog, Smoke, Ash <input type="checkbox"/> 2) Cloudy <input type="checkbox"/> 8) Severe Crosswinds <input type="checkbox"/> 3) Snow <input type="checkbox"/> 9) Sleet / Hail <input type="checkbox"/> 4) Rain <input type="checkbox"/> 10) Unknown <input type="checkbox"/> 5) Blowing Sand, Dirt, Soil <input type="checkbox"/> 6) Other <input type="checkbox"/> 11) Blowing Snow				
Light Conditions <input type="checkbox"/> 1) Dusk <input type="checkbox"/> 6) Dark—No Roadway Lighting <input type="checkbox"/> 2) Dawn <input checked="" type="checkbox"/> 7) Dark—Spot Roadway Lighting <input type="checkbox"/> 3) Daylight <input type="checkbox"/> 8) Dark—Continuous Roadway Lighting <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 9) Dark—Unknown Roadway Lighting <input type="checkbox"/> 5) Other _____		Vehicle Collision Type <input type="checkbox"/> 1) Head On <input type="checkbox"/> 6) Sideswipe - Meeting <input type="checkbox"/> 2) Rear End <input type="checkbox"/> 7) Sideswipe - Overtaking <input type="checkbox"/> 3) Backing <input checked="" type="checkbox"/> 8) Non Collision <input type="checkbox"/> 4) Angle <input type="checkbox"/> 9) Unknown <input type="checkbox"/> 5) Rear to Rear <input type="checkbox"/> 10) Rear to Side		Location of First Event <input checked="" type="checkbox"/> 1) Travel Lane 1 <input type="checkbox"/> 6) Outside Shoulder <input type="checkbox"/> 11) Ramp <input type="checkbox"/> 2) Turn Lane _____ <input type="checkbox"/> 7) Intersection <input type="checkbox"/> 12) Unknown <input type="checkbox"/> 3) Gore <input type="checkbox"/> 8) Private Property <input type="checkbox"/> 13) Separator <input type="checkbox"/> 4) Median <input type="checkbox"/> 9) Roadside <input type="checkbox"/> 14) Parking Lane/Zone <input type="checkbox"/> 5) Inside Shoulder <input type="checkbox"/> 10) Other _____							
Roadway / Environment Factors <input checked="" type="checkbox"/> 1) None <input type="checkbox"/> 10) Wet, Icy, Snow, Slush <input type="checkbox"/> 2) Weather <input type="checkbox"/> 11) Ruts, Holes, Bumps <input type="checkbox"/> 3) Debris <input type="checkbox"/> 14) Animal in Roadway <input type="checkbox"/> 4) Glare <input type="checkbox"/> 15) Unknown <input type="checkbox"/> 5) Other Roadway _____ <input type="checkbox"/> 6) Other Environmental _____ <input type="checkbox"/> 7) Shoulders <input type="checkbox"/> 16) Visual Obstruction <input type="checkbox"/> 8) Road Obstruction <input type="checkbox"/> 17) Backup Prior Crash <input type="checkbox"/> 9) Worn Traffic Surface <input type="checkbox"/> 18) Backup Non Recurring Incident			<input type="checkbox"/> 19) Backup Regular Congestion <input type="checkbox"/> 20) Work Zone <input type="checkbox"/> 21) Non Highway Work <input type="checkbox"/> 22) Railway Grade Crossing # _____ <input type="checkbox"/> 23) Shared User Path/Traill		Type of Work Zone <input type="checkbox"/> 1) Lane Closure <input type="checkbox"/> 2) Lane Shift/Crossover <input type="checkbox"/> 3) Work on Shoulder or Median <input type="checkbox"/> 4) Intermittent/Moving Work <input type="checkbox"/> 5) Other _____		Work Area Zone <input type="checkbox"/> 1) Advanced Warning Area <input type="checkbox"/> 2) Transition Area <input type="checkbox"/> 3) Activity Area <input type="checkbox"/> 4) Termination Area				
				Workers Present <input type="checkbox"/> 1) Yes <input type="checkbox"/> 2) No		Law Enforcement Present <input type="checkbox"/> 1) No <input type="checkbox"/> 2) Officer Present <input type="checkbox"/> 3) LE Vehicle Only Present					
Property Damage To Other Than Vehicle											
Describe Property Damage: SIERRA NEVADA CORPORATION SIGN KNOCKED OVER. WORKERS SAID THERE WAS NO DAMAGE.					Owner's Name: SIERRA NEVADA CORP						
					<input checked="" type="checkbox"/> 1) Owner Notified						
					Owner's Address: (Street Address City, State Zip) 444 SALOMON CI SPARKS NV 89434						
First Harmful Event	Code # 214	Description: MOTOR VEHICLE IN TRANSPORT									
Investigation Complete <input checked="" type="checkbox"/> 1) Yes <input type="checkbox"/> 2) No		Photos Taken <input checked="" type="checkbox"/> 1) Yes <input type="checkbox"/> 2) No		Scene Diagram <input type="checkbox"/> 1) Yes <input checked="" type="checkbox"/> 2) No		Statements <input type="checkbox"/> 1) Yes <input checked="" type="checkbox"/> 2) No # 0		Date Notified 05/27/2021	Time Notified 2043	Arrival Date 05/27/2021	Arrival Time 2053
Investigator(s) Rachel Arulanantham			ID Number 432	Date 07/08/2021	Reviewed By Debbie Price		Date Reviewed 7/9/2021	Page 1	of 4		

Event Number: 56

**STATE OF NEVADA
TRAFFIC CRASH REPORT
SCENE INFORMATION SHEET
Revised 11/2020**

Crash Number:
SPPD21-4367

Scene Information

Agency Name:
Sparks PD

Code Revision: 11/2017

Description of Crash / Narrative

VI WAS DRIVING NORTHBOUND ON VISTA BOULEVARD IN THE AREA OF N LOS ALTOS PARKWAY. VI STRUCK A CONSTRUCTION SIGN IN THE AREA AND KNOCKED IT OVER. NO DAMAGE TO SIGN, BUT VI HAD FRONT END DAMAGE.



Indicate North

A.I.C.: _____

Event Number: 56			STATE OF NEVADA TRAFFIC CRASH REPORT VEHICLE INFORMATION SHEET Revised 11/2020			Crash Number: SPPD21-4367		Vehicle Information						
Vehicle # 1	# Occupants 1	<input checked="" type="checkbox"/> 1) At Fault <input type="checkbox"/> 2) Non Contact Vehicle					Agency Name: Sparks PD							
Direction of Travel:	<input checked="" type="checkbox"/> 1) North <input type="checkbox"/> 2) South		<input type="checkbox"/> 3) East <input type="checkbox"/> 4) West		<input type="checkbox"/> 5) Unknown		Roadway / Street Name: VISTA BLVD		Travel Lane #: 1					
Vehicle Action: <input checked="" type="checkbox"/> 1) Straight <input type="checkbox"/> 2) Backing <input type="checkbox"/> 3) Left Turn <input type="checkbox"/> 4) Right Turn <input type="checkbox"/> 5) U-Turn <input type="checkbox"/> 6) Parked <input type="checkbox"/> 7) Wrong Way <input type="checkbox"/> 8) Stopped <input type="checkbox"/> 9) Passing <input type="checkbox"/> 10) Racing <input type="checkbox"/> 11) Leaving Parked <input type="checkbox"/> 12) Entering Lane <input type="checkbox"/> 13) Leaving Lane <input type="checkbox"/> 14) Enter Parked <input type="checkbox"/> 15) Lane Change <input type="checkbox"/> 16) Driverless Vehicle <input type="checkbox"/> 17) Negotiating a Curve <input type="checkbox"/> 18) Unknown <input type="checkbox"/> 19) Unknown <input type="checkbox"/> 20) Unknown <input type="checkbox"/> 21) Unknown <input type="checkbox"/> 22) Unknown														
Driver: (Last Name, First Name, Middle Name Suffix) BROWN, MELODY					Transported By: <input checked="" type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 5) Other _____									
Street Address: [REDACTED]					Transported To:									
City: SPARKS		State / Country NV		<input checked="" type="checkbox"/> 1) NV		Zip Code: 89436		Person Type: Seating Position: 1, Helmet Use: 4, Occupant Restraints: 7						
<input type="checkbox"/> 1) Male <input type="checkbox"/> 3) Unknown <input checked="" type="checkbox"/> 2) Female or Non-Binary		DOB: 01/20/1961		Phone Number: [REDACTED]		Injury Severity: N		Injury Location:						
		Airbags: 2		Airbag Switch: 4		Ejected: 0		Trapped: 0						
Compliance: <input type="checkbox"/> 1) Restrict <input type="checkbox"/> 2) Endorse			Endorsements			Restrictions								
Alcohol / Drug Involvement <input type="checkbox"/> 1) Not Involved <input checked="" type="checkbox"/> 2) Suspected Impairment <input checked="" type="checkbox"/> 3) Alcohol <input type="checkbox"/> 4) Drugs <input type="checkbox"/> 5) Unknown <input type="checkbox"/> 6) Marijuana			Method of Determination (check up to 2) <input checked="" type="checkbox"/> 1) Field Sobriety Test <input type="checkbox"/> 4) Urine Test <input type="checkbox"/> 2) Evidentiary Breath <input type="checkbox"/> 5) Blood Test <input checked="" type="checkbox"/> 3) Driver Admission <input type="checkbox"/> 6) Preliminary Breath Test			Test Results:								
Compliance					Driver Factors									
					<input type="checkbox"/> 1) Apparently Normal <input type="checkbox"/> 6) Driver Ill / Injured <input checked="" type="checkbox"/> 2) Had Been Drinking <input type="checkbox"/> 7) Other Improper Driving <input type="checkbox"/> 3) Drug Involvement <input type="checkbox"/> 8) Driver Inattention / Distracted <input type="checkbox"/> 4) Apparently Fatigued / Asleep <input type="checkbox"/> 9) Physical Impairment <input type="checkbox"/> 5) Obstructed View <input type="checkbox"/> 10) Unknown									
Vehicle Year: 2013				Vehicle Make: AUDI		Vehicle Model: S5		Vehicle Type: SEDAN 4-						
Plate / Permit No.: [REDACTED]		State: NV <input checked="" type="checkbox"/> 1) NV		Expiration Date: 02/18/2022		Vehicle Color: BLACK								
Vehicle Identification Number: [REDACTED]					Vehicle Factors									
Registered Owner Name: BROWN, ERIC <input type="checkbox"/> 1) Same As Driver					<input type="checkbox"/> 1) Failed To Yield Right of Way <input type="checkbox"/> 13) Over Correct / Steering <input type="checkbox"/> 2) Disregard Control Device <input type="checkbox"/> 14) Other Improper Driving <input type="checkbox"/> 3) Too Fast For Conditions <input type="checkbox"/> 16) Driverless Vehicle <input type="checkbox"/> 4) Exceeding Speed Limit <input type="checkbox"/> 17) Unsafe Backing <input type="checkbox"/> 5) Wrong Way / Direction <input type="checkbox"/> 18) Ran Off Road <input type="checkbox"/> 6) Mechanical Defects <input type="checkbox"/> 19) Hit and Run <input type="checkbox"/> 7) Drove Left of Center <input type="checkbox"/> 20) Road Defect <input type="checkbox"/> 8) Other <input type="checkbox"/> 21) Object Avoidance <input checked="" type="checkbox"/> 9) Failed to Maintain Lane <input type="checkbox"/> 22) Unknown <input type="checkbox"/> 10) Following Too Close <input type="checkbox"/> 28) Aggressive <input type="checkbox"/> 11) Unsafe Lane Change <input type="checkbox"/> 29) Reckless / Careless <input type="checkbox"/> 12) Made Improper Turn									
Registered Owner Address: [REDACTED] SPARKS NV 89436					1st Contact Diagram									
Insurance Company Name: <input type="checkbox"/> 1) Insured					Damaged Areas									
Policy number:		Effective:		To:		<input type="checkbox"/> 1) Front <input type="checkbox"/> 2) Right Side <input type="checkbox"/> 3) Left Side <input type="checkbox"/> 4) Rear <input type="checkbox"/> 5) Right Front <input type="checkbox"/> 6) Right Rear <input type="checkbox"/> 7) Top <input type="checkbox"/> 8) Under Carriage <input checked="" type="checkbox"/> 9) Left Front <input type="checkbox"/> 10) Left Rear <input type="checkbox"/> 11) Unknown <input type="checkbox"/> 12) Other								
Insurance Company Address or Phone Number:					11									
<input checked="" type="checkbox"/> 1) Vehicle Towed <input type="checkbox"/> 2) Towed Due to Disabling Damage		Towed By: ALL POINTS			Removed To: 2801 VASSAR ST									
Traffic Control					Distance Traveled After Impact		Speed Estimate		Automated Vehicle					
<input checked="" type="checkbox"/> 2) Traffic Control Signal <input type="checkbox"/> 11) Stop Sign <input type="checkbox"/> 3) Flashing Traffic Control Signal <input type="checkbox"/> 12) Yield Sign <input type="checkbox"/> 4) School Zone Sign / Device <input type="checkbox"/> 13) Railway Crossing Sign / Device <input type="checkbox"/> 5) Pedestrian Signal / Sign <input type="checkbox"/> 17) Chain / Snow Tire Req. Device <input type="checkbox"/> 6) No Passing <input type="checkbox"/> 20) Officer / Flagger <input type="checkbox"/> 7) No Controls <input type="checkbox"/> 19) Unknown <input type="checkbox"/> 8) Warning Sign <input type="checkbox"/> 10) Other					Feet: 0		Inches:		From: To: Limit		Presence: Level: Engaged		Extent of Damage <input type="checkbox"/> 1) Minor <input type="checkbox"/> 4) Total <input checked="" type="checkbox"/> 2) Moderate <input type="checkbox"/> 5) None <input type="checkbox"/> 3) Major <input type="checkbox"/> 6) Unknown	
					Sequence of Events									
					Code #		Description				Collision With Fixed Object		Most Harmful Event	
					1st 214		MOTOR VEHICLE IN TRANSPORT				<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
					2nd						<input type="checkbox"/>		<input type="checkbox"/>	
					3rd						<input type="checkbox"/>		<input type="checkbox"/>	
					4th						<input type="checkbox"/>		<input type="checkbox"/>	
					5th						<input type="checkbox"/>		<input type="checkbox"/>	
<input checked="" type="checkbox"/> 1) NRS <input type="checkbox"/> 2) CFR <input type="checkbox"/> 3) CC/MC <input type="checkbox"/> 4) Pending (1) 484C.110			Violation DRIVING UNDER THE INFLUENCE			NOC 53900		Citation Number						
<input type="checkbox"/> 1) NRS <input type="checkbox"/> 2) CFR <input type="checkbox"/> 3) CC/MC (2)			Violation			NOC		Citation Number						
Investigator(s) Rachel Arulanantham			ID Number 432		Date 07/08/2021		Reviewed By Debbie Price		Date Reviewed 7/9/2021		Page 3 of 4			

Event Number: 56	STATE OF NEVADA TRAFFIC CRASH REPORT VEHICLE INFORMATION SHEET Revised 11/2020	Crash Number: SPPD21-4367	Vehicle Information
		Agency Name: Sparks PD	

Name: (Last Name, First Name, Middle Name Suffix)				Transported By: <input type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 5) Other _____			
Street Address:				Transported To:			
City:	State / Country <input type="checkbox"/> 1) NV	Zip Code:	Person Type:	Seating Position:	Helmet Use:	Occupant Restraints:	
<input type="checkbox"/> 1) Male <input type="checkbox"/> 3) Unknown <input type="checkbox"/> 2) Female or Non-Binary	DOB:	Phone Number:	Injury Severity:	Injury Location:			
			Airbags:	Airbag Switch:	Ejected:	Trapped:	

Name: (Last Name, First Name, Middle Name Suffix)				Transported By: <input type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 5) Other _____			
Street Address:				Transported To:			
City:	State / Country <input type="checkbox"/> 1) NV	Zip Code:	Person Type:	Seating Position:	Helmet Use:	Occupant Restraints:	
<input type="checkbox"/> 1) Male <input type="checkbox"/> 3) Unknown <input type="checkbox"/> 2) Female or Non-Binary	DOB:	Phone Number:	Injury Severity:	Injury Location:			
			Airbags:	Airbag Switch:	Ejected:	Trapped:	

Name: (Last Name, First Name, Middle Name Suffix)				Transported By: <input type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 5) Other _____			
Street Address:				Transported To:			
City:	State / Country <input type="checkbox"/> 1) NV	Zip Code:	Person Type:	Seating Position:	Helmet Use:	Occupant Restraints:	
<input type="checkbox"/> 1) Male <input type="checkbox"/> 3) Unknown <input type="checkbox"/> 2) Female or Non-Binary	DOB:	Phone Number:	Injury Severity:	Injury Location:			
			Airbags:	Airbag Switch:	Ejected:	Trapped:	

<input type="checkbox"/> 1) Trailing Unit 1 VIN :	Plate:	State: <input type="checkbox"/> 1) NV	Type:
<input type="checkbox"/> 1) Trailing Unit 1 VIN :	Plate:	<input type="checkbox"/> 1) NV	Type:
<input type="checkbox"/> 1) Trailing Unit 1 VIN :	Plate:	<input type="checkbox"/> 1) NV	Type:

Commercial Vehicle Configuration			<input type="checkbox"/> 1) Commercial Vehicle
<input type="checkbox"/> 1) Passenger Car (Only if vehicle displays HM Placard) <input type="checkbox"/> 2) Light Truck (Only if vehicle displays HM Placard) <input type="checkbox"/> 3) Bus (Seats for 9-15 people, including driver) <input type="checkbox"/> 4) Bus (Seats >15 people, including driver)		<input type="checkbox"/> 5) Single-Unit Truck (2-Axle, 6-Tire) <input type="checkbox"/> 6) Single-Unit Truck (3 or more axles) <input type="checkbox"/> 7) Truck/Trailer <input type="checkbox"/> 8) Truck Tractor (Bobtail) <input type="checkbox"/> 9) Tractor/Semitrailer	
<input type="checkbox"/> 10) Tractor/Double <input type="checkbox"/> 11) Tractor/Triple <input type="checkbox"/> 99) Unknown Heavy Truck >10,000 lbs. Cannot Classify		Hazmat	
Carrier Name:		<input type="checkbox"/> 1) Hazmat Placard Displayed <input type="checkbox"/> 2) Hazmat Released <input type="checkbox"/> 3) Was release ≥ 25 gal. or 3 cubic yds.?	
Carrier Street Address:		Location of Hazmat Release, Regardless of Amount	
		<input type="checkbox"/> 1) Tractor Only <input type="checkbox"/> 2) Cargo Only <input type="checkbox"/> 3) Combination Tractor & Cargo	
		Power Unit GCWR/GVWR	
		<input type="checkbox"/> 1) ≤ 10,000 Lbs. <input type="checkbox"/> 2) 10,001 - 26,000 Lbs. <input type="checkbox"/> 3) ≥ 26,001 Lbs.	
		City:	State <input type="checkbox"/> 1) NV Zip Code:

Cargo Body Type <input type="checkbox"/> 1) Bus (Seats for 9-15 people, including driver) <input type="checkbox"/> 2) Bus (Seats for >15 people, including driver) <input type="checkbox"/> 3) Van/Enclosed Box <input type="checkbox"/> 4) Cargo Tank <input type="checkbox"/> 5) Flatbed		<input type="checkbox"/> 6) Dump <input type="checkbox"/> 7) Concrete Mixer <input type="checkbox"/> 8) Auto Transporter <input type="checkbox"/> 9) Garbage/Refuse <input type="checkbox"/> 10) Grain, chips, gravel <input type="checkbox"/> 11) Pole		<input type="checkbox"/> 12) Not Applicable <input type="checkbox"/> 13) Intermodal <input type="checkbox"/> 14) Logging <input type="checkbox"/> 15) Vehicle towing another vehicle <input type="checkbox"/> 98) Other		Haz-Mat ID #: Hazard Classification #:		Type of Carrier <input type="checkbox"/> 1) Intrastate <input type="checkbox"/> 2) Interstate <input type="checkbox"/> 3) Not In Commerce—Other Trucks <input type="checkbox"/> 4) Not in Commerce—Government <input type="checkbox"/> 5) Other Operation/Not Specified		NAS Safety Report #: Carrier/UDSOT #:	
Page 4 of 4											

L1594-21-0

WASHOE COUNTY SHERIFF'S OFFICE
FORENSIC SCIENCE DIVISION
911 PARR BLVD., RENO, NV 89512
(775) 328-2800



FORENSIC REPORT

Agency: SPARKS P.D.

Address: 1701 E. Prater Way
Sparks, NV 89434

Case No.: 21-4367

Officer: ARULANANTHAM #432

Lab Number: L1594-21-0

Subject: BROWN, MELODY R.

Control No.: T085439

Collection Date: 5/27/2021

Collection Time: 21:44

I, **Rachelle Woodard**, hereby declare,

That I am employed as a Criminalist by the Washoe County Sheriff's Office Forensic Science Division;

That my professional and academic training and experience have qualified me to perform analyses so as to detect the presence and amount of alcohol in the blood or urine of a person;

That I have qualified as an expert witness in this field in the First, Second and Fourth Judicial District Courts of the State of Nevada;

That on 5/28/2021 the Forensic Science Division received a sealed container with a sample bearing the name and/or identification listed above and that the evidence contained a WHOLE BLOOD specimen which was assigned the specimen ID: S202103639;

That on 6/15/2021 the analysis of the evidence was completed using Headspace Gas Chromatography. The following results were obtained:

Ethanol 0.308 g/100 mL ± 0.015 g/100 mL

The results listed above represent a level of confidence of approximately 95%.

That such specimen was returned to locked evidence storage and remains in the custody of the Toxicology Section of said Forensic Science Division.

I declare under penalty of perjury that the foregoing is true and correct.

Rachelle Woodard, Criminalist

Executed on

Please refer to our website at www.washoesherrif.com in the About Us/Forensic Science/Toxicology section for testing capabilities and protocols. Contact the laboratory at labclerical@washoecounty.us or at (775) 328-2800 if additional testing is required. Toxicology samples will be retained for a minimum of 13 months before being destroyed. If it is necessary for a sample to be retained beyond this period, a written request must be submitted.

Toxicology Chain Of Custody

Lab Number: L1594-21-0

Control Number: T085439

Agency: SPARKS P.D.



Case Number: 21-4367

Description: BROWN, MELODY R.

Date	Released By	Received By
5/28/2021	LBBR	SAMANTHA SEBESTA
5/28/2021	SAMANTHA SEBESTA	R60
6/1/2021	R60	ALYSSA GIL
6/1/2021	ALYSSA GIL	BEVERLY J. WOOD

Specimen History

Specimen ID: S202103639 Sub ID: Specimen Type: Blood Source:

Date	Released By	Received By	Amount	Purpose
6/1/2021	BEVERLY J. WOOD			ACCESSIONED
6/1/2021	BEVERLY J. WOOD	R4		STORAGE
6/10/2021	R4	RACHELLE WOODARD	0.5 mL	VOLATILES
<i>0.250mL Aliquot x 2</i>				
6/10/2021	RACHELLE WOODARD	R4		STORAGE

Specimen ID: S202103640 Sub ID: Specimen Type: Blood Source:

Date	Released By	Received By	Amount	Purpose
6/1/2021	BEVERLY J. WOOD			ACCESSIONED
6/1/2021	BEVERLY J. WOOD	R4		STORAGE

21-04367

MEMORANDUM

TO: Patrol

FROM: Kristen Aaquist, City Attorney's Office

DATE: September 4, 2021

SUBJECT: City of Sparks v. **BROWN, Melody**
Case # 21-04367
Trial Date: October 6, 2021

✓ 9-10-21 (RL)

RECEIVED
SEP 08 2021
SPD - OPERATIONS

Please get a certified copy of the blood test results and analyst affidavit and send it to us.

Thank you very much.

Judge: MC CARTHY, JUDGE
BARBARA S

Case No. 21 C 000743

Ticket No. 21-4367
CTN:

CITY OF SPARKS VS

By:

BROWN, MELODY DFNDT
NONE FIXED

By: VILORIA, THOMAS
PO BOX 62
RENO, NV 89504

Dob: 01/20/1961 Sex: F
Lic: [REDACTED] Sid:

Plate#: [REDACTED]
Make:
Year: Accident: No
Type:
Venue:
Location: SP

Bond: Set:
Type: Posted:

SPARKS CITY ATTORNEYS CPLNT
OFFICE

Charges:

Ct.1	484C.110	DUI ALCOHOL AND/OR CONT/PROHIBIT SUB, ABOVE THE LEGAL LIMIT, 1ST	PLED GUILTY & WAS SENTENCED
		Offense Dt: 05/27/2021 Cvr:	
		Arrest Dt: 05/27/2021	
		Comments: ASSISTANT CITY ATTORNEY AMENDS TO RECKLESS DRIVING	
Ct.2	484B.223.1	FAIL TO PROPERLY MAINTAIN TRAVEL LANE OR IMPROPER LANE CHANGE	DISMISSED
		Offense Dt: 05/27/2021 Cvr:	
		Arrest Dt: 05/27/2021	
		Comments: COURT DISMISSES	

Sentencing:

Ct.1	Sentence	Suspended	Credit
Jail (Days)			
Fines			
Costs	140.00		
Restitution			
Probation(Mo)		Expires:	
Comm Svc (Hr)			
REMARKS:			
Ct.2	Sentence	Suspended	Credit
Jail (Days)			
Fines			
Costs			
Restitution			
Probation(Mo)		Expires:	
Comm Svc (Hr)			
REMARKS:			

No.	Filed	Action	Operator	Fine/Cost	Due
1	10/06/21	DMV DUI 8 HOUR EDUCATION CLASS COMPLETED	SRODRIGUEZ	0.00	0.00
2	10/06/21	VICTIM IMPACT PANEL COMPLETED (SPARKS)	SRODRIGUEZ	0.00	0.00
3	10/06/21	SENTENCING HEARING HELD The following event: BENCH TRIAL scheduled for 10/06/2021 at 9:00 am has been resulted as follows: Result: SENTENCING HEARING HELD Judge: MC CARTHY, JUDGE BARBARA S Location: SPARKS MUNICIPAL COURT	SRODRIGUEZ	0.00	0.00
4	10/06/21	DEFENDANT APPEARED AT 9:13 A.M. WITH ATTORNEY THOMAS VILORIA AND ASSISTANT CITY ATTORNEY ROSALBA ARANGO-JOHNSON PRESENT, APPEARING BEFORE JUDGE MCCARTHY	SRODRIGUEZ	0.00	0.00
5	10/06/21	DEFENDANT PLEA: GUILTY. ASSISTANT CITY ATTORNEY AMENDS TO RECKLESS DRIVING. ASSISTANT CITY ATTORNEY DISMISSES COUNT #2	SRODRIGUEZ	0.00	0.00

No.	Filed	Action	Operator	Fine/Cost	Due
6	10/06/21	SENTENCED IMPOSED:	SRODRIGUEZ	0.00	0.00
7	10/06/21	2J ADMINISTRATIVE ASSESSMENT FEE - GENETIC MARKER ANALYSIS Charge #1: RECKLESS DRIVING W/DISREGARD OF SAFETY OF PERSON OR PROPERTY Receipt: 319467 Date: 10/06/2021	SRODRIGUEZ	3.00	0.00
8	10/06/21	SPECIALTY COURT FEES Charge #1: RECKLESS DRIVING W/DISREGARD OF SAFETY OF PERSON OR PROPERTY Receipt: 319467 Date: 10/06/2021	SRODRIGUEZ	7.00	0.00
9	10/06/21	\$10.00 COURT FACILITIES FEE ASSESSED Charge #1: RECKLESS DRIVING W/DISREGARD OF SAFETY OF PERSON OR PROPERTY Receipt: 319467 Date: 10/06/2021	SRODRIGUEZ	10.00	0.00
10	10/06/21	\$120.00 ADMINISTRATIVE ASSESSMENT FEE Charge #1: RECKLESS DRIVING W/DISREGARD OF SAFETY OF PERSON OR PROPERTY Receipt: 319467 Date: 10/06/2021	SRODRIGUEZ	120.00	0.00
11	10/06/21	FINE \$500.00 TO \$1000.00 Charge #1: RECKLESS DRIVING W/DISREGARD OF SAFETY OF PERSON OR PROPERTY Receipt: 319467 Date: 10/06/2021	SRODRIGUEZ	500.00	0.00
12	10/06/21	ALCOHOL AND/OR SUBSTANCE ABUSE COUNSELING ORDERED (SPARKS) 12 WEEKS - PROVIDE PROOF OF ENROLLMENT BY OCTOBER 13, 2021	SRODRIGUEZ	0.00	0.00
13	10/06/21	DMV DUI 8 HOUR EDUCATION CLASS ORDERED MUST COMPLETE BY NOVEMBER 6, 2021	SRODRIGUEZ	0.00	0.00
14	10/06/21	VICTIM IMPACT PANEL ORDERED (SPARKS) MUST COMPLETE BY NOVEMBER 6, 2021	SRODRIGUEZ	0.00	0.00
15	09/29/21	SUBPOENA FILED OFFICER RACHE ARULANANTHAM C/O SPD	HTELLEZ	0.00	0.00
16	09/22/21	SUBPOENA FILED DARYL NOTYCE	AWYNNE	0.00	0.00
17	09/22/21	SUBPOENA FILED AMANDA LITTLE	AWYNNE	0.00	0.00
18	09/22/21	SUBPOENA FILED RACHELLE WOODARD C/O WCSO CRIME LAB	AWYNNE	0.00	0.00
19	07/20/21	SUPPLEMENTAL POLICE REPORT SENT TO CITY ATTORNEY	DSIPPLE	0.00	0.00
20	06/03/21	NOTICE OF APPEARANCE FILED BY ATTORNEY THOMAS VILORIA	SRODRIGUEZ	0.00	0.00
21	06/03/21	REQUEST FOR DISCOVERY FILED BY ATTORNEY THOMAS VILORIA	SRODRIGUEZ	0.00	0.00
22	06/02/21	COPY SENT TO PRIVATE ATTORNEY	SRODRIGUEZ	0.00	0.00
23	06/02/21	COPIES SENT TO CITY ATTORNEY'S OFFICE	SRODRIGUEZ	0.00	0.00
24	06/02/21	ORDER SETTING TRIAL ON OCTOBER 6, 2021 AT 9:00 A.M.	SRODRIGUEZ	0.00	0.00

No.	Filed	Action	Operator	Fine/Cost	Due
25	06/02/21	BENCH TRIAL SCHEDULED Event: BENCH TRIAL Date: 10/06/2021 Time: 9:00 am Judge: MC CARTHY, JUDGE BARBARA S Location: SPARKS MUNICIPAL COURT Result: SENTENCING HEARING HELD	SRODRIGUEZ	0.00	0.00
26	06/02/21	ENTRY OF NOT GUILTY PLEA Charge #2: FAIL TO PROPERLY MAINTAIN TRAVEL LANE OR IMPROPER LANE CHANGE	SRODRIGUEZ	0.00	0.00
27	06/02/21	ENTRY OF NOT GUILTY PLEA Charge #1: DUI ALCOHOL AND/OR CONT/PROHIBIT SUB, ABOVE THE LEGAL LIMIT, 1ST	SRODRIGUEZ	0.00	0.00
28	06/02/21	HEARING VACATED The following event: CRIMINAL ARRAIGNMENTS scheduled for 06/02/2021 at 10:00 am has been resulted as follows: Result: HEARING VACATED Judge: MC CARTHY, JUDGE BARBARA S Location: SPARKS MUNICIPAL COURT	SRODRIGUEZ	0.00	0.00
29	06/02/21	AUTHORIZATION TO REPRESENT FILED BY ATTORNEY THOMAS E. VILORIA, ESQ. ENTERING A NOT GUILTY PLEA AND WAIVING TIME FOR TRIAL	SRODRIGUEZ	0.00	0.00
30	06/01/21	CRIMINAL COMPLAINT FILED FAILURE TO MAINTAIN A TRAVEL LANE	DSIPPLE	0.00	0.00
31	06/01/21	CRIMINAL COMPLAINT FILED DUI FIRST OFFENSE	DSIPPLE	0.00	0.00
32	06/01/21	HEARING SCHEDULED: Event: CRIMINAL ARRAIGNMENTS Date: 06/02/2021 Time: 10:00 am Judge: MC CARTHY, JUDGE BARBARA S Location: SPARKS MUNICIPAL COURT Result: HEARING VACATED	DSIPPLE	0.00	0.00
33	05/28/21	OR RELEASE BY PRETRIAL COURT SERVICES	DSIPPLE	0.00	0.00
Total:				640.00	0.00
Totals By:					
AA FEE				120.00	0.00
COURT FACILITY FEE				10.00	0.00
FINE				500.00	0.00
GENETIC MARKER				3.00	0.00
ANALYSIS FEE					
INFORMATION				0.00	0.00
SPECIALTY COURT				7.00	0.00
FEE					
*** End of Report ***					