

CRIMINAL TRAFFIC NON-TRAFFIC

IN THE DISTRICT MUNICIPAL COURT OF **BURIEN DIST** **08-004573**
 KING COUNTY, WASHINGTON
 STATE OF WASHINGTON, PLAINTIFF VS. NAMED DEFENDANT

COUNTY OF KING **CR 31157 KC**
 CITY/TOWN OF

NCIC L.E.A. NO. **2-17-000** COURT NO. **WA 017173J**

THE UNDERSIGNED CERTIFIES AND SAYS THAT IN THE STATE OF WASHINGTON

DRIVER'S LICENSE NO. GR1FFMB23QD2		STATE WA	EXPIRES 11/11	ID NO. (SSN if CV)
NAME: LAST GRIFFIN	FIRST MICHAEL	INITIAL B		
ADDRESS 11424 1ST AVE S #301 <input type="checkbox"/> IF NEW ADDRESS				
CITY SEATTLE	STATE WA	ZIP CODE 98168	EMPLOYER	
RACE B M	SEX M	DATE OF BIRTH 11-22-47	HEIGHT 5-11	WEIGHT 170
VIOLATION DATE ON OR ABOUT 01 06 08	MONTH 06	DAY 08	YEAR 08	TIME 0223
AT LOCATION SU 115TH & 1ST AVE S		M.P.	CITY / COUNTY OF KING	INTERPRETER LANG:

DID OPERATE THE FOLLOWING VEHICLE/MOTOR VEHICLE ON A PUBLIC HIGHWAY AND

VEHICLE LICENSE NO. 828VW0	STATE WA	EXPIRES	VEH. YR. 03	MAKE CHEV	MODEL MCWT	STYLE 2DR	COLOR BLK
TRAILER #1 LICENSE NO.	STATE	EXPIRES	TR. YR.	TRAILER #2 LICENSE NO.	STATE	EXPIRES	TR. YR.
OWNER/COMPANY IF OTHER THAN DRIVER SAME AS DRIVER		ADDRESS		CITY		STATE ZIP CODE	
ACCIDENT NO <input checked="" type="checkbox"/> NR <input type="checkbox"/> F	BAG READING Refused	COMMERCIAL <input type="checkbox"/> YES <input type="checkbox"/> NO	HAZARD <input type="checkbox"/> YES <input type="checkbox"/> NO	EXEMPT <input type="checkbox"/> FARM <input type="checkbox"/> R.V. <input type="checkbox"/> OTHER			

DID THEN AND THERE COMMIT EACH OF THE FOLLOWING OFFENSES

1. VIOLATION/STATUTE CODE
RW 46.52.010

HIT & RUN - PROPERTY DAMAGE, FAIL TO NOTIFY

2. VIOLATION/STATUTE CODE
RW 46.61.502

Filed at Burien Courthouse
JUN 23 2008
DANIEL T. SATTERBERG
 PROSECUTING ATTORNEY
 CRIMINAL DIVISION
 DISTRICT COURT UNIT

APPEARANCE DATE	MO.	DY.	YR.	TIME	A.M. / P.M.	RELATED #	MANDATORY <input checked="" type="checkbox"/>	BAIL U.S. FUNDS \$
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WITHOUT ADMITTING HAVING COMMITTED EACH OF THE ABOVE OFFENSE(S), I PROMISE TO RESPOND AS DIRECTED ON THIS NOTICE.

I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT I HAVE ISSUED THIS ON THE DATE AND AT THE LOCATION ABOVE, THAT I HAVE PROBABLE CAUSE TO BELIEVE THE ABOVE NAMED PERSON COMMITTED THE ABOVE OFFENSE(S), AND MY REPORT WRITTEN ON THE BACK OF THIS DOCUMENT IS TRUE AND CORRECT.

OFFICER: **HERNDON, GC** # **04971**

DEFENDANT'S SIGNATURE: *[Signature]*

COMPLAINT / CITATION

CRG	PLEA	CNG	FINDINGS	FINE	SUSPENDED	SUB-TOTAL	FND/JUDG DATE
1	G NG		G NG D BF	\$	\$	\$	ABS. MLD TO OLY
2	G NG		G NG D BF	\$	\$	\$	TO SERVE
				OTHER COSTS \$			WITH DAYS SUSP.
RECOMMENDED NONEXTENSION OF SUSPENSION				LICENSE SUR-RENDER DATE	TOTAL COSTS \$	CREDIT/TIME SVD	

CR 31157 KC

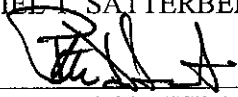
OFFICER REPORT

SEE ATTACHED WSP CONDITION REPORT
2544872 INCORPORATED HERE IN BY
REFERENCE. THIS OCCURRED ON A PUBLIC
ROADWAY IN KING COUNTY, WA.

TRAFFIC		WEATHER				STREET			LIGHT				
<input checked="" type="radio"/> L	MED HV	<input checked="" type="radio"/> DL	RN	FG	SN	D	<input checked="" type="radio"/> W	I	S	D	DWN	DSK	<input checked="" type="radio"/> DK
WITNESS NAME (LAST, FIRST, M.I.)									PHONE				
ADDRESS				CITY				STATE		ZIP			
WITNESS NAME (LAST, FIRST, M.I.)									PHONE				
ADDRESS				CITY				STATE		ZIP			
INCIDENT NUMBER				RELATED CITATION/INFRACTION NUMBERS				APPROVING OFFICER/NO.					
08 - 004573													

AND COMES NOW PLAINTIFF, STATE OF WASHINGTON, AND HEREBY DEMANDS A JURY TRIAL IN THE ABOVE-ENTITLED CAUSE. SUCH DEMAND IS MADE PURSUANT TO CrRLj 6.1.1(B).

DANIEL T. SATTERBERG, Prosecuting Attorney

By: 
Peter D. Lewicki, WSBA #39273
Deputy Prosecuting Attorney

CRIMINAL TRAFFIC NON-TRAFFIC

08-004573
KING COUNTY, WASHINGTON
CR 31157 KC

IN THE DISTRICT MUNICIPAL COURT OF BURIEN DIST
 STATE OF WASHINGTON, PLAINTIFF VS. NAME OF DEFENDANT
 COUNTY OF KING
 CITY/TOWN OF

NCIC L.E.A. NO. 2-17-000 COURT NO.

THE UNDERSIGNED CERTIFIES AND SAYS THAT IN THE STATE OF WASHINGTON

DRIVER'S LICENSE NO. GR1FFM623Q2 STATE WA EXPIRES 11/11 ID NO. (SSN IF CV)

NAME: LAST GRIFFIN FIRST MICHAEL INITIAL B

ADDRESS 11424 1ST AVE S #301 IF NEW ADDRESS

CITY SEATTLE STATE WA ZIP CODE 98168 EMPLOYER

RACE B SEX M DATE OF BIRTH 11-22-477 HEIGHT 5-11 WEIGHT 170 EYES BEO HAIR BEO RESIDENTIAL PHONE NO. ()

VIOLATION DATE MONTH 01 DAY 06 YEAR 08 TIME 0223 INTERPRETER LANG: _____

ON OR ABOUT 01 06 08 24 HOUR 0223

AT LOCATION SW 115TH & 1ST AVE S CITY / COUNTY OF KING

FILED

OCT 27 2008

South Div - Burien
King County District Court

DID OPERATE THE FOLLOWING VEHICLE/MOTOR VEHICLE ON A PUBLIC HIGHWAY AND

VEHICLE LICENSE NO. 828VW0 STATE WA EXPIRES 03 VEH. YR. CHEV MAKE MONT MODEL 2DR STYLE BLK COLOR

TRAILER #1 LICENSE NO. STATE EXPIRES TR. YR. TRAILER #2 LICENSE NO. STATE EXPIRES TR. YR.

OWNER/COMPANY IF OTHER THAN DRIVER SAME AS DRIVER ADDRESS CITY STATE ZIP CODE

ACCIDENT NO. NR IF NO BAC Refused READING COMMERCIAL YES NO HAZARD YES NO EXEMPT FARM FIRE R.V. OTHER

DID THEN AND THERE COMMIT EACH OF THE FOLLOWING OFFENSES

1. VIOLATION/STATUTE CODE RW 46.52.010
HIT & RUN - PROPERTY DAMAGES, FAIL TO NOTIFY

2. VIOLATION/STATUTE CODE RW 46.61.502
DUI

MANDATORY BAIL U.S. FUNDS \$

APPEARANCE DATE MO. DY. YR. TIME A.M. P.M. RELATED # DATE ISSUED

WITHOUT ADMITTING HAVING COMMITTED EACH OF THE ABOVE OFFENSE(S), I PROMISE TO RESPOND AS DIRECTED ON THIS NOTICE.

I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT I HAVE ISSUED THIS ON THE DATE AND AT THE LOCATION ABOVE, THAT I HAVE PROBABLE CAUSE TO BELIEVE THE ABOVE NAMED PERSON COMMITTED THE ABOVE OFFENSE(S), AND MY REPORT WRITTEN ON THE BACK OF THIS DOCUMENT IS TRUE AND CORRECT.

OFFICER HERNDON, GC # 04971
OFFICER

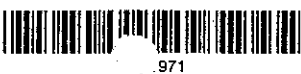
PLAINTIFF'S EXHIBIT #
ADMITTED NOT ADMITTED

COPY RECEIVED
JAN 23 2008
DANIEL T. SATTERBERG
PROSECUTING ATTORNEY
CRIMINAL DIVISION
DISTRICT COURT UNIT

COMPLAINT / CITATION

CRG	PLEA	CNG	FINDINGS	FINE	SUSPENDED	SUB-TOTAL	FND/JUDG DATE
1	G NG		G NG D BF	\$	\$	\$	ABS. MLD TO OLY
2	G NG		G NG D BF	\$	\$	\$	TO SERVE
OTHER COSTS \$							WITH DAYS SUSP.
RECOMMENDED NONEXTENSION OF SUSPENSION				LICENSE SUR-RENDER DATE	TOTAL COSTS \$	CREDIT/TIME SVD	

CR 31157 KC



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INTERSTATE <input type="checkbox"/>	CITY STREET <input type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input checked="" type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input checked="" type="checkbox"/>

CASE # 08-004575
 LOCAL AGENCY CODING 407-H-0
 TOTAL # OF UNITS 01 OBJECT STRUCK FENCE

DATE OF COLLISION 01-06-2008 TIME (2400) 022317 COUNTY # 100 MILES N E IN S W OF 0139

ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTERSECTION
 1ST AVES BLOCK NO. 11500 MILE POST

DISTANCE 0.00 MILES N E OF (REFERENCE OR CROSS STREET) SW 115TH S FEET S W

UNIT 01 DAMAGE THRESHOLD MET YES NO PHONE

LAST NAME GRIFFIN FIRST NAME MICHAEL MIDDLE INITIAL B

STREET NEW ADDRESS 1124 1ST AVES # 301

CITY SEATTLE WA ZIP 98168

CDL ENDORSEMENTS RESTRICTIONS

DRIVER'S LICENSE GRIFFMB230Q2 STATE WA SEX M DOB 11-22-1977

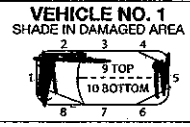
ON DUTY STATUS AIRBAG 3 RESTR 9 EJECT 9 HELMET USE INJURY CLASS 7 NATURE OF INJURIES CUT HAND - REFUSED TREATMENT

LICENSE PLATE # 828VW0 STATE WA VIN 2G1WX12K739220944

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR 2003 MAKE CHEV MODEL MONROE STYLE 20R VEHICLE TOWED YES NO TOWED BY BURDEN TOWING GOVT. VEHICLE YES NO

REGISTERED OWNER INFO. SAME AS DRIVER VEHICLE LEGALLY STANDING YES NO CITATION # CK31157KC CHARGE DUI 3 HIT-N-RUN



UNIT 02 DAMAGE THRESHOLD MET YES NO PHONE 206/241-2729

LAST NAME MULLEN FIRST NAME MIKE MIDDLE INITIAL

STREET NEW ADDRESS 118 SW 116TH ST

CITY SEATTLE WA ZIP 98146

CDL ENDORSEMENTS RESTRICTIONS

DRIVER'S LICENSE STATE SEX DOB

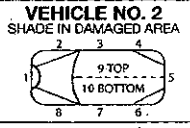
ON DUTY STATUS AIRBAG RESTR EJECT HELMET USE INJURY CLASS NATURE OF INJURIES

LICENSE PLATE # STATE VIN

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR MAKE MODEL STYLE VEHICLE TOWED YES NO TOWED BY GOVT. VEHICLE YES NO

REGISTERED OWNER INFO. LIABILITY INSURANCE IN EFFECT INSURANCE CO & POLICY # VEHICLE LEGALLY STANDING YES NO CITATION # CHARGE



OFFICER'S NAME (PRINT) HERNON, GUY C BADGE OR ID # 04971 AGENCY KING CO. S.O.



1591972

CORRECTION

REP. NO.

2544872

CASE #

08-004573

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL) **HERNDON, G C (DEPUTY)**

ADDRESS & PHONE # **PO BOX 169 MAPLE VALLEY WA 98038 (206) 255-6123**

PASSENGER WITNESS UNIT # SEAT POS AIRBAG RESTRAINT EJECT HELMET USE INJURY CLASS NATURE OF INJURIES

NAME (LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

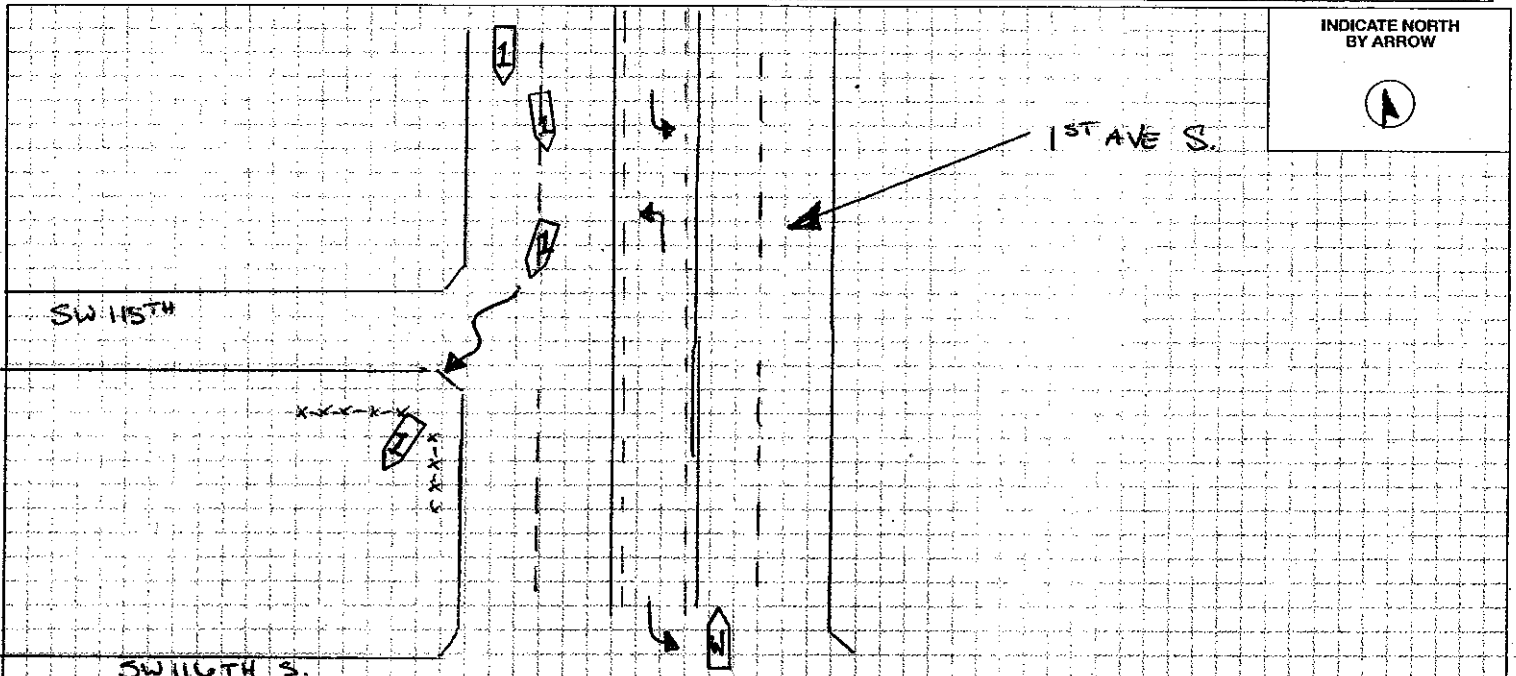
PASSENGER WITNESS UNIT # SEAT POS AIRBAG RESTRAINT EJECT HELMET USE INJURY CLASS NATURE OF INJURIES

NAME (LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

PASSENGER WITNESS UNIT # SEAT POS AIRBAG RESTRAINT EJECT HELMET USE INJURY CLASS NATURE OF INJURIES

DIAGRAM



NARRATIVE

ON 01/06/08 AT ABOUT 0223 HRS, I WAS N/B ON 1ST AVE S AT THE INTERSECTION STOPPED FOR A RED LIGHT. I SAW VEH#1 TRAVELING S/B ON 1ST AVE S IN THE 11400 BLOCK. I SAW THE VEH#1 SWERVE SUDDENLY INTO THE INSIDE S/B LANE, THEN SWERVE BACK TO THE OUTSIDE LANE AT A HIGH RATE OF SPEED. IT APPEARED THAT THE DRIVER OF VEH#1 DECIDED AT THE LAST MOMENT TO ATTEMPT A RIGHT TURN ON W/B SW 115TH. VEH#1 SPEED WAS TOO FAST TO MAKE THE TURN. VEH#1 LEFT THE ROADWAY AT THE SW CORNER OF THE INTERSECTION OF SW 115TH & 1AVE S. VEH#1 DROVE THROUGH A METAL ROD FEELING STOPPING IN A DEEP DITCH. I IMMEDIATELY DROVE TO VEH#1. I FOUND VEH#1 DRIVER'S DOOR OPEN, BOTH FRONT AIR BAGS DEPLOYED, SUN ROOF PUSHED DOWN, BUT NO DRIVER. I NOTIFIED RADIO THAT THE DRIVER COULD HAVE BEEN EJECTED. I CHECKED THE IMMEDIATE AREA OF THE VEH TO FIND THE DRIVER, BUT I DIDN'T FIND ANYONE. →

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

INVESTIGATING OFFICER'S SIGNATURE *[Signature]*

TAC-60 UNIT OR DIST. DET

01/06/08 DATED

KING Co. WASHINGTON PLACE SIGNED

APPROVED BY DATE

BADGE OR ID # 04971 ORI # WAKR50000 TIME POLICE DISPATCHED 0223 TIME POLICE ARRIVED 0223

- Continuation
- Statement
- Officers Witness Statement
- Officers Report

SHERIFF King County Sher...
KING COUNTY Continuation / Statement / O.R.

Incident Number	08-004573
Date	01-06-2008
Time	0923
Residence Phone	
Business Phone	
Residence Address	City State ZIP
Occupation	Race Sex DOB

Name (Last, First, Middle)
 Residence Address
 City State ZIP
 Occupation Race Sex DOB

To	Via	Subject
CASE	CHAIN	DUI - HIT-N-RUN ACCIDENT

DEPUTY S. McDONALD WAS RESPONDING TO THE ACCIDENT SCENE, WHEN HE SAW GRIFFIN, MICHAEL B. RUNNING ACROSS 1ST AVE S IN AN EASTERLY DIRECTION ON SW 116TH AVE. DEPUTY McDONALD STOPPED AND TALKED WITH GRIFFIN AND NOTICED THAT HIS RIGHT HAND A SEVERAL SMALL CUTS. I RAN VEH #1 LICENSE PLATE WA 828VWD THROUGH DOL. THE DOL RETURNED TO GRIFFIN, MICHAEL THE SUBJECT DEPUTY McDONALD WAS TALKING TO. DEPUTY SHERIDAN AND HIS K-9 PARTNER ARRIVED AT THE SCENE. I ASKED DEPUTY SHERIDAN TO PUT HIS K-9 PARTNER OUT NEAR THE VEH WA LICENSE 828VWD TO SEE IF WE COULD LOCATE THE DRIVER. DEPUTY SHERIDAN AND HIS K-9 PARTNER TRACKED TO THE LOCATION FROM THE VEH TO DEPUTY McDONALD'S LOCATION. THIS INDICATING THAT GRIFFIN WAS THE DRIVER OF VEH #1. I ADVISED DEPUTY McDONALD TO OBTAIN GRIFFIN FOR HIT-N-RUN. GRIFFIN'S WALLET WITH HIS WA DRIVER'S LICENSE AND CREDIT CARD WAS FOUND APPROXIMATELY 20' FROM VEH #1. A VEH INSURANCE CARD WAS FOUND IN VEH #1'S GLOVE COMPARTMENT W/ GRIFFIN'S NAME ON IT. ANOTHER INSURANCE CARD FOR VEH #1 WAS FOUND INSIDE GRIFFIN'S WALLET. THE DRIVER'S SIDE FRONT AIRBAG WAS ACTIVATED THEN DEFLATED AFTER THE COLLISION. THE FRONT PASSENGER'S SIDE AIRBAG WAS ACTIVATED AND STILL INFLATED WHEN I ARRIVED AT THE VEH INDICATING THAT THERE WAS NO FRONT SEAT PASSENGER. DEPUTY McDONALD BROUGHT GRIFFIN BACK TO THE ACCIDENT SCENE. I CHECKED GRIFFIN'S DRIVER'S LICENSE TO GRIFFIN TO MAKE SURE HIS IDENTITY. I TALKED TO GRIFFIN AND TOLD HIM THAT HE WAS UNDER ARREST FOR HIT-N-RUN. I THEN IMMEDIATELY ADVISED HIM OF HIS RIGHTS PER REPT. ISSUED CARD AT ABOUT 0230 HRS. WHEN GRIFFIN RESPONDED THAT HE UNDERSTOOD HIS CONSTITUTIONAL RIGHTS, I COULD SMELL A VERY STRONG ODOOR OF INTOXICANTS COMING FROM HIS BREATH. I NOTICED THAT HIS EYES WERE WATERY & BLOODSHOT. HIS CLOTHING WAS WET AROUND THE KNEES WITH DIRT STAINS. HIS RIGHT HAND HAD SEVERAL SMALL CUTS AND DIRT STAINS. I ASKED GRIFFIN IF HE NEEDED MEDICAL TREATMENT, HE REFUSED AND SAID THAT HE CUT HIS HAND ON HIS CAR'S BROKEN WINDOW EARLIER IN THE WEEK. I ASKED GRIFFIN IF HE WAS THE DRIVER OF VEH #1, BUT HE DIDN'T RESPOND. I THEN TOLD GRIFFIN THAT I BELIEVED HE WAS THE DRIVER, AND THAT HE WAS ALSO UNDER ARREST FOR SUSP. OF D.W.I. I ASKED GRIFFIN IF HE VOLUNTARILY SUBMIT TO S.F.S.T. BUT HE REFUSED. I TRANSPORTED GRIFFIN TO RT 4 FOR A BAC TEST. AFTER COMPLETING THE DUI ARREST REPORT, GRIFFIN REFUSED TO GIVE A BREATH SAMPLE, AND SIGNED HIS CONSTITUTIONAL RIGHTS FORM. I COMPLETED THE CRIMINAL CITATION AND TRANSPORTED GRIFFIN TO HIS RESIDENCE. WHILE ON OUR WAY TO HIS RESIDENCE GRIFFIN ASKED ME IF I THOUGHT HE COULD "BEAT" THIS CHARGE. I DIDN'T RESPOND. BASED UPON THE ABOVE FACTS, IT IS MY BELIEF THAT GRIFFIN IS THE DRIVER OF VEH #1 AND DID COMMIT THE CRIME OF D.U.I.

Officer(s) reporting	Serial No.	Unit No.	Supervisor reviewing	Date	Copies to
HERNOON, GUY C	04971	TAC 00			

WASHINGTON STATE PATROL
BAC DATAMASTER CDM 140015
SOFTWARE VERSION 76043-004 (04/28/04)

JANUARY 06, 2008

SIM TEMP 34c +/- .2c: YES

OBSERVATION BEGAN: 02:40

CITATION NUMBER: CR31157KC

OPERATOR'S NAME (L/F/M):
HERNDON/GUY/C

SUBJECT'S NAME (L/F/M):
GRIFFIN/MICHAEL/B

SUBJECT'S DOB: 11/22/1977

EXTERNAL STANDARD BATCH #: 07032

--- BREATH ANALYSIS ---

BLANK TEST	.000	03:33
INTERNAL STANDARD	VERIFIED	03:33
SUBJECT SAMPLE	REFUSED	03:34

ALL RESULTS IN 91210L

OPERATOR 

AGENCY KING COUNTY SHERIFF'S OFFICE

WASHINGTON STATE
SPANISH DUI ARREST REPORT
REPORT OF BREATH / BLOOD TEST FOR ALCOHOL OR
REFUSAL TO SUBMIT TO BREATH / BLOOD TEST FOR ALCOHOL AND DRUGS

SUBJECT'S NAME (LAST, FIRST, MI) GRIFFIN, MICHAEL B		SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	DATE OF BIRTH 11-22-1977	DATE / TIME OF ARREST 01/06/08 0242
STREET ADDRESS 11424 1ST AVE S #301		CITY / STATE / ZIP CODE SEATTLE, WA 98168		
DRIVER'S LICENSE NUMBER GRIFFMB23002	STATE WA	COUNTY OF ARREST KING	CASE / CITATION NUMBER 08-004573	

Type of Test: Breath Blood Note: Sign and date this page only after toxicology report is received.

BAC Readings: 1st Sample _____ 2nd Sample _____ Refused Test

The subject was lawfully arrested. At that time, there were reasonable grounds to believe that the arrested person had been driving or was in actual physical control of a motor vehicle within this state while under the influence of intoxicating liquor or drugs, or both, or was under the age of twenty-one years and had been driving or was in actual physical control of a motor vehicle while having an alcohol concentration in violation of RCW 46.61.503.

After receipt of the warnings required by subsection (2) of RCW 46.20.308, a test was administered and the results indicated that the alcohol concentration of the person's breath or blood was 0.08 or more if the person is age twenty-one or over, or was in violation of RCW 46.61.502, 46.61.503, or 46.61.504 if the person is under the age of twenty-one. OR

After receipt of the warnings required by subsection (2) of RCW 46.20.308, the person refused to submit to a test of his/her blood or breath.

Driver's Hearing Request Information was given to the subject. Valid Washington driver's license/permit punched.

Notice of Right to Hearing: I have been given written notice of my right to a hearing including the steps required to obtain a hearing, and understand that the notice of suspension, revocation, or denial of license will be mailed to the address furnished on the above portion of this document. I acknowledge that the address indicated is my current address.

SIGNATURE OF DRIVER _____ DATE _____

Complete this box ONLY if the arrested person was driving a commercial motor vehicle as defined in Chapter 46.25 RCW at the time of the incident.

Operating a Vehicle Requiring a Commercial Driver's License BAC Readings 1st Reading _____ 2nd Reading _____ Refused Test _____

There was probable cause to believe that the arrested person was driving or was in actual physical control of a vehicle requiring a commercial driver's license within this state while having alcohol/drugs in his/her system and that a test of his/her breath and/or blood disclosed an alcohol concentration of 0.04 or more. Chapter 46.25 RCW OR

There was probable cause to believe that the arrested person was driving or was in actual physical control of a vehicle requiring a commercial driver's license within this state while having alcohol/drugs in his/her system. The arrested person was requested to take a breath/blood test and informed of the consequences of refusal and his/her rights under Chapter 46.25 RCW. The arrested person then refused to submit to the requested test.

VEH YEAR	MAKE	MODEL	LICENSE PLATE NUMBER	STATE	HAZARDOUS MATERIAL? <input type="checkbox"/> YES <input type="checkbox"/> NO
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I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing and the accompanying reports/copies of documents and the information contained therein are true, correct, and accurate. (RCW 9A.72.085.)

KING COUNTY SHERIFF'S OFFICE WAKES0000 *[Signature]* **01/06/08**
LAW ENFORCEMENT AGENCY ORI NO. (9 digits) OFFICER'S SIGNATURE DATE SIGNED

MAILING ADDRESS _____ **Guy C. Herndon** **04971**
PRINTED NAME OF OFFICER BADGE NUMBER

CITY _____ STATE _____ ZIP _____ **KING COUNTY WA** **(206) 255-6123**
PLACE SIGNED (city / county / state) CONTACT PHONE NUMBER FOR HEARING (include area code)

OFFICERS: Fax or mail completed report, breath test document, and supplemental reports to: Department of Licensing
 Driver Responsibility
 PO Box 9030
 Olympia, WA 98507-9030
 Fax: (360) 570-7026 Number of pages faxed _____

USE THIS PAGE AS COVER SHEET

WASHINGTON STATE
DUI ARREST REPORT

CASE / CITATION NUMBER
CASO / NÚMERO DE CITACIÓN
08-004573

On the date, time and location of this arrest, I had authority to arrest pursuant to my agency's jurisdiction or RCW 10.93

CONSTITUTIONAL RIGHTS – DERECHOS CONSTITUCIONALES

1. You have the right to remain silent.
1. **Usted tiene el derecho a guardar silencio.**
2. You have the right at this time to an attorney.
2. **Usted tiene el derecho en este momento a un abogado.**
3. Anything you say can and will be used against you in a court of law.
3. **Cualquier cosa que usted diga se puede usar y será usado en su contra en un tribunal judicial.**
4. If you are under the age of 18, anything you say can be used against you in a Juvenile Court prosecution for a juvenile offense and can also be used against you in an adult court criminal prosecution if the juvenile court decides that you are to be tried as an adult.
4. **Si usted es menor de 18 años, cualquier cosa que usted diga se puede usar en su contra en una acción procesal en el tribunal de menores por un delito juvenil y también se puede usar en su contra en una acción penal en el tribunal de adultos si el tribunal de menores decide que a usted se le debe procesar como adulto.**
5. You have the right to talk to an attorney before answering any questions.
5. **Usted tiene el derecho a hablar con un abogado antes de responder cualquier pregunta.**
6. You have the right to have an attorney present during the questioning.
6. **Usted tiene el derecho a tener a un abogado presente durante el interrogatorio.**
7. If you cannot afford an attorney, one will be appointed for you without cost, if you so desire.
7. **Si usted no puede pagar por un abogado, se le asignará uno sin costo, si usted lo desea.**
8. You can exercise these rights at any time.
8. **Usted puede ejercer estos derechos en cualquier momento.**
9. Do you understand these rights?
9. **¿Entiende usted estos derechos?**

I have read or have had read to me the above explanation of my constitutional rights and I understand those rights.
He leído o alguien me ha leído la explicación antedicha de mis derechos constitucionales y entiendo esos derechos.

SUBJECT'S SIGNATURE – FIRMA DEL SUJETO 

I UNDERSTAND MY CONSTITUTIONAL RIGHTS. I HAVE DECIDED NOT TO EXERCISE THESE RIGHTS AT THIS TIME. ANY STATEMENTS MADE BY ME ARE MADE FREELY, VOLUNTARILY, AND WITHOUT THREATS OR PROMISES OF ANY KIND.
YO ENTIENDO MIS DERECHOS CONSTITUCIONALES. HE DECIDIDO NO EJERCER ESTOS DERECHOS EN ESTE MOMENTO. CUALQUIER DECLARACIÓN HECHA POR MÍ, SE HACE LIBRE Y VOLUNTARIAMENTE, SIN AMENAZAS NI PROMESAS DE NINGÚN TIPO.

OFFICER'S SIGNATURE / FIRMA DEL OFICIAL 

SUBJECT'S SIGNATURE / FIRMA DEL SUJETO 

01/06/08 0318 BUREN, KING COUNTY, WA
DATE/TIME FECHA/HORA LOCATION(s) LUGAR(es)

Constitutional rights (Miranda) were read in the field at 0230 hours from the department issued rights card.
Los derechos constitucionales (Miranda) fueron leídos en terreno de la tarjeta de derechos emitida por el departamento a las 0230 horas

ATTORNEY REQUESTED/ ABOGADO PEDIDO <input type="checkbox"/> YES/SÍ <input checked="" type="checkbox"/> NO	ATTORNEY CONTACTED? TIME: ¿ABOGADO CONTACTADO? <input type="checkbox"/> YES/SÍ <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNABLE/NO SE PUDO	ATTORNEY'S NAME NOMBRE DEL ABOGADO	ATTORNEY'S PHONE NO. TELÉFONO DEL ABOGADO
---	--	---------------------------------------	--

EXPLANATION:
EXPLICACIÓN:
MIRANDA WAS READ IN THE FIELD BY MYSELF AT ABOUT 0230 HRS. GRIFFIN ACKNOWLEDGED HE UNDERSTOOD HIS RIGHTS BY SAYING "YES, I UNDERSTAND." WHILE AT DUTY BAR KOOPT AT ABOUT 0318 HRS, I READ AND HAD GRIFFIN READ THE HIS CONSTITUTIONAL RIGHTS FROM THIS DUI REPORT. GRIFFIN SIGNED THE DUI ARREST REPORTS CONSTITUTIONAL RIGHTS FORM AT ABOUT 0318 HRS. GRIFFIN JOKINGLY ASKED FOR AN ATTORNEY. WHEN I STARTED TO MAKE A CALL TO AN ATTORNEY FOR HIM, HE SAID "I'M JUST JOKING."

WASHINGTON STATE
DUI ARREST REPORT

CASE / CITATION NUMBER
CASO / NÚMERO DE CITACIÓN

08-004573

**IMPLIED CONSENT WARNING FOR BREATH
ADVERTENCIA SOBRE EL CONSENTIMIENTO IMPLÍCITO PARA EL ALIENTO**

**WARNING! YOU ARE UNDER ARREST FOR:
¡ADVERTENCIA! USTED ESTÁ BAJO ARRESTO POR:
(check appropriate box[es])**

- RCW 46.61.502 OR RCW 46.61.504: Driving or being in actual physical control of a motor vehicle while under the influence of intoxicating liquor and/or drugs.
CRW 46.61.502 O CRW 46.61.504: Manejar o estar en control físico efectivo de un vehículo motorizado estando bajo la influencia de alcohol embriagante o drogas, o ambos.
- RCW 46.61.503: Being under 21 years of age and driving or being in actual physical control of a motor vehicle after consuming alcohol.
CRW 46.61.503: Ser menor de 21 años de edad y manejar o estar en control físico efectivo de un vehículo motorizado después de consumir alcohol.
- RCW 46.25.110: Driving a commercial motor vehicle while having alcohol in your system.
CRW 46.25.110: Manejar un vehículo comercial motorizado teniendo alcohol en su organismo.

Further, you are now being asked to submit to a test of your breath, which consists of two separate samples of your breath, taken independently, to determine alcohol concentration. You are now advised that you have the right to refuse this breath test; and that if you refuse: (a) your driver's license, permit, or privilege to drive will be revoked or denied by the department of licensing for at least one year; and (b) your refusal to submit to this test may be used in a criminal trial.

Más aún, ahora se le está pidiendo que se someta a un análisis de su aliento, que consiste en dos muestras por separado de su aliento, tomadas independientemente, para determinar la concentración de alcohol. Se le informa ahora que usted tiene el derecho a rehusarse a éste análisis del aliento; y que si usted se rehúsa: (a) su licencia de conducir, permiso o privilegio para manejar será revocado o negado por el departamento de licencias al menos por un año; y (b) que se podría usar en un juicio penal el hecho que usted se rehúse someterse a éste análisis.

You are further advised that if you submit to this breath test, and the test is administered, your driver's license, permit, or privilege to drive will be suspended, revoked, or denied by the department of licensing for at least ninety days: (a) if you are age twenty-one or over and the test indicates the alcohol concentration of your breath is 0.08 or more; or (b) if you are under age twenty-one and the test indicates the alcohol concentration of your breath is 0.02 or more; or (c) if you are under age twenty-one and you are in violation of RCW 46.61.502, driving under the influence, or RCW 46.61.504, physical control of vehicle under the influence.

Se le informa además que si usted se somete a éste análisis del aliento, y el análisis es administrado, su licencia de conducir, permiso, o privilegio para manejar será suspendido, revocado, o negado por el departamento de licencias al menos por 90 días: (a) si usted tiene veintiún años de edad o más y la prueba indica que la concentración de alcohol de su aliento es igual o mayor a 0.08; o (b) si es menor de veintiún años y la prueba indica que la concentración de alcohol de su aliento es igual o mayor a 0.02; o (c) si usted es menor de 21 años y se encuentra en violación del RCW 46.61.502, manejar bajo la influencia, o RCW 46.61.504, control físico de un vehículo bajo la influencia.

You have the right to additional tests administered by any qualified person of your own choosing.

Usted tiene el derecho a pruebas adicionales administradas por cualquier persona calificada seleccionada por usted mismo.

FOR COMMERCIAL DRIVERS ONLY: if you either (a) refuse this test or (b) submit to this test and the test indicates an alcohol concentration of 0.04 or more, you will be disqualified by the department of licensing from driving a commercial motor vehicle.

SÓLO PARA CONDUCTORES COMERCIALES: si usted (a) se rehúsa a éste análisis o (b) se somete a éste análisis y la prueba indica una concentración de alcohol igual o mayor a 0.04, usted será descalificado por el departamento de licencias para operar un vehículo comercial motorizado.

I have read the above statement to the subject.
He leído la declaración antedicha al sujeto.

I have read or have had read to me the above statement(s).
He leído o alguien me ha leído la(s) declaración(es) antedicha(s).

OFFICER'S SIGNATURE / FIRMA DEL OFICIAL

SUBJECT'S SIGNATURE / FIRMA DEL SUJETO

04/06/08 0321
DATE / TIME - Fecha/Hora

BURTON KING COUNTY
LOCATION / Lugar

WILL YOU NOW SUBMIT TO A BREATH TEST? YES/SÍ NO
¿SE SOMETERÁ USTED AHORA A UN ANÁLISIS DEL ALIENTO? SÍ NO

Did subject express any confusion regarding the implied consent warnings? if yes, explain below. YES NO

I was certified to operate the BAC DATAMASTER / PBT and possessed a valid permit issued by the State Toxicologist for this purpose on the date of this test.

DO YOU HAVE ANY FOREIGN SUBSTANCE IN YOUR MOUTH? ¿TIENE ALGO DENTRO DE SU	MOUTH CHECKED? TIME? 0242	2 ND MOUTH CHECK? (If Necessary) TIME?	ANY FOREIGN SUBSTANCES FOUND? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	EXPLAIN:
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	REMOVED <input type="checkbox"/> YES <input type="checkbox"/> NO	

I observed the subject during the entire observation period.

During that time, the subject did not vomit, eat, drink, smoke, or place any foreign substance in his/her mouth.

I performed the PBT test in accordance with the State Toxicologist's protocols

PBT READING

PBT TIME

BOOKED RELEASED TO: HIMSELF. DROVE GARMIN TO HIS RESIDENCE.

PR'D

WASHINGTON STATE
DUI ARREST REPORT
DUI INTERVIEW

CASE / CITATION NUMBER
 CASO / NÚMERO DE CITACIÓN

08-004573

1. DO YOU HAVE ANY PHYSICAL IMPAIRMENTS? EXPLAIN: 1. ¿TIENE USTED ALGÚN PROBLEMA FÍSICO? EXPLIQUE: <input type="checkbox"/> YES / sí <input checked="" type="checkbox"/> NO		13. ANYTHING MECHANICALLY WRONG WITH THE VEHICLE? 13. ¿ALGÚN PROBLEMA MECÁNICO CON EL VEHICULO? <input type="checkbox"/> YES/ sí <input checked="" type="checkbox"/> NO	
2. DO YOU LIMP? / 2. ¿COJEA AL CAMINAR? <input type="checkbox"/> YES/ sí <input checked="" type="checkbox"/> NO		14. HAVE YOU BEEN INJURED OR INVOLVED IN ANY COLLISION(S) IN THE PAST 24 HOURS? / ¿EN LAS ÚLTIMAS 24 HORAS, HA SUFRIDO LESIONES O HA ESTADO ENVUELTO EN ALGÚN ACCIDENTE? <input type="checkbox"/> YES/ sí <input checked="" type="checkbox"/> NO	
3. ARE YOU SICK / INJURED? EXPLAIN: 3. ¿ESTA ENFERMO / LESIONADO? EXPLIQUE: <input type="checkbox"/> YES / sí <input checked="" type="checkbox"/> NO		15. HAVE YOU HAD ANY ALCOHOL TO DRINK SINCE BEING STOPPED / THE COLLISION? <input type="checkbox"/> YES/ sí <input type="checkbox"/> NO NO ANSWER 15. ¿TOMÓ ALGO DE ALCOHOL DESPUÉS QUE LO PARARON / DEL CHOQUE	
4. UNDER CARE OF A DOCTOR OR DENTIST? 4. ¿ESTA BAJO CUIDADO DE UN DOCTOR O DENTISTA? <input type="checkbox"/> YES/ sí <input checked="" type="checkbox"/> NO		15A. WHAT? / ¿QUÉ? NO ANSWER	15B. HOW MUCH? / 15B. ¿CUÁNTO?
5. ARE YOU DIABETIC / EPILEPTIC? 5. ¿ES USTED DIABÉTICO O EPILÉPTICO? <input type="checkbox"/> YES/ sí <input checked="" type="checkbox"/> NO		16. TIME COLLISION OCCURRED? / ¿HORA DEL CHOQUE? 0223 hrs	
6. DO YOU TAKE INSULIN? 6. ¿TOMA INSULINA? <input type="checkbox"/> YES/ sí <input type="checkbox"/> NO NO ANSWER		17. WHERE WERE YOU GOING BEFORE STOPPED / THE COLLISION? 17. ¿ADÓNDE IBA ANTES QUE LO PARARON / ANTES DEL CHOQUE? NO ANSWER	
7. HAVE YOU TAKEN ANY MEDICINES/DRUGS IN THE PAST 24 HOURS? <input type="checkbox"/> YES/sí <input type="checkbox"/> NO 7. ¿HA TOMADO MEDICINAS/DROGAS EN LAS ÚLTIMAS 24 HORAS?		18. WITHOUT LOOKING, WHAT TIME DO YOU THINK IT IS? 18. SIN MIRAR, ¿QUÉ HORA CREE QUE ES? (ACTUAL TIME) (HORA REAL)	
7A. PRESCRIPTION? 7A. ¿RECETADA? <input type="checkbox"/> YES/ sí <input type="checkbox"/> NO NO ANSWER		19. WHAT STREET / HIGHWAY WERE YOU ON? 19. ¿POR CUÁL CALLE O CARRETERA IBA? S 116TH	
7B. NON-PRESCRIPTION? 7B. ¿NO RECETADA? <input type="checkbox"/> YES/ sí <input type="checkbox"/> NO NO ANSWER		20. DIRECTION OF TRAVEL? / ¿EN QUÉ DIRECCIÓN IBA? EAST	
7C. LAST DOSE? / ¿ÚLTIMA DOSIS?		21. STARTED FROM? / ¿DE DÓNDE SALIÓ? NO ANSWER	
7D. QUANTITY? / ¿CANTIDAD?		22. TIME STARTED? / ¿A QUÉ HORA SALIÓ?	
7E. COCAINE? 7E. ¿COCAÍNA? <input type="checkbox"/> YES/ sí <input type="checkbox"/> NO		23. DAY OF THE WEEK? / ¿DÍA DE LA SEMANA? LUNES MARTES MIÉRCOLES JUEVES VIERNES SÁBADO DOMINGO <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun	
MARIJUANA? ¿MARIHUANA? <input type="checkbox"/> YES/ sí <input type="checkbox"/> NO		24. WHAT CITY / COUNTY ARE YOU IN NOW? 24. ¿EN QUÉ CIUDAD/CONDADO ESTÁ AHORA? BURien	
OTHER? ¿OTRA? NO ANSWER		25. WHAT IS THE DATE? 25. ¿CUÁL ES LA FECHA?	
8. DO YOU HAVE IMPAIRED VISION? 8. ¿TIENE PROBLEMAS A LA VISTA? <input type="checkbox"/> YES/ sí <input type="checkbox"/> NO NO ANSWER		26. HAVE YOU BEEN DRINKING ALCOHOLIC BEVERAGES? 26. ¿HA ESTADO TOMANDO BEBIDAS ALCOHÓLICAS? <input checked="" type="checkbox"/> YES/ sí <input type="checkbox"/> NO	
8A. DO YOU WEAR CORRECTIVE LENSES? 8A. ¿USA LENTES PARA CORREGIR LA VISTA? <input type="checkbox"/> YES/ sí <input type="checkbox"/> NO NO ANSWER		26A. WHAT HAVE YOU BEEN DRINKING? 26A. ¿QUÉ HA ESTADO TOMANDO? ALL KINDS	
8B. WERE YOU WEARING THEM WHEN YOU WERE STOPPED / BEFORE COLLISION? <input type="checkbox"/> YES/ sí <input type="checkbox"/> NO 8B. ¿LOS TENÍA PUESTOS CUANDO LO PARARON / ANTES DEL CHOQUE?		26B. HOW MUCH? / ¿CUÁNTO? A LOT	
9. WHERE DO YOU WORK? 9. ¿DÓNDE TRABAJA?		26C. WHEN DID YOU START? 26C. ¿CUÁNDO EMPEZÓ?	
9A. DID YOU WORK TODAY? 9A. ¿TRABAJÓ HOY?		27. WHO HAVE YOU BEEN DRINKING WITH? 27. ¿CON QUIÉN HA ESTADO TOMANDO? FRIENDS	
10. TIME YOU GOT OFF WORK? 10. ¿HORA QUE SALIÓ DEL TRABAJO?		28. WHERE WERE YOU DRINKING? 28. ¿DÓNDE ESTUVO TOMANDO? DOWNTOWN SEATTLE	
11. HOURS OF SLEEP LAST NIGHT? 11. ¿CUÁNTAS HORAS DURMIÓ ANOCHÉ?		29. TIME OF LAST DRINK? 29. ¿HORA DEL ÚLTIMO TRAGO?	
12. WERE YOU DRIVING THE VEHICLE? 12. ¿USTED ESTABA MANEJANDO EL VEHÍCULO? <input type="checkbox"/> YES/ sí <input checked="" type="checkbox"/> NO		30. DO YOU BELIEVE YOUR ABILITY TO DRIVE WAS AFFECTED BY YOUR ALCOHOL AND/OR DRUG USAGE? / ¿CREE USTED QUE SU USO DE ALCOHOL Y/O DROGAS AFECTÓ SU CAPACIDAD PARA CONDUCIR? NO ANSWER	

If drug use indicated, please contact WSP Communications or local DRE after breath test and continue with DUI process.

PRE-ARREST OBSERVATIONS

1. ATTITUDE <input type="checkbox"/> COOPERATIVE <input checked="" type="checkbox"/> MOOD SWINGS <input type="checkbox"/> ARGUMENTATIVE <input type="checkbox"/> CRYING <input type="checkbox"/> LAUGHING <input type="checkbox"/> OTHER:		2. COORDINATION <input type="checkbox"/> GOOD <input checked="" type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> FUMBLER FOR DRIVER'S LICENSE <input type="checkbox"/> OTHER:		3. CLOTHES <input type="checkbox"/> ORDERLY <input checked="" type="checkbox"/> SOILED - EXPLAIN <input type="checkbox"/> OTHER: EXPLAIN <input type="checkbox"/> SHOES (Describe) * DIET STAINS ON PANTS - DIRT MARKS ON RIGHT HAND - CUTS RIGHT HAND		4. EYES <input type="checkbox"/> NORMAL <input checked="" type="checkbox"/> WATERY <input type="checkbox"/> DROOPY <input checked="" type="checkbox"/> BLOODSHOT <input type="checkbox"/> PUPILS DILATED <input type="checkbox"/> PUPILS CONSTRICTED <input type="checkbox"/> OTHER:		5. FACIAL COLOR <input checked="" type="checkbox"/> NORMAL <input type="checkbox"/> FLUSHED <input type="checkbox"/> PALE <input type="checkbox"/> OTHER:		6. ODOR OF INTOXICANTS ON BREATH <input type="checkbox"/> NONE <input type="checkbox"/> FAINT <input type="checkbox"/> MEDIUM <input checked="" type="checkbox"/> STRONG <input type="checkbox"/> OBVIOUS <input type="checkbox"/> OTHER:		7. SPEECH <input type="checkbox"/> GOOD <input checked="" type="checkbox"/> FAIR <input type="checkbox"/> REPETITIVE <input type="checkbox"/> FAST <input type="checkbox"/> SLURRED <input type="checkbox"/> OTHER:	
8. OFFICER'S OPINION (of subject's impairment due to use of alcohol/drugs) <input type="checkbox"/> SLIGHT <input checked="" type="checkbox"/> OBVIOUS <input type="checkbox"/> EXTREME				9. SUBJECT'S NATIVE LANGUAGE <input checked="" type="checkbox"/> ENGLISH <input type="checkbox"/> OTHER				9A. SUBJECT APPEARED TO UNDERSTAND INSTRUCTIONS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
9B. INTERPRETER REQUESTED? EXPLAIN BELOW: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO TIME: _____						INTERPRETER PROVIDED							
10. PASSENGER(S) INFORMATION NO PASSENGER - PASSENGER AIR BAG WAS ACTIVATED AND STILL IN PLATED WHEN I ARRIVED AT THE ACCIDENT.													

WASHINGTON STATE
DUI ARREST REPORT
SOBRIETY TESTS

CASE / CITATION NUMBER

08-004573

PAVED GRAVEL DIRT GRASS
 OTHER

LEVEL SLIGHT GRADE MODERATE GRADE
 OTHER

DAYLIGHT DARK STREET LIGHT
 OTHER

1. HORIZONTAL GAZE NYSTAGMUS (HGN)

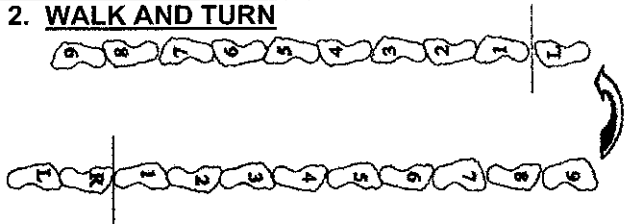
I have been trained in the administration of HGN testing and performed the test in accordance with this training.

EQUAL TRACKING	<input type="checkbox"/> YES <input type="checkbox"/> NO	L	R	Lack of smooth pursuit	<input type="checkbox"/> YES <input type="checkbox"/> NO
EQUAL PUPILS	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/>	<input type="checkbox"/>	Distinct and sustained nystagmus at max deviation	<input type="checkbox"/>
RESTING NYSTAGMUS	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/>	<input type="checkbox"/>	Angle of onset prior to 45 degrees	<input type="checkbox"/>

COMMENTS:

REFUSED TO SFSTs

2. WALK AND TURN



Cannot keep balance Starts too soon

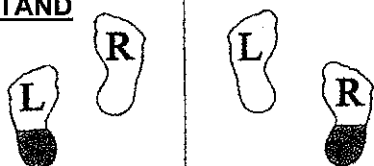
	1 st Nine Steps	2 nd Nine Steps
Stops Walking		
Miss Heel - Toe		
Steps off line		
Raises arms		
Actual # steps		

DESCRIBE TURN

CANNOT DO TEST (EXPLAIN)

COMMENTS:

3. ONE LEG STAND



	L	R	
			Sways while balancing
			Uses arms for balance
			Hopping
			Puts foot down

COMMENTS:

SUPPLEMENTAL TESTS

ABC'S A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

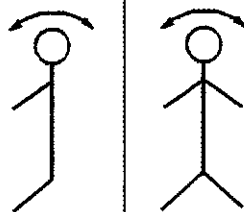
BALANCE

NOTES

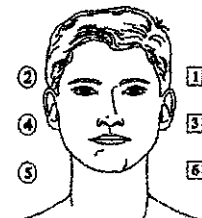
FINGER DEXTERITY

NOTES

FINGER TO NOSE



Right Left
 Draw lines from spots touched.



WASHINGTON STATE
DUI ARREST REPORT
NARRATIVE

CASE / CITATION NUMBER

08-004573

Vehicle in Motion (Initial Observation, Observation of Stop):

SEE ATTACHED ACCIDENT REPORT # 2544872

Personal Contact (Observation of driver, statements, pre-exit, sobriety tests, observation of the exit, odors, general observations such as speech, attitude, clothing, etc.)

GRIFFIN WAS CONTACTED BY DEPUTY S. McDONALD ON S 110TH AT ABOUT 3RD AVE S. ACCORDING TO DEPUTY McDONALD, WHEN ARRIVING AT THE ACCIDENT SCENE, HE SAW GRIFFIN RUNNING AWAY FROM S 110TH AND DETAINED HIM AFTER I ADVISED RADA THAT THE DRIVER WAS MISSING OR COULD HAVE BEEN EJECTED FROM THE VEH. DURING THE ACCIDENT, GRIFFIN IS THE R.O. OF THE VEH INVOLVED IN THE ACCIDENT. GRIFFIN HAS FRESH CUTS ON HIS RIGHT HAND, SCALD BURNS, AND DIRT MARKS ON HIS ~~RIGHT~~ RIGHT WRIST AND HAND. I CONTACTED GRIFFIN AND IMMEDIATELY SMELLED A STRONG ODOR OF INTOXICANT COMING FROM HIS PERSON. HIS EYES WERE WATERY & BLOODSHOT. GRIFFIN REFUSED SFST'S DURING DRIVING THE VEH. GRIFFIN'S WALLET WAS FOUND 20' FROM VEH. K-9 CONFIRMED A TRACK FROM

Pre-Arrest Screening (Field Sobriety Tests): THE VEH TO WHERE DEPUTY McDONALD DETAINED GRIFFIN.

REFUSED SFST'S

Administrative Process (BAC and Disposition):

I certify (declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct. (RCW 9A.72.085.)

OFFICER'S SIGNATURE

04971

BADGE NUMBER

GUY C. HERNDON

PRINTED NAME OF OFFICER

AGENCY

KING COUNTY SHERIFFS OFFICE

BURDEN KING WA

PLACE SIGNED (city / county / state)

01/06/08

DATE SIGNED

WASHINGTON STATE
DUI ARREST REPORT

CASE / CITATION NUMBER
CASO / NÚMERO DE CITACIÓN

SPECIAL EVIDENCE WARNING
ADVERTENCIA SOBRE PRUEBAS ESPECIALES

WARNING! YOU ARE UNDER ARREST FOR:
¡ADVERTENCIA! USTED ESTÁ BAJO ARRESTO POR:

- | | |
|--|--|
| <input type="checkbox"/> VEHICULAR HOMICIDE
Homicidio Vehicular | <input type="checkbox"/> UNCONSCIOUS (DUI/PHYSICAL-CONTROL/MINOR-DRIVER)
Inconsciente (Manejar Bajo La Influencia/Control-Físico/Conductor- Menor de Edad) |
| <input type="checkbox"/> VEHICULAR ASSAULT
Agresión Vehicular | <input type="checkbox"/> DUI ARREST RESULTING FROM AN ACCIDENT WITH SERIOUS BODILY INJURY TO ANOTHER
Arresto por Manejar Bajo La Influencia, resultante de un accidente con graves lesiones corporales a un tercero |

A TEST OF YOUR BLOOD OR BREATH WILL BE ADMINISTERED TO DETERMINE THE CONCENTRATION OF ALCOHOL AND/OR ANY DRUG IN YOUR BLOOD; HOWEVER, I MUST ADVISE YOU THAT BECAUSE OF THE NATURE OF THE ARREST, ACCORDING TO THE LAW, A BLOOD OR BREATH TEST MAY BE ADMINISTERED WITHOUT YOUR CONSENT, AND THAT YOU HAVE THE RIGHT TO ADDITIONAL TESTS ADMINISTERED BY A QUALIFIED PERSON OF YOUR OWN CHOOSING.

Se administrará una prueba de su sangre o aliento para determinar la concentración de alcohol o drogas, o ambos, en su sangre; sin embargo, le debo informar que debido a la naturaleza de su arresto, de acuerdo con la ley, se puede administrar una prueba de aliento o de sangre sin su consentimiento, y que usted tiene el derecho a que una persona calificada que usted elija le administre pruebas adicionales.

I HAVE READ THE ABOVE STATEMENT TO THE SUBJECT
Le he leído la declaración antedicha al sujeto

I HAVE READ OR HAVE HAD READ TO ME THE ABOVE STATEMENT
Yo he leído o alguien me ha leído la declaración antedicha

OFFICER'S SIGNATURE / Firma del Oficial

SUBJECT'S SIGNATURE / Firma del Sujeto

DATE / TIME Fecha / Hora

LOCATION(s) / Lugar(es)

IMPLIED CONSENT WARNING FOR BLOOD
ADVERTENCIA SOBRE EL CONSENTIMIENTO IMPLÍCITO PARA SANGRE

WARNING! YOU ARE UNDER ARREST FOR:
¡ADVERTENCIA! USTED ESTÁ BAJO ARRESTO POR:

- RCW 46.61.502 or RCW 46.61.504: Driving or being in actual physical control of a motor vehicle while under the influence of intoxicating liquor and/or drugs.
CRW 46.61.502 o CRW 46.61.504: Manejar o estar en control físico efectivo de un vehículo motorizado estando bajo la influencia de alcohol embriagante o drogas, o ambos.
- RCW 46.61.503: Being under 21 years of age and driving or being in actual physical control of a motor vehicle after consuming alcohol.
CRW 46.61.503: Ser menor de 21 años de edad y manejar o estar en control físico efectivo de un vehículo motorizado después de consumir alcohol.
- RCW 46.25.110: Driving a commercial motor vehicle while having alcohol in your system.
CRW 46.25.110: Manejar un vehículo comercial motorizado teniendo alcohol en su organismo.

Further, you are now being asked to submit to a test of your blood to determine alcohol concentration or the presence of any drug where: (a) you are incapable due to physical injury, physical incapacity, or other physical limitation, of providing a breath sample; or (b) you are being treated in a hospital, clinic, doctor's office, emergency medical vehicle, ambulance, or other similar facility; or (c) the officer has reasonable grounds to believe you are under the influence of any drug. A blood test shall be administered by a qualified person authorized by RCW 46.61.506(5).

Más aún, ahora se le pide que se someta a un análisis de su sangre para determinar la concentración de alcohol o la presencia de alguna droga debido a que: (a) usted es incapaz de proporcionar una muestra de aliento debido a lesión física, incapacidad física u otra limitación física; o (b) usted está recibiendo tratamiento en un hospital, clínica, consulta de un doctor, vehículo de emergencia médica, ambulancia, u otro lugar similar; o (c) el oficial de policía tiene motivos razonables para creer que usted está bajo la influencia de alguna droga. Una prueba de sangre será administrada por una persona calificada autorizada por el CRW 46.61.506(5).

You are now advised that you have the right to refuse this blood test; and that if you refuse: (a) your driver's license, permit, or privilege to drive will be revoked or denied by the department of licensing for at least one year; and (b) your refusal to submit to this test may be used in a criminal trial.

Ahora se le informa que usted tiene el derecho de rehusarse a éste análisis de sangre; y que si usted se rehúsa: (a) su licencia de conducir, permiso, o privilegio para manejar será revocado o negado por el departamento de licencias al menos por un año; y (b) que se podría usar en un juicio penal el hecho que usted se rehúse someterse a éste análisis.

You are further advised that if you submit to this blood test, and the test is administered, your driver's license, permit, or privilege to drive will be suspended, revoked, or denied by the department of licensing for at least ninety days: (a) if you are age twenty-one or over and the test indicates the alcohol concentration of your blood is 0.08 or more; or (b) if you are under age twenty-one and the test indicates the alcohol concentration of your blood is 0.02 or more; or (c) if you are under age twenty-one and you are in violation of RCW 46.61.502, driving under the influence, or RCW 46.61.504, physical control of vehicle under the influence.

Se le informa además que si usted se somete a éste análisis de sangre, y el análisis es administrado, su licencia de conducir, permiso, o privilegio para manejar será suspendido, revocado, o negado por el departamento de licencias al menos por 90 días: (a) si usted tiene veintiún años de edad o más y la prueba indica que la concentración de alcohol de su sangre es igual o mayor a 0.08; o (b) si es menor de veintiún años y la prueba indica que la concentración de alcohol de su sangre es igual o mayor a 0.02; o (c) si usted es menor de 21 años y se encuentra en violación del CRW 46.61.502, manejar bajo la influencia, o CRW 46.61.504, control físico de un vehículo bajo la influencia.

**WASHINGTON STATE
DUI ARREST REPORT**

You have the right to additional tests administered by any qualified person of your own choosing.
Usted tiene el derecho a pruebas adicionales administradas por cualquier persona calificada seleccionada por usted mismo.

FOR COMMERCIAL DRIVERS ONLY: if you either (a) refuse this test or (b) submit to this test and the test indicates an alcohol concentration of 0.04 or more, you will be disqualified by the department of licensing from driving a commercial motor vehicle.
SÓLO PARA CONDUCTORES COMERCIALES: si usted (a) se rehúsa a éste análisis o (b) se somete a éste análisis y la prueba indica una concentración de alcohol igual o mayor a 0.04, usted será descalificado por el departamento de licencias para operar un vehículo comercial motorizado.

I HAVE READ THE ABOVE STATEMENT TO THE SUBJECT.
Le he leído la declaración antedicha al sujeto

I HAVE READ OR HAVE HAD READ TO ME THE ABOVE STATEMENT(S).
Yo he leído o alguien me ha leído la(s) declaración(es) antedicha(s)

 OFFICER'S SIGNATURE / FIRMA DEL OFICIAL

 SUBJECT'S SIGNATURE / FIRMA DEL SUJETO

 DATE / TIME Fecha / Hora LOCATION(s) / Lugar(es)

WILL YOU NOW SUBMIT TO A BLOOD TEST? YES / **SÍ** NO I observed blood drawn into gray top vial.
¿Se someterá usted ahora a un análisis de sangre?

Did subject express any confusion regarding the implied consent warnings? YES NO
If so, explain below.

DATE / TIME SAMPLES TAKEN	CHEMICAL USED TO STERILIZE AREA	HOW DELIVERED? <input type="checkbox"/> HAND CARRIED <input type="checkbox"/> REGISTERED MAIL <input type="checkbox"/> OTHER:	
SAMPLE(S) TAKEN BY (PHYSICIAN, RN, QUALIFIED TECHNICIAN) (Please print legibly)		ADDRESS OF PERSON TAKING SAMPLE(S)	PHONE # OF PERSON TAKING SAMPLE(S)
GIVEN TO (OFFICER)	SAMPLES LABELED BY	DELIVERED FOR ANALYSIS BY	DELIVERED FOR ANALYSIS TO

**VOLUNTARY BLOOD / URINE / BREATH
SANGRE / ORINA / ALIENTO VOLUNTARIO**

I VOLUNTARILY PERMIT _____ TO OBTAIN A SUFFICIENT AMOUNT OF MY BLOOD AND/OR URINE AND/OR BREATH TO TEST IT TO DETERMINE ITS ALCOHOL/DRUG CONTENT. THE PROCEDURES NECESSARY TO TAKE A SAMPLE OF MY BLOOD AND/OR URINE AND/OR BREATH HAVE BEEN EXPLAINED TO ME.
(Physician, RN, Qualified Technician, BAC Operator)

Voluntariamente permito que _____ obtenga una cantidad suficiente de mi sangre, orina o aliento, o los tres, para analizarlo(s) y determinar su contenido de alcohol/drogas. Se me han explicado los procedimientos necesarios para tomar y analizar una muestra de mi sangre, orina o aliento, o los tres.

 OFFICER'S SIGNATURE / FIRMA DEL OFICIAL SUBJECT'S SIGNATURE / FIRMA DEL SUJETO

 DATE / FECHA TIME / HORA LOCATION / LUGAR



**DRIVER'S HEARING REQUEST /
SOLICITUD DE AUDIENCIA DEL CONDUCTOR**

CASE / CITATION NUMBER CASO / NÚMERO DE CITACIÓN

Pursuant to RCW 46.20.308, this serves as your notice of the Department of Licensing's intent to suspend, revoke or deny your license, permit, or privilege to drive. The hearing will be conducted according to Chapter 308-103 WAC.

Conforme a RCW 46.20.308, ésta es su notificación de que el Departamento de Licencias tiene la intención de suspender, revocar o negarle su licencia, permiso, o privilegio para conducir. La audiencia se realizará de acuerdo al Capítulo 308-103 WAC.

You have the right to request a formal hearing to contest the suspension, revocation or denial. Your request must be made within 30 days after receipt of this notice, and may be made either online or in writing. A fee of \$200.00 must be paid as part of the hearing request unless you are determined to be indigent as defined in RCW 10.101.010. If your request is not made within 30 days from receipt of this notice, or the \$200 fee or Application for Fee Waiver Due to Indigence is not included, you will be deemed to have waived your right to a hearing.

Usted tiene el derecho de solicitar una audiencia formal para disputar la suspensión, revocación o denegación. Debe presentar su solicitud dentro del plazo de 30 días, a partir de la fecha de recibo de éste aviso y lo puede hacer ya sea en línea o por escrito. A menos que se determine que es indigente de acuerdo a la definición en RCW 10.101.010, se tiene que pagar una tasa de \$200 como parte de la solicitud de audiencia. Si no presenta su solicitud dentro del plazo de treinta 30 días, a partir de la fecha de recibo de éste aviso o si no incluye la tasa de \$200, o no se adjunta la Solicitud de Exoneración de la Tasa Debido a Indigencia, se considerará que usted ha renunciado a su derecho a tener una audiencia.

ONLINE REQUEST – If you have a Washington driver license and a valid MasterCard or Visa credit card, you may be able to apply for a hearing online. For more information about hearings, including the online hearing application, please visit the DOL website at <http://www.dol.wa.gov/ds/hrnginfo.htm>.

SOLICITUD EN LÍNEA - Si usted tiene una licencia para conducir de Washington y una tarjeta de crédito válida MasterCard o Visa, es posible que pueda hacer una solicitud en línea para una audiencia. Para mayor información acerca de las audiencias, incluyendo la solicitud en línea para una audiencia, por favor visite el sitio Web del Departamento de Licencias en: <http://www.dol.wa.gov/ds/hrnginfo.htm>.

WRITTEN REQUEST – You may choose to request a hearing in writing. The request must be postmarked within 30 days after receipt of this notice. When completed, mail request form and \$200 fee to: Department of Licensing, Hearings and Interviews, PO Box 9048, Olympia, WA 98507-9048

SOLICITUD POR ESCRITO - Usted puede elegir solicitar una audiencia por escrito. El sobre de la solicitud debe tener el sello postal dentro del plazo de 30 días a partir de la fecha de recibo de éste aviso. Una vez que haya completado el formulario de solicitud envíelo por correo junto con la tasa de \$200 a: Department of Licensing, Hearings and Interviews, PO Box 9048, Olympia, WA 98507-9048

INDIGENCY – If applying for waiver of fee due to indigence, mail request form and fee waiver application (see reverse) to: Department of Licensing, Hearings and Interviews, PO Box 9031, Olympia, WA 98507-9031

INDIGENCIA - Si está solicitando una exoneración de pagar la tasa debido a indigencia, envíe el formulario de solicitud junto con una petición de exoneración de la tasa (vea el reverso) a: Department of Licensing, Hearings and Interviews, PO Box 9031, Olympia, WA 98507-9031

Issues at a hearing are:

Los asuntos que se tratarán en la audiencia son:

1. Whether you were under lawful arrest.
1. Si usted se encontraba bajo arresto legal o no.
2. Whether an officer had reasonable grounds to believe you had been driving or was in actual physical control of a motor vehicle within this state while under the influence of intoxicating liquor or any drug, or whether an officer had reasonable grounds to believe you had been driving or was in actual physical control of a motor vehicle within this state while having alcohol in your system of 0.02 or more and were under the age of twenty-one.
2. Si un oficial tenía motivos razonables o no para creer que usted había estado conduciendo o estaba en control físico real de un vehículo motorizado en éste estado, mientras se encontraba bajo la influencia de alcohol embriagante o de alguna droga, o si un oficial tenía motivos razonables (o no) para creer que usted había estado conduciendo o estaba en control físico real de un vehículo motorizado en éste estado, mientras tenía 0.02 o más de alcohol en su organismo y era menor de veintinueve años de edad.
3. Whether you were advised of your rights and warnings as required by RCW 46.20.308(2).
3. Si usted fue notificado de sus derechos y advertencias o no según lo requiere RCW 46.20.308(2).
4. Whether you refused to submit to the test, or if the test was administered, whether the test indicated an alcohol concentration of 0.08 or more if you were age twenty-one or over, or 0.02 or more if you were under twenty-one.
4. Si usted se rehusó, o no a someterse al análisis o si se administró la prueba, si el análisis indicó o no una concentración alcohólica de 0.08 o más si usted tenía veintinueve años de edad o más o 0.02 o más, si usted era menor de veintinueve años.

SANDY/RECORDS

MTDF1360560898.825VWO

LIC:825VWO EXP: 11292008 ISSUE-DT: 112006 YR/MK:2003/CHEV

PUSE:GPAS DEPR:1 TAX: VYR/VCODE:2002 023027. SERIES:MCCCP MOD:MS ET:CP

SCALE:03360 GWT: 000000 MG:00 GWT-EXP:00000000GVWR: TL:0632418703DRJ:

CO/AG:17 36 XFERDT:11202006 SPCL LIC: VIN:2G1WX12K739220944

REMARKS: REGISTERED OWNER:
TAB# IS R608008 08 GRIFFIN, MICHAEL B
PREV TAB L237511 07 11424 1ST SW #301
CENTENNIAL PLATE SEATTLE WA 98168

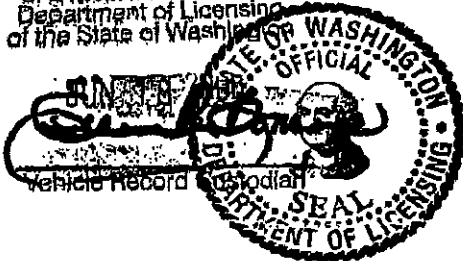
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LEGAL OWNER:
WFS FINANCIAL INC
PO BOX 19733
IRVINE CA 92623

CUR ODOMETER PREV REGIS OWNER OPT MAIL ADDRESS
ZER0ES ZER0ES

CURR VIN: 2G1WX12K739220944 TITLE #: 0632418703 SOT/DATE: WA 11/21/2006
PREV VIN: 2G1WX12K739220944 TITLE #: 0421031503 SOT/DATE: WA 06/05/2005
DATE: 06/17/2008 TIME 10:41

I certify that this is a copy
of a record on file in the
Department of Licensing
of the State of Washington





Date: 17 June 2008

MEMORANDUM

TO: Defense Attorney
Discovery

FM: King County Prosecuting Attorney

RE: Expert Witness Testimony

The State has listed a toxicologist as a witness in this case. We may offer expert testimony into evidence at trial.

The toxicologist may testify to the following topics:

- Simulator solution certification
 - Breath ticket foundation
- Effects of alcohol on a person/or drugs on a person, including, but not limited to:
 - Tolerance
 - Field Sobriety Tests
 - HGN
 - Drug Combinations
 - Metabolites
 - Half-life
 - DRE Evaluations
- Blood test foundation and results
- Widmark's formula
- Retrograde extrapolation
- Interferences
 - Examples include but not limited to
 - Naturally occurring volatiles on breath
 - Diabetes
 - Exposure to solvents
 - Body temperature
- Error rates

If you would like WSP technician or toxicologist CVs please refer to <http://www.breathtest.wsp.wa.gov>

If you need further information, contact our office between 8:30 a.m. and 4:30 p.m. at 206-296-9540.



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

CR31157KC

REPORT NO. 2544872

INTERSTATE <input type="checkbox"/>	CITY STREET <input type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input checked="" type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input checked="" type="checkbox"/>

CASE # 08-004573

LOCAL AGENCY CODING 407-H-0

TOTAL # OF UNITS 01 OBJECT STRUCK FENCE

TRIBAL RESERVATION

M M D D Y Y Y Y TIME (2400) COUNTY # MILES CITY #

DATE OF COLLISION 01-06-2008 022317 1.00 N E IN S W OF 0139

ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTERSECTION

1st Aves BLOCK NO. 11500

MILE POST

DISTANCE 0.00 MILES N E OF (REFERENCE OR CROSS STREET) SW 115TH S

FEET S W

Filed at Burien Courthouse

UNIT 01 MOTOR VEHICLE PEDAL-CYCLE DAMAGE THRESHOLD MET YES NO PHONE JUN 23 2008

LAST NAME GRIFFIN FIRST NAME MICHAEL MIDDLE INITIAL B

STREET NEW ADDRESS 1124 1st Aves #301

CITY SEATTLE ST WA ZIP 98168

CDL ENDORSEMENTS RESTRICTIONS

DRIVER'S LICENSE # GRIFFMB230Q2 STATE WA SEX M D.O.B. MMDDYYYY 11-22-1977

ON DUTY STATUS AIRBAG 3 RESTR. 9 EJECT 9 HELMET USE INJURY CLASS 7 NATURE OF INJURIES CUT HAND - REFUSED TREATMENT

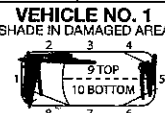
LICENSE PLATE # B2BVW0 STATE WA VIN# 2G1WX12K739220944

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR 2003 MAKE CHEV MODEL MONROE STYLE 202 VEHICLE TOWED YES NO TOWED BY BURDEN TOWING GOVT. VEHICLE YES NO

REGISTERED OWNER INFO. SAME AS DRIVER

LIABILITY INSURANCE IN EFFECT INSURANCE CO & POLICY # VEHICLE LEGALLY STANDING YES NO CITATION # CR31157KC CHARGE DUI & HIT-N-RUN



UNIT 02 MOTOR VEHICLE PEDAL-CYCLE PEDESTRIAN PROPERTY OWNER DAMAGE THRESHOLD MET YES NO PHONE 206/24-2729

LAST NAME MULLEN FIRST NAME MIKE MIDDLE INITIAL

STREET NEW ADDRESS 118 SW 116TH ST

CITY SEATTLE ST WA ZIP 98146

CDL ENDORSEMENTS RESTRICTIONS

DRIVER'S LICENSE # STATE SEX D.O.B. MMDDYYYY

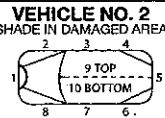
ON DUTY STATUS AIRBAG RESTR. EJECT HELMET USE INJURY CLASS NATURE OF INJURIES

LICENSE PLATE # STATE VIN#

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR MAKE MODEL STYLE VEHICLE TOWED YES NO TOWED BY GOVT. VEHICLE YES NO

REGISTERED OWNER INFO. OFFICER'S NAME (PRINT) HERNDON, GUY C BADGE OR ID # 04971 AGENCY KING CO. S.O.



PART A 3000-345-159 R (7/06) PAGE 01 OF 4



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. 2544872

CASE # 08-004573

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL) HERNDON, G C (DEPUTY)

ADDRESS & PHONE # PO BOX 109 MAPLE VALLEY WA 98038 (206) 255-6173

PASSENGER WITNESS UNIT # SEAT POS AIRBAG RESTR. EJECT HELMET USE INJURY CLASS NATURE OF INJURIES

NAME (LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

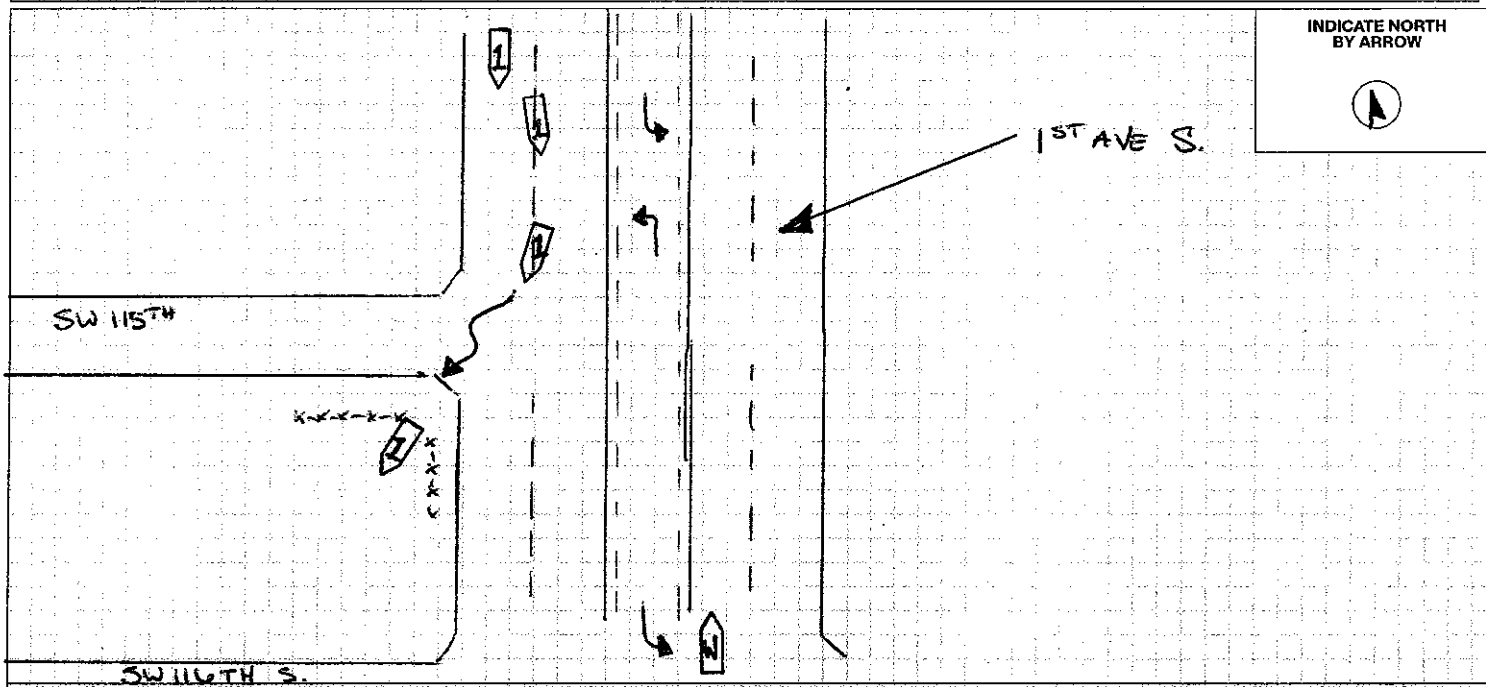
PASSENGER WITNESS UNIT # SEAT POS AIRBAG RESTR. EJECT HELMET USE INJURY CLASS NATURE OF INJURIES

NAME (LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

PASSENGER WITNESS UNIT # SEAT POS AIRBAG RESTR. EJECT HELMET USE INJURY CLASS NATURE OF INJURIES

DIAGRAM



NARRATIVE

ON 01/06/08 AT ABOUT 0223 HRS, I WAS N/B ON 1ST AVE S AT THE INTERSECTION STOPPED FOR A RED LIGHT. I SAW VEH#1 TRAVELING S/B ON 1ST AVE S IN THE 11400 BLOCK. I SAW THE VEH#1 SWERVE SUDDENLY INTO THE INSIDE S/B LANE THEN SWERVE BACK TO THE OUTSIDE LANE AT A HIGH RATE OF SPEED. IT APPEARED THAT THE DRIVER OF VEH#1 DECIDED AT THE LAST MOMENT TO ATTEMPT A RIGHT TURN ON W/B SW 115TH. VEH#1 SPEED WAS TOO FAST TO MAKE THE TURN. VEH#1 LEFT THE ROADWAY AT THE SW CORNER OF THE INTERSECTION OF SW 115TH & 1ST AVE S. VEH#1 DROVE THROUGH A METAL ROD FENCE STOPPING IN A DEEP DITCH. I IMMEDIATELY DROVE TO VEH#1. I FOUND VEH#1 DRIVER'S DOOR OPEN, BOTH FRONT AIR BAGS DEPLOYED SUN ROOF PULSED DOWN, BUT NO DRIVER. I NOTIFIED RADIO THAT THE DRIVER COULD HAVE BEEN EJECTED. I CHECKED THE IMMEDIATE AREA OF THE VEH TO FIND THE DRIVER, BUT I DIDN'T FIND ANYONE. →

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

INVESTIGATING OFFICER'S SIGNATURE

TAC-60
UNIT OR DIST. DET

01/06/08
DATED

KING Co. WASH, WEDON
PLACE SIGNED

APPROVED BY DATE

BADGE OR ID # 04971 ORI # WAKC50000 TIME POLICE DISPATCHED 0223 TIME POLICE ARRIVED 0223

- Continuation
- Statement
- Officers Witness Statement
- Officers Report

SHERIFF King County Sheriff
KING COUNTY Continuation / Statement / O.R.

Incident Number
 08 - 004573
 Date
 01-06-2008
 Time
 0923

Name (Last, First, Middle)
 Residence Address
 City State ZIP
 Residence Phone
 Business Phone
 Occupation Race Sex DOB

To
 CASE
 Via
 CHAIN
 Subject
 DWI - HIT-N-RUN ACCIDENT

DEPUTY S. McDONALD WAS RESPONDING TO THE ACCIDENT SCENE, WHEN HE SAW GRIFFIN, MICHAEL B. RUNNING ACROSS 1ST AVE S IN AN EASTERLY DIRECTION ON SWILGTH AVE. DEPUTY McDONALD STOPPED AND TALKED WITH GRIFFIN AND NOTICED THAT HIS RIGHT HAND A SEVERAL SMALL CUTS. I RAN VEH#1 LICENSES PLATE WA 828VWD THROUGH DOL. THE DOL RETURNED TO GRIFFIN, MICHAEL THE SUBJECT DEPUTY McDONALD WAS TALKING TO. DEPUTY SHERIDAN AND HIS K-9 PARTNER ARRIVED AT THE SCENE. I ASKED DEPUTY SHERIDAN TO PUT HIS K-9 PARTNER OUT NEAR THE VEH WA LICENSES 828VWD TO SEE IF WE COULD LOCATE THE DRIVER. DEPUTY SHERIDAN AND HIS K-9 PARTNER TRACKED TO THE LOCATION FROM THE VEH TO DEPUTY McDONALD'S LOCATION. THIS INDICATING THAT GRIFFIN WAS THE DRIVER OF VEH#1. I ADVISED DEPUTY McDONALD TO RETAIN GRIFFIN FOR HIT-N-RUN. GRIFFIN'S WALLET WITH HIS WA DRIVER'S LICENSES AND CREDIT CARD WAS FOUND APPROXIMATELY 20' FROM VEH#1. A VEH INSURANCE CARD WAS FOUND IN VEH#1'S GLOVE COMPARTMENT W/ GRIFFIN'S NAME ON IT. ANOTHER INSURANCE CARD FOR VEH#1 WAS FOUND INSIDE GRIFFIN'S WALLET. THE DRIVER'S SIDE FRONT AIRBAG WAS ACTIVATED THEN DEFLATED AFTER THE COLLISION. THE FRONT PASSENGER'S SIDE AIRBAG WAS ACTIVATED AND STILL INFLATED WHEN I ARRIVED AT THE VEH INDICATING THAT THERE WAS NO FRONT SEAT PASSENGER. DEPUTY McDONALD BROUGHT GRIFFIN BACK TO THE ACCIDENT SCENE. I CHECKED GRIFFIN'S DRIVER'S LICENSE TO GRIFFIN TO MAKE SURE HIS IDENTITY. I TALKED TO GRIFFIN AND TOLD HIM THAT HE WAS UNDER ARREST FOR HIT-N-RUN. I THEN IMMEDIATELY ADVISED HIM OF HIS RIGHTS PER REPT. ISSUED CARD AT ABOUT 0230 HRS. WHEN GRIFFIN RESPONDED THAT HE UNDERSTOOD HIS CONSTITUTIONAL RIGHTS, I COULD SMELL A VERY STRONG ODOOR OF INTOXICANTS COMING FROM HIS BREATH. I NOTICED THAT HIS EYES WERE WATERY & BLOOSHY. HIS CLOTHING WAS WET AROUND THE KNEES WITH DIRT STAINS. HIS RIGHT HAND HAD SEVERAL SMALL CUTS AND DIRT STAINS. I ASKED GRIFFIN IF HE NEEDED MEDICAL TREATMENT, HE REFUSED AND SAID THAT HE CUT HIS HAND ON HIS CAR'S BROKEN WINDOW EARLIER IN THE WEEK. I ASKED GRIFFIN IF HE WAS THE OWNER OF VEH#1, BUT HE DIDN'T RESPOND. I THEN TOLD GRIFFIN THAT I BELIEVED HE WAS THE DRIVER, AND THAT HE WAS ALSO UNDER ARREST FOR SUSPICION OF DWI. I ASKED GRIFFIN IF HE VOLUNTARILY SUBMIT TO S.FST. BUT HE REFUSED. I TRANSPORTED GRIFFIN TO PCT 4 FOR A BAC TEST. AFTER COMPLETING THE DWI ARREST REPORT, GRIFFIN REFUSED TO GIVE A BREATH SAMPLE, AND SIGNED HIS CONSTITUTIONAL RIGHTS FORM. I COMPLETED THE CRIMINAL CITATION AND TRANSPORTED GRIFFIN TO HIS RESIDENCE. WHILE ON OUR WAY TO HIS RESIDENCE GRIFFIN ASKED ME IF I THOUGHT HE COULD "BEAT" THIS CHARGE. I DIDN'T RESPOND. BASED UPON THE ABOVE FACTS, IT IS MY BELIEF THAT GRIFFIN IS THE DRIVER OF VEH#1 AND DID COMMIT THE CRIME OF DWI.

Officer(s) reporting
 HERNANDEZ, GUY C
 Serial No.
 04971
 Unit No.
 TAC 60
 Supervisor reviewing
 Date
 Copies to

The DWI VICTIMS PANEL



THE ORIGINAL PANEL OF CITIZENS COMMITTED TO TRAFFIC SAFETY FOUNDED BY SHIRLEY & LARRY ANDERSON

ORDER TO ATTEND VICTIMS PANEL

You will not be allowed to attend the Victims Panel while under the influence of alcohol and/or other drugs

ORIGINATED COURT: N.E. DISTRICT BELLEVUE KIRKLAND ISSAQUAH
 FEDERAL WAY RENTON SEATTLE MUNI SHORELINE OTHER _____
 S.W. DISTRICT SEATTLE DIST. SOUTH DIST. BOTHELL _____

DATE: November 21, 2008 CAUSE NUMBER: CR 31157 KC
 DR. LICENSE #: GRJFFMB23002

I, GRIFFIN, MICHAEL (PRINT CLEARLY), understand that I must attend presentation of the DWI Victims Panel
at 7:30 AM PM on 11-25-08 at the Ronald
United Methodist Church

I understand there is a **\$35 charge** for attending: **CASH ONLY**. I also understand that my failure to attend this meeting may result in the imposition of suspended or deferred jail time and/or fines.

KCJC COMPLIANCE PROGRAM
DEC 04 2008

X MG INITIAL

CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION. This consent is Given Pursuant To Title 42CFR, Part 2. I understand that my records are protected under the Federal and State Confidentiality Regulations and cannot be disclosed without my written consent unless otherwise provided in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it.

I further acknowledge that the use of this information was explained to me and is given voluntarily by me and of my own free will.

11424-1st Ave. S, #301 HOME ADDRESS Seattle CITY Wa STATE 98168 ZIP
11-22-77 DATE OF BIRTH 206-406-1362 PHONE NUMBER SIGN HERE X Michael Griffin SIGNATURE

If you need to change this appointment, contact the Panel office at 425-823-8275 or 1-800-501-1678. **Do not call panel location!**

The above-named defendant DID DID NOT attend the presentation of the DWI Victims Panel as ordered by the court.

Pam Beaman 11-25-08
DWI VICTIMS PANEL COORDINATOR

*Amended Evaluation
CR 31157KC*

FILED
OCT 27 2008
South Div - Burien
King County District Court

quantah assessment & counseling
8420 dayton avenue north, suite 101 - seattle, washington 98103
206.957.0721 - fax 206.957.0723

January 8, 2008

Brian F. Beattie
Attorney at Law
Associated Counsel for the Accused
420 West Harrison Street, Suite 201
Kent, Washington 98032-4491

RE: Chemical Dependency Assessment
Client: Michael B. Griffin
Date of Birth: November 22, 1977
Case #: CR31157KC / 08-004573
Assessor: Timothy J. McCauley, CDP
Quantah Assessment & Counseling, PLLC
Washington State Department of Social and Health Services
Division of Alcohol and Substance Abuse
License: 17 1138 00

This letter is to document that on January 6, 2008, Michael B. Griffin was assessed to determine the extent of his involvement with alcohol and/or other drugs and the possible need for treatment. Mr. Griffin was assessed as a result of being charged with DUI on January 6, 2008. At the time of his arrest Mr. Griffin was documented as having refused an alcohol breath test.

Bio - Mr. Griffin is a thirty-year-old single male currently residing at 11424 First Avenue South in Seattle, Washington. He is originally from Los Angeles and has lived in Washington for the past twenty-eight years. He describes his social network as family and friends. Mr. Griffin holds a Masters Degree in Education from Pace University in New York and is currently employed by the Seattle School District and Denny Middle School.

Health - Mr. Griffin describes his current physical health as "good", with no major acute or chronic medical conditions and reports his last complete physical examination was in 2006. He does not report or present with any mental health issues.

Legal - Mr. Griffin reports a previous DUI and was unsure of the year, recalling 1997 or 1998 and that the charge was later reduced to Reckless Driving. A documented record of the event could not be found. This information was provided by Mr. Griffin, with the previous DUI not appearing on his complete Washington State driving abstract (ADR).

Amended

Alcohol and Other Drug History - Mr. Griffin describes his current pattern of use of alcohol as "social", with the frequency of his alcohol consumption averaging three to four times a year and states his average consumption per occasion is one to two drinks. Mr. Griffin does not believe he has a problem with alcohol and does not consider it a significant part of his lifestyle.

Mr. Griffin also states he does not use illegal drug(s).

Mr. Griffin presented as being forthright in his description of his alcohol and other drug use, with no evidence of avoiding questions or minimizing his use.

- Michigan Alcohol Screening Test results: 2 (indicating no abuse or dependence)
- Drug Assessment Screening Test results: 0 (indicating no abuse or dependence)
- Urinalysis: negative

Assessment Recommendations:

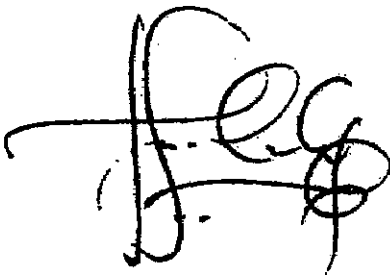
Based on the information provided, using the diagnostic criteria of DSM IV, The American Society of Addiction Medicine (ASAM) and with recommendations from the Washington State Division of Alcohol and Substance Abuse, it is determined there is insufficient evidence of an alcohol/substance problem. Mr. Griffin did not present with the necessary signs and symptoms for an abuse or dependence diagnosis.

Mr. Griffin meets the criteria for ASAM Adult Placement - Level .5 intervention. So that he may better understand the effects of alcohol and other drugs and his responsibility to himself and the community while operating a motor vehicle, it is recommended Mr. Griffin:

- attend an approved DUI Victim's Panel
- attend a Washington State approved Alcohol and Other Drug Information School

Mr. Griffin was informed of the results of this assessment. Please call with any questions.

Sincerely



Timothy J. McCauley, GDP

cc: Mr. Griffin
cc: File

Federal law protects the information in this document. Federal regulations (42 CFR, Part 2) prohibit you from disclosure of the contents of this document without the specific written consent of the person who is the subject of this document, or as otherwise permitted by federal regulations. A general medical release of information is **not** sufficient for disclosure of the contents of this document.