



RICHMOND COUNTY SHERIFF'S OFFICE

Traffic Incident Report

CASE# 2022-00229445

EVENT	REPORTED DATE/TIME 09/22/2022 19:23	OCCURRED INCIDENT TYPE (5400) Traffic		WAS THIS INCIDENT AUDIO/VIDEO RECORDED YES	
	OCCURRED FROM DATE/TIME 09/22/2022 19:23	OCCURRED THRU DATE/TIME 09/22/2022 19:23	LOCATION OF OCCURRENCE 3400 Wrightsboro RD		
	INCIDENT TYPE(S): Check all that apply <input checked="" type="checkbox"/> DUI <input type="checkbox"/> Pursuit		Augusta, GA		
VEHICLE INFO	VEHICLE ROLE Suspect Vehicle	VEH YR 2016	TYPE/MAKE/MODEL Chevrolet COLORADO		COLOR Gray Gray
	PLATE / STATE BLX2898/GA		VEHICLE IMPOUNDED LOCATION		
	RELEASED TO: <input type="checkbox"/> Passenger <input checked="" type="checkbox"/> Family Member/Friend <input type="checkbox"/> Wrecker Service: <input type="checkbox"/> Another Agency				INVENTORY NO
VIOLATOR / COMPLAINANT INFO	JACKET/SUBJECT TYPE Adult Arrested	DRIVER YES	NAME (LAST, FIRST, MIDDLE SUFFIX) KING, FRANKIE SAXON		
	DOB 1961	RACE White	WEIGHT or RANGE 125 125	HEIGHT or RANGE 5'6 5'6	MARITAL STATUS Married
	SEX Female	EYE Blue	HAIR Brown	PRIMARY PHONE	EMPLOYER
	DL NUMBER/STATE 054175147 / GA		ADDRESS (STREET, CITY, STATE, ZIP) 466 WILKINS RD GROVETOWN, GA 30813		
	JACKET/SUBJECT TYPE	DRIVER	NAME (LAST, FIRST, MIDDLE SUFFIX)		
	DOB	RACE	WEIGHT or RANGE	HEIGHT or RANGE	MARITAL STATUS
	SEX	EYE	HAIR	PRIMARY PHONE	EMPLOYER
CHARGES	STATUTE/DESCRIPTION			COUNTS	ATTEMPT/COMMIT
	01	40-6-123 TURNING MOVEMENTS		1	Commit
	02	40-6-391(a)(1) DUI / Alcohol / Less Safe		1	Commit
RELATED REPORTS					
TYPE OF REPORT		REPORT NUMBER		REPORT DATE	
WITNESSES / ASSISTING OFFICERS					
NAME		ADDRESS / AGENCY		TELEPHONE NUMBER	
Leslie Gaiter		RCSO S-4			
REPORTING OFFICER EDENFIELD, GEORGE B704		DATE 09/22/2022	REVIEWED BY SCHAFFER, RUSSELL		
TRAFFIC/UNIT				TRAFFIC/SHIFT	



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DUI INFORMATION

VIOLATION DATA

STOP TIME: 19:23	TRAFFIC: Heavy	WEATHER: Clear	LIGHTING: Dark, Lighted	NUMBER OF OCCUPANTS: 1
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SOBRIETY TESTING DATA

HORIZONTAL GAZE NYSTAGMUS	WALK AND TURN	ONE LEG STAND																																																																																			
<table border="1"> <tr> <td></td> <td>L</td> <td>R</td> </tr> <tr> <td>Eye Does Not Pursure Smoothly</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Distinct Nystagmus at Maximum Deviation</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Nystagmus Onset Before 45</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Eye Color:</td> <td></td> <td></td> </tr> <tr> <td>Clues:</td> <td></td> <td></td> </tr> <tr> <td>Notes: not able to follow</td> <td></td> <td></td> </tr> </table>		L	R	Eye Does Not Pursure Smoothly	<input type="checkbox"/>	<input type="checkbox"/>	Distinct Nystagmus at Maximum Deviation	<input type="checkbox"/>	<input type="checkbox"/>	Nystagmus Onset Before 45	<input type="checkbox"/>	<input type="checkbox"/>	Eye Color:			Clues:			Notes: not able to follow			<input type="checkbox"/> Unable to Balance <input type="checkbox"/> Begins Too Soon <table border="1"> <tr> <td></td> <td>1st</td> <td>2nd</td> </tr> <tr> <td></td> <td>9 Steps</td> <td>9 Steps</td> </tr> <tr> <td>Stops Walking</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Misses Heel to Toe</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Steps Off Line</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Raises Arm(s)</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Actual Number of Steps Taken</td> <td></td> <td></td> </tr> <tr> <td>Improper Turn: <input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td></td> <td></td> </tr> <tr> <td>Clues:</td> <td></td> <td></td> </tr> <tr> <td>Notes: not able to follow</td> <td></td> <td></td> </tr> </table>		1st	2nd		9 Steps	9 Steps	Stops Walking	<input type="checkbox"/>	<input type="checkbox"/>	Misses Heel to Toe	<input type="checkbox"/>	<input type="checkbox"/>	Steps Off Line	<input type="checkbox"/>	<input type="checkbox"/>	Raises Arm(s)	<input type="checkbox"/>	<input type="checkbox"/>	Actual Number of Steps Taken			Improper Turn: <input type="checkbox"/> Yes <input type="checkbox"/> No			Clues:			Notes: not able to follow			<table border="1"> <tr> <td></td> <td>0-10</td> <td>11-20</td> <td>21-30</td> </tr> <tr> <td></td> <td>Secs</td> <td>Secs</td> <td>Secs</td> </tr> <tr> <td>Sways</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Raises Arms</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Hops</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Foot Down</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Clues:</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Notes: not able to follow</td> <td></td> <td></td> <td></td> </tr> </table>		0-10	11-20	21-30		Secs	Secs	Secs	Sways	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Raises Arms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hops	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Foot Down	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Clues:				Notes: not able to follow			
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OTHER OBSERVATIONS OF BEHAVIOR, EYE CONDITIONS, SPEECH PATTERNS, AND BREATH ODOR

<input type="checkbox"/> Romberg	<input type="checkbox"/> Eye Lid Tremors	<input type="checkbox"/> Swaying	<input type="checkbox"/> Internal Clock /30 SEC
EYE CONDITION:			
<input type="checkbox"/> Vertical Nystagmus	<input type="checkbox"/> Lack of Convergence: Eye(s)	<input type="checkbox"/> Normal	<input type="checkbox"/> Constricted
<input checked="" type="checkbox"/> Watery	<input type="checkbox"/> Reddening of Conjunctiva	<input type="checkbox"/> Dilated	<input checked="" type="checkbox"/> Bloodshot
BEHAVIOR:			
<input type="checkbox"/> Polite	<input type="checkbox"/> Argumentative	<input type="checkbox"/> Combative	<input type="checkbox"/> Excited <input checked="" type="checkbox"/> Sleepy <input type="checkbox"/> Talkative <input type="checkbox"/> Withdrawn <input type="checkbox"/> Crying
GENERAL APPEARANCE:			
<input type="checkbox"/> No Shirt	<input checked="" type="checkbox"/> Disheveled Clothing	<input type="checkbox"/> Clothing Appears Slept In	<input type="checkbox"/> Vomited on Self <input type="checkbox"/> Urinated on Self
SPEECH PATTERNS:			
<input type="checkbox"/> Stuttered	<input type="checkbox"/> Normal	<input checked="" type="checkbox"/> Slow	<input checked="" type="checkbox"/> Slurred <input type="checkbox"/> Not Understandable
<input type="checkbox"/> Accent	<input checked="" type="checkbox"/> Confused	<input type="checkbox"/> Profanity	<input checked="" type="checkbox"/> Mumbled <input type="checkbox"/> Other
<input checked="" type="checkbox"/> PBT:	<input checked="" type="checkbox"/> Positive	<input type="checkbox"/> Negative	Results: .106 Breath Odor: strong

IMPLIED CONSENT AND TEST(S) DATA

Implied Consent Read:	Time: 19:47	Location: scene
TEST(S) ADMINISTERED:	TEST(S) ADMINISTERED BY:	TIME:
<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Breath <input type="checkbox"/> Urine		Permit Number:
Additional Test(s) Requested:	TEST(S) ADMINISTERED BY:	TIME:
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes: <input type="checkbox"/> Blood <input type="checkbox"/> Breath <input type="checkbox"/> Urine		Permit Number:
DUI CITATION NUMBER: E138574		DMVS-1205 ALS / IMPLIED CONSENT AFFIDAVIT COMPLETED: YES
REPORTING OFFICER:	DATE:	REVIEWED BY:
EDENFIELD, GEORGE B704	09/22/2022	SCHAFFER, RUSSELL



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NARRATIVE

Dep Gaiter stopped the vehicle for making an improper lane change, nearly striking his vehicle. When he made contact with the driver, he detected a strong odor of an alcoholic beverage then requested a Traffic unit for an eval. I responded to the location to find the driver still seated in the driver's seat and had her exit the vehicle. The driver was unsteady on exit, had a strong odor of alcoholic beverage coming from her and her breath as she spoke. The driver's eyes were bloodshot and watery while her speech was slow, slurred, mumbled and confused at times. The driver advised she was not drunk but had consumed 3 beers with the last about 2 hours ago. The driver denied medical issues, eye issues, glasses, contacts and meds. I attempted HGN but the driver was not able to follow the simple instructions and moved her head after repeated attempts to have her keep her head still. I did observe lack of smooth pursuit and a near immediate onset of Nystagmus. Again, the driver advised that she was not drunk and again, I explained that being DUI is not the same as her feeling drunk.

PBT batteries were low so they had to be changed after 2 failed attempts. The driver provided a breath sample that was positive and consistent with observations.

The driver was arrested for DUI and ICW (over 21) was read. The driver advised that she would not submit then said: "why would I, I am DUI."

Dep Gaiter transported to RCJ. Citations and 1205 turned into her property. Vehicle turned over to friends who arrived prior to the transport.

REPORTING OFFICER

EDENFIELD, GEORGE B704

DATE

09/22/2022

REVIEWED BY

SCHAFFER, RUSSELL