



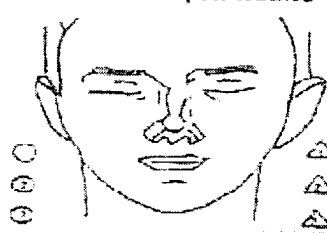

7<sup>th</sup> Judicial Circuit  
Flagler County Sheriff's Office 767

Court Case #: 2016 CT 000559

Agency ORI: FL180000

Agency Report # 2016-00066118

Date of Arrest: 07/22/2016		Day:		Time of Arrest: 16:28		UCR:		Arresting Deputy: STOGDON BRAD		ID#: 727	
Arrest #		OBTS #		BK#		FCIC/NCIC Check? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
Defendant	Name		Last: WATTS		First: GAGE		Middle: RYAN				
	Alias:		SS#: [REDACTED]								
	Address: 5000 PALM AVE		City: Bunnell		St: Florida		Zip: 32110-				
	Place of Birth:		Home Phone: (386)437-1812		Cell Phone:						
	DL#: W320296954701		St: Florida		US Citizen: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N If no, list Country:						
	Date of Birth: 12/30/1995		Age: 20	Height: 5 8	Weight: 130	Race: White	Sex: Male	Hair Color: Brow	Hair Length:	Hair Style:	Facial:
	Scars, Marks, Tattoos		Eye Color: Hazel		Complexion:		Teeth:		Speech:		Build:
	Occupation and work address:									Work Phone #	
	Probation <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		English <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Deaf/Mute <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Influence of <input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs		Video Documentation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Vehicle	Year: 2003	Make: Dodge	Model: Ram 1500 (PU)	Color: White	Tag: AVVT38	VIN #: 1D7HU18D63J672508				
Charge: 316.193.3C		<input type="checkbox"/> Felony <input checked="" type="checkbox"/> Misdemeanor		Citation #: A0ZYAGP		Bond Amount: 1000					
<b>DUI Detection Guide</b> (Check all applicable boxes)											
<input type="checkbox"/> Turning with wide radius <input type="checkbox"/> Straddling center or lane marker <input type="checkbox"/> Appearing to be drunk <input type="checkbox"/> Almost striking object or vehicle <input type="checkbox"/> Weaving <input type="checkbox"/> Driving on other than designated roadway <input type="checkbox"/> Swerving				<input type="checkbox"/> Slow speed (More than 10 mph below limit) <input type="checkbox"/> Stopping (without cause) in traffic lane <input type="checkbox"/> Following too closely <input type="checkbox"/> Drifting <input type="checkbox"/> Tires on center line or lane marker <input type="checkbox"/> Braking erratically <input type="checkbox"/> Driving into opposing or crossing traffic				<input type="checkbox"/> Signaling inconsistent with driving actions <input type="checkbox"/> Slow response to traffic signals <input type="checkbox"/> Stopping inappropriately (other than in lane) <input type="checkbox"/> Turning abruptly or illegally <input type="checkbox"/> Rapid acceleration or deceleration <input type="checkbox"/> Driving with headlights off <input checked="" type="checkbox"/> Other DRIVER OF A CRASH			
<b>Observations</b> (Describe each Area: Type, Color, Appearance; N/A if not Applicable)											
Clothes		Condition of Clothing		Attitude		Speech					
Shoes		<input checked="" type="checkbox"/> Disorderly <input type="checkbox"/> Soiled <input type="checkbox"/> Mussed <input type="checkbox"/> Orderly		<input type="checkbox"/> Good <input type="checkbox"/> Fair <input checked="" type="checkbox"/> Excited <input checked="" type="checkbox"/> Carefree <input checked="" type="checkbox"/> Talkative <input checked="" type="checkbox"/> Profanity <input type="checkbox"/> Sleepy <input type="checkbox"/> Cooperative <input type="checkbox"/> Poor <input type="checkbox"/> Combative <input type="checkbox"/> Other		<input checked="" type="checkbox"/> Mumbled <input checked="" type="checkbox"/> Slurred <input type="checkbox"/> Stuttered <input checked="" type="checkbox"/> Thick Tongued <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Not Understandable					
Clothes description  NO SHOES, NO SHIRT, SHORTS		Eyeglasses: <input type="checkbox"/> Yes <input type="checkbox"/> No Contacts: <input type="checkbox"/> Yes <input type="checkbox"/> No		Odor of Alcoholic Beverage <input checked="" type="checkbox"/> Strong <input type="checkbox"/> Moderate <input type="checkbox"/> Faint <input type="checkbox"/> None		Eyes <input checked="" type="checkbox"/> Watery <input checked="" type="checkbox"/> Bloodshot <input type="checkbox"/> Normal Color: HAZEL <input checked="" type="checkbox"/> Dilated <input type="checkbox"/> Not Equal <input type="checkbox"/> Contracted <input type="checkbox"/> Normal		Unusual Actions <input type="checkbox"/> Belching <input type="checkbox"/> Vomiting <input type="checkbox"/> Fighting <input type="checkbox"/> Crying <input checked="" type="checkbox"/> Laughing <input type="checkbox"/> Hiccupping <input checked="" type="checkbox"/> Other			
		Color of Face <input type="checkbox"/> Pale <input checked="" type="checkbox"/> Flushed <input type="checkbox"/> Normal <input type="checkbox"/> Other									
		Surface Conditions: 01 Dry		DUI Crash: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, Miranda given at 18:13 am / pm.							
Lighting: 1 Daylight		Crash Case # 2016-00066118		Investigating Agency FCSO							
Weather Conditions: 1 Clear		Investigating Officer: WILLIAMS		ID # 202							
Other Comments:		Probable cause to believe crash caused death or serious bodily injury to a human being? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, Blood Drawn at									

<b>Field Sobriety Evaluations</b>		Performed: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused Date: 07/22/2016 Time 17:51	
Subject's ability to understand instructions: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input checked="" type="checkbox"/> Poor <input type="checkbox"/> Unable			
<b>Horizontal Gaze Nystagmus</b>  <input checked="" type="checkbox"/> Lack of smooth pursuit, L eye <input checked="" type="checkbox"/> Lack of smooth pursuit, R eye <input checked="" type="checkbox"/> Distinct/sustained Nystagmus at maximum deviation, left eye <input checked="" type="checkbox"/> Distinct/sustained Nystagmus at maximum deviation, right eye <input checked="" type="checkbox"/> L eye onset before 45 degrees <input checked="" type="checkbox"/> R eye onset before 45 degrees Total score (Decision Point 4)  <input type="checkbox"/> Vertical Gaze Nystagmus	<b>Walk and Turn</b>  <input checked="" type="checkbox"/> Can't keep balance while listening to instructions <input checked="" type="checkbox"/> Starts before instructions are finished <input type="checkbox"/> Stops walking to steady self <input type="checkbox"/> Does not touch heel-to-toe <input type="checkbox"/> Steps off the line <input checked="" type="checkbox"/> Uses arms for balance (raising over 6 inches) <input type="checkbox"/> Incorrect number of steps <input checked="" type="checkbox"/> Improper turn <input type="checkbox"/> Cannot perform. Danger of falling <input type="checkbox"/> Cannot do test (steps off the line 3 or more times) Total score (Decision Point 2)	<b>One Leg Stand</b>  <input checked="" type="checkbox"/> Sways while balancing <input type="checkbox"/> Uses arms to balance. Raises arms over 6 inches <input checked="" type="checkbox"/> Hops <input type="checkbox"/> Puts foot down <input type="checkbox"/> Cannot do evaluation (puts foot down 3 times) <input type="checkbox"/> Cannot perform evaluation (danger of falling) Total score (Decision Point 2)	<b>Finger to Nose</b>  <input type="checkbox"/> Does not keep eyes closed. <input type="checkbox"/> Brings head forward to finger <input checked="" type="checkbox"/> Misses tip of nose with tip of index finger. <input type="checkbox"/> Uses wrong hand for evaluation <input checked="" type="checkbox"/> Sways <input type="checkbox"/> Unable to perform evaluation  Use the chart in the middle to plot the location of the hits
<b>Modified Romberg Balance</b>  <input type="checkbox"/> Uses arms for balance (raises over 6 inches) <input checked="" type="checkbox"/> Sways forward-backward more than 2" /30 sec. <input type="checkbox"/> Eyes do not remain closed <input type="checkbox"/> Body tremors <input type="checkbox"/> Cannot perform evaluation or loses balance	O = Tip of Right Index Finger      Δ = Tip of Left Index Finger Draw lines to spots touched    Wearing glasses <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No      Wearing contacts <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Previous eye problems <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Lack of Convergence Evaluation</b>    Only use if you are certified to perform the exercise. Draw arrows in the direction that the eye moves.
<b>Test Data</b>			
Implied Consent read on 07/22/2016 (date) at 17:59 (time) by A BEAUSOLEIL			
Specimen: <input type="checkbox"/> Blood <input checked="" type="checkbox"/> Breath <input type="checkbox"/> Urine <input type="checkbox"/> None <input type="checkbox"/> Refused <input type="checkbox"/> Unable			
Breath: Instrument: INTOXILYZER 8000 Operator: A BEAUSOLEIL ID # 674 Agency: FCSO		Refused: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Results: #1 0.096 #2 0.096 Other	
<b>Interview (Quote all answers)</b>			
Miranda Read: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		By: B STOGDON at 18:13 (time) on 07/22/2016 (date)	
Interviewer to fill in actual Date: 07/22/2016		Time: 18:13 Interviewer name: B STOGDON	
Were you operating a vehicle? REFUSED		Where were you going?	
What street/highway were you on?		Direction of travel?	
Where did you start from?		Where are you going?	
What time is it now?		What is the date?	
What day of the week is it?		What city/county are we in?	
Have you been drinking? What?		How much? Where?	
What time did you start? What time did you stop?		With whom?	
Can you feel the effects of the alcoholic beverage?		Are you under the influence?	
Did you experience any mechanical problems?			
When did you last eat? What did you eat?		Where?	
What were you doing during the last three hours?			
<b>Medical Questions</b>			
Do you have any physical defects? NONE If yes, please explain.			
Are you sick or injured? NO If so, please explain.			
When did you last sleep? UNKNOWN		How much sleep did you have?	
Did you get a bump on the head?		Were you involved in an accident today?	
Have you had any alcoholic beverage since the accident?		If so what?	
How much? What time did you start?		Where?	
Are you under the care of a Doctor or Dentist? If so, who and when?			
If so, what are you being treated for?			
Are you taking tranquilizers, pills or medicines of any kind?			
If so, what kind? (Get sample)			
Last dose?		Do you have epilepsy?	
Diabetes?		Take insulin? If so, last dose?	
<b>Medical Questions Continued</b>			
Have you used any drugs recently? YES If so, what for?			

What kind of drug? <b>METHAMPHETAMINE</b>	Last dose? <b>UNKNOWN</b>
Are you wearing an artificial limb? <b>NO</b>	Do you have false teeth? <b>NO</b>
Do you have a glass eye? <b>NO</b>	
Other comments: <b>REFUSED TO ANSWER POST MIRANDA</b>	

Property Sheet Attached ☐ Yes ☒ No Tow Sheet Attached ☐ Yes ☒ No Towed By **JOHNS**

### Probable Cause Statement

That on the 22th day of July, 202016, at 04:28 ☐ a.m. ☒ p.m., the defendant, at 20 RIVERINA DR within Flagler County, Florida, violated the law and did then and there:

On Friday, July 22, 2016 at approximately 1614 hours, I, Deputy Stogdon, was dispatched to 20 Riverina Dr, Palm Coast FL in reference to a crash in which the driver was seen fleeing the scene wearing baggie shorts and a black shirt with long dark hair. The driver of the vehicle was described as a young, white male.

Upon my arrival to the area, the resident at 45 Riverina Dr later identified as Patricia Kerns-Hill stated her cousin, Gage Watts crashed Clayton Miller's white in color Dodge pickup bearing FL tag # AVVT38 into the electric pole in front of 20 Riverina Dr and then fled into her back yard. I followed Patricia into her back yard and saw a young, white male wearing baggie boards shorts with a black shirt over his shoulder. Patricia identified the white male as Gage Watts. As Gage saw me approach in my Flagler County Sheriff's Office issued Class B uniform, he turned and began to run away from me northbound towards Rymfire Dr. Patricia yelled to Gage to stop and "deal with what you did". Gage then hesitated and continued to walk away. Again Patricia told Gage to deal with his actions to which Gage stopped and waited for me. At this time, Gage was unbalanced on his feet. Upon making contact with Gage, I secured him in handcuffs and placed him in the back of my marked patrol vehicle.

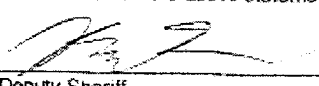
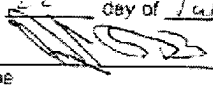
Immediately upon making contact with Gage, I detected an odor of an alcoholic beverage emanating from his person which became stronger as Gage spoke. I asked Gage why he left the scene of the crash to which he stated, "Because I'm drunk as shit". Gage had slurred speech and red, watery eyes. Gage was taken back to the scene of the crash approximately 1000 feet from where he was secured. While secured in the back of my patrol vehicle Gage was yelling to the owner of the vehicle, later identified as Clayton Miller, say "sorry". Gage was warned not to yell, but continued to yell and kick the divider of my vehicle that separated the rear passengers from the driver compartment.

The resident at 20 Riverina Dr, David Baskette, stated, he was inside when he heard the crash occur and went outside to see what happened. David stated, as he came outside he saw the white male described above, identified as Gage Watts, exit the truck from the front left (drivers) door and attempt to push the truck out of the ditch where it came to rest. David stated Gage asked him if he could help push the truck out of the ditch prior to fleeing on foot.

While assisting with the crash investigation, Patricia asked if she could speak to Gage which I allowed under my supervision to ensure no contraband was passed and Gage remain secured in the vehicle. During their conversation, Gage stated, "I didn't think I was that drunk" and "if I thought I was that drunk, I probably wouldn't have drove." Gage further stated "I fucked up", and "I'm drunk as shit".

Due to Clayton Miller, the owner of the vehicle, being on scene and visibly upset, Gage remained secured in

Supervisor Approved: **Dopp, Jonathan Aaron**

I swear or affirm the above statements are true and correct.		Sworn to and subscribed before me, the undersigned	
		This <u>22</u> day of <u>July</u> , 20 <u>16</u>	
Deputy Sheriff			
ID # <u>727</u>	Print Last Name <u>STOGDON</u>	Name _____	ID # _____

# Narrative 707-B Supplement

☒ Arrest  
☐ Affidavit  
☐ Notice to Appear

☐ Adult  
☐ Juvenile

Court Case  
Number:

Page # 4 of 7

Defendant Name:

WATTS, GAGE RYAN

Agency Case Number:

2016-00066118

<b>CHARGES</b>		DOMESTIC VIOLENCE? YES <input type="checkbox"/>	Attachments: Affidavit(s) <input type="checkbox"/> Statement(s) <input type="checkbox"/> NTA Schedule <input type="checkbox"/> Report <input type="checkbox"/> Traffic Infraction(s) <input checked="" type="checkbox"/>		Total Charges: 2
#	Charge: Fall to Leave Info After Crash/Vehicle Unattended	FEL <input type="checkbox"/> MISD <input type="checkbox"/> ORD <input checked="" type="checkbox"/>	FS/ORD: 316.063.1	Citation No: A4HDB4E	Bond: 500
#	Charge:	FEL <input type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>	FS/ORD:	Citation No:	Bond:
#	Charge:	FEL <input type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>	FS/ORD:	Citation No:	Bond:

Sworn to and subscribed before me, the undersigned  
this 22th day of July 2016

I swear/affirm the above statements are correct and true

Right thumb

Name:

Notary Public ☐ Law Enforcement Officer ☐  
Personally Known ☐ Produced Identification ☐

OFFICER'S/COMPLAINANT'S SIGNATURE

Type of Identification:

NAME(PRINTED)  
BRAD

STOGDON

ID NUMBER  
717

707-B - COURT COPY

# Witness/Victim/Evidence Form 707-A

☒ Arrest  
☐ Affidavit  
☐ Notice to Appear

☐ Adult  
☐ Juvenile

Court Case  
Number:

Page 5 of 7

Defendant Name: <b>WATTS, GAGE RYAN</b>		Agency Case Number: <b>2016-00066118</b>	
Name (L,F,M): <b>KERNS, PATRICIA RUBY</b>	Vic <input type="checkbox"/> Wit <input type="checkbox"/>	Race: <b>White</b>	Sex: <b>M</b> <input type="checkbox"/> <b>F</b> <input checked="" type="checkbox"/>
Address: <b>45 RIVERINA DR</b> (# Street, City, State)	DOB: <b>09/16/1993</b>	SSN: <b>[REDACTED]</b>	Age: <b>22</b>
Bus/School Address:	Zip: <b>32164-</b>	Home Phone:	Statement: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Relative/ Contact Name:	Relative/Contact Address:	Bus: Phone:	Phone:
Name (L,F,M): <b>MILLER, CLAYTON GRANT</b>	Vic <input type="checkbox"/> Wit <input type="checkbox"/>	Race: <b>White</b>	Sex: <b>M</b> <input checked="" type="checkbox"/> <b>F</b> <input type="checkbox"/>
Address: <b>2250 ELDER ST</b> (# Street, City, State)	DOB: <b>07/02/1966</b>	SSN: <b>[REDACTED]</b>	Age: <b>50</b>
Bus/School Address:	Zip: <b>32110-</b>	Home Phone:	Statement: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Relative/ Contact Name:	Relative/Contact Address:	Bus: Phone:	Phone:
Name (L,F,M): <b>BASKETTE, DAVID DEWAYNE</b>	Vic <input type="checkbox"/> Wit <input type="checkbox"/>	Race: <b>White</b>	Sex: <b>M</b> <input checked="" type="checkbox"/> <b>F</b> <input type="checkbox"/>
Address: <b>20 RIVERINA DR</b> (# Street, City, State)	DOB: <b>09/28/1960</b>	SSN: <b>[REDACTED]</b>	Age: <b>55</b>
Bus/School Address:	Zip: <b>32164-</b>	Home Phone:	Statement: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Relative/ Contact Name:	Relative/Contact Address:	Bus: Phone:	Phone:
Name (L,F,M):	Vic <input type="checkbox"/> Wit <input type="checkbox"/>	Race:	Sex: <b>M</b> <input type="checkbox"/> <b>F</b> <input type="checkbox"/>
Address (# Street, City, State):	DOB:	SSN:	Age:
Bus/School Address:	Zip:	Home Phone:	Statement: Yes <input type="checkbox"/> No <input type="checkbox"/>
Relative/ Contact Name:	Relative/Contact Address:	Bus: Phone:	Phone:
Name (L,F,M):	Vic <input type="checkbox"/> Wit <input type="checkbox"/>	Race:	Sex: <b>M</b> <input type="checkbox"/> <b>F</b> <input type="checkbox"/>
Address (# Street, City, State):	DOB:	SSN:	Age:
Bus/School Address:	Zip:	Home Phone:	Statement: Yes <input type="checkbox"/> No <input type="checkbox"/>
Relative/ Contact Name:	Relative/Contact Address:	Bus: Phone:	Phone:
Name (L,F,M):	Vic <input type="checkbox"/> Wit <input type="checkbox"/>	Race:	Sex: <b>M</b> <input type="checkbox"/> <b>F</b> <input type="checkbox"/>
Address (# Street, City, State):	DOB:	SSN:	Age:
Bus/School Address:	Zip:	Home Phone:	Statement: Yes <input type="checkbox"/> No <input type="checkbox"/>
Relative/ Contact Name:	Relative/Contact Address:	Bus: Phone:	Phone:

## EVIDENCE COLLECTED

Description of Evidence	Date Recovered	Model Serial/I.D. Number	Drug Amount
Owner(Name):	(Address)	(Phone)	Value
Description of Evidence	Date Recovered	Model Serial/I.D. Number	Drug Amount
Owner(Name):	(Address)	(Phone)	Value
Description of Evidence	Date Recovered	Model Serial/I.D. Number	Drug Amount
Description of Evidence	Date Recovered	Model Serial/I.D. Number	Drug Amount
Description of Evidence	Date Recovered	Model Serial/I.D. Number	Drug Amount
Description of Evidence	Date Recovered	Model Serial/I.D. Number	Drug Amount
Description of Evidence	Date Recovered	Model Serial/I.D. Number	Drug Amount
Description of Evidence	Date Recovered	Model Serial/I.D. Number	Drug Amount
Description of Evidence	Date Recovered	Model Serial/I.D. Number	Drug Amount

I certify that the foregoing is a complete list of witnesses/victims & evidence known to me.

*Paul S. Taylor*  
Investigating Officer

727  
ID Number

FCSC  
Agency

707-A - COURT COPY

# Narrative 707-B Supplement

☒ Arrest  
☐ Affidavit  
☐ Notice to Appear

☐ Adult  
☐ Juvenile

Court Case  
Number:

Page # 6 of 7

Defendant Name:

WATTS, GAGE RYAN

Agency Case Number:

2016-00066118

## CHARGES

DOMESTIC  
VIOLENCE?

YES ☐

Attachments:

~~Admit(s)~~

☐ Statement(s)

☐ NTA Schedule

☐ Report

☐ Traffic Infraction(s)

☒

Total  
Charges: 2

#

Charge:

FEL ☐ MISD ☐ ORD ☐

FS/ORD:

Citation No:

Bond:

#

Charge:

FEL ☐ MISD ☐ ORD ☐

FS/ORD:

Citation No:

Bond:

#

Charge:

FEL ☐ MISD ☐ ORD ☐

FS/ORD:

Citation No:

Bond:

my vehicle for the duration of the crash investigation. Due to the fact that Gage had previous fled the scene of a crash involving property damage and that Clayton was still on scene and upset, I determined it would be safer for Gage and the officers on scene if Gage was transported to the Flagler County Inmate Facility (FCIF) to perform field sobriety exercises prior to being booked. Upon verifying that Sgt Williams had all pertinent information required for the crash investigation, I transported Gage to the FCIF without incident. While in the vehicle enroute to the FCIF, Gage was singing and freestyle rapping making references to methamphetamine and marijuana consumption.

While at the FCIF, I informed Gage that I was now changing hats from a crash investigation to DUI investigation and requested Gage to perform field sobriety exercises to which Gage agreed. Deputy Pederson performed the field sobriety exercises while I observed from a different point of view. The observations of the field sobriety exercises are as follows:

-Horizontal Gaze Nystagmus: no equal tracking nor equal pupils; Lack of smooth pursuit in both eyes, Distinct and sustained nystagmus at maximum deviation in both eyes, angle of onset prior to 45 degrees in both eyes. Gage also swayed and was unbalanced during this exercise.

-Walk and Turn: began prior to being told, swayed during instructions, used arms for balance, and improper turn. Gage asked, "Is there a way I cannot be drunk so I can pass this" during the instructions.

-On Leg Stand: swayed, danced, bent legs, and snapped fingers.

-Modified Romberg: Gage was asked to count backward from 77-1. Gage miss counted at "47", "39" "13" and began to count forward. Gage missed number "37", and stopped counting at "12", looked at Deputy Pederson and stated "I fucked this up"

-Finger to Nose: Gage missed finger to nose on left hand instructions and hit the right side of his nostril. Gage also swayed during the exercise.

After completing the exercise, I determined Gage was under the influence of drugs and or alcohol and placed him under arrest for driving under the influence. I then began a 20 minute observation period in which time, Gage was singing and stated he was "drunk as shit". After the 20 minute observation period was complete, Gage was read the

Supervisor Approved: Dopp, Jonathan Aaron

Sworn to and subscribed before me, the undersigned  
this 22th day of July 2016

I swear/affirm the above statements are correct and true.

Right thumb

Name:

Notary Public ☐

Law Enforcement Officer ☐

Personally Known ☐

Produced Identification ☐

OFFICER'S/COMPLAINANT'S SIGNATURE

Type of Identification:

NAME(PRINTED):

BRAD

STOGDON

ID NUMBER

227

# Narrative 707-B Supplement

☒ Arrest  
☐ Affidavit  
☐ Notice to Appear

☐ Adult  
☐ Juvenile

Court Case  
Number:

Page # 7 of 7

Defendant Name:

WATTS, GAGE RYAN

Agency Case Number:

2016-006118

## CHARGES

DOMESTIC  
VIOLENCE?

YES ☐

Attachments: Affidavit(s) ☐ Statement(s) ☐ NTA Schedule ☐ Report ☐ Traffic Infraction(s) ☒

Total  
Charges: 2

#	Charge:	FEL <input type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>	FSORD:	Citation No:	Bond:
#	Charge:	FEL <input type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>	FSORD:	Citation No:	Bond:
#	Charge:	FEL <input type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/>	FSORD:	Citation No:	Bond:

implied consent warning by Deputy Beausoleil at 1759 hours. Gage agreed to give a sample of his breath. Gage's breath samples read 0.096 and 0.096 on the Intoxilyzer 8000. I then read Gage his constitutional rights from my printed card and asked if he'd be willing to answer questions to which he declined.

Gage was subsequently arrested for driving under the influence with property damage FSS 316.193.C3 (citation number A0ZYAGP) and fail to leave information after crash, vehicle unattended FSS 316.063.1 (citation number A4HDB4E; unable to serve at this time due to an E-Cite printing error; will be served at a later date when a copy is available from records).

Axon video uploaded to evidence.com

Nothing further to report at this time.

Supervisor Approved: Dopp, Jonathan Aaron

Sworn to and subscribed before me, the undersigned this <u>22th</u> day of <u>July</u> , 2016		I swear/affirm the above statements are correct and true.		Right Thumb
Name: <u>NSD</u>		OFFICER'S/COMPLAINANT'S SIGNATURE		
Notary Public <input type="checkbox"/> Law Enforcement Officer <input type="checkbox"/> Personally Known <input type="checkbox"/> Produced Identification <input type="checkbox"/>				
Type of Identification:		NAME (PRINTED) BRAD	ID NUMBER 727	

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