

Location of Defendant's Vehicle: <u>Hughes Towing</u>	Date-Time Booked: <u>10/20/98 - 0005</u>	Case Number: <u>98-28-4487-07</u>
(ORI) FL048: <u> </u>	Agency Name: <u>Florida Highway Patrol</u>	Division Number: <u> </u>
Arrested? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	FCIC/NCIC Check? Yes <input type="checkbox"/> No <input type="checkbox"/>	Date Arrested (MM/DD/YYYY): <u>10-19-98</u>
Address of Arrest: <u>SR-535 / Hotel Plaza Blvd</u>		Total Bond Set At: <u>S 500.00</u>
Arrest: <u>9:12 pm</u>		Court Case Number: <u>TW98-28449</u>

DEFENDANT		Adult - <input checked="" type="checkbox"/> Juvenile - <input type="checkbox"/>	Jacket Number: <u> </u>	Inmate Number: <u>98-45084</u>
NAME (L.F.M.): <u>Chacko Chowallur Devassy</u>	Race: <u>w</u>	Sex: <u>M</u>	DOB: <u>06-09-46</u>	Age: <u>52</u>
RES. Street #: <u>8532</u>	Pre-Dir.: <u> </u>	Street Name: <u>Willow Wish Ct</u>	Road Designator: <u> </u>	Post-Dir.: <u> </u>
City: <u>Orlando</u>	State: <u>FL</u>	Zip: <u>32835 0000</u>	Home Phone: <u>407-293-5973</u>	Apt/Suite/Rm: <u> </u>
Height: <u>5-10</u>	Weight: <u>195</u>	Hair: <u>whit</u>	Eyes: <u>Bru</u>	P.O.B. (City, State, Country): <u>INDIA</u>
Business & Occupation: <u>Doctor</u>	A.K.A.: <u> </u>			
BUS/SCHOOL Street #: <u> </u>	Pre-Dir.: <u> </u>	Street Name: <u> </u>	Road Designator: <u> </u>	Post-Dir.: <u> </u>
City: <u> </u>	State: <u> </u>	Zip: <u> </u>	Bus. Phone: <u> </u>	Apt/Suite: <u> </u>
Driver's Lic./ State ID No.: <u>C200-10446-2090</u>	State: <u>FL</u>	Year Expires: <u>2003</u>	S.S. #: <u>041629642</u>	

CHARGES		FELONY <input type="checkbox"/> MISD. <input type="checkbox"/> ORD. <input type="checkbox"/> TRAFFIC <input checked="" type="checkbox"/>	Court Location: <u>TC3</u>	DOMESTIC VIOLENCE? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
#1	Charge: <u>DUI</u>	FSS/ORD: <u>316 193</u>	Citation No.: <u>075167-J</u>	
#2	Charge: <u> </u>	FSS/ORD: <u> </u>	Citation No.: <u> </u>	
#3	Charge: <u> </u>	FSS/ORD: <u> </u>	Citation No.: <u> </u>	

CO-DEFENDANT		Co-Def #1. Arrested? Y <input type="checkbox"/> N <input type="checkbox"/> Fel. <input type="checkbox"/> Misd. <input type="checkbox"/> Traf. <input type="checkbox"/> Ord. <input type="checkbox"/> NTA <input type="checkbox"/>	Co-Def #2. Arrested? Y <input type="checkbox"/> N <input type="checkbox"/> Fel. <input type="checkbox"/> Misd. <input type="checkbox"/> Traf. <input type="checkbox"/> Ord. <input type="checkbox"/> NTA <input type="checkbox"/>
#1	NAME (L.F.M.): <u> </u>	Race: <u> </u>	Sex: <u> </u>
#2	NAME (L.F.M.): <u> </u>	Race: <u> </u>	Sex: <u> </u>

NARRATIVE The undersigned has probable cause to believe the above-named defendant, on the _____ day of _____, at approximately _____ a.m. / p.m. at _____ (Zone: _____) in Orange County did:

On 10-19-98 AT 8:24 pm I was Dispatched To A CRASH Located on SR-535 AND Hotel Plaza Blvd. Arriving AT 8:24 pm I noticed two Vehicle in the intersection. A Green 4Dr Linc Registered to Budget Rent A Car, Driven By Michael Foy 1 Snyder Dr Beacon Falls CT 06403. AND A GMC Sw Vin 1GKFC16K1P3729967 Reg. To AND Driven by Chowallur D Chacko 8532 Willow Wish Court Orlando FL 32835. I located my witness (who can place Mr. Chacko Behind the wheel.) A Mr. Steven Francis Klein 533 W.K str Orlando FL 32804. Mr. Klein stated that the GMC Sw. RAN A Red light while making a left turn From Northbound SR-535 To Hotel Plaza Blvd. I then interviewed Mr. Foy AND he stated that he was stopped facing South on SR-535 AT A

Sworn to and subscribed before me this _____ day of _____, 1998.	I swear/affirm the above statements are correct and true.	ED IN CHARGE
Notary Public: <u>ANNIE DAVIS</u>	OFFICER'S SIGNATURE: <u>J.D. Gordon</u>	OFFICER'S PRINTED NAME (L.F.): <u>J.D. Gordon</u>
Commission # <u>CC 731821</u>	OFFICER'S NAME KEY: <u>1296</u>	OFFICER'S PHONE NO.: <u> </u>

FOR CORRECTIONS USE ONLY OBTS: 111011151531618721

Continuation of:

Charging Affidavit
 Notice of Appeal

Defendant Name: Chawallon Devassey Chacko Case Number: 98-28-44487-07 Page 2 of 4

Red light. The light turned ~~to~~ Green & he proceed South into the intersection. When the GMC SUV Ran through the Red light and the two vehicles collided in the intersection I then turned to the Driver of the GMC SUV. And Asked Him what had happened. Mr. Chacko stated he was backed into why he was stopped. I smelled A odor on his Breath his Speech was slurred. And He Didn't know where he was. Mr Chacko when Asked for His D.L. walked To his vehicle And let his Dog out. Mr Chacko couldn't walk without swaying Back And Forth. After Completing the Crash investigation I informed Mr. Chacko that I was now Done with the crash inv. And I was know inv. DUI.

Walk & turn; Mr Chacko couldn't maintain heel to Toe position. He walked ~~to~~ Down the line in A normal stride. his Balance was Poor. (swaying From Side To Side.) When Mr. Chacko Turned he fell to the right taking A Large step to regain his Balance. When he started Back Mr Chacko Again took normal size strides And Used his Arms out AT his Side for Balance.

ONE Leg Stance; While standing listening to the example given to him Mr. Chacko was swaying in a side to side motion. I Asked him if He understood the test And he stated (Yes) so I informed him to start. He bent his knee keeping his left foot on the ground And Counted 2-2-5-7 And then stopped. I waited A moment To see if he was going to ~~re~~ finish. Mr Chacko just stood looking At Me swaying From Side to Side. I Asked if he was ~~Done~~ Done And He Stated (Yes).

Sworn to and subscribed to by ANNIE DAVIS on this 14 day of APRIL 2002. Notary Public - State of Florida. My Comm. Expires 4/7/2002. ANNIE DAVIS Notary Public. Personal Representative of ANNIE DAVIS Produced: ANNIE DAVIS

I swear/affirm the above statements are correct and true. J.D. Gordon OFFICER'S SIGNATURE. Officer's Name Key: 1896

J.D. Gordon OFFICER'S PRINTED NAME (L,F). Officer's Bus. Phone No.:

Continuation of:

- Charging Affidavit
- Notice to Appear

Defendant Name: <u>Chowallor Devassy Chacko</u>	Case Number <u>98-2844487-07</u>	Page <u>3</u> of <u>4</u>
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ABC'S. I ASKED Mr. Chacko if he had any coll. He stated he was a Amer. Doc. and that he had 10 yrs. He was asked if he knew his ABC'S and he STATED (Yes) I explained the test and he stated he understood the example given. Mr. Chacko started, ABCDCDF. He looked at me and I asked, Are you finished, He stated (yes)

It was at this time I placed Mr. Chacko under Arrest for DUI and transported him to the testing Phy.

Here Mr. Chacko Blew A .182 and A .196. Mr. Chacko was transported to 3320 A Released over to Orange County

CLERK OF SUPERIOR COURT
 ORANGE COUNTY, FL
 JUDICIAL CENTER
 1000 N. GORRISON ST.
 ORANGE, FL 32837

NOTARY PUBLIC - STATE OF FLORIDA
 ANNIE DAVIS
 Sworn to and subscribed to before me on this 14th day of November, 2002.
 My Commission # CC 731821 expires 6/7/2002
 My Notary Public License # ASA 4 888
 ANNIE DAVIS
 Notary Public
 Personally known to me and produced proper identification.

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

J.D. Gordon
 OFFICER'S SIGNATURE JHP

J.D. Gordon
 OFFICER'S PRINTED NAME (L,F)

Officer's Name Key: 1896

Officer's Bus. Phone No.:

Witness Form

Defendant Name: Chawaller D Chacko Case Number: 08-28-44487-07 Page 7 of 4

WITNESSES		V - Victim	R - Reporter	W - Witness	
V	NAME (L,F,M):	<u>Michael E Foy</u>		Race:	Sex:
	ADDRESS (#, Street, City, State):	<u>1 Snyder Dr Beacon Falls CT</u>		DOB:	Age:
	Bus./School:	Zip:	<u>06403</u>	Home Phone:	
Testimony: <u>Driver of Victim Veh.</u>					
W	NAME (L,F,M):	<u>Steven Francis Klein</u>		Race:	Sex:
	ADDRESS (#, Street, City, State):	<u>533 West K Str. Orl Fl</u>		DOB:	Age:
	Bus./School:	Zip:	<u>33804</u>	Home Phone:	<u>423-4118</u>
Testimony: <u>Place Mr Chacko Behind Wheel. Second Vehicle in line/ Behind Victim. Saw Crash</u>					
	NAME (L,F,M):			Race:	Sex:
	ADDRESS (#, Street, City, State):			DOB:	Age:
	Bus./School:	Zip:		Home Phone:	
Testimony:					
	NAME (L,F,M):			Race:	Sex:
	ADDRESS (#, Street, City, State):			DOB:	Age:
	Bus./School:	Zip:		Home Phone:	
Testimony:					
	NAME (L,F,M):			Race:	Sex:
	ADDRESS (#, Street, City, State):			DOB:	Age:
	Bus./School:	Zip:		Home Phone:	
Testimony:					
	NAME (L,F,M):			Race:	Sex:
	ADDRESS (#, Street, City, State):			DOB:	Age:
	Bus./School:	Zip:		Home Phone:	
Testimony:					
	NAME (L,F,M):			Race:	Sex:
	ADDRESS (#, Street, City, State):			DOB:	Age:
	Bus./School:	Zip:		Home Phone:	
Testimony:					

CLERK OF COUNTY COURT
 ORANGE COUNTY, FL
 RECEIVED
 10/28/08