

VOLUSIA COUNTY SHERIFF'S OFFICE

INCIDENT REPORT

<input type="checkbox"/> Juvenile <input type="checkbox"/> Gang <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Endangered / Other	<input type="checkbox"/> Hate Crime <input type="checkbox"/> Elderly Abuse / Exploitation VOR _____	Agency Report Number 190005293
Agency ORI Number FL0640000		Zone # 51
Reported: Day Saturday Date 03-09-2019 Time (mil.) 0431		Time Dispatched (mil.) 0431 Time Arrived (mil.) 0431 Time Completed (mil.) 0700
Nature of Call (Report Type) DUI Drunk Driver		
Incident Type: 1. Felony 2. Traffic Felony	3. Misdemeanor 4. Traffic Misdemeanor	5. Ordinance 9. Other
Incident: Day From Saturday Date 03-09-2019 Time (mil.) 0431	TO Day Saturday Date 03-09-2019 Time (mil.) 0432	Occurred During: D - Day U - Unknown N - Night N
Offense #1 Type 4 Statute Violation Number 316.193(1)	Description DUI Alcohol or Drugs 1st Off	
#2 Statute Violation Number	Description	
Incident Location (Street, Apt. Number) 3800 BLK STATE ROAD 44		
City NEW SMYRNA		Zip 32168
Business Name / Area Identifier	# Prem. Entered	Drug Related 0. N/A 1. Yes 2. No 2
Alcohol Related 0. N/A 1. Yes 2. No 1	Forced Entry 1. Yes 3. Attempted 2. No 2	Arson-Inhabited 1. Occupied 3. Abandoned 2. Unoccupied
Location Type 26	Location Type Codes 01. Residence-Single 02. Apartment/Condo 03. Residence/Other 04. Hotel/Motel 05. Convenience Store 06. Gas Station 07. Liquor Sales 08. Bar/Nightclub 09. Supermarket 10. Dept/Discount Store 11. Specialty Store 12. Drug Store/Hospital 13. Bank/Financial Inst. 14. Commercial/Office Bldg. 15. Industrial/Mfg. 16. Storage 17. Gov't/Public Bldg. 18. School/University 19. Jail/Prison 20. Religious Bldg. 21. Airport 22. Bus/Rail Terminal 23. Construction Site 24. Other Structure 25. Parking Lot/Garage 26. Highway/Roadway 27. Park/Woodlands/Field 28. Lake/Waterway 29. Motor Vehicle 30. Other Mobile 88. Unknown 99. Other	
V/W Code V-Victim N-Next of Kin W-Witness O-Other R-Reporting Person	Victim/Subject Type 0. N/A 1. Juvenile 2. L.E. Officer 3. Adult 4. Business 5. Government 6. Church 9. Other	Address/Phone Type B. Business/Work C. Cell H. Home M. Message N. Next of Kin O. Other P. Pager S. School V. Vacation
Means of Attack F-Firearm K-Knife/Cutting Inst. O-Other Dangerous H-Hands, Fists, Feet, Etc.	Extent of Injury 00. N/A 01. Gunshot 02. Stabbed 03. Laceration 04. Unconscious 05. Poss. Broken Bones 06. Poss. Internal Injury 07. Loss of Teeth 08. Burns 09. Abrasions/Bruises 10. No Visible Injury 99. Other Serious Injury	Domestic Violence 1. Yes 2. No 2
Offense Indicator 1. #1 3. Both 2. #2 1	V/W Code # 0 V. Type 1	Nature of Call (for Victim, if different from Incident) KOPERSKI COLLEEN A
Address (Street, Apt. Number) _____ City _____ State _____ Zip _____ Residence Phone _____		
Business/School/Other Address (Street, Apt. Number) _____ City _____ State _____ Zip _____ Address Type _____ Business/School/Other Phone _____ Phone Type _____		
Other Contact Info (Time Available, Interpreter, etc.) _____ Synopsis of Involvement REGISTERED OWNER OF TOWED VEHICLE		
If Victim Type 1, 2, or 3	Race W Sex F Date of Birth 07-06-1995 Age 23 Ethnicity N	Res. Type 1 Res. Status 1 Means of Attack _____ Extent of Injury 00 Domestic Violence 2 Relationship _____
Offense Indicator 1. #1 3. Both 2. #2	V/W Code # V. Type	Nature of Call (for Victim, if different from Incident)
Address (Street, Apt. Number) _____ City _____ State _____ Zip _____ Residence Phone _____		
Business/School/Other Address (Street, Apt. Number) _____ City _____ State _____ Zip _____ Address Type _____ Business/School/Other Phone _____ Phone Type _____		
Other Contact Info (Time Available, Interpreter, etc.) _____ Synopsis of Involvement		
If Victim Type 1, 2, or 3	Race Sex Date of Birth Age Ethnicity	Res. Type Res. Status Means of Attack Extent of Injury Domestic Violence Relationship
Offense Indicator 1. #1 3. Both 2. #2	V/W Code # V. Type	Nature of Call (for Victim, if different from Incident)
Address (Street, Apt. Number) _____ City _____ State _____ Zip _____ Residence Phone _____		
Business/School/Other Address (Street, Apt. Number) _____ City _____ State _____ Zip _____ Address Type _____ Business/School/Other Phone _____ Phone Type _____		
Other Contact Info (Time Available, Interpreter, etc.) _____ Synopsis of Involvement		
If Victim Type 1, 2, or 3	Race Sex Date of Birth Age Ethnicity	Res. Type Res. Status Means of Attack Extent of Injury Domestic Violence Relationship
Offense Indicator 1. #1 3. Both 2. #2	V/W Code # V. Type	Nature of Call (for Victim, if different from Incident)
Address (Street, Apt. Number) _____ City _____ State _____ Zip _____ Residence Phone _____		
Business/School/Other Address (Street, Apt. Number) _____ City _____ State _____ Zip _____ Address Type _____ Business/School/Other Phone _____ Phone Type _____		
Other Contact Info (Time Available, Interpreter, etc.) _____ Synopsis of Involvement		
If Victim Type 1, 2, or 3	Race Sex Date of Birth Age Ethnicity	Res. Type Res. Status Means of Attack Extent of Injury Domestic Violence Relationship

INCIDENT REPORT (CONT.)

Offense Indicator 1. #1 3. Both 2. #2	Subject Code S-Suspect V-Victim D-Defendant (Missing Person)	Code #	Subj. Type	Name (Last) (First) (Middle)	Race	Sex	Ethnicity
1	D	1 3	RUIZ	IVAR M	W	M	H
Date of Birth	Age To Age	Height To Height	Weight To Weight	Eye Color	Hair Color	Maiden Name	
09-05-1988	30	6' 06	330	BLU	BRO		
Nickname / Street Name		Place of Birth - City	County	State	Employer/Other/School	Occupation	
				MI	BELLE ISLE POLICE DEPARTMENT	SERGEANT	
Last Known Address (Street, Apt. Number)		City	State	Zip	Address Type	Phone	Phone Type
Other Address (Street, Apt. Number)		City	State	Zip	Address Type	Phone	Phone Type

SUBJECT / MISSING SECTION

Driver's License State/Number	Social Security Number	Other ID Number	ID Type				
FL	R200413883250						
Clothing (Describe)		Scars/Marks/Tattoos (Type/Describe)	Scars/Marks/Tattoos (Type/Describe)				
Hair Length /Style	Skin	Build	Facial Features	Speech/Voice	Deformity	Glasses	
If Subject:		Demeanor	Mask	Weapon Type	If Arrested:	Subject Was Already in Custody? 1. Yes 2. No	Warrant From: 1. This Agency 2. Other Agency
						2	
Date of Last Contact	Date of Emancipation	Caution	Caution Reason	Personal Habits (Drugs / Alcohol)			
May Be With:		Physical Condition:	Mental Condition:	Doctor Name:	Dentist Name:		
Incident Type 1. Runaway 2. Parents 3. Involuntary 4. Disabled 5. Endangered	6. Disaster Victim 7. Voluntary Adult 8. Unknown	Foul Play Suspected? 1. Yes 2. No 8. Unknown	Missing Before? 1. Yes 2. No 8. Unknown	Fingerprints Available? 1. Yes 2. No	Photo Available? 1. Yes 2. No	Dental Record Available? 1. Yes 2. No	
I, _____ (Printed) _____ (Signature) certify that I have reported the above person as a missing person; and this agency has my permission to enter this person in a statewide alert.							

Offense Indicator 1. #1 3. Both 2. #2	Subject Code S-Suspect V-Victim D-Defendant (Missing Person)	Code #	Subj. Type	Name (Last) (First) (Middle)	Race	Sex	Ethnicity
Date of Birth	Age To Age	Height To Height	Weight To Weight	Eye Color	Hair Color	Maiden Name	
Nickname / Street Name		Place of Birth - City	County	State	Employer/Other/School	Occupation	
Last Known Address (Street, Apt. Number)		City	State	Zip	Address Type	Phone	Phone Type
Other Address (Street, Apt. Number)		City	State	Zip	Address Type	Phone	Phone Type
Driver's License State/Number	Social Security Number	Other ID Number	ID Type				
Clothing (Describe)		Scars/Marks/Tattoos (Type/Describe)	Scars/Marks/Tattoos (Type/Describe)				
Hair Length /Style	Skin	Build	Facial Features	Speech/Voice	Deformity	Glasses	
If Subject:		Demeanor	Mask	Weapon Type	If Arrested:	Subject Was Already in Custody? 1. Yes 2. No	Warrant From: 1. This Agency 2. Other Agency
Date of Last Contact	Date of Emancipation	Caution	Caution Reason	Personal Habits (Drugs / Alcohol)			
May Be With:		Physical Condition:	Mental Condition:	Doctor Name:	Dentist Name:		
Incident Type 1. Runaway 2. Parents 3. Involuntary 4. Disabled 5. Endangered	6. Disaster Victim 7. Voluntary Adult 8. Unknown	Foul Play Suspected? 1. Yes 2. No 8. Unknown	Missing Before? 1. Yes 2. No 8. Unknown	Fingerprints Available? 1. Yes 2. No	Photo Available? 1. Yes 2. No	Dental Record Available? 1. Yes 2. No	
I, _____ (Printed) _____ (Signature) certify that I have reported the above person as a missing person; and this agency has my permission to enter this person in a statewide alert.							

SUBJECT / MISSING SECTION

1 On March 9, 2019, at approximately 0431 hours, Deputy Patsch was conducting a routine zone accountability patrol throughout area of
2 responsibility when he observed a blue in color Dodge Ram 1500 pick up truck, bearing Florida tag CKXK78, which appeared to be stuck in the
3 median of State Road 44. The vehicle was located in the 3800 block of State Road 44 just east of the intersection of State Road 44 and South
4 State Road 44. Deputy Patsch positioned his agency issued fully marked patrol vehicle with roof mounted light bar behind the vehicle and
5 conducted a well being check on the occupants of the vehicle.
6
7 Deputy Patsch made contact with the operator of the motor vehicle who was passed out behind the wheel of the vehicle in the driver's seat with
8 his foot on the brake pedal. The vehicle was running and in drive at the time Deputy Patsch contacted the driver. The operator of the motor vehicle
9 was unresponsive to verbal commands and appeared to very disoriented, and extremely drowsy. He could not form words when asked questions
10 he merely muttered unintelligible utterances which could not even be mistaken for words. The operator then fell back asleep in the presence of

ADMINISTRATIVE

Final Case Status: 1	Final Case Status Codes: 1.Arrest/Adult 2.Arrest/Juv. 3.Exceptional/Adult 4.Exceptional/Juv. 5.Closed 6.Unfounded	<input type="checkbox"/> Victim Advocate <input type="checkbox"/> Triad <input type="checkbox"/> SA Referral		
<input type="checkbox"/> DCF Hotline <input type="checkbox"/> CAC	Date: Time:	<input type="checkbox"/> FCIC / NCIC Entry <input type="checkbox"/> T.T. BOLO <input type="checkbox"/> FCIC / NCIC Cancel		
Connecting Report Number	Agency	Additional Forms Attached: <input checked="" type="checkbox"/> Narrative <input checked="" type="checkbox"/> SA 707 <input type="checkbox"/> Persons <input checked="" type="checkbox"/> Property <input checked="" type="checkbox"/> Veh./Tow Sheet <input checked="" type="checkbox"/> Other Describe: <u>DUI REPORT</u>		
Officer Reporting - Printed Patsch, Joshua	Officer Reporting - Signature 	ID. Number 8544	Unit 1D51	Date 03-09-2019
Officer Reviewing - Printed (If Applicable)	Officer Reviewing - Signature (If Applicable)	ID. Number	Unit	Date


VOLUSIA COUNTY SHERIFF'S OFFICE

NARRATIVE / SUPPLEMENT

EVENT	Report Date 03-09-2019	Report Time 0431	Orig. Reported Date 03-09-2019	Nature of Call (for Incident) DUI	Agency Report Number 190005293	1.Original 2.Supplement	1
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NARRATIVE / CONTINUATION

11 Deputy Patsch. Deputy Patsch observed the operator had glassy, bloodshot, watery eyes, very, thick, slurred speech, and droopy eyelids. Deputy
 12 Patsch smelled the strong odor commonly associated with alcoholic beverages emanating from his open mouth at a conversational distance.
 13
 14 Deputy Patsch eventually was able to awaken the operator to the point he could form semi-complete sentences. When asked where he currently
 15 was he stated he was in Lake Mary. When asked where he was coming from he stated he was coming from Deland and was driving to his house
 16 in Lake Mary. New Smyrna Beach, where the vehicle was located, is not even remotely on the way to Lake Mary from Deland. Deputy Patsch
 17 asked the operator to shut off the vehicle and place the keys for the vehicle on the dash board, he shut off the ignition to the vehicle but was
 18 unable to remove the keys of the vehicle from the due the vehicle still being in drive. The operator had no idea the vehicle was in drive and could
 19 not manage to take the vehicle out drive to remove the keys. After waiting a long period of time Deputy Patsch requested the operator exit the
 20 vehicle, because he was unable to remove the keys from the ignition, and was currently slapping his hand around the steering column not able to
 21 locate the keys in the ignition anymore. It took a longer than normal amount of time for the operator to locate the door handle inside the vehicle
 22 exit.
 23
 24 Upon exiting the vehicle Deputy Patsch requested the operator provide his state issued driver license. The operator was positively identified by his
 25 Florida issued driver license as Ivar Ruiz (D1). As Ruiz was standing outside the vehicle he was swaying heavily and using the door of the vehicle
 26 to steady himself. Deputy Patsch requested Ruiz partake in Standardized Field Sobriety Exercises, Ruiz refused to partake in the exercises.
 27 Deputy Patsch placed Ruiz under arrest for Driving Under the Influence. Ruiz was placed in Deputy Patsch's patrol vehicle. Deputy Patsch
 28 requested Ruiz provide a lawful sample of his breath to determine it's alcoholic content, Ruiz refused to provide the lawful sample of his breath.
 29 Deputy Patsch read Ruiz implied consent, he still refused to provide a lawful sample.
 30
 31 Ruiz was transported to the District Three South Office of the Volusia County Sheriff's Office to complete paperwork. The vehicle was towed from
 32 the scene by Universal Towing, the registered owner was made aware of the location of the vehicle. Ruiz was issued the following Uniform Traffic
 33 Citations: DUI (A6JUTQE). Ruiz was transported to the VCBJ.

ADMINISTRATIVE	Final Case Status: <u>1</u>	Final Case Status Codes: 1.Arrest/Adult 2.Arrest/Juv. 3.Exceptional/Adult 4.Exceptional/Juv. 5.Closed 6.Unfounded	<input type="checkbox"/> Victim Advocate	<input type="checkbox"/> Triad	<input type="checkbox"/> SA Referral
<input type="checkbox"/> DCF Hotline	Date:	Time:	<input type="checkbox"/> FCIC / NCIC Entry	<input type="checkbox"/> T.T. BOLO	Date:
<input type="checkbox"/> CAC	Spoke With:		<input type="checkbox"/> FCIC / NCIC Cancel		By:
Connecting Report Number	Agency	Additional Forms Attached: <input checked="" type="checkbox"/> Narrative <input checked="" type="checkbox"/> SA-707 <input type="checkbox"/> Persons <input checked="" type="checkbox"/> Property <input checked="" type="checkbox"/> Veh./Tow Sheet <input checked="" type="checkbox"/> Other Describe: <u>DUI REPORT</u>			
Officer Reporting - Printed	Officer Reporting - Signature		ID. Number	Unit	Date
<u>Patsch, Joshua</u>			<u>8544</u>	<u>1D51</u>	<u>03-09-2019</u>
Officer Reviewing - Printed (If Applicable)	Officer Reviewing - Signature (If Applicable)		ID. Number	Unit	Date

VOLUSIA COUNTY SHERIFF'S OFFICE

VEHICLE / TOW REPORT

EVNT	Report Date	Report Time	Orig Reported Date	Nature of Call (for Incident)	Agency Report Number	1. Original	2. Supplement					
	03-09-2019	0431	03-09-2019	DUI	190005293		1					
CODES	Person Code V-Victim S-Suspect D-Defendant W-Witness	R-Reporting Party N-Next of Kin O-Other	Veh Involvement 1. Stolen 2. Recovered 3. Stolen and Recovered	4. Recovered (Outside Agency Stolen) 5. Impounded 6. Abandoned	7. Fail Return 8. Seized 9. Burglarized 10. Vandalized	11. Return to Owner 12. Evidence 13. Arson 14. Suspicious	15. Other	Type 1. Auto 2. Truck/Van 3. Motorcycle 4. Camper/RV 5. Bus	6. Trailer 7. Boat 8. Aircraft 9. Other	Caution Code 1. Occupant(s) Armed 2. Occupant(s) Armed/ Hold for Latents 3. Hold for Latents	Method of Theft 0. N/A 1. Keys 2. Tow Truck 3. Hot Wire	4. Steering Column 5. Ignition 8. Unknown
	Damage Cause 0. N/A 1. Arson	2. Criminal Mischief 3. During Other Offense	4. Stripped/Theft From	9. Other	Recovery Location 1. Family Residence 2. Apt. Complex	3. Housing Project 4. Commercial/ Industrial	5. Park/Playground 6. Shopping Mall	7. Woods 8. Water	9. Other	Recovery Code 1. Local/Local Stolen/Recovered 2. Local/Other 3. Other/Local		
VEHICLE / VESSEL	Veh. #	Veh. Involvement	Type	Caution	Description (Identifying Characteristics, Noticeable Damage, Interior Color, Etc.)					Estimated Value		
	1	5	2		BLUE 2008 DODGE RAM 1500					\$8000		
	Person Code # (Owner)	Name (Last/Business)			(First)	(Middle)	Race	Sex	Date of Birth	Age		
	O 1	KOPERSKI			COLLEEN	A	W	F	07-06-1995	23		
	Address (Street, Apt. Number)											
	Person Code # (Operator)	Name (Last/Business)			(First)	(Middle)	Race	Sex	Date of Birth	Age		
	D 1	RUIZ			IVAR	M	W	M	09-05-1988	30		
	Vehicle	Year	Make	Model	Style	Tag Type						
	Vessel	Year	Make	Model	Vessel Name	Length	Hull Material	Propulsion	Boat Type			
	Tag / Reg No	Reg. State	Reg. Year	VIN/Hull/FAA	Color (Top/Bottom)	Method of Theft	Damage Cause					
CXKK78	FL	2019	1D7HA18N98J161481	BLU	BLU	0	0					
Components Stripped <input type="checkbox"/> N/A <input type="checkbox"/> Tires/Wheels <input type="checkbox"/> Battery <input type="checkbox"/> Transmission <input type="checkbox"/> Major Body Parts <input type="checkbox"/> VIN Plate <input type="checkbox"/> Radio/CB <input type="checkbox"/> Interior <input type="checkbox"/> Engine Parts <input type="checkbox"/> Tag/Decal Stolen <input type="checkbox"/> Other-Specify: _____												
Recovery Loc.	Recovery Code	Recovery Address/Geographic Indicator			City	State	Date Recovered	Value Recovered \$				
Towed By:		Wrecker Driver:		Towed To:		Tow Fee Type?	Hold Y-Yes N-No	Reason/Authority				
UNIVERSAL TOWING				UNIVERSAL TOWING		DRIVER ARRESTED	N					
INVENTORY	MISC ITEMS OF NO VALUE											
VEHICLE / VESSEL	Veh. #	Veh. Involvement	Type	Caution	Description (Identifying Characteristics, Noticeable Damage, Interior Color, Etc.)					Estimated Value		
										\$		
	Person Code # (Owner)	Name (Last/Business)			(First)	(Middle)	Race	Sex	Date of Birth	Age		
	Address (Street, Apt. Number)											
	Person Code # (Operator)	Name (Last/Business)			(First)	(Middle)	Race	Sex	Date of Birth	Age		
	Vehicle	Year	Make	Model	Style	Tag Type						
	Vessel	Year	Make	Model	Vessel Name	Length	Hull Material	Propulsion	Boat Type			
	Tag / Reg No	Reg. State	Reg. Year	VIN/Hull/FAA	Color (Top/Bottom)	Method of Theft	Damage Cause					
Components Stripped <input type="checkbox"/> N/A <input type="checkbox"/> Tires/Wheels <input type="checkbox"/> Battery <input type="checkbox"/> Transmission <input type="checkbox"/> Major Body Parts <input type="checkbox"/> VIN Plate <input type="checkbox"/> Radio/CB <input type="checkbox"/> Interior <input type="checkbox"/> Engine Parts <input type="checkbox"/> Tag/Decal Stolen <input type="checkbox"/> Other-Specify: _____												
Recovery Loc.	Recovery Code	Recovery Address/Geographic Indicator			City	State	Date Recovered	Value Recovered \$				
Towed By:		Wrecker Driver:		Towed To:		Tow Fee Type?	Hold Y-Yes N-No	Reason/Authority				
INVENTORY												
CHAIN OF CUSTODY	Veh. #	Date:	Time:	Released By (Printed):	Released By (Signature):	Received By (Printed):	Received By (Signature):					
	Leave Blank:			Reason for Change:								
	Veh. #	Date:	Time:	Released By (Printed):	Released By (Signature):	Received By (Printed):	Received By (Signature):					
	Leave Blank:			Reason for Change:								
	Veh. #	Date:	Time:	Released By (Printed):	Released By (Signature):	Received By (Printed):	Received By (Signature):					
	Leave Blank:			Reason for Change:								
ADMIN.	Officer Reporting - Printed			Officer Reporting - Signature			ID. Number	Unit	Date			
	Patsch, Joshua						8544	1D51	03-09-2019			
Officer Reviewing - Printed (If Applicable)				Officer Reviewing - Signature (If Applicable)			ID. Number	Unit	Date			

Redaction Log

Total Number of Redactions in Document: 4

Redaction Reasons by Page

Page	Reason	Description	Occurrences
1			1
2			2
5			1

Redaction Log

Redaction Reasons by Exemption

Reason	Description	Pages (Count)
		2(2) 1(1) 5(1)