

Exhibit D

FCI/NCIC CHECK YES NO

ARREST/NOTICE TO APPEAR
PROBABLE CAUSE AFFIDAVIT/
JUVENILE REFERRAL

1. Arrest
2. Notice to Appear
3. Arrest Affidavit
4. Complaint Affidavit
5. Request for Capias
6. Juvenile Referral

OBTS Number: 05011607381 3810

Agency ORI Number: FL02050900
Agency Name: ROCKLEDGE POLICE DEPARTMENT
Agency Report Number: 2007-0012536

Charge Type: 1. Felony 2. Traffic Felony 3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 6. Other Weapon Seized/Type: 1. Yes 2. No

Location of Arrest (Include Name of Business): 3801 MURKIN RD, ROCKLEDGE
Location of Offense (Business Name, Address): 3801 MURKIN RD, ROCKLEDGE

Date of Arrest: 09.01.07
Time of Arrest: 00:41
BCSO Date: 09-01-07
BCSO Time: 0315
Jail Date: 9-1-07
Jail Time: 0315
Fingerprinted: Identification Only AFIS By: 199

Date of Offense: 09.01.07
FDLE Number: _____
DOC Number: _____
FBI Number: _____

Name (Last, First, Middle): DESMOND PATRICK WILLIAM
Alias: _____

Race: W-White I-American Indian B-Black O-Oriental/Asian: W M
Sex: M
Date of Birth: 022880
Height: 601
Weight: 220
Eye Color: BLUE
Hair Color: BLONDE
Complexion: FAIR
Build: LARGE

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description): MULTI TATTOOS - ARMS

Local Address (Street, Apt. Number): 934 CORMORANT CT., VIERA FL 32955
Phone: 321 638-3670

Permanent Address (Street, Apt. Number) or Parent's Name, if Juv.: SAME AS ABOVE
Parent Contacted:

Business Address (Name, Street) or Parent's Address, if Juv.: UNKNOWN
Parent Contacted:

Occupation: _____

Driver's License State/Number: FL 055679800680
Social Security Number: 264-31-8037
INS Number: _____
Place of Birth: NORTH CAROLINA
Citizenship: U.S.

Co-Defendant Name (Last, First, Middle): _____
Race: _____ Sex: _____ Date of Birth or Age: _____
Co-Defendant Name (Last, First, Middle): _____
Race: _____ Sex: _____ Date of Birth or Age: _____

Charge Description: DRIVING UNDER THE INFLUENCE
Counts: 1
Statute Violation Number: 316.1930
Violation of Section (ORD): _____

Activity: N
Drug Type: N
Amount/Unit: 1000
Bond Amount: 1000
Date Issued: _____
Court Number: _____

Charge Description: _____
Counts: _____
Statute Violation Number: _____
Violation of Section (ORD): _____

Activity: _____
Drug Type: _____
Amount/Unit: _____
Bond Amount: _____
Date Issued: _____
Court Number: _____

The undersigned certifies and swears that s/he has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law:

On the 1 day of SEPT. 2007 at 08:16 P.M. (Specifically include facts constituting cause for arrest.)

BASED ON SWORN STATEMENTS FROM TWO WITNESSES A 2005 MAZDA WAS HEADING SOUTH BOUND ON MURKIN RD FROM THE AREA OF LEVITT PARKWAY. THE VEHICLE WAS GREY IN COLOR BEARING A FLORIDA TAG # T632KK. THE WITNESSES FOLLOWED THE VEHICLE IT RAN OFF THE ROAD ONTO THE GRASS. THE VEHICLE THEN CAME BACK ONTO THE ROAD AND PROCEEDED SOUTHBOUND ON MURKIN RD. ALL DOWN THE ROAD, THE VEHICLE THEN RAN OFF THE ROAD A SECOND TIME AND ALMOST HIT A POLE. AT THIS TIME THE VEHICLE SPEED UP AND CONTINUED AS IT CAME UP TO THE INTERSECTION OF BUNNELL

In accordance with F.S.S. 938.27, I hereby request reimbursement of investigative costs consisting of _____ hrs @ \$ _____ per hr and/or _____ miles @ _____ per mile for a total of \$ _____. Affidavit enclosed Y N

Mandatory Appearance In Court
Location (Court, Room Number, Address): 12807
Time: _____
Month: _____ Day: _____ Year: _____

I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST OR A TAKE INTO CUSTODY ORDER SHALL BE ISSUED.

Signature of Defendant/Juvenile: _____
Signature of Juv. Parent/Custodian: _____
Release to: (Name) _____ Date _____ Time _____

Administrative: I swear/affirm the above and attached statements are true and correct.
Sworn to and subscribed before me, the undersigned authority this 1st day of Sep 2007
Signature: [Signature]
Print or Type Name: CPL R T REGAL
Notary Public/Commissioner of Performance or Official Duties Personally Known ID Produced

Bond Information: Bond# _____ Amount: _____
Returnable Court Date: _____ Returnable Court Time: _____
Court Location: _____ Page 1 of 3

Printed on 1/24/07
at 2:41PM
by js

Brevard County Criminal Justice Services

1040 S. Florida Ave. Suite 105A
Rockledge, FL 32955
phone: (321) 633-2006
fax: (321) 633-2025

Accession: 45597
Donor ID: 246318037
Name: DESMOND, PATRICK
Control #: 22222
Test Date: 1/24/07
Test Time: 12:04

Agency: PRE ADM DRC

Requesting Party: LISA MOOTY

Date Collected: 1/10/06

Time Collected: 1602

Collected by: js

Created by: js

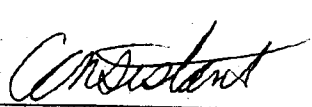
Test	Result	Flag	Reference Range
AMPHETAMINE	Negative		Cutoff: 1000
BENZODIAZEPINE	Negative		Cutoff: 200
THC50	Negative		Cutoff: 50
COCN	Negative		Cutoff: 300
ETOH	Negative		Cutoff: 20 mg/dL
OPIA	POSITIVE		Cutoff: 300

All Positives are Confirmed by Rerun

Test Reviewed By: 

Notification Date:

Contesting: YES / NO



Reviewed by: js

FINAL REPORT



WESTERN JUDICIAL SERVICES, INC.

1600 SARNO ROAD, SUITE 24, MELBOURNE, FL 32935

VOICE: 321-752-7557 FAX: 321-752-7558

DISCHARGE SUMMARY

Client: Patrick Desmond SSN: 246-348037 Discharge Date: 12/28

Probation Officer: _____ Discharge Status: Transfer

Evaluation Date: 11/21/06 Treatment Start Date: 11/21/06

DSMIV Diagnosis / ICD 10 Code: poly substance Dep 304.90

Progress in Treatment: None - Client went residential

Dates and Results of UAs: 11/21/06 Neg 5 panel
5/11/07 pos prescribed Benz

Discharge Reason: Transfer

Prognosis: None

After Care Plan/Recommendation: None Client is in
A Residential program.

Counselor Signature & Credentials: Brian Conley CAG/DA

Supervisor Signature & Credentials: _____