

# GEORGIA traffic PROSECUTOR

A Publication of the Prosecuting Attorneys' Council of Georgia Traffic Safety Program

## our mission

The goal of PAC's Traffic Safety Program is to effectively assist and be a resource to prosecutors and law enforcement in keeping our highways safe by helping to prevent injury and death on Georgia roads.

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### feature article >

*How can someone with obvious impairment test negative for substances that an officer knows are present? Our feature article answers this problematic question and provides tips on how law enforcement can properly document impairment, work with toxicologists to obtain the most accurate test results, and help prosecutors secure a conviction.*

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## Explaining Negative Toxicity Results in DUI Drug Cases

By Sgt. Pete Lamb and Bruce Stanford

Sooner or later, it will happen to most of us who make DUI Drug cases. We gather and document all the evidence that suggests drug impairment while driving, such as poor performance on field sobriety tests, admissions to taking drugs, drugs found in the vehicle or on the suspect's person, paraphernalia and so on. The arrest is followed by the collection process of blood and/or urine samples. Weeks or months later we get the report back from the Crime Lab and are shocked by NEGATIVE results for drugs. Dismayed, we wonder how this can happen. All the classic indicators were present indicating drug impairment, yet the scientist finds no drugs.

Sgt. Lamb's first experience with this occurred when he was going through DRE Field Certification training. While he was conducting a license check, a driver approached while smoking a joint. He had to ask him to put it out to get his license. The inside of the car was filled with marijuana smoke. The driver showed many signs of impairment by Cannabis; poor performance on SFST's, short Romberg, and body and eyelid tremors. He was placed under arrest for DUI at the scene and then transported to the substation for a full DRE evaluation. Just under two hours after the stop, he was taken to the hospital where blood and urine was collected. The report from the Crime Lab was NEGATIVE for cannabis. In the years since this incident, many knowledgeable people have been asked how someone with obvious impairment could test negative for the substance that the officer knows is present, with no definitive answers given. Sgt. Lamb posed this question to toxicologists at the 2007 IACP Conference on Impaired Driving in Las Vegas and conducted independent research in order to find a scientifically valid and meaningful explanation. We believe we have come up with some answers, not only for Cannabis cases, but also for a variety of other drugs that we commonly run across in Georgia.

In the following, we will spend considerable time trying to explain negative Cannabis toxicology results, and then delve into other drugs that could produce negative toxicology results.

### CANNABIS

The active ingredient in Cannabis which results in impairment is Delta 9 THC. When someone starts smoking marijuana, levels of THC rise and fall very quickly in the blood. In fact, THC levels actually peak before the subject stops smoking. This means that while the subject is still smoking Cannabis, blood levels are starting to decline and metabolites of THC are being produced. Among them are Carboxy THC (THCCOOH) which is the metabolite that is measured by the lab and is quantified. Blood levels of Carboxy THC don't peak until long after the person has stopped smoking. What complicates this further is all of these levels are dependant on dosage, strength of the Delta 9 THC, the person's body weight (because THC is fat soluble), and history of use.

In 1992, M. A. Huestis authored a couple of published studies on the absorption phase of marijuana smoking stating, "Significant increases in heart rate and diastolic blood pressure occurred shortly after the peak blood levels. Previous studies have indicated that there is a substantial time delay between peak plasma levels of delta-9-tetrahydrocannabinol and drug-induced effects. This study showed that the behavioral and psychological effects appear concurrently or within minutes after the rapid appearance of delta-9-tetrahydrocannabinol in the blood during marijuana smoking" (Characteristics of the absorption phase of marijuana smoking [Clin. Pharmacol. Ther. 1992 Jul; 52 pp31 -41])

"THCCOOH levels increased slowly and plateaued for an extended period. The mean peak time for THCCOOH was 113 minutes..."Blood cannabinoids. I. Absorption of THC and formation of 11-OH-THC and THCCOOH during and after smoking marijuana [Journal of Analytical Toxicology 1992-09 pp.276-82].

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Important to remember from the above is that while the parent drug is quick to take effect on the system, the detectable metabolite is much slower to peak. Unlike alcohol, where the level of impairment usually correlates with the measurable BAC, this correlation is absent when dealing with Cannabis that is smoked. This clearly demonstrates how it is entirely possible to observe someone under the influence of Cannabis who will yield a negative toxicology sample. There is no way to predict an optimum time for a sample draw.

Huestis was able to develop formulas for the retrograde extrapolation of cannabis which will determine when the smoking ended, but it is not believed that any Georgia toxicologists are presently trained to do this.

Huestis also did a comparative study to check the correlation of impairment to blood/urine levels when the person ingested cannabis orally rather than smoking. The study found that while there was substantial variation from subject to subject regarding how long it took for the levels to peak, there was consistency between how impaired the subject reported feeling as compared to the levels of Delta 9 THC in the sample. Therefore, it would appear that if the driver has eaten enough cannabis to produce driving impairment, the likelihood of getting a positive toxicology is much greater. However, oral ingestion of cannabis (for the purpose of intoxication and not the destruction of evidence) is not commonly seen.

Another prosecution obstacle in Georgia is cutoff levels, which stand at 10ng/ml in blood and 25ng/ml in urine. These are much higher than in other areas of the United States, as illustrated by Arizona and Nevada's 2ng/ml levels. A statutory provision is needed to implement a lower cutoff level in the Peach State.

The best way to combat a negative toxicology result for Cannabis (and any other drug) in your DUI Drug case is to document ALL aspects of observed impairment. A good toxicologist understands the frustrating nature of screening for cannabis metabolites and should be willing to testify that impairment is best determined by the officer at roadside, and not the chemist.

## OTHER DRUGS

There are many drugs that we run across on the street which the lab will not routinely screen for. They include, but are not limited to Methadone, Hydrocodone (at low levels), Oxycodone, Carisoprodol (SOMA), Propoxyphene (Darvocet) and Depakote. With Inhalants, you must be sure that the blood completely fills the tube or the remaining oxygen will absorb the gas. Specify "Blood Gas – Inhalants" on the service request and name the Inhalant, if known. Other drugs that must be requested specifically are Seroquel, Clonazepam, Ambien, LSD (sample has to go to California), GHB (only screened for in Atlanta) and DXM. You may get a false positive for PCP when screening for DXM, but

you should specify DXM if that's what you're looking for.

If you know that your suspect is taking a certain medication, it would be a good idea to specify this on the Request for Services form on the blood kit. If you suspect a prescription medication but can't pinpoint the specific drug, write "RX" or "Prescription" on the request.

Again, if you get a negative toxicology, your case shouldn't be weakened if you have properly documented the impairment. The toxicologist should never testify that the person wasn't impaired. Their testimony should only involve what drugs were found in the sample that was submitted.

It would be helpful for you to get to know your toxicologist. If you have a good working relationship with that scientist and can explain the signs and symptoms that you saw at roadside or during the evaluation, this might aid the toxicologist in taking a second look at the sample. This may result in the toxicologist taking a second look at the sample for things that were missed the first time.

Another step which may aid the toxicologist is for you to forward a copy of your DUI Arrest Report, DRE Evaluation or any other documentation to the lab. Sometimes these reports contain information which may trigger the chemist to look a bit further.

## FISHING

The problems facing law enforcement regarding the reliance of toxicology results for a successful prosecution of DUI Drug cases can be explained by comparing drug detection to a fishing trip. The officer runs the fishing charter. The officer wants to convince a group (the jury) that there are fish in the pond. The suspect is the pond, fish are the drugs and the toxicologist is the fisherman. Let's say that the officer sees fish jumping out of the water in the pond. He knows that this pond has fish, but he has to prove this to someone because sometimes his word isn't enough. The pond may even have a sign posted saying "no fish here." So the spotter takes a sample of the pond to the fisherman (toxicologist) and asks for the fisherman to try to catch some fish out of the pond. Now, it's helpful if the fisherman knows what kind of fish he wants caught so the fisherman uses the right bait (you don't go fly fishing for catfish). Maybe that particular fish doesn't respond to that bait. Are we to conclude that if the fisherman doesn't catch a fish that the pond is empty? And if the fisherman catches a small fish (therapeutic dose) does this mean that the pond is relatively empty?

## CONCLUSION

We hope that this writing has helped illustrate the problems that may arise by solely relying on a toxicology result to successfully prosecute a drug case. Toxicology never has and never will prove impairment, only the presence or absence of metabolites at or above

a given threshold. The arresting officer proves impairment based on driving manifestations, verbal and physical indicators, and performance on field tests...this cannot and will not ever change.

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*Bruce Stanford is a Master Instructor with the Georgia Police Academy. He is the State Coordinator for the DRE Program in Georgia. He teaches DRE, SFST and many other traffic-related subjects and lectures all over the United States on DUI-related subjects.*

## ...> did you know?

- The US Department of Health and Human Service's Substance Abuse and Mental Health Services Administration's Drug Abuse Warning Network (DAWN) provides national data on emergency room visits involving illicit drugs, alcohol, and nonmedical use of pharmaceuticals. In 2005, general non-Federal hospitals delivered 108 million emergency room visits. An estimated 1,449,154 of these emergency visits were associated with drug misuse or abuse.
- Over half (56%) of all drug misuse or drug abuse emergency room visits involved an illicit drug either alone or in combination with another drug type: Cocaine was involved in 448,481 visits; marijuana in 242,200 visits; heroin in 164,572 visits, and stimulants (including amphetamines and methamphetamines) were involved in 138,950 emergency room visits.
- Data on alcohol alone is collected only on patients under age 21. DAWN estimates there were 56,978 alcohol-related emergency room visits for patients aged 12 to 17 and 88,781 alcohol-related emergency room visits for patients aged 18 to 20.
- Alcohol in combination with another drug is collected on all patients regardless of age. Alcohol-related emergency room visits accounted for 34% of all drug misuse or drug abuse emergency room visits. Alcohol was most frequently combined with cocaine alone (86,482 visits), marijuana alone (33,643 visits), cocaine and marijuana (22,377 visits), and heroin alone (12,797 visits).
- DAWN estimates that 598,542 emergency room visits involved nonmedical use of prescription or over-the-counter (OTC) pharmaceuticals or dietary supplements. Opiates/opioid analgesics accounted for 33% of the nonmedical visits and included: Hydrocodone/combinations (51,225 visits), Oxycodone/combinations (42,810 visits), methadone (41,216 visits), and fentanyl/combinations (9,160 visits). Anti-anxiety agents (sedatives and hypnotics) accounted for 34% of the nonmedical visits and included benzodiazepines (172,388 visits).

- Courtesy: Office of Applied Studies ([www.oas.samhsa.gov](http://www.oas.samhsa.gov))

# The Role of Law Enforcement and the Judiciary in Combating Drowsy Driving

By Darrel Droblich, Chief Program Officer for Policy, Research and Education National Sleep Foundation  
Reprinted with permission from *The Green Light News*, Volume 7, Issue 4

• In 2006, a truck driver from Canton Michigan fell asleep at the wheel after exceeding his federal hours of service limits by nine hours. The crash killed four students and a staff member from Taylor University. The case grabbed national headlines when after the crash it was determined that one of the victims had been misidentified as one of the seriously injured. The driver pleaded guilty to five counts of reckless homicide and four counts of criminal recklessness resulting in serious bodily injury. He is scheduled to be sentenced in August of 2007 and faces up to 24 years in prison.

• On Mother's day of 2007, a California man who had worked all night at a soft drink bottling plant fell asleep and crashed into a bus stop and flower stand killing a grandmother and a man waiting for the bus. The driver was booked on suspicion of gross vehicular manslaughter and released on \$100,000 bail.



Photo courtesy: Prosecuting Attorneys Association of Michigan. Reprinted with permission from *The Green Light News*, Volume 7, Issue 4

However, the prosecutor decided to merely pursue a misdemeanor charge. "There is no evidence that the suspect was under the influence of anything other than simple fatigue at the time of this incident," the prosecutor said. It "is not reasonable to assert that simply falling asleep at the wheel, after working the night shift, could constitute gross negligence beyond a reasonable doubt."

As public awareness of the consequences of sleep deprivation has risen, there has been a noticeable increase in news stories regarding criminal prosecutions and civil lawsuits involving fatigued drivers. Examining how drowsy driving cases are prosecuted or not prosecuted shows that there is a severe lack of uniformity in how laws are interpreted or enforced from state to state, or even from county to county, when addressing driver fatigue. This analysis and these stories demonstrate that there remains a lack of awareness and education among law-enforcement officials, prosecutors, juries, and the judiciary in many states regarding the consequences of sleep deprivation and the dangers of drowsy driving when defendants are charged for things (e.g., reckless driving) other than their impairment from sleep deprivation.

Driving while tired is as hazardous as driving while intoxicated. Like alcohol and drugs, sleep loss or fatigue affects driving skills such as hand-eye coordination, reaction times, vision, decision making, judgment, and inhibition. Research also shows that there is an interaction between sleep deprivation and alcohol, drugs or medications. Just like drinking on an empty stomach, these individual factors influence and exacerbate one another.

According to national polls conducted by the National Sleep Foundation (NSF), more than one-half of America's drivers - over 100 mil-

lion people - admit to driving while drowsy, and nearly two out of five, or 32 million people, say they have actually fallen asleep at the wheel within the past year. Drowsy driving crashes are often very serious or fatal, especially when they occur at high rates of speed.

While there is not currently a blood test or simple road-side test for officers to use, research has provided a very good picture of the common characteristics of drowsy driving crashes—the most common of which is the lack of skid marks at the crash scene. With the right training and accident-investigation protocols, it is believed that better data can be collected and that at least some drowsy drivers can be held accountable for their actions.

## Legal Developments

Enforceable laws need to be part of the equation in combating drowsy driving. In a survey conducted by NSF in 1998, all states except Alabama stated that people could be charged under existing laws for causing a crash or fatality after falling asleep at the wheel. NSF will be conducting another similar survey later this year.

Changes in law, whether through changes in prosecution or litigation, often take a great deal of time to establish. Typically, public opinion has to precede the change—there has to be sentiment in the public that something is wrong. As has been seen in the case of drunk driving, and will probably happen with drowsy driving, advocacy groups often need to bring the issue to the forefront of public consciousness. The passage of "Maggie's Law" in the state of New Jersey in 2003—the first piece legislation in the nation specifically addressing driver fatigue—raises hope that this change is starting to take place.

*continued >*

## ...> did you know?

- According to the National Highway Traffic Safety Administration (NHTSA), it is conservatively estimated that 100,000 police-reported crashes are caused by fatigued drivers.
- Half of Americans consistently report that they have driven drowsy and approximately 20% admit that they have actually fallen asleep at the wheel in the previous year.
- About 70 million people in the U.S. have a sleep problem. About 40-50 million adults suffer from a chronic sleep disorder; an additional 20-30 million have intermittent sleep-related problems related to stress, anxiety and depression.
- Sleep-related crashes are most common in young people, who tend to stay up late, sleep too little, and drive at night.
- 55% of all crashes in which the driver fell asleep involved drivers 25 year and younger (Pack 1995).
- Studies show that being awake for 18 hours produces impairment equal to a blood alcohol concentration (BAC) of 0.05%.
- Studies show that being awake for 24 hours produces impairment equal to a blood alcohol concentration (BAC) 0.10% — more than legally drunk.

## …> some helpful suggestions on drowsy driving

### Before “hitting the road:”

- **Get adequate sleep:** Most adults need 7-9 hours to maintain proper alertness during the day.
- **Schedule proper breaks:** Take a break about every 100 miles or 2 hours during long trips.
- **Arrange for a travel companion:** Someone to talk with and share the driving.
- **Avoid alcohol and sedating medications:** Check the labels of your medications or ask your doctor.

### Countermeasures to Prevent a Fall-Asleep Crash While Driving:

- **Watch for the warning signs of fatigue.**
- **Stop driving:** Pull off at the next exit, rest area or find a place to sleep for the night.
- **Take a nap:** Find a safe place to take a 15 to 20-minute nap.
- **Consume caffeine:** The equivalent of 2 cups of coffee can increase alertness for several hours.
- **Try consuming caffeine before taking a short nap to get the benefits of both.**

### Caffeine – does it help?

Caffeine promotes short-term alertness. It takes about 30 minutes for caffeine to begin working so the best thing to do is pull over for a coffee or other caffeinated beverage, take a short nap, and then get back on the road. Keep in mind that caffeine won't have much of an effect on people who consume it regularly.

In 1997, Maggie McDonnell, a 20-year-old college student was killed in a head-on collision by a driver who admitted being awake for 30 hours after smoking “crack” cocaine in a local drug house (although he was not under the influence at the time of the crash). He stated to the police that he had stayed awake because he was afraid that someone was going to steal the rest of his drugs. However, his lawyer successfully argued that since New Jersey state law did not stipulate that fatigue constituted recklessness, the jury was barred from deliberating about the driver's admitted sleep deprivation and he was only assessed a \$200 fine. Following the verdict, Maggie's mother, Carole McDonnell, crusaded relentlessly along with NSF to see that justice prevailed in her daughter's memory.

After working for two years with her state assemblyman and senator, the New Jersey

Legislature overwhelmingly passed legislation known as “Maggie's Law” as the first law in the nation to specifically address the issue of drowsy driving. The law established fatigued driving as recklessness under the existing vehicular homicide statute.

However, Maggie's Law is by no means perfect. It narrowly defines “fatigue” as being without sleep for a period in excess of 24 consecutive hours. Maggie's Law did, however, address what is perhaps a more significant problem: a lack of awareness of the issue. The law gained national and international media attention and led McDonnell's congressman, Representative Rob Andrews (D-NJ), to introduce The National Drowsy Driving Act of 2003. The legislation called for comprehensive education and training for drivers and police and other measures. While this bill did not pass, it influenced the inclusion of fatigue-related language in a mammoth federal transportation spending bill that mandates traffic safety priorities through 2010.

The Andrews bill also served as a model for subsequent drowsy driving bills on the state

level. The most significant of which was introduced in Massachusetts in 2006. This bill included many of the same provisions of the Andrews bill, plus it added an enforcement requirement that would allow the police to place any person who is incapacitated from sleep deprivation into “protective custody.”

The Massachusetts bill failed on the floor, but certain provisions were incorporated into another law regarding driver education and

“According to national polls, more than one-half of America's drivers – over 100 million people – admit to driving while drowsy, and nearly two out of five, or 32 million people, say they have actually fallen asleep at the wheel.”

junior operator's licenses. This law prevents teens from being on the road between the hours of 12 a.m. and 5 a.m. It also requires the state of Massachusetts to implement a public awareness campaign for student drivers and parents with information on the major causes of accidents among new drivers, including sleep deprivation. The law also created a special commission to comprehensively study the impact of drowsy driving on highway safety and the effect of sleep deprivation on drivers. Its report is due in December 2007.

Like drugs and alcohol, fatigue needs to be addressed as a public health issue by dealing with the underlying causes of sleep deprivation such as lifestyles, work hours, shift work, or untreated sleep disorders and as a public safety issue by employing traditional methods of traffic safety: education, engineering, enforcement, and evaluation.

For more information about Drowsy Driving Prevention, visit [www.drowsydriving.org](http://www.drowsydriving.org).



Photo courtesy: Prosecuting Attorneys Association of Michigan. Reprinted with permission from *The Green Light News*, Volume 7, Issue 4

# Closing Argument in a DUI Refusal Case

By: Fay McCormack, Traffic Safety Resource Coordinator, Prosecuting Attorneys' Council of Georgia

As we come to the end of 2007 it seems appropriate to end this year with a closing argument I made many years ago in a DUI refusal case.

"Members of the jury, you heard all the evidence presented in this case and there is no question that the State has proved beyond a reasonable doubt that Marco Morrison is guilty. A mathematical certainty is not required. The burden on the State, applied in all criminal cases, is that the defendant be found guilty to a moral and reasonable certainty.

In spite of the defendant's attempt to make this case appear complicated and confusing, it is not. This is a straightforward case of Marco Morrison after being pulled over for speeding, being found to be driving under the influence of alcohol – making him a less safe driver. Neither the police officer, the prosecutor, nor the City of Darwin, made this act a crime. The legislators placed in office by the citizens of this great State, in order to fulfill the will of these same citizens, passed a law enacting that driving under the influence on the roads and highways of this State is a crime. This is a preventative law and was passed for the protection of all citizens and visitors in the state of Georgia.

Darwin police officer Ken Mansfield, an experienced, credible, law enforcement officer, told you what occurred in the early hours that September morning in 1998. The officer was honest and straightforward. If he did not recollect certain minor details, he admitted so.

The officer testified that he paced the defendant's vehicle driving at 70 mph in a 55 mph zone. The officer turned on his emergency equipment and pulled the defendant's vehicle over. On approaching the defendant, Marco Morrison, the officer could smell a strong odor of alcohol. Officer Mansfield asked the defendant to perform some field sobriety evaluations. It is important to understand that the officer was not attempting to arrest Mr. Morrison for just smelling of alcohol. Instead, Officer Mansfield wanted to give him a few roadside field evaluations to make an initial determination as to whether the defendant was under the influence of alcohol. His purpose was to treat the defendant fairly.

The defendant, however, decided that he would not cooperate and, in fact, started walking away from the officer. Officer Mansfield testified that the defendant's eyes were bloodshot and watery, his speech was slurred and he was unsteady on his feet. The officer had to place the defendant under arrest for driving under the influence of alcohol. But, ladies and gentlemen, the defendant was given yet another chance to disprove the officer's suspicion of DUI; he was read the Georgia Implied Consent Warning and given an opportunity

to submit to a breath test. He refused to take the breath test.

Members of the jury, do you know why he refused? He thought he could get away with driving while impaired because the State would have no tests to prove that he was under the influence. He was wrong! WE DO NOT NEED FIELD SOBRIETY TESTS AND BREATH TESTS ON MACHINES TO DETERMINE WHETHER A PERSON IS UNDER THE INFLUENCE OF ALCOHOL. During voir dire you told me that you have identified persons under the influence of alcohol and who, in your opinion, should not be driving – persons who are less safe drivers. You did that without using physical tests and without using machines. The State is doing the same thing today.

Three experienced officers observed the defendant that evening. They all testified that, based on the observations of the defendant, Marco Morrison; he was under the influence and was a less safe driver. Officer Mansfield explained to you that not everyone he stops on suspicion of driving under the influence is subsequently arrested. He did not know the defendant before that day, he had nothing personal against him. In fact, Officer Mansfield gave the defendant several opportunities to prove that he was not under the influence and was not a less safe driver. The defendant turned down several opportunities to be set free that night. WHY? Because he knew he had drunk too much alcohol and any of these tests would show what he was an unsafe driver. He also anticipated, members of the jury, that lacking a test result from a machine, you would set him free. Please don't.

Members of the jury, the officer did his job well that night. He removed an impaired driver from the road before something much worse happened. He became the defendant's best friend that night when he got him off the road before he could hurt himself or others. Take into consideration all the evidence, read the Implied Consent Card and consider why on earth he would not take that great opportunity to prove he was not impaired. Look at the photograph of the defendant taken that night and compare it to the well-dressed, well-groomed person sitting before you today. He wasn't that cute on the night of September 1, 2002, was he? You were not there, but examine the exhibits; recall the testimony from the credible witnesses offered by the State, and you will have an idea what the officer was dealing with that night.

You do not have to find that the defendant was a stumbling, falling down drunk. Nor do you have to find that he was driving erratically that night. If you find beyond a reasonable doubt that Marco Morrison's normal faculties

were in any way affected by alcohol, making him less safe to drive than if he were sober, the State will have met its burden.

Nor do you have to find that someone, either the defendant or the officer is lying. The difference in the stories they relate can be easily explained if you consider that a person's perception is altered by alcohol. Who was the one drinking that night? That person was Marco Morrison, the defendant.

The judge will tell you that the defendant entered upon this trial with a presumption of innocence. The presumption of innocence disappeared when this defendant refused to take any of the tests offered to him that night.

It is not easy to sit in judgment of another human being, let alone to convict that person, but this is what the citizens of Edison County and of this great state are asking you to do. You, members of the jury are the conscience and the voice of the community. You have an opportunity here today to stop the endangerment of innocent citizens and their children from a person who drinks too much alcohol and gets behind the wheel. It is common knowledge that the statistics concerning DUI are chilling. Driving under the influence will stop only when juries have the courage to decide that this is not socially acceptable.

You took an oath to decide this case on the law and on the evidence. You can make a difference by coming back with a verdict that tells this defendant that driving on Edison County roads when he is impaired, when he is a less safe driver – is a selfish, irresponsible and criminal act.

The State is asking you to return the right verdict, the true verdict – a verdict of GUILTY."

## ...> fact

Approximately 1.4 million drivers were arrested in 2004 for driving under the influence of alcohol or narcotics. This is an arrest rate of 1 for every 139 licensed drivers in the United States (2005 data not yet available).

- Courtesy: National Highway Traffic Safety Administration ([www.nhtsa.gov](http://www.nhtsa.gov))

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### ----> fact:

Drunk driving is the nation's most frequently committed violent crime, **killing someone every 30 minutes.** Because drunk driving is so prevalent, about three in every ten Americans will be involved in an alcohol-related crash at some time in their lives. In 2006, an estimated 17,602 people died in alcohol-related traffic crashes in the USA. These deaths constituted 41 percent of the nation's 42,642 total traffic fatalities.

-Statistics courtesy NHTSA ([www.nhtsa.gov](http://www.nhtsa.gov))

*The "Georgia Traffic Prosecutor" addresses a variety of matters affecting prosecution of traffic-related cases and is available to prosecutors and others involved in traffic safety. Upcoming issues will provide information on a variety of matters, such as ideas for presenting a DUI/Vehicular Homicide case, new strategies being used by the DUI defense bar, case law alerts and other traffic-related matters. If you have suggestions or comments, please contact Editors Fay McCormack or Patricia Hull at PAC.*