

**CHESTERFIELD POLICE DEPARTMENT
INVESTIGATIVE REPORT
16 - 2972 - SUPPLEMENT #1**

INVESTIGATIVE INFORMATION

Supplement Information

Date/Time Investigation 06/11/2016 01:05 SATURDAY

Supplement Purpose

Orig. Offense	DWI/ASSAULT 3RD ON LAW ENFORCEMENT OFFICER		
Juris Reporting	CHESTERFIELD	Call Received	RADIO
For Jurisdiction	CHESTERFIELD	Reporting Officer	5281 - MCGEE
		Reporting Dept.	CHESTERFIELD POLICE

CAD Details

Date/Time Received	06/11/2016 01:00 SATURDAY	Nature	INTOXICATED DRIVER
Date/Time Dispatch		Date/Time Arrival	
Unit Num.		COGIS	5202
PCT/Dist	DISTRICT 2	Sector	

Respond Location

Street Address	136 HILLTOWN VILLAGE CTR, CHESTERFIELD, MISSOURI
Apt/Suite/Rm #	Location Desc

Caller Information

Caller Name	
Street Address	
Apt/Suite/Rm #	Location Desc
Area Code	Phone #

Occurrence Details

Date/Time From	06/11/2016 00:55 SATURDAY	Date/Time To	
Premise	STREET/HIGHWAY/SIDEWALK/ALLEY		
Street Address	136 HILLTOWN VILLAGE CTR, CHESTERFIELD, MISSOURI		
Apt/Suite/Rm #	Location Desc		

Burglary Details

Entry Point	Exit Point
Entry Method	Tools Used
<input type="checkbox"/> Visible Point of Entry?	

Weapon/Object Used

Other Agency

Agency/Personnel

Management

Date/Time Entered	06/11/2016 06:30 SATURDAY	Entered By	4303 - STROUP
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Approval Record(s)

FINAL APPROVAL	06/13/2016 05:54 MONDAY	Approved By	5947 - BENNETT
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ADDITIONAL PARTY #1 INFORMATION

Person Role(s) **REPORTING PARTY, WITNESS, PERSON DISCOVERING**

Person Information

Last Name **H** Middle Name
First Name
Ethnicity **NOT OF HISPANIC ORIGIN**

License Number

DOB

Resident Status **NON-RESIDENT**

Additional Info **NO EMAIL**

HOME Address

Street Address
Apt/Suite/Rm # Location Desc

MOBILE Phone

Area Code Contact Name
Phone # Ext.

Email Address

ADDITIONAL PARTY #2 INFORMATION

Person Role(s) **WITNESS**

Person Information

Last Name **A** Middle Name
First Name Suffix Name
SSN Ethnicity **NOT OF HISPANIC ORIGIN**

License Number

Race License State

DOB Sex

Resident Status Age

Additional Info **NO EMAIL**

HOME Address

Street Address **esc**

MOBILE Phone

Area Code Contact Name
Phone # Ext.

Email Address

ADDITIONAL PARTY #3 INFORMATION

Person Role(s) **WITNESS**

Person Information

Last Name **GA** Suffix Name
SSN Ethnicity **NOT OF HISPANIC ORIGIN**

License Number

Race License State **MALE**

DOB Age

Resident Status

Additional Info **NO EMAIL**

HOME Address

Street Address
Apt/Suite/Rm # Location Desc

MOBILE Phone

Area Code Contact Name
Phone # Ext.

Email Address

ADDITIONAL PARTY #4 INFORMATION

Person Role(s) WITNESS

Person Information

Last Name	C [REDACTED]	Middle Name	[REDACTED]
First Name	[REDACTED]	Suffix Name	[REDACTED]
SSN	[REDACTED]	Ethnicity	NOT OF HISPANIC ORIGIN
License Number	[REDACTED]	License State	[REDACTED]
Race	[REDACTED]	Sex	[REDACTED] E
DOB	[REDACTED]	Age	[REDACTED]
Resident Status	[REDACTED]		

Additional Info

HOME Address

Street Address	[REDACTED]
Apt/Suite/Rm #	[REDACTED]
Email Address	[REDACTED]

PROCEDURE INFORMATION

☐ Neighborhood Canvassed ☐ Send A Teletype ☒ Was Any Evidence Seized

Teletype Message

Teletype/Reference #

Entered By

NARRATIVE

On 6-11-16 at 0105 hours, I was dispatched to 136 Hilltown Village Center in reference to a possible Leaving the Scene of an Accident, involving a grey four door vehicle. See Accident report 16-2971 for further.

Upon arrival, I observed a grey Mazda 6 parked on the parking lot between Harpo's and US Bank, with damage to the rear bumper as described by the reporting party. I made contact with three male subjects standing around the vehicle. As I exited my vehicle I asked the three males what had happened, immediately all three began walking away from me in different directions. I directed all three to come to the vehicle, in order to determine who the vehicle belonged to. One of the subjects later identified as [REDACTED] C [REDACTED] [REDACTED] was standing by the driver's door and began walking backwards away from me. I directed C [REDACTED] to stop and come back and he responded, "No, I have a broken foot" which he did have a brace of some sort on his right foot. Believing C [REDACTED] might be the driver and he continued to walk away, I grabbed C [REDACTED] by the right arm and led him back to the vehicle.

While I was speaking to C [REDACTED]o, PO Muench arrived and began talking to the subject on the passenger side of the vehicle, later identified as Walter, Robert W/M [REDACTED]/1994. After leading C [REDACTED] back to the vehicle, Walter became extremely agitated and began yelling, "Don't touch him." Walter then aggressively walked around the rear of the vehicle towards me. I then turned my attention to Walter and began walking towards him. I told Walter to back up and he failed to comply. Walter appeared intoxicated as he had slurred speech and smelled of intoxicants. As Walter continued walking toward me, I again told him to step back and not interfere with an investigation. After Walter refused to comply with my directions, I grabbed his wrist and told him to turn around. Walter then began grabbing my arms and refused to turn around. During the altercation, I shoved Walter back to create distance between us and

he fell backwards on his back. Walter got to his feet and began charging me. I shoved him again and he fell backwards to the ground. I attempted to gain control of Walter, but he quickly began lifting himself from the ground. Walter again charged towards me while grabbing at my legs. Once Walter got to his feet he, grabbed my shirt and began shoving me backwards. Walter then attempted to hit me with a closed left fist, but did not make contact. I then grabbed Walter by the neck and shoulder area, but fell backwards causing Walter to land on top of me. Once we were on the ground, Walter Continued to struggle with me. PO Muench then utilized his Taser, which caused Walter to roll to his back. I then secured Walter's hands, in handcuffs behind his back, checking for fit and double locking them. Walter then yelled "That's why people don't like the police."

Paramedics with Monarch Fire Protection District arrived on scene and tended to the abrasions to Walter's elbows and knees. After PO Muench removed the Taser probes, at the direction of Sgt. Obermeyer, PO Schreiber and PO Shumate transported Walter to the Chesterfield Police Department.

I made contact with C [REDACTED], who was standing nearby and asked if he would make a statement. C [REDACTED] repeatedly refused to provide any information to me. I observed C [REDACTED] on his phone and he said he was speaking to his attorney. C [REDACTED] then said, "I know the law and I don't have to give you my name." Since he was a witness to the assault, I continued asking for his name however he continued to refuse. Minutes later a female arrived on scene and identified herself as C [REDACTED]. C [REDACTED] informed me his sister was his attorney. I asked her if she was his attorney and she said, "I am an attorney, but I am his sister." Minutes later a second female arrived on scene and identified herself as C [REDACTED] mother. C [REDACTED] only provided his name and date of birth after his sister and mother arrived on scene. After C [REDACTED] provided me his name I again asked him if he wanted to make a statement and his response was, "I'm not going to say anything." C [REDACTED] was advised he was free to leave the scene.

Sgt. Obermeyer made contact with three individuals who had witnessed the accident, involving Walter as well as witnessing the Assault. She obtained written statements from all three. The three witnesses were seated on the patio of Harpo's when Walter backed into the retaining wall with his vehicle. They were also standing approximately 20 feet from me during the Assault involving Walter. Their written statements were seized and logged into evidence.

The witnesses [REDACTED] H [REDACTED], [REDACTED] A [REDACTED], and [REDACTED] G [REDACTED] all stated they observed a vehicle strike a retaining wall and drive off. According to the witnesses, the driver of the vehicle left the parking

lot turning west onto MO 340. The driver immediately returned to the parking lot, stopping between Harpo's and The US Bank.

Both H[REDACTED] and A[REDACTED] stated they observed PO Muench and I arrive on scene and make contact with the driver of the vehicle involved in the accident. H[REDACTED] described the assault as Walter tackling me to the ground and PO Muench utilizing his Taser on Walter.

D&L Towing arrived on scene and took possession of Walter's Vehicle, reference report 16-2971.

After Walter was taken to the Chesterfield Police Department, I responded and photographed the injuries to his elbows and knees.

Walter was issued Summons 25606 for Assault on Law Enforcement.

Nothing further

**CHESTERFIELD POLICE DEPARTMENT
INVESTIGATIVE REPORT
16 - 2972 - SUPPLEMENT #2**

INVESTIGATIVE INFORMATION

Supplement Information

Date/Time Investigation **06/12/2016 03:19 SUNDAY**

Supplement Purpose

Orig. Offense	DWI/ASSAULT 3RD ON LAW ENFORCEMENT OFFICER		
Juris Reporting	CHESTERFIELD	Call Received	RADIO
For Jurisdiction	CHESTERFIELD	Reporting Officer	5278 - MUENCH
		Reporting Dept.	CHESTERFIELD POLICE

CAD Details

Date/Time Received	06/11/2016 01:00 SATURDAY	Nature	INTOXICATED DRIVER
Date/Time Dispatch		Date/Time Arrival	
Unit Num.		COGIS	5202
PCT/Dist	DISTRICT 2	Sector	

Respond Location

Street Address	136 HILLTOWN VILLAGE CTR, CHESTERFIELD, MISSOURI
Apt/Suite/Rm #	Location Desc

Caller Information

Caller Name	
Street Address	
Apt/Suite/Rm #	Location Desc
Area Code	Phone #

Occurrence Details

Date/Time From	06/11/2016 00:55 SATURDAY	Date/Time To	
Premise	STREET/HIGHWAY/SIDEWALK/ALLEY		
Street Address	136 HILLTOWN VILLAGE CTR, CHESTERFIELD, MISSOURI		
Apt/Suite/Rm #	Location Desc		

Burglary Details

Entry Point	Exit Point
Entry Method	Tools Used
<input type="checkbox"/> Visible Point of Entry?	

Weapon/Object Used

Other Agency

Agency/Personnel

Management

Date/Time Entered	06/12/2016 03:20 SUNDAY	Entered By	3418 - SHELTON
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Approval Record(s)

FINAL APPROVAL	06/13/2016 05:56 MONDAY	Approved By	5947 - BENNETT
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NARRATIVE

This is a supplemental report for the events involving suspect Robert Walter and the charges of leaving the scene of an accident, DWI, and assault on a police officer.

On 06-11-16 at 0105, PO McGee and I were dispatched to Harpos at 136 Hilltown Village for an accident where the suspect vehicle left the scene. As I arrived at the parking lot directly across from Harpos I pulled up to the suspect car (a silver Mazda) that appeared to have fresh damage on the rear and a torn plant stem on the trunk similar to greenery near the damaged wall that it allegedly struck. We then observed three white males standing next to the car who appeared to be intoxicated (swaying stance, slurred speech, and an odor of alcohol emanating from them). As we approached, one of the subjects rapidly walked away and was never identified. The other two were evasive and ignored our presence even after I asked them who the owner was. I directed more questions to a male, later identified as Robert Walter, who was standing near the passenger side of the vehicle. He stated for me to leave him alone and then suddenly and unexpectedly began yelling and walking at a fast pace toward PO McGee while yelling at him. PO McGee then told him to get back and he continued to be belligerent and display an aggressive demeanor. PO McGee tried to restrain him and Walter became physical with PO McGee by grabbing his arms. I then tried to also grab Walter's arm and asked him to calm down but he jerked away from me and turned his aggression toward PO McGee again where the two fell to the ground. At this point Walter got on top of PO McGee while on the ground and appeared to be attacking him violently.

Due to Walter's active aggression I removed my department issued X26 Taser (serial# [REDACTED]), yelled the words "Taser" several times to warn of its imminent deployment, and then initiated a probe deployment with probes landing on his hip and back area. This neutralized Walter enough for us to be able to handcuff him. While face down on the ground he continued to curse and kick at us.

I then noticed a crowd forming as some interjected abusive comments. I then called for assistance where PO Schreiber arrived within minutes. I also called for a supervisor and an ambulance as I observed Walter and McGee had visible injuries. Medical personnel attended to both. After arrival of Sgt. Obermeyer it was determined the Taser probes were not in any vital areas and I removed them per training guidelines. Walter was then moved to the rear of vehicle 13 and transported to the police station.

During an inventory of Walter's car I observed two unopened 16 oz. cans of Bud Light beer in the rear passenger seat that were cold to the touch. I seized the cans and later entered them into evidence at the station.

Walter was checked through the REJIS computer system and found to have no wants or warrants.

At the station I took photos of PO McGee's injuries using the department issued Canon ID camera. The photos were combined on the SD card used at the scene of the crime.

**CHESTERFIELD POLICE DEPARTMENT
INVESTIGATIVE REPORT
16 - 2972 - ORIGINAL**

INVESTIGATIVE INFORMATION

Offense	DWI/ASSAULT 3RD ON LAW ENFORCEMENT OFFICER		
Juris Reporting	CHESTERFIELD	Call Received	RADIO
For Jurisdiction	CHESTERFIELD	Reporting Officer	5275 - SCHREIBER
Case Status	CLEARED BY ARREST	Reporting Dept.	CHESTERFIELD POLICE

CAD Details

Date/Time Received	06/11/2016 01:00 SATURDAY	Nature	INTOXICATED DRIVER
Date/Time Dispatch	06/11/2016 01:00 SATURDAY	Date/Time Arrival	06/11/2016 01:05 SATURDAY
Unit Num.	5C45	COGIS	5202
PCT/Dist	DISTRICT 2	Sector	

Respond Location

Street Address	136 HILLTOWN VILLAGE CTR, CHESTERFIELD, MISSOURI		
Apt/Suite/Rm #	Location Desc		

Caller Information

Caller Name			
Street Address			
Apt/Suite/Rm #	Location Desc		
Area Code	Phone #		

Occurrence Details

Date/Time From	06/11/2016 00:55 SATURDAY	Date/Time To	
Premise	STREET/HIGHWAY/SIDEWALK/ALLEY		
Street Address	136 HILLTOWN VILLAGE CTR, CHESTERFIELD, MISSOURI		
Apt/Suite/Rm #	Location Desc		

Burglary Details

Entry Point	Exit Point
Entry Method	Tools Used

☐ Visible Point of Entry?

Weapon/Object Used

Other Agency

Agency/Personnel

Investigator(s)

DSN	5281	Jurisdiction	CHESTERFIELD
Name	MC GEE	Unit Assignment	CHESTERFIELD POLICE
DSN	5297	Jurisdiction	CHESTERFIELD
Name	SHUMATE	Unit Assignment	CHESTERFIELD POLICE
DSN	5278	Jurisdiction	CHESTERFIELD
Name	MUENCH	Unit Assignment	CHESTERFIELD POLICE
DSN	5151	Jurisdiction	CHESTERFIELD
Name	OBERMEYER	Unit Assignment	CHESTERFIELD POLICE

Management

Date/Time Entered	06/11/2016 04:16 SATURDAY	Entered By	3093 - BEVINEAU
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Approval Record(s)

FINAL APPROVAL	06/12/2016 22:40 SUNDAY	Approved By	5929 - SCOTT
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VICTIM INFORMATION

Victim Role(s)	POLICE OFFICER		
	<input type="checkbox"/> Medical Assistance	<input type="checkbox"/> Domestic Abuse	<input checked="" type="checkbox"/> Will Prosecute
Person Information			
Last Name	MCGEE	Middle Name	
First Name	DSN 281	Suffix Name	
SSN		Ethnicity	
License Number		License State	
Race		Sex	
DOB		Marital Status	
Age		Resident Status	
Person Code	ADULT	Birth Place	
Additional Info			
Email Address			
Physical State/Emotions			
Physical State			
Emotions			
Emotions Comments			

VICTIM BUSINESS INFORMATION

	<input checked="" type="checkbox"/> Will Prosecute
Business Name	STATE OF MISSOURI
Business Type	GOVERNMENT
Additional Info	

SUSPECT INFORMATION

Role	ARRESTED-BOOKED AT POLICE STATION		
Numeric Identifier(s)			
Charge(s)	OTHER - DWI, OTHER - ASSAULT 3RD ON LAW ENFORCEMENT OFFICER		
Caution Code(s)			
	<input type="checkbox"/> Medical Assistance	<input checked="" type="checkbox"/> Miranda Given	<input type="checkbox"/> Released
	<input type="checkbox"/> Send A Teletype	<input type="checkbox"/> Using Computer Equipment	
	<input checked="" type="checkbox"/> Warrant To Be Applied For By Reporting Officer		
Person Information			
Last Name	WALTER	Middle Name	EDWARD
First Name	ROBERT	Sur Name	
Alias		Ethnicity	NOT OF HISPANIC ORIGIN
SSN		<input type="checkbox"/> Employed	
License Number		License State	MISSOURI
Race	WHITE	Sex	MALE
DOB	/1994	Marital Status	
Age	22	Resident Status	NON-RESIDENT
Person Code	ADULT	Birth Place	, MISSOURI
School District			
Additional Info			
Personal Descriptors			
Height		Weight	
Eye Color		Hair Color	BROWN
How Worn			
Physical Desc.			
Clothing Desc.			
Scars/Marks/Tattoos			
Employer		Occupation	
HOME Address			
Street Address	, BALLWIN, MISSOURI, 63011		
Apt/Suite/Rm #	Location Desc		
MOBILE Phone			

Area Code [REDACTED] Contact Name
Phone # [REDACTED] Ext.
Email Address

Physical State/Emotions

Physical State
Emotions
Emotions Comments

Related Victims

1. WALTER, ROBERT, EDWARD IS THE UNKNOWN OF MCGEE, DSN 281

Related Victim Business

1. WALTER, ROBERT, EDWARD IS THE UNKNOWN OF STATE OF MISSOURI

VEHICLE INFORMATION

Owner Name ROBERT WALTER
Vehicle Role(s) USED, TOWED, SUSPECT'S VEHICLE

Vehicle Description

Model Year	2008	Type	PASSENGER
Make	MAZDA	Model	MAZDA 6
Primary Color	GRAY	Secondary/Interior Color	
Style	4 DOOR SEDAN		
Unique Char			

License Plate Info

License Plate	[REDACTED]	Plate Type	PASSENGER AUTOMOBILE PLATES, REGULAR
License Year	2017	# Plates Missing	
License State	MISSOURI	VIN	[REDACTED]

Tow Info

Tow Company	D&L RIDEOUT	Tow Company Phone #	6369464700
<input checked="" type="checkbox"/> Owner Notified		Notifier DSN	5275

Towed Location

Address Type	TOWED
Street Address	825 MARSHALL RD, VALLEY PARK, MISSOURI, 63088
Apt/Suite/Rm #	Location Desc
Additional Info	

PROCEDURE INFORMATION

<input type="checkbox"/> Neighborhood Canvassed	<input checked="" type="checkbox"/> Send A Teletype	<input type="checkbox"/> Was Any Evidence Seized
Teletype Message	ENTER TOWED VEHICLE	
Teletype/Reference #	TT 8 V26309085	Entered By 3093

NARRATIVE

On today's date, 06/11/16, at approximately 0100 hours, a call was dispatched to P.O. Clayton McGee, DSN 281, and P.O. Christopher Muench, DSN 278, for an Accident Leaving the Scene at Harpo's, 136 Hilltown Village Center.

Within 5 minutes of the original call P.O. McGee and P.O. Muench arrived on scene and made contact with the involved parties. There was an incident involving an assault at which time P.O. Muench asked for an assist Officer over the radio.

Upon arrival I made contact with P.O. McGee and P.O. Muench, who advised me of the incident. The suspect, later identified as Robert Walter, was observed laying on the ground in handcuffs. He was continuously yelling and cussing at P.O. McGee and P.O. Muench.

██████ H██████ who was standing nearby , identified himself as the reporting party and a witness to Walter operating the vehicle at the time of a motor vehicle accident at 0055 hours. H██████1 stated at 0055 hours he observed a running vehicle parked in front of Harpo's. He approached the vehicle and made contact with the driver and sole occupant of the vehicle, identified as Walter, and informed him his headlights were not on. According to H██████1, Walter responded by extending his middle finger and suddenly driving away. H██████ observed Walter's vehicle strike a curb, then back into a retaining wall, then leave the parking lot towards Olive Blvd(MO 340). Walter was then observed re-entering the parking lot near Harpo's. H██████ then called the Police to report the incident. See accident report #16-2971 for further.

I assisted with restraining Walter by placing my hands on his back and arms to keep him from rolling over and attempting to get up. While I was next to Walter he continuously yelled at his friends nearby to help him. He also yelled "Fuck You!" to any nearby Police Officer. I also detected a moderate odor of intoxicants emitting from his breath. I observed his eyes to be bloodshot and watery. In between yelling at us he would put his head down and start crying. Seconds later he looked up and continued to yell and cuss at me and nearby Police.

Monarch Paramedics arrived on scene, Medic #2247, Paramedic Stack (P15216), Dietzler (P19261) and attempted to assess Walter's injuries. While they were talking to him he refused to answer their questions and continuously yelled "Fuck You!" and began kicking his feet as the paramedics attempted to address his wounds. They observed scrapes to Walter's knees and elbows and cleaned them at the scene. After paramedics refused to remove the probes from Walter, P.O. Muench removed the Taser probes from Walter, which were located on his back hip area.

Paramedics released him at the scene and P.O. McGee and I assisted him off the ground and walked him over to vehicle 13. Due to Walter's continued aggression it was not safe to attempt Field Sobriety Tests at the scene so we decided to transport him to the station and attempt them in a secure environment. While we were escorting him to the vehicle he was very unsteady and wobbly while he was attempting to walk with us.

Once we arrived at the Police Vehicle and told him to have a seat, he stopped in the door way and resisted sitting in the car. He proceeded to straighten and tense up his body, saying "No, No, Wait, Wait!". After assisting him into the rear seat, he was buckled and P.O. Sarah Shumate, DSN 297, transported him to the station for booking on the charges of Assault 3rd on Law Enforcement and Driving While Intoxicated, and I followed them in vehicle 16.

Once in the sallyport, P.O. Shumate and I opened the patrol car to get him out of the back seat. As I opened the door, I again smelled a moderate odor of an intoxicant. He had taken off his seat belt and was laying across the back seat. I told him to get out of the car and he became very cooperative and said, "Okay, I'm trying. Just please wait, I'm trying." I assisted him out of the vehicle and he thanked me. As we approached the designated booking area Walter was very unsteady and leaned on me for support.

I placed him in the holding cage so we could get his pedigree information for the booking process. Walter constantly yelled at us and failed to answer our questions. He repeatedly asked why he was being arrested and right after we told him he would ask again. He kept yelling at P.O. Shumate and me, saying "Fuck You" and telling us to "Shut Up!"

Walter had extreme mood swings, yelling and cussing at us and then quickly becoming very quiet and appearing to start to cry again.

I asked him if he would be willing to submit to Standardized Field Sobriety Tests (SFST) and he said, "DO WHAT YOU WANT WITH ME!" He also stated he isn't answering any questions. After I asked him multiple times if he would attempt the SFST's he told me he isn't answering any questions. I told him if he didn't answer me I would take that as a refusal and he again said he isn't answer any questions.

I informed him of the Missouri Implied Consent at 0206 hours and asked him if he would submit a sample of his breath. He responded by saying "I'm not answering any questions". I asked him multiple times if he would submit a sample and he refused to respond. I informed him if he did not answer it would be considered a refusal. Again he did not answer my question.

I then informed him of his Miranda Rights and as I was reading them he said, "Do you have to read it off the paper!? You don't know how to do your job!", and he said, "Do you think I'm stupid?!" After advising him of his rights, I asked him if he understood and he said, "No!" I asked him if he wanted me to read them again and he said, "Yeah." As I began to read him his rights again he kept yelling and I asked him if he knew and understood his rights and he said, "Yeah".

I completed the remainder of the AIR Form and noted his responses to the interview portion.

Walter stated he had to pee and then proceeded to walk to the rear corner of the booking cage and grab at the area of the button and zipper of his shorts. I yelled at him to stop and he complied.

Walter refused to comply with the booking procedure by refusing to have his mug shot taken, refusing to have his fingerprints taken and refusing to sign any paperwork. However, we completed the rest of the booking per arrest number 16-482 and Walter was charged with DUI and Assault 3rd on Law Enforcement Officer. A Day Shift Officer was advised to obtain a mug shot and fingerprints before they released him.

I conducted a search of Walter before and after transport for any contraband, which had negative results.

I took him back to cell #5 and allowed him to pee. After he was finished I asked him to come back out so we could attempt to complete the booking process. He ignored my request and laid on the mattress in the cell. I secured him in the cell and placed his property in locker #4.

P.O. McGee, ID Officer, responded to cell #5 and photographed Walter's injuries. See his supplement for further on the Assault and ID Assignment.

I issued Walter citation #151504367 for Driving While Intoxicated and provided a court date.

Nothing further.

**CHESTERFIELD POLICE DEPARTMENT
INVESTIGATIVE REPORT
16 - 2972 - SUPPLEMENT #3**

INVESTIGATIVE INFORMATION

Supplement Information

Date/Time Investigation **06/13/2016 14:48 MONDAY**

Supplement Purpose

Orig. Offense	DWI/ASSAULT 3RD ON LAW ENFORCEMENT OFFICER		
Juris Reporting	CHESTERFIELD	Call Received	RADIO
For Jurisdiction	CHESTERFIELD	Reporting Officer	5281 - MCGEE
		Reporting Dept.	CHESTERFIELD POLICE

CAD Details

Date/Time Received	06/11/2016 01:00 SATURDAY	Nature	INTOXICATED DRIVER
Date/Time Dispatch		Date/Time Arrival	
Unit Num.		COGIS	5202
PCT/Dist	DISTRICT 2	Sector	

Respond Location

Street Address	136 HILLTOWN VILLAGE CTR, CHESTERFIELD, MISSOURI
Apt/Suite/Rm #	Location Desc

Caller Information

Caller Name	
Street Address	
Apt/Suite/Rm #	Location Desc
Area Code	Phone #

Occurrence Details

Date/Time From	06/11/2016 00:55 SATURDAY	Date/Time To	
Premise	STREET/HIGHWAY/SIDEWALK/ALLEY		
Street Address	136 HILLTOWN VILLAGE CTR, CHESTERFIELD, MISSOURI		
Apt/Suite/Rm #	Location Desc		

Burglary Details

Entry Point	Exit Point
Entry Method	Tools Used

☐ Visible Point of Entry?

Weapon/Object Used

Other Agency

Agency/Personnel

Management

Date/Time Entered	06/13/2016 14:48 MONDAY	Entered By	5905 - MILLER
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Approval Record(s)

FINAL APPROVAL	06/20/2016 16:11 MONDAY	Approved By	5905 - MILLER
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NARRATIVE

In reference to Chesterfield Police Report Number 16-2972, I wish to state the following:

At approximately 0500 hours, on Saturday, June 11, 2016, I responded to 690 Chesterfield Parkway West to photograph the injuries to the suspect and officer.

The following photographs were taken at the scene utilizing a department issued digital SLR camera. The photographs were later downloaded into the Chesterfield Police Department's Crime Scene computer file.

Photo 1 Placard
Photo 2 Overall view of suspect
Photo 3 Overall view of suspect's abrasion to right elbow
Photo 4 Overall view of abrasions to both knees
Photo 5 Overall view of abrasions to both knees
Photo 6 Overall view of abrasions to both elbows
Photo 7 Overall view of puncture wound caused by taser
Photo 8 Close-up view of puncture wound cause by taser
Photo 9 Overall view of the back of suspect's head
Photo 10 Overall view of Officer 281
Photo 11 Overall view of Officer's left hand
Photo 12 Overall view of Officer's right forearm
Photo 13 Close-up view of Officer's right forearm
Photo 14 Overall view of abrasions to Officer's right wrist
Photo 15 Overall view of abrasions to Officer's knees
Photo 16 Close-up view of abrasions to Officer's right knee
Photo 17 Close-up view of abrasions to Officer's left knee

Nothing further.

**CHESTERFIELD POLICE DEPARTMENT
INVESTIGATIVE REPORT
16 - 2972 - SUPPLEMENT #4**

INVESTIGATIVE INFORMATION

Supplement Information

Date/Time Investigation **06/30/2016 15:18 THURSDAY**

Supplement Purpose

Orig. Offense **DWI/ASSAULT 3RD ON LAW ENFORCEMENT OFFICER**

Juris Reporting **CHESTERFIELD**

Call Received

RADIO

For Jurisdiction **CHESTERFIELD**

Reporting Officer

5278 - MUENCH

Reporting Dept.

CHESTERFIELD POLICE

CAD Details

Date/Time Received **06/11/2016 01:00 SATURDAY**

Nature

INTOXICATED DRIVER

Date/Time Dispatch

Date/Time Arrival

Unit Num.

COGIS

5202

PCT/Dist

DISTRICT 2

Sector

Respond Location

Street Address **136 HILLTOWN VILLAGE CTR, CHESTERFIELD, MISSOURI**

Apt/Suite/Rm #

Location Desc

Caller Information

Caller Name

Street Address

Apt/Suite/Rm #

Location Desc

Area Code

Phone #

Occurrence Details

Date/Time From **06/11/2016 00:55 SATURDAY**

Date/Time To

Premise

STREET/HIGHWAY/SIDEWALK/ALLEY

Street Address

136 HILLTOWN VILLAGE CTR, CHESTERFIELD, MISSOURI

Apt/Suite/Rm #

Location Desc

Burglary Details

Entry Point

Exit Point

Entry Method

Tools Used

☐ Visible Point of Entry?

Weapon/Object Used

Other Agency

Agency/Personnel

Management

Date/Time Entered **06/30/2016 15:18 THURSDAY**

Entered By

4474 - HAMILTON

Approval Record(s)

FINAL APPROVAL 07/03/2016 23:08 SUNDAY

Approved By

5946 - WEGMAN

PROCEDURE INFORMATION

☐ Neighborhood Canvassed

☐ Send A Teletype

☒ Was Any Evidence Seized

Teletype Message

Teletype/Reference #

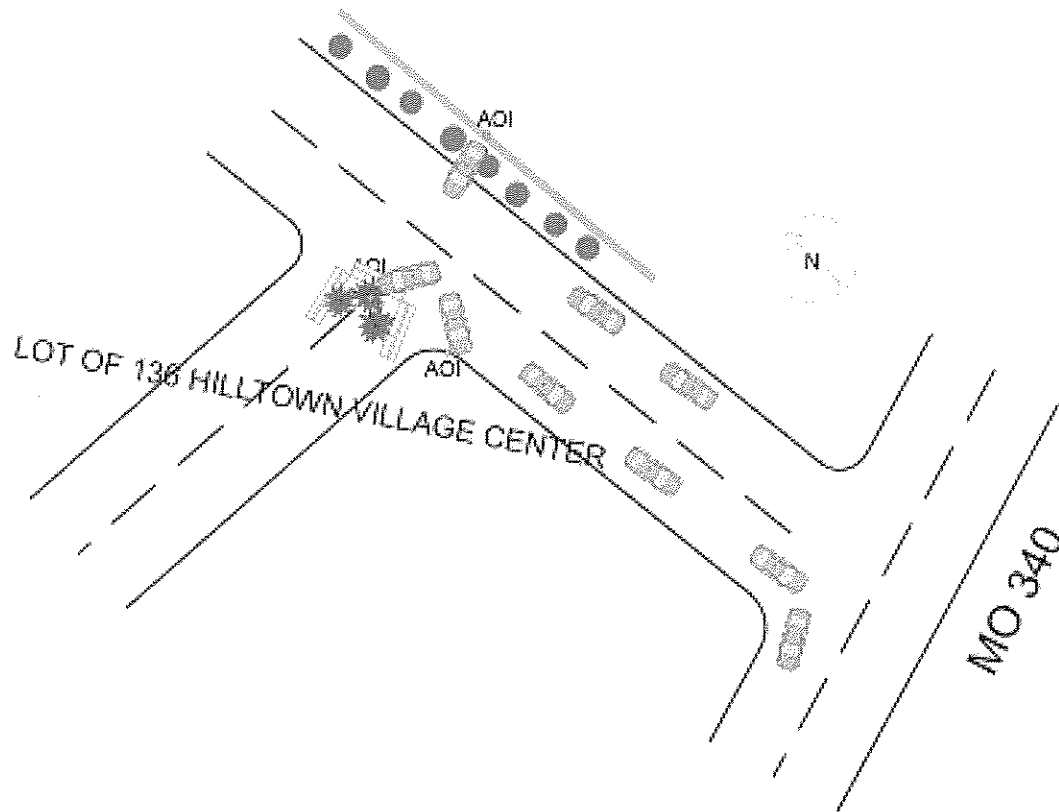
Entered By

NARRATIVE

On 06-28-16 I was able to retrieve a video through the police department IT showing a brief clip of the events in this report. The video shows the suspect, Robert Walter, assaulting PO McGee and then was tazed by this officer. The video was recorded from the cell phone of a witness.

The video was placed into evidence at the Chesterfield Police Department.

1 - GENERAL CRASH INFORMATION				AGENCY NAME AND ORI MO0959A00 **											
SPACE USED FOR BARCODE				CHESTERFIELD PD 690 CHESTERFIELD PKWY W CHESTERFIELD, MO 63017											
LEFT THE SCENE		DRIVER NO.		CLEARED		CRASH CLASSIFICATION		PROPERTY DAMAGE ONLY		NO INJURED		NO KILLED		REPORT / CASE / INCIDENT NUMBER	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		1		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		0		<input checked="" type="checkbox"/>		0		0		16-002971	
NO. VEH INV		CRASH DATE		CRASH TIME (MIL)		NOTIFIED DATE		TIME NOTIFIED (MIL)		INVESTIGATION DATE		TIME ARRIVED (MIL)		INVEST. AT SCENE	
1		06/11/2016		0055		06/11/2016		0100		06/11/2016		0105		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
CRASH TYPE		ROADWAY		NON-COLLISION		COLLISION INVOLVING		DIRECTIONAL ANALYSIS FOR IMPACT WITH MOTOR VEHICLE							
<input checked="" type="checkbox"/> On Roadway <input type="checkbox"/> Off Roadway		<input type="checkbox"/> Overturning <input type="checkbox"/> Fire / Explosion <input type="checkbox"/> Immersion <input type="checkbox"/> Jackknife		<input type="checkbox"/> Fell/Jumped From MV <input type="checkbox"/> Cargo / Equip Loss / Shift <input type="checkbox"/> Other Non-Collision		<input type="checkbox"/> Animal <input type="checkbox"/> Pedalcycle <input checked="" type="checkbox"/> Fixed Object <input type="checkbox"/> Other Object <input type="checkbox"/> Pedestrian		<input type="checkbox"/> Railway Vehicle <input type="checkbox"/> Animal Drawn Veh / Animal Ridden Trans. <input type="checkbox"/> Motor Vehicle in Transport <input type="checkbox"/> Parked Motor Vehicle <input type="checkbox"/> Working Motor Vehicle		<input type="checkbox"/> Front to Front <input type="checkbox"/> Front to Rear <input type="checkbox"/> Rear to Rear <input type="checkbox"/> Rear to Side <input type="checkbox"/> Angle <input type="checkbox"/> Sideswipe (Same Dir.) <input type="checkbox"/> Sideswipe (Opp. Dir.) <input type="checkbox"/> Falling / Shifting Cargo (Set in motion by MV) <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Unknown (Explain)					
COMMERCIAL MOTOR VEHICLE INVOLVEMENT CRITERIA - Answer the following to determine if the "Commercial Vehicle" fields in Section 7G must be completed.															
1. Does this crash involve any of the following? 1a. A person fatally injured; OR 1b. A person transported for medical attention; OR 1c. A vehicle towed due to disabling damage. <input checked="" type="checkbox"/> No - No commercial vehicle fields need completion. <input type="checkbox"/> Yes - Go to number 2. ———→															
2. Examine each vehicle to determine if it is a commercial vehicle based upon the following: 2a. A truck / cargo van with GVWR / GCVWR of more than 10,000 lbs; OR 2b. A motor vehicle with seating for 9 or more including driver; OR 2c. A vehicle with a hazardous materials placard. <input type="checkbox"/> No - No commercial vehicle fields need completion. <input type="checkbox"/> Yes - Complete Section 7G for appropriate vehicle.															
EVIDENTIARY PHOTOS TAKEN		BY WHOM				AVAILABLE FROM									
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		McGee				<input type="checkbox"/> Investigating Agency									
RECONSTRUCTION		BY WHOM				AVAILABLE FROM									
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						<input type="checkbox"/> Investigating Agency									
2 - LOCATION															
COUNTY		MUNICIPALITY		BEAT / ZONE		TRP/DIST/PCT		GPS COORDINATES (DD MM SS.S FORMAT)							
095-ST LOUIS		0535-CHESTERFIELD		2		CHESTER		LAT: N LONG: W							
ON		RDWY DIR		DISTANCE FROM		LOCATION		INTERSECTING							
PVT 136 HILLTOWN VILLAGE CENTER		SOUTH		185 Feet		<input checked="" type="checkbox"/> After <input type="checkbox"/> Before <input type="checkbox"/> At		MO 340							
SPEED LIMIT		ROAD MAINTAINED BY		Unknown		SPEED LIMIT		INT DIR		GEO - CODE					
15		<input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipal <input checked="" type="checkbox"/> Private Property <input type="checkbox"/> Other				45		S		NA					
TRAFFICWAY		<input type="checkbox"/> One-Way <input type="checkbox"/> Two-Way; Not Divided <input type="checkbox"/> Two-Way; Divided; Unprotected Median <input checked="" type="checkbox"/> Other				ROAD ALIGNMENT				ROAD PROFILE					
<input type="checkbox"/> Two-Way; Not Divided; Continuous Center Turn Lane <input type="checkbox"/> Two-Way; Divided; Positive Median Barrier <input type="checkbox"/> Unknown						<input checked="" type="checkbox"/> Straight <input type="checkbox"/> Curve <input type="checkbox"/> Unknown (Explain)				<input checked="" type="checkbox"/> Level <input type="checkbox"/> Downhill <input type="checkbox"/> Dip <input type="checkbox"/> Uphill <input type="checkbox"/> Hillcrest <input type="checkbox"/> Unknown (Explain)					
INTERSECTION TYPE		<input checked="" type="checkbox"/> NA				ROAD CONDITION									
<input type="checkbox"/> 4-way Intersection <input type="checkbox"/> Y-Intersection <input type="checkbox"/> 5-way / More <input type="checkbox"/> Unknown (Explain) <input type="checkbox"/> T-Intersection <input type="checkbox"/> Roundabout <input type="checkbox"/> Other (Explain)						<input checked="" type="checkbox"/> Dry <input type="checkbox"/> Snow <input type="checkbox"/> Slush <input type="checkbox"/> Standing Water <input type="checkbox"/> Sand / Gravel <input type="checkbox"/> Unknown (Explain) <input type="checkbox"/> Wet <input type="checkbox"/> Ice / Frost <input type="checkbox"/> Mud / Dirt <input type="checkbox"/> Moving Water <input type="checkbox"/> Other (Explain)									
ROAD SURFACE		<input type="checkbox"/> Concrete <input type="checkbox"/> Brick <input type="checkbox"/> Dirt / Sand <input type="checkbox"/> Cobblestone <input checked="" type="checkbox"/> Asphalt <input type="checkbox"/> Gravel <input type="checkbox"/> Multi-Surface <input type="checkbox"/> Unknown (Explain)				WEATHER CONDITION									
						<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Rain <input type="checkbox"/> Sleet / Hail <input type="checkbox"/> Fog / Mist <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Cloudy <input type="checkbox"/> Snow <input type="checkbox"/> Freezing (Temp) <input type="checkbox"/> Severe Crosswind <input type="checkbox"/> Unknown (Explain)									
LIGHT CONDITION		<input type="checkbox"/> Daylight <input checked="" type="checkbox"/> Dark-Lighted <input type="checkbox"/> Dark-Unlighted <input type="checkbox"/> Dark-Unknown Lighting <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Unknown (Explain)													
3 - DAMAGE TO PROPERTY OTHER THAN VEHICLES <input checked="" type="checkbox"/> None															
LIST OWNER'S NAME & ADDRESS, DESCRIPTION OF PROPERTY, AND DAMAGE. <input type="checkbox"/> MoDOT <input type="checkbox"/> County <input type="checkbox"/> Municipality															
4 - WITNESS <input type="checkbox"/> None Identified <input type="checkbox"/> Additional Witnesses in Narrative															
NAME		ADDRESS (Street, City, State, Zip)										PHONE NUMBER			
5 - PEDESTRIAN <input checked="" type="checkbox"/> NA <input type="checkbox"/> Law Enforcement Officer <input type="checkbox"/> Other Emergency Services Personnel <input type="checkbox"/> MoDOT Worker <input type="checkbox"/> Other Trafficway Worker <input type="checkbox"/> Other Pedestrian															
NO.		NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)										PHONE NUMBER			
DATE OF BIRTH		SEX		STRUCK BY VEH #		INJ		TRANS-PORT		SAFETY DEVICES		LOCATION			
												<input type="checkbox"/> On Roadway <input type="checkbox"/> In Driveway Access <input type="checkbox"/> On Median / Crossing Island <input type="checkbox"/> On Sidewalk <input type="checkbox"/> Off Roadway <input type="checkbox"/> Unknown			
CROSSING ROAD		NA		OTHER ACTIONS		NA / None		Working In Trafficway		Unknown		SCHOOL INFO. <input type="checkbox"/> NA			
<input type="checkbox"/> With Signal <input type="checkbox"/> Not At Crosswalk <input type="checkbox"/> Against Signal <input type="checkbox"/> In Marked Crosswalk <input type="checkbox"/> No Signal <input type="checkbox"/> In Unmarked Crosswalk <input type="checkbox"/> Unknown <input type="checkbox"/> Unknown				<input type="checkbox"/> Getting On / Off Vehicle <input type="checkbox"/> Standing / Lying / Sitting In Trafficway <input type="checkbox"/> Pushing / Working On Vehicle <input type="checkbox"/> Behind / In Front of Parked / Stopped Veh.				<input type="checkbox"/> Playing In Trafficway <input type="checkbox"/> Walking / Running In Trafficway <input type="checkbox"/> With Traffic <input type="checkbox"/> Against Traffic		<input type="checkbox"/> Other (Explain)		<input type="checkbox"/> Going To / From School <input type="checkbox"/> Getting On / Off School Bus <input type="checkbox"/> Both Of The Above <input type="checkbox"/> Unknown (Explain)			
PROBABLE CONTRIBUTING CIRCUMSTANCES		None		Distracted / Inattentive CODE(S)		NA		ALCOHOL USE							
<input type="checkbox"/> Failed To Yield <input type="checkbox"/> Alcohol <input type="checkbox"/> Vision Obstructed (Explain) <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Distracted / Inattentive <input type="checkbox"/> Drugs <input type="checkbox"/> Physical Impairment (Explain) <input type="checkbox"/> Unknown (Explain)								<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown							

6. COLLISION
DIAGRAMCompass Direction
Before Crash Event(s)
(Circle One)V1 NES ☒ U V2 NES W U V3 NES W U V4 NES W U V5 NES W U V6 NES W U

INDICATE ROAD NAMES

DIAGRAM NOT TO SCALE

7. DRIVERS, VEHICLES, OWNERS, & OCCUPANTS														
7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)												PHONE NUMBER		
01 WALTER, ROBERT - 1														
DRIVER LICENSE / ID NUMBER		STATE		LIC STATUS		<input checked="" type="checkbox"/> Valid <input type="checkbox"/> Expired <input type="checkbox"/> Susp / Rev / Denied <input type="checkbox"/> Disqual CDL <input type="checkbox"/> Canceled / Oth Invalid <input type="checkbox"/> Unknown		LIC TYPE		<input checked="" type="checkbox"/> Operator Class <input type="checkbox"/> Permit <input type="checkbox"/> Unknown (Explain)		MC ENDORSEMENT		
		MO		<input type="checkbox"/> NA				<input type="checkbox"/> NA		<input type="checkbox"/> CDL Class <input type="checkbox"/> Injrm / Grad <input type="checkbox"/> Unlicensed		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA <input type="checkbox"/> Unknown (Explain)		
DATE OF BIRTH		SEX	SEAT LOC	INJ	TRANS-PORT	EJEC-TION	AIR BAG	SAFETY DEVICES	VISION OBSTRUCTED		<input checked="" type="checkbox"/> Not Obstructed <input type="checkbox"/> Windshield <input type="checkbox"/> Load on Veh		<input type="checkbox"/> Trees / Brush <input type="checkbox"/> Building <input type="checkbox"/> Embankment	
		M	FL	5	1	2	03	U	<input type="checkbox"/> NA		<input type="checkbox"/> Sign <input type="checkbox"/> Hillcrest <input type="checkbox"/> Parked Veh		<input type="checkbox"/> Moving Veh <input type="checkbox"/> Stopped Veh <input type="checkbox"/> Glare <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Unknown (Explain)	
PROOF OF INSURANCE		INSURANCE COMPANY		<input type="checkbox"/> Expired		PHONE NO. (Optional)		POLICY NUMBER		<input type="checkbox"/> NA		<input type="checkbox"/> Driver <input type="checkbox"/> Vehicle		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Required														
7B. VEHICLE - OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)												PHONE NUMBER		
												<input checked="" type="checkbox"/> SAD		
YEAR		MAKE		MODEL		COLOR		VEH. TYPE		TOTAL NO. OF OCC.				
2008		MAZDA		MAZDA 6				01		1				
LICENSE - PLATE NO.		STATE		YEAR		VIN		TOWED FROM SCENE		TOWED DUE TO DIS. DAMAGE				
		MO		2018				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
VEHICLE DAMAGE (Mark all damaged areas)												<input type="checkbox"/> None / No Damage		
INITIAL IMPACT NO.		2		3		4		5		6		7		
<input type="checkbox"/> NA		1		15		16		17		18		19		
		14		13		12		11		10		9		
		18 - Undercarriage		22 - Cargo		19 - Windshield		23 - Unknown		20 - Burned		24 - Other (Explain)		
		21 - Towed Unit												
D & L RIDEOUT - Phone#: 636-225-6183												825 MARSHALL RD		
VALLEY PARK, MO 63088														
VEHICLE BODY TYPES - Automobiles / Specialty Vehicles <input type="checkbox"/> Vehicle Used As Public Conveyance														
<input checked="" type="checkbox"/> Passenger Car <input type="checkbox"/> Van (< 9 W/Driver) <input type="checkbox"/> Passenger Van (9+ W/Driver) <input type="checkbox"/> Sport Utility Vehicle <input type="checkbox"/> Limousine (7-8 W/Driver) <input type="checkbox"/> Limousine (9-15 W/Driver) <input type="checkbox"/> Motorized Bicycle <input type="checkbox"/> Pedalcycle <input type="checkbox"/> To / From School														
<input type="checkbox"/> Small Bus (9-15 W/Driver) <input type="checkbox"/> Large Bus (16+ W/Driver) <input type="checkbox"/> School Bus <input type="checkbox"/> Intercity <input type="checkbox"/> Transit / Commuter <input type="checkbox"/> Charter / Tour <input type="checkbox"/> Other														
<input type="checkbox"/> Motorcycle <input type="checkbox"/> ATV <input type="checkbox"/> 2 Wh <input type="checkbox"/> 3 Wh <input type="checkbox"/> 4 Wh <input type="checkbox"/> 5 Wh / More <input type="checkbox"/> Unknown														
<input type="checkbox"/> Motor Home <input type="checkbox"/> Farm Implements <input type="checkbox"/> Construction Equip. Heavy Mach. <input type="checkbox"/> Other Vehicle (Code) <input type="checkbox"/> Cargo Van <input type="checkbox"/> Pickup <input type="checkbox"/> Other Heavy Truck <input type="checkbox"/> Unknown (Explain)														
<input type="checkbox"/> Single-unit Truck; 2 axles, 6 tires <input type="checkbox"/> Single-unit Truck; 3 or more axles <input type="checkbox"/> Veh. Pulling Another Unit(s) (Does not apply to Truck Tractors) <input type="checkbox"/> Truck Tractor With No Units <input type="checkbox"/> Truck Tractor With One Unit <input type="checkbox"/> Truck Tractor With Two Units <input type="checkbox"/> Truck Tractor With Three Units														
GVW / GCWW RATING (Not Licensed Weight) (Pickups, Cargo Vans, All Trucks, Truck Tractors, or Haz Mat Placard Veh. Only) <input type="checkbox"/> Less than or equal to 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> Greater than 26,000 lbs. <input type="checkbox"/> Unknown														
EMERGENCY VEHICLE INVOLVEMENT <input checked="" type="checkbox"/> NA <input type="checkbox"/> Police <input type="checkbox"/> Ambulance <input type="checkbox"/> Fire <input type="checkbox"/> Other (Must check "A" / "B") <input type="checkbox"/> A. Emergency Vehicle on Emergency Run <input type="checkbox"/> B. Stationary With Emergency Equip. Activated														
CONTRIBUTING TRAFFIC CONDITIONS <input checked="" type="checkbox"/> NA <input type="checkbox"/> Congestion Ahead <input type="checkbox"/> Other Incident Ahead <input type="checkbox"/> Crash Ahead <input type="checkbox"/> Unknown (Explain)														
7C. VEHICLE ACTION / SEQUENCE OF EVENTS CODES <input type="checkbox"/> Additional Codes Listed in Narrative (See Codes in Section 8)														
SEQUENCE OF EVENTS CODES <input type="checkbox"/> Unknown														
13 05 05 36 36 11 36														
ANIMAL CODE(S) <input type="checkbox"/> NA														
FIXED OBJECT CODE(S) <input type="checkbox"/> NA														
29 44 29														
ALCOHOL USE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unk <input type="checkbox"/> No <input type="checkbox"/> NA														
7D. PROBABLE CONTRIBUTING CIRCUMSTANCES <input type="checkbox"/> None														
<input type="checkbox"/> Vehicle Defects (Explain) <input type="checkbox"/> Vision Obstructed <input type="checkbox"/> Failed To Dim Headlights <input type="checkbox"/> Improper Towing / Pushing <input type="checkbox"/> Object / Obstruction in Roadway														
<input type="checkbox"/> Speed - Exceeded Limit <input type="checkbox"/> Driver Fatigue / Asleep <input type="checkbox"/> Failed To Use Lights <input type="checkbox"/> Improperly Stopped On Roadway <input type="checkbox"/> Distracted / Inattentive (Designate Type)														
<input type="checkbox"/> Too Fast For Conditions <input type="checkbox"/> Improper Signal <input type="checkbox"/> Following Too Close <input type="checkbox"/> Improper Lane Usage / Change <input type="checkbox"/> Unknown (Explain)														
<input type="checkbox"/> Violation Signal / Sign <input type="checkbox"/> Improper Backing <input type="checkbox"/> Wrong Side (Not Passing) <input type="checkbox"/> Overcorrected <input type="checkbox"/> Other (Explain)														
<input type="checkbox"/> Failed To Yield <input type="checkbox"/> Improper Turn <input type="checkbox"/> Wrong Side (One-Way) <input type="checkbox"/> Improper Riding / Clinging To Veh. Exterior <input type="checkbox"/> Failed To Secure Load / Improper Loading														
<input checked="" type="checkbox"/> Alcohol <input type="checkbox"/> Improper Passing <input type="checkbox"/> Physical Impairment (Explain) <input type="checkbox"/> Animal(s) In Roadway														
<input type="checkbox"/> Drugs <input type="checkbox"/> Improperly Parked <input type="checkbox"/> Improper Start From Park														
DISTRACTED / INATTENTIVE CODE(S) <input checked="" type="checkbox"/> NA (See Codes in Section 8)														
7E. WORK ZONE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown														
TRAFFIC CONTROL <input checked="" type="checkbox"/> None <input type="checkbox"/> Unknown														
Electric: <input type="checkbox"/> Green/Yellow/Red <input type="checkbox"/> Flashing Red <input type="checkbox"/> Flashing Yellow <input type="checkbox"/> Ramp Meter <input type="checkbox"/> Other (Explain)														
Other: <input type="checkbox"/> Stop Sign <input type="checkbox"/> No Passing Zone <input type="checkbox"/> Turn Restricted <input type="checkbox"/> Officer / Flagman <input type="checkbox"/> Signal On School Bus														
Controls: <input type="checkbox"/> Warning Sign / Device <input type="checkbox"/> Railway Crossing Sign / Device <input type="checkbox"/> School Zone <input type="checkbox"/> Yield Sign <input type="checkbox"/> Other (Explain)														
CONTROL MALFUNCTIONING / INOPERATIVE / MISSING <input type="checkbox"/> Yes (Explain) <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> NA														
Workers Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown														
7F. OCCUPANTS - NAME (Last, First, MI)														
ADDRESS (Street, City, State, Zip)														
DATE OF BIRTH MM-DD-YYYY														
SEX														
SEAT LOC														
INJ														
TRANS-PORT														
EJEC-TION														
AIR BAG														
SAFETY DEVICES														
PHONE NUMBER														
7G. COMMERCIAL MOTOR VEHICLE <input checked="" type="checkbox"/> NA Required on vehicle if "Yes" was answered to questions in parts 1 and 2 in CMV involvement criteria and vehicle meets one of the three criteria in part 2.														
MOTOR CARRIER IDENTIFICATION (Leasee, etc.) - NAME & ADDRESS (Street, City, State, Zip) <input type="checkbox"/> SAO														
PHONE NUMBER <input type="checkbox"/> SAO														
COMMERCIAL / NON-COMMERCIAL <input type="checkbox"/> Interstate Carrier <input type="checkbox"/> Not In Commerce - Government Vehicle <input type="checkbox"/> Not In Commerce - Other Vehicle <input type="checkbox"/> Intrastate Carrier <input type="checkbox"/> Not In Commerce - Rental Vehicle														
MC / MX / ICC NO.														
USDOT NO.														
CARGO BODY TYPE <input type="checkbox"/> Enclosed Box <input type="checkbox"/> Flatbed <input type="checkbox"/> Concrete Mixer <input type="checkbox"/> Garbage / Refuse <input type="checkbox"/> Pole Trailer <input type="checkbox"/> Vehicle Towing Another Veh. <input type="checkbox"/> Intermodal Container Chassis <input type="checkbox"/> NA (No Cargo Body) <input type="checkbox"/> Other <input type="checkbox"/> Unknown														
<input type="checkbox"/> Cargo Tank <input type="checkbox"/> Dump <input type="checkbox"/> Auto Transporter <input type="checkbox"/> Grain / Chip / Gravel <input type="checkbox"/> Log														
HAZARDOUS MATERIALS <input type="checkbox"/> PLACARD DISPLAYED <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown														
4-DIGIT NO.														
CLASS														
HM CARGO PRESENT <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown														
HM CARGO RELEASED <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown														
HAZARDOUS MATERIAL NAME														

8 - CODES

SEAT LOCATION		INJURY	TRANSPORTED	EJECTION	AIR BAG	SAFETY DEVICES	
XX - Not Known		1. Fatal	(For Medical Treatment)	1. NA	9. Deployed - Combination	1. None	
B - Pedalcycle		2. Disabling		2. No	3. Not Deployed	10. Deployment Unknown	2. Not Used
M - Motorcycle		3. Evident - Not Disabling	1. No	3. Partially	4. Removed	U. Air Bag Presence Unknown	3. Shoulder Belt Only
CP - Commercial Passenger		4. Probable - Not Apparent	2. EMS	4. Totally	5. Deployed - Front		4. Lap Belt Only
OE - Occupant - Enclosed Load Area		5. None Apparent	U. Unknown	6. Deployed - Side		5. Shoulder and Lap Belt	
OU - Occupant - Unenclosed Load Area		U. Unknown	N. NA	7. Deployed - Curtain		7. DOT Compliant	
RC - Rail Crew		N. NA		8. Deployed - Other		MC Helmet	
SV - Other (Explain in Narrative)				(Knees, Air Belt, etc.)		8. No Helmet	
NA - Not Applicable						N. Not Applicable	

VEHICLE ACTION / SEQUENCE OF EVENTS (Items with double-asterisk (**) require additional coding)

1. Going Straight	10. Start From Parked	19. Airborne	28. Separation Of Units	37. Collision Inv. Other Object (Explain)	44. Thrown/Falling Object
2. Overtaking	11. Backing	20. Ran Off Roadway - Right	29. Returned To Roadway	38. Other Non-collision	45. Struck By Falling, Shifting Cargo, Object Set In Motion By Own MV
3. Making Right Turn	12. Stopped In Traffic	21. Ran Off Roadway - Left	30. Collision Inv. Pedestrian	39. Collision Inv. Bicycle/Pedalcycle In Bicycle Lane	46. Ran Off Roadway - Other (Explain)
4. Right Turn on Red	13. Parked	22. Overturn / Rollover	31. Collision Inv. Bicycle/Pedalcycle	40. Collision Inv. Animal Drawn Vehicle / Animal Ridden For Transportation	47. Cross Separator
5. Making Left Turn	14. Changing Lanes	23. Fire / Explosion	32. Collision Inv. Railway Veh.	41. Collision Inv. Working MV	
6. Making U-Turn	15. Avoiding	24. Immersion	33. Collision Inv. Animal (**)	42. Downhill Runaway	
7. Skidding / Sliding	16. Cross Median	25. Jackknife	34. Collision Inv. MV in Transport	43. Fell/Jumped From MV	
8. Slowing / Stopping	17. Cross Center Of Road	26. Cargo Loss / Shift	35. Collision Inv. Parked MV		
9. Start In Traffic	18. Cross Road	27. Equipment Failure	36. Collision Inv. Fixed Object (**)		

ANIMAL CODES FOR VEHICLE ACTION / SEQUENCE OF EVENTS

60. Deer	61. Farm Animal	62. Dog	63. Other Animal	U. Unknown
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FIXED OBJECT CODES FOR VEHICLE ACTION / SEQUENCE OF EVENTS

20. Tree / Stump (Standing)	26. Culvert	32. Building	38. Bridge Rail	44. Wall
21. Embankment / Driveway / Ground / Rock Bluff	27. Highway Traffic Sign Post / Support	33. Traffic Signal Support	39. Guardrail End	45. Cable Barrier
22. Guardrail Face	28. Bridge Pier / Abutment / Support	34. Impact Attenuator / Crash Cushion	40. Other Traffic Barrier	46. Bridge Overhead Structure
23. Utility Pole	29. Curb	35. Fire Hydrant	41. Overhead Sign Support	47. Overhead Line / Cable
24. Fence	30. Mail Box	36. Other (Explain)	42. Ditch	U. Unknown
25. Street Light Support	31. Concrete Traffic Barrier	37. Bridge Parapet End	43. Other Post / Pole / Support	

DISTRACTED / INATTENTIVE CODES

1. External Distraction	5. Communication Device - Hand-held	9. Eating / Drinking	13. Computer Equipment / Electronic Games / etc.
2. Passengers	6. Communication Device - Hands Free	10. Reading	14. Adjusting Vehicle Controls
3. Stereo / Audio / Video Equipment	7. Communication Device - Texting / E-mailing	11. Tobacco Use	15. Other (Explain)
4. Navigation Device	8. Communication Device - Web Browsing	12. Grooming	

VEHICLE TYPE CODES

1. Motor Vehicle In Transport	3. Working Motor Vehicle	5. Animal Drawn Vehicle / Animal Ridden For Transport Purposes
2. Parked Motor Vehicle	4. Pedalcycle	U. Unknown

OTHER VEHICLE CODES

1. Riding Mower / Garden Tractor	3. Snowmobile	5. Animal Drawn Vehicle / Animal Ridden For Transportation	6. Low Speed Vehicle
2. Golf Cart	4. Forklift		7. Other (Explain)

9. NARRATIVE / STATEMENTS (If additional room is necessary, use Section 11 - Narrative / Statements Continuation)

My investigation revealed the following:

I contacted Witness 1, who stated he observed a Mazda 6 parked in front of 136 Hilltown Village Center(Harpo's). Witness 1 attempted to speak with Driver 1, but Driver 1 extended his middle finger and drove away. Witnesses one, two, and three observed Driver 1 start from a stop, make a left turn and strike a median. Driver 1 then stopped and quickly backed up, striking the outside patio wall. According to the three witnesses, Driver 1 sped off the parking lot, without his headlights, towards MO 340. Driver 1 turned west on MO 340 then immediately turned back onto the parking lot of US Bank at 141 Hilltown Village Center. Witness 1 then called for the police.

I made contact with Driver 1, who refused to make a statement.

Upon arrival, I observed a grey Mazda 6 as described by Witness 1, on the parking lot of 141 Hilltown Village Center. I observed damage to the driver's side rear bumper. I also observed Driver 1 standing outside of his vehicle.

See PO Schreiber companion report 16-2972.

D&L Towing responded and took possession of the vehicle.

10. REPORTING AND REVIEWING OFFICER INFORMATION

REPORTING OFFICER NAME MCGEE, CLAYTON	DSN / BADGE NO. 00281	BEAT / ZONE 2	TROOP / DISTRICT / PRECINCT CHESTERFIELD PD
REVIEWING OFFICER NAME OBERMEYER, LAURA	DSN / BADGE NO. 00151	REVIEWING OFFICER 2 NAME	DSN / BADGE NO.

SUPPLEMENTAL REPORT NO.		SUPPLEMENTAL REPORT DATE 06/13/2016		AGENCY NAME AND ORI MO0959A00 **	
CRASH DATE 06/11/2016	TRP / DIST / PCT CHESTERFIELD	COUNTY ST LOUIS		CHESTERFIELD PD 690 CHESTERFIELD PKWY W CHESTERFIELD, MO 63017	
REPORTING OFFICER NAME MCGEE, CLAYTON		DSN / BADGE NO. 00281		SUPPLEMENTAL REVIEWING OFFICER NAME DUNN, DAN	DSN / BADGE NO. 00196

NARRATIVE / STATEMENTS CONTINUATION / SUPPLEMENT

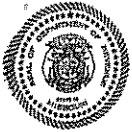
In reference to Chesterfield Police Report Number 16-2971, I wish to state the following:

At approximately 0145 hours, on Saturday, June 11, 2016, I responded to 136 Hilltown Village Center to photograph the scene of a motor vehicle accident.

The following photographs were taken at the scene utilizing a department issued digital SLR camera. The photographs were later downloaded into the Chesterfield Police Department's Crime Scene computer file.

- Photo 1 Placard
- Photo 2 Overall view of Vehicle #1
- Photo 3 Overall view of the damage to the rear bumper of Vehicle #1
- Photo 4 Overall view of the damage to the rear of the driver's side of Vehicle #1
- Photo 5 Overall view of the front of Vehicle #1
- Photo 6 Overall view of the parking lot of 136 Hilltown Village Center
- Photo 7 Overall view of the parking lot of 136 Hilltown Village Center
- Photo 8 Overall view of the parking lot of 136 Hilltown Village Center
- Photo 9 Overall view of the parking lot of 136 Hilltown Village Center
- Photo 10 Overall view of the initial area of impact
- Photo 11 Overall view of the second area of impact
- Photo 12 Overall view of the third area of impact
- Photo 13 Overall view of the third area of impact
- Photo 14 Overall view of the initial area of impact

Nothing further.



MISSOURI DEPARTMENT OF REVENUE
DRIVER LICENSE BUREAU
PO BOX 3700
JEFFERSON CITY, MO 65105-3700
ALCOHOL INFLUENCE REPORT

FORM 2389 (REV. 02-2013)	ORI NUMBER MD0959A00	REPORT NUMBER 16-2972
	UC NUMBER (IF APPLICABLE) 151504367	

DATE OF ARREST OR CUSTODY (MM/DD/YYYY) 06/11/2016	TIME OF INITIAL CONTACT 0115 (MIL)	TIME OF ARREST OR CUSTODY 0137 (MIL)	COUNTY OF ARREST OR CUSTODY St. Louis Co
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LOCATION OF ARREST OR CUSTODY 136 Hilltown Village Cntr	<input checked="" type="checkbox"/> COUNTY OR CITY ORDINANCE <input type="checkbox"/> RSMo 577.010 OR 577.012 <input type="checkbox"/> OTHER
---	---

REASON FOR INITIAL CONTACT <input type="checkbox"/> TRAFFIC VIOLATION <input checked="" type="checkbox"/> CRASH <input type="checkbox"/> CHECKPOINT <input type="checkbox"/> OTHER - EXPLAIN	SUBJECT WAS OBSERVED DRIVING OR OPERATING BY P.O. Muench
---	--

FULL NAME Robert Walter	DATE OF BIRTH (MM/DD/YYYY) 1994
-----------------------------------	---

ADDRESS [REDACTED]	CITY, STATE, ZIP CODE [REDACTED]
-----------------------	-------------------------------------

RACE White	SEX M	HEIGHT 5'10	WEIGHT 170	EYES Hazel	HAIR brn
DRIVER LICENSE NUMBER [REDACTED]	STATE MO	CDL HOLDER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	VEHICLE LICENSE NUMBER [REDACTED]	STATE MO	<input type="checkbox"/> COMMERCIAL MOTOR VEHICLE <input type="checkbox"/> HAZARDOUS MATERIALS <input type="checkbox"/> IGNITION INTERLOCK DEVICE INSTALLED ON VEHICLE

LICENSE CONFISCATED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	YEAR 2008	MAKE Mazda	MODEL 6	COLOR Gray	VIN [REDACTED]
---	---------------------	----------------------	-------------------	----------------------	-------------------

OFFICER'S OBSERVATION MADE PRIOR TO ARREST OR CUSTODY (Check appropriate boxes and add any pertinent remarks.)

BREATH	ODOR OF ALCOHOLIC BEVERAGE: <input type="checkbox"/> FAINT <input checked="" type="checkbox"/> MODERATE <input type="checkbox"/> STRONG <input type="checkbox"/> NONE ODOR OF MARIJUANA OR CHEMICAL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
EYES	<input checked="" type="checkbox"/> WATERY <input checked="" type="checkbox"/> BLOODSHOT <input checked="" type="checkbox"/> GLASSY <input type="checkbox"/> STARING <input type="checkbox"/> ARTIFICIAL EYE
PUPILS	<input type="checkbox"/> CONSTRICTED <input type="checkbox"/> SLOW REACTION TO LIGHT <input type="checkbox"/> DILATED
BALANCE AND WALKING	<input checked="" type="checkbox"/> UNCERTAIN <input checked="" type="checkbox"/> SWAYING <input checked="" type="checkbox"/> STAGGERING <input checked="" type="checkbox"/> STUMBLING <input type="checkbox"/> FALLING <input type="checkbox"/> OTHER:
SPEECH	<input checked="" type="checkbox"/> SLURRED <input checked="" type="checkbox"/> CONFUSED <input type="checkbox"/> INCOHERENT <input type="checkbox"/> STUTTERING <input checked="" type="checkbox"/> MUMBLING <input type="checkbox"/> OTHER:
CLOTHING AND FOOTWEAR	DESCRIBE: t-shirt, shorts, tennis shoes SOILED BY:
UNUSUAL ACTIONS	<input checked="" type="checkbox"/> PROFANITY <input type="checkbox"/> HICCUPS <input type="checkbox"/> BELCHING <input type="checkbox"/> VOMITING <input checked="" type="checkbox"/> FIGHTING <input type="checkbox"/> OTHER:
ATTITUDE	DESCRIBE: aggressive, agitated, angry, upset

SOBRIETY TESTS GIVEN PRIOR TO ARREST OR CUSTODY (Check appropriate boxes and add any pertinent remarks.)

<input type="checkbox"/> HORIZONTAL GAZE NYSTAGMUS 1. <input type="checkbox"/> Eyes Tracked Equally 2. <input type="checkbox"/> Pupils of Equal Size 3. <input type="checkbox"/> Resting Nystagmus Detected 4. LEFT <input checked="" type="checkbox"/> No smooth Pursuit <input checked="" type="checkbox"/> Distinct Nystagmus at maximum deviation <input checked="" type="checkbox"/> Onset before 45° with some white showing (See certification on page 4.) RIGHT <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> VERTICAL GAZE NYSTAGMUS DETECTED	<input type="checkbox"/> WALK-AND-TURN <input type="checkbox"/> Fails to maintain heel-to-toe stance <input type="checkbox"/> Starts before instructed to begin <input type="checkbox"/> Stops while walking to steady self <input type="checkbox"/> Does not touch heel to toe (misses by more than 1/2 inch) <input type="checkbox"/> Loses balance while walking (steps off line) <input type="checkbox"/> Uses arms for balance (raises arm more than 6 inches) <input type="checkbox"/> Loses balance while turning or made improper turn <input type="checkbox"/> Incorrect number of steps <input type="checkbox"/> Cannot perform or refused to do test Explain: EXERCISED [Diagram showing heel-to-toe stance with steps 1-10 and a line for balance]	<input type="checkbox"/> ONE LEG STAND (Subject may stand on either foot for test. Indicate foot stood on below.) <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Sways while balancing <input type="checkbox"/> Uses arms for balance (raises arms more than 6 inches) <input type="checkbox"/> Hops <input type="checkbox"/> Puts foot down <input type="checkbox"/> Cannot perform or refused to do test Explain: EXERCISED [Diagram showing one leg stand with steps 1-10 and a line for balance]
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OTHER: (ANY OTHER TEST[S] GIVEN NOT LISTED ABOVE) e.g., ALPHABET, COUNTING, ROMBERG, FINGER-TO-NOSE.
--

IMPLIED CONSENT TIME ADVISED: 0206 (MIL)

FOR USE IN ZERO TOLERANCE ONLY

☒ 1. You are under arrest and I have reasonable grounds to believe you were driving a motor vehicle while you were in an intoxicated or drugged condition.

☐ 1. You have been stopped and are under the age of 21; I have reasonable grounds to believe that you were driving a motor vehicle with a blood alcohol content of .020% or more.

☒ 2. To determine the alcohol or drug content of your blood, I am requesting you submit to a chemical test of your
☒ Breath ☐ Blood ☐ Other _____ (Check no more than two)

☒ 3. If you refuse to take the test(s), your driver license will immediately be revoked for one year.

☒ 4. Evidence of your refusal to take the test(s) may be used against you in prosecution in a court of law.

☒ 5. Having been informed of the reasons for requesting the test(s), will you take the test(s)? ☐ YES ☒ NO Time: 0207 (MIL)

If subject refused test(s), was an attorney requested prior to refusal? ☐ YES ☒ NO If yes, time subject asked for attorney:

15 MINUTE OBSERVATION PERIOD STARTED AT:

(MIL)

MARK CHECK BOXES FOR EACH STEP (ATTACH MOST RECENT MAINTENANCE REPORT COMPLETED PRIOR TO THIS BREATH TEST). IF BLOOD TEST, SEE PAGE 4.

INTOXILYZER 5000

- ☐ 1. Examination of mouth conducted. If any substance is observed or indicated to be present, the substance observed or indicated must be removed prior to starting the 15 minute observation period.
- ☐ 2. Subject observed for at least 15 minutes by _____
 No smoking, oral intake or vomiting during this time; if vomiting occurs, start over with the 15 minute observation period.
- ☐ 3. Assure that power switch is ON and then press the START TEST button.
- ☐ 4. Enter test record card.
- ☐ 5. Enter subject and officer information.
- ☐ 6. When display reads PLEASE BLOW, insert mouthpiece and take the subject's breath sample.
- ☐ 7. When test record is printed, remove test record and attach printout to this report.

DATAMASTER

- ☐ 1. Examination of mouth conducted. If any substance is observed or indicated to be present, the substance observed or indicated must be removed prior to starting the 15 minute observation period.
- ☐ 2. Subject observed for at least 15 minutes by _____
 No smoking, oral intake or vomiting during this time; if vomiting occurs, start over with the 15 minute observation period.
- ☐ 3. Assure that power switch is ON.
- ☐ 4. Press RUN button.
- ☐ 5. When display requests INSERT TICKET, insert evidence ticket.
- ☐ 6. Enter subject and officer information.
- ☐ 7. When display reads PLEASE BLOW and gives audible beep, take subject's breath sample.
- ☐ 8. When printer has completed printing out test result, remove ticket from printer. Attach printout to this report.

ALCO-SENSOR IV WITH PRINTER

- ☐ 1. Examination of mouth conducted. If any substance is observed or indicated to be present, the substance observed or indicated must be removed prior to starting the 15 minute observation period.
- ☐ 2. Subject observed for at least 15 minutes by _____ No smoking, oral intake or vomiting during this time; if vomiting occurs, start over with the 15 minute observation period.
- ☐ 3. Make sure printer is connected to Alco-Sensor IV.
- ☐ 4. Turn printer on.
- ☐ 5. Insert mouthpiece into Alco-Sensor IV.
- ☐ 6. Observe temperature display, make sure temperature reading is between 10°C and 40°C.
- ☐ 7. When "BLNK" is displayed on Alco-Sensor IV, air blank is taken.
- ☐ 8. When "TEST" is displayed on Alco-Sensor IV, take subject breath sample.
- ☐ 9. When "SET" is displayed on Alco-Sensor IV, press SET button.
- ☐ 10. When printer has completed printing test result, tear off tape and fill in subject and officer information.
- ☐ 11. Press red button to eject mouthpiece.
- ☐ 12. Turn printer off.
- ☐ 13. Attach printout to this report.

☐ OTHER (ATTACH CHECKLIST OR LAB REPORT)

CERTIFICATION OF EXAMINATION BY OPERATOR

AS SET FORTH IN THE RULES PROMULGATED BY THE DEPARTMENT OF HEALTH AND SENIOR SERVICES (DOHSS) RELATED TO THE DETERMINATION OF BLOOD ALCOHOL BY BREATH ANALYSIS, I CERTIFY BY COMPLETING THE BELOW THAT:

1. There was no deviation from the procedure approved by the Department. 3. I am authorized to operate the instrument.
2. To the best of my knowledge the instrument was functioning properly. 4. No radio transmission occurred inside the room where and when this test was being conducted.

NAME OF OPERATOR	TROOP OR AGENCY	DOHSS PERMIT NUMBER	EXPIRATION DATE (MM/DD/YYYY)	BLOOD ALCOHOL CONCENTRATION BY WEIGHT
DATE (MM/DD/YYYY)	LOCATION OF INSTRUMENT	SERIAL NUMBER	WITNESS (IF ANY)	REFUSED

MIRANDA RIGHTS

BECAUSE YOU ARE UNDER ARREST, I AM INFORMING YOU OF YOUR CONSTITUTIONAL RIGHTS (MIRANDA WARNING)

- ☒ 1. You have the right to remain silent.
- ☒ 2. Anything you say can and will be used against you in a court of law.
- ☒ 3. You have the right to talk to a lawyer and have him or her present with you while you are being questioned.
- ☒ 4. If you cannot afford to hire a lawyer, one will be appointed to represent you before any questioning, if you wish.
- ☒ 5. You can decide at any time to exercise these rights and not answer any questions or make any statements.

RIGHTS GIVEN AT ☐ SCENE ☒ STATION
☐ HOSPITAL ☐ EN ROUTE TO STATION

DO YOU UNDERSTAND THE RIGHTS I'VE EXPLAINED TO YOU?

☒ YES ☐ NO

TIME ADVISED

0211 (MIL)

DATE (MM/DD/YYYY)

06/11/2016

INTERVIEWER TO COMPLETE

INTERVIEW DATE (MM/DD/YYYY) TIME

06/11/2016

0211

INTERVIEWER'S NAME

P.O. Kyle Schreiber 275

WAS SUBJECT INVOLVED IN A CRASH?

☒ YES ☐ NO

DATE OF CRASH (MM/DD/YYYY)

06/11/2016

TIME OF CRASH

0055

(MIL)

CRASH INFORMATION (IF APPLICABLE) - RECORD PERSON'S RESPONSES

WERE YOU INVOLVED IN A MOTOR VEHICLE CRASH TODAY?

☐ YES ☒ NO WHEN:

WERE YOU OPERATING THE VEHICLE AT THE TIME OF THE CRASH?

☐ YES ☒ NO

WERE YOU INJURED IN THE CRASH?

☐ YES ☒ NO HOW:

HAVE YOU CONSUMED ANY INTOXICANTS SINCE THE CRASH?

☐ YES ☒ NO

IF YES, WHAT?

N/A

WHEN?

10:00

WHERE?

Harpos

HOW MUCH?

No idea man

INTERVIEW - RECORD PERSON'S RESPONSES

WHAT TIME IS IT NOW?

Happens 4 rather
man. I don't know

WHAT IS THE DATE?

6/11

WHAT DAY OF THE WEEK IS IT?

Shut up dude

WHAT CITY (COUNTY) ARE YOU IN NOW?

Im in St Louis bro

WHEN DID YOU LAST EAT?

shut up

WHAT DID YOU LAST EAT?

can of shut up

WHAT WERE YOU DOING DURING THE LAST THREE HOURS PRIOR TO CONTACT WITH LAW ENFORCEMENT?

You can go fuck yourself

WERE YOU OPERATING THE VEHICLE AT THE TIME OF THE CRASH OR STOP?

☐ YES ☐ NO

Im not answering

HAVE YOU BEEN DRINKING?

☐ YES ☒ NO

IF YES, WHAT WERE YOU DRINKING?

N/A

TIME STARTED

never

TIME STOPPED

never

HOW MUCH?

none

WHERE?

home

ARE YOU UNDER THE INFLUENCE OF AN ALCOHOLIC BEVERAGE?

☐ YES ☒ NOHAVE YOU USED MARIJUANA OR ANY OTHER DRUG,
LEGAL OR ILLEGAL, IN THE LAST 72 HOURS?☐ YES ☒ NO

IF YES, WHEN?

WHERE?

HOW MUCH?

IF YES, WHAT?

DO YOU HAVE ANY TEMPORARY OR LONG-TERM
PHYSICAL OR MENTAL CONDITIONS?☐ YES ☒ NO

IF YES, EXPLAIN:

ARE YOU TAKING TRANQUILIZERS, PILLS,
MEDICINES, INJECTIONS OR DRUGS OF ANY KIND,
SUCH AS INSULIN?☐ YES ☒ NO

IF YES, WHAT?

WHEN?

WHERE?

HOW MUCH?

STATEMENT OF BLOOD DRAWER (COMPLETE OR ATTACH SEPARATE STATEMENT)

In accordance with the provisions of section 577.029, RSMo, and at the request and direction of a law enforcement officer, I withdrew blood from _____ for the purpose of determining the alcohol or drug content of the blood in strict accord with my training and accepted medical practice. The blood was withdrawn by means of a previously unused and sterile needle into a sterile, commercially-manufactured blood collection tube containing a preservative and anticoagulant. It was my good faith medical judgment that such procedure did not endanger the life or health of the person. The sample was labeled with the subject's identification and given to the requesting law enforcement officer.

DATE (MM/DD/YYYY)	TIME (MIL)	EMPLOYER
TITLE (CHECK ONE) <input type="checkbox"/> LICENSED PHYSICIAN <input type="checkbox"/> REGISTERED NURSE <input type="checkbox"/> TRAINED MEDICAL TECHNICIAN (Phlebotomist, Paramedic, etc.): _____		WORK TELEPHONE
SIGNATURE		NAME (TYPE OR PRINT)

VERIFICATION OR IDENTIFICATION OF LAW ENFORCEMENT OFFICER (PLEASE COMPLETE AND ATTACH NARRATIVE STATEMENT OF THE FACTS FOR THIS INVESTIGATION)

THE FOLLOWING DOCUMENTS RELATING TO THIS ARREST OR STOP ARE HEREBY INCORPORATED INTO THIS REPORT:

- ☒ Narrative (attached)
- ☒ Crash Report, if applicable.
- ☒ Missouri Driver License, if secured.
- ☒ Copy of most recent Maintenance Report prior to test.
- ☒ Notice of Suspension or Revocation (Revenue's copy), if issued.
- ☒ All other reports incidental to this arrest or stop and BAC testing.
- ☒ Copy of Citation (UC) and/or complaint filed with the Court, if applicable.
- ☒ Report(s) of the result(s) of all chemical tests conducted showing blood alcohol content if not included on page 2 of this form (Checklist or Lab Report).

CERTIFICATION OF FIELD SOBRIETY TEST TRAINING (Check box if applicable)

- ☒ I hereby certify that I have received a minimum of 8 hours training in administering, interpreting and scoring the horizontal gaze nystagmus test.

I HEREBY SWEAR UPON MY OATH, AND DO STATE AS FOLLOWS:

At all times mentioned herein, I was employed as a member of the below-stated Police Agency, and I am licensed, or exempt from certification pursuant to Chapter 590, RSMo, by the Director of Public Safety as having completed a program of mandatory standards for the training of peace officers in this State pursuant to Chapter 590, RSMo, and I arrested the above named person for a violation of a county or city ordinance prohibiting driving while intoxicated or an alcohol-related traffic offense or Section 577.010 or 577.012, RSMo, or conducted a .020% or more blood alcohol content-related stop. I certify that the information I have provided is true and correct to the best of my knowledge under the penalties of perjury for making a false statement to a public official.

CHECK APPROPRIATE BOX ►	<input type="checkbox"/> HIGHWAY PATROL <input checked="" type="checkbox"/> MUNICIPAL OFFICER <input type="checkbox"/> COUNTY OFFICER <input type="checkbox"/> ELECTED OFFICIAL <input type="checkbox"/> OTHER		
NAME OF LAW ENFORCEMENT OFFICER P.O. Kyle Schuber	BADGE NUMBER 275	RANK P.O.	NAME OF POLICE AGENCY OR TROOP LETTER Chesterfield PD
COMPLETE MAILING ADDRESS 690 Chesterfield Pkwy West			BUSINESS TELEPHONE NUMBER 636-537-3000
CITY, STATE, ZIP CODE Chesterfield MO 63017			
SIGNATURE — MUST SIGN 