



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

FORM
2389

(REV. 06-2009)

ORI NUMBER

MO0957200

UC NUMBER (IF APPLICABLE)

N/A

REPORT NUMBER

11-00484

DATE OF ARREST/CUSTODY 02/12/2011 TIME OF INITIAL CONTACT 01:47 (MIL) TIME OF ARREST/CUSTODY 02:06 (MIL) COUNTY OF ARREST/CUSTODY ST. LOUIS

LOCATION OF ARREST/CUSTODY N. OUTER FORTY DR. AT CHESTERFIELD PARKWAY ☐ COUNTY OR CITY ORDINANCE ☒ RSMo 577.010 OR 577.012 ☐ OTHER

REASON FOR INITIAL CONTACT ☒ TRAFFIC VIOLATION ☐ ACCIDENT ☐ SOBRIETY CHECKPOINT ☐ OTHER - EXPLAIN SUBJECT WAS OBSERVED DRIVING/OPERATING BY PO WILSON 58

FULL NAME CERVANTES, BRETT D. DATE OF BIRTH (MM DD YY) 12/30/1957
ADDRESS 15317 OAKTREE ESTATES CITY, STATE, ZIP CODE CHESTERFIELD, MO 63017
RACE WHITE SEX MALE HEIGHT 5'8 WEIGHT 180 EYES BROWN HAIR BLACK
DRIVER LICENSE NUMBER U149079009 STATE MO CDL HOLDER? ☐ YES ☒ NO VEHICLE LICENSE NUMBER CDC-II STATE MO
LICENSE CONFISCATED? ☒ YES ☐ NO YEAR 2003 MAKE JAGUAR MODEL EXTENDED COLOR CREAM VIN SAJDA25B93MF57804
☐ COMMERCIAL MOTOR VEHICLE
☐ HAZARDOUS MATERIALS
☐ IGNITION INTERLOCK DEVICE INSTALLED ON VEHICLE

OFFICER'S OBSERVATION MADE PRIOR TO ARREST/CUSTODY (Check appropriate box[es] and add any pertinent remarks.)

BREATH ODOR OF ALCOHOLIC BEVERAGE: ☐ FAINT ☐ MODERATE ☒ STRONG ☐ NONE
ODOR OF MARIJUANA/CHEMICAL: ☐ YES ☒ NO
EYE(S)/PUPIL(S) ☐ NORMAL ☒ WATERY ☒ BLOODSHOT ☒ GLASSY ☐ STARING ☐ DILATED
☐ CONSTRICTED ☐ SLOW REACTION TO LIGHT ☐ ARTIFICIAL EYE
BALANCE/WALKING ☒ UNCERTAIN ☒ SWAYING ☒ STAGGERING ☐ STUMBLING ☐ FALLING ☐ OTHER:
SPEECH ☒ SLURRED ☐ CONFUSED ☐ INCOHERENT ☐ STUTTERING ☒ MUMBLING ☐ OTHER:
CLOTHING/FOOTWEAR DESCRIBE: BLACK SUIT, PURPLE SHIRT, BLK SHOES SOILED BY: N/A
UNUSUAL ACTIONS ☒ PROFANITY ☐ HICCUPS ☐ BELCHING ☐ VOMITING ☐ FIGHTING ☐ OTHER:
ATTITUDE DESCRIBE: BELLIGERANT, UNCOOPERATIVE, ARGUMENTATIVE

SOBRIETY TESTS GIVEN PRIOR TO ARREST/CUSTODY (Check appropriate box[es] and add any pertinent remarks.)

☐ HORIZONTAL GAZE NYSTAGMUS

1. ☐ Eyes Tracked Equally
2. ☐ Pupils of Equal Size
3. ☐ Resting Nystagmus

4. LEFT

RIGHT

___ No smooth Pursuit ___

___ Distinct Nystagmus at maximum deviation ___

___ Onset before 45° with some white showing ___

(See certification on page 4.)

☐ VERTICAL GAZE NYSTAGMUS PRESENT

☐ WALK-AND-TURN

- ☐ Fails to maintain heel-to-toe stance
☐ Starts before instructed to begin
☐ Stops while walking to steady self
☐ Does not touch heel to toe (i.e., misses by more than 1/2 inch)
☐ Loses balance while walking (i.e., steps off line)
☐ Uses arms for balance
☐ Loses balance while turning/improper turn
☐ Incorrect number of steps
☐ Cannot perform or refused to do test

Explain:

☐ ONE LEG STAND

(Subject may stand on either foot for test. Indicate foot stood on below.)

☐ Left ☐ Right

☐ Sways while balancing

☐ Uses arms for balance (i.e., raises arms more than 6 inches)

☐ Hops

☐ Puts foot down

☐ Cannot perform or refused to do test

Explain:

PRELIMINARY BREATH TEST (PBT) POSITIVE FOR ALCOHOL

☐ YES ☐ NO ☐ N/A

OTHER: (ANY OTHER TEST[S] GIVEN NOT LISTED ABOVE) I.E. ALPHABET, COUNTING, ROMBERG, FINGER-TO-NOSE.

REFUSED TO PARTICIPATE IN FIELD SOBRIETY TESTS

IMPLIED CONSENT TIME ADVISED: 02:28 (MIL)		
FOR USE IN DWI ARREST ONLY	FOR USE IN ZERO TOLERANCE ONLY	FOR USE IN NON-DWI ARREST FOR FATALITY OR SERIOUS PHYSICAL INJURY ONLY
<input checked="" type="checkbox"/> 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; OR ...	<input type="checkbox"/> 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; OR ...	<input type="checkbox"/> 1. You were involved in a motor vehicle collision which resulted in a <input type="checkbox"/> fatality/serious physical injury, or <input type="checkbox"/> arrest and ticket for a traffic violation involving serious physical injury or fatality.
<input checked="" type="checkbox"/> 2. To determine the alcohol/drug content of your blood, I am requesting you submit to a chemical test of your <input checked="" type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Other _____ (Check no more than two)		
<input checked="" type="checkbox"/> 3. If you refuse to take the test(s), your driver license will immediately be revoked for one year.		
<input checked="" type="checkbox"/> 4. Evidence of your refusal to take the test(s) may be used against you in prosecution in a court of law.		
<input checked="" type="checkbox"/> 5. Having been informed of the reasons for requesting the test(s), will you take the test(s)? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Time: <u>02:28</u> (MIL)		
IF SUBJECT REFUSED TEST(S), WAS ATTORNEY REQUESTED PRIOR TO REFUSAL? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TIME SUBJECT ASKED FOR ATTORNEY	NAME OF PERSON PHONED FOR ADVICE

15 MINUTE OBSERVATION PERIOD STARTED AT:

(MIL)

CHECK TYPE OF INSTRUMENT USED AND BOXES FOR EACH STEP (ATTACH MOST RECENT MAINTENANCE REPORT COMPLETED PRIOR TO THIS BREATH TEST.) — IF BLOOD TEST, SEE PAGE 4.

<p style="text-align: center;"><input type="checkbox"/> INTOXILYZER 5000</p> <p><input type="checkbox"/> 1. Subject observed for at least 15 minutes by _____. No smoking or oral intake of any material during this time; if vomiting occurs, start over with the 15 minute observation period.</p> <p><input type="checkbox"/> 2. Assure that power switch is ON and then press the START TEST button.</p> <p><input type="checkbox"/> 3. Enter test record card.</p> <p><input type="checkbox"/> 4. Enter subject and officer information.</p> <p><input type="checkbox"/> 5. When display reads PLEASE BLOW, insert mouthpiece and take the subject's breath sample.</p> <p><input type="checkbox"/> 6. When test record is printed, remove test record and attach printout to this report.</p>	<p style="text-align: center;"><input type="checkbox"/> DATAMASTER</p> <p><input type="checkbox"/> 1. Subject observed for at least 15 minutes by _____. No smoking or oral intake of any material during this time; if vomiting occurs, start over with the 15 minute observation period.</p> <p><input type="checkbox"/> 2. Assure that power switch is ON.</p> <p><input type="checkbox"/> 3. Press RUN button.</p> <p><input type="checkbox"/> 4. When display requests INSERT TICKET, insert evidence ticket.</p> <p><input type="checkbox"/> 5. Enter subject and officer information.</p> <p><input type="checkbox"/> 6. When display reads PLEASE BLOW and gives audible beep, take subject's breath sample.</p> <p><input type="checkbox"/> 7. When printer has completed printing out test result, remove ticket from printer. Attach printout to this report.</p>
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☐ **OTHER (ATTACH CHECKLIST OR LAB REPORT)****CERTIFICATION OF EXAMINATION BY OPERATOR**

AS SET FORTH IN THE RULES PROMULGATED BY THE DEPARTMENT OF HEALTH 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	DEPARTMENT OF HEALTH PERMIT NUMBER	EXPIRATION DATE	BLOOD ALCOHOL CONCENTRATION BY WEIGHT
DATE	MODEL NUMBER	SERIAL NUMBER	INVENTORY NUMBER	

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 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

02:59

(MIL)

DATE

02/12/2011

INTERVIEWER TO COMPLETE

INTERVIEW DATE

02/12/2011

TIME

03:00

INTERVIEWER'S NAME

CPL. WOLFE 62

WAS SUBJECT INVOLVED IN AN ACCIDENT?

☐ YES ☒ NO

DATE OF ACCIDENT

TIME OF ACCIDENT

(MIL)

ACCIDENT INFORMATION (IF APPLICABLE) — RECORD PERSON'S RESPONSES

WERE YOU INVOLVED IN A MOTOR VEHICLE ACCIDENT TODAY?

☐ YES ☐ NO WHEN:

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

☐ YES ☐ NO

WERE YOU INJURED IN THE ACCIDENT?

☐ YES ☐ NO HOW:

HAVE YOU CONSUMED ANY ALCOHOLIC BEVERAGE(S) SINCE THE ACCIDENT?

☐ YES ☐ NO

IF SO, WHAT?

WHEN?

WHERE?

HOW MUCH?

INTERVIEW — RECORD PERSON'S RESPONSES

WHAT TIME IS IT NOW?

WHAT IS THE DATE?

WHAT DAY OF THE WEEK IS IT?

WHAT CITY (COUNTY) ARE YOU IN NOW?

WHAT DID YOU LAST EAT?

WHEN DID YOU LAST EAT?

WHAT IS YOUR OCCUPATION?

WHEN DID YOU LAST WORK?

WHEN DID YOU LAST SLEEP?

HOW LONG?

WHAT WERE YOU DOING DURING THE LAST THREE HOURS?

ARE YOU WEARING FALSE TEETH?

☐ YES ☐ NO

WERE YOU OPERATING THE VEHICLE?

☐ YES ☐ NO

HAVE YOU BEEN DRINKING?

☐ YES
☐ NO

IF YES, WHAT?

TIME STARTED

TIME STOPPED

HOW MUCH?

WHERE?

ARE YOU UNDER THE INFLUENCE OF AN ALCOHOLIC BEVERAGE?

☐ YES ☐ NO

HAVE 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/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, at the place of my employment and at the request and direction of a law enforcement officer, I withdrew blood from SEE ATTACHED SHEET for the purpose of determining the alcohol and/or drug content of the blood, using good faith medical judgment, and in strict accord with my training and accepted medical practices 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. The blood was withdrawn into a clean and dry sterile vessel by means of a previously unused and sterile needle and was sealed with an air-tight, inert stopper.

DATE (MM DD YY)

TIME

PLACE OF EMPLOYMENT/EMPLOYER

(MIL)

SEE ATTACHED SHEET

TITLE (CHECK ONE)

☐ LICENSED PHYSICIAN ☐ REGISTERED NURSE☐ TRAINED MEDICAL TECHNICIAN (Phlebotomist, Paramedic, etc.): _____

WORK TELEPHONE

SIGNATURE

NAME (TYPE OR PRINT)

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

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

- ✓ Narrative (attached).
- ✓ Accident Report, if applicable.
- ✓ Missouri Driver License, if secured.
- ✓ Copy of most recent Maintenance Report prior to test.
- ✓ Notice of Suspension/Revocation (Revenue's copy), if issued.
- ✓ All other reports incidental to this arrest/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 on 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.

CHECK APPROPRIATE BOX ►

☐ HIGHWAY PATROL
☐ COUNTY OFFICER☒ MUNICIPAL OFFICER
☐ ELECTED OFFICIAL☐ OTHER

NAME OF LAW ENFORCEMENT OFFICER

WILSON

BADGE NUMBER/RANK

58/ PO

NAME OF POLICE AGENCY/TROOP LETTER

TOWN & COUNTRY PD

COMPLETE MAILING ADDRESS

1011 MUNICIPAL CENTER DR.

BUSINESS TELEPHONE NUMBER

314-432-4696

CITY, STATE, ZIP CODE

TOWN & COUNTRY, MO 63131

SIGNATURE — MUST SIGN

WILSON 58

STATEMENT OF BLOOD DRAWER (COMPLETE OR ATTACH SEPARATE STATEMENT)

In accordance with the provisions of section 577.029, RSMo, at the place of my employment and at the request and direction of a law enforcement officer, I withdrew blood from Cervantes, Brett for the purpose of determining the alcohol and/or drug content of the blood, using good faith medical judgment, and in strict accord with my training and accepted medical practices 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. The blood was withdrawn into a clean and dry sterile vessel by means of a previously unused and sterile needle and was sealed with an air-tight, inert stopper.

DATE (MM DD YY) <u>2-12-11</u>	TIME <u>0540</u> (MIL)	PLACE OF EMPLOYMENT/EMPLOYER <u>St. John's Mercy</u>	WORK TELEPHONE <u>314-251-6850</u>
TITLE (CHECK ONE) <input type="checkbox"/> LICENSED PHYSICIAN <input type="checkbox"/> REGISTERED NURSE <input checked="" type="checkbox"/> TRAINED MEDICAL TECHNICIAN (Phlebotomist, Paramedic, etc.):			
SIGNATURE <u>[Signature]</u>		NAME (TYPE OR PRINT) <u>KARIN WOLFEKT</u>	

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

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

- ☒ Narrative (attached).
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- ☒ Missouri Driver License, if secured.
- ☒ Copy of most recent Maintenance Report prior to test.
- ☒ Notice of Suspension/Revocation (Revenue's copy), if issued.
- ☒ All other reports incidental to this arrest/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 on 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.

CHECK APPROPRIATE BOX ►	<input type="checkbox"/> HIGHWAY PATROL <input type="checkbox"/> COUNTY OFFICER	<input checked="" type="checkbox"/> MUNICIPAL OFFICER <input type="checkbox"/> ELECTED OFFICIAL	<input type="checkbox"/> OTHER
NAME OF LAW ENFORCEMENT OFFICER <u>WILSON</u>		BADGE NUMBER/RANK <u>58/ PO</u>	NAME OF POLICE AGENCY/TROOP LETTER <u>TOWN & COUNTRY PD</u>
COMPLETE MAILING ADDRESS <u>1011 MUNICIPAL CENTER DR.</u>			BUSINESS TELEPHONE NUMBER <u>314 432-4696</u>
CITY, STATE, ZIP CODE <u>TOWN & COUNTRY, MO 63131</u>			
SIGNATURE — MUST SIGN <u>WILSON 58</u>			

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 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 DATE
02:59 (MIL) 02/12/2011

INTERVIEWER TO COMPLETE

INTERVIEW DATE TIME INTERVIEWER'S NAME
02/12/2011 03:00 CPL. WOLFE 62

WAS SUBJECT INVOLVED IN AN ACCIDENT? DATE OF ACCIDENT TIME OF ACCIDENT
☐ YES ☒ NO (MIL)

ACCIDENT INFORMATION (IF APPLICABLE) — RECORD PERSON'S RESPONSES

WERE YOU INVOLVED IN A MOTOR VEHICLE ACCIDENT TODAY? WERE YOU OPERATING THE VEHICLE AT THE TIME OF THE ACCIDENT?
☐ YES ☐ NO WHEN: ☐ YES ☐ NO

WERE YOU INJURED IN THE ACCIDENT?
☐ YES ☐ NO HOW:

HAVE YOU CONSUMED ANY ALCOHOLIC BEVERAGE(S) SINCE THE ACCIDENT?
☐ YES ☐ NO

IF SO, WHAT? WHEN? WHERE? HOW MUCH?

INTERVIEW — RECORD PERSON'S RESPONSES

WHAT TIME IS IT NOW? WHAT IS THE DATE? WHAT DAY OF THE WEEK IS IT? WHAT CITY (COUNTY) ARE YOU IN NOW?

WHAT DID YOU LAST EAT? WHEN DID YOU LAST EAT?

WHAT IS YOUR OCCUPATION? WHEN DID YOU LAST WORK? WHEN DID YOU LAST SLEEP? HOW LONG?

WHAT WERE YOU DOING DURING THE LAST THREE HOURS?

ARE YOU WEARING FALSE TEETH? WERE YOU OPERATING THE VEHICLE?
☐ YES ☐ NO ☐ YES ☒ NO

HAVE YOU BEEN DRINKING? IF YES, WHAT? TIME STARTED TIME STOPPED
☐ YES ☐ NO

HOW MUCH? WHERE? ARE YOU UNDER THE INFLUENCE OF AN ALCOHOLIC BEVERAGE?
☐ YES ☐ NO

HAVE YOU USED MARIJUANA OR ANY OTHER DRUG, LEGAL OR ILLEGAL, IN THE LAST 72 HOURS? IF YES, WHEN? WHERE? HOW MUCH? IF YES, WHAT?
☐ YES ☐ NO

DO YOU HAVE ANY TEMPORARY OR LONG-TERM PHYSICAL/MENTAL CONDITIONS? IF YES, EXPLAIN:
☐ YES ☐ NO

ARE YOU TAKING TRANQUILIZERS, PILLS, MEDICINES, INJECTIONS OR DRUGS OF ANY KIND, SUCH AS INSULIN? IF YES, WHAT? WHEN? WHERE? HOW MUCH?
☐ YES ☐ NO

TOWN AND COUNTRY POLICE DEPARTMENT

DATE: 2-12-11

COMPLAINT #: 11-00484

PAGE 5 OF 5

On this date at approximately 0147 HRS, while patrolling the area of westbound I-64 west of Maryville Ctr Dr, I observed the suspect travelling in lane 2. The suspect vehicle drifted over the white line separating lanes 2 and 3. The suspect vehicle drifted back into lane 2. As the suspect vehicle travelled west he drifted over the white line separating lanes 2 and 3 two more times. I activated my vehicles emergency equipment to stop the suspect vehicle. The vehicle exited onto North Outer 40 and stopped partially on the shoulder of the roadway east of Chesterfield Parkway.

As I was exiting my vehicle, the driver later identified as Brett Cervantes, exited his vehicle by holding onto the vehicle's door, to keep his balance. I contacted Cervantes at his vehicle and requested to see his driver's license. I detected a strong odor of an intoxicating beverage about his person. I noticed that his eyes were bloodshot, watery, and glassy. He entered his vehicle by holding onto the door, to keep his balance, to retrieve his license from the interior of the vehicle.

After locating his license Cervantes exited his vehicle and I requested him to the rear of his vehicle.

I asked him if he had been drinking. He stated "no". I noticed that his speech was slurred and mumbling. I asked him to participate in several field sobriety tests. He began to argue with me. He became very belligerent and would not cooperate with any request. He later refused to participate in any field sobriety tests.

Cpl. Wolfe, DSN 62, arrived on the scene.

Based upon my observation I arrested Cervantes for Driving While Intoxicated.

Cpl. Wolfe conducted an inventory search of Cervantes' vehicle. He located a cup with a clear liquid and ice cubes inside. Cpl. Wolfe told me that he found the cup in the center console of the vehicle. Cpl. Wolfe conducted a test on the liquid with the PBT and it indicated that the liquid inside the cup contained alcohol.

Cervantes was transported to the Town and Country Police Station for processing.

At the station, I conducted a computer inquiry on Cervantes. The computer inquiry indicated that Cervantes was arrested by Ladue P.D. on 12-02-2000 for DWI with a disposition of SIS. He was also arrested by Ballwin P.D. on 2-1-2009 with a conviction for a BAC.

TOWN AND COUNTRY POLICE DEPARTMENT

I read Cervantes the Missouri Implied Consent Law and requested him to participate in a chemical test of his breath. He refused.

Based upon Cervantes' refusal and the fact this case was a felony, I completed an Application for Search Warrant, Affidavit for Cervantes blood, and a Search Warrant. I contacted St. Louis Prosecuting Attorney Tom McCarthy and gave him the Application for Search Warrant that he approved and signed the Applications. (5 copies)

At 0340 HRS, I contacted Judge Permuter at his residence and he signed the Application for Search Warrant for Cervantes blood and the Search Warrant for Cervantes' blood. (5 copies)

I immediately returned to the station where I served Cervantes a copy of the search warrant. I transported him directly to St. John's Hospital for the blood draw. Upon arrival, I contacted Phlebotomist Karin Wolfert and showed her a copy of search warrant.

At 0440 HRS, Wolfert withdrew two vials of blood, using a non-alcohol, Betadine swab. Wolfert returned at 0540HRS and withdrew two more vials of blood using the same process.

I seized all 4 vials of blood. Wolfert completed the Statement of Blood Drawer. The vials that were seized were later transported to the Town and Country Police Station. They were packaged and placed in the Town and Country refrigerated evidence locker.

While waiting for the hour to pass between the blood draws, Cervantes did admit having several drinks earlier in the evening but said he was no longer intoxicated.

We responded back to the station, where Cervantes was placed in a cell. I completed the proper paperwork for warrant application.

Cervantes' license was seized and he was given proper administrative paperwork.

The seized blood will be transported to the St. Louis County Police Crime Laboratory at a later date for analysis.

Cervantes was booked and processed and charged with DWI-Felony, Improper Lane Use, and Open Container Violation.

The video from the in-car camera was transferred to the video server.

TOWN AND COUNTRY POLICE DEPARTMENT
SUPPLEMENT 1 *29/33* *10/11*

DATE: 6-5-11

COMPLAINT #: 11-00484

PAGE 1 OF 1

On this date, I received the results of the drug analysis on Brett Cervantes blood sample.

The results from the St. Louis County Police Crime Laboratory indicated that Cervantes blood tested positive for Benzodiazepines. The individual drug quantities were as follows:

Diazepam .043 micrograms/ml

Nordiazepam .070 micrograms/ml

A copy of this report will be forwarded to the St. Louis County Prosecutors Office.

Nothing Further.

St. Louis University Toxicology Laboratory Report
6039 Helen Ave, Berkeley, Missouri 63134

Name: CERVANTES, BRETT
Age:

Race:

Tox # 2011-3515
Sex:

Requesting Agency: TOWN & COUNTRY POLICE
(Agency Case No.: 11-00484)

=====

Blood:

Blood Individual Drug Quants:

DIAZEPAM: 0.043 MICROGRAMS/ML
NORDIAZEPAM: 0.070 MICROGRAMS/ML

Blood Limited Sample Screen:

Amphetamines:	Negative
Barbiturates:	Negative
BENZODIAZEPINES:	POSITIVE
Cocaine/Metabolites:	Negative
Opiates:	Negative
Phencyclidine:	Negative
Cannabinoids (THC):	Negative
Acetaminophen:	Negative
Salicylates:	Negative
Oxycodone:	Negative
Fentanyl:	Negative
Methadone:	Negative
Propoxyphene:	Negative
Oxymorphone:	Negative

=====

Requested by: TOWN & COUNTRY POLICE

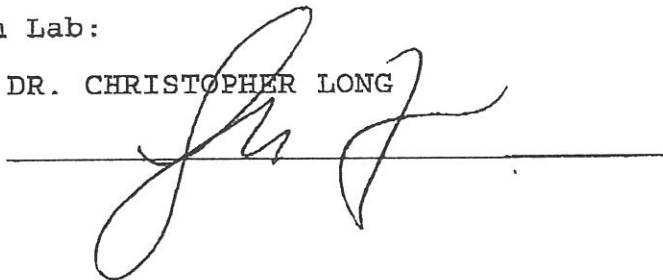
Date: 02/12/11

Received in Lab:

Date/Time: 05/13/11//01:35 PM

Report by: DR. CHRISTOPHER LONG

Date/Time: 05/24/2011//06:32 AM



TOWN AND COUNTRY POLICE DEPARTMENT
SUPPLEMENT 2

DATE: 6-23-11

COMPLAINT #: 11-00484

PAGE 1 OF 1

On this date I received the results of the alcohol analysis from Brett Cervantes blood sample that was sent to the St. Louis County Police Laboratory.

It indicated that Cervantes had a .22% BAC at the time of the blood withdrawal.

A copy of this report will be forwarded to the St. Louis County Prosecutor's Office.

READ



ST. LOUIS COUNTY POLICE DEPARTMENT

CRIME LABORATORY BLOOD ALCOHOL ANALYSIS REPORT

Juris: 083

Complaint 2011 - 484

Sheet

1

Item

1

Report

Physical Evidence

Reporting Juris: 083

Juris Name: TOWN AND COUNTRY

Offense: DWI

Date of Occurrence: 2/12/2011

Location: WB 40 W OF MARYVILLE CENTER

Precinct Log No:

Lab Number: 083-2011-484

Security Bag No:

Number of Boxes:

Packages/Misc: 1

INVESTIGATING OFFICER INFORMATION

Officer's DSN: 0830058 WILSON

Precinct/Bureau:

Department Name: TOWN AND COUNTRY

Entered On: 02/14/2011

Entered By: 3073

WEAVER, LORI

RELATED PERSONS INFORMATION

VICTIM

STATE OF MO

SUSPECT

CERVANTES, BRETT

12/30/1957

BLOOD ALCOHOL REPORT INFORMATION

Description:

Q1: ONE (1) GRAY TOP VIAL OF BRETT CERVANTES'S BLOOD MARKED "0440".

A Gas Chromatographic Analysis was performed on a specimen of blood from the Subject.

This Analysis disclosed the blood alcohol concentration of the sample to be **0.22**

(Grams of Alcohol per 100 Milliliters of blood)

(Note: A blood alcohol level of 0.08% or above is accepted by the State of Missouri as Prima Facie Evidence that the person was intoxicated at the time the specimen was taken)

ADDITIONAL ANALYSIS INFORMATION

TYPE ONE PERMIT NUMBER: 101033 EXP 9/20/2012
ONE (1) VIAL OF BLOOD WAS ALSO SUBMITTED.

The undersigned does hereby certify under RsMo 544.376 that the above and foregoing is a true and accurate copy of the results of lab tests conducted.

Forensic Scientist: 3584 WESTON, ANDREW

Date/Time of Analysis: 3/24/2011

Signature: *Andrew Weston 3584*

Disposition of Evidence: RETURN TO AGENCY

Administrative Approval By: *P. Deregely 1053*Date: *05.04.11*



ST. LOUIS COUNTY POLICE DEPARTMENT

CRIME LABORATORY BLOOD ALCOHOL ANALYSIS REPORT

Juris: 083

Complaint 2011 - 484

Sheet

1

Item

2

Report

Physical Evidence

Reporting Juris: 083

Juris Name: TOWN AND COUNTRY

Offense: DWI

Date of Occurrence: 2/12/2011

Location: WB 40 W OF MARYVILLE CENTER

Precinct Log No:

Lab Number: 083-2011-484

Security Bag No:

Number of Boxes:

Packages/Misc: 1

INVESTIGATING OFFICER INFORMATION

Officer's DSN: 0830058 WILSON

Precinct/Bureau:

Department Name: TOWN AND COUNTRY

Entered On: 02/14/2011

Entered By: 3073

WEAVER, LORI

RELATED PERSONS INFORMATION

VICTIM

STATE OF MO

SUSPECT

CERVANTES, BRETT

12/30/1957

BLOOD ALCOHOL REPORT INFORMATION

Description:

Q2: ONE (1) GRAY TOP VIAL OF BRETT CERVANTES' BLOOD SUBMITTED WITH A PIECE OF PAPER MARKED "TAKEN @ 0540 HRS".

A Gas Chromatographic Analysis was performed on a specimen of blood from the Subject.

This Analysis disclosed the blood alcohol concentration of the sample to be **0.21**

(Grams of Alcohol per 100 Milliliters of blood)

(Note: A blood alcohol level of 0.08% or above is accepted by the State of Missouri as Prima Facie Evidence that the person was intoxicated at the time the specimen was taken)

ADDITIONAL ANALYSIS INFORMATION

TYPE ONE PERMIT NUMBER: 101033 EXP 9/20/2012
ONE (1) VIAL OF BLOOD WAS ALSO SUBMITTED.

The undersigned does hereby certify under RsMo 544.376 that the above and foregoing is a true and accurate copy of the results of lab tests conducted.

Forensic Scientist: 3584 WESTON, ANDREW

Date/Time of Analysis: 3/24/2011

Signature: *Andrew Weston 3584*

Disposition of Evidence: RETURN TO AGENCY

Administrative Approval By: *P. Dougherty*Date: *05-04-11*



MISSOURI DEPARTMENT OF REVENUE
DRIVER LICENSE BUREAU
PO BOX 3700
JEFFERSON CITY MO 65105-3700

**REFUSAL TO SUBMIT TO ALCOHOL/DRUG CHEMICAL TEST
NOTICE OF REVOCATION OF YOUR DRIVING PRIVILEGE
15 DAY DRIVING PERMIT**

FORM

TELEPHONE NUMBER
(573) 751-4833

FAX NUMBER
(573) 526-3452

4323

(REV. 01-2009)

**REVOCATION STARTS 15 DAYS
FROM DATE NOTICE IS ISSUED**

USE ONLY FOR REFUSAL TO TEST

DRIVER'S NAME LAST CERVANTES	FIRST BRETT	MIDDLE D	DRIVER LICENSE NUMBER U149079009	DATE NOTICE IS ISSUED 02/12/2011
STREET, RFD, OR BOX 15317 OAKTREE ESTATES			DRIVER LICENSE CLASS F	EXPIRATION DATE 12/30/2014
CITY Chesterfield	STATE MO	ZIP CODE 63017	ARRESTED/STOPPED PERSON'S SIGNATURE 	

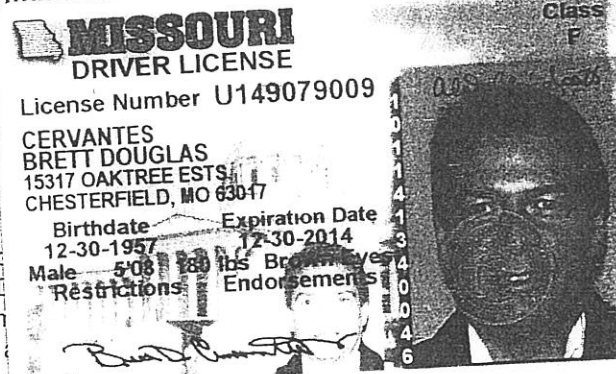
I ACKNOWLEDGE RECEIPT OF THIS NOTICE FROM ►
THE ARRESTING OFFICER

CHEMICAL REFUSAL REVOCATION

You refused to submit to a chemical test of your blood alcohol level. **Your driving privilege will be revoked for one year, 15 days** from the date of this notice. If you did not give your driver license to the police officer, you must send it to the Driver License Bureau at the address shown above. (Section 577.041, RSMo) **This notice is separate from your driver license because of this offense. You will be sent an additional notice if you are caught again.**

The following items must be submitted to the address shown below before reinstatement:

- \$45 reinstatement fee. Money order or personal check is acceptable. Please include your driver license number. The Department of Revenue may electronically collect funds. Reinstatement fee payments may also be accepted by Visa, Mastercard, Discover and American Express.
- Substance Abuse Traffic Offender Program (SATOP) completion form. The Division of Alcohol and Drug Abuse will send the form directly to the Department of Revenue. If you have questions regarding SATOP-comparable program, contact the Division of Alcohol and Drug Abuse at www.dmh.missouri.gov/ada/satop.



MAIL TO:

Driver License Bureau
PO Box 200
Jefferson City, MO 65105-0200

STREET ADDRESS:

Driver License Bureau
301 West High Street, Room 470
Jefferson City, MO 65105

NOTICE: COMMERCIAL DRIVER LICENSE (CDL) HOLDERS

You may additionally be subject to disqualification of your commercial driving privileges due to this action, whether or not you were operating a commercial motor vehicle at the time of this offense (Sections 302.700 and 302.755, RSMo). If you are subject to disqualification, you will be sent a separate notice informing you of the disqualification and your appeal rights (Section 302.311).

HOW DO I APPEAL THE REVOCATION OF MY LICENSE?

You have 30 days from the date this notice was issued to file a Petition for Review with the Circuit or Associate Circuit Court. Your petition must be filed in the county where the arrest/stop occurred. (Sections 302.311 and 577.041, RSMo)

WHAT HAPPENS IN COURT WITH YOUR TRAFFIC TICKET HAS NOTHING TO DO WITH THIS HEARING.

TEMPORARY 15 DAY DRIVING PERMIT

This is your permit to drive during the next 15 days only if your Missouri driver license is not expired and is not currently suspended/revoked as a result of a prior incident. You must carry this notice with you while driving.

Valid License Surrendered ☒ YES (Attached to carbon copy for Department of Revenue)
☐ NO

LAW ENFORCEMENT NOTE — Check driver record for the most current information.

This permit is not valid if the driver license is expired, suspended, or revoked or if the person is not licensed to drive in Missouri.

BY ORDER OF THE DIRECTOR OF REVENUE OR HIS/HER DELEGATE

PRINTED NAME OF ARRESTING OFFICER

Wilson

NAME OF POLICE AGENCY

Town & Country P.D.

VISIT OUR WEBSITE AT www.dor.mo.gov

11- ~~0778~~
484
155
DRAW

REQUEST BY LAW ENFORCEMENT OFFICER FOR COLLECTION OF BLOOD SPECIMEN

I. LAW ENFORCEMENT OFFICER REQUEST FOR BLOOD ALCOHOL/DRUG TESTING

I, P.O. WILSON, DSN* 58 of TOWN & COUNTRY P.D.
(Print Name of Arresting/Requesting Officer) (Law Enforcement Agency Name)

(Officer) request St. John's Mercy Medical Center (St. John's), pursuant to Missouri law, §§577.020-577.041RSMO, to obtain blood alcohol and/or drug testing from BRETT D. CERVANTES.
(Print Patient's Name)

a person stopped or arrested on 2-12-11 at 0147 for an offense while operating a motor vehicle in Missouri under a circumstance described in the foregoing Missouri law.

WILSON *DSN 58 2-12-11
(Signature of Officer) *Designated Serial Number Date

II: CONSENT FOR BLOOD ALCOHOL AND/OR DRUG TESTING (blood may be drawn)

Express Consent : I acknowledge that the above-named Officer explained the nature and purpose of the test(s) requested. I consent to collection of my blood for alcohol and/or drug testing at the request of the above-named Officer.

[Signature] 2-12-11 0425 PSG G. MUELLER 58
(Patient's Signature) (Date) (Time) (SJMMC Witness to Patient's Signature)

If Patient verbally consented but refused to sign form above, verbal consent witnessed by SJMMC witness:

(SJMMC Witness to Patient's Verbal Consent) (SJMMC Witness to Patient's Verbal Consent)

*** OR ***

Implied/Deemed Consent: If the Patient is unconscious or otherwise in a condition rendering patient incapable of refusing the test(s) requested by the Officer named above: **Sign here:** _____
SJMMC MD or RN

III: REFUSAL TO CONSENT TO BLOOD ALCOHOL OR DRUG TESTING (no blood to be drawn)

I, _____, REFUSE to consent to blood alcohol and/or drug testing
(Print Patient's Name)

requested by the above-noted Officer. I acknowledge that the Officer has explained to me that, under Missouri Law, my refusal may result in revocation of my driver's license or other legal consequences. I understand this information and make this REFUSAL by my own free will.

(Signature of Patient) (Date) (SJMMC Witness of Refusal)

NOTE: If test is refused, SJMMC staff will not draw blood or perform requested test(s). Staff will contact SJMMC Legal for direction if upon refusal, the Officer obtains a warrant or court order or as needed.

IV: VERIFICATION OF SPECIMEN COLLECTION

The person signing below obtained blood specimen(s) from the above-named Patient at the request of the Officer signing above in accordance with §§577.020-577.041RSMO for the purposes set forth by Missouri law and labeled the specimen tube(s) with the Patient's name & birth date & gave the specimen tube(s) to the Officer signing below. Collection Date: 02-12-11 Collection Time: 0940

[Signature] WILSON 58 PSG G. MUELLER
(Signature of Specimen Collector) (Signature Officer Receiving Specimen) (Signature of Public Safety Officer) P.S. Report # 11-0792

11-484
2ND

REQUEST BY LAW ENFORCEMENT OFFICER FOR COLLECTION OF BLOOD SPECIMEN

I. LAW ENFORCEMENT OFFICER REQUEST FOR BLOOD ALCOHOL/DRUG TESTING

I, A.O. WILSON, DSN* 58 of TOWN & COUNTRY
(Print Name of Arresting/Requesting Officer) (Law Enforcement Agency Name)

(Officer) request St. John's Mercy Medical Center (St. John's), pursuant to Missouri law, §§577.020-577.041 RSMO, to obtain blood alcohol and/or drug testing from BRETT CERVANTES,
(Print Patient's Name)

a person stopped or arrested on 2-12-11 at 0147 for an offense while operating a motor vehicle in Missouri under a circumstance described in the foregoing Missouri law.

WILSON 58 *DSN 58 2-12-11
(Signature of Officer) *Designated Serial Number Date

II: CONSENT FOR BLOOD ALCOHOL AND/OR DRUG TESTING (blood may be drawn)

Express Consent : I acknowledge that the above-named Officer explained the nature and purpose of the test(s) requested. I consent to collection of my blood for alcohol and/or drug testing at the request of the above-named Officer.

(Patient's Signature) (Date) (Time) (SJMMC Witness to Patient's Signature)

If Patient verbally consented but refused to sign form above, verbal consent witnessed by SJMMC witness:

(SJMMC Witness to Patient's Verbal Consent) (SJMMC Witness to Patient's Verbal Consent)

*** OR ***

Implied/Deemed Consent: If the Patient is unconscious or otherwise in a condition rendering patient incapable of refusing the test(s) requested by the Officer named above: **Sign here:** _____
SJMMC MD or RN

III: REFUSAL TO CONSENT TO BLOOD ALCOHOL OR DRUG TESTING (no blood to be drawn)

I, _____, **REFUSE** to consent to blood alcohol and/or drug testing
(Print Patient's Name)
requested by the above-noted Officer. I acknowledge that the Officer has explained to me that, under Missouri Law, my refusal may result in revocation of my driver's license or other legal consequences. I understand this information and make this **REFUSAL** by my own free will.

(Signature of Patient) (Date) (SJMMC Witness of Refusal)

NOTE: If test is refused, SJMMC staff will not draw blood or perform requested test(s). Staff will contact SJMMC Legal for direction if upon refusal, the Officer obtains a warrant or court order or as needed.

IV: VERIFICATION OF SPECIMEN COLLECTION

The person signing below obtained blood specimen(s) from the above-named Patient at the request of the Officer signing above in accordance with §§577.020-577.041 RSMO for the purposes set forth by Missouri law and labeled the specimen tube(s) with the Patient's name & birth date & gave the specimen tube(s) to the Officer signing below. **Collection Date:** 02-12-11 **Collection Time:** 0540

[Signature] WILSON 58 PSO G. MUELLER 58#11-0794
(Signature of Specimen Collector) (Signature Officer Receiving Specimen) (Signature of Public Safety Officer) P.S. Report

IN THE CIRCUIT COURT OF ST. LOUIS COUNTY
STATE OF MISSOURI

-VS-

BRETT D. CERVANTES
15317 OAKTREE ESTATES
CHESTERFIELD, MO 63017

RACE: White SSN: 496-70-0641
SEX: M OCN:
DOB: 12/30/1957 CASE ID: MC124423
HGT: 5'08 RPT NO: 11-484
WGT: 180 CT. NO: 11SL-CR00866
P.D.: Town and Country
ORI Number: MO0957200

Defendant

CHARGES

Count: 01 DRIVING WHILE INTOXICATED-PERSISTENT OFFENDER-CLASS D FELONY

State of Missouri)
County of St. Louis) SS

WARRANT AND COMMITMENT TO JAIL FOR TRIAL OR PRELIMINARY HEARING

WARRANT NO. 11SL-CR00866

IN DIVISION 41W OF THE CIRCUIT COURT OF ST. LOUIS COUNTY. THE STATE OF MISSOURI TO ANY
PEACE OFFICER IN THE STATE OF MISSOURI:

The court having found probable cause hereby commands you to arrest the above-named defendant on the above-named charge, alleged to have been committed within the jurisdiction of this Court and in violation of the laws of the State of Missouri, and to forthwith convey and deliver him into the custody of the Department of Justice Services (JAIL) of St. Louis County, Missouri, and you, the officer serving this warrant, shall forthwith make return hereof to this Court. The Department of Justice Services (JAIL) of St. Louis County, Missouri, is hereby required to receive the aforesaid defendant into their custody into the said jail, and him safely keep until he shall thence be discharged by due course of law or upon the proper posting of bond as set forth below, and you the Department of Justice Services, shall forthwith upon receipt of the defendant into your custody bring him before this Court to be here dealt with in accordance with law.

As a condition of release, bond is set at \$

15,000 Cash only

WITNESS THE HONORABLE

LAWRENCE J. PERMUTER

, Judge of the

said Court and the seal thereof, issued in the County and State aforesaid, on this 12th day of February, 2011.

Judge

Town and Country Police Department		WARRANT APPLICATION SUPPLEMENT	REPORT NUMBER 11-00484	
ORG. UCR CLASSIFICATION DWI	RECLASSIFICATION N/A		CERTIFIED AS () ACTIVE () INACTIVE () UNF. X) CLEARED BY ARREST () EXCEPTIONALLY CLEAR	
DATE OF ORIGINAL REPORT 02/12/2011	DAY OF THE WEEK Saturday	DATE & TIME OF THIS REPORT 02/12/2011 1400 hours		DAY OF THE WEEK Saturday
NAME OF VICTIM OR COMPLAINANT STATE OF MISSOURI		PLACE OF OCCURRENCE WB IS 64 near Mo. Hwy. 141		

ADDITIONAL DETAILS

IN REFERENCE TO ORIGINAL REPORT# 11-00484 CHARGING Brett Cervantes RACE W
SEX M DOB 12/30/1957 DRIVERS LICENSE STATE/NUMBER MO./ 496-70-0641 WITH

THE FOLLOWING OFFENSE(S) X FELONY _____ MISDEMEANOR _____ ORDINANCE VIOL.

CHARGE A: DRIVING WHILE INTOXICATED

CHARGE B: FAIL TO MAINTAIN A SINGLE LANE

CHARGE C: OPEN CONTAINER VIOLATION

ON 02/12/2011, I

_____ PRESENTED THE CASE TO THE TOWN AND COUNTRY PROSECUTING ATTORNEY

X PRESENTED THE CASE TO THE ST. LOUIS COUNTY PROSECUTING ATTORNEY'S OFFICE

AFTER CONSIDERING THE FACTS IN THE CASE, PROSECUTOR Ashley Bailey-Smith

TOOK THE FOLLOWING ACTION: (ISSUED WARRANT, REFUSED, UNDER ADVISEMENT, ISSUED SUMMONS, REVISED THE CHARGE, REFERED TO MUNICIPAL COURT)

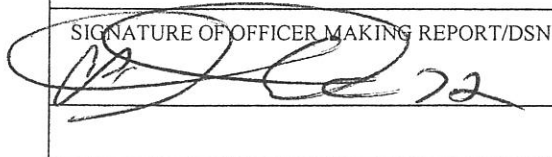
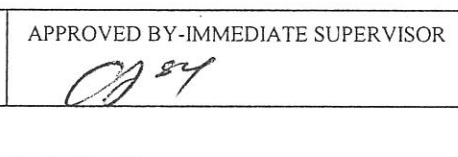
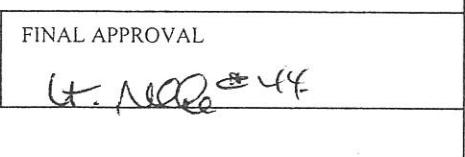
CHARGE A: ISSUED WARRANT

CHARGE B: REFUSED

CHARGE C: REFUSED

THE COMPUTER RECORD WAS UPDATED BY DISPATCHER _____ ON _____

DISPATCHERS SIGNATURE _____

SIGNATURE OF OFFICER MAKING REPORT/DSN 	APPROVED BY-IMMEDIATE SUPERVISOR 	FINAL APPROVAL 
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