

**CHESTERFIELD POLICE DEPARTMENT
INVESTIGATIVE REPORT
10 - 4094 - ORIGINAL**

INVESTIGATIVE INFORMATION

Offense	DRIVING WHILE INTOXICATED		
UCR Crime Code	DRIVING UNDER THE INFLUENCE		
Juris Reporting	CHESTERFIELD	Call Received	ON VIEW
For Jurisdiction	CHESTERFIELD	Reporting Officer	5196 - DUNN
Case Status	CLEARED BY ARREST	Reporting Dept.	CHESTERFIELD

Date/Time Received	08/16/2010 22:44 MONDAY	Nature	INTOXICATED DRIVER
Date/Time Dispatch	08/16/2010 22:44 MONDAY	Date/Time Arrival	08/16/2010 22:44 MONDAY
Unit Num.	5C43	COGIS	5141
PCT/Dist	DISTRICT 3	Sector	

Street Address	164 HWY E AND WOODS MILL RD S	Apt/Suite/Rm #	
City	CHESTERFIELD	State	MISSOURI
Zip		Location Desc.	

Caller Name		Apt/Suite/Rm #	
Street Address		State	
City		Location Desc.	
Zip		Phone #	
Area Code			

Date/Time From	08/16/2010 22:43 MONDAY	Date/Time To	
Premise	STREET/HIGHWAY/SIDEWALK/ALLEY		
Street Address	164 HWY E AND WOODS MILL RD S	Apt/Suite/Rm #	
City	CHESTERFIELD	State	MISSOURI
Zip		Location Desc	

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

Weapon/Object Used

Agency/Personnel

DSN	5269	Jurisdiction	CHESTERFIELD
Name	KELLENBERGER, RYAN	Unit Assignment	CHESTERFIELD POLICE

Date/Time Entered	08/17/2010 01:51 TUESDAY	Entered By	DAUNA MCCLELLAND
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FINAL APPROVAL	JESSI STAHLMAN	DSN 5948	08/19/2010 10:36 THURSDAY
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VICTIM BUSINESS INFORMATION

Will Prosecute
Business Name **CITY OF CHESTERFIELD**
Business Type **GOVERNMENT**

Additional Info

ADDITIONAL PARTY INFORMATION

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

Last Name **DUNN** Middle Name
First Name **DSN 5196** Suffix Name
SSN Ethnicity
License Number License State
Race Sex
DOB Age
Resident Status

Additional Info

Email Address

SUSPECT INFORMATION

Role **ARRESTED-BOOKED AT POLICE STATION**

Numeric Identifier(s)

Charge(s) **DRIVING WHILE INTOXICATED**

Caution Code(s)

- Medical Assistance Miranda Given Released
 Send A Teletype Using Computer Equipment
 Warrant To Be Applied For By Reporting Officer

Last Name **MCLAUGHLIN** Middle Name **E.**
First Name **DANIEL** Sur Name
Alias Ethnicity **NOT OF HISPANIC ORIGIN**
SSN Employed
License Number License State **MISSOURI**
Race **WHITE** Sex **MALE**
DOB **03/18/1974** Marital Status **MARRIED**
Age **36** Resident Status **NON-RESIDENT**
Person Code **ADULT** Birth Place **ST. LOUIS, MISSOURI**
School District

Additional Info

Height **6 ft 1 in.** Weight **175.0 lb.**
Eye Color **BLUE** Hair Color **BLONDE/STRAWBERRY**
How Worn **SHORT**
Physical Desc.
Clothing Desc.
Scars/Marks/Tattoos
Employer **FOX SPORTS MIDWEST** Occupation **ANNOUNCER**

Street Address
City **ST. LOUIS** Apt/Suite/Rm #
Zip **63131** State **MISSOURI**
Location Desc.

Area Code **314** Contact Name
Phone # **206-7000** Ext.

Area Code
Phone # Contact Name
Ext.

Email Address

Physical State

Emotions

Emotions Comments

1. MCLAUGHLIN, DANIEL, E. IS THE UNKNOWN OF CITY OF CHESTERFIELD

VEHICLE INFORMATION

Owner Name

Vehicle Role(s) USED, TOWED

Model Year 2010 Type TRUCK
Make GMC Model YUKON
Primary Color WHITE Secondary/Interior Color
Style CARRY-ALL (SUV, TRAIL, PLEASURE VEHICLE)
Unique Char OWNER: BEHLMANN, 820 MCDONALD BLVD., ST. LOUIS, MO 63042

License Plate D173DM Plate Type DEALER (DOES NOT APPLY TO MOTORCYCLE DEALER)

License Year 2010 # Plates Missing
License State MISSOURI VIN 1GKUKEEF9AR248626

Tow Company D AND L RIDEOUT Tow Company Phone # 6362256183
 Owner Notified Notifier DSN CMS

Address Type TOWED
Street Address 825 MARSHALL ROAD Apt/Suite/Rm #
City VALLEY PARK State MISSOURI
Zip 63088 Location Desc.

Vehicle Value Recovered Value
Vehicle Condition Equipment Missing

Vehicle Disposition

Additional Info

PROCEDURE INFORMATION

Neighborhood Canvassed Send A Teletype Was Any Evidence Seized
Teletype Message ENTER TOWED VEHICLE
Teletype/Reference # TT9 - V19447391 Entered By 3093

NARRATIVE

On 08/16/2010, at approximately 2242 hours, a call was dispatched reference a possible DWI described as a white SUV with Missouri license D173DM. I entered eastbound 40 from Chesterfield Parkway. Shortly after, I observed a white Yukon, Missouri license D173DM, traveling east in the center lane. I got behind the vehicle and observed the vehicle weave within its lane. As I continued to follow, the vehicle again weaved back and forth within its lane; the tires of the vehicle touched each side of the traffic lanes multiple times. The vehicles speed ranged from 40 MPH to 60 MPH

I initiated a traffic stop, at which time the vehicle continued to drive and weave within its lane. The vehicle pulled over just east of MO 141.

It should be noted, the rear windshield wiper was activated, and it was not raining.

I exited my vehicle and approached from the passenger side. I observed the driver of the vehicle blinking slowly. I knocked on the window, at which time the driver rolled the window down. I asked for his driver's license and proof of insurance. He introduced himself as Dan McLaughlin and extended his hand for a handshake. I declined the handshake and again asked to see his driver's license and insurance card. He located his driver's license but could not find his insurance. He continued to look and eventually located it. I asked him how much he had to drink, to which he replied, "Not much." I asked where he was coming from and he said a golf tournament. He then said, "I live right there."

I responded back to my car with his driver's license and insurance.

PO Kellenberger, DSN 269, responded for my assist.

I had McLaughlin exit his vehicle. He staggered as he exited. Once out of his vehicle, he said, "I never mess with you, the Backstoppers, or anybody." I noticed his pants were saturated both front and back in the crotch area. I asked about it and he said it was sweat. It should be noted, he did not appear to be sweating anywhere else. When asked again how much he had to drink, he said, "Nothing," and then changed it to, "Not much."

McLaughlin told us that he did fund raisers for the police and started to make a statement that he would take care of us. I then told him I would like to administer standardized field sobriety tests, to which he said, he could not do the ABC's backwards. While standing near him, I could smell an odor of what appeared to be an intoxicating beverage coming from his person.

I explained the directions for the one leg stand test and verified that he understood my directions. McLaughlin started to count and had to put his foot down at number 6 and again at number 7. He continued to attempt to do the test. He made a statement that he could not do the test sober.

He kept putting his hands in his pocket, as well as using his arms for balance. I had to remind him to count out loud. At one point, he was not even raising his foot while counting, instead he tapped his toe on the ground. When he reached number 15, he stopped counting in 1000's as I instructed him to do and began counting in a normal fashion. When he got near the number 26, he lost his balance and fell, almost falling off the shoulder into the grass. He caught himself with his hands on the ground. This test was stopped after McLaughlin fell.

I then attempted to administer the walk and turn test. McLaughlin could not stand heel to toe while listening to my instructions. He started walking before being instructed to do so. I attempted three different

times to get him to stand heel to toe in order to attempt the test. He could not do what I asked. Due to his inability to perform the test or follow my directions, as well as for his safety, I stopped the test. Due to the traffic violation, the admission of drinking, the smell of intoxicants and the subject's poor performance on the field sobriety tests, he was placed under arrest for Driving While Intoxicated.

I told him to turn around and place his hands behind his back. As I attempted to put on the handcuffs, he tensed his left arm and began to turn towards me. I again gave him verbal directions, to which he eventually complied. He was handcuffed and double locked. He made statements; such as, "I don't know what your name is, but I will do whatever you want," "Here's my money," and, "Why are you doing this to me?" He continuously said that he only lived a block and a half away. He said he did a lot for the police and asked if I would just follow him back to his house. He said I was going to ruin his career.

The rear seat of my vehicle was cleared and checked for contraband, which proved negative.

McLaughlin was placed in the back seat and was seat belted. His vehicle was towed by D and L Rideout. Teletype #9 was entered by DSN 3093, reflecting the towed vehicle.

While en route to the station, McLaughlin continued to ask why he was pulled over, which I had explained to him previously. He said he raised a lot of money for the police, he asked me to follow him home, he again asked why he was pulled over, he asked for me to "let him off" and to follow him home. At one point he stated he was a "month and a half" instead of a block and a half away from his home. He kept asking "why" several times if i did not respond.

Once at the station, McLaughlin was read the Implied Consent at 2329 hours. He requested an attorney and said he refused to take the test. I let him call his attorney, Kevin McLaughlin, at 314-909-1007. In the light McLaughlin's eyes were visibly glassy and bloodshot.

McLaughlin was processed and fingerprinted. He was issued summons #090249448 for Failure to Maintain a Single Lane, and summons #090249449 for Driving While Intoxicated. He signed the first summons but refused to sign the Driving While Intoxicated summons. McLaughlin continued to ask why he was pulled over. McLaughlin's mood changed from pleading to be released to being more antagonistic.

I read McLaughlin his Miranda rights at 0004 hours, on 08/17/2010. He stated he understood his rights but wanted to talk to his attorney. At approximately 0025 hours, his attorney, Kevin McLaughlin, responded to

our station. They were allowed to talk privately for 20 minutes in a private room.

Dan McLaughlin was issued Form 4323 Revocation for Refusing to Submit a Breath Sample. His driver's license was seized.

McLaughlin was placed in holding cell #5 per department policy due to his intoxicated condition. His bond was set at \$250.

Prior to being placed in his cell, he asked PO Kellenberger if he knew who he was and what he did for a living. He then said we ruined his career. A video/audio recording of this event was captured and will be placed into evidence. A search of my vehicle's rear seat after transport proved negative.



MISSOURI DEPARTMENT OF REVENUE
DRIVER LICENSE BUREAU
ALCOHOL INFLUENCE REPORT

FORM 2389 (REV. 10-2008)	ORI NUMBER M00959A00	REPORT NUMBER 10-4094
	UC NUMBER (IF APPLICABLE) 090249449	

DATE OF ARREST/CUSTODY 8-16-10	TIME OF INITIAL CONTACT 2344 (MIL)	TIME OF ARREST/CUSTODY 23:02 (MIL)	COUNTY OF ARREST/CUSTODY ST. LOUIS
LOCATION OF ARREST/CUSTODY EAST BOUND 64 / mo. 141		<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 checked="" type="checkbox"/> TRAFFIC VIOLATION <input type="checkbox"/> ACCIDENT <input type="checkbox"/> SOBRIETY CHECKPOINT <input checked="" type="checkbox"/> OTHER - EXPLAIN RADIO BROADCAST	SUBJECT WAS OBSERVED DRIVING/OPERATING BY P.O. DUNN 196
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FULL NAME MCLAUGHLIN DANIEL E		DATE OF BIRTH (MM DD YY) 03-18-1974
ADDRESS [REDACTED]		CITY, STATE, ZIP CODE ST. LOUIS MO. 63131
RACE W	SEX m	HEIGHT 5''
WEIGHT 175	EYES BLUE	HAIR BLONDE
DRIVER LICENSE NUMBER [REDACTED]	STATE MO	VEHICLE LICENSE NUMBER D173-Dm
LICENSE CONFISCATED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	YEAR 2010	MAKE Gmc
MODEL YUKON	COLOR WHITE	VIN 1GKUKKEF9AR248626

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

BREATH	ODOR OF ALCOHOLIC BEVERAGE: <input type="checkbox"/> FAINT <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> STRONG <input type="checkbox"/> NONE
	ODOR OF MARIJUANA/CHEMICAL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
EYE(S)/PUPIL(S)	<input type="checkbox"/> NORMAL <input type="checkbox"/> WATERY <input checked="" type="checkbox"/> BLOODSHOT <input checked="" type="checkbox"/> GLASSY <input type="checkbox"/> STARING <input type="checkbox"/> DILATED <input type="checkbox"/> CONSTRICTED <input type="checkbox"/> SLOW REACTION TO LIGHT <input type="checkbox"/> ARTIFICIAL EYE
BALANCE/WALKING	<input type="checkbox"/> UNCERTAIN <input checked="" type="checkbox"/> SWAYING <input checked="" type="checkbox"/> STAGGERING <input type="checkbox"/> STUMBLING <input checked="" type="checkbox"/> FALLING <input type="checkbox"/> OTHER:
SPEECH	<input type="checkbox"/> SLURRED <input type="checkbox"/> CONFUSED <input type="checkbox"/> INCOHERENT <input type="checkbox"/> STUTTERING <input type="checkbox"/> MUMBLING <input checked="" type="checkbox"/> OTHER:
CLOTHING/FOOTWEAR	DESCRIBE: BROWN SHORTS, BLACK SHIRT, BLACK SHOES SOILED BY: UNKNOWN FLUID IN CROUCH AREA
UNUSUAL ACTIONS	<input type="checkbox"/> PROFANITY <input type="checkbox"/> HICCUPS <input type="checkbox"/> BELCHING <input type="checkbox"/> VOMITING <input type="checkbox"/> FIGHTING <input checked="" type="checkbox"/> OTHER: PLEADING
ATTITUDE	DESCRIBE: QUESTIONING, ANTAGONISTIC.

SOBRIETY TESTS GIVEN PRIOR TO ARREST/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 4. LEFT RIGHT ___ No smooth Pursuit ___ ___ Distinct Nystagmus at maximum deviation ___ ___ Onset before 45° with some white showing ___ (See certification on page 4.)	<input checked="" type="checkbox"/> WALK-AND-TURN <input checked="" type="checkbox"/> Fails to maintain heel-to-toe stance <input checked="" 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 (i.e., misses by more than 1/2 inch) <input type="checkbox"/> Loses balance while walking (i.e., steps off line) <input type="checkbox"/> Uses arms for balance <input type="checkbox"/> Loses balance while turning/improper turn <input type="checkbox"/> Incorrect number of steps <input checked="" type="checkbox"/> Cannot perform or refused to do test Explain: TEST WAS STOPPED FOR SAFETY AND DUE TO THE FACT THE SUBJECT WAS NOT FOLLOWING DIRECTIONS	<input checked="" type="checkbox"/> ONE LEG STAND (Subject may stand on either foot for test. Indicate foot stood on below.) <input checked="" type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Sways while balancing <input checked="" type="checkbox"/> Uses arms for balance (i.e., raises arms more than 6 inches) - ARMS RAISED <input type="checkbox"/> Hops <input checked="" type="checkbox"/> Puts foot down <input checked="" type="checkbox"/> Cannot perform or refused to do test Explain: SUBJECT LOST BALANCE AND FELL #26
<input type="checkbox"/> VERTICAL GAZE NYSTAGMUS PRESENT	PRELIMINARY BREATH TEST (PBT) POSITIVE FOR ALCOHOL <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	

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

IMPLIED CONSENT TIME ADVISED: 23:29 (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
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<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.
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2. To determine the alcohol/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

IF SUBJECT REFUSED TEST(S), WAS ATTORNEY REQUESTED PRIOR TO REFUSAL? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	TIME SUBJECT ASKED FOR ATTORNEY 23:29	NAME OF PERSON PHONED FOR ADVICE KEVIN McLAUGHLIN 314 909-1007
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15 MINUTE OBSERVATION PERIOD STARTED AT: 23:29 (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.

<input type="checkbox"/> INTOXILYZER 5000 <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. <input type="checkbox"/> 2. Assure that power switch is ON and then press the START TEST button. <input type="checkbox"/> 3. Enter test record card. <input type="checkbox"/> 4. Enter subject and officer information. <input type="checkbox"/> 5. When display reads PLEASE BLOW, insert mouthpiece and take the subject's breath sample. <input type="checkbox"/> 6. When test record is printed, remove test record and attach printout to this report.	<input type="checkbox"/> DATAMASTER <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. <input type="checkbox"/> 2. Assure that power switch is ON. <input type="checkbox"/> 3. Press RUN button. <input type="checkbox"/> 4. When display requests INSERT TICKET, insert evidence ticket. <input type="checkbox"/> 5. Enter subject and officer information. <input type="checkbox"/> 6. When display reads PLEASE BLOW and gives audible beep, take subject's breath sample. <input type="checkbox"/> 7. When printer has completed printing out test result, remove ticket from printer. Attach printout to this report.
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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. *Revised* 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 <input type="checkbox"/> SCENE <input checked="" type="checkbox"/> STATION <input type="checkbox"/> HOSPITAL <input type="checkbox"/> EN ROUTE TO STATION	DO YOU UNDERSTAND THE RIGHTS I'VE EXPLAINED TO YOU? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <u>REFUSED</u>	TIME ADVISED <u>0:04</u> (MIL)	DATE <u>8-17-10</u>
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INTERVIEW TO COMPLETE

INTERVIEW DATE <u>8-17-10</u>	TIME <u>0:04</u>	INTERVIEWER'S NAME <u>P.O. DUNN</u>
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WAS SUBJECT INVOLVED IN AN ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DATE OF ACCIDENT <u>N/A</u>	TIME OF ACCIDENT _____ (MIL)
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ACCIDENT INFORMATION (IF APPLICABLE) - RECORD PERSON'S RESPONSES

WERE YOU INVOLVED IN A MOTOR VEHICLE ACCIDENT TODAY? <input type="checkbox"/> YES <input type="checkbox"/> NO WHEN:	WERE YOU OPERATING THE VEHICLE AT THE TIME OF THE ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO
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WERE YOU INJURED IN THE ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO HOW:
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HAVE YOU CONSUMED ANY ALCOHOLIC BEVERAGE(S) SINCE THE ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO

IF SO, WHAT?	WHEN?	WHERE?	HOW MUCH?
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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?
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WHAT DID YOU LAST EAT?	WHEN DID YOU LAST EAT?
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WHAT IS YOUR OCCUPATION?	WHEN DID YOU LAST WORK?	WHEN DID YOU LAST SLEEP?	HOW LONG?
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WHAT WERE YOU DOING DURING THE LAST THREE HOURS?
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ARE YOU WEARING FALSE TEETH? <input type="checkbox"/> YES <input type="checkbox"/> NO	WERE YOU OPERATING THE VEHICLE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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HAVE YOU BEEN DRINKING? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT?	TIME STARTED	TIME STOPPED
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HOW MUCH?	WHERE?	ARE YOU UNDER THE INFLUENCE OF AN ALCOHOLIC BEVERAGE? <input type="checkbox"/> YES <input type="checkbox"/> NO
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HAVE YOU USED MARIJUANA OR ANY OTHER DRUG, LEGAL OR ILLEGAL, IN THE LAST 72 HOURS? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN?	WHERE?	HOW MUCH?	IF YES, WHAT?
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DO YOU HAVE ANY TEMPORARY OR LONG-TERM PHYSICAL/MENTAL CONDITIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, EXPLAIN:
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ARE YOU TAKING TRANQUILIZERS, PILLS, MEDICINES, INJECTIONS OR DRUGS OF ANY KIND, SUCH AS INSULIN? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT?	WHEN?	WHERE?	HOW MUCH?
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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 _____ 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)
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TITLE (CHECK ONE) <input type="checkbox"/> LICENSED PHYSICIAN <input type="checkbox"/> REGISTERED NURSE <input type="checkbox"/> TRAINED MEDICAL TECHNICIAN (Phlebotomist, Paramedic, etc.): _____	WORK TELEPHONE
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SIGNATURE	NAME (TYPE OR PRINT)
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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:

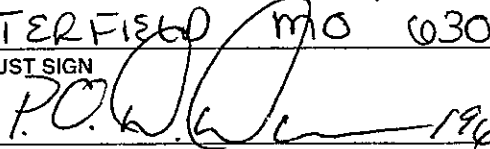
At all times mentioned herein, I was employed as a member of the below-stated Police Agency, and I am licensed, or exempt from certification pursuant to Chapter 590, RSMo, by the Director of Public Safety as having completed a program of mandatory standards for the training of peace officers in this 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 ►	<input type="checkbox"/> HIGHWAY PATROL	<input checked="" type="checkbox"/> MUNICIPAL OFFICER	<input type="checkbox"/> OTHER
	<input type="checkbox"/> COUNTY OFFICER	<input type="checkbox"/> ELECTED OFFICIAL	

NAME OF LAW ENFORCEMENT OFFICER P.O. DANIEL DUNN	BADGE NUMBER/RANK 5196	NAME OF POLICE AGENCY/TROOP LETTER CHESTERFIELD
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COMPLETE MAILING ADDRESS 690 CHESTERFIELD PKwy WEST	BUSINESS TELEPHONE NUMBER 636-537-3000
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CITY, STATE, ZIP CODE CHESTERFIELD MO 63017

SIGNATURE — MUST SIGN 
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