**ELLISVILLE POLICE DEPARTMENT**  
**INVESTIGATIVE REPORT**  
**13 - 584 - ORIGINAL**

### INVESTIGATIVE INFORMATION

<table>
<thead>
<tr>
<th>Offense</th>
<th>DRIVING WHILE INTOXICATED</th>
</tr>
</thead>
<tbody>
<tr>
<td>UCR Crime Code</td>
<td>DRIVING UNDER THE INFLUENCE</td>
</tr>
<tr>
<td>Jurisdiction Reporting</td>
<td>ELLISVILLE</td>
</tr>
<tr>
<td>For Jurisdiction</td>
<td>ELLISVILLE</td>
</tr>
<tr>
<td>Case Status</td>
<td>CLEARED BY ARREST</td>
</tr>
<tr>
<td>Call Received</td>
<td>ELLISVILLE POLICE</td>
</tr>
<tr>
<td>Reporting Officer</td>
<td>222 - DETRING</td>
</tr>
<tr>
<td>Reporting Dept.</td>
<td></td>
</tr>
</tbody>
</table>

#### CAD Details

| Date/Time Received       | 05/18/2013 01:03 SATURDAY |
| Date/Time Dispatch       | 05/18/2013 01:03 SATURDAY |
| Unit Num.                | 5A21                      |
| PCT/Dist                 | EAST                      |
| Nature                   | INTOXICATED DRIVER        |
| Date/Time Arrival        | 05/18/2013 01:03 SATURDAY |
| COGIS                    | 5226                      |
| Sector                   |                           |

### Responded Location

**Street Address**: MANCHESTER RD AND NEW BALLWIN RD, ELLISVILLE, MISSOURI

### Caller Information

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

### Occurrence Details

| Date/Time From           | 05/18/2013 01:03 SATURDAY |
| Date/Time To             |                           |
| Premise                  | VEHICLE - PUBLIC          |
| Street Address           | MANCHESTER RD AND NEW BALLWIN RD, ELLISVILLE, MISSOURI |
| Apt/Suite/Rm #           | Location Desc             |

### Summary Details

| Entry Point               | Exit Point |
| Entry Method              | Tools Used  |
| Visible Point of Entry?   |            |
| Weapon/Object Used        |            |

### Additional Information

**Date/Time Entered**: 05/20/2013 03:36 MONDAY  
**Entered By**: TRAVIS DETRING

**Final Approval**:  
**Joshua Dawson**  
**DSN E171**  
**05/25/2013 18:56 SATURDAY**
### Victim Business Information

- **Business Name:** THE STATE OF MISSOURI
- **Business Type:** GOVERNMENT

### Suspect Information

- **Role:** ARRESTED-BOOKED AT POLICE STATION
- **Charge(s):** DRIVING WHILE INTOXICATED, DRIVING WHILE SUSPENDED, POSSESSION OF 35G LESS MARIJUANA, EXCEEDED POSTED SPEED 40 MPH ZONE, VIOLATION OF FINANCIAL RESP, POSSESSION OF AN OPEN ALCOHOL IN VEHICLE

### Person Information

- **Last Name:** FEDERER
- **First Name:** THEODORE
- **Middle Name:** THOMAS
- **Sur Name:**
- **Ethnicity:** NOT OF HISPANIC ORIGIN
- **Race:** WHITE
- **DOB:** 09/15/1991
- **Age:** 21
- **License State:** MISSOURI
- **Sex:** MALE
- **Marital Status:** SINGLE
- **Birth Place:** MISSOURI
- **Person Code:** ADULT
- **School District:**

### Personal Description

- **Height:** 5 ft 8 in.
- **Weight:** 140.0 lb.
- **Eye Color:** BROWN
- **Hair Color:** BROWN
- **How Worn:** SHORT
- **Physical Desc.:**
- **Clothing Desc.:**
- **Scars/Marks/Tattoos:** TAT R ARM TAT L ARM

### Home Address

- **Street Address:** 17927 WHITE ROBIN COURT, CHESTERFIELD, MISSOURI, 63005
- **Apt/Suite/Rm #:**
- **Location Desc.:**

### Mobile Phone

- **Area Code:**
- **Phone #:**
- **Contact Name:**
- **Ext.:**

### Email Address

- **Email Address:**

### Physical State/Emotions

- **Physical State:** SUSPECTED ALCOHOL USE
- **Emotions:**
- **Emotions Comments:**

### Related Victim Business

1. **FEDERER, THEODORE, THOMAS IS THE STRANGER OF THE STATE OF MISSOURI**

### Vehicle Information

- **Owner Name:** THEODORE FEDERER
- **Vehicle Role(s):** USED, TOWED, SUSPECT'S VEHICLE

### Vehicle Description

- **Model Year:** 2001
- **Make:** AUDI
- **Primary Color:** SILVER
- **Style:** COUPE
- **Type:** AUTOMOBILES
- **Model:** TT COUPE/ROADSTER
  - **Secondary/Interior Color:**
Sir,

On 05-18-13, at or around the time of 0115 hours, I was traveling westbound on Manchester Road in the area of 15800 Manchester Road. While traveling I witnessed a unknown silver vehicle approaching me in the eastbound lanes of Manchester Road, my RADAR showed this vehicle traveling 54 MPH in a 40 MPH zone.

I conducted a U turn at the above stated address and proceeded to catch up to the silver vehicle. Due to the speed of the vehicle and other vehicles on the roadway, it took me some time to catch up. While attempting to catch up, I witnessed the vehicle randomly switching lanes and tailgating other vehicles before passing them. At eastbound Manchester and New Ballwin Road I was able to initiate my emergency lights and conduct a traffic stop at 15204 Manchester Road.

My initial contact with the driver, known as Theodore Federer, I noticed a strong odor of an intoxicating substance coming from the driver area of the vehicle. I asked Federer for his drivers license and proof of insurance, to which he produced a Missouri non-drivers license and no proof of insurance. Federer was informed as to why he was stopped and when I asked where he was coming from he stated that he was coming from a friend’s house.

After obtaining the above information, I noticed that Federer was slurring his words while he was speaking to me. I asked Federer how much he had to drink tonight, to which he stated that he had a couple beers. Federer was then asked to recite a portion of the alphabet, starting with
the letter D and then going to the letter N. Federer failed this test multiple times and was asked to step from the vehicle.

I put Federer through a series of field sobriety tests, the first test being the Horizontal Gaze Nystagmus. Federer failed this test, see additional information on page one of the Alcohol Influence Report.

The second test I administrated to Federer was the Walk and Turn test. Again, Federer failed this test, see additional information on page one of the Alcohol Influence Report.

The final test that I administered to Federer was the One Leg Stand. Federer failed this test as well, see additional information on page one of the Alcohol Influence Report.

I placed Federer under arrest for Driving while Intoxicated. He was handcuffed behind the back with both cuffs double locked to ensure fit and comfort. He was placed and seat belted into the rear of vehicle 363. A search of Federer’s vehicle revealed a small plastic bag that contained a green leafy substance, this was located in the center console of the vehicle. An open bottle of bud light beer was discovered as well behind the passenger seat of the vehicle. Inside the bottle was a small amount of an amber liquid, this was later packaged into a plastic container and deposited into evidence. The above items were confiscated and the packaged at the Ellisville Police Department. See attached photographs.

D&L Rideout responded to the scene and towed Federer's vehicle to their secure lot in Valley Park, see attached tow sheet. I then transported Federer to the Ellisville Police Department for booking. Federer was read his rights per Miranda directly off of page three of the Alcohol Influence Report at 0130 hours. At 0132 hours I read Federer the implied consent portion directly off of page two of the Alcohol Influence Report. When I asked Federer to consent to a chemical test of his breath, he refused.

Federer was charged with Driving while Intoxicated, Driving while suspended, Possession of 35 G less marijuanas, exceeding posted speed in a 40 MPH zone, no proof of insurance, and having an open alcoholic container in his vehicle. Unable to post the cash bond, Federer was transported to the Eureka Police Department for holding.

Any additional information in regards to this incident will be entered in supplemental form.

Nothing further.

Respectfully,
P.O. Detring, 222
MISSOURI DEPARTMENT OF REVENUE
DRIVER LICENSE BUREAU
PO BOX 3700
JEFFERSON CITY, MO 65105-3700

ALCOHOL INFLUENCE REPORT

DATE OF ARREST OR CUSTODY: 5-18-15
TIME OF INITIAL CONTACT: 01:03
TIME OF ARREST OR CUSTODY: 01:22
LOCATION OF ARREST OR CUSTODY: MO 100
COUNTY OF ARREST OR CUSTODY: ST. LOUIS

REASON FOR INITIAL CONTACT: TRAFFIC VIOLATION

FULL NAME: FEDERER THEODORE THOMAS
ADDRESS: 17927 WHITE ROUSIN CT
CITY, STATE, ZIP CODE: CHESTERFIELD, MO 63005

RACE: W
SEX: M
HEIGHT: 5'8"
WEIGHT: 140
EYES: BROWN
HAIR: BROWN

DRIVER LICENSE NUMBER: TT49101023
LICENSE CONFISCATED: Y
LICENSE EXPIRED: NO
YEAR: 01
MAKE: AUDI
MODEL: TT
COLOR: SILVER
VIN: TRUTY28N71035379

OFFICER'S OBSERVATION MADE PRIOR TO ARREST OR CUSTODY:

ODOR OF ALCOHOLIC BEVERAGE: STRONG
ODOR OF MARIJUANA OR CHEMICAL: NO
EYES WATERY: NO
EYES BLOODSHOT: YES
EYES GLASSY: NO
EYES STARING: NO
EYES ARTIFICIAL EYE: NO
EYES CONSTRICITON: NO
EYES SLOW REACTION TO LIGHT: NO
EYES DILATED: NO
BALANCE AND WALKING: STANDING STRAIGHT
BALANCE AND WALKING: NO SWAYING
BALANCE AND WALKING: NO STAGGERING
BALANCE AND WALKING: NO STUMBLING
BALANCE AND WALKING: NO FALLING
BALANCE AND WALKING: OTHER:
SPEECH: SLOW SLURRED
SPEECH: SLOW CONFUSED
SPEECH: SLOW INCOHERENT
SPEECH: SLOW STUTTERING
SPEECH: SLOW MUMBLING
SPEECH: OTHER:
CLOTHING AND FOOTWEAR: SHORTS T-SHIRT
CLOTHING AND FOOTWEAR: SOILED BY:
UNUSUAL ACTIONS: OTHER:

ATTITUDE: OTHER:
ATTITUDE: NOT COOPERATIVE

SOBRIETY TESTS GIVEN PRIOR TO ARREST OR CUSTODY:

HORIZONTAL GAZE NYSTAGMUS:
1. Eyes Tracked Equally
2. Pupils of Equal Size
3. Resting Nyctagmus Detected
4. No smooth Pursuit
5. Distinct Nyctagmus at maximum deviation
6. Onset before 45° with some white showing

VERTICAL GAZE NYSTAGMUS DETECTED:

WALK-AND-TURN:
Fails to maintain heel-to-toe stance
Starts before instructed to begin
Steps while walking to steady self
Does not touch heel to toe (misses by more than 1/2 inch)
Loses balance while walking (steps off line)
Uses arms for balance (raises arm more than 6 inches)
Loses balance while turning or made improper turn
Incorrect number of steps
Cannot perform or refused to do test

ONE LEG STAND:

PRELIMINARY BREATH TEST (PBT) POSITIVE FOR ALCOHOL?
YES NO REFUSED N/A

OTHER: ALPHABET: D-N FAC

For more information, visit www.dor.mo.gov
**IMPLIED CONSENT TIME ADVISED:** 0132 (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 .02% 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: 0133 (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:** 0128 (MIL)

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

**INTOXILIZER 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.

2. To the best of my knowledge the instrument was functioning properly.

3. I am authorized to operate the instrument.

4. No radio transmission occurred inside the room where and when this test was being conducted.

**NAME OF OPERATOR**

**TROOP OR AGENCY**

**DOHSS PERM. NUMBER**

**EXPIRATION DATE (MM/DD/YYYY)**

**BLOOD ALCOHOL CONCENTRATION BY WEIGHT**

**LOCATION OF INSTRUMENT**

**SERIAL NUMBER**

**WITNESS (IF ANY)**

PRESERVED

DOR-2389 (11-2012)
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 0130 (MIL) DATE (MM/DD/YYYY) 5/18/2013

INTERVIEWER TO COMPLETE

INTERVIEW DATE (MM/DD/YYYY) 05/18/13 TIME 0135 INTERVIEWER'S NAME TRANSON DETTING

WAS SUBJECT INVOLVED IN A CRASH? ☑ YES ☐ NO

DATE OF CRASH (MM/DD/YYYY) N/A TIME OF CRASH N/A (MIL)

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

WERE YOU INVOLVED IN A MOTOR VEHICLE CRASH TODAY? ☑ YES ☐ NO WHEN: N/A

WERE YOU OPERATING THE VEHICLE AT THE TIME OF THE CRASH? ☑ YES ☐ NO N/A

WERE YOU INJURED IN THE CRASH? ☑ YES ☐ NO HOW: N/A

HAVE YOU CONSUMED ANY INTOXICANTS SINCE THE CRASH? ☑ YES ☐ NO WHEN: N/A WHERE: N/A HOW MUCH: N/A

IF YES, WHAT?

INTERVIEW — RECORD PERSON'S RESPONSES

WHAT TIME IS IT NOW? 0135 WHAT IS THE DATE? MAY 15th WHAT DAY OF THE WEEK IS IT? FRIDAY WHAT CITY (COUNTY) ARE YOU IN NOW? ELLISVILLE

WHEN DID YOU LAST EAT? 3 HOURS AGO WHAT DID YOU LAST EAT? PASTA

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

HANGING OUT AT A FRIEND'S HOUSE.

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

☑ YES ☐ NO

HAVE YOU BEEN DRINKING? ☑ YES ☐ NO IF YES, WHAT WERE YOU DRINKING? N/A

TIME STARTED N/A TIME STOPPED N/A

HOW MUCH? N/A WHERE? N/A 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 OR MENTAL CONDITIONS? ☑ YES ☐ NO

IF YES, EXPLAIN: N/A

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 577.028, 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 EMPLOYER

(MIL)__________________________________________

TITLE (CHECK ONE) WORK TELEPHONE
☐ LICENSED PHYSICIAN ☐ REGISTERED NURSE
☐ TRAINED MEDICAL TECHNICIAN (Phlebotomist, Paramedic, etc.):

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 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 ☒ ☐ HIGHWAY PATROL ☒ ☐ MUNICIPAL OFFICER ☐ ☐ OTHER

☐ COUNTY OFFICER ☐ ELECTED OFFICIAL ☐ OTHER

NAME OF POLICE AGENCY OR TROOP LETTER

ELLISVILLE

BADGE NUMBER RANK P.O.

282

NAME OF LAW ENFORCEMENT OFFICER TRAVIS DETRANG

COMPLETE MAILING ADDRESS 37 WEIS AVE

CITY, STATE, ZIP CODE ELLISVILLE MO 63011

BUSINESS TELEPHONE NUMBER 636-227-7777

SIGNATURE — MUST SIGN [Signature]

DOR-2369 (11-2012)
MISSOURI DEPARTMENT OF REVENUE
DRIVER LICENSE BUREAU
PO BOX 3700
JEFFERSON CITY MO 65105-3700
TELEPHONE NUMBER (573) 751-4833
FAX NUMBER (573) 526-3452

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

USE ONLY FOR REFUSAL TO TEST

DRIVER'S NAME

Tedder, Theodore Thomas

DATE NOTICE IS ISSUED 05/18/2013

ADDRESS (St. Rd. or Box)

12347 White Robin Court

EXPIRATION DATE 05/15/2019

CITY

Chesterfield

STREET NUMBER

6300

STATE

MO

ZIP CODE

63005

DRIVER LICENSE NUMBER

T149101023

DRIVER LICENSE CLASS

WD

ARRESTED/STOPPED PERSON'S SIGNATURE

I acknowledge receipt of this notice from

THE ARRESTING OFFICER

You refused to submit to a test to determine the alcohol and/or drug level of your breath, blood, and/or urine. 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 any traffic tickets you may have received because of this offense. You will be sent an additional notice if you are convicted in court.

Send the following items to the Driver License Bureau, 301 West High Street, Room 470, PO Box 200, Jefferson City, MO 65105-0200, before your revocation period ends.

• Substance Abuse Traffic Offender Program (SATOP) completion form or a comparable program form. The Division of Alcohol and Drug Abuse will notify you after you complete the program. If you have questions regarding SATOP completion forms or comparable programs, please contact the Division of Alcohol and Drug Abuse at 573-522-4020 or www.dmhl.mo.gov/ada/adaindex.htm

• A reinstatement fee in the amount of $45. Payments may be accepted by telephone using the following debit/credit cards: Visa, Mastercard, Discover, and American Express. You may also pay in the form of a cashier's check, money order, or personal check made payable to the Missouri Department of Revenue. Please include your full name, address, date of birth, and driver license number on the payment. The Department of Revenue may electronically resubmit checks returned for insufficient funds.

• Proof of financial responsibility, commonly filed as an SR-22. Contact your local insurance company or agent for information regarding this form. You must file and maintain proof of financial responsibility for two years from the date your license suspension or revocation began. If you do not, your driving privilege will be suspended again for the remainder of the two-year period.

• Proof of installation of an ignition interlock device (IID), if you have had more than one refusal to submit to an alcohol/drug test. The installer of the device will notify us after the installation has been completed. This device must be certified by the Missouri Department of Transportation and installed on any vehicle you operate. You must maintain the device for a period of six months from your reinstatement date. To locate a list of approved ignition interlock devices or installers, visit www.motd.mo.gov/safety/ImpairedDriving.htm or contact the Missouri Department of Transportation at 800-800-2358.

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, RSMo).

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 / denied as a result of a prior incident. You must carry this notice with you while driving.

Valid License Surrendered ☑ YES ☐ NO

(Attached to carbon copy for Department of Revenue)

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

R. De Tréma

NAME OF POLICE AGENCY

Ellisville Police Dept.

VISIT OUR WEBSITE AT www.dor.missouri.gov

DOH-323 (06-2011)
IN THE CIRCUIT COURT OF THE COUNTY OF ST. LOUIS
MUNICIPAL DIVISION – CITY OF ELLISVILLE

CITY OF ELLISVILLE
vs
Defendant: Theodore Fedele
Attorney: Chris Huddleston  63187

DATE 6-25-13
T130136639-2
T130136644-9
T130136640-4
T130136641-4
T130136642-2
T130136643-13

RECOMMENDATION FOR DISPOSITION

On the following charge(s), the City recommends the following disposition(s):

<table>
<thead>
<tr>
<th>Original Charge(s)</th>
<th>Amended Charge(s)</th>
<th>Disposition (Fine, Sentence, Cost)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drove under the influence</td>
<td>SATOP, VIP, Recoup</td>
<td>63.50 + 24.5</td>
</tr>
<tr>
<td>Open alcohol container</td>
<td>NP</td>
<td>0</td>
</tr>
<tr>
<td>Drove with suspended license</td>
<td>Improper Parking</td>
<td>200.50 + 24.5</td>
</tr>
<tr>
<td>Possess marijuana</td>
<td>Improper Parking</td>
<td>400.50 + 24.5</td>
</tr>
<tr>
<td>Speeding 54/40</td>
<td>Improper Parking</td>
<td>200.50 + 24.5</td>
</tr>
<tr>
<td>No proof of insurance</td>
<td></td>
<td>TOTAL: $963.00</td>
</tr>
</tbody>
</table>

1. To accept this recommendation, SIGN AND RETURN THIS FORM TO THE COURT ALONG WITH TOTAL FINES AND COSTS before the date indicated below. Payment constitutes a plea of guilty and acceptance of this recommendation. Failure to pay the Fine and Court Costs, in full, by the payment date constitutes a rejection of this recommendation. In the event this recommendation is not accepted, an appearance is necessary on the scheduled court date or an arrest warrant will be issued.

2. To accept this recommendation, defendant/counsel/parent MUST APPEAR on the date indicated below.

3. Case continued to __7-18-13__ at ____ p.m. for payment, ____ for plea, for City, ____ for Defendant, by consent, ____ for trial at ____ p.m.

4. Other: ____ Complete SATOP + VIP ____

CITY OF ELLISVILLE
By: ________________  Paul Martin
Prosecuting Attorney, MBE# 34428

DEFFENDANT/DEFENDANT'S ATTORNEY
MBE# 5887

Please make check or money order payable to the City of Ellisville and return this form with payment to:
Denah Brooks, Court Administrator
37 Weis Avenue
Ellisville, Missouri 63011

SO ORDERED this ____ day of ___ 2013

Judge