



MISSOURI DEPARTMENT OF REVENUE
DRIVER LICENSE BUREAU
ALCOHOL INFLUENCE REPORT

| | | |
|---------------------------------------|---|---------------------------|
| FORM 2389 (REV. 12-2006) | ORI NUMBER MO0950000 | REPORT NUMBER 11-38344 |
| | UC NUMBER (IF APPLICABLE) # 10053479 | |

| | | | |
|---|--|---------------------------------------|---|
| DATE OF ARREST/CUSTODY 07/01/2011 | TIME OF INITIAL CONTACT 02:02 (MIL) | TIME OF ARREST/CUSTODY 02:16 (MIL) | COUNTY OF ARREST/CUSTODY ST LOUIS CO |
| LOCATION OF ARREST/CUSTODY OLD STATE ROAD AND RIDGE ROAD | | | <input type="checkbox"/> COUNTY OR CITY ORDINANCE <input checked="" type="checkbox"/> RSMo 577.010 OR 577.012 <input type="checkbox"/> OTHER |
| REASON FOR INITIAL CONTACT <input type="checkbox"/> TRAFFIC VIOLATION <input type="checkbox"/> ACCIDENT <input type="checkbox"/> SOBRIETY CHECKPOINT <input checked="" type="checkbox"/> OTHER - EXPLAIN SEE NARRATIVE | | | SUBJECT WAS OBSERVED DRIVING/OPERATING BY HALLQUIST 2784 WASHBURN 3839 |

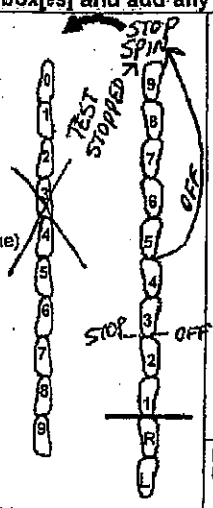
| | | |
|---|---------------------|--|
| FULL NAME HUGGARD, KATHLEEN ANNE | | DATE OF BIRTH (MM DD YY) 10/13/1988 |
| ADDRESS [REDACTED] | | CITY, STATE, ZIP CODE [REDACTED] |
| RACE WHITE | SEX FEMALE | HEIGHT 5'04 |
| WEIGHT 140 | EYES BLUE | HAIR BROWN |
| DRIVER LICENSE NUMBER [REDACTED] | STATE MO | CDL HOLDER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| VEHICLE LICENSE NUMBER [REDACTED] | STATE MO | <input type="checkbox"/> COMMERCIAL MOTOR VEHICLE <input type="checkbox"/> HAZARDOUS MATERIALS <input type="checkbox"/> IGNITION INTERLOCK DEVICE INSTALLED ON VEHICLE |
| LICENSE CONFISCATED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | YEAR [REDACTED] | MAKE [REDACTED] |
| MODEL [REDACTED] | COLOR [REDACTED] | VIN [REDACTED] |

OFFICER'S OBSERVATION MADE PRIOR TO ARREST/CUSTODY (Check appropriate box[es] 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 type="checkbox"/> STAGGERING <input checked="" type="checkbox"/> STUMBLING <input type="checkbox"/> FALLING <input type="checkbox"/> OTHER: |
| SPEECH | <input checked="" type="checkbox"/> SLURRED <input type="checkbox"/> CONFUSED <input type="checkbox"/> INCOHERENT <input type="checkbox"/> STUTTERING <input checked="" type="checkbox"/> MUMBLING <input type="checkbox"/> OTHER: |
| CLOTHING/FOOTWEAR | DESCRIBE: BLACK DRESS, WEDGE SHOES (REMOVED) SOILED BY: DIRT |
| UNUSUAL ACTIONS | <input checked="" type="checkbox"/> PROFANITY <input type="checkbox"/> HICCUPS <input type="checkbox"/> BELCHING <input type="checkbox"/> VOMITING <input type="checkbox"/> FIGHTING <input type="checkbox"/> OTHER: |
| ATTITUDE | DESCRIBE: COOPERATIVE THEN NON-COMPLIANT |

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

| | | |
|--|--|--|
| <input checked="" type="checkbox"/> HORIZONTAL GAZE NYSTAGMUS | <input checked="" type="checkbox"/> WALK-AND-TURN | <input checked="" type="checkbox"/> ONE LEG STAND |
| 1. <input checked="" type="checkbox"/> Eyes Tracked Equally 2. <input checked="" type="checkbox"/> Pupils of Equal Size 3. <input type="checkbox"/> Resting Nystagmus 4. LEFT NO RESTING RIGHT Yes No smooth Pursuit Yes Yes Distinct Nystagmus at maximum deviation Yes Yes Onset before 45° with some white showing Yes (See certification on page 4.) | <input checked="" type="checkbox"/> Fails to maintain heel-to-toe stance <i>WV</i> <input checked="" type="checkbox"/> Starts before instructed to begin <i>W</i> <input checked="" type="checkbox"/> Stops while walking to steady self <input checked="" type="checkbox"/> Does not touch heel to toe ALL (i.e., misses by more than 1/2 inch) <input checked="" type="checkbox"/> Loses balance while walking (i.e., steps off line) <input checked="" type="checkbox"/> Uses arms for balance ALL <input checked="" type="checkbox"/> Loses balance while turning/improper turn <input checked="" type="checkbox"/> Incorrect number of steps 13 <input type="checkbox"/> Cannot perform or refused to do test Explain: | (Subject may stand on either foot for test. Indicate foot stood on below.) <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Sways while balancing <input type="checkbox"/> Uses arms for balance (i.e., raises arms more than 6 inches) <input type="checkbox"/> Hops <input type="checkbox"/> Puts foot down <input checked="" type="checkbox"/> Cannot perform or refused to do test Explain: SAFETY REASONS |
| <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.
FOR ADDITIONAL OBSERVATIONS MADE DURING THE SFST BATTERY, SEE REPORT NARRATIVE

IMPLIED CONSENT TIME ADVISED: 02:20 (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. |
|---|---|--|

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 Time: 02:40 (MIL)

| | | |
|---|--|---|
| 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 02:20 | NAME OF PERSON PHONED FOR ADVICE JOHN TRESOLAR |
|---|--|---|

15 MINUTE OBSERVATION PERIOD STARTED AT:
 N/A (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> <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 style="text-align: center;"><input checked="" type="checkbox"/> DATAMASTER</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. |
| <input type="checkbox"/> 2. Assure that power switch is ON and then press the START TEST button. | <input type="checkbox"/> 2. Assure that power switch is ON. |
| <input type="checkbox"/> 3. Enter test record card. | <input type="checkbox"/> 3. Press RUN button. |
| <input type="checkbox"/> 4. Enter subject and officer information. | <input type="checkbox"/> 4. When display requests INSERT TICKET, insert evidence ticket. |
| <input type="checkbox"/> 5. When display reads PLEASE BLOW, insert mouthpiece and take the subject's breath sample. | <input type="checkbox"/> 5. Enter subject and officer information. |
| <input type="checkbox"/> 6. When test record is printed, remove test record and attach printout to this report. | <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. |

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 REFUSED |
| 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 checked="" type="checkbox"/> SCENE <input 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 type="checkbox"/> YES <input checked="" type="checkbox"/> NO | TIME ADVISED 02:16 | DATE (MIL) 07/01/2011 |
|---|--|-----------------------|--------------------------|

INTERVIEWER TO COMPLETE

| | | |
|---|------------------|---|
| INTERVIEW DATE 07/01/2011 | TIME 03:30 | INTERVIEWER'S NAME P.O. HALLQUIST DSN 2784 |
| WAS SUBJECT INVOLVED IN AN ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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? <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 |
| WERE YOU INJURED IN THE ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO HOW: | |
| 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? |

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? |
| FUCK YOU IM NOT TALKING TO YOU | TALKING TO YOU | WITHOUT MY LAWYER PRESENT | |
| 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? <input type="checkbox"/> YES <input type="checkbox"/> NO | WERE YOU OPERATING THE VEHICLE? <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| HAVE YOU BEEN DRINKING? <input type="checkbox"/> YES <input type="checkbox"/> NO | IF YES, WHAT? | TIME STARTED | TIME STOPPED |
| | HOW MUCH? | WHERE? | ARE YOU UNDER THE INFLUENCE OF AN ALCOHOLIC BEVERAGE? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 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? |
| DO YOU HAVE ANY TEMPORARY OR LONG-TERM PHYSICAL/MENTAL CONDITIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO | IF YES, EXPLAIN: | | |
| 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? HOWMUCH? |

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 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. A nonalcoholic antiseptic was used for cleansing the skin prior to venapuncture. The sample was labeled with 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) |
|-----------------|------|---------------------------------------|

| | |
|--|----------------|
| TITLE (CHECK ONE) <input type="checkbox"/> LICENSED PHYSICIAN <input type="checkbox"/> REGISTERED NURSE <input type="checkbox"/> TRAINED MEDICAL TECHNICIAN (Phlebotomist, Paramedic, etc.): _____ | WORK TELEPHONE |
|--|----------------|

| | |
|-----------|----------------------|
| SIGNATURE | NAME (TYPE OR PRINT) |
|-----------|----------------------|

VERIFICATION/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 type="checkbox"/> MUNICIPAL OFFICER |
| | <input checked="" type="checkbox"/> COUNTY OFFICER | <input type="checkbox"/> ELECTED OFFICIAL <input type="checkbox"/> OTHER |

| | | |
|--|--------------------------------------|---|
| NAME OF LAW ENFORCEMENT OFFICER P.O. HALLQUIST | BADGE NUMBER/RANK DSN 2784 | NAME OF POLICE AGENCY/TROOP LETTER ST LOUIS COUNTY POLICE |
|--|--------------------------------------|---|

| | |
|--|--|
| COMPLETE MAILING ADDRESS 7900 FORSYTH BLVD | BUSINESS TELEPHONE NUMBER 314-889-2341 |
|--|--|

CITY, STATE, ZIP CODE
CLAYTON, MISSOURI 63105

SIGNATURE — MUST SIGN

Po Hallquist DSN # 2784 *Sgt Johnson 2874*

**SAINT LOUIS COUNTY POLICE DEPARTMENT
INVESTIGATIVE REPORT
11 - 38344 - ORIGINAL**

INVESTIGATIVE INFORMATION

| | | | |
|------------------|-----------------------------|-------------------|---------------------------|
| Offense | DRIVING WHILE INTOXICATED | | |
| UCR Crime Code | DRIVING UNDER THE INFLUENCE | | |
| Jurfs Reporting | SAINT LOUIS COUNTY | Call Received | ON VIEW |
| For Jurisdiction | WILDWOOD | Reporting Officer | 2784 - HALLQUIST |
| Case Status | CLEARED BY ARREST | Reporting Dept. | CITY OF WILDWOOD PRECINCT |

| | | | |
|--------------------|---------------------------|-------------------|-------------------------|
| Date/Time Received | 07/01/2011 02:02 FRIDAY | Nature | INTOXICATED DRIVER |
| Date/Time Dispatch | 07/01/2011 02:02 FRIDAY | Date/Time Arrival | 07/01/2011 02:02 FRIDAY |
| Unit Num. | 3602 | COGIS | 5242 |
| PCT/Dist | CITY OF WILDWOOD PRECINCT | Sector | 1 |

| | | | |
|----------------|---|--|--|
| Street Address | OLD STATE RD AND RIDGE RD, SAINT LOUIS COUNTY, MISSOURI | | |
| Apt/Suite/Rm # | Location Desc | | |

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

| | | | |
|----------------|---|--------------|--|
| Date/Time From | 07/01/2011 02:02 FRIDAY | Date/Time To | |
| Premise | STREET/HIGHWAY/SIDEWALK/ALLEY | | |
| Street Address | OLD STATE RD AND RIDGE RD, SAINT LOUIS COUNTY, MISSOURI | | |
| Apt/Suite/Rm # | Location Desc | | |

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

Weapon/Object Used

Agency/Personnel

| | | | |
|------|-------------------|-----------------|---------------------------|
| DSN | 3839 | Jurisdiction | SAINT LOUIS COUNTY |
| Name | WASHBURN, BRANDON | Unit Assignment | CITY OF WILDWOOD PRECINCT |

| | | | |
|-------------------|---------------------------|------------|--------------|
| Date/Time Entered | 07/02/2011 05:14 SATURDAY | Entered By | JACOB DODSON |
|-------------------|---------------------------|------------|--------------|

| | | | |
|-------------------|---------------|----------|---------------------------|
| FINAL APPROVAL | KATHY HENCKEN | DSN 1839 | 07/05/2011 08:22 TUESDAY |
| SUPERVISOR REVIEW | DALE JOHNSON | DSN 2874 | 07/02/2011 06:41 SATURDAY |

SUSPECT INFORMATION

Role **ARRESTED-BOOKED AT JUSTICE SERVICES**
Numeric Identifier(s) **OCN - D7058432**
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

Person Information

| | | | |
|-----------------|-----------------|-----------------------------------|-------------------------------|
| Last Name | HUGGARD | Middle Name | ANNE |
| First Name | KATHLEEN | Sur Name | |
| Alias | | Ethnicity | NOT OF HISPANIC ORIGIN |
| SSN | [REDACTED] | <input type="checkbox"/> Employed | |
| License Number | [REDACTED] | License State | |
| Race | WHITE | Sex | FEMALE |
| DOB | [REDACTED] | Marital Status | |
| Age | 22 | Resident Status | |
| Person Code | ADULT | Birth Place | |
| School District | | | |

Additional Info

Physical Description

| | | | |
|---------------------|--------|------------|-----|
| Height | ft in. | Weight | lb. |
| Eye Color | | Hair Color | |
| How Worn | | | |
| Physical Desc. | | | |
| Clothing Desc. | | | |
| Scars/Marks/Tattoos | | | |

Email Address
[REDACTED]

Physical State
Emotions
Emotions Comments

NARRATIVE

On the above date/time, PO Washburn, DSN 3839, and I, operating separate marked patrol vehicles, stopped at the posted stop sign on westbound Ridge Road at Old State Road. Both officers observed a silver Volvo turn from northbound Old State onto Ridge Road and stop in the middle of the turn lane.

Both officers then observed the driver of the Volvo, a white female, exit the driver's door, grab her purse, and slam the driver's door closed. The front seat passenger, a white male, then slid from the passenger's seat into the driver's seat.

The white female then began to walk around the front of the car. As she did she stumbled to the left, then the right, then fell down.

Both officers exited their respective patrol cars and contacted the two subjects. The male passenger stated that he was walking on Old State and had called the female for a ride. When she picked him up they got into a verbal altercation about her driving in her condition when she stopped the car and got out.

The female passenger stated, "Yeah we were in a fight, and it's none of your business." I asked the female if she was hurt. She stated, "I fell down, big deal. I scraped my knee, so what?" I then asked her for her driver's license being provided a Missouri driver's license identifying her as Subject Huggard.

While talking to Huggard, I could clearly see her eyes were bloodshot and watering. Her speech was slurred and confused and she had an extremely strong odor of an alcoholic beverage coming from her breath. I asked Huggard if she had been drinking. Huggard stated, "Yeah a lot. So what? I wasn't driving." I advised Huggard that both officers had witnessed her driving the vehicle. Huggard stated, "I have a bull dog lawyer. He'll get me off because you can't prove anything."

I then had Huggard walk to a safe area of the roadway to perform the standardized field sobriety tests. Huggard was physically unable to walk on her own and had to hold onto this officer for balance.

The standardized field sobriety tests were conducted in a safe area of the roadside which consisted of an asphalt constructed surface being hard, flat, dry, level, non-slippery surface with no debris. Lighting was adequate. There were no flashing or rotating lights on during the tests and there was no moving or passing traffic.

Prior to administering the tests, I advised Huggard that I was going to give her very specific instructions on how she was to perform each test and that she was to perform each test exactly as instructed. Huggard stated she understood and that there was no reason she could not perform the tests exactly as instructed.

It should be here noted I am certified in the administration of the SFST battery and possess in excess of eight hours of training in the administration, interpretation and scoring the Horizontal Gaze Nystagmus Test in fulfillment of the Hill requirement.

I then administered the SFST battery to Huggard. In addition to the results posted on page one of the Alcohol Influence Report the following observations were noted.

During the Horizontal Gaze Nystagmus Test, Huggard had an extreme front to back sway while standing still so severe that on three occasions it caused her to break her stance. She had to be reminded on three occasions to hold her head still and four occasions to keep her eyes on the stimulus.

During the Walk and Turn Test Huggard could not get into the start/ instruction position as she could not figure out which foot was her left. After four failed attempts to get into the proper position she gave up trying. Once she began the test she failed to watch her feet as instructed, failed to count her steps out loud as instructed and stopped at the end of the outgoing leg of the test. Huggard then spun around, lost her balance and had to be physically caught by this officer to prevent a fall to the ground. The test was immediately stopped for safety.

Due to her extreme impairment the One Leg Stand Test was not administered to prevent injury to Huggard.

Based on her driving, her statements, my observations and her performance on the SFST battery, I placed Huggard into custody, handcuffed her per departmental policy checking the handcuffs for proper fit, and advised her of her rights per Miranda which she stated she did not understand. I asked Huggard what she did not understand. Huggard stated, "Fuck you, you can talk to my lawyer." (2:16 AM)

The Volvo was towed from the scene by D and L Rideouts Towing to 825 Marshall Road in Valley Park under Teletype #5 entered by clerk DSN #3983.

Huggard then began becoming verbally abusive and vulgar using a string of profanities. She then demanded to be released from the handcuffs and police car or she would purposely urinate in the car. [REDACTED]

I transported Huggard to the Wildwood Precinct. There I advised her of the provisions of the Missouri Implied Consent Law and requested she submit to a chemical test of her breath. Huggard demanded to speak to her attorney. (2:20 AM)

I provided Huggard with her cellular telephone and advised her she had twenty minutes to contact her lawyer for legal advice. Huggard then made several attempts to contact her attorney, John Tresolar, to no avail.

At the conclusion of the allotted twenty minutes I asked Huggard again if she would submit to a breath test. Haggard stated that she had not gotten a hold of her attorney and refused to submit to the test. (2:40 AM)

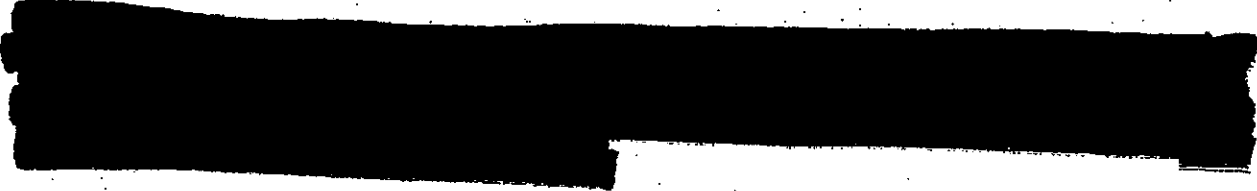
I then transported Huggard to Justice Services for processing. She remained profane and insulting the entire transport. Upon arrival she was released to the custody of Justice Services.

Huggard was issued the following citation:

100653479 - "Operate Motor Vehicle in an Intoxicated Condition"

Returnable to the State Associate Circuit Court.

Additionally Huggard was issued Missouri Department of Revenue form #4323
- "Refusal to Submit to Alcohol Chemical Test" and her Missouri driver's
license was seized.



Nothing further.

| | | | | | |
|--------------------------------|----------------------------|--------------------------|------|------------------------|----------------------|
| Complaint Number | 000565 ELLISVILLE | Priority | 1 | Received | 5/11/2013 8:05:07 PM |
| Call For Service Number | 051113-1556 | Nature | DWI | Call Taker | MUNIWEST |
| Complainant | | Precinct | ELV | COGIS | 5223 |
| Address | WEIS AVE AND MANCHESTER RD | City | ELV | Apt # | |
| Residence Phone # | | Final Disposition | RPT | How Received | O |
| Business Name | | Primary Unit | 5A21 | Current Phone # | |

POLICE UNIT ACTIVITY

5A21 DISPATCHED 5/11/2013 8:12:53 PM
 5A21 ARR_1023 5/11/2013 8:12:56 PM
 5A21 AVAIL 5/12/2013 12:40:44 AM
 5A90 ARR_1023ST 5/11/2013 8:05:08 PM
 5A90 AVAIL 5/11/2013 8:42:59 PM

RESPONDING OFFICERS: DAWSON JOSHUA [5A90], VAUGHN ANDREW [5A21]

REMARKS:

5/11/2013 20:40:12 - PD4140 - NATURE CODE CHANGED FROM TR TO DWI AT 20:40
 5/11/2013 20:40:39 - PD4140 - 5A21 10-81 J2 STATION
 5/11/2013 20:40:42 - PD4140 - 5A21 10-23
 5/11/2013 22:46:32 - MUNIWEST - 5A21 10-81 MERCY HOSP MILES 90166
 5/11/2013 23:04:44 - MUNIWEST - 5A21 10-23 MILES 90178
 5/12/2013 0:29:59 - MUNIWEST - 5A21 BACK 10-76 TO ELV FROM MERCY HOSPITAL
 5/12/2013 0:40:43 - UNIT_5A21 - HUGGARD, KATHLEEN 10/13/88, 10-55 REPORT
