

**CHESTERFIELD POLICE DEPARTMENT
INVESTIGATIVE REPORT
11 - 4598 - ORIGINAL**

INVESTIGATIVE INFORMATION

Offense	DRIVING WHILE INTOXICATED		
UCR Crime Code	DRIVING UNDER THE INFLUENCE, VIOLATION OF ROAD AND DRIVING LAWS		
Juris Reporting	CHESTERFIELD	Call Received	ON VIEW
For Jurisdiction	CHESTERFIELD	Reporting Officer	5268 - SMAJLOVIC
Case Status	CLEARED BY ARREST	Reporting Dept.	CHESTERFIELD POLICE

Date/Time Received	09/25/2011 22:13 SUNDAY	Nature	INTOXICATED DRIVER
Date/Time Dispatch	09/25/2011 22:13 SUNDAY	Date/Time Arrival	09/25/2011 22:13 SUNDAY
Unit Num.	5C23	COGIS	5171
PCT/Dist	DISTRICT 3	Sector	

Street Address	BAXTER RD AND ISLEVIEW	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	09/25/2011 22:13 SUNDAY	Date/Time To	
Premise	STREET/HIGHWAY/SIDEWALK/ALLEY		
Street Address	BAXTER RD AND ISLEVIEW	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	5264	Jurisdiction	CHESTERFIELD
Name	RUPP, GREGORY	Unit Assignment	CHESTERFIELD POLICE

Date/Time Entered	09/26/2011 03:24 MONDAY	Entered By	ANTHONY ASCHOFF
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FINAL APPROVAL	BRITTANY HARDING	DSN 5951	09/30/2011 10:14 FRIDAY
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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 **SMAJLOVIC** Middle Name
First Name **DSN 5268** 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) **NO PROOF OF INSURANCE, DRIVING WHILE INTOXICATED, FAILURE TO EXERCISE HIGHEST DEGREE OF CARE, LEAVING THE SCENE OF AN ACCIDENT**

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 **37** Resident Status **NON-RESIDENT**
Person Code **ADULT** Birth Place **ST. LOUIS, MISSOURI**
School District

Additional Info

Height **6 ft 0 in.** Weight **250.0 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 **314** Contact Name

Phone #	[REDACTED]	Ext.	
Area Code	344	Contact Name	
Phone #	[REDACTED]	Ext.	
Email Address	[REDACTED]		
Physical State	[REDACTED]		
Emotions	[REDACTED]		
Emotions Comments	[REDACTED]		

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

VEHICLE INFORMATION

Owner Name	DANIEL MCLAUGHLIN		
Vehicle Role(s)	USED, TOWED, SUSPECT'S VEHICLE		
Model Year	2011	Type	TRUCK
Make	GMC	Model	YUKON
Primary Color	WHITE	Secondary/Interior Color	
Style	CARRY-ALL (SUV, TRAIL, PLEASURE VEHICLE)		
Unique Char	[REDACTED]		
License Plate	D173HB	Plate Type	DEALER (DOES NOT APPLY TO MOTORCYCLE DEALER)
License Year	2011	# Plates Missing	
License State	MISSOURI	VIN	1GKS2EEF3CR117847
Tow Company	D & L RIDEOUT	Tow Company Phone #	6369464700
<input checked="" type="checkbox"/> Owner Notified		Notifier DSN	5268
Address Type	TOWED	Apt/Suite/Rm #	
Street Address	825 MARSHALL	State	MISSOURI
City	VALLEY PARK	Location Desc.	
Zip	63088		
Vehicle Value		Recovered Value	
Vehicle Condition		Equipment Missing	
Vehicle Disposition	[REDACTED]		

Additional Info

PROCEDURE INFORMATION

	<input checked="" type="checkbox"/> Neighborhood Canvassed	<input checked="" type="checkbox"/> Send A Teletype	<input checked="" type="checkbox"/> Was Any Evidence Seized
Teletype Message	ENTER TOWED VEHICLE		
Teletype/Reference #	3/V21088099	Entered By	3418

NARRATIVE

On 09/25/2011 at 2213 Hours, while on patrol westbound on CRD Baxter, past CST Iselview Drive, I observed a vehicle partially off the roadway, facing east.

I passed the vehicle, in order to turn around to pull behind it. I observed a white male behind the wheel, not responding to me, looking around confused. I turned around, parked my vehicle behind the vehicle in question and activated my emergency equipment.

The vehicle was a white GMC Yukon bearing Missouri Dealer Plate D173HB for 2011. The vehicle was halfway on the roadway and halfway off, with its lights on, engine running.

As I approached the vehicle, I observed extensive damage, including a flat tire and smashed windshield. Where and how the vehicle was stopped did not match the damage. At the driver's window, I made contact with the male, later identified by the US Passport he handed me, as Daniel McLaughlin. I smelled a strong odor of an alcoholic beverage emitting from the vehicle. McLaughlin seemed dazed and confused, his speech initially incoherent. I asked if he was okay, noting blood on his forehead, and he replied he was. I asked McLaughlin if he had anything to drink, which he replied no. I asked for his driver's license and insurance card, at which point McLaughlin only handed me his passport. I asked again for his insurance card, which he eventually retrieved from his wallet. While talking to McLaughlin, he kept asking to go home, stating he only lived up the road. I explained to him the car was not drivable, but he kept asking to leave.

I returned to my vehicle, and requested a tow truck and an assist officer.

Officer Rupp, DSN 5264, responded to the scene. On scene, Officer Rupp advised while en route to my location, he noted a street sign knocked down on eastbound Baxter, past MO 340/Clarkson.

I reapproached the vehicle, advising McLaughlin to step out. McLaughlin tried to unlock his car three times, but was unable to. He kept pulling the door handle from the outside, getting frustrated that it was not opening. After I unlocked the door for him, McLaughlin stumbled out. He was very unsteady on his feet, swaying and holding onto his vehicle for support. It should be noted, outside the vehicle, I still smelled a strong odor of an alcoholic beverage emitting from McLaughlin's person.

Based on my observations, I then advised McLaughlin he was under arrest for Driving Under the Influence. After searching him, PO Rupp handcuffed McLaughlin with his hands behind his back, double locked and checked for proper fit. I then placed McLaughlin into my rear passenger seat.

I transported McLaughlin to the City of Chesterfield Police Department, where he was processed under Arrest #11-1116. It should be noted, prior to and after placing McLaughlin in the rear passenger seat; the passenger seat area was searched for contraband with negative results.

Due to the damage to the vehicle and the small abrasion to McLaughlin's forehead, Monarch Ambulance #2247 responded to the station, with Paramedic Rollo, P #14676, and Paramedic Perkins, P #12512. McLaughlin

complained of no injuries and noting no life threatening conditions, no aid was provided.

As I attempted to advise McLaughlin of the Missouri Implied Consent Law at 2249 hours, he requested to talk to his attorney, Kevin McLaughlin. I provided McLaughlin with a phone and phonebook. When McLaughlin was unable to make the call himself, I dialed the number for him, at which point he spoke to Kevin McLaughlin. After speaking to Kevin McLaughlin, I advised McLaughlin of the Missouri Implied Consent Law, requesting a breath sample. McLaughlin stated he refuses to submit to any tests.

I advised McLaughlin of his Miranda Rights as they are printed on the Alcohol Influence Report at 2312 hours, to which he replied he did understand them. McLaughlin did answer the questions printed on the AIR, see AIR for further.

I requested McLaughlin to submit to field sobriety tests, but he once again refused to submit to any test. It should be noted, the field sobriety tests were not given on scene due to conditions at hand. The road is a narrow two lane road, downhill, in a construction zone, with no safe area. There was no flat, well lit space within the close proximity. Also, McLaughlin was unsteady on his feet, stumbling, staggering and needing support to stand up. It would not have been safe to perform any tests on scene.

McLaughlin's vehicle was towed by D&L Rideout to their lot. Prior to towing, a more thorough exam was made on the vehicle. Apart from the smashed windshield and flat tire, the following damage was noted: another flat tire, all four tire rims were damaged, the passenger side mirror was knocked off (located inside the vehicle), front driver's side damage (appearing that the vehicle had struck a pole), and the brake line was severed.

Teletype # 3 was entered by St. Louis County DSN 3418 indicating the above vehicle as towed.

PO Rupp returned to the damaged sign he observed earlier. He noted a Speed Limit sign knocked over on eastbound Baxter, a few feet past MO 340/ Clarkson, as well as another "One Way" street sign, knocked down a few feet past, on a median. Also on scene were parts of a vehicle rim and a vehicle part. At a later time, it was determined the vehicle parts located on scene matched McLaughlin's vehicle. PO Rupp processed the scene and the above items were seized as evidence, see his supplement for further. See Accident Report 11-4600 for further.

McLaughlin was issued the following summons with a court date of 11/07/2011:

ticket # 111559966 for No Proof of Insurance
ticket # 111559967 for Driving under the Influence
ticket # 111559968 for Failure to Exercise Highest Degree of Care
ticket # 111559969 for Leaving Scene of an Accident

A request was made for the video surveillance footage from my patrol vehicle and the booking room area. The videos were seized and packaged as evidence.

I completed an administrative packet. I was unable to seize McLaughlin's driver's license, since he did not have one.

Nothing further.



MISSOURI DEPARTMENT OF REVENUE
DRIVER LICENSE BUREAU
ALCOHOL INFLUENCE REPORT

FORM 2389 (REV. 10-2008)	ORI NUMBER MO 0959A00	REPORT NUMBER 11-4598
UC NUMBER (IF APPLICABLE) 11-4600		

DATE OF ARREST/CUSTODY 09-25-2011	TIME OF INITIAL CONTACT 2213 (MIL)	TIME OF ARREST/CUSTODY 2236 (MIL)	COUNTY OF ARREST/CUSTODY St. LOUIS COUNTY
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LOCATION OF ARREST/CUSTODY BAXTER (EB) / ISLEVIEW	<input checked="" type="checkbox"/> COUNTY OR CITY ORDINANCE <input type="checkbox"/> RSMo 577.010 OR 577.012 <input type="checkbox"/> OTHER
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REASON FOR INITIAL CONTACT <input type="checkbox"/> TRAFFIC VIOLATION <input type="checkbox"/> ACCIDENT <input type="checkbox"/> SOBRIETY CHECKPOINT <input checked="" type="checkbox"/> OTHER - EXPLAIN	SUBJECT WAS OBSERVED DRIVING/OPERATING BY PO SMATLOVIC, 5268
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FULL NAME DANIEL E. MCLAUGHLIN	DATE OF BIRTH (MM DD YY) 03/18/74
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ADDRESS [REDACTED]	CITY, STATE, ZIP CODE St. LOUIS MO 63131
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RACE WHITE	SEX MALE	HEIGHT 6'01"	WEIGHT 175	EYES BLUE	HAIR BLONDE	<input type="checkbox"/> COMMERCIAL MOTOR VEHICLE <input type="checkbox"/> HAZARDOUS MATERIALS <input type="checkbox"/> IGNITION INTERLOCK DEVICE INSTALLED ON VEHICLE
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DRIVER LICENSE NUMBER [REDACTED]	STATE MO	CPL HOLDER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	VEHICLE LICENSE NUMBER D173 HB	STATE MO
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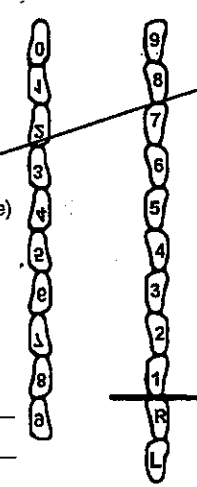
LICENSE CONFISCATED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	YEAR 2011	MAKE GMC	MODEL YUKON	COLOR WHITE	VIN 1GKS2EEF3CR 117847
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OFFICER'S OBSERVATION MADE PRIOR TO ARREST/CUSTODY (Check appropriate boxes and add any pertinent 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 checked="" type="checkbox"/> WATERY <input checked="" type="checkbox"/> BLOODSHOT <input 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 checked="" type="checkbox"/> STUMBLING <input type="checkbox"/> FALLING <input type="checkbox"/> OTHER:
SPEECH	<input checked="" type="checkbox"/> SLURRED <input checked="" type="checkbox"/> CONFUSED <input type="checkbox"/> INCOHERENT <input type="checkbox"/> STUTTERING <input type="checkbox"/> MUMBLING <input type="checkbox"/> OTHER:
CLOTHING/FOOTWEAR	DESCRIBE: BLUE DRESS SHIRT, BLACK DRESS PANTS, BLACK DRESS SHOES SOILED BY: LIQUID
UNUSUAL ACTIONS	<input 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: UNCOOPERATIVE, REPETITIVE SPEECH

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 type="checkbox"/> WALK-AND-TURN <input type="checkbox"/> Fails to maintain heel-to-toe stance <input type="checkbox"/> Starts before instructed to begin <input type="checkbox"/> Stops while walking to steady self <input type="checkbox"/> Does not touch heel to toe (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 type="checkbox"/> Cannot perform or refused to do test Explain: _____	<input type="checkbox"/> ONE LEG STAND (Subject may stand on either foot for test. Indicate foot stood on below.) <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Sways while balancing <input type="checkbox"/> Uses arms for balance (i.e., raises arms more than 6 inches) <input type="checkbox"/> Hops <input type="checkbox"/> Puts foot down <input type="checkbox"/> Cannot perform or refused to do test Explain: _____
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OTHER: (ANY OTHER TEST[S] GIVEN NOT LISTED ABOVE) I.E. ALPHABET, COUNTING, ROMBERG, FINGER-TO-NOSE.
UNSAFE TO DO TESTS ON SCENE DUE TO CONDITIONS

IMPLIED CONSENT TIME ADVISED: 2249 (ML)

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 2249	NAME OF PERSON PHONED FOR ADVICE KEVIN MCLAUGHLIN
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15 MINUTE OBSERVATION PERIOD STARTED AT: N/A (ML)

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. 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	DO YOU UNDERSTAND THE RIGHTS I'VE EXPLAINED TO YOU?	TIME ADVISED	DATE
<input type="checkbox"/> HOSPITAL <input type="checkbox"/> EN ROUTE TO STATION		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	2312 (MIL)	09-25-11

INTERVIEWER TO COMPLETE

INTERVIEW DATE	TIME	INTERVIEWER'S NAME
09-25-11	2312	PO Smaxlow, 5268
WAS SUBJECT INVOLVED IN AN ACCIDENT?		DATE OF ACCIDENT
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		09-24-11
		TIME OF ACCIDENT
		UNKNOWN (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?		
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. WHEN:	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
WERE YOU INJURED IN THE ACCIDENT?			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. HOW:			
HAVE YOU CONSUMED ANY ALCOHOLIC BEVERAGE(S) SINCE THE ACCIDENT?			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
IF SO, WHAT?	WHEN?	WHERE?	HOW MUCH?
<hr/>			

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?	
10	10/31	SUNDAY	St. Louis	
WHAT DID YOU LAST EAT?		WHEN DID YOU LAST EAT?		
CHICKEN		7 O'CLOCK		
WHAT IS YOUR OCCUPATION?	WHEN DID YOU LAST WORK?	WHEN DID YOU LAST SLEEP?	HOW LONG?	
ANNOUNCER	THURSDAY	THURSDAY, FRIDAY, SATURDAY NIGHT	8 HOURS	
WHAT WERE YOU DOING DURING THE LAST THREE HOURS?				
EMCEEING WHITEY HERZOG TOURNAMENT				
ARE YOU WEARING FALSE TEETH?		WERE YOU OPERATING THE VEHICLE?		
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
HAVE YOU BEEN DRINKING?	IF YES, WHAT?	TIME STARTED	TIME STOPPED	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	WASN'T DRINKING	DIDN'T	DIDN'T	
	HOW MUCH?	WHERE?	ARE YOU UNDER THE INFLUENCE OF AN ALCOHOLIC BEVERAGE?	
	DIDN'T	DIDN'T	<input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
DO YOU HAVE ANY TEMPORARY OR LONG-TERM PHYSICAL/MENTAL CONDITIONS?	IF YES, EXPLAIN:			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	N A			
ARE YOU TAKING TRANQUILIZERS, PILLS, MEDICINES, INJECTIONS OR DRUGS OF ANY KIND, SUCH AS INSULIN?	IF YES, WHAT?	WHEN?	WHERE?	HOW MUCH?
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	A			

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)	WORK TELEPHONE
TITLE (CHECK ONE) <input type="checkbox"/> LICENSED PHYSICIAN <input type="checkbox"/> REGISTERED NURSE <input type="checkbox"/> TRAINED MEDICAL TECHNICIAN (Phlebotomist, Paramedic, etc.): _____			
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 checked="" type="checkbox"/> MUNICIPAL OFFICER	NAME OF POLICE AGENCY/TROOP LETTER
	<input type="checkbox"/> COUNTY OFFICER	<input type="checkbox"/> ELECTED OFFICIAL	
NAME OF LAW ENFORCEMENT OFFICER PO SANDA SMAZLOVIC		BADGE NUMBER/RANK 5268	CITY OF CHESTERFIELD
COMPLETE MAILING ADDRESS 690 CHESTERFIELD PARKWAY WEST			BUSINESS TELEPHONE NUMBER (36) 537-3000
CITY, STATE, ZIP CODE CHESTERFIELD MISSOURI 63017			
SIGNATURE -- MUST SIGN  5268			

**CITY OF CHESTERFIELD MUNICIPAL DIVISION
CIRCUIT COURT OF ST. LOUIS COUNTY
ALCOHOL PROBATION ORDER AND CERTIFICATE**

CITY OF CHESTERFIELD vs. DANIEL MCLAUGHLIN

CASE NUMBER: 111559967 CHARGE: D.W.I.
(Defendant)

YOU HAVE BEEN SENTENCED AS FOLLOWS: #1000.00 FINE, 90 DAYS JAIL

Suspended Imposition of Sentence
 Suspended Execution of Sentence, \$ — Fine, 90 days in jail, suspended.

THE COURT ORDERS YOU PLACED ON UNSUPERVISED PROBATION FOR A PERIOD OF 24 MONTHS
The conditions of probation, which you shall abide by are as follows:

1. You shall not violate any Federal, State, County or Municipal law or ordinance which is punishable by a fine and / or a jail sentence.
2. You shall report to the Court Administrator any arrest within 24 hours from the time of the arrest. This includes traffic offense citations.
3. You shall report to the Court Administrator any change of address within 3 days from the date of said change.
4. You shall pay all fines and costs and any other fees pursuant to this case.
5. YOU SHALL NOT CONSUME ANY ALCOHOLIC BEVERAGE WITHIN 8 (EIGHT) HOURS PRIOR TO OR WHILE OPERATING A MOTOR VEHICLE.
6. YOU SHALL SUBMIT TO A BREATH OR BLOOD TEST OF YOUR ALCOHOL CONTENT UPON THE REQUEST OF A LAW ENFORCEMENT OFFICER.

SPECIAL CONDITIONS:

You shall attend a **SATOP** assessment and attend and complete all programs and counseling as recommended within 120 days.

You shall attend and complete the **VICTIM IMPACT PANEL** as ordered by this court within 120 days.

You shall attend and complete 50 hours of **COMMUNITY SERVICE** as ordered by this court within 120 days.


You shall attend **ALCOHOLICS ANONYMOUS** for 24 consecutive months / weeks and submit this proof to the court. WEEKLY ATTENDANCE

You shall install and maintain a **BREATH ALCOHOL IGNITION INTERLOCK DEVICE** approved by the Missouri Department of Public Safety on any vehicle you operate during the entire period of probation. This must be installed within 30 days of this order and proof must be submitted to this court. OF REINSTATEMENT OR HARDSHIP

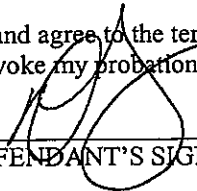
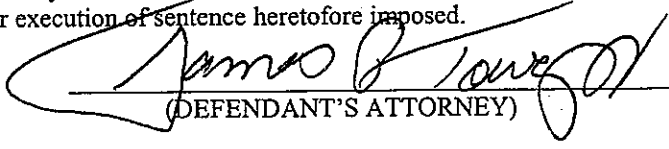
You shall make a donation in the amount of \$ _____ to **BACKSTOPPERS** or _____ within 120 days.

OTHERS: COMPLETE OUTPATIENT TREATMENT PROGRAM THRU GAGEWOOD. + follow-up as recommended

DATE: 11-08-11

SO ORDERED:  Rick Brunk, Municipal Judge

I understand and agree to the terms and conditions of probation. I fully understand that if I violate any of these conditions, this Court may revoke my probation and impose sentence and/or order execution of sentence heretofore imposed.

 (DEFENDANT'S SIGNATURE)  (DEFENDANT'S ATTORNEY)

CHESTERFIELD MUNICIPAL COURT
PLEA OF GUILTY

CHARGE(S): D.W.I.

I, the undersigned Defendant, hereby enters a plea of guilty to the charge(s) pending against me. By pleading guilty, I admit that I committed the offense(s) with which I am charged and that I have been advised of the following:

1. That I have been advised of the charge(s) pending against me, the elements of the offense, and the maximum penalty that may be imposed which may include the possibility of a jail sentence.
2. That my plea of guilty is my own free choice. No one has forced or induced me to enter the plea in return for any promised action.
3. That I have been advised of my right to a trial, including my right to a trial by jury, right of confrontation and cross-examination of my accusers, right to compulsory appearance of witnesses in my defense, privilege against compulsory self-incrimination, and my right to appeal.
4. That I have been advised that I am entitled to be represented by an attorney or to appear without an attorney. If I am entering this plea without the benefit of an attorney, I understand and acknowledge my right to have counsel and expressly waive that right.
5. That I have been advised that if I am a foreign national, I have the right to consult with my embassy before going forward with my case. If I wish to do so, I should request a continuance from the judge and one will be granted.
6. If said plea is being entered by Defendant without personal appearance, Defendant hereby consents to sentence being imposed in his/her absence pursuant to Missouri Court Rule 37.64(a)(2)(b).
7. **That I have been advised of and understand that my plea of guilty will result in giving up all the above rights and that I freely and voluntarily give up those rights.**

x

Signature of Defendant

Signature of Defendant's Attorney OR Parent

The Court finds that the Defendant has been fully informed of the aforementioned rights, understands them and knowingly, intelligently and voluntarily has waived these rights.

This plea of guilty is accepted by this Court on the 8th day of November, 2011

RB
Rick Brunk, Municipal Judge

#2 Driving While Intoxicated

- 1. DWI Conviction -90 Day SES, 2 years supervised probation (8Points, Suspension of driving privileges), \$1,000 fine plus court costs and recoupment fee.**
- 2. 50 hours of Community Service-separate and in addition to the community service required under #1. (100 hours total)**
- 3. Complete Outpatient Treatment Program through Edgewood and any and all follow up treatment as recommended.**
- 4. Defendant shall install and maintain Ignition Interlock on any vehicle he operates upon reinstatement/hardship.**
- 5. SATOP within 120 days.**
- 6. VIP within 120 days.**
- 7. Weekly AA meetings for term of probation. Quarterly reports from sponsor shall be filed with the court demonstrating compliance.**

Leaving the Scene of an Accident

- 1. 12 month SIS (Proof of Restitution). Conditions of probation for #1 and #2 are hereby adopted as conditions for this Count.**

No Proof of Insurance

- 1. Nolle prossed. Defendant has demonstrated proof of valid insurance.**

Fail to Exercise Highest Degree of Care

- 1, Conviction \$100.00 fine, plus Court Costs (2 Points)**

ST. LOUIS COUNTY CIRCUIT COURT
CITY OF CHESTERFIELD MUNICIPAL DIVISION

City of Chesterfield
vs.
Daniel McLaughlin

Date: Nov. 8, 2011

Cause No. 090249449

ORDER ON PROBATION REVOCATION HEARING

Cause called for probation revocation hearing. City of Chesterfield appears by Prosecuting Attorney. Defendant appears in person and by attorney, _____ James Towey, Jr. _____; said defendant having been given notice of the alleged violations of probation.

XX Defendant hereby waives his/her right to a probation revocation hearing and admits violating conditions of the probation. Based upon defendant's admission, the Court finds that the defendant has violated his/her probation as stated.

_____ Upon conclusion of a hearing, the Court finds that the defendant has violated conditions of his/her probation. The Court hereby revokes probation as stated below.

_____ Upon conclusion of a hearing, the Court finds that the defendant has not violated the conditions of his/her probation.

AFTER CONSIDERING THE ALTERNATIVES, THE COURT HEREBY:

_____ Continues the defendant's probation without modification or extension.

XX Continues the defendant's probation subject to the following modifications: _____
SEE ATTACHED _____
and extends the term of probation to NOV. 9, 2013 _____.

_____ Terminates defendant's probation, effective immediately.

_____ Revokes defendant's probation and imposes the following sentence: \$ _____ fine and _____ costs and/or _____ days in jail.

_____ Revokes the defendant's probation and orders that the sentence imposed on _____, upon which execution has been previously stayed, be executed forthwith. Accordingly defendant is ordered to pay the fine and costs previously assessed at \$ _____ and/or to serve previously assessed jail sentence of _____ days in jail.

SO ORDERED:

Lick Brunt
Municipal Judge

11-08-11
Date

[Signature]
Defendant

[Signature]
Defendants Attorney

#1 Probation Revocation

Continue on Probation with the following Special additional conditions:

- 1. Existing probation shall now be supervised by an accredited probation service.**
- 2. Dismiss Petition for Review on #2 (immediate revocation of driving privileges for 1 year).**
- 3. Defendant's probation shall be extended one (1) additional year.**
- 4. No possession or consumption of alcohol during the probation.**
- 5. Defendant to wear a SCRAM Bracelet until eligible for reinstatement.**
- 6. 50 hours of Community Service-separate and in addition to the community service required under #2.**
- 7. Weekly AA meetings for term of probation. Quarterly reports from sponsor shall be filed with the court demonstrating compliance.**
- 8. Drug and alcohol testing at the direction of probation officer.**