

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

INVESTIGATIVE INFORMATION

Offense	DRIVING WHILE INTOXICATED		
UCR Crime Code	DRIVING UNDER THE INFLUENCE		
Juris Reporting	ELLISVILLE	Call Received	ON VIEW
For Jurisdiction	ELLISVILLE	Reporting Officer	222 - DETRING
Case Status	CLEARED BY ARREST	Reporting Dept.	ELLISVILLE POLICE

CAD Details

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

Respond Location

Street Address	MANCHESTER RD AND NEW BALLWIN RD, ELLISVILLE, MISSOURI		
Apt/Suite/Rm #		Location Desc	

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	

Entry Details

Entry Point		Exit Point	
Entry Method		Tools Used	

Visible Point of Entry?

Weapon/Object Used

Other

Agency/Personnel

Management

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

Approval

FINAL APPROVAL	JOSHUA DAWSON	DSN E171	05/25/2013 18:56 SATURDAY
----------------	---------------	----------	---------------------------

VICTIM BUSINESS INFORMATION

Will Prosecute
 Business Name THE STATE OF MISSOURI
 Business Type GOVERNMENT
 Additional Info

SUSPECT INFORMATION

Role ARRESTED-BOOKED AT POLICE STATION
 Numeric Identifier(s)
 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

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	FEDERER	Middle Name	THOMAS
First Name	THEODORE	Sur Name	
Alias		Ethnicity	NOT OF HISPANIC ORIGIN
SSN		<input type="checkbox"/> Employed	
License Number		License State	MISSOURI
Race	WHITE	Sex	MALE
DOB	09/15/1991	Marital Status	SINGLE
Age	21	Resident Status	NON-RESIDENT
Person Code	ADULT	Birth Place	, MISSOURI
School District			

Additional Info

Personal Descriptors

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 Contact Name
 Phone # Ext.

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	Type	AUTOMOBILES
Make	AUDI	Model	TT COUPE/ROADSTER
Primary Color	SILVER	Secondary/Interior Color	
Style	COUPE		

Unique Char

License Plate Info			
License Plate	UH8B9T	Plate Type	
License Year	2013	# Plates Missing	0
License State	MISSOURI	VIN	TRVTX28N711035379
Tow Info			
Tow Company	D&L RIDEOUT	Tow Company Phone #	6369464700
<input checked="" type="checkbox"/> Owner Notified		Notifier DSN	222
Towed Location			
Address Type	TOWED		
Street Address	825 MARSHALL RD, VALLEY PARK, MISSOURI, 63088		
Apt/Suite/Rm #		Location Desc	
Theft/Recovery Info			
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

Teletype/Reference #

Entered By

NARRATIVE

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 marijuana, 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

FORM 2389 (REV. 11-2012)	ORI NUMBER MO 0952500	REPORT NUMBER 13-584
	UC NUMBER (IF APPLICABLE)	

DATE OF ARREST OR CUSTODY (MM/DD/YYYY) 5-18-13	TIME OF INITIAL CONTACT 0103 (MIL)	TIME OF ARREST OR CUSTODY 0122 (MIL)	COUNTY OF ARREST OR CUSTODY ST. LOUIS
LOCATION OF ARREST OR CUSTODY 15204 MO 100		<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"/> CRASH <input type="checkbox"/> CHECKPOINT <input type="checkbox"/> OTHER - EXPLAIN	SUBJECT WAS OBSERVED DRIVING OR OPERATING BY P.O. DETRING 222
---	--

FULL NAME FEDERER THEODORE THOMAS		DATE OF BIRTH (MM/DD/YYYY) 9-15-91	
ADDRESS 17927 WHITE ROBIN CT		CITY, STATE, ZIP CODE CHESTERFIELD MO 63005	
RACE W	SEX M	HEIGHT 5'8"	WEIGHT 140
DRIVER LICENSE NUMBER T149101023	STATE MO	CDL HOLDER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	VEHICLE LICENSE NUMBER UH8B4T
LICENSE CONFISCATED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	YEAR 01	MAKE AUDI	MODEL TT
		COLOR SLV	VIN TRVTX28N711035379

OFFICER'S OBSERVATION MADE PRIOR TO ARREST OR 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
EYES	ODOR OF MARIJUANA OR CHEMICAL: <input type="checkbox"/> YES <input type="checkbox"/> NO
PUPILS	<input type="checkbox"/> WATERY <input checked="" type="checkbox"/> BLOODSHOT <input type="checkbox"/> GLASSY <input checked="" type="checkbox"/> STARING <input type="checkbox"/> ARTIFICIAL EYE
BALANCE AND WALKING	<input type="checkbox"/> CONSTRICTED <input type="checkbox"/> SLOW REACTION TO LIGHT <input type="checkbox"/> DILATED
SPEECH	<input type="checkbox"/> UNCERTAIN <input checked="" type="checkbox"/> SWAYING <input type="checkbox"/> STAGGERING <input type="checkbox"/> STUMBLING <input type="checkbox"/> FALLING <input type="checkbox"/> OTHER:
CLOTHING AND FOOTWEAR	<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:
UNUSUAL ACTIONS	DESCRIBE: SHORTS T-SHIRT SOILED BY: N/A
ATTITUDE	<input type="checkbox"/> PROFANITY <input type="checkbox"/> HICCUPS <input type="checkbox"/> BELCHING <input type="checkbox"/> VOMITING <input type="checkbox"/> FIGHTING <input type="checkbox"/> OTHER:
	DESCRIBE: NOT COOPERATIVE

SOBRIETY TESTS GIVEN PRIOR TO ARREST OR 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 checked="" type="checkbox"/> Resting Nystagmus Detected 4. LEFT RIGHT <input checked="" type="checkbox"/> No smooth Pursuit <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Distinct Nystagmus at maximum deviation <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Onset before 45° with some white showing <input checked="" type="checkbox"/> (See certification on page 4.)	<input type="checkbox"/> Fails to maintain heel-to-toe stance <input type="checkbox"/> Starts before instructed to begin <input checked="" type="checkbox"/> Stops while walking to steady self <input type="checkbox"/> Does not touch heel to toe (misses by more than 1/2 inch) <input checked="" type="checkbox"/> Loses balance while walking (steps off line) <input checked="" type="checkbox"/> Uses arms for balance (raises arm more than 6 inches) <input checked="" type="checkbox"/> Loses balance while turning or made improper turn <input type="checkbox"/> Incorrect number of steps <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 checked="" type="checkbox"/> Right <input checked="" type="checkbox"/> Sways while balancing <input type="checkbox"/> Uses arms for balance (raises arms more than 6 inches) <input type="checkbox"/> Hops <input checked="" type="checkbox"/> Puts foot down <input type="checkbox"/> Cannot perform or refused to do test Explain: _____
<input checked="" type="checkbox"/> VERTICAL GAZE NYSTAGMUS DETECTED		

OTHER: (ANY OTHER TEST[S] GIVEN NOT LISTED ABOVE) e.g., ALPHABET, COUNTING, ROMBERG, FINGER-TO-NOSE.
 ALPHABET D-N FAIL

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 .020% 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.

INTOXILYZER 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 PERMIT NUMBER	EXPIRATION DATE (MM/DD/YYYY)	BLOOD ALCOHOL CONCENTRATION BY WEIGHT REFUSED
DATE (MM/DD/YYYY)	LOCATION OF INSTRUMENT	SERIAL NUMBER	WITNESS (IF ANY)	

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 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 <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	TIME ADVISED 0130 (MIL)	DATE (MM/DD/YYYY) 5-18-2013
---	--	----------------------------	--------------------------------

INTERVIEWER TO COMPLETE

INTERVIEW DATE (MM/DD/YYYY) 5-18-13	TIME 0135	INTERVIEWER'S NAME TRAVIS DETTING
--	--------------	--------------------------------------

WAS SUBJECT INVOLVED IN A CRASH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO WHEN: N/A	WERE YOU OPERATING THE VEHICLE AT THE TIME OF THE CRASH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO N/A
--	---

WERE YOU INJURED IN THE CRASH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO HOW: N/A	
--	--

HAVE YOU CONSUMED ANY INTOXICANTS SINCE THE CRASH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO N/A	IF YES, WHAT? N/A
---	-------------------

WHEN? N/A	WHERE? N/A	HOW MUCH? N/A
-----------	------------	---------------

INTERVIEW — RECORD PERSON'S RESPONSES

WHAT TIME IS IT NOW? 0135	WHAT IS THE DATE? MAY 15 th	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 FRIENDS HOUSE.

WERE YOU OPERATING THE VEHICLE AT THE TIME OF THE CRASH OR STOP?
 YES NO

HAVE YOU BEEN DRINKING? <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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? <input checked="" 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 checked="" type="checkbox"/> NO	IF YES, WHEN? N/A	WHERE? N/A	HOW MUCH? N/A	IF YES, WHAT? N/A
---	----------------------	---------------	------------------	----------------------

DO YOU HAVE ANY TEMPORARY OR LONG-TERM PHYSICAL OR MENTAL CONDITIONS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, EXPLAIN: N/A
--	-------------------------

ARE YOU TAKING TRANQUILIZERS, PILLS, MEDICINES, INJECTIONS OR DRUGS OF ANY KIND, SUCH AS INSULIN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHAT? N/A	WHEN? N/A	WHERE? N/A	HOW MUCH? N/A
--	----------------------	--------------	---------------	------------------

STATEMENT OF BLOOD DRAWER (COMPLETE OR ATTACH SEPARATE STATEMENT)

In accordance with the provisions of section 577.029, 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) <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 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 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 for making a false statement to a public official.

CHECK APPROPRIATE BOX ►	<input type="checkbox"/> HIGHWAY PATROL <input checked="" type="checkbox"/> MUNICIPAL OFFICER <input type="checkbox"/> COUNTY OFFICER <input type="checkbox"/> ELECTED OFFICIAL <input type="checkbox"/> OTHER
-------------------------	---

NAME OF LAW ENFORCEMENT OFFICER TRAVIS DETRINI	BADGE NUMBER 222	RANK P.O.	NAME OF POLICE AGENCY OR TROOP LETTER ELLISVILLE
--	----------------------------	---------------------	--

COMPLETE MAILING ADDRESS 37 WEIS AVE	BUSINESS TELEPHONE NUMBER 636-227-7777
--	--

CITY, STATE, ZIP CODE ELLISVILLE MO 63011

SIGNATURE — MUST SIGN 
--



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

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

FORM 4323 (REV. 06-2011)	TELEPHONE NUMBER (573) 751-4833	FAX NUMBER (573) 526-3452
REVOCATION STARTS 15 DAYS FROM DATE NOTICE IS ISSUED		

USE ONLY FOR REFUSAL TO TEST

DRIVER'S NAME LAST: <u>Frederer</u> FIRST: <u>Theodore</u> MIDDLE: <u>Thomas</u>	DRIVER LICENSE NUMBER <u>T149101023</u>	DATE NOTICE IS ISSUED
STREET, RFD, OR BOX <u>17927 White Robin Court</u>	DRIVER LICENSE CLASS <u>ND</u>	EXPIRATION DATE <u>09/15/2019</u>
CITY <u>Chesterfield</u>	STATE <u>Mo</u>	ZIP CODE <u>63005</u>
ARRESTED/STOPPED PERSON'S SIGNATURE <u>[Signature]</u>		

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 us 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.dmh.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.modot.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 (Attached to carbon copy for Department of Revenue) NO

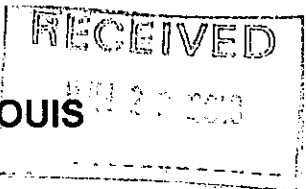
LAW ENFORCEMENT NOTE — Check driver record for the most current information.

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

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

PRINTED NAME OF ARRESTING OFFICER <u>P.O. DeArms</u>	NAME OF POLICE AGENCY <u>Ellisville Police Dept</u>
---	--

VISIT OUR WEBSITE AT www.dor.mo.gov



IN THE CIRCUIT COURT OF THE COUNTY OF ST. LOUIS
MUNICIPAL DIVISION - CITY OF ELLISVILLE

CITY OF ELLISVILLE

DATE 6-25-13

vs

Defendant: Theodore Federer

Attorney: Chris Gravelle 53187

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

RECOMMENDATION FOR DISPOSITION

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

Original Charge(s)	Amended Charge(s)	Disposition (Fine, Sentence, Cost)
<u>Drove w/intoxicated</u>	<u>24mo. SIS SATOP, VIP, Recoup</u>	<u>63.50 + 24.5</u>
<u>Open alcohol containers</u>	<u>NP</u>	<u>0</u>
<u>Drove w/suspended</u>	<u>Improper Parking</u>	<u>200.50 + 24.5</u>
<u>Poss marijuana</u>	<u>NP</u>	<u>0</u>
<u>Speeding 54/40</u>	<u>Improper Parking</u>	<u>400.50 + 24.50</u>
<u>No proof insurance</u>	<u>Improper Parking</u>	<u>200.50 + 24.50</u>
	TOTAL:	<u>\$963.00</u>

- 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.
- To accept this recommendation, defendant/counsel/parent MUST APPEAR on the date indicated below.
- Case continued to 7-18-13 at 2:00 p.m. for payment, for plea, for City, for Defendant, by consent, for trial at p.m.
- Other: complete SATOP + VIP

CITY OF ELLISVILLE

By: [Signature]
Paul Martin
Prosecuting Attorney, MBE# 34428

DEFENDANT/DEFENDANT'S ATTORNEY

By: [Signature] MBE# 53187

SO ORDERED this 18 day of July, 2013
[Signature]
Judge

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