



MISSOURI DEPARTMENT OF REVENUE
ALCOHOL INFLUENCE REPORT

FORM 2389 (REV. 11-99)	TYPE OR PRINT IN BLACK INK	
ORI NUMBER <i>MO0257200</i>	REPORT NUMBER <i>00-2740</i>	
DATE OF REPORT <i>3-17-00</i>	MUCS NUMBER -	

TIME OF INITIAL CONTACT <i>2:19</i> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	TIME OF ACCIDENT - <input type="checkbox"/> AM <input type="checkbox"/> PM	DATE OF ARREST/STOP <i>3-17-00</i>	TIME OF ARREST/STOP <i>2:38</i> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	COUNTY OF ARREST/STOP <i>St. Louis County</i>
LOCATION OF ARREST/STOP <i>58 Hwy 2170 South of Clayton Road</i>				<input type="checkbox"/> COUNTY OR CITY ORDINANCE <input checked="" type="checkbox"/> RSM# 577.010 OR 577.012 <input type="checkbox"/> OTHER
REASON FOR INITIAL CONTACT <input checked="" type="checkbox"/> TRAFFIC VIOLATION <input type="checkbox"/> ACCIDENT <input type="checkbox"/> OTHER - EXPLAIN:				

IDENTIFICATION OF ARRESTED/STOPPED PERSON			
FULL NAME <i>NICHOLS, ALFRED G IV</i>			DATE OF BIRTH (MM DD YY) <i>01/21/1967</i>
ADDRESS <i>10242 SQUIRE, MENARD</i>		CITY, STATE, ZIP CODE <i>St. Louis MO 63129</i>	
RACE <i>W</i>	SEX <i>M</i>	HEIGHT <i>6'0"</i>	WEIGHT <i>200</i>
EYES <i>HAZ</i>		HAIR <i>BRN</i>	
DRIVER LICENSE NUMBER [REDACTED]	LICENSE SURRENDERED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	STATE <i>MO</i>	VEHICLE LICENSE NUMBER [REDACTED]
YEAR <i>89</i>	MAKE <i>BMW</i>	MODEL <i>325i</i>	COLOR <i>BLUE</i>
CLOTHING WORN			
<input type="checkbox"/> HAT OR CAP			
<input type="checkbox"/> JACKET OR COAT			
<input checked="" type="checkbox"/> SHOES OR BOOTS <i>BRW DRESS SHOES</i>			
<input type="checkbox"/> OTHER <i>BRW BELT</i>			
<input checked="" type="checkbox"/> SHIRT OR DRESS <i>GRAY LONG SLEEVE T-SHIRT</i>			
<input checked="" type="checkbox"/> PANTS OR SLACKS <i>BLUE JEANS</i>			

OBSERVATION (Check words describing Officer's observation. Add any pertinent remarks.)							
BREATH	ODOR OF ALCOHOLIC BEVERAGE:		<input type="checkbox"/> FAINT	<input type="checkbox"/> MODERATE	<input checked="" type="checkbox"/> STRONG		
EYES	<input checked="" type="checkbox"/> NORMAL	<input checked="" type="checkbox"/> WATERY	<input checked="" type="checkbox"/> BLOODSHOT	<input checked="" type="checkbox"/> GLASSY	<input type="checkbox"/> STARING		
PUPILS	<input checked="" type="checkbox"/> NORMAL	<input type="checkbox"/> DILATED	<input type="checkbox"/> CONTRACTED	<input type="checkbox"/> POOR REACTION TO LIGHT			
BALANCE	<input checked="" type="checkbox"/> SURE	<input type="checkbox"/> FAIR	<input checked="" type="checkbox"/> SWAYING	<input checked="" type="checkbox"/> WOBBLING	<input checked="" type="checkbox"/> SAGGING KNEES	<input type="checkbox"/> FALLING	<input type="checkbox"/> OTHER
WALKING	<input type="checkbox"/> SURE	<input type="checkbox"/> FAIR	<input type="checkbox"/> SWAYING	<input type="checkbox"/> STUMBLING	<input checked="" type="checkbox"/> STAGGERING	<input type="checkbox"/> FALLING	<input type="checkbox"/> OTHER
TURNING	<input checked="" type="checkbox"/> SURE	<input type="checkbox"/> FAIR	<input type="checkbox"/> SWAYING	<input type="checkbox"/> UNCERTAIN	<input type="checkbox"/> STAGGERING	<input type="checkbox"/> FALLING	<input type="checkbox"/> OTHER
SPEECH	<input type="checkbox"/> COHERENT	<input checked="" type="checkbox"/> SLURRED	<input checked="" type="checkbox"/> CONFUSED	<input checked="" type="checkbox"/> INCOHERENT	<input type="checkbox"/> STUTTERING	<input checked="" type="checkbox"/> MUMBLING	<input type="checkbox"/> OTHER
CLOTHING	<input type="checkbox"/> NEAT	<input type="checkbox"/> MUSED	<input type="checkbox"/> OTHER:				
SOILED BY	<input type="checkbox"/> DIRT	<input type="checkbox"/> URINE	<input type="checkbox"/> VOMIT	<input type="checkbox"/> SALIVA	<input type="checkbox"/> OTHER:		
ATTITUDE	<input type="checkbox"/> POLITE	<input checked="" type="checkbox"/> EXCITED	<input type="checkbox"/> HILARIOUS	<input type="checkbox"/> TALKATIVE	<input checked="" type="checkbox"/> CAREFREE	<input checked="" type="checkbox"/> COOPERATIVE	<input checked="" type="checkbox"/> SLEEPY
	<input type="checkbox"/> INDIFFERENT	<input checked="" type="checkbox"/> ANTAGONISTIC	<input checked="" type="checkbox"/> COCKY	<input type="checkbox"/> COMBATIVE	<input checked="" type="checkbox"/> INSULTING	<input checked="" type="checkbox"/> UNCOOPERATIVE	<input type="checkbox"/> OTHER
UNUSUAL ACTIONS	<input checked="" type="checkbox"/> PROFANITY <i>SMY</i>	<input type="checkbox"/> HICCUPS	<input checked="" type="checkbox"/> BELCHING	<input type="checkbox"/> VOMITING	<input type="checkbox"/> FIGHTING	<input checked="" type="checkbox"/> OTHER: <i>TALKING TO HIMSEL</i>	
ABILITY TO FOLLOW INSTRUCTIONS	<input checked="" type="checkbox"/> POOR <i>POOR</i>						

SOBERITY TESTS (Check test(s) administered, if any. Add any pertinent remarks.)		
<i>REFUSED ALL TESTS.</i>		
<input type="checkbox"/> WALK-AND-TURN	<input type="checkbox"/> ONE LEG STAND	<input type="checkbox"/> GAZE NYSTAGMUS
<input type="checkbox"/> Cannot keep balance while listening to instructions	(Subject may stand on either foot for test)	LEFT RIGHT
<input type="checkbox"/> Starts before instructions are finished	L R	No smooth pursuit
<input type="checkbox"/> Stops while walking to steady self	<input type="checkbox"/> Sways while balancing	Distinct Nystagmus at maximum deviation
<input type="checkbox"/> Does not touch heel to toe	<input type="checkbox"/> Uses arms to balance	Onset before 45° with some white showing
<input type="checkbox"/> Loses balance while walking (i.e. steps off line)	<input type="checkbox"/> Hops	
<input type="checkbox"/> Uses arms for balance	<input type="checkbox"/> Puts foot down	
<input type="checkbox"/> Loses balance while turning/improper turn	<input type="checkbox"/> Cannot do test (puts foot down 3 or more times)	
<input type="checkbox"/> Incorrect number of steps		
<input type="checkbox"/> Cannot do test (steps off line three or more times)		
OTHER: (ANY OTHER TEST(S) GIVEN NOT LISTED ABOVE)		
<i>REFUSED ALL TESTS.</i>		

FORM 2389

WAS DRIVING/OPERATION IMPAIRED?

YES NO

MIRANDA RIGHTS

BECAUSE YOU ARE UNDER ARREST, I AM INFORMING YOU OF YOUR CONSTITUTIONAL RIGHTS (MIRANDA WARNING)

- 1. You have the right to remain silent.
- 2. Anything you say can and will be used against you in a court of law.
- 3. You have the right to talk to a lawyer and have him present with you while you are being questioned.
- 4. If you cannot afford to hire a lawyer, one will be appointed to represent you before any questioning, if you wish.
- 5. You can decide at any time to exercise these rights and not answer any questions or make any statements.

RIGHTS GIVEN AT <input type="checkbox"/> SCENE <input checked="" type="checkbox"/> STATION <input type="checkbox"/> HOSPITAL <input type="checkbox"/> ENROUTE TO STATION	DO YOU UNDERSTAND THE RIGHTS I'VE EXPLAINED TO YOU? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	TIME ADVISED 0240	DATE 3-17-00
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INTERVIEWER TO COMPLETE

ACTUAL TIME 3:00	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	DAY FRIDAY	DATE 3-17-00	INTERVIEWER'S NAME FARR
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INTERVIEW (RECORD OF PERSON'S RESPONSES)

REFUSED ALL QUESTIONS

WHAT TIME IS IT NOW? <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	WHAT IS THE DATE?	WHAT DAY OF THE WEEK IS IT?	WHAT CITY (COUNTY) ARE YOU IN NOW?
WHEN DID YOU LAST EAT?	WHAT 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?			
DO YOU HAVE ANY PHYSICAL DEFECTS? DESCRIBE: <input type="checkbox"/> YES <input type="checkbox"/> NO			
ARE YOU ILL? EXPLAIN: <input type="checkbox"/> YES <input type="checkbox"/> NO			HAVE YOU BEEN INJURED LATELY? <input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU SEEN A DOCTOR OR DENTIST LATELY? <input type="checkbox"/> YES <input type="checkbox"/> NO		WHO?	WHEN?
WHY?			
ARE YOU TAKING TRANQUILIZERS, PILLS OR MEDICINE OF ANY KIND? <input type="checkbox"/> YES <input type="checkbox"/> NO		WHAT KIND? (GET SAMPLE)	LAST DOSE? <input type="checkbox"/> AM <input type="checkbox"/> PM
HAVE YOU HAD ANY INJECTIONS OF ANY OTHER DRUGS RECENTLY? WHAT FOR? <input type="checkbox"/> YES <input type="checkbox"/> NO		WHAT KIND? (GET SAMPLE)	LAST DOSE? <input type="checkbox"/> AM <input type="checkbox"/> PM
DO YOU HAVE EPILEPSY?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
DO YOU HAVE DIABETES?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
DO YOU TAKE INSULIN?	<input type="checkbox"/> YES <input type="checkbox"/> NO	LAST DOSE _____ <input type="checkbox"/> AM <input type="checkbox"/> PM	
ARE YOU WEARING FALSE TEETH?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
DO YOU HAVE AN ARTIFICIAL EYE?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
WERE YOU INVOLVED IN AN ACCIDENT TODAY?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
WERE YOU OPERATING THE VEHICLE?	<input type="checkbox"/> YES <input type="checkbox"/> NO	DESTINATION _____	
DID YOU GET A BUMP ON THE HEAD?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
ARE YOU UNDER THE INFLUENCE OF AN ALCOHOLIC BEVERAGE NOW?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
HAVE YOU BEEN DRINKING? <input type="checkbox"/> YES <input type="checkbox"/> NO	TIME STARTED	TIME STOPPED	WHAT?
WHERE?	HOW MUCH?		
HAVE YOU CONSUMED ANY ALCOHOLIC BEVERAGE SINCE THE ACCIDENT? \$	<input type="checkbox"/> YES <input type="checkbox"/> NO	WHEN?	WHAT?
WHERE?	HOW MUCH?		
HAVE YOU SMOKED OR USED MARIJUANA OR ANY OF ITS DERIVATIVES IN THE LAST 72 HOURS (THREE DAYS)?	<input type="checkbox"/> YES <input type="checkbox"/> NO	WHEN?	
WHERE?	HOW MUCH?		
DO YOU HAVE ANY MIDDLE EAR DEFECTS? EXPLAIN: <input type="checkbox"/> YES <input type="checkbox"/> NO			

IMPLIED CONSENT YOU MUST FILL IN THIS SECTION - SIMPLY WRITING "REFUSED" IS UNACCEPTABLE Section 577.041, RSMo

FOR USE IN ZERO TOLERANCE ONLY

- 1. You are under arrest for driving while intoxicated. OR 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/drug content of your blood, I am requesting you submit to a chemical test of your Breath Blood Saliva Urine (Check one or two) *I'M NOT ANSWERING WITH OUT MY ATTORNEY PRESENT*
- 3. If you refuse to take the test(s), your driver license shall immediately be revoked for one year. *A 0315-REFUSED*
- 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: 2:48 AM PM

DID SUBJECT REQUEST ATTORNEY PRIOR TO TEST(S) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	TIME SUBJECT ASKED FOR ATTORNEY <u>2:48</u> <input type="checkbox"/> AM <input type="checkbox"/> PM	NAME OF PERSON PHONED FOR ADVICE <u>JOSEPH DEEN (636) 939-4907 940-9989 947-8500 (W)</u>
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CHEMICAL TEST REFUSAL (OFFICER MUST MARK BOX IF SUBJECT REFUSED TEST)

I have reasonable grounds to believe that the person was operating a motor vehicle while in an intoxicated condition, or the person being under the age of 21 was driving a motor vehicle with a blood alcohol content of .020% or more, and I did then and there request the person to submit to a chemical test for the purpose of determining the alcohol/drug content of his/her blood, and did then and there inform the person that evidence of his/her refusal to take the test may be used against him/her and that his/her driver license shall immediately be revoked for one year upon his/her refusal to take the test, and that the person did, in fact, then and there refuse to submit to the test(s).

CHECK TYPE OF INSTRUMENT USED - IF BLOOD TEST, COMPLETE STATEMENT OF BLOOD DRAWER

<input type="checkbox"/> BAC VERIFIER	<input type="checkbox"/> INTOXYLZER 5000	<input checked="" 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. If traveling dots are present on display board, press RUN button and wait for green status light to appear, or if green status light is already on, proceed with Step 4. <input type="checkbox"/> 4. Press RUN button. <input type="checkbox"/> 5. When display board reads "BLO" and gives audible beep, take subject's breath sample. <input type="checkbox"/> 6. When printer has completed printing result, tear off tape, fill in subject's name, officer's name and badge number on printout tape. Attach printout to this report.	<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 checked="" type="checkbox"/> 1. Subject observed for at least 15 minutes by <u>Fowle TA</u> No smoking or oral intake of any material during this time; if vomiting occurs, start over with the 15 minute observation period. <u>(REFUSED)</u> <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.

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.
- 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 <u>Fowle</u>	TROOP OR AGENCY <u>Troop 1000</u>	DEPARTMENT OF HEALTH PERMIT NUMBER <u>030018</u>	EXPIRATION DATE <u>1-4-2</u>	BLOOD ALCOHOL CONCENTRATION BY WEIGHT <u>(REFUSED)</u>
DATE <u>3-17-00</u>	MODEL NUMBER <u>DATAMASTER</u>	SERIAL NUMBER <u>950076</u>	INVENTORY NUMBER <u>-</u>	

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 labelled 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.

SIGNATURE	CHECK ONE <input type="checkbox"/> Trained Medical Technician
NAME (TYPED OR PRINTED)	<input type="checkbox"/> Licensed Physician <input type="checkbox"/> Registered Nurse (Phlebotomist, Paramedic, etc.)
DATE	PLACE OF EMPLOYMENT/EMPLOYER
TITLE	WORK TELEPHONE

ARRESTED/STOPPED PERSON WAS OBSERVED DRIVING/OPERATING A MOTOR VEHICLE BY:

PO. BRYAN DE NOYER DSN 2597 - St. Louis County OFFICER (899-2341)

STATE OTHER FACTS WHICH SUPPORT LAW ENFORCEMENT OFFICER'S BELIEF THAT THIS PERSON WAS (1) DRIVING/OPERATING A MOTOR VEHICLE AND (2) WAS DOING SO WHILE IN AN INTOXICATED CONDITION OR WITH A .020% THROUGH .099% BLOOD ALCOHOL CONTENT. (USE CONTINUATION REPORTS IF NECESSARY)

(SEE ATTACHED NARRATIVE)

THE FOLLOWING DOCUMENTS RELATING TO THIS ARREST/STOP ARE HEREBY INCORPORATED INTO THIS REPORT:

- Report(s) of the result(s) of all chemical tests conducted showing blood alcohol content if not included on page 3 of this form (Checklist or Lab Report).
- Copy of Citation (MUCS) and/or complaint filed with the Court.
- Missouri Driver License, if secured.
- Suspension/Revocation Notice and Rights and Responsibilities (Revenue's copy), if issued.
- All other reports incidental to this arrest/stop and BAC testing.
- Copy of most recent Maintenance Report prior to test.

VERIFICATION/IDENTIFICATION OF LAW ENFORCEMENT OFFICER. PRINT OR TYPE THE FOLLOWING INFORMATION:

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 certified, or exempt from certification pursuant to Section 590.115, 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 Missouri Revised Statutes, Sections 590.100 through 590.180, 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 Missouri Revised Statutes, Section 577.010 or 577.012, or conducted a .020% through .099% blood alcohol content related stop, and that the information contained herein is true and correct to the best of my knowledge.

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

NAME OF LAW ENFORCEMENT OFFICER <i>Fouke</i>	BADGE NUMBER/RANK <i>74/PO</i>	NAME OF POLICE AGENCY/TROOP LETTER <i>Town & Country</i>
COMPLETE MAILING ADDRESS <i>1011 Municipal Center Drive</i>		BUSINESS TELEPHONE NUMBER <i>(314) 432-4696</i>
CITY, STATE, ZIP CODE <i>Town & Country MO 63131</i>		

SIGNATURE OF LAW ENFORCEMENT OFFICER (SIGNATURE MUST BE COMPLETED BEFORE A NOTARY PUBLIC OR OTHER AUTHORIZED PERSON)

[Signature] 74

NOTARY PUBLIC EMBOSSEER BLACK RUBBER STAMP SEAL	STATE <i>Missouri</i>	COUNTY (OR CITY OF ST. LOUIS) <i>St. Louis</i>
	SUBSCRIBED AND SWORN BEFORE ME, THIS <i>20th</i> DAY OF <i>March</i> YEAR <i>2000</i>	USE RUBBER STAMP IN CLEAR AREA BELOW.
	NOTARY PUBLIC SIGNATURE <i>Cleta D. Rosales</i>	" NOTARY SEAL " Cleta D. Rosales, Notary Public St. Louis County, State of Missouri My Commission Expires 7/17/2003
	MY COMMISSION EXPIRES <i>7-17-03</i>	
	NOTARY PUBLIC NAME (TYPED OR PRINTED) <i>Cleta D. Rosales</i>	

REVIEWED BY *Sgt. Unterberg 59*

DATE: 03/24/00
TIME: 09:25

TOWN AND COUNTRY POLICE DEPARTMENT INVESTIGATIVE REPORT

UCR CODE 218

COMPLAINT NUMBER 00-0002740

ENTERED BY 2818 REPORT DATE 03/20/00 REPORT TIME 13:40 REVIEWED BY TC24
CALL DATE 03/17/00 RECD TIME 02:16 DISP TIME 02:16 ARRIVED TIME 02:19
POLICE UNIT 8322 COGIS 5100 DISTRICT 01 NATURE INTOXICATED DRIVER
RESPOND LOCATION SOUTHBOUND HWY 270/SOUTH OF CLAYTON ROAD APT/SUITE/RM
CITY TOWN AND COUNTRY

CALLER'S NAME AC PHONE
ADDR

REPORTING OFFICER 74-FOWLE DEPT TOWN & COUNTRY PD

REPORTING JURIS TOWN AND COUNTRY

REPORTING FOR JURIS TOWN AND COUNTRY

CASE STATUS CLEARED BY ARREST CALL RECEIVED RADIO

OFFENSE/FACTS DWI

PREMISE STREET/HIGHWAY/SIDEWALK

OCCURED FROM DAY FRI DATE 03/17/00 TIME 02:38
TO DAY DATE TIME

OCCURED LOCATION SOUTHBOUND HWY 270/SOUTH CLAYTON ROAD APT/SUITE/RM
CITY TOWN AND COUNTRY APT/SUB/BUS

ENTRY POINT EXIT POINT
ENTRY VISIBLE TO PATROL? N ENTRY METHOD
TOOL USED WEAPON/OBJECT USED
OTHER AGENCY

VICTIM BUSINESS INFORMATION

NAME *STATE OF MISSOURI*
 BUSINESS ADDR APT/SUITE/RM
 CITY STATE ZIP
 BUSINESS AC PHONE EXT CONTACT NAME
 VICTIM WILL PROSECUTE? *Y*

SUSPECT INFORMATION

SUSPECT ROLE: *ARRESTED-BOOKED AT POLICE STATION*

CHARGES:

*FELONY DWI
DRIVING WHILE REVOKED*

*FAIL TO MAINTAIN A SINGLE LANE
FUGITIVE FELONY X 6 - ST LOUIS COUNTY*

CAUTION CODES:

NAME LAST *NICHOLS*

SURNAME *IV* FIRST *ALFRED* MIDDLE *G*

ALIAS

SSN [REDACTED]

MARITAL STATUS

RESIDENT STATUS *NON-RESIDENT*

RACE *WHITE*

HAIR

HOW WORN

SEX *MALE*

EYES

WGT HGT FT IN +/-

PHYSICAL

CLOTHING

SCARS/MARKS/TATTOOS

DOB *01/20/67*

AGE *33*

PERSON CODE *ADULT*

BIRTH PLACE

EMPLOYED? *Y* PRESENT/LAST EMPLOYER *WORLD PILOT*

OCCUPATION *PILOT*

EMPLOYER ADDR *3177 LEMAY FERRY ROAD*

APT/SUITE/RM

CITY *ST LOUIS*

STATE *MO* ZIP *63126*

EMPLOYER AC *314* PHONE *544-2673* EXT

CONTACT NAME

SUSPECT ARRESTED? *Y* MIRANDA GIVEN? *Y*

SEND TELETYPE? *N*

APPLY FOR WARRANTS? *N* SUSPECT RELEASED? *N*

SUSPECT INJURED? *N*

EMOTIONS

EMOTION COMMENT

PHYSICAL STATE

VEHICLE INFORMATION

VEHICLE ROLES:

USED

TOWED

MODEL YEAR *1989*

MAKE *BMW*

MODEL *325*

TYPE *PASSENGER*

STYLE

PRIMARY COLOR *BLUE*

SECONDARY COLOR

LICENSE PLATE [REDACTED]

YEAR *2000*

STATE *MO* NUMBER OF PLATES MISSING

VIN [REDACTED]

UNIQUE CHARACTERISTICS

MODEL: 325 I

DOORS LOCKED?

IGNITION LOCKED?

KEYS LEFT IN VEHICLE?

VEHICLE INSURED?

TOWED BY

LOCATION

OWNER NOTIFIED? *N*

NOTIFIER DSN

VEHICLE VALUE

RECOVERED VALUE

RECOVERED LOCATION

EQUIPMENT MISSING

TOTAL:
RECOVERED TOTAL:

NARRATIVE INFORMATION

NEIGHBORHOOD CANVASSED? N

SEND A TELETYPE? N

COMPUTER MESSAGE/TELETYPE

REFERENCE #

ENTER BY

WAS ANY EVIDENCE SEIZED? N NARRATIVE? Y

On 3/17/00 at approximately 0216 hours, I received a radio assignment to assist St. Louis County police on a traffic stop southbound Highway 270 south of Clayton Road. The call indicated that the officer needed assistance with a possible intoxicated driver.

Upon my arrival at 0219 hours, I contacted St. Louis County P.O. Denoyer, DSN 2597, who requested that I handle an intoxicated driver that he had stopped. P.O. Denoyer stated he had been on routine patrol when he noticed a blue BMW bearing MSL [REDACTED] driving in front of his patrol car, straddling two lanes of southbound Highway 270 from Ladue to I64. P.O. Denoyer stated the vehicle then traveling into lane #2. Denoyer stated the vehicle then straddled lanes #2 and #3 four times without signalling prior to Clayton Road. P.O. Denoyer then stopped the vehicle just south of Clayton Road and contacted the driver, a subject who identified himself as Alfred G. Nichols, (white male, 1/20/67). P.O. Denoyer stated that he told Nichols why he had stopped him and Nichols then admitted to drinking alcohol that evening. P.O. Denoyer stated that Nichols had difficulty putting on his shoes, getting his license out of his wallet and even walking.

Upon my arrival Nichols was seated in the front passenger seat of Denoyer's patrol car and I asked him to exit the vehicle. I could smell a strong odor about Nichols' person that appeared to be that of an intoxicating beverage and his eyes were bloodshot, watery and glassy. Nichols showed difficulty getting out of the police car and swayed as he stood. I then asked Nichols if he had been drinking that evening. Nichols replied, "You would only be assuming that I was drinking." I then informed Nichols of the above information. I then asked Nichols if he would be willing to perform several field sobriety tests. Nichols replied, "No, now what do you have on me? You're only assuming that I've been drinking."

A record check at the scene through Creve Coeur Police dispatch revealed that Nichols had six active warrants through St. Louis County Police. One warrant, (99CR-2125B), was for a felony drug distribution and was verified by St. Louis County police employee Schaefer, DSN 3182, (Ref: W40335188).

Based on PO Denoyer's observations of Nichols driving and my observations of Nichols' physical condition, I placed him under arrest for DWI and handcuffed his hands behind his back and double locked the cuffs. I then placed him in the back seat of my patrol car.

Nichols' vehicle was then towed from the scene by McNamaras Amoco.

I then conveyed Nichols to the Creve Coeur Police Station where I read the Miranda rights section of the A.I.R. report which Nichols verbally stated he understood the rights.

I then read the Implied Rights section of the A.I.R. and Nichols made several attempts to contact his attorney by phone, but was unsuccessful. Nichols identified his attorney as a Joseph Green.

At 0315 hours of 3/17/00, I advised Nichols that I needed a yes or no answer as to whether he was going to submit to a breath test and he replied, "I'm not answering without my attorney present," therefore Nichols was given a refusal.

Nichols refused to answer any questions on the interview section of the A.I.R. Nichols also refused to cooperate with giving all the information needed for the booking process and therefore he was held overnight at Creve Coeur Police Station. Nichols was eventually booked, processed and issued the proper D.O.R. paperwork. Nichols driver's license was already revoked, (D.O.R. #CH99051079 dated 12/11/99) from a prior D.W.I. A record check of Nichols' driver's license revealed the following:

D.W.I. arrest

[REDACTED]

D.W.I. arrest

[REDACTED]

D.W.I. arrest

[REDACTED]

Nichols was released on the afternoon of 3/17/00 to St. Louis County Police per their active warrants.

Nichols was released pending application of warrants through St. Louis County Prosecuting Attorney's office for felony D.W.I., Fail to Maintain a Single Lane and Driving While Revoked.

No further.