



MISSOURI DEPARTMENT OF REVENUE
DRIVER LICENSE BUREAU
ALCOHOL INFLUENCE REPORT

FORM 2389 (REV. 12-2006)	ORI NUMBER MO0957200	REPORT NUMBER 07-1883
	UC NUMBER (IF APPLICABLE) N/A	

DATE OF ARREST/CUSTODY 06/01/2007	TIME OF INITIAL CONTACT 01:59 (MIL)	TIME OF ARREST/CUSTODY 02:10 (MIL)	COUNTY OF ARREST/CUSTODY ST. LOUIS
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LOCATION OF ARREST/CUSTODY
SOUTHBOUND HWY 270 SOUTH OF HWY 40

COUNTY OR CITY ORDINANCE RSMo 577.010 OR 577.012
 OTHER

REASON FOR INITIAL CONTACT
 TRAFFIC VIOLATION ACCIDENT SOBRIETY CHECKPOINT OTHER - EXPLAIN

SUBJECT WAS OBSERVED DRIVING/OPERATING BY
CPL. JEFF WOLFE 62

IDENTIFICATION	FULL NAME NICHOLS, ALFRED G. IV		DATE OF BIRTH (MM DD YY) 01/20/1967				
	ADDRESS 14828 GRANTLEY DR.		CITY, STATE, ZIP CODE CHESTERFIELD, MO 63017				
	RACE WHITE	SEX MALE	HEIGHT 6'0	WEIGHT 230	EYES HAZEL	HAIR BROWN	<input type="checkbox"/> COMMERCIAL MOTOR VEHICLE <input type="checkbox"/> HAZARDOUS MATERIALS <input type="checkbox"/> IGNITION INTERLOCK DEVICE INSTALLED ON VEHICLE
	DRIVER LICENSE NUMBER [REDACTED]	STATE MO	CDL HOLDER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	VEHICLE LICENSE NUMBER [REDACTED]	STATE IL		
	LICENSE CONFISCATED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	YEAR 1999	MAKE SAAB	MODEL 93	COLOR SILVER	VIN [REDACTED]	

OFFICER'S OBSERVATION MADE PRIOR TO ARREST/CUSTODY (Check appropriate box(es) and add any pertinent remarks.)

BREATH	ODOR OF ALCOHOLIC BEVERAGE: <input type="checkbox"/> FAINT <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> STRONG <input type="checkbox"/> NONE
	ODOR OF MARIJUANA/CHEMICAL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
EYE(S)/PUPIL(S)	<input checked="" type="checkbox"/> NORMAL <input checked="" type="checkbox"/> WATERY <input checked="" type="checkbox"/> BLOODSHOT <input checked="" type="checkbox"/> GLASSY <input type="checkbox"/> STARING <input type="checkbox"/> DILATED <input type="checkbox"/> CONSTRICTED <input type="checkbox"/> SLOW REACTION TO LIGHT <input type="checkbox"/> ARTIFICIAL EYE
BALANCE/WALKING	<input type="checkbox"/> UNCERTAIN <input checked="" type="checkbox"/> SWAYING <input checked="" type="checkbox"/> STAGGERING <input type="checkbox"/> STUMBLING <input type="checkbox"/> FALLING <input type="checkbox"/> OTHER:
SPEECH	<input checked="" type="checkbox"/> SLURRED <input type="checkbox"/> CONFUSED <input type="checkbox"/> INCOHERENT <input type="checkbox"/> STUTTERING <input checked="" type="checkbox"/> MUMBLING <input type="checkbox"/> OTHER:
CLOTHING/FOOTWEAR	DESCRIBE: BLUE T-SHIRT, SHORTS, SANDALS SOILED BY: N/A
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: N/A
ATTITUDE	DESCRIBE: POLITE AND COOPERATIVE

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

<input checked="" type="checkbox"/> HORIZONTAL GAZE NYSTAGMUS	<input type="checkbox"/> WALK-AND-TURN	<input type="checkbox"/> ONE LEG STAND
1. <input checked="" type="checkbox"/> Eyes Tracked Equally 2. <input checked="" type="checkbox"/> Pupils of Equal Size 3. <input type="checkbox"/> Resting Nystagmus 4. LEFT 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 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: REFUSED TO DO TEST	<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: REFUSED TO DO TEST
<input type="checkbox"/> VERTICAL GAZE NYSTAGMUS PRESENT		PRELIMINARY BREATH TEST (PBT) POSITIVE FOR ALCOHOL <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A

OTHER: (ANY OTHER TEST(S) GIVEN NOT LISTED ABOVE) I.E. ALPHABET, COUNTING, ROMBERG, FINGER-TO-NOSE.
 ALPHABET TEST- STATE J THRU W, STATED K THRU Z, NOT AS INSTRUCTED.
 PBT WAS REFUSED.

IMPLIED CONSENT TIME ADVISED: 02:20 (MIL)

FOR USE IN DWI ARREST ONLY	FOR USE IN ZERO TOLERANCE ONLY	FOR USE IN NON-DWI ARREST FOR FATALITY OR SERIOUS PHYSICAL INJURY ONLY
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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 Time: 02:42 (MIL)

IF SUBJECT REFUSED TEST(S), WAS ATTORNEY REQUESTED PRIOR TO REFUSAL? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	TIME SUBJECT ASKED FOR ATTORNEY 02:20	NAME OF PERSON PHONED FOR ADVICE UNABLE TO CONTACT ATTORNEY
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15 MINUTE OBSERVATION PERIOD STARTED AT: 02:20 (MIL)

CHECK TYPE OF INSTRUMENT USED AND BOXES FOR EACH STEP (ATTACH MOST RECENT MAINTENANCE REPORT COMPLETED PRIOR TO THIS BREATH TEST) — IF BLOOD TEST, SEE PAGE 4.

<p><input type="checkbox"/> INTOXILYZER 5000</p> <p><input type="checkbox"/> 1. Subject observed for at least 15 minutes by _____ . No smoking or oral intake of any material during this time; if vomiting occurs, start over with the 15 minute observation period.</p> <p><input type="checkbox"/> 2. Assure that power switch is ON and then press the START TEST button.</p> <p><input type="checkbox"/> 3. Enter test record card.</p> <p><input type="checkbox"/> 4. Enter subject and officer information.</p> <p><input type="checkbox"/> 5. When display reads PLEASE BLOW, insert mouthpiece and take the subject's breath sample.</p> <p><input type="checkbox"/> 6. When test record is printed, remove test record and attach printout to this report.</p>	<p><input type="checkbox"/> DATAMASTER</p> <p><input type="checkbox"/> 1. Subject observed for at least 15 minutes by _____ . No smoking or oral intake of any material during this time; if vomiting occurs, start over with the 15 minute observation period.</p> <p><input type="checkbox"/> 2. Assure that power switch is ON.</p> <p><input type="checkbox"/> 3. Press RUN button.</p> <p><input type="checkbox"/> 4. When display requests INSERT TICKET, insert evidence ticket.</p> <p><input type="checkbox"/> 5. Enter subject and officer information.</p> <p><input type="checkbox"/> 6. When display reads PLEASE BLOW and gives audible beep, take subject's breath sample.</p> <p><input type="checkbox"/> 7. When printer has completed printing out test result, remove ticket from printer. Attach printout to this report.</p>
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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 REFUSED
DATE	MODEL NUMBER	SERIAL NUMBER	INVENTORY NUMBER	

MIRANDA RIGHTS

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

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

RIGHTS GIVEN AT <input 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 02:29 (MIL)	DATE 06/01/2007
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INTERVIEWER TO COMPLETE

INTERVIEW DATE 06/01/2007	TIME 02:30	INTERVIEWER'S NAME CPL. JEFF WOLFE 62
WAS SUBJECT INVOLVED IN AN ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DATE OF ACCIDENT	TIME OF ACCIDENT (MIL)

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

WERE YOU INVOLVED IN A MOTOR VEHICLE ACCIDENT TODAY? <input type="checkbox"/> YES <input type="checkbox"/> NO WHEN:	WERE YOU OPERATING THE VEHICLE AT THE TIME OF THE ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO		
WERE YOU INJURED IN THE ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO HOW:			
HAVE YOU CONSUMED ANY ALCOHOLIC BEVERAGE(S) SINCE THE ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO			
IF SO, WHAT?	WHEN?	WHERE?	HOW MUCH?

INTERVIEW — RECORD PERSON'S RESPONSES

WHAT TIME IS IT NOW? 2:30 AM	WHAT IS THE DATE? THE 32ND/ NO THE 1ST	WHAT DAY OF THE WEEK IS IT?	WHAT CITY (COUNTY) ARE YOU IN NOW?
WHAT DID YOU LAST EAT?	WHEN DID YOU LAST EAT?		
WHAT IS YOUR OCCUPATION?	WHEN DID YOU LAST WORK?	WHEN DID YOU LAST SLEEP?	HOW LONG?
WHAT WERE YOU DOING DURING THE LAST THREE HOURS?			
ARE YOU WEARING FALSE TEETH? <input type="checkbox"/> YES <input type="checkbox"/> NO	WERE YOU OPERATING THE VEHICLE? <input type="checkbox"/> YES <input type="checkbox"/> NO	<i>REFUSED TO ANSWER</i>	
HAVE YOU BEEN DRINKING? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT?	TIME STARTED	TIME STOPPED
HOW MUCH?	WHERE?	ARE YOU UNDER THE INFLUENCE OF AN ALCOHOLIC BEVERAGE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
HAVE YOU USED MARIJUANA OR ANY OTHER DRUG, LEGAL OR ILLEGAL, IN THE LAST 72 HOURS? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN?	WHERE?	HOW MUCH?
DO YOU HAVE ANY TEMPORARY OR LONG-TERM PHYSICAL/MENTAL CONDITIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, EXPLAIN:		
ARE YOU TAKING TRANQUILIZERS, PILLS, MEDICINES, INJECTIONS OR DRUGS OF ANY KIND, SUCH AS INSULIN? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT?	WHEN?	WHERE?
			HOW MUCH?

STATEMENT OF BLOOD DRAWER (COMPLETE OR ATTACH SEPARATE STATEMENT)

In accordance with the provisions of Section 577.029, RSMo, at the place of my employment and at the request and direction of a law enforcement officer, I withdrew blood from _____ for the purpose of determining the alcohol content of the blood, using good faith medical judgment, and in strict accord with my training and accepted medical practices that such procedure did not endanger the life or health of the person. A nonalcoholic antiseptic was used for cleansing the skin prior to venapuncture. The sample was labeled with subject's identification and given to the requesting law enforcement officer. The blood was withdrawn into a clean and dry sterile vessel by means of a previously unused and sterile needle and was sealed with an air-tight, inert stopper.

DATE (MM DD YY)	TIME	PLACE OF EMPLOYMENT/EMPLOYER (MIL)
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TITLE (CHECK ONE) <input type="checkbox"/> LICENSED PHYSICIAN <input type="checkbox"/> REGISTERED NURSE <input type="checkbox"/> TRAINED MEDICAL TECHNICIAN (Phlebotomist, Paramedic, etc.): _____	WORK TELEPHONE
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SIGNATURE	NAME (TYPE OR PRINT)
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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	<input type="checkbox"/> OTHER
	<input type="checkbox"/> COUNTY OFFICER	<input type="checkbox"/> ELECTED OFFICIAL	

NAME OF LAW ENFORCEMENT OFFICER JEFFREY J. WOLFE	BADGE NUMBER/RANK 62/ CPL.	NAME OF POLICE AGENCY/TROOP LETTER TOWN & COUNTRY PD
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COMPLETE MAILING ADDRESS 1011 MUNICIPAL CENTER DR.	BUSINESS TELEPHONE NUMBER 314 432-4696
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CITY, STATE, ZIP CODE TOWN & COUNTRY, MO 63131
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SIGNATURE — MUST SIGN <i>Cpl Jeffrey J Wolfe 62</i>
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9/22

TOWN AND COUNTRY POLICE DEPARTMENT

DATE: 06-01-07

COMPLAINT #: 07-1883

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On the above date and time, I was traveling eastbound on Hwy. 40, east of Maryville Centre Dr., when I observed the suspect's vehicle weaving. The vehicle weaved from lane 3 into lane 2 on 3 occasions. The vehicle changed lanes and also weaved from lane 4 and into lane 3 on 2 occasions. The vehicle failed to signal a lane change and also drove on the solid white line as it exited from eastbound Hwy. 40 onto southbound Hwy. 270.

I stopped the vehicle and asked the driver for his driver's license, at which time he stated he did not have one, and that he was revoked. The driver identified himself as NICHOLS, ALFRED G. 4TH W/M 01-20-67. While speaking to Nichols, I detected a strong odor of an intoxicating beverage about his breath. I also noticed that his eyes were watery, bloodshot and glassy, and that his speech was slurred and mumbling. I asked Nichols if he had been drinking, and he stated "not too much".

I asked Nichols to perform some field sobriety tests, and he agreed. I conducted the alphabet test and the Horizontal Gaze Nystagmus test, at which time Nichols stated "I'm done".

Based on my observations of Nichols' driving, his physical condition and the results of the two field sobriety tests, I placed him under arrest for Driving While Intoxicated.

Upon arrival at the station, I advised Nichols of the Missouri Implied Consent Law, which he stated he understood. He asked to speak to his attorney, and after being unable to reach him, he refused to submit to a chemical breath test.

A computer check of Nichols revealed that his driving privilege was revoked, as of 11-20-02, as a 10 year minimum denial under case # PT02050894.

The computer check also revealed that Nichols had prior DWI arrests [REDACTED] by the Missouri State Highway Patrol, [REDACTED] Des Peres PD, and [REDACTED] Town & Country PD.

Nichols was booked and processed and charged with Driving While Intoxicated-Felony, Driving While Revoked and Failure to Drive in a Single Lane of Traffic. Nichols was subsequently released pending application of warrants. Nichols was issued the appropriate DOR paperwork.

Nichols' vehicle was towed by McNamara's Towing.

I am certified in standardized field sobriety testing and have 8 hours of training in horizontal gaze nystagmus.

The video from the in-car camera was transferred to the video server.

8227
7/31/07

Town and Country Police Department		WARRANT APPLICATION SUPPLEMENT	REPORT NUMBER 07-1883	
ORG. UCR CLASSIFICATION DUI	RECLASSIFICATION		CERTIFIED AS () ACTIVE () INACTIVE () UNF. (X) CLEARED BY ARREST () EXCEPTIONALLY CLEAR	
DATE OF ORIGINAL REPORT 6-1-07	DAY OF THE WEEK FRIDAY	DATE & TIME OF THIS REPORT 7-30-07 13:25	DAY OF THE WEEK MONDAY	
NAME OF VICTIM OR COMPLAINANT STATE OF MISSOURI		PLACE OF OCCURRENCE SB Hwy 270 SOUTH OF Hwy 40		
ADDITIONAL DETAILS				
IN REFERENCE TO ORIGINAL REPORT# 07-1883 CHARGING Nichols, Alfred G. II RACE W SEX M DOB 1-20-67 DRIVERS LICENSE STATE/NUMBER [REDACTED] WITH				
THE FOLLOWING OFFENSE(S) <input checked="" type="checkbox"/> FELONY <input type="checkbox"/> MISDEMEANOR <input type="checkbox"/> ORDINANCE VIOL.				
CHARGE A: DRIVING WHILE INTOXICATED - F				
CHARGE B: DRIVING WHILE REVOKED - M				
CHARGE C: FAILED TO DRIVE IN A SINGLE LANE OF TRAFFIC - M				
CHARGE D:				
ON 7-30-07, I				
<input type="checkbox"/> PRESENTED THE CASE TO THE TOWN AND COUNTRY PROSECUTING ATTORNEY				
<input checked="" type="checkbox"/> PRESENTED THE CASE TO THE ST. LOUIS COUNTY PROSECUTING ATTORNEY'S OFFICE				
AFTER CONSIDERING THE FACTS IN THE CASE, PROSECUTOR MARILYN RUSTMLER				
TOOK THE FOLLOWING ACTION: (ISSUED WARRANT, REFUSED, UNDER ADVISEMENT, ISSUED SUMMONS, REVISED THE CHARGE, REFERED TO MUNICIPAL COURT)				
CHARGE A: ISSUED CHARGE B: ISSUED				
CHARGE C: ISSUED CHARGE D:				
THE COMPUTER RECORD WAS UPDATED BY DISPATCHER _____ ON _____				
DISPATCHERS SIGNATURE _____				
S				
SIGNATURE OF OFFICER MAKING REPORT/DSN GC Jeff Wolfson	APPROVED BY-IMMEDIATE SUPERVISOR GW		FINAL APPROVAL [Signature]	

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