



MISSOURI DEPARTMENT OF REVENUE  
DRIVER LICENSE BUREAU  
ALCOHOL INFLUENCE REPORT

FORM <b>2389</b> (REV. 10-2008)	ORI NUMBER <b>MO0500000</b>	REPORT NUMBER <b>29-33721</b>
	UC NUMBER (IF APPLICABLE) <b>080064569</b>	

DATE OF ARREST/CUSTODY <b>10-24-2009</b>	TIME OF INITIAL CONTACT <b>0006</b> (MIL)	TIME OF ARREST/CUSTODY <b>0013</b> (MIL)	COUNTY OF ARREST/CUSTODY <b>JEFFERSON</b>
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LOCATION OF ARREST/CUSTODY  
**OLD STATE & IMPERIAL MAJN**

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  
**DEP. CHOWENY #322**

FULL NAME  
**MEADOWS, TIMOTHY, GERARD**

DATE OF BIRTH (MM DD YY)  
**07-13-1958**

ADDRESS  
**1027 CANTERBURY CIRCLE**

CITY, STATE, ZIP CODE  
**IMPERIAL, MO 63052**

RACE  
**W**

SEX  
**M**

HEIGHT  
**6'3"**

WEIGHT  
**245**

EYES  
**BLUE**

HAIR  
**BRO/GRAY**

DRIVER LICENSE NUMBER  
~~XXXXXXXXXX~~

STATE  
**MO**

CDL HOLDER?  
 YES     NO

VEHICLE LICENSE NUMBER  
~~XXXXXXXXXX~~

STATE  
**MO**

LICENSE CONFISCATED?    YEAR    MAKE    MODEL    COLOR    VIN

YES     NO    **2006**    **MERCURY GRAND MARQUIS**    **SILVER**    ~~XXXXXXXXXX~~

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 type="checkbox"/> NO
EYE(S)/PUPIL(S)	<input type="checkbox"/> NORMAL <input type="checkbox"/> WATERY <input checked="" type="checkbox"/> BLOODSHOT <input checked="" type="checkbox"/> GLASSY <input type="checkbox"/> STARING <input type="checkbox"/> DILATED
	<input type="checkbox"/> CONSTRICTED <input type="checkbox"/> SLOW REACTION TO LIGHT <input type="checkbox"/> ARTIFICIAL EYE
BALANCE/WALKING	<input checked="" type="checkbox"/> UNCERTAIN <input checked="" type="checkbox"/> SWAYING <input checked="" type="checkbox"/> STAGGERING <input checked="" type="checkbox"/> STUMBLING <input checked="" 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 type="checkbox"/> MUMBLING <input type="checkbox"/> OTHER:
CLOTHING/FOOTWEAR	DESCRIBE: <b>BROWN FLAT DRESS PANTS DRESS SHIRT</b> SOILED BY:
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: <b>Good</b>

SOBRIETY TESTS GIVEN PRIOR TO ARREST/CUSTODY (Check appropriate boxes, 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 <b>6</b>
1. <input checked="" type="checkbox"/> Eyes Tracked Equally	<input checked="" type="checkbox"/> Fails to maintain heel-to-toe stance	(Subject may stand on either foot for test. Indicate foot stood on below.)
2. <input checked="" type="checkbox"/> Pupils of Equal Size	<input type="checkbox"/> Starts before instructed to begin	<input checked="" type="checkbox"/> Left <input type="checkbox"/> Right
3. <input type="checkbox"/> Resting Nystagmus <b>Checked</b>	<input type="checkbox"/> Stops while walking to steady self	<input checked="" type="checkbox"/> Sways while balancing
4. LEFT    RIGHT	<input checked="" type="checkbox"/> Does not touch heel to toe (i.e., misses by more than 1/2 inch)	<input checked="" type="checkbox"/> Uses arms for balance (i.e., raises arms more than 6 inches)
<input checked="" type="checkbox"/> No smooth Pursuit <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Loses balance while walking (i.e., steps off line)	<input type="checkbox"/> Hops
<input checked="" type="checkbox"/> Distinct Nystagmus at maximum deviation <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Uses arms for balance	<input checked="" type="checkbox"/> Puts foot down <b>SEVERAL TIMES</b>
<input checked="" type="checkbox"/> Onset before 45° with some white showing <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Loses balance while <b>turning improper turn</b>	<input type="checkbox"/> Cannot perform or refused to do test
(See certification on page 4.)	<input type="checkbox"/> Incorrect number of steps	Explain: _____
	<input type="checkbox"/> Cannot perform or refused to do test	

VERTICAL GAZE NYSTAGMUS PRESENT

PRELIMINARY BREATH TEST (PBT) POSITIVE FOR ALCOHOL  
 YES     NO     N/A

OTHER: (ANY OTHER TEST(S) GIVEN NOT LISTED ABOVE) I.E. ALPHABET, COUNTING, ROMBERG, FINGER-TO-NOSE.

**IMPLIED CONSENT TIME ADVISED:** (MIL)

FOR USE IN DWI ARREST ONLY	FOR USE IN ZERO TOLERANCE ONLY	FOR USE IN NON-DWI ARREST FOR FATALITY OR SERIOUS PHYSICAL INJURY ONLY
<input checked="" type="checkbox"/> 1. You are under arrest and I have reasonable grounds to believe you were driving a motor vehicle while you were in an intoxicated or drugged condition; OR ...	<input type="checkbox"/> 1. You have been stopped and are under the age of 21; I have reasonable grounds to believe that you were driving a motor vehicle with a blood alcohol content of .020% or more; OR ...	<input type="checkbox"/> 1. You were involved in a motor vehicle collision which resulted in a <input type="checkbox"/> fatality/serious physical injury, or <input type="checkbox"/> arrest and ticket for a traffic violation involving serious physical injury or fatality.

2. To determine the alcohol/drug content of your blood, I am requesting you submit to a chemical test of your  
 Breath  Blood  Other \_\_\_\_\_ (Check no more than two)

3. If you refuse to take the test(s), your driver license will immediately be revoked for one year.

4. Evidence of your refusal to take the test(s) may be used against you in prosecution in a court of law.

5. Having been informed of the reasons for requesting the test(s), will you take the test(s)?  YES  NO Time: 0026 (MIL)

IF SUBJECT REFUSED TEST(S), WAS ATTORNEY REQUESTED PRIOR TO REFUSAL?  YES  NO

TIME SUBJECT ASKED FOR ATTORNEY \_\_\_\_\_

NAME OF PERSON PHONED FOR ADVICE \_\_\_\_\_

**15 MINUTE OBSERVATION PERIOD STARTED AT:** \_\_\_\_\_ (MIL) 0050

**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 1**

<p><input type="checkbox"/> <b>INTOXILYZER 5000</b></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 checked="" type="checkbox"/> <b>DATAMASTER</b></p> <p><input checked="" type="checkbox"/> 1. Subject observed for at least 15 minutes by <u>CPL. RICE 168</u> 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 checked="" type="checkbox"/> 2. Assure that power switch is ON.</p> <p><input checked="" type="checkbox"/> 3. Press RUN button.</p> <p><input checked="" type="checkbox"/> 4. When display requests INSERT TICKET, insert evidence ticket.</p> <p><input checked="" type="checkbox"/> 5. Enter subject and officer information.</p> <p><input checked="" type="checkbox"/> 6. When display reads PLEASE BLOW and gives audible beep, take subject's breath sample.</p> <p><input checked="" 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 <u>Richard Rice Jeff Co. Sheriff</u>	TROOP OR AGENCY	DEPARTMENT OF HEALTH PERMIT NUMBER <u>931518</u>	EXPIRATION DATE <u>6/22/11</u>	BLOOD ALCOHOL CONCENTRATION BY WEIGHT
DATE <u>10/24/09</u>	MODEL NUMBER <u>DATAMASTER</u>	SERIAL NUMBER <u>203041</u>	INVENTORY NUMBER	<u>.130</u>

**MIRANDA RIGHTS**

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

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

RIGHTS GIVEN AT <input checked="" type="checkbox"/> SCENE <input type="checkbox"/> STATION <input type="checkbox"/> HOSPITAL <input type="checkbox"/> EN ROUTE TO STATION	DO YOU UNDERSTAND THE RIGHTS I'VE EXPLAINED TO YOU? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	TIME ADVISED <u>0024</u> (MIL)	DATE <u>10/24/09</u>
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**INTERVIEWER TO COMPLETE**

INTERVIEW DATE <u>10/24/09</u>	TIME <u>0135</u>	INTERVIEWER'S NAME <u>CR. Rowe # 69</u>
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 checked="" 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? <u>0130</u>	WHAT IS THE DATE? <u>10/24 Now</u>	WHAT DAY OF THE WEEK IS IT? <u>SATURDAY</u>	WHAT CITY (COUNTY) ARE YOU IN NOW? <u>JEFFERSON</u>
WHAT DID YOU LAST EAT? <u>EGG SANDWICH</u>	WHEN DID YOU LAST EAT? <u>9 o'clock AM</u>		
WHAT IS YOUR OCCUPATION? <u>BUSINESS REP</u>	WHEN DID YOU LAST WORK? <u>TODAY</u>	WHEN DID YOU LAST SLEEP? <u>SAM THIS MORNING</u>	HOW LONG? <u>5 HOURS</u>
WHAT WERE YOU DOING DURING THE LAST THREE HOURS? <u>VISITING WITH FRIENDS</u>			

ARE YOU WEARING FALSE TEETH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	WERE YOU OPERATING THE VEHICLE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
HAVE YOU BEEN DRINKING? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT? <u>BEER</u>	TIME STARTED <u>ABOUT 7</u>	TIME STOPPED <u>9</u>
HOW MUCH? <u>6 BEERS</u>	WHERE? <u>SOUTH ST. LOUIS</u>	ARE YOU UNDER THE INFLUENCE OF AN ALCOHOLIC BEVERAGE? <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? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN?	WHERE?	HOW MUCH?	IF YES, WHAT?
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DO YOU HAVE ANY TEMPORARY OR LONG-TERM PHYSICAL/MENTAL CONDITIONS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, EXPLAIN:
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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?	WHEN?	WHERE?	HOW MUCH?
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**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)
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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 type="checkbox"/> MUNICIPAL OFFICER
	<input checked="" type="checkbox"/> COUNTY OFFICER	<input type="checkbox"/> ELECTED OFFICIAL <input type="checkbox"/> OTHER

NAME OF LAW ENFORCEMENT OFFICER <b>RICHARD E. RUIZ</b>	BADGE NUMBER/RANK <b>68 CORPORAL</b>	NAME OF POLICE AGENCY/TROOP LETTER <b>JEFF. Co. Sheriff</b>
COMPLETE MAILING ADDRESS <b>P.O. Box 100</b>	BUSINESS TELEPHONE NUMBER <b>636 797-5000</b>	
CITY, STATE, ZIP CODE <b>Houston Mo 63050</b>		

SIGNATURE — MUST SIGN <b>[Signature]</b>
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