

ARREST REPORT

A G E N C Y	Agency Name Columbia Police Department		ORI MO0100200		Date/Time Arrested 05/02/2019 21:21 Thu		Case # 2019004371			
	Taken		Arrest Tract		Residence Tract		Arrest Number 200978			
A R R E S T E E	Name (Last, First, Middle) BURTON, KENNETH M			D.O.B. /1955	Age 63	Race W	Sex M	Place of Birth	Citizenship US	
	Current Address [REDACTED]			Phone		Occupation		Residence Status Resident		
	Employer's Name RETIRED			Address				Phone		
	Also Known As (Alias Names)					Hgt 5'09	Wgt 225	Hair Bal	Eyes Brown	Skin Tone Light
	Scars, Marks, Tattoos			Social Security #		OLN and State		Misc # and Type		
	Nearest Relative Name			Address				Phone		
	If Armed, Type of Weapon HANDGUN			Type of Arrest ON-VIEW (NO WARRANT/PRIOR			Place of Arrest 1 MCBAIN AVE/W BROADWAY, COLUMBIA			
A R R E S T	Charge #1 Driving While Intoxicated		Type Misd	Counts 1	IBR Code 90D	Warrant/Summons # 180155620	Statute # 14-612.0-085Y200054	Warr. Date 05/02/2019		
	Charge #2 RSMo 610.105		Type	Counts	IBR Code	Warrant/Summons #	Statute #	Warr. Date		
	Charge #3		Type	Counts	IBR Code	Warrant/Summons #	Statute #	Warr. Date		
V E H I C L E	VYR	Make		Model			Style			
	Color		Plate #/State/Plate Year		VIN			Vehicle		
C O N F I N D	Date/Time Confined		Place Confined				Committing Magistrate			
	Type Bond		Bond Amount		Trial Date 06/05/2019 17:30	Time 17:30	Court Of Municipal Court	City COLUMBIA		
	Arresting Officer Name/ID #/Bureau MOSBY, S. A. (2228) POB									
	Assisting Officer Name/ID #/Bureau				Released By (Name/Department/ID #)		Date/Time Released			
Status Codes	1 = None 2 = Burned 3 = Counterfeit / Forged 4 = Damaged 5 = Recovered 6 = Seized 7 = Stolen 8 = Unknown/Lost									
D R U G S	Code	Status	Quantity	Type Measure	Suspected Type					
O t h e r	Name			Address			Phone			
	Name			Address			Phone			
N A R R A T I V E										
S T A T U S	Arresting Officer Signature/ID #/Bureau MOSBY, S. A. (2228) POB									
	Case Status				Arrestee Signature					

ORI NO. MO01002
COLUMBIA POLICE DEPARTMENT
COLUMBIA, MISSOURI

180155620

2019-004371

County: BOON

MUNICIPAL COURT

800 E Broadway

Columbia, MO 65201

Court Date: 06/05/2019

Total Fine:

Court Time: 17:30

LOCATION

I, KNOWING THAT FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY LAW, STATE THAT I HAVE PROBABLE CAUSE TO BELIEVE THAT:

On/About Date:

At Time:

05/02/2019

20:51

Upon/At or Near (Location):

1 MCBAIN AVE W BROADWAY, COLUMBIA

VIOLATOR

Within city/county and state aforesaid,

Name (Last, First, Middle):

BURTON, KENNETH MARTIN

Address:

City:

COLUMBIA

State:

MO

Zip Code:

65203

Phone #:

DOB:

1955

Race:

W

Sex:

M

Hair:

BAL

Eyes:

BRO

Hgt:

5'09

Wgt:

225

DL State:

MO

CDL:

N

SSN:

Employer:

Address:

Phone #:

REGISTRATION

Did unlawfully

Operate/Drive

Park

C.M.V.

With HAZMAT

License No.:

State:

MO

Yr. Lic. Expires:

Weight:

2020

Year:

2016

Make:

JEEP

Model:

WRANGLER

Style:

2D

Color:

BLK/

VIOLATION

DID THEN AND THERE COMMIT THE FOLLOWING OFFENSE. THE FACTS SUPPORTING THIS BELIEF ARE AS FOLLOWS:

DRIVING WHILE INTOXICATED

In Violation of Ord #: 14-612.0-085Y200054

NO SEATBELT

Ord #: 355.050

Alleged Speed:

Posted Speed:

Detection Method:

School Zone

Double Fine Zone

Construction Zone

In Crash

In Fatal Crash

DWI/BAC

Evidence

Court Appearance Required

Fine Amount:

Subject Taken Into Custody

OFFICER

Officer:

S. MOSBY

Badge #:

2228

Date:

05/02/2019

Officer's Signature:

ON INFORMATION, UNDERSIGNED PROSECUTOR CHARGES THE DEFENDANT AND INFORMS THE COURT THAT ABOVE FACTS ARE TRUE AND PUNISHABLE BY:

Prosecutor's Signature:

Date:

SIGNATURE

I PROMISE TO DISPOSE OF THE CHARGES OF WHICH I AM ACCUSED THROUGH COURT APPEARANCE OR PREPAYMENT OF FINE AND COURT COSTS.

Signature X

Case #: 2019004371

Citation #: 180155620

INCIDENT/INVESTIGATION REPORT

I N C I D E N T D A T A	Agency Name Columbia Police Department		Case# 2019-004371			
	ORI MO0100200		Date / Time Reported 05/02/2019 22:11 Thu			
	Location of Incident 1 McBaine Ave/w Broadway, Columbia MO 65203-		Premise Type Highway/road/alley	Beat/Tract 70	Last Known Secure 05/02/2019 20:18 Thu	
					At Found 05/02/2019 20:18 Thu	
M O	#1	Crime Incident(s) Driving Under The Influence 90D	(Com)	Weapon / Tools	Activity	
				Entry	Exit	
				Security		
	#2	Crime Incident	()	Weapon / Tools	Activity	
				Entry	Exit	
				Security		
#3	Crime Incident	()	Weapon / Tools	Activity		
			Entry	Exit		
			Security			
V I C T I M	# of Victims 1		Type: SOCIETY/PUBLIC		Injury:	
	Victim/Business Name (Last, First, Middle) State Of Missouri		Victim of Crime # 1,	DOB Age	Race	Sex
	Home Address		Relationship To Offender		Resident Status	Military Branch/Status
	Employer Name/Address		Business Phone		Mobile Phone	
	VYR	Make	Model	Style	Color	Lic/Lis
					VIN	
	CODES: V- Victim (Denote V2, V3) O = Owner (if other than victim) R = Reporting Person (if other than victim)					
O T H E R S I N V O L V E D	Type:		Injury:		Domestic: NO	
	Code	Name (Last, First, Middle)	Victim of Crime #	DOB Age	Race	
	Home Address		Relationship To Offender		Resident Status	Military Branch/Status
	Employer Name/Address		Business Phone		Mobile Phone	
	Type:		Injury:			
	Code	Name (Last, First, Middle)	Victim of Crime #	DOB Age	Race	Sex
	Home Address		Relationship To Offender		Resident Status	Military Branch/Status
Employer Name/Address		Business Phone		Mobile Phone		
P R O P E R T Y	1 = None 2 = Burned 3 = Counterfeit / Forged 4 = Damaged / Vandalized 5 = Recovered 6 = Seized 7 = Stolen 8 = Unknown ("OJ" = Recovered for Other Jurisdiction)					
	VI #	Code	Status Pmt/Id	Value	OJ	QTY
		BWC	EVID	\$0.00		1
		INTX	EVID	\$0.00		1
		ICV	EVID	\$0.00		1
		03	SUSP	\$0.00		1
	Property Description		Make/Model		Serial Number	
	BODY WORN CAMERA					
	BREATH TEST DOCUMENT					
	IN-CAR VIDEO					
2016 BLK , MO		JEEP Wrangler				
Officer/ID# MOSBY, S. A. (2228)						
Invest ID# MOSBY, S. A. (2228)			Supervisor PERKINS, C. S. (1413)			
Status	Complainant Signature		Case Status <i>Cleared By Arrest</i>	05/02/2019	Case Disposition:	
					Page 1	

INCIDENT/INVESTIGATION REPORT

Columbia Police Department

Case # 2019-004371

Status Codes 1 = None 2 = Burned 3 = Counterfeit / Forged 4 = Damaged / Vandalized 5 = Recovered 6 = Seized 7 = Stolen 8 = Unknown

	IBR	Status	Quantity	Type Measure	Suspected Type	
D R U G S						

Assisting Officers

Suspect Hate / Bias Motivated

INCIDENT/INVESTIGATION REPORT

Narr. (cont.) OCA: 2019-004371

Columbia Police Department

NARRATIVE
 On 05/02/19 at 2018 hours, Officers conducted a traffic stop on McBaine near Broadway. One driver was arrested for DWI.

REPORTING OFFICER NARRATIVE

<i>Columbia Police Department</i>		OCA 2019-004371
Victim <i>Society</i>	Offense <i>DRIVING UNDER THE INFLUENCE</i>	Date / Time Reported <i>Thu 05/02/2019 22:11</i>

THE INFORMATION BELOW IS CONFIDENTIAL - FOR USE BY AUTHORIZED PERSONNEL ONLY

On May 2, 2019, at approximately 2000 hours, I was at the Columbia Police Department, 600 E Broadway in Columbia, Missouri, attending shift meeting. Officer Matthew Nichols was seated next to me and informed me Kenneth Burton was drinking at Flat Branch Pub according to off duty officer Jacob Yarnell. I made phone contact with Officer Yarnell, who stated Burton was now alone and appeared to be getting ready to leave the location. Officer Yarnell stated Burton stumbled and had to brace himself on a wall while walking to the door. I asked Officer Yarnell to exit the restaurant to determine if Burton was leaving the location as the driver of a vehicle.

Officer Yarnell stated he saw a dark colored Jeep leaving the parking lot. I had prior knowledge that Burton drove a dark colored Jeep. I located a dark colored Jeep stopped on Locust Street at Providence Road. I observed the suspect vehicle was stopped approximately 3/4 of the vehicle past the clearly painted stop line. I observed the suspect vehicle make a wide right turn, going northbound onto Providence Road. The vehicle turned into the left hand lane of northbound traffic, as opposed to the closest lane as required by municipal ordinance and state law.

I followed the vehicle northbound on Providence to Broadway, where we went into the turn lane and stopped. The suspect vehicle then turned westbound on Broadway when the traffic signal allowed. While traveling westbound I observed the suspect vehicle drift to the right hand side of the lane, then drift to the left hand side of the line and briefly cross the yellow dividing line. As we approached the Garth Avenue traffic control light it appeared the suspect vehicle's front tires had entered the crosswalk, therefore blocking a portion of the crosswalk with the front of the suspect vehicle.

I activated my emergency lights in an attempt to initiate a traffic stop. The suspect vehicle failed to respond to my emergency lights and continued traveling for approximately 10 seconds. The suspect vehicle then turned northbound onto McBaine Ave and came to a stop.

I made contact with the driver and sole occupant, identified as Kenneth Burton. I immediately detected a moderate odor of intoxicants coming from the vehicle. When retrieving his license from his wallet, I observed Burton's movements to be uncoordinated and he used the pads of his fingers as opposed to his finger tips to retrieve the license, requiring multiple attempts. I also observed Burton's eyes were bloodshot and watery.

I asked Burton where he was coming from and he stated he was coming from Flat Branch. I asked Burton if he had alcohol and he stated he had "a couple beers". I responded to my patrol vehicle where I checked Burton's driving status through Boone County Joint Communications. I confirmed a supervisor was en route to my stop. Sergeant James Meyer responded and provided backup on the stop while I recontacted Burton.

I responded back to the suspect vehicle and asked Burton to exit the vehicle for field sobriety tests. I directed Burton in front of my patrol vehicle where I performed the Horizontal Gaze Nystagmus test. During this test I observed 6 clues of nystagmus with vertical gaze nystagmus. While outside and seperated from the vehicle I detected a moderate odor of intoxicants was still present and coming from Burton's breath.

I asked Burton how long it had been since his last drink and he stated "probably 20 minutes." I asked Burton if he had 2 drinks and he stated "uh, about, yea". I asked Burton how intoxicated he felt on a scale of 1-10 and he stated "2 and a half".

I presented Burton with a PBT and he refused a breath sample. I asked Burton if he had any issues with walking or balancing and he stated he did not. I escorted Burton to a nearby sidewalk that was flat and dry.

I instructed Burton into position for the Walk and Turn test. I demonstrated and provided instructions for the walk and turn test. During the instruction phase Burton failed to maintain the heel to toe starting stance. Burton returned to

REPORTING OFFICER NARRATIVE

Columbia Police Department

OCA
2019-004371
Date / Time Reported
Thu 05/02/2019 22:11

Victim Society	Offense DRIVING UNDER THE INFLUENCE
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the starting stance before I finished providing instructions however placed his left foot in front of his right foot.

On the first 9 steps, Burton used his arms for balance, stepped off the line on step 3, missed heel to toe on step 6, stepped off the line on steps 8 and 9, and performed an improper turn by turning in the wrong direction.

On the returning 9 steps, Burton missed heel to toe on steps 1 and 2, stopped walking and had to take additional steps on step 3, then missed heel to toe on steps 4-9. After finishing the test Burton stated he just had back surgery in January. I asked Burton again if he would provide a PBT sample and again he refused.

Based upon the information I was provided, the driving behavior and observations during field sobriety testing, I determined Burton was intoxicated and unsafe to operate a motor vehicle. I informed Burton he was under arrest for Driving While Intoxicated and asked if he had any weapons on him. Burton informed me he had a firearm on him and I retrieved a loaded Glock pistol bearing serial number . I placed Burton into handcuffs and checked his mouth. I then read Burton Implied Consent and he consented to a breath sample. I escorted Burton to the front seat of my patrol vehicle.

A Missouri State Highway Patrol Trooper arrived on scene after the arrest at approximately 2035 hours.

While seated in my patrol vehicle, Burton spontaneously stated "How long have they had you guys after me?" I informed Burton I was not "after him". I permitted Burton to call for a sober driver to come to the scene. After finishing his phone call, Burton stated "we kind of expected this".

After the 15 minute observation period, Burton provided a breath sample which yielded a BAC of .143%. I issued Burton Missouri Form 2385 Notice of Suspension, summons 180155620 for Driving While Intoxicated (14-612) and

~~RSMo 610.105~~

Burton was released from custody upon his signature on the summons. His vehicle was moved by his wife, who had arrived on scene. I released the firearm to her and she provided Burton with a ride away from the scene.

I have tagged my Axon body camera and in car camera footage in reference to this incident. I have placed the breath test printout into evidence under this case number.

Incident Report Related Vehicle List

Columbia Police Department

OCA: 2019-004371

1	VehYr/Make/Model <i>2016 JEEP, Wrangler</i>		Style <i>2D</i>		Color <i>BLK</i>		Lic/Lis <i>MO 2020</i>		VIN			
	IBR Status <i>Suspect Vehicle</i>		Date <i>05/02/2019</i>		Location <i>1 MCBAIN AVE/W BROADWAY, COLUMBIA MO</i>							
	Condition		Value <i>\$0.00</i>		Offense Code <i>90D</i>		Jurisdiction <i>Locally</i>		State #		NIC #	
	Name (Last, First, Middle) <i>* No name *</i>				Also Known As			Home Address				
	Business Address											
	DOB	Age	Race	Sex	Hgt	Wgt	Scars, Marks, Tattoos, or other distinguishing features					

Notes

Incident Report Related Property List

Columbia Police Department

OCA: 2019-004371

1	Property Description BODY WORN CAMERA			Make		Model		Caliber	
	Color	Serial No.	Value \$0.00		Qty 1.000	Unit	Jurisdiction Locally		
	Status Evidence	Date 05/02/2019	NIC #	State #		Local #		OAN	
	Name (Last, First, Middle) * No name *			DOB		Age	Race	Sex	

Notes

2	Property Description BREATH TEST DOCUMENT			Make		Model		Caliber	
	Color	Serial No.	Value \$0.00		Qty 1.000	Unit	Jurisdiction Locally		
	Status Evidence	Date 05/02/2019	NIC #	State #		Local #		OAN	
	Name (Last, First, Middle) * No name *			DOB		Age	Race	Sex	

Notes

3	Property Description IN-CAR VIDEO			Make		Model		Caliber	
	Color	Serial No.	Value \$0.00		Qty 1.000	Unit	Jurisdiction Locally		
	Status Evidence	Date 05/02/2019	NIC #	State #		Local #		OAN	
	Name (Last, First, Middle) * No name *			DOB		Age	Race	Sex	

Notes

CASE SUPPLEMENTAL REPORT

Printed: 05/07/2019 13:58

Columbia Police Department

OCA: 2019004371

THE INFORMATION BELOW IS CONFIDENTIAL - FOR USE BY AUTHORIZED PERSONNEL ONLY

Case Status: CLEARED BY ARREST

Case Mng Status: NA

Occurred: 05/02/2019

Offense: DRIVING UNDER THE INFLUENCE

Investigator: YARNELL, J. A. (2248)

Date / Time: 05/02/2019 21:34:05, Thursday

Supervisor: MEYER, J. A. (1986)

Supervisor Review Date / Time: 05/02/2019 22:48:07, Thursday

Contact:

Reference: General

On 05/02/2019 at approximately 2000 hours, I was off duty with family. We went to Flat Branch Pub to eat dinner. The hostess sat us at a table at approximately 2007 hours. I immediately noticed Kenneth Burton sitting at the one of the closest bar seats to my table. I captured a photograph of Burton sitting at the bar and later uploaded it to Evidence.com using Axon Capture.

I noticed at least one empty glass on the bar in front of Burton. I notified Officer J. Teegarden and M. Nichols of this contact with Burton. I watched Burton drink what appeared to be a beer. It was an amber/yellow in color and had a thin layer of foam on top of the liquid. It was also in a glass which Flat Branch commonly serves beer in. Burton's verbal communication with his company was also louder than the social norm while in a public restaurant. Burton kept yelling, "Let's do it." The volume of his voice was loud enough to disturb the conversation at my own table. At this moment, I believed Burton to be intoxicated.

While waiting for my waitress to return, I noticed Burton was getting up to leave the restaurant. I also noticed his company had already left him. I feared Burton was leaving the restaurant alone and would be driving a vehicle. He left his chair at the bar and carried out a large jug with him. I know Flat Branch Pub serves their own beer which you can take home in these jugs. I could see the level of liquid in the jug, which was high in the neck of the bottle. I watched Burton walk out away from the bar. He walked to the end of the bar and I noticed his body sway as he walked by my table. When he got to the end of the bar, Burton turned right to walk towards the exit. He took the turn wide and reached with his left hand for the wall as if he was going to steady himself. Burton then walked down the wall toward the exit until he was out of my sight.

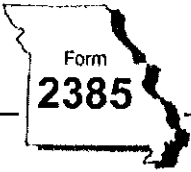
I received a call from Officer S. Mosby. While on the phone with Ofc. Mosby, I walked outside behind Burton. As I exited the restaurant, I saw his dark colored Jeep leaving the parking lot, headed West to Flat Branch Park and S 4th St. I watched the Jeep turn South and head towards Locust St. The Jeep was then out of my sight and I hung up with Ofc. Mosby.

I was not wearing a body worn camera at the time of the incident, because I was off duty and had no intention of taking any police action while off duty.

Nothing further

Investigator Signature

Supervisor Signature



Missouri Department of Revenue
Notice of Suspension or Revocation of Your Driving Privilege

Suspension or Revocation starts 15 days from this date

See the back of this form for your Rights and Responsibilities and mailing instructions.

Driver's Name Last: <u>Burton</u> First: <u>Kenneth</u> Middle: <u>Marion</u>			Driver License Number		Date Notice Is Issued (MM/DD/YYYY) <u>05/02/2019</u>
Address [REDACTED]			Driver License Expiration Date (MM/DD/YYYY)		
City <u>Columbia</u>	State <u>MO</u>	Zip Code [REDACTED]	Driver License Class <u>F</u>	Endorsements <u>M</u>	Restrictions <u>A</u>

You have been stopped and/or arrested upon probable cause that you were driving a vehicle while your blood alcohol level was over the legal limit. Your driving privilege will be suspended or revoked 15 days from the date of this notice if you do not request a hearing. If you did not give your license to the police officer, you must send it to the Driver License Bureau at P.O. Box 3700, Jefferson City, MO 65105-3700 (§§ 302.505 to 302.525, 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 of a crime.

Your license will be suspended for 30 days, followed by a 60-day restricted driving privilege, if you have no alcohol-related offenses within the past 5 years. You may be eligible for an immediate 90-day interlock restricted driving privilege if you install an approved ignition interlock device. For more information about restricted driving privileges and your options, see the back of this form. Your license will be revoked for one year if your driver record shows one or more alcohol-related enforcement contact(s), as defined in § 302.525, RSMo, within the past five years and you will not be eligible for restricted driving privileges.

You may request a hearing to contest the basis for your suspension or revocation. If you want a hearing, you must make your request within 15 days of the date of this notice. See the back of this form for more information.

You are subject to disqualification of your commercial driving privileges due to this action, whether or not the offense was committed in a commercial motor vehicle (§§ 302.700, 302.755, RSMo). You will be sent a separate notice informing you of the disqualification and your appeal rights.

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, or denied as a result of a prior incident. You must carry this notice with you while driving.

Valid License Surrendered Yes (Attached) No

Law Enforcement Note
 Check driver record for the most current information

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

By order of the Director of Revenue or his or her delegate

Printed Name of Arresting Officer <u>Share Mosby</u>	Name of Police Agency <u>Columbia Police</u>
Signature of Person Arrested or Stopped <u>[Signature]</u>	

I acknowledge receipt of this notice from the arresting officer

I am requesting an immediate restricted driving privilege. I understand that the restricted driving privilege will not be issued until I have on file with the Driver License Bureau proof of installation of an approved ignition interlock device for any vehicle I operate, and proof of insurance, commonly filed as an SR-22 (if 21 years of age or older). Prior to license reinstatement, I must obtain certification from my ignition interlock installer that I have completed my period of restricted driving privileges without violation. I understand that if I do not obtain such certification, I will be required to serve an additional 30-day period of restricted driving privilege with ignition interlock or a 30-day period without any driving privilege.

Name (Print Your Name)	Date of Birth (MM/DD/YYYY)	Driver License Number	Primary Telephone Number
Address		City, State, Zip Code	County of Arrest
Date of Arrest (MM/DD/YYYY)	E-mail Address	Driver's Signature (Required)	

If you want an in-person hearing you must check the box below. If you do not check the box for an in-person hearing, a telephone hearing will be scheduled. No further request for an in-person hearing will be granted.

Select Only One Box

I Request a Telephone Hearing I Request an In-Person Hearing

Name of Person Arrested (Print Name)	
Date of Birth (MM/DD/YYYY)	Driver License Number
State of Issue	Primary Telephone Number
Address	
City, State, Zip Code	County of Arrest
Date of Arrest (MM/DD/YYYY)	Driver's Signature (Required)
Arrested By	
Attorney Information (Optional)	Attorney's Name and Bar Number
Attorney's Address	



MISSOURI DEPARTMENT OF REVENUE
 DRIVER LICENSE BUREAU
 PO BOX 3700
 JEFFERSON CITY, MO 65105-3700
ALCOHOL INFLUENCE REPORT

FORM 2389 (REV. 08-2018)	ORI NUMBER <i>Mo 0100200</i>	REPORT NUMBER <i>2019004371</i>
UC NUMBER (IF APPLICABLE) <i>2019004371</i>		

DATE OF ARREST OR CUSTODY (MM/DD/YYYY) <i>05/02/2019</i>	TIME OF INITIAL CONTACT <i>2018</i>	TIME OF ARREST OR CUSTODY (M/L) <i>2032</i>	COUNTY OF ARREST OR CUSTODY <i>Boone</i>
LOCATION OF ARREST OR CUSTODY <i>McBaine / Broadway</i>		<input checked="" type="checkbox"/> COUNTY OR CITY ORDINANCE <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 <i>Shane Mossy</i>
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------

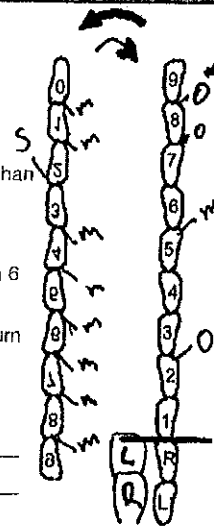
FULL NAME <i>Kenneth Martin Burton</i>		DATE OF BIRTH (MM/DD/YYYY) <i>1/1955</i>
ADDRESS [REDACTED]		CITY, STATE, ZIP CODE <i>Columbia Mo [REDACTED]</i>
RACE <i>W</i>	SEX <i>M</i>	HEIGHT <i>509</i>
WEIGHT <i>225</i>	EYES <i>BRO</i>	HAIR <i>Blk</i>
DRIVER LICENSE NUMBER	STATE <i>MO</i>	VEHICLE LICENSE NUMBER
LICENSE CONFISCATED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	YEAR <i>2016</i>	MAKE <i>Jeep</i>
	MODEL <i>Wrangler</i>	VIN

OFFICER'S OBSERVATION MADE PRIOR TO ARREST OR CUSTODY (Check appropriate boxes and add any pertinent remarks)

BREATH	ODOR OF ALCOHOLIC BEVERAGE: <input type="checkbox"/> FAINT <input checked="" type="checkbox"/> MODERATE <input type="checkbox"/> STRONG <input type="checkbox"/> NONE
EYES	ODOR OF MARIJUANA OR CHEMICAL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
PUPILS	<input type="checkbox"/> WATERY <input checked="" type="checkbox"/> BLOODSHOT <input type="checkbox"/> GLASSY <input 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 checked="" 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	DESCRIBE: <i>Shoes, Pants, Shirt, Jacket</i> SOILED BY: <i>N/A</i>
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: <i>N/A</i>
ATTITUDE	DESCRIBE: <i>Cooperative</i>

SOBERITY TESTS GIVEN PRIOR TO ARREST OR CUSTODY (Check appropriate boxes and add any pertinent remarks)

<input checked="" type="checkbox"/> HORIZONTAL GAZE NYSTAGMUS 1. <input checked="" type="checkbox"/> Eyes Tracked Equally 2. <input checked="" type="checkbox"/> Pupils of Equal Size 3. <input type="checkbox"/> Resting Nystagmus Detected 4. LEFT: <i>X</i> No smooth Pursuit RIGHT: <i>Y</i> Distinct and sustained Nystagmus at maximum deviation Onset prior to 45° with some white showing (See certification on page 4.)	<input type="checkbox"/> WALK-AND-TURN <input checked="" type="checkbox"/> Falls 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 checked="" 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: _____	<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 (raises arms more than 6 inches) <input type="checkbox"/> Hops <input type="checkbox"/> Puts foot down <input type="checkbox"/> Cannot perform or refused to do test Explain: _____
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OTHER: (ANY OTHER TEST(S) GIVEN NOT LISTED ABOVE) e.g., ALPHABET, COUNTING, ROMBERG, FINGER-TO-NOSE.

PRELIMINARY BREATH TEST (PBT) POSITIVE FOR ALCOHOL?
 YES NO REFUSED

RESULT _____ %

SUBJECT REFUSED FIELD TESTS SUBJECT UNABLE TO SAFELY PERFORM FIELD TESTS

IMPLIED CONSENT TIME ADVISED: 2033 (MIL)

FOR USE IN ZERO TOLERANCE ONLY

1. You are under arrest and I have reasonable grounds to believe you were driving a vehicle while you were in an intoxicated condition.

1. You have been stopped and are under the age of 21; I have reasonable grounds to believe that you were driving a 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: 2033 (MIL)

Attorney Requested? YES Time: _____ (MIL) (If yes, explain in narrative.) NO

BREATH/BLOOD TEST AND RESULT

BREATH TEST (ATTACH SIGNED CHECKLIST AND MOST RECENT MAINTENANCE REPORT COMPLETED PRIOR TO THIS BREATH TEST)

BLOOD TEST (ATTACH SIGNED LAB REPORT WITH BAC RESULT)

BLOOD ALCOHOL CONCENTRATION BY WEIGHT

.1431

STATEMENT OF BLOOD DRAWER (COMPLETE OR ATTACH SEPARATE STATEMENT)

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 practices. The blood was withdrawn by means of a previously unused and sterile needle into a sterile, commercially-manufactured blood collection tube containing sodium fluoride or an equivalent preservative, and potassium oxalate, sodium citrate or an equivalent anti-coagulant. 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)
 LICENSED PHYSICIAN PHLEBOTOMIST REGISTERED NURSE
 TRAINED MEDICAL TECHNICIAN (Paramedic, etc.): _____

SIGNATURE NAME (TYPE OR PRINT) WORK TELEPHONE

CRASH INFORMATION (IF APPLICABLE)

Estimated time of crash? _____

How was time determined? _____

Evidence of driving or vehicle operation by subject:

- Admission of subject.
- Witness Statement(s). (Explain in narrative and attach written statement, if available.)
- Other evidence of recent vehicle operation/crash: (hood warm, steam emitting from vehicle(s), debris in roadway, etc.)

Containers of intoxicants in or around vehicle? Yes No

Crash Report prepared? Yes No (Attach)

VERIFICATION OF IDENTIFICATION OF LAW ENFORCEMENT OFFICER (PLEASE COMPLETE AND ATTACH NARRATIVE)

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

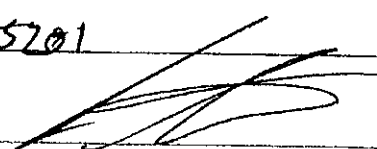
- Narrative (attached).
- Crash Report, if applicable.
- Missouri Driver License, if secured.
- Signed copy of most recent Maintenance Report prior to test.
- Simulator Certification Report, if applicable.
- Notice of Suspension or Revocation (Revenue's copy), if issued.
- All other reports incidental 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, as applicable (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 and administered the test in accordance with NHTSA standards.

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 <i>Shane Masby</i>	BADGE NUMBER <i>2228</i>	RANK <i>Officer</i>	NAME OF POLICE AGENCY OR TROOP LETTER <i>Columbia PD</i>
COMPLETE MAILING ADDRESS <i>600 E Walnut St</i>		BUSINESS TELEPHONE NUMBER <i>573-874-7585</i>	
CITY, STATE, ZIP CODE <i>Columbia, Mo, 65201</i>			
SIGNATURE — MUST SIGN 			

ORI NUMBER
M20100 200

REPORT NUMBER
2019004371

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 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 type="checkbox"/> YES <input type="checkbox"/> NO	TIME ADVISED (MIL)	DATE (MM/DD/YYYY)
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INTERVIEWER TO COMPLETE

INTERVIEW DATE (MM/DD/YYYY)	TIME	INTERVIEWER'S NAME
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WAS SUBJECT INVOLVED IN A CRASH? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE OF CRASH (MM/DD/YYYY)	ESTIMATED TIME OF CRASH (MIL)
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CRASH INFORMATION (IF APPLICABLE) -- RECORD PERSON'S RESPONSES

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

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

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

WHEN?	WHERE?	HOW MUCH?
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INTERVIEW -- RECORD PERSON'S RESPONSES

WHAT TIME IS IT NOW?	WHAT IS THE DATE?	WHAT CITY (COUNTY) ARE YOU IN NOW?
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WHAT WERE YOU DOING DURING THE LAST THREE HOURS PRIOR TO CONTACT WITH LAW ENFORCEMENT?

WERE YOU OPERATING THE VEHICLE AT THE TIME OF THE CRASH OR STOP? <input type="checkbox"/> YES <input type="checkbox"/> NO

HAVE YOU BEEN DRINKING? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT WERE YOU DRINKING?	TIME STARTED	TIME STOPPED
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HOW MUCH?	WHERE?	ARE YOU UNDER THE INFLUENCE OF AN ALCOHOLIC BEVERAGE? <input type="checkbox"/> YES <input type="checkbox"/> NO
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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?	IF YES, WHAT?
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DO YOU HAVE ANY TEMPORARY OR LONG-TERM PHYSICAL OR MENTAL CONDITIONS? <input type="checkbox"/> YES <input 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 type="checkbox"/> NO	IF YES, WHAT?	WHEN?	WHERE?	HOW MUCH?
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AS IV Serial no: 102457
Version no: 532B

TEST RECORD 00614

Temp Date Time ^{9/} 210L

Air Blank:
04/17/19 19:54 .000
Calibration Check:
24 04/17/19 19:54 .100

Subject Name

Test #1

Subject I.D.

Hochne, Mark O. 2078
Operator Name, I.D.

Location

AS IV Serial no: 102457
Version no: 532B

TEST RECORD 00615

Temp Date Time ^{9/} 210L

Air Blank:
04/17/19 19:55 .000
Calibration Check:
24 04/17/19 19:55 .100

Subject Name

Test #2

Subject I.D.

Hochne, Mark O. 2078
Operator Name, I.D.

Location

AS IV Serial no: 102457
Version no: 532B

TEST RECORD 00616

Temp Date Time ^{9/} 210L

Air Blank:
04/17/19 19:57 .000
Calibration Check:
25 04/17/19 19:57 .100

Subject Name

Test #3

Subject I.D.

Hochne, Mark O. 2078
Operator Name, I.D.

Location

AS IV Serial no: 102457
Version no: 532B

TEST RECORD 00617

Temp Date Time ^{9/} 210L

VOID: RFI
12 04/17/19 19:59

Subject Name

RFI Check

Subject I.D.

Hochne, Mark O. 2078
Operator Name, I.D.

Location

AS IV Serial no: 102457
Version no: 532B

TEST RECORD 00618

Temp Date Time ^{9/} 210L

Air Blank:
04/17/19 20:00 .000
Subject Test: Auto
26 04/17/19 20:00 .000

Subject Name

Self Test

Subject I.D.

Hochne, Mark O. 2078
Operator Name, I.D.

Location

Insert Agency Name Here CASE#

SUBJECT'S NAME Kenneth Bulton		DATE OF TEST 05/02/2019
OPERATIONAL CHECKLIST: ALCO-SENSOR IV WITH PRINTER		
ALCO-SENSOR SERIAL NO 102457	PRINTER SERIAL NO 08C.3527.099	LOCATION OF INSTRUMENT VEHICLE 1196
<p><input checked="" type="checkbox"/> 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.</p> <p><input checked="" type="checkbox"/> 2. Subject observed for at least 15 minutes by S. Mosby. No smoking, oral intake of vomiting during this time; if vomiting occurs, start over with 15 minute observation period.</p> <p><input checked="" type="checkbox"/> 3. Make sure printer is connected to Alco-Sensor IV.</p> <p><input checked="" type="checkbox"/> 4. Turn printer on.</p> <p><input checked="" type="checkbox"/> 5. Insert mouthpiece into Alco-Sensor IV.</p> <p><input checked="" type="checkbox"/> 6. Observe temperature display, make sure temperature reading is between 10°C and 40°C.</p> <p><input checked="" type="checkbox"/> 7. When "BLNK" is displayed on Alco-Sensor IV, air blank is taken.</p> <p><input checked="" type="checkbox"/> 8. When "TEST" is displayed on Alco-Sensor IV, take subject breath sample.</p> <p><input checked="" type="checkbox"/> 9. When "SET" is displayed on Alco-Sensor IV, press SET button.</p> <p><input checked="" type="checkbox"/> 10. When printer has completed printing test result, tear off tape and fill in subject and officer information.</p> <p><input checked="" type="checkbox"/> 11. Press red button to eject mouthpiece.</p> <p><input checked="" type="checkbox"/> 12. Turn printer off.</p> <p><input checked="" type="checkbox"/> 13. Attach printout to this report.</p>		
CERTIFICATION BY OPERATOR		BAC .143%
<p>As set forth in the rules promulgated by the Department of Health and Senior Services related to the determination of blood alcohol by breath analysis, I certify that:</p> <p><input checked="" type="checkbox"/> 1. There was no deviation from the procedure approved by the department.</p> <p><input checked="" type="checkbox"/> 2. To the best of my knowledge the instrument was functioning properly.</p> <p><input checked="" type="checkbox"/> 3. I am authorized to operate the instrument.</p> <p><input checked="" type="checkbox"/> 4. No radio transmission occurred inside the room where and when this was being conducted.</p>		
NAME OF OPERATOR SHANE MOSBY	PERMIT NO. 381364	EXPIRATION DATE 04/18/2020
WITNESS (IF ANY)		DATE 05/02/2019

AS TO SERIAL NO: 102457
 VERSION NO: 532B
 TEST RECORD: 006833

Temp Date Time 210L

Air Blank: 05/02/19 20:48 .000
 Subject Test: Auto
 19 05/02/19 20:48 .143
 Kenneth Bulton
 Subject Name

Subject I.D.
 Shane Mosby/381364
 Operator Name, I.D.
 Vehicle 1196
 Location
 2019009371

Insert Agency Name Here CASE#

SUBJECT'S NAME Kenneth Bustin		DATE OF TEST 05/02/2019
OPERATIONAL CHECKLIST: ALCO-SENSOR IV WITH PRINTER		
ALCO-SENSOR SERIAL NO. 102457	PRINTER SERIAL NO. 08C.3527.099	LOCATION OF INSTRUMENT VEHICLE 1196

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 **S.Mosby**
No smoking, oral intake or vomiting during this time; if vomiting occurs, start over with 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.

CERTIFICATION BY OPERATOR	BAC .143
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As set forth in the rules promulgated by the Department of Health and Senior Services related to the determination of blood alcohol by breath analysis, I certify 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 was being conducted.

NAME OF OPERATOR SHANE MOSBY	PERMIT NO. 381364	EXPIRATION DATE 04/18/2020
WITNESS (IF ANY)	DATE 05/02/2019	

AS 10 Serial no: 102457
Version no: 5328

TEST RECORD: 00633

Temp Date Time 210L

Air Blank: 05/02/19 20:48.000
Subject Test: Auto
19 05/02/19 20:48.143
Kenneth Bustin
Subject Name

Subject I.D.
Shane Mosby/381364
Operator Name, I.D.

Vehicle **1196**
Location

2019004371



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT #7

Complete this report in duplicate at the time of the regular monthly preventative maintenance check, and whenever instrument is repaired. Send copy to Department of Health and Senior Services; retain original in department file.

ALCO SENSOR IV SN 102457	PRINTER SN 08C.3527.099	DATE OF INSPECTION 04/17/2019
LOCATION OF INSTRUMENT (STREET AND CITY) 600 EAST WALNUT COLUMBIA		TIME OF INSPECTION 7:53 pm

CHECKLIST: Place a mark in the box by each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unmarked items must be corrected before using instrument.

- DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)
- TEMPERATURE OF ALCO SENSOR (10°C - 40°C)
- PRINTER WORKING PROPERLY
- TIME AND DATE DISPLAYING PROPERLY

BREATH ALCOHOL ACCURACY STANDARDS

<input type="checkbox"/> SIMULATOR SOLUTION	<input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>Intoximeters</u>	LOT # <u>AG826302</u> EXP. DATE <u>09/20/2020</u>
<input type="checkbox"/> SIMULATOR TEMPERATURE (34°C ± 0.2°C)	SIMULATOR SN _____ SIMULATOR EXP DATE _____

CALIBRATION CHECK – (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)
Run three tests using a standard solution. All three tests must be within ±5% of the standard value and must have a spread of .005 or less. Check the box corresponding to the standard solution being used. (PRINTOUT ATTACHED)

<input checked="" type="checkbox"/> 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE
<input type="checkbox"/> 0.080% STANDARD - MUST READ BETWEEN 0.076% and 0.084% INCLUSIVE
<input type="checkbox"/> 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE

TEST 1 \blacktriangleright .100	TEST 2 \blacktriangleright .100	TEST 3 \blacktriangleright .100
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RFI DETECTOR OPERATING

INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT: (DO NOT INCLUDE SELF-ADMINISTERED TESTS)

REFUSALS	0	(0-.04)	0	(.05-.09)	6	(.10-.14)	8	(.15-.19)	2	(OVER .19)	3
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List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily and within established limits (use other side if necessary).

MONTHLY MAINTENANCE

INSPECTING OFFICER

SIGNATURE <i>Mark D. Hoehne</i>	PRINT NAME Mark D. Hoehne 2078
TYPE II PERMIT NUMBER/EXPIRATION DATE 280211 06/11/2020	TELEPHONE NUMBER (573) 874-7585

Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office
2875 James Boulevard
Poplar Bluff, MO 63901

Certificate of Analysis

Customer Name
Exclusive Supplier
Intoximeters, Inc.
2081 Craig Road
St. Louis, Mo 63146

Test Date: 24-Sep-2018

Lot # AG826302 Model 108cadd

<u>Exp. Date</u>	<u>Cyl. Type</u>	<u>Component</u>	<u>Certified Concentration</u>
20-Sep-2020	108	Ethanol Nitrogen	0.100 ± 2% BrAC (272 ppm) Balance

Certification Traceable to N.I.S.T. RGM Ethanol Standards:

<u>Serial No.</u>	<u>Concentration</u>	<u>Serial No.</u>	<u>Concentration</u>
EB0010561	392.1 ppm	EB0010563	393.0 ppm
EB0010570	259.0 ppm	EB0010558	256.2 ppm
EB0010366	200.0 ppm	EB0010565	208.3 ppm
EB0010561	103.6 ppm	EB0010562	104.2 ppm
EB0010561	52.12 ppm	EB0010579	52.61 ppm

Analytical Method: NDHR

Digitally signed by Quality Control
Date: 2018.09.24 16:11:58 -05:00
Reason: Dry gas standard verification of analyte
Location: Airgas USA LLC (Lab)

Approved for Release:

Rod Marsala
Rod Marsala

ISO 17025:2005 A2LA accredited. Certificate Number 3092.06

PERMIT
TYPE II
MARK D HOLBNE

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

ALCO-SENSOR IV WITH PRINTER, INTOX DMT

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 508.111 through 508.119 RSMo.

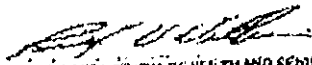
DATE ... 6/11/2018 .

NUMBER 280211 . . .

EXPIRES 6/11/2020

MO-MS-012118-00



DIRECTOR OF STATE PUBLIC HEALTH LABORATORY


DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB 4 (14-10)

STATE OF MISSOURI
DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM

INSTRUMENT OPERATOR CARD



Operator: **HOLBNE, MARK**
Case No: **280211**
Date Issued: **06/11/2018** Date Expires: **06/11/2020**