



Oct. 27, 2010 3:03PM
**EAST LANSING
 POLICE DEPARTMENT
 INCIDENT REPORT**

Report Title: O.W.I. ATT CAD-CFS
 Report Title: ATT CAD-CFS
 CFS: 8041 10 - No. 06297 P. 1rig
 Report # 10-25477 Page 1 of 1
CLOSED

Report Date: 10/10/10 2. Date Finish: 10/10/10
 3. Report Time: 0219 hrs. 4. Disp Time: 0219 hrs. 5. Arrived Time: 0219 hrs. 6. Finished Time: 0330 hrs.
 Reported As: O.W.I. 8. Dispatch Ofc. Initiated Walk In

Verified Location (Intersection, Common name or address & Apartment # or Block #): GROVE / ALBERT 10. Citation Number: 85759

Unit (Responding Call Sign/Officer Name/Badge #): 2A21 / R. KUHN / #147 12. Additional Officers (Responding Call Sign/Officer Name/Badge #): WRIGGLESWORTH / BOVE.

Occurred on: 13. Date: 10/10/10 14. Time: 0219 hrs. 15. Date: 10/10/10 16. Time: 0219 hrs. 17. Location Type: 118

19. Weapon: 0100 20. Activity: 0 21. Entered: / 22. Method: / 23. Point Entry: / 24. Point Exit: / 25. Bias: 010

Person Type: Arrest Complainant Driver Missing Other Owner Suspect Victim Ticketed
 Force Used: 28. Type: Wpn Display PPCT Chem Agent ASP Taser
 Yes No Other: Wpn Discharge Less Lethal: 10-25477

Name (L/F/M): RUCKER / CHRISTOPHER / L 31. A J 32. Address: HAMILTON ST.

City: WARREN 34. State: OH 35. Zip: 44485 36. Home Tx: (330) 984-XXXX 37. Other Tx: ()

Other Address: STONEHEDGE APT B 39. City: EAST LANSING 40. State: MI 41. Zip: 48823

SS#: [REDACTED] 43. SID#: [REDACTED] 44. FBI#: [REDACTED] 45. TCN#: [REDACTED] 46. Type: 1 47. Rel Ofnd: 311 48. Inj: N 49. V Circ: 1 50. JHC: 1

52. State: OH 53. Sex: M 54. Race: B 55. V/Ethnic: U 56. Hispanic: Yes No 57. DOB: 10/12/88

59. PBT #: 14 60. B.A.C. %: .095 61. Chemical Test: Yes No Breath Blood Urine 62. B.A.C. %: #1 .10 #2 .10

63. Height: 602 64. Weight: 200 lbs. 65. Eyes: BRN 66. Hair: BLK 67. Skin: MED 68. Build: MED.

69. Scar/Mark/Tat: N/A 70. Gang Member: Yes No 71. Gang Affiliation: N/A

72. Alias/AKA: N/A 73. Status: Jailed Released Citation Not Arrested Seeking Warrant

74. Criminal History: Yes No 75. Photo: Yes No 76. Prints: Yes No 77. Domestic Violence Armed/Dangerous Resist Arrest Suicidal Mental

78. Place Arrested: GROVE / ALBERT 79. Arrest Date/Time: 10/10/10 0219 hrs. 80. Arresting Officer(s): #147

79. Warrant Arrest: Yes No 82. Agency holding Warrant/Charge: N/A 83. Armed With: N/A

4. Person Type: Arrest Complainant Driver Missing Other Owner Suspect Victim Ticketed

5. Force Used: 86. Type: Wpn Display PPCT Chem Agent ASP Taser
 Yes No Other: Wpn Discharge Less Lethal: 10-25477

9. Name (L/F/M): [REDACTED] 89. A J 90. Address: [REDACTED]

1. City: [REDACTED] 82. State: [REDACTED] 83. Zip: [REDACTED] 94. Home Tx: [REDACTED] 95. Other Tx: [REDACTED]

6. Other Address: [REDACTED] 97. City: [REDACTED] 96. State: [REDACTED] 99. Zip: [REDACTED]

10. SS#: [REDACTED] 101. SID#: [REDACTED] 102. FBI#: [REDACTED] 103. TCN #: [REDACTED] 104. Type: [REDACTED] 105. Rel Ofnd: [REDACTED] 106. Inj: [REDACTED] 107. V Circ: [REDACTED] 108. JHC: [REDACTED]

09. DL#: [REDACTED] 110. State: [REDACTED] 111. Sex: [REDACTED] 112. Race: [REDACTED] 113. V/Ethnic: [REDACTED] 114. Hispanic: Yes No 115. DOB: [REDACTED]

16. PBT: Yes No 117. PBT #: [REDACTED] 118. B.A.C. %: [REDACTED] 119. Chemical Test: Yes No Breath Blood Urine 120. B.A.C. %: #1 [REDACTED] #2 [REDACTED]

21. Height: [REDACTED] 122. Weight: [REDACTED] lbs. 123. Eyes: [REDACTED] 124. Hair: [REDACTED] 125. Skin: [REDACTED] 126. Build: [REDACTED]

27. Scar/Mark/Tat: [REDACTED] 128. Gang Member: Yes No 129. Gang Affiliation: [REDACTED]

30. Alias/AKA: [REDACTED] 131. Status: Jailed Released Citation Not Arrested Seeking Warrant

32. Criminal History: Yes No 133. Photo: Yes No 134. Prints: Yes No 135. Domestic Violence Armed/Dangerous Resist Arrest Suicidal Mental



COMPLAINT #: 10-25477

OFFICER: R. KUHN #147

ADDITIONAL OBSERVATIONS/REASONS FOR STOP:

- Accident
- Improper Lane Usage
- Observations of the driver
- Weaving
- Other: _____
- Failing to stop/stopping too late
- No signal use
- Speeding

CONTACT WITH DRIVER:

- Odor of intoxicants from vehicle
- Slurred speech
- Bloodshot eyes
- Bar stamp/mark
- Other, amount of alcohol consumed and time of last drink: STATED 1 MIXED DRINK.
25 MINUTES AGO.
- Had trouble finding paperwork
- Nervous
- Stated had been drinking

BRIEF TASKS:

PRELIMINARY QUESTIONS:

- High School Education
- College Education
- Graduate or Higher

- Does the driver understand the English Alphabet? Yes No
- Is the driver able to count from 1 through 100? N/A Yes No
- Does the driver have any current medical conditions? Yes No

If yes, list: _____

- Is the driver on any medication? Yes No

If yes, list: _____

- Does the driver wear contact lenses or glasses? Yes No

If yes, describe visual acuity: _____

- Is there an odor of intoxicants coming from the suspect? Yes No

Observations: _____

BASIC STANCE:

Observations: _____

COMPLAINT #: 10-25477

Starting Letter: A Ending Letter: Z

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

Observations: _____

I LEG STAND:

Did the suspect complete the task as instructed? Yes No

Observations: NO, FOOT ABOUT 1" FROM GROUND, SWITCHED FEET SEVERAL TIMES (SEE VIDEO) STARTED TEST EARLY.

HEEL TO TOE WALK:

Did the suspect complete the task as instructed? Yes No

Observations: POOR BALANCE, STUMBLE AT TURN.

HORIZONTAL GAZE NYSTAGMUS:

Does the suspect have equal pupil size in both the right and left eye? Yes No

If no, is there a medical condition? Yes No

Does the suspect have equal horizontal tracking in both the right and left eye? Yes No

If no, is there a medical problem? Yes No

Does the suspect have the lack of smooth pursuit in the right and left eyes? Yes No

Does the suspect have the onset of nystagmus prior to 45 degrees?

RIGHT EYE?
 Yes No

LEFT EYE
 Yes No

Does the suspect have distinct and sustained nystagmus at maximum deviation?

Yes No
 Yes No

Yes No
 Yes No

Does the suspect have vertical nystagmus?

Observations: _____

COUNTING FORWARDS / BACKWARDS:

Did the suspect complete the task as instructed? Yes No

Starting Number: _____ Ending Number: _____

Observations: _____

OTHER TASKS GIVEN: CALENDAR MONTHS (MAY-MAY)

Observations: SKIPPED MARCH AND APRIL.

Observations: PBT #14 .095 BAC.

STORY/VEHICLE SEARCH

Observations: VEHICLE PARKED.

TEST/TRANSPORT:

- Was the suspect arrested for OWI/OUID? Yes No
- Was the suspect handcuffed according to Policy and Procedure? Yes No
- Was the suspect transported without incident? Yes No

Observations: _____

Was the suspect lodged at ELPD Jail for the alcohol violation? Yes No

Was the bond amount? \$ 200.00.

Incident, explain: _____

MASTER/CHEMICAL BREATH TEST:

- Did the driver submit to a chemical breath test? Yes No
- Did the "15 minute rule" comply with? Yes No
- Did the driver refuse, was a legal blood draw done? N/A Yes No

ACTION: Citation number _____

- Primary charge (1): O.W.I.
- Secondary charge (2): _____
- Tertiary charge (3): _____

STATUS:

CLOSED.

Date: 10/10/10. Supervisor review _____

COMPLAINT #: 10-25477.

STATE OF MICHIGAN TRAFFIC CRASH REPORT

OR: MI-3336400

Department Name EAST LANSING POLICE DEPARTMENT

Incident Disposition
 Open Closed

Reviewer SOCS

Do Not Write or Mark On This Side of The Line

Do Not Write or Mark On This Side of The Line

Do Not Write or Mark On This Side of The Line

Crash Date Month: 10 Day: 20 Year: 2010		Crash Time Military: 0215		No. of Units: 02		Crash Type <input type="checkbox"/> Single Motor Vehicle <input type="checkbox"/> Head On <input type="checkbox"/> Head On-Left Turn <input type="checkbox"/> Angle <input type="checkbox"/> Rear End <input type="checkbox"/> Rear End-Left Turn <input type="checkbox"/> Rear End-Right Turn <input type="checkbox"/> Sideswipe-Same <input type="checkbox"/> Sideswipe-Opposite <input checked="" type="checkbox"/> Other/Unknown		Special Circumstances <input type="checkbox"/> None <input type="checkbox"/> School Bus <input type="checkbox"/> Local <input checked="" type="checkbox"/> Hill and Fur. <input type="checkbox"/> State <input type="checkbox"/> Weather (Mark Only One) <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Fog/Smoke <input type="checkbox"/> Rain <input type="checkbox"/> Daylight <input type="checkbox"/> Dawn <input type="checkbox"/> Dusk <input type="checkbox"/> Snowy <input type="checkbox"/> Wet <input type="checkbox"/> Icy <input type="checkbox"/> Deer <input type="checkbox"/> Fleeing Police <input type="checkbox"/> State <input type="checkbox"/> Severe Wind <input type="checkbox"/> Snow/Blowing Snow <input type="checkbox"/> Sleet/Hail <input checked="" type="checkbox"/> Other/Unknown <input type="checkbox"/> Dry <input type="checkbox"/> Muddy <input type="checkbox"/> Slushy		Special Checks <input type="checkbox"/> Fatal (Report All) <input type="checkbox"/> Corrected Copy <input type="checkbox"/> Replace (Entire Report) <input type="checkbox"/> Delete (Entire Report) <input checked="" type="checkbox"/> Non-Traffic Area <input type="checkbox"/> ORW/Snowmobile	
County: 33 City/Twp: 80		Traffic Control <input checked="" type="checkbox"/> None of These <input type="checkbox"/> Signal <input type="checkbox"/> Stop Sign <input type="checkbox"/> Yield Sign		Relation to Roadway (Location of First Impact) <input type="checkbox"/> Shoulder <input type="checkbox"/> Outside of Shoulder/Curb <input checked="" type="checkbox"/> On Road <input type="checkbox"/> Median <input type="checkbox"/> Gore <input type="checkbox"/> Other/Unknown		Construction Zone (if applicable) Type: <input type="checkbox"/> Const/Main <input type="checkbox"/> Utility Lane Closed: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Activity: <input type="checkbox"/> On Road <input type="checkbox"/> Off Road <input checked="" type="checkbox"/> None		Road Condition (Mark Only One) <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Icy		Area: 13 Total Lanes: 1 Speed Limit: 10 Posted: <input checked="" type="checkbox"/> No	

Prefix	Road Name: GROVE	Divided Roadway: <input checked="" type="checkbox"/> (N) <input checked="" type="checkbox"/> (S) <input checked="" type="checkbox"/> (E) <input checked="" type="checkbox"/> (W)	Road Type	Suffix: ST
Distance: 30	Direction: <input checked="" type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West	Accessed Control: <input checked="" type="checkbox"/> (2) <input checked="" type="checkbox"/> (3)		

Prefix	Intersecting Road: ALBERT	Divided Roadway: <input checked="" type="checkbox"/> (N) <input checked="" type="checkbox"/> (S) <input checked="" type="checkbox"/> (E) <input checked="" type="checkbox"/> (W)	Road Type	Suffix: RD
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Unit Number: 1	State: MI	Driver License Number	Date of Birth: 09/27/1989	License Type: <input checked="" type="checkbox"/> D <input type="checkbox"/> CY <input type="checkbox"/> C <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> R	Sex: <input checked="" type="checkbox"/> M <input type="checkbox"/> F	Total Occup: 00	Hazard Action: 00
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Unit Type: <input checked="" type="checkbox"/> MV	Name: PATRICK MICHAEL WEAVER	Street Address: COOPER HILL DR.	City: OKEMOS	State: MI	Zip: 48864	Phone Number: (577) 897-XXXX
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Driver Condition: <input checked="" type="checkbox"/> 1	Interlock: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Alcohol: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Test Type: <input type="checkbox"/> Field <input type="checkbox"/> PBT <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine	Test Results	Injury: <input type="checkbox"/> None <input type="checkbox"/> F	Position: 00	Restraint: 00	Hospital: NONE	Ambulance: NONE
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Drugs: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Test Type: <input type="checkbox"/> Blood <input type="checkbox"/> Urine	Test Results	Vehicle Registration: State MI	Insurance: STATE FARM	Towed To/By: NOT TOWED	Vehicle Description: BUICK	Make: PARK AVE	Model: TAN	Year: 1996
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Location of Greatest Damage: 03	Extent of Damage: 2	Driveable: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Vehicle Type: <input checked="" type="checkbox"/> PA <input type="checkbox"/> VA <input type="checkbox"/> PU <input type="checkbox"/> ST	Vehicle Direction: <input checked="" type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West	Special Vehicles: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	Private Trailer Type: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7
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First Name	Date of Birth	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Position / Resuscit	Hospital	Ambulance
Middle	Street Address				
Last	City	State	Zip	Phone Number	Ejected: <input type="checkbox"/> Yes <input type="checkbox"/> No Trapped: <input type="checkbox"/> Yes <input type="checkbox"/> No

First Name	Date of Birth	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Position / Resuscit	Hospital	Ambulance
Middle	Street Address				
Last	City	State	Zip	Phone Number	Ejected: <input type="checkbox"/> Yes <input type="checkbox"/> No Trapped: <input type="checkbox"/> Yes <input type="checkbox"/> No

Person Advised of Damaged Traffic Control	Name	Address
Unit	Phone Number	Age Pos. Res.
Name	Address	
Name	Phone Number	Age Pos. Res.

Person Advised of Damaged Traffic Control	Unit	Damaged Property	Public: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Name	Time	Owner & Phone	

UL-10 SERIAL NUMBER: 0039485	Serial Override Number	Do Not Write or Mark in This Area
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NCS

Date of Birth 10/2/1988

Unit Type (MV), Name (CHRISTOPHER I. RUCKER), Street Address (HAMILTON ST), City (WARREN), State (MI), Zip (44485), Driver Condition (1), Interlock (No), Alcohol (No), Drugs (No), Vehicle Registration (MI), Insurance (UNKNOWN), Towed To/By (NOT TOWED)

License Type (O), Sex (M), Total Occup (01), Hazard Action (11), Injury (K), Position (01), Restraint (04), Hospital (NONE), Ejected/Trapped (NONE), Airbag Deployed (No), Citation Issued (None), Hazardous (O.W.I.)

Vehicle Description (OLDSMOBILE BRAVADA TAN 2002), Vehicle Type (PA), Vehicle Direction (East), Special Vehicles (1, 2, 3), Private Trailer Type (1, 2, 3, 4, 5, 6, 7), Vehicle Defect (1, 2, 3, 4, 5, 6), Vehicle Use (2, 3, 4, 5, 6, 7, 8, 9, 10, 11)

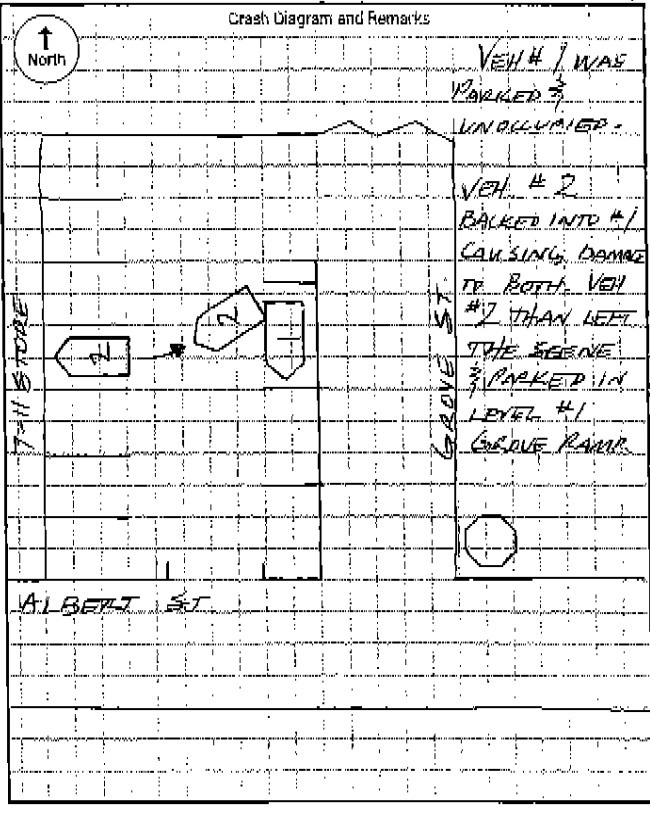
First Name, Middle, Last, Date of Birth, Sex, Position, Restraint, Hospital, Ambulance, Ejected, Trapped

Street Address, City, State, Zip, Phone Number, Injury, Airbag Deployed, Ejected, Trapped

Owner, Witness, Name, Address, Phone Number, Age, Pos, Rest

Owner, Witness, Name, Address, Phone Number, Age, Pos, Rest

Unit Reported on Front (Action Prior 23, Sequence of Events 17), Unit Reported Above (Action Prior 07, Sequence of Events 18), Carrier Name, Address, City, State, Zip, Driver's CDL Type, Vehicle Type, Medical Card, Hazardous Material



UD-10 SERIAL NUMBER 0039485, Investigated at Scene (checked), Reported Date/Time (10/10/10 0215 HRS), Investigator Name(s) & Badge # (R. KUHN #147), Photos By

Forward Original To: Michigan State Police, Traffic Crash Reporting Section, 7150 Harris Drive, Lansing, MI 48913

Do Not Write or Mark On This Side of The Line

Address

Phone Number

Age

Pos.

Rest.

Above

Sequence of Events

Third	Fourth

(M) (M) (M)

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Carrier Source

- Papers
- Vehicle
- Log Book
- Driver

- HI P OT
- N S X

CDL Restrictions

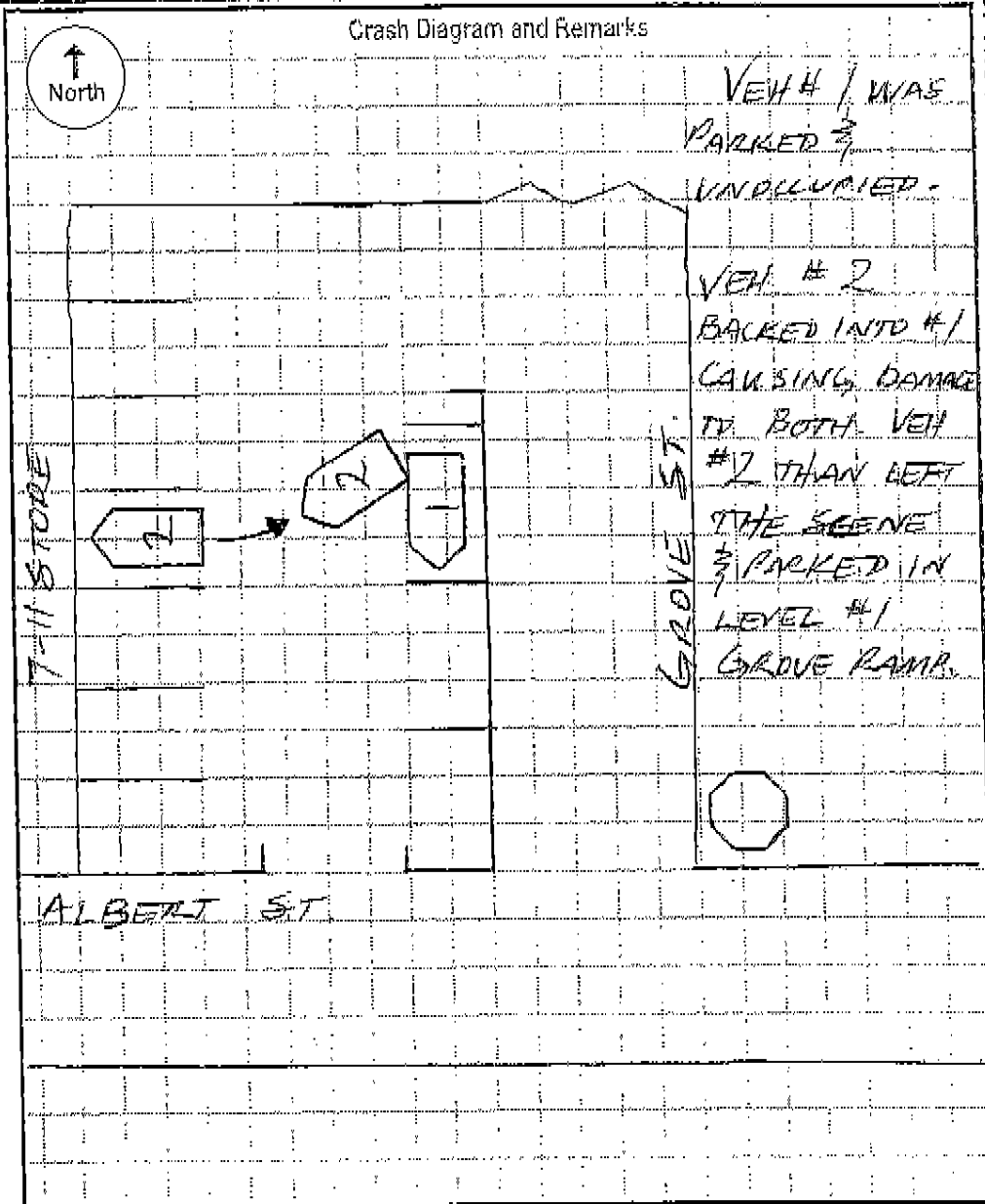
- 28 29 30

Other

- AL BS CX
- BB BX Other
- BH CH
- BN CP
- BP CS

N

Tacard Cargo Spill



Do Not Write or Mark On This Side of The Line

10/10/10 0215 HRS.

R KUH #147

Photos By

Do Not Write or Mark Below This Line

BOOKING SHEET (RELEASED)

ELECTED FILTER: BOOKING NUMBER(S): 20102617

MATE NAME: RUCKER, CHRISTOPHER L. BOOKING #: 20102617
 IL ID: 00014470 CELL #: 104

PERSONAL	PHYSICAL	IDENTIFICATION
ADDRESS: [REDACTED] STONEHEDGE APT B EAST LANSING, MI 48823	GENDER: MALE	SSN: [REDACTED]
TELEPHONE #: 330-984-[REDACTED]	RACE: BLACK	DATE OF BIRTH: 10-12-1988
COUNTY RESIDENT: NO	COMPLEXION: BLACK	AGE: 21
RIVER'S LICENSE: [REDACTED]	BUILD: LARGE	SENTENCE
LICENSE STATE: OH	HAIR COLOR: BLACK	SENTENCE STARTS:
BIRTH PLACE: OH	EYE COLOR: BROWN	SENTENCE LENGTH: 0
MARITAL STATUS: SI	HEIGHT: 601	SENTENCE ENDS:
MILITARY: NO	WEIGHT: 195	
IS CITIZEN: YES	GLASSES:	
ALIAS:	WRITING HAND: RIGHT	
NICKNAME:		

ARREST	SUPPLEMENT	RELEASE
ARRESTING AGENCY: ELPD	FBI #:	RELEASE DATE: 10-10-2010
ARRESTED BY: KUHN	STATE #:	RELEASE TIME: 08:02
ARREST DATE: 10-10-2010	FP#:	RELEASED BY: 502
ARREST TIME: 03:23	ALIEN #:	MCCRIMMON, TERRY
ICIC CHECK: YES	PHONE CALLS: YES	RELEASE INFO: BO - BONDED OUT
HELD FOR:	JAIL RULES: YES	
VEHICLE INFO:	NEW FINGERPRINTS: YES	
BOOKING DATE: 10-10-2010	NEW PHOTO: YES	
BOOKING TIME: 03:20	RELIGION:	
BOOKING OFFICER: 513	TRANSFER IN:	
VERHOUGSTRATE, DANIEL B.		

CASE #	COURT	COURT DATE	JUDGE	BOND INFORMATION
CHARGE CODE/DEGREE	CHARGE DESCRIPTION	CHARGING AGENCY	DISPOSITION	TRANSPORT BY
	OWI - OPERATING WHILE INTOXICATED	ELPD	10-25477 BAC .10 Release at 0800 w/ \$200 bond	

SMTO	SMTO TYPE	SMTO LOCATION	SMTO DESCRIPTION
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INMATE PERSONAL PROPERTY FORM (RELEASED)

SELECTED FILTER: BOOKING NUMBER(S): 20102617

INMATE NAME: RUCKER, CHRISTOPHER L.

BOOKING #: 20102617

PROPERTY: TOTAL AT RELEASE \$

JAIL ID: 00014470

DOB: 10-12-1988

SSN: [REDACTED]

PROPERTY: SEALED BAG 389301

PROPERTY LOCATION: 104

CLOTHING LOCATION: 104

CERTIFY THAT THE ABOVE IS A CORRECT LIST OF ITEMS REMOVED FROM MY POSSESSION AT THE TIME THAT I WAS INCARCERATED IN THIS FACILITY. I HAVE BEEN GIVEN A COPY OF THE JAIL RULES AND REGULATIONS. I AGREE NOT TO HOLD THE "SHERIFF" OR "CORRECTIONS OFFICER" RESPONSIBLE FOR CLOTHING, MONEY, OR OTHER VALUABLES MAILED OR BROUGHT TO THE JAIL FOR ME. I HEREBY AUTHORIZE THE "SHERIFF" TO HAVE ALL MY MONEY IN MY PROPERTY DEPOSITED IN A CHECKING ACCOUNT FOR ME, AND AT THE TIME OF MY RELEASE, I WILL BE MAILED A CHECK FOR THE BALANCES STILL DUE TO ME.

NOTE: IF INMATE REFUSES TO SIGN THEN WE WILL NOT ACCEPT ANY INCOMING PROPERTY

INMATE SIGNATURE  DATE _____ TIME _____

OFFICER SIGNATURE _____ DATE _____ TIME _____

WITNESS _____ DATE _____ TIME _____

MEDICAL SCREENING FORM

ELECTED FILTER: BOOKING NUMBER(S): 20102617

MATE NAME: RUCKER, CHRISTOPHER L.

BOOKING #: 20102617

SEX: MALE RACE: BLACK

D.O.B.: 10-12-1988

SSN: [REDACTED]

JAIL ID: 00014470

OFFICER OBSERVATION

- 1 IS THE INMATE UNCONCIOUS?
- 2 DOES THE INMATE HAVE VISIBLE SIGNS OF TRAUMA, OR IN OBVIOUS PAIN?
- 3 IS THERE EVIDENCE OF INFECTION THAT MIGHT SPREAD THROUGH THE JAIL?
- 4 IS THERE A SKIN CONDITION SUCH AS RASHES, BRUISES, LESIONS, OR INFECTIONS?
- 5 DOES THE INMATE APPEAR TO BE UNDER THE INFLUENCE OF ALCOHOL AND/OR DRUGS?
- 6 ARE THERE NEEDLE MARKS OR OTHER INDICATIONS OF DRUG ABUSE?
- 7 IS THERE ANY BLEEDING, JAUNDICE, TREMORS, SWEATING, OR PERSISTANT COUGH?
- 8 DOES THE INMATE HAVE EASE OF MOVEMENT, AND/OR VISIBLE BODY DEFORMITIES?
- 9 DOES THE INMATE APPEAR TO HAVE A MENTAL CONDITION OR MENTAL RETARDATION?
- 10 DOES THE INMATE'S BEHAVIOR SUGGEST THE RISK OF SUICIDE OR ASSUALT ON OTHERS?
- 11 IS THE INMATE EXHIBITING ASSUALTIVE, VIOLENT, LOUD, OR OBNOXIOUS BEHAVIOR?

INMATE QUESTIONNAIRE

- 12 COMMUNICABLE-DISEASE?
- 13 SEXUALLY TRANSMITTED DISEASE (STD)?
- 14 AIDS, HIV?
- 15 ALCOHOL ADDICTION?
- 16 DRUG ADDICTION?
- 17 ALLERGIES?
- 18 ASTHMA
- 19 ARTHRITIS?
- 20 TUBERCULOSIS?
- 21 BACK PROBLEM?
- 22 DIABETES?
- 23 EMPHYSEMA OR SHORTNESS OF BREATH?
- 24 EPILEPSY OR SEIZURES?
- 25 HEART DISEASE?
- 26 HIGH BLOOD PRESSURE?
- 27 HEPATITIS?
- 28 HERNIA?
- 29 ULCERS OR STOMACH PROBLEMS?
- 30 DENTAL PROBLEMS?
- 31 VISION OR HEARING DIFFICULTIES?
- 32 PHYSICAL HANDICAP?
- 33 OTHER MEDICAL PROBLEMS?

FEMALE ONLY

- 34 ARE YOU PREGNANT?
- 35 IF YES, WHAT IS YOUR DUE DATE?
- 36 DO YOU HAVE ANY GYNEOLOGICAL PROBLEMS?
- 37 ARE YOU ON BIRTH CONTROL PILLS?
- 38 WHAT IS THE DATE OF YOUR LAST MENSTRUAL PERIOD?
- 39 DO YOU HAVE ANY OTHER FEMALE RELATED PROBLEMS?

DATE: 10-10-2010

TIME: 03:32

MEDICAL SCREENING FORM

LECTED FILTER: BOOKING NUMBER(S): 20102617

SUICIDE

- HAVE YOU EVER ATTEMPTED SUICIDE? WHEN? WHY? HOW?
- HAVE YOU EVER CONSIDERED SUICIDE? WHEN? WHY?
- ARE YOU NOW, OR HAVE YOU EVER BEEN TREATED FOR MENTAL HEALTH OR EMOTIONAL PROBLEMS?
- HAVE YOU RECENTLY EXPERIENCED A SIGNIFICANT LOSS?
- HAS A FAMILY MEMBER OR CLOSE FRIEND EVER ATTEMPTED OR COMMITTED SUICIDE?
- DO YOU FEEL LIKE THERE IS NOTHING TO LOOK FORWARD TO IN THE IMMEDIATE FUTURE?
- ARE YOU THINKING OF KILLING YOURSELF?
- GENERAL POPULATION?
- OBSERVATION?
- RELEASE?
- TRANSFER?
- REFERRAL?

COMMENTS

SUICIDE COMMENT

DRUG USE:

TYPE OF DRUG: alcohol

DRUG USED:

AMOUNT USED:

FREQUENCY:

MODE OF USE:

STORY:

MEDICAL INSURANCE:

PERSONAL DOCTOR:

EMERGENCY CONTACT:

ADDRESS:

CITY:

STATE:

ZIP:

PHONE:

CERTIFY THAT I HAVE TRUTHFULLY ANSWERED THESE QUESTIONS ABOUT MY HEALTH.

PATIENT SIGNATURE: _____ DATE: _____ TIME: _____

OFFICER SIGNATURE: _____ DATE: _____ TIME: _____

MEDICAL STAFF: _____ DATE: _____ TIME: _____

No 0389301

BAG# 1 OF 1

INMATE PERSONAL PROPERTY

ARRESTEE'S NAME:
RUCKER

DATE OF INVENTORY:
10-10-10

BOOKING OFFICER/SEALED BY:
516

REFERENCE RECEIPT#

INVENTORY OF PROPERTY

CASH \$

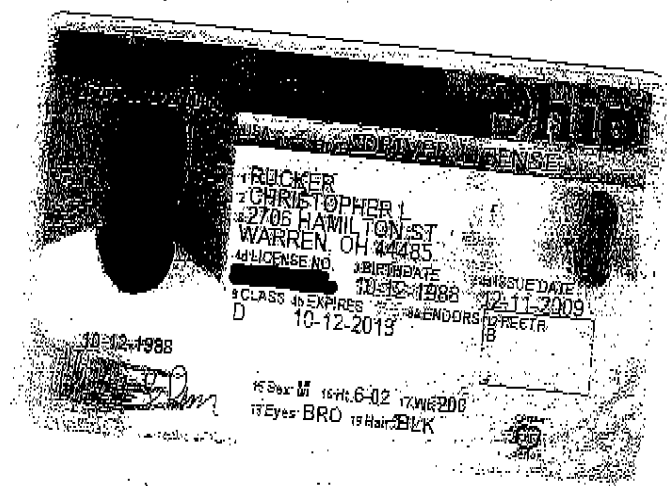
ITEM#	DESCRIPTION	QUANTITY
1	TWENTY	
1	TEN	
1	FIVE	
2	BIJES	
2	WASH	
1	VISA	
1	CELL PHONE CASE	
1	WACC	

OWNER'S SIGNATURE UPON BOOKING [Signature]

CONDITION OF BAG WHEN OPENED: SEALED OTHER
OPENED BY: _____ DATE: _____

OWNER'S SIGNATURE UPON OPENING AND RECEIPT OF ITEMS [Signature]
DATE: _____





US DOT # _____ Incident No. **10-25477** Dep't. **80**
 Local Use/Arrest No. **940688**
 OF: **EAST LANSING**
 THE UNDERSIGNED SAYS THAT ON: **10/10/10 02:19 A**
 Driver License Number: **SX297073**
 SSN (last 4 digits): _____

Name (First, Middle, Last): **CHRISTOPHER L RUCKER**
 Street: **HAMILTON ST.**
 City: **WARREN** State: **OH** Zip Code: **44485**

Vehicle Plate No. _____ Year: **12** State: **OH** Vehicle Description (Year, Make, Color): **02 OLDS GLD 4D**
 THE PERSON NAMED ABOVE, in violation of Local Ordinance State Law Administrative Rule

UPON: **300 BLK GROVE ST.**
 AT OR NEAR: **7-11 STORE**
 WITHIN CITY VILLAGE TOWNSHIP OF **East Lansing**
 COUNTY OF **Ingham** DID THE FOLLOWING Charge No.

Type	MCL Cit/PACC Code/Ordinance	Description (include any bond amount collected on each charge)
<input checked="" type="checkbox"/> C/I	257.625(1)	OVI
<input type="checkbox"/> Misd		
<input type="checkbox"/> Fel		
<input type="checkbox"/> C/I		LEAVE SCENE
<input type="checkbox"/> Misd		
<input type="checkbox"/> Fel		PROPERTY DAMAGE AC
<input type="checkbox"/> C/I		
<input type="checkbox"/> Misd		
<input type="checkbox"/> Fel		

TO THE COURT: Do not arraign on a felony charge until an authorized complaint is filed.
 10-25477-625(1)

Remarks/Local Address: _____

CHECK IF APPROPRIATE: Damage to Property Local Court Bond \$ **200.00**
 Vehicle Impounded Injury License Posted in Lieu of Bond
 Traffic Crash Death Appearance Certificate
 Person In Active Military Service Yes No None

SEE DATE BELOW. SEE BACK OF CITATION FOR EXPLANATION AND INSTRUCTIONS
 Misdemeanor Appearance Date Within **4-10** calendar days at 8:00 a.m.
 Civil Infraction Appearance (response) Date Within **4-10** calendar days
 Juvenile Traffic Misd. (Court will Notify) Formal/Hearing Required. (Court will Notify)

In the 54B District Court of East Lansing, MI
 Court Address & Phone Number: **Traffic & Civil Infractions: (517) 351-4588**
54B DISTRICT COURT **Criminal Division: (517) 336-8630**
101 LINDEN ST. **Pay online at: www.54BDistrictCourt.com**
EAST LANSING, MI 48823-4911
MON. - FRI. 8AM - 4:30PM

I served a copy of the civil infraction complaint upon the defendant (or owner/occupant) by _____ (if applicable).
 I declare under the penalties of perjury that the statements above are true to the best of my information, knowledge, and belief.

Complainant's Signature and receipt (if applicable): _____
 Month: **10** Day: **10** Year: **10**
 Officer's Name (Printed): **R. RUCKER** Officer's ID No.: **147**
 Agency: **MI-364** Agency Name: MFLPD MSUPD _____
 UC-07a (rev. 6/05) COURT COPY 1

FACE THIS SIDE DOWN - THIS EDGE IN FIRST

BAC DataMaster
 Evidence Ticket

STATE OF MICHIGAN
 DEPARTMENT OF STATE POLICE

INSTRUMENT 940088

OCTOBER 10, 2010
 SUBJECT'S NAME (L/F/M):
 RUCKER/CHRISTOPHER/L
 SUBJECT'S ADDRESS:
 HAMILTON ST
 WARREN, OH, 44485
 SUBJECT'S DOB: 10/12/1988
 LICENSE NUMBER: _____
 REPORT NUMBER: 10-25477
 OPERATOR'S NAME (L/F/M):
 KUHN/BOC
 OPERATOR CERTIFICATE #:
 25695

--- BREATH ANALYSIS ---

BLANK TEST	.000	03:09
INTERNAL STANDARD	VERIFIED	03:09
SUBJECT SAMPLE	.10	03:10
BLANK TEST	.000	03:11
SUBJECT SAMPLE	.10	03:13
BLANK TEST	.000	03:13
INTERNAL STANDARD	VERIFIED	03:13

ALCOHOL READINGS ARE EXPRESSED AS
 GRAMS OF ALCOHOL PER 210 LITERS OF BREATH

Observation Time: **0255 hrs.**
 Operator Signature: _____ #147
 (Enter if required by regulations)

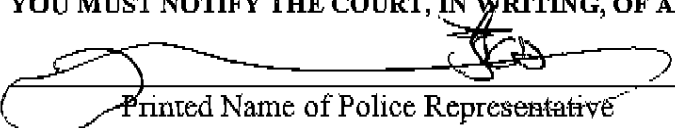

Block No. _____
 REORDER ALL SUPPLIES FROM N.P.A.S.
 P.O. BOX 1435, MANSFIELD, OH 44801

Press Hard - You are making five copies

This form is available from Target Information Management, Inc. (517)337-1211

INTERIM BOND RECEIPT

No 14849

ELPD COMPLAINT # <u>10-25177</u>		TICKET #		COURT CASE #		TODAYS DATE: <u>10/10/10</u>	
DEFENDANT'S NAME: LAST / FIRST / MIDDLE <u>Rucker, Christopher</u>				DOB: <u>10/21/88</u>		OPERATOR LICENSE # / STATE <u>[REDACTED] (OH)</u>	
DEFENDANT'S HOME ADDRESS: <u>[REDACTED] Stonehedge Dr Apt B</u>				CITY: <u>East Lansing</u>		STATE: ZIP CODE: <u>MI 48823</u>	
DEFENDANT'S LOCAL ADDRESS:				CITY:		STATE: ZIP CODE:	
HOME PHONE: <u>313-984-[REDACTED]</u>		LOCAL PHONE:		CELL PHONE:		WORK PHONE:	
RECEIVED FROM: (IF A THIRD PARTY) LAST / FIRST <u>Rucker / Christopher</u>				THIRD PARTY HOME ADDRESS: <u>[REDACTED] Stonehedge Dr. Apt B</u>			
CITY: <u>East Lansing</u>		STATE: <u>MI</u>	ZIP CODE: <u>48823</u>	HOME PHONE:		CELL PHONE: <u>313-598-[REDACTED]</u>	
The total sum of \$ <u>200</u> as cash ^(US\$) bond to assure the appearance of the defendant at the time and place listed below.							
<input checked="" type="checkbox"/> 54-B District Court: 101 Linden East Lansing, MI 48823 (517-351-7000)							
<input type="checkbox"/> Other: _____							
<input checked="" type="checkbox"/> To appear within 10 calendar days from this date, at 8:00 AM							
<input type="checkbox"/> To appear on: _____ At: _____ AM/PM							
<input type="checkbox"/> You will be notified by letter when to appear. If you are not notified with 30 calendar days from today, you are required to call the court for instructions.							
TO ANSWER THE CHARGE OF: <u>O.W.I.</u>						Bond Amount: <u>200</u>	
SECONDARY CHARGE OF:						Bond Amount:	
OUT OF STATE LICENSED DRIVER		Civil Infraction Charge:			License Posted:	Cash Posted:	
		Misdemeanor Charge:				Cash Posted:	
<input type="checkbox"/> Payment of fines/costs for: _____ Amount: _____							
(This payment may close the court case but if it does not you will be notified by the court at your above address.)							
License Plate Number / State: _____							
Note: MCL 780.583 establishes this interim cash bond procedure and requires the police to make it available under certain circumstances. If the accused fails to appear at the time and place specified above and to submit to the jurisdiction of the court and stand to and abide by any order of the court, the sum specified above shall be forfeited to the state or the arresting political subdivision. By depositing this money and accepting this receipt the accused waives any claim to the money following forfeiture.							
YOU MUST NOTIFY THE COURT, IN WRITING, OF ANY CHANGE IN THE ADDRESS THAT IS LISTED ABOVE.							
 Printed Name of Police Representative				 Signature of Defendant			

I have been given a copy of the "Notice Regarding Third Party Bonds" [Signature]
Signature of Third Party Posting Bond

COURT RECEIPT

Received from: [Signature] Bond Amount: 200.00 Date: 10-17-10
 Received by: [Signature] ^{CC} Representing the 54-B District Court
 Distribution: White copy to Police Department, Yellow copy to Court, Pink copy to Defendant

Read the complete page to the arrested person.

I am a peace officer. You are under arrest for the offense of: *(Read only the charge that applies)*

- Operating a vehicle while under the influence of an alcoholic liquor or a controlled substance or a combination of both, or with a bodily alcohol content of 0.08 grams or more per 100 milliliters of blood, per 210 liters of breath, or per 67 milliliters of urine.
- Operating a vehicle while visibly impaired due to the consumption of an alcoholic liquor or a controlled substance or a combination of both.
- Operating with any presence of schedule 1 drugs or cocaine.
- Causing the death of another while operating a vehicle while under the influence of, or while visibly impaired by an alcoholic liquor or a controlled substance or a combination of both, or with an unlawful bodily alcohol content.
- Causing serious injury to another while operating a vehicle while under the influence of, or while visibly impaired by an alcoholic liquor or a controlled substance or a combination of both, or with an unlawful bodily alcohol content.
- Operating a commercial motor vehicle with bodily alcohol content of 0.04 grams or more but less than 0.80 grams per 100 milliliters of blood, per 210 liter of breath, or per 67 milliliters of urine.
- Operating a vehicle while less than 21 years of age and having any bodily alcohol content.
- Murder resulting from the operation of a motor vehicle.
- Manslaughter resulting from the operation of a motor vehicle.
- Felonious Driving.
- Negligent Homicide.
- Refusing a Preliminary Breath Test if arrested while operating a commercial motor vehicle.
- Endangerment (Operating while intoxicated with person under age of 16.)

CHEMICAL TEST RIGHTS


I am requesting that you take a chemical test to check for alcohol and/or controlled substances in your body. IF YOU WERE ASKED TO TAKE A PRELIMINARY BREATH TEST BEFORE YOUR ARREST, YOU MUST STILL TAKE THE TEST I AM OFFERING YOU.

if you refuse to take this chemical test, it will not be given without a court order, but I may seek to obtain such a court order. Your refusal to take this test shall result in the suspension of your operator's or chauffeur's license and vehicle group designation or operating privilege, and the addition of six points to your driving record.

After taking my chemical test, you have a right to demand that a person of your own choosing administer a breath, blood, or urine test. You will be given a reasonable opportunity for such a test. You are responsible for obtaining a chemical analysis of a test sample taken by a person of your own choosing.

The results of both chemical tests shall be admissible in a judicial proceeding, and will be considered with other admissible evidence in determining your innocence or guilt.

Will you take a: (Select the appropriate test from the following list)

Breath Test?  Or *Blood Test? or Urine Test?

*MCL 257.625c(2) provides that a person afflicted with hemophilia, diabetes, or a condition requiring the use of an anticoagulant shall not be considered to have given consent to the withdrawal of blood.

OWI REQUEST FOR RESTITUTION

(Pursuant to Act 98, Public Acts 1991)
(And Act 341, Public Acts 1993)

54-B District Court
101 Linden St.
East Lansing, MI 48823

AGENCY/COMP # 10-29777
TICKET # 35759
COURT CASE # _____

DEFENDANT	LAST	FIRST	M.I.	D.O.B.
	<u>RUCKER</u>	<u>CHRISTOPHER</u>	<u>L</u>	<u>10/12/88</u>
ADDRESS				
<u>[REDACTED] HAMILTON ST, WARREN OH 44485</u>				

LABOR COST	OFFICER	TIME IN MINUTES
		ARRESTING
	ASSISTING	<u>30</u>
	CHEMICAL TEST	<u>30</u>
	TRAFFIC CONTROL	
	CLERICAL	<u>10</u>

TOTAL TIME

160
MINUTES

\$125.00
LABOR COST

MILES	TRANSPORT TO LODGING	<input checked="" type="radio"/> YES <input type="radio"/> NO
	TRANSPORT FOR CHEMICAL TEST	<input type="radio"/> YES <input checked="" type="radio"/> NO

\$3.00
TRANSPORT COST

LODGING / PRE-ARRAIGNMENT	<input checked="" type="radio"/> YES <input type="radio"/> NO
---------------------------	---

\$30.00
LODGING COST

TEST	PRELIMINARY BREATH TEST	<u>1</u>	\$.30 PER TEST	RATE
	BLOOD TEST / SEARCH WARRANT		AS BILLED BY HOSPITAL	
	FAXES		\$2.00 PER PAGE	

\$.30
CHEM TEST COST

DPW NOTIFIED	<input type="radio"/> YES <input checked="" type="radio"/> NO
OTHER COSTS INCURRED	<input type="radio"/> YES <input checked="" type="radio"/> NO

0
OTHER COSTS
\$158.30
TOTAL COST

PREPARED BY: R. KUHN 10/10/10

EAST LANSING POLICE DEPARTMENT

1-177 (12/05) Oct. 27, 2010a 3:10PM as amended
BREATH, BLOOD, URINE TEST REPORT
LEIN INPUT PROMPT

BTL TEST CORR NO 25095 LEIN ENTRY No. 0629D SEP. 1990 12/6 1211

PERSON'S FULL NAME (As Appears On Michigan Driver License) <u>CHRISTOPHER L RUCKER</u>				BIRTH DATE (MMDDYY) <u>10/12/88</u>		SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
ADDRESS (Number & Street) <u>HAMILTON ST.</u>				MICHIGAN DRIVER LICENSE NUMBER			
CITY <u>WARREN</u>		STATE <u>OH</u>	ZIP <u>44485</u>	OTHER STATE DRIVER LICENSE NUMBER <u>[REDACTED]</u>		STATE <u>OH</u>	
HEIGHT <u>502</u>	WEIGHT <u>200</u>	EYE COLOR <u>BRN</u>	HAIR COLOR <u>BLK</u>	<input checked="" type="checkbox"/> OPERATOR <input type="checkbox"/> CHAUFFEUR <input type="checkbox"/> MOPED			
ARREST DATE (MMDDYY) <u>10/10/10</u>		MILITARY TIME <u>0219 HRS.</u>		INCIDENT DATE (MMDDYY) <u>10/10/10</u>		MILITARY TIME <u>02/9 HRS.</u>	
COUNTY (Of Arrest) <u>INGHAM</u>		CITY OR TOWNSHIP (Of Arrest) <u>EAST LANSING</u>		CO/CTY/TWP CODE <u>33/80</u>		MICHIGAN	
VEHICLE TYPE <u>PA.</u>	Was Person Involved In An Accident? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	INSTRUMENT NUMBER <u>940088</u>	BAC #1 <u>.10</u>	BAC #2 <u>.10</u>	BAC #3	LICR CODE <u>8041</u>	COMPLAINT NUMBER <u>10-25477</u>
ARRESTING OFFICER'S NAME <u>R. KURTZ</u>				BADGE NUMBER <u>#147</u>		ORI NUMBER <u>3336400</u>	
DEATH TEST OPERATOR'S NAME (Only if Not Listed Above And Necessary For Hearing)				BADGE NUMBER		ORI NUMBER	

You have been arrested for a crime described in section 625c of the Michigan Vehicle Code and submitted to a chemical test which revealed an unlawful bodily alcohol content or have a blood or urine test pending.

This temporary driving permit is valid only if you have a valid Michigan driver license. If your license was restricted, this permit grants the same restrictions. This permit grants you the same CDL and/or endorsements that are on your Michigan license. You may not apply for a replacement photo license.

This permit is to be used until the criminal charges against you are dismissed or until you are acquitted, or your license or permit is suspended, restricted, or revoked for a conviction. [MCL 257.625g(3)]

Michigan driver license confiscated?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	Michigan driver license destroyed?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	Under 21?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	LICENSED OUT OF STATE	
Driving status	VALID <input checked="" type="checkbox"/>	EXPIRED <input type="checkbox"/>	RESTRICTED <input type="checkbox"/>	SUSPENDED <input type="checkbox"/>	REVOKED <input type="checkbox"/>	DENIED <input type="checkbox"/>	UNLICENSED <input type="checkbox"/>	UNKNOWN <input type="checkbox"/>	STATE	
Date of arrest	<u>10/10/10</u>									
License Permit	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	H <input type="checkbox"/>	N <input type="checkbox"/>	X <input type="checkbox"/>	P <input type="checkbox"/>	T <input type="checkbox"/>	CDL restrictions	
ENDORSEMENT									CY <input type="checkbox"/> F <input type="checkbox"/> R <input type="checkbox"/> Other	
Officer's Signature	<u>[Signature]</u>							147	Date (MMDDYY)	<u>10/10/10</u>

VEHICLE TYPES	OH Offroad Vehicle (ATV type)	AT Group A Double/Triple	BP Group B Passenger
Y Cycle	SM Snowmobile	AX Group A Tank & Hazardous	BS Group B School Bus
Q Moped	OO Other	AY Group A Tank & Double/Triple	BX Group B Tank & Hazardous
A Pass Car & Sta Wgn	AA Group A	AZ Group A Hazardous Double/Triple	CH Group C Hazardous
V Van & Motor Home	AH Group A Hazardous	AL Group A Hazard Tank Double/Triple	CP Group C Passenger
J Pickup	AN Group A Tank	BB Group B	CS Group C School Bus
F Sm Tr (un 10,000#)	AP Group A Passenger	BH Group B Hazardous	CX Group C Tank & Hazardous
D Med Tr w/wo Trl ovr 10,000# (non DCDL)	AS Group A School Bus	BN Group B Tank	

Notice to officer: Complete this form when any alcohol test is given.

Confiscate and destroy the arrested person's Michigan driver license or permit, issue the third copy of this form, and destroy the second copy if a **breath test revealed a bodily alcohol content of:**

- 0.08 grams or more per 210 liters of breath while operating a motor vehicle, or
- 0.04 grams or more per 210 liters of breath while operating a commercial motor vehicle, or
- 0.02 grams or more per 210 liters of breath while operating a vehicle and less than 21 years of age.

When a voluntary blood or urine test is pending, or in special cases involving an unconscious person where a search warrant has been issued, attach the Michigan driver license or permit to the second copy of this form and issue the third copy to the arrested person.

If a chemical test is refused, use the Officer's Report of Refusal to Submit to Chemical Test form (DI-93).

For all of the above, input arrest data into the LEIN F Breath Screen, even if the driver is licensed out of state. (Do not confiscate the out of state license.)

BAC DataMaster
Evidence Ticket

STATE OF MICHIGAN
DEPARTMENT OF STATE POLICE

INSTRUMENT 940088

OCTOBER 10, 2010
SUBJECT'S NAME (L/F/M):
RUCKER/CHRISTOPHER/L
SUBJECT'S ADDRESS:
██████████ HAMILTON ST
WARREN, OH, 44485
SUBJECT'S DOB: 10/12/1988
LICENSE NUMBER: ██████████
REPORT NUMBER: 10-25477
OPERATOR'S NAME (L/F/M):
KUHN/OFC
OPERATOR CERTIFICATE #:
25095

--- BREATH ANALYSIS ---

BLANK TEST	.000	03:09
INTERNAL STANDARD	VERIFIED	03:09
SUBJECT SAMPLE	.10	03:10
BLANK TEST	.000	03:11
SUBJECT SAMPLE	.10	03:13
BLANK TEST	.000	03:13
INTERNAL STANDARD	VERIFIED	03:13

ALCOHOL READINGS ARE EXPRESSED AS
GRAMS OF ALCOHOL PER 210 LITERS OF BREATH

Start Observation Time 0255 HRS.
(Enter if required by regulations)
Operator Signature [Signature] #147

Card Stock No.
60023

REORDER ALL SUPPLIES FROM N.P.A.S.
P.O. BOX 1435, MANSFIELD, OH 44801

00-80