

QQ:B10382U WA UNKNOWN 20150514 - 05:02:12

MSG FROM NLETS 4133  
RR.WADOL0000. TO:DEST IA0570117  
\*MRI0031713.  
TXT

L..IA0570117.LIC/B10382U

VIN/1FTNW21F8YED53197  
.VYR/2000.VMA/FORD .VMO/F2PU ,006000,10-26-2015  
EXP DATE/10-26-2015 TAB# IS T565716 15  
EGLIN,MICHAEL JOHN PREV TAB G359568 14  
708 PIONEER ST SW PLATE ISSUE DATE/ 10-2012  
TUMWATER,WA,98512 FIRST COLOR IS SILVER  
LEGAL OWNER SAME AS ABOVE SECOND COLOR IS NO COLOR  
TITLE/ 10-26-2012 1230008301

;201505140502/201505140502  
CR17 37  
MESSAGE FROM NLTS  
031716



## Iowa Department of Transportation

Office of Driver Services  
P.O. Box 9204  
Des Moines, IA 50306-9204

## Request and Notice Under Iowa Code Chapter 321J/Section 321.208

Motor Vehicle Accident		NO		Operating Commercial Motor Vehicle (CMV)		NO		Hazardous Mtrl. Placarding Req.		Ticket or Case Number 201506862	
County of Occurrence LINN - 57		Date of Occurrence 05/14/2016		Time of Arrest/Preliminary Breath Test/PBT Refusal (whichever first) 2:21 AM		Enforcement Agency CEDAR RAPIDS POLICE DEPARTMENT					
Name (Last, First, Middle, Suffix) EGLIN MICHAEL JOHN				Date of Birth 09/27/1969		Driver's License No. D02267477		State AZ			
Residence Address 1028 G ST SW		City TUMWATER		State WA		Zip 98612-5413		Lic. Class D		CDL NO	
								Endorsement(s) NONE		Restriction Code(s) NONE	

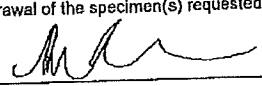
On the above date of occurrence, there existed reasonable grounds to believe the above named person was operating a motor vehicle in violation of Iowa Code Section 321J.2, 321J.2A or was operating a Commercial Motor Vehicle (CMV) with an alcohol concentration of 0.04 or more and the person

☒ submitted to a preliminary breath screening test (PBT) which indicated an alcohol concentration of eight hundredths (0.08) or more.  
☐ was under age 21 and submitted to a PBT which indicated an alcohol concentration of two hundredths (0.02) but less than 0.08.  
☐ was operating a CMV and submitted to a PBT which indicated an alcohol concentration of four hundredths (0.04) or more.  
☐ refused to submit to a PBT under Iowa Code Section 321J.5.  
☐ was involved in a motor vehicle accident or collision resulting in personal injury or death.  
☒ was placed under arrest for violation of Iowa Code Section 321J.2.  
☐ submitted to a PBT which indicated an alcohol concentration of less than eight hundredths (0.08) and the peace officer had reasonable grounds to believe that the person was under the influence of a drug other than alcohol or a combination of alcohol and another drug.

**REQUEST FOR SPECIMEN:** Having read to you the appropriate Implied Consent Advisory, I hereby request a specimen of your  
**BREATH** for chemical testing to determine the alcohol or drug content.  
 Date: 05/14/2016 Time of Request: 2:38 AM

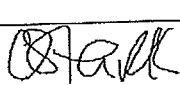
**REQUEST FOR ALTERNATE SPECIMEN:** Withdrawal of a blood specimen having been refused, I hereby request a specimen of your  
 for chemical testing to determine the alcohol or drug content.  
 Date: Time of Request:

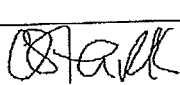
Having been read the Implied Consent Advisory, I **CONSENT** to submit to the withdrawal of the specimen(s) requested.

Signature of Driver 

**REQUEST FOR A SPECIMEN FOR DRUGS:** Having reasonable grounds to believe that you are under the influence of a  
 drug other than alcohol or a combination of alcohol and another drug, I hereby request a  
 specimen for chemical testing. Date: Time of Request:

Having been read the Implied Consent Advisory, I to submit to the withdrawal of the specimen(s) requested.

Signature of Driver 

Signature of Peace Officer Making Request  CHELSEA STARK

(Tear off this portion if test results not readily available)		SCHEDULE I or II	
The person (operator): <input checked="" type="checkbox"/> (Check all that apply. At least one box must be checked.)		Alcohol Test Result: 0.177%	
<input type="checkbox"/> submitted to chemical testing which indicated the presence of a controlled substance or other drug, or a combination of alcohol and another drug in violation of 321J.2. <input type="checkbox"/> was under age 21 and submitted to chemical testing which indicated an alcohol concentration of two hundredths (0.02) but less than eight hundredths (0.08). <input checked="" type="checkbox"/> submitted to chemical testing which indicated an alcohol concentration of eight hundredths (0.08) or more. <input type="checkbox"/> was operating a commercial motor vehicle (CMV) and submitted to chemical testing which indicated an alcohol concentration of four hundredths (0.04) or more. <input type="checkbox"/> refused to submit to chemical testing. <input type="checkbox"/> refused to submit to chemical testing for drugs other than alcohol or a combination of alcohol and another drug.		Drug Test Result:	

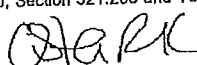
**NOTICE OF REVOCATION:** Effective ten days from the date of this notice, your privilege to operate motor vehicles in Iowa is revoked pursuant to Iowa Code Chapter 321J for a period of: **TEST RESULT - 180 DAYS**  
 and shall remain revoked until you post proof of financial responsibility as required by Iowa Code Chapter 321A. Also, effective ten days from the date of this notice, your privilege to register motor vehicles in Iowa is suspended pursuant to Chapter 321A and shall remain suspended until you post proof of financial responsibility with the department. **You are ordered to send or deliver all your plates and registration certificates to the address at the top of this form.**  
 For revocations under 321J.2A, registration privileges are NOT suspended and you are not required to file proof of financial responsibility.  
 In addition to revocation of your motor vehicle license or non-resident operating privilege, the Department of Transportation also orders you to satisfactorily complete the following:  
 1. A course for drinking drivers (12 hrs.), as provided in section 321J.22 of the Code; 2. Evaluation and treatment or rehabilitation services.

**NOTICE OF DISQUALIFICATION:** Effective thirty days from the date of this notice, you are disqualified from operating a commercial motor vehicle in Iowa pursuant to Iowa Code section 321.208 for a period of:

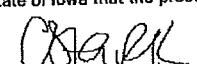
**TEMPORARY LICENSE:** You are required by law to surrender to the undersigned peace officer all Iowa driver licenses or permits in your possession. This entire notice **IS NOT VALID** as a temporary license for ten days from the date of this notice.

Reason: **OUT OF STATE LICENSE**

I personally served a copy of this notice of revocation/disqualification along with form 432018, "Request for Temporary Restricted License (Work Permit) or Hearing" and form 432019, "Operation of Iowa Code Chapter 321J, Section 321.208 and Your Rights" to the above named person.

05/14/2016 Date Signature of Peace Officer Serving Notice 

I certify under penalty of perjury and pursuant to the laws of the state of Iowa that the preceding is true and correct.

05/14/2016 Date Signature  DRIVER

1103 Badge or I.D. No.

# INSTRUCTIONS FOR MOTOR VEHICLE OPERATOR

## IMPLIED CONSENT ADVISORY

The Implied Consent Law requires that a peace officer advise the person of the following:

Refusal to submit to the withdrawal of a body specimen for chemical testing will result in revocation of your privilege to operate a motor vehicle for one year if you have not previously been revoked within the previous twelve years under the implied consent or drunk driving laws of this state, or for two years if you have one or more revocations within the previous twelve years. If you are under age 18, the revocation will be for the above periods, or until you reach age 18, whichever is longer.

Refusal to submit to a blood or urine test for drugs other than alcohol or a combination of alcohol and another drug constitutes a refusal and the above mentioned revocation periods apply.

If you consent to chemical testing and the test results indicate an alcohol concentration of eight hundredths (0.08) or more, or if the test results indicate the presence of a controlled substance or other drug or a combination of alcohol and another drug in violation of 321J.2, the department shall revoke your privilege to operate a motor vehicle for a period of 180 days if you have no revocation within the previous twelve years under the drunk driving or implied consent law, or for one year if you have one or more previous revocations under those provisions. If you are under age 18, the revocation will be for the above periods, or until you reach age 18, whichever is longer. If you are under age 21 and the test results indicate an alcohol concentration of two hundredths (0.02) but less than eight hundredths (0.08), your license will be revoked for 60 days if you have no previous revocation under Iowa Code Chapter 321J within the previous twelve years or 90 days if you have a previous revocation under Iowa Code Chapter 321J within the previous twelve years.

If you hold a commercial driver's license the department will disqualify your commercial driving privilege for one year if you submit to the test and fail it, you refuse to take the test, or you were operating while under the influence of an alcoholic beverage or other drug or controlled substance or a combination of such substances. The disqualification shall be for life if your commercial driving privilege was previously disqualified. These actions are in addition to any revocation under Iowa Code Chapter 321J.

## ADDITIONAL IMPLIED CONSENT ADVISORY FOR COMMERCIAL MOTOR VEHICLE OPERATORS ONLY

If you are operating a commercial motor vehicle and you submit to chemical testing and the test results indicate an alcohol concentration of four hundredths (0.04) or more OR if you refuse to submit to chemical testing, you shall be disqualified from operating a commercial motor vehicle for a period of one year.

The disqualification from operating a commercial motor vehicle shall be for three years instead of one year if you are operating a commercial motor vehicle transporting hazardous material of a type or quantity requiring vehicle placarding.

The disqualification shall be for life instead of the periods above if you previously committed any of the following acts or offenses in any state or foreign jurisdiction while operating a commercial motor vehicle after June 30, 1990: a) operating while under the influence of an alcoholic beverage or other drug or controlled substance or a combination of such substances; b) operating with an alcohol concentration of four hundredths or more; c) refusal to submit to required chemical testing; d) failure to stop and render aid at the scene of an accident involving your vehicle; e) a felony or aggravated misdemeanor. The lifetime disqualification may be reduced to 10 years as provided by Federal law.

## REINSTATEMENT INFORMATION

You must send the following to the Office of Driver Services, P.O. Box 9204, Des Moines, Iowa 50306-9204, or deliver to the Office of Driver Services, 6310 SE Convenience Blvd., Ankeny, Iowa.

1. Payment of \$200 civil penalty as required by Iowa Code Section 321J.17. This payment must be in cash or by cashier's check, certified check, or money order payable to: Treasurer, State of Iowa. If only your privilege to operate commercial motor vehicles is disqualified, this fee is not required.
2. Proof of financial responsibility in accordance with Iowa Code Chapter 321A. If only your privilege to operate commercial motor vehicles is disqualified or you are under age 21 and your alcohol concentration was two hundredths (0.02) but less than eight hundredths (0.08), proof is not required.
3. Proof of satisfactory completion of a course for drinking drivers as provided in section 321J.22. For additional information go to [www.iowa.gov/educate/OWI](http://www.iowa.gov/educate/OWI) or contact the Department of Education at 515-281-5251.
4. Proof of satisfactory completion of evaluation and treatment or rehabilitation services. For a list of approved evaluation agencies, go to the Iowa Facility Locator Quick Link at [www.drugfreeinfo.org](http://www.drugfreeinfo.org), call the Iowa Substance Abuse Information Center at 866-242-4111, or visit <http://dasis3.samhsa.gov>.

The Office of Driver Services will then send you a notice ending your revocation/disqualification. You must then: (1) present that notice to a Driver License Examiner, (2) successfully complete the required driver license tests, (3) pay the specified reinstatement fee, and (4) pay the appropriate fee for your new license.

When this sanction ends you will be on probation for 12 months. Upon conviction of a moving traffic violation which occurred during the probation period, your privilege to operate motor vehicles will be suspended for a like additional period of time, not to exceed one year.

## ADDITIONAL INFORMATION

Visit the website at <http://www.iowadot.gov> or contact the Office of Driver Services, P.O. Box 9204, Des Moines, Iowa 50306-9204, or (515) 244-8725.

## DISCLOSURE STATEMENT

The information furnished on Form 432013, "Request and Notice under Iowa Code Chapter 321J/Section 321.208" and Form 432018, "Request for Temporary Restricted License (Work Permit) or Hearing" will be used by the Iowa Department of Transportation to process your request for a work permit or a hearing. The forms may be used as evidence in criminal or civil proceedings. If you request a hearing, the information will be provided to the Department of Inspections and Appeals, which will conduct the hearing. Your full name, address, and date of birth are required. Other requested information is optional. Failure to provide the required information may result in a waiver of your right to a hearing or may delay issuance of a work permit.

## Officer Report

Form 432013 06-07 H-1105



## Iowa Department of Transportation

Office of Driver Services  
P.O. Box 9204  
Des Moines, IA 50306-9204

## Request and Notice Under Iowa Code Chapter 321J/Section 321.208

Motor Vehicle Accident		NO		Operating Commercial Motor Vehicle (CMV)		NO		Hazardous Mtrl. Placard Req.		Ticket or Case Number 201506862					
County of Occurrence LINN - 57		Date of Occurrence 05/14/2015		Time of Arrest/Preliminary Breath Test/PBT Refusal (whichever first) 2:21 AM		Enforcement Agency CEDAR RAPIDS POLICE DEPARTMENT									
Name (Last, First, Middle, Suffix) EGLIN MICHAEL JOHN				Date of Birth 09/27/1969		Driver's License No. D02267477		State AZ							
Residence Address 1028 G ST SW		City TUMWATER		State WA		Zip 98512-5413		Lic. Class D		CDL NO		Endorsement(s) NONE		Restriction Code(s) NONE	

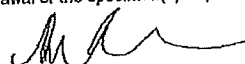
On the above date of occurrence, there existed reasonable grounds to believe the above named person was operating a motor vehicle in violation of Iowa Code Section 321J.2, 321J.2A or was operating a Commercial Motor Vehicle (CMV) with an alcohol concentration of 0.04 or more and the person

☒ submitted to a preliminary breath screening test (PBT) which indicated an alcohol concentration of eight hundredths (0.08) or more.  
☐ was under age 21 and submitted to a PBT which indicated an alcohol concentration of two hundredths (0.02) but less than 0.08.  
☐ was operating a CMV and submitted to a PBT which indicated an alcohol concentration of four hundredths (0.04) or more.  
☐ refused to submit to a PBT under Iowa Code Section 321J.5.  
☐ was involved in a motor vehicle accident or collision resulting in personal injury or death.  
☒ was placed under arrest for violation of Iowa Code Section 321J.2.  
☐ submitted to a PBT which indicated an alcohol concentration of less than eight hundredths (0.08) and the peace officer had reasonable grounds to believe that the person was under the influence of a drug other than alcohol or a combination of alcohol and another drug.

**REQUEST FOR SPECIMEN:** Having read to you the appropriate Implied Consent Advisory, I hereby request a specimen of your  
**BREATH** for chemical testing to determine the alcohol or drug content.  
Date: 05/14/2015 Time of Request: 2:38 AM

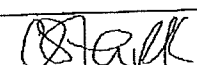
**REQUEST FOR ALTERNATE SPECIMEN:** Withdrawal of a blood specimen having been refused, I hereby request a specimen of your  
for chemical testing to determine the alcohol or drug content.  
Date: Time of Request:

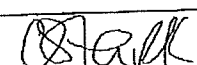
Having been read the Implied Consent Advisory, I **CONSENT** to submit to the withdrawal of the specimen(s) requested.

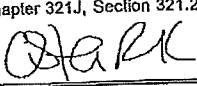
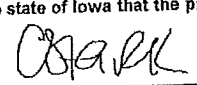
Signature of Driver 

**REQUEST FOR A SPECIMEN FOR DRUGS:** Having reasonable grounds to believe that you are under the influence of a  
drug other than alcohol or a combination of alcohol and another drug, I hereby request a  
specimen for chemical testing. Date: Time of Request:

Having been read the Implied Consent Advisory, I to submit to the withdrawal of the specimen(s) requested.

Signature of Driver 

Signature of Peace Officer Making Request  CHELSEA STARK

The person (operator):		(Check all that apply. At least one box must be checked.)		Alcohol Test Result: .177%		Drug Test Result:	
<input type="checkbox"/> submitted to chemical testing which indicated the presence of a controlled substance or other drug, or a combination of alcohol and another drug in violation of 321J.2.		<input type="checkbox"/> was under age 21 and submitted to chemical testing which indicated an alcohol concentration of two hundredths (0.02) but less than eight hundredths (0.08).		<input checked="" type="checkbox"/> submitted to chemical testing which indicated an alcohol concentration of eight hundredths (0.08) or more.		<input type="checkbox"/> was operating a commercial motor vehicle (CMV) and submitted to chemical testing which indicated an alcohol concentration of four hundredths (0.04) or more.	
<input type="checkbox"/> refused to submit to chemical testing.		<input type="checkbox"/> refused to submit to chemical testing for drugs other than alcohol or a combination of alcohol and another drug.					
<b>NOTICE OF REVOCATION:</b>		Effective ten days from the date of this notice, your privilege to operate motor vehicles in Iowa is revoked pursuant to Iowa Code Chapter 321J for a period of: <b>TEST RESULT - 180 DAYS</b>					
and shall remain revoked until you post proof of financial responsibility as required by Iowa Code Chapter 321A. Also, effective ten days from the date of this notice, your privilege to register motor vehicles in Iowa is suspended pursuant to Chapter 321A and shall remain suspended until you post proof of financial responsibility with the department. <b>You are ordered to send or deliver all your plates and registration certificates to the address at the top of this form.</b>		For revocations under 321J.2A registration privileges are NOT suspended and you are not required to file proof of financial responsibility. In addition to revocation of your motor vehicle license or non-resident operating privilege, the Department of Transportation also orders you to satisfactorily complete the following:					
1.) A course for drinking drivers (12 hrs.), as provided in section 321J.22 of the Code; 2.) Evaluation and treatment or rehabilitation services.							
<b>NOTICE OF DISQUALIFICATION:</b>		Effective thirty days from the date of this notice, you are disqualified from operating a commercial motor vehicle in Iowa pursuant to Iowa Code section 321.208 for a period of:					
<b>TEMPORARY LICENSE:</b>		You are required by law to surrender to the undersigned peace officer all Iowa driver licenses or permits in your possession. This entire notice <b>IS NOT VALID</b> as a temporary license for ten days from the date of this notice.					
Reason: <b>OUT OF STATE LICENSE</b>							
I personally served a copy of this notice of revocation/disqualification along with form 432018, "Request for Temporary Restricted License (Work Permit) or Hearing" and form 432019, "Operation of Iowa Code Chapter 321J, Section 321.208 and Your Rights" to the above named person.							
05/14/2015 Date		Signature of Peace Officer Serving Notice 					
I certify under penalty of perjury and pursuant to the laws of the state of Iowa that the preceding is true and correct.							
05/14/2015 Date		Signature  1103 Badge or I.D. No.					

## REVISED INSTRUCTIONS FOR REQUEST AND NOTICE FORM

All previous forms are obsolete and shall not be used. When processing a commercial motor vehicle operator, use this form and read both advisories.

### IMPORTANT

Please press hard using a ball point pen. You are making an original and five copies, all of which must be legible. Determine the correct address of the driver.

Note: Request an alternate specimen if a blood test is requested and refused.

### SERVICE OF NOTICE OF REVOCATION AND/OR DISQUALIFICATION

To serve notice of revocation to the driver, you must serve:

1. Driver copy of Form 432013, "Request and Notice Under Iowa Code Chapter 321J/Section 321.208"
- and 2. Form 432018, "Request for a Temporary Restricted License (Work Permit) or Hearing"
- and 3. Form 432019, "Operation of Iowa Code Chapter 321J, Section 321.208 and Your Rights".
- and 4. Form 430100, "Application For Temporary Restricted License".

If you are serving a person under age 21 for testing 0.02 but less than 0.08, give the driver the "Driver's Copy" of Form 432013, Form 432018 and Form 432019 only.

NOTE: Failure to serve these forms may result in the revocation or disqualification being rescinded.

### ISSUANCE OF TEMPORARY LICENSES

The temporary license must be issued when both of the following conditions are met:

1. A notice of revocation or disqualification is being served for test results or test refusal
- and 2. A valid Iowa\* driver license is being confiscated.

NOTE: Refusal to submit to chemical testing is not grounds for denying the issuance of a temporary license.

The temporary license cannot be issued if:

1. Test results are not available (usually blood or urine)
  - or 2. The driver does not possess a valid Iowa\* driver license
  - or 3. The Iowa license is not surrendered.
- \* Out-of-state driver licenses cannot be confiscated nor is a temporary license issued to an out-of-state driver.

### TEST RESULTS ARE NOT AVAILABLE

If the test results are not immediately available, **DO NOT** confiscate the Iowa driver license or complete any portion of the form below the Signature of Peace Officer Making Request. Rather, tear the driver copy along the perforation and give the top half to the driver. Do not give the driver Form 432018, 432019, and 430100. Retain all other copies until a test result is received, then complete balance of form, with exception of revocation or disqualification notice and temporary license information, and distribute balance of forms as indicated. Office of Driver Services will then serve revocation or disqualification notice and Forms 432018, 432019, and 430100. NOTE, if you are processing a person under age 21 for a test of 0.02 but less than 0.08, the county attorney forms may be destroyed unless the person is charged with a criminal violation related to the incident.

### IMPLIED CONSENT ADVISORY

The Implied Consent Law requires that a peace officer advise the person of the following:

Refusal to submit to the withdrawal of a body specimen for chemical testing will result in revocation of your privilege to operate a motor vehicle for one year if you have not previously been revoked within the previous twelve years under the implied consent or drunk driving laws of this state, or for two years if you have one or more revocations within the previous twelve years. If you are under age 18, the revocation will be for the above periods, or until you reach age 18, whichever is longer.

Refusal to submit to a blood or urine test for drugs other than alcohol or a combination of alcohol and another drug constitutes a refusal and the above mentioned revocation periods apply.

If you consent to chemical testing and the test results indicate an alcohol concentration of eight hundredths (0.08) or more, or if the test results indicate the presence of a controlled substance or other drug or a combination of alcohol and another drug in violation of 321J.2, the department shall revoke your privilege to operate a motor vehicle for a period of 180 days if you have no revocation within the previous twelve years under the drunk driving or implied consent law, or for one year if you have one or more previous revocations under those provisions. If you are under age 18, the revocation will be for the above periods, or until you reach age 18, whichever is longer. If you are under age 21 and the test results indicate an alcohol concentration of two hundredths (0.02) but less than eight hundredths (0.08), your license will be revoked for 60 days if you have no previous revocation under Iowa Code Chapter 321J within the previous twelve years or 90 days if you have a previous revocation under Iowa Code Chapter 321J within the previous twelve years.

If you hold a commercial driver's license the department will disqualify your commercial driving privilege for one year if you submit to the test and fail it, you refuse to take the test, or you were operating while under the influence of an alcoholic beverage or other drug or controlled substance or a combination of such substances. The disqualification shall be for life if your commercial driving privilege was previously disqualified. These actions are in addition to any revocation under Iowa Code Chapter 321J.

### IMPLIED CONSENT ADVISORY FOR COMMERCIAL MOTOR VEHICLE OPERATORS ONLY

If you are operating a commercial motor vehicle and you submit to chemical testing and the test results indicate an alcohol concentration of four hundredths (0.04) or more OR if you refuse to submit to chemical testing, you shall be disqualified from operating a commercial motor vehicle for a period of one year.

The disqualification from operating a commercial motor vehicle shall be for three years instead of one year if you are operating a commercial motor vehicle transporting hazardous material of a type or quantity requiring vehicle placarding.

The disqualification shall be for life instead of the periods above if you previously committed any of the following acts or offenses in any state or foreign jurisdiction while operating a commercial motor vehicle after June 30, 1990: (a) operating while under the influence of an alcoholic beverage or other drug or controlled substance or a combination of such substances; (b) operating with an alcohol concentration of four hundredths or more; (c) refusal to submit to required chemical testing; (d) failure to stop and render aid at the scene of an accident involving your vehicle; (e) a felony or aggravated misdemeanor. The lifetime disqualification may be reduced to 10 years as provided by Federal law.



# Iowa Department of Transportation

Office of Driver Services  
P.O. Box 9204  
Des Moines, IA 50306-9204

Form 432013 06-07 H-1105

## Request and Notice Under Iowa Code Chapter 321J/Section 321.208

Motor Vehicle Accident		NO		Operating Commercial Motor Vehicle (CMV)		NO		Hazardous Mtrl. Placarding Req.		Ticket or Case Number	
										201506862	
County of Occurrence		Date of Occurrence		Time of Arrest/Preliminary Breath Test/PBT Refusal		Enforcement Agency					
LINN - 57		05/14/2015		(whichever first) 2:21 AM		CEDAR RAPIDS POLICE DEPARTMENT					
Name (Last, First, Middle, Suffix)				Date of Birth		Driver's License No.		State			
EGLIN MICHAEL JOHN				09/27/1989		D02267477		AZ			
Residence Address		City		State		Zip		Lic. Class		CDL	
1028 G ST SW		TUMWATER		WA		98512-5413		D		NO	
								Endorsement(s)		Restriction Code(s)	
								NONE		NONE	
<p>On the above date of occurrence, there existed reasonable grounds to believe the above named person was operating a motor vehicle in violation of Iowa Code Section 321J.2, 321J.2A or was operating a Commercial Motor Vehicle (CMV) with an alcohol concentration of 0.04 or more and the person</p> <p><input checked="" type="checkbox"/> submitted to a preliminary breath screening test (PBT) which indicated an alcohol concentration of eight hundredths (0.08) or more.</p> <p><input type="checkbox"/> was under age 21 and submitted to a PBT which indicated an alcohol concentration of two hundredths (0.02) but less than 0.08.</p> <p><input type="checkbox"/> was operating a CMV and submitted to a PBT which indicated an alcohol concentration of four hundredths (0.04) or more.</p> <p><input type="checkbox"/> refused to submit to a PBT under Iowa Code Section 321J.5.</p> <p><input type="checkbox"/> was involved in a motor vehicle accident or collision resulting in personal injury or death.</p> <p><input checked="" type="checkbox"/> was placed under arrest for violation of Iowa Code Section 321J.2.</p> <p><input type="checkbox"/> submitted to a PBT which indicated an alcohol concentration of less than eight hundredths (0.08) and the peace officer had reasonable grounds to believe that the person was under the influence of a drug other than alcohol or a combination of alcohol and another drug.</p>											
<p><b>REQUEST FOR SPECIMEN:</b> Having read to you the appropriate Implied Consent Advisory, I hereby request a specimen of your</p> <p><b>BREATH</b> for chemical testing to determine the alcohol or drug content. Date: <u>05/14/2015</u> Time of Request: <u>2:38 AM</u></p> <p><b>REQUEST FOR ALTERNATE SPECIMEN:</b> Withdrawal of a blood specimen having been refused, I hereby request a specimen of your</p> <p>for chemical testing to determine the alcohol or drug content. Date: _____ Time of Request: _____</p> <p>Having been read the Implied Consent Advisory, I <b>CONSENT</b> to submit to the withdrawal of the specimen(s) requested.</p> <p>Signature of Driver _____</p> <p><b>REQUEST FOR A SPECIMEN FOR DRUGS:</b> Having reasonable grounds to believe that you are under the influence of a</p> <p>drug other than alcohol or a combination of alcohol and another drug, I hereby request a</p> <p>specimen for chemical testing. Date: _____ Time of Request: _____</p> <p>Having been read the Implied Consent Advisory, I _____ to submit to the withdrawal of the specimen(s) requested.</p> <p>Signature of Driver _____</p> <p>Signature of Peace Officer Making Request(s) <u>Stall</u></p>											



## Iowa Department of Transportation

Office of Driver Services  
P.O. Box 9204  
Des Moines, IA 50306-9204

## Request and Notice Under Iowa Code Chapter 321J/Section 321.208

Motor Vehicle Accident		NO		Operating Commercial Motor Vehicle (CMV)		NO		Hazardous Mtrl. Placarding Req.		Ticket or Case Number		201506862	
County of Occurrence		Date of Occurrence		Time of Arrest/Preliminary Breath Test/PBT Refusal (whichever first)		Enforcement Agency							
LINN - 57		05/14/2015		2:21 AM		CEDAR RAPIDS POLICE DEPARTMENT							
Name (Last, First, Middle, Suffix)				Date of Birth				Driver's License No.				State	
EGLIN MICHAEL JOHN				09/27/1969				D02267477				AZ	
Residence Address		City		State		Zip		Lic. Class		CDL		Endorsement(s)	
1028 G ST SW		TUMWATER		WA		98612-5413		D		NO		NONE	
Restriction Code(s)		NONE											

On the above date of occurrence, there existed reasonable grounds to believe the above named person was operating a motor vehicle in violation of Iowa Code Section 321J.2, 321J.2A or was operating a Commercial Motor Vehicle (CMV) with an alcohol concentration of 0.04 or more and the person

☒ submitted to a preliminary breath screening test (PBT) which indicated an alcohol concentration of eight hundredths (0.08) or more.

☐ was under age 21 and submitted to a PBT which indicated an alcohol concentration of two hundredths (0.02) but less than 0.08.

☐ was operating a CMV and submitted to a PBT which indicated an alcohol concentration of four hundredths (0.04) or more.

☐ refused to submit to a PBT under Iowa Code Section 321J.5.

☐ was involved in a motor vehicle accident or collision resulting in personal injury or death.

☒ was placed under arrest for violation of Iowa Code Section 321J.2.

☐ submitted to a PBT which indicated an alcohol concentration of less than eight hundredths (0.08) and the peace officer had reasonable grounds to believe that the person was under the influence of a drug other than alcohol or a combination of alcohol and another drug.

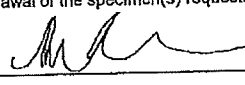
**REQUEST FOR SPECIMEN:** Having read to you the appropriate Implied Consent Advisory, I hereby request a specimen of your BREATH for chemical testing to determine the alcohol or drug content.

Date: 05/14/2015 Time of Request: 2:38 AM

**REQUEST FOR ALTERNATE SPECIMEN:** Withdrawal of a blood specimen having been refused, I hereby request a specimen of your for chemical testing to determine the alcohol or drug content.

Date: Time of Request:

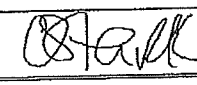
Having been read the Implied Consent Advisory, I **CONSENT** to submit to the withdrawal of the specimen(s) requested.

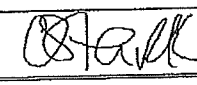
Signature of Driver 

**REQUEST FOR A SPECIMEN FOR DRUGS:** Having reasonable grounds to believe that you are under the influence of a drug other than alcohol or a combination of alcohol and another drug, I hereby request a specimen for chemical testing.

Date: Time of Request:

Having been read the Implied Consent Advisory, I to submit to the withdrawal of the specimen(s) requested.

Signature of Driver 

Signature of Peace Officer Making Request 

(Tear off this portion if test results not readily available)		Alcohol Test Result: .177%		SCHEDULE I or II	
The person (operator):		Alcohol Test Result: .177%		Drug Test Result:	
<input type="checkbox"/> submitted to chemical testing which indicated the presence of a controlled substance or other drug, or a combination of alcohol and another drug in violation of 321J.2. <input type="checkbox"/> was under age 21 and submitted to chemical testing which indicated an alcohol concentration of two hundredths (0.02) but less than eight hundredths (0.08). <input checked="" type="checkbox"/> submitted to chemical testing which indicated an alcohol concentration of eight hundredths (0.08) or more. <input type="checkbox"/> was operating a commercial motor vehicle (CMV) and submitted to chemical testing which indicated an alcohol concentration of four hundredths (0.04) or more. <input type="checkbox"/> refused to submit to chemical testing. <input type="checkbox"/> refused to submit to chemical testing for drugs other than alcohol or a combination of alcohol and another drug.					
<b>NOTICE OF REVOCATION:</b> Effective ten days from the date of this notice, your privilege to operate motor vehicles in Iowa is revoked pursuant to Iowa Code Chapter 321J for a period of: <b>TEST RESULT - 180 DAYS</b> and shall remain revoked until you post proof of financial responsibility as required by Iowa Code Chapter 321A. Also, effective ten days from the date of this notice, your privilege to register motor vehicles in Iowa is suspended pursuant to Chapter 321A and shall remain suspended until you post proof of financial responsibility with the department. <u>You are ordered to send or deliver all your plates and registration certificates to the address at the top of this form.</u> For revocations under 321J.2A registration privileges are NOT suspended and you are not required to file proof of financial responsibility. In addition to revocation of your motor vehicle license or non-resident operating privileges, the Department of Transportation also orders you to satisfactorily complete the following: 1.) A course for drinking drivers (12 hrs.), as provided in section 321J.22 of the Code; 2.) Evaluation and treatment or rehabilitation services.					
<b>NOTICE OF DISQUALIFICATION:</b> Effective thirty days from the date of this notice, you are disqualified from operating a commercial motor vehicle in Iowa pursuant to Iowa Code section 321.208 for a period of: <b>TEMPORARY LICENSE:</b> You are required by law to surrender to the undersigned peace officer all Iowa driver licenses or permits in your possession. This entire notice <b>IS NOT VALID</b> AS A TEMPORARY LICENSE FOR TEN DAYS FROM THE DATE OF THIS NOTICE. Reason: <u>OUT OF STATE LICENSE</u> I personally served a copy of this notice of revocation/disqualification along with form 432018, "Request for Temporary Restricted License (Work Permit) or Hearing" and form 432019, "Operation of Iowa Code Chapter 321J, Section 321.208 and Your Rights" to the above named person.					
05/14/2015		Signature of Peace Officer			
Date		Serving Notice			
I certify under penalty of perjury and pursuant to the laws of the state of Iowa that the preceding is true and correct.					
05/14/2015		Signature			
Date		Signature			
				1103	
				Badge or I.D. No.	

## OPERATIONAL CHECKLIST 001

### For the Direct Breath Testing Instrument DATAMASTER DMT

This list is prepared in accordance with Iowa Administrative Code  
661-7.2(1) (321J) Direct Breath Testing

#### Section 1

- ☒ 1. Initiate the test through TraCS or press "RUN" on the screen. (F1 or alt. method also acceptable)  
Enter data as prompted, and review data if desired.

When prompted, instruct subject to blow a long, steady breath into the mouthpiece.

2. If the instrument does not accept the initial breath, instruct the subject to continue to provide breaths until the instrument accepts the breath

OR

When prompted "SUBJECT REFUSED? (Y/N)", proceed to Section 2.

OR

When prompted with a STATUS MESSAGE, proceed to Section 3.

#### Section 2

- Part A. ☐ In the opinion of the operator, the subject refused to provide an adequate breath sample.  
When prompted "SUBJECT REFUSED? (Y/N)", press 'Y'. Remove the mouthpiece.  
Printout will read "SUBJECT SAMPLE REFUSAL."

- Part B. ☐ In the opinion of the operator, the subject was unable to provide an adequate breath sample.  
When prompted "SUBJECT REFUSED? (Y/N)", press 'N'. Remove the mouthpiece.  
Printout will read "SUBJECT SAMPLE INCOMPLETE."

Offer the subject another opportunity to provide a breath sample

OR

Collect an alternative sample.

#### Section 3 --- USE ONLY IF TEST IS ABORTED DUE TO STATUS MESSAGE.

- ☐ 1. The instrument aborted a test at any time due to a STATUS MESSAGE. If necessary review the applicable status code in the "Operating the DataMaster DMT" and follow those directions if indicated.

Offer the subject another opportunity to provide a breath sample.

OR

Collect an alternative sample.

#### CASE INFORMATION:

Subject: EGLIN, MICHAEL JOHN

Operator: 57-146 BARRY BUZYNSKI

Date: 05/14/2015

Iowa Department of Public Safety  
DCI - Criminalistics Laboratory  
Ankeny, IA 50023



IOWA DEPT. OF PUBLIC SAFETY  
DATAMASTER DMT: 145806

DATE: 05/14/2015  
TIME: 02:40:29

SUBJECT NAME:  
MICHAEL JOHN EGLIN

DOB: 09/27/1969  
SUBJECT'S SEX: M  
LICENSE #: D02267477  
STATE ISSUED: AZ

OFFICER NAME:  
CHELSEA STARK  
INSTRUMENT LOCATION:  
LINN CO JAIL  
CASE NUMBER: 201506862  
DEPRIVATION TIME: 02:21

UNITS EXPRESSED IN G/210L

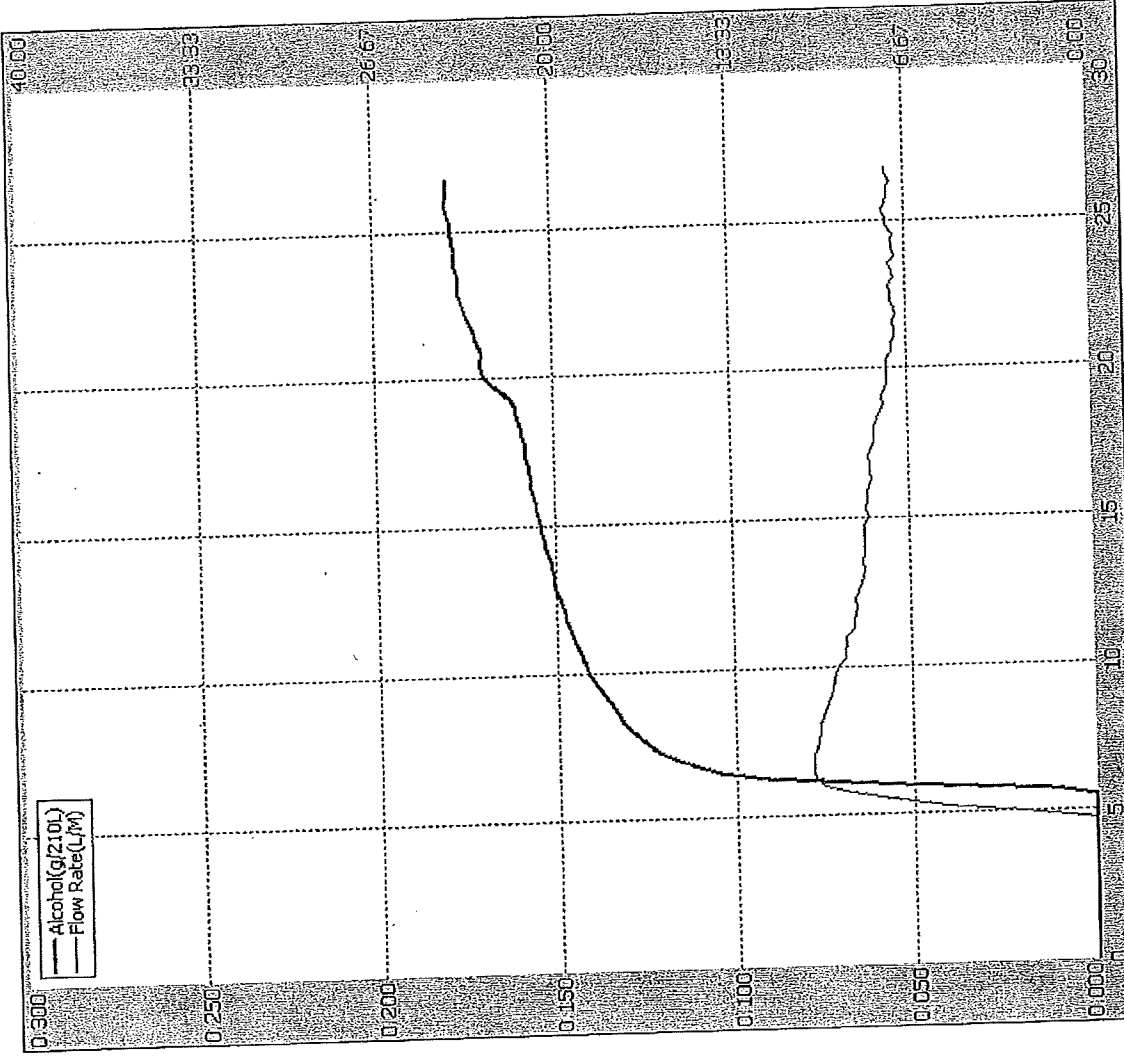
EXTERNAL STANDARD INFO:  
SUPPLIER/MANUFACTURER: INTOXIMETERS  
CONCENTRATION: 0.080  
LOT #: AG404801  
EXP. DATE: 02/17/2016

EXTERNAL STANDARD TARGET = 0.078  
ACCEPTABLE TARGET RANGE (0.074 TO 0.082)

BLANK TEST	0.000	02:41
DIAGNOSTIC CHECK	PASSED	02:41
INTERNAL STANDARD	0.094	02:41
EXTERNAL STANDARD	0.076	02:41
BLANK TEST	0.000	02:42
SUBJECT SAMPLE (VOL=3.00L)	0.177	02:43
SUBJECT SAMPLE (VOL=3.00L)	0.177	02:43
BLANK TEST	0.000	02:44

*Randy Buggs*  
57-H0

Operator



**Affidavit for False Name Given at Arrest**

Case # 201506862

On \_\_\_\_\_ it was discovered the driver cited in the Request and Notice Under Iowa Code Chapter 312J/Section 321.208 to which this affidavit is appended, was actually

The true identity of the driver is as follows:

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

SSN: \_\_\_\_\_

DL#: \_\_\_\_\_

DL State: \_\_\_\_\_

Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Officer/Deputy \_\_\_\_\_ requests the Department of Transportation remove any record of the OWI and OWI sanction from the record of \_\_\_\_\_, as \_\_\_\_\_  
Wherever in the attached Request and Notice form the name \_\_\_\_\_ appears, it should read \_\_\_\_\_

I certify under penalty of perjury and pursuant to the laws of the state of Iowa that the preceding is true and correct.

\_\_\_\_\_  
Signature

Officer/Deputy: \_\_\_\_\_

Date: \_\_\_\_\_

**CEDAR RAPIDS POLICE DEPARTMENT**