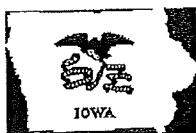


#### Description

ON THE ABOVE DATE AND TIME THE DEFENDANT CONSENTED TO THE SFST'S. HE STATED HE HAD NOT HAD AN ALCOHOL TO DRINK ON TODAY'S DATE. SAID HE CAME FROM OVER THERE WITH FRIENDS. WOULD NOT SPECIFY WHERE HE WAS NOR WHAT HE WAS DOING. THE DEFENDANT STATED HE DOES NOT HAVE ANY MEDICAL CONDITION AND HE COULD SEE THE TIP ON MY FINGER WITH HIS GLASSES ON. HE WAS UNABLE TO STAY IN THE POSITION DURING THE INSTRUCTION PHASE OF THE 9 STEP WALK AND TURN. HE DID NOT COUNT OUT LOUD, BUT WAS REMINDED TO COUNT OUT LOUD THEN HE COUNTED ABOUT EVERY OTHER STEP...TOOK TWO STEPS THEN COUNTED, AND SO ON. FAILED TWO OF THE THREE SFST'S. CONSENTED TO THE PBT AT 0220 WHICH RESULTED IN A .166BAC. ARRESTED FOR OWI 1ST AND ONE WAY STREETS FOR DRIVING THE WRONG WAY ON 3RD AVE W. STATED HE HAD BEEN IN IOWA FOR 12 HOURS AND DIDN'T REALIZE IT WAS A ONE WAY. THIS OCCURRED AT 3RD AVE SW/5TH AVE SW, CEDAR RAPIDS, IA 52404.

#### Attachment



# FIELD INTOXICATION REPORT

## CEDAR RAPIDS POLICE DEPARTMENT

505 1ST ST SW

(319) 286-5491

S U M M A R Y	Date of Arrest	Time of Arrest	Location of Arrest		Case Number		
	05/14/2015	02:21 Hrs.	3RD AVE / 5TH AVE SW		201506862		
	Arrestee - Last Name		First		Middle	Suffix	
	EGLIN		MICHAEL		JOHN		
	Address		City		State	Zip Code	
	1028 G ST SW		TUMWATER		WA	985125413	
	Home Phone Number		Work Phone Number		Mobile Phone Number		
					(602) 768-9475		
	DL/State ID Viewed?		Read From Barcode?		Date of Birth	Age	DL Number
	YES		YES		9/27/1969	45	D02267477
Gender		Race		Ethnicity			
M		WHITE - W		NOT OF HISPANIC ORIGIN - N			
Was a PBT Test Given?		Time of PBT		Results of PBT		Was Alcohol / Drugs Found in the Vehicle?	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> N <input type="checkbox"/> REFUSE		02:21 Hrs.		0.166%		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Types of Drugs or Alcohol found							
Crime or Offense							
OPERATING WHILE INTOXICATED 1ST							
C A L L	Request a Call		Time Call Began		Phone Number Called		
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
	Name of person called				Relationship to Suspect		
	OFFERED / REFUSED						
Contact Made					Time Call Finished		
					Hrs.		
Signature for a phone call							
O B S E R V A T I O N S	Odor of alcoholic beverage: <input type="checkbox"/> NONE <input type="checkbox"/> WEAK <input type="checkbox"/> MODERATE <input type="checkbox"/> STRONG <input checked="" type="checkbox"/> VERY STRONG						
	Eyes: <input type="checkbox"/> NORMAL <input checked="" type="checkbox"/> WATERY <input checked="" type="checkbox"/> BLOODSHOT <input type="checkbox"/> DILATED <input type="checkbox"/> CONSTRICTED <input type="checkbox"/> RED EYE LIDS						
	Eye Correction: <input type="checkbox"/> NONE <input checked="" type="checkbox"/> GLASSES <input type="checkbox"/> CONTACTS (WORN) <input type="checkbox"/> GLASSES / CONTACTS NOT WORN						
	Facial Complexion: <input type="checkbox"/> NORMAL <input checked="" type="checkbox"/> FLUSHED <input type="checkbox"/> PALE						
	Behavior: <input type="checkbox"/> EXCITED <input type="checkbox"/> HILARIOUS <input type="checkbox"/> TALKATIVE <input type="checkbox"/> CAREFREE <input type="checkbox"/> SLEEPY <input type="checkbox"/> PROFANITY <input checked="" type="checkbox"/> POLITE						
	<input type="checkbox"/> THREATENING <input type="checkbox"/> COMBATIVE <input type="checkbox"/> INDIFFERENT <input type="checkbox"/> CRYING <input checked="" type="checkbox"/> COOPERATIVE						
	Unusual Actions During Test: <input type="checkbox"/> HICCUPPING <input type="checkbox"/> BELCHING <input type="checkbox"/> VOMITING <input type="checkbox"/> FIGHTING <input type="checkbox"/> LAUGHING						
	Speech: <input type="checkbox"/> NOT UNDERSTANDABLE <input type="checkbox"/> SLURRED <input checked="" type="checkbox"/> MUMBLED <input type="checkbox"/> THICK TONGUED <input type="checkbox"/> CONFUSED <input type="checkbox"/> GOOD						
	<input type="checkbox"/> STUTTERING <input type="checkbox"/> FAIR <input type="checkbox"/> ACCENT						
	Balance: <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> UNSURE <input checked="" type="checkbox"/> SWAYING <input type="checkbox"/> STAGGERING <input type="checkbox"/> FALLING						
Clothing: <input checked="" type="checkbox"/> CASUAL <input type="checkbox"/> FORMAL <input type="checkbox"/> DIRTY <input type="checkbox"/> PARTIALLY CLOTHED <input type="checkbox"/> WRINKLED							
Clothing Description:							
Additional Unusual Statements or Actions:							

HORIZONTAL GAZE NYSTAGMUS TEST											
F2 - For Horizontal Gaze Nystagmus Instructions											
F I E L D S O B R I T E Y  T E S T S	Refused Nystagmus Test?		Def stated they could not complete test		Contacts?		Type of Contacts				
	<input checked="" type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input type="checkbox"/>		<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO					
	SYMMETRY OF PUPILS							LEFT		RIGHT	
								YES	NO	YES	NO
	EYE DOES NOT PURSUE SMOOTHLY							<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	DISTINCT and SUSTAINED NYSTAGMUS AT MAX. DEVIATION							<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	NYSTAGMUS ONSET BEFORE 45 DEGREES							<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	VERTICAL NYSTAGMUS:							<input type="checkbox"/> YES		<input checked="" type="checkbox"/> NO	
	TOTAL POINTS							6		6 Points max. (Gaze Nystagmus - 4 clues decision point)	
	WALK AND TURN										
F2 - For Walk and Turn Instructions											
Refused Walk and Turn Test?					Instruction Stage						
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> Could not complete test					<input checked="" type="checkbox"/> CANNOT KEEP BALANCE <input type="checkbox"/> STARTS TOO SOON						
WALKING STAGE							1st 9 STEPS		2nd 9 STEPS		
STOPS WALKING											
MISSES HEEL TO TOE							ALL		ALL		
STEPS OFF LINE							ALL		ALL		
RAISES ARMS											
ACTUAL STEPS TAKEN							12		11		
Improper Turn?		Describe Improper Turn									
<input type="checkbox"/> YES <input type="checkbox"/> NO		WIDE TURN THE WRONG WAY									
TOTAL POINTS							4		8 Points max. (Walk and Turn - 2 clues decision point)		
ONE LEG STAND											
F2 - For One Leg Stand Instructions											
Refused One Leg Stand Test? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> Could not complete test											
						0 to 10 SECS		11 to 20 SECS		21 to 30 SECS	
SWAYS						YES		YES		YES	
RAISES ARMS						YES					
HOPS											
FOOT DOWN											
TOTAL POINTS							2		4 Points max. (One Leg Stand - 2 clues decision point)		
FST NOTES											
DID NOT COUNT OUT LOUD ON 9 STEP WALK AND TURN. DID NOT COUNT PROPERLY ON ONE LEG STAND--COUNTED 1,2,3,4,5...											
Time of FSTs			Time Chemical Test Done			Tests Conducted By					
02:20 Hrs.			02:40 Hrs.			BARRY BUZYNSKI 57-146					

# ALTERNATIVE SOBRIETY TESTS

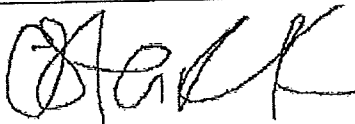
ABC'S
Finger Count
Counting Backwards
Finger to Nose
Other Test
Identify Why Alternative Tests Were Used

W I T N E S S	Witness Name - Last		First		Middle		Suffix
	Address			City		State	Zip Code
	Home / Cell Phone Number		Work Phone Number		Witness Type		Is Victim?
	Witness Date of Birth		Witness Race		Witness Ethnicity		Witness SSN
							Witness Gender

V E H I C L E	Vehicle Year	Make	Model	Style	
	2000	FORD	F2	PU	
	License Plate #	State	Year	VIN #	
	B10382U	WA	1905	1FTNW21F8YED53197	
	Color(s)	Vehicle Impounded?	CDL Req?	Pass End Req?	
SILVER - SIL	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	NO	NO	HazMat End Req?	
NO			NO	NO	
Involved in Accident? (Identify type)				Vehicle Towed By	Vehicle Impound Tag Number
<input type="checkbox"/> Hit and Run <input type="checkbox"/> Personal Injury <input type="checkbox"/> Property Damage <input type="checkbox"/> Fatal				DARRAHS	6862

## OWI INVESTIGATION

ON THE ABOVE DATE AND TIME THE DEFENDANT CONSENTED TO THE SFST'S. HE STATED HE HAD NOT HAD AN ALCOHOL TO DRINK ON TODAY'S DATE. SAID HE CAME FROM OVER THERE WITH FRIENDS. WOULD NOT SPECIFY WHERE HE WAS NOR WHAT HE WAS DOING. THE DEFENDANT STATED HE DOES NOT HAVE ANY MEDICAL CONDITION AND HE COULD SEE THE TIP ON MY FINGER WITH HIS GLASSES ON. HE WAS UNABLE TO STAY IN THE POSITION DURING THE INSTRUCTION PHASE OF THE 9 STEP WALK AND TURN. HE DID NOT COUNT OUT LOUD, BUT WAS REMINDED TO COUNT OUT LOUD THEN HE COUNTED ABOUT EVERY OTHER STEP...TOOK TWO STEPS THEN COUNTED, AND SO ON. FAILED TWO OF THE THREE SFST'S. CONSENTED TO THE PBT AT 0220 WHICH RESULTED IN A .166BAC. ARRESTED FOR OWI 1ST AND ONE WAY STREETS FOR DRIVING THE WRONG WAY ON 3RD AVE W. STATED HE HAD BEEN IN IOWA FOR 12 HOURS AND DIDN'T REALIZE IT WAS A ONE WAY. THIS OCCURRED AT 3RD AVE SW/5TH AVE SW, CEDAR RAPIDS, IA 52404.

O F F I C E R	Video	Audio	Chemical Test Submitted to
	03 - BOTH IN CAR AND OFFICE	03 - BOTH IN CAR AND OFFICE	1 - BREATH
	Imp Consent Time	Implied Consent Read By	Test Location
	02:36 Hrs.	CHELSEA STARK 1103	LCCC
	Arresting / Reporting Officer	Badge Number	
	STARK, CHELSEA	1103	
	Assisting Officer (s) / Processor	Badge Number	
BARRY BUZYNSKI	57-146		
Supervisor	Badge Number		
Arresting / Reporting Officer (signature)			
			



# OWI INTERVIEW REPORT

## CEDAR RAPIDS POLICE DEPARTMENT

505 1ST ST SW

(319) 286-5491

S U M M A R Y	Case Number <b>201506862</b>		Date of Arrest <b>05/14/2015</b>		Time of Arrest <b>02:21</b> Hrs.		Location of Offense <b>3RD AVE / 5TH AVE SW</b>	
	Code Section? <b>321J.2(2A)</b>		Offense Committed <b>OPERATING WHILE INTOXICATED 1ST</b>				Offense Class <b>SERIOUS MISDEMEANOR</b>	
	Defendant - Last Name <b>EGLIN</b>				First <b>MICHAEL</b>		Middle <b>JOHN</b>	
	Address <b>1028 G ST SW</b>				City <b>TUMWATER</b>		State <b>WA</b>	
	Gender <b>M</b>		Race <b>WHITE - W</b>		Date of Birth <b>9/27/1969</b>		Age <b>45</b>	
	DL Number <b>D02267477</b>		DL State <b>AZ</b>					
	Miranda Given? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Hrs. <b>02:46</b>		Miranda Given By <b>CHELSEA STARK 1103</b>			
	Vehicle Impounded? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Interviewed By <b>BARRY BUZYNSKI 57-146</b>		Time Interview Began <b>02:46</b> Hrs.		Time Interview Concluded <b>02:49</b> Hrs.	
	Who is your employer? <b>PINNACLE</b>				What is your occupation? <b>STATE SUPER</b>		Day you last worked? <b>CURRENTLY</b>	
	What weekday is it? <b>THURS</b>				What day of the month is it? <b>14TH</b>		What time is it now? <b>2</b>	
I N T E R V E W	Physical Defects? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				Are you currently ill? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
	Describe any physical defects				If currently ill what's wrong?			
	When did you last sleep? <b>13TH</b>		How much sleep? <b>8</b>		When did you last eat? <b>14 HRS AGO</b>		Taking tranquilizers, pills or meds of any kind? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
	Identify type of drugs or medications		Are you diabetic? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		Are you taking insulin? <input type="checkbox"/> YES <input type="checkbox"/> NO		When was your last dose?	
	Treated by a Dr. recently? If yes, why? <b>NO SIR</b>		Any injections of any other drugs recently? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		If yes, identify the type of drug and why it was used.			
	Do you have or wear any of the following devices? <b>2 - GLASSES</b>							
	Have you been smoking marijuana? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		Were you involved in an accident? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		Were you driving a vehicle? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Does the vehicle belong to you? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
	If you were not the driver, who was driving?		Any mechanical problems with the vehicle? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		What mechanical problems?			
	What was your destination? <b>COMFORT INN / DT CR</b>		Direction of travel? <b>SOUTH BOUN</b>		Identify any stops along your way <b>NO SIR</b>			
	Who have you been with? <b>NO ONE</b>		What street or highway were you on when you were stopped? <b>NOT FROM HERE</b>					
Have you been drinking? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		What were you drinking? How much and what brand? <b>JAMISON</b>				How much to drink? <b>2</b>		
Started drinking? <b>22:30</b>		Stopped drinking?		Have you had any alcohol since the accident? <input type="checkbox"/> YES <input type="checkbox"/> NO		Do you feel the effects of the drinks? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
Describe the effects of the drinks you have had.								
Defendant request independent test? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				Where do you want the test completed?				
Was defendant's DL seized and destroyed? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				Identify who seized and destroyed the DL				
O F F I C E R	Video <b>03 - BOTH IN CAR AND OFFICE</b>		Audio <b>03 - BOTH IN CAR AND OFFIC</b>		Chemical Test Submitted to <b>1 - BREATH</b>			
	Test Location <b>LCCC</b>							
	Arresting / Reporting Officer <b>STARK, CHELSEA</b>						Badge Number <b>1103</b>	
	Assisting Officer (s) / Processor <b>BARRY BUZYNSKI</b>						Badge Number <b>57-146</b>	
	Supervisor						Badge Number	



INDEPENDENT CHEMICAL TEST ADVISORY  
CEDAR RAPIDS POLICE DEPARTMENT  
505 1ST ST SW  
(319) 286-5491

TO: MICHAEL JOHN EGLIN  
FIRST MIDDLE LAST

DATE 5/14/2015

TIME 2:21:00 AM

You have been arrested for operating a motor vehicle while intoxicated. The results of a chemical testing of a specimen of your breath indicated .08 hundredths (.08) or more of one percent by weight of alcohol in the blood.

Iowa law provides that you are entitled to an independent chemical test to determine the alcohol content, if you request one.

Having asked for an independent chemical test you must pay for it yourself. The Law Enforcement Agency will provide you the opportunity to receive the type of test that you request.

Signature of Officer

CEDAR RAPIDS POLICE DEPARTMENT

Having requested an independent chemical test, I request,

- ☐ Breath
- ☐ Urine
- ☐ Blood

\_\_\_\_\_  
Signature of arrested person



MIRANDA RIGHTS GIVEN  
CEDAR RAPIDS POLICE DEPARTMENT  
505 1ST ST SW  
(319) 286-5491

## MIRANDA RIGHTS

I MICHAEL JOHN EGLIN, have been informed by  
CHELSEA STARK 1103 of the following:

1. I HAVE THE RIGHT TO REMAIN SILENT.
2. ANYTHING I SAY CAN AND WILL BE USED AGAINST ME IN A COURT OF LAW.
3. I HAVE THE RIGHT TO TALK TO AN ATTORNEY, AND TO HAVE HIM OR HER PRESENT WHILE I AM BEING ASKED QUESTIONS.
4. IF I CANNOT AFFORD AN ATTORNEY, ONE WILL BE APPOINTED TO REPRESENT ME BEFORE ANSWERING QUESTIONS, IF I WISH.

I UNDERSTAND EACH OF THE RIGHTS STATED ABOVE

SIGNED \_\_\_\_\_  
DATE: 05/14/2015 TIME 2:46:00 AM  
OFFICER: STARK, CHELSEA



# CEDAR RAPIDS POLICE

## Incident/Investigation Report

Case No: 2015-06862

Agency: CRPD

Date: 5/14/2015 07:17:55

### Supplement Information

Supplement Date	Supplement Type	Supplement Officer
05/14/2015 03:03:00	CASE STATUS CHANGE	(21051) GARRINGER, BRYSON J
Contact Name		Supervising Officer
		(20804) ESTLING, CODY JESS

### Supplement Narrative

Type of Occurrence: OWI 1st, One-Way Streets

Victim: State of Iowa

Suspect: Michael Eglin, DOB 09/27/69

Date: 05/14/15

Case Status: Closed/Cleared by Arrest

Case #2015-06862

On 05/14/15 at approximately 0205 hours I, Investigator Garringer Unit #835 was on patrol in the 700 block of 5th Ave SW. As I was passing the intersection of 5th Ave and 7th Street SW I observed a silver in color pickup traveling westbound on 3rd Ave at this same intersection. I knew that this section of 3rd Ave was a one-way street and that this vehicle was traveling the wrong direction. I proceeded to 3rd Ave where I could see that the pickup was still traveling westbound in an eastbound designated traffic lane. I activated my emergency lighting and proceeded down the one-way street in the wrong direction in order to catch up to the vehicle. I caught up to the vehicle at the intersection of 3rd Ave and 5th Ave SW. I observed that the vehicle had Washington state license plate #B10382U. The vehicle did come to a stop.

I approached the driver's side of the vehicle where I identified the driver to be Michael Eglin, DOB 09/27/69. I informed him for the reason for the stop to which stated "that makes sense". I asked him where he was headed to and he advised he was trying to find the Comfort Inn on Center Point Road. Eglin seemed very confused and I detected a strong odor of an alcoholic beverage emanating from the vehicle. I observed that Eglin had watery, bloodshot eyes and he had very slurred speech. I asked Eglin where he was coming from and he did not provide an answer but just stated he was trying to get to the hotel. I asked him if he'd had anything to drink tonight and he stated that he had not. I asked him if he was coming from the bars downtown and he stated "no".

From my observation of Eglin I believed that he was intoxicated. I requested an additional unit and Officer Stark Unit #475 arrived on the scene to assist. Officer Stark ran Eglin through standardized field sobriety testing and subsequently arrested him for OWI. Officer Stark transported Eglin to the Linn County jail for OWI processing where he was booked in under the charges of OWI 1st and Violation of One-Way Streets.

Darrah's was contacted and Eglin's 2000 Ford pickup was towed to Darrah's by Darrah's. For further on this occurrence please see the narrative from Officer Stark. I have nothing further to add. End of report.

BG1051/1038