

IN THE IOWA DISTRICT COURT, IN AND FOR LINN COUNTY

STATE OF IOWA

OWCR112901

Plaintiff,

vs.

MICHAEL JOHN EGLIN

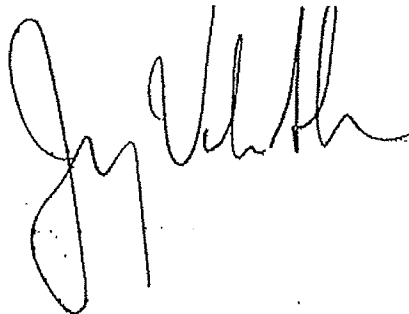
Defendant,

MOTION FOR RECIPROCAL DISCOVERY

COMES NOW the State of Iowa and pursuant to the Iowa Rules of Criminal Procedure, rule 2.14 (3), moves for reciprocal discovery for the following reasons:

1. The defendant filed a Motion for Discovery pursuant to IRCP Rules 2.14.
2. The State hereby requests that the Court order the defendant to permit the State to inspect and copy:
 - a) Materials described in IRCP rule 2.14(a).
 - b) Materials described in IRCP rule 2.14(b).
3. If, subsequent to compliance with an Order issued pursuant to this application, defendant discovers additional evidence, or decides to use evidence which is additional to that originally intended for use, and such additional evidence is subject to discovery under this rule, defendant be ordered to promptly file a written notice of the existence of the additional evidence to allow the State to make an appropriate motion for additional discovery.

WHEREFORE, the State prays that this motion be granted.



Linn County Attorney
Linn County Courthouse

RECEIPT FOR PAYMENT
OF DISCOVERY

Received: February 19, 2016

From: Mark Thompson

Amount Due: \$16.00


Cash _____

Check # _____

CERTIFICATE OF SERVICE

The undersigned hereby certifies that a true copy of the foregoing Instrument was served upon each of the attorneys of record of all parties to the above-entitled cause by personal service or by enclosing the same in an envelope addressed to each such attorney at his respective address as disclosed by the pleadings of record herein, with postage fully paid, and by depositing said envelope in a United States Post Office depository in Cedar Rapids, Iowa as

disclosed by the pleadings of record herein on the 19 February 2016.



IN THE IOWA DISTRICT COURT IN AND FOR
LINN COUNTY

This Complaint and Affidavit is to be:

- ☐ Filed with Court Clerk (cc: CA)
☒ Submitted to County Attorney
☐ Filed with JCO - Defendant is a Juvenile

Agency Case Number: **201506862**

Arrest Date: **05/14/2015**

THE STATE OF IOWA

VS.

OFFENDER

Last EGLIN		First MICHAEL		Middle JOHN		Suffix	
Address 1028 G ST SW				City TUMWATER		State WA	Zip Code 98512
Date of Birth 09/27/1969		Gender MALE	Race WHITE - W		Ethnicity NOT OF HISPANIC ORIGIN - N		
State AZ	Height 6' 05"	Weight 215 LBS	Eye Color BROWN - BRO		Hair Color BROWN - BRO		

OFFENSE

State <input checked="" type="checkbox"/> Local <input type="checkbox"/>	Code Section 321J.2(2)(A)	Crime Description OPERATING WHILE UNDER THE INFLUENCE 1ST OFFENSE		Class SRMS	
Location Type 13 - HIGHWAY/ROAD/ALLEY					
Literal Description 3RD AVE SW/5TH AVE SW					
Address 3RD AVE SW/5TH AVE SW		City CEDAR RAPIDS		State IA	Zip Code 52404
Is Date and Time of Incident Known? YES		Incident Date or Low Range 05/14/2015	Upper Date Range	Incident Time or Low Range 03:15	Upper Time Range

STATUS OF OFFENDER/JUVENILE

<input checked="" type="checkbox"/> TAKEN INTO CUSTODY	CUSTODY 1 - JAILED	<input type="checkbox"/> SUMMONS TO APPEAR (Citation Issued)
<input type="checkbox"/> WARRANT REQUESTED	<input type="checkbox"/> NO CONTACT ORDER REQUESTED	<input type="checkbox"/> RELEASED TO PARENT/GUARDIAN

NARRATIVE

Narrative of Offense Committed

On or about the above stated date and time, the Defendant did operate a motor vehicle by one or more of the following means: a. While under the influence of an alcoholic beverage or drugs or a combination of such substances; b. While having an alcohol concentration of .08 or more as measured in the person's breath, blood or urine

VICTIM INFORMATION (Optionally displayed, especially if NCO is requested)

Last	First	Middle	Suffix
Business/Organization/State/County/Municipality Name STATE OF IOWA			
Address		City	State Zip

AFFIDAVIT

STATE OF IOWA, LINN COUNTY

I, the undersigned, being duly sworn, state that all facts contained in this Complaint and Affidavit, known by me or told to me by other reliable persons form the basis for my belief that the defendant committed this crime

State all facts and persons relied upon supporting elements of alleged crime

ON THE ABOVE DATE AND TIME THE DEFENDANT DID operate a motor vehicle by one or more of the following means: a. While under the influence of an alcoholic beverage or drugs or a combination of such substances; b. While having an alcohol concentration of .08

or more as measured in the person's breath, blood or urine. PBT RESULTS WERE .166 @ 0220. DATAMASTER RESULTS WERE .177 @ 0245HRS.
THIS OCCURRED AT 3RD AVE/5TH AVE SW, CEDAR RAPIDS, IA 52404

Stark 1103

STARK, CHELSEA

1103

Signature of Complainant or Officer, Officer Name & Number

STATE OF IOWA, LINN COUNTY



Subscribed and sworn to before me by the person(s) signing the Complaint and Affidavit(s) on 05/14/2015

Notary Name

Signature of Verifying Party

Commission Number

My Commission Expires

☐

Peace Officer

☐

Notary

☐

Prosecuting Attorney

COMPLAINT

Dispatch /
Case #: 201506862

Citation #:

135 1103 150514 031731 0

Form 420001E 1/07
PLAINTIFF

Reference #: IOWA UNIFORM CITATION AND COMPLAINT
Law Enforcement Agency - CEDAR RAPIDS POLICE DEPARTMENT

☒ State of Iowa ☐ County of: LINN - 57 ☐ City of: CEDAR RAPIDS IA 52401

In the Court at LINN COUNTY COURTHOUSE THIRD AVENUE BRIDGE

DL# D02267477

DL/State ID Viewed? YES DOB 09/27/1969

Name EGLIN MICHAEL JOHN DL# D02267477

Defendant, Last First Middle Suffix

Address 1028 G ST SW City TUMWATER State WA Zip Code 98512 Race W Ethnicity N

DL State AZ DL Class DL End NONE DL Rest NONE Height 6' 05" Weight 215 LBS Sex MALE

The undersigned states that on or about 05/14/2015 at 3:17 AM defendant did unlawfully: Operate Motor Vehicle/Boat 2000 SIL FORD - F2 PU

US DOT# ICC# Ljc. Plate #/REG B10382U State WA Year 2015 CDL NO Pass End Req? HazMat End Req?

Upon a public highway at 3RD AVE SW/5TH AVE SW Located in the county and state aforesaid and did then and there commit the following offense:

Scheduled Violation/Fine \$100.00 ☐ Court Appearance Required (805.10) ☐ Road Work Zone ☐ Non-scheduled Violation Speed in Zone

Criminal Surcharge \$35.00 Reason: ☐ Serious P.I. ☐ Fatal Accident ☐ Civil Damage Assessment ☐ Other Fed/Adm Code:

Co. Enf. Surcharge N/A Violation VIOLATING ONE-WAY TRAFFIC DESIGNATION IA Code: 20 15

Court Costs \$60.00

Total Fine/Costs \$195.00 Sec #: 321.305 ICIS Sec #: 321.305 Local Ord. ICIS Ord.

Officer's
Signature

I.D. No. 1103

Dated 05/14/2015

NOTICE: Providing false identification information is a violation of Section 719.1A of the Code of Iowa and is punishable as a simple misdemeanor.

Court Date: If you must appear in court or if you choose to appear to answer to a charge which does not require an appearance, report to the above named court on: 05/28/2015 at 8:30 AM

My signature below is not a plea of guilty, but acknowledges all of the following:

- I hereby swear and affirm that the information provided by me on this citation is true under penalty of providing false information.
- I promise to appear in said court at said time and place. I understand that a person who willfully fails to appear in court as specified by this citation may be subject to arrest and/or loss of driving privileges.
- If a court appearance is not required, I may enter a plea of guilty prior to the designated appearance date by delivery in person, or by agent, or by mail to the court specified by this citation.

The following applies to simple misdemeanor only:

- I hereby give my unsecured appearance bond in the amount of \$262.50 dollars and enter my written appearance. I agree that if I fail to appear in person or by counsel to defend against the offense charged in this citation, the court is authorized to enter a conviction and render judgment against me for the amount of my appearance bond in satisfaction of the penalty and surcharge plus court cost.

Signature of
Defendant

Dated

05/14/2015

I swear that the foregoing complaint is true and correct.

Subscribed and sworn to me by STARK, CHELSEA
this 14 day of MAY, 2015

at CEDAR RAPIDS - 1187

Iowa

Officer's
Signature

Agency

CEDAR RAPIDS POLICE DEPARTMENT

Notary/other
Signature

Notary/other

ABSTRACT OF COURT RECORD

Citation #:

135 1103 150514 031731 0

COURT NO. CASE NO.

DOCKET NO. CASE NO.

LICENSE NO. STATE: ☐ Iowa ☐ Other

FORFEIT BOND ☐ ☐ Other

JURY TRIAL ☐ BAIL CASH DEPOSIT

PLEA VERDICT

NO JURY TRIAL or PROCEEDING ☐ ☐ GUILTY ☐ NOT GUILTY ☐ DISMISSED

OTHER DISPOSITION

The court Therefore Enters in Following Order This Date Mo. Day Yr.

FINED \$ SURCHARGE \$ COST \$

Incarceration in Days:

TESTIMONY - JUDGE'S NOTES: (Other Orders)

Date	Signature, person giving bail	Signature, person taking bail
Driver's License Recommendation	None <input type="checkbox"/> School <input type="checkbox"/> Susp. <input type="checkbox"/> Revo <input type="checkbox"/> Days <input type="checkbox"/>	
DATE:	Continued to:	REASON
DATE:	Continued to:	REASON
DATE:	WARRANT ISSUED	

TO THE COURT: The following are witnesses who can give testimony relating to the facts of this alleged violation. Please subpoena prosecuting witness:
Name Address Phone

DEFENDANT COPY

Citation #:

135 1103 150514 031731 0

Form 420001E 1/07
PLAINTIFF:

IOWA UNIFORM CITATION AND COMPLAINT
Law Enforcement Agency - CEDAR RAPIDS POLICE DEPARTMENT

Reference #:

☒ State of Iowa ☐ County of: Linn - 57 ☐ City of: _____ City CEDAR RAPIDS State IA Zip 52401

In the Court at LINN COUNTY COURTHOUSE THIRD AVENUE BRIDGE

VS. EGLIN MICHAEL JOHN DL# D02267477 Date of Birth 09/27/1969

Name EGLIN MICHAEL JOHN Defendant, Last First Middle Suffix

Address 1028 G ST SW City TUMWATER State WA Zip Code 98512 Race W Ethnicity N

DL State AZ DL Class ID DL End. NONE DL Res. NONE Height 6' 05" Weight 215 LBS Sex MALE

The undersigned states that on or about 05/14/2015 at 3:17 AM defendant did unlawfully: Operate Motor Vehicle/Boat 2000 SIL FORD F2 PU

US DOT# _____ ICC# _____ Lic. Plate #/REG B10382U State WA Year 2015 CDL NO Pass End Req? _____ HazMat End Req? _____

Upon a public highway at 3RD AVE SW/5TH AVE SW Located in the county and state aforesaid and did then and there commit the following offense:

Scheduled Violation/Fine \$100.00 ☐ Court Appearance Required (805.10) ☐ Road Work Zone ☐ Non-scheduled Violation Speed _____ In _____ Zone _____

Criminal Surcharge \$35.00 Reason: ☐ Serious P.I. ☐ Fatal Accident ☐ Civil Damage Assessment ☐ Other Fed/Adm Code: _____

Co. Enf. Surcharge N/A Violation VIOLATING ONE-WAY TRAFFIC DESIGNATION IA Code: 20 15

Court Costs \$60.00 Sec #: 321.305 ICIS Sec #: 321.305 Local Ord. _____ ICIS Ord. _____

Total Fine/Costs \$195.00

Officer's Signature [Signature] I.D. No. 1103 Court Date: 05/28/2015 at 8:30 AM

Dated 05/14/2015 If you must appear in court or if you choose to appear to answer to a charge which does not require an appearance, report to the above named court on:

NOTICE: Providing false identification information is a violation of Section 719.1A of the Code of Iowa and is punishable as a simple misdemeanor.

You hereby are given notice that within a reasonable time but no later than the date scheduled for your initial appearance a citation/complaint sworn under oath will be filed with the district court clerk of the county in which this citation was issued.

My signature below is not a plea of guilty, but acknowledges all of the following:

- I hereby swear and affirm that the information provided by me on this citation is true under penalty of providing false information.
- I promise to appear in said court at said time and place. I understand that a person who willfully fails to appear in court as specified by this citation may be subject to arrest and/or loss of driving privileges.
- If a court appearance is not required, I may enter a plea of guilty prior to the designated appearance date by delivery in person, or by agent, or by mail to the court specified by this citation.

The following applies to simple misdemeanors only:

4. I hereby give my unsecured appearance bond in the amount of \$262.50 dollars and enter written appearance. I agree that if I fail to appear in person or by counsel to defend against the offense charged in this citation, the court is authorized to enter a conviction and render judgment against me for the amount of my appearance bond in satisfaction of the penalty and surcharge plus court cost.

Defendant Signature [Signature] Dated 05/14/2015 If you require the assistance of auxiliary aids or services to participate in court because of a disability, immediately call the ADA district coordinator in the county which the citation was issued, or if you are hearing impaired, call Relay Iowa TTY at 1-800-735-2942.

135 1103 150514 031731 0

IF PLEADING GUILTY DETACH AND REMIT WITH PAYMENT OR PAY ONLINE AT WWW.IOWACOURTS.GOV

Citation #:

135 1103 150514 031731 0

CHECKS PAYABLE TO: CLERK OF COURT

City CEDAR RAPIDS State IA Zip 52406

SUBMIT PAYMENT TO: LINN COUNTY CLERK OF COURT P O BOX 1468

Reference #:

ISSUING LAW ENFORCEMENT AGENCY Cedar Rapids Police Department

Name EGLIN MICHAEL JOHN DL# D02267477 Date of Birth 09/27/1969

Defendant, Last First Middle Suffix

Address 1028 G ST SW City TUMWATER State WA Zip Code 98512 Race W Ethnicity N

DL State AZ DL Class ID DL End. NONE DL Res. NONE Height 6' 05" Weight 215 Sex MALE

The undersigned states that on or about 05/14/2015 at 03:17 defendant did unlawfully: Operate Motor Vehicle/Boat 2000 SIL FORD F2 PU

US DOT# _____ ICC# _____ Lic. Plate #/REG B10382U State WA Year 2015 CDL NO Pass End Req? _____ HazMat End Req? _____

Upon a public highway at 3RD AVE SW/5TH AVE SW Located in the county and state aforesaid and did then and there commit the following offense:

Violation VIOLATING ONE-WAY TRAFFIC DESIGNATION Sec #: 321.305 ICIS Sec #: 321.305 Local Ord. _____ ICIS Ord. _____

Scheduled Fine \$100.00 Criminal Surcharge \$35.00 Co. Enf. Surcharge N/A Court Costs \$60.00 Total Fine/Costs \$195.00

Bond Amount \$262.50 ☐ Road Work Zone Court Appearance Required (805.10) Court Date: 05/28/2015 Speed _____ In _____ Zone Fed/Adm Code: _____ IA Code: 20 15

☐ APPEARANCE PLEA OF GUILTY

I, the undersigned, do hereby enter my appearance on the complaint of the offense charged on this citation. I have been informed of my right to a trial, that my signature to this plea of guilty will have the same effect as a judgment of court and this record will be sent to the Department of Transportation of this state (or of the state of my residence). I do hereby PLEAD GUILTY to said offense as charged and agree to the penalty prescribed for my offense. Amount to pay: \$195.00

☐ IF YOU ARE REQUIRED TO POST BAIL TO OBTAIN RELEASE

A. If you desire to enter a plea of guilty, the officer may release you from custody upon observing you mail the citation, admission of guilt and minimum fine, surcharge, with court costs to a traffic violations office in an envelope furnished by the officer.

B. If you choose to plead NOT GUILTY, the officer may release you from custody by observing you mail the citation, and one and one half times the minimum fine, surcharge, with court costs, or in lieu of one and one half times the fine and costs a guaranteed arrest bond certificate together with signing the following statement:

"I agree that either (1) I will appear pursuant to this citation or (2) if I do not so appear, the amount deposited as bail will be forfeited."

Signature of Defendant

Officer: STARK, CHELSEAI.D. No. 1103

CEDAR RAPIDS POLICE
ORI IA0570100

INCIDENT REPORT

CASE NUMBER
2015-0862

☐ FORWARD COPY TO DHS

ADDRESS OF OCCURRENCE 3rd Ave SW / 10th Ave SW				SCANNED BY		DATE		ENTERED BY		DATE			
TYPE OF OCCURRENCE #1 021 1st				LOC. # 13		BIAS # 08		<input checked="" type="checkbox"/> ATTEMPTED <input checked="" type="checkbox"/> COMPLETED		USED <input type="checkbox"/> COMPUTER <input checked="" type="checkbox"/> ALCOHOL			
TYPE OF OCCURRENCE #2 one way streets				LOC. # 13		BIAS # 08		<input type="checkbox"/> ATTEMPTED <input checked="" type="checkbox"/> COMPLETED		USED <input type="checkbox"/> COMPUTER <input checked="" type="checkbox"/> ALCOHOL			
TYPE OF OCCURRENCE #3				LOC. #		BIAS #		<input type="checkbox"/> ATTEMPTED <input type="checkbox"/> COMPLETED		USED <input type="checkbox"/> COMPUTER <input type="checkbox"/> ALCOHOL			
INCIDENT	LOCATION		01 AIR		06 CONSTRUCTION SITE		12 GROCERY/SUPERMARKET		18 PARKING LOT/GARAGE		24 SPECIALTY STORE (TV, FURS, ETC.)		
	02 BANK/SAVINGS & LOAN		07 CONVENIENCE STORE		13 HIGHWAY/ROAD/ALLEY		19 RENTAL/STORAGE FACILITY		20 RESIDENCE/HOME		25 OTHER/UNKNOWN		
	03 BARN/NIGHT CLUB		08 DEPARTMENT/DISCOUNT STORE		14 HOTEL/MOTEL/ETC.		21 RESTAURANT		22 SCHOOL/COLLEGE		26 PARK		
	04 CHURCH/SYNAGOGUE/TEMPLE		09 RX STORE/HOSPITAL/DOCTOR		15 JAIL/PRISON		22 SCHOOL/COLLEGE		23 SERVICE/GAS STATION		27 FARM RESIDENCE		
05 COMMERCIAL/OFFICE BLDG		11 GOVERNMENT/PUBLIC BLDG		16 LAKE/WATERWAY		17 LIQUOR STORE		23 SERVICE/GAS STATION		28 FARM BUILDING			
BIAS	88 NO BIAS		RELIGIOUS		25 ANTI-OTHER RELIGION		ETHNICITY/DISABILITY		31 ANTI-ARAB		SEXUAL		
	89 RACIAL		21 ANTI-JEWISH		26 ANTI-MULTI-RELIGIOUS GROUP		32 ANTI-HISPANIC		33 ANTI-OTHER ETHNICITY		41 ANTI-MALE HOMOSEXUAL (GAY)		
	11 ANTI-WHITE		22 ANTI-CATHOLIC		27 ANTI-ATHEISM / AGNOSTICISM		33 ANTI-NATIONAL ORIGIN		61 ANTI-PHYSICAL DISABILITY		42 ANTI-FEMALE HOMOSEXUAL (LESB)		
	12 ANTI-BLACK		23 ANTI-PROTESTANT				62 ANTI-MENTAL DISABILITY				43 ANTI-HOMOSEXUAL (GAYS AND LESBIANS)		
13 ANTI-AMERICAN INDIAN		24 ANTI-ISLAMIC (MOSLEM)								44 ANTI-HETEROSEXUAL			
14 ANTI-ASIAN/PACIFIC ISLDR										45 ANTI-BISEXUAL			
15 ANTI-MULTI-RACIAL GRPS													
OTHER OCCURRENCES None		NUMBER OF VICTIMS 01		<input type="checkbox"/> BURGLAR USED <input type="checkbox"/> FORCE <input type="checkbox"/> NO FORCE		# UNITS BURGLAR ENTERED		COMPLAINT MADE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		ARREST MADE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
DATE (REPORTED) 5-14-15		TIME (REPORTED) 0605		DATE OCCURRED (EARLIEST) 5-14-15		TIME OCCURRED (EARLIEST) 0605		DATE OCCURRED (LATEST) 5-14-15		TIME OCCURRED (LATEST) 0605			
WEAPON (ENTER UP TO 3)				99 NO WEAPON		14 SHOTGUN		35 MOTOR VEHICLE		65 FIRE / INCENDIARY			
WEA #1 99		Auto Y/N -		WEA #2		Auto Y/N		WEA #3		Auto Y/N			
11 FIREARM (TYPE NOT STATED)		12 HANDGUN		13 RIFLE		15 OTHER FIREARM		20 KNIFE/CUTTING INSTRU		50 POISON			
30 BLUNT OBJECT		60 EXPLOSIVES		80 ASPHYXIATION		90 OTHER							
REPORTED BY	REPORTED BY (LAST, FIRST MIDDLE) Inv. GARRINGER				ADDRESS				RES. PHONE				
	EMPLOYED BY CRPD				ADDRESS				BUS. PHONE				
	D.O.B.				AGE				SEX				
	RACE				HIS.				HEIGHT				
WEIGHT				EYES				HAIR					
S.S. NUMBER								CELL PHONE					
VICTIM #1	VIC # 01		TYPE OF VICTIM		<input type="checkbox"/> COMPLAINANT <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> FINANCIAL <input type="checkbox"/> BUSINESS <input checked="" type="checkbox"/> GOVMT <input type="checkbox"/> RELIGIOUS <input type="checkbox"/> SOC/PUBLIC <input type="checkbox"/> OTHER <input type="checkbox"/> UNKNOWN		VICTIM OF OCCURRENCE # 01-02						
	VICTIM (PERSON)				ADDRESS				VICTIM RES. PHONE				
	FIRM OR PERSON EMPLOYED BY SCHOOL State of Iowa				ADDRESS				BUS. PHONE				
	VICTIM D.O.B.				AGE				SEX				
	RACE				HIS.				HEIGHT				
	WEIGHT				EYES				HAIR				
	S.S. NUMBER								VICTIM CELL PHONE				
	PARENT/GUARDIAN OF JUVENILE VICTIM				ADDRESS				PARENT/GUARDIAN RES. PHONE				
	PARENT/GUARDIAN D.O.B.				AGE				SEX				
	RACE				HIS.				HEIGHT				
WEIGHT				EYES				HAIR					
S.S. NUMBER								PARENT/GUARDIAN CELL PHONE					
ASSAULT	ENTER UP TO 2		01 ARGUMENT		06 LOVER'S QUARREL		INJURY		N NO INJURY		M MINOR INJURY		
	ASSAULT #1		02 ASSAULT ON LAW OFFICER		07 MERCY-KILLING		#2		B BROKEN BONES		O MAJOR INJURY		
	ASSAULT #2		04 GANGLAND		08 OTHER FELONY INVOLVED		#3		I POSSIBLE INTERNAL INJURY		T LOSS OF TEETH		
			05 JUVENILE GANG		09 OTHER CIRCUMSTANCES		#4		L SEVERE LACERATION		U UNCONSCIOUSNESS		
		10 UNKNOWN CIRCUMSTANCES				#5							
RELATIONSHIP	OFF# 01		OFF#		OFF#		OFF#		OFF#		OFF#		
	REL OK		REL		REL		REL		REL		REL		
	VICTIM IS		GP GRANDPARENT		OF OTHER FAMILY		CF CHILD OF BG ABOVE		ST STRANGER		VO VICTIM IS OFFENDER		
	SE SPOUSE		GC GRANDCHILD		AQ AQUAINTANCE		HR HOMOSEXUAL REL		RU RELATIONSHIP UNK				
CS COIN-LAW SPOUSE		IL IN-LAW		FR FRIEND		XS EX-SPOUSE							
PA PARENT		EP STEPPARENT		NE NEIGHBOR		EE EMPLOYEE							
SB SIBLING		SC STEPCCHILD		BE BABYSITTEE (THE BABY)		ER EMPLOYER							
CH CHILD		SS STEPSIBLING		BG BOY/GIRLFRIEND		OK OTHERWISE KNOWN							
MISSING	MISSING IS VICTIM ABOVE		LOCATION LAST SEEN		DATE LAST SEEN		TIME LAST SEEN						
	MARKS, SCARS, TATTOOS, DEFORMITIES, ETC.				OTHER CLOTHING IDENTIFICATION				MONEY				
	POSSIBLE DESTINATIONS (INCLUDE NAMES AND ADDRESS IF KNOWN)				LUGGAGE <input type="checkbox"/> YES <input type="checkbox"/> NO				TRANSPORT <input type="checkbox"/> YES <input type="checkbox"/> NO				
					QUICK FIND <input type="checkbox"/> YES <input type="checkbox"/> NO				RUNAWAY <input type="checkbox"/> YES <input type="checkbox"/> NO				
PHYSICAL CONDITION				MENTAL CONDITION				S.I.N.					
BRIEF NARRATIVE JS - owl 1st & one way streets													
STATUS 3		FURTHER INVEST 2		DISPOS 2		(* AT LEAST 1 OFFENDER MUST BE IDENTIFIED)		B* PROSECUTION DECLINED (BY CTY ATTY)		G VIC REFUSED COOP W/INVEST		O VEHICLE TOWED (CH 25)	
1 INACTIVE		2 CLOSED		3 CLEARED		1 UNFOUNDED		C* EXTRADITION DECLINED		L LEADS EXHAUSTED		P VEHICLE REPAIRED (CH 25)	
						2 CLEARED BY ARREST		D* VIC REFUSED COOP W/PROSEC		M VEH REMOVED (CH 25)		Q WARRANT REQUEST	
						A* DEATH OF OFFENDER		E* JUVENILE/NO CUSTODY		N NOT EXCEPTIONALLY CLEARED		R RUNAWAY/MISSING RTN/LOCATED	
								F FOREIGN RECOVERED		NONC NON CRIMINAL INCIDENT		V CLOSED AT VICTIM'S REQUEST	
ASSISTING OFFICER'S SIGNATURE Inv. GARRINGER				PIN 1051		UNIT 835		SUPERVISOR'S SIGNATURE [Signature]				PIN 110	
REPORTING OFFICER'S SIGNATURE OSTACK				PIN 1103		UNIT 475		COMPLAINANT/VICTIM SIGNATURE [Signature]				PIN 110	

INCIDENT BACK

CEDAR RAPIDS POLICE

CASE NUMBER
2015-008602

VEH #1	CNT	YEAR	MAKE	MODEL	BODY STYLE	KEYS IN VEHICLE	TOP	COLOR	BOTTOM	STATE	YEAR	LIC. PLATE NO.
	TYPE	VIN NUMBER				IDENTIFYING MARKS (DAMAGE, ETC.)						VALUE
	LIEN HOLDER				ADDRESS & PHONE						SIN	
TYPE B-BURNED C-COUNTERFEIT D-DAMAGE R-RECOVERED S-STOLEN SR-STOLEN/RECOVERED												
PROPERTY	VIC#	CNT	QTY	ARTICLE	BRAND				MODEL		VALUE	
	TYPE	SIZE	SERIAL NUMBER		DESCRIPTION						SIN	
	VIC#	CNT	QTY	ARTICLE	BRAND				MODEL		VALUE	
	TYPE	SIZE	SERIAL NUMBER		DESCRIPTION						SIN	
	VIC#	CNT	QTY	ARTICLE	BRAND				MODEL		VALUE	
OFFENDER/ARRESTEE #1	SUSPECT/OFFENDER/ARRESTEE #1 Eglin, Michael John				ADDRESS 1028 G St SW Tumwater, WA				RES. PHONE			
OFFENDER/ARRESTEE #1	FIRM OR PERSON EMPLOYED BY/SCHOOL Pinnacle Construction				ADDRESS Iowa				BUS. PHONE			
OFFENDER/ARRESTEE #1	D.O.B.	AGE	SEX	RACE	HIS.	HEIGHT	WEIGHT	EYES	HAIR	SOCIAL SECURITY NUMBER		CELL PHONE
OFFENDER/ARRESTEE #1	9-27-69	46	M	W	N	605	215	BR	BR	600-18-8011		602-768-9475
OFFENDER/ARRESTEE #1	ARREST DATA OFFENDER #1											
OFFENDER/ARRESTEE #1	PIN #1	PIN #2	DATE		TIME		LOCATION		TAKEN INTO CUSTODY			
OFFENDER/ARRESTEE #1	1103	1051	5/14/15		0205		3rd Ave SW/5th Ave SW		<input checked="" type="checkbox"/> SIGNED CONSENT TO DELAY			
OFFENDER/ARRESTEE #1	USE OF FORCE	FORCE TYPE		RESISTED	<input type="checkbox"/> ARR INJURED		<input type="checkbox"/> MULTI CLEAR		WEAP #1	AUTOMATIC	WEAP #2	AUTOMATIC
OFFENDER/ARRESTEE #1	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	—		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		00	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	00	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
OFFENDER/ARRESTEE #1	CASE NUMBER	CHARGE #1				SECTION #				JUVENILE DISP		
OFFENDER/ARRESTEE #1	2015-008602	DWI 1st				321.J.276				<input type="checkbox"/> HANDLED & REL'D		
OFFENDER/ARRESTEE #1	CASE NUMBER	CHARGE #2				SECTION #				<input type="checkbox"/> REF ADULT COURT		
OFFENDER/ARRESTEE #1	2015-008602	one way streets				321.95				<input type="checkbox"/> REF JUVENILE		
OFFENDER/ARRESTEE #1	CASE NUMBER	CHARGE #3				SECTION #				<input type="checkbox"/> REF POLICE		
OFFENDER/ARRESTEE #1	CHEMICAL TEST(Intox Charge Only)				<input type="checkbox"/> Advised <input type="checkbox"/> Refused <input type="checkbox"/> Tested-Test Results				<input type="checkbox"/> REF WELFARE			
OFFENDER/ARRESTEE #2	SUSPECT/OFFENDER/ARRESTEE #2				ADDRESS				RES. PHONE			
OFFENDER/ARRESTEE #2	FIRM OR PERSON EMPLOYED BY/SCHOOL				ADDRESS				BUS. PHONE			
OFFENDER/ARRESTEE #2	D.O.B.	AGE	SEX	RACE	HIS.	HEIGHT	WEIGHT	EYES	HAIR	SOCIAL SECURITY NUMBER		CELL PHONE
OFFENDER/ARRESTEE #2	ARREST DATA OFFENDER #2											
OFFENDER/ARRESTEE #2	PIN #1	PIN #2	DATE		TIME		LOCATION		TAKEN INTO CUSTODY			
OFFENDER/ARRESTEE #2	USE OF FORCE	FORCE TYPE		RESISTED	<input type="checkbox"/> ARR INJURED		<input type="checkbox"/> MULTI CLEAR		WEAP #1	AUTOMATIC	WEAP #2	AUTOMATIC
OFFENDER/ARRESTEE #2	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	—		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
OFFENDER/ARRESTEE #2	CASE NUMBER	CHARGE #1				SECTION #				JUVENILE DISP		
OFFENDER/ARRESTEE #2	CASE NUMBER	CHARGE #2				SECTION #				<input type="checkbox"/> HANDLED & REL'D		
OFFENDER/ARRESTEE #2	CASE NUMBER	CHARGE #3				SECTION #				<input type="checkbox"/> REF ADULT COURT		
OFFENDER/ARRESTEE #2	CHEMICAL TEST(Intox Charge Only)				<input type="checkbox"/> Advised <input type="checkbox"/> Refused <input type="checkbox"/> Tested-Test Results				<input type="checkbox"/> REF JUVENILE			
OFFENDER/ARRESTEE #2									<input type="checkbox"/> REF POLICE			
OFFENDER/ARRESTEE #2									<input type="checkbox"/> REF WELFARE			
FORCE TYPE AC = ACT. CNTR MEAS. FI = FIREARM DISP. FD = FIRE DISCHARGED IM = IMPACT WEA K9 = K9 KB = K9 BITE OC = OC SPRAY TA = TASER DISPLAYED TD = TASER DEPLOYED												
WEAPON 00 = NO WEAPON 11 = FIREARM (TYPE NOT STATED) 12 = HANDGUN 13 = RIFLE 14 = SHOTGUN 15 = OTHER FIREARM 16 = KNIFE/CUTTING INSTRU 17 = BLUNT OBJECT												
OFFENDER VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	TOP	COLOR	BOTTOM	STATE	YEAR	LIC. PLATE NO.		
00	Ford	F2	PU	SIL	SIL	WA	12	13	0382U			
WITNESS #1	WITNESS 1				ADDRESS				RES. PHONE			
WITNESS #1	FIRM OR PERSON EMPLOYED BY/SCHOOL				ADDRESS				BUS. PHONE			
WITNESS #1	D.O.B.	AGE	SEX	RACE	HIS.	HEIGHT	WEIGHT	EYES	HAIR	SOCIAL SECURITY NUMBER		CELL PHONE
WITNESS #2	WITNESS 2				ADDRESS				RES. PHONE			
WITNESS #2	FIRM OR PERSON EMPLOYED BY/SCHOOL				ADDRESS				BUS. PHONE			
WITNESS #2	D.O.B.	AGE	SEX	RACE	HIS.	HEIGHT	WEIGHT	EYES	HAIR	SOCIAL SECURITY NUMBER		CELL PHONE
TIME RECEIVED 205 TIME DISPATCHED 0205 TIME ARRIVED 0205 TIME COMPLETE												
EVIDENCE GATHERED BY PIN TIME DATE NATURE OF EVIDENCE												
FINGER PRINTED BY PIN TIME DATE PHOTOS BY PIN TIME DATE												
ENTERED NCIC BY PIN TIME DATE VERIFIED NCIC BY PIN TIME DATE												



CEDAR RAPIDS POLICE

Incident/Investigation Report

Case No: 2015-06862

Agency: CRPD

Date: 5/14/2015 05:03:20

Supplement Information

Supplement Date	Supplement Type	Supplement Officer
05/14/2015 03:50:00	CASE STATUS CHANGE	(21103) STARK, CHELSEA N
Contact Name		Supervising Officer
		(20415) FITZPATRICK, KELLY D

Supplement Narrative

Type of Occurrence: OWI 1st and One Way Streets
Address of Occurrence: 3rd Ave SW at 5th Ave SW
Victim: State of Iowa
Suspect: Eglin, Machael, DOB 9/27/69
Date: May 14, 2015
Case Status: Cleared by Arrest

Case Number: 2015-06862

On May 14, 2015 at approximately 0210 hours, I, Officer Stark, Unit 475, responded to Investigator Garringer, Unit 835, who was in need of a unit to test at a traffic stop at 3rd Ave SW and 5th Ave SW.

I arrived on scene where Investigator Garringer informed me that the male, who was identified with an Arizona ID as Machael Eglin, DOB 9/27/69, was driving the wrong way down 3rd Ave from downtown. Investigator Garringer stated that he could smell an odor of an alcoholic beverage coming from the vehicle but Eglin stated he had not had any alcohol to drink tonight.

Upon speaking further with Eglin, I asked him where he was coming from tonight. He stated over there. I asked him what he was doing over there. He said just hanging out. I asked him who he was with, if he was with friends. He said yes. I asked Eglin how much he had to drink tonight. He stated none. I asked him if he knew where he was going due to the fact that he had an Arizona ID. I asked him how long he had been in Iowa. He stated 12 hours. I asked him if he knew where he was going. He said he did not. He was just trying to get back to his hotel, which is on the northeast side.

I asked Eglin if he would submit to the Standardized Field Sobriety Tests. I asked Eglin if he had any medical conditions I should know about. He stated no. I asked him if he was able to sit down okay without his knees hurting him. He stated he was fine. I noticed that Eglin was wearing glasses. I asked him if he could see the tip of my finger and raised my finger to his eye level. He stated he could. I began the horizontal gaze and nystagmus test and recognized nystagmus in both eyes.

He then consented to the nine step walk and turn, which during the instructional phase he was unable to keep his balance and stepped off the line while putting his right foot in front of his left foot heel to toe. Eglin began the nine step walk and turn without counting his steps out loud. I informed him that I would like him to count the steps out loud. He began counting but he counted incorrectly starting to miss a few steps in the beginning. In the first nine steps he actually walked twelve steps and he walked eleven steps on the way back and did an improper turn. On the way back I noticed that Eglin was only counting about every other step and would not count every single step that he was taking.



CEDAR RAPIDS POLICE

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Eglin then consented to the one leg stand, at which time I gave him the directions Eglin did not count the way I informed him to count as "1001, 1002, 1003" instead, Eglin counted 1, 2, 3, 4. Eglin did not put his foot down at any time but he did sway as he stood there on one foot raising his arm slightly. It was at this time that I determined that Eglin would be under arrest for OWI.

I placed him in the back of my marked squad car #41. He was searched by Investigator Garringer and we found a receipt for three drinks at Red's Public Bar. We asked him if this was where he was and if this was where he was drinking. He said yes. The in car camera system was on and working during all interactions and during the Standardized Field Sobriety Tests with Eglin.

I asked Eglin to consent to the PBT test and that it could not be used against him in court. Eglin consented and at 0220 hours the test results indicated a .166 blood alcohol content, which is over the legal limit of .08. I asked Eglin if he knew what the legal limit is in Iowa. He stated ".08 I think".

I placed Eglin into handcuffs. He was transported to the Linn County Jail Stop Office where he was read his Implied Consent Advisory. Eglin consented to the Datamaster, which resulted in a .177 BAC at 0245 hours. Eglin's vehicle, bearing Washington license plate B10382U, was towed to Darrah's by Darrah's. Eglin was given a copy of the impound form. Eglin was charged with OWI 1st and one way streets.

At this time there is nothing further to report.

STARK 1103 / vr 1074

QQ:EGLIN,MICHAEL UNKNOWN 20150514 - 05:00:43

MSG FROM NLETS 4124
DR.AZMVDPX00. TO:DEST IA0570117
*MRI0031611.
TXT

DR.AZMVDPX00
03:00 05/14/2015 02038
03:00 05/14/2015 02005 IA0570117
*MRI0031611
TXT

NAM/EGLIN,MICHAEL.DOB/19690927.SEX/M
NAME:MICHAEL,JOHN,EGLIN DOB:09/27/1969 RCPT#:CY091210
ADDR:6807 S CARNEY AVE TEMPE AZ 85283
ISSUE DT:04/04/2012 EXP:09/27/2034 SEX:M HGT:605 WGT:215 HAIR:BRN EYE:BRN
OLN:D02267477 SSN:600188011 OLT:OPERATOR CLASS D
PREV LIC: D02267477 PREV ST: AZ
D02267477 AZ
D02267477 AZ
* ADDTL PERMITS AND LICENSES FOR LIC# D02267477 *****
OLT/ID CARD ISS:09/28/1994 EXP:NONE STATUS/
.RC#/J120345

;201505140500/201505140500
CR17 33
MESSAGE FROM NLTS
031615