

Arnolds Park, IA - OWI Arrest Report

Case Number 02-DD-017

Arrest Date Sep 7, 2002 Arrest Time 1:45 Arresting Officer 30-52 Alan Krueger

Location HWY 71 NORTH OF 202ND ST Time of Stop 1:28

Time of the PBT request 1:45 ☒ Consent ☐ Refuse PBT result OVER .10

Name of Arrestee ZENOR, MICHAEL LEROY Address 1116 GRAND, SPENCER, IA 51301

Sex ☒ Male ☐ Female D.O.B. 4/20/1949 DL# 479587247 SS# 479-58-7247

Vehicle Make CHEV Model SUBURBAN Color WHITE Year 2001 Plate # 835 ANW

Registered Owner ZENOR MICHAEL LEROY Address 1116 GRAND SPENCER, IA 51301

Explain any Damage to Vehicle

Was Vehicle Towed? ☐ Yes ☐ No By Whom and to Where? BCB K

Type of Chemical Test ☒ Breath ☐ Blood ☐ Urine Location of Test DCSO

Person Receiving Sample ALAN KRUEGER Title PATROLMAN

Video Tape Recording Of Arrest? ☒ Yes ☐ No If Yes, Where is Tape? APPD VIDEO CAR CAMERA- DSCO JAIL TAPE 6020

Other Evidence?

Phone Calls? ☒ Yes ☐ No If Yes, to Whom / Time? WIFE- NED BJORNSTAD AND JACK BJORNSTAD

Examination Witness Name and Title

Passengers' Names

Charges

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OFFICER ALAN KRUEGER WAS ON PATROL FOR THE CITY OF ARNOLDS PARK ON THE 7TH DAY OF SEPTEMBER 2002. I WAS TRAVELING SOUTH ON HWY 71 I OBSERVED A NORTH BOUND VEHICLE TURN AROUND ON HWY 71 IN FRONT OF ME. THE VEHICLE MADE THE U-TURN AND THE WHITE SUBURBAN WAS TRAVELING OFF OF THE SHOULDER OF HWY 71 PARTIALLY DRIVING IN THE DITCH SOUTH BOUND. I WAS BEHIND THE VEHICLE I THEN TURNED ON MY RED AND BLUE EMERGENCY LIGHTS TO STOP THE VEHICLE. THE LICENSE PLATE OF THE VEHICLE WAS 853 ANW. THE VEHICLE STOPPED AND I APPROACHED THE VEHICLE. I SPOKE WITH THE MALE SUBJECT AND I ASKED HIM IF HE MISSED A TURNED THE MALE SAID HE DID. I ASKED HIM HIS NAME AND HE ADVISED MIKE ZENOR. I ASKED ZENOR IF HE HAD BEEN DRINKING HE SAID VERY LITTLE. I COULD SMELL A STRONG ODOR OF ALCOHOLIC BEVERAGE EMITTING FROM HIS PERSON AND HE HAD BLOOD SHOT WATERY EYES. I ASKED ZENOR FOR HIS DRIVERS LICENSE AND HE GAVE ME AN IOWA DRIVERS LICENSE. I THEN ASKED ZENOR IF HE WOULD CONSENT TO FIELD SOBRIETY TESTS AND HE DID AGREE. I THEN ASKED HIM TO EXIT HIS VEHICLE WHICH ZENOR DID. I THEN ASKED ZENOR HOW MUCH HE HAD TO DRINK AGAIN IF HE COULD SPECIFY AN AMOUNT AND HE SAID SEVERAL DRINKS. I THEN BROUGHT ZENOR BACK TOWARDS MY PATROL CAR. I THEN ASKED HIM AGAIN IF HE WOULD CONSENT TO THE TESTS AND HE AGREED. I THEN PERFORMED THE HGN AND AT FIRST ON THE RIGHT EYE HE WASN'T FOLLOWING MY DIRECTIONS I DID NOTICE NYSTAGMUS IN THE RIGHT EYE ON ALL THREE CLUES. I DID SCORE HGN SIX CLUES WITH NOTICEABLE NYSTAGMUS IN BOTH EYES ON SMOOTH PURSUIT, MAXIMUM DEVIATION AND ON SET OF 45 DEGREES. I THEN DEMONSTRATED THE WALK AND TURN. I THEN ASKED HIM TO PERFORM. HE PERFORMED THE WALK AND TURN TWICE HE COMPLAINED ABOUT THE TOP LIGHTS BEING DISTRACTING TO HIM ON THE SECOND SERIES OF STEP ON THE FIRST WALK AND TURN ATTEMPT. I THEN DEMONSTRATED THE WALK AND TURN AGAIN WITH THE TOP LIGHTS OFF AND ASKED HIM TO PERFORM. ZENOR STAGGERED, WALKED OFF LINE, HOPPED. I THEN DEMONSTRATED THE ONE LEG STAND AND I ASKED HIM TO PERFORM. ZENOR PUT FOOT DOWN ON 2 TWICE, COUNTED BY ONES, DIDN'T EXTEND THE LEG, STAGGERED, I STOPPED THE TEST FOR SAFETY REASONS AS HE WAS UNABLE TO PERFORM. I THEN ASKED ZENOR IF HE WOULD CONSENT TO A PBT I ADVISED HIM THAT I WOULD HAVE TO WAIT THE FIFTEEN MINUTES FROM STOP OF STOP AND HE SAID HE WOULD THINK ABOUT IT. I THEN ASKED HIM AGAIN TO CONSENT TO A PBT AFTER I WAITED THE FIFTEEN MINUTES FROM TIME I STOPPED ZENOR AND HE DID CONSENT TO A PBT AND HE BLEW OVER .10. I THEN PLACED MICHAEL LEROY ZENOR UNDER ARREST FOR OWI. OFFICER ED LOCK SAT WITH THE VEHICLE UNTIL BOB K TOWED THE VEHICLE. I TRANSPORTED ZENOR TO THE DICKINSON COUNTY JAIL. ONCE THERE I ASKED ZENOR BEFORE I READ HIM THE IMPLIED CONSENT IF HE WANTED TO CALL ANY ONE AND HE SAID IF HE FAILS HE WANTS TO CALL HIS WIFE. I THEN READ HIM THE IMPLIED CONSENT TO ZENOR AND HE DID CONSENT AND HE BLEW .151 IN THE DATA MASTER CDM. I THEN READ HIM HIS MIRANDA WARNING TO HIM AND I INTERVIEWED HIM AND HE WAS THEN RELEASED TO THE JAILER BRAD GIBSON. ZENOR MADE A PHONE CALLS TO NED AND JACK BJORNSTAD REFERENCE HIS SITUATION. I TALKED WITH THEM ON THE PHONE ALSO ALONG WITH ZENORS LAW PARTNER MIKE HOUGHTINS AND ZENOR WAS EVENTUALLY JAILED BY THE JAILER.

Alan Krueger 3052

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Miranda Warning:

1. You have the right to remain silent.
2. Anything you say can and will be used against you in a court of law.
3. You have the right to talk to a lawyer and have the lawyer present with you during any questioning.
4. If you cannot afford to hire a lawyer, one will be appointed to represent you before any questioning, if you wish.
5. You can decide at any time to exercise these rights and not answer any questions or make any statements.

Time of Miranda Warning 02:16 Read By ALAN KRUEGER

Initial Contact

Alcohol Use Indicator	Describe "yes" answers and other notes
Bloodshot Eyes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Watery Eyes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Soiled Clothing <input type="checkbox"/> Yes <input type="checkbox"/> No	
Alcohol Containers <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Drugs / Paraphernalia <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Injuries <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Slurred / Mumbled Speech <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Poor Balance (describe) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	STAGGERED BALANCE
Admission of Drinking <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NOT MUCH AND SEVERAL DRINKS
Inconsistent Responses <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Foul / Abusive Language <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Unusual Statements <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Odor of Alcoholic Beverages <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Odor of Marijuana <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Any "Cover Up" Odors <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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Nine Step Walk and Turn Test

Do you have any hip, leg, ankle, or knee defects?" ☐ Yes ☒ No (If yes, determine the problem and whether or not the testing should continue.)

"Place your left foot on the line. Place your right foot in front of your left, heel to toe. Put your arms down at your sides. Stay in that position and don't start the test until I tell you to begin.

Do you understand these instructions?"

"When I ask you to begin, take nine heel to toe steps, turn, and then take nine more heel to toe steps. (demonstrate using three steps) When you turn, keep your front foot on the line and turn by making a series of small steps with your other foot. When you're walking keep your arms down at your sides, watch your feet at all times, and count your steps out loud. Once you start walking, don't stop until you have completed the test. Do you understand my instructions?"

- | | |
|---|---|
| 1. Can't keep balance during instruction stage. | <input checked="" type="checkbox"/> Yes |
| 2. Begins test before instructed to do so. | <input type="checkbox"/> Yes |
| 3. Stops for several seconds while walking | <input type="checkbox"/> Yes |
| 4. Does not touch all heels to toes | <input checked="" type="checkbox"/> Yes |
| 5. Steps entirely off of the line with one foot | <input checked="" type="checkbox"/> Yes |
| 6. Lifts one or both arms more than 6 inches from sides | <input type="checkbox"/> Yes |
| 7. Performs a turn contrary to the instructions | <input type="checkbox"/> Yes |
| 8. Takes an incorrect number of steps in either direction | <input type="checkbox"/> Yes |

Total Clues

(If the test is stopped for safety reasons, all eight clues should be recorded.)

One-Leg Stand Test

"Please stand with your feet together and your arms down at your sides. Don't begin the test until I ask you to. Do you understand my instructions so far?"

"When I ask you to begin, raise either foot approximately six inches off the ground and point your foot out. Keep both legs straight and your arms at your sides. While holding that position, count out loud like this, one thousand and one, one thousand and two, one thousand and three, and so on until I tell you to stop. Watch your foot and keep your arms at your sides during the test. Do you understand my instructions? Begin the test."

Watch subject carefully. If a foot touches the ground, instruct him / her to raise the foot and continue counting from that point. Stop the test after 30 seconds. Record the number the subject counted to.

- | | |
|---|---|
| 1. Subject sways noticeably side to side / front to back | <input checked="" type="checkbox"/> Yes |
| 2. Raises one or both arms at least six inches from sides | <input checked="" type="checkbox"/> Yes |
| 3. Subject hops on the down foot. | <input checked="" type="checkbox"/> Yes |
| 4. Puts foot down one or more times. | <input checked="" type="checkbox"/> Yes |

Total Clues

4

Which foot was raised? ☐ Left ☐ Right

Number counted to?

2

(If the test is stopped, score all clues)

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Have You Been Drinking? ☒ Yes ☐ No What RUM Brand BACARDI Amount FOUR OR FIVE
 Do You Feel the Effects? ☐ Yes ☒ No Describe What You Feel _____
 Where Were You Drinking? JUDGE NANCY WHITTENBURGS HOUSE
 What Time Did You Start? 23:30 Stop 00:33 OR 01:00
 Are You Injured? ☐ Yes ☒ No Describe _____
 Foot, Leg, Ankle, Knee Defects ☐ Yes ☒ No Describe _____
 Are You Sick? ☐ Yes ☒ No Describe _____
 Recently Seen Dr. / Dentist? ☐ Yes ☐ No When and Who _____
 Taking any Medications? ☐ Yes ☒ No What / Prescribed By _____
 Last Dosage of Each _____
 Diabetic / Epileptic? ☐ Yes ☒ No Medication / Last Dosage _____
 Last Slept? / How Long? LAST NITE 7 HOURS When Did You Last Eat? 17:30PM
 Were You Driving The Car? ☒ Yes ☐ No If Not, Who Was? _____
 Where Were You Coming From? SPENCER
 What Time Did You Leave? 01:10 Where Were You Going? HOME
 Where Are You Now? DCSO
 What Road Were You on When I Stopped You? HWY 71
 Anything Wrong With Your Vehicle? NO

Sobriety Test

Describe Testing Surface SHOULDER OF HWY 71 HGN.- OTHERS CONCRETE OF HWY 71

Weather Conditions CLEAR DR?

Lighting Conditions LIGHTED -DARK

Horizontal Gaze Nystagmus Test (HGN)

Is the subject wearing hard or soft contacts? ☐ Yes ☒ No

Eye color Blue

Is the subject wearing glasses? ☒ Yes ☐ No

During the test? ☒ Yes ☐ No

"I am going to check your eyes. Keep your head still and follow the tip of my finger with just your eyes. Keep following my finger until I discontinue the test. Do you understand?"

Place finger approximately 12 - 15 inches from subject's nose and slightly above eye level. Move the stimulus across the subject's field of vision to see if both eyes are tracking together.

Do the eyes track together? ☒ Yes ☐ No (If no, ask about medical problems or recent injuries.)

Next, look carefully at pupils.

Are pupils normal? ☐ Yes ☐ No

Same size? ☒ Yes ☐ No

Left Eye

Right Eye

Lack of smooth pursuit?

Nystagmus at maximum deviation?

Nystagmus onset before 45 degree angle?

<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Total Clues

6

Is vertical Nystagmus present?

☐ Yes ☐ No