

WASHINGTON STATE  
**DUI ARREST REPORT**  
**REPORT OF BREATH / BLOOD TEST FOR ALCOHOL OR**  
**REFUSAL TO SUBMIT TO BREATH / BLOOD TEST FOR ALCOHOL AND DRUGS**

SUBJECT'S NAME (LAST, FIRST, MI) <b>LANGONE, STEFANO J.</b>		SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	DATE OF BIRTH [REDACTED]	DATE / TIME OF ARREST <b>05-16-10/0235</b>
STREET ADDRESS [REDACTED]		CITY / STATE / ZIP CODE <b>KENT, WA 98042</b>		
DRIVER'S LICENSE NUMBER <b>LANGOSJ</b> [REDACTED]	CDL ENDORSED? (CHECK IF YES) <input type="checkbox"/>	STATE <b>WA</b>	COUNTY OF ARREST <b>KING</b>	CASE / CITATION NUMBER <b>X40205685</b>

Type of Test:  Breath  Blood **Note: Sign and date this page only after toxicology report is received.**

BAC Readings: 1<sup>st</sup> Sample .094 2<sup>nd</sup> Sample .088 Refused Test \_\_\_\_\_

The subject was lawfully arrested. At that time, there were reasonable grounds to believe that the arrested person had been driving or was in actual physical control of a motor vehicle within this state while under the influence of intoxicating liquor or drugs, or both, or was under the age of twenty-one years and had been driving or was in actual physical control of a motor vehicle while having an alcohol concentration in violation of RCW 46.61.503.

After receipt of the warnings required by subsection (2) of RCW 46.20.308, a test was administered and the results indicated that the alcohol concentration of the person's breath or blood was 0.08 or more if the person is age twenty-one or over, or was in violation of RCW 46.61.502, 46.61.503, or 46.61.504 if the person is under the age of twenty-one. OR

After receipt of the warnings required by subsection (2) of RCW 46.20.308, the person refused to submit to a test of his/her blood or breath.

Driver's Hearing Request Information was given to the subject.  Valid Washington driver's license/permit punched.

**Notice of Right to Hearing:** I have been given written notice of my right to a hearing including the steps required to obtain a hearing, and understand that the notice of suspension, revocation, or denial of license will be mailed to the address furnished on the above portion of this document. I acknowledge that the address indicated is my current address.

SIGNATURE OF DRIVER [Signature] DATE 5-16-10

*Complete this box ONLY if the arrested person was driving a commercial motor vehicle as defined in Chapter 46.25 RCW at the time of the incident.*

Operating a Vehicle Requiring a Commercial Driver's License BAC Readings 1<sup>st</sup> Reading \_\_\_\_\_ 2<sup>nd</sup> Reading \_\_\_\_\_ Refused Test \_\_\_\_\_

There was probable cause to believe that the arrested person was driving or was in actual physical control of a vehicle requiring a commercial driver's license within this state while having alcohol/drugs in his/her system and that a test of his/her breath and/or blood disclosed an alcohol concentration of 0.04 or more. Chapter 46.25 RCW OR

There was probable cause to believe that the arrested person was driving or was in actual physical control of a vehicle requiring a commercial driver's license within this state while having alcohol/drugs in his/her system. The arrested person was requested to take a breath/blood test and informed of the consequences of refusal and his/her rights under Chapter 46.25 RCW. The arrested person then refused to submit to the requested test.

VEH YEAR	MAKE	MODEL	LICENSE PLATE NO.	STATE	HAZARDOUS MATERIAL? <input type="checkbox"/> YES <input type="checkbox"/> NO
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I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing and the accompanying reports/copies of documents and the information contained therein are true, correct, and accurate. (RCW 9A.72.085.)

<b>WASHINGTON STATE PATROL</b> LAW ENFORCEMENT OFFICER <b>2805 156th AVE SE</b> <b>BELLEVUE, WA 98007</b>	<b>WANSPORIC</b> ORI NO. (9 digits)	<u>[Signature]</u> OFFICER'S SIGNATURE	<b>05-16-10</b> DATE SIGNED
MAILING ADDRESS		<b>C. STORTON</b> PRINTED NAME OF OFFICER	<b>1095</b> BADGE NUMBER
CITY	STATE	ZIP	PLACE SIGNED (city / county / state) <b>Kent WA</b>
OFFICER'S E-MAIL ADDRESS			CONTACT PHONE NUMBER FOR HEARING (include area code) <b>(425) 401-7788</b>

OFFICERS: Fax or mail completed report, breath test document, and supplemental reports to: Department of Licensing  
 Driver Responsibility  
 PO Box 9030  
 Olympia, WA 98507-9030  
 Fax: (360) 570-7026

Number of pages faxed 15

**USE THIS PAGE AS COVER SHEET**

WASHINGTON STATE  
DUI ARREST REPORT

CASE / CITATION NUMBER

X40205685

On the date, time and location of this arrest, I had authority to arrest pursuant to my agency's jurisdiction or RCW 10.93

CONSTITUTIONAL RIGHTS

1. YOU HAVE THE RIGHT TO REMAIN SILENT.
2. YOU HAVE THE RIGHT AT THIS TIME TO AN ATTORNEY.
3. ANYTHING YOU SAY CAN AND WILL BE USED AGAINST YOU IN A COURT OF LAW.
4. IF YOU ARE UNDER THE AGE OF 18, ANYTHING YOU SAY CAN BE USED AGAINST YOU IN A JUVENILE COURT PROSECUTION FOR A JUVENILE OFFENSE AND CAN ALSO BE USED AGAINST YOU IN AN ADULT COURT CRIMINAL PROSECUTION IF THE JUVENILE COURT DECIDES THAT YOU ARE TO BE TRIED AS AN ADULT.
5. YOU HAVE THE RIGHT TO TALK TO AN ATTORNEY BEFORE ANSWERING ANY QUESTIONS.
6. YOU HAVE THE RIGHT TO HAVE AN ATTORNEY PRESENT DURING THE QUESTIONING.
7. IF YOU CANNOT AFFORD AN ATTORNEY, ONE WILL BE APPOINTED FOR YOU WITHOUT COST IF YOU SO DESIRE.
8. YOU CAN EXERCISE THESE RIGHTS AT ANY TIME.
9. DO YOU UNDERSTAND THESE RIGHTS? "YES SER"

I HAVE READ OR HAVE HAD READ TO ME THE ABOVE EXPLANATION OF MY CONSTITUTIONAL RIGHTS AND I UNDERSTAND THESE RIGHTS.

SUBJECT'S SIGNATURE

I UNDERSTAND MY CONSTITUTIONAL RIGHTS. I HAVE DECIDED NOT TO EXERCISE THESE RIGHTS AT THIS TIME. ANY STATEMENTS MADE BY ME ARE MADE FREELY, VOLUNTARILY, AND WITHOUT THREATS OR PROMISES OF ANY KIND.

OFFICER'S SIGNATURE

SUBJECT'S SIGNATURE

DATE / TIME

LOCATION(S)

Constitutional rights (Miranda) were read in the field at \_\_\_\_\_ hours from the department issued rights card.

ATTORNEY REQUESTED

ATTORNEY CONTACTED? TIME:

ATTORNEY'S NAME

ATTORNEY'S PHONE NO.

YES  NO

YES  NO  UNABLE

EXPLANATION:

WASHINGTON STATE  
DUI ARREST REPORT

CASE / CITATION NUMBER

X40205685

**IMPLIED CONSENT WARNING FOR BREATH**

WARNING! YOU ARE UNDER ARREST FOR:  
(check appropriate box[es])

- RCW 46.61.502 OR RCW 46.61.504: Driving or being in actual physical control of a motor vehicle while under the influence of intoxicating liquor and/or drugs.
- RCW 46.61.503: Being under 21 years of age and driving or being in actual physical control of a motor vehicle after consuming alcohol.
- RCW 46.25.110: Driving a commercial motor vehicle while having alcohol in your system.

FURTHER, YOU ARE NOW BEING ASKED TO SUBMIT TO A TEST OF YOUR BREATH WHICH CONSISTS OF TWO SEPARATE SAMPLES OF YOUR BREATH, TAKEN INDEPENDENTLY, TO DETERMINE ALCOHOL CONCENTRATION.

1. YOU ARE NOW ADVISED THAT YOU HAVE THE RIGHT TO REFUSE THIS BREATH TEST, AND THAT IF YOU REFUSE:
  - (A) YOUR DRIVER'S LICENSE, PERMIT, OR PRIVILEGE TO DRIVE WILL BE REVOKED OR DENIED BY THE DEPARTMENT OF LICENSING FOR AT LEAST ONE YEAR; AND
  - (B) YOUR REFUSAL TO SUBMIT TO THIS TEST MAY BE USED IN A CRIMINAL TRIAL.
2. YOU ARE FURTHER ADVISED THAT IF YOU SUBMIT TO THIS BREATH TEST, AND THE TEST IS ADMINISTERED, YOUR DRIVER'S LICENSE, PERMIT, OR PRIVILEGE TO DRIVE WILL BE SUSPENDED, REVOKED, OR DENIED BY THE DEPARTMENT OF LICENSING FOR AT LEAST NINETY DAYS IF YOU ARE:
  - (A) AGE TWENTY-ONE OR OVER AND THE TEST INDICATES THE ALCOHOL CONCENTRATION OF YOUR BREATH IS 0.08 OR MORE, OR YOU ARE IN VIOLATION OF RCW 46.61.502, DRIVING UNDER THE INFLUENCE, OR RCW 46.61.504, PHYSICAL CONTROL OF A VEHICLE UNDER THE INFLUENCE; OR
  - (B) UNDER AGE TWENTY-ONE AND THE TEST INDICATES THE ALCOHOL CONCENTRATION OF YOUR BREATH IS 0.02 OR MORE, OR YOU ARE IN VIOLATION OF RCW 46.61.502, DRIVING UNDER THE INFLUENCE, OR RCW 46.61.504, PHYSICAL CONTROL OF A VEHICLE UNDER THE INFLUENCE.
3. IF YOUR DRIVER'S LICENSE, PERMIT, OR PRIVILEGE TO DRIVE IS SUSPENDED, REVOKED, OR DENIED, YOU MAY BE ELIGIBLE TO IMMEDIATELY APPLY FOR AN IGNITION INTERLOCK DRIVER'S LICENSE.
4. YOU HAVE THE RIGHT TO ADDITIONAL TESTS ADMINISTERED BY ANY QUALIFIED PERSON OF YOUR OWN CHOOSING.

FOR THOSE NOT DRIVING A COMMERCIAL MOTOR VEHICLE AT THE TIME OF ARREST: IF YOUR DRIVER'S LICENSE IS SUSPENDED OR REVOKED, YOUR COMMERCIAL DRIVER'S LICENSE, IF ANY, WILL BE DISQUALIFIED.

FOR THOSE DRIVING A COMMERCIAL MOTOR VEHICLE AT THE TIME OF ARREST: IF YOU EITHER (A) REFUSE THIS TEST OR (B) SUBMIT TO THIS TEST AND THE TEST INDICATES AN ALCOHOL CONCENTRATION OF 0.04 OR MORE, YOU WILL BE DISQUALIFIED BY THE DEPARTMENT OF LICENSING FROM DRIVING A COMMERCIAL MOTOR VEHICLE.

I HAVE READ THE ABOVE STATEMENT TO THE SUBJECT

I HAVE READ OR HAVE NOT READ TO ME THE ABOVE STATEMENT(S)

OFFICER'S SIGNATURE

SUBJECT'S SIGNATURE

DATE / TIME

LOCATION

WILL YOU NOW SUBMIT TO A BREATH TEST?

YES  NO

Did subject express any confusion regarding the implied consent warnings? If yes, explain below.

YES  NO



<input type="checkbox"/> At the time of this test(s), I was certified to operate the BAC DATAMASTER, the BAC DATAMASTER CDM, and PBT and possessed a valid permit issued by the State Toxicologist.			
DO YOU HAVE ANY FOREIGN SUBSTANCE IN YOUR MOUTH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	MOUTH CHECKED? TIME? 0332 <input type="checkbox"/> YES <input type="checkbox"/> NO	2 <sup>ND</sup> MOUTH CHECK? (If Necessary) TIME? <input type="checkbox"/> YES <input type="checkbox"/> NO	ANY FOREIGN SUBSTANCES FOUND? EXPLAIN: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO REMOVED <input type="checkbox"/> YES <input type="checkbox"/> NO
<input checked="" type="checkbox"/> I observed the subject from the time of the mouth check through the completion of the breath test.			
<input checked="" type="checkbox"/> The subject did not vomit, eat, drink, smoke, or place any foreign substance in his/her mouth during the observation time.			
<input checked="" type="checkbox"/> I performed the PBT test in accordance with the State Toxicologist's protocols. (Chapter 448-15 WAC)		PBT READING .098	PBT TIME 0235
<input checked="" type="checkbox"/> BOOKED    RELEASED TO: KCT <input type="checkbox"/> PR'D			

WASHINGTON STATE  
**DUI ARREST REPORT**  
**DUI INTERVIEW**

CASE / CITATION NUMBER

X40205685

1. DO YOU HAVE ANY PHYSICAL IMPAIRMENTS? EXPLAIN: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <i>PLATES AND SCREWS IN HIS L ARM  R WRIST AND LEFT PELVIS</i>		13. ANYTHING MECHANICALLY WRONG WITH THE VEHICLE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
2. DO YOU LIMP? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		14. HAVE YOU BEEN INJURED OR INVOLVED IN ANY COLLISION(S) IN THE PAST 24 HOURS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
3. ARE YOU SICK / INJURED? EXPLAIN: <input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO		15. HAVE YOU HAD ANY ALCOHOL TO DRINK SINCE BEING STOPPED / THE COLLISION? <input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO <i>CHANGED TO ↑</i>	
4. UNDER CARE OF A DOCTOR OR DENTIST? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		15A. WHAT? <i>/</i>	15B. HOW MUCH? <i>/</i>
5. ARE YOU DIABETIC / EPILEPTIC? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. TIME COLLISION OCCURRED? <i>/</i>	
6. DO YOU TAKE INSULIN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		17. WHERE WERE YOU GOING BEFORE STOPPED / THE COLLISION? <i>"DROPPING OFF MY FRIEND"</i>	
7. HAVE YOU TAKEN ANY MEDICINES/DRUGS IN THE PAST 24 HOURS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		18. WITHOUT LOOKING, WHAT TIME DO YOU THINK IT IS? <i>"330"</i>	(ACTUAL TIME) <i>"0340"</i>
7A. PRESCRIPTION? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		19. WHAT STREET / HIGHWAY WERE YOU ON? <i>"I-90"</i>	
7B. NON-PRESCRIPTION? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		20. DIRECTION OF TRAVEL? <i>"EAST"</i>	
7C. LAST DOSE? <i>/</i>		21. STARTED FROM? <i>"SEATTLE"</i>	
7D. QUANTITY? <i>/</i>		22. TIME STARTED? <i>"0210"</i>	
7E. COCAINE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		23. DAY OF THE WEEK? <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input checked="" type="checkbox"/> Sat <input type="checkbox"/> Sun	
MARIJUANA? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		24. WHAT CITY / COUNTY ARE YOU IN NOW? <i>"BELLEVUE"</i>	
OTHER? <i>"NO"</i>		25. WHAT IS THE DATE? <i>"15TH"</i>	
8. DO YOU HAVE IMPAIRED VISION? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		26. HAVE YOU BEEN DRINKING ALCOHOLIC BEVERAGES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
8A. DO YOU WEAR CORRECTIVE LENSES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		26A. WHAT HAVE YOU BEEN DRINKING? <i>"LOW ISLANDS"</i>	
8B. WERE YOU WEARING THEM WHEN YOU WERE STOPPED / BEFORE COLLISION? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		26B. HOW MUCH? <i>"1 DRINK STR"</i>	
9. WHERE DO YOU WORK? <i>"MENS WAREHOUSE"</i>		26C. WHEN DID YOU START? <i>"I'M NOT QUITE SURE"</i>	
9A. DID YOU WORK TODAY? <i>"YES SIDE"</i>		27. WHO HAVE YOU BEEN DRINKING WITH? <i>"FRIENDS"</i>	
10. TIME YOU GOT OFF WORK? <i>"7:00"</i>		28. WHERE WERE YOU DRINKING? <i>"IN BELLEVUE NOT SURE WHAT BARS."</i>	
11. HOURS OF SLEEP LAST NIGHT? <i>"6"</i>		29. TIME OF LAST DRINK? <i>"10:30"</i>	
12. WERE YOU DRIVING THE VEHICLE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		30. DO YOU BELIEVE YOUR ABILITY TO DRIVE WAS AFFECTED BY YOUR ALCOHOL AND/OR DRUG USAGE? <i>"NO STR"</i>	
31. HAVE YOU EVER BEEN ARRESTED FOR DUI BEFORE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF YES, HOW MANY TIMES?			
If drug use indicated, please contact WSP Communications or local DRE after breath test and continue with DUI process.			
<b>PRE-ARREST OBSERVATIONS</b>			
1. ATTITUDE <input checked="" type="checkbox"/> COOPERATIVE <input type="checkbox"/> MOOD SWINGS <input type="checkbox"/> ARGUMENTATIVE <input type="checkbox"/> CRYING <input type="checkbox"/> LAUGHING <input type="checkbox"/> OTHER:	2. COORDINATION <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input checked="" type="checkbox"/> POOR <input checked="" type="checkbox"/> FUMBLER FOR DRIVER'S LICENSE <input type="checkbox"/> OTHER:	3. CLOTHING <input checked="" type="checkbox"/> ORDERLY <input type="checkbox"/> SOILED - EXPLAIN <input type="checkbox"/> OTHER: EXPLAIN <input checked="" type="checkbox"/> SHOES (Describe) <i>BLACK - TENNIS</i>	4. EYES <input type="checkbox"/> NORMAL <input checked="" type="checkbox"/> WATERY <input checked="" type="checkbox"/> DROOPY <input checked="" type="checkbox"/> BLOODSHOT <input checked="" type="checkbox"/> PUPILS DILATED <input type="checkbox"/> PUPILS CONSTRICTED <input type="checkbox"/> OTHER:
5. FACIAL COLOR <input type="checkbox"/> NORMAL <input checked="" type="checkbox"/> FLUSHED <input type="checkbox"/> PALE <input type="checkbox"/> OTHER:	6. ODOR OF INTOXICANTS ON BREATH <input type="checkbox"/> NONE <input type="checkbox"/> FAINT <input type="checkbox"/> MEDIUM <input checked="" type="checkbox"/> STRONG <input checked="" type="checkbox"/> OBVIOUS <input type="checkbox"/> OTHER:	7. SPEECH <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input checked="" type="checkbox"/> REPETITIVE <input type="checkbox"/> FAST <input checked="" type="checkbox"/> SLURRED <input type="checkbox"/> OTHER:	
8. OFFICER'S OPINION (of subject's impairment due to use of alcohol/drugs) <input type="checkbox"/> SLIGHT <input checked="" type="checkbox"/> OBVIOUS <input type="checkbox"/> EXTREME		9. SUBJECT'S NATIVE LANGUAGE <input checked="" type="checkbox"/> ENGLISH <input type="checkbox"/> OTHER	
9B. INTERPRETER REQUESTED? EXPLAIN BELOW: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO TIME:		9A. SUBJECT APPEARED TO UNDERSTAND INSTRUCTIONS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
99. INTERPRETER REQUESTED? EXPLAIN BELOW: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO TIME:		INTERPRETER PROVIDED <i>/</i>	
10. PASSENGER(S) INFORMATION <i>SEE REPORT</i>			

WASHINGTON STATE  
**DUI ARREST REPORT**  
**SOBRIETY TESTS**

CASE / CITATION NUMBER

X 40205685

**SURFACE**  
 PAVED  GRAVEL  DIRT  GRASS  
 OTHER ASPHALT

**GRADE**  
 LEVEL  SLIGHT GRADE  MODERATE GRADE  
 OTHER

**LIGHTING**  
 DAYLIGHT  DARK  STREET LIGHT  
 OTHER SPUTZLIGHT HEADLIGHT/FLASHLIGHT

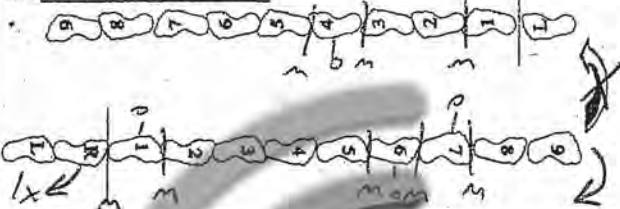
**1. HORIZONTAL GAZE NYSTAGMUS (HGN)**

I have been trained in the administration of HGN testing and performed the test in accordance with this training.

EQUAL TRACKING	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	L	R	Lack of smooth pursuit	VERTICAL NYSTAGMUS	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
EQUAL PUPILS	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Distinct and sustained nystagmus at max deviation		
RESTING NYSTAGMUS	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Angle of onset prior to 45 degrees		

COMMENTS:  $\Delta$  STATED HE HAD NO MEDICAL CONDITIONS AND DID NOT HAVE IMPAIRED VISION. MY EMERGENCY LIGHTS WERE OFF. TRAFFIC WAS EXTREMELY LIGHT

**2. WALK AND TURN**



Cannot keep balance  Starts too soon

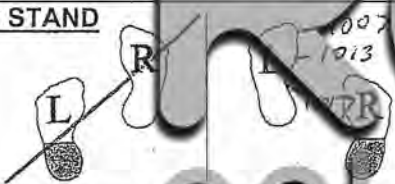
	1 <sup>st</sup> Nine Steps	2 <sup>nd</sup> Nine Steps
Stops Walking	1x	1x
Miss Heel - Toe	5x	3x
Steps off line	3x	1x
Raises arms	8-11"	8-11"
Actual # steps	9	9

DESCRIBE TURN  $\Delta$  TURNED TO THE RIGHT MOVING BOTH FEET.

CANNOT DO TEST (EXPLAIN)

COMMENTS:  $\Delta$  STATED HE HAD A METAL PLATE AND SCREWS IN HIS LEFT PELVIS.  $\Delta$  STATED HE'D TRY THE TEST AND THAT HE UNDERSTOOD IT.  $\Delta$  STOPPED AT STEP 9 AND ASKED IF HE WAS TO TURN. HE STOPPED AFTER THE TURN AND ASKED, "AND 9 BACK?"

**3. ONE LEG STAND**



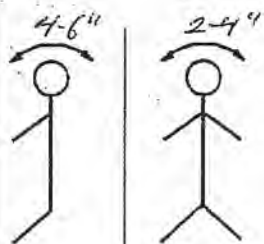
	L	R	
		4-6"	Sways while balancing
		8-12"	Uses arms for balance
			Hopping
		3x	Puts foot down

COMMENTS:  $\Delta$  STATED HE UNDERSTOOD THE TEST.  $\Delta$  PUT HIS FOOT DOWN THREE TIMES.  $\Delta$  SWAYED THROUGHOUT AND USED HIS ARMS FOR BALANCE.

$\Delta$  IS ATTENDANT BELLEVUE COLLEGE. **SUPPLEMENTAL TESTS**  $\Delta$  STATED HE UNDERSTOOD THE TEST.

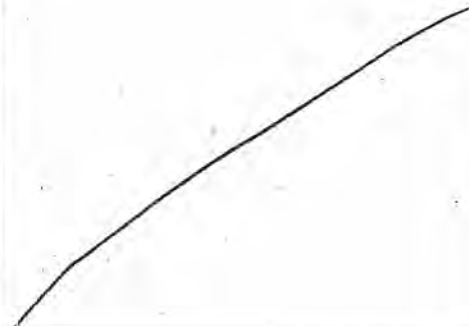
ABC'S A B C D E F G H I J K L M N O P Q R S T U V W X Y Z  
 STATED T V W J K L B C O

**BALANCE**



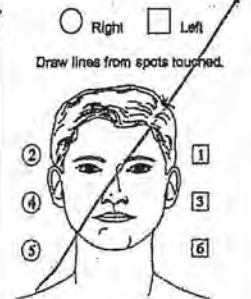
**NOTES**  $\Delta$  STATED HE UNDERSTOOD THE TEST.  $\Delta$  ESTIMATED PD IN 22.

**FINGER DEXTERITY**



**NOTES**

**FINGER TO NOSE**



WASHINGTON STATE  
DUI ARREST REPORT  
NARRATIVE

CASE / CITATION NUMBER

X40205685

Vehicle in Motion (Initial Observation, Observation of Stop):

Personal Contact (Observation of driver, statements, pre-exit, sobriety tests, observation of the exit, odors, general observations such as speech, attitude, clothing, etc.)

Pre-Arrest Screening (Field Sobriety Tests)

Administrative Process (BAC and Disposition)



I certify (declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct. (RCW 9A.72.085.)

OFFICER'S SIGNATURE

BADGE NUMBER

PRINTED NAME OF OFFICER

AGENCY

PLACE SIGNED (city / county / state)

DATE SIGNED

*[Handwritten Signature]*

1095

C. STORTON

WSP

BELLEVUE/WA

05-16-10

WASHINGTON STATE PATROL  
BAC DATAMASTER CDM 140116  
SOFTWARE VERSION 76043-004 (04/28/04)

MAY 16, 2010

SIM TEMP 34c +/- .2c: YES

OBSERVATION BEGAN: 03:32

CITATION NUMBER: SECTOR

OPERATOR'S NAME (L/F/M):  
MYERS/CASEY/L

SUBJECT'S NAME (L/F/M):  
LAGONE/STEFANO/J

SUBJECT'S DOB: [REDACTED]

EXTERNAL STANDARD BATCH #: 10004

--- BREATH ANALYSIS ---

BLANK TEST	.000	03:52
INTERNAL STANDARD	VERIFIED	03:52
SUBJECT SAMPLE	.054	03:53
BLANK TEST	.000	03:53
EXTERNAL STANDARD	.077	03:54
BLANK TEST	.000	03:55
SUBJECT SAMPLE	.088	03:55
BLANK TEST	.000	03:56

ALL RESULTS IN g/200L

OPERATOR C. MYERS C22

AGENCY WSP

# WASHINGTON STATE PATROL

District Case #  
XY0205685

- Primary Officers Report
- Assisting Officers Report
- Technical Specialist Report
- Supplemental Report

## REPORT OF INVESTIGATION

Field Operations Bureau

Page 1 of 4

Type of Investigation: Driving While Under the Influence	Date: 05-16-10
Location: EB I-90 MP 6	Time: 0235

### (S)uspects / (W)itnesses / (V)ictims

<input checked="" type="checkbox"/> S  <input type="checkbox"/> W  <input type="checkbox"/> V	Name: LANGONE, STEFANO J			DOB: [REDACTED]	Misc:
	Address: [REDACTED]			Race: W	Sex: M
	City: KENT	State: WA	Zip: 98042	Height: 5-07	Weight: 160
	Home Phone:	Work Phone:		Eyes: BRN	Hair: BLK
	License/St: [REDACTED]	Expiration: 02-27-15	BAC: .094/.088	Interpreter (type):	
<input type="checkbox"/> S  <input checked="" type="checkbox"/> W  <input type="checkbox"/> V	Name: GUTERREZ, CHELSEY C.			DOB: [REDACTED]	Misc: SEAT 3
	Address:			Race: WHITE	Sex: FEMALE
	City:	State:	Zip:	Height:	Weight:
	Home Phone:	Work Phone:		Eyes:	Hair:
	License/St:	Expiration:	BAC:	Interpreter (type):	
<input type="checkbox"/> S  <input checked="" type="checkbox"/> W  <input type="checkbox"/> V	Name: WARD, CHRISTOPHER A.			DOB: [REDACTED]	Misc: SEAT 6
	Address:			Race:	Sex:
	City:	State:	Zip:	Height:	Weight:
	Home Phone:	Work Phone:		Eyes:	Hair:
	License/St:	Expiration:	BAC:	Interpreter (type):	

### Vehicle Information

Vehicle 1	Color: BLUE	Year: 2010	Make: TOYOTA	Model: SCION	Style: 2D
	License: [REDACTED]	State: WA	Comments:		
Vehicle 2	Color:	Year:	Make:	Model:	Style:
	License:	State:	Comments:		

Investigation officer: C. Storton	Badge #: 1095	Date: 05-16-10
Approved by:	Badge #:	Date:

WASHINGTON STATE PATROL  
REPORT OF INVESTIGATION

Narrative

Field Operations Bureau

**AUTHORITY AND CERTIFICATIONS:**

- I am commissioned by the chief of the Washington State Patrol as a Washington State Patrol Trooper, authorized to enforce all laws in the State of Washington.
- I have received Standardized Field Sobriety Testing (SFST) training from the Washington State Patrol. Each test was conducted per my training.
- I have received training in the operation of the PBT and the test was given in accordance with my training.
- I have received BAC/CDM training to operate the BAC/CDM. The breath test was conducted in accordance with my training.

**Initial Observation:**

On May 16<sup>th</sup>, 2010 at approximately 0224, I was patrolling the King County area, in uniform and my fully marked patrol car. I was traveling EB I-90 on the floating bridge in the express lanes when I observed a blue vehicle move from lane one to lane two, without signaling, and accelerated quickly to pass a red coupe.

**Vehicle:**

I accelerated to begin a pace from approximately 10 car lengths back. I paced the blue vehicle at 85 mph in a clearly marked 60 mph zone for approximately half a mile. The vehicle slowed again to 65 mph and moved to lane one without signaling. The vehicle accelerated again to 80 mph. I activated my emergency lights and the vehicle pulled to the shoulder.

**Personal Contact:**

I contacted the vehicle on the driver's side window and asked the driver for his driver's license, vehicle registration, and proof of insurance. The driver took a few attempts to pull his license out of his wallet. He eventually retrieved it and handed it to me. This allowed me to identify the driver as Stefano J. Langone DOB [REDACTED]. I could see that the driver's eyes appeared bloodshot, watery, droopy, and dilated pupils. I could smell a strong and obvious odor of intoxicants coming from the vehicle. On Langone's right wrist, I observed two stamps that were consistent with entry to a club or bar. I asked how much he had to drink and Langone stated that he had one beer several hours earlier. I asked Langone to step from the vehicle, which he did.

**Pre-Arrest Screening:**

We walked to the front of his vehicle and I did not observe a limp of any kind. I asked Langone if he would perform some voluntary field sobriety tests. He stated he would.

**Horizontal Gaze Nystagmus: 6 of 6 clues present**

Langone stated he did not have impaired vision and that he was not wearing corrective lenses. He also stated he did not have any medical conditions. My emergency lights were off.

WASHINGTON STATE PATROL  
REPORT OF INVESTIGATION

Narrative

Field Operations Bureau

Walk and Turn: 7 of 8 clues present

Langone stated that he had a plate and screws in his left pelvis and that he had screws in his right wrist and left forearm. I explained the test to him and he stated he would "give it a try." He also stated that he understood the test. He stopped at step 9 on the way out and asked if he was supposed to turn. After he turned to the right, he asked, "And 9 back?"

One Leg Stand: 3 of 4 clues present

Langone stated that he understood the test. He put his foot down three times, swayed throughout, and used his arms for balance.

ABC's:

I asked Langone to state the letters C through T. He stated he understood the test. He stated, "A,B,C,D,E,F,G,H,I,J,K,L,M,N,O,P,Q,T,V,W,J,K,L, sorry, I'm nervous, R,S,T,U,V,W,B,C,D,Y,Z."

Balance Test:

Langone stated that he understood the test. He swayed throughout and estimated 30 seconds in 22 seconds.

Preliminary Breath Test (PBT):

I asked Langone if he would perform a voluntary PBT. He stated he would and provided a valid sample of .098.

PBT number: 105996 Calibration due: 11/10

The PBT is certified



Arrest of Defendant:

I arrested Langone and had him sit in the back seat of my patrol car. The two extremely intoxicated passengers, found another ride and the vehicle was impounded by Crossroads tow.

Arrest Processing:

I transported Langone to the WSP office in Bellevue. While en route, Langone began singing. Upon arrival, I removed the handcuffs and had him sit in a gray chair next to the BAC/CDM. Trooper Myers #709 performed a mouth check. I read Langone his Constitutional Rights from the DUI packet. He signed the form stating he understood and signed it again stating he waived his rights. I read the Implied Consent Warning for Breath. Langone signed the form indicating that I did. When asked if he would submit to a breath test, he stated he would, checked the yes box, and initialed next to it. During the observation period, I asked Langone the 31 voluntary DUI interview questions.

# WASHINGTON STATE PATROL REPORT OF INVESTIGATION

## Narrative

Field Operations Bureau

**Breath/Blood Testing:**

- The defendant didn't have anything to eat, drink, or smoke during the observation period.
- The BAC thermometer was within the required range of 34° C +/- .2° C.
- The RFI antenna was present, and breath tube was warm/hot to the touch.
- The external standard was within the required range of .072 to .088.

At the end of the observation period, Langone provided two valid samples of .094 and .088. I provided Langone with the two DOL forms and he signed the form indicating that I did. Trooper Myers conducted the BAC/CDM test.

**Booking:**

I placed the handcuffs back on Langone and transported him to the KCJ where he was booked.

**Additional Information:**


Langone stated that he had the metal plate and screws in his pelvis due to a head-on collision last year with a drunk driver. He stated that he had screws in his right wrist and left forearm as well.

Throughout the entire contact, Langone maintained the strong and obvious odor of intoxicants coming from his breath as he spoke.

The ticket number on the Superform was wrong and should have been labeled as case number XY0205685.

Total time for processing and report: 3 hours

*I certify (or declare) under penalty of perjury under the laws of the State of Washington that this report is true and correct (RCW 9A.72.085):*

Trooper's Signature	Date	Location
	05-16-10	King County

WASHINGTON DRIVER LICENSE

LIC # LANGOSJ [REDACTED] EXP [REDACTED] 2015

LANGONE, STEFANO JAMES


[REDACTED]

CDL	END	RES	
SEX	HT	WT	EYES
M	5-07	160	BRN

ISSUE DATE 03-04-2010

DOB [REDACTED]

*[Signature]*



168833A121

 **Radarscan**  
online.com

# SUPERFORM

CCN/JCN NUMBER

B/A NUMBER

PCN NUMBER

AGENCY:  UNINCORPORATED KING COUNTYWSP  CITY OF

CASE NUMBER

FILE NUMBER

 FELONY  MISDEMEANORCOURT *REMAND*

DATE OF ARREST/TIME

BOOKING DATE/TIME

ARREST LOCATION

05-16-10/0235

05-16-10

EOI-90 MP6

NAME (LAST, FIRST, MIDDLE/JR., SR., 1<sup>ST</sup>, 2<sup>ND</sup>)

ALIAS, NICKNAMES

LANGONE STEFANO J.

IDENTITY IN DOUBT?

DOB

SEX

RACE

HGT

WGT

EYES

HAIR

SKIN TONE

YES  NO 

[REDACTED]

M

W

5-07

160

BRN

BLK

DARK

SCARS, MARKS, TATTOOS, DEFORMITIES

ARMED/DANGEROUS

YES  NO 

LAST KNOWN ADDRESS

CITY

STATE

ZIP

RESIDENCE PHONE

BUSINESS PHONE

CITIZENSHIP

[REDACTED]

KENT WA 98042

OCCUPATION

EMPLOYER, SCHOOL (ADDRESS, SHOP/UNION NUMBER)

SOCIAL SECURITY NUMBER

DRIVER'S LICENSE #

STATE

AFIS #

FBI #

STATE ID #

LANGONE J

WA

VEHICLE LICENSE #

STATE

YEAR

MAKE

MODEL

VEHICLE LOCATION

TOW COMPANY

[REDACTED]

WA

2010

TOYT

SEVENTE

CROSSROADS

PERSON TO BE CONTACTED IN CASE OF EMERGENCY

RELATIONSHIP

ADDRESS

CITY

STATE

PHONE

1) OFFENSE

 DV

D.P.I.

RCW/ORD#

46.61.502

COURT/CAU#

REMAND

CITATION #

X40255685

2) OFFENSE

 DV

RCW/ORD#

COURT/CAU#

CITATION #

3) OFFENSE

 DV

RCW/ORD#

COURT/CAU#

CITATION #

4) OFFENSE

 DV

RCW/ORD#

COURT/CAU#

CITATION #

DATE &amp; TIME OF VIOLATION

CRIMINAL TRAFFIC CITATION ATTACHED?

ACCOMPLICES

05-16-10/0234

YES NO 

LIST VALUABLE ITEMS OF PROPERTY LEFT FOR ARRESTEE AT JAIL

CELL PHONE / VIDEO CAMERA

LIST VALUABLE ITEMS OF PROPERTY ENTERED INTO EVIDENCE

YES  NO 

IF YES DESCRIBE:

(SIMPLE DESCRIPTION, IDENTIFYING MARKS, SERIAL #)

TOTAL CASH OF ARRESTEE

WAS CASH TAKEN INTO EVIDENCE?

SIGNATURE OF JAIL STAFF RECEIVING ITEMS/SERIAL #

\$ 116.00

YES  NO 

AMOUNT \$

ARRESTING OFFICER/SERIAL #

TRANSPORTING OFFICER/SERIAL #

SUPERVISOR SIGNATURE/SERIAL #

C STORTON 1095

C STORTON 1095

CONTACT PERSON FOR ADDITIONAL INFORMATION (NAME/SERIAL #/PHONE)

SUPERFORM COMPLETED BY (SIGNATURE/SERIAL #)

C STORTON / 1095 / 425-901-7788

MISDEMEANOR BOOKINGS: Complete to this line. FELONY BOOKINGS: Complete both sides.  
OBJECTION TO RELEASE (MISDEMEANOR OR FELONY) IS ON REVERSE SIDE.

COURT FILE

SUPERIOR COURT

 IN CUSTODY

COURT CAUSE (STAMP OR WRITE)

FILING INFO.

 AT LARGE OUT ON BOND

COURT/DIST.

DIST. CT.

SUP. CT. DATE

WARRANT NUMBER

CT. NO.

BOND \$

WARRANT DATE

OFF CODE OFFENSE

AMOUNT OF BAIL

FELONY BENCH MISD ARREST 

POLICE AGENCY ISSUING

COURT

WARRANT RELEASED TO: SERIAL UNIT DATE TIME

PERSON APPROVING EXTRADITION

SEAKING-LOCAL ONLY WACIC-STATE WIDE

NCIC-WILL EXTRADITE FROM ID &amp; OR ONLY

NCIC-WILL EXTRADITE FROM OR, ID, MT, WY, CA, NV, UT,

NCIC-WILL EXTRADITE FROM ALL 50 STATES

CCN#

DOE

DOC

WAC#

TOE

TOC

NIC#

OP#

OP#

CLEARANCE

SUSPECT NAME:

LANLONE, STEFANO J.

□ □

□ □ □ □ □ □ □ □

□

CASE NUMBER

STATEMENT OF PROBABLE CAUSE: NON-VUCSA

CONCISELY SET FORTH FACTS SHOWING PROBABLE CAUSE FOR EACH ELEMENT OF THE OFFENSE AND THAT THE SUSPECT COMMITTED THE OFFENSE. IF NOT PROVIDED, THE SUSPECT WILL BE AUTOMATICALLY RELEASED. INDICATE ANY WEAPON INVOLVED. (DRUG CRIME CERTIFICATE BELOW.)

ON (date) 05-16-10 AT (time) 0224, WITHIN THE (city/unincorporated area of county) MERCER ISLAND

COUNTY OF KING, STATE OF WASHINGTON, THE FOLLOWING DID OCCUR: I OBSERVED A SUV MOVE FROM

LANE 1 TO LANE TWO WITHOUT SIGNALING A ACCIDENTED HEAVILY. I BEGAN A PACE

AT 85 MPH IN A 60 MPH ZONE A WAS CONTACTED AND HAD BLOODSHOT WATER EYES AND

SMOKE FROM MOUTH OF INTOXICANTS. A ADMITTED TO 1 BEER. A SHOWED 6 OF 1 ON H/LN, 7 OF 4 ON

WALK & TURN, AND 3 OF 4 ON 1 LEG STANDING. ON THE VOLUNTARY TESTS. A GAVE A VOLUNTARY

PBT OF .078. A WAS ARRESTED AND TRANSPORTED TO WSP BELLEVUE A WAS READ MIRANDA.

A WAS GIVEN NAC/KRM OF .044 AND .088. A WAS BOOKED INTO KCT.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT.

DATE AND PLACE

05-16-10 / KING

SIGNATURE/AGENCY:

[Signature] WSP.

REQUEST 72-HOUR RUSH FILE?

YES  NO

ANTICIPATED FILING DATE

DRUG CRIME CERTIFICATE

Part I: On (date) \_\_\_\_\_ the suspect (suspect's name) \_\_\_\_\_

DELIVERED  POSSESSED WITH INTENT TO DELIVER/MANUFACTURE  POSSESSED what the undersigned officer

(Officer's name) \_\_\_\_\_ based on training and experience, believes to be (approximate quantity and type of controlled

substance) \_\_\_\_\_. Approximate street value of the controlled substance is (value of drugs) \$ \_\_\_\_\_

Part II: FACTS INDICATING THE SUSPECT  DELIVERED  POSSESSED WITH INTENT TO DELIVER/MANUFACTURE or  POSSESSED THE CONTROLLED SUBSTANCE.

ON (date) \_\_\_\_\_ AT (time) \_\_\_\_\_, WITHIN THE (city/unincorporated area of county) \_\_\_\_\_

COUNTY OF KING, STATE OF WASHINGTON

My source of information about this crime (e.g., myself, other person with firsthand knowledge): \_\_\_\_\_

Other Facts: \_\_\_\_\_

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT.

DATE AND PLACE:

SIGNATURE/AGENCY:

REQUEST 72-HOUR RUSH FILE? YES  NO

SODA ZONE YES  NO

DRUG FREE ZONE? Exact location is required: YES  NO

ANTICIPATED FILING DATE

LAB WORK REQUESTED? (Date/Type)

LAW ENFORCEMENT OBJECT TO RELEASE? YES  NO  IF YES, EXPLAIN WHY SAFETY OF INDIVIDUAL OR PUBLIC WILL BE THREATENED IF SUSPECT IS RELEASED ON BAIL OR RECOGNIZANCE (CONSIDER HISTORY OF VIOLENCE, MENTAL ILLNESS, DRUG DEPENDENCY, DRUG DEALING, DOCUMENTED GANG MEMBER, FAILURE TO APPEAR, LACK OF TIES TO COMMUNITY). INCLUDE FARR GUIDELINES. DESCRIBE TYPE OF WEAPON. BE SPECIFIC.

TIES TO COMMUNITY (MARITAL STATUS, TIME IN COUNTY, ETC.)

CONVICTION RECORD:

SUBJECT ARMED/DANGEROUS

SUSPECT IDENTITY IN QUESTION

WARRANT(S) FOR FTA

HISTORY OF FTA'S (LIST)

PRELIMINARY APPEARANCE DATE

JUDGE

BAIL AMOUNT \$

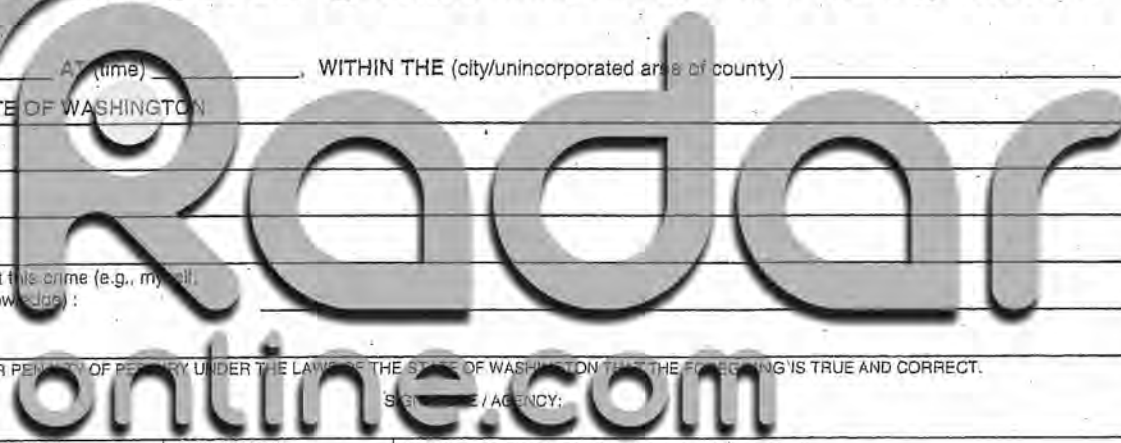
RETURN DATE

CONDITIONS

P.R. Y  N

RETURNED Y  N

EXCUSED Y  N



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CRIMINAL

REPORT #

XY0205685

COURT ORI #: WA017173J

LEA ORI#: WAWSF0216

KING COUNTY DISTRICT COURT

PLAINTIFF VS. NAMED DEFENDANT

IN THE [X] DISTRICT [ ] MUNICIPAL COURT OF [ ] CITY/TOWN OF [ ] COUNTY OF [ ] STATE OF WASHINGTON

THE UNDERSIGNED CERTIFIES AND SAYS THAT IN THE STATE OF WASHINGTON

DRIVER'S LICENSE NO. (SCANNED) LANGONE, STEFANO MIDDLE JAMES SFX CDL YES [ ] NO [X] YES [ ] NO [X]

EMPLOYER LOCATION: LANGONE, STEFANO CITY: KENT STATE: WA ZIP CODE: [ ] IF NEW ADDRESS: CITY: KENT STATE: WA ZIP CODE: [ ]

VEHIC NO: [ ] STATE: WA EXPIRES: 12-24-10 MAKE: TOYOTA MODEL: SCIONTC TR #2 LIC NO: [ ] STATE: WA EXPIRES: [ ] COLOR: BLUE

OWNER/COMPANY IF OTHER THAN DRIVER: ERNEST P LANGONE ADDRESS: 13235 SE 246TH CT

ACCIDENT NO: [ ] BAC: .088 COMMERCIAL VEHICLE: [ ] YES [ ] NO [X] EXEMPT VEHICLE: [ ] YES [ ] NO [X] FIRE: [ ] FARM: [ ] R.V.: [ ] OTHER: [ ]

1. VIOLATION/STATUTE CODE: 46.61.502 BAIL \$: [ ] 2. VIOLATION/STATUTE CODE: [ ] BAIL \$: [ ] 3. VIOLATION/STATUTE CODE: [ ] BAIL \$: [ ] 4. VIOLATION/STATUTE CODE: [ ] BAIL \$: [ ] 5. VIOLATION/STATUTE CODE: [ ] BAIL \$: [ ]

[X] MANDATORY COURT APPEARANCE APPEARANCE DATE: [ ] TIME: [ ] RELATED #: [ ] DATE ISSUED: 05-17-10

[X] TICKET SERVED ON VIOLATOR [ ] TICKET REFERRED TO PROSECUTOR [ ] TICKET SENT TO COURT FOR MAILING [ ] BOOKED OFFICER: C. STORTON # 1095

Table with columns: COMPLAINT CITATION ABSTRACT OF JUDGMENT, CHG #, RESPONSE, CHG, DISPOSITION, FILED, SUSPENDED, SUB-TOTAL, FINDING/JUDGMENT DATE, TO SERVE, DAYS SUSP, CREDIT/TIME SVD, Y/N, LIC. SURR. DT., REC. NONEXTENSION OF SUSP. Y/N



COPY

OFFICER REPORT  
SEE DUI REPORT.

\*\*\*\*\*

Officer's Report for Citation/Notice of Infraction # XY0205685.  
The information contained in and attached to this citation/notice of infraction is incorporated by reference into this report.

I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT ALL STATEMENTS MADE HEREIN ARE TRUE AND ACCURATE AND THAT I AM ENTERING MY AUTHORIZED USER ID AND PASSWORD TO AUTHENTICATE IT.

Signature: C. STORTON #: 1095

Date and Place: 5/17/2010 County of KING

\*\*\*\*\*

TRAFFIC	WEATHER	STREET	LIGHT	PHONE	PHONE
WITNESS NAME (LAST, FIRST, M.I.)		WITNESS NAME (LAST, FIRST, M.I.)		STATE	ZIP
ADDRESS	CITY	ADDRESS	CITY	PHONE	STATE
WITNESS NAME (LAST, FIRST, M.I.)		WITNESS NAME (LAST, FIRST, M.I.)		STATE	ZIP
ADDRESS	CITY	ADDRESS	CITY	PHONE	STATE
WITNESS NAME (LAST, FIRST, M.I.)		WITNESS NAME (LAST, FIRST, M.I.)		STATE	ZIP
ADDRESS	CITY	ADDRESS	CITY	PHONE	STATE
WITNESS NAME (LAST, FIRST, M.I.)		WITNESS NAME (LAST, FIRST, M.I.)		STATE	ZIP
ADDRESS	CITY	ADDRESS	CITY	PHONE	STATE

CHECK ALL THAT APPLY:

- NON-IMPOUND / TOW
- AAA or OTHER ROADSIDE ASSISTANCE
- EVIDENCE
- SEIZED UNDER RCW 69.50.505
- IMPOUND ONLY
- IMPOUND WITH \_\_\_\_\_ DAY HOLD
- INFORMATIONAL COPY GIVEN TO SUSPENDED DRIVER.
- REGISTERED OWNER MAY REDEEM \_\_\_\_\_

# UNIFORM WASHINGTON STATE TOW / IMPOUND AND INVENTORY RECORD

CASE / EVIDENCE NUMBER

### VEHICLE INFORMATION

VIN			
LICENSE	STATE	YEAR	MAKE
[REDACTED]	WA	2010	TOYOTA
MILEAGE		STYLE	COLOR
4350		20	BLUE
<input type="checkbox"/> Report of Sale			

- CHECK INDICATES DRIVER IS DWLS/R AND IS NOT THE REGISTERED OWNER. REGISTERED OWNER / LEGAL OWNER OR AGENT OF THE OWNER MAY REDEEM AT THE END OF THE IMPOUND HOLD.
- CHECK INDICATES DRIVER IS DWLS/R AND IS THE REGISTERED OWNER. THEY WILL NEED A SEPARATE RELEASE FORM FROM THE COURT.

DRIVER	REGISTERED OWNER	LEGAL OWNER
NAME (LAST, FIRST, MI) LANGONE, STEFANO J	NAME (LAST, FIRST, MI) LANGONE, ERNEST P	NAME (LAST, FIRST, MI) TOYOTA MOTOR CREDIT CORP
STREET ADDRESS [REDACTED]	STREET ADDRESS SAME AS DRIVER	[REDACTED]
CITY, STATE, ZIP CODE KENT, WA 98042	CITY, STATE, ZIP CODE -	[REDACTED]
DOB [REDACTED]	DOB -	DOB -

### AUTHORIZATION AND RECEIPT

ON THIS DATE OF 05-16-10 AT 0258 (24 HOUR) PURSUANT TO RCW 46.55.085 / .113 AND HAVING PERSONALLY INVENTORIED THE ITEMS IN THE DESCRIBED VEHICLE, I HEREBY AUTHORIZE CROSSROADS TOW (TOWING FIRM) TO REMOVE THIS VEHICLE FROM ED I-90 MP 6. I CERTIFY THAT I HAVE RECEIVED THE ABOVE VEHICLE AND ITS CONTENTS LISTED BELOW.

TOW DRIVER'S SIGNATURE: [Signature] DOL TOW TRUCK NO. 5515016 DATE 5-16-10

EQUIPMENT	DAMAGE	EVIDENCE (DRIVER'S SIDE)	EVIDENCE (PASSENGER'S SIDE)
<input type="checkbox"/> GLOVE BOX LOCKED <input checked="" type="checkbox"/> KEYS [ / ] <input checked="" type="checkbox"/> AUTO STEREO <input type="checkbox"/> AUDIO TAPES / CD'S [ ] <input type="checkbox"/> CB RADIO <input type="checkbox"/> RADAR DETECTOR <input checked="" type="checkbox"/> TRUNK LOCKED <input type="checkbox"/> SPARE TIRE <input type="checkbox"/> JACK <input type="checkbox"/> CHAINS <input type="checkbox"/> OTHER	<input type="checkbox"/> FRONT SHADE DAMAGED AREA <input type="checkbox"/> R FRONT <input type="checkbox"/> R SIDE <input type="checkbox"/> R REAR <input type="checkbox"/> L FRONT <input type="checkbox"/> L SIDE <input type="checkbox"/> L REAR <input type="checkbox"/> REAR <input type="checkbox"/> TOP <input type="checkbox"/> UNDERCARRIAGE <input type="checkbox"/> OTHER <u>MISC DENTS / SCRATCHES</u>		

INVENTORY	NARRATIVE OR DIAGRAM
<u>MISC CLOTHES</u>	(List reason(s) for impound.)
	<u>D.U.I.</u>
	<u>R/D NOT AT SEAT</u>

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREMENTIONED IS TRUE AND CORRECT. (RCW 9A.72.085)

OFFICER'S SIGNATURE: [Signature] KING COUNTY, WA BADGE NO. 1095

# Washington State Patrol CAD Log

Incident Number LSP100516000285 Incident Type TSPDUI

Associated Logs

Date/Time 5/16/10 02:24:49

Area 2Z3

Address E90E ISLAND CREST

Additional Address/Incident Info JE

Case Nbr

Disposition Code(s): BD D I

Primary Unit 1095 STORTON, CHRISTOPHER

CO X167 MATES, LYNDSIE R

Caller Info

Comment(s)

05/16/2010 02:24:50 Incident Initiated By: SP/MATES, LYNDSIE R  
05/16/2010 02:24:50 Initial Field Initiate by SP1095 02:24:49 on 05/16/10  
05/16/2010 02:24:50 Verification Bypassed Inc- LSP100516000285 Addr-E90E JE ISL CREST  
05/16/2010 02:38:29 DUI LANGONE, STEFANO J [REDACTED] KENT  
05/16/2010 02:40:08 OQ Information: Reply ID: 40453039 Date: 5/16/2010  
05/16/2010 02:40:08 02:39:55  
05/16/2010 02:40:08 Attachment: Attach to CAD LOG  
05/16/2010 02:40:08 Reply Text: SP055S399SP055  
05/16/2010 02:40:08 A CRIMINAL HISTORY WAS RAN FOR C STROTON (1095) BY  
05/16/2010 02:40:08 KATIE TWICKER (X279) AT  
05/16/2010 02:40:09 02:39:55 ON LANGONE, STEFANO JAMES [REDACTED]  
05/16/2010 02:49:11 TOW  
05/16/2010 03:17:43 2 PASSES RELEASED TO FRIEND  
05/16/2010 03:20:50 IMP [REDACTED] 2010 SCIO TC CROSSROADS DUI  
05/16/2010 03:21:40 III NEGATIVE

End of Report

Radadar  
online.com

## Incident Unit Times

Incident Number LSP100516000285

Unit 517 GANNON, JOE A

<u>Date/Time</u>	<u>Code</u>	<u>Location</u>	<u>Comment</u>
5/16/2010 02:29	AR	E90E JE ISL CREST	TSP
5/16/2010 02:38	CL		TSPDUI

Unit 1095 STORTON, CHRISTOPHER

<u>Date/Time</u>	<u>Code</u>	<u>Location</u>	<u>Comment</u>
5/16/2010 02:24	AR	E90E JE ISL CREST	TSP
5/16/2010 02:37	USIC	DUI	TSP
5/16/2010 03:17	USTA	DUI	TSPDUI
5/16/2010 03:24	USEB	2	TSPDUI
5/16/2010 03:31	USAB	2	TSPDUI
5/16/2010 04:09	USEJ	UNIT 4	TSPDUI
5/16/2010 04:21	USAJ	UNIT 4	TSPDUI
5/16/2010 04:31	CL		TSPDUI
5/16/2010 04:31	D		Added dispostion: D
5/16/2010 04:31	D		Added dispostion: I
5/16/2010 04:31	D		Added dispostion: BD

End of Report



**Radars**  
online.com

## Vehicle and Person Information

### Tow Contractor Information

Tow Time      Contractor

LSP100516000285  
05/16/10 02:50 5515 Crossroads Towing

### Person(s) Involved

Name

LSP100516000285  
LONAGONE

### Vehicle License Plate(s)

License Plate

LSP100516000285  
[REDACTED]

LANGONE  
[REDACTED]

