

Defendant Report



Iowa Department of Transportation

Office of Driver Services
 Park Fair Mall 100 Euclid Avenue
 P.O. Box 9204
 Des Moines, IA 50306-9204

Form 432013 10-00 H-1102

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

Operating Commercial Motor Vehicle (CMV) No		Hazardous Mtrl. Placarding Req.		Ticket or Case Number 31222221132	
County of Occurrence Adair - 01	Date of Occurrence 10/28/2004	Time of Arrest/Preliminary Breath Test/PBT Refusal (whichever first) 02:54 PM	Enforcement Agency Des Moines Police Department		
Name (Last, First, Middle, Suffix) WILLIAMS GREGORY L			Date of Birth 03/15/1954	Driver's License No. IA	State IA
Residence Address 501 MAIN	City DES MOINE	State IA	Zip 50345	Lic. Class C	Endorsement(s) NONE
Restriction Code(s) NONE					

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

- submitted to a preliminary breath screening test (PBT) which indicated an alcohol concentration of ten hundredths (0.10) or more.
- was under age 21 and submitted to a PBT which indicated an alcohol concentration of two hundredths (0.02) but less than 0.10.
- was operating a CMV and submitted to a PBT which indicated an alcohol concentration of four hundredths (0.04) or more.
- refused to submit to a PBT under Iowa Code Section 321J.5.
- was involved in a motor vehicle accident or collision resulting in personal injury or death.
- was placed under arrest for violation of Iowa Code Section 321J.2.
- submitted to a PBT which indicated an alcohol concentration of less than ten hundredths (0.10) and the peace officer had reasonable grounds to believe that the person was under the influence of a drug other than alcohol or a combination of alcohol and another drug.

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

Date: **10/28/2004** Time of Request: **02:54 PM**

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

Date: _____ Time of Request: _____

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

Signature of Driver

Refuse to Sign

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

Urine specimen for chemical testing. Date: **10/28/2004** Time of Request: **02:55 PM**

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

Signature of Driver

Refuse to Sign

Signature of Peace Officer Making Request(s)

David Peterson

(Tear off this portion if test results not readily available)

The person (operator): **(Check all that apply. At least one box must be checked.)**

- submitted to chemical testing which indicated the presence of a controlled substance or other drug, or a combination of alcohol and another drug in violation of 321J.2.
- was under age 21 and submitted to chemical testing which indicated an alcohol concentration of two hundredths (0.02) but less than ten hundredths (0.10).
- submitted to chemical testing which indicated an alcohol concentration of ten hundredths (0.10) or more.
- was operating a commercial motor vehicle (CMV) and submitted to chemical testing which indicated an alcohol concentration of four hundredths (0.04) or more.
- refused to submit to chemical testing.
- refused to submit to chemical testing for drugs other than alcohol or a combination of alcohol and another drug.

Alcohol Test Result: _____
Drug Test Result: _____

NOTICE OF REVOCATION: Effective ten days from the date of this notice, your privilege to operate motor vehicles in Iowa is revoked pursuant to Iowa Code Chapter 321J for a period of: **Test Refusal - Two years** and shall remain revoked until you post proof of financial responsibility as required by Iowa Code Chapter 321A. Also, effective ten days from the date of this notice, your privilege to register motor vehicles in Iowa is suspended pursuant to Chapter 321A and shall remain suspended until you post proof of financial responsibility with the department. **You are ordered to send or deliver all your plates and registration certificates to the address at the top of this form.** For revocations under 321J.2A registration privileges are NOT suspended and you are not required to file proof of financial responsibility.

In addition to revocation of your motor vehicle license or non-resident operating privilege, the Department of Transportation also orders you to satisfactorily complete the following:

- 1.) A course for drinking drivers (12 hrs.), as provided in section 321J.22 of the Code; 2.) Evaluation and treatment or rehabilitation services.

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

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

Reason: **Suspended or Revoked**

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

10/28/2004 Signature of Peace Officer
 Date Serving Notice

David Matthews

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

10/28/2004 Signature
 Date

Albert Craft

00001
 Badge or I.D. No.