



DEARBORN HEIGHTS PD

25637 MICHIGAN AVE.
 DEARBORN HEIGHTS MI 48125
 313-277-6770



Case Report

Administrative Details:

CR No 140022692	Subject OWI High BAC (17%) & Unlawful Transportation/Arrest/Russell
Report Date/Time 11/29/2014 02:59	Occurrence Date/Time 11/29/2014 02:59
Location S TELEGRAPH RD&VAN BORN RD	Call Source FIELD INITIATED
Dispatched Offense C3020 ARREST	Verified Offense 8041 Operating Under the Influence of Alcohol / Liquor OWI
OIC Stewart, Leonard (DHSTEWARTL-00072)	OIC Contact Number
County 82 - Wayne	City/Twp/Village 89 - Dearborn Heights
Division Patrol	

Action Requested:

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Arrest warrant | <input type="checkbox"/> Review only |
| <input type="checkbox"/> Search warrant | <input type="checkbox"/> Forfeiture |
| <input type="checkbox"/> Juvenile petition | <input type="checkbox"/> Other |



Offenses:

3564 - Marijuana - (Other)

IBR Code / IBR Group 35A - Drug/narcotic Violations / A		Offense File Class 35001 - VIOLATION OF CONTROLLED SUBSTANCE ACT	
Crime Against SO	Location Type 13 - Highway/Road/Alley/Sidewalk	Offense Completed Completed	
Domestic Violence No	Hate/Bias 00 - None (No Bias)		
Using A-Alcohol: Yes C-Computer Equipment: No D-Drugs/Narcotics: Yes			
Criminal Activity T - Transporting/Transmitting/Importing			

8027 - Operating W/Blood Alcohol Content of .17% or more [DHHUTCHENS (00178)]

IBR Code / IBR Group 90D - Driving Under the Influence / B		Offense File Class 54002 - OPERATING UNDER THE INFLUENCE OF LIQUOR OR DRUGS	
Crime Against SO	Location Type 13 - Highway/Road/Alley/Sidewalk	Offense Completed Completed	
Domestic Violence No	Hate/Bias 00 - None (No Bias)		
Using A-Alcohol: Yes C-Computer Equipment: No D-Drugs/Narcotics: Yes			

People:

RUSSELL, ZOE HELEN (A-ARRESTEE) [DHHUTCHENS (00178)]

Last Name RUSSELL		First Name ZOE		Middle Name HELEN		Suffix	Mr/Mrs/Ms
Aliases		Driver License#		DL State	DL Country	Personal ID#	
DOB (Age)	Sex	Race	Ethnicity	Birth City & State	Birth Country	Country of Citizenship	
CTN	TCN	PCN	SID/State	Criminal History Name			
Held For	Finger Prints No	Photos Yes	Miranda Read No	Miranda Waived No	Number of Warrants	FBI#	
Street Address		Apt #	County	Country	Home Phone	Work Phone	
City		State	Zip	Cell Phone	Email		
Alerts				On Probation/Parole No	Habitual Offender Status		

Arrest Information

Offenses	Details
3564 - Marijuana - (Other)	Arrest Date/Time: 11/29/2014 03:03 Location: Telegraph & Van Born Arrest#: 2014-4077 Arrest Type: Taken Into Custody OWI Arrest/BAC: Yes/.22 Offense Type: Misd. Count: Arresting Officer 1: DHHUTCHENS (HUTCHENS, NICHOLAS 00178) Arresting Officer 2: DHBAZZYM (Bazzy,Mohamad 00198)
8027 - Operating W/Blood Alcohol Content of .17% or more	Arrest Date/Time: 11/29/2014 03:03 Location: Telegraph & Van Born Arrest#: 2014-4077 Arrest Type: Taken Into Custody OWI Arrest/BAC: Yes/.22 Offense Type: Misd. Count: Arresting Officer 1: DHHUTCHENS (HUTCHENS, NICHOLAS 00178) Arresting Officer 2: DHBAZZYM (Bazzy,Mohamad 00198)
MultiClearance N - Not Applicable	MultiClearance Offense 01 - Unarmed
Date/Time Booked	Booked Location



11/29/2014 00:00		DEARBORN HEIGHTS POLICE DEPT		
Property:				
1910 - Marijuana 5410 [DHHUTCHENS (00178)]				
Property Class 10		IBR Type 10 - Drugs/Narcotics		UCR Type K - Miscellaneous
Status C - Confiscated In Drug, Forgery/Counterfeiting, Or Gambling				Count 1
Description marijuana				Evidence Tag 95603
Recovered Date/Time		Location		Owner [A21748017] RUSSELL, ZOE HELEN
Drug Information				
Drug Type 05 - Marijuana		Drug Quantity 1		Drug Measure DU - Dose Units/Items

1306 - Recording - Compact Disk CD / DVD 5427 [DHHUTCHENS (00178)]				
Property Class 27		IBR Type 27 - Recordings-Audio/Visual		UCR Type F - TV's, Radios, Stereos, Etc...
Status E - Evidence (Including Other Seized Property And Tools)				Count 1
Description incar video unit # 4				Evidence Tag 95604
Recovered Date/Time		Location		Owner □ ,

3501 - Automobile/Car/Vehicle (not Stolen Or Recovered) 5403 [DHHUTCHENS (00178)]				
Property Class 03		IBR Type 03 - Automobiles		UCR Type V - Other Vehicle (not Stolen or Recovered)
Status X - Impounded				Count 1
Manufacturer CHEVROLET		Model COBALT		Serial No. 1G1AT58H397298723
Vehicle Year 2009		Body Style 4D - 4 Door		License No. GQ42Q
Description 2009 Chevrolet		State MI		Color BLK - Black
Recovered Date/Time		Location		License Year 2015
Disposition				Evidence Tag
Recovered Date/Time		Location		Owner □ ,

Narrative:

CR No: 140022692-001 Written By: DHHUTCHENS (00178) Date: 11/29/2014 04:10 AM

R/os (Ofc. Bazzy and Cpl. Hutchens) were west bound on Van Born approaching Telegraph. R/os observed a black Chevrolet west bound on Van Born stopped in the center lane at Telegraph, where it is prohibited. When the traffic signal turned green the black Chevrolet made a prohibited turn onto south bound Telegraph. R/os initiated a traffic stop on Telegraph south of Van Born.

Cpl. Hutchens made contact with the driver and observed a strong odor of marijuana and observed



her eyes were blood shot and glossy. The driver identified herself as Russell with her State of Michigan Operator's License. Cpl. Hutchens asked Russell how much alcohol she had consumed and she stated she had a few. Cpl. Hutchens asked Russell to pick a number between 11 and 13, she replied 7.

While speaking with Russell Cpl. Hutchens observed her playing with a medical marijuana card. Cpl. Hutchens asked Russell twice if she had anything illegal in the Chevrolet and she replied no. Cpl. Hutchens asked Russell where she was going and she stated to her home in [REDACTED] Cpl. Hutchens attempted to explain she was south bound on Telegraph and Russell didn't understand.

Cpl. Hutchens had Russell exit the Chevrolet and attempt the following field sobriety test. As Russell was exiting the Chevrolet Cpl. Hutchens observed a plastic bag containing suspected marijuana. **Medical:** R/os observed no medical conditions which would prohibit Russell from performing the field sobriety test and she did not indicate any. R/os observed Russell had a high heel on her shoes and asked if she could walk in the shoes and she stated she could. While speaking with Russell outside of the Chevrolet Cpl. Hutchens observed a strong odor of intoxicants.

HGN: Cpl. Hutchens observed a lack of smooth pursuit in both eyes, a distinct nystagmus at maximum deviation in both eyes, and onset of nystagmus prior to 45 degrees in both eyes.

Walk and Turn: Russell started prior to being instructed to start, did not touch heel-to-toe 5 times, and lost her balance while turning and crossed her feet.

One Leg Stand: Russell put her foot down 3 times and the test was stopped.

PBT: Ofc. Bazy gave Russell a PBT with a result of .23.

Ofc. Bazy placed Russell under arrest for OWI High BAC, handcuffed (DL) and into unit # 4.

R/os secured the suspected marijuana and checked [REDACTED]

The Chevrolet was towed by Dalton's towing to their impound yard.

Russell was transported to DHPD without incident. At DHPD Cpl. Hutchens read her the chemical test rights from the State of Michigan form DI-177 and requested she take a breath test on the Datamaster. Russell agreed and at 0333 hours she blew .22 BAC and at 0336 hours she blew .22 BAC. Russell was given copies of the State of Michigan forms DI-177 and the OD-80.

Russell was processed and lodged.

The suspected marijuana was tagged and placed into the evidence lockers.

***Subject identification was completed.

CR No: 140022692-002 Written By: DHCIOCHONT (00174) Date: 11/29/2014 12:38 PM

I retrieved the evidence on tag # 95603 from the evidence lockers and conducted a preliminary field test on the suspected marijuana, which tested positive for the presence of THC. The approximate weight of the narcotics was 2.0 grams. I then resealed the evidence bag and secured it in the SIU safe for further analysis by the MSP Crime Lab.

Attachments:

File Name	File Type	Comments	Date	By	Role
Attachments Included In This Report:					
IMG_0006.pdf	pdf	DI-177 & OD-80 Lab Test Marijuana	12/04/2014 02:28 PM	STEWART, LEONARD	INVESTIGATOR

BREATH, BLOOD, URINE TEST REPORT

LEIN INPUT PROMPT

BTH TEST OPR NO: 25495 | LEIN ENTRY: 38631 | RECORD SEQUENCE NO: 001770796

PERSON'S FULL NAME (As Appears On Michigan Driver's License) ZOE HELEN RUSSELL				BIRTH DATE (MMDDYY) [REDACTED]		SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE	
ADDRESS (Number & Street) [REDACTED]				MICHIGAN DRIVER'S LICENSE NUMBER [REDACTED]			
CITY [REDACTED]		STATE [REDACTED]	ZIP [REDACTED]	OTHER STATE DRIVER'S LICENSE NUMBER		STATE	
HEIGHT [REDACTED]	WEIGHT [REDACTED]	EYE COLOR [REDACTED]	HAIR COLOR [REDACTED]		<input checked="" type="checkbox"/> OPERATOR <input type="checkbox"/> CHAUFFEUR <input type="checkbox"/> MOPED		
ARREST DATE (MMDDYY) 112914		MILITARY TIME 0303		INCIDENT DATE (MMDDYY) 112914		MILITARY TIME 0303	
COUNTY (Of Arrest) WAYNE CO.		CITY OR TOWNSHIP (Of Arrest) DEARBORN HEIGHTS		CO/CTY/TWP CODE 82189		MICHIGAN	
VEHICLE TYPE PA	Was Person Involved In An Accident? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	INSTRUMENT NUMBER 300422	BAC #1 .22	BAC #2 .22	BAC #3	UCR CODE 804)	COMPLAINT NUMBER 14-22692
ARRESTING OFFICER'S NAME OFC. M. BAZZY				BADGE NUMBER 10		ORI NUMBER M18234400	
BREATH TEST OPERATOR'S NAME (Only if Not Listed Above And Necessary For Hearing) CPL. N. HUTCHENS				BADGE NUMBER 83		ORI NUMBER M18234400	

You have been arrested for a crime described in section 625c of the Michigan Vehicle Code and submitted to a chemical test which revealed an unlawful bodily alcohol content or have a blood or urine test pending.

This temporary driving permit is valid only if you have a valid Michigan driver's license. If your license was restricted, this permit grants the same restrictions. This permit grants you the same CDL and/or endorsements that are on your Michigan license. You may not apply for a replacement photo license.

This permit is to be used until the criminal charges against you are dismissed or until you are acquitted, or your license or permit is suspended, restricted, or revoked for a conviction. [MCL 257.625g(3)]

Michigan driver's license confiscated?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	Michigan driver's license destroyed?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	Under 21?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	LICENSED OUT OF STATE						
Driving status on date of arrest	VALID <input checked="" type="checkbox"/>	EXPIRED <input type="checkbox"/>	RESTRICTED <input type="checkbox"/>	SUSPENDED <input type="checkbox"/>	REVOKED <input type="checkbox"/>	DENIED <input type="checkbox"/>	UNLICENSED <input type="checkbox"/>	UNKNOWN <input type="checkbox"/>	STATE <input type="checkbox"/>						
License	Permit	A	B	C	H	N	X	P	T	CDL restrictions	ENDORSEMENT	CY	F	R	Other
CDL <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Officer's Signature:  83 | Date (MMDDYY): 112914

*VEHICLE TYPES	OR Offroad Vehicle (ATV type)	AT Group A Double/Triple	BP Group B Passenger
CY Cycle	SM Snowmobile	AX Group A Tank & Hazardous	BS Group B School Bus
MO Moped	OO Other	AY Group A Tank & Double/Triple	BX Group B Tank & Hazardous
PA Pass Car & Sta Wgn	AA Group A	AZ Group A Hazardous Double/Triple	CH Group C Hazardous
VA Van & Motor Home	AH Group A Hazardous	AL Group A Hazard Tank Double/Triple	CP Group C Passenger
PU Pickup	AN Group A Tank	BB Group B	CS Group C School Bus
ST Sm Tr (un 10,000#)	AP Group A Passenger	BH Group B Hazardous	CX Group C Tank & Hazardous
MD Med Tr w/wo Tri ovr 10,000# (non DCDL)	AS Group A School Bus	BN Group B Tank	

Notice to officer: Complete this form when any alcohol test is given.

Confiscate and destroy the arrested person's Michigan driver's license or permit, issue the third copy of this form, and destroy the second copy if a breath test revealed a bodily alcohol content of:

- 0.08 grams or more per 210 liters of breath while operating a motor vehicle, or
- 0.04 grams or more per 210 liters of breath while operating a commercial motor vehicle, or
- 0.02 grams or more per 210 liters of breath while operating a vehicle and less than 21 years of age.

When a voluntary blood or urine test is pending, or in special cases involving an unconscious person where a search warrant has been issued, attach the Michigan driver's license or permit to the second copy of this form and issue the third copy to the arrested person.

If a chemical test is refused, use the Officer's Report of Refusal to Submit to Chemical Test form (DI-93).

For all of the above, input arrest data into the LEIN F Breath Screen, even if the driver is licensed out of state. (Do not confiscate the out of state license.)

SUBJECT TEST

OD-80
STATE OF MICHIGAN
DEPARTMENT OF STATE POLICE
DATAMASTER dmt: 300422

Date: 11/29/2014
Time: 03:30:33

OBS. START TIME: 03:15
SUBJECT NAME:
ZOE H RUSSELL
DOB: [REDACTED]
OPS. CODE: [REDACTED]
STATE OF ISSUE: [REDACTED]

OPERATOR NAME:
HUTCHENS
BADGE #: 83
CERTIFICATE #: 25495
COMPLAINT/REPORT #: 14-22692

BLANK TEST	0.00	03:31
INTERNAL STANDARD	VERIFIED	03:31
SUBJECT SAMPLE	0.22	03:33
BLANK TEST	0.00	03:35
SUBJECT SAMPLE	0.22	03:36
BLANK TEST	0.00	03:37
INTERNAL STANDARD	VERIFIED	03:37

Dearborn Heights Police
Special Investigations Unit

Preliminary Field Test

Case: 14-22692

Evidence Tag: 95603

Evidence Suspected To Be: Marijuana

Approximate Weight: 2.0 grams

Evidence Received From: Evidence Lockers

By Officer: T. Ciochon

Date: 11/29/2014

Time: 0900

Test Date: 11/29/2014

Time: 0920

Performed By: T. Ciochon

Marihuana

NarcoPouch #908

Positive For Marihuana:

Inconclusive:

Cocaine

NarcoPouch #904B

Positive For Cocaine:

NIK System

Inconclusive:

Crack Cocaine

NarcoPouch #904B

Positive For Cocaine:

NIK System

Inconclusive:

LSD

NarchPouch #907

Positive For Hallucinogens:

Inconclusive:

Heroin

NarcoPouch #924

Positive For Heroin:

Inconclusive:

Other

Test:

Positive:

Inconclusive:

Pills

Is the substance Controlled?
If yes, P.D.R. page#

Yes: No:
Type of substance

Signature

 71

EVIDENCE LIST

Incident No.: 140022692

Agency: Dearborn Heights PD

ITEM	NEEDED	IN-FILE	COMMENTS
Audio/Video Tape and Transcripts	()	()	
Autopsy Report	()	()	
BAC/Blood/Semen	()	()	
Ballistics/Bullets	()	()	
Chain of Evidence List	()	()	
Clothing/Shoes	()	()	
Confession (written, audio, video)	()	()	
Controlled Substance (Tox Report)	()	()	
Criminal History	()	()	
CSC Kit	()	()	
Diagram Map	()	()	
Finger/Foot Prints	()	()	
Hair/Fiber	()	()	
Hospital/Medical Records	()	()	
Photographs/Slides	()	()	
Weapons	()	()	
Witness Statements	()	()	
CERTIFIED RECORDS	()	()	
SOS	()	()	
Convictions	()	()	
	()	()	
	()	()	
	()	()	
OTHER PHYSICAL EVIDENCE	()	()	
1306 - Recording - Compact Disk CD / DVD 5427			_____
1910 - Marijuana 5410			_____
3501 - Automobile/Car/Vehicle (not Stolen Or Recovered)			_____
VICTIM PROPERTY			_____
	()	()	
	()	()	
	()	()	

Officer In Charge

Date

Phone No.

The Prosecuting Attorney's Office certifies that (*) property belonging to the crime victim must be retained by the Law Enforcement Agency for trial purposes in lieu of photograph or other means of memorialization pursuant to 1985 PA 87

Assistant Prosecutor

Date

State of Michigan
Uniform Law Citation

Ticket No **14DH26405**

Victim Involved

US DOT #

Incident No **14-22692**

Dept No
8234400

The People of: the State of Michigan
 Township City Village County

Local Use/Arrest No

Detection Device

OF: **DEARBORN HEIGHTS**

BAC

1 of **1**

THE UNDERSIGNED
SAYS THAT ON:

Month **11** Day **29** Year **14**

At approximately A M P M

Date of Birth Month **██** Day **██** Year **██**

State **██** Oper /Chauff CDL

Driver License Number **██████████████████████████████████████**

SSN (last 4 digits) **██████**

Race **W** Sex **F** Height **██** Weight **██** Hair **██** Eyes **██**

Occupation/Employer

Name (First, Middle, Last) **ZOE HELEN RUSSELL**

Street **██████████████████████████████████████**

City **██████████**

State **██**

Zip Code **██████**

Vehicle Plate No
012850C

Year **2014** State **MI**

Vehicle Description (Year, Make, Color)
2009 CHEVROLET COBALT BLACK

Veh Type **P | A**

THE PERSON NAMED ABOVE, in violation of Local Ordinance State Law Administrative Rule

UPON **WB VAN BORN**

AT OR NEAR **TELEGRAPH**

WITHIN CITY VILLAGE TOWNSHIP OF **DEARBORN HEIGHTS**

COUNTY OF **WAYNE**

DID THE FOLLOWING Charge

Type	MCL Cite/PACC Code/ Ordinance	Description (include any bond amount collected on each charge)	No.
<input type="checkbox"/> C/I <input type="checkbox"/> Warn <input checked="" type="checkbox"/> Misd <input type="checkbox"/> Fug <input type="checkbox"/> Fel <input type="checkbox"/> Waiv	<input type="checkbox"/> Authorization pend 1018	OPERATING WHILE INTOXICATED (6 PTS)	1
<input type="checkbox"/> C/I <input type="checkbox"/> Warn <input type="checkbox"/> Misd <input type="checkbox"/> Fug <input type="checkbox"/> Fel <input type="checkbox"/> Waiv	<input type="checkbox"/> Authorization pend		2
<input type="checkbox"/> C/I <input type="checkbox"/> Warn <input type="checkbox"/> Misd <input type="checkbox"/> Fug <input type="checkbox"/> Fel <input type="checkbox"/> Waiv	<input type="checkbox"/> Authorization pend		3

TO THE COURT Do not arraign on a felony charge until an authorized complaint is filed.

Offense Code(s)

1 _____ 2 _____ 3 _____

Key for Type: C/I = Civil Infraction Misd = Misdemeanor Fel = Felony Warn = Warning Fug = Fugitive
Waiv = Violation for Which Fines/Costs May be Waived Authorization pend = Authorization pending

Remarks:

CHECK IF APPROPRIATE Damage to Property Local Court Bond \$ _____
 Vehicle Impounded Injury License Posted in Lieu of Bond
 Traffic Crash Death Appearance Certificate
Person in Active Military Service Yes No None

SEE DATE BELOW SEE BACK OF CITATION FOR EXPLANATION AND INSTRUCTIONS
Appearance Date on or before **WITHIN 15 DAYS**

Hearing Date (if applicable) on _____ Contact Court
 Juvenile Traffic Misd (Court will Notify) Formal Hearing Required (Court will Notify)

In the **20TH DISTRICT COURT** Court of **DEARBORN HEIGHTS**

Court Address & Phone Number **20TH DISTRICT COURT
25637 MICHIGAN AVE
313-277-7480 DEARBORN HEIGHTS, MI 48125**

I served a copy of the civil infraction complaint upon the defendant (or owner/occupant by posting if applicable).
I declare under the penalties of perjury that the statements above are true to the best of my information, knowledge, and belief.

Complainant's Signature and receipt if applicable
N. HUTCHENS Month **11** Day **29** Year **14**

Officer's Name (printed) **N. HUTCHENS** Officer's ID No **0178/ 83**

Agency ORI **MI- 8234400** Agency Name **DEARBORN HEIGHTS PD**

UC-01a Online payment Web site [https //Payments.CLEMIS.Org/CLMCitationPay](https://Payments.CLEMIS.Org/CLMCitationPay)
(rev 6/05)

Ticket
14DH26405
Name
RUSSELL, ZOE

Case No.

**MISDEMEANOR
READ CAREFULLY**

WARNING: If you fail to answer this citation by the date specified on the front of this citation, the court will issue a warrant for your arrest and, if this is a traffic violation, your driver license will be suspended.

NON-Resident: Deposit of a cash bond or guaranteed appearance certificate does not constitute payment, and forfeiture of the bond will not dispose of this case

RIGHTS: You have the right to:

- plead guilty or not guilty;
- have a trial by judge or jury;
- confront and present witnesses, testify, or remain silent;
- have all charges arising out of the same transaction determined at one trial.
- be represented by an attorney;
- be presumed innocent until proven guilty;
- All juvenile misdemeanors
- All nontraffic offenses

You may enter a plea of guilty or a plea of not guilty in person, by representation, or by mail. The court, however, may require your personal appearance. You must enter a plea on each charge listed on the front of this ticket by checking the appropriate box for each charge and signing your name.

MANDATORY COURT APPEARANCE: (unless waived by the court)

- Personal Injury Cases
- Operating vehicle while impaired
- Operating vehicle under the influence of alcohol/controlled substance
- Operating vehicle with unlawful blood alcohol level
- Reckless Driving
- Leaving the scene of an accident
- Driving while license is revoked or suspended
- All juvenile misdemeanors
- All nontraffic offenses

If this is for a nontraffic offense, be sure to bring this complaint with you when you appear before the court

TO PLEAD GUILTY and pay your fine and costs by mail, do the following: Contact the court for the amount of your fine and costs; sign below and send this copy and your certified check or money order to the court at the address indicated on the front of the citation on or before the date specified on the front of the citation. You may also appear in court to plead guilty on or before that date.

I enter my appearance in this case. I have been informed of my rights as set forth above. I understand that this plea will result in a judgment of conviction and that a record of the judgment will be sent to the Secretary of State. I voluntarily and knowingly waive those rights and plead guilty to the offense as charged.

Charge 1 Signature _____ Date _____

Charge 2 Signature _____ Date _____

Charge 3 Signature _____ Date _____

TO PLEAD NOT GUILTY (traffic ticket only)

If a **hearing date** is specified on the front of this citation, you must appear in court on that date for trial; or, If an **appearance date** is specified on the front of this citation, you may sign below and mail this copy to the court at the address on the front of this citation on or before that date to plead not guilty. The court will notify you of your **hearing date**. You may also appear in court to plead not guilty on or before the **appearance date**.

I enter my appearance in this case and plead not guilty.

Charge 1 Signature _____ Date _____

Charge 2 Signature _____ Date _____

Charge 3 Signature _____ Date _____

VIOLATION FOR WHICH COURT MAY WAIVE FINE/COSTS

Correct the violation. Present the citation to any law enforcement officer to certify the correction. Mail or bring the citation to the court clerk at the address shown before your appearance or hearing date.

OFFICER CERTIFICATION I certify that the violation described on the front of the citation has been corrected.

14DH26405 Charge 1 Signature _____

Charge 2 Signature _____

RUSSELL Charge 3 Signature _____

Officer's Signature	Officer's ID No	Date
---------------------	-----------------	------

Agency Name	Agency ORI
-------------	------------

Notify the court and the Secretary of State immediately if you change your address.

PLEASE NOTE: If you do not understand these instructions, or if you have questions about what you must do, contact the court in person or by telephone on or before the appearance date or hearing date specified on the front of this citation.



Dearborn Heights Police Department



Booking Record

RUSSELL, ZOE HELEN



CHARGES:
OUI-ALCOHOL
CONTROLLED SUBSTANCE-
MARIJUANA-OTHER

TOTAL BOND: \$ No Bond #200.00	HOLDS:
Release Date/Time: 11/29/14 1224	TOT:
Posted: #200.00	Court Date: To be notified
Supervisor: Sgt. S. Papp	

On Duty Supervisor: Lt. Krause

Date/In Time: 11/29/2014 3:27:32 AM		Booking Officer: ZACKARY VOILES		Arresting Officer: HUTCHENS/BAZZY	
Personal Data					
Name (L/F/M): RUSSELL, ZOE HELEN				Livescan Event 59146040	
Address: [REDACTED]		City: [REDACTED]		State: [REDACTED]	Phone: [REDACTED]
Social: [REDACTED]	Driver's License: [REDACTED]	DL State: [REDACTED]	Race: W	Sex: F	Height: [REDACTED]
DOB: [REDACTED]	Birth City: [REDACTED]	Birth State: [REDACTED]	Birth Country: [REDACTED]	Country Of Citizenship: [REDACTED]	
Occupation: [REDACTED]	Employer: [REDACTED]	Alias: [REDACTED]			
Arrest Location: TELEGRAPH / VAN BORN		Warrant: NO	Remarks: OWI-HIGH BAC, UNLAWFUL TRANSPORTATION OF MARIJUANA		
Charges/Case #: 14 / 22692		OUI-ALCOHOL			
14 / 22692		CONTROLLED SUBSTANCE-MARIJUANA-OTHER			
/					
/					
/					
Medical Data					
Emergency Contact: [REDACTED]		Relationship: [REDACTED]		Emergency Contact [REDACTED]	
Person Evaluating: ZACKARY VOILES			Treatment Needed? N	Dental NO	Assault NO
			Suicidal: NO	Allergies: NO	Epileptic: NO
Head Injury: NO	Diabetic: NO	Heart NO	Psych Prob NO	High BP: NO	Alcohol W/D: NO
BAC: .22/.22		Carrying Meds: NO			
Seizures: NO	Ulcers: NO	Asthma: NO	Arthritis: NO	Hepatitis: NO	Faint NO
TB: NO	STDs: NO	HIV/AIDS: NO	Pregnant: NO	Recent NO	Drug NO
Description Of Property: \$55, Purse, Cell Phone, Boots, Jacket					
Signature [REDACTED]					

