



Scottsdale Police Department

8401 E INDIAN SCHOOL RD | SCOTTSDALE, AZ 85251 | P: 480.312.5000

**Report # 2513573 - Department Report (DR) Report**

REPORT DATE / TIME Jul 6, 2025 01:11	DISTRICT / BEAT / SUB ZONE / SUBDIVISION 4 / SUBDIVISION 5 VL / 12 / 3104	EVENT START DATE / TIME - EVENT END DATE / TIME Jul 6, 2025 00:08 - 00:27
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REPORTING OFFICER

CHRISTINA SMITH #1507

ASSISTING PERSONNEL / TYPE(S)

MICHAEL BLATCHFORD #1642 (First On Scene)

REPORT TAKEN LOCATION

E, E CACTUS RD & N SCOTTSDALE RD, SCOTTSDALE, AZ 85254

E MOUNTAIN VIEW RD & N SCOTTSDALE RD, SCOTTSDALE, AZ 85253

E, E CACTUS RD & N SCOTTSDALE RD, SCOTTSDALE, AZ 85254

EMS / FIRE / OTHER LE AGENCIES ON SCENE

YES  NO

NOTIFICATIONS

NOTIFICATION-1 MADE

Investigations

NOTIFICATION DATE

Jul 6, 2025 00:27

NOTIFICATION DETAILS

DUI

**NARRATIVE**

On 07/06/2025 at approximately 0008 hours, I was on patrol operating as a Traffic Unit in a semi-marked SPD Tahoe, wearing a full regulation SPD blue uniform, and my issued BWC, which was activated throughout the investigation. I responded to a traffic stop at N Scottsdale Rd/E Cactus Rd reference a possible impaired driver.

When I arrived on scene, I observed Officers had stopped a grey Nissan Rouge displaying CA/9PTC226. I then spoke with Officer Blatchford #1642, who had conducted the traffic stop on the vehicle. Officer Blatchford informed me that he observed the vehicle traveling northbound on N Scottsdale Rd at E Mountain View Rd at a high rate of speed. Officer Blatchford is radar certified and informed me his radar displayed the vehicle traveling 61 MPH in a 45 MPH zone. Officer Blatchford then got behind the vehicle and initiated a traffic stop and the vehicle stopped just east of N Scottsdale Rd/E Cactus Rd. He informed me the driver was identified through his [redacted] DL as David Gingras. I was also informed that David had a front passenger who was heavily intoxicated. Officer Blatchford advised that David had bloodshot/glassy eyes and the odor of intoxicating liquors coming from his breath. David initially stated he had no alcohol that day but when asked again stated he had consumed alcohol earlier that day. Officer Blatchford informed me that David appeared to not want to answer questions related to alcohol and kept stating he was fine. I then took over the DUI investigation.

I then approached the vehicle and contacted David, who was still seated in the driver's seat. I identified myself to David, informed him I was there to make sure he was okay to drive, and asked him to step out of his vehicle. David complied with my request, exited his vehicle, and followed me just west of his vehicle.

When asked where he was coming from, David stated Scottsdale and stated his friend had a lot to drink so he was driving him and his vehicle back to his hotel. When asked which Hotel, David stated the Scottsdale Princess, but they were having trouble getting there. When asked where in Scottsdale they were coming from, David informed me they were at Toco Madera.

REPORTING OFFICER SIGNATURE / DATE

CHRISTINA SMITH #1507 Jul 10, 2025 18:36 (e-signature)

PRINT NAME

CHRISTINA SMITH #1507

SUPERVISOR SIGNATURE / DATE

BRIAN STEEL #1261 Jul 10, 2025 23:01 (e-signature)

PRINT NAME

BRIAN STEEL #1261

David then stated he had "a little bit" to drink. When asked to specify how much that was, he informed me he had a beer or two but had consumed water over the last several hours.

While speaking with David, I observed his eyes were bloodshot/watery and I could smell the odor of intoxicating liquors coming from his breath.

David denied any prescription medication, illegal drug, or Marijuana use. He also informed me he had no recent head or eye injuries and was currently wearing contacts.

I then attempted to get David in the ready stance for HGN. As I did so, David stated, "I'm not willing to do FSTs." When asked why, he informed me he was a [REDACTED] and that the tests were not required. I tried to educate David on the law for SFSTs and asked what type of law he practiced, however, he refused to tell me. I continued to explain the legality of the SFSTs and impaired to the slightest degree in Arizona to David, however, he continued to refuse to cooperate.

At approximately 0027 hours, I placed David under arrest for DUI. He was handcuffed to the rear, handcuffs checked for fit, and double locked. I then escorted David to my patrol vehicle where he was searched incident to arrest with negative results for weapons or contraband. I then secured David in the back of my patrol vehicle and seat belted him in.

Officers on scene then completed the VIR with all items of value documented on the form. I was given all copies besides All City Towing's copy. A copy was also faxed to ACJIS and mailed to all registered owners/lien holders. Officers then remained on scene until All City Towing arrived to tow the vehicle.

I then read Admin Per Se straight from an Admin Per Se/Implied Consent Form. David's verbal response when asked if he would consent to the tests at 0031 hours was "Yes." I then read the Consent Statement of the Form to David, and he again stated "Yes" when asked if he would consent to the tests.

I then transported David to the Scottsdale City Jail where he was turned over to Detention Staff for initial booking.

David was then brought into the blood draw room. I am a qualified phlebotomist and performed the blood draw at 0054 hours. There were no issues with the blood draw, and it was successfully completed. After the blood draw was complete, I then inverted each tube 10 times and verified visually that there was a proper mixture between the preservative/anticoagulant and the blood. I then properly sealed/labeled each vial and secured it in the blood collection kit. The blood kit was later impounded in the secure evidence refrigerator at the Downtown District Station at 0227 hours.

David was then brought into the Intoxilyzer room. I observed a deprivation period from 0048 hours to 0105 hours where David never left my proximity. I am certified in this process and followed the operational checklist. The first sample was 0.111% and the second was 0.112%. The test was successfully completed.

I then asked David if he would answer questions post Miranda Rights, and he stated he probably would not because he is a [REDACTED] I then chose not to complete the AIR Form with David.

I explained to David the Admin Per Se form and left his copies in his property. The form was also sent to MVD and Records with his license attached.

I then explained the DUI Blood Notice to David. I also explained the right for a second independent test. A copy was left in his property.

I also informed David that a copy of the tow form would be in his property. A copy was also faxed to ACJIS and mailed to all registered owners/lien holders.

## REPORTING OFFICER SIGNATURE / DATE

CHRISTINA SMITH #1507 Jul 10, 2025 18:36 (e-signature)

PRINT NAME

CHRISTINA SMITH #1507

## SUPERVISOR SIGNATURE / DATE

BRIAN STEEL #1261 Jul 10, 2025 23:01 (e-signature)

PRINT NAME

BRIAN STEEL #1261

David was then booked and released for ARS 28-1381.A1: DUI Impaired to the Slightest Degree and ARS 28-1381.A2: DUI of 0.080 or More. David was also civilly cited for ARS 28-701.A: Speeding.

It should be noted that David told me several times throughout this investigation that he was a [REDACTED] however, he never requested to speak with a Lawyer.

Please see other supplements for further.

This concludes my involvement in this investigation.

## OFFENSE-1

### OFFENSE CODE

### 28-1381A1 | DUI-IMPAIRED TO SLIGHTEST DEGREE

OFFENSE START DATE Jul 6, 2025 00:08	OFFENSE END DATE Jul 6, 2025 00:27	SUSPECTED COMPUTER/ HANDHELD DEVICE USE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
SUSPECTED ALCOHOL CONSUMPTION <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	OTHER SUSPECTED DRUG USE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

### MODUS OPERANDI

Accomplices - None

### OFFENSE LOCATION

LOCATION NAME / STREET ADDRESS/LOCATION NAME / APT, UNIT, STE / DESCRIPTION

E MOUNTAIN VIEW RD & N SCOTTSDALE RD

CITY SCOTTSDALE	STATE AZ	ZIP 85253	COUNTRY CODE US
LOCATION CATEGORY Highway Road Alley Street Sidewalk	DISTRICT / BEAT / SUB ZONE / SUBDIVISION 4 / SUBDIVISION 5 VL / 11 / 2801		

### VICTIMS-1

#### VICTIMS-1 NAME

V-1 STATE OF AZ

### SUSPECTS-1

#### SUSPECTS-1 NAME (LAST, FIRST MIDDLE)

S-1 GINGRAS, DAVID SCOTT

SEX Male	RACE / ETHNICITY White / Not Hispanic Or Latino	PHONE NUMBER [REDACTED]	DOB / ESTIMATED AGE RANGE [REDACTED]
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### HOME ADDRESS

## OFFENSE-2

### OFFENSE CODE

### 28-1381A2 | DUI-BAC OF .08 OR MORE

OFFENSE START DATE Jul 6, 2025 00:08	OFFENSE END DATE Jul 6, 2025 00:27	SUSPECTED COMPUTER/ HANDHELD DEVICE USE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
SUSPECTED ALCOHOL CONSUMPTION <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	OTHER SUSPECTED DRUG USE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

### MODUS OPERANDI

Accomplices - None

### OFFENSE LOCATION

LOCATION NAME / STREET ADDRESS/LOCATION NAME / APT, UNIT, STE / DESCRIPTION

E MOUNTAIN VIEW RD & N SCOTTSDALE RD

CITY SCOTTSDALE	STATE AZ	ZIP 85253	COUNTRY CODE US
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### REPORTING OFFICER SIGNATURE / DATE

CHRISTINA SMITH #1507 Jul 10, 2025 18:36 (e-signature)

### PRINT NAME

CHRISTINA SMITH #1507

### SUPERVISOR SIGNATURE / DATE

BRIAN STEEL #1261 Jul 10, 2025 23:01 (e-signature)

### PRINT NAME

BRIAN STEEL #1261

LOCATION CATEGORY Highway Road Alley Street Sidewalk	DISTRICT / BEAT / SUB ZONE / SUBDIVISION 4 / SUBDIVISION 5 VL / 11 / 2801
VICTIMS-1	
VICTIMS-1 NAME V-1 STATE OF AZ	
SUSPECTS-1	
SUSPECTS-1 NAME (LAST, FIRST MIDDLE) S-1 GINGRAS, DAVID SCOTT	
SEX Male	RACE / ETHNICITY White / Not Hispanic Or Latino
PHONE NUMBER	
HOME ADDRESS	

## INVOLVED PERSONS

INVOLVED PERSON-1 NAME (LAST, FIRST MIDDLE) P-1 GINGRAS, DAVID SCOTT	DOB / ESTIMATED AGE RANGE
SEX Male	RACE / ETHNICITY White / Not Hispanic Or Latino
PHONE NUMBER	
HOME ADDRESS	

## INVOLVEMENT TYPE

Driver / Operator

## INVOLVED LOCATIONS

LOCATION E MOUNTAIN VIEW RD & N SCOTTSDALE RD, SCOTTSDALE, AZ 85253
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LOCATION E, E CACTUS RD & N SCOTTSDALE RD, SCOTTSDALE, AZ 85254
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VEHICLE: NISSAN RGE 2025			
ITEM CATEGORY Automobile/Passenger Car	MAKE Nissan	MODEL RGE	YEAR OF MANUFACTURE 2025
DESCRIPTION GRY NISS RGE		BIOHAZARD <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

LICENSE PLATE / REGISTRATION # [REDACTED]	VIN # [REDACTED]
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BODY STYLE SUV	PRIMARY COLOR Grey	REGISTRATION STATE California	REGISTRATION YEAR 2025
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DRIVER DAVID SCOTT GINGRAS	STATUS Impound (Vehicles Only)	STATUS DATE Jul 6, 2025	TOTAL (\$) VALUE UNKNOWN	IMPOUNDED / TOWED Yes
TOWING COMPANY, ID # All City Towing			QUANTITY 1	

LOCATION VEHICLE WAS TOWED TO 922 E Gilbert Dr
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ITEM IN POLICE CUSTODY?
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No
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RECOVERING OFFICER / ID # / PERSON CHRISTINA SMITH #1507
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RECOVERED LOCATION
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E, E CACTUS RD & N SCOTTSDALE RD, SCOTTSDALE, AZ 85254
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## VEHICLE / PROPERTY & ITEMS SUMMARY

REPORTING OFFICER SIGNATURE / DATE CHRISTINA SMITH #1507 Jul 10, 2025 18:36 (e-signature)	SUPERVISOR SIGNATURE / DATE BRIAN STEEL #1261 Jul 10, 2025 23:01 (e-signature)
PRINT NAME CHRISTINA SMITH #1507	PRINT NAME BRIAN STEEL #1261

DESCRIPTION / MAKE / MODEL / COLOR	STATUS / DATE / REASON FOR CUSTODY	VIN # / SERIAL #	QTY.	TOTAL (\$ ) VALUE
GRY NISS RGE / Nissan / RGE / Grey	Impound (Vehicles Only) / Jul 6, 2025		1	UNKNOWN
Vial of Blood / Red	Evidence / Jul 6, 2025 / Evidence		1	UNKNOWN
Vial of Blood / Red	Evidence / Jul 6, 2025 / Evidence		1	UNKNOWN

## PROPERTY & ITEMS ADDENDUM

### 2513573-2 OTHER ITEM - VIAL OF BLOOD

ITEM CATEGORY	BIOHAZARD
Blood	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

EXPLAIN BIOHAZARD

Blood

DESCRIPTION

Vial of Blood

COLOR

Red

DRIVER

DAVID SCOTT GINGRAS

STATUS	STATUS DATE	TOTAL (\$ ) VALUE	QUANTITY
Evidence	Jul 6, 2025	UNKNOWN	1

ITEM IN POLICE CUSTODY? REASON FOR POLICE CUSTODY

Yes Evidence

RECOVERING OFFICER / ID # / PERSON

CHRISTINA SMITH #1507

STORAGE LOCATION / PERSON / DESTINATION / INTAKE PERSON

DOWNTOWN &gt; REF

RECOVERED LOCATION

DIST2 JAIL, 3700 N 75TH ST, SCOTTSDALE, AZ 85251

### 2513573-3 OTHER ITEM - VIAL OF BLOOD

ITEM CATEGORY	BIOHAZARD
Blood	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

EXPLAIN BIOHAZARD

Blood

DESCRIPTION

Vial of Blood

COLOR

Red

DRIVER

DAVID SCOTT GINGRAS

STATUS	STATUS DATE	TOTAL (\$ ) VALUE	QUANTITY
Evidence	Jul 6, 2025	UNKNOWN	1

ITEM IN POLICE CUSTODY? REASON FOR POLICE CUSTODY

Yes Evidence

RECOVERING OFFICER / ID # / PERSON

CHRISTINA SMITH #1507

STORAGE LOCATION / PERSON / DESTINATION / INTAKE PERSON

DOWNTOWN &gt; REF

RECOVERED LOCATION

DIST2 JAIL, 3700 N 75TH ST, SCOTTSDALE, AZ 85251

REPORTING OFFICER SIGNATURE / DATE

CHRISTINA SMITH #1507 Jul 10, 2025 18:36 (e-signature)

PRINT NAME

CHRISTINA SMITH #1507

SUPERVISOR SIGNATURE / DATE

BRIAN STEEL #1261 Jul 10, 2025 23:01 (e-signature)

PRINT NAME

BRIAN STEEL #1261

**Report # 2513573 - Supplement - 1 Report**

REPORT DATE / TIME	EVENT START DATE / TIME - EVENT END DATE / TIME	REPORTING OFFICER
Jul 6, 2025 02:27	Jul 6, 2025 00:08 - 00:27	MICHAEL BLATCHFORD #1642

SUPPLEMENT TYPE

Assisting Narrative

**NARRATIVE**

Police Officer M. Blatchford #1642

Scottsdale Police Department

A1 Via Linda

Scottsdale DR #25-13573

On July 6, 2025, at approximately 0008 hours, I was on patrol in a fully marked Scottsdale Police Department squad vehicle (Shop #21181), equipped with emergency lights and sirens. I was wearing my standard issue blue police uniform and Axon BWC.

While traveling southbound on Scottsdale Road from Gold Dust Avenue, I was operating radar unit #DT01557. I observed a gray Nissan Rogue bearing California license plate 9PTC226 traveling northbound in lane #2 of Scottsdale Road at a high rate of speed. I visually estimated the vehicle to be traveling at approximately 65 mph in a posted 40-mph speed zone. Radar confirmation showed the vehicle's speed at 61 mph.

I immediately turned northbound onto Scottsdale Road and was able to catch up to the vehicle near Scottsdale Road and Cholla Street. I was approximately three car lengths behind the Nissan and paced the vehicle at 60 mph.

At 0011 hours, based on the observed driving behavior and confirmed speeding, I activated my emergency lights and sirens to initiate a traffic stop. The vehicle yielded and came to a stop on the east side of Cactus Road.

I approached the driver's side of the vehicle and contacted the driver, who was identified as David Scott Gingras ( [REDACTED] Driver License # [REDACTED] ). Upon contact, I immediately observed a strong odor of an intoxicating beverage emitting from the vehicle and from David's breath. I also observed that David had glassy, bloodshot eyes.

I informed David of the reason for the stop. David stated he was driving his friend back to his hotel room. I observed that the front passenger appeared heavily intoxicated.

When asked if he had anything to drink that evening, David initially replied, "No." I returned to my patrol vehicle and conducted a records check via MDC, confirming vehicle registration and driver license status.

Upon returning to the driver's side window, I asked David again when he last consumed any alcohol. David replied, "Earlier today." When asked how much he had to drink, David stated, "I'm fine." When I further asked what he had to drink, David responded, "I am not going to argue with you."

I requested a DUI Enforcement Officer to my location. Upon Officer Smith's arrival, I explained what I discovered so far and turned the DUI investigation over to Officer Smith.

At 0027 hours, Officer Smith placed David under arrest for suspicion of a DUI.

Conditions:

Traffic: Light

REPORTING OFFICER SIGNATURE / DATE MICHAEL BLATCHFORD #1642 Jul 7, 2025 00:51 (e-signature) PRINT NAME MICHAEL BLATCHFORD #1642	SUPERVISOR SIGNATURE / DATE STEPHEN HASH #1260 Jul 7, 2025 01:32 (e-signature) PRINT NAME STEPHEN HASH #1260
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Weather: Clear

Roadway: Dry

Hazards: None

Passengers: Yes

While speaking to David, I observed the following:

Speech: Slurred

Color of face: Apparently Normal

Eyes: Glassy, bloodshot

Odor of Intoxication: Yes

Admission of Alcohol Consumption: Yes

I returned to my patrol vehicle and conducted a check by MDC of David's registration and driver's license status:

Registration: Valid 11/08/2025

Driver's License: Valid

Insurance: Valid

I completed a VIR for the vehicle, and it was impounded by All City Towing.

This concludes my involvement in this matter.

NFI-1642

## INVOLVED PERSONS

INVOLVED PERSON-1 NAME (LAST, FIRST MIDDLE)		DOB / ESTIMATED AGE RANGE
P-1 GINGRAS, DAVID SCOTT		
SEX Male	RACE / ETHNICITY White / Not Hispanic Or Latino	PHONE NUMBER EMAIL ADDRESS N/A (Primary)
HOME ADDRESS [REDACTED]		

### INVOLVEMENT TYPE

Driver / Operator

## INVOLVED LOCATIONS

LOCATION	E, E CACTUS RD & N SCOTTSDALE RD, SCOTTSDALE, AZ 85254		
VEHICLE: NISSAN RGE 2025			

ITEM CATEGORY	MAKE	MODEL	YEAR OF MANUFACTURE
Automobile/Passenger Car	Nissan	RGE	2025

REPORTING OFFICER SIGNATURE / DATE	SUPERVISOR SIGNATURE / DATE
MICHAEL BLATCHFORD #1642 Jul 7, 2025 00:51 (e-signature)	STEPHEN HASH #1260 Jul 7, 2025 01:32 (e-signature)
PRINT NAME MICHAEL BLATCHFORD #1642	PRINT NAME STEPHEN HASH #1260

DESCRIPTION <b>GRY NISS RGE</b>		BIOHAZARD <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
LICENSE PLATE / REGISTRATION # [REDACTED]		VIN # [REDACTED]		
BODY STYLE <b>SUV</b>	PRIMARY COLOR <b>Grey</b>	REGISTRATION STATE <b>California</b>	REGISTRATION YEAR <b>2025</b>	
DRIVER <b>DAVID SCOTT GINGRAS</b>				
STATUS <b>Impound (Vehicles Only)</b>	STATUS DATE <b>Jul 6, 2025</b>	TOTAL (\$) VALUE <b>UNKNOWN</b>	IMPOUNDED / TOWED <b>Yes</b>	
TOWING COMPANY, ID # <b>All City Towing</b>		QUANTITY <b>1</b>		
LOCATION VEHICLE WAS TOWED TO <b>922 E Gilbert Dr</b>				
ITEM IN POLICE CUSTODY? <b>No</b>				
RECOVERING OFFICER / ID # / PERSON <b>CHRISTINA SMITH #1507</b>				
RECOVERED LOCATION <b>E, E CACTUS RD &amp; N SCOTTSDALE RD, SCOTTSDALE, AZ 85254</b>				
<b>VEHICLE / PROPERTY &amp; ITEMS SUMMARY</b>				
DESCRIPTION / MAKE / MODEL / COLOR <b>GRY NISS RGE / Nissan / RGE / Grey</b>	STATUS / DATE / REASON FOR CUSTODY <b>Impound (Vehicles Only) / Jul 6, 2025</b>	VIN # / SERIAL # [REDACTED]	QTY. <b>1</b>	TOTAL (\$) VALUE <b>UNKNOWN</b>

REPORTING OFFICER SIGNATURE / DATE <b>MICHAEL BLATCHFORD #1642 Jul 7, 2025 00:51 (e-signature)</b>	PRINT NAME <b>MICHAEL BLATCHFORD #1642</b>	SUPERVISOR SIGNATURE / DATE <b>STEPHEN HASH #1260 Jul 7, 2025 01:32 (e-signature)</b>	PRINT NAME <b>STEPHEN HASH #1260</b>
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**Report # 2513573 - Supplement - 2 Report**

REPORT DATE / TIME Jul 6, 2025 03:52	EVENT START DATE / TIME - EVENT END DATE / TIME Jul 6, 2025 03:52 - 03:52	REPORTING OFFICER MICHAEL SPIVEY #B1780
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SUPPLEMENT TYPE

ACJIS - VIR (NON 3511)

**NARRATIVE**

VIR FOR CA/9PTC226 [REDACTED]

QC'ED BY B1781 07/06/25 0515

**ATTACHMENTS ADDENDUM**

FILE NAME 2513573 VIR.pdf	UPLOAD DATE/TIME Jul 6, 2025 03:52	UPLOADED BY M. SPIVEY #B1780
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REPORTING OFFICER SIGNATURE / DATE

MICHAEL SPIVEY #B1780 Jul 6, 2025 03:52 (e-signature)

PRINT NAME

MICHAEL SPIVEY #B1780

SUPERVISOR SIGNATURE / DATE

MICHAEL SPIVEY #B1780 Jul 6, 2025 03:53 (e-signature)

PRINT NAME

MICHAEL SPIVEY #B1780

**Report # 2513573 - Supplement - 3 Report**

REPORT DATE / TIME Jul 10, 2025 18:35	EVENT START DATE / TIME - EVENT END DATE / TIME Jul 10, 2025 18:35 - 18:35	REPORTING OFFICER CHRISTINA SMITH #1507
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SUPPLEMENT TYPE

Admin Per Se, DUI Forms

**NARRATIVE**

Admin Per Se and DUI Forms Scanned and Attached.

**INVOLVED PERSONS**

INVOLVED PERSON-1 NAME (LAST, FIRST MIDDLE)

P-1 GINGRAS, DAVID SCOTT

SEX Male	RACE / ETHNICITY White / Not Hispanic Or Latino	PHONE NUMBER [REDACTED]	DOB / ESTIMATED AGE RANGE [REDACTED]
HOME ADDRESS [REDACTED]			EMAIL ADDRESS N/A (Primary)

INVOLVEMENT TYPE

Driver / Operator

**INVOLVED LOCATIONS**

LOCATION

E MOUNTAIN VIEW RD &amp; N SCOTTSDALE RD, SCOTTSDALE, AZ 85253

**ATTACHMENTS ADDENDUM**

FILE NAME Admin Per Se.pdf	UPLOAD DATE/TIME Jul 10, 2025 18:36	UPLOADED BY C. SMITH #1507
DUI Forms.pdf	Jul 10, 2025 18:36	C. SMITH #1507

REPORTING OFFICER SIGNATURE / DATE

CHRISTINA SMITH #1507 Jul 10, 2025 18:36 (e-signature)

PRINT NAME

CHRISTINA SMITH #1507

SUPERVISOR SIGNATURE / DATE

BRIAN STEEL #1261 Jul 10, 2025 19:06 (e-signature)

PRINT NAME

BRIAN STEEL #1261

**Report # 2513573 - Custodial Property Summary Report****VEHICLE / PROPERTY & ITEMS SUMMARY**

DESCRIPTION / MAKE / MODEL / COLOR	STATUS / DATE / REASON FOR CUSTODY	VIN # / SERIAL #	QTY.	TOTAL (\$) VALUE
Vial of Blood / Red	Evidence / Jul 6, 2025 / Evidence		1	UNKNOWN
Vial of Blood / Red	Evidence / Jul 6, 2025 / Evidence		1	UNKNOWN

**PROPERTY & ITEMS ADDENDUM****2513573-2 OTHER ITEM - VIAL OF BLOOD**

ITEM CATEGORY	BIOHAZARD
Blood	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

## EXPLAIN BIOHAZARD

Blood

## DESCRIPTION

Vial of Blood

## COLOR

Red

## DRIVER

DAVID SCOTT GINGRAS

STATUS	STATUS DATE	TOTAL (\$) VALUE	QUANTITY
Evidence	Jul 6, 2025	UNKNOWN	1

## ITEM IN POLICE CUSTODY?

Yes

## REASON FOR POLICE CUSTODY

Evidence

## RECOVERING OFFICER / ID # / PERSON

CHRISTINA SMITH #1507

## STORAGE LOCATION / PERSON / DESTINATION / INTAKE PERSON

DOWNTOWN &gt; REF

## RECOVERED LOCATION

DIST2 JAIL, 3700 N 75TH ST, SCOTTSDALE, AZ 85251

**2513573-3 OTHER ITEM - VIAL OF BLOOD**

ITEM CATEGORY	BIOHAZARD
Blood	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

## EXPLAIN BIOHAZARD

Blood

## DESCRIPTION

Vial of Blood

## COLOR

Red

## DRIVER

DAVID SCOTT GINGRAS

STATUS	STATUS DATE	TOTAL (\$) VALUE	QUANTITY
Evidence	Jul 6, 2025	UNKNOWN	1

## ITEM IN POLICE CUSTODY?

Yes

## REASON FOR POLICE CUSTODY

Evidence

## RECOVERING OFFICER / ID # / PERSON

CHRISTINA SMITH #1507

## STORAGE LOCATION / PERSON / DESTINATION / INTAKE PERSON

DOWNTOWN &gt; REF

## RECOVERED LOCATION

DIST2 JAIL, 3700 N 75TH ST, SCOTTSDALE, AZ 85251

**Report # 2513573 - Citation Report**

REPORT DATE / TIME Jul 6, 2025 01:50	EVENT START DATE / TIME - EVENT END DATE / TIME Jul 6, 2025 00:08	REPORTING OFFICER CHRISTINA SMITH #1507
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**CITATION**

CITATION NUMBER 072540085282	POSTED SPEED 45	ACTUAL SPEED 61
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## CITATION LOCATION

E MOUNTAIN VIEW RD &amp; N HAYDEN RD, SCOTTSDALE, AZ 85258

## CHARGE OFFENSE - 1

28-1381A1 | DUI-IMPAIRED TO SLIGHTEST DEGREE

## CHARGE OFFENSE - 2

28-1381A2 | DUI-BAC OF .08 OR MORE

## CHARGE OFFENSE - 3

28-701A (10-15) | SPEED

**CITATION RECIPIENT-1**

CITATION RECIPIENT-1 NAME (LAST, FIRST MIDDLE) CR-1 GINGRAS, DAVID SCOTT		DOB / ESTIMATED AGE RANGE [REDACTED]
SEX Male	RACE / ETHNICITY White / Not Hispanic Or Latino	PHONE NUMBER [REDACTED]

**COURT CASE**

## COURT

SCOTTSDALE CITY COURT

**VEHICLE: NISSAN RGE 2025**

MAKE Nissan	MODEL RGE	YEAR OF MANUFACTURE 2025
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## DESCRIPTION

GRY NISS RGE

LICENSE PLATE / REGISTRATION # 9PTC226	VIN # 5N1BT3BA4SC782386
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PRIMARY COLOR Grey	REGISTRATION STATE California
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STATUS Unknown	STATUS DATE Jul 6, 2025
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**VEHICLE / PROPERTY & ITEMS SUMMARY**

DESCRIPTION / MAKE / MODEL / COLOR GRY NISS RGE / Nissan / RGE / Grey	STATUS / DATE / REASON FOR CUSTODY Unknown / Jul 6, 2025	VIN # / SERIAL # 5N1BT3BA4SC782386	QTY.	TOTAL (\$ ) VALUE
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**ATTACHMENTS ADDENDUM**

FILE NAME 072540085282.pdf	UPLOAD DATE/TIME Jul 6, 2025 14:05	UPLOADED BY T. INTERFACE
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## REPORTING OFFICER SIGNATURE / DATE

CHRISTINA SMITH #1507 Jul 6, 2025 01:51 (e-signature)

## PRINT NAME

CHRISTINA SMITH #1507

## SUPERVISOR SIGNATURE / DATE

## PRINT NAME

**Report # 2513573 - Arrest Report**

REPORT DATE / TIME Jul 6, 2025 01:04	DISTRICT / BEAT / SUB ZONE / SUBDIVISION 4 / SUBDIVISION 5 VL / 12 / 3104	EVENT START DATE / TIME - EVENT END DATE / TIME Jul 6, 2025 00:08 - 00:27
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## REPORTING OFFICER

CHRISTINA SMITH #1507

## ASSISTING PERSONNEL / TYPE(S)

MICHAEL BLATCHFORD #1642 (First On Scene)

## REPORT TAKEN LOCATION

E, E CACTUS RD &amp; N SCOTTSDALE RD, SCOTTSDALE, AZ 85254

E MOUNTAIN VIEW RD &amp; N SCOTTSDALE RD, SCOTTSDALE, AZ 85253

E, E CACTUS RD &amp; N SCOTTSDALE RD, SCOTTSDALE, AZ 85254

## EMS / FIRE / OTHER LE AGENCIES ON SCENE

 YES  NO

## NOTIFICATIONS

NOTIFICATION-1 MADE

Investigations

NOTIFICATION DATE

Jul 6, 2025 00:27

## NOTIFICATION DETAILS

DUI

**ARREST #2025-005317 (BOOKED- WITHOUT WARRANT OR PREVIOUS INCIDENT)**

ARREST DATE / TIME Jul 6, 2025 00:27	ARRESTING ORGANIZATION Scottsdale Police Department - PD	ARREST TYPE Booked- Without Warrant or Previous Incident
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## ARRESTING OFFICER

CHRISTINA SMITH #1507

## ARRESTEE

ARRESTEE NAME (LAST, FIRST MIDDLE)  
D-1 GINGRAS, DAVID SCOTTSEX  
Male

DOB / ESTIMATED AGE RANGE

RACE / ETHNICITY

White / Not Hispanic Or Latino

PHONE NUMBER

EMAIL ADDRESS

HOME ADDRESS

SSN #

ARRESTEE WAS ARMED WITH  
Unarmed

BOOKING NUMBER

PCN NUMBER

## ARREST STATISTICS

Grant Related  
 Task Force Related

 Special Event

## ARREST LOCATION

LOCATION NAME / STREET ADDRESS/LOCATION NAME / APT, UNIT, STE / DESCRIPTION

E, E CACTUS RD &amp; N SCOTTSDALE RD

CITY SCOTTSDALE	STATE AZ	ZIP 85254	COUNTRY CODE US
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## LOCATION CATEGORY

Highway Road Alley Street Sidewalk

DISTRICT / BEAT / SUB ZONE / SUBDIVISION 4 / SUBDIVISION 5

VL / 12 / 3104

## CHARGES

## REPORTING OFFICER SIGNATURE / DATE

CHRISTINA SMITH #1507 Jul 6, 2025 01:23 (e-signature)

## PRINT NAME

CHRISTINA SMITH #1507

## SUPERVISOR SIGNATURE / DATE

BRIAN STEEL #1261 Jul 6, 2025 01:48 (e-signature)

## PRINT NAME

BRIAN STEEL #1261

CHARGES - 1			COUNT
<b>28-1381A1   DUI-IMPAIRED TO SLIGHTEST DEGREE</b>			1
OFFENSE REN <b>2513573</b>	OFFENSE CODE <b>28-1381A1   DUI-IMPAIRED TO SLIGHTEST DEGREE</b>	OFFENSE START DATE <b>Jul 6, 2025 00:08</b>	OFFENSE END DATE <b>Jul 6, 2025 00:27</b>
ARREST DISPOSITION DATE / TIME <b>Jul 6, 2025 00:27</b>	- FREQUENTLY USED ORI'S - FOR OTHERS SEE EXTERNAL LINKS SCOTTSDALE CITY ORI: AZ007111J McDowell MTN JP: AZ007053J SUPERIOR COURT ORI: AZ007035J PROSECUTING COURT ORI: <b>AZ007111J</b>		

## ARREST DISPOSITION

**Cite & Release**

Held In Custody - Misd

Juvenile Referral - Misd

Long Form - Misd

RJIP Program

Rebook/Refile Charges - Misd

Transferred to Other Agency - Misd

Held In Custody - Felony

Juvenile Referral - Felony

Long Form - Felony

Non Arrest

Rebook/Refile Charges - Felony

Transferred to Other Agency - Felony

CHARGES - 2			COUNT
<b>28-1381A2   DUI-BAC OF .08 OR MORE</b>			1
OFFENSE REN <b>2513573</b>	OFFENSE CODE <b>28-1381A2   DUI-BAC OF .08 OR MORE</b>	OFFENSE START DATE <b>Jul 6, 2025 00:08</b>	OFFENSE END DATE <b>Jul 6, 2025 00:27</b>
ARREST DISPOSITION DATE / TIME <b>Jul 6, 2025 00:27</b>	- FREQUENTLY USED ORI'S - FOR OTHERS SEE EXTERNAL LINKS SCOTTSDALE CITY ORI: AZ007111J McDowell MTN JP: AZ007053J SUPERIOR COURT ORI: AZ007035J PROSECUTING COURT ORI: <b>AZ007111J</b>		

## ARREST DISPOSITION

**Cite & Release**

Held In Custody - Misd

Juvenile Referral - Misd

Long Form - Misd

RJIP Program

Rebook/Refile Charges - Misd

Transferred to Other Agency - Misd

Held In Custody - Felony

Juvenile Referral - Felony

Long Form - Felony

Non Arrest

Rebook/Refile Charges - Felony

Transferred to Other Agency - Felony

**ADDITIONAL ARREST INFORMATION**

LIST ALL CHARGES ON THIS ARREST REPORT THAT ARE DOMESTIC VIOLENCE

None

LIST ALL CHARGES ON THIS ARREST REPORT THAT INCLUDE A PREPARATORY OFFENSE (CONSPIRACY, SOLICIT, ATTEMPTED, FACILITATE)

None

**INVOLVED PERSONS**

INVOLVED PERSON-1 NAME (LAST, FIRST MIDDLE)

**P-1 GINGRAS, DAVID SCOTT**

DOB / ESTIMATED AGE RANGE

SEX <b>Male</b>	RACE / ETHNICITY <b>White / Not Hispanic Or Latino</b>	PHONE NUMBER
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HOME ADDRESS

INVOLVEMENT TYPE

Driver / Operator

**INVOLVED LOCATIONS**

LOCATION

E MOUNTAIN VIEW RD &amp; N SCOTTSDALE RD, SCOTTSDALE, AZ 85253

LOCATION

E, E CACTUS RD &amp; N SCOTTSDALE RD, SCOTTSDALE, AZ 85254

REPORTING OFFICER SIGNATURE / DATE

**CHRISTINA SMITH #1507 Jul 6, 2025 01:23 (e-signature)**

PRINT NAME

**CHRISTINA SMITH #1507**

SUPERVISOR SIGNATURE / DATE

**BRIAN STEEL #1261 Jul 6, 2025 01:48 (e-signature)**

PRINT NAME

**BRIAN STEEL #1261**

**ATTACHMENTS ADDENDUM**

FILE NAME

gingras\_D Property Release.pdf

UPLOAD DATE/TIME

Jul 6, 2025 03:17

UPLOADED BY

P. DIBERT #B1862

REPORTING OFFICER SIGNATURE / DATE

CHRISTINA SMITH #1507 Jul 6, 2025 01:23 (e-signature)

PRINT NAME

CHRISTINA SMITH #1507

SUPERVISOR SIGNATURE / DATE

BRIAN STEEL #1261 Jul 6, 2025 01:48 (e-signature)

PRINT NAME

BRIAN STEEL #1261





Scottsdale Police Department

## ARIZONA TRAFFIC TICKET AND COMPLAINT

SCOTTSDALE POLICE DEPARTMENT - Use of this document is regulated by LAW for OFFICIAL USE ONLY, for the original purpose requested. Contact the originating agency for any questions regarding this material.

Complaint  
072540085282

Driver's License Number

In Possession

State

Class

Military

Yes

COLLISION

FATALITY

SERIOUS INJURY

COMMERCIAL

HAZ MAT

16 PASSENGER

DEFENDANT

Name: First

DAVID

Middle  
SCOTTLast  
GINGRASInterpreter  
RequiredSpanish  
Only

Other Language

Residential/Commercial Address

City

State

Zip Code

Phone

Cell  
Phone

Mailing Address

City

State

Zip Code

Email Address  
N/A

SSN

Gender

MALE

Eyes

BRO

Hair

BRO

Height

600

Weight

205

Origin

W

DOB

Endorsements

D,M

Restrictions

VEHICLE

Year

Make

NISS

Model

RGE

Style

4DSW

Color

GRY

License Plate

State

CA

Expire. Date

11/8/2025

Vehicle Identification Number (VIN)

Registered Owner

AVASA INC

Address

City

SAN DIEGO

State

CA

Zip Code



## THE UNDERSIGNED CERTIFIES THAT:

AT ON

Date

Time

00:08

SPEED:

Approx

61

Posted

45

R&amp;P

0

Speed Measurement Device

Equipment Number

SEE RADAR

Direction Of Travel

NORTH

Lane

On-Highway

Highway

Milepost

Location

N SCOTTSDALE RD/E MOUNTAIN VIEW RD

Precinct

0751

County

MARICOPA

STATE OF ARIZONA

## THE DEFENDANT COMMITTED THE FOLLOWING:

A

Section

ARS

DUI-IMPAIRED TO SLIGHTEST DEGREE

Violation

DUI-IMPAIRED TO SLIGHTEST DEGREE

Domestic

Violence

Criminal

Civil Traffic

Criminal Traffic

Civil Non Traffic

Petty Offense

Municipal Code

B

Section

ARS

DUI-BAC OF .08 OR MORE

Violation

DUI-BAC OF .08 OR MORE

Domestic

Violence

Criminal

Civil Traffic

Criminal Traffic

Civil Non Traffic

Petty Offense

Municipal Code

C

Section

ARS

SPEED

Violation

SPEED

Domestic

Violence

Criminal

Civil Traffic

Criminal Traffic

Civil Non Traffic

Petty Offense

Municipal Code

D

Section

ARS

Violation

Disposition Codes

Disposition Date

Sanction

Domestic

Violence

Criminal

Civil Traffic

Criminal Traffic

Civil Non Traffic

Petty Offense

Municipal Code

E

Section

ARS

Violation

Disposition Codes

Disposition Date

Sanction

Domestic

Violence

Criminal

Civil Traffic

Criminal Traffic

Civil Non Traffic

Petty Offense

Municipal Code

YOU MUST

APPEAR AT:

Court

SCOTTSDALE CITY COURT

Court No.

0751

AT THE DATE AND TIME  
INDICATED:Date  
07/31/2025Time  
8:30 AM

City, State, Zip Code

SCOTTSDALE, AZ 85251

CRIMINAL:

Without admitting guilt, I promise to appear as directed herein.

CIVIL:

Without admitting responsibility, I acknowledge receipt of this complaint.

X

 VICTIM? VICTIM NOTIFIED? FINGERPRINTED? IN CUSTODY

I certify upon reasonable grounds, I believe the person named above committed the acts described and I have served a copy of this complaint upon the defendant.

C. Smith

1507

COMPLAINANT

BADGE NO. LOCATION CODE

\* 000007054000  
000072540085282

## IMPORTANT NOTICE TO DEFENDANT

This is a true copy of the offense described in the complaint that will be filed in the designated court or hearing office. The offense for which you have been cited is an Administrative Violation, a Civil Traffic Violation, a Civil Non-Traffic Violation, a Criminal Offense, a Criminal Traffic Offense, or a Petty Offense. To determine which notice(s) applies to you, look at the box(es) checked under "the defendant committed the following". If you are required to pay fines, penalties, fees or other financial obligations as a result of this citation and you are unable to pay, bring this to the attention of court staff or the judge as payment over time or other alternatives may be available. Do not ignore the citation and the responsibility to pay as this may result in additional penalties and costs to you. For more information contact the court or an attorney.

By providing your cell phone number you are granting permission to receive texts and other communication regarding court dates, pending payments and other relevant information about your case. Normal text and SMS rates may apply. Please contact the court in which your case is filed should you desire to opt out of this service.

**CIVIL TRAFFIC:** If the Civil Traffic box is checked, notice is hereby given that if you fail to appear as directed in this complaint, a default judgment will be entered against you, a civil sanction will be imposed, the Department of Transportation may refuse to renew the registration of a vehicle of which you are the registered owner, and your case may be sent to collections.

**CIVIL NON-TRAFFIC:** If the Civil Non-Traffic box is checked, notice is hereby given that if you fail to appear as directed in this complaint, a default judgment will be entered against you, and a civil penalty will be imposed.

**CIVIL MARIJUANA VIOLATION IMMIGRATION ADVISEMENT:** Marijuana remains a controlled substance that is illegal to possess under federal law. As a result, a finding of responsibility for this infraction may impact your immigration status. For further information and advice you should consult an attorney.

**CRIMINAL OR PETTY OFFENSE:** If the Criminal or Petty Offense box is checked, notice is hereby given that if you fail to appear in court as directed in this complaint, a warrant will be issued for your arrest (A.R.S. 13-3903[F]).

**CRIMINAL TRAFFIC:** If the Criminal Traffic box is checked, notice is hereby given that if you fail to appear as directed in this complaint on a criminal charge, a warrant could be issued for your arrest and your license will be suspended (A.R.S. 28-1557[B][1]).

(The court, law enforcement agency or public body responsible for issuing the Arizona Traffic Ticket and Complaint may include any additional information considered necessary to the defendant regarding appearances, pleas, and payment of fines or civil sanctions.)

Suspect G FNGRAS, DAVID

CITY OF SCOTTSDALE  
POLICE DEPARTMENT

DR# 2513573

ALCOHOL INFLUENCE REPORT

Arrest Time: <u>0027</u>	Transported to: <u>SCOTTSDALE CITY JAIL</u>	Transported by: <u>C SMITH #1507</u>
Vehicle Disposition: <input type="checkbox"/> Secured at	<input checked="" type="checkbox"/> Towed by All City Towing	<input type="checkbox"/> Turned over to
<b>Miranda Warnings</b>		MIRANDA GIVEN BY: <u>NIA</u> TIME: <u>NIA</u>
YOU HAVE THE RIGHT TO REMAIN SILENT. ANYTHING YOU SAY CAN AND WILL BE USED AGAINST YOU IN A COURT OF LAW. YOU HAVE THE RIGHT TO THE PRESENCE OF AN ATTORNEY TO ASSIST YOU PRIOR TO QUESTIONING, AND TO BE WITH YOU DURING QUESTIONING, IF YOU SO DESIRE. IF YOU CANNOT AFFORD AN ATTORNEY, YOU HAVE THE RIGHT TO HAVE AN ATTORNEY APPOINTED FOR YOU PRIOR TO QUESTIONING.		LOCATION: <u>NIA</u>
		DO YOU UNDERSTAND THESE RIGHTS? <input type="checkbox"/> YES <input type="checkbox"/> NO <u>NIA</u>
		IMPLIED CONSENT LAW EXPLAINED BY: <u>C SMITH #1507</u> TIME: <u>0031</u>
		LOCATION: <u>ON SCENE</u>
IS YOUR DRIVERS LICENSE SUSPENDED OR REVOKED? <input type="checkbox"/> Yes <input type="checkbox"/> No HOW WERE YOU NOTIFIED		
DO YOU HAVE A LICENSE IN ANY OTHER STATE? <input type="checkbox"/> Yes <input type="checkbox"/> No WHAT STATE?		
HAVE YOU TAKEN ANY MEDICATIONS OR DRUGS IN THE LAST 24 HRS? <input type="checkbox"/> Yes <input type="checkbox"/> No WHAT? WHEN?		
ARE YOU ILL? <input type="checkbox"/> Yes <input type="checkbox"/> No NATURE OF ILLNESS?		
ARE YOU INJURED OR HURT? <input type="checkbox"/> Yes <input type="checkbox"/> No NATURE OF INJURY?		
DO YOU HAVE ANY PHYSICAL DISABILITIES? <input type="checkbox"/> Yes <input type="checkbox"/> No IF SO HOW DO THEY AFFECT YOU?		
ARE YOU A DIABETIC? <input type="checkbox"/> Yes <input type="checkbox"/> No INSULIN? <input type="checkbox"/> Yes <input type="checkbox"/> No TIME OF LAST DOSE? DOSAGE/TYPE:		
ARE YOU UNDER A PHYSICIANS CARE? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, WHY?		
WHEN DID YOU LAST EAT?	WHAT DID YOU EAT?	
HOW MUCH SLEEP DID YOU GET LAST NIGHT?	HRS. DID YOU SLEEP TODAY?	HRS. ARE YOU TIRED? <input type="checkbox"/> Yes <input type="checkbox"/> No
ARE YOU THE OWNER OF THE VEHICLE YOU WERE DRIVING? <input type="checkbox"/> Yes <input type="checkbox"/> No		
DOES THE VEHICLE HAVE ANY MECHANICAL PROBLEMS? <input type="checkbox"/> Yes <input type="checkbox"/> No		
HOW LONG WERE YOU DRIVING BEFORE BEING STOPPED?	WHAT TIME DID YOU START DRIVING?	
WHERE WERE YOU COMING FROM?	WHERE WERE YOU GOING?	
WHAT HAVE YOU BEEN DRINKING?	TYPE?	QUANTITY?
WHERE WERE YOU DRINKING?	STARTED WHEN?	STOPPED WHEN?
DID YOU DRINK ANYTHING AFTER YOU WERE STOPPED/COLLISION? <input type="checkbox"/> Yes <input type="checkbox"/> No WHAT?		
HOW MUCH?	WHEN?	WHERE?
HOW MANY DRINKS DID YOU HAVE THE HOUR PRIOR TO BEING STOPPED/COLLISION?		
HOW DO YOU THINK YOU DID ON THE FIELD TESTS?		
RATE YOURSELF ON A SCALE FROM "0" TO "10". "0" SOBER "10" EXTREMELY INTOXICATED. WHILE DRIVING? NOW?		
WOULD YOU GO TO WORK/SCHOOL IN YOUR CONDITION AT TIME OF STOP? <input type="checkbox"/> Yes <input type="checkbox"/> No WHY?		
DID THE ALCOHOL/DRUGS AFFECT YOU TO THE SLIGHTEST DEGREE WHILE YOU WERE DRIVING? <input type="checkbox"/> Yes <input type="checkbox"/> No		
COULD YOU FEEL THE EFFECTS OF THE ALCOHOL/DRUGS IN ANY WAY WHILE YOU WERE DRIVING? <input type="checkbox"/> Yes <input type="checkbox"/> No		
COMMENTS: <u>NOT COMPLETED DUE TO NOT WANTING TO ANSWER QUESTIONS.</u>		
MVD RECORD CHECK: <input checked="" type="checkbox"/> VALID <input type="checkbox"/> SUSPENDED <input type="checkbox"/> REVOKED <input type="checkbox"/> NO LICENSE <input type="checkbox"/> PRIOR CONVICTIONS DATES		
BLOOD TEST ADMINISTERED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No TSW/ESW <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No BREATH TEST ADMINISTERED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
WITNESSED BY SER# <u>1507</u>	DATE: <u>7/6/25</u>	TIME: <u>0054</u> LOCATION: <input checked="" type="checkbox"/> DIST 2 <input type="checkbox"/> COMMAND POST <input type="checkbox"/> HOSPITAL
BLOOD IMPOUNDED BY SER# <u>1507</u>	DATE: <u>7/6/25</u>	TIME: <u>0227</u> LOCATION: <input checked="" type="checkbox"/> DIST 2 <input type="checkbox"/> COMMAND POST <input type="checkbox"/> OTHER

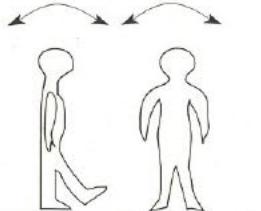
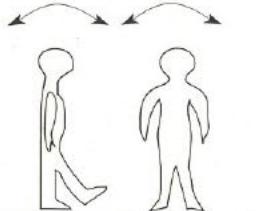
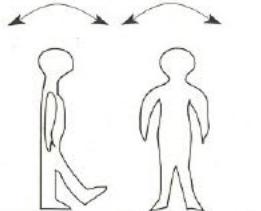
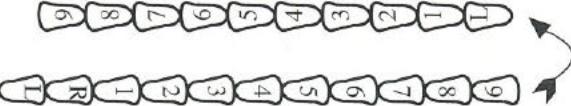
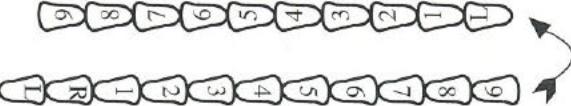
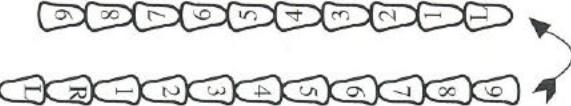
Suspect:

INGRAS, DAVID

CITY OF SCOTTSDALE  
POLICE DEPARTMENT

DR# 2513573

Was the suspect wearing shoes? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Type of shoes? SUBAKERS	Were shoes removed prior to SFSTs <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Weather conditions <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Raining <input type="checkbox"/> Windy <input type="checkbox"/> Other	Approximate Temp. 95°	
Surface used for SFSTs <input checked="" type="checkbox"/> Level <input type="checkbox"/> Uneven <input type="checkbox"/> Cement <input checked="" type="checkbox"/> Asphalt <input type="checkbox"/> Dirt <input type="checkbox"/> Gravel <input type="checkbox"/> Other	<input type="checkbox"/> Wet <input checked="" type="checkbox"/> Dry	
Location of SFSTs <input checked="" type="checkbox"/> Street <input type="checkbox"/> Sidewalk <input type="checkbox"/> Parking lot <input type="checkbox"/> Driveway <input type="checkbox"/> Other		
Traffic Conditions <input type="checkbox"/> Heavy <input checked="" type="checkbox"/> Moderate <input type="checkbox"/> Light <input type="checkbox"/> Intermittent <input type="checkbox"/> None	Emergency lights in view of suspect <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Suspects Speech <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Slow <input type="checkbox"/> Thick <input type="checkbox"/> Slurred <input type="checkbox"/> Mumbled <input type="checkbox"/> Rapid <input type="checkbox"/> Repetitive		
Odor of alcoholic beverage? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Light <input checked="" type="checkbox"/> Moderate <input type="checkbox"/> Strong	Cover Up odors <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Eyes <input checked="" type="checkbox"/> Watery <input checked="" type="checkbox"/> Bloodshot <input type="checkbox"/> Equal Pupils <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Pupil Diameter <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Dilated <input type="checkbox"/> Constricted	
Color of Face <input checked="" type="checkbox"/> Apparently Normal <input type="checkbox"/> Flushed <input type="checkbox"/> Pale <input type="checkbox"/> Other	Suspect Physical Issues? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Suspects Attitude <input checked="" type="checkbox"/> Polite <input type="checkbox"/> Cooperative <input type="checkbox"/> Stuporous <input type="checkbox"/> Insulting <input type="checkbox"/> Antagonistic <input type="checkbox"/> Argumentative <input type="checkbox"/> Mood Swings <input type="checkbox"/> Other		
Unusual Actions <input type="checkbox"/> Profanity <input type="checkbox"/> Combative <input type="checkbox"/> Vomiting <input type="checkbox"/> Urinate/Defecate on self <input type="checkbox"/> Crying <input type="checkbox"/> Belching <input type="checkbox"/> Hic-coughing <input type="checkbox"/> Other		
Admission to consuming alcohol? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Alcoholic beverage containers? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

#1 Horizontal Gaze Nystagmus	#2 Walk and Turn	#3 One Leg Stand	#4 Finger to Nose	#5 Romberg – Modified
<b>Instructions to Suspect:</b> Stand with your feet together and your arms at your sides. Follow the Stimulus with your eyes only, leaving your head still.	<b>Instructions to Suspect:</b> I want you to put your left foot on the (imaginary) line and then place your right foot in front of it. Don't move until I tell you. Do you understand?  (Officer: When the suspect assumes the position, continue with the instructions.)	<b>Instructions to Suspect:</b> I want you to stand with your feet together and your arms down at your sides. When I tell you to, I want you to raise one leg six inches off the ground and hold that position. At the same time, begin counting out loud 1001, 1002, 1003 and so on until I tell you to stop.  Do you understand?	<b>Instructions to Suspect:</b> I want you to stand with your feet together and your arms down at your sides. Point your index fingers down at the ground.  When I tell you to, I'm going to have you tilt your head back and close your eyes.  Using the finger I tell you, touch the very tip of your finger to the very tip of your nose. Then take it back down to your side.  Do you understand?	<b>Instructions to Suspect:</b> I want you to stand with your feet together and your arms down at your sides. While maintaining this position, I want you to say the alphabet straight through from A to Z and/or  While maintaining this position, I want you to count backward from ___ to ___.
<b>Administrative Procedures:</b>  Glasses? <input type="checkbox"/> Yes <input type="checkbox"/> No Contact Lenses? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Hard <input type="checkbox"/> Soft Equal pupils? <input type="checkbox"/> Yes <input type="checkbox"/> No Equal tracking? <input type="checkbox"/> Yes <input type="checkbox"/> No	  When I tell you to begin, take 9 heel-to-toe steps down the (imaginary) line, turn around, and take 9 heel-to-toe steps back. When you turn, you must turn so that your lead foot remains on the (imaginary) line and your other foot takes a series of short, choppy steps. Keep your hands at your sides, watch your feet at all times, and count your steps out loud. Once you begin, do not stop until finished.  Do you understand?	  <b>CLUES OF IMPAIRMENT:</b> <input type="checkbox"/> Sways while balancing <input type="checkbox"/> Uses arms for balance <input type="checkbox"/> Hops <input type="checkbox"/> Puts foot down <input type="checkbox"/> Cannot do test:  <b>DOCUMENTATION OF SWAY</b>  <b>Front to back</b> <b>Side to Side</b> <input type="checkbox"/> None <input type="checkbox"/> None <input type="checkbox"/> Slight <input type="checkbox"/> Slight <input type="checkbox"/> Moderate <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy <input type="checkbox"/> Heavy  	  <input type="checkbox"/> Failed to keep head tilted back <input type="checkbox"/> Opened eyes during testing. <input type="checkbox"/> Failed to keep feet together throughout. <input type="checkbox"/> Used hand other than the one designated. <input type="checkbox"/> Missed nose with fingertip. (Record miss location below.) <input type="checkbox"/> Touched nose with other than fingertip. <input type="checkbox"/> Swayed front-to-back and side-to-side. <input type="checkbox"/> Other: _____	  <b>Do you understand?</b>  <input type="checkbox"/> Recite the alphabet <input type="checkbox"/> Backward count (see count below)
<b>For standardization, begin with the subject's left eye. Check for the first clue. Next, check right eye for same clue. Repeat this procedure for each clue starting with left eye, then right eye.</b>	<b>CLUES OF IMPAIRMENT:</b>  <b>Instruction Stage:</b> <input type="checkbox"/> Cannot keep balance during instructions. <input type="checkbox"/> Starts before instructions are finished.  <b>Walking Stage:</b> <input type="checkbox"/> Stops while walking. <input type="checkbox"/> Does not touch heel-to-toe. <input type="checkbox"/> Improper turn. <input type="checkbox"/> Uses arms for balance <input type="checkbox"/> Wrong number of steps <input type="checkbox"/> Steps off line <input type="checkbox"/> Cannot do test Explain: _____	  <b>CLUES OF IMPAIRMENT:</b> <input type="checkbox"/> Sways while balancing <input type="checkbox"/> Uses arms for balance <input type="checkbox"/> Hops <input type="checkbox"/> Puts foot down <input type="checkbox"/> Cannot do test:  <b>DOCUMENTATION OF SWAY</b>  <b>Front to back</b> <b>Side to Side</b> <input type="checkbox"/> None <input type="checkbox"/> None <input type="checkbox"/> Slight <input type="checkbox"/> Slight <input type="checkbox"/> Moderate <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy <input type="checkbox"/> Heavy  	  <b>OBSERVATIONS:</b> <input type="checkbox"/> Required additional instructions during the test. <input type="checkbox"/> Opened eyes during testing. <input type="checkbox"/> Failed to keep feet together throughout. <input type="checkbox"/> Failed to keep head tilted back. <input type="checkbox"/> Swayed front-to-back or side-to-side. (Record below). <input type="checkbox"/> Error in alphabet/count. <input type="checkbox"/> Other: _____	  <b>OBSERVATIONS:</b> <input type="checkbox"/> Required additional instructions during the test. <input type="checkbox"/> Opened eyes during testing. <input type="checkbox"/> Failed to keep feet together throughout. <input type="checkbox"/> Failed to keep head tilted back. <input type="checkbox"/> Swayed front-to-back or side-to-side. (Record below). <input type="checkbox"/> Error in alphabet/count. <input type="checkbox"/> Other: _____
<b>CLUES OF HGN OBSERVED:</b>  <b>Lack of smooth pursuit:</b> <input type="checkbox"/> Left Eye <input type="checkbox"/> Right Eye  <b>Distinct and sustained nystagmus at maximum deviation:</b> <input type="checkbox"/> Left Eye <input type="checkbox"/> Right Eye	  <b>Vertical Nystagmus present?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  HGN Administered By: _____	  <b>Front to back</b> <b>Side to Side</b> <input type="checkbox"/> None <input type="checkbox"/> None <input type="checkbox"/> Slight <input type="checkbox"/> Slight <input type="checkbox"/> Moderate <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy <input type="checkbox"/> Heavy  	  <b>SWAY DOCUMENTATION</b>  <b>Front to back</b> <b>Side to Side</b> <input type="checkbox"/> None <input type="checkbox"/> None <input type="checkbox"/> Slight <input type="checkbox"/> Slight <input type="checkbox"/> Moderate <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy <input type="checkbox"/> Heavy	  <b>Alphabet:</b> 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 <b>Count:</b> (25 backward to 10) 25 24 23 22 21 20 19 18 17 16 15 14 13 12 11 10
<b>Preliminary Breath Test:</b>  Results: _____ % Time: _____	  	  	  	

Additional Comments: *WOULD NOT COMPLETE ANY SFSTS OR PBT*

DATE 07/06/25

DR# 2513573



### DUI Blood Notice

You have the right to gather your own evidence, including but not limited to a sample of your blood. Additionally, you have the right to request available portions of the blood collected by the police for testing by an independent laboratory of your own choosing.

A copy of this form was provided to the arrestee.

SERVED

Signature of Defendant

Scottsdale Police Department  
7601 E. McKellips  
Scottsdale, AZ 85257  
Hours: 9:00 A.M. to 5:00 P.M.  
Records: (480) 312-1999  
Property: (480) 312-5888

C. SMITH #1507

Signature of Officer

Scottsdale City Prosecutor's Office  
3700 N. 75th St.  
Scottsdale, AZ 85251  
Hours: 8:00 A.M. to 5:00 P.M.  
Information: (480)312-2710

For Felony Cases Contact:  
Maricopa County Attorney  
222 E Javelina  
Mesa, AZ 85210  
(602) 506-2600

Distribution: White Copy - Included with DR      Yellow Copy - Arrestee



# SCOTTSDALE POLICE DEPARTMENT

## PHLEBOTOMY BLOOD DRAW REPORT

DR NUMBER
2513573
OTHER AGENCY DR NUMBER

SUBJECT OFFICER	FIRST NAME David	M.I. S	LAST NAME Gingras	SUFF.	DATE OF BIRTH
	CHARGES <input checked="" type="checkbox"/> 28-1381 <input type="checkbox"/> 28-1382 <input type="checkbox"/> 28-1383 <input type="checkbox"/> 4-244.34 <input type="checkbox"/>			CONSENT TO DRAW <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO - TSW	
OFFICER	ARRESTING OFFICER NAME AND BADGE NUMBER C. Smith #1507			AGENCY Scottsdale PD	
	PHLEBOTOMIST NAME AND BADGE NUMBER C. Smith #1507			AGENCY Scottsdale PD	
FIRST DRAW	DATE 07/06/2025	TIME 0054 hrs	LOCATION OF BLOOD DRAW <input checked="" type="checkbox"/> District 2 Jail <input type="checkbox"/> DUI Command Van <input type="checkbox"/> SHC-O <input type="checkbox"/> SHC-N <input type="checkbox"/>		TYPE OF GLOVES USED <input checked="" type="checkbox"/> Non-Latex <input type="checkbox"/> Latex
	BLOOD KIT MANUFACTURER Arrowhead Forensics		LOT NUMBER See Box	EXPIRATION DATE See Box	OTHER EQUIPMENT
BLOOD DRAWN FROM <input checked="" type="checkbox"/> LEFT ANTECUBITAL FOSSA <input type="checkbox"/> RIGHT ANTECUBITAL FOSSA <input type="checkbox"/> LEFT HAND <input type="checkbox"/> RIGHT HAND <input type="checkbox"/> OTHER					
SECOND DRAW	DATE hrs	TIME 0054 hrs	LOCATION OF BLOOD DRAW <input checked="" type="checkbox"/> District 2 Jail <input type="checkbox"/> DUI Command Van <input type="checkbox"/> SHC-O <input type="checkbox"/> SHC-N <input type="checkbox"/>		TYPE OF GLOVES USED <input type="checkbox"/> Non-Latex <input type="checkbox"/> Latex
	BLOOD KIT MANUFACTURER		LOT NUMBER	EXPIRATION DATE	OTHER EQUIPMENT
BLOOD DRAWN FROM <input type="checkbox"/> LEFT ANTECUBITAL FOSSA <input type="checkbox"/> RIGHT ANTECUBITAL FOSSA <input type="checkbox"/> LEFT HAND <input type="checkbox"/> RIGHT HAND <input type="checkbox"/> OTHER					
MISC. INFORMATION	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	SITE CLEANER USED <input checked="" type="checkbox"/> BENZALKONIUM CHLORIDE (BZK) <input type="checkbox"/> Povidone Iodine <input type="checkbox"/> OTHER	HAND WASHING <input checked="" type="checkbox"/> ANTISEPTIC <input type="checkbox"/> SOAP / WATER <input type="checkbox"/> OTHER	DRAW LOCATION <input checked="" type="checkbox"/> SEATED <input type="checkbox"/> LYING DOWN <input checked="" type="checkbox"/> AREA DISINFECTED PRIOR TO BLOOD DRAW	NUMBER OF MINUTE(S) FOR BLOOD TO CLOT AT SITE OF VENIPUNCTURE 0-1 Minutes

### ADDITIONAL INFORMATION

Seated, Safe, and Secure.

PHLEBOTOMIST SIGNATURE AND BADGE NUMBER

C. Smith #1507

# Arizona Forensic Breath Alcohol Analytical Report

## INSTRUMENT INFORMATION

Analytical Instrument: Intoxilyzer 9000  
Serial Number: 90-003524  
Software Version: 9439.01.00  
Analytical Report Number: 35240706251752

QAS: JUDD, PRESTON

QAS Permit #: 30108  
Agency: SCOTTSDALE PD  
Last 31-Day Check: 06/19/2025  
Last Annual Maintenance: 01/28/2025

## SUBJECT INFORMATION

Name: GINGRAS, DAVID S.  
Test Date: 07/06/2025  
Driver's License #: [REDACTED]  
Gender: M  
Date of Birth: [REDACTED]  
Age: 52

Weight: 205  
State of Issue: [REDACTED]  
Driver's License Expiration: 05/14/2030  
Deprivation Start Time: 00:48  
15 - Minute Deprivation: Yes

## OPERATOR INFORMATION

Name: SMITH, CHRISTINA  
Agency: SCOTTSDALE PD

Permit #: 40722

## STANDARD INFORMATION

Test	g/210L	Time
Air Blank	0.000	01:03:25
Diagnostic Test	PASS	01:04:00
Air Blank	0.000	01:04:37
Calibration Chk	0.097	01:04:59
Air Blank	0.000	01:05:39
Subject Test 1	0.111	01:06:19
Air Blank	0.000	01:07:01
Wait		01:11:04
Air Blank	0.000	01:11:42
Subject Test 2	0.112	01:12:15
Air Blank	0.000	01:12:58
Calibration Chk	0.096	01:13:19
Air Blank	0.000	01:13:59
Diagnostic Test	PASS	01:14:34
Air Blank	0.000	01:15:11

Standard Value: 0.100  
Standard Lot #: 26234100A1  
Expiration Date: 10/05/2026  
Bottle #: 38  
Last Changed By: JUDD, PRESTON

Permit #: 30108

## RESULTS

Subject Test 1: 0.111 g/210L  
Subject Test 2: 0.112 g/210L

## EXCEPTION MESSAGES

## OPERATOR COMMENTS

NA

No RFI Detected

All air blank results must be 0.000.

Consecutive subject test results must not differ by more than 0.020 g/210L.

Standard check results must be  $\pm 10\%$ .

Successfully Completed Test Sequence

EXHIBIT I-1  
OPERATIONAL CHECKLIST  
STANDARD OPERATIONAL PROCEDURE

ARIZONA DEPARTMENT OF PUBLIC SAFETY  
INTOXILYZER MODEL 9000

DUPLICATE BREATH TEST

SUBJECT NAME DAVID GINGRAS [REDACTED] DATE 07/06/2025  
AGENCY SCOTTSDALE PD OPERATOR & BADGE C. SMITH #1507  
INTOXILYZER SERIAL # I90003524 DEPRIVATION BY C. SMITH #1507

- 1. Ensure proper deprivation period.
- 2. Push the start button on the screen
- 3. Follow automated prompts on the instrument display

Note: Duplicate breath tests shall be administered at intervals of not less than 5 minutes nor more than 10 minutes apart and the two consecutive tests shall agree within 0.02 alcohol concentration.

COMMENTS:

N/A. TEST SUCCESSFUL.

SIGNATURE C. SMITH #1507



Mail Drop 533M  
Motor Vehicle Division  
PO Box 2100  
Phoenix AZ 85001-2100

40-5807 R07/24 azdot.gov

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# ADMIN PER SE/IMPLIED CONSENT AFFIDAVIT

LE or DR Case Number 2513573

Complaint Numbers Issued 072540085282

A.R.S. § charges:

28-1381  28-1382  28-1383  
 4-244.34  13-1201  13-1204  
 Other Title 13, Chapter 11 charge: \_\_\_\_\_

Yes  No While transporting hazardous material? (A.R.S. § 28-101)

Yes  No While operating a commercial motor vehicle?

Yes  No While operating a vehicle for hire or as a transportation network driver?

Driver Name (first, middle, last, suffix)

DAVID, SCOTT, GINGRAS

(Date of Birth)

(Driver License Number)

(Class) (State)

Address (if address is different, you must report a change of address to MVD within 10 days)

On (date) 07/04/20, at (time) 0008, at (location) N SCOTTSDALE RD / E MOUNTAIN VIEW RD

Death or serious physical injury: I had reasonable grounds to believe that the person was involved in a traffic accident resulting in death or serious physical injury, as defined in A.R.S. § 13-105, and probable cause to believe that the person caused the accident or was cited for a violation of any provision of A.R.S., Title 28, Chapter 4, or Chapter 3, Articles 2 through 15.

Among the facts leading to that belief were: \_\_\_\_\_

I had reasonable grounds to believe the person named was driving or in actual physical control of a motor vehicle while under the influence of intoxicating liquor and/or drugs, and I placed the named person under arrest therefor.

Among the facts leading to that belief were: COL MPH IN A 40 MPH ZONE, ODOR, ADMISSION, BLOODSHOT/WATERY EYES, REFUSED HGN, SFSTS, AND PBT.

I believe the person was under the influence of:  alcohol  drug(s)  alcohol & drug(s)

The Admonitions:  were read to the person  were not read because the person was either unconscious or incapable of refusal. Officer Initials: CS

The person:  submitted  refused to submit/did not complete (warrant obtained)  was unconscious/incapable of refusal (warrant obtained)

If a warrant was obtained, the person refused to submit or did not complete the tests in the following manner:

Test(s) administered:  breath (Results: 0.111 10.112)  blood  other: \_\_\_\_\_

Blood or other test results:  Indicated alcohol concentration of: \_\_\_\_\_

Indicated the presence of a drug listed in A.R.S. § 13-3401 or its metabolite (results available)

Not available/pending

OFFICER CERTIFICATION I certify that the above is true and correct. I request that any hearing be held in MARICOPA County.

Law Enforcement Officer Name <u>C. SMITH</u>	Badge Number <u>1507</u>	Law Enforcement Officer Signature <u>C. SMITH #1507</u>
Additional Law Enforcement Officer Name/Badge Number <u>N/A</u>	ORI Number <u>AZ6072500</u>	Law Enforcement Officer Agency/Station <u>SCOTTSDALE PD</u>
Agency Address <u>8401 E INDIAN SCHOOL RD</u>	City <u>SCOTTSDALE</u>	State <u>AZ</u> Zip <u>85251</u>
Test Operator Name <u>C. SMITH</u>	Badge Number <u>1507</u>	Test Operator Signature <u>C. SMITH #1507</u>

## SURRENDER OF ARIZONA DRIVER LICENSE

Pursuant to A.R.S. §§ 28-1321 and 28-1385, the law enforcement officer must require the surrender of all Arizona driver licenses or permits in the person's possession. If no license or permit is attached, state reason:  Lost  Destroyed  Nonresident  Other: \_\_\_\_\_

ORDER OF SUSPENSION One box must be checked.	Date Served <u>07/06/25</u>	Time Served <u>0113</u>	Please see reverse side to request a Hearing or Summary Review and for information regarding restricted driving privilege eligibility.
<input type="checkbox"/> Pursuant to A.R.S. § 28-1321, your Arizona driving privilege is suspended effective 30 days from Date Served. The suspension is for 12 months, or 2 years if there is a prior implied consent refusal, within the last 84 months, on your record. This order is final unless a hearing is requested online or in writing and received within 30 days from Date Served. This action is a result of your failure to successfully complete, or refusal to submit to, tests to determine alcohol concentration or drug content. This suspension will not end until all reinstatement requirements are met including completion of alcohol or drug screening.			
<input checked="" type="checkbox"/> Pursuant to A.R.S. § 28-1385, your Arizona driving privilege is suspended for not less than 90 consecutive days effective 30 days from Date Served. This order is final unless a hearing or summary review is requested online or in writing and received within 30 days from Date Served. This suspension is a result of tests to which you submitted. This suspension will not end until all reinstatement requirements are met including completion of alcohol or drug screening.			

TEMPORARY DRIVER PERMIT — This entire form will serve as a temporary driver permit that will expire 30 days from the Date Served. However, if you request a hearing or summary review, then this permit will remain valid until the hearing or summary review decision has been made. If your Arizona driver license/permit is currently suspended or revoked, this permit does not authorize you to operate a motor vehicle.

Sex <u>M</u>	Weight <u>205</u>	Height <u>0600</u>	Eyes <u>BRO</u>	Hair <u>BRO</u>	Class <u>D</u>	Restrictions <u>N/A</u>
Permit Not Issued Because <u>N/A</u>			Licensee Signature <u>SERVED</u>			

