

Name: MAGGIANO'S (2089 W BIG BEAVER)

Date: 3/4/05

Nature: SALE TO MINOR

- ✓ History File
- ✓ Incident Report
- ✓ MLCC Violation Report
- ✓ MLCC Hearing Disposition
- ✓ City Summons Disposition

Liquor Contact Info

Business Name: Maggiano's

Address: 2089 West Big Beaver Troy, MI 48084

Contact Names:

1.

2.

3.

4.

Attorney: John Carlin
38505 Woodward Suite 2000
Bloomfield Hills, MI 48304



Michigan Department of Consumer & Industry Services
MICHIGAN LIQUOR CONTROL COMMISSION (MLCC)

7150 Harris Drive - P.O. Box 30005
Lansing, Michigan 48909-7505
Phone (517) 322-1390 ~ FAX (517) 322-6347

VIOLATION REPORT
(Authorized by P.A.58 of 1998)

* This report is not to be faxed or electronically submitted - an original signature is required*

*** Officers please obtain License No., Bus. ID and File # directly from the liquor license ***

License No. 130954-2004 SS Business ID 152954 File # _____
130955-2004

1. Name of Licensee MAGGIANO'S 2. Doing Business As MAGGIANO'S

3. Mailing Address (street, city, zip code) 2089 West Big Beaver Road; Troy 48084

4. Township _____ 5. County Oakland

6. Type of License(s) & Permit(s) Class C; SDM

7. Date of Violation: _____ Friday 03/04/05 1915 AM or PM
(DAY) (DATE) (HOUR)

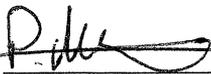
8. Violation Type: Minor
 Intoxicated Person After hours sales/consumption
 Gambling Fighting (must be inside licensed premises)
 Controlled Substances Failure to Cooperate
 Prohibited Conduct OTHER: _____

if MINOR: Birth date 05/29/85 Was this a DECOY ? Yes No If no, you MUST answer below:
If above minor violation was NOT a decoy describe enforcement action taken:

COPY OF APPEARANCE TICKET MUST BE ATTACHED

9. Submit Report Below or Indicate Attached Report # 05-7290

* REMINDER, PLEASE MAIL THIS REPORT TO THE ADDRESS ABOVE.*

Officer Signature  Name and Title (print) Patrick McWilliams, Police Officer

Officer Signature  Name and Title (print) Timothy Garcher, Police Officer

Department Name Troy Police Department Phone # 248-524-3477

WITNESSES

1. Name _____ Address 500 W Big Beaver Road; Troy MI 48084

Will testify to: Was served alcoholic beverage; no request for identification

2. Name _____ Address 500 W Big Beaver Road; Troy MI 48084

Will testify to: Witness to alcoholic beverage being served with no request for identification

3. Name Angela Kuciban Address 16300 Kirkshire; Beverly Hills MI 48025

Will testify to: Served alcoholic beverage to minor

4. Name Thomas Dierking Address 2089 W Big Beaver Road; Troy 48084

Will testify to: Restaurant General Manager

5. Name Officers McWilliams & Garcher Address 500 W Big Beaver Road; Troy MI 48084

Will testify to: Violation

EVIDENCE

Location Held (Explain): Cosmopolitan drink
Property Tag No. 131017

TROY POLICE DEPARTMENT

INCIDENT REPORT

500 W. Big Beaver - Troy, MI 48064-5285
DRI # M638400

SUPP
PAGE 1 OF 3

01	DATE 030405	DAY FRI	SHIFT 0252	PLATOON 022	BADGE 1 017	BADGE 2	UCR STATUS E10 <input type="checkbox"/> DEATH OF OFFENDER E11 <input type="checkbox"/> PROSECUTION DECLINED	E12 <input type="checkbox"/> EXTRACTION DECLINED E13 <input type="checkbox"/> REFUSED TO COOPERATE E14 <input type="checkbox"/> JUVENILE, NO CUSTODY	YEAR 05	INCIDENT NUMBER 7290		
02	RECEIVED 1920	DISPATCHED 1920	ARRIVED 1920	COMPLETED 0000	DATE(S) OCCURRED 030405		TIMES(S) OCCURRED 1915		ASSIGNED HOUR / DAY 191 FRI			
03	LOCATION 1 / ADDRESS (DIRECTION, STREET, SUFFIX, QUALIFIER) 2089 W Big Beaver						LOCATION 2 (INTERSECTING STREET)					
04	CITY Troy	STATE MI	ZIP 48064	CODE	BUSINESS NAME L V Maggiano's			BUSINESS PHONE				
05	BUSINESS COMMENTS / ESTABLISHMENT DESCRIPTION Bar				ESTAB CODE 8660	ORIGIN <input checked="" type="checkbox"/> FOP <input type="checkbox"/> PERSON <input type="checkbox"/> OTHER	HOW ACTIVATED <input checked="" type="checkbox"/> FOP <input type="checkbox"/> PERSON <input type="checkbox"/> DISP <input type="checkbox"/> OTHER	PATROL 07	GEOGRAPHIC			
06	NATURE OF OFFENSE #1 LCC Violation		ATT <input type="checkbox"/>	CRIME CLASS 2235	ALCOHOL <input checked="" type="checkbox"/>	DRUGS <input type="checkbox"/>	COMP <input type="checkbox"/>	BIAS <input type="checkbox"/>	WEAPON <input type="checkbox"/>	# PREM 00	ACTIVITY 00	ACTIVITY TYPES (Maximum 3 Per Offense) B BUYING / RECEIVING C CULTIVATING / MANUFACTURING / PUBLISHING D DISTRIBUTING / SELLING E EXPLOITING CHILDREN O OPERATING / PROMOTING / ASSISTING P POSSESSING / CONCEALING T TRANSPORTING / TRANSMITTING / IMPORTING U USING / CONSUMING
07	NATURE OF OFFENSE #2		ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL <input type="checkbox"/>	DRUGS <input type="checkbox"/>	COMP <input type="checkbox"/>	BIAS <input type="checkbox"/>	WEAPON <input type="checkbox"/>	# PREM	ACTIVITY	
08	NATURE OF OFFENSE #3		ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL <input type="checkbox"/>	DRUGS <input type="checkbox"/>	COMP <input type="checkbox"/>	BIAS <input type="checkbox"/>	WEAPON <input type="checkbox"/>	# PREM	ACTIVITY	
09	NATURE OF OFFENSE #4		ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL <input type="checkbox"/>	DRUGS <input type="checkbox"/>	COMP <input type="checkbox"/>	BIAS <input type="checkbox"/>	WEAPON <input type="checkbox"/>	# PREM	ACTIVITY	OFFENSE COMMENTS

00ES (1) REPT'D BY (2) OWNER (3) VICT (4) PERS INTERV (5) ARREST (6) SUSPECT (7) MISSING (8) WITN (9) SECUR'D BY (10) JUV ARREST (11) DRIVER (12) PASSENGER (13) SUMMONED (14) RESPONSIBLE

10	CODE 8	VICT #	NAME (LAST, FIRST, MIDDLE, SUFFIX)						RAC W	SEX F	DOB 052985	AGE 19
11	ADDRESS (DIRECTION, STREET, SUFFIX, QUALIFIER) Troy PD						CITY		STATE	ZIP		
12	HOME PHONE	BUSINESS PHONE	STATE	DRIVER'S LICENSE #	PERSON COMMENTS / OTHER I.D. Decoy (served)							

13	VICTIM CONNECTED TO OFFENSE <input type="checkbox"/> 01 <input type="checkbox"/> 02	VICTIM TYPE <input type="checkbox"/> 03 INDIVIDUAL <input type="checkbox"/> 04 BUSINESS	F <input type="checkbox"/> FINANCIAL G <input type="checkbox"/> GOVERNMENT R <input type="checkbox"/> RELIGIOUS	S <input type="checkbox"/> SOCIETY / PUBLIC O <input type="checkbox"/> OTHER P <input type="checkbox"/> POLICE OFFICER	VICTIM INJURY N <input type="checkbox"/> NONE B <input type="checkbox"/> BROKEN BONE	M <input type="checkbox"/> MINOR INJURY O <input type="checkbox"/> MAJOR INJURY	I <input type="checkbox"/> POSS. INT. INJURIES L <input type="checkbox"/> SEVERE LACERATION	T <input type="checkbox"/> LOSS OF TEETH U <input type="checkbox"/> UNCONSCIOUSNESS	F <input type="checkbox"/> FATAL	
14	RELATIONSHIP OF VICTIM TO OFFENDER WITHIN FAMILY			OUTSIDE FAMILY, BUT KNOWN			NOT KNOWN		REL / OFF #	FELONIOUS ASSAULT CIRCUMSTANCES
15	01 SPOUSE 02 CL SPOUSE 03 PARENT 04 SIBLING	05 CHILD 06 GRANDPARENT 07 GRANDCHILD 08 IN-LAW	09 STEPPARENT 10 STEPCHILD 11 STEPSIBLING 12 OTHER FAMILY	20 ACQUAINTANCE 21 FRIEND 22 NEIGHBOR 23 BABYSITTEE (baby)	24 BOY / GIRL FRIEND 25 CHILD OF "BG" ABOVE 26 HOMOSEXUAL REL 27 EX-SPOUSE	28 EMPLOYEE 29 EMPLOYER 30 OTHERWISE KNOWN 31 VICTIM WAS OFFENDER	98 STRANGER 99 UNKNOWN	REL / OFF #		

16	CODE (501)	OFF #	NAME (LAST, FIRST, MIDDLE, SUFFIX) Kuciban, Angela, maria						RAC W	SEX F	DOB 081577	AGE 27
17	ADDRESS (DIRECTION, STREET, SUFFIX, QUALIFIER) 16300 Kirkshire						CITY Beverly Hills 1		STATE MI	ZIP 48025		
18	HOME PHONE	BUSINESS PHONE	HEIGHT	WEIGHT	EYES	HAIR COLOR / LENGTH / STYLE	BUILD	SKIN TONE				
19	STATE MI	SOC. SEC. #	SID #	FBI #								
20	PERSON COMMENTS / CLOTHING						SUMMONS / CITATION NUMBER(S) 684275					

21	ARREST / SUMMONS DESCRIPTION serve to person 4/21	ARREST CHARGE 1 2220	ARREST DATE 030405	PLATOON S2	BADGE 1 022	BADGE 2 017	FM	DIS	DEPARTMENT ARREST NUMBER		
22	ARREST / SUMMONS DESCRIPTION	ARREST CHARGE 2	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	AFIS NUMBER		
23	ARREST TYPE <input checked="" type="checkbox"/> ON VIEW (No Warrant) <input checked="" type="checkbox"/> SUMMONS (No Custody) <input type="checkbox"/> CUSTODY (Warrant)	MULTIPLE ARREST INDICATOR <input type="checkbox"/> MULTIPLE <input type="checkbox"/> COUNT 1 <input type="checkbox"/> N/A	CLEAR INDICATOR <input type="checkbox"/> CLEAR <input type="checkbox"/> N	UPON ARREST <input type="checkbox"/> UNARMED <input checked="" type="checkbox"/> ARMED WITH	11 <input type="checkbox"/> FIREARM 12 <input type="checkbox"/> HANDGUN	13 <input type="checkbox"/> RIFLE 14 <input type="checkbox"/> SHOTGUN	15 <input type="checkbox"/> OTHER FIREARM	20 <input type="checkbox"/> LETHAL CUT INSTRUMENT (e.g. Switchblade Knives, etc.)	30 <input type="checkbox"/> CLUB / BRASS KNUCKLES	ARREST ORIGIN <input checked="" type="checkbox"/> FOP <input type="checkbox"/> MDT	<input type="checkbox"/> DISP <input type="checkbox"/> PER <input type="checkbox"/> TEL

24	CODES A	DESCRIPTION Alcoholic Drink	PROPERTY TYPE	QUANTITY	YEAR	MAKE	MODEL			
25	STYLE	COLOR(S) TOP / BOTTOM	MONTH YEAR STATE LICENSE	SERIAL / VIN NUMBER / CONDITION / OTHER I.D. Cosmopolitan						
26	STOLEN \$	DAMAGED \$	RECOVERED \$	PROPERTY TAG # 131017	LOCATION PROPERTY P.R.	LEIN / NOIC REF #				
27	REC BADGE	REC BADGE 2	LEO	RECOVERY DATE	NOTIFY BADGE	NOTIFY DATE	NOTIFY TIME	PERSON / DEPARTMENT NOTIFIED		
28	COMMENTS - INSURANCE COMPANY / LIEN HOLDER / BANK						SEIZED DRUGS	TYPE	AMOUNT	MEAS

29	INVESTIGATING OFFICER(S) mawilliams 22 / Garchee 17	REVIEWED BY: HJR	ATTENTION TO: A.B. um
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01	DATE 030405	DAY FRI	SHIFT 02	PLATOON S2	BADGE 1 022	BADGE 2 017	UCR STATUS E10 <input type="checkbox"/> DEATH OF OFFENDER E11 <input type="checkbox"/> PROSECUTION DECLINED	E12 <input type="checkbox"/> EXTRADITION DECLINED E13 <input type="checkbox"/> REFUSED TO COOPERATE E14 <input type="checkbox"/> JUVENILE, NO CUSTODY	YEAR 05	INCIDENT NUMBER 7290
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CODES (1) REPT'D BY (2) OWNER (3) VICT (4) PERS INTERV (5) ARREST (6) SUSPECT (7) MISSING (8) WITN (9) SECUR'D BY (O) JUV ARREST (D) DRIVER (P) PASSENGER (S) SUMMONED (R) RESPONDER

V 02	CODE 8	VICT #	NAME (LAST, FIRST, MIDDLE, SUFFIX)	RAC W	SEX M	DOB 061486	AGE 18
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ADDRESS (DIRECTION, STREET, SUFFIX, QUALIFIER)
 TROY PD

G 04	HOME PHONE	BUSINESS PHONE	STATE	DRIVER'S LICENSE #	PERSON COMMENTS / OTHER I.D. Decoy w/ Hill
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T 05	VICTIM CONNECTED TO OFFENSE 01 <input type="checkbox"/> 02 <input type="checkbox"/>	VICTIM TYPE 1 <input type="checkbox"/> INDIVIDUAL 2 <input type="checkbox"/> BUSINESS	F <input type="checkbox"/> FINANCIAL G <input type="checkbox"/> GOVERNMENT R <input type="checkbox"/> RELIGIOUS	S <input type="checkbox"/> SOCIETY / PUBLIC O <input type="checkbox"/> OTHER P <input type="checkbox"/> POLICE OFFICER	VICTIM INJURY N <input type="checkbox"/> NONE B <input type="checkbox"/> BROKEN BONE	M <input type="checkbox"/> MINOR INJURY O <input type="checkbox"/> MAJOR INJURY	I <input type="checkbox"/> POSS. INT. INJURIES L <input type="checkbox"/> SEVERE LACERATION	T <input type="checkbox"/> LOSS OF TEETH U <input type="checkbox"/> UNCONSCIOUSNESS	F <input type="checkbox"/> FAT
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I 06	RELATIONSHIP OF VICTIM TO OFFENDER WITHIN FAMILY				OUTSIDE FAMILY, BUT KNOWN				NOT KNOWN 98 STRANGER 99 UNKNOWN	REL / OFF #	FELONIOUS ASSAULT CIRCUMSTANC
M 07	01 SPOUSE	05 CHILD	09 STEPPARENT	20 ACQUAINTANCE	24 BOY / GIRL FRIEND	28 EMPLOYEE	30 OTHERWISE KNOWN	REL / OFF #			
	02 C-L SPOUSE	06 GRANDPARENT	10 STEPCCHILD	21 FRIEND	25 CHILD OF "BG" ABOVE	29 EMPLOYER	31 VICTIM WAS OFFENDER				
	03 PARENT	07 GRANDCHILD	11 STEPSIBLING	22 NEIGHBOR	26 HOMOSEXUAL REL.						
	04 SIBLING	08 IN-LAW	12 OTHER FAMILY	23 BABYSITTEE (baby)	27 EX-SPOUSE						

V 08	CODE 4	VICT #	NAME (LAST, FIRST, MIDDLE, SUFFIX) Dierking, Thomas	RAC W	SEX M	DOB	AGE
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ADDRESS (DIRECTION, STREET, SUFFIX, QUALIFIER)
 CITY

G 10	HOME PHONE	BUSINESS PHONE 248-205-1060	STATE	DRIVER'S LICENSE #	PERSON COMMENTS / OTHER I.D. General Manager
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T 11	VICTIM CONNECTED TO OFFENSE 01 <input type="checkbox"/> 02 <input type="checkbox"/>	VICTIM TYPE 1 <input type="checkbox"/> INDIVIDUAL 2 <input type="checkbox"/> BUSINESS	F <input type="checkbox"/> FINANCIAL G <input type="checkbox"/> GOVERNMENT R <input type="checkbox"/> RELIGIOUS	S <input type="checkbox"/> SOCIETY / PUBLIC O <input type="checkbox"/> OTHER P <input type="checkbox"/> POLICE OFFICER	VICTIM INJURY N <input type="checkbox"/> NONE B <input type="checkbox"/> BROKEN BONE	M <input type="checkbox"/> MINOR INJURY O <input type="checkbox"/> MAJOR INJURY	I <input type="checkbox"/> POSS. INT. INJURIES L <input type="checkbox"/> SEVERE LACERATION	T <input type="checkbox"/> LOSS OF TEETH U <input type="checkbox"/> UNCONSCIOUSNESS	F <input type="checkbox"/> FAT
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I 12	RELATIONSHIP OF VICTIM TO OFFENDER WITHIN FAMILY				OUTSIDE FAMILY, BUT KNOWN				NOT KNOWN 98 STRANGER 99 UNKNOWN	REL / OFF #	FELONIOUS ASSAULT CIRCUMSTANC
M 13	01 SPOUSE	05 CHILD	09 STEPPARENT	20 ACQUAINTANCE	24 BOY / GIRL FRIEND	28 EMPLOYEE	30 OTHERWISE KNOWN	REL / OFF #			
	02 C-L SPOUSE	06 GRANDPARENT	10 STEPCCHILD	21 FRIEND	25 CHILD OF "BG" ABOVE	29 EMPLOYER	31 VICTIM WAS OFFENDER				
	03 PARENT	07 GRANDCHILD	11 STEPSIBLING	22 NEIGHBOR	26 HOMOSEXUAL REL.						
	04 SIBLING	08 IN-LAW	12 OTHER FAMILY	23 BABYSITTEE (baby)	27 EX-SPOUSE						

14	CODE	OFF #	NAME (LAST, FIRST, MIDDLE, SUFFIX)	RAC	SEX	DOB	AGE
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ADDRESS (DIRECTION, STREET, SUFFIX, QUALIFIER)
 CITY

A 15	HOME PHONE	BUSINESS PHONE	HEIGHT	WEIGHT	EYES	HAIR COLOR / LENGTH / STYLE	BUILD	SKIN TONE
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R 16	STATE	DRIVER'S LICENSE #	SOC. SEC. #	SID #	FBI #
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PERSON COMMENTS / CLOTHING
 SUMMONS / CITATION NUMBER(S)

S 19	ARREST / SUMMONS DESCRIPTION	ARREST CHARGE 1	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	DEPARTMENT ARREST NUMBER
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T 20	ARREST / SUMMONS DESCRIPTION	ARREST CHARGE 2	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	AFIS NUMBER
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21	ARREST TYPE <input type="checkbox"/> ON VIEW (No Warrant) <input type="checkbox"/> SUMMONS (No Custody) <input type="checkbox"/> CUSTODY (Warrant)	MULTIPLE ARREST INDICATOR <input type="checkbox"/> MULTIPLE COUNT 1 <input type="checkbox"/> N/A	CLEAR INDICATOR <input type="checkbox"/> Y <input type="checkbox"/> N	UPON ARREST <input type="checkbox"/> UNARMED <input type="checkbox"/> ARMED WITH (ENTER "A" IF AUTO)	01 <input type="checkbox"/> UNARMED 11 <input type="checkbox"/> FIREARM 12 <input type="checkbox"/> HANDGUN	13 <input type="checkbox"/> RIFLE 14 <input type="checkbox"/> SHOTGUN 15 <input type="checkbox"/> OTHER FIREARM	20 <input type="checkbox"/> LETHAL CUT INSTRUMENT (e.g. Switchblade Knife, etc.) 30 <input type="checkbox"/> CLUB / BRASS KNUCKLES	ARREST ORIGIN <input type="checkbox"/> FOP <input type="checkbox"/> MDT
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22	CODE	OFF #	NAME (LAST, FIRST, MIDDLE, SUFFIX)	RAC	SEX	DOB	AGE
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ADDRESS (DIRECTION, STREET, SUFFIX, QUALIFIER)
 CITY

A 23	HOME PHONE	BUSINESS PHONE	HEIGHT	WEIGHT	EYES	HAIR COLOR / LENGTH / STYLE	BUILD	SKIN TONE
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R 24	STATE	DRIVER'S LICENSE #	SOC. SEC. #	SID #	FBI #
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PERSON COMMENTS / CLOTHING
 SUMMONS / CITATION NUMBER(S)

S 27	ARREST / SUMMONS DESCRIPTION	ARREST CHARGE 1	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	DEPARTMENT ARREST NUMBER
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T 28	ARREST / SUMMONS DESCRIPTION	ARREST CHARGE 2	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	AFIS NUMBER
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29	ARREST TYPE <input type="checkbox"/> ON VIEW (No Warrant) <input type="checkbox"/> SUMMONS (No Custody) <input type="checkbox"/> CUSTODY (Warrant)	MULTIPLE ARREST INDICATOR <input type="checkbox"/> MULTIPLE COUNT 1 <input type="checkbox"/> N/A	CLEAR INDICATOR <input type="checkbox"/> Y <input type="checkbox"/> N	UPON ARREST <input type="checkbox"/> UNARMED <input type="checkbox"/> ARMED WITH (ENTER "A" IF AUTO)	01 <input type="checkbox"/> UNARMED 11 <input type="checkbox"/> FIREARM 12 <input type="checkbox"/> HANDGUN	13 <input type="checkbox"/> RIFLE 14 <input type="checkbox"/> SHOTGUN 15 <input type="checkbox"/> OTHER FIREARM	20 <input type="checkbox"/> LETHAL CUT INSTRUMENT (e.g. Switchblade Knife, etc.) 30 <input type="checkbox"/> CLUB / BRASS KNUCKLES	ARREST ORIGIN <input type="checkbox"/> FOP <input type="checkbox"/> MDT
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INVESTIGATING OFFICER(S):
 REVIEWED BY:
 ATTENTION TO:

30 McWilliams 22 / Garchee 17

TROY POLICE DEPT.500 W. Big Beaver, Troy, MI 48084
ORI #M16378400**NARRATIVE REPORT**

_ SUPP _ CORR _ DELETE

PAGE 3 OF 3

01	DATE	DAY	SHIFT	PLAT	BADGE 1	BADGE 2	INCIDENT STATUS	PRIM CLASS	YEAR	
	3/5/05	Fri	02	52	17	22	<input type="checkbox"/> CLR ARREST <input type="checkbox"/> UNF <input type="checkbox"/> CLR EXCEPT <input type="checkbox"/> INACT		05	7290

INCIDENT: LCC Violation

LOCATION: Maggiano's, 2089 W. Big Beaver Rd., Troy

CIRCUMSTANCES:

Officer McWilliams and myself were conducting LCC inspections on sit down liquor establishments with the use of under age decoys. We arrived with the decoys at the above listed location. We entered into the restaurant before the decoys and had a seat at the bar. The decoys, entered into the restaurant and had a seat at the other end of the bar. ordered a cosmopolitan. The bartender, Angela Kuciban, did not ask for identification and after a short time, returned with the alcoholic drink. walked over to where we were sitting at the bar and notified us of the violation. We identified ourselves as Troy Police officers to management and spoke with Thomas Derking who is the restaurant general manager. He along with Kuciban were informed about the violation. We completed a LCC violation report and Kuciban was issued a citation for serving alcohol to a minor/failing to make diligent inquiry, #684275. Derking was given an incident number and police department contact information.

We confiscated the cosmopolitan from the restaurant and it was tagged into evidence, tag #131017. Photos of the decoys, the server, and the cosmopolitan are attached to the report.

INVESTIGATING OFFICER(S) Garcher, P.McWilliams	REVIEWED BY	ASSIGNED TO/BADGE	ATTENTION TO
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**State of Michigan
Uniform Law Citation**

Ticket No. **684275** Victim Involved

US DOT # _____ Incident No. **05-7290** Dept. No. **784**

The People of the State of Michigan
 Township City Village County

TROY BAC _____

OF _____

THE UNDERSIGNED At approximately A.M. P.M. Date **3/4/05** Month **3** Day **4** Year **05** Time **1:15** of Birth **8/15/77**

SAYS THAT ON: State **MI** Social Security No. _____

Race **W F** Sex _____ Height _____ Weight _____ Hair _____ Eyes _____ Occupation/Employer _____

Name (First, Middle, Last) **Angela Maria Kuciban**

Street **16300 Kirkshire**

City **Beverly Hills** State **MI** Zip Code **48025**

Vehicle Plate No. _____ Year _____ State _____ Vehicle Description (Year, Make, Color) _____ Type _____

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

UPON _____

AT OR NEAR **2089 W Big Beaver**

WITHIN CITY VILLAGE TOWNSHIP OF **TROY**

COUNTY OF **OAKLAND** DID THE FOLLOWING Charge

Type	MCL Cite/Pacc Code/ Ordinance	Description (include any bond amount collected on each charge)	No.
<input checked="" type="checkbox"/> Ctl <input type="checkbox"/> Warn <input type="checkbox"/> Misd <input type="checkbox"/> Fug <input type="checkbox"/> Fel <input type="checkbox"/> Waiv	96.10.11	serve a local person 0121/fail make pl/grad	1
<input type="checkbox"/> Ctl <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.	Inquiry	2
<input type="checkbox"/> Ctl <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: Ctl = Civil Infraction Misd = Misdemeanor Fel = Felony Warn = Warning Fug = Fugitive
 Waiv = Violation for Which Fines/Costs May be Waived Authorization pend. = Authorization pending

Remarks **(Leonardo) New Name**

684275 Ticket

784 Name

Case No.

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 **3-30-05**

Hearing Date (if applicable) on _____ Contact Court

Juvenile Traffic Misd. (Court will Notify) Formal Hearing Required. (Court will Notify)

In the **52-4 DISTRICT** Court of **OAKLAND COUNTY**

Court Address & Phone Number
520 W. BIG BEAVER RD., TROY, MICHIGAN 48084
PHONE: (248) 528-0400

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 _____ Month **3** Day **4** Year **05**

Officer's Name (printed) **McWilliams/Coxler** Officer's ID No. **22117**

Agency ORI **MI 6378400** Agency Name **TROY POLICE DEPARTMENT**

UC-01a (rev. 9/02) Court Copy-1

COUNT 1 OF 1 5204 DISTRICT COURT DISPOSITION INQUIRY 01/27/06
XFER TKT# 01 05 684275
CASE 05 001038 PS 01 TYPE OM DEF NAME ANGELA, MARIA, KUCIBAN,
SOC SEC 000000000 SEX F RACE DOB 081577 LIC # MI
ATTY BAR # P10154 NAME CASEY K. AMBROSE

OFFENSE 4252 000 FURNISH ALCOHOL TO MINOR DATE 030405 CONV CODE
CHARGE CODE JUDGE 10
DISP PUA B PLEA UNDER ADVISEMENT AT BENCH TRIAL COND DATE 051205
SENTENCE DATE 051205 ARREST DATE JUDGMENT PRINT DATE 000000
FINES & COSTS 125.00 TO BE PAID BY 061205 REST .00 OTHER .00
JSA .00 JAIL TIME: TIME CREDIT ACTUAL
IMMB DATE # OF DAYS VIN VEH YR
VEH MAKE VEH PLATE # IF F & C NOT PAID TO BE SERVED
PROBATION: TIME 12M TOT POE W/R W/E BEG DTE 000000
OTHER: NON-REPORTING PROBATION
NO DRINKING AND DRIVING

CIRC: TCN# PROB OFFICER:
CTN # SID # CLEMIS # 057290 JAIL #
PF5/JDG SENT PF7/SCHED PF10/FWD PF11/BKWD PF12/PROB
PS YR 05 NO 001038 MSP PDC C001 SEQ FUNCTION DS MODE I

**Violation History of Business:152954 MAGGIANO'S/CORNER BAKERY HOLDING CORPO
(A DELAWARE CORPORATION)**

Violation Date	MLCC Complaint Number	Violation Description	Decision or Event
3/4/05	87933	SALE TO MINOR - (19): (TROY PD/ /CK ANGELA MARIA KUCIBAN)	6/08/2005 HEARING HELD MOURNING/DICKERSON NEG SETTLEMENT COST \$18.15 6/20/2005 \$500 OR 25 DAYS SUSP - SEC 801(2) & COSTS FOR A TOTAL OF \$518.15. NEGOTIATED SETI

LCC Liquor Licensee History

Business name: **Maggiano's Little Italy**
 Address: 2089 W. Big Beaver
 Licensee: Maggiano's/Corner Bakery Holding
 License type: Class C, SDM
 Permits: OP (food), SS
 Comments:

Date	Troy Incident #	Type	Disposition	Date
06/21/04		Council approves transfer of Class C – new SDM from Rio Bravo		
12/10/04	04-39254	Liquor Inspection (Road Patrol- Smith)	NO VIOLATIONS	
02/10/05	05-04654	Liquor Inspection (Road Patrol- Smith)	NO VIOLATIONS	
03/04/05	05-07290	Sale to Minor (Compliance test)	\$500 fine	06/20/05
07/15/05	05-24545	Liquor Inspection (Road Patrol-Vandekerckhove)	NO VIOLATIONS	
08/17/05	05-29058	Liquor Inspection (Road Patrol- Smith)	NO VIOLATIONS	
11/22/05	05-41257	Liquor Inspection (Road Patrol- Shuler)	NO VIOLATIONS	