

AGENDA

Regular Meeting of the

**CITY COUNCIL
OF THE CITY OF TROY
LIQUOR VIOLATION HEARINGS**

FEBRUARY 15, 2006

CONVENING AT 7:30 P.M.

**Submitted By
The City Manager**

TO: The Honorable Mayor and City Council
Troy, Michigan

FROM: John Szerlag, City Manager

SUBJECT: Background Information and Reports

Ladies and Gentlemen:

This booklet provides a summary of the many reports, communications and recommendations that accompany your Agenda. Also included are suggested or requested resolutions and/or ordinances for your consideration and possible amendment and adoption.

Supporting materials transmitted with this Agenda have been prepared by department directors and staff members. I am indebted to them for their efforts to provide insight and professional advice for your consideration.

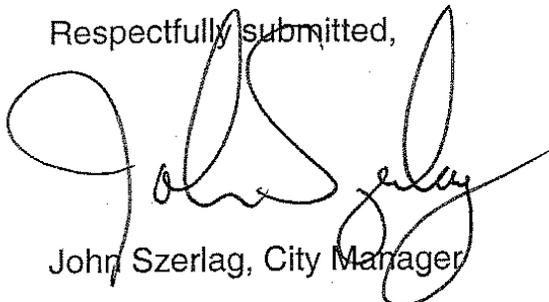
Identified below are goals for the City, which have been advanced by the governing body; and Agenda items submitted for your consideration are on course with these goals.

Goals

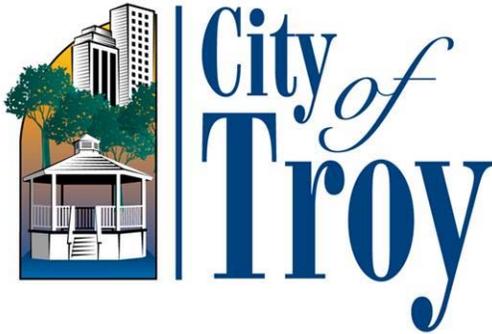
1. Minimize cost and increase efficiency of City government.
2. Retain and attract investment while encouraging redevelopment.
3. Effectively and professionally communicate internally and externally.
4. Creatively maintain and improve public infrastructure.
5. Protect life and property.

As always, we are happy to provide such added information as your deliberations may require.

Respectfully submitted,



John Szerlag, City Manager



CITY COUNCIL

AGENDA

**February 15, 2006 – 7:30 PM
 Council Chambers
 City Hall - 500 West Big Beaver
 Troy, Michigan 48084
 (248) 524-3317**

CALL TO ORDER: 1

INVOCATION & PLEDGE OF ALLEGIANCE: ROLL CALL: Mayor Pro Tem Broomfield 1

OUTLINE OF PUBLIC HEARING PROCEDURE 1

PUBLIC COMMENT: 1

A. Items on the Current Agenda 1

PUBLIC HEARINGS 1

1.0 Liquor Violations (Class C): (a) Champp’s Enterprises, Inc. (dba: Champp’s Americana); (b) MKC, Inc. (dba: Corradis Athletic Club); (c) B & R Enterprises, Inc. (dba: Ashoka Indian Cuisine); (d) Thunderbird Lanes, Inc. (dba: Thunderbird Lanes); (e) Café Sushi, L.L.C. (dba: Café Sushi) 2

- (a) Champp’s Enterprises, Inc. (dba: Champp’s Americana) 2
- (b) MKC, Inc. (dba: Corradis Athletic Club) 3
- (c) B & R Enterprises, Inc. (dba: Ashoka Indian Cuisine) 4
- (d) Thunderbird Lanes, Inc. (dba: Thunderbird Lanes) 5
- (e) Café Sushi, L.L.C. (dba: Café Sushi) 5

RECESSED 6

RECONVENED 6

ADJOURNMENT 7

SCHEDULED CITY COUNCIL MEETINGS: 7

- Monday, February 20, 2006 Regular City Council..... 7
- Wednesday, February 22, 2006 (Liquor Violation Hearing) Regular City Council... 7

Monday, February 27, 2006	Regular City Council.....	7
Monday, March 6, 2006	Regular City Council.....	7
Monday, March 20, 2006	Regular City Council.....	7
Monday, March 27, 2006	Regular City Council.....	7
Monday, April 3, 2006	Regular City Council.....	7
Monday, April 17, 2006	Regular City Council.....	7
Monday, April 24, 2006 (Budget Study Session)	Regular City Council	7

CALL TO ORDER:**INVOCATION & PLEDGE OF ALLEGIANCE: ROLL CALL: Mayor Pro Tem Broomfield**

Mayor Louise E. Schilling
Robin Beltramini
Cristina Broomfield
Wade Fleming
Martin F. Howrylak
David A. Lambert
Jeanne M. Stine

OUTLINE OF PUBLIC HEARING PROCEDURE

The City Attorney suggests the following outline of procedure for consideration of liquor violations:

1. The Mayor calls the licensee whose case is to be heard.
2. The licensee and/or his attorney should be asked to the front of the Chamber to acknowledge their presence for the record and can be seated.
3. The Assistant City Attorney makes a very short opening statement regarding the violation(s), and presents proofs.
4. When witnesses are called, they should be sworn by the City Clerk to tell the truth.
5. Once the witness is sworn, the Assistant City Attorney will question the witness.
6. The police report and other documents may be offered into evidence as part of the case and should be kept by the City Clerk as part of the records.
7. At the conclusion of the City's case, the licensee or his attorney should be asked to offer an explanation for the violations if they choose, make a statement, offer evidence, or otherwise make their presentation.
8. If the licensee offers evidence from witnesses who have not been previously sworn, the City Clerk should swear those witnesses.
9. Once the licensee has concluded his presentation, the Assistant City Attorney should be given an opportunity for rebuttal, if any is desired.
10. City Council members may ask questions at any time, but it is suggested that this questioning by Council members be conducted after the parties conclude their presentations.
11. When the presentation of evidence is concluded, the matter returns to the City Council for discussion, deliberation, and resolution.

PUBLIC COMMENT:

A. Items on the Current Agenda**PUBLIC HEARINGS**

The following named licensees have been given notice to appear for this series of Public Hearings regarding alleged violations:

1.0 Liquor Violations (Class C):

- a) Name: Champp's Enterprises, Inc. (dba: Champp's Americana)
Address: 301 W. Big Beaver, 48084
License No.: Class C (8823-2004 SS)
- b) Name: MKC, Inc. (dba: Corradis Athletic Club)
Address: 1090 Rochester Road, 48083
License No.: Class C (4387-2004 SS / 2355-2004)
- c) Name: B & R Enterprises, Inc. (dba: Ashoka Indian Cuisine)
Address: 3642 Rochester Road, 48083
License No.: Class C (101151-2004 SS / 101152-2004)
- d) Name: Thunderbird Lanes, Inc. (dba: Thunderbird Lanes)
Address: 400 E. Maple Road, 48084
License No.: Class C (1941-2005 SS)
- e) Name: Café Sushi, L.L.C. (dba: Café Sushi)
Address: 1933 W. Maple Road, 48084
License No.: Class C (107549-2004 SS)

1.0 Liquor Violations (Class C): (a) Champp's Enterprises, Inc. (dba: Champp's Americana); (b) MKC, Inc. (dba: Corradis Athletic Club); (c) B & R Enterprises, Inc. (dba: Ashoka Indian Cuisine); (d) Thunderbird Lanes, Inc. (dba: Thunderbird Lanes); (e) Café Sushi, L.L.C. (dba: Café Sushi)

(a) Champp's Enterprises, Inc. (dba: Champp's Americana)Suggested Resolution

Resolution #2006-02-

Moved by

Seconded by

WHEREAS, The City Council of the City of Troy has reviewed the following infractions of liquor control codes and regulations and/or ordinances of the State of Michigan and/or the City of Troy respectively;

WHEREAS, The City Council has given public notice that it will deliberate and determine whether to adopt a resolution to recommend to the Michigan Liquor Control Commission that the license be revoked after Public Hearing on Wednesday, February 15, 2006 for the following licensed establishment:

Name: Champp's Enterprises, Inc. (dba: Champp's Americana)
Address: 301 W. Big Beaver, 48084
License No.: Class C (8823-2004 SS)

and having found violation of the following codes and/or regulations: SALE TO MINOR (Compliance Test), March 3, 2005;

WHEREAS, This licensee had a prior violations dated: December 4, 2000 – ALLOW UNLAWFUL GAMBLING-ALLOW UNLAWFUL GAMBLING DEVICES; September 16, 2000 – SERVE INTOXICATED PERSONS (2); August 18, 2000 – LIQUOR INSPECTION (Road Patrol); April 27, 2000 – SERVE INTOXICATED PERSON (Road Patrol); April 15, 2000 – SERVE INTOXICATED PERSON (Road Patrol); June 23, 1999 – SALE TO MINOR (Compliance Test); and October 28, 1998 – SALE TO MINOR (Compliance Inspection);

WHEREAS, After due notice the licensee was given opportunity to review these cited infractions, and opportunity to confront witnesses and/or statements by accusers while in the presence of this City Council, sitting as a hearing body on Wednesday, February 15, 2006.

NOW, THEREFORE, BE IT RESOLVED, By the City Council of the City of Troy, that after due notice, appropriate hearing and deliberations, and having made findings, it is **RECOMMENDED** to the Michigan Liquor Control Commission that Class C License Number 8823-2005 SS in the name of Champ's Enterprises, Inc. in the City of Troy, **BE RENEWED** with the **STIPULATION** that all employees be TIPS and TAMS trained and that the Licensee provide proof of training to the Troy Police Department within ninety (90) days; and a certified copy of this resolution be **SENT** to the Michigan Liquor Control Commission.

Yes:

No:

(b) MKC, Inc. (dba: Corradis Athletic Club)

Suggested Resolution

Resolution #2006-02-

Moved by

Seconded by

WHEREAS, The City Council of the City of Troy has reviewed the following infractions of liquor control codes and regulations and/or ordinances of the State of Michigan and/or the City of Troy respectively;

WHEREAS, The City Council has given public notice that it will deliberate and determine whether to adopt a resolution to recommend to the Michigan Liquor Control Commission that the license be revoked after Public Hearing on Wednesday, February 15, 2006 for the following licensed establishment:

Name: MKC, Inc. (dba: Corradis Athletic Club)

Address: 1090 Rochester Road, 48083

License No.: Class C (4387-2004 SS / 2355-2004)

and having found violation of the following codes and/or regulations: SALE TO MINOR (Compliance Test), March 4, 2005;

WHEREAS, This licensee had a prior violations dated: September 27, 2001 – SALE TO MINOR (Compliance Test); June 17, 1992 – SALE TO MINOR (Compliance Test); June 29, 1989 – SERVED INTOXICATED PERSON; and March 8, 1989 – SERVED INTOXICATED PERSON;

WHEREAS, After due notice the licensee was given opportunity to review these cited infractions, and opportunity to confront witnesses and/or statements by accusers while in the presence of this City Council, sitting as a hearing body on Wednesday, February 15, 2006.

NOW, THEREFORE, BE IT RESOLVED, By the City Council of the City of Troy, that after due notice, appropriate hearing and deliberations, and having made findings, it is **RECOMMENDED** to the Michigan Liquor Control Commission that Class C License Number 4387-2004 SS / 2355-2004 in the name of MKC, Inc. in the City of Troy, **BE RENEWED** with the **STIPULATION** that all employees be TIPS and TAMS trained and that the Licensee provide proof of training to the Troy Police Department within ninety (90) days; and a certified copy of this resolution be **SENT** to the Michigan Liquor Control Commission.

Yes:

No:

(c) B & R Enterprises, Inc. (dba: Ashoka Indian Cuisine)

Suggested Resolution

Resolution #2006-02-

Moved by

Seconded by

WHEREAS, The City Council of the City of Troy has reviewed the following infractions of liquor control codes and regulations and/or ordinances of the State of Michigan and/or the City of Troy respectively;

WHEREAS, The City Council has given public notice that it will deliberate and determine whether to adopt a resolution to recommend to the Michigan Liquor Control Commission that the license be revoked after Public Hearing on Wednesday, February 15, 2006 for the following licensed establishment:

Name: B & R Enterprises, Inc. (dba: Ashoka Indian Cuisine)
Address: 3642 Rochester Road, 48083
License No.: Class C (101151-2004 SS / 101152-2004)

and having found violation of the following codes and/or regulations: SALE TO MINOR (Compliance Test), March 4, 2005;

WHEREAS, This licensee had a prior violation dated: SALE TO MINOR (Compliance Test), May 3, 2001;

WHEREAS, After due notice the licensee was given opportunity to review these cited infractions, and opportunity to confront witnesses and/or statements by accusers while in the presence of this City Council, sitting as a hearing body on Wednesday, February 15, 2006.

NOW, THEREFORE, BE IT RESOLVED, By the City Council of the City of Troy, that after due notice, appropriate hearing and deliberations, and having made findings, it is **RECOMMENDED** to the Michigan Liquor Control Commission that Class C License Number 101151-2004 SS / 101152-2004 in the name of B & R Enterprises, Inc. in the City of Troy, **BE RENEWED** with the

STIPULATION that all employees be TIPS and TAMS trained and that the Licensee provide proof of training to the Troy Police Department within ninety (90) days; and a certified copy of this resolution be **SENT** to the Michigan Liquor Control Commission.

Yes:

No:

(d) Thunderbird Lanes, Inc. (dba: Thunderbird Lanes)

Suggested Resolution

Resolution #2006-02-

Moved by

Seconded by

WHEREAS, The City Council of the City of Troy has reviewed the following infractions of liquor control codes and regulations and/or ordinances of the State of Michigan and/or the City of Troy respectively; and

WHEREAS, The City Council has given public notice that it will deliberate and determine whether to adopt a resolution to recommend to the Michigan Liquor Control Commission that the license be revoked after Public Hearing on Wednesday, February 15, 2006 for the following licensed establishment:

Name: Thunderbird Lanes, Inc. (dba: Thunderbird Lanes)
 Address: 400 West Maple Road, 48084
 License No.: Class C (1941-2005 SS)

and having found violation of the following codes and/or regulations: SALE TO MINOR (Road Patrol FOP), August 27, 2005; and

WHEREAS, This licensee had a prior violation dated: March 23, 2004 SALE TO MINOR (Compliance Test); and

WHEREAS, After due notice the licensee was given opportunity to review these cited infractions, and opportunity to confront witnesses and/or statements by accusers while in the presence of this City Council, sitting as a hearing body on Wednesday, February 15, 2006.

NOW, THEREFORE, BE IT RESOLVED, By the City Council of the City of Troy, that after due notice, appropriate hearing and deliberations, and having made findings, it is **RECOMMENDED** to the Michigan Liquor Control Commission that Class C License Number 1941-2005 SS in the name of Thunderbird Lanes, Inc. in the City of Troy, **BE RENEWED** with the **STIPULATION** that all employees be TIPS and TAMS trained and that the Licensee provide proof of training to the Troy Police Department within ninety (90) days; and a certified copy of this resolution be **SENT** to the Michigan Liquor Control Commission.

Yes:

No:

(e) Café Sushi, L.L.C. (dba: Café Sushi)

Suggested Resolution

Resolution #2006-02-

Moved by

Seconded by

WHEREAS, The City Council of the City of Troy has reviewed the following infractions of liquor control codes and regulations and/or ordinances of the State of Michigan and/or the City of Troy respectively;

WHEREAS, The City Council has given public notice that it will deliberate and determine whether to adopt a resolution to recommend to the Michigan Liquor Control Commission that the license be revoked after Public Hearing on Wednesday, February 15, 2006 for the following licensed establishment:

Name: Café Sushi, L.L.C. (dba: Café Sushi)
Address: 1933 W. Maple Road, 48084
License No.: Class C (107549-2004 SS)

and having found violation of the following codes and/or regulations: SALE TO MINOR (Compliance Test), March 3, 2005;

WHEREAS, The licensee has had no prior violations;

WHEREAS, After due notice the licensee was given opportunity to review these cited infractions, and opportunity to confront witnesses and/or statements by accusers while in the presence of this City Council, sitting as a hearing body on Wednesday, February 15, 2006.

NOW, THEREFORE, BE IT RESOLVED, By the City Council of the City of Troy, that after due notice, appropriate hearing and deliberations, and having made findings, it is **RECOMMENDED** to the Michigan Liquor Control Commission that Class C License Number 107549-2004 SS in the name of Café Sushi, L.L.C. in the City of Troy, **BE RENEWED** with the **STIPULATION** that all employees be TIPS and TAMS trained and that the Licensee provide proof of training to the Troy Police Department within ninety (90) days; and a certified copy of this resolution be **SENT** to the Michigan Liquor Control Commission.

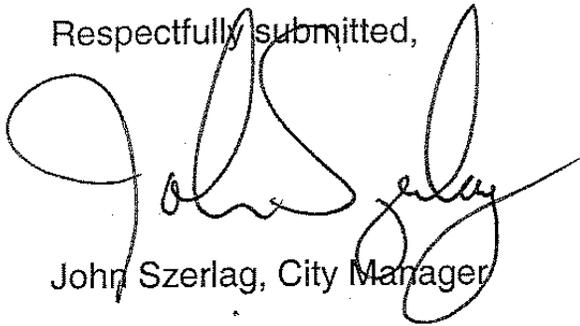
Yes:

No:

RECESSED**RECONVENED**

ADJOURNMENT

Respectfully submitted,



John Szerlag, City Manager

SCHEDULED CITY COUNCIL MEETINGS:

- Monday, February 20, 2006 Regular City Council
- Wednesday, February 22, 2006 (Liquor Violation Hearing)..... Regular City Council
- Monday, February 27, 2006 Regular City Council
- Monday, March 6, 2006..... Regular City Council
- Monday, March 20, 2006..... Regular City Council
- Monday, March 27, 2006..... Regular City Council
- Monday, April 3, 2006 Regular City Council
- Monday, April 17, 2006 Regular City Council
- Monday, April 24, 2006 (Budget Study Session) Regular City Council

Name: CHAMPPS AMERICANA (301 W BIG BEAVER)

Date: 3/3/05

Nature: SALE TO MINOR

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

Liquor Contact Info

Business Name: Champps Americana

Address: 301 West Big Beaver Troy, MI 48084

Contact Names:

- 1.
- 2.
- 3.
- 4.

Attorney: Kelly Allen
39533 Woodward Suite 210
Bloomfield Hills 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. 8823-2004 SS Business ID 5763 File # _____

1. Name of Licensee CHAMPPS AMERICANA 2. Doing Business As CHAMPPS AMERICANA

3. Mailing Address (street, city, zip code) 301 West Big Beaver Road; Troy 48084

4. Township _____ 5. County Oakland

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

7. Date of Violation: Thursday 03/03/05 2140 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 # 05-7158

* 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 48064

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

2. Name _____ Address 500 W Big Beaver Road; Troy MI 48064

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

3. Name Lisa Brooke Saunders Address 9817 Oak Valley; Clarkston 48348

Will testify to: Served alcoholic beverage to minor

4. Name Kirsten Gilbert Address 301 W Big Beaver Road; Troy MI 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): Caramel Apple drink and photograph of same
Property Tag No. 130995

01	DATE	DAY	SHIFT	PLATOON	BADGE 1	BADGE 2	UCR STATUS	E12 <input type="checkbox"/> EXTRADITION DECLINED	YEAR	INCIDENT NUMBER	
01	03.03.05	THU	02	52	022	017	E10 <input type="checkbox"/> DEATH OF OFFENDER E11 <input type="checkbox"/> PROSECUTION DECLINED	E13 <input type="checkbox"/> REFUSED TO COOPERATE E14 <input type="checkbox"/> JUVENILE, NO CUSTODY	05	7158	
02	RECEIVED	DISPATCHED	ARRIVED	COMPLETED	DATE(S) OCCURRED			TIMES(S) OCCURRED	ASSIGNED HOUR / DAY		
02	2148	2328	2328	0000	03.03.05			2140	211 THU		
03	LOCATION / ADDRESS (DIRECTION, STREET, SUFFIX, QUALIFIER)					LOCATION 2 (INTERSECTING STREET)					
03	301 W Big Beaver										
04	CITY	STATE	ZIP	CODE	BUSINESS NAME			BUSINESS PHONE			
04	Troy	MI	48084		LV Champps Americana						
05	BUSINESS COMMENTS / ESTABLISHMENT DESCRIPTION				ESTAB CODE	ORIGIN	HOW ACTIVATED			PATROL	GEOGRAPHIC
05	Restaurant / BAR				8660	<input checked="" type="checkbox"/> FOP <input type="checkbox"/> PHONE <input type="checkbox"/> PERSON <input type="checkbox"/> OTHER <input type="checkbox"/> MDT	<input checked="" type="checkbox"/> FOP <input type="checkbox"/> PERSON <input type="checkbox"/> DISP <input type="checkbox"/> OTHER			07	
06	NATURE OF OFFENSE #1			ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL DRUGS COMP	BIAS	WEAPON	# PREM	ACTIVITY	ACTIVITY TYPES (Maximum 3 Per Offense)
06	LCC Violation				2235	<input checked="" type="checkbox"/>	00	00		D	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 DRUGS COMP	BIAS	WEAPON	# PREM	ACTIVITY	
07											
08	NATURE OF OFFENSE #3			ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL DRUGS COMP	BIAS	WEAPON	# PREM	ACTIVITY	
08											
09	NATURE OF OFFENSE #4			ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL DRUGS COMP	BIAS	WEAPON	# PREM	ACTIVITY	OFFENSE COMMENTS
09											

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) RESPONSIBLE

V 10	CODE	VICT #	NAME (LAST, FIRST, MIDDLE, SUFFIX)					RAC	SEX	DOB	AGE
V 10	8							W	F	052985	19
I 11	ADDRESS (DIRECTION, STREET, SUFFIX, QUALIFIER)		CITY					STATE	ZIP		
I 11	Troy P.D		Clarkston					MI	48348		
G 12	HOME PHONE	BUSINESS PHONE	STATE	DRIVER'S LICENSE #	PERSON COMMENTS / OTHER I.D.						
G 12					Decoy, served by waitress						
T 13	VICTIM CONNECTED TO OFFENSE	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	VICTIM TYPE	F <input type="checkbox"/> FINANCIAL G <input type="checkbox"/> GOVERNMENT B <input type="checkbox"/> BUSINESS	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
T 13											
I 14	RELATIONSHIP OF VICTIM TO OFFENDER WITHIN FAMILY					OUTSIDE FAMILY, BUT KNOWN			NOT KNOWN	REL / OFF #	FELONIOUS ASSAULT CIRCUMSTANCES
I 14	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 BABYSITTE (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	/	/		
M 15											

16	CODE	OFF #	NAME (LAST, FIRST, MIDDLE, SUFFIX)					RAC	SEX	DOB	AGE
16	S	01	Saunders, Lisa, Brooke					W	F	082481	23
A 17	ADDRESS (DIRECTION, STREET, SUFFIX, QUALIFIER)		CITY					STATE	ZIP		
A 17	9817 Oak Valley Dr		Clarkston					MI	48348		
R 18	HOME PHONE	BUSINESS PHONE	HEIGHT	WEIGHT	EYES	HAIR COLOR / LENGTH / STYLE	BUILD	SKIN TONE			
R 18											
R 19	STATE	SOC. SEC. #	SID #	FBI #							
R 19	MI										
E 20	PERSON COMMENTS / CLOTHING					SUMMONS / CITATION NUMBER(S)					
E 20						684271					

S 21	ARREST (SUMMONS) DESCRIPTION	ARREST CHARGE 1	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	DEPARTMENT ARREST NUMBER		
S 21	Fail to make diligent inquiry	2230	03.03.05	52	022	017	M				
T 22	ARREST / SUMMONS DESCRIPTION	ARREST CHARGE 2	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	AFIS NUMBER		
T 22											
23	ARREST TYPE	<input type="checkbox"/> ON VIEW (No Warrant) <input checked="" type="checkbox"/> SUMMONS (No Custody) <input type="checkbox"/> CUSTODY (Warrant)	MULTIPLE <input type="checkbox"/> MULTIPLE <input type="checkbox"/> COUNT 1 <input type="checkbox"/> INDICATOR <input type="checkbox"/> N/A	CLEAR <input type="checkbox"/> Y <input type="checkbox"/> N	UPON ARREST ARMED WITH (ENTER "A" IF AUTO)	12 <input type="checkbox"/> HANDGUN 13 <input type="checkbox"/> UNARMED 14 <input type="checkbox"/> FIREARM 15 <input type="checkbox"/> OTHER FIREARM	20 <input type="checkbox"/> RIFLE 21 <input type="checkbox"/> SHOTGUN 30 <input type="checkbox"/> CLUB / BRASS KNUCKLES	20 <input type="checkbox"/> LETHAL CUT INSTRUMENT (e.g. Switchblade Knife, etc.)	ARREST ORIGIN	<input checked="" type="checkbox"/> FOP <input type="checkbox"/> MDT	<input type="checkbox"/> DISP <input type="checkbox"/> PER <input type="checkbox"/> TEL
23											

24	CODES	DESCRIPTION	PROPERTY TYPE	QUANTITY	YEAR	MAKE	MODEL			
24	E	Drink		1						
25	STYLE	COLOR(S) TOP / BOTTOM	MONTH	YEAR	STATE	LICENSE	SERIAL / VIN NUMBER / CONDITION / OTHER I.D.			
25							"Carmel Apple"			
26	STOLEN	DAMAGED	RECOVERED	PROPERTY TAG #	LOCATION PROPERTY	LEIN / NCIC REF #				
26	\$	\$	\$	130995	Locker 17					
27	REC BADGE	REC BADGE 2	LEO	RECOVERY DATE	NOTIFY BADGE	NOTIFY DATE	NOTIFY TIME	PERSON / DEPARTMENT NOTIFIED		
27										
28	COMMENTS - INSURANCE COMPANY / LIEN HOLDER / BANK						SEIZED DRUGS	TYPE	AMOUNT	MEAS
28	Served by Saunders to Hill									
29	INVESTIGATING OFFICER(S):			REVIEWED BY:		ATTENTION TO:				
29	mcwilliams 22			Garcher 17		M D.B. um				

01	DATE	DAY	SHIFT	PLATOON	BADGE 1	BADGE 2	UCR STATUS	E12 <input type="checkbox"/> EXTRADITION DECLINED	YEAR	INCIDENT NUMBER
	030305	THU	02	52	022	017	E10 <input type="checkbox"/> DEATH OF OFFENDER E11 <input type="checkbox"/> PROSECUTION DECLINED	E13 <input type="checkbox"/> REFUSED TO COOPERATE E14 <input type="checkbox"/> JUVENILE, NO CUSTODY	051	7158

CODES (1) REPT'D BY (2) OWNER (3) VICT (4) PERS INTERV (5) ARREST (6) SUSPECT (7) MISSING (8) WITHN (9) SECUR'D BY (10) JUV ARREST (D) DRIVER (P) PASSENGER (S) SUMMONED (R) RESPONSIBLE

V02	CODE	VICT #	NAME (LAST, FIRST, MIDDLE, SUFFIX)	RAC	SEX	DOB	AGE				
	8			WM	M	06/14/86	18				
I03	ADDRESS	(DIRECTION, STREET, SUFFIX, QUALIFIER)	CITY	STATE	ZIP						
G04	HOME PHONE	BUSINESS PHONE	STATE	DRIVER'S LICENSE #	PERSON COMMENTS / OTHER I.D.						
					Decoy, sitting w/ Hill						
T05	VICTIM CONNECTED TO OFFENSE	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	VICTIM TYPE	F <input type="checkbox"/> FINANCIAL G <input type="checkbox"/> GOVERNMENT B <input type="checkbox"/> BUSINESS	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
I06	RELATIONSHIP OF VICTIM TO OFFENDER WITHIN FAMILY			OUTSIDE FAMILY, BUT KNOWN			NOT KNOWN	REL / OFF #	FELONIOUS ASSAULT CIRCUMSTANCES		
M07	01 SPOUSE	05 CHILD	09 STEPPARENT	20 ACQUAINTANCE	24 BOY / GIRL FRIEND	28 EMPLOYEE	98 STRANGER	/ /			
	02 C-L SPOUSE	06 GRANDPARENT	10 STEPCCHILD	21 FRIEND	25 CHILD OF "BG" ABOVE	29 EMPLOYER	99 UNKNOWN	/ /			
	03 PARENT	07 GRANDCHILD	11 STEPSIBLING	22 NEIGHBOR	26 HOMOSEXUAL REL.	30 OTHERWISE KNOWN	REL / OFF #	/ /			
	04 SIBLING	08 IN-LAW	12 OTHER FAMILY	23 BABYSITEE (baby)	27 EX-SPOUSE	31 VICTIM WAS OFFENDER	/ /	/ /			

V08	CODE	VICT #	NAME (LAST, FIRST, MIDDLE, SUFFIX)	RAC	SEX	DOB	AGE				
	4		Gilbert, Kirsten	WF	F						
I09	ADDRESS	(DIRECTION, STREET, SUFFIX, QUALIFIER)	CITY	STATE	ZIP						
G10	HOME PHONE	BUSINESS PHONE	STATE	DRIVER'S LICENSE #	PERSON COMMENTS / OTHER I.D.						
		248 526-0156			Manager, Champps						
T11	VICTIM CONNECTED TO OFFENSE	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	VICTIM TYPE	F <input type="checkbox"/> FINANCIAL G <input type="checkbox"/> GOVERNMENT B <input type="checkbox"/> BUSINESS	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
I12	RELATIONSHIP OF VICTIM TO OFFENDER WITHIN FAMILY			OUTSIDE FAMILY, BUT KNOWN			NOT KNOWN	REL / OFF #	FELONIOUS ASSAULT CIRCUMSTANCES		
M13	01 SPOUSE	05 CHILD	09 STEPPARENT	20 ACQUAINTANCE	24 BOY / GIRL FRIEND	28 EMPLOYEE	98 STRANGER	/ /			
	02 C-L SPOUSE	06 GRANDPARENT	10 STEPCCHILD	21 FRIEND	25 CHILD OF "BG" ABOVE	29 EMPLOYER	99 UNKNOWN	/ /			
	03 PARENT	07 GRANDCHILD	11 STEPSIBLING	22 NEIGHBOR	26 HOMOSEXUAL REL.	30 OTHERWISE KNOWN	REL / OFF #	/ /			
	04 SIBLING	08 IN-LAW	12 OTHER FAMILY	23 BABYSITEE (baby)	27 EX-SPOUSE	31 VICTIM WAS OFFENDER	/ /	/ /			

14	CODE	OFF #	NAME (LAST, FIRST, MIDDLE, SUFFIX)	RAC	SEX	DOB	AGE	
A15	ADDRESS	(DIRECTION, STREET, SUFFIX, QUALIFIER)	CITY	STATE	ZIP			
R16	HOME PHONE	BUSINESS PHONE	HEIGHT	WEIGHT	EYES	HAIR COLOR / LENGTH / STYLE	BUILD	SKIN TONE
R17	STATE	DRIVER'S LICENSE #	SOC. SEC. #	SID #	FBI #			
E18	PERSON COMMENTS / CLOTHING				SUMMONS / CITATION NUMBER(S)			

S19	ARREST / SUMMONS DESCRIPTION	ARREST CHARGE 1	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	DEPARTMENT ARREST NUMBER			
T20	ARREST / SUMMONS DESCRIPTION	ARREST CHARGE 2	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	AFIS NUMBER			
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 <input type="checkbox"/> COUNT 1 <input type="checkbox"/> N/A	CLEAR INDICATOR	<input type="checkbox"/> Y <input type="checkbox"/> N	UPON ARREST ARMED WITH	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"/> DISP <input type="checkbox"/> FOP <input type="checkbox"/> MDT <input type="checkbox"/> PER <input type="checkbox"/> TEL

22	CODE	OFF #	NAME (LAST, FIRST, MIDDLE, SUFFIX)	RAC	SEX	DOB	AGE	
A23	ADDRESS	(DIRECTION, STREET, SUFFIX, QUALIFIER)	CITY	STATE	ZIP			
R24	HOME PHONE	BUSINESS PHONE	HEIGHT	WEIGHT	EYES	HAIR COLOR / LENGTH / STYLE	BUILD	SKIN TONE
R25	STATE	DRIVER'S LICENSE #	SOC. SEC. #	SID #	FBI #			
E26	PERSON COMMENTS / CLOTHING				SUMMONS / CITATION NUMBER(S)			

S27	ARREST / SUMMONS DESCRIPTION	ARREST CHARGE 1	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	DEPARTMENT ARREST NUMBER			
T28	ARREST / SUMMONS DESCRIPTION	ARREST CHARGE 2	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	AFIS NUMBER			
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 <input type="checkbox"/> COUNT 1 <input type="checkbox"/> N/A	CLEAR INDICATOR	<input type="checkbox"/> Y <input type="checkbox"/> N	UPON ARREST ARMED WITH	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"/> DISP <input type="checkbox"/> FOP <input type="checkbox"/> MDT <input type="checkbox"/> PER <input type="checkbox"/> TEL

30	INVESTIGATING OFFICER(S):	REVIEWED BY:	ATTENTION TO:
	McWilliams 22 Cochran 17		

NARRATIVE REPORT

01	DATE 3-3-05	DAY THU	SHIFT 02	PLAT 52	BADGE 1 022	BADGE 2 017	INCIDENT STATUS _ CLR ARREST _ UNF _ CLR EXCEPT _ INACT	PRIM CLASS	YEAR 05	7158
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On 3-3-05, Officer Garcher and I were working as part of a LCC compliance check using decoys. Officer Garcher and I entered Champps Americana at 301 W Big Beaver in Troy and sat at the bar. Shortly after, decoys

(both under 21) entered the bar and were seated at a table. We saw a waitress, later identified as Lisa Saunders, serve a soft drink to . Several minutes later, Saunders brought a red colored drink in a large margarita glass to . Due to the amount of people in the establishment, our distance from the decoys, and the noise inside, we were unable to hear the conversation that took place between Saunders and the decoys. Officer Garcher and I approached the decoys and told us the drink was a 'caramel apple.'

I took custody of the drink and sent the decoys outside to Sgt. Redmond. Officer Garcher and I confronted Saunders. Saunders said told her she was 21. She further said she thought they weren't allowed to lie to her, so she served her. Officer Garcher escorted Saunders to the manager's office and I took the drink outside and secured it in our vehicle. I then went back to the manager's office to assist Officer Garcher.

Manager Kirsten Gilbert provided the establishment's liquor license and advised that their servers go thru two training classes reference identifying underage people. She further advised that it is company policy to fire servers that serve to underage people. I completed the LCC violation report and provided the report number to Gilbert. Officer Garcher issued Saunders a summons for serving to a person under 21/failing to ID (684271). He also took a photograph of Saunders.

Before leaving the Champps lot, I poured out some of the drink to aid in transport (I had already spilled some of it just getting it out to the car). I also took a photo of the drink. I tagged the drink and put it in property (130995).

INVESTIGATING OFFICER(S) McWilliams 22	REVIEWED BY	ASSIGNED TO/BADGE	ATTENTION TO
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**State of Michigan
Uniform Law Citation**

Ticket No. **684271** Victim Involved

US DOT # _____ Incident No. **05-7158** Dept. No. **784**

The People of the State of Michigan
 Township City Village County

Local User/Arrest No. _____ Detection Device _____

OF: **TROY** BAC _____ of _____

THE UNDERSIGNED SAYS THAT ON: **03 03 05** At approximately **9:40** A.M. P.M. Date of Birth: **08 24 81**

State: **MI** Driver's License Number: **5536522098660** Social Security No. _____

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

Name (First Middle, Last): **Lisa Brooke Saunders**

Street: **9817 Oak Valley Dr**

City: **Clarkston** State: **MI** Zip Code: **48348**

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: **301 W. Big Beaver Rd**

AT OR NEAR: **Champs Restaurant**

WITHIN CITY VILLAGE TOWNSHIP OF: **TROY**

COUNTY OF: **OAKLAND** DID THE FOLLOWING

Type	Ordinance	Description (include any bond amount collected on each charge)	No.
<input checked="" type="checkbox"/> Misd	<input checked="" type="checkbox"/> 10.11	Serve alcohol to minor - Fail to ID	1
<input type="checkbox"/> CI	<input type="checkbox"/> Warn		
<input type="checkbox"/> Fel	<input type="checkbox"/> Fug		
<input type="checkbox"/> Waiv	<input type="checkbox"/> Waiv		

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

Remarks: **LCC Violation - Decey**

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

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): **P. McWilliams** Month: **03** Day: **03** Year: **05**

Officer's Name (printed): **P. McWilliams** Officer's ID No.: **17422**

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

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

Ticket No. **684271**
Name _____
Case No. _____

Violation History of Business:5763 CHAMPPS OPERATING CORPORATION (A MINNESOTA CORPORATION)			
Violation Date	MLCC Complaint Number	Violation Description	Decision or Event
10/28/98	904	1) SALE TO MINOR- (19); 2) SALE TO MINOR- (19); (TROY PD/TERNES & BOYD)	2/24/1999 HEARING HELD FARMINGTON WEATHERS-DONAHUE-GIBSON COSTS \$143/17/1999 1)\$500, 2)\$500. TOTAL \$1,000 DAYS SUSP. SEC 801(2) COSTS \$14.52
4/15/00	53804	1)SALE TO INTOX PERSON; 2)ALLOW INTOX PERSON TO CONSUME; 3)ALLOW INTOX PERSON TO LOITER: (TROY PD)	8/14/2000 HEARING HELD FARMINGTON WEATHERS-DONAHUE-DECLERCQ COSTS \$9/21/2000 1)\$700. SEC 801(2); 2)\$300; 3) DISMISSED TOTAL \$1000. OR 50 DAYS SUSP. COSTS \$10.
4/27/00	54022	1) SALE TO INTOX PERSON: 2) ALLOW INTOX PERSON TO CONSUME: 3) ALLOW INTOX PERSON TO LOITER: (TROY PD)	8/07/2000 HEARING HELD FARMINGTON WEATHERS-MCDOWELL-DECLERCQ 8/25/2000 DISMISSED FOR INSUFFICIENT EVIDENCE
8/18/00	56427	LICENSE NOT PROPERLY DISPLAYED; (TROY PD)	1/22/2001 \$100 OR 5 DAYS SUSP NEGOTIATED SETTLEMENT 12/14/2000 HEARING HELD FARMINGTON WEATHERS-MCDOWELL-CONTRACT NEGOTIATED SETTLEMENT
9/16/00	57205	1)SELL, SERVE, OR FURNISH OR GIVE AWAY ALCOHOLIC LIQUOR TO ONE JOHN LAWRENCE WHO WAS INTOX; 2)ALLOW INTOX PERSON TO CONSUME--JOHN LAWRENCE; 3)SELL, SERVE, FURNISH OR GIVE AWAY ALCOHOLIC LIQUOR TO INTOX PERSON--MICHAEL DAVID BETTERLY; 4) ALLOW INTOX PERSON TO CONSUME--MICHAEL DAVID BETTERLY: (TROY PD)	1/23/2001 HEARING HELD FARMINGTON WEATHERS-DONAHUE-GIBSON, COST \$12. NEGOTIATED SETTLEMENT 2/22/2001 1)3)\$300 EACH - SEC 1025(3) EACH, TOTAL FINE OF \$1200 OR 60 DAYS : \$12.80 NEGOTIATED SETTLEMENT
12/4/00	58372	1)ALLOW GAMBLING ON LIC'D PREMISES, GAMBLING WITH FOOTBALL POOL: 2) ALLOW GAMBLING DEVICES ON LIC'D PREMISES, GAMBLING WITH POOL-TYPE SHEETS: (LCC INV DONLEY)	4/04/2001 HEARING HELD FARMINGTON WEATHERS-DONAHUE-CONTRACT 6/06/2001 3 DAY SUSP. & 1)\$300 2)\$300 SUSP & FINE. ALL ILLEGAL GAMBLING PARAPHERNALIA & MONIES CONFISCATED REGARDING THIS MATTER BE PROPERLY DONE BY MLCC AS CONTRABAND.
5/21/01	61270		5/21/2001 PASSED CONTROLLED BUY OPTION 517-01 (KLINGBEIL & DAMES & X-99 &
3/3/05	87928	SALE TO MINOR - (19); (TROY PD/ /CK LISA BROOKE SAUNDERS)	6/08/2005 HEARING HELD MOURNING/DICKERSON/GIBSON NEG SET COST \$18.15 6/20/2005 \$700 OR 35 DAYS SUSP & \$18. FOR A TOTAL OF \$718.15. SEC 801(2) NEGOTIATED SETTLEMENT

COUNT 1 OF 1 5204 DISTRICT COURT DISPOSITION INQUIRY 01/27/06
XFER TKT# 01 05 684271
CASE 05 001034 PS 01 TYPE OM DEF NAME LISA,BROOKE,SAUNDERS,
SOC SEC 000000000 SEX F RACE UNK DOB 082481 LIC #
ATTY BAR # NAME

OFFENSE 4252 000 FURNISH ALCOHOL TO MINOR DATE 030305 CONV CODE
CHARGE CODE JUDGE 10
DISP PUA B PLEA UNDER ADVISEMENT AT BENCH TRIAL COND DATE 051605
SENTENCE DATE 051605 ARREST DATE JUDGMENT PRINT DATE 000000
FINES & COSTS 100.00 TO BE PAID BY 051605 REST OTHER 10.00
JSA 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 TOT POE W/R W/E BEG DTE
OTHER: PUA FOR 12MTHS,NO VIOLATIONS OF LAW

CIRC: TCN# PROB OFFICER:
CTN # SID # CLEMIS # 057158 JAIL #
PF5/JDG SENT PF7/SCHED PF10/FWD PF11/BKWD PF12/PROB
PS YR 05 NO 001034 MSP PDC C001 SEQ FUNCTION DS MODE I

LCC

Liquor Licensee History

Business name: **Champp's Americana**

Address: 301 W. Big Beaver (248) 526-0333

Licensee: Champps Enterprises, Inc.

License type: **Class C (8823-2002)**

Permits: Sunday Sales, Food, Ent

Comments:

Date	Troy Incident #	Type	Disposition	Date
*****UNDER OWNERSHIP OF CHAMPPS ENTERPRISES, INC.*****				
03/16/98			Council approves transfer from Bob Evans Farms and transfer location to 301 W. Big Beaver.	
10/28/98	98-43649	Sale to Minor (Compliance Insp.)	\$500 fine by MLCC	03/17/99
02/16/99	99-06440	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
03/10/99	99-09202	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
06/23/99	99-23807	Sale to Minor (Compliance Test)	None-report never sent in records mix-up	
04/15/00	00-12625	Serve Intoxicated Person (Road Patrol)	\$1000 fine	
04/27/00	00-14334	Serve Intoxicated Person (Road Patrol)	DISMISSED	
06/24/00	00-22412	Liquor Inspection (Road Patrol)	Warning-Allow Drinks to be removed from premises	
07/26/00	none	Compliance Test	PASSED	
08/18/00	00-30436	Liquor Inspection (Road Patrol)	Improper Display of License \$100	01/22/01
09/16/00	00-34379	Serve Intoxicated Persons(2)	\$1200	02/22/01
10/17/00	00-38533	Compliance Test	PASSED	
10/25/00	00-39565	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
11/16/00	00-42527	Compliance Test	PASSED	
12/04/00	MLCC	Allow Unlawful Gambling Allow Unlawful Gambling Devices	pending	
02/09/01	01-04817	Liquor Inspection (Road Patrol)	NO VIOLATIONS	

02/26/01		City Council recommends 30 day "non-renewal" of license for past violations (Show Cause Hearings)	
04/23/01		Council resolves to amend 30 day suspension to 14 days, from May 1-May15, 2001.	
06/19/01	01-21664	Liquor Inspection (Road Patrol)	NO VIOLATIONS
08/16/01	01-29487	Compliance Test	PASSED
10/02/01	01-35412	Compliance Test	PASSED
10/15/01	01-37165	Liquor Inspection (Road Patrol)	NO VIOLATIONS
12/05/01	01-43581	Liquor Inspection (Road Patrol)	NO VIOLATIONS
02/26/02	02-06146	Compliance Test	PASSED
03/07/02	02-07180	Liquor Inspection (Road Patrol)	NO VIOLATIONS
04/26/02	02-12960	Liquor Inspection (Road Patrol)	NO VIOLATIONS
06/27/02	02-20601	Compliance Test	PASSED
06/28/02	02-20811	Liquor Inspection (Road Patrol)	NO VIOLATIONS
08/25/02	02-28055	Liquor Inspection (Road Patrol- Morse)	NO VIOLATIONS
10/11/02	02-33525	Compliance Test	PASSED
11/24/02	02-38204	Liquor Inspection (Road Patrol-Giorgi)	NO VIOLATIONS
02/13/03	03-4631	Liquor Inspection (Road Patrol-Giorgi)	NO VIOLATIONS
03/04/03	03-6580	Liquor Inspection (Road Patrol-Giorgi)	NO VIOLATIONS
04/24/03	03-12238	Compliance Test	PASSED
06/20/03	03-18709	Compliance Test	PASSED
07/08/03	03-20943	Liquor Inspection (Road Patrol-Boussie)	NO VIOLATIONS
09/01/03	03-27334	Liquor Inspection (Road Patrol-Boussie)	NO VIOLATIONS
10/28/03	03-33310	Compliance Test	PASSED
01/29/04	04-03035	Liquor Inspection (Road Patrol- Jones)	NO VIOLATIONS
03/12/04	04-07365	Liquor Inspection (Road Patrol- Jones)	NO VIOLATIONS
03/23/04	04-08558	Compliance Test	PASSED
05/20/04	04-14726	Liquor Inspection (Road Patrol- Jones)	NO VIOLATIONS
06/30/04	04-19533	Compliance Test	PASSED

09/11/04	04-28627	Liquor Inspection (Road Patrol- Jones)	NO VIOLATIONS	
01/07/05	05-00637	Liquor Inspection (Road Patrol- Jones)	NO VIOLATIONS	
02/12/05	05-04906	Liquor Inspection (Road Patrol- Jones)	NO VIOLATIONS	
03/03/05	05-07158	Sale to Minor (Compliance Test)	\$700 fine	06/20/05
03/24/05	05-09640	Liquor Inspection (Road Patrol- Jones)	NO VIOLATIONS	
06/24/05	05-21569	Liquor Inspection (Road Patrol- Jones)	NO VIOLATIONS	
08/06/05	05-27575	Liquor Inspection (Road Patrol- Jones)	NO VIOLATIONS	
09/23/05	05-33778	Liquor Inspection (Road Patrol- Jones)	NO VIOLATIONS	

Name: CORRADI'S (1090 ROCHESTER RD)

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: Corradi's AC

Address: 1090 Rochester Rd Troy, MI 48083

Contact Names:

1. Leno Corradi

2.

3.

4.

Attorney: Kelly Allen

39533 Woodward Suite 210
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. 4387-2004 SS Business ID 2861 File # _____
2355-2004

1. Name of Licensee MKC INC 2. Doing Business As CORRADIS ATHLETIC CLUB

3. Mailing Address (street, city, zip code) 1090 Rochester Road; Troy 48083

4. Township _____ 5. County Oakland

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

7. Date of Violation: Friday 03/04/05 2110 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 04/17/85 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 # 05-7301

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

Officer Signature [Signature] Name and Title (print) Brian Warzecha, Police Officer

Officer Signature [Signature] Name and Title (print) Milton Stansbury, 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 Wendy Johns Address 154 Academy; Ferndale MI 48220

Will testify to: Served alcoholic beverage to minor

4. Name Officer Brian Warzecha Address 500 W Big Beaver Road; Troy MI 48084

Will testify to: Violation

5. Name Officer Milton Stansbury Address 500 W Big Beaver Road; Troy MI 48084

Will testify to: Violation

EVIDENCE

Location Held (Explain): 12 ounce bottle of Labatts Blue beer
Property Tag No. 131015

INCIDENT REPORT

01	DATE	DAY	SHIFT	PLATOON	BADGE 1	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	INCIDENT NUMBER	
	030405	FR	02	52	061	024				05	7301	
02	RECEIVED	DISPATCHED	ARRIVED	COMPLETED	DATE(S) OCCURRED			TIMES(S) OCCURRED		ASSIGNED HOUR / DAY		
	2110	2110	2110	2210	030405			21102210		21 FR 1		
03	LOCATION / ADDRESS (DIRECTION, STREET, SUFFIX, QUALIFIER)						LOCATION 2 (INTERSECTING STREET)					
	1090 ROCHESTER RD											
04	CITY	STATE	ZIP	CODE	BUSINESS NAME			BUSINESS PHONE				
	Troy	MI	48083	L	CORRADIS ATHLETIC CLUB			248-588-3471				
05	BUSINESS COMMENTS / ESTABLISHMENT DESCRIPTION				ESTAB CODE	ORIGIN	HOW ACTIVATED		PATROL	GEOGRAPHIC		
	RESTAURANT / BAR				8640	<input checked="" type="checkbox"/> PHONE <input checked="" type="checkbox"/> FOP	<input type="checkbox"/> PERSON <input type="checkbox"/> OTHER	<input type="checkbox"/> 911 <input type="checkbox"/> MDT	<input checked="" type="checkbox"/> FOP <input type="checkbox"/> DISP	<input type="checkbox"/> PERSON <input type="checkbox"/> OTHER	<input type="checkbox"/> MDT	07
06	NATURE OF OFFENSE #1			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	ACTIVITY TYPES (Maximum 3 Per Offense)	
	LCC VIOLATION				2235		a	p			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	

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) RESPONSIBLE

V 10	CODE	VICT #	NAME (LAST, FIRST, MIDDLE, SUFFIX)	RAC	SEX	DOB	AGE		
	18			WF		04.7.85			
I 11	ADDRESS (DIRECTION, STREET, SUFFIX, QUALIFIER)						CITY	STATE	ZIP
	c/o Troy PD								
G 12	HOME PHONE	BUSINESS PHONE	STATE	DRIVER'S LICENSE #	PERSON COMMENTS / OTHER I.D.				
		248-524-3477			Delay				
T 13	VICTIM CONNECTED TO OFFENSE	VICTIM TYPE	VICTIM INJURY	LOSS OF TOOTH / UNCONSCIOUSNESS				FATAL	
	<input type="checkbox"/> 1 <input type="checkbox"/> 3	<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> BUSINESS	<input type="checkbox"/> NONE <input type="checkbox"/> BROKEN BONE	<input type="checkbox"/> LOSS OF TOOTH <input type="checkbox"/> UNCONSCIOUSNESS				<input type="checkbox"/> FATAL	
I 14	RELATIONSHIP OF VICTIM TO OFFENDER WITHIN FAMILY			OUTSIDE FAMILY, BUT KNOWN			REL / OFF #	FELONIOUS ASSAULT CIRCUMSTANCES	
	01 SPOUSE	05 CHILD	09 STEPPARENT	20 ACQUAINTANCE	24 BOY / GIRL FRIEND	28 EMPLOYEE	98 STRANGER		
	02 C-L SPOUSE	06 GRANDPARENT	10 STEPCCHILD	21 FRIEND	25 CHILD OF "BG" ABOVE	29 EMPLOYER	99 UNKNOWN		
	03 PARENT	07 GRANDCHILD	11 STEPSIBLING	22 NEIGHBOR	26 HOMOSEXUAL REL.	30 OTHERWISE KNOWN			
	04 SIBLING	08 IN-LAW	12 OTHER FAMILY	23 BABYSITTEE (baby)	27 EX-SPOUSE	31 VICTIM WAS OFFENDER			

16	CODE	OFF #	NAME (LAST, FIRST, MIDDLE, SUFFIX)	RAC	SEX	DOB	AGE		
	(5)	(01)	JOHNS, WENDY, JOANNE	WF		06.09.66			
A 17	ADDRESS (DIRECTION, STREET, SUFFIX, QUALIFIER)						CITY	STATE	ZIP
	154 ACADEMY						FERRAILE	MI	48220
R 18	HOME PHONE	BUSINESS PHONE	HEIGHT	WEIGHT	EYES	HAIR COLOR / LENGTH / STYLE	BUILD	SKIN TONE	
	248-506-9197	248-588-3471							
R 19	STATE	OC. SEC. #	SID #	FBI #	PERSON COMMENTS / CLOTHING				
	MI				683823				

S 21	ARREST / SUMMONS DESCRIPTION	ARREST CHARGE 1	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	DEPARTMENT	ARREST NUMBER														
	SALE TO MINOR	2220	030405	52	061	024	MR																	
T 22	ARREST / SUMMONS DESCRIPTION	ARREST CHARGE 2	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	AFIS NUMBER															
23	ARREST TYPE	ON VIEW (No Warrant)	SUMMONS (No Custody)	CUSTODY (Warrant)	MULTIPLE ARREST INDICATOR	MULTIPLE COUNT 1	N/A	CLEAR INDICATOR	Y	UPON ARREST ARMED WITH (ENTER "A" IF AUTO)	UNARMED	FIREARM	HANDGUN	OTHER FIREARM	RIFLE	SHOTGUN	CLUB / BRASS KNUCKLES	LETHAL CUT INSTRUMENT (e.g. Switchblade Knife, etc.)	ARREST ORIGIN	FOP	MDT	DISP	PER	TEL

24	CODES	DESCRIPTION	PROPERTY TYPE	QUANTITY	YEAR	MAKE	MODEL			
	CE	11.5 oz BOTTLE BEER		1		LABAITE BLUE				
25	STYLE	COLOR(S) TOP / BOTTOM	MONTH	YEAR	STATE	LICENSE	SERIAL / VIN NUMBER / CONDITION / OTHER I.D.			
26	STOLEN	DAMAGED	RECOVERED	PROPERTY TAG #	LOCATION PROPERTY	LEIN / NCIC REF #				
	\$	\$	\$	131015	19					
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):	REVIEWED BY:	ATTENTION TO:
	M. STANSBURY #24 / B. WARRZECHA #61	M	um

01	DATE 030405	DAY FRI	SHIFT 82	PLATOON 52	BADGE 1 061	BADGE 2 024	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 7301		
CODES (1) REPT'D BY (2) OWNER (3) VICT (4) PERS INTERVY (5) ARREST (6) SUSPECT (7) MISSING (8) WITN (9) SECUR'D BY (O) JUV ARREST (D) DRIVER (P) PASSENGER (S) SUMMONED (R) RESPONSIBLE												
V02	CODE 4	VICT #	NAME (LAST, FIRST, MIDDLE, SUFFIX) CORRADIS, MARTY						RAC WM	SEX M	DOB 013077	AGE
I03	ADDRESS (DIRECTION, STREET, SUFFIX, QUALIFIER) 1090 ROCHESTER						CITY Troy	STATE MI	ZIP 4808			
G04	HOME PHONE	BUSINESS PHONE 588-3471	STATE	DRIVER'S LICENSE #	PERSON COMMENTS / OTHER I.D. MANAGER							
T05	VICTIM CONNECTED TO OFFENSE <input type="checkbox"/> 01 <input type="checkbox"/> 02	<input type="checkbox"/> 03 <input type="checkbox"/> 04	VICTIM TYPE <input type="checkbox"/> 1 INDIVIDUAL <input type="checkbox"/> 2 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	L <input type="checkbox"/> SEVERE LACERATION	I <input type="checkbox"/> POSS. INT. INJURIES	T <input type="checkbox"/> LOSS OF TEETH U <input type="checkbox"/> UNCONSCIOUSNESS	F <input type="checkbox"/> FAT F <input type="checkbox"/> FELONIOUS ASSAULT CIRCUMSTANC	
I06	RELATIONSHIP OF VICTIM TO OFFENDER WITHIN FAMILY			OUTSIDE FAMILY, BUT KNOWN			NOT KNOWN 98 STRANGER 99 UNKNOWN	REL / OFF #	FELONIOUS ASSAULT CIRCUMSTANC			
M07	01 SPOUSE 02 C-L SPOUSE 03 PARENT 04 SIBLING	05 CHILD 06 GRANDPARENT 07 GRANDCHILD 08 IN-LAW	09 STEPPARENT 10 STEPCCHILD 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						
V08	CODE 8	VICT #	NAME (LAST, FIRST, MIDDLE, SUFFIX) c/o Troy PD						RAC WM	SEX M	DOB 110986	AGE
I09	ADDRESS (DIRECTION, STREET, SUFFIX, QUALIFIER)						CITY	STATE	ZIP			
G10	HOME PHONE	BUSINESS PHONE 524-3477	STATE	DRIVER'S LICENSE #	PERSON COMMENTS / OTHER I.D. DELEG							
T11	VICTIM CONNECTED TO OFFENSE <input type="checkbox"/> 01 <input type="checkbox"/> 02	<input type="checkbox"/> 03 <input type="checkbox"/> 04	VICTIM TYPE <input type="checkbox"/> 1 INDIVIDUAL <input type="checkbox"/> 2 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	L <input type="checkbox"/> SEVERE LACERATION	I <input type="checkbox"/> POSS. INT. INJURIES	T <input type="checkbox"/> LOSS OF TEETH U <input type="checkbox"/> UNCONSCIOUSNESS	F <input type="checkbox"/> FAT F <input type="checkbox"/> FELONIOUS ASSAULT CIRCUMSTANC	
I12	RELATIONSHIP OF VICTIM TO OFFENDER WITHIN FAMILY			OUTSIDE FAMILY, BUT KNOWN			NOT KNOWN 98 STRANGER 99 UNKNOWN	REL / OFF #	FELONIOUS ASSAULT CIRCUMSTANC			
M13	01 SPOUSE 02 C-L SPOUSE 03 PARENT 04 SIBLING	05 CHILD 06 GRANDPARENT 07 GRANDCHILD 08 IN-LAW	09 STEPPARENT 10 STEPCCHILD 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						
14	CODE	OFF #	NAME (LAST, FIRST, MIDDLE, SUFFIX)						RAC	SEX	DOB	AGE
A15	ADDRESS (DIRECTION, STREET, SUFFIX, QUALIFIER)						CITY	STATE	ZIP			
R16	HOME PHONE	BUSINESS PHONE	HEIGHT	WEIGHT	EYES	HAIR COLOR / LENGTH / STYLE	BUILD	SKIN TONE				
R17	STATE	DRIVER'S LICENSE #	SOC. SEC. #	SID #	FBI #							
E18	PERSON COMMENTS / CLOTHING						SUMMONS / CITATION NUMBER(S)					
S19	ARREST / SUMMONS DESCRIPTION		ARREST CHARGE 1	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	DEPARTMENT ARREST NUMBER		
T20	ARREST / SUMMONS DESCRIPTION		ARREST CHARGE 2	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	AFIS NUMBER		
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 <input type="checkbox"/> COUNT 1 <input type="checkbox"/> N/A	CLEAR INDICATOR <input type="checkbox"/> Y <input type="checkbox"/> N	UPON ARREST <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				
22	CODE	OFF #	NAME (LAST, FIRST, MIDDLE, SUFFIX)						RAC	SEX	DOB	AGE
A23	ADDRESS (DIRECTION, STREET, SUFFIX, QUALIFIER)						CITY	STATE	ZIP			
R24	HOME PHONE	BUSINESS PHONE	HEIGHT	WEIGHT	EYES	HAIR COLOR / LENGTH / STYLE	BUILD	SKIN TONE				
R25	STATE	DRIVER'S LICENSE #	SOC. SEC. #	SID #	FBI #							
E26	PERSON COMMENTS / CLOTHING						SUMMONS / CITATION NUMBER(S)					
S27	ARREST / SUMMONS DESCRIPTION		ARREST CHARGE 1	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	DEPARTMENT ARREST NUMBER		
T28	ARREST / SUMMONS DESCRIPTION		ARREST CHARGE 2	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	AFIS NUMBER		
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 <input type="checkbox"/> COUNT 1 <input type="checkbox"/> N/A	CLEAR INDICATOR <input type="checkbox"/> Y <input type="checkbox"/> N	UPON ARREST <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				
30	INVESTIGATING OFFICER(S): MISTANBURY #24 / B. WARZECHA #61						REVIEWED BY:	ATTENTION TO:				

NARRATIVE REPORT

01	DATE 03/03/05	DAY THU	SHIFT 02	PLAT 52	BADGE 1 61	BADGE 2 24	INCIDENT STATUS <input type="checkbox"/> CLR ARREST <input type="checkbox"/> UNF <input type="checkbox"/> CLR EXCEPT <input type="checkbox"/> INACT	PRIM CLASS	YEAR 05	7149
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INCIDENT: LCC VIOLATION

LOCATION: CORRADIS ATHLETIC CLUB, 1090 ROCHESTER TROY, 48083

BACKGROUND: Officer Stansbury and myself were conducting LCC inspections utilizing student enforcement aides. The student enforcement aides, _____ entered the establishment. A short time later I entered the establishment and observed the enforcement aides sitting at a table near the bar. I then went to use the restroom and when I exited the restroom I observed a female waitress placing a bottle of beer in front of student enforcement aide _____. I then exited the club to inform Officer Stanbury of the violation while student enforcement aide _____ stayed at the table to preserve the evidence. Officers entered the establishment and met _____ at the table.

INTERVIEW WITH _____ stated that after being seated at a table she flagged down a waitress, who was later ID as Wendy Johns. Johns asked what they wanted to drink and she ordered a bottle of Labatte Blue. Johns placed the open bottle of beer in front of _____ and left the table without requesting identification. _____ pointed to and advised me that Wendy had served her the beer. _____ then exited the establishment.

OFFICERS ACTIONS: I approached Wendy, identified myself as a Troy Police Officer and advised that a minor had just been served an alcoholic beverage. Johns provided us with her Florida identification card and advised that Marty was the manager in charge. Marty Corradis was advised of the violation and provided us with his liquor license. An LCC violation report was completed. Johns completed a witness statement and admitted to serving the drink without requesting ID. Johns was cited for serving an alcoholic beverage to a minor/failure to make a diligent inquiry (683823). The Labatte Blue was confiscated and tagged as evidence (131015).

INVESTIGATING OFFICER(S) Warzecha/Stansbury	REVIEWED BY	ASSIGNED TO/BADGE	ATTENTION TO
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State of Michigan
Uniform Law Citation

Ticket No. **683823** Victim Involved

US DOT # _____ Incident No. **05-7301** Dept. No. **734**

The People of the State of Michigan Township City Village County

Local Use/Arrest No. _____ Detection Device _____

OF: **TROY** BAC _____

THE UNDERSIGNED SAYS THAT ON: Month **03** Day **04** Year **05** At approximately **9:10** A.M. P.M. Date of Birth **06/09/66** Social Security No. _____

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

Name (First, Middle, Last) **WENDY JOANNE JOHNS**

Street **154 ACADEMY**

City **FERDIALE** State **MI** Zip Code **48220**

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 **1090 ROCHESTER**

AT OR NEAR **CORRADIS**

WITHIN CITY VILLAGE TOWNSHIP OF **TROY**

COUNTY OF **OAKLAND** DID THE FOLLOWING

Type	MCL Cite/Pacc Code/ Ordinance	Description (include any bond amount collected on each charge)	Charge No.
<input checked="" type="checkbox"/> Misd	CHAP. 42	SEEM TO MINOR FAIL TO USE DILIGENCE TO INQUIRE	1
<input type="checkbox"/> Fel			
<input type="checkbox"/> Warn			
<input type="checkbox"/> Fug			
<input type="checkbox"/> Waiv			

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: _____

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

03-16-05 / 1800h

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 **03** Day **04** Year **05**

Officer's Name (printed) **MI. STONIS BEELY** Officer's ID No. **24361**

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

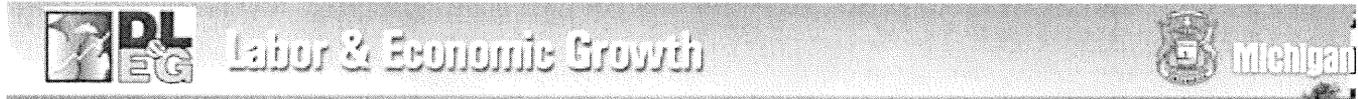
UC-01a (rev. 9/02) Court Copy-1

Ticket No. **683823**
Name _____
Case No. _____

COUNT 1 OF 1 5204 DISTRICT COURT DISPOSITION INQUIRY 01/27/06
XFER TKT# 01 05 683823
CASE 05 001033 PS 01 TYPE OM DEF NAME WENDY, JOANNE, JOHNS,
SOC SEC 000000000 SEX F RACE DOB 060966 LIC #
ATTY BAR # NAME

OFFENSE 4252 000 FURNISH ALCOHOL TO MINOR DATE 030405 CONV CODE
CHARGE CODE JUDGE 20
DISP PG B PLEA OF GUILTY AT BENCH TRIAL COND DATE 031605
SENTENCE DATE 031605 ARREST DATE JUDGMENT PRINT DATE 031605
FINES & COSTS 5.00 TO BE PAID BY 033005 REST OTHER 50.00
JSA 45.00 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 TOT POE W/R W/E BEG DTE
OTHER:

CIRC: TCN# PROB OFFICER:
CTN # SID # CLEMIS # 057301 JAIL #
PF5/JDG SENT PF7/SCHED PF10/FWD PF11/BKWD PF12/PROB
PS YR 05 NO 001033 MSP PDC C001 SEQ FUNCTION DS MODE I



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Violation History of Business:2861 MKC INC.			
Violation Date	MLCC Complaint Number	Violation Description	Decision or Event
3/8/89	41756	(1) SELL TO INTOXICATED PERSON (2) ALLOW INTOXICATED PERSON TO CONSUME 9-0507 (3) ALLOW INTOXICATED PERSON TO LOITER (TROY PD) SEC 22	2/07/1990 LAGGIS-GIACHINO-GIBSON NEGOTIATED 2/07/1990 LAGGIS-GIACHINO-GIBSON NEGOTIATED 3/05/1990 (1) \$1,000 (2) \$300 (3) DISMISS TOTAL \$1,300 OR 65 DAY SUSP PLUS COSTS 3/05/1990 (1) \$1,000 (2) \$300 (3) DISMISS TOTAL \$1,300 OR 65 DAYS
6/29/89	41756	(1) SELL TO INTOXICATED PERSON (2) ALLOW INTOXICATED PERSON TO CONSUME 9-1213 (3) ALLOW INTOXICATED PERSON TO LOITER (TROY PD) SEC 22	2/07/1990 LAGGIS-GIACHINO-GIBSON NEGOTIATED 2/07/1990 LAGGIS-GIACHINO-GIBSON NEGOTIATED 3/05/1990 (1) \$1,000 (2) \$300 (3) DISMISS TOTAL \$1,300 OR 65 DAY SUSP PLUS COSTS 3/05/1990 (1) \$1,000 (2) \$300 (3) DISMISS TOTAL \$1,300 OR 65 DAYS
6/17/92	1932	(1) SELLING TO MINOR - 19 YRS (2) SELLING TO MINOR - 19 YRS (TROY PD/LOCHER & VERHEY)	4/15/1993 05-03-93 CITED FOR HEARING LINCOLN PARK COSTS \$6 UNDER ADVISORY PODOLSKY-GIACHINO-GIBSON 6/17/1993 (1) DISMISS; (2) SECTION 22 OR 25 DAY SUSP PLUS COST
3/6/93	3214	(1) PREMISES OCCUPIED AFTER THE LEGAL HOUR: (2) PERSONS CONSUMING AFTER THE LEGAL HOUR: (3) PERSONS LOITERING AFTER THE LEGAL HOUR: (TROY POLICE DEPT)	8/25/1994 09-15-94 PONTIAC VAN TIEPINSKI-GIACHINO-GIBSON NEGOTIATED SETTLED 9/28/1994 (1)(2)(3) \$300 EACH; TOTAL \$900 45 DAY SUSENSION NEGOTAITED SETTLED
5/11/01	61031		5/11/2001 PASSED CONTROLLED BUYER'S LICENSE ON 5/10/01 (ALEXANDER/PETERS/X-0000000000)
9/27/01	65406	SALE TO MINOR (19): (TROY PD/MCDONALD)	1/08/2002 HEARING HELD FARMINGTON WEATHERS-DONAHUE-CONTRACT 1/24/2002 \$500 OR 25 DAYS SUSP SEC 22
3/4/05	87932	SALE TO MINOR - (19): (TROY PD, /CK WENDY JOANNE JOHNS)	6/14/2005 HEARING HELD MOURNING/ASEVEDO/GIBSON NEG SETTLED COST \$10.00 6/20/2005 \$600 OR 30 DAY SUSP. & \$100 TOTAL \$610 NEG SETTLEMENT

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Michigan Liquor Control Commission
7150 Harris Drive, PO Box 30005
Lansing, MI 48909-7505
Ph: 517-322-1400
Fx: 517-322-6137

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LCC Liquor Licensee History

Business name: **Corradi's**
 Address: 1090 Rochester (248) 588-3471
 Licensee: MKC, Inc. (Leno Corradi, stockholder)
 License type: **Class C (4387-2002) SDM (2355-2002)**
 Permits: Sunday Sales, Dance
 Comments: John Corradi, Day Manager

Date	Troy Incident #	Type	Disposition	Date
11/28/88		Council approved transfer of license to MCK, Inc.		
3/8/89	89-6737 89-6740	Served intoxicated person	Fined \$2600	3/5/90
6/29/89	89-19398 89-19406	Served intoxicated person		
6/17/92	92-17104	Sale to minor (compliance test)	Fined \$500	06/17/93
3/6/93	93-6344	Customers on premises after hours Consumption after hours Sale after hours	Fined \$900	09/28/94
01/09/99	99-01291	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
03/05/99	99-08616	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
06/24/99	99-24016	Compliance Test	PASSED	
11/02/99	none	Compliance Test	PASSED	
06/24/00	00-22518	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
07/26/00	none	Compliance Test	PASSED	
08/17/00	00-30413	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
10/19/00	00-38780	Compliance Test	PASSED	
10/20/00	00-38918	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
11/16/00	00-42521	Compliance Test	PASSED	
01/27/01	01-03247	Liquor Inspection (Road Patrol)	NO VIOLATIONS	

04/14/01	01-12796	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
05/03/01		Compliance Test	PASSED	
06/19/01	01-21662	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
08/15/01	01-29305	Compliance Test	PASSED	
09/27/01	01-34716	Sale to Minor (Compliance Test)	\$500	01/24/02
10/15/01	01-37162	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
12/11/01	01-44301	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
02/22/02	02-05695	Compliance Test	PASSED	
02/27/02	02-06244	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
02/27/02	Council	Public Hearings for 2001 Violation(s)-Resolution requiring TIPS/TAM training for all employees who sell alcohol with proof to the PD within 60 days		
04/27/02	02-13071	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
04/30/02		Proof Received		
06/26/02	02-20472	Compliance Test	PASSED	
06/27/02	02-20624	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
08/28/02	02-28466	Liquor Inspection (Road Patrol- Smith)	NO VIOLATIONS	
10/8/02	02-33183	Compliance Test	PASSED	
04/23/03	03-12101	Compliance Test	PASSED	
06/19/03	03-18521	Liquor Inspection (Road Patrol- Smith)	NO VIOLATIONS	
06/20/03	03-18698	Compliance Test	PASSED	
09/05/03	03-27767	Liquor Inspection (Road Patrol- Smith)	NO VIOLATIONS	
10/27/03	03-33170	Compliance Test	PASSED	
01/08/04	04-00769	Liquor Inspection (Road Patrol- Cascioli)	NO VIOLATIONS	
02/11/04	04-04347	Liquor Inspection (Road Patrol- Cascioli)	NO VIOLATIONS	
02/27/04	04-05928	Liquor Inspection (Road Patrol- Cascioli)	NO VIOLATIONS	
04/16/04	04-10986	Compliance Test	PASSED	
06/13/04	04-17430	Liquor Inspection (Road Patrol- Cascioli)	NO VIOLATIONS	
06/30/04	04-19511	Compliance Test	PASSED	
08/02/04	04-23505	Liquor Inspection (Road Patrol- Cascioli)	NO VIOLATIONS	

11/30/04	04-37927	Liquor Inspection (Road Patrol- Minton)	NO VIOLATIONS	
01/05/05	05-00485	Liquor Inspection (Road Patrol- Minton)	NO VIOLATIONS	
02/21/05	05-05918	Liquor Inspection (Road Patrol- Minton)	NO VIOLATIONS	
03/04/05	05-07301	Sale to Minor (Compliance Test)	\$500 fine	06/20/05
05/27/05	05-17791	Liquor Inspection (Road Patrol-Ersig)	NO VIOLATIONS	
07/17/05	05-24669	Liquor Inspection (Road Patrol-Ersig)	NO VIOLATIONS	
09/10/05	05-32134	Liquor Inspection (Road Patrol-Ersig)	NO VIOLATIONS	
12/7/05	05-43033	Liquor Inspection (Road Patrol-Redmond)	NO VIOLATIONS	

Name: ASHOKA INDIAN CUISINE (3642 ROCHESTER RD)

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: Ashoka Indian Cuisine

Address: 3642 Rochester Troy MI 48083

Contact Names:

1. Bharath Reddy
2. Raveena Reddy
- 3.
- 4.

Attorney:



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. 101151-2004 SS Business ID 137164 File # _____
101152-2004

1. Name of Licensee B & R ENTERPRISES INC 2. Doing Business As ASHOKA INDIAN CUISINE

3. Mailing Address (street, city, zip code) 3642 Rochester Road; Troy 48083

4. Township _____ 5. County Oakland

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

7. Date of Violation: _____ Friday _____ 03/04/05 _____ 1735 _____ 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 04/17/85 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 # 05-7276

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

Officer Signature  Name and Title (print) Brian Warzecha, Police Officer

Officer Signature  Name and Title (print) Milton Stansbury, 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 Aldrin Saldanha Address 32322 Concord Dr; Madison Hts MI

Will testify to: Served alcoholic beverage to minor

4. Name Officer Brian Warzecha Address 500 W Big Beaver Road; Troy MI 48084

Will testify to: Violation

5. Name Officer Milton Stansbury Address 500 W Big Beaver Road; Troy MI 48084

Will testify to: Violation

EVIDENCE

Location Held (Explain): 12 ounce bottle of Bud Light beer
Property tag No. 131012

TROY POLICE DEPARTMENT

INCIDENT REPORT

SUPP

500 W. Big Beaver - Troy, MI 48084-5285
ORI # M16378400

PAGE 1 OF 3

01	DATE	DAY	SHIFT	PLATOON	BADGE 1	BADGE 2	UCR STATUS	E12 <input type="checkbox"/> EXTRACTION DECLINED	YEAR	INCIDENT NUMBER	
01	03.04.04	FRI	02	52	061	024	E10 <input type="checkbox"/> DEATH OF OFFENDER E11 <input type="checkbox"/> PROSECUTION DECLINED	E13 <input type="checkbox"/> REFUSED TO COOPERATE E14 <input type="checkbox"/> JUVENILE, NO CUSTODY	05	7276	
02	RECEIVED	DISPATCHED	ARRIVED	COMPLETED	DATE(S) OCCURRED	TIMES(S) OCCURRED	ASSIGNED HOUR / DAY				
02	1.7.30	17.30	1.7.30	1.8.40	03.04.05	1.7.30	18.40	17	F.R.I		
03	LOCATION / ADDRESS	(DIRECTION, STREET, SUFFIX, QUALIFIER)	LOCATION 2 (INTERSECTING STREET)								
03	3642	ROCHESTER RD									
04	CITY	STATE	ZIP	CODE	BUSINESS NAME	BUSINESS PHONE					
04	Troy	MI	48083	L	ASHOKA INDIAN CUISINE	248-689-7070					
05	BUSINESS COMMENTS / ESTABLISHMENT DESCRIPTION	ESTAB CODE	ORIGIN	HOW ACTIVATED	PATROL	GEOGRAPHIC					
05	RESTAURANT	86.40	<input type="checkbox"/> PHONE <input type="checkbox"/> PERSON <input type="checkbox"/> 911 <input type="checkbox"/> FOP <input type="checkbox"/> OTHER <input type="checkbox"/> MDT	<input type="checkbox"/> FOP <input type="checkbox"/> PERSON <input type="checkbox"/> MDT <input type="checkbox"/> DISP <input type="checkbox"/> OTHER	05						
06	NATURE OF OFFENSE #1	ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL <input type="checkbox"/>	BIAS <input type="checkbox"/>	WEAPON <input type="checkbox"/>	# PREM <input type="checkbox"/>	ACTIVITY	ACTIVITY TYPES (Maximum 3 Per Offense)		
06	LCC VIOLATION		2235	DRUGS <input type="checkbox"/> COMP <input type="checkbox"/>	0	0			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"/>	BIAS <input type="checkbox"/>	WEAPON <input type="checkbox"/>	# PREM <input type="checkbox"/>	ACTIVITY			
08	NATURE OF OFFENSE #3	ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL <input type="checkbox"/>	BIAS <input type="checkbox"/>	WEAPON <input type="checkbox"/>	# PREM <input type="checkbox"/>	ACTIVITY			
09	NATURE OF OFFENSE #4	ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL <input type="checkbox"/>	BIAS <input type="checkbox"/>	WEAPON <input type="checkbox"/>	# PREM <input type="checkbox"/>	ACTIVITY	OFFENSE COMMENTS		

CODES (1) REPT'D BY (2) OWNER (3) VICT (4) PERS INTERV (5) ARREST (6) SUSPECT (7) MISSING (8) WITN (9) SECUR'D BY (0) JUV ARREST (D) DRIVER (P) PASSENGER (S) SUMMONED (R) RESPONSIBLE

V 10	CODE	VICT #	NAME (LAST, FIRST, MIDDLE, SUFFIX)	RAC	SEX	DOB	AGE		
V 10	1.8			W	F	04.28.85			
I 11	ADDRESS	(DIRECTION, STREET, SUFFIX, QUALIFIER)	CITY	STATE	ZIP				
I 11		C/O Troy PD							
G 12	HOME PHONE	BUSINESS PHONE	STATE	DRIVER'S LICENSE #	PERSON COMMENTS / OTHER I.D.				
G 12		248-574-3477			Decey				
T 13	VICTIM CONNECTED TO OFFENSE	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04	VICTIM TYPE	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		
I 14	RELATIONSHIP OF VICTIM TO OFFENDER WITHIN FAMILY			OUTSIDE FAMILY, BUT KNOWN			NOT KNOWN	REL / OFF #	FELONIOUS ASSAULT CIRCUMSTANCES
I 14	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	96 STRANGER 99 UNKNOWN	/	
M 15	04 SIBLING	08 IN-LAW	12 OTHER FAMILY	23 BABYSITTEE (baby)	27 EX-SPOUSE	31 VICTIM WAS OFFENDER	/	/	

A 16	CODE	OFF #	NAME (LAST, FIRST, MIDDLE, SUFFIX)	RAC	SEX	DOB	AGE		
A 16	(S)	0.1	SALDANHA, ALDRIN	U	M	04.29.70			
A 17	ADDRESS	(DIRECTION, STREET, SUFFIX, QUALIFIER)	CITY	STATE	ZIP				
A 17	6.0.3	E. 29th ST #26	BRYAN	TX	77803				
R 18	HOME PHONE	BUSINESS PHONE	HEIGHT	WEIGHT	EYES	HAIR COLOR / LENGTH / STYLE	BUILD	SKIN TONE	
R 18	248-689-7070	248-689-7070							
R 19	STATE	DRIVER'S LICENSE #	ID	SOC. SEC. #	SID #	FBI #			
R 19	TX	21799477							
E 20	PERSON COMMENTS / CLOTHING	SUMMONS / CITATION NUMBER(S)							
E 20		683820							

S 21	ARREST / SUMMONS DESCRIPTION	ARREST CHARGE 1	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	DEPARTMENT ARREST NUMBER
S 21	SALE TO MINOR	2220	03.04.05	52	061	024	4R		
T 22	ARREST / SUMMONS DESCRIPTION	ARREST CHARGE 2	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	AFIS NUMBER
T 22									
23	ARREST TYPE	<input type="checkbox"/> ON VIEW (No Warrant) <input type="checkbox"/> SUMMONS (No Custody) <input type="checkbox"/> CUSTODY (Warrant)	MULTIPLE <input type="checkbox"/> MULTIPLE <input type="checkbox"/> CLEAR <input type="checkbox"/> Y ARREST <input type="checkbox"/> COUNT <input type="checkbox"/> N INDICATOR <input type="checkbox"/> N/A	UPON ARREST <input type="checkbox"/> Y ARMED WITH <input type="checkbox"/> N (ENTER "A" IF AUTO)	11 <input type="checkbox"/> UNARMED 12 <input type="checkbox"/> FIREARM 13 <input type="checkbox"/> RIFLE 14 <input type="checkbox"/> SHOTGUN 15 <input type="checkbox"/> HANDGUN 16 <input type="checkbox"/> OTHER FIREARM	20 <input type="checkbox"/> LETHAL CUT INSTRUMENT (e.g. Switchblade Knife, etc.)	ARREST ORIGIN <input type="checkbox"/> DISP <input type="checkbox"/> FOP <input type="checkbox"/> MDT <input type="checkbox"/> PER <input type="checkbox"/> TEL		
23	S		N	Y	11				

24	CODES	DESCRIPTION	PROPERTY TYPE	QUANTITY	YEAR	MAKE	MODEL		
24	EC	12oz BOTTLE BEER		1		Bud LIGHT			
25	STYLE	COLOR(S) TOP / BOTTOM	MONTH	YEAR	STATE	LICENSE	SERIAL / VIN NUMBER / CONDITION / OTHER I.D.		
25							TAGGED & INITIALED		
26	STOLEN	DAMAGED	RECOVERED	PROPERTY TAG #	LOCATION PROPERTY	LEIN / NCIC REF #			
26	\$	\$	\$	131012	Locker #19				
27	REC BADGE	REC BADGE 2	LEO	RECOVERY DATE	NOTIFY BADGE	NOTIFY DATE	NOTIFY TIME	PERSON / DEPARTMENT NOTIFIED	
27									
28	COMMENTS - INSURANCE COMPANY / LIEN HOLDER / BANK	SEIZED DRUGS	TYPE	AMOUNT	MEAS				
28									
29	INVESTIGATING OFFICER(S):	REVIEWED BY:	ATTENTION TO:						
29	M. STANSBURY #24 / B. WARZECHA #61	M	WMM						

PERSON REPORT

01	DATE 03.04.05	DAY FRI	SHIFT 02	PLATOON 52	BADGE 1 061	BADGE 2 034	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 7276
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CODES	(1) REPT'D BY	(2) OWNER	(3) VICT	(4) PERS INTERV	(5) ARREST	(6) SUSPECT	(7) MISSING	(8) WITHN	(9) SECUR'D BY	(O) JUV ARREST	(D) DRIVER	(P) PASSENGER	(S) SUMMONED	(R) RESPONSIB
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V 02	CODE 4	VICT #	NAME (LAST, FIRST, MIDDLE, SUFFIX) MUNKUTLA, RAMMONA Y	RAC WM	SEX M	DOB 022468	AGE	
I 03	ADDRESS 3642	(DIRECTION, STREET, SUFFIX, QUALIFIER) ROCHESTER RD			CITY Troy		STATE MI	ZIP 48083
C 04	HOME PHONE	BUSINESS PHONE 248 689-7070	STATE	DRIVER'S LICENSE #	PERSON COMMENTS / OTHER I.D. MANAGER			

T 05	VICTIM CONNECTED TO OFFENSE <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	VICTIM TYPE <input type="checkbox"/> I INDIVIDUAL <input type="checkbox"/> B 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
I 06	RELATIONSHIP OF VICTIM TO OFFENDER WITHIN FAMILY			OUTSIDE FAMILY, BUT KNOWN			NOT KNOWN 98 STRANGER 99 UNKNOWN	REL / OFF #	FELONIOUS ASSAULT CIRCUMSTANCE
M 07	01 SPOUSE	05 CHILD	09 STEPPARENT	20 ACQUAINTANCE	24 BOY / GIRL FRIEND	28 EMPLOYEE			
	02 C-L SPOUSE	06 GRANDPARENT	10 STEPCCHILD	21 FRIEND	25 CHILD OF "BG" ABOVE	29 EMPLOYER			
	03 PARENT	07 GRANDCHILD	11 STEPSIBLING	22 NEIGHBOR	26 HOMOSEXUAL REL.	30 OTHERWISE KNOWN			
	04 SIBLING	08 IN-LAW	12 OTHER FAMILY	23 BABYSITEE (baby)	27 EX-SPOUSE	31 VICTIM WAS OFFENDER			

V 08	CODE 8	VICT #	NAME (LAST, FIRST, MIDDLE, SUFFIX) C/O Troy PD	RAC WM	SEX M	DOB 110986	AGE	
I 09	ADDRESS	(DIRECTION, STREET, SUFFIX, QUALIFIER)			CITY		STATE	ZIP
C 10	HOME PHONE	BUSINESS PHONE 524-3477	STATE	DRIVER'S LICENSE #	PERSON COMMENTS / OTHER I.D. DECOY			

T 11	VICTIM CONNECTED TO OFFENSE <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	VICTIM TYPE <input type="checkbox"/> I INDIVIDUAL <input type="checkbox"/> B 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
I 12	RELATIONSHIP OF VICTIM TO OFFENDER WITHIN FAMILY			OUTSIDE FAMILY, BUT KNOWN			NOT KNOWN 98 STRANGER 99 UNKNOWN	REL / OFF #	FELONIOUS ASSAULT CIRCUMSTANCE
M 13	01 SPOUSE	05 CHILD	09 STEPPARENT	20 ACQUAINTANCE	24 BOY / GIRL FRIEND	28 EMPLOYEE			
	02 C-L SPOUSE	06 GRANDPARENT	10 STEPCCHILD	21 FRIEND	25 CHILD OF "BG" ABOVE	29 EMPLOYER			
	03 PARENT	07 GRANDCHILD	11 STEPSIBLING	22 NEIGHBOR	26 HOMOSEXUAL REL.	30 OTHERWISE KNOWN			
	04 SIBLING	08 IN-LAW	12 OTHER FAMILY	23 BABYSITEE (baby)	27 EX-SPOUSE	31 VICTIM WAS OFFENDER			

A 14	CODE	OFF #	NAME (LAST, FIRST, MIDDLE, SUFFIX)	RAC	SEX	DOB	AGE	
A 15	ADDRESS	(DIRECTION, STREET, SUFFIX, QUALIFIER)			CITY		STATE	ZIP

R 16	HOME PHONE	BUSINESS PHONE	HEIGHT	WEIGHT	EYES	HAIR COLOR / LENGTH / STYLE	BUILD	SKIN TONE
R 17	STATE	DRIVER'S LICENSE #	SOC. SEC. #	SID #	FBI #			

E 18	PERSON COMMENTS / CLOTHING	SUMMONS / CITATION NUMBER(S)
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S 19	ARREST / SUMMONS DESCRIPTION	ARREST CHARGE 1	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	DEPARTMENT ARREST NUMBER
T 20	ARREST / SUMMONS DESCRIPTION	ARREST CHARGE 2	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	AFIS NUMBER

T 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"/> 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 <input type="checkbox"/> PE <input type="checkbox"/> TI
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A 22	CODE	OFF #	NAME (LAST, FIRST, MIDDLE, SUFFIX)	RAC	SEX	DOB	AGE	
A 23	ADDRESS	(DIRECTION, STREET, SUFFIX, QUALIFIER)			CITY		STATE	ZIP
R 24	HOME PHONE	BUSINESS PHONE	HEIGHT	WEIGHT	EYES	HAIR COLOR / LENGTH / STYLE	BUILD	SKIN TONE
R 25	STATE	DRIVER'S LICENSE #	SOC. SEC. #	SID #	FBI #			

E 26	PERSON COMMENTS / CLOTHING	SUMMONS / CITATION NUMBER(S)
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S 27	ARREST / SUMMONS DESCRIPTION	ARREST CHARGE 1	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	DEPARTMENT ARREST NUMBER
T 28	ARREST / SUMMONS DESCRIPTION	ARREST CHARGE 2	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	AFIS NUMBER

T 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"/> 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 <input type="checkbox"/> PE <input type="checkbox"/> TI
------	---	--	---	---	---	---	--	---

I 30	INVESTIGATING OFFICER(S): M. STANSBURY #24 / B. WARZECHA #61	REVIEWED BY:	ATTENTION TO:
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01	DATE 03/03/05	DAY THU	SHIFT 02	PLAT 52	BADGE 1 61	BADGE 2 24	INCIDENT STATUS <input type="checkbox"/> CLR ARREST <input type="checkbox"/> UNF <input type="checkbox"/> CLR EXCEPT <input type="checkbox"/> INACT	PRIM CLASS	YEAR 05	7149
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INCIDENT: LCC VIOLATION

LOCATION: ASHOKA INDIAN CUISINE, 3642 ROCHESTER RD., TROY

BACKGROUND: Officer Stansbury and myself were conducting LCC inspections utilizing student enforcement aides. The student enforcement aides, Kathryn Slater and John Gajewski entered Ashoka Indian Cuisine and Officers maintained surveillance from the outside of the restaurant. After several minutes Officers observed student enforcement aid exit the establishment. [redacted] advised Officers that [redacted] was served an alcoholic beverage. [redacted] stayed at the table to preserve the evidence. Officers entered the establishment and met [redacted] at the table.

INTERVIEW WITH [redacted] stated that after being seated at a table the waiter, who was later ID as Aldrin Saldanha asked if they would like an appetizer. She replied that they would like to order a drink. [redacted] asked for a Bud Light. Saldanha placed the open bottle of Bud Light in front of [redacted] and then poured it into a glass. He then left the table but returned a short time later asking for identification. Officers entered the establishment and made contact with Salanha who was still standing at the table. [redacted] then exited the establishment. Officer Stansbury made contact with the manager, [redacted].

OFFICERS ACTIONS: Both were advised that a minor had just been served an alcoholic beverage. Officer Stansbury made contact with the manager Rammohau Munukutla and advised him of the violation. Munukutla provided us with his liquor license and an LCC violation report was completed. Saldanha completed a witness statement and admitted to serving the drink before asking for ID. Salanaha was cited for serving an alcoholic beverage to a minor/failure to make a diligent inquiry (683820). The Bud Light was confiscated and tagged as evidence (131012).

INVESTIGATING OFFICER(S) Warzecha/Stansbury	REVIEWED BY	ASSIGNED TO/BADGE	ATTENTION TO
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State of Michigan
Uniform Law Citation

Ticket No. 683820

Victim Involved

US DOT # _____ Incident No. 05-7276 Dept. No. 784
 The People of the State of Michigan Local Use/Arrest No. _____ Detection Device _____
 Township City Village County

OF: TROY BAC
 THE UNDERSIGNED Month 03 Day 04 Year 05 At approximately 5:30 P.M. Date of Birth 04 29 70
 SAYS THAT ON

State TX Driver's License Number _____ Social Security No. _____
 Race Sex M Height Weight Hair Eyes Occupation/Employer ASHOKA INDIAN

Name (First, Middle, Last)
ALDRIN SALDANHA

Street
603 E. 29TH ST #26

City BRYAN State TEXAS Zip Code 77803

Vehicle Plate No. Year State Vehicle Description (Year, Make, Color) Type
 364Z ROCHESTER

THE PERSON NAMED ABOVE, in violation of Local Ordinance State Law Administrative Rule
 UPON AT OR NEAR Bishop

WITHIN CITY VILLAGE TOWNSHIP OF TROY
 COUNTY OF OAKLAND

Type	MCL Cite/Pacc Code/Ordinance	Description (include any bond amount collected on each charge)	Charge No.
<input checked="" type="checkbox"/> Misd	CHAP. 98	SALE TO MINOR FAILED TO MAKE DILIGENT INQUIRY	1
<input type="checkbox"/> C/I		05-7276	3

TO THE COURT: Do not arraign on a felony charge until an authorized complaint is filed.
 Offense Code(s) _____

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

Remarks TEXAS I.D.
 NEW ADDRESS = MADISON HTS
 32322 CONCORD DR., BLDG #19

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 03-16-05 / 8:30 AM
 Hearing Date (if applicable) on _____
 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 citation and 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 03 Day 04 Year 05
 Officer's Name (printed) M. STANSBURY Officer's ID No. 24

Agency ORI MI-6378400 Agency Name TROY POLICE DEPARTMENT

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

Ticket 683820
 Name
 Case No.

COUNT 1 OF 1 5204 DISTRICT COURT DISPOSITION INQUIRY 01/27/06
XFER TKT# 01 05 683820
CASE 05 001041 PS 01 TYPE OM DEF NAME ALDRIN,,SALDANHA,
SOC SEC 000000000 SEX M RACE DOB 042970 LIC # TX NONE
ATTY BAR # NAME

OFFENSE 4252 000 FURNISH ALCOHOL TO MINOR DATE 030405 CONV CODE
CHARGE CODE JUDGE 10
DISP PG B PLEA OF GUILTY AT BENCH TRIAL COND DATE 031705
SENTENCE DATE 031705 ARREST DATE JUDGMENT PRINT DATE 060605
FINES & COSTS 155.00 TO BE PAID BY 031705 REST OTHER 50.00
JSA 45.00 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 TOT POE W/R W/E BEG DTE
OTHER:

CIRC: TCN# PROB OFFICER:
CTN # SID # CLEMIS # 057276 JAIL #
PF5/JDG SENT PF7/SCHED PF10/FWD PF11/BKWD PF12/PROB
PS YR 05 NO 001041 MSP PDC C001 SEQ FUNCTION DS MODE I

Violation History of Business:137164 B & R ENTERPRISES, INC.			
Violation Date	MLCC Complaint Number	Violation Description	Decision or Event
5/3/01	61839	1) SALE TO MINOR- (19); 2) SALE TO MINOR- I (19); (TROY PD/FAIR & WALTON)	6/26/2001 LIC ACK - COMM WEATHER 7/13/2001 1)2) \$350 EA CHG - TOTAL 35 DAYS SUSP SEC 801(2)
3/4/05	87929	SALE TO MINOR - (19): (TROY PD/ /CK ALDRIN SALDANHA)	6/14/2005 HEARING HELD MOURNING/ASEVEDO/GIBSON ACK C \$10.00 6/20/2005 \$500 OR 25 DAY SUSP. & W/FEEES TOTAL \$510 SEC.801(2)

LCC Liquor Licensee History

Business name: **Ashoka Indian Cuisine**
 Address: 3642 Rochester Rd. (248) 689-7070
 Licensee: B & R Enterprises, Inc.
 License type: **Class C** (transfer)(101151-2002) **SDM** (101152-2002)
 Permits: Sunday Sales, Entertainment, Official Permit (Food)
 Comments: Raveena and Bharath Reddy, (248) 373-2126

Date	Troy Incident #	Type	Disposition	Date
02/19/01		Council approves license transfer from C & P Mine Co., Rochester Hills New licensees, B&R Enterprises, Inc. Raveena and Bharath Reddy		
05/03/01	01-15403	Sale to Minor (Compliance Test)	\$700 (2 x \$350)	07/13/01
06/06/01	01-19818	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
08/16/01	01-29496	Compliance Test	PASSED	
08/28/01	01-??	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
10/02/01	01-35420	Compliance Test	PASSED	
10/16/01	01-37327	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
02/25/02		City Council Public Hearing: Resolution-Train/Re-Train ALL alcohol serving employees in TIPS/TAM with proof to PD in 60 days		
02/26/02	02-06155	Compliance Test	PASSED	
04/30/02		Proof Received		
04/30/02	02-13430	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
06/27/02	02-20608	Compliance Test	PASSED	
07/25/02	02-24144	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
09/18/02	02-30860	Liquor Inspection (Road Patrol- Sewell)	NO VIOLATIONS	
10/11/02	02-33529	Compliance Test	PASSED	
12/03/02	02-39187	Liquor Inspection (Road Patrol-Dimaria)	NO VIOLATIONS	

01/08/03	03-838	Liquor Inspection (Road Patrol-Dimaria)	NO VIOLATIONS	
03/12/03	03-7398	Liquor Inspection (Road Patrol-Dimaria)	NO VIOLATIONS	
04/24/03	03-12243	Compliance Test	PASSED	
06/20/03	03-18714	Compliance Test	PASSED	
07/08/03	03-20920	Liquor Inspection (Road Patrol-Cole)	NO VIOLATIONS	
08/04/03	03-24118	Liquor Inspection (Road Patrol-Cole)	NO VIOLATIONS	
08/19/03	03-25899	Liquor Inspection (Road Patrol-Cole)	NO VIOLATIONS	
10/28/03	03-33305	Compliance Test	PASSED	
11/28/03	03-36393	Liquor Inspection (Road Patrol-Cole)	NO VIOLATIONS	
01/20/04	04-01968	Liquor Inspection (Road Patrol-Cole)	NO VIOLATIONS	
02/17/04	04-04919	Liquor Inspection (Road Patrol-Cole)	NO VIOLATIONS	
04/16/04	04-10985	Compliance Test	PASSED	
04/28/04	04-12177	Liquor Inspection (Road Patrol-Cole)	NO VIOLATIONS	
05/17/04	04-14366	Liquor Inspection (Road Patrol-Cole)	NO VIOLATIONS	
08/11/04	04-24661	Liquor Inspection (Road Patrol-Cole)	NO VIOLATIONS	
10/19/04	04-33131	Liquor Inspection (Road Patrol-Swift)	NO VIOLATIONS	
01/24/05	05-02707	Liquor Inspection (Road Patrol-Swift)	NO VIOLATIONS	
02/20/05	05-06758	Liquor Inspection (Road Patrol-Swift)	NO VIOLATIONS	
03/04/05	05-07276	Sale to Minor (Compliance Test)	\$500 fine	06/20/05
12/1/05	0542306	Liquor Inspection (Road Patrol-Drewek)	NO VIOLATIONS	

Name: THUNDERBIRD LANES (400 W MAPLE)

Date: 8/27/05

Nature: SALE TO MINOR

✓ History File

✓ Incident Report

✓ MLCC Violation Report

MLCC Hearing Disposition THERE HAS NOT BEEN A DISPOSITION YET

✓ City Summons Disposition

Liquor Contact Info

Business Name: Thunderbird Lanes

Address: 400 West Maple Troy, MI 48084

Contact Names:

1. Rich Glomb
2. Ken Kubit
- 3.
- 4.

Attorney: Kathlyn Rasmussen
850 Stephenson #410
Troy, MI 48083



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. Class C 1941-2005 SS Business ID 1236 File # _____

1. Name of Licensee THUNDERBIRD LANES INC 2. Doing Business As THUNDERBIRD LANES

3. Mailing Address (street, city, zip code) 400 West Maple Road; Troy 48084

4. Township _____ 5. County Oakland

6. Type of License(s) & Permit(s) Class C; Sunday Sales; Bowling; Concourse

7. Date of Violation: Saturday August 27, 2005 0015 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 07/11/85 Was this a DECOY ? Yes No If no, you MUST answer below:
 If above minor violation was NOT a decoy describe enforcement action taken:
Minor arrest for OWI

COPY OF APPEARANCE TICKET MUST BE ATTACHED

9. Submit Report Below or Indicate Attached Report # 05-30359

See attached reports

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

Officer Signature [Signature] 25 Name and Title (print) Officer Justin Novak

Officer Signature _____ Name and Title (print) _____

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

WITNESSES

1. Name Liana M. Allen Address 1125 Chopin; Troy 48083

Will testify to: Selling/furnishing to minor; failing to demand age identification

2. Name _____ Address 4929 Hyde Park; Troy 48085

Will testify to: Purchasing two pitchers of beer & two shots of Tequila from Allen; Allen failing to demand identification

3. Name Bonnie Roe Address 400 West Maple Road; Troy 48084

Will testify to: Night manager; will testify Allen was bartender on evening of 08/26/05

4. Name Officer Justin Novak Address 500 W Big Beaver Road; Troy 48084

Will testify to: Interviewed Sawchuk and Allen; arresting/investigating officer of case

5. Name Officer Frank Shuler Address 500 W Big Beaver Road; Troy 48084

Will testify to: Present during interview of Allen

EVIDENCE

Location Held (Explain): Chemical test/breath test results for _____ at Troy Police Department Records
Section

Officer James Feld of Troy Police Department will testify to taking written statement

INCIDENT / PROSECUTION REPORT

01	DATE 08/27/05	DAY SAT	SHIFT 02	PLAT 02	BADGE 1 0025	BADGE 2	LCR	ADMIN	INCIDENT # 05-0030270	
02	RECEIVED 0049	DISPATCHED 0049	ARRIVED 0049	COMPLETED 0300	DATE(S) OCCURRED 08/27/05		TIME(S) OCCURRED 0049	HOUR 2400	DAY SAT	
03	LOCATION / ADDRESS MAPLELAWN & W MAPLE RD						LOCATION 2 (INTERSECTING STREET)			
04							CODE	BUSINESS NAME	BUSINESS PHONE	
05	ESTAB CODE 2000	ORIGN FOP	HOW ACTIVATED FOP		REPORT TAKEN STA		REC BADGE	DISP BADGE	UNIT 1 0082	UNIT 2 0083
06	NATURE OF INCIDENT #1 OWI		ATT <input type="checkbox"/>	CRIME CLASS 2115	ALC <input checked="" type="checkbox"/> DRUGS <input type="checkbox"/> COMP <input type="checkbox"/>	BIAS	WEAPON	# PREM	ACTIVITY O P T	POINT OF ENTRY / ATTACK
07	NATURE OF INCIDENT #2		ATT <input type="checkbox"/>	SEC CLASS	ALC <input type="checkbox"/> DRUGS <input type="checkbox"/> COMP <input type="checkbox"/>	BIAS	WEAPON	# PREM	ACTIVITY	METHOD OF ENTRY / ATTACK
08	NATURE OF INCIDENT #3		ATT <input type="checkbox"/>	SEC CLASS	ALC <input type="checkbox"/> DRUGS <input type="checkbox"/> COMP <input type="checkbox"/>	BIAS	WEAPON	# PREM	ACTIVITY	TOOL / OBJECT / WEAPON
09	NATURE OF INCIDENT #4		ATT <input type="checkbox"/>	SEC CLASS	ALC <input type="checkbox"/> DRUGS <input type="checkbox"/> COMP <input type="checkbox"/>	BIAS	WEAPON	# PREM	ACTIVITY	OTHER CHARACTERISTICS

CODES (1)REPTD BY (2)OWNER (3)VICT (4)PERS INTERV (5)ARREST (6)SUSP MISS'G (8)WITN (9)SECUR'D BY (O)JUV ARREST (D)DRIVER (P)PASSNGR (R)RESPONSIBLE (S)SUMMONED (X)MISC

10	CODE 1	VICT #	ACTUAL VICTIM (LAST, FIRST, MIDDLE, SUFFIX) Patrol 82	RAC	SEX	DOB	AGE	VICTIM TO RECEIVE CVRA NOTICE
11	CODE		NAME (LAST, FIRST, MIDDLE, SUFFIX) (ACTUAL VICTIM'S REP)	RAC	SEX	DOB	AGE	RELATION TO ACTUAL VICTIM
12	ADDRESS (DIRECTION, STREET, SUFFIX, QUALIFIER)							

HOME PHONE	BUSINESS PHONE	STATE	DRIVER'S LICENSE #	CONN <input type="checkbox"/> 1 <input type="checkbox"/> 2	el <input type="checkbox"/> 3 <input type="checkbox"/> 4	TYP	REL TO OFN #	INJ	VCIRC	LH
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14	FE 4	CODE 5	D 6	OFN # 01	NAME (LAST, FIRST, MIDDLE, SUFFIX)	RAC W	SEX M	DOB 07/11/85	AGE 20
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ADDRESS (DIRECTION, STREET, SUFFIX, QUALIFIER)
 4929 HYDE PARK DR TROY MI 48085

HOME PHONE 248-619-7070	BUSINESS PHONE	HEIGHT 510	WEIGHT 145	EYES HAZ	HAIR BRO	LENGTH SHT	STYLE STR	BUILD MED	SKIN TONE LGT
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STATE MI	DRIVER'S LICENSE #	SOC SEC #	SID #	FBI #	MISC #
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ALIAS (MAIDEN NAME, LAST, FIRST, MIDDLE, SUFFIX)	COMMENTS / CLOTHING / ETC 57008789	VIOLATION #692833
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19	ARREST CHR G1 2115	ARREST DATE 08/27/05	PLAT 02	BADGE 1 0025	BADGE 2	FM M	DIS	ARREST CHR G2	ARREST DATE	PLAT	BADGE 1	BADGE 2	FM	DIS
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20	OST/MCN O	CLR 88	ARMED AT ARREST	ORIGIN FOP	STATUS 1	FINGERPRINTS YES	C-R	ACTION REQUESTED <input type="checkbox"/> ARREST WARRANT <input type="checkbox"/> PADLOCK <input type="checkbox"/> FORFEITURE <input type="checkbox"/> SEARCH WARRANT <input type="checkbox"/> INJUNCTION <input type="checkbox"/> OTHER
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CODES (H)HOLD (S)STOLEN (Y)COUNTERFEIT (E)EVIDENCE (L)LOST (A)ATTACKED (R)RECOVERED (F)FOUND (C)CONFISCATED (X)IMPOUNDED (V)SUSPECT VEHICLE (B)BURNED

21	CODES X V	DESCRIPTION	PROPTYPE	QUANTITY	YEAR 95	MAKE BUICK	MODEL RIVIERA
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22	STYLE 2D	COLOR(S) BLU	MONTH 01	YEAR 06	STATE MI	LICENSE 6DFU62	SERIAL/VIN # 1G4GD22K2S4722817
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23	STOLEN \$	DAMAGED \$	RECOVERED \$	PROPERTY TAG #	LOCATION PROPERTY COLEMAN'S	LEIN REF #	NIC #
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24	COMMENTS / INSURANCE COMPANY / LIEN HOLDER / BANK	REC BADGE 1	REC BADGE 2	LEO	RECOVERY DATE	DGTYPE	DRUGAMOUNT	MEAS
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25	BRIEF SUMMARY OF OFFENSE (TITLE / SUMMARY)
26	INCIDENT #
27	0
28	0
29	0
30	0
31	0
32	0
33	0
34	0
35	0
36	0
37	0
38	0
39	0
40	0

INVESTIGATING OFFICER(S) Novak #25	REVIEWED BY <i>Sm 308</i>	ATTENTION TO	I affirm the above information is true and correct. O.I.C. Signature _____
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01	DATE 08/27/05	DAY SAT	SHIFT 02	PLAT 02	BADGE 1 0025	BADGE 2	UCR	ADMIN	INCIDENT# 05-0030270	
CODES (H)HOLD (S)STOLEN (Y)COUNTERFEIT (E)EVIDENCE (L)LOST (A)ATTACKED (R)RECOVERED (F)FOUND (C)CONFISCATED (X)IMPOUNDED (V)SUSPECT VEHICLE (B)BURNED										
02	CODES E	DESCRIPTION IN-CAR VIDEO				PROP TYPE	QUANTITY 01	YEAR	MAKE SONY	MODEL
03	STYLE	COLOR(S)	MONTH	YEAR	STATE	LICENSE	SERIAL / VIN # #3110			
04	STOLEN \$	DAMAGED \$	RECOVERED \$	PROPERTY TAG # 133332		LOCATION PROPERTY DEP	LEIN REF #	NIC #		
05	COMMENTS / INSURANCE COMPANY / LIEN HOLDER / BANK				REC BADGE 1	REC BADGE 2	LEO	RECOVERY DATE	DG TYPE DRUG AMOUNT MEAS	
06	COMMENTS									
07	CODES C	DESCRIPTION PELLET GUN				PROP TYPE	QUANTITY 01	YEAR	MAKE HF	MODEL
08	STYLE	COLOR(S) SIL BLK	MONTH	YEAR	STATE	LICENSE	SERIAL / VIN # NONE			
09	STOLEN \$	DAMAGED \$	RECOVERED \$	PROPERTY TAG # 133333		LOCATION PROPERTY DEP	LEIN REF #	NIC #		
10	COMMENTS / INSURANCE COMPANY / LIEN HOLDER / BANK				REC BADGE 1	REC BADGE 2	LEO	RECOVERY DATE	DG TYPE DRUG AMOUNT MEAS	
11	COMMENTS PELLET GUN LOCATED IN PASSENGER COMPARTMENT OF VEHICLE									
12	CODES	DESCRIPTION				PROP TYPE	QUANTITY	YEAR	MAKE	MODEL
13	STYLE	COLOR(S)	MONTH	YEAR	STATE	LICENSE	SERIAL / VIN #			
14	STOLEN \$	DAMAGED \$	RECOVERED \$	PROPERTY TAG #		LOCATION PROPERTY	LEIN REF #	NIC #		
15	COMMENTS / INSURANCE COMPANY / LIEN HOLDER / BANK				REC BADGE 1	REC BADGE 2	LEO	RECOVERY DATE	DG TYPE DRUG AMOUNT MEAS	
16	COMMENTS									
17	CODES	DESCRIPTION				PROP TYPE	QUANTITY	YEAR	MAKE	MODEL
18	STYLE	COLOR(S)	MONTH	YEAR	STATE	LICENSE	SERIAL / VIN #			
19	STOLEN \$	DAMAGED \$	RECOVERED \$	PROPERTY TAG #		LOCATION PROPERTY	LEIN REF #	NIC #		
20	COMMENTS / INSURANCE COMPANY / LIEN HOLDER / BANK				REC BADGE 1	REC BADGE 2	LEO	RECOVERY DATE	DG TYPE DRUG AMOUNT MEAS	
21	COMMENTS									
22	CODES	DESCRIPTION				PROP TYPE	QUANTITY	YEAR	MAKE	MODEL
23	STYLE	COLOR(S)	MONTH	YEAR	STATE	LICENSE	SERIAL / VIN #			
24	STOLEN \$	DAMAGED \$	RECOVERED \$	PROPERTY TAG #		LOCATION PROPERTY	LEIN REF #	NIC #		
25	COMMENTS / INSURANCE COMPANY / LIEN HOLDER / BANK				REC BADGE 1	REC BADGE 2	LEO	RECOVERY DATE	DG TYPE DRUG AMOUNT MEAS	
26	COMMENTS									
27	NARRATIVE									
28										
INVESTIGATING OFFICER(S) Novak #25				REVIEWED BY		ATTENTION TO		I affirm the above information is true and correct. O.I.C. Signature _____		

NARRATIVE REPORT

SUPPRESS

RPTTYPE

PRIMARY

PAGE 3 OF 4

01	DATE	DAY	SHIFT	PLAT	BADGE 1	BADGE 2	INCIDENT STATUS	CRIME CLASS	INCIDENT #
	08/27/05	SAT	02	02	0025		<input type="checkbox"/> CLR ARREST <input type="checkbox"/> UNF <input type="checkbox"/> CLR EXCEPT <input type="checkbox"/> INACT		05-0030270
02	INCIDENT: OWI Arrest								
03	LOCATION: W. Maple at Maplelawn, Troy								
04	INFORMATION:								
05	I (Novak) was E/B on Maple at Coolidge, stopped at a red light. I observed								
06	listed vehicle (MI) 6DFU62 turning S/B on Coolidge from W/B Maple. The								
07	vehicle started to drive straight at me, and then made a series of jerky								
08	turns to proceed S/B. I began to follow the vehicle and observed it enter								
09	the first turn-around for S/B to N/B Coolidge. The vehicle drove its								
10	passenger side wheels up onto the median grass as it made the turn. I								
11	activated my in-car video camera. The vehicle proceeded N/B and drove into								
12	the east curb for approximately 50 feet while N/B. The vehicle turned onto								
13	Maple E/B and accelerated up to approximately 55 mph in the 40 mph zone.								
14	While E/B, it was weaving within and out of its lane of travel (RL). I								
15	activated my overhead lights near Stutz Dr, we finally came to a stop on								
16	Maplelawn S/O Maple.								
17	CONTACT WITH DRIVER:								
18	I approached and made contact with the driver and sole occupant, listed								
19	I observed he had difficulty handling and opening his wallet								
20	when I asked for his license, demonstrating poor manual dexterity. Upon								
21	contact I detected a strong odor of intoxicants emanating from the passenger								
22	compartment of the vehicle. I asked to exit the vehicle and he								
23	complied. I asked him to step to the rear of the vehicle and observed that								
24	he swayed noticeably as he walked. I asked him where he was coming from and								
25	he stated Thunderbird Lanes, and that the bartender Leona had been serving								
26	him alcohol. advised he was 20 years old and he was never "carded"								
27	while drinking at the bowling alley.								
28	FIELD SOBRIETY TASKS:								
29	I asked how much he had drank and he stated a few beers. I asked								
30	him if he felt intoxicated and he stated yes. He then stated that he knew he								
31	shouldn't be driving and that he would probably get in trouble for drunk								
32	driving. He agreed to perform some field sobriety tasks. He was instructed								
33	to ask for clarification if he did not understand a task. advised								
34	that he had no physical or mental impediments, was on no medications, and had								
35	some college and knew his English numbers and alphabet.								
36	ALPHABET A-N: recited the entire alphabet, missing several letters.								
37	PICK NUMBER IN BETWEEN 69 AND 71: stated 71.								
38	ONE FOOT STAND: failed to follow the directive to wait to perform								
39	the tasks until I was done demonstrating. was unable to maintain his								
40	balance on his right foot for more than 5 seconds with his arms down in two								
41	attempts.								
42	HGN: demonstrated all indicators.								
43	PBT: 0.198								
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NARRATIVE REPORT

SUPPRESS

RPTTYPE

PRIMARY

PAGE 4 OF 4

01	DATE 08/27/05	DAY SAT	SHIFT 02	PLAT 02	BADGE 1 0025	BADGE 2	INCIDENT STATUS <input type="checkbox"/> CLR ARREST <input type="checkbox"/> UNF <input type="checkbox"/> CLR EXCEPT <input type="checkbox"/> INACT	CRIME CLASS	INCIDENT # 05-0030270
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02 **ARREST:**

03 I advised that he was under arrest for OWI. He was handcuffed
04 (ctdl) and placed into my cruiser. He was transported to Troy Lockup without
05 incident.

06 **CHEMICAL TEST:**

07 was processed in Lockup. I read him his chemical test rights from
08 form DI-93 at 0131 hrs, consented to a breath test. PSA Braley
09 administered the chemical test. RESULTS: 0.19, 0.19.

10 **DISPOSITION:**

11 Officers Quaiatto and Smith completed a vehicle inventory incident to
12 arrest. They located a pellet handgun in the passenger compartment of the
13 vehicle. It was confiscated due to recent BB gun MDOPs and placed into
14 property, tag #133333. The vehicle was impounded by Coleman's Towing to
15 their yard.

16 was lodged and issued citation # 692833 for OWI. He was also
17 issued his copy of form DI-177 and the breath test ticket. The breath test
18 was entered into LEIN. license was confiscated and destroyed. My
19 in-car video tape #3110 was placed into property, tag #133332.

20 I will follow-up on the possible LCC violation of Thunderbird Lanes on
21 08/27/05, the business was closed at the time of arrest.

INVESTIGATING OFFICER(S) Novak #25	REVIEWED BY	ASSIGNED TO / BADGE	ATTENTION TO
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NARRATIVE REPORT
 WITNESS STATEMENT

01	DATE 08/27/05	DAY Sat	SHIFT 02	PLAT 02	BADGE 1 025	BADGE 2	INCIDENT STATUS <input type="checkbox"/> CLR ARREST <input type="checkbox"/> UNF <input type="checkbox"/> CLR EXCEPT <input type="checkbox"/> INACT	PRIM CLASS	YEAR 05	INCIDENT # 30359
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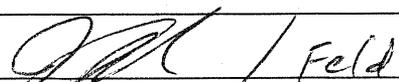
02 Statement of: _____ Home Phone: 248-619-7070

03 Address: 4929 Hyde Park _____ Business Phone: None

04 City: TROY _____ State: MI Zip: 48085

07 I was at Thunderbird Lanes on 159
 08 Livornois and the lady that served me my
 09 drinks was Leanna and she has black hair
 10 and usually works on Thurs Friday and Saturday
 11 nights and if needed I agree to any
 12 thing that needs to be done with stopping the
 13 sales to underage sales at this place.

27 X: _____

28 Taken By:  / Feld

29 Place: 500 W. 16 _____ Date: 08/27/05 Time: 1515

INVESTIGATING OFFICER(S) Moshak / Feld	REVIEWED BY	ASSIGNED TO / BADGE	ATTENTION TO
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INCIDENT / PROSECUTION REPORT PO #

01	DATE 08/27/05	DAY SAT	SHIFT 02	PLAT 02	BADGE 1 0025	BADGE 2 0046	UCR	ADMIN	INCIDENT # 05-0030359					
02	RECEIVED 1946	DISPATCHED 1946	ARRIVED 1946	COMPLETED 2020	DATE(S) OCCURRED 08/27/05	TIME(S) OCCURRED 0015	HOUR 0001	DAY SAT						
03	LOCATION/ADDRESS 400 W MAPLE RD TROY MI 48084				LOCATION 2 (INTERSECTING STREET)									
04	CODE		BUSINESS NAME THUNDERBIRD LANES			BUSINESS PHONE 248-362-1660								
05	ESTAB CODE 8000	ORIGIN FOP	HOW ACTIVATED FOP	REPORT TAKEN STA	REC BADGE	DISP BADGE	UNIT 1 0082	UNIT 2 0062						
06	NATURE OF INCIDENT #1 LCC VIOLATION		ATT <input type="checkbox"/>	CRIME CLASS	ALC <input checked="" type="checkbox"/> DRUGS <input type="checkbox"/> COMP <input type="checkbox"/>	BIAS	WEAPON	# PREM	ACTIVITY	POINT OF ENTRY / ATTACK				
07	NATURE OF INCIDENT #2 SERVE ALCOHOL UNDER 21		ATT <input type="checkbox"/>	SEC CLASS	ALC <input checked="" type="checkbox"/> DRUGS <input type="checkbox"/> COMP <input type="checkbox"/>	BIAS	WEAPON	# PREM	ACTIVITY T	METHOD OF ENTRY / ATTACK				
08	NATURE OF INCIDENT #3		ATT <input type="checkbox"/>	SEC CLASS	ALC <input type="checkbox"/> DRUGS <input type="checkbox"/> COMP <input type="checkbox"/>	BIAS	WEAPON	# PREM	ACTIVITY	TOOL / OBJECT / WEAPON				
09	NATURE OF INCIDENT #4		ATT <input type="checkbox"/>	SEC CLASS	ALC <input type="checkbox"/> DRUGS <input type="checkbox"/> COMP <input type="checkbox"/>	BIAS	WEAPON	# PREM	ACTIVITY	OTHER CHARACTERISTICS				
CODES (1)REPTD BY (2)OWNER (3)VICT (4)PERS INTERV (5)ARREST (6)SUSP MISS'G (8)WITN (9)SECUR'D BY (O)JUV ARREST (D)DRIVER (P)PASSNGR (R)RESPONSIBLE (S)SUMMONED (X)MISC														
10	CODE	VICT #	ACTUAL VICTIM (LAST, FIRST, MIDDLE, SUFFIX)				RAC	SEX	DOB	AGE	VICTIM TO RECEIVE CVRA NOTICE			
11	CODE 4 8		NAME (LAST, FIRST, MIDDLE, SUFFIX) (ACTUAL VICTIM'S REP) ROE, BONNIE				RAC W	SEX F	DOB	AGE	RELATION TO ACTUAL VICTIM NIGHT MANAGER			
12	ADDRESS (DIRECTION, STREET, SUFFIX, QUALIFIER) 400 W MAPLE Apt. TROY MI 48084													
13	HOME PHONE	BUSINESS PHONE 248-362-1660	STATE	DRIVER'S LICENSE #	CONN <input type="checkbox"/> 1 <input type="checkbox"/> 2	el <input type="checkbox"/> 3 <input type="checkbox"/> 4	TYP	REL TO OFN #	INJ	VCIRC	JH			
14	FE 4	CODE 6 S	OFN # 01	NAME (LAST, FIRST, MIDDLE, SUFFIX) ALLEN LIANA MARGOT				RAC W	SEX F	DOB 10/09/75	AGE			
15	ADDRESS (DIRECTION, STREET, SUFFIX, QUALIFIER) 1125 CHOPIN ST TROY MI 48083													
16	HOME PHONE 248-528-2203	BUSINESS PHONE 248-362-1660	HEIGHT 501	WEIGHT 095	EYES BRO	HAIR BRO	LENGTH SHL	STYLE WAV	BUILD THI	SKIN TONE LGT				
17	STATE MI	DRIVER'S LICENSE #	SOC SEC #	SID #	FBI #	MISC #								
18	ALIAS (MAIDEN NAME, LAST, FIRST, MIDDLE, SUFFIX)				COMMENTS / CLOTHING / ETC				VIOLATION #692835					
19	ARREST CHR G 1 2299	ARREST DATE 08/27/05	PLAT 02	BADGE 1 0025	BADGE 2	FM M	DIS	ARREST CHR G 2	ARREST DATE	PLAT	BADGE 1	BADGE 2	FM	DIS
20	OST (MCN) S	CLR	ARMED AT ARREST	ORIGIN FOP	STATUS 3	FINGERPRINTS NO	CFR	ACTION REQUESTED 1 <input type="checkbox"/> ARREST WARRANT 3 <input type="checkbox"/> PADLOCK 5 <input type="checkbox"/> FORFEITURE 2 <input type="checkbox"/> SEARCH WARRANT 4 <input type="checkbox"/> INJUNCTION 6 <input type="checkbox"/> OTHER						
CODES (H)HOLD (S)STOLEN (Y)COUNTERFEIT (E)EVIDENCE (L)LOST (A)ATTACKED (R)RECOVERED (F)FOUND (C)CONFISCATED (X)IMPOUNDED (V)SUSPECT VEHICLE (B)BURNED														
21	CODES	DESCRIPTION	PROP TYPE	QUANTITY	YEAR	MAKE	MODEL							
22	STYLE	COLOR(S)	MONTH	YEAR	STATE	LICENSE	SERIAL / VIN #							
23	STOLEN	DAMAGED	RECOVERED	PROPERTY TAG #	LOCATION PROPERTY	LEIN REF #	NIC #							
24	COMMENTS / INSURANCE COMPANY / LIEN HOLDER / BANK				REC BADGE 1	REC BADGE 2	LEO	RECOVERY DATE	DGTYPE	DRUG AMOUNT	MEAS			
25	BRIEF SUMMARY OF OFFENSE (TITLE / SUMMARY)										INCIDENT #			
26														
27														
28														
02	INVESTIGATING OFFICER(S) NOVAK / SHULER	REVIEWED BY <i>CSM</i>	ATTENTION TO	I affirm the above information is true and correct. O.I.C. Signature _____										

Goenad

01	DATE 08/27/05	DAY SAT	SHIFT 02	PLAT 02	BADGE 1 0025	BADGE 2 0046	UCR	ADMIN	INCIDENT # 05-0030359
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CODES (1) REPTD BY (2) OWNER (3) VICT (4) PERS INTERV (5) ARREST (6) SUSP (7) MISS'G (8) WITN (9) SECURD BY (O) JUV ARREST (D) DRIVER (P) PASSNGR (R) RESPONSIBLE (S) SUMMONED (X) MISC

02	FE	CODE	OFN#	NAME (LAST, FIRST, MIDDLE, SUFFIX)	RAC	SEX	DOB	AGE	
	4	5	6	8	02			07/11/85	20

03 ADDRESS (DIRECTION, STREET, SUFFIX, QUALIFIER)
 4929 HYDE PARK DR TROY MI 48085

04 HOME PHONE 248-619-7070	BUSINESS PHONE	HEIGHT 510	WEIGHT 145	EYES HAZ	HAIR BRO	LENGTH SHT	STYLE CRW	BUILD MED	SKIN TONE LGT
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05 STATE MI	DRIVER'S LICENSE #	SOC SEC #	SID #	FBI #	MISC #
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06 ALIAS (MAIDEN NAME) SUSP ARRESTED FOR OWI/05-30270	COMMENTS / CLOTHING / ETC	VIOLATION
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07 ARREST CHR 1	ARREST DATE	PLAT	BADGE 1	BADGE 2	FM	DIS	ARREST CHR 3	ARREST DATE	PLAT	BADGE 1	BADGE 2	FM	DIS
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08 ARREST CHR 2	ARREST DATE	PLAT	BADGE 1	BADGE 2	FM	DIS	ARREST CHR 4	ARREST DATE	PLAT	BADGE 1	BADGE 2	FM	DIS
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09 OST	MCN	CLR	ARMED AT ARREST	ORIGIN	STATUS	FINGERPRINTS	CHR	ACTION REQUESTED 1 <input type="checkbox"/> ARREST WARRANT 3 <input type="checkbox"/> PADLOCK 5 <input type="checkbox"/> FORFEITURE 2 <input type="checkbox"/> SEARCH WARRANT 4 <input type="checkbox"/> INJUNCTION 6 <input type="checkbox"/> OTHER
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10 COMMENTS / CLOTHING

02	FE	CODE	OFN#	NAME (LAST, FIRST, MIDDLE, SUFFIX)	RAC	SEX	DOB	AGE
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03 ADDRESS (DIRECTION, STREET, SUFFIX, QUALIFIER)

04 HOME PHONE	BUSINESS PHONE	HEIGHT	WEIGHT	EYES	HAIR	LENGTH	STYLE	BUILD	SKIN TONE
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05 STATE	DRIVER'S LICENSE #	SOC SEC #	SID #	FBI #	MISC #
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06 ALIAS (MAIDEN NAME)	COMMENTS / CLOTHING / ETC	VIOLATION
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07 ARREST CHR 1	ARREST DATE	PLAT	BADGE 1	BADGE 2	FM	DIS	ARREST CHR 3	ARREST DATE	PLAT	BADGE 1	BADGE 2	FM	DIS
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08 ARREST CHR 2	ARREST DATE	PLAT	BADGE 1	BADGE 2	FM	DIS	ARREST CHR 4	ARREST DATE	PLAT	BADGE 1	BADGE 2	FM	DIS
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09 OST	MCN	CLR	ARMED AT ARREST	ORIGIN	STATUS	FINGERPRINTS	CHR	ACTION REQUESTED 1 <input type="checkbox"/> ARREST WARRANT 3 <input type="checkbox"/> PADLOCK 5 <input type="checkbox"/> FORFEITURE 2 <input type="checkbox"/> SEARCH WARRANT 4 <input type="checkbox"/> INJUNCTION 6 <input type="checkbox"/> OTHER
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10 COMMENTS / CLOTHING

02	FE	CODE	OFN#	NAME (LAST, FIRST, MIDDLE, SUFFIX)	RAC	SEX	DOB	AGE
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03 ADDRESS (DIRECTION, STREET, SUFFIX, QUALIFIER)

04 HOME PHONE	BUSINESS PHONE	HEIGHT	WEIGHT	EYES	HAIR	LENGTH	STYLE	BUILD	SKIN TONE
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05 STATE	DRIVER'S LICENSE #	SOC SEC #	SID #	FBI #	MISC #
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06 ALIAS (MAIDEN NAME)	COMMENTS / CLOTHING / ETC	VIOLATION
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07 ARREST CHR 1	ARREST DATE	PLAT	BADGE 1	BADGE 2	FM	DIS	ARREST CHR 3	ARREST DATE	PLAT	BADGE 1	BADGE 2	FM	DIS
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08 ARREST CHR 2	ARREST DATE	PLAT	BADGE 1	BADGE 2	FM	DIS	ARREST CHR 4	ARREST DATE	PLAT	BADGE 1	BADGE 2	FM	DIS
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09 OST	MCN	CLR	ARMED AT ARREST	ORIGIN	STATUS	FINGERPRINTS	CHR	ACTION REQUESTED 1 <input type="checkbox"/> ARREST WARRANT 3 <input type="checkbox"/> PADLOCK 5 <input type="checkbox"/> FORFEITURE 2 <input type="checkbox"/> SEARCH WARRANT 4 <input type="checkbox"/> INJUNCTION 6 <input type="checkbox"/> OTHER
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10 COMMENTS / CLOTHING

INVESTIGATING OFFICER(S) NOVAK / SHULER	REVIEWED BY	ATTENTION TO	I affirm the above information is true and correct. O.I.C. Signature
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NARRATIVE REPORT

01	DATE	DAY	SHIFT	PLAT	BADGE 1	BADGE 2	INCIDENT STATUS <input type="checkbox"/> CLR ARREST <input type="checkbox"/> UNF <input type="checkbox"/> CLR EXCEPT <input type="checkbox"/> INACT	CRIME CLASS	INCIDENT #
	08/27/05	SAT	02	02	0025	0046			05-0030359
02	INCIDENT: LCC Violation / Furnish Alcohol to Person Under 21								
03	LOCATION: 400 W. Maple, Thunderbird Lanes, Troy								
04	INFORMATION:								
05	On 08/27/05, at approximately 0050 hrs, I (Novak) initiated a traffic stop								
06	of listed an OWI investigation commenced. advised me that								
07	he had been drinking that evening and he was coming from 400 W. Maple,								
08	Thunderbird Lanes bowling alley. He stated that he was only 20 years old and								
09	was never "carded" by the sole bartender, listed Liana Allen.								
10	advised that he purchased 2 pitchers of beer and 2 shots of tequila from								
11	Allen and she never demanded to see his ID. stated that he and many								
12	of his 20-year-old friends frequent Thunderbird Lanes on the nights Allen								
13	works because she does not ID them and they are able to purchase alcohol.								
14	was subsequently arrested for OWI. He took a chemical test (breath								
15	test) indicating his BAL at 0.19. See incident number 05-30270 for the OWI.								
16	No false or altered identification was located on or in his vehicle								
17	incident to arrest, he possessed only his MI license which showed he was 20								
18	years old.								
19	When was sober and released from Troy Lockup on 08/27/05 at								
20	approximately 1500 hrs, he voluntarily came to the front desk of the police								
21	station and completed a written statement indicating that Liana served him								
22	his alcohol and that he was willing to cooperate with our investigation.								
23	That statement was taken by Ofc. Feld.								
24	Ofc. Shuler and I made contact with Thunderbird Lanes on 08/27/05 at								
25	approximately 1930 hrs. I spoke with the night manager Bonnie Roe. She								
26	advised that Allen was the bartender during the previous night. I took the								
27	establishment's LCC license information, provided her with the incident								
28	number, and advised her that I would be completing an LCC violation form due								
29	to an employee serving a person under 21 an alcoholic beverage without								
30	demanding proper ID.								
31	Ofc. Shuler and I made contact with suspect Allen at her Troy residence.								
32	Officers interviewed her and she advised she knew who was, and had								
33	been serving him alcohol over the past year. She stated he was a "regular"								
34	and did not ask him for ID. Allen stated she thought he was 22 or 23 years								
35	old. She stated that she requested no ID from during the prior evening								
36	(Friday 08/26/05) before she furnished alcohol to him. Allen stated she did								
37	not know if anyone had ever identified. Allen was issued appearance								
38	citation #692835 for selling / furnishing alcohol to a person under 21.								
39	DISPOSITION:								
40	LCC violation form completed. Copy of incident 05-30270 and								
41	written statement are attached to the original report. No further action by								
42	officers.								
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INVESTIGATING OFFICER(S)	REVIEWED BY	ASSIGNED TO / BADGE	ATTENTION TO
NOVAK / SHULER			

State of Michigan
Uniform Law Citation

Ticket No. 692835

Victim Involved

US DOT # _____ Incident No. 05-30359 Dept No. _____

The People of the State of Michigan
 Township City Village County

OF TROY BAC _____ of 1

THE UNDERSIGNED SAYS THAT ON 08 27 05 At approximately 0030 P.M. Date of Birth 10 09 75

State MI Social Security No. _____

Race W I Sex F Height _____ Weight _____ Hair _____ Eyes _____ Occupation/employer _____

Name (First, Middle, Last) Liana Margot Allen

Street 1125 Chapin

City Troy State MI Zip Code 48083

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 Thunderbird Lanes

AT OR NEAR 400 W 15 Mile (Maple)

WITHIN CITY VILLAGE TOWNSHIP OF TROY

COUNTY OF OAKLAND DID THE FOLLOWING

Type	Ordinance	Description (include any bond amount collected on each charge)	No.
<input type="checkbox"/> C/I <input type="checkbox"/> Warn <input type="checkbox"/> Authorization pend.	<input type="checkbox"/> Fug <input type="checkbox"/> Waiv	Furnish / sell alcohol to person under 21	1
<input checked="" type="checkbox"/> Misd <input type="checkbox"/> Fel	<input type="checkbox"/> Authorization pend.		2
<input type="checkbox"/> C/I <input type="checkbox"/> Warn <input type="checkbox"/> Authorization pend.	<input type="checkbox"/> Fug <input type="checkbox"/> Waiv		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 LCC violation

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

SEE DATE BELOW. SEE BACK OF CITATION FOR EXPLANATION AND INSTRUCTIONS

Appearance Date on or before Sept 14, 2005
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 08 Day 27 Year 05
Officer's Name (Printed) Wodak Officer's ID No. 25

Agency ORI MI-6378400 Agency Name TROY POLICE DEPARTMENT

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

Ticket No. 692835

Name

Case No.

COUNT 1 OF 1 5204 DISTRICT COURT DISPOSITION INQUIRY 01/27/06
XFER TKT# 01 05 692835
CASE 05 004392 PS 01 TYPE OM DEF NAME LIANA, MARGOT, ALLEN,
SOC SEC 000000000 SEX F RACE DOB 100975
ATTY BAR # P55228 NAME DAVID J. CHIAPPELLI

OFFENSE 1201 000 FURNISH ALCOHOL TO MINOR DATE 082705 CONV CODE
CHARGE CODE 436.17011-A ALCOH JUDGE 20
DISP PUA B PLEA UNDER ADVISEMENT AT BENCH TRIAL COND DATE 121305
SENTENCE DATE 121305 ARREST DATE JUDGMENT PRINT DATE 000000
FINES & COSTS TO BE PAID BY REST OTHER
JSA 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 TOT POE W/R W/E BEG DTE
OTHER: PUA FOR 12MTHS/IF NO VIOLATIONS OF LAW CASE
IS TO BE DISMISSED

CIRC: TCN# PROB OFFICER:
CTN # SID # CLEMIS # 05-30359 JAIL #
PF4/LIC RES PRT 5/JUD SEN 6/LIC RES 7/SCHED 10/FWD 11/BKWD 12/PROB
PS YR 05 NO 004392 MSP PDC C001 SEQ FUNCTION DS MODE I

LCC

Liquor Licensee History

Business name: **Thunderbird Lanes**

Address: 400 E. Maple (248) 362-1660

Licensee: Thunderbird Lanes, Inc.

License type: **Class C (1941-2002)**

Permits: Sunday Sales, Bowling, Concourse, 2 Bars

Comments:

Date	Troy Incident #	Type	Disposition	Date
02/23/99	99-07300	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
06/23/99	99-23645	Compliance Test	PASSED	
11/16/99	none	Compliance Test	PASSED	
06/25/00	00-22539	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
07/26/00	none	Compliance Test	PASSED	
08/17/00	00-30409	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
10/19/00	00-38784	Compliance Test	PASSED	
10/20/00	00-38914	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
11/14/00	00-42171	Compliance Test	PASSED	
02/06/01	01-04427	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
04/16/01	01-13013	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
05/03/01		Compliance Test	PASSED	
06/26/01	01-22638	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
08/15/01	01-29307	Compliance Test	PASSED	
09/27/01	01-34741	Compliance Test	PASSED	
10/11/01	01-36668	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
12/13/01	01-44538	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
02/22/02	02-05693	Compliance Test	PASSED	
03/03/02	02-06660	Liquor Inspection (Road Patrol)	NO VIOLATIONS	

04/11/02	02-11069	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
06/23/02	02-20020	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
06/26/02	02-20473	Compliance Test	PASSED	
09/06/02	02-29505	Liquor Inspection (Road Patrol- Jones)	NO VIOLATIONS	
10/8/02	02-33184	Compliance Test	PASSED	
02/18/03	03-5152	Liquor Inspection (Road Patrol-Dungjen)	NO VIOLATIONS	
03/11/03	03-7295	Liquor Inspection (Road Patrol- Dungjen)	NO VIOLATIONS	
04/23/03	03-12102	Compliance Test	PASSED	
06/20/03	03-18699	Compliance Test	PASSED	
10/28/03	03-33342	Compliance Test	PASSED	
01/08/04	04-00772	Liquor Inspection (Road Patrol- Brazel)	NO VIOLATIONS	
02/08/04	04-04036	Liquor Inspection (Road Patrol- Brazel)	NO VIOLATIONS	
03/13/04	04-07379	Liquor Inspection (Road Patrol- Brazel)	NO VIOLATIONS	
03/23/04	04-08497	Sale to Minor (compliance test)	\$500 fine	05/07/04
05/23/04	04-14957	Liquor Inspection (Road Patrol- Giorgi)	NO VIOLATIONS	
06/30/04	04-19505	Compliance Test	PASSED	
07/26/04	04-22672	Liquor Inspection (Road Patrol- Giorgi)	NO VIOLATIONS	
09/07/04	04-28112	Liquor Inspection (Road Patrol- Giorgi)	NO VIOLATIONS	
11/27/04	04-37670	Liquor Inspection (Road Patrol-Weingart)	NO VIOLATIONS	
02/10/05	05-04661	Liquor Inspection (Road Patrol-Weingart)	NO VIOLATIONS	
02/16/05	Council	Public Hearings for 2004 Violation(s) – Resolution requiring TIPS/TAMS server training and proof to PD within 90 days.		
02/23/05		Proof received		
03/03/05	05-07173	Compliance Test	PASSED	
03/24/05	05-09648	Liquor Inspection (Road Patrol-Weingart)	NO VIOLATIONS	
05/12/05	05-15773	Liquor Inspection (Road Patrol-Sinutko)	NO VIOLATIONS	
07/10/05	05-23864	Liquor Inspection (Road Patrol-Sinutko)	NO VIOLATIONS	
08/27/05	05-30359	Sale to Minor (Road Patrol FOP)		
09/04/05	05-31392	Liquor Inspection (Road Patrol-Sinutko)	NO VIOLATIONS	

11/17/05

05-40633

Liquor Inspection (Road Patrol-Sinutko)

NO VIOLATIONS

Name: CAFE SUSHI (1933 W MAPLE)

Date: 3/3/05

Nature: SAFE TO MINOR

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

Liquor Contact Info

Business Name: Café Sushi

Address: 1933 West Maple Troy MI 48084

Contact Names:

1. Fari Santgar
2. Shigeru Yamada
- 3.
- 4.

Attorney:



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. 107549-2004 SS Business ID 135639 File # _____

1. Name of Licensee CAFE SUSHI LLC 2. Doing Business As CAFE SUSHI

3. Mailing Address (street, city, zip code) 1933 West Maple Road; Troy 48084

4. Township _____ 5. County Oakland

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

7. Date of Violation: Thursday 03/03/05 2040 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 06/14/86 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 # 05-7149

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

Officer Signature [Signature] Name and Title (print) Brian Warzecha, Police Officer

Officer Signature [Signature] Name and Title (print) Milton Stansbury, 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 Unchin Sawyers Address 1166 Villa Park; Troy MI 48098

Will testify to: Served alcoholic beverage to minor

4. Name Officer Brian Warzecha Address 500 W Big Beaver Road; Troy MI 48084

Will testify to: Violation

5. Name Officer Milton Stansbury Address 500 W Big Beaver Road; Troy MI 48084

Will testify to: Violation

EVIDENCE

Location Held (Explain):

Captain Morgan rum drink
Property Tag No. 131000

DEPARTMENT

INCIDENT REPORT

SUPP

Beaver - Troy, MI 48084-5285

PAGE 1 OF 3

MI6378400

01	DATE	DAY	SHIFT	PLATOON	BADGE 1	BADGE 2	UCR STATUS	E12 <input type="checkbox"/> EXTRACTION DECLINED	YEAR	INCIDENT NUMBER		
	03.03.05	TH	4	0252	061	024	E10 <input type="checkbox"/> DEATH OF OFFENDER E11 <input type="checkbox"/> PROSECUTION DECLINED	E13 <input type="checkbox"/> REFUSED TO COOPERATE E14 <input type="checkbox"/> JUVENILE, NO CUSTODY	05	7149		
02	RECEIVED	DISPATCHED	ARRIVED	COMPLETED	DATE(S) OCCURRED			TIMES(S) OCCURRED		ASSIGNED HOUR / DAY		
	2040	2040	2040	2140	03.03.05			2040 2140		20 TH 4		
03	LOCATION 1 (ADDRESS) (DIRECTION), STREET, SUFFIX, QUALIFIER						LOCATION 2 (INTERSECTING STREET)					
	19.33 W. MAPLE RD											
04	CITY	STATE	ZIP	CODE	BUSINESS NAME			BUSINESS PHONE				
	Troy	MI	48084	L	CAFE SUSHI			248-280-1831				
05	BUSINESS COMMENTS / ESTABLISHMENT DESCRIPTION				ESTAB CODE	ORIGIN	HOW ACTIVATED			PATROL	GEOGRAPHIC	
	RESTAURANT				8640	<input type="checkbox"/> PHONE <input checked="" type="checkbox"/> FOP	<input type="checkbox"/> PERSON <input type="checkbox"/> OTHER	<input type="checkbox"/> 911 <input type="checkbox"/> MDT	<input checked="" type="checkbox"/> FOP <input type="checkbox"/> DISP <input type="checkbox"/> OTHER	<input type="checkbox"/> PERSON <input type="checkbox"/> MDT	07	
06	NATURE OF OFFENSE #1		ATT <input type="checkbox"/>	CRIME CLASS	ALCOHOL <input type="checkbox"/>	BIAS <input type="checkbox"/>	WEAPON <input type="checkbox"/>	# PREM	ACTIVITY	ACTIVITY TYPES (Maximum 3 Per Offense)		
	LCC Violation			2235	DRUGS <input type="checkbox"/>					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"/>	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"/>	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"/>	BIAS <input type="checkbox"/>	WEAPON <input type="checkbox"/>	# PREM	ACTIVITY	OFFENSE COMMENTS		

CODES (1) REPT'D BY (2) OWNER (3) VICT (4) PERS INTERV (5) ARREST (6) SUSPECT (7) MISSING (8) WITN (9) SECUR'D BY (0) JUV ARREST (D) DRIVER (P) PASSENGER (S) SUMMONED (R) RESPONSIBLE

V	10	CODE	VICT #	NAME (LAST, FIRST, MIDDLE, SUFFIX)						RAC	SEX	DOB	AGE
			18							W	F	05.29.85	
I	11	ADDRESS (DIRECTION, STREET, SUFFIX, QUALIFIER)						CITY		STATE	ZIP		
		c/o Troy PD						Troy		MI	48085		
G	12	HOME PHONE	BUSINESS PHONE	STATE	DRIVER'S LICENSE #	PERSON COMMENTS / OTHER I.D.							
			248-3477			Decey							
T	13	VICTIM CONNECTED TO OFFENSE	<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04	VICTIM TYPE	<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> BUSINESS	<input type="checkbox"/> FINANCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> RELIGIOUS	<input type="checkbox"/> SOCIETY / PUBLIC <input type="checkbox"/> OTHER <input type="checkbox"/> POLICE OFFICER	VICTIM INJURY	<input type="checkbox"/> NONE <input type="checkbox"/> BROKEN BONE	<input type="checkbox"/> MINOR INJURY <input type="checkbox"/> MAJOR INJURY	<input type="checkbox"/> POSS. INT. INJURIES <input type="checkbox"/> SEVERE LACERATION	<input type="checkbox"/> LOSS OF TEETH <input type="checkbox"/> UNCONSCIOUSNESS	<input type="checkbox"/> FATAL
I	14	RELATIONSHIP OF VICTIM TO OFFENDER WITHIN FAMILY						OUTSIDE FAMILY, BUT KNOWN			NOT KNOWN	REL / OFF #	FELONIOUS ASSAULT CIRCUMSTANCES
M	15	01 SPOUSE	05 CHILD	09 STEPPARENT	20 ACQUAINTANCE	24 BOY / GIRL FRIEND	28 EMPLOYEE	98 STRANGER					
		02 C-L SPOUSE	06 GRANDPARENT	10 STEPCHILD	21 FRIEND	25 CHILD OF "BG" ABOVE	29 EMPLOYER	99 UNKNOWN					
		03 PARENT	07 GRANDCHILD	11 STEPSIBLING	22 NEIGHBOR	26 HOMOSEXUAL REL.	30 OTHERWISE KNOWN						
		04 SIBLING	08 IN-LAW	12 OTHER FAMILY	23 BABYSITTEE (baby)	27 EX-SPOUSE	31 VICTIM WAS OFFENDER						

A	16	CODE	OFF #	NAME (LAST, FIRST, MIDDLE, SUFFIX)						RAC	SEX	DOB	AGE
			501	SAWYERS, UN, CHIN						W	F	10.25.70	34
A	17	ADDRESS (DIRECTION, STREET, SUFFIX, QUALIFIER)						CITY		STATE	ZIP		
		1166 VILLA PARK						Troy		MI	48085		
R	18	HOME PHONE	BUSINESS PHONE	HEIGHT	WEIGHT	EYES	HAIR COLOR / LENGTH / STYLE	BUILD	SKIN TONE				
		248-879-1608	248-280-1831										
R	19	STATE	SOC. SEC. #	SID #	FBI #								
		MI											

E	20	PERSON COMMENTS / CLIPPING						SUMMONS / CITATION NUMBER(S)					
								683816					

S	21	ARREST / SUMMONS DESCRIPTION	ARREST CHARGE 1	ARREST DATE	PLATOON	BADGE 1	BADGE 2	FM	DIS	DEPARTMENT ARREST NUMBER		
		SALE TO MINOR	2220	03.03.05	52061	0244R						
T	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 type="checkbox"/> SUMMONS (No Custody) <input type="checkbox"/> CUSTODY (Warrant)	MULTIPLE <input type="checkbox"/> ARREST INDICATOR	<input type="checkbox"/> MULTIPLE <input type="checkbox"/> COUNT 1 <input type="checkbox"/> N/A	CLEAR <input type="checkbox"/> INDICATOR	<input type="checkbox"/> Y <input type="checkbox"/> N	UPON ARREST ARMED WITH (ENTER "A" IF AUTO)	<input checked="" type="checkbox"/> UNARMED <input type="checkbox"/> FIREARM	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.)	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	DESCRIPTION	PROPERTY TYPE	QUANTITY	YEAR	MAKE	MODEL	
		EC LIQUOR		1		CAPT. MORGAN		
25	STYLE	COLOR(S) TOP / BOTTOM	MONTH	YEAR	STATE	LICENSE	SERIAL / VIN NUMBER / CONDITION / OTHER I.D.	
26	STOLEN	DAMAGED	RECOVERED	PROPERTY TAG #	LOCATION PROPERTY	LEIN / NCIC REF #		
	\$	\$	\$	131000	P.R.			
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):	REVIEWED BY:	ATTENTION TO:
	WARZECHA / STANSBURY #61/24		

TROY POLICE DEPARTMENT

PERSON REPORT

500 W. Big Beaver - Troy, MI 48084-5285
ORI # M16378400

01	DATE	DAY	SHIFT	PLATOON	BADGE 1	BADGE 2	UCR STATUS	E12 <input type="checkbox"/> EXTRADITION DECLINED	YEAR	INCIDENT NUMBER
	030305	THU	02	52	06	1024	E10 <input type="checkbox"/> DEATH OF OFFENDER E11 <input type="checkbox"/> PROSECUTION DECLINED	E13 <input type="checkbox"/> REFUSED TO COOPERATE E14 <input type="checkbox"/> JUVENILE, NO CUSTODY	05	7149

CODES (1) REPT BY (2) OWNER (3) VICT (4) PERS INTERV (5) ARREST (6) SUSPECT (7) MISSING (8) WITH (9) SECUR'D BY (O) JUV ARREST (D) DRIVER (P) PASSENGER (S) SUMMONED (R) RESPONSIBLE

V 02	CODE	VICT #	NAME (LAST, FIRST, MIDDLE, SUFFIX)	RAC	SEX	DOB	AGE
	24		YAMADA, SHIGERU	4	M		

I 03	ADDRESS	(DIRECTION, STREET, SUFFIX, QUALIFIER)	CITY	STATE	ZIP
	1933	W. MAPLE RD	Troy	MI	48085

G 04	HOME PHONE	BUSINESS PHONE	STATE	DRIVER'S LICENSE #	PERSON COMMENTS / OTHER I.D.
		280-1831			OWNER

T 05	VICTIM CONNECTED TO OFFENSE	VICTIM TYPE	F <input type="checkbox"/> FINANCIAL G <input type="checkbox"/> GOVERNMENT B <input type="checkbox"/> BUSINESS	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
------	-----------------------------	-------------	--	--	---------------	---	--	--	--	--------------------------------

I 06	RELATIONSHIP OF VICTIM TO OFFENDER WITHIN FAMILY			OUTSIDE FAMILY, BUT KNOWN			NOT KNOWN	REL / OFF #	FELONIOUS ASSAULT CIRCUMSTANCE
M 07	01 SPOUSE	05 CHILD	09 STEPPARENT	20 ACQUAINTANCE	24 BOY / GIRL FRIEND	28 EMPLOYEE	98 STRANGER	/	
	02 CL SPOUSE	06 GRANDPARENT	10 STEPCCHILD	21 FRIEND	25 CHILD OF "BG" ABOVE	29 EMPLOYER	99 UNKNOWN	/	
	03 PARENT	07 GRANDCHILD	11 STEPSIBLING	22 NEIGHBOR	26 HOMOSEXUAL REL.	30 OTHERWISE KNOWN	REL / OFF #	/	
	04 SIBLING	08 IN-LAW	12 OTHER FAMILY	23 BABYSITTEE (baby)	27 EX-SPOUSE	31 VICTIM WAS OFFENDER	/	/	

V 08	CODE	VICT #	NAME (LAST, FIRST, MIDDLE, SUFFIX)	RAC	SEX	DOB	AGE
	8			W	M	061486	18

I 09	ADDRESS	(DIRECTION, STREET, SUFFIX, QUALIFIER)	CITY	STATE	ZIP
	5933	SLATE	Troy	MI	48085

G 10	HOME PHONE	BUSINESS PHONE	STATE	DRIVER'S LICENSE #	PERSON COMMENTS / OTHER I.D.
					DECOY

T 11	VICTIM CONNECTED TO OFFENSE	VICTIM TYPE	F <input type="checkbox"/> FINANCIAL G <input type="checkbox"/> GOVERNMENT B <input type="checkbox"/> BUSINESS	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	REL / OFF #	FELONIOUS ASSAULT CIRCUMSTANCE
M 13	01 SPOUSE	05 CHILD	09 STEPPARENT	20 ACQUAINTANCE	24 BOY / GIRL FRIEND	28 EMPLOYEE	98 STRANGER	/	
	02 CL SPOUSE	06 GRANDPARENT	10 STEPCCHILD	21 FRIEND	25 CHILD OF "BG" ABOVE	29 EMPLOYER	99 UNKNOWN	/	
	03 PARENT	07 GRANDCHILD	11 STEPSIBLING	22 NEIGHBOR	26 HOMOSEXUAL REL.	30 OTHERWISE KNOWN	REL / OFF #	/	
	04 SIBLING	08 IN-LAW	12 OTHER FAMILY	23 BABYSITTEE (baby)	27 EX-SPOUSE	31 VICTIM WAS OFFENDER	/	/	

14	CODE	OFF #	NAME (LAST, FIRST, MIDDLE, SUFFIX)	RAC	SEX	DOB	AGE
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A 15	ADDRESS	(DIRECTION, STREET, SUFFIX, QUALIFIER)	CITY	STATE	ZIP
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R 16	HOME PHONE	BUSINESS PHONE	HEIGHT	WEIGHT	EYES	HAIR COLOR / LENGTH / STYLE	BUILD	SKIN TONE
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R 17	STATE	DRIVER'S LICENSE #	SOC. SEC. #	SID #	FBI #
------	-------	--------------------	-------------	-------	-------

E 18	PERSON COMMENTS / CLOTHING	SUMMONS / CITATION NUMBER(S)
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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	ON VIEW (No Warrant) <input type="checkbox"/>	SUMMONS (No Custody) <input type="checkbox"/>	CUSTODY (Warrant) <input type="checkbox"/>	MULTIPLE ARREST INDICATOR <input type="checkbox"/>	MULTIPLE COUNT 1 <input type="checkbox"/>	N/A <input type="checkbox"/>	CLEAR INDICATOR <input type="checkbox"/>	Y <input type="checkbox"/>	N <input type="checkbox"/>	UPON ARREST ARMED WITH (ENTER "A" IF AUTO)	01 UNARMED <input type="checkbox"/>	11 FIREARM <input type="checkbox"/>	12 HANDGUN <input type="checkbox"/>	13 RIFLE <input type="checkbox"/>	14 SHOTGUN <input type="checkbox"/>	15 OTHER FIREARM <input type="checkbox"/>	20 LETHAL CUT INSTRUMENT (e.g. Switchblade Knife, etc.) <input type="checkbox"/>	30 CLUB / BRASS KNUCKLES <input type="checkbox"/>	ARREST ORIGIN	FOP <input type="checkbox"/>	MDT <input type="checkbox"/>	PI <input type="checkbox"/>	TI <input type="checkbox"/>
----	-------------	---	---	--	--	---	------------------------------	--	----------------------------	----------------------------	--	-------------------------------------	-------------------------------------	-------------------------------------	-----------------------------------	-------------------------------------	---	--	---	---------------	------------------------------	------------------------------	-----------------------------	-----------------------------

22	CODE	OFF #	NAME (LAST, FIRST, MIDDLE, SUFFIX)	RAC	SEX	DOB	AGE
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A 23	ADDRESS	(DIRECTION, STREET, SUFFIX, QUALIFIER)	CITY	STATE	ZIP
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R 24	HOME PHONE	BUSINESS PHONE	HEIGHT	WEIGHT	EYES	HAIR COLOR / LENGTH / STYLE	BUILD	SKIN TONE
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R 25	STATE	DRIVER'S LICENSE #	SOC. SEC. #	SID #	FBI #
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E 26	PERSON COMMENTS / CLOTHING	SUMMONS / CITATION NUMBER(S)
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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	ON VIEW (No Warrant) <input type="checkbox"/>	SUMMONS (No Custody) <input type="checkbox"/>	CUSTODY (Warrant) <input type="checkbox"/>	MULTIPLE ARREST INDICATOR <input type="checkbox"/>	MULTIPLE COUNT 1 <input type="checkbox"/>	N/A <input type="checkbox"/>	CLEAR INDICATOR <input type="checkbox"/>	Y <input type="checkbox"/>	N <input type="checkbox"/>	UPON ARREST ARMED WITH (ENTER "A" IF AUTO)	01 UNARMED <input type="checkbox"/>	11 FIREARM <input type="checkbox"/>	12 HANDGUN <input type="checkbox"/>	13 RIFLE <input type="checkbox"/>	14 SHOTGUN <input type="checkbox"/>	15 OTHER FIREARM <input type="checkbox"/>	20 LETHAL CUT INSTRUMENT (e.g. Switchblade Knife, etc.) <input type="checkbox"/>	30 CLUB / BRASS KNUCKLES <input type="checkbox"/>	ARREST ORIGIN	FOP <input type="checkbox"/>	MDT <input type="checkbox"/>	PI <input type="checkbox"/>	TI <input type="checkbox"/>
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30	INVESTIGATING OFFICER(S):	REVIEWED BY:	ATTENTION TO:
	WARZECHA / STANSBURY		

NARRATIVE REPORT

01	DATE 03/03/05	DAY THU	SHIFT 02	PLAT 52	BADGE 1 61	BADGE 2 24	INCIDENT STATUS <input type="checkbox"/> CLR ARREST <input type="checkbox"/> UNF <input type="checkbox"/> CLR EXCEPT <input type="checkbox"/> INACT	PRIM CLASS	YEAR 05	7149
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INCIDENT: LCC VIOLATION

LOCATION: CAFÉ SUSHI, 1933 W. MAPLE RD., TROY

BACKGROUND: Officer Stansbury and myself were conducting LCC inspections utilizing student enforcement aides. The student enforcement aides, entered Café Sushi and Officers maintained surveillance from the outside of the restaurant. After several minutes Officers observed student enforcement aide exit the establishment. advised Officers that was served an alcoholic beverage. stayed at the table to preserve the evidence. Officers entered the establishment and met at the table.

INTERVIEW WITH stated that after being seated at a table the waitress, who was later ID as Un Chin Sawyers asked if they would like something to drink. ordered a Capt. Morgan on the rocks. Without asking for ID Sawyers returned with a Capt. Morgan on the rocks and placed it in front of then pointed to Sawyers as the person who served his drink. then exited the establishment.

OFFICERS ACTIONS: I made contact with Sawyers and advised her that she just served an alcoholic beverage to a minor. Officer Stansbury made contact with the owner, Shigeru Yamada and advised him of the violation. Yamada provided us with his liquor license and an LCC violation report was completed. Sawyers completed a witness statement and admitted to serving the drink without obtaining proper ID. Sawyers was cited for selling alcoholic beverage to a minor/failure to make a diligent inquiry (683816). The Capt. Morgan was confiscated and tagged as evidence (131000).

INVESTIGATING OFFICER(S) Warzecha/Stansbury	REVIEWED BY	ASSIGNED TO/BADGE	ATTENTION TO
--	-------------	-------------------	--------------

State of Michigan Uniform Law Citation Ticket No. **683816** Victim Involved

US DOT # Incident No. **05-7149** Dept. No. **184**

The People of the State of Michigan Local Use/Arrest No. Detection Device

Township City Village County

OF: **TROY** BAC **1** of **1**

THE UNDERSIGNED Month **03** Day **03** Year **05** At approximately A.M. P.M. Date Month **10** Day **25** Year **20**

SAYS THAT ON: State **MI** Birth **10/25/20** Social Security No.

Race **U** Sex **F** Height | Weight | Hair | Eyes | Occupation/Employer

Name (First, Middle, Last) **UN CHAIN SAWYERS**

Street **1166 VILLA PARK**

City **TROY** State **MI** Zip Code **48098**

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 **1933 W. MAPLE RD**

AT OR NEAR

WITHIN CITY VILLAGE TOWNSHIP OF **TROY**

COUNTY OF **OAKLAND** DID THE FOLLOWING

Type	Ordinance	Description (include any bond amount collected on each charge)	Charge No.
<input checked="" type="checkbox"/> Misd	<input type="checkbox"/> Warn	<input type="checkbox"/> Authorization pend	SERVE TO MINOR
<input checked="" type="checkbox"/> Fel	<input type="checkbox"/> Fug	<input type="checkbox"/> Waiv	98.10.11 FAIL TO MAKE
<input checked="" type="checkbox"/> Misd	<input type="checkbox"/> Warn	<input type="checkbox"/> Authorization pend	URGENT INQUIRY
<input checked="" type="checkbox"/> Fel	<input type="checkbox"/> Fug	<input type="checkbox"/> Waiv	
<input checked="" type="checkbox"/> Misd	<input type="checkbox"/> Warn	<input type="checkbox"/> Authorization pend	
<input checked="" type="checkbox"/> Fel	<input type="checkbox"/> Fug	<input type="checkbox"/> Waiv	

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: **CAFE SUSHI**

Ticket
683816

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 **MARCH 16, 2005**

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 **03** Day **03** Year **05**

Officer's Name (Printed) **WAAZECHA STANSBURY** Officer's ID No. **61/24**

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

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

Name
683816
Case No.

COUNT 1 OF 1 5204 DISTRICT COURT DISPOSITION INQUIRY 01/27/06
XFER TKT# 01 05 683816
CASE 05 001040 PS 01 TYPE OM DEF NAME UN,CHIN,SAWYERS,
SOC SEC 000000000 SEX F RACE DOB 102570 LIC #
ATTY BAR # P39134 NAME ROY W. JOHNSON

OFFENSE 4252 000 FURNISH ALCOHOL TO MINOR DATE 030305 CONV CODE
CHARGE CODE JUDGE 30
DISP DUM B DISMISS PROS.ATNY MOTION AT BENCH TRIAL COND DATE 050205
SENTENCE DATE 050205 ARREST DATE JUDGMENT PRINT DATE 110705
FINES & COSTS TO BE PAID BY REST OTHER
JSA 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 TOT POE W/R W/E BEG DTE
OTHER:

CIRC: TCN# PROB OFFICER:
CTN # SID # CLEMIS # 057149 JAIL #
PF5/JDG SENT PF7/SCHED PF10/FWD PF11/BKWD PF12/PROB
PS YR 05 NO 001040 MSP PDC C001 SEQ FUNCTION DS MODE I

Violation History of Business:135639 CAFE SUSHI, L.L.C.			
Violation Date	MLCC Complaint Number	Violation Description	Decision or Event
3/3/05	87927	SALE TO MINOR - (18): (TROY PD/ /CK UN CHIN SAWYERS)	6/14/2005 HEARING HELD MOURNING/ASEVEDO/GIBSON ACK COST : 6/20/2005 \$300.00 OR 15 DAY SUSP PLUS WITNESS FEES; TOTAL \$318.00 SEC 701(1

LCC Liquor Licensee History

Business name: **Café Sushi**
 Address: 1933 W. Maple Rd. 5D
 Licensee: Café Sushi, L.L.C.
 License type: **Class C (107549-2004SS)**
 Permits: Sunday Sales, *Entertainment, Outdoor Service*
 Comments: Shigeru Yamada, Fari Sanatgar, and Yoshihiro Nakashima, Owners

Date	Troy Incident #	Type	Disposition	Date
10/23/01	01-38249	Liquor Inspection (Road Patrol)	Still under construction	
01/27/02(est)		Business Opens		
02/22/02	02-05691	Compliance Test	PASSED	
03/05/02	02-06880	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
04/17/02	02-11771	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
06/20/02	02-19554	Liquor Inspection (Road Patrol)	NO VIOLATIONS	
06/27/02	02-20603	Compliance Test	PASSED	
09/12/02	02-30135	Liquor Inspection (Road Patrol- Bodek)	NO VIOLATIONS	
10/8/02	02-33519	Compliance Test	PASSED	
12/17/02	02-40718	Liquor Inspection (Road Patrol- Hamzey)	NO VIOLATIONS	
01/15/03	03-1483	Liquor Inspection (Road Patrol- Hamzey)	NO VIOLATIONS	
02/04/03	03-3636	Liquor Inspection (Road Patrol- Hamzey)	NO VIOLATIONS	
04/18/03	03-11532	Liquor Inspection (Road Patrol-Klute)	NO VIOLATIONS	
04/24/03	03-12230	Compliance Test	PASSED	
06/20/03	03-18703	Compliance Test	PASSED	
08/02/03	03-23854	Liquor Inspection (Road Patrol-Klute)	NO VIOLATIONS	
08/22/03	03-26253	Liquor Inspection (Road Patrol-Klute)	NO VIOLATIONS	

10/28/03	03-33307	Compliance Test	PASSED	
11/20/03	03-35675	Liquor Inspection (Road Patrol-Trainer)	NO VIOLATIONS	
02/18/04	04-04994	Liquor Inspection (Road Patrol-Trainer)	NO VIOLATIONS	
03/06/04	04-06671	Liquor Inspection (Road Patrol-Trainer)	NO VIOLATIONS	
03/23/03	04-08527	Compliance Test	PASSED	
06/30/04	04-19501	Compliance Test	PASSED	
08/19/04	04-25359	Liquor Inspection (Road Patrol-Trainer)	NO VIOLATIONS	
02/04/05	05-03939	Liquor Inspection (Road Patrol-Dyjewski)	NO VIOLATIONS	
03/03/05	05-07149	Sale to Minor (Compliance Test)	\$300 fine	06/20/05
03/04/05	05-07255	Liquor Inspection (Road Patrol-Dyjewski)	NO VIOLATIONS	
06/11/05	05-19728	Liquor Inspection (Road Patrol-Schehr)	NO VIOLATIONS	
08/01/05	05-26718	Liquor Inspection (Road Patrol-Schehr)	NO VIOLATIONS	
08/29/05	05-30526	Liquor Inspection (Road Patrol-Schehr)	NO VIOLATIONS	