

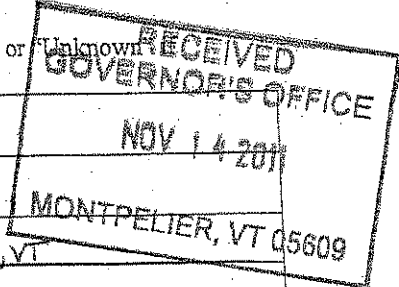
WESTOVER MARK STEVEN

VERMONT PARDON APPLICATION

(This form must be TYPED OR NEATLY PRINTED USING BLUE OR BLACK INK)

A. PERSONAL INFORMATION (Complete all fields. Write "N/A" or "Unknown" if necessary)

Current full name (first, middle, last, and any suffix like "Jr." or "III"):	
MARK STEVEN WESTOVER	
Name(s) convicted under:	
MARK STEVEN WESTOVER	
Sex: MALE	Date of Birth 09/15/1971 Place of Birth Berlin, VT
Drivers license state PA	License Number 28034294
Alias names (any other names you have used, including maiden name, name by former marriage and nicknames). Also list any other birth dates or other forms of identification you have used.	
NONE	
Current marital status: <input checked="" type="checkbox"/> Married or civil union. Spouse's Full Name SOPHIA ELIZABETH WESTOVER <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widow <input type="checkbox"/> Never been married	
Children/support/alimony:	
I have 2 children under the age of 18 years.	
I am supporting the following children under the age of 18 years: RILEY WESTOVER & EMMA WESTOVER	
I currently pay \$ N/A /month in child support. I <input type="checkbox"/> am/ <input type="checkbox"/> am not currently up to date on all child support payments.	
I currently pay \$ N/A /month in alimony. I <input type="checkbox"/> am/ <input type="checkbox"/> am not currently up to date on all child support payments.	
Is this your first pardon application? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No. If no, date(s) of prior application(s):	



B. ADDRESSES

Current Mailing Address			Current Physical Address		
Number and street	Apartment		Number and street	Apartment	
City	State	Zip Code	City	State	Zip Code
Home phone number			Work email address		
Work phone number			County of residence		
Cell phone number			Years at physical address	< 1 mo	
Pager number	() N/A		Home email address:		

Previous Addresses

List all previous physical addresses since age 18. Do not use post office boxes. If you lived in an apartment complex, list your apartment number. All time periods must be accounted for. If necessary, write "Do Not Remember." Include complete dates (months and years of residence), addresses, city, state and zip codes. If you have to add an additional sheet of paper, insert it behind this page.

From (month/year):	1/07	Number and street	Apartment	
To (month/year):	10/11	City	State	Zip Code
From (month/year):	8/05	Number and street	Apartment	
To (month/year):	1/07	City	State	Zip Code
From (month/year):	2/05	Number and street	Apartment	
To (month/year):	8/05	City	State	Zip Code

WESTOVER MARK STEVEN**VERMONT PARDON APPLICATION**

(This form must be TYPED OR NEATLY PRINTED USING BLUE OR BLACK INK)

A. PERSONAL INFORMATION (Complete all fields. Write "N/A" or "Unknown" necessary)

Current full name (first, middle, last, and any suffix like "Jr." or "III"):

MARK STEVEN WESTOVER

Name(s) convicted under:

MARK STEVEN WESTOVERSex: MALEDate of Birth 09/15/1971Place of Birth Berlin, VTDrivers license state PALicense Number 28034294

Alias names (any other names you have used, including maiden name, name by former marriage and nicknames). Also list any other birth dates or other forms of identification you have used.

NONECurrent marital status: ☒ Married or civil union. Spouse's Full Name SOPHIA ELIZABETH WESTOVER
☐ Divorced ☐ Separated ☐ Widow ☐ Never been married

Children/support/alimony:

I have 2 children under the age of 18 years.I am supporting the following children under the age of 18 years: RILEY WESTOVER & EMMA WESTOVERI currently pay \$ N/A /month in child support. I ☐ am/ ☐ am not currently up to date on all child support payments.I currently pay \$ N/A /month in alimony. I ☐ am/ ☐ am not currently up to date on all child support payments.Is this your first pardon application? ☒ Yes ☐ No. If no, date(s) of prior application(s):**B. ADDRESSES**

Current Mailing Address			Current Physical Address		
Number and street			Number and street		
Apartment			Apartment		
City	State	Zip Code	City	State	Zip Code
Home phone number			Work email address		
Work phone number			County of residence		
Cell phone number			Years at physical address	<u>< 1 mo</u>	
Pager number	() <u>N/A</u>		Home email address:		

Previous Addresses

List all previous physical addresses since age 18. Do not use post office boxes. If you lived in an apartment complex, list your apartment number. All time periods must be accounted for. If necessary, write "Do Not Remember." Include complete dates (months and years of residence), addresses, city, state and zip codes. If you have to add an additional sheet of paper, insert it behind this page.

From (month/year):	<u>1/07</u>	Number and street			Apartment	
To (month/year):	<u>10/11</u>	City		State		Zip Code
From (month/year):	<u>8/05</u>	Number and street			Apartment	
To (month/year):	<u>1/07</u>	City		State		Zip Code
From (month/year):	<u>2/05</u>	Number and street			Apartment	
To (month/year):	<u>8/05</u>	City		State		Zip Code

Addresses continued

* I am currently living with a friend in [REDACTED] about 3.5 days a week and then living at [REDACTED] for 3.5 days a week. This is to maintain my job in VT until I gain a position in PA. For PA Residency I am giving a copy of our Renter's Policy showing the dwelling address. I am also sending a utility bill with my PO Box as the address for Williston.

4/04 - 1/05 [REDACTED]

12/03 - 4/04 [REDACTED]

10/03 - 12/03 [REDACTED] West Burke, VT 05671

10/01 - 10/03 [REDACTED]

9/00 - 9/01 [REDACTED]

7/00 - 8/00 [REDACTED]

10/98 - 7/00 [REDACTED]

4/97 - 10/98 [REDACTED] Burlington, VT

8/94 - 3/97 [REDACTED] Burlington, VT

7/93 - 7/94 [REDACTED]

2/91 - 6/93 [REDACTED]

9/89 - 2/91 [REDACTED]

WESTONER MARK STEVEN**C. EMPLOYMENT**

Please give a complete employment history (since age 18), beginning with your present employment and working backwards. Include employer's name, address, and telephone number, your job position working title, description of job duties, salary, dates employed, and reason for leaving. Complete this page before attaching any additional page(s). Place attachments behind this page.

From (month/year): 6/06	Employer name: ENDYNE, INC.
To (month/year): CURRENT	Employer address: [REDACTED]
Job position: Controller	[REDACTED]
Average Monthly Salary: \$4,583	Employer phone number: [REDACTED]
Work duties: All Accounting & HR Functions	Reason for Leaving: N/A

From (month/year): 1/06	Employer name: American Morgan Horse Association
To (month/year): 4/06	Employer address: [REDACTED]
Job position: ACCOUNTANT	[REDACTED]
Average Monthly Salary: \$2,708	Employer phone number: [REDACTED]
Work duties: ACCOUNTING, DATA ENTRY	Reason for Leaving: Let go - company changing Dept. structure

From (month/year): 10/05	Employer name: R.R. Charlebois INC.
To (month/year): 11/05	Employer address: [REDACTED]
Job position: ACCOUNTANT	[REDACTED]
Average Monthly Salary: UNKNOWN	Employer phone number: [REDACTED]
Work duties: Process Daily Cash Receipts & Truck Purchase PAPERS	Reason for Leaving: Let go as position not needed

From (month/year): 2/05	Employer name: OSI Restaurant Partners LLC
To (month/year): 8/05	Employer address: [REDACTED]
Job position: STAFF ACCOUNTANT	[REDACTED]
Average Monthly Salary: \$3,125	Employer phone number: [REDACTED]
Work duties: Accounting, P&L Reconciliations	Reason for Leaving: Moved BACK TO VT

From (month/year): 6/04	Employer name: STATE OF Pennsylvania
To (month/year): 1/05	Employer address: [REDACTED]
Job position: ACCOUNTANT	[REDACTED]
Average Monthly Salary: \$2,600	Employer phone number: [REDACTED]
Work duties: Accounting, Process Inmate Funds	Reason for Leaving: Moved TO Florida

From (month/year): 8/99	Employer name: STATE OF Vermont
To (month/year): 12/03	Employer address: [REDACTED]
Job position: Business Manager	[REDACTED]
Average Monthly Salary: \$3,041	Employer phone number: [REDACTED]
Work duties: Licensed with National Life, Supervisor	Reason for Leaving: Moved TO PA

WESTOVER, MARK STEVEN

C. EMPLOYMENT

Please give a complete employment history (since age 18), beginning with your present employment and working backwards. Include employer's name, address, and telephone number, your job position working title, description of job duties, salary, dates employed, and reason for leaving. Complete this page before attaching any additional page(s). Place attachments behind this page.

From (month/year):	12/98	Employer name:	DOMINOS PIZZA
To (month/year):	7/00	Employer address:	██████████
Job position:	SHIFT MANAGER	Employer phone number:	██████████
Average Monthly Salary:	UNKNOWN	Reason for Leaving:	FULLY EMPLOYED WITH STATE OF VT
Work duties:	MAKE PIZZAS, SUPERVISE SHIFT PERSONNEL		

From (month/year):	5/96	Employer name:	UVM
To (month/year):	11/98	Employer address:	██████████
Job position:	Grounds Crew	Employer phone number:	██████████
Average Monthly Salary:	UNKNOWN	Reason for Leaving:	SEASONAL
Work duties:	MAINTAIN UVM ATHLETIC FIELDS		

From (month/year):	5/96	Employer name:	Vermont Expos
To (month/year):	11/98	Employer address:	██████████
Job position:	Grounds crew	Employer phone number:	██████████
Average Monthly Salary:	UNKNOWN	Reason for Leaving:	SEASONAL
Work duties:	MAINTAIN UVA/VERMONT EXPOS BALL FIELD		

From (month/year):	2/91	Employer name:	U.S. ARMY
To (month/year):	6/93	Employer address:	UNKNOWN
Job position:	19K - TANKER	Employer phone number:	UNKNOWN
Average Monthly Salary:	UNKNOWN	Reason for Leaving:	ETS'D
Work duties:	Vehicle Driver		

From (month/year):	8/89	Employer name:	Cold Hollow Cider Mfg
To (month/year):	2/91	Employer address:	██████████
Job position:	Lead Production Tech	Employer phone number:	██████████
Average Monthly Salary:	UNKNOWN	Reason for Leaving:	JOINED THE ARMY
Work duties:	MANAGE JUGGERS & INVENTORY FOR DELIVERY		

From (month/year):		Employer name:	
To (month/year):		Employer address:	
Job position:		Employer phone number:	
Average Monthly Salary:		Reason for Leaving:	
Work duties:			

WESTOVER, MARK STEVEN**D. Education**

Highest grade completed: <u>Bachelors Degree</u>	Name of school: <u>Champlain College</u>	Location of school: <u>Burlington, VT</u>
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E. Military Service

Branch of service: <u>U.S. ARMY</u>	Dates of service: <u>02/1991 - 06/1993</u>
Type of Discharge: <u>Honorable</u>	Service number: <u>UNKNOWN</u>

F. Criminal History and Status

Are you currently incarcerated in a Vermont correctional facility?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Were you ever incarcerated in a Vermont correctional facility?	ID NUMBER: _____
Are you currently serving a term of furlough, probation or a term of mandatory supervision? (If "yes", identify the county of current residence, name and phone number of your probation officer.)	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Are you currently on parole? (If "yes", identify the county of current residence, name and phone number of your parole officer.)	Prior ID NUMBER(s): _____
Have you ever been incarcerated in a federal or non-Vermont state institution? (If "yes", list all facility names, locations, and identification numbers.)	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Is a Vermont pardon needed before another jurisdiction can act on a pardon? (If "yes", attach an explanation page and a written statement from the other jurisdiction behind this page.)	County: _____
Have you been charged with any offenses in Vermont or outside of Vermont, state or federal, either before or after the offense for which you are seeking a pardon?	Name of Probation Officer: _____
	Officer's Phone Number: _____
	County: _____
	Name of Parole Officer: _____
	Officer's Phone Number: _____
	County: _____
	ID Number: _____
	Location: _____
	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO ? (If "yes," attach an explanation page listing the date of <u>each</u> charge, the charge, the court in which you were charged, the disposition (or an indication that the charges are still pending), as well as an explanation.)

E. APPLICANT'S EXPLANATION CONCERNING OFFENSE

Please describe the circumstances of each offense and conviction for which you are seeking a pardon. You may attach a separate page if necessary. (If you need an extra page, insert it after this page.)

DWI III

The indiscretions of a young man thinking that drinking & driving is OK. I drove to Burlington to go out on the town with some friends and we went to several bars during the night. When the night was over I decided to drive my car back to a friends house in Waterbury. Near UVM I went through a stop sign without slowing or stopping. The UVM Police Department then pulled me over and administered a field sobriety test, which I failed and led to my being arrested for a DWI. This instance and the court appearances after this certainly had an effect upon my thoughts about what I did and why something so careless and stupid on my part happened and how I needed to change this now.

Place any attachments immediately behind this page.

F. Criminal History and Status

Other Charges

Disorderly Conduct, 1993 Chittenden County Court, Fined

Got into a fight in Burlington over nothing

DWI 2, 1994, Washington County Court, Fine & Probation

Out with friends, car accident called the cops to report

DWI, 1990, Washington County Court, Fines & Probation

Out with friends at a party

WESTOVER, MARK STEVEN

F. BASIS FOR PARDON REQUEST

This is your chance to explain why you believe the Governor should pardon you. Please consider the factors the Governor is likely to consider such as: What have you done since your conviction to rehabilitate yourself, demonstrate good citizenship and contribute to your community? Why are you requesting a pardon? (Be specific if a pardon will enable you to get a particular job or will have some other specific result.) How will pardoning you benefit Vermont and Vermonters?

Dear Governor Shumlin,

I AM WRITING TODAY TO REQUEST A PARDON FOR MY DWI FELONY CONVICTION AND TO ASSURE YOU THAT I AM NOT THE PERSON VERMONT CONVICTED 17 YEARS AGO. AT THE TIME OF MY CONVICTION I WAS A STRUGGLING YOUNG MAN JACKING MY WAY WITH A SORTED AND DYSFUNCTIONAL FAMILY. UPON CONVICTION I DID MY BEST TO SEEK ALL POSSIBLE COUNSELING AND SERVED MY PENALTIES FULLY TO REINSTATE MY LICENSE, KNOWING THAT I WOULD MAKE THE CHANGES INTO THE MAN I AM TODAY.

IN THE YEARS FOLLOWING I MADE AN EFFORT TO RETURN TO COLLEGE AND OBTAIN MY BACHELOR'S DEGREE IN ACCOUNTING FROM CHAMPLAIN COLLEGE. OF COURSE IT WAS DURING THIS TIME THAT I MET AND MARRIED MY WIFE OF 11 YEARS, SASHA. THROUGH THE YEARS I HAVE MATURED INTO A BETTER MAN, HUSBAND AND FATHER AND I HAVE PROGRESSED MY CAREER IN ACCOUNTING WORKING FOR SMALLER COMPANIES AND I AM CURRENTLY A CONTROLLER.

I HAVE LIVED THE LAST DECADE HUMBLED AND REMINDED BY THE POOR JUDGEMENT I MADE WHEN I DECIDED TO DRINK AND GET BEHIND THE WHEEL OF A CAR. I AM FINDING THAT MOST CORPORATIONS NOW SEEK A CRIMINAL BACKGROUND CHECK AND I HAVE BEEN HIRED ONLY TO BE TURNED DOWN SEVERAL TIMES FOR A MORE ADVANCED CAREER DUE TO MY RECORD. AS THE SOLE EARNER FOR MY FAMILY, I AM REQUESTING OF YOU TO PARDON THIS JUDGEMENT SO THAT I MAY CONTINUE ON WITH MY LIFE AND MOVE FORWARD TO PROVIDE SUFFICIENTLY FOR MY FAMILY. I WAS A MAN OF MY 20'S AT THE TIME OF MY CONVICTION AND I AM NOW A MAN OF MY 40'S WHO HAS LEARNED TO NOT TAKE THINGS FOR GRANTED. PLEASE REST ASSURED THIS PENALTY HAS FOLLOWED ME THROUGH AND PUNISHED ME SUITABLY.

I HAVE ALSO LEARNED NOW, AS A FATHER OF 2 AND LEADERSHIP, THAT THERE'S ABSOLUTELY NO EXCEPTIONS TO DRUNK DRIVING, OUR CHILDREN ARE BEING TAUGHT THE DANGERS OF DRIVING UNDER THE INFLUENCE AND WITNESS EVERYDAY THE REALITY OF IT IN THE NEWS AND SO FORTH. I AM ASHAMED AS A FATHER TO REPRESENT THE WRONG SIDE AND LIVE EVERYDAY TEACHING THEM RIGHT FROM WRONG.

I'M ASKING AS A HUMBLED MAN THAT YOU MIGHT PARDON THIS CONVICTION AND ALLOW ME TO MOVE FORWARD WITH MY LIFE AND MY FAMILY.

Sincerely,

Mark Westover

[Signature]

WESTOVER MARK STEVEN**G. AUTHORIZATION TO OBTAIN RECORDS AND LIABILITY RELEASE**Name: MARK STEVEN WESTOVER Soc. Sec#: 009-62-6730 DOB: 09/15/1971

INFORMATION TO BE RELEASED: I authorize and request the release of any information, verbal and/or written, including but not limited to information related to current or previous employment, personnel records, criminal records, educational records, any investigative records, credit records, tax or bank records, correctional records, sealed records, confidential records or information previously agreed to be withheld, medical records (including records relating to substance abuse or alcohol abuse), mental health records, opinions of my character or conduct, and any and all information that a person or entity may have concerning me for use in connection with my application for a pardon from the Governor of Vermont. A copy of this authorization shall be valid as an original.

INFORMATION TO BE RELEASED FROM:

Any person or entity who may have knowledge of me including but not limited to friends, family members, neighbors, acquaintances, co-workers, businesses, previous or current employers, any law enforcement or corrections agency, any mental health or medical organization, clinic, physician, laboratory, pharmacy, hospital, inpatient or outpatient program or facility, any credit reporting bureau, any educational facility or institution, any financial institution, or any other person or entity deemed relevant by the agency or person conducting the background investigation in connection with my application for a pardon, may furnish requested information.

INFORMATION TO BE RELEASED TO:

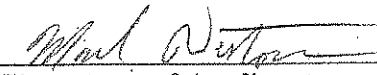
The Vermont Departments of Corrections, Public Safety, Motor Vehicles, Taxes, the Office of the Vermont Attorney General, the State's Attorney, the Vermont Supreme Court, the office of the Governor of the State of Vermont or any other person, department or agency inside or outside the State of Vermont involved with gathering information during the conduct of the investigation in connection with my application for a pardon, may receive said information.

KNOWING AND VOLUNTARY AUTHORIZATION:

This authorization is voluntary, and I am free to decline to sign this document. I understand that if I don't sign this authorization, my application for pardon will not be considered. I understand that I may revoke this authorization at any time by notifying the Governor's Office in writing. However, I cannot undo any action that has already taken place in reliance on this authorization. I understand that if I revoke this authorization, the investigation relating to my pardon request will terminate.

WAIVER OF LIABILITY:

I agree to hold all entities and persons harmless from any liability or claims arising from their furnishing information pursuant to this authorization. This waiver shall apply to any right of action of any kind, and binds me as well as my heirs, or my personal representative(s).

Dated this 9th day of November, 2011
Signature of Applicant

WESTOVER MARK STEVEN

H. OATH AND AGREEMENT TO UPDATE

I, MARK STEVEN WESTOVER, being first duly sworn, state as follows:

1. I am eighteen (18) years old or older and I believe in the meaning of an oath.
2. I have not been convicted of any other crimes in the State of Vermont or in any other state or federal jurisdiction other than the offenses listed in this pardon application, and as of this time, I do not have any charges pending against me in the State of Vermont or in any other state or Federal jurisdiction other than those listed above.
3. I agree to notify the Governor's Office immediately of any other criminal charges brought against me at any time, including after the date of this application.
4. I agree to notify the Governor's Office immediately of any other changes in or updates to my status or to the answers to the questions in this application.
5. I understand that if the Governor grants me a pardon and then later discovers that any information provided by me on this application or throughout this pardon review process is false, incomplete and/or incorrect, in addition to any criminal or civil penalties that may be imposed against me as a result of my false statements, the Governor may revoke my pardon.
6. I understand that this application, attached materials, and records gathered in connection with investigating this pardon application may be public records subject to disclosure if someone makes a request for them under Vermont's public records law.

Dated this 9th day of November, 2011Mark Westover
Signature of ApplicantNotary Public in and for said County of Chittenden
State of Vermont
Commission Expires: 2/10/2015Subscribed and Sworn before me this 9th day of November, 2011
2012

by

Kate Larose
Signature of NotaryKate Larose, Notary Public
My Commission Expires, February 10, 2015

October 26, 2011

Vermont Superior Court
32 Cherry Street
Suite 300
Burlington, VT 05401

Vermont Superior Court

OCT 27 2011

Chittenden Unit

To whom it may concern:

In connection with my pardon request, I am requesting copies of the information needed per the application. I am requesting the following in regards to my April 1999 felony conviction for DWI III:

- 1) Payment verification of court costs, fines and restitution in connection with my conviction.
- 2) A copy of the law enforcement agency offense report
- 3) Any complaint/Indictment or Information filed with a court
- 4) Court Documentation of the Judgment Sentence
- 5) Court Documentation of any Order of Dismissal/Disposition/Discharge
- 6) Court Documentation of fines or restitution paid

Thank you very much!

My Information:

Mark S. Westover

PO [REDACTED]
[REDACTED]
[REDACTED] 8

7754-12-98

lsrec 172882

10/27/2011 14:53 Page 1

VERMONT SUPERIOR COURT
CHITTENDEN COUNTY

Miscellaneous Payment Receipt
Payment Number 172882

Received: 10/27/2011
From: M. Westover//at
Reason: Photo Copies and Photo Stats
Form: Cash
ocket: 7754-12-98

Total for Payment

3.25

MARK S WESTOVER
8 BEACON ST

BARRE CITY VT

Date of Offense | Date Arr/Cit |
12/12/98 | 12/12/98 |

DWI3) DRIVING WHILE INTOXICATED #3

Department
1001 THOMAS

Unit No. | Circuit
2 | Chittenden
Sched Date of Appear: 12/28/98
DoB: 09/15/71 Age: 27 PoB: BERLIN, VT
Operator's License No. - St |
31121582
Count 1 of 1 : 23 V.S.A 1201 (A)(2)

Docket No.: 7754-12-98CHCR
Incident No.: 98-02112
SA Case No.: CHCR9614475

Accident Injury
Property Damage
Felony

INFORMATION BY STATE'S ATTORNEY

State of Vermont Chittenden County, SS.

BY THE AUTHORITY OF THE STATE OF VERMONT, LAUREN BOWERMAN

State's Attorney for said County, upon oath of office charges:

That MARK S WESTOVER of BARRE CITY

at BURLINGTON in this County and Territorial Unit

on the 12 day of December 1998

did then and there operate a motor vehicle on a public highway while under the influence of intoxicating liquor, to-wit: a Saturn, on College Street, in violation of 23 VSA §1201(a)(2).

Penalty: Not more than \$2,500.00 or not more than 5 years imprisonment or both.

The defendant has been convicted of DWI on 4/3/90 and 5/16/90.

and against the peace and dignity of the state.

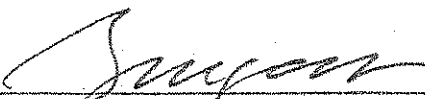
Dated:

12/23/98



States Attorney

This information has been presented to me and I have found probable cause,
this day of 12/28 1998



District Judge

12/28/98

DUI AFFIDAVIT-INFRARED

Page 1 of 4 7/97.

CASE# 98UV02092

NOW COMES Michael T. Thomas, affiant, being duly sworn and on oath, deposes and states that I have probable cause to believe that Mark S. Westover (DOB: 09-15-71), hereinafter referred to as defendant, committed the offense of Driving Under the Influence in violation of 23 V.S.A Section 1201. In support of this charge this affiant states:

1. I am a law enforcement officer certified by the Vermont Criminal Justice Training Council. I am certified by the Vermont Criminal Justice Training Council to operate the Datamaster infrared breath-testing instrument.

2. On December 12, 1998 at 3:23 a.m. the defendant was operating a blue 1994 Saturn two door, bearing VT registration BXY761 on College Street, a public highway in the city of Burlington, Chittenden County.

3. [X] I made the following observations of defendant's operation that resulted in my making this stop.

OR

[] Although I did not observe operation in this case, I was able to determine that the time of operation was _____ hours from the following information (e.g. witnesses, defendant's statements):

On December 12, 1998 at 3:23 a.m. Officer Christopher Nadeau and I were walking south on South Williams St. just north of College St. when our attention was drawn to a blue Saturn traveling east on College St. This vehicle was traveling 30 to 35 miles per hour up College St. It never slowed or stopped for the stop sign on College St. at South Williams St. We got in our marked cruiser which was parked on the northeast corner of this intersection and followed this vehicle to Main St. where we initiated a motor vehicle stop at University Terrace. The vehicle was a 1994 Saturn two door bearing VT registration BXY761. The operator was identified via his valid VT picture license as the registered owner, Mark S. Westover (DOB: 09-15-71).

A license and criminal history check on Westover revealed two prior alcohol related motor vehicle offenses, a DWI on 01-21-90 and a DA2 on 03-06-94, with conviction dates of 04-03-90 and 05-16-90, respectively.

4. OBSERVATION OF DEFENDANT

Odor of Intoxicants: ☐ Strong ☒ Moderate ☐ Faint ☐ None
 Eyes: ☒ Watery ☒ Bloodshot ☐ Normal
 Speech: ☐ Unintelligible ☐ Mumbled ☒ Slurred ☐ Confused ☐ Normal
 Standing ☐ Falling ☐ Extreme Sway ☒ Slight Sway ☐ Unsteady ☐ Steady
 Walking ☐ Falling ☒ Stumbling ☒ Unsteady ☐ Steady

Alcoholic Containers in Vehicle? ☐ Yes ☒ No How Many?# _____ Type _____

1. Have you been drinking alcoholic beverages? ☒ Yes ☐ No How many? # few

2. Time of last drink? _____ If accident-Did you drink after accident? ☐ Yes ☐ No How Many _____

Difficulty getting out of vehicle: ☐ Yes ☐ No Describe: _____

STANDARD FIELD SOBRIETY EXERCISES

Is there any reason that the defendant can't perform these exercises? ☐ Yes ☐ No

Explanation:

Walk & Turn: ☐ Can't balance during instructions. ☐ Starts before instructed. ☐ Incorrect number of steps.
☒ Stops walking to steady self. ☐ Does not touch heel to toe. ☐ Cannot do exercise (steps off line 3 times.)
☒ Loses balance/steps off line. ☒ Uses arms for balance
☐ Loses balance while turning/turns incorrectly 3 Total Clues (decision point-2 clues)
 One Leg Stand ☐ Sways while balancing ☐ Hopping ☒ Puts foot down 9 times. 20
☒ Uses arms to balance (raises arms more than 6 inches) ☒ Cannot do exercise (puts foot down 3 times) 29
3 Total Clues (decision point-2 clues)

HGN

Lack of Smooth Pursuit

Left Eye

Right Eye

Distinct Jerkiness at Maximum Deviation

Onset of Distinct Jerkiness prior to 45 deg.

Comments (e.g., road surface, shoes, etc.): lean sweater

PBT Result

%BAC at

Model:

Serial #

118

III

1012035

TIME OBSERVATION OF DEFENDANT STARTED: _____

5. BEFORE WE GO ANY FURTHER I WANT TO EXPLAIN THESE RIGHTS TO YOU: (Check as read)

- ☒ You have the right to remain silent. Yes
- ☒ Anything you say can and will be used against you in a court of law. Yes
- ☒ You have the right to talk to a lawyer before questioning and to have a lawyer present with you during questioning. Yes
- ☒ If you cannot afford to hire a lawyer, one will be appointed to represent you at public expense, before any questioning, if you wish. In Vermont, that is called a Public Defender. Yes
- ☒ If you decide to answer questions, you may stop the questioning at any time. Yes
- ☒ Do you understand each of these rights I have explained to you? Reply? ☒ Yes ☐ No _____
- ☒ Do you want to talk to me now? Reply: ☒ Yes ☐ No _____

If response is NO, go to Implied Consent (#7).

- WAIVER -

- ☒ I have been advised that I have the right to remain silent, to be represented by a lawyer, to talk with one prior to questioning and to have one present during questioning. Knowing my rights, I agree to waive them and talk to you now. No threats or promises have been made to me.

12/12/98 0847
Date/Time

[Signature]
Signature (or time of taping)

Witness

Comments:

If a lawyer is requested, name of lawyer _____ Time Contacted _____

6. INTERVIEW

- Where were you going? Spear St. Where did you start from? Downtown
- What time did you start? Couple minutes Where are you now? UVM Police Barracks
- Snacks in last six hours? ☐ Yes ☒ No Time of last full meal? 2 PM
- What did you eat? Pizza
- What have you been drinking? ☒ Beer ☐ Liquor ☐ Wine Specific type (brand/name of drink) Budweiser
- How much? 6 Beers Where? Akes Place When did you start? 10:30p When did you stop? 2:00a
- Did you drink in the 30 minutes before you stopped? ☐ Yes ☒ No If yes, how much? _____
- Who were you drinking with? Friends
- How much do you weigh? 200 Are you tired? ☒ Yes ☐ No little bit Are you ill? ☐ Yes ☒ No
- If so, describe? _____
- Do you have any physical handicaps? ☐ Yes ☒ No If so, describe _____
- Do you limp? ☐ Yes ☒ No Take any medication ☐ Yes ☒ No If so, describe _____
- Last dose? _____ Do you have diabetes? ☐ Yes ☒ No Taking insulin? ☐ Yes ☒ No Do you have epilepsy? ☐ Yes ☒ No
- Have you been injured lately? ☐ Yes ☒ No If so, describe: _____
- Do you wear glasses? ☐ Yes ☒ No Do you wear contact lenses? ☐ Yes ☒ No
- Are you under the influence of alcohol now? ☐ Yes ☒ No ☒ Slightly
- Are you under the influence of drugs now? ☐ Yes ☒ No ☐ Slightly
- Were you under the influence of alcohol (drugs) while driving? ☒ Yes ☐ No ☐ Slightly I guess ITS o -
- Were you feeling the effects of the alcohol (drugs) when driving? ☒ Yes ☐ No ☐ Slightly

Comments:

7. IMPLIED CONSENT (Check as read)

- ☒ I am a law enforcement officer of the State of Vermont.
- ☒ I have grounds to believe that you have been in actual physical control of a vehicle on a public highway while under the influence of intoxicating liquor, or drugs, or both.
- ☐ (FATAL/SERIOUS INJURY ONLY) I have grounds to believe that you were an operator whose vehicle was involved in an accident/collision resulting in death or serious bodily injury to _____ and that you have alcohol in your system. (If serious bodily injury, describe on page 4) (name of the deceased/injured)
- ☒ Vermont law authorizes me as a law enforcement officer, to request a breath test to determine whether you are under the influence of alcohol or other drugs. Before you decide, I will explain your rights.
- ☒ If you submit to a breath test, you have the right to have additional tests administered at your own expense, by an individual of your own choosing. The results will be sent only to you or your lawyer. *Yes*
- ☒ At this time I am providing you with a list of facilities in this area which will administer additional tests. *Yes given*
- ☒ In addition you have a right to a second infrared test which I will administer.
- ☒ If the results of the evidentiary test indicate that you are under the influence of alcohol, you will be subject to criminal and civil charges and your license or privilege to operate will be suspended for at least 90 days. *Yes*
- ☒ If you refuse to provide a sample the court will have a hearing, if you desire, to decide if my request is reasonable. If my request is found to be reasonable, your privilege to drive shall be suspended for at least six months. Your refusal may be introduced as evidence in a criminal proceeding. *Yes*
- ☒ If you refuse to provide a sample and if you have previously been convicted of DUI or if you were involved in an accident/collision resulting in serious bodily injury or death of another you may be charged with the crime of criminal refusal.
- ☒ You have the right to talk with a lawyer before deciding whether or not to submit to a test. If you cannot afford a lawyer and want one, a Public Defender will be contacted for you, at the state's expense. *Yes*
- ☒ You must decide whether or not to submit to the evidentiary test within a reasonable amount of time and no later than 30 minutes from the time of the initial attempt to contact an attorney regardless of whether a consultation takes place. *Yes*
- ☒ Do you understand each of these rights? ☐ Yes ☐ No
- ☒ Do you want to talk to a lawyer before deciding whether or not to submit to a test?
- ☒ Yes Time of first attempt: _____ # of attempts _____
- Lawyer contacted: *Steve Zwicky* Time: _____ Start/Finish *359 - 405*
- ☐ No

Defendant's Signature

Witness

(If defendant refuses to sign you MUST contact an attorney unless a recorded waiver is obtained.)

- ☒ Will you give a sample of your breath as evidence? ☒ Yes ☐ No *405 - 4:14 burped START over infrared clock*
- ☒ The defendant has been observed for 15 uninterrupted minutes.
- ☒ Have you burped, belched, or vomited within the last 15 minutes? ☐ Yes ☒ No
- ☒ Your result is *16.4* % at *4:34* date *12/12/98*. The evidentiary ticket is incorporated by reference into this affidavit.
- ☐ Do you want a second infrared test NOW? ☐ Yes ☐ No
- I administered the DataMaster Infrared breath test pursuant to my training.*
8. READ THE APPROPRIATE ALTERNATIVE TO DEFENDANT.
- ☒ A. Since you are being released, if you wish additional tests, to be paid for at your own expense you will have to make your own arrangements. Do you intend to obtain additional tests? ☒ Yes ☐ No Test Kit Provided ☒ Yes ☐ No

If at the completion of processing, the defendant, after reasonable efforts, is unable to arrange transportation necessary to obtain an additional test and the defendant wants a test, then the officer must arrange or provide transportation to a facility that will administer the test.

- ☐ B. Because you are being detained for a short period prior to being released, I will make arrangements for you to have an additional test, at your expense, if you so desire. Do you intend to obtain an additional test? ☐ Yes ☐ No Test Kit Provided ☐ Yes ☐ No Arrangements _____
- ☐ C. Because you are being lodged, you must tell me now if you want an additional test, at your expense, so that I can make the arrangements.

I. OFFICER'S OBSERVATIONS

Degree of Intoxication: ☐ None ☐ Slight ☒ Moderate ☐ Substantial ☐ Extreme
Attitude: ☐ Excited ☐ Talkative ☐ Indifferent ☐ Profane ☐ Combative
☐ Insulting ☐ Cocky ☒ Cooperative ☒ Polite ☐ Mood Swings
Other: _____
Unusual Actions: ☐ Hiccups ☐ Belching ☐ Vomiting ☐ Fighting ☐ Laughing
☐ Other _____

DISPOSITION OF DEFENDANT: ☒ Citation ☐ Lodged ☐ Released without Citation ☐ VTC _____Additional Offenses? ☐ Yes ☒ No Videotaped? ☐ Yes ☒ No

I inquired as to the defendant's current address and informed subject that this information is required for future mailings.

Mailing _____ Residential _____

Is defendant on active duty, or scheduled to go on active duty, in the Armed Forces? ☐ Yes ☒ No - If yes, Command Unit, Service, and Service # _____Defendant identified by: ☒ License ☒ Other I.D. ☒ Picture - ☒ Yes ☐ No

Date/Time processing completed: _____

Defendant driven to _____ By: _____ in _____

Defendant released to: Name _____ Phone # _____

Address: _____

Acknowledge defendant's impairment? ☐ Yes ☐ No

Signature _____

Disposition of defendant's vehicle: _____ Condition of defendant's vehicle: _____

VIN of Defendant's Vehicle

1	G	8	Z	E	1	5	9	X	R	Z	2	1	6	7	4	0
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

Other field observations: (e.g., description of serious bodily injury, other sobriety exercises, etc.)

Prior DUI Convictions? ☐ Yes ☐ No

DMV Record - The DMV record of Defendant is attached and incorporated by reference as if fully set forth herein.

(Date/Court): _____

OTHER OCCUPANTS OF THE VEHICLE OR WITNESSES

Name: _____ Address: _____

Phone # _____ Statement Obtained: ☐ Yes ☐ No ☐ Sober ☐ Impaired ☐ Occupant ☐ Witness

Name: _____ Address: _____

Phone # _____ Statement Obtained: ☐ Yes ☐ No ☐ Sober ☐ Impaired ☐ Occupant ☐ Witness

Being duly sworn and on oath, I hereby certify that the information contained in this form has been accurately recorded and accurately describes my observations of the actions and statements of the defendant identified on page one.

Michael Thomas
Affiant12/14/98
DateSubscribed and sworn before me this 14th day of December, 19 98.Walter C. Dizack
Notary Public

CRIMINAL CHARGE DISPOSITION REPORT

STATE OF VERMONT
DISTRICT COURT OF VERMONT
Unit No. 2, Chittenden Circuit

DEFENDANT: Westover, Mark S.

DOCKET NO. 7754-12-98 Cncl COUNT 1 OF 1

ADDRESS: [REDACTED]

DOB: 09/15/71

POB: Berlin, VT

DRIVER'S LICENSE NO.: 31121582

STATE: VT

INITIAL CHARGE

=====

OFFENSE DATE:
December 12, 1998

ARRESTING DEPT:
UVM PD

INCIDENT #:
0419-98-02112

OFFENSE:

DWI #3

TITLE/SECTION
23 VSA SECTION: 1201 (A)(2)

F/M/O
fel

SPECIAL FACTORS:

ARRAIGNMENT/PLEA

=====

ARRAIGNMENT: 12/28/98

PLEA: not guilty

DIVERSION

=====

CHARGE AMENDMENTS

=====

CHARGE DISPOSITION

=====

DISPOSED ON: 04/27/99

TYPE: Guilty Judgment : Plea guilty

SENTENCE

=====

SENTENCED ON: 04/27/99

FINE: 0.00

MINIMUM TERM: 1Y

MAXIMUM TERM: 4Y

DATE DISP. REPORT SENT

JF APR 99

SIGNATURE, COURT CLERK

[Handwritten Signature]

MITTIMUS TO COMMISSIONER OF CORRECTIONS

STATE OF VERMONT
District Court of Vermont
Unit No. 2, Chittenden Circuit

Re: Westover, Mark S.
Date of Birth: 09/15/71
7754-12-98 Cncr

Date of Order: 04/27/99

TO ANY LAW ENFORCEMENT OFFICER OF THE STATE OF VERMONT

You are ordered to commit the above-named defendant to the Commissioner of Corrections or his authorized representative who is ordered to receive the defendant in accordance with the following sentence(s):

7754-12-98 Cncr Ct. 1: DWI #3

Minimum: 1 Year(s) Maximum: 4 Year(s)

Sentence to commence 04/27/99

PAF-ISAP

By Order of the Court: Judge Amy M. Davenport/jmw Judge Amy M. Davenport

OFFICER'S RETURN

By Authority of this mittimus, I committed the above named defendant to the

Location/Corr. Facility	Date	Time	AM PM
-------------------------	------	------	----------

and left the Supervising Officer of the facility a copy of this Mittimus with my return.

Officer's Signature	Title
---------------------	-------

State of Vermont
District Court of Vermont
NOTICE OF PLEA AGREEMENT

State of Vermont vs.

Defendant

Mark Westover

Date

3/9/99

The State of Vermont and the Defendant named above enter into the following agreement:

Charge: <u>DWI 3</u>	Charge: _____	Charge: _____
Docket Number: <u>7754-12-98 ENC</u>	Docket Number: _____	Docket Number: _____
Amended: Yes <input checked="" type="checkbox"/> No	Amended: Yes / No	Amended: Yes / No
Amended Section No: _____	Amended Section No: _____	Amended Section No: _____
<input checked="" type="checkbox"/> Guilty <input type="checkbox"/> Nolo Contendre	Guilty / Nolo Contendre	Guilty / Nolo Contendre
SENTENCE:	SENTENCE:	SENTENCE:
FINE \$ _____ & Surcharge \$ <u>177.50</u>	FINE \$ _____ & Surcharge \$ _____	FINE \$ _____ & Surcharge \$ _____
(Min.) <u>1</u> Yr. _____ Mo. _____ Days	(Min.) _____ Yr. _____ Mo. _____ Days	(Min.) _____ Yr. _____ Mo. _____ Days
(Max.) <u>4</u> Yr. _____ Mo. _____ Days	(Max.) _____ Yr. _____ Mo. _____ Days	(Max.) _____ Yr. _____ Mo. _____ Days
Concurrent / Consecutive	Concurrent / Consecutive	Concurrent / Consecutive
Suspended with Probation: Yes <input checked="" type="checkbox"/> No	Suspended with Probation: Yes / No	Suspended with Probation: Yes / No
Credit for Time Served: _____	Credit for Time Served: _____	Credit for Time Served: _____
All Suspended except _____ days/mths/yrs	All Suspended except _____ days/mths/yrs	All Suspended except _____ days/mths/yrs

TOTAL SENTENCE: 1-4 yrs. PAE/ISAP Total FINE & Surcharges: \$ 177.50

Cases to be Dismissed by State:

Docket # _____	Charge: _____
Docket # _____	Charge: _____
Docket # _____	Charge: _____
Docket # _____	Charge: _____
Docket # _____	Charge: _____

Special Probation Conditions:

Report Date: _____ Forthwith: _____

PSI Ordered? Yes / No

Defendant already on probation? Yes / No

(See Reverse for General Conditions)

Other:

Defendant permitted to withdraw plea if not accepted into ISAP.

State will not bring any further charges that are on file at this time.
This is a binding Rule 11 Agreement.

Prosecutor <u>R. Simpson</u>	Date <u>3/9/98</u>
Judge <u>[Signature]</u>	Date <u>3/9/98</u>

ismc 5/95

I have reviewed this agreement and understand it.

Defendant <u>Mark Westover</u>	Date <u>3/9/99</u>
Defense Attorney <u>[Signature]</u>	Date <u>3/9/99</u>
Guardian Ad Litem _____	Date _____

Agreed 61660

94/27/99 14.02 Page 1

DISTRICT COURT OF VERMONT
CHITTENDEN COUNTY

Agreement # 09720 Payment Number 61660
Receipt of Payment

Westover, Mark G.
[REDACTED]
[REDACTED]

Received on 94/27/99 from Westover, Mark G./sw in the form of Check 1837
Amount of this Payment: 50.00

Ins./Fee	Docket Number		
4957	7764-12-98 Crsr	Ct. 1	50.00
		Original Amount:	50.00
		Total Amount Paid:	50.00
		Balance Owed:	0.00

DISTRICT COURT OF VERMONT
CHITTENDEN COUNTY

Agreement 29719 Payment Number 51651
Receipt of Payment

Westover, Mark S.

Received on 04/27/99 from Westover, Mark S./sw in the form of Check 1937
Amount of this Payment: 50.00

Fine/Fee	Docket Number		
10955	7754-12-86 Cncr	Ct. 1	50.00
		Original Amount:	50.00
		Total Amount Paid:	50.00
		Balance Owed:	0.00

syrec 61661

04/27/99 14:33 Page 1

DISTRICT COURT OF VERMONT
CHITTENDEN COUNTY

Agreement 29719 Payment Number 61661

Receipt of Payment

Westover, Mark S.
[REDACTED]

Received on 04/27/99 from Westover, Mark S./sw in the form of Check 1037.

Amount of this Payment: 50.00

Line/Fee Docket Number

0956	7754-12-98 Cncr	Ct. 1	50.00
Original Amount:			50.00
Total Amount Paid:			50.00
Balance Owed:			0.00

Agreement 61662

04/27/99 14:53 Page 1

DISTRICT COURT OF VERMONT
CHITTENDEN COUNTY

Agreement: 29718 Payment Number 61662
Receipt of Payment

Westover, Mark S.

~~2000-00-00~~
~~0000-00-00~~

received on 04/27/99 from Westover, Mark S./sw in the form of Split Check 1037
Amount of this Payment: 77.50

Line/Fee	Docket Number	Ct. 1	77.50
8955	7754-12-98 Cncr		
		Original Amount:	77.50
		Total Amount Paid:	77.50
		Balance Owed:	0.00

cmp/rpterr15413:There was an output width overflow from the print expression on line 37.: /usr2/ccl

District Court of Vermont
Unit No. 2, Chittenden Circuit
32 Cherry Street, Suite 300
Burlington, Vermont 05401
(802) 651-1800

D U I E N F O R C E M E N T F U N D A S S E S S M E N T

Ordered: April 27, 1999

State vs. Westover, Mark S.

Docket Number: 7754-12-98 Cncr

Because the defendant, Mark S. Westover, was
convicted of:

DWI #3, VSA 231201 (A)(2)

he or she is ordered to pay a surcharge of \$50.00 to the court named
above for transfer to the DUI enforcement fund. [Payment Order #29720]

The defendant is ordered to pay this amount to the Clerk of this Court by
June 26, 1999.

If not paid to the Court by that date, the account will be referred to
the Vermont Tax Department for collection.

Amy M. Davenport/sir
District Court Judge Amy M. Davenport

April 27, 1999

Mark Westover

District Court of Vermont
Unit No. 2, Chittenden Circuit
32 Cherry Street, Suite 300
Burlington, Vermont 05401
(802) 651-1800

D W I A S S E S S M E N T

April 27, 1999

State vs. Westover, Mark S.

Docket Number: 7754-12-98 Cncr

Defendant: Mark S. Westover

Order Date: April 27, 1999

Because the defendant was convicted of violating section 1201 of title 23, he or she is ordered to pay a surcharge of \$50.00 to the court named above for transfer to the public defender special fund. [Payment Order #29719]

The defendant is ordered to pay this amount to the Clerk of this Court by June 26, 1999.

If not paid to the Court by that date, the account will be referred to the Vermont Tax Department for collection.

Ordered by District Court Judge Amy M. Davenport

X Amy M. Davenport April 27, 1999

X Mark Westover

District Court of Vermont
Unit No. 2, Chittenden Circuit
32 Cherry Street, Suite 300
Burlington, Vermont 05401
(802) 651-1800

TAX DEPARTMENT REFERRAL

cket No: 7754-12-98 Cncr

March 4, 1998

Judy Lambert
Vermont Department of Taxes
P.O. Box 429
Montpelier, VT 05601-0429

Mark S. Westover
[REDACTED]
[REDACTED]

DEFENDANT INFORMATION

Name: Mark S. Westover
Address: [REDACTED]
[REDACTED]

Home Telephone

Work Telephone

Social Security Number: [REDACTED]

Date of Birth: 09/15/71

174.50

ACCOUNT INFORMATION

Order Date: December 28, 1997

Due Date: February 26, 1998

Downpayment Ordered: \$

Total Amount Ordered: \$137.25

Total Amount Paid: \$

Amount Due: \$137.25

Type of Order: PUBLIC DEFENDER FEE

The above account is being referred to the Department of Taxes because the defendant failed to pay the ordered amount. All future payment should be made to the Department of Taxes. Please enclose a copy of this referral with your payment. The Tax Department may set-off any refund that is owed to you by the Tax Department up to the amount due.

A copy of the order is attached. If this is a Public Defender Order, a copy of the defendant's application is also attached.



Department of Public Safety
Vermont Criminal Information Center
103 South Main Street
Waterbury VT 05671-2101

VERMONT CRIMINAL CONVICTION SEARCH

RE: Westover, Mark S.

Maiden/Alias Name:

DOB: 09/15/1971

Below please find a copy of your criminal record as it appears in the files of the Vermont Criminal Information Center as of: October 27, 2011. This is the format by which the Vermont Criminal Information Center releases criminal history information.

MRI-2154025
CCH 1077 11:36 27OCT11
12DPSPS06 0025 11:36 27OCT11
FR.VTIII0000.12DPSPS06,VTVSP0026.
Response To: 21

THIS RESPONSE IS BASED ON YOUR INQUIRY OF
PUR/P.ATN/706 WALK-IN @ WINDOW.NAM/WESTOVER,MARK.DOB/19710915

NAME: WESTOVER, MARK STEVEN DOB: 09/15/1971 [REDACTED]

THIS DEFENDENT IS BRADY DISQUALIFIED

VERMONT CRIMINAL HISTORY

***** IDENTIFICATION *****

VERMONT SID # 189482

NAME: WESTOVER, MARK STEVEN
DOB: 09/15/1971 POB CITY: BERLIN STATE/COUNTRY: VT
SEX: M RACE: W ETHNICITY: US CITIZEN:
HEIGHT: 5'08" WEIGHT: 200 EYES: BLU HAIR: BRO

[REDACTED]

PHOTO AVAILABLE?

HENRY: 13 O 29 W --- MMM
I 29 U --- 000 16

ADDRESS:

26 MARCON ST BARRE CT [REDACTED]



Department of Public Safety
Vermont Criminal Information Center
103 South Main Street
Waterbury VT 05671-2101

***** CRIMINAL HISTORY *****

===== CYCLE 1 =====

TRACKING NUMBER: 1216513

----- ARREST -----

DATE OF ARREST: 12/12/1998
ARRESTING AGENCY: UNIVERSITY OF VT PD VT0041100
CASE NUMBER: 98-UV-02112
FINGERPRINTS: YES
CHARGE

CHARGE NUMBER: 01
CHARGE DESCRIPTION: DUI #3-INFLUENCE
STATUTE: 23V1201A2#3+1
SEVERITY: FELONY

----- COURT ARRAIGNMENT -----

ARRAIGNMENT DATE: 12/28/1998
ARRAIGNMENT AGENCY: CHITTENDEN CO. DISTRICT COURT
DOCKET NUMBER: 7754-12-98
CHARGE

CHARGE NUMBER: 01
CHARGE DESCRIPTION: DUI #3-INFLUENCE
STATUTE: 23V1201A2#3+1
SEVERITY: FELONY

----- COURT DISPOSITION -----

CHARGE

CHARGE NUMBER: 01
CONVICTED? YES
FELONY? YES
CHARGE DESCRIPTION: DUI #3-INFLUENCE
STATUTE: 23V1201A2#3+1
DISPOSITION: 04/27/1999 FELONY CONVICTION
DISPOSITION: SENTENCED TO INCARCERATION FOR 1 YEARS
- 4 YEARS

----- CYCLE EVENT -----

12/01/2002 PAROLE EXPIRED
02/28/2000 RELEASED ON PAROLE
01/15/1999 PRINTS - RECEIVED

===== CYCLE 2 =====

TRACKING NUMBER: 1031855

----- ARREST -----

DATE OF ARREST:
ARRESTING AGENCY: BURLINGTON PD VT0040100
CASE NUMBER: 0403-93
FINGERPRINTS: NO
CHARGE

CHARGE NUMBER: 01
CHARGE DESCRIPTION: DISORDERLY CONDUCT



Department of Public Safety
Vermont Criminal Information Center
103 South Main Street
Waterbury VT 05671-2101

STATUTE: 13V1026
SEVERITY: MISDEMEANOR

----- COURT ARRAIGNMENT -----

ARRAIGNMENT DATE: 06/29/1993
ARRAIGNMENT AGENCY: CHITTENDEN CO. DISTRICT COURT
DOCKET NUMBER: 2541-6-93
CHARGE
CHARGE NUMBER: 01
CHARGE DESCRIPTION: DISORDERLY CONDUCT
STATUTE: 13V1026
SEVERITY: MISDEMEANOR

----- COURT DISPOSITION -----

CHARGE
CHARGE NUMBER: 01
CONVICTED? YES
FELONY? NO
CHARGE DESCRIPTION: DISORDERLY CONDUCT
STATUTE: 13V1026
DISPOSITION: 11/03/1993 MISDEMEANOR CONVICTION
DISPOSITION: FINED \$100

***** END OF RAPSHEET *****

ONLY MOTOR VEHICLE OFFENSES WHICH WERE ARRAIGNED IN A VERMONT DISTRICT COURT AFTER SEPTEMBER 1, 1995 ARE INCLUDED IN THIS RECORD. The criminal record information provided above represents case disposition data reported by courts indicated. Charges that are supported by fingerprints are designated with a "Y" in the "FP" column. All responses are based on file search criteria provided by the requestor at the date/time of the request. The requestor agrees to use Criminal Conviction Record information received from the Vermont Information Center for the purposes intended by law. The requestor agrees not to disclose the contents of any criminal conviction record without the applicant's permission to any person other than the applicant and properly designated employees who have a documented need to know the contents of the record. A violation may result in a civil penalty of up to \$5,000. Each unauthorized disclosure shall constitute a separate civil violation.

Authorized: J.Wallin - Director, Vermont Criminal Information Center
Waterbury, Vermont

The enclosed record contains all criminal charges. However, our records do not reflect motor vehicle charges, if any, which were arraigned in a Vermont District Court after September 1, 1995 appear on this record. You must contact the Vermont Department of Motor Vehicles if you are interested in obtaining a complete record of motor vehicle violations.



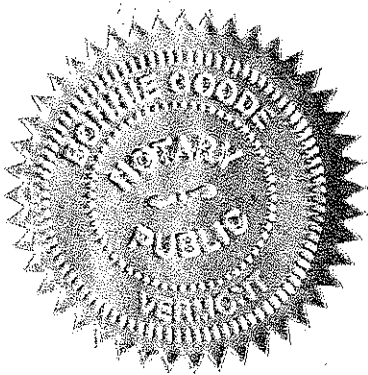
Department of Public Safety
Vermont Criminal Information Center
103 South Main Street
Waterbury VT 05671-2101

If you believe that this record is in error, you have the right to appeal the contents of this record. Should you choose to appeal this record, please contact me in writing at the above address. Please state the reason(s) you are questioning the accuracy of the record.

If you have any questions, please do not hesitate to call me at (802) 241-5157.

Sincerely,

Tina Healy
Record Check Coordinator
October 27, 2011



Subscribed and sworn to before me this 27th day of October, 2011 in the City of Waterbury, County of Washington, State of Vermont, United States of America.

Notary public

2/10/15
Commission expires



State of Vermont
DEPARTMENT OF MOTOR VEHICLES
120 State Street
Montpelier, VT 05603-0001
www.dmv.vermont.gov

[phone] 802-828-2000
[fax] 802-828-2098
[ttd] 800-253-0191

Agency of Transportation

PAGE:001
10/27/11

I HEREBY CERTIFY THAT THE FOLLOWING IS A TRUE COPY OF THE COMPLETE RECORD OF

NAME: WESTOVER, MARK, S

VERMONT PID: 31121582

ISSUE YEAR:

BIRTH DATE: 09-15-71

CURRENT LIC EXP: 2013

LEGAL ADDRESS:

LICENSED OPERATOR , NOT SUSPENDED , ENDORSEMENTS-

NO ACCIDENTS

CONVICTION-ADJUDICATION RECORD:

DATE	CODE	COURT	SENTENCE	FINE	DISP	CV	OFF.DATE	NUMBER	SB
04-03-90	DW1	5-12-036				M	01-21-90	CONV 21111	
05-16-94	DA2	5-12-036	03M12		P000MD		03-06-94	CONV 02598	
06-09-98	SL2	9-99-999				M	06-04-98	ADJU 38774	
04-27-99	CRI	5-04-114	01Y04			M	12-12-98	CONV 02603	

SUSPENSION/REVOCATION/DISQUALIFICATION RECORD:

EFFECTIVE	TERM	NUMBER	CAUSE	REINSTATED	CV	HM
03-09-90	090D	CASE 04378	CX1	12-03-90		
04-18-90	050D	CONV 21111	DW1	12-03-90		
03-20-94	018M	CASE 13487	CA2	05-03-96	9	9
05-30-94	469D	CONV 02598	DA2	05-03-96		
12-23-98	LIFE	CASE 09155	CIV	02-07-03	9	9
05-21-99	LIFE	CONV 02603	CRI	02-07-03		

PURSUANT TO THE DRIVER PRIVACY ACT OF 1994, 18 U.S.C. SECTION 2721 ET SEQ.,
THE DISCLOSURE OR REDISCLOSURE OF PERSONAL INFORMATION OBTAINED FROM THE RECORDS
OF THE DEPARTMENT OF MOTOR VEHICLES MAY BE A VIOLATION OF FEDERAL LAW.

IN TESTIMONY WHEREOF, I HAVE HEREUNTO SET MY HAND AT MONTPELIER, VT.
TWENTY SEVENTH DAY OF OCTOBER A.D., 2011.



PARDON NOTICE - STATE'S ATTORNEY
PLEASE TYPE OR PRINT CLEARLY

TO THE APPLICANT: Fill out ONLY the top portion.

- Please prepare a mailing envelope with the name and official address of the of the State's Attorney in the county of your conviction
- Please put a stamp on both envelopes. We will mail the notices from the Governor's office

Applicant Name: MARK S. WESTOVER Date of birth: 09 / 15 / 1971

Mailing address:

0000000000
0000000000
0000000000

The applicant was convicted in the County of Chittenden
for the crime(s) of DWI - III
and sentenced to 1-4 yrs PAF - ISAP
on 04 / 27 / 1999.

The Applicant is seeking a **Pardon from the Governor.**

TO THE STATE'S ATTORNEY:

The Governor and the Commissioner of Corrections invite your opinion on whether the above-named applicant should be granted a Pardon. Your support of or opposition to a pardon will be given significant weight by the Governor and the Commissioner of Corrections. Thank you for your assistance.

State Attorney's Comments: (Support/Deny/No Opinion)

State Attorney's Signature: _____ Date: ____ / ____ / ____

State Attorney's Name (Print): _____

Please mail original to Office of the Governor, 109 State Street, The Pavilion Montpelier, VT 05609-0101

PARDON NOTICE - JUDGE
PLEASE TYPE OR PRINT CLEARLY

TO THE APPLICANT: Fill out ONLY the top portion.

- Please prepare a mailing envelope with the name and official address of the judge who sentenced you.
- Please put a stamp on both envelopes. We will mail the notices from the Governor's office

Applicant Name: MARK S. WESTOVER Date of birth: 09 / 15 / 1971

Mailing address:

[REDACTED]
[REDACTED]
[REDACTED]

The applicant was convicted in the County of Chittenden
for the crime(s) of DWI - III
and sentenced to 1-4yrs PAF - ISAP
on 04 / 27 / 1999.

The Applicant is seeking a Pardon from the Governor.

TO THE JUDGE:

The Governor and the Commissioner of Corrections invite your opinion on whether the above-named applicant should be granted a Pardon. Your support of or opposition to a pardon will be given significant weight by the Governor and the Commissioner of Corrections. Thank you for your assistance.

Judge's Comments: (Support/Deny/No Opinion)

Judge's Signature: _____ Date: ____ / ____ / ____

Judge's Name (Print): _____

Please mail original to Office of the Governor, 109 State Street, The Pavilion Montpelier, VT 05609-0101