



Capture Date: 11/19/2020 10:45:07 PM

Printed Date: 11/30/2020

# Case Report

**Edgar County Sheriff's Office**  
228 N. Central Avenue  
Paris, IL 61944

Case Number: **2020-110**

Phone: (217) 465-4166

Fax: (217) 463-2161

Reporting Officer  
**106 - Johnson, Clayton**

Current Status

Reported Status

Case Category

Ref#

Description **Agg DUI**

Incident#

Investigator

## Offenses

DUI

625 ILCS 5/11-501(a)(2)

Aggravated DUI

625 ILCS 5/11-501(d)(1)(G)

Location **400N just West 800E**  
Paris, IL 61944

Occurred	<b>11/19/2020</b>	<b>Thu</b>	<b>16:41</b>
Reported		<b>Mon</b>	<b>0:00</b>
Arrived		<b>Mon</b>	<b>0:00</b>
Completed		<b>Mon</b>	<b>0:00</b>

## Stacey L. Adams - Arrestee

73399 E 400N

Paris, IL 61944

Work/School

Cell

Home

DOB		Age	
Ht		Wt	
SSN			
Sex		Race	W
DLN			
Hair	BLN	Eyes	GRN
Complex			
Local#			

## Charles Adams -

7339E 400RD

Paris, IL 61944

Work/School

Cell

Home

DOB		Age	
Ht	0 0	Wt	0
SSN			
Sex		Race	
DLN			
Hair		Eyes	
Complex			
Local#			

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## Sharon J. Piper - Witness

DOB  
Ht 00 Wt 0  
SSN  
Sex Race  
DLN  
Hair Eyes  
Complex  
Local#

Work/School

Cell

Home

## Clark N. Piper - Witness

DOB  
Ht 00 Wt 0  
SSN  
Sex Race  
DLN  
Hair Eyes  
Complex  
Local#

Work/School

Cell

Home

## Vehicles

**2019 Ford -**

**BP73813 IL**

VIN A35279262850

Color Silver

## Initial Report Agg DUI

At 4:41pm on 11/19/20 I, Deputy C. Johnson #106 was advised by Edgar County Dispatch of a single vehicle roll over accident with entrapment. I arrived on scene on 400N just West of 800E a short time later and observed a vehicle on its top in the ditch just south of 400N.

Sharon J Piper ( ) and Clark N Piper were on scene and advised there was a female still in the car and that she was alert and appeared uninjured. Clark later stated that the female occupant stated she was uninjured but was having a difficult time moving.

I made contact with the female occupant from the driver side door as the window was slightly rolled down. The female was laying in the passenger side of the vehicle as it was upside down and the driver side was suspended higher than the passenger side.

I announced my name and capacity and asked if she were alright to which she indicated yes. I asked the Pipers if they knew her identity and they thought her name was Pam. I asked if her name was Pam to which she replied she was not Pam, that her name was Stacey Adams. She indicated that

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she were the only person within the vehicle before and after the crash. I asked her what happened and she replied, "I tried." I also asked where she were coming from and she muttered, "my son" but I was unable to understand the complete sentence as the words became slurred and falling off at the endings.

I was able to unlock the driver door and open it to further assess the situation. At this time I was able to detect a strong odor of alcoholic beverage within the passenger compartment of the vehicle. Stacey was asked if she were able to move and if she would like to attempt to exit the vehicle. She moved her extremities and began to move out of the vehicle and at this time I was able to see many small blue bottles that appeared to be alcoholic beverages (Later identified as Platinum 7 Vodka). For an unknown reason, Stacey then stopped her attempt at exiting the vehicle and we awaited Fire and EMS arrival to assist her from the vehicle.

Paris Fire and Horizon Health Ambulance arrived on scene and assessed Adams. I now was able to obtain Illinois Registration #BP73813 from the rear bumper on a 2019 Ford Utility (VIN#1FMCU0GD1KUB53679) (Silver) belonging to Stacey L Adams ( residing at 7339E 400N Paris, IL. Stacey L Adams driving privilege's returned via LEADS as Revoked as well as an Restricted Driving Permit.

Paris Fire and Horizon Heath were also advised by Stacey that she were uninjured. Stacey was unable to remove herself from the vehicle unassisted despite many verbal statements stating she was unharmed. Stacey was finally removed from the vehicle but was unable to maintain her balance or a standing position. In fact, Fire and EMS had to physically hold her upright and while doing so, Stacey tried to rub their faces and varies parts of their bodies to the point the staff felt uncomfortable.

Stacey Adams was placed on a moving cloth and carried by medical personnel to the roadway and placed on a medical cot as she was unable to stand unsupported let alone walk. Sgt. A Rhoads #108 and Conservation Officer D. Miller were on scene and stood by as I departed with Horizon Health to follow up at Horizon Health ER.

At 5:35pm I arrived at the ER for follow up with Adams. Medical staff indicated she were in room 1 of the ER. I entered the room and awaited for medical staff to conduct their initial assessment then began to speak with Adams. I again stated my name/capacity and asked if she could tell me what happened. Stacey would look at me for a few moments begin to speak, then turn away. I asked if she had consumed any alcohol after the accident and she stated, no. I asked if she consumed alcohol prior to the accident to which she stated, no. Stacey was unable to tell me how the accident occurred or where she was coming from.

I observed her eyes to be bloodshot and glossy. I attempted to administer Horizontal Gaze Nystagmus but she was unable to track my Finger to conduct the test. It should be noted that she removed her eye glasses and the pupils were equal in size. During my attempts of HGN, Stacey was having difficulty keeping her eyes open as well.

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At 6:01pm Stacey L Adams was read the Illinois Warning to Motorist. Adams was requested to provide blood and urine samples to which she would not reply. After several attempts Adams was advised this action was being reflected as a refusal. Adams also refused to sign the Warning to Motorist signature line confirming the warning had been given. She was advised this was not an admission of guilt, rather a confirmation that the warning was given. Adams still refused to provide a signature.

It should be noted that Adams was also uncooperative with medical staff and would not reply to medical screenings prolonging the medical processes.

At 9:08pm I made contact with Charles Adams, the husband of Stacey. He arrived on scene as I was departing for the ER and requested to be notified. I began Speaking with Charles and he stated that his wife was granted the RDP and that it was valid from 6am-6pm for employment purposes. He indicated that it was stipulated she work for him by transporting parts or other needs for the farming operation. He went on to say that work had been slow and he hasn't needed her for employment purposes. I asked if he had any idea where she was coming from to which he stated she had taken some Chili to their son Cody's house and was returning home. I specifically asked if his wife, Stacey was used for work today and he indicated no. Charles was advised that our conversation would be reflected in my report to which he gave consent and that I was calling from my patrol unit and that the conversation would be audio recorded to which he had no issues. He finished by saying he was telling the truth and had no reason to lie. He indicated this has been an ongoing issue for 11 years and he was tired.

At 9:43pm, Adams was medically cleared and arrested for Aggravated DUI, transported to the Edgar County Jail and left in the custody of the Corrections Department.

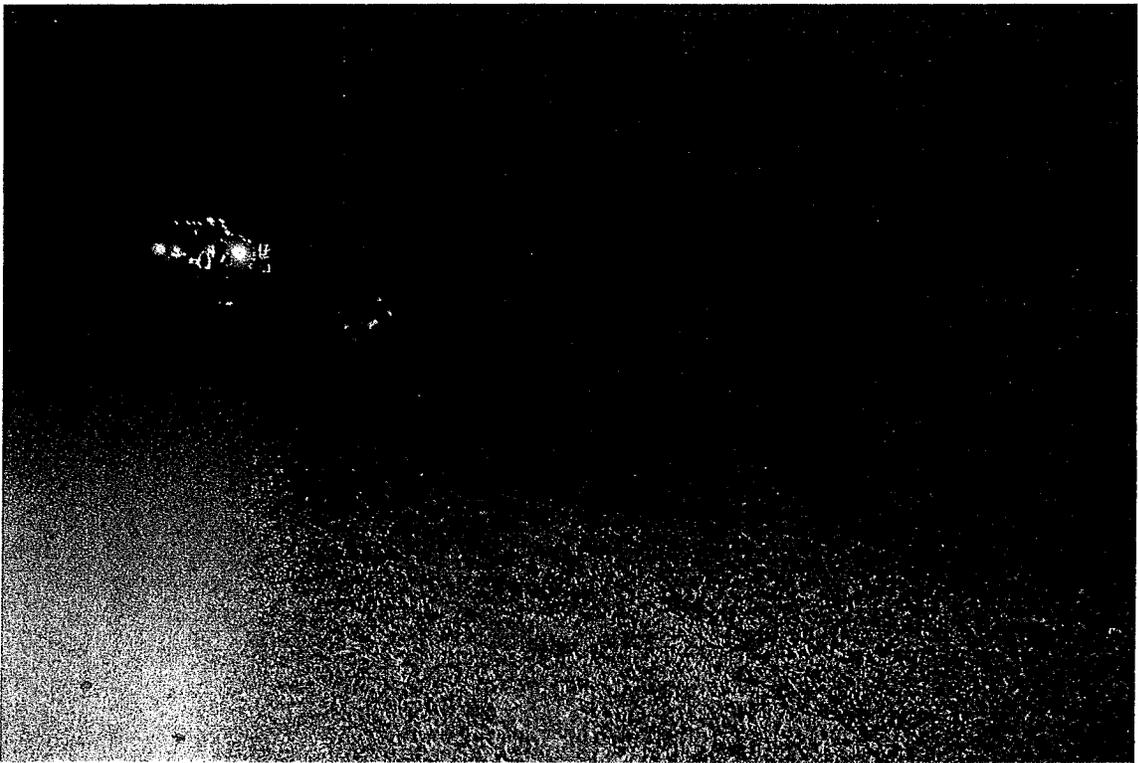
Reporting Officer

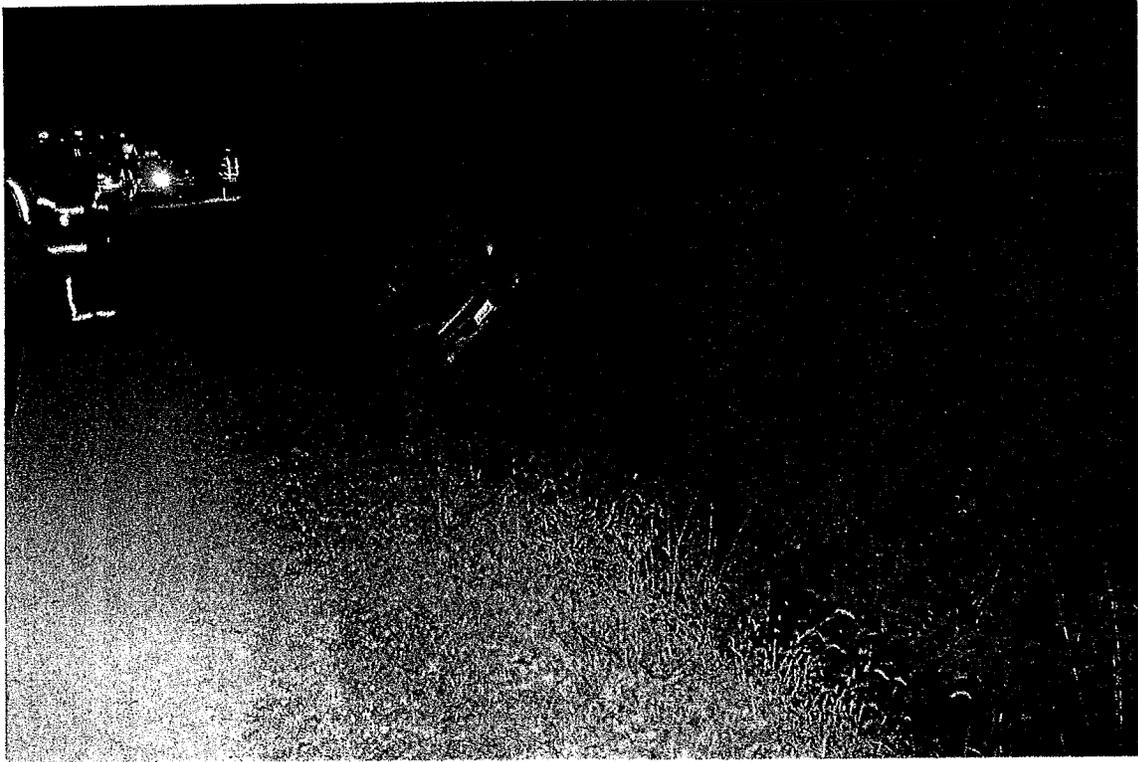
  
\_\_\_\_\_  
**106 - Johnson, Clayton**  
**Deputy**

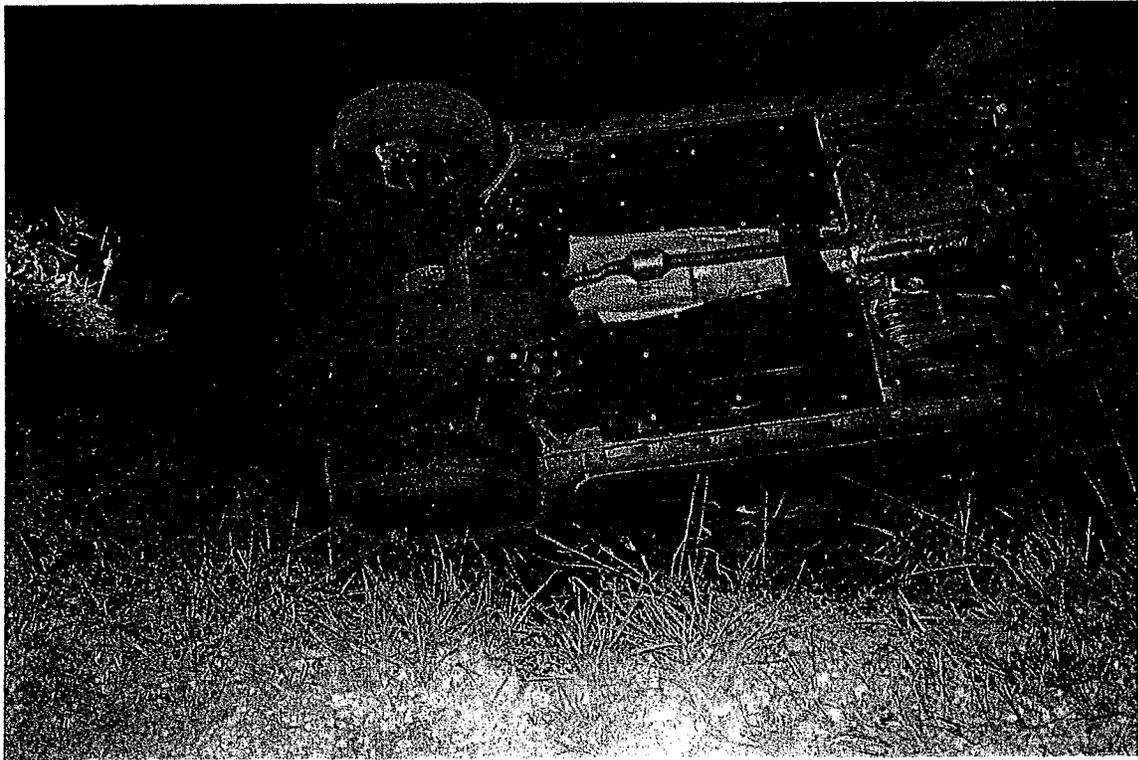
Reported

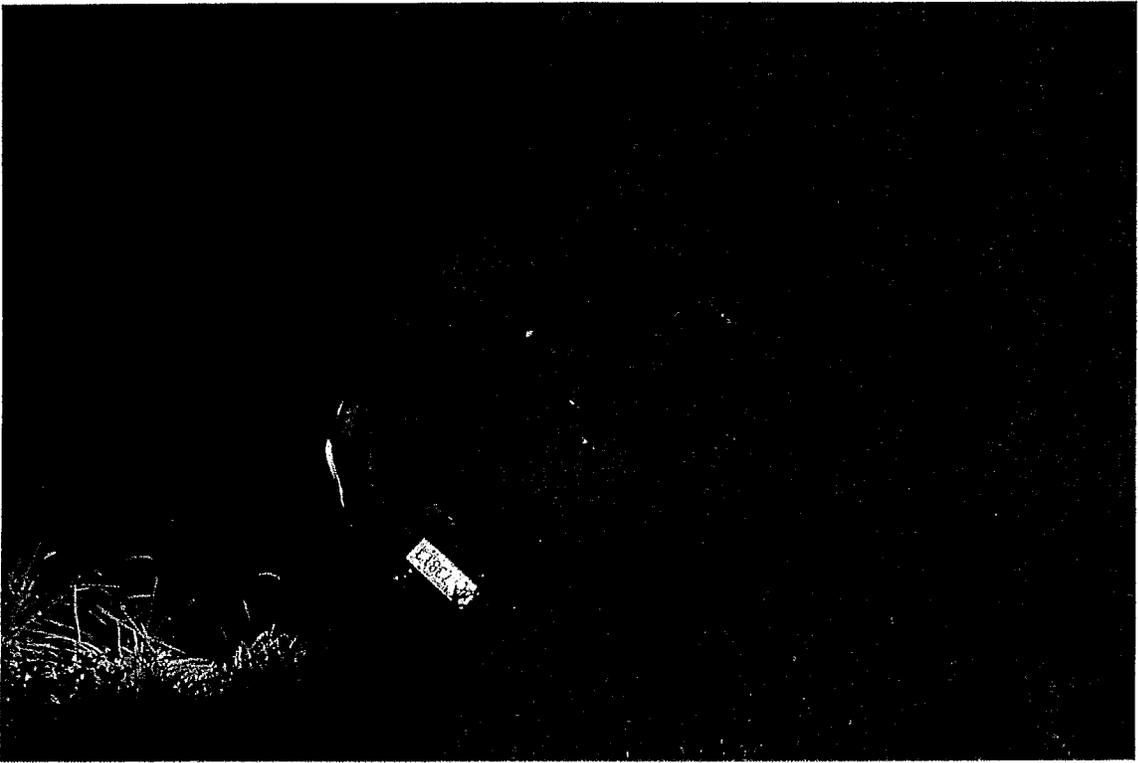
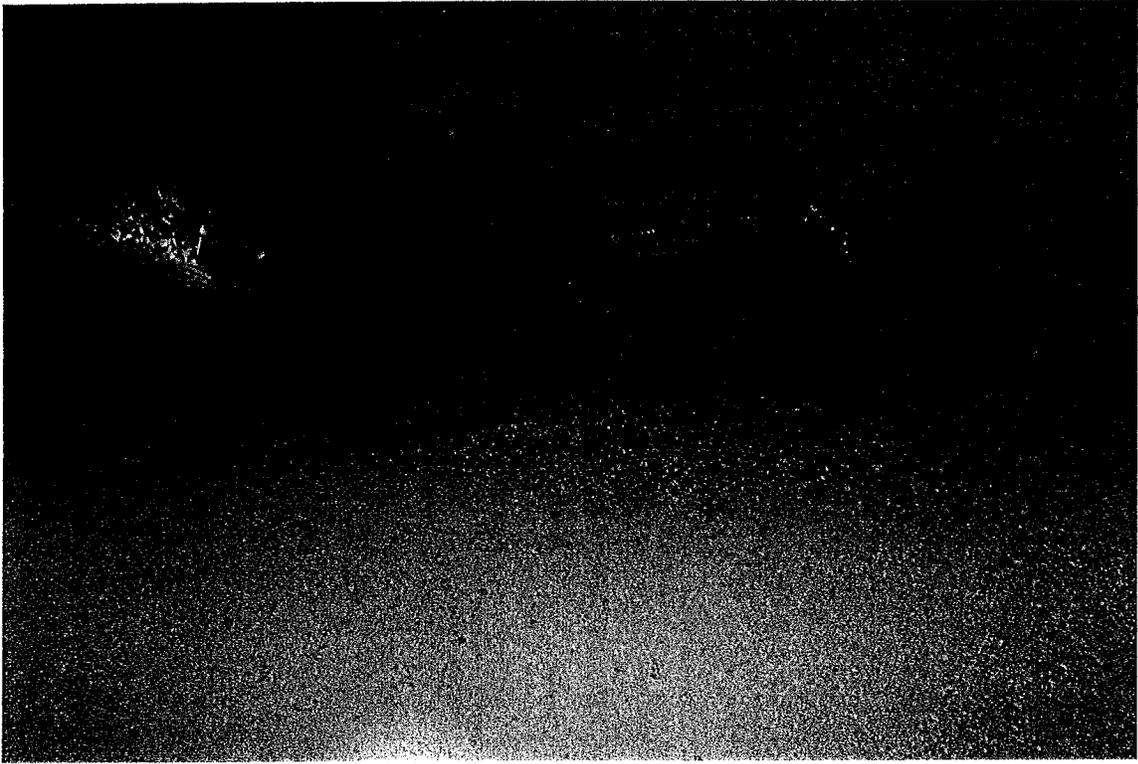
Approving Officer

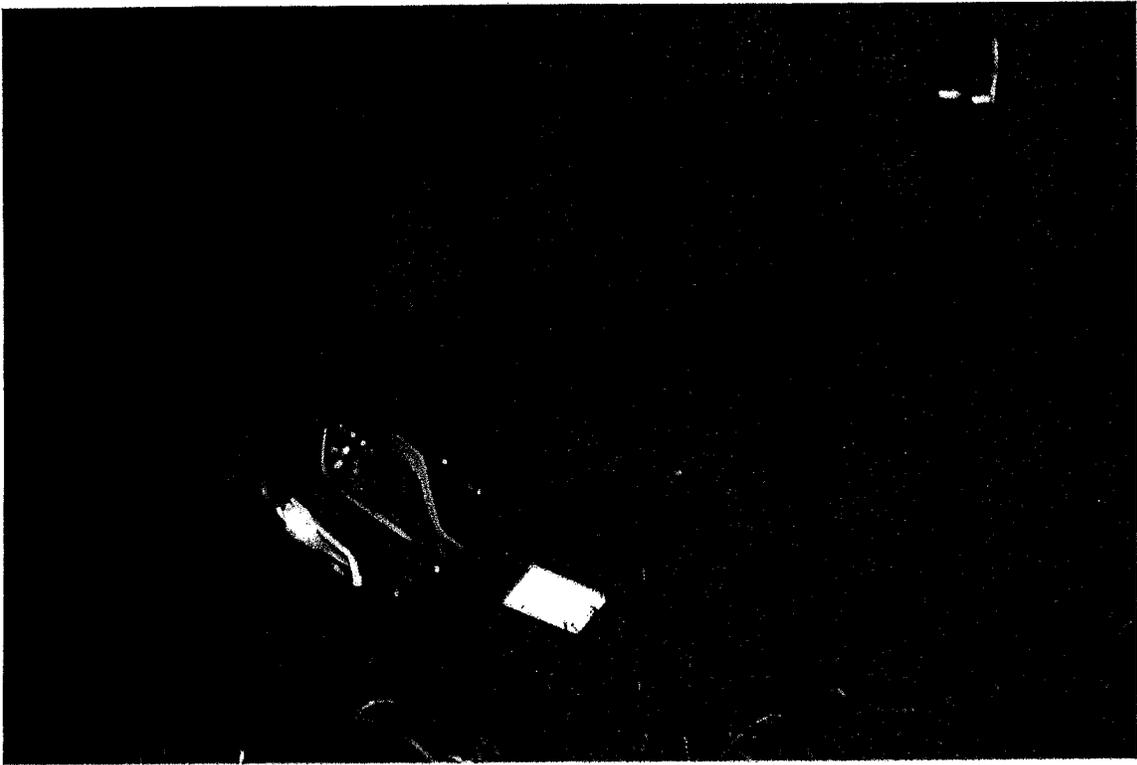
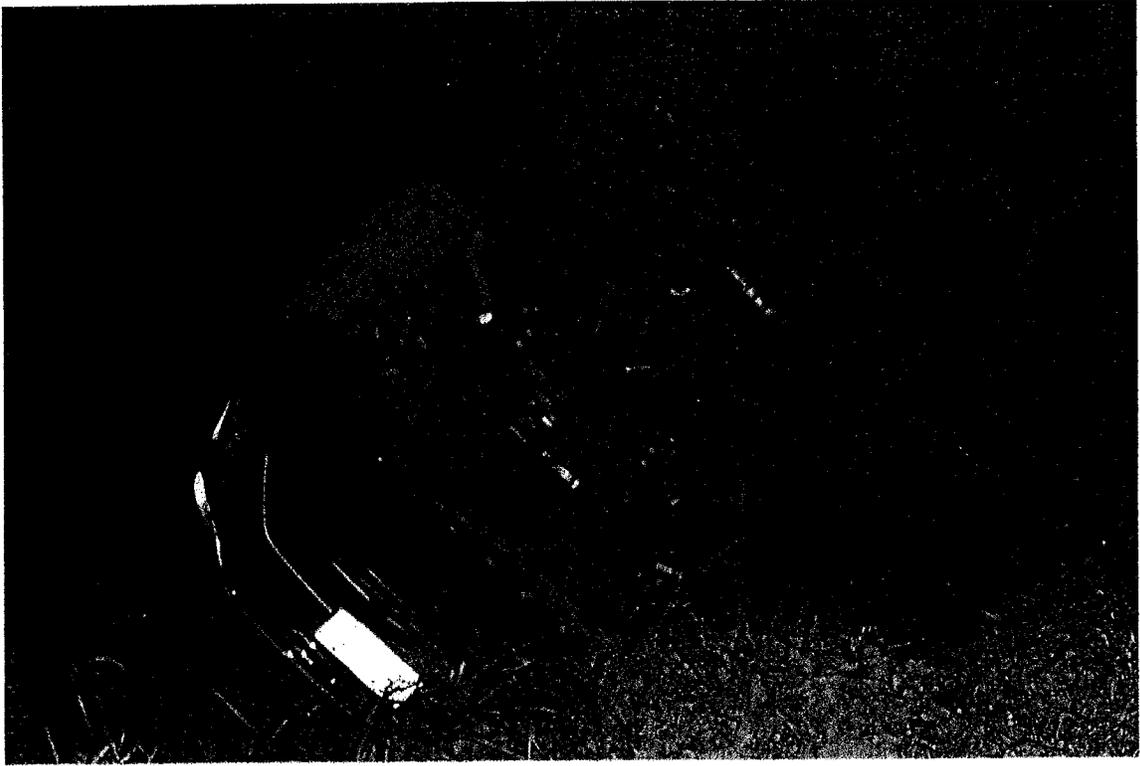
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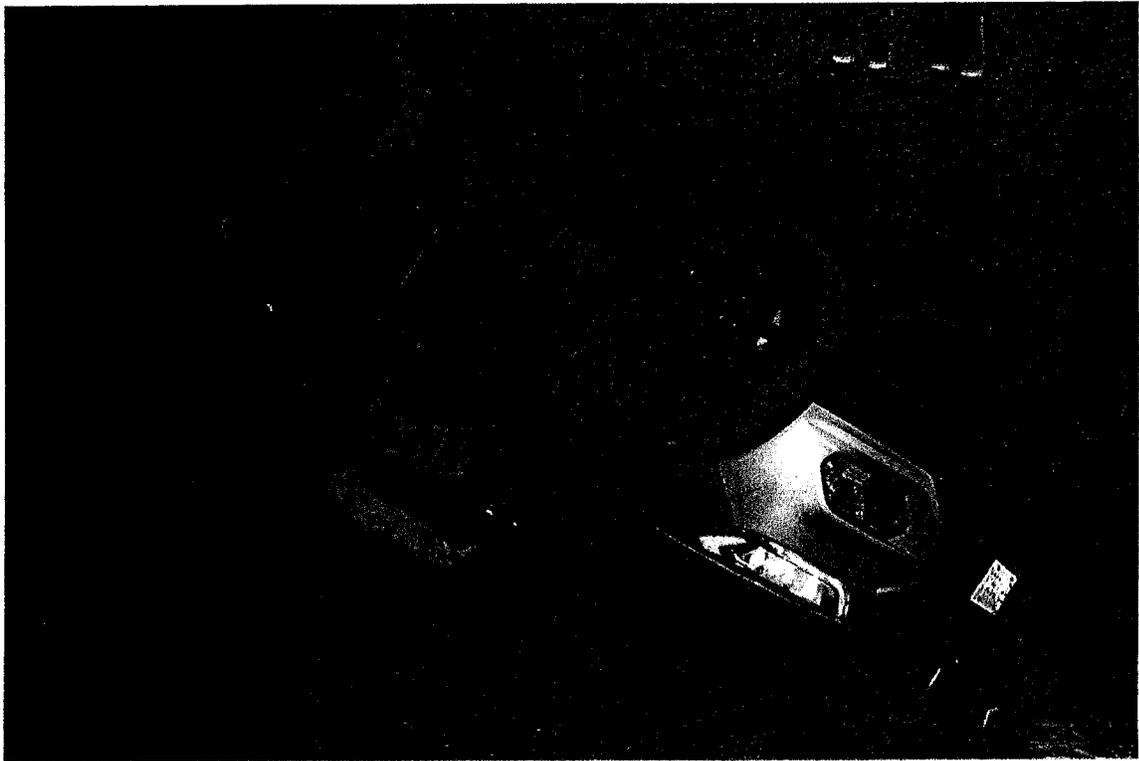


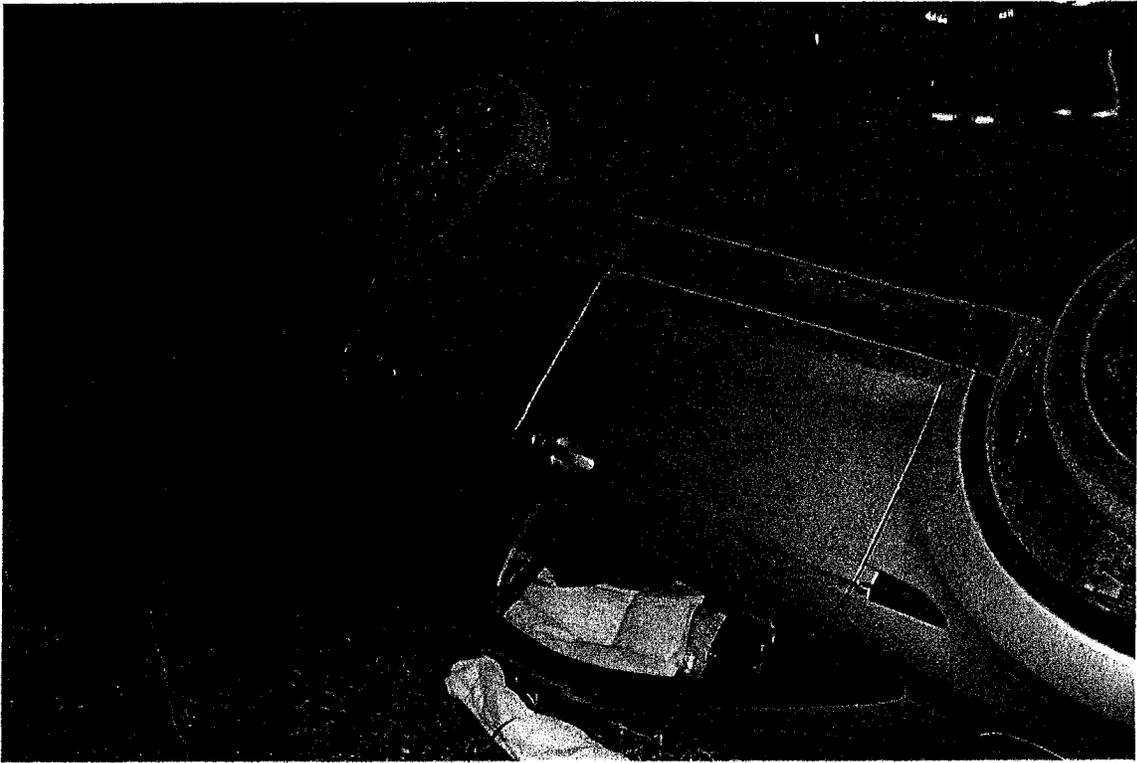
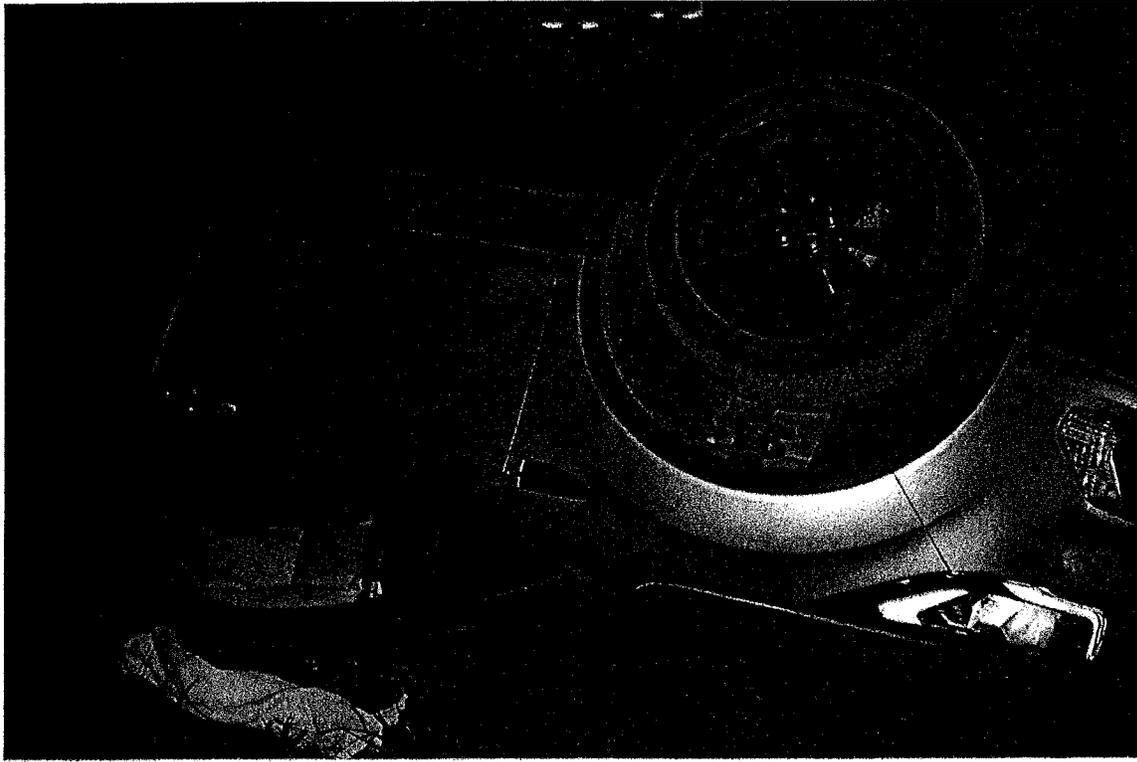


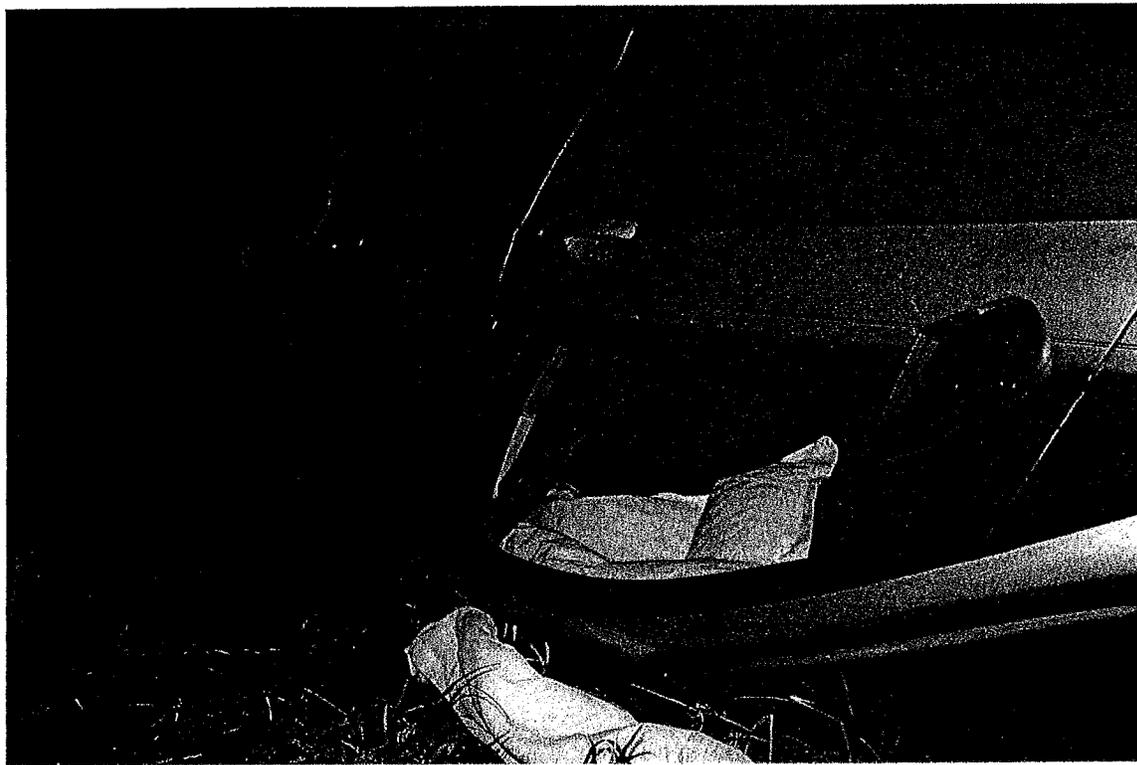
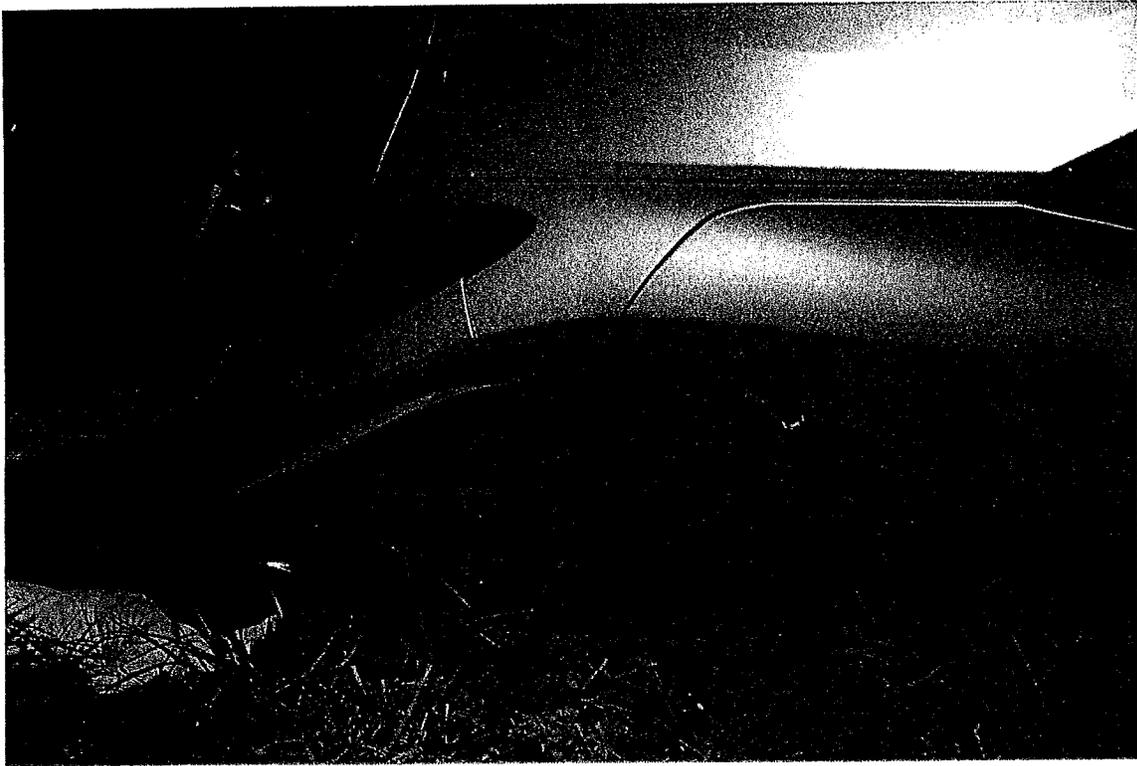


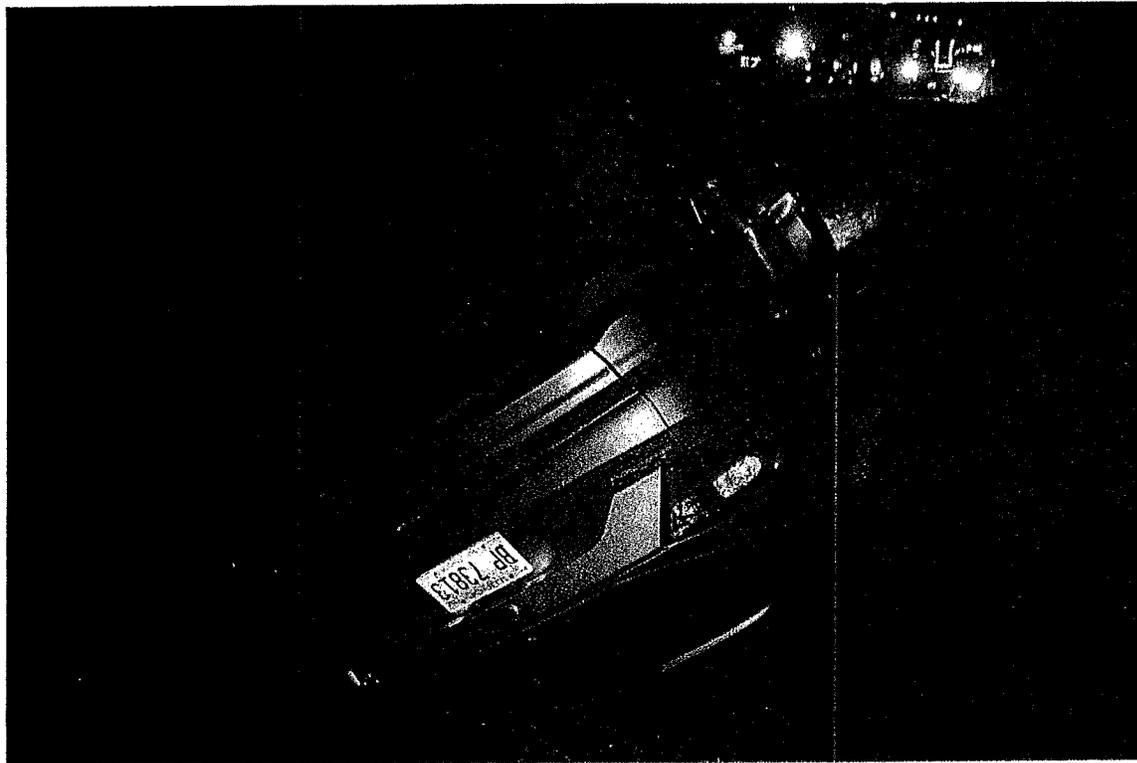


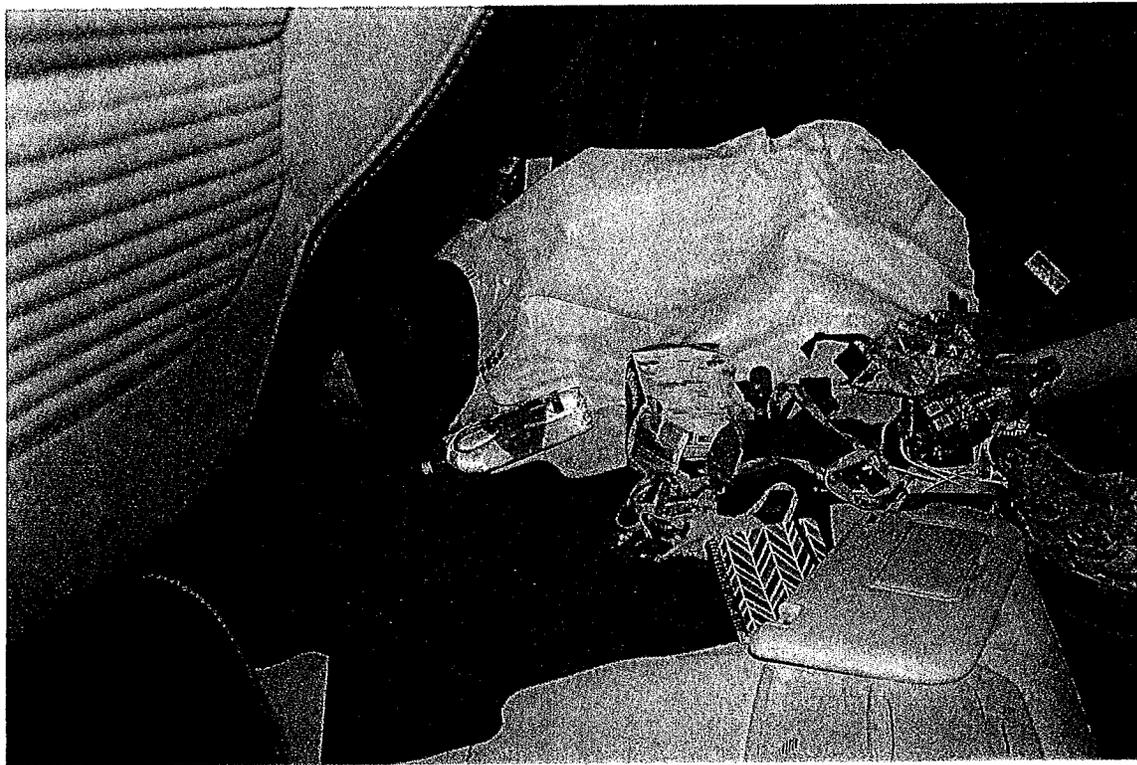


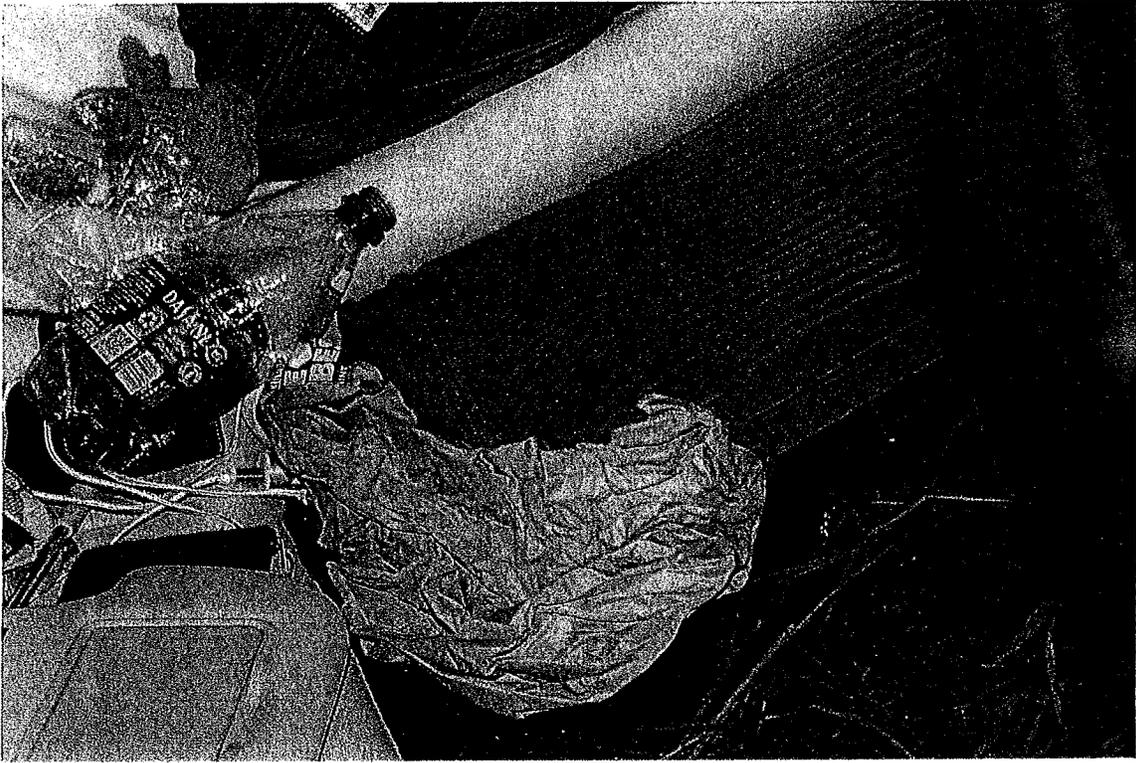
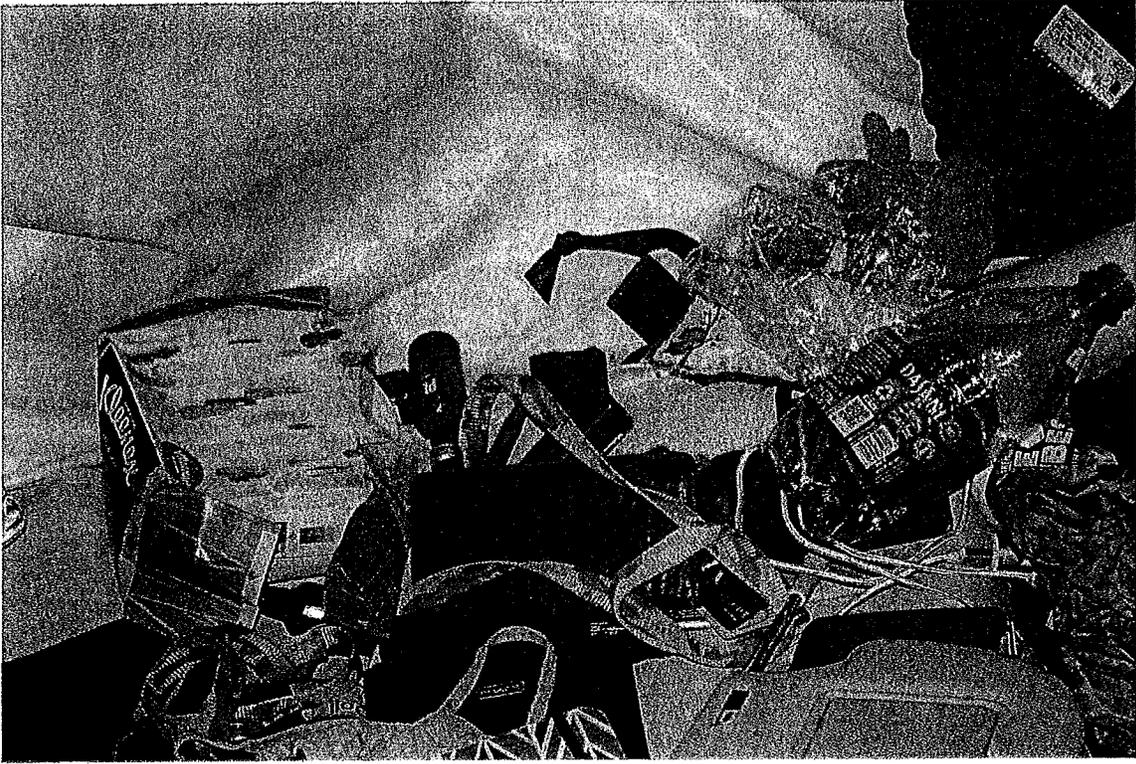












# ILLINOIS TRAFFIC CRASH REPORT

Sheet 1 of 1 Sheets

# UNOFFICIAL

Not for Distribution



DRAC 02 U1	TRFD 01	TRFC 01	WEAT 01	DRVA 16	VIS 01	VEHD 01	U1	LGHT 03	COLL 05	IMANV 01	U1
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INVESTIGATING AGENCY  
**Edgar Co SO**

ADDRESS NO. \_\_\_\_\_ HIGHWAY or STREET NAME  
**400 N**

(CIRCLE) \_\_\_\_\_ (CIRCLE)  
**800 E**

NAME (LAST, FIRST, MI) **ADAMS, STACEY, L**

DATE OF BIRTH  
09/02/1962

SEX **F**

SAFT **1**

AIR **08**

INJURY **0**

EJECT **1**

EPHT **0**

STATE **IL**

CLASS **D**

PLD ID **0**

PLP **0**

DRIVER LICENSE NO.  
**A352-7926-2850**

DRIVER  Parked  Ped  Pedal  EQUES  NMV  NCV  DV

DRIVER  Parked  Ped  Pedal  EQUES  NMV  NCV  DV

STREET ADDRESS  
**7339 E 400TH RD**

CITY **PARIS** STATE **IL** ZIP **61944**

EMSAgency  
**Horizon Health**

HOSPITAL (TAKEN)  
**Horizon Health**

DATE OF BIRTH  
09/02/1962

SEX **F**

SAFT **1**

AIR **08**

INJURY **0**

EJECT **1**

EPHT **0**

STATE **IL**

CLASS **D**

PLD ID **0**

PLP **0**

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**7339 E 400TH RD**

CITY **PARIS** STATE **IL** ZIP **61944**

EMSAgency  
**Horizon Health**

HOSPITAL (TAKEN TO)  
**Horizon Health**

AGENCY CRASH REPORT NO.  
**E20-11-016**

YR **2020** TIME **04:41**

DATE OF CRASH  
**11/19/2020**

DOORSING WITH PEDALCYCLIST  Y  N

HIT & RUN  Y  N

PROPERTY RELATED  Y  N

PRIVATE PROPERTY  Y  N

INTERSECTION RELATED  Y  N

PROPERTY RELATED  Y  N

PRIVATE PROPERTY  Y  N

HIT & RUN  Y  N

TYPE OF REPORT  
 A No Injury / Drive Away  
 B Injury and / or Tow Due To Crash

AMOUNT OF DAMAGE  
 \$500 OR LESS  
 \$501 - \$1,500  
 Over \$1,500

ON SCENE  
 NOT ON SCENE (DESK REPORT)

TOWED DUE TO CRASH  Y  N

FIRE  Y  N

DISTRACTION VALUE  Y  N

COM VEH  Y  N

EXPIRED  Y  N

INSURANCE CO.  
**ADAMS, STACEY, L**

POLICY NO.  
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TELEPHONE  
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TELEPHONE  
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TRFW **01**

VEHT **15**

# LNS **2**

U1

TRFW **01**

VEHT **15**

LAW ENFORCEMENT SWORN REPORT

Circuit Court, Edgar County, 5 Municipal District

Case Number 2020-1102

DUI TRAFFIC CITATION NO. (11-501A1)	DUI TRAFFIC CITATION NO. (11-501A2)
11-401 Citation No.	DUI TRAFFIC CITATION NO. (OTHER)

Name Miller Last Shay First L Middle

CDL holder

Driver's License Number										State	
1	3	5	8	7	9	2	6	2	5	0	IL

Street Address 7339 N 400th Rd

City & State Peoria IL 61694

Sex M Date of Birth 9-2-1982

Notice of Summary Suspension/Revocation Given On 11-19-2020

City and/or County of Arrest Edgar County

Arrest Date 11-19-2020 9:43 a.m./p.m.

Place of Refusal or Location of Test(s) 11-19-2020 a.m./p.m.

The suspension/revocation shall take effect on the 46th day following issuance of this notice. Subsequent to an arrest for violating Section 11-501 of the Illinois Vehicle Code, or similar provision of a local ordinance or Section 11-401 of the Illinois Vehicle Code, you are hereby notified that on the date shown above, you were asked to submit to a chemical test(s) to determine the alcohol, other drug(s), intoxicating compound(s), or any combination thereof, content of your breath, blood, or urine and warned of the consequences pursuant to Section 11-501.1 of the Illinois Vehicle Code. You have the right to a hearing to contest your suspension/revocation. You must file a petition to rescind your suspension/revocation within 90 days of this notice.

- Because you refused to submit to or failed to complete testing, your driving privileges will be suspended for a minimum of 12 months.\*
- Because you submitted to testing conducted pursuant to Section 11-501.2, which disclosed:
  - an alcohol concentration of \_\_\_\_\_, which is .08 or more; or
  - any amount of a drug, substance or intoxicating compound in your blood or urine resulting from the unlawful use or consumption of cannabis as listed in the Cannabis Control Act; a controlled substance as listed in the Illinois Controlled Substances Act; an intoxicating compound as listed in the Use of Intoxicating Compounds Act; or methamphetamine as listed in the Methamphetamine Control and Community Protection Act; your driving privileges will be suspended for a minimum of 6 months.\*
- Because you refused to submit to or failed to complete testing and you were involved in a motor vehicle crash that caused Type A personal injury or death to another, your driving privileges will be revoked for a minimum of 12 months.

Driver's license surrendered?  Yes  No; Reason: Rescinded

Driver's license valid at time of arrest?  Yes (Sign receipt)  No (Void receipt)

I have complied with Section 11-501.1 of the Illinois Vehicle Code by having reasonable grounds to believe the arrestee was in violation of Section 11-501 or a similar provision of a local ordinance, or Section 11-401: (Explain)

Officer observed driver's eyes were red, slurred speech, and failed to maintain lane control.

Pursuant to Section 11-501.1 of the Illinois Vehicle Code I have:

- Served immediate Notice of Summary Suspension/Revocation of driving privileges on the above-named person.
- Given Notice of Summary Suspension/Revocation of driving privileges to the above-named person by depositing in the U.S. mail said notice in a prepaid postage envelope addressed to said person at the address as shown on the Uniform Traffic Ticket.

Under penalties as provided by law pursuant to Section 1-109 of the Illinois Code of Civil Procedure, the undersigned certifies that the statements set forth in this instrument are true and correct.

Signature of Arresting Officer [Signature] ID Number 126

Law Enforcement Agency 793754 Date 11-19-2020

793754



<input checked="" type="checkbox"/> PEOPLE STATE OF ILLINOIS		<input type="checkbox"/> CITY/VILLAGE OF		<input type="checkbox"/> MUNICIPAL CORPORATION/PLANTIFF	
NAME	ALANS	(First)	Shrey	(M.I.)	L
ADDRESS	7339 E 400th Rd		PARIS, IL 61944	HAIR	BLN
CITY STATE ZIP	PARIS IL 61944	HEIGHT	5'3"	WEIGHT	120
DR. LIC.	IL	EXPIR. DATE	9-2-21	DATE OF BIRTH	
SEX	Male	US DOT #			

The Undersigned states that on 11/19/20 at 4:41 AM Defendant did unlawfully operate:

REGISTR. NO.	BP 73813	STATE	IL	YEAR	20	COLOR	Silver
MAKE	Ford	YEAR	19	COLOR	Silver		
063	<input checked="" type="checkbox"/> PASSENGER CAR	094	<input checked="" type="checkbox"/> TRUCK	010	<input checked="" type="checkbox"/> COMMERCIAL MOTOR VEHICLE	YES	<input checked="" type="checkbox"/> NO
098	<input checked="" type="checkbox"/> BUS	086	<input checked="" type="checkbox"/> TRUCK TRACTOR	060	<input checked="" type="checkbox"/> RECREATIONAL VEH.	YES	<input checked="" type="checkbox"/> NO
043	<input checked="" type="checkbox"/> MOTORCYCLE	<input type="checkbox"/> OTHER CODE(S)	SVV	16	<input checked="" type="checkbox"/> OR MORE PASS. VEHICLE	YES	<input checked="" type="checkbox"/> NO

Upon a Public Highway, or other Location, Specifically ELB 400th just west side

Located in the County and State Addressed and Did Then and There Commit the Following Offense  URBAN DISTRICT  I.V.C. 625 ILCS 5/:

<input type="checkbox"/> 3-707 OPERATING UNINSURED VEHICLE	<input type="checkbox"/> 11-502 ( ) ILLEGAL TRANSPORTATION ALCOHOL
<input type="checkbox"/> 6-101 NO VALID DRIVERS LICENSE	<input type="checkbox"/> 11-601(a) FAILURE TO REDUCE SPEED/ACCIDENT
<input type="checkbox"/> 6-308 ( ) DRIVING WHILE LICENSE SUSPENDED/REVOKED	<input type="checkbox"/> 11-601(b) SPEEDING _____ MPH IN A _____ MPH ZONE
<input type="checkbox"/> 11-505 DISOBERING TRAFFIC CONTROL DEVICE	<input type="checkbox"/> 11-709 ( ) IMPROPER LANE USAGE
<input type="checkbox"/> 11-501(a) ( ) DRIVING UNDER INFLUENCE	<input type="checkbox"/> 12-603.1 FAILURE TO WEAR SEAT BELT ( ) 0 ( ) P
<input checked="" type="checkbox"/> ILCS LOCAL ORDINANCE	OR ACT _____ SEC _____

NATURE OF OFFENSE: Aggs Driv 100th during driving

ACCIDENT TYPE: <input type="checkbox"/> DRIVER INJURY ONLY	<input type="checkbox"/> PROPERTY DAMAGE	<input type="checkbox"/> PERSONAL INJURY	<input type="checkbox"/> FATAL	REF. NO.
ROAD CONDITIONS: <input type="checkbox"/> WET	<input type="checkbox"/> SNOW	<input type="checkbox"/> ICE	<input type="checkbox"/> FOG	<input type="checkbox"/> CLEAR
VISIBILITY: <input type="checkbox"/> DAY	<input type="checkbox"/> NIGHT	<input type="checkbox"/> SNOW	<input type="checkbox"/> FOG	<input type="checkbox"/> CLEAR
METHOD: 0. <input type="checkbox"/> H.H.R.ROADR	1. <input type="checkbox"/> PLAIN CAR	2. <input type="checkbox"/> RAMP	3. <input type="checkbox"/> A.C.R.A.G.T	4. <input type="checkbox"/> MARKED
5. <input type="checkbox"/> C. SIGNED	6. <input type="checkbox"/> C. SIGNED	7. <input type="checkbox"/> ASSIST	8. <input checked="" type="checkbox"/> ACCIDENT	9. <input type="checkbox"/> OTHER
10. <input type="checkbox"/> LDAR				

NOTATIONS: Refusal Testing

METHOD OF RELEASE (see middle portion, back side of Gold Copy)	<input type="checkbox"/> FULL AMOUNT
1. CASH <input type="checkbox"/> CURRENCY \$ _____	<input type="checkbox"/> FULL AMOUNT <input type="checkbox"/> 10%
2. IL DRIVERS LICENSE <input type="checkbox"/> 3. BOND CARD NO. _____	ISSUED BY: _____
4. BOND POSTED ON TICKET NO. <u>20045</u>	5. NO BOND-COMMENTED AT _____
6. NOTICE TO APPEAR <input type="checkbox"/> 7. PROMISE TO COMPLY <input type="checkbox"/> 8. INDIVIDUAL BOND FULL AMOUNT \$ _____	

COURT PLACE/DATE	PARIS IL ON 12-16-20 AT 9:00 AM
CITY	PARIS IL ON 12-16-20 AT 9:00 AM
ADDRESS/COURTHOUSE	EDGAR COUNTY COURTHOUSE
ZIP	61944 IL ON 12-16-20 AT 9:00 AM
<input checked="" type="checkbox"/> COURT APPEARANCE REQUIRED	<input type="checkbox"/> NO COURT APPEARANCE REQUIRED

Under penalties as provided by law for false certification pursuant to Section 1-109 of the Code of Civil Procedure and perjury pursuant to Section 32-2 of the Criminal Code of 2012, the undersigned certifies that the statements set forth in this instrument are true and correct.

NOTE: USE SEPARATE CITATION FOR EACH VIOLATION

11/19/20 OFFICER'S SIGNATURE: [Signature] ID NO. [Blank] P.F. PETTIBONE & CO. CIV 07/11/11

<input checked="" type="checkbox"/> PEOPLE STATE OF ILLINOIS		<input type="checkbox"/> CITY/VILLAGE OF		<input type="checkbox"/> MUNICIPAL CORPORATION/PLANTIFF	
NAME	ALANS	(First)	Shrey	(M.I.)	L
ADDRESS	7339 E 400th Rd		PARIS, IL 61944	HAIR	BLN
CITY STATE ZIP	PARIS IL 61944	HEIGHT	5'3"	WEIGHT	120
DR. LIC.	IL	EXPIR. DATE	9-2-21	DATE OF BIRTH	
SEX	Male	US DOT #			

The Undersigned states that on 11/19/20 at 4:41 AM Defendant did unlawfully operate:

REGISTR. NO.	BP 73813	STATE	IL	YEAR	20	COLOR	Silver
MAKE	Ford	YEAR	19	COLOR	Silver		
063	<input checked="" type="checkbox"/> PASSENGER CAR	094	<input checked="" type="checkbox"/> TRUCK	010	<input checked="" type="checkbox"/> COMMERCIAL MOTOR VEHICLE	YES	<input checked="" type="checkbox"/> NO
098	<input checked="" type="checkbox"/> BUS	086	<input checked="" type="checkbox"/> TRUCK TRACTOR	060	<input checked="" type="checkbox"/> RECREATIONAL VEH.	YES	<input checked="" type="checkbox"/> NO
043	<input checked="" type="checkbox"/> MOTORCYCLE	<input type="checkbox"/> OTHER CODE(S)	SVV	16	<input checked="" type="checkbox"/> OR MORE PASS. VEHICLE	YES	<input checked="" type="checkbox"/> NO

Upon a Public Highway, or other Location, Specifically ELB 400th just west side

Located in the County and State Addressed and Did Then and There Commit the Following Offense  URBAN DISTRICT  I.V.C. 625 ILCS 5/:

<input type="checkbox"/> 3-707 OPERATING UNINSURED VEHICLE	<input type="checkbox"/> 11-502 ( ) ILLEGAL TRANSPORTATION ALCOHOL
<input type="checkbox"/> 6-101 NO VALID DRIVERS LICENSE	<input type="checkbox"/> 11-601(a) FAILURE TO REDUCE SPEED/ACCIDENT
<input type="checkbox"/> 6-308 ( ) DRIVING WHILE LICENSE SUSPENDED/REVOKED	<input type="checkbox"/> 11-601(b) SPEEDING _____ MPH IN A _____ MPH ZONE
<input type="checkbox"/> 11-505 DISOBERING TRAFFIC CONTROL DEVICE	<input type="checkbox"/> 11-709 ( ) IMPROPER LANE USAGE
<input checked="" type="checkbox"/> 11-501(a) ( ) DRIVING UNDER INFLUENCE	<input type="checkbox"/> 12-603.1 FAILURE TO WEAR SEAT BELT ( ) 0 ( ) P
<input checked="" type="checkbox"/> ILCS LOCAL ORDINANCE	OR ACT _____ SEC _____

NATURE OF OFFENSE: 911 single vehicle Roll over

ACCIDENT TYPE: <input type="checkbox"/> DRIVER INJURY ONLY	<input type="checkbox"/> PROPERTY DAMAGE	<input type="checkbox"/> PERSONAL INJURY	<input type="checkbox"/> FATAL	REF. NO.
ROAD CONDITIONS: <input type="checkbox"/> WET	<input type="checkbox"/> SNOW	<input type="checkbox"/> ICE	<input type="checkbox"/> FOG	<input type="checkbox"/> CLEAR
VISIBILITY: <input type="checkbox"/> DAY	<input type="checkbox"/> NIGHT	<input type="checkbox"/> SNOW	<input type="checkbox"/> FOG	<input type="checkbox"/> CLEAR
METHOD: 0. <input type="checkbox"/> H.H.R.ROADR	1. <input type="checkbox"/> PLAIN CAR	2. <input type="checkbox"/> RAMP	3. <input type="checkbox"/> A.C.R.A.G.T	4. <input type="checkbox"/> MARKED
5. <input type="checkbox"/> C. SIGNED	6. <input type="checkbox"/> C. SIGNED	7. <input type="checkbox"/> ASSIST	8. <input checked="" type="checkbox"/> ACCIDENT	9. <input type="checkbox"/> OTHER
10. <input type="checkbox"/> LDAR				

NOTATIONS: Refusal Testing

METHOD OF RELEASE (see middle portion, back side of Gold Copy)	<input type="checkbox"/> FULL AMOUNT
1. CASH <input type="checkbox"/> CURRENCY \$ _____	<input type="checkbox"/> FULL AMOUNT <input type="checkbox"/> 10%
2. IL DRIVERS LICENSE <input type="checkbox"/> 3. BOND CARD NO. _____	ISSUED BY: _____
4. BOND POSTED ON TICKET NO. _____	5. NO BOND-COMMENTED AT _____
6. NOTICE TO APPEAR <input type="checkbox"/> 7. PROMISE TO COMPLY <input type="checkbox"/> 8. INDIVIDUAL BOND FULL AMOUNT \$ _____	

COURT PLACE/DATE	PARIS IL ON 12-16-20 AT 9:00 AM
CITY	PARIS IL ON 12-16-20 AT 9:00 AM
ADDRESS/COURTHOUSE	EDGAR COUNTY COURTHOUSE
ZIP	61944 IL ON 12-16-20 AT 9:00 AM
<input checked="" type="checkbox"/> COURT APPEARANCE REQUIRED	<input type="checkbox"/> NO COURT APPEARANCE REQUIRED

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