



# METROPOLITAN POLICE DEPARTMENT

CITY OF ST. LOUIS - 1200 CLARK AVENUE - ST. LOUIS, MISSOURI 63103

## ATTORNEY OF RECORD

I, JOSEPH McCulloch do hereby enter my name as the attorney of  
(Attorney's Name)

record for DET THOMAS KRANTZ regarding the investigation of I.A.D.

File # \_\_\_\_\_

[Signature]  
Attorney's Signature

3-14-07  
Date

[Redacted]  
Contact Number

Det [Signature] 42157392  
Officer/Employee's Signature

3-14-07  
Date

[Redacted]  
Contact Number





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CITY OF ST. LOUIS - 1200 CLARK AVENUE - ST. LOUIS, MISSOURI 63103

## ADVICE OF RIGHTS

I wish to advise you that you are being questioned as part of an official investigation of the Police Department. You will be asked questions related and specifically directed to the performance of your official duties or fitness for office. You are entitled to all the rights and privileges guaranteed by the laws and the Constitution of this State and the Constitution of the United States, including the right not to be compelled to incriminate yourself. I further wish to advise you that if you refuse to testify or to answer questions relating to the performance of your official duties or fitness for duty, you will be subject to departmental charges which could result in your dismissal from the Police Department. If you do answer, these statements may be used against you in relation to subsequent departmental charges, but not in any subsequent criminal proceedings. I understand that all matters discussed are confidential and that I shall not discuss or communicate any part of these matters to any other person, other than my attorney, without prior written permission from the Commander, Internal Affairs.

I have read and fully understand the "Advice of Rights" as it appears above. This information has also been read to me prior to my preparation of my report.

Det [Signature] 4217292  
Signature of Officer

3-14-07  
Date

[Signature] 4303/710  
Internal Affairs Investigator

March 14, 2007  
Date

06/276  
IAD File Number