



AGE 21 AND OLDER OFFICER'S STATEMENT

APS



CALIFORNIA VEHICLE CODE (CVC) §§13353, 13353.1, 13353.2 & 13389

COMPLETE IN BLACK INK

FORWARD THIS FORM WITHIN 5 BUSINESS DAYS TO YOUR LOCAL DRIVER SAFETY OFFICE, LISTED ON PAGE 2

PAGE 1

LAW ENFORCEMENT AGENCY CASE NO.		DETENTION/ARREST DATE <u>12/23/17</u>	FOR DMV USE ONLY		
DRIVER'S NAME (LAST, FIRST, M.I.)		DRIVER LICENSE NUMBER	COMMERCIAL? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	STATE <u>CA</u>	THUMB PRINT (Right thumb or specify)
MAILING ADDRESS		STATE <u>CA</u>	ZIP CODE <u>94558</u>		
DOB:	Sex: <u>M</u>	Hair: <u>Gray</u>	Eyes: <u>Blue</u>	Ht.: <u>5-11</u>	Wt.: <u>180</u>
DRIVER LICENSE: <input type="checkbox"/> Suspended/Revoked <input checked="" type="checkbox"/> Surrendered (Attached) <input type="checkbox"/> Not in Possession <input type="checkbox"/> Unlicensed <input type="checkbox"/> 0.01% or more BAC DUI Probation <input type="checkbox"/> PAS or other Chemical Test Refusal - (DUI Probation) (Complete reverse) <input type="checkbox"/> 0.04% or more BAC/COMMERCIAL VEHICLE <input type="checkbox"/> Chemical Test Refusal (Complete reverse) <input checked="" type="checkbox"/> 0.08% or more BAC Chemical Tests Results <input type="checkbox"/> Forced Blood Test (Complete reverse)					

VEHICLE LICENSE NUMBER OR VIN: _____

COMMERCIAL VEHICLE: Vehicle operation requires a commercial driver license (CVC §15210).

HAZARDOUS MATERIALS: (transporting materials requiring placards/markings per CVC §27903).

On 12/23/17 at 1429 AM/PM in (City and County) NAPA / NAPA CA, the above named driver was:

Driving: observed by this officer or the observer shown in the shaded area on the second page, admitted to driving.

Contacted per CVC §40300.5. (Describe details in probable cause section on second page.)

Involved in a collision. Attach collision report. In the probable cause section on the second page, describe how time of collision was established.

I had reasonable cause to believe the driver was driving a motor vehicle with alcohol and/or drugs present in the blood or while under the influence. The driver was lawfully arrested, or lawfully detained while on DUI probation, by this officer, or by the person shown in the shaded area on the second page on 12/23/17 (Month/Day/Year) at 1457 AM/PM for violation of CVC §§23152 or 23153, 23154.

PROBABLE CAUSE: Describe in detail the facts and circumstances that led to the stop or contact. If driving was observed by someone other than the arresting officer, what did the observer say? State details on second page of this form hereby incorporated by reference.

OBJECTIVE SYMPTOMS OF INTOXICATION: Bloodshot/watery eyes Odor of alcoholic beverage Unsteady gait Slurred speech

Other: _____ Observed by: _____ at 1442 AM/PM

PRELIMINARY ALCOHOL SCREENING TEST 0.01% OR MORE BLOOD ALCOHOL CONCENTRATION (BAC) DUI PROBATION

Driver submitted to and completed a Preliminary Alcohol Screening (PAS) test with the results of:

TEST 1 .156 % BAC on 12/23/17 at 1453 AM/PM TEST 2 (Optional) .147 % BAC on 12/23/17 at 1455 AM/PM

OFFICER'S CERTIFICATION: I certify under penalty of perjury under the laws of the State of California that (1) I obtained the above PAS test results in the regular course of my duties, (2) I used PAS Model (Name/Number) ALCOSENSOR IV, Serial# 100707, Manufactured by, INTOXIMETERS, INC (3) I administered this PAS test properly in accordance with the manufacturer's guidelines and instructions, (4) I have received training on the proper operation of this device and administration of the PAS test and am competent and qualified to operate the device, and (5) the device was functioning properly at the time of the test.

DATE 12/23/17 SIGNATURE X BADGE/ID NUMBER 147 AGCY./DIV _____

PAS TEST UNAVAILABLE

CHEMICAL TEST

BREATH TEST RESULTS: (Attach copy of the results, if available)

TEST 1 _____ % BAC on _____ DATE _____ TIME _____ AM/PM TEST 2 _____ % BAC on _____ DATE _____ TIME _____ AM/PM TEST 3 _____ % BAC on _____ DATE _____ TIME _____ AM/PM

BREATH TEST MACHINE OPERATOR'S CERTIFICATION: I certify under penalty of perjury under the laws of the State of California, that the above breath test sample results were obtained in the regular course of my duties. I further certify that I am qualified to operate this equipment and that the test was administered pursuant to the requirements of Title 17 of the California Code of Regulations.

DATE _____ SIGNATURE X BADGE/ID NUMBER _____ AGCY./DIV _____

BLOOD TEST RESULTS: Blood Test on 12/23/17 at 1525 AM/PM Breath Test Unavailable

URINE TEST RESULTS: Both Breath and Blood tests unavailable. Drug use suspected. Urine required.

Urine Test First Void on _____ DATE _____ TIME _____ AM/PM Test on _____ DATE _____ TIME _____ AM/PM

I certify under penalty of perjury, under the laws of the State of California, that the information contained on all pages of this Officer's Statement is true and correct.

EXECUTED ON: Date 12/23/17 at City NAPA County NAPA State CA

OFFICER'S PRINTED NAME	BADGE/ID NUMBER <u>147</u>	TELEPHONE NUMBER <u>(707)</u>
AGENCY <u>NAPA PD</u>	AREA <u>NAPA</u>	COURT CODE (IF UNKNOWN, COURT NAME) <u>NAPA</u>

I did did not personally serve a copy of the Order of Suspension/Revocation to the driver.

ISSUE DATE OF ORDER 12/23/17 SIGNATURE OF ARRESTING OFFICER X

IF ORDER SERVED BY ANOTHER OFFICER: I personally served a copy of the order to the driver on the date shown below:

ISSUE DATE	OFFICER'S PRINTED NAME	BADGE/ID NUMBER	SIGNATURE OF OFFICER <u>X</u>
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OFFICER'S STATEMENT

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MAILING ADDRESS	STATE CA	ZIP CODE 94558			
DOB:	Sex: M	Hair: GRN	Eyes: BRN		Ht.: 5-11
DRIVER LICENSE: <input type="checkbox"/> Suspended/Revoked <input checked="" type="checkbox"/> Surrendered (Attached) <input type="checkbox"/> Not in Possession <input type="checkbox"/> Unlicensed <input type="checkbox"/> 0.01% or more BAC DUI Probation <input type="checkbox"/> PAS or other Chemical Test Refusal - (DUI Probation) (Complete reverse) <input type="checkbox"/> 0.04% or more BAC/COMMERCIAL VEHICLE <input type="checkbox"/> Chemical Test Refusal (Complete reverse) <input checked="" type="checkbox"/> 0.08% or more BAC Chemical Tests Results <input type="checkbox"/> Forced Blood Test (Complete reverse)					

Complete shaded area only if driving/collision observed by someone other than arresting officer or arrest done by another officer.

<input type="checkbox"/> Driving Observed	<input type="checkbox"/> Driver Arrested	<input type="checkbox"/> Collision Witnessed	<input type="checkbox"/> Observed by Another Officer	<input type="checkbox"/> Citizen	<input type="checkbox"/> Driving Observed	<input type="checkbox"/> Driver Arrested	<input type="checkbox"/> Collision Witnessed	<input type="checkbox"/> Observed by Another Officer	<input type="checkbox"/> Citizen
NAME (PLEASE PRINT)					NAME (PLEASE PRINT)				
ADDRESS					ADDRESS				
TELEPHONE NUMBER	OFFICER'S BADGE/ID NUMBER	OFFICER'S AGENCY	TELEPHONE NUMBER	OFFICER'S BADGE/ID NUMBER	OFFICER'S AGENCY	TELEPHONE NUMBER	OFFICER'S BADGE/ID NUMBER	OFFICER'S AGENCY	TELEPHONE NUMBER

PRINT OR WRITE DIRECTLY ON THIS PAGE. THE NARRATIVE MUST BE AN ORIGINAL.
A synopsis of the supplemental report may be cut and pasted below and must be dated and contain an original signature.

PROBABLE CAUSE: Describe in detail the facts and circumstances that led to the stop or contact.
DUI PROBATION VIOLATIONS: Clearly indicate below how you determined the driver was on DUI probation.

CHARLES WAS CALLED IN AS AN INTOXICATED SUBJECT TRYING TO DRIVE AWAY AT 7:11 OFFICERS ARRIVED ON SCENE AND CONTACTED CHARLES WHO WAS IN THE DRIVER SEAT WITH KEYS IN THE IGNITION. CHARLES ADMITTED TO DRIVING THROUGH A RED LIGHT AS HE WAS GOING TO PICK UP HIS IDENTIFICATION BY CREDIT CARD FROM THE DMV. CHARLES WAS ISSUED A CITATION FOR VIOLATION OF VEHICLE CODE SECTION 22350 AND A PROBATION VIOLATION FOR VIOLATION OF VEHICLE CODE SECTION 23152.

