



AGE 21 AND OLDER OFFICER'S STATEMENT

SECTIONS 13353 & 13353.2 CALIFORNIA VEHICLE CODE (CVC)

APS

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

COMPLETE IN BLACK INK

LAW ENFORCEMENT AGENCY CASE NO. <u>NPD 15 -</u>	ARREST DATE <u>1-21-15</u>	FOR DMV USE ONLY <u>200</u> <u>JAN 26 2015</u>		
DRIVER'S NAME (LAST, FIRST, M.I.)		DRIVER LICENSE NO.	COMMERCIAL? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	STATE <u>CA</u>
MAILING ADDRESS <u>NAPA</u>		STATE <u>CA</u>	ZIP CODE <u>94559</u>	
DOB:		Sex: <u>M</u>	Hair: <u>BRO</u>	Eyes: <u>BRO</u> Ht.: <u>5'10</u> Wt.: <u>200</u>
Driver License: <input type="checkbox"/> Suspended/Revoked <input checked="" type="checkbox"/> Surrendered to Officer (Attach) <input type="checkbox"/> Not in Possession <input type="checkbox"/> Unlicensed				
<input type="checkbox"/> 0.08% or more BAC Chemical Tests Results		<input type="checkbox"/> 0.04% or more BAC/COMM VEH (Effective 1/1/2007)		
<input type="checkbox"/> Chemical Test Refusal (Complete reverse)		<input type="checkbox"/> Forced Blood Test (Complete reverse)		

Vehicle Lic. No. or VIN

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

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

On 1-21-15 at 0151 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.
- Arrested per Section 40300.5 CVC. (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 arrested by this officer or by the person shown in the shaded area on the second page 1-21-15 at 0216 AM/PM for violation of Section 23152 or 23153 CVC, or Section 191.5 of the Penal Code. (Month/Day/Year)

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: E. Flores at 0151 AM/PM

CHEMICAL TEST

Breath Test Results (Attach copy of the results, if available)

TEST 1 ___% BAC on ___ AM/PM TEST 2 ___% BAC on ___ AM/PM TEST 3 ___% BAC on ___ 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 No. _____ Agcy./Div. _____

Blood Test Results Blood Test on 1-21-15 0249 AM/PM

Urine Test Results Both Breath and Blood tests unavailable. Drug use suspected.

Urine Test First Void on _____ AM/PM Test on _____ 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 1-21-1 AT: City NAPA County NAPA State CA

OFFICER'S PRINTED NAME <u>ERIC FLORES</u>	BADGE/ID NO. <u>191</u>	TELEPHONE NO. <u>(707) 257 9223</u>
AGENCY <u>NAPA POLICE</u>	AREA <u>2502</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 1-21-15 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 NO. _____ SIGNATURE OF OFFICER X

COMPLETE IN BLACK INK

LAW ENFORCEMENT AGENCY CASE NO. NPD 15 -	ARREST DATE 1-21-15	FOR DMV USE ONLY			THUMB PRINT (Right thumb or specify) <i>[Signature]</i>
DRIVER'S NAME (LAST, FIRST, M.I.)	DRIVER LICENSE NO.	COMMERCIAL? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	STATE CA		
MAILING ADDRESS NAPA		STATE CA	ZIP CODE 94554		
DOB:	Sex: M	Hair: BRO	Eyes: BRO	Ht: 5'10"	Wt: 200
Driver License: <input type="checkbox"/> Suspended/Revoked <input checked="" type="checkbox"/> Surrendered to Officer (Attach) <input type="checkbox"/> Not in Possession <input type="checkbox"/> Unlicensed					
<input type="checkbox"/> 0.08% or more BAC Chemical Tests Results		<input type="checkbox"/> 0.04% or more BAC/COMM VEH (Effective 1/1/2007)			
<input type="checkbox"/> Chemical Test Refusal (Complete reverse)		<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.



PROBABLE CAUSE (DESCRIBE IN DETAIL THE FACTS AND CIRCUMSTANCES THAT LED TO THE STOP OR CONTACT.)
THE NARRATIVE MUST BE AN ORIGINAL PRINT OR WRITE DIRECTLY ON THIS PAGE. (A SYNOPSIS OF THE SUPPLEMENTAL REPORT MAY BE CUT AND PASTED BELOW AND MUST CONTAIN AN ORIGINAL SIGNATURE.)

On 1-21-15 at approximately 0151 hours I observed a male, later identified as (S)-
 stumble out of a Blue Dodge Ram and walk into 7-Eleven. I entered the store and approached (S)-
 I immediately noticed objective signs of impairment. He had a strong odor of an alcohol
 beverage coming from his breath, droopy watery eyes, and an unsteady gait. (S)- admitted
 to driving his vehicle to the 7-Eleven parking lot. The 7-Eleven store clerk also observed (S)-
 drive into the parking lot. (S)- showed objective signs of impairment. (S)-
 displayed red blood shot eyes, slurred speech and had a strong odor of an alcohol beverage coming
 from his breath. (S)- was determined to be DUI and arrested.

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ADMINISTRATIVE PER SE
SUSPENSION/REVOCATION ORDER
AND TEMPORARY DRIVER LICENSE

APS

DRIVER MUST BE GIVEN A COPY OF THIS ORDER WHEN COMPLETED BY THE OFFICER
 DMV Telephone Number (916) 657-0214

COMPLETE IN BLACK INK

LAW ENFORCEMENT AGENCY CASE NO. NPD 15	ARREST DATE 1-21-15	FOR DMV USE ONLY		
DRIVER'S NAME (LAST, FIRST, M.I.)	DRIVER LICENSE NO.	COMMERCIAL? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	STATE CA	THUMB PRINT (Right thumb or specify)
MAILING ADDRESS NAPA	STATE CA	ZIP CODE 91154		
DOB	Sex: M	Hair: BRO	Eyes: BRO	
Driver License: <input type="checkbox"/> Suspended/Revoked <input checked="" type="checkbox"/> Surrendered to Officer (Attach) <input type="checkbox"/> Not in Possession <input type="checkbox"/> Unlicensed <input type="checkbox"/> 0.08% or more BAC Chemical Tests Results <input type="checkbox"/> 0.04% or more BAC/COMM VEH (Effective 1/1/2007) <input type="checkbox"/> Chemical Test Refusal (Complete reverse) <input type="checkbox"/> Forced Blood Test (Complete reverse)				

You are hereby notified that your privilege to operate a motor vehicle will be suspended or revoked effective 30 days from the issue date of this order as shown below, and until you pay a \$125 reissue fee and file proof of financial responsibility as shown on the reverse.

TEMPORARY DRIVER LICENSE

This document must be carried with you and shall serve as your temporary California driver license. It is subject to the same class(es) and all restrictions as your permanent driver license. **This temporary driver license does not provide you with any driving privileges if you do not have a California driver license or your license is expired, suspended, revoked, canceled or denied.** It expires at midnight 30 days from the issue date of this order shown below.

This action is taken under authority of Section 13353 or 13353.2 of the Vehicle Code (VC) because you were arrested for driving under the influence of alcohol and/or drugs and:

BAC 0.08% Breath, Blood, or Urine Test	You completed a breath test with 0.08% BAC or more, or you completed a blood or urine test and the officer believes the results will show 0.08% BAC or more. If the laboratory results show that your BAC is less than 0.08%, this suspension or revocation will be set aside. Your driver license will be reissued to you if you do not have another suspension or revocation in effect.
BAC 0.04% Breath, Blood or Urine Test while driving a Commercial Motor Vehicle	You completed a breath test with 0.04% BAC or more, or you completed a blood or urine test and the officer believes the results will show 0.04% BAC or more. If the laboratory results show that your BAC is less than 0.04%, this suspension or revocation will be set aside. Your driver license will be reissued to you if you do not have another suspension or revocation in effect.
Chemical Test Refusal	You refused to submit to, or failed to complete, a chemical test of the alcohol and/or drug content of your blood.

COMMERCIAL DISQUALIFICATION

A commercial disqualification action will be taken due to any of the above: if you refused a chemical test, if you had a 0.04% BAC while operating a commercial motor vehicle as defined in Section 15210 VC or while transporting hazardous materials, or held a commercial driver license and were driving any vehicle when you had a 0.08% BAC.

HEARING INFORMATION

YOU HAVE 10 DAYS FROM RECEIPT OF THIS NOTICE TO REQUEST A HEARING TO SHOW THAT THE SUSPENSION OR REVOCATION IS NOT JUSTIFIED. The suspension or revocation will not be stayed (delayed) unless you request a hearing within 10 days from the issue date of this order and DMV cannot provide a hearing before the effective date of the suspension or revocation and make a determination. Hearings are conducted only to determine questions of fact as described on the reverse. Your need for a license cannot be considered at a hearing. If you want a hearing or have questions regarding this matter, contact the DMV at the telephone number shown above. A telephone hearing will be conducted unless you request an in-person hearing. Before the hearing you may see or obtain copies of the department's evidence. **You must request copies of the department's evidence at least 10 days prior to the date set for commencement of the hearing in order to receive them prior to the hearing date.** If you want the information released to someone else, give them signed permission. **You have the right to have a sign or language interpreter present at your hearing. If you require the service of an interpreter immediately notify DMV of the need for such service.** During the hearing you may present oral testimony and/or other evidence. Testimony is taken under oath or affirmation, and the hearing is recorded. You may be represented by legal counsel, or you may represent yourself. The arresting officer(s) may be subpoenaed in this matter, if it is determined that his or her testimony is needed. If you wish to question the arresting officer(s), you have the right to have subpoenas issued on your behalf. You may subpoena any other witness(es) you feel may help your case, and you have the right to cross-examine any opposing witness(es). Blank subpoenas may be obtained on the internet at the following address <http://www.dmv.ca.gov/forms/formds.htm> or provided to you by the hearing officer upon request prior to the hearing. You are responsible for service of your subpoena(s) and any witness fee required by law. **After the hearing the hearing officer shall make findings and render a decision.**

OFFICER'S PRINTED NAME BZIC FLORES	BADGE/ID NO. 191	TELEPHONE NO. (707) 257 9223
AGENCY NAPA POLICE	AREA 2802	COURT CODE (IF UNKNOWN, COURT NAME) NAPA
<input checked="" type="checkbox"/> I did <input type="checkbox"/> did not personally serve a copy of the Order of Suspension/Revocation to the driver.		
ISSUE DATE OF ORDER 1-21-15	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 NO.
		SIGNATURE OF OFFICER X