

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
DRIVING UNDER THE INFLUENCE
ARREST--INVESTIGATION REPORT

Misdemeanor
 Felony

Domestic Violence (Refer HPM 100.69)

CHP 202 (Rev. 6-11) OPI 061

DATE/TIME OF ARREST REPORT 05/26/2013 2228		DATE/TIME OF INCIDENT 05/27/2013 0130		COURT Santa Rosa		FILE NUMBER	EVIDENCE/PROPERTY <input type="checkbox"/> YES <input type="checkbox"/> NO
CITATION NUMBER		OFFENSE(S) CHARGED OR INVESTIGATED 23152(a) V.C. - Misd. DUI				LOCATION OF ARREST/INCIDENT US-101 N/B no Petaluma Blvd. North	
		23152(b) V.C. - Driving w/.08% or greater				JUS 8715 REQUIRED NUMBER	

SUBJECT NO 1 OF 1

NAME (last, first, middle)				RESIDENCE ADDRESS			
AKA N/A				HOME PHONE (775)384-4836		MAILING ADDRESS <input checked="" type="checkbox"/> SAME	
RACE/ETHNICITY White	SEX M	BIRTHDATE	HAIR BRN	EYES HSL	HEIGHT 6-04	WEIGHT 186	PLACE OF BIRTH (city, state, country)
DRIVER LICENSE NUMBER		STATE	DDL STATUS Valid	MISC (SSN, INS #, ETC.)			DISPATCH NOTIFIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
EMPLOYER None		BUSINESS PHONE		BUSINESS ADDRESS			TIME 0045 ID A15629 LOG 3132
BOOKING, CII, FBI, ETC., NUMBER(S)				WHERE BOOKED/CONFINED SONOMA COUNTY JAIL		DATE/TIME 05/27/2013 0030	
NOTIFICATION (Who, How, When) EXPLAIN IN NARRATIVE				NOTIFIED BY:			
<input type="checkbox"/> JUVENILE <input type="checkbox"/> FOREIGN NATIONAL <input type="checkbox"/> IMMUNITY CLAIM							

VEHICLE

LICENSE	STATE	YEAR 2013	VIN/VEN NUMBER	VEHICLE WAS <input checked="" type="checkbox"/> STORED	<input type="checkbox"/> PARKED <input type="checkbox"/> RECOVERED	<input type="checkbox"/> RELEASED <input type="checkbox"/> IMPOUNDED	STORAGE AUTHORITY 22651(h) VC
VEH YEAR 2010	MAKE Toyota	BODY STYLE Corolla	COLOR GRY	BODY TYPE 4 Door	LOCATION OF VEHICLE/RELEASED TO/ADDRESS/TELEPHONE NUMBER CREAM'S TOWING - SOUTH - (707)588-1250		
NAME OF REGISTERED OWNER				ADDRESS		<input checked="" type="checkbox"/> SAME AS SUBJECT	
NAME OF LEGAL OWNER				<input checked="" type="checkbox"/> SAME AS R/O		LOCATION OF KEYS With Vehicle	

WITNESS/PASSENGER/VICTIM

BIRTHDATE	SEX	NAME	<input type="checkbox"/> WITNESS	<input type="checkbox"/> PASSENGER	<input type="checkbox"/> VICTIM	ADDRESS/AGENCY	PHONE
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		RES: BUS:
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		RES: BUS:
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		RES: BUS:
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		RES: BUS:

ADMONITION OF RIGHTS

- YOU HAVE THE RIGHT TO REMAIN SILENT.
- ANYTHING YOU SAY CAN AND WILL BE USED AGAINST YOU IN A COURT OF LAW.
- YOU HAVE THE RIGHT TO TALK WITH AN ATTORNEY AND TO HAVE AN ATTORNEY PRESENT BEFORE AND DURING QUESTIONING.
- IF YOU CANNOT AFFORD AN ATTORNEY, ONE WILL BE APPOINTED FREE OF CHARGE TO REPRESENT YOU BEFORE AND DURING QUESTIONING, IF YOU DESIRE.

THE ABOVE STATEMENT WAS READ TO THE ARRESTEE BY:

NOT ADVISED ARRESTING OFFICER OR: **Not Admonished**

I.D. 020082

TIME: 2228

DO YOU UNDERSTAND EACH OF THESE RIGHTS I HAVE EXPLAINED TO YOU?

YES NO

HAVING THESE RIGHTS IN MIND, DO YOU WISH TO TALK TO US NOW?

YES NO

WAIVER STATEMENT

MISDEMEANOR INCARCERATION

(To be completed upon physical arrest for any misdemeanor, pursuant to Penal Code Section 853.6)

The person arrested:

- was so intoxicated as to be a danger to himself/herself or others.
- required medical examination or medical care or was otherwise unable to care for his/her own safety.
- was arrested under one or more of the circumstances listed in Sections 40302 and 40303 of the Vehicle Code (Note 5 and 8 if also applicable).
- had one or more outstanding arrest warrants issued.
- could not provide satisfactory evidence of personal identification.
- if released immediately, would jeopardize the prosecution of the offense or offenses for which arrested or the prosecution of any other offenses.
- would be reasonably likely to continue the offense or offenses, or the safety of persons or property would be imminently endangered if immediately released.
- demanded to be taken before a magistrate or refused to sign the citation.
- would not appear at the time and place specified in the notice.
- domestic violence (refer to HPM 100.69)

ARRESTING/INVESTIGATING OFFICER C. Peterson / Officer	(Print name/rank)	I.D. NUMBER 020082	REVIEWED BY	I.D. NUMBER 14773	DATE 5/27/13
---	-------------------	-----------------------	-------------	----------------------	-----------------

***Asked Prior to FST's INVESTIGATION INTERVIEW**

DO YOU KNOW OF ANYTHING MECHANICALLY WRONG WITH YOUR VEHICLE? DESCRIBE. YES NO

ARE YOU SICK OR INJURED? DESCRIBE. YES NO

ARE YOU DIABETIC OR EPILEPTIC? YES NO

DO YOU TAKE INSULIN? (Pills/Injection) YES NO

DO YOU HAVE ANY PHYSICAL IMPAIRMENTS? DESCRIBE. (Feet, Legs, Ankles or Hips) YES NO

WHEN DID YOU LAST SLEEP? **6:00 am**

HOW LONG? **6 hours**

WHEN DID YOU LAST EAT? **8 to 9 pm**

DESCRIBE **Hamburgers**

WERE YOU DRIVING THE VEHICLE? YES NO N/A

IF NO, WHO? _____

WHERE DID YOU START DRIVING? **Sacramento**

WHERE WERE YOU GOING? **Rohnert Park**

WHERE WERE YOU STOPPED? _____

WHAT HAVE YOU BEEN DRINKING? **Coors Light**

HOW MUCH? **3 pints**

TIME STARTED **8:30-9:00 pm**

TIME STOPPED **1/2 hour later**

LOCATION WHERE YOU WERE DRINKING? **Chili's**

NAME/ADDRESS _____

DO YOU FEEL THE EFFECTS OF THE DRINKS? DESCRIBE. YES NO

DID YOU BUMP YOUR HEAD? YES NO N/A

HAVE YOU BEEN DRINKING SINCE THE ACCIDENT? YES NO N/A

IF YES, WHAT? _____

HOW MUCH? _____

ARE YOU UNDER THE CARE OF A DOCTOR OR DENTIST? YES NO

IF YES, NAME AND ADDRESS _____

RECENT SURGERY PERFORMED? YES NO

HAVE YOU TAKEN ANY MEDICINE OR DRUGS? YES NO

IF YES, WHAT? _____

HOW MUCH? _____

TIME OF LAST DOSAGE _____

*(Explain in Narrative)

DO YOU FEEL THE EFFECTS OF THE MEDICINE/DRUGS? DESCRIBE. YES NO

OBJECTIVE SIGNS/APPEARANCE/FIELD SOBRIETY TEST LOCATION

BREATH ODOR OF ALCOHOLIC BEVERAGE PRESENT YES NO **Strong**

GLASSES/LENSES YES NO

EYES (appearance) **Red and watery**

DEMEANOR **Calm and cooperative**

SPEECH **Slow and slurred**

CLOTHING WORN: CONDITION AND DESCRIPTION **Fair black shirt, fair plaid shorts, and dirty brown sandals.**

DESCRIBE TEST LOCATION, SURFACE, WEATHER, AND LIGHTING **Dry flat concrete sidewalk. The weather was cold. There was overhead streetlights, patrol vehicle spotlights, and flashlights.**

PRELIMINARY ALCOHOL SCREEN INFORMATION

P.A.S. Admonition: I am requesting that you take a preliminary alcohol screening test to further assist me in determining whether you are under the influence of alcohol. You may refuse to take this test; however, this is not an implied consent test and if arrested, you will be required to give a sample of your blood, breath, or urine for the purpose of determining the actual alcoholic and drug content of your blood.

THE SUBJECT WAS ADVISED OF THE ABOVE STATEMENT BY: N/A ARRESTING OFFICER OR _____ I.D. _____ TIME **2223**

PAS SERIAL NUMBER	TEMPERATURE	ZEROED	RESULTS NO. 1	TIME 1	RESULTS NO. 2	TIME 2	RESULTS NO. 3 (if needed)	TIME 3
18506	20	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Refused .127	2224	.127	2227		

LOCATION OF TEST At scene BREATH SAMPLE Automatic Manual

OFFICER ADMINISTERING PAS TEST ARRESTING OFFICER I.D. NUMBER _____ AREA _____

CHEMICAL TEST INFORMATION

Implied Consent Admonishment, 23612 V.C. Refused Test(s) (Complete DS 367)

DRUG ADMONISHMENT Yes Refused (Complete DS 367) N/A

ATTACHMENTS CHP 202 DRE OTHER

TYPE OF TEST	TIME	I.D. OF SAMPLE(S)	RESULTS IF AVAILABLE	DISPOSITION OF SAMPLE(S)
1 <input type="checkbox"/> Breath				
2 <input checked="" type="checkbox"/> Blood	2353		Pending	Booked at CHP Santa Rosa Office
3 <input type="checkbox"/> Urine				

TEST GIVEN	LOCATION WHERE TEST WAS CONDUCTED	NAME AND TITLE OF PERSON GIVING TEST OR TAKING SAMPLE
1		<input type="checkbox"/> ARRESTING OFFICER <input type="checkbox"/> OR
2	SUTTER MEDICAL CENTER OF SANTA	<input type="checkbox"/> ARRESTING OFFICER <input checked="" type="checkbox"/> OR RN
3		<input type="checkbox"/> ARRESTING OFFICER <input type="checkbox"/> OR

TROMBETTA ADVISEMENT

A. The breath testing equipment does NOT retain any breath sample for later analysis by you or anyone else.

B. If you want a sample retained, you may provide a blood or urine sample that will be retained at no cost to you. If you do so, the blood or urine sample may be tested for alcoholic or drug content by either party in a criminal prosecution.

C. Do you wish to provide an additional sample? YES NO N/A