

**DRIVING UNDER THE INFLUENCE  
ARREST - INVESTIGATION REPORT**  
CHP 202 (Rev. 6-03) OPI 051

Misdemeanor  Domestic Violence (Refer to HPM 100.69)

LAST NAME, FIRST NAME, AND MIDDLE INITIAL

<input type="checkbox"/> Felony		COURT	FILE NUMBER	EVIDENCE/PROPERTY <input type="checkbox"/> YES <input type="checkbox"/> NO
AREA	BEAT	COLLISION REPORT NUMBER		E-
DATE/TIME OF ARREST REPORT	DATE/TIME OF INCIDENT <input type="checkbox"/> SAME	LOCATION OF ARREST/INCIDENT		
CITATION NUMBER	OFFENSE(S) CHARGED OR INVESTIGATED	JUS 8715 REQUIRED <input type="checkbox"/> YES <input type="checkbox"/> NO		NUMBER:

<b>SUBJECT NO</b>		<b>OF</b>	
NAME (last, first, middle)			RESIDENCE ADDRESS
AKA	HOME PHONE	MAILING ADDRESS <input type="checkbox"/> SAME	
RACE/ETHNICITY	SEX	BIRTHDATE	HAIR
EYES	HEIGHT	WEIGHT	PLACE OF BIRTH (city, state, country)
DRIVER LICENSE NUMBER	STATE	DDL STATUS	MISC. (SSN, INS #, ETC.)
EMPLOYER	BUSINESS PHONE	BUSINESS ADDRESS	
BOOKING, CII, FBI, ETC., NUMBER(S)	WHERE BOOKED/CONFINED	DATE/TIME	FINGERPRINTED <input type="checkbox"/> YES <input type="checkbox"/> NO
NOTIFICATION (Who, How, When) EXPLAIN IN NARRATIVE <input type="checkbox"/> JUVENILE <input type="checkbox"/> FOREIGN NATIONAL <input type="checkbox"/> IMMUNITY CLAIM			NOTIFIED BY:

VEHICLE									
LICENSE	STATE	YEAR	VIN/EN NUMBER	VEHICLE WAS <input type="checkbox"/> PARKED <input type="checkbox"/> RELEASED <input type="checkbox"/> STORED <input type="checkbox"/> RECOVERED <input type="checkbox"/> IMPOUNDED			STORAGE AUTHORITY		
VEH YEAR	MAKE	BODY STYLE	COLOR	BODY TYPE	LOCATION OF VEHICLE/RELEASED TO/ADDRESS/TELEPHONE NUMBER				
NAME OF REGISTERED OWNER <input type="checkbox"/> SAME AS SUBJECT			ADDRESS			<input type="checkbox"/> SAME AS SUBJECT			
NAME OF LEGAL OWNER <input type="checkbox"/> SAME AS R/O			ADDRESS			LOCATION OF KEYS			

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

ADMONITION OF RIGHTS		
1. YOU HAVE THE RIGHT TO REMAIN SILENT.	3. YOU HAVE THE RIGHT TO TALK WITH AN ATTORNEY AND TO HAVE AN ATTORNEY PRESENT BEFORE AND DURING QUESTIONING.	4. IF YOU CANNOT AFFORD AN ATTORNEY, ONE WILL BE APPOINTED FREE OF CHARGE TO REPRESENT YOU BEFORE AND DURING QUESTIONING, IF YOU DESIRE.
2. ANYTHING YOU SAY CAN AND WILL BE USED AGAINST YOU IN A COURT OF LAW.		
THE ABOVE STATEMENT WAS READ TO THE ARRESTEE BY: <input type="checkbox"/> ARRESTING OFFICER <input type="checkbox"/> OR: I.D. TIME:		
DO YOU UNDERSTAND EACH OF THESE RIGHTS I HAVE EXPLAINED TO YOU?	HAVING THESE RIGHTS IN MIND, DO YOU WISH TO TALK TO US NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO	WAIVER STATEMENT <input type="checkbox"/> YES <input type="checkbox"/> NO

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

The person arrested:

1. <input type="checkbox"/> was so intoxicated as to be a danger to himself/herself or others.	6. <input type="checkbox"/> if released immediately, would jeopardize the prosecution of the offense or offenses for which arrested or the prosecution of any other offenses.
2. <input type="checkbox"/> required medical examination or medical care or was otherwise unable to care for his/her own safety.	7. <input type="checkbox"/> would be reasonably likely to continue the offense or offenses, or the safety of persons or property would be imminently endangered if immediately released.
3. <input type="checkbox"/> 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).	8. <input type="checkbox"/> demanded to be taken before a magistrate or refused to sign the citation.
4. <input type="checkbox"/> had one or more outstanding arrest warrants issued.	9. <input type="checkbox"/> would not appear at the time and place specified in the notice.
5. <input type="checkbox"/> could not provide satisfactory evidence of personal identification.	10. <input type="checkbox"/> domestic violence (refer to HPM 100.69)

ARRESTING/INVESTIGATING OFFICER (Print name/rank)	I.D. NUMBER	REVIEWED BY (Print name/rank)	I.D. NUMBER	DATE
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**INVESTIGATION INTERVIEW**

DO YOU KNOW OF ANYTHING MECHANICALLY WRONG WITH YOUR VEHICLE? DESCRIBE			ARE YOU SICK OR INJURED? DESCRIBE. <input type="checkbox"/> YES <input type="checkbox"/> NO		
<input type="checkbox"/> YES <input type="checkbox"/> NO					
ARE YOU DIABETIC OR EPILEPTIC? <input type="checkbox"/> YES <input type="checkbox"/> NO	DO YOU TAKE INSULIN? (Pills/Injection) <input type="checkbox"/> YES <input type="checkbox"/> NO	DO YOU HAVE ANY PHYSICAL IMPAIRMENTS? DESCRIBE. (Feet, Legs, Ankles or Hips) <input type="checkbox"/> YES <input type="checkbox"/> NO			
WHEN DID YOU LAST SLEEP?	HOW LONG?	WHEN DID YOU LAST EAT?	DESCRIBE		
WERE YOU DRIVING THE VEHICLE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	IF NO, WHO?		WHERE DID YOU START DRIVING?	WHERE WERE YOU GOING?	
WHERE WERE YOU STOPPED?	WHAT HAVE YOU BEEN DRINKING?	HOW MUCH?	TIME STARTED	TIME STOPPED	
LOCATION WHERE YOU WERE DRINKING?	NAME/ADDRESS		DO YOU FEEL THE EFFECTS OF THE DRINKS? DESCRIBE. <input type="checkbox"/> YES <input type="checkbox"/> NO		
DID YOU BUMP YOUR HEAD? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	HAVE YOU BEEN DRINKING SINCE THE ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		IF YES, WHAT?		HOW MUCH?
ARE YOU UNDER CARE OF A DOCTOR OR DENTIST? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, NAME AND ADDRESS			RECENT SURGERY PERFORMED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
HAVE YOU TAKEN ANY MEDICINE OR DRUGS? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT?		HOW MUCH?	TIME OF LAST DOSAGE	<i>*(Explain in Narrative)</i>
DO YOU FEEL THE EFFECTS OF THE MEDICINE/DRUGS? DESCRIBE. <input type="checkbox"/> YES <input type="checkbox"/> NO					

**OBJECTIVE SIGNS/APPEARANCE/FIELD SOBRIETY TEST LOCATION**

BREATH ODOR OF ALCOHOLIC BEVERAGE PRESENT: <input type="checkbox"/> YES <input type="checkbox"/> NO	GLASSES/LENSES <input type="checkbox"/> YES <input type="checkbox"/> NO	EYES (appearance)	DEMEANOR	SPEECH
CLOTHING WORN: CONDITION AND DESCRIPTION				
DESCRIBE TEST LOCATION, SURFACE, WEATHER, AND LIGHTING				

**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

PAS SERIAL NUMBER	TEMPERATURE	ZEROED <input type="checkbox"/> YES <input type="checkbox"/> NO	RESULTS NO. 1 <input type="checkbox"/> Refused	TIME 1	RESULTS NO. 2	TIME 2	RESULTS NO. 3 (if needed)	TIME 3
LOCATION OF TEST <input type="checkbox"/> At scene	BREATH SAMPLE STRENGTH <input type="checkbox"/> Strong <input type="checkbox"/> Moderate <input type="checkbox"/> Weak		OFFICER ADMINISTERING PAS TEST <input type="checkbox"/> ARRESTING OFFICER <input type="checkbox"/> OR		I.D. NUMBER	AREA		

**CHEMICAL TEST INFORMATION**

<input type="checkbox"/> Implied Consent Admonishment, 23612 V.C.		DRUG ADMONISHMENT <input type="checkbox"/> Yes <input type="checkbox"/> Refused (Complete DS 367)		ATTACHMENTS <input type="checkbox"/> CHP 202 DRE <input type="checkbox"/> OTHER	
<input type="checkbox"/> Refused Test(s) (Complete DS 367)		<input type="checkbox"/> N/A			
TYPE OF TEST	TIME	I.D. OF SAMPLE(S)	RESULTS IF AVAILABLE	DISPOSITION OF SAMPLE(S)	
1 <input type="checkbox"/> Breath					
2 <input type="checkbox"/> Blood					
3 <input type="checkbox"/> Urine					
<b>TEST GIVEN</b>	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		<input type="checkbox"/> ARRESTING OFFICER <input type="checkbox"/> OR			
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