



# AGE 21 AND OLDER OFFICER'S STATEMENT

AFS

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

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. 172	DETENTION/ARREST DATE 12/24/17	FOR DMV USE ONLY		
DRIVER'S NAME (LAST, FIRST, M.I.) A D		DRIVER LICENSE NO. 6	COMMERCIAL? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	STATE CA
MAILING ADDRESS SANTA ROSA CA 95407		STATE CA	ZIP CODE 95407	
DOB: 5	Sex: F	Hair: BRO	Eyes: BRO	Ht.: 2 Wt.: 1
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/COMM VEH	<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 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 12/24/17 at 0250 AM/PM in (City and County) SANTA ROSA (SONOMA) 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 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 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 12/24/17 (Month/Day/Year) at 0225 AM/PM for violation of Section 23152 or 23153, 23154 CVC.

**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 \_\_\_\_\_ 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 \_\_\_\_\_ % BAC on \_\_\_\_\_ DATE \_\_\_\_\_ at \_\_\_\_\_ TIME \_\_\_\_\_ AM/PM TEST 2 (Optional) \_\_\_\_\_ % BAC on \_\_\_\_\_ DATE \_\_\_\_\_ at \_\_\_\_\_ TIME \_\_\_\_\_ 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) \_\_\_\_\_ Serial# \_\_\_\_\_ Manufactured by \_\_\_\_\_, (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.  PAS Test Unavailable  
 Date \_\_\_\_\_ Signature X \_\_\_\_\_ BADGE/ID NO. \_\_\_\_\_ Agcy./Div. \_\_\_\_\_

**CHEMICAL TEST**  
**Breath Test Results** (Attach copy of the results, if available)  
 TEST 1 0.11% BAC on 12/24/17 @ 0227 AM/PM TEST 2 0.11% BAC on 12/24/17 @ 0230 AM/PM TEST 3 \_\_\_\_\_ % BAC on \_\_\_\_\_ DATE \_\_\_\_\_ at \_\_\_\_\_ 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 12/24/17 Signature X \_\_\_\_\_ Badge/ID No. 507 Agcy./Div. SPD

**Blood Test Results**  Blood Test on \_\_\_\_\_ DATE \_\_\_\_\_ at \_\_\_\_\_ TIME \_\_\_\_\_ 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 \_\_\_\_\_ at \_\_\_\_\_ TIME \_\_\_\_\_ AM/PM Test on \_\_\_\_\_ DATE \_\_\_\_\_ at \_\_\_\_\_ 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 12/24/17 AT: 0245 City SANTA ROSA county SONOMA State CA

OFFICER'S PRINTED NAME	BADGE ID NO. 507	TELEPHONE NO. (707) _____
AGENCY SANTA ROSA POLICE DEPT	AREA 7	COURT CODE (IF UNKNOWN, COURT NAME) 4905

I  did  did not personally serve a copy of the order of Suspension/Revocation to the driver.  
 ISSUE DATE OF ORDER 12/24/17 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 NO. \_\_\_\_\_ SIGNATURE OF OFFICER X



OFFICER'S STATEMENT - PAGE 2  
SECTIONS 13353, 13353.1, 13353.2 AND 13389 CVC

APS

COMPLETE IN BLACK INK

LAW ENFORCEMENT AGENCY CASE NO. 178	DETECTION/ARREST DATE 12/24/17	FOR DMV USE ONLY	
DRIVER'S NAME (LAST, FIRST, MI) SANTA ROSA		DRIVER LICENSE NO. D	COMMERCIAL? STATE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No CA
MAILING ADDRESS		STATE CA	CITY CODE 95407
DOB: [blank] Sex: F Hair: BRO Eyes: BRO Ht: -2 Wt: 0			
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) <input type="checkbox"/> 0.04% or more BAC/COMM VEH <input type="checkbox"/> Chemical Test Refusal <input checked="" type="checkbox"/> 0.08% or more BAC Chemical Tests Results <input type="checkbox"/> Forced Blood Test			

THUMB PRINT  
(Right thumb or specify)

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	By <input type="checkbox"/> Another Officer <input type="checkbox"/> Citizen	<input type="checkbox"/> Driving observed	<input type="checkbox"/> Driver arrested	<input type="checkbox"/> Collision witnessed	By <input type="checkbox"/> Another Officer <input type="checkbox"/> Citizen
NAME (PLEASE PRINT)				NAME (PLEASE PRINT)			
ADDRESS				ADDRESS			
TELEPHONE NO. ( )	OFFICER'S BADGE/ID NO.	OFFICER'S AGENCY		TELEPHONE NO. ( )	OFFICER'S BADGE/ID NO.	OFFICER'S AGENCY	

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 BE DATED AND CONTAIN AN ORIGINAL SIGNATURE.)  
PROBABLE CAUSE - DESCRIBE IN DETAIL THE FACTS AND CIRCUMSTANCES THAT LED TO THE STOP OR CONTACT.

NOTE: FOR DUI PROBATION VIOLATIONS, CLEARLY INDICATE BELOW HOW YOU DETERMINED THE DRIVER WAS ON DUI PROBATION.

A WAS STOPPED FOR A VIOLATION OF 24252 VC -  
BROKEN TAIL LAMP WHICH ILLUMINATED A  
WHITE LIGHT TO THE REAR.

