



Destroy all previous versions of this form.

| FOR DMV USE ONLY | |
|------------------|---------|
| DATE | EXHIBIT |
| ISSUE | DATE |
| SECTION | DATE |
| SECTION | DATE |
| SECTION | DATE |

NOTICE OF PRIORITY RE-EXAMINATION OF DRIVER (Driver Incapacity)
 The driver listed below committed a violation of Section(s) 21000 through 23336 of the California Vehicle Code (CVC) and should be re-examined pursuant to Section 21061 CVC. At the time of the violation, the driver exhibited evidence of incapacity which reasonably led me to believe that this person is not capable of operating a motor vehicle without presenting a clear or potential danger, or risk of injury to himself/herself or others. As required by law, on the date below, I issued a copy of this Notice of Priority Re-examination/Notice of Suspension for Non-Compliance to the driver listed below.

The driver does *not* have to be cited for one of the above CVC sections. Please indicate evidence of the incapacity in the Summary area below. If the driver was involved in a traffic accident, attach a copy of the report. You must give a copy of this form to the driver.

If this form is being issued as a Notice of Priority Re-examination/Notice of Suspension for Non-Compliance, immediately fax the document (if fax available) to the Driver Safety Office nearest the driver's home (see reverse), then mail the original Notice to the same office.

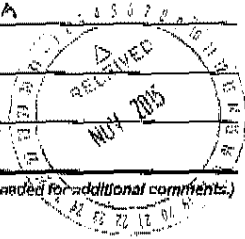
NOTICE OF SUSPENSION FOR NON-COMPLIANCE

INSTRUCTIONS TO DRIVER

If the above box is checked, you must contact the Department of Motor Vehicles (DMV) for a re-examination under Sections 12818 and 12819 CVC. If you do not call or appear within five (5) working days, your privilege to drive in this state will be suspended until you satisfactorily complete a re-examination. SEE IMPORTANT PRIORITY RE-EXAMINATION INFORMATION ON THE REVERSE SIDE OF THIS FORM.

REQUEST FOR REGULAR RE-EXAMINATION OF DRIVER (Officer's Instructions on reverse.)
 The driver listed below should be re-examined by DMV, but does not require a Priority Re-examination.

| | | | | |
|--|-------|--------------------|----------------------------|-----------|
| DATE | TIME | DRIVER LICENSE NO. | STATE | BIRTHDATE |
| 10/15 | | | CA | |
| NAME (FIRST, MIDDLE, LAST) | | | | |
| MAILING ADDRESS | | | | |
| CITY | STATE | ZIP CODE | DRIVER'S DAYTIME PHONE NO. | |
| | CA | | N/A | |
| LOCATION OF INCIDENT | | | | |
| ANY NOTICE TO APPEAR NO. (IF CITATION ISSUED, ATTACH COPY) | | | | |
| NO | | | | |
| ACCIDENT/ARREST NO. (ATTACH COPY IF APPLICABLE) | | CITY | COUNTY | |
| N/A | | N/A | N/A | |



OBSERVED DRIVING BEHAVIOR—Check appropriate boxes for driving problems you observed. (Use space below if needed for additional comments.)

- | | |
|--|---|
| <input type="checkbox"/> Responding incorrectly to emergency signal/lights | <input type="checkbox"/> Failed to yield right-of-way |
| <input type="checkbox"/> Drifting or weaving in and out of lanes | <input type="checkbox"/> Lost control of vehicle |
| <input type="checkbox"/> Caused, or nearly caused, collision | <input type="checkbox"/> Struck stationary object |
| <input type="checkbox"/> Not reacting to other cars, pedestrians, etc. | <input type="checkbox"/> Failed to go on green light |
| <input type="checkbox"/> Driving on wrong side of road | <input type="checkbox"/> Driving without lights during darkness |
| <input type="checkbox"/> Driving on sidewalk | <input type="checkbox"/> Made turn from wrong lane |
| <input type="checkbox"/> Driving in wrong lane | <input checked="" type="checkbox"/> Fell asleep while driving |
| <input type="checkbox"/> Driving too slow, impeding traffic | <input type="checkbox"/> Violent or aggressive driving |
| <input type="checkbox"/> Failed to stop at red light/stop sign | <input type="checkbox"/> Not adequately controlling vehicle |
| <input type="checkbox"/> Unsafe/inappropriate lane change | <input type="checkbox"/> Other Observations |
| <input checked="" type="checkbox"/> Inappropriately stopped | |

DRIVER CONDITION (Observations after Stop/Collision)—Check all appropriate boxes below. Please use the space below to provide specific details, if known, and the driver's medical (physical or mental) condition such as name of disease or illness, any medications taken, etc.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Confused, disoriented, incoherent, or unaware of actions | <input type="checkbox"/> Alcohol/Drug Use (Describe below) |
| <input type="checkbox"/> Reported/Observed Medical Condition | <input type="checkbox"/> Confused by traffic |
| <input checked="" type="checkbox"/> Little or no recollection of incident | <input type="checkbox"/> Lost or confused while driving near home |
| <input type="checkbox"/> Medication | <input type="checkbox"/> Blackout/Seizure/Fainting |
| <input type="checkbox"/> Vision Condition/Visual Impairment | <input type="checkbox"/> Driver appears to need help with hygiene and/or dressing appropriately |
| <input type="checkbox"/> Mental/Emotional Condition | <input type="checkbox"/> Other Observations |
| <input type="checkbox"/> Driver reported he/she did not see cars, pedestrians, etc. | |
| <input type="checkbox"/> Difficulty Walking | |
| <input type="checkbox"/> Weakness or Coordination Problems | |

SUMMARY: You may use the space below to further describe actions of the driver which led you to believe a re-examination is needed - describe any impairment, serious physical injury or illness, mental impairment or disorientation. Describe any traffic law violations whether or not a citation was issued.

SUBJECT WAS ASLEEP BEHIND THE WHEEL @ A POSTED STOP SIGN WITH THE VEHICLE RUNNING. SUBJECT DOES NOT REMEMBER WHAT HAPPENED OR HOW HE GOT THERE.

| | |
|--------------------|----------------------|
| AGENCY | TELEPHONE NO. |
| CHP | (707) 253-4906 |
| STREET ADDRESS | CITY |
| 975 Golden Gate Dr | Napa CA |
| ZIP CODE | BADGE OR I.D. NUMBER |
| 94588 | 19 |

I certify (or declare) under penalty of perjury under the laws of the State of California that the information I have provided is true and correct.

| | | |
|-------|------------|---|
| DATE | DATE FAXED | DO YOU WISH TO BE NOTIFIED OF RESULTS? |
| 10/15 | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

INSTRUCTIONS TO THE OFFICER

Use this form to refer drivers to the Department of Motor Vehicles (DMV) for re-examination. All drivers referred by a law enforcement officer will be scheduled for a re-examination or, if appropriate, an immediate suspension or revocation will be imposed. Drivers who meet the criteria of 21061 CVC should be referred for an immediate, priority re-examination. Drivers who do not meet this criteria, but you believe should still be seen by DMV, should be referred for a regular re-examination.

Priority Re-examination

If the driver is being referred for a priority re-examination in accordance with Sections 12818 and 21061 of the California Vehicle Code (CVC), you must:

- Check the box for Priority Re-examination.
- Describe or list any violation of Section(s) 21000 - 23336 CVC. An actual citation or arrest is not required. (If the driver was involved in an accident or arrested, the information should be listed, or a copy of the accident report attached.)
- Describe actions of the driver, that led you to reasonably believe the person is incapable of operating a motor vehicle without danger or risk of injury including a description of the serious physical injury or illness, mental impairment or disorientation.
- Check one of the boxes below for the location of the Driver Safety Office nearest the driver's home.
- Sign the front of this form where indicated.
- Give a copy of this form to the driver.

If possible, fax the Notice of Priority Re-examination/Notice of Suspension for Non-Compliance to the Driver Safety Office nearest the driver's home (see list below), then mail the original copy of the Notice to the same office.

Regular Re-examination

Requests for a "regular" re-examination of a driver should be mailed (not faxed) to the Driver Safety Office nearest the driver's home.

INSTRUCTIONS TO THE DRIVER FOR PRIORITY RE-EXAMINATIONS

This Notice of Priority Re-examination/Notice of Suspension for Non-Compliance requires you to contact the DMV (in person or by telephone) within five (5) working days of issuance of the notice or your driving privilege will be suspended on the sixth day after issuance of the notice. Contact the DMV Driver Safety Office checked below for an appointment to talk to a hearing officer as soon as possible to make arrangements for the reexamination before the suspension goes into effect. At the time of your appointment for the reexamination, bring this form with you. You may be required to take a written, vision and driving test. You should be prepared to take any of these tests. **Please have a licensed driver accompany you.** Before a driving test is conducted, you must show evidence of financial responsibility (proof of auto insurance) for the vehicle you will drive during the test.

IMMEDIATE SUSPENSION OR REVOCATION POSSIBLE

In the event the Department of Motor Vehicles determines that your safety, or the safety of other persons upon the highways, requires suspension or revocation of your driving privilege, the Department of Motor Vehicles may, upon receipt and investigation of this Notice of Priority Re-examination/Notice of Suspension for Non-Compliance, suspend or revoke your driving privilege immediately in accordance with Section 13953 of the California Vehicle Code.

DEPARTMENT OF MOTOR VEHICLES—DRIVER SAFETY OFFICES

| LOCATION | TELEPHONE | FAX | ADDRESS |
|------------------|----------------|----------------|--|
| Alameda | (925) 763-2103 | (661) 833-2102 | 5800 District Blvd., Ste. 100-B, 94513-2148 |
| City of Commerce | (323) 724-4000 | (323) 724-9262 | 6601 E. Slauson Ave., Ste. 250, 90040-3050 |
| City of Orange | (714) 703-2511 | (714) 703-2526 | 790 The City Dr., Ste. 420, 92668-4941 |
| Covina | (926) 974-7137 | (626) 874-7118 | 1365 N. Grand Ave., Ste. 101, 91724-4048 |
| El Segundo | (310) 615-3500 | (310) 615-3581 | 380 N. Sepulveda Blvd., Ste. 2075, 90245-4470 |
| Fresno | (559) 445-6399 | (559) 445-6396 | 2510 S. East Avenue, Ste. 310, 93706-5112 |
| Oakland | (510) 563-8900 | (510) 563-8950 | 7677 Oakport St., Ste. 220, 94621-1906 |
| Oxnard | (805) 988-3050 | (805) 988-1420 | 2051 N. Solar Dr., Ste. 100, 93036-2650 |
| Redding | (530) 224-4755 | (530) 224-4737 | 2650 Churn Creek Rd., 96002-1169 |
| Sacramento | (916) 227-2970 | (916) 227-2901 | 4700 Broadway, 2nd Flr., 95820-1501 |
| San Bernardino | (909) 383-7413 | (909) 383-7439 | 1845 Business Center Dr., Ste. 212, 92406-3447 |
| San Diego | (619) 627-3901 | (619) 627-3925 | 9174 Sky Park Court, Ste. 200, 92123-2666 |
| San Francisco | (415) 557-1170 | (415) 557-7375 | 1377 Fell Street, 2nd Flr., 94117-2296 |
| San Jose | (408) 229-7100 | (408) 229-7128 | 90 Great Oaks Blvd., Ste. 104, 95119-1314 |
| Stockton | (209) 948-7715 | (209) 453-4658 | 710 N. American St., 95202-1823 |
| Van Nuys | (818) 376-4217 | (818) 376-4215 | 6150 Van Nuys Blvd., Ste. 205, 91401-3333 |