



# AGE 21 AND OLDER OFFICER'S STATEMENT

SECTIONS 13353, 13353.1, 13353.2 & 13389 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.<br><u>15-</u> | DETENTION/ARREST DATE<br><u>1-3-15</u> | FOR DMV USE ONLY<br><u>290 JAN 15 2015</u> | <u>SVO</u> |
|---|--|--|------------|

|                                   |                    |   |                    |   |
|-----------------------------------|--------------------|---|--------------------|---|
| DRIVER'S NAME (LAST, FIRST, M.I.) | DRIVER LICENSE NO. | COMMERCIAL? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | STATE<br><u>CA</u> | THUMB PRINT<br>(Right thumb or specify) |
|-----------------------------------|--------------------|---|--------------------|---|

|                 |                               |                          |
|-----------------|-------------------------------|--------------------------|
| MAILING ADDRESS | STATE<br><u>SANTA ROSA CA</u> | ZIP CODE<br><u>95409</u> |
|-----------------|-------------------------------|--------------------------|

DOB: \_\_\_\_\_ Sex: M Hair: BRN Eyes: GRY Ht: 5-10 Wt: 200

Driver License:  Suspended/Revoked  Surrendered (Attached)  Not in Possession  Unlicensed

0.01% or more BAC DUI Probation  PAS or other Chemical Test Refusal - (DUI Probation) (Complete reverse)

0.04% or more BAC/COMM VEH  Chemical Test Refusal (Complete reverse)

0.08% or more BAC Chemical Tests Results  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 1-3-15 at 2326 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 1-3-15 (Month/Day/Year) at 2347 AM/PM for violation of Section 23152 or 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: FERRIGNO at 2326 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 0.12 % BAC on 1-3-15 at 2345 AM/PM TEST 2 (Optional) \_\_\_\_\_ % BAC on \_\_\_\_\_ at \_\_\_\_\_ 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 0.12 % BAC on 1-3-15 at 2345 AM/PM TEST 2 0.12 % BAC on 1-3-15 at 2348 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 1-3-15 Signature X \_\_\_\_\_ Badge/ID No. 473 Agcy./Div. SRPD

**Blood Test Results**  Blood Test on \_\_\_\_\_ AM/PM  Breath Test Unavailable

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

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 1-3-15 AT: City Santa Rosa County Sonoma State CA

|   |                            |  |
|---|----------------------------|--|
| OFFICER'S PRINTED NAME<br><u>Ken Ferrigno</u> | BADGE/ID NO.<br><u>473</u> | TELEPHONE NO.<br><u>(707) 543-3600</u>             |
| AGENCY<br><u>SRPD</u>                         | AREA<br><u>9</u>           | COURT CODE (IF UNKNOWN, COURT NAME)<br><u>4985</u> |

I did  did not personally serve a copy of the Order of Suspension/Revocation to the driver.

ISSUE DATE OF ORDER 1-3-15 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 |
|            |                        |              | <u>X</u>             |

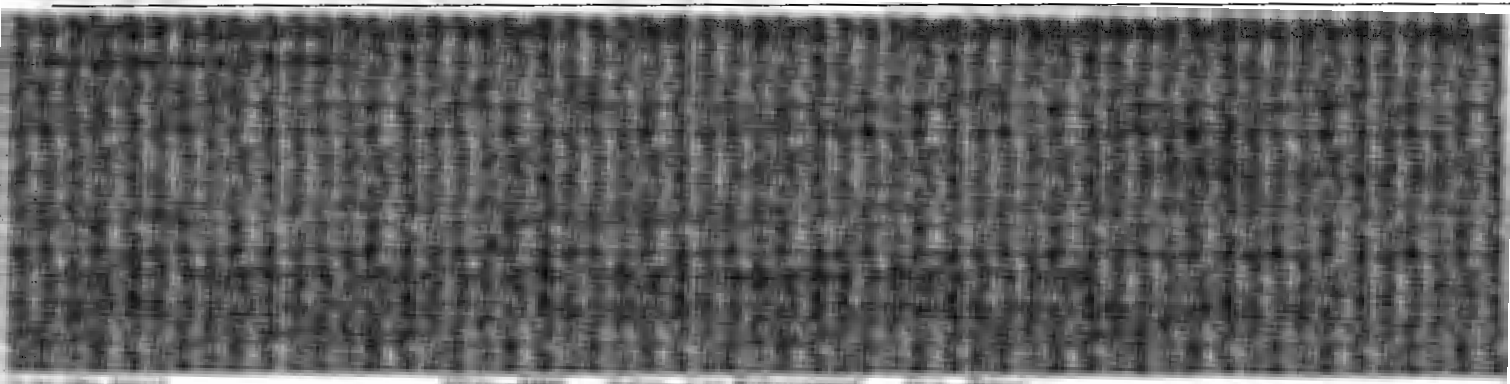
COMPLETE IN BLACK INK

|   |  |  |                          |   |
|---|--|--|--------------------------|---|
| LAW ENFORCEMENT AGENCY CASE NO.<br><b>15-</b>   | DETENTION/ARREST DATE<br><b>1-3-18</b> | FOR DMV USE ONLY   |                          |   |
| DRIVER'S NAME (LAST, FIRST, M.I.)   | DRIVER LICENSE NO.                     | COMMERCIAL?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | STATE<br><b>CA</b>       | THUMB PRINT<br>(Right thumb or specify) |
| MAILING ADDRESS   |  | STATE<br><b>CA</b>   | ZIP CODE<br><b>95409</b> |   |
| DOB: _____ Sex: <b>M</b> Hair: <b>BRN</b> Eyes: <b>GRY</b> Ht.: <b>5-10</b> Wt.: <b>200</b>   |  |  |                          |   |
| Driver License: <input type="checkbox"/> Suspended/Revoked <input checked="" type="checkbox"/> Surrendered (Attached) <input type="checkbox"/> Not in Possession <input type="checkbox"/> Unlicensed<br><input type="checkbox"/> 0.01% or more BAC DUI Probation <input type="checkbox"/> PAS or other Chemical Test Refusal - (DUI Probation)<br><input type="checkbox"/> 0.04% or more BAC/COMM VEH <input type="checkbox"/> Chemical Test Refusal<br><input checked="" type="checkbox"/> 0.08% or more BAC Chemical Tests Results <input type="checkbox"/> Forced Blood Test |  |  |                          |   |

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. 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.) (FOR DUI PROBATION VIOLATIONS) CLEARLY INDICATE BELOW HOW YOU DETERMINED THE DRIVER WAS ON DUI PROBATION.

I observed a **GREY 2004 LEXUS (LICENSE # \_\_\_\_\_)** DRIVING WESTBOUND ON COLLEGE AVENUE WITH IT'S RIGHT LIGHTS PLATE LAMP LIGHTS NOT WORKING. I THEN CONDUCTED A TRAFFIC STOP.





**AGE 21 AND OLDER - PAGE 3**  
**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.<br>15 | DETENTION/ARREST DATE<br>1-3-15 | FOR DMV USE ONLY |
|---------------------------------------|---------------------------------|------------------|

|                                   |                    |  |             |   |
|-----------------------------------|--------------------|--|-------------|---|
| DRIVER'S NAME (LAST, FIRST, M.I.) | DRIVER LICENSE NO. | COMMERCIAL? <input type="checkbox"/> Yes <input type="checkbox"/> No | STATE<br>CA | THUMB PRINT<br>(Right thumb or specify) |
|-----------------------------------|--------------------|--|-------------|---|

|                 |             |                   |
|-----------------|-------------|-------------------|
| MAILING ADDRESS | STATE<br>CA | ZIP CODE<br>95340 |
|-----------------|-------------|-------------------|

DOB: Sex: M Hair: Eyes: GRY Ht: 5'10 Wt: 205

|   |
|---|
| Driver License: <input type="checkbox"/> Suspended/Revoked <input checked="" type="checkbox"/> Surrendered (Attached) <input type="checkbox"/> Not in Possession <input checked="" type="checkbox"/> Unlicensed |
| <input type="checkbox"/> 0.01% or more BAC DUI Probation <input checked="" type="checkbox"/> PAS or other Chemical Test Refusal - (DUI Probation)   |
| <input type="checkbox"/> 0.04% or more BAC/CDMM 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   |

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, 13353.1, 13353.2 and 13389 of the California Vehicle Code (CVC) because you were arrested or detained for driving under the influence of alcohol and/or drugs and:

|   |   |
|---|---|
| <b>BAC 0.01% PAS, Breath, Blood or Urine Test</b><br><b>DUI Probation</b>       | You completed a PAS, breath, blood, or urine test and the officer believes the results will show 0.01% BAC or more. If the laboratory results show your BAC was less than 0.01%, this suspension will be set aside. Your driver license will be reissued to you if you do not have another suspension or revocation in effect.  |
| <b>BAC 0.08% Breath, Blood, or Urine Test</b>                                   | 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. |
| <b>BAC 0.04% Breath, Blood or Urine Test while driving a Commercial Vehicle</b> | 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. |
| <b>Chemical Test Refusal</b>  | 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 following: if you refused a chemical test, if you had a 0.04% BAC or more 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 or more.

**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<br>Kern | BADGE ID NO.<br>493 | TELEPHONE NO.<br>(916) 343-3000            |
| AGENCY<br>DIP                  | AREA<br>DIP         | COURT CODE (IF UNKNOWN, COURT NAME)<br>905 |

I did  did not personally serve a copy of the Order of Suspension/Revocation to the driver.

|                               |                                     |
|-------------------------------|-------------------------------------|
| ISSUE DATE OF ORDER<br>1-3-15 | SIGNATURE OF ARRESTING OFFICER<br>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<br>X |
|------------|------------------------|--------------|---------------------------|