

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

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:	

LAST NAME, FIRST NAME, AND MIDDLE INITIAL

SUBJECT NO						OF						
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)			DISPATCH NOTIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO		
DRIVER LICENSE NUMBER		STATE	DDL STATUS		MISC. (SSN, INS #, ETC.)						TIME: I.D. LOG.	
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				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?				WAIVER STATEMENT			
<input type="checkbox"/> YES <input type="checkbox"/> NO				<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:

- 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 (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?	DO YOU TAKE INSULIN? (Pills/Injection)	DO YOU HAVE ANY PHYSICAL IMPAIRMENTS? DESCRIBE. (Feet, Legs, Ankles or Hips)			
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<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?	IF NO, WHO?	WHERE DID YOU START DRIVING?	WHERE WERE YOU GOING?		
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A					
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?	HAVE YOU BEEN DRINKING SINCE THE ACCIDENT?	IF YES, WHAT?		HOW MUCH?	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A				
ARE YOU UNDER CARE OF A DOCTOR OR DENTIST?	IF YES, NAME AND ADDRESS			RECENT SURGERY PERFORMED?	
<input type="checkbox"/> YES <input type="checkbox"/> NO				<input type="checkbox"/> YES <input type="checkbox"/> NO	
HAVE YOU TAKEN ANY MEDICINE OR DRUGS?	IF YES, WHAT?	HOW MUCH?	TIME OF LAST DOSAGE		
<input type="checkbox"/> YES <input type="checkbox"/> NO					
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:	GLASSES/LENSES	EYES (appearance)	DEMEANOR	SPEECH
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
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

I.D. _____ TIME _____

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

CHEMICAL TEST INFORMATION

<input type="checkbox"/> Implied Consent Admonishment, 23612 V.C.		DRUG ADMONISHMENT		<input type="checkbox"/> N/A		ATTACHMENTS		<input type="checkbox"/> CHP 202 DRE <input type="checkbox"/> OTHER	
<input type="checkbox"/> Refused Test(s) (Complete DS 367)		<input type="checkbox"/> Yes <input type="checkbox"/> Refused (Complete DS 367)							
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									
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				<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