

**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 this person is incapable of operating a motor vehicle in a manner so as not to present a clear or potential danger of risk of injury to this person or others if this person is permitted to resume operation of a motor vehicle. **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 11-12-13	TIME 0215	DRIVER LICENSE NO.	STATE CA	BIRTHDATE
NAME (FIRST, MIDDLE, LAST)				

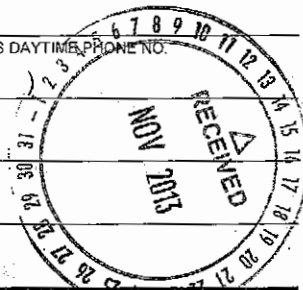
MAILING ADDRESS

CITY	STATE CA	ZIP CODE 94949	DRIVER'S DAYTIME PHONE NO. ( ) - - - - -
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LOCATION OF INCIDENT  
 S/B HWY 101 / LUCAS VALLEY MARIEN COUNTY

ANY NOTICE TO APPEAR NO. (IF CITATION ISSUED, ATTACH COPY)

ACCIDENT/ARREST NO. (ATTACH COPY IF APPLICABLE)	CITY	COUNTY
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**SUMMARY:** 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.

DRIVER WAS MAKING IRRATIC LANE CHANGES FOR NO REASON, STRADELING LANES, CHANGING SPEED BETWEEN 50 AND 80 MPH FOR NO REASON. THERE WAS LITTLE TRAFFIC ON THE ROAD. SHE TOLD ME SHE WAS STRESSED AND DID NOT KNOW WHY I STOPPED HER

AGENCY MARIEN COUNTY S.O.	TELEPHONE NO. (415) 473-7234	
STREET ADDRESS	CITY	ZIP CODE 94901

OFFICER NAME (PLEASE PRINT) JOHN PENCE	BADGE OR I.D. NUMBER 1668
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I certify under penalty of perjury under the laws of the State of California that the information I have provided is true and correct.

OFFICER'S SIGNATURE <i>[Signature]</i> #1668	DATE 11-12-13	DATE FAXED	DO YOU WISH TO BE NOTIFIED OF RESULTS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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