



A Public Service Agency

DRIVER SAFETY REPORT

NAME		LICENSE OR X NUMBER	CLASS <input type="checkbox"/> Commercial <input checked="" type="checkbox"/> Non Commercial	YR. EXP 14
ADDRESS		DOB 3/ /1938	Lic: <input type="checkbox"/> On File <input type="checkbox"/> At'd <input type="checkbox"/> Pend App	
CITY	ZIP CODE	DAYTIME OR MESSAGE PHONE NUMBER	<input type="checkbox"/> DS 2565 <input type="checkbox"/> DS 588SP	<input type="checkbox"/> DL 22 <input type="checkbox"/> Spc IP Iss Date:
OCCUPATION	YEARS DRIVING	BUS. MILES	OTHER MILES	TOTAL MILES
		VEHICLES	PL/PD INSURANCE	

ADDITIONS			RECORD				TESTS		
DATE	V.C. SEC/ACC	LOCATION	MOV	CONV	ACC	N.O.C.	B R L		
			12				Uncorrected		
			24				Corrected		
			36				Law: Driving:		

HRG TYPE **6** DATE **1 1 0 9 0 9** LOCATION **S N F** ACTION REASON **2 4 2** SCHEDULED RESULTS **3** TYPE ACTION **1 5** MODIFIED DATE

DECISION		UPDATE INSTRUCTIONS	
Impose Suspension SECTION 13953 EFFECTIVE DATE 11/14/2009 SECTION EFFECTIVE DATE SECTION EFFECTIVE DATE NOTS III/IV <input type="checkbox"/> Modify to Probation with Suspension effective thru <input type="checkbox"/> Modify to Probation only <input type="checkbox"/> Set Aside <input type="checkbox"/> Sustain <input type="checkbox"/>		<input type="checkbox"/> Obtain X <input type="checkbox"/> Input DUV <input type="checkbox"/> Update Address <input checked="" type="checkbox"/> P/M Code P A <input type="checkbox"/> J Stop <input type="checkbox"/> Suspense Susp Date: Susp Reason: Route Code:	
		<input type="checkbox"/> Update Service/Order <input type="checkbox"/> Update Lic. Loc. <input type="checkbox"/> Reissue Fee <input type="checkbox"/> Stay <input type="checkbox"/> End Stay <input type="checkbox"/> Code N <input type="checkbox"/> Update Proof <input type="checkbox"/> Restriction Code(s)	

SECTION COMMENTS
a blank dme was mailed to respondent.

SECTION APS

Arrest Date: Credit days served:
Term of Action: Months Year(s)

Special Letter Copy of Order
 Attorney Guarantor CHP PD Court
 Doctor

SEND COPIES TO (NAME) TELEPHONE () HEADQUARTERS
 Combine 1.
 AKA 2.

ADDRESS CITY ZIP CODE

HEARING OFFICER DATE
Pv Emershaw November 9, 2009

REVIEW DS427 received indicating that respondent had difficulty controlling his vehicle and he admitted to having difficulty controlling the vehicle. Respondent stated that it was his wife's vehicle and that there was nothing mechanically wrong with the vehicle. He also stated that his wife and daughter noticed his slurred speech on the day of the incident but he was clear on the phone today. He takes numerous medications for his heart. He also stated that the officer called his wife to drive him home. Cause exists to impose a 13953 vc suspension for the lack of knowledge and skill caused by an underlying medical condition.

REVIEWER DATE UPDATE INSTRUCTION 14105.5 VC
 19 23 Amend to: