

**DRIVING UNDER THE INFLUENCE
ARREST-INVESTIGATION REPORT
CITY OF PACIFIC GROVE**

			Court MARINA				Arresting Agency CITY OF PACIFIC GROVE						
			Area A-1		Collision Report Number PG7700001			Case Report Number PQ7700019					
Subj. No. 1	Date/Time Of Arrest/Report 09/17/03 14:40			Location Of Arrest/Incident 580 PINE AVENUE				PACIFIC GROVE					
Citation Number PRI1234567		Offense(s) Charged Or Investigated 23152(A) VC /		23152(B) VC /									
SUSPECT													
Name (last, first, middle) TESTLAST, FIRSTNAME, MIDDLE													
Mailing Address Or Residence Address 1277 ADOBE LANE								Apt. PACIFIC GROVE		State CA		Phone (831) 643-9943	
Race/Ethnicity W	Sex M	Birthdate 10/11/49		Age 56	Hair BROWN	Eyes GREEN	Height 600	Weight 200	Place Of Birth SAN MATEO				
Driver's License No. R0316713		State CA	DDL Status VALID	DL Check Date / Time / Method 07/09/06 15:37 TELETYPE									
Employer EMPLOYER				Address 580 PINE AVE									
Booking, CII, FBI, Etc., Number(s) CII NUMBER FBINUMBER				Where Booked/Courted PGPD		Booking Officer ROLLE		Date 07/09/06	Time 15:38	Fingerprinted YES			
Notification Jurisdiction		Parent/In		Address (phone)			Notified By		Date / /	Time :			

VEHICLE

License 1234ABCD		State CA	Year 65	VIN / Number 12345678901234567890				Vehicle Disposition IMPOUNDED		CHP 180 YES	
Veh. Year 65	Make FORD		Model COBRA		Body/Style CONVERTIB		Color BLACK				
Name Of Registered Owner KEN ROLLE						Address 1277 ADOBE LANE				Phone 643 - 9943	
Location Of Vehicle Released To ABC TOWING						Address 580 PINE				Phone 123 - 4567	

WITNESS/PASSENGER/VICTIM

AGE	SEX					Res:
25	M	PASSENGER	WITNESS_ONE, FIRSTNAME, MIDDLE	580 PINE AVENUE	PACIFIC GROVE CA	(831) 643 - 9943
30	F	PASSENGER	WITNESS_TWO, FIRSTNAME, MIDDLE	580 PINE AVENUE	PACIFIC GROVE CA	(831) 643 - 9943
35	M	WITNESS	WITNESS_THREE, FIRSTNAME, MIDDLE	580 PINE AVENUE	PACIFIC GROVE CA	(831) 643 - 9943
40	M	PASSENGER	WITNESS_FOUR, FIRSTNAME, MIDDLE	580 PINE AVENUE	PACIFIC GROVE CA	(831) 643 - 9943

ADMONITION OF RIGHTS

1. YOU HAVE THE RIGHT TO REMAIN SILENT.
2. ANYTHING YOU SAY CAN AND WILL BE USED
AGAINST YOU IN A COURT OF LAW.

3. YOU HAVE THE RIGHT TO TALK WITH AN
ATTORNEY AND TO HAVE AN ATTORNEY
PRESENT BEFORE AND DURING QUESTION-
ING.

4. IF YOU CANNOT AFFORD AN ATTORNEY, ONE
WILL BE APPOINTED FREE OF CHARGE TO
REPRESENT YOU BEFORE AND DURING
QUESTIONING, IF YOU DESIRE.

THE ABOVE STATEMENT WAS READ TO THE ARRESTEE BY: (ARRESTING OFFICER)				ROLLE		I.D. 1234		TIME: 15:44			
DO YOU UNDERSTAND EACH OF THESE RIGHTS I HAVE EXPLAINED TO YOU ?			YES			HAVING THESE RIGHTS IN MIND, DO YOU WISH TO TALK TO US NOW?			YES		

WAIVER STATEMENT
YES I WILL TELL YOU.

INVESTIGATION INTERVIEW

Do You Know Of Anything Mechanically Wrong With Your Vehicle? Describe. Y/N= YES ONE HEAD LIGHT OUT			Are You Sick Or Injured? Describe. Y/N= YES HAVE A COLD		
Are You Diabetic Or Epileptic? Y/N= NO		Do You Take Insulin? (Pills/Injections) Y/N= NO		Do You Have Any Physical Impairments? Describe. Y/N= NO	
When Did You Last Sleep? LAST NIGHT		How Long? 8 HRS	When Did You Last Eat? THIS MORNING	Describe. CEREAL, COFFEE, TOAST	
Were You Driving The Vehicle? Y/N= YES			If Not, Who?	Where Did You Start Driving? FROM WORK	Where Were You Going? GOING HOME
Where Were You Stopped? PACIFIC GROVE		What Have You Been Drinking? BUDWEISER		How Much? TWO	Time Stopped 800PM
Location Where You Were Drinking? LOCAL BAR			Do You Feel The Effects Of The Drinks? Describe. Y/N= NO I FEEL FINE		
Did You Bump Your Head? Y/N= NO		Have You Been Drinking Since The Accident? Y/N= NO		What? NOTHING	How Much?
Are You Under The Care Of A Doctor Or Dentist? Y/N= NO		If Yes, Name And Address ----- ---			Recent Surgery Performed? Y/N= NO
Have You Taken Any Medicine Or Drugs? Y/N= NO		If Yes, What?		How Much?	Time Last Dosage
Do You Feel The Effects Of The Medication/Drugs? Describe.					

OBJECTIVE SIGNS/APPEARANCE/FIELD SOBRIETY TEST LOCATION

Breath Odor Of Alcoholic Beverage Present MODERATE		Glasses/Lenses? NO	Speech SLIGHT SLUR
Eyes BLOOD SHOT, WATERY		Demeanor COOPERATIVE	
Clothing/Worn Conditions And Description GREY RAIDERS HAT, PLAIN WHITE T SHIRT, BLUE JEANS, WHITE TENNIS SHOES.			
Describe Test Location, Surface, Weather And Lighting CLEAN, FLAT, WELL LIGHT SIDEWALK.			

DESCRIPTION OF FIELD SOBRIETY TEST

THIS IS A PLACE TO DOCUMENT THE FIELD SOBRIETY TEST RESULTS.....

Y/N = Alphabet Test Attachment
 Y/N = 11550 Worksheet
 Y/N = Intoxilyzer Checklist / Test Record
 Y/N = F. S. T. Intermgation Test Notes

Y/N = 202E Chemical Tests
 Y/N = CHP 180 Vehicle Impound
 Y/N = CHP 202 DRE - Drug Influence
 Y/N = 13353 - DL 367 Refusal

EVIDENCE ITEMS

No	Involved EVIDENCE	Value \$ 5.00	QTY 2	Name FOOD	Make BUDWEISER	Model	BCR Code I 02
	Primary Color	Tire Color	Size/WT/Cal 12 OZ	Serial	Lic or Owner Applied#	File Gears	Wheel Size
01	2 12 OZ BOTTLES OF BEER LOCATED IN THE PASSENGER SEAT OF THE VEHICLE.						