

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
**DRIVING UNDER THE INFLUENCE
ARREST--INVESTIGATION REPORT**

Misdemeanor Domestic Violence (Refer HPM 100.00)
 Felony

PAGE 1 OF 5

CHP 202 (Rev. 4-17) OPI 061

DATE/TIME OF ARREST REPORT
01/27/2018

DATE/TIME OF INCIDENT SAME
01/27/2018

COURT Santa Rosa
FILE NUMBER 20180025
AREA 360 BEAT 055 COLLISION REPORT NUMBER

EVIDENCE/PROPERTY
 YES NO
E _____
MVARs YES NO
Disc # _____

CITATION NUMBER OFFENSE(S) CHARGED OR INVESTIGATED
23152 (A) VC

JUS 8715 REQUIRED YES NO
NUMBER

SUBJECT NO 1 OF 1

NAME (last, first, middle)				RESIDENCE ADDRESS Petaluma CA 94952 US			
AKA N/A				HOME PHONE MAILING ADDRESS <input checked="" type="checkbox"/> SAME			
RACE/ETHNICITY	SEX F	BIRTHDATE	HAIR BLK	EYES BRN	HEIGHT 5-04	WEIGHT 105	PLACE OF BIRTH (city, state, country)
DRIVER LICENSE NUMBER		STATE CA	DDL STATUS VALID	MISC (SSN, INS #, ETC.) SSN:			DISPATCH NOTIFIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
EMPLOYER N/A				BUSINESS PHONE None		BUSINESS ADDRESS US N/A	
BOOKING, CI, FBI, ETC., NUMBER(S)				WHERE BOOKED/CONFINED SONOMA COUNTY JAIL		DATE/TIME 01/27/2018	
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 CA	YEAR 2018	VIN/EN NUMBER	VEHICLE WAS <input checked="" type="checkbox"/> STORED <input type="checkbox"/> PARKED <input type="checkbox"/> RECOVERED <input type="checkbox"/> RELEASED <input type="checkbox"/> IMPOUNDED	STORAGE AUTHORITY 22651(h) VC
VEH YEAR 2002	MAKE 1	BODY STYLE (COLOR BLK	BODY TYPE 2 Door	LOCATION OF VEHICLE/RELEASED TO/ADDRESS/TELEPHONE NUMBER SEBASTOPOL TOW - (707)823-1061
NAME OF REGISTERED OWNER			<input checked="" type="checkbox"/> SAME AS SUBJECT		
NAME OF LEGAL OWNER			<input checked="" type="checkbox"/> SAME AS R/O		
ADDRESS				<input checked="" type="checkbox"/> SAME AS SUBJECT	
ADDRESS				LOCATION OF KEYS W/ VEHICLE	

WITNESS/PASSENGER/VICTIM

BIRTHDATE	SEX	NAME	<input checked="" type="checkbox"/> WITNESS	<input type="checkbox"/> PASSENGER	<input type="checkbox"/> VICTIM	ADDRESS/AGENCY	PHONE
	F						RES: (None) BUS: None
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		RES: BUS:
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		RES: BUS:
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		RES: BUS:

ADMONITION OF RIGHTS

- YOU HAVE THE RIGHT TO REMAIN SILENT.
- ANYTHING YOU SAY CAN AND WILL BE USED AGAINST YOU IN A COURT OF LAW.
- YOU HAVE THE RIGHT TO TALK WITH AN ATTORNEY AND TO HAVE AN ATTORNEY PRESENT BEFORE AND DURING QUESTIONING.
- 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:

NOT ADVISED ARRESTING OFFICER OR: I.D. TIME:

DO YOU UNDERSTAND EACH OF THESE RIGHTS I HAVE EXPLAINED TO YOU? <input type="checkbox"/> YES <input type="checkbox"/> NO	HAVING THESE RIGHTS IN MIND, DO YOU WISH TO TALK TO US NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO	WAIVER STATEMENT
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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 Hugo Espinoza / Officer	(Print name/rank)	I.D. NUMBER 021354	REVIEWED BY	(Print name/rank)	I.D. NUMBER	DATE 1/29/18
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LAST NAME, FIRST NAME, AND MIDDLE INITIAL

ASKED PRIOR TO FST'S		INVESTIGATION INTERVIEW			
DO YOU KNOW OF ANYTHING MECHANICALLY WRONG WITH YOUR VEHICLE? DESCRIBE. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			ARE YOU SICK OR INJURED? DESCRIBE. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
ARE YOU DIABETIC OR EPILEPTIC? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DO YOU TAKE INSULIN? (Pills/Injection) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DO YOU HAVE ANY PHYSICAL IMPAIRMENTS? DESCRIBE. (Feet, Legs, Ankles or Hips) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
WHEN DID YOU LAST SLEEP? LAST NIGHT 11PM-830AM	HOW LONG? 9.5HRS	WHEN DID YOU LAST EAT? 6PM	DESCRIBE TACOS		
WERE YOU DRIVING THE VEHICLE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	IF NO, WHO?	WHERE DID YOU START DRIVING? STONY POINT RD	WHERE WERE YOU GOING? PETALUMA		
WHERE WERE YOU STOPPED? N/A	WHAT HAVE YOU BEEN DRINKING? WINE	HOW MUCH? 2 GLASSES	TIME STARTED BEFORE 5PM	TIME STOPPED AFTER 5PM	
LOCATION WHERE YOU WERE DRINKING? STONY POINT RD		DO YOU FEEL THE EFFECTS OF THE DRINKS? DESCRIBE. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
DID YOU BUMP YOUR HEAD? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	HAVE YOU BEEN DRINKING SINCE THE ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	IF YES, WHAT?		HOW MUCH?	
ARE YOU UNDER THE CARE OF A DOCTOR OR DENTIST? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, NAME AND ADDRESS			RECENT SURGERY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
HAVE YOU TAKEN ANY MEDICINE OR DRUGS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHAT?		HOW MUCH?	TIME OF LAST DOSAGE	
DO YOU FEEL THE EFFECTS OF THE MEDICINE/DRUGS? DESCRIBE. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					

OBJECTIVE SIGNS/APPEARANCE/FIELD SOBRIETY TEST LOCATION

BREATH ODOR OF ALCOHOLIC BEVERAGE PRESENT <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	GLASSES/LENSES <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	EYES (appearance) RED/WATERY	DEMEANOR COMPLIANT	SPEECH SLURRED
CLOTHING WORN: CONDITION AND DESCRIPTION HEELS, PANTS, SWEATER, SLIGHTLY DIRTY				
DESCRIBE TEST LOCATION, SURFACE, WEATHER, AND LIGHTING FLAT, LEVEL, ASPHALT PAVED DRIVEWAY, NIGHT W/ FLASHLIGHT				

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 L.D. TIME 2248

PAS SERIAL NUMBER	TEMPERATURE	ZEROED	RESULTS NO. 1	TIME 1	RESULTS NO. 2	TIME 2	RESULTS NO. 3 (if needed)	TIME 3
90102859-82	IN RANGE	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> Refused					

LOCATION OF TEST	BREATH SAMPLE	OFFICER ADMINISTERING PAS TEST	ARRESTING OFFICER	L.D. NUMBER	AREA
<input checked="" type="checkbox"/> At scene	<input checked="" type="checkbox"/> Automatic <input type="checkbox"/> Manual	<input type="checkbox"/> OR	<input checked="" type="checkbox"/>		

CHEMICAL TEST INFORMATION

<input checked="" type="checkbox"/> Implied Consent Admonishment, 23812 V.C.		DRUG ADMONISHMENT <input checked="" 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	L.D. OF SAMPLE(S)	RESULTS IF AVAILABLE	DISPOSITION OF SAMPLE(S)
1 <input type="checkbox"/> Breath				
2 <input checked="" type="checkbox"/> Blood	2325		PENDING	CHP SANTA ROSA OFFICE
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	CHP SANTA ROSA OFFICE	<input type="checkbox"/> ARRESTING OFFICER <input checked="" type="checkbox"/> OR PARAMEDIC J. LUCCHESI		
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 N/A

WATSON ADVISEMENT

You are hereby advised that being under the influence of alcohol or drugs, or both, impairs your ability to safely operate a motor vehicle. Therefore, it is extremely dangerous to human life to drive while under the influence of alcohol or drugs, or both, and, as a result of that driving, someone is killed, you can be charged with murder.

DO YOU UNDERSTAND YES NO

READ VERBATIM: YES NO DID NOT ADVISE *(Explain In Narrative)

ARRESTING OFFICER OR ID