

OFFICE OF THE CHIEF OF POLICE

ADMINISTRATIVE ORDER NO. 12

July 14, 2020

SUBJECT: DRIVING UNDER THE INFLUENCE ARREST REPORT
SUPPLEMENTAL, FORM 05.02.05 – REVISED

PURPOSE: This Order revises the Driving Under the Influence Arrest Report Supplemental, Form 05.02.05, to comply with current Driving Under the Influence (DUI) laws.

PROCEDURE: The Driving Under the Influence Arrest Report Supplemental, Form 05.02.05, has been revised to incorporate the following:

- Page 3 – Added the Preliminary Alcohol Screening (PAS) Admonition to read as follows:

PAS Admonition: “(1) I am requesting that you take this test to assist me in my investigation of DUI alcohol, DUI drugs or a combination. (2) You do have the right to refuse this test. (3) If you complete this test, it does not relieve you of your obligation to provide an evidential blood and/or breath test.”

- Page 3 – Modified line 3 of the Chemical Test Admonition to read as follows:

“If you refuse to submit to, or fail to complete a test, your driving privilege will be administratively suspended for 1 year or administratively revoked for 2 or 3 years. A ‘2-year’ administrative revocation will result if the refusal occurred within 10 years of a separate violation of driving under the influence and/or such a charge reduced to reckless driving, or vehicular manslaughter which resulted in a conviction or an administrative determination that you refused testing or were driving with an excessive concentration of alcohol on a separate occasion. A ‘3-year’ administrative revocation will result if you had more than one of these violations or administrative determinations within the last 10 years.”

- Page 3 – Modified the Blood Test section to change the box “Time Sample Obtained:” to “Time Sample(s) Obtained:”

- Page 4 – Added the Watson Advisement to read as follows:

OFFICER TO READ ALOUD TO SUSPECT/ARRESTEE: “Being under the influence of alcohol or drugs, or both, impairs your ability to safely operate a vehicle. It is extremely dangerous to human life to drive while under the influence of alcohol or drugs, or both. If you continue to drive while under the influence of alcohol or drugs, or both, and your driving causes someone to be killed, you may be charged with murder. Do you understand?”

At the completion of the reading of the Watson Advisement to the suspect/arrestee, the officer shall check the box next to the Watson Advisement, read aloud and document the

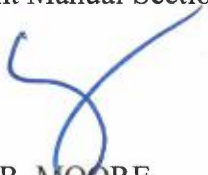
suspect/arrestee's response to the question, "Do you understand?" The arresting officer shall also sign his or her name and write his or her serial number in the space provided.

In addition to the above modifications, minor formatting edits have been made.

The use, completion and distribution of this form remain unchanged.

FORM AVAILABILITY: The Driving Under the Influence Arrest Report Supplemental form is available in E-Forms on the Department's Local Area Network. All other versions of this form shall be marked "obsolete" and placed in the divisional recycling bin.

AUDIT RESPONSIBILITY: The Commanding Officer, Audit Division, shall review this directive and determine whether an audit or inspection shall be conducted in accordance with Department Manual Section 0/080.30.



MICHEL R. MOORE
Chief of Police

Attachment

DISTRIBUTION "D"

ARRESTEE'S NAME (LAST, FIRST, MI):	BOOKING NO.:	T/C: <input type="checkbox"/> YES <input type="checkbox"/> NO	DRIVING ESTABLISHED BY: OFCRS. <input type="checkbox"/> 40300.5 <input type="checkbox"/> VC <input type="checkbox"/> WITS <input type="checkbox"/>
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PERSONAL CONTACT:

ATTITUDE:	BREATH:	COORDINATION:	CLOTHING:
FACE:	SPEECH:	EYES:	SHOE TYPE:

PRE-ARREST QUESTIONS ** **Pre-arrest responses to questions do not require a Miranda Admonition.

ARE YOU TAKING MEDICINE OR DRUGS? WHAT KIND?	WHAT HAVE YOU BEEN DRINKING? HOW MUCH?	WITH WHOM WERE YOU DRINKING?
WHERE (IF ABC LICENSED PREMISES, INCLUDE SPECIFIC INFO.?)	TIME STARTED DRINKING?	TIME STOPPED DRINKING?
ACTUAL TIME?	WHERE WERE YOU STOPPED BY OFFICERS?	WHERE WERE YOU GOING WHEN STOPPED?
WHERE DID YOU EAT?	WHEN?	WHEN DID YOU LAST SLEEP?
DO YOU FEEL THE EFFECTS OF DRINKING? DESCRIBE THE EFFECTS.	WERE YOU DRIVING? <input type="checkbox"/> YES <input type="checkbox"/> NO	IS YOUR DRIVER'S LICENSE PRESENTLY SUSPENDED? WHY?
HAVE YOU BEEN CONVICTED OF DUI? IF YES, NO. OF TIMES? WHEN? WHERE?	ARE YOU ON PROBATION OR PAROLE? <input type="checkbox"/> YES <input type="checkbox"/> NO	DID YOU DRINK AFTER THE ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/> OTHER: _____

Are you sick or injured? YES NO Are you epileptic or diabetic? YES NO Are you under the care of a doctor or dentist? YES NO
 Do you take insulin? YES NO Do you have any physical defects? YES NO If YES, explain: _____

FIELD SOBRIETY TEST ADMONITION (To be given only in case of a refusal to submit to a test.)
 The Field Sobriety Test is given to determine the extent to which alcohol and/or drugs have impaired your mental or physical processes. Your refusal to submit to all or part of the test WILL be commented on in court and a jury will be instructed that your refusal may show a consciousness of guilt on your part.
 Will you take the test now?
 Response: _____

ADMONITION GIVEN BY: _____ SERIAL NO.: _____ Given in language other than English
 (Language) _____

FIELD SOBRIETY TESTS	TIME:	ADMINISTERED BY:	LOCATION:	PARTNER:
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STANDARDIZED FIELD SOBRIETY TESTS: (To be completed as test is administered) * Must be attempted.

* EYE EXAMINATIONS				MODIFIED ROMBERG BALANCE TEST	
Wearing Glasses? <input type="checkbox"/> YES <input type="checkbox"/> NO	HGN	Left Eye	Right Eye		Internal Clock _____ sec. estimated as 30
Wearing Contacts? <input type="checkbox"/> YES <input type="checkbox"/> NO	Lack of Smooth Pursuit? <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Eye Problems? <input type="checkbox"/> YES <input type="checkbox"/> NO	Maximum Deviation? <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	Observations: _____	
LOC? <input type="checkbox"/> YES <input type="checkbox"/> NO	Angle of Onset Prior to 45°? <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO		
	VGN Present? <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO		

*** WALK AND TURN**

Cannot keep balance
 Starts too soon

[Indicate which step(s)]

Stops Walking	1st Nine	2nd Nine
Misses Heel-Toe		
Steps off Line		
Raises Arms		
Actual Steps Taken		

Describe Turn: _____

*** ONE LEG STAND**

Sways while balancing.
 Uses arms to balance.
 Hopping.
 Puts foot down.

Additional Observations: _____

FINGER TO NOSE

RIGHT LEFT
 Draw lines to spots touched

(L, R, L, R, R, L)
 Additional Observations: _____

LOS ANGELES POLICE DEPARTMENT

DRIVING UNDER THE INFLUENCE ARREST REPORT SUPPLEMENTAL

ARRESTEE'S NAME (LAST, FIRST, MI):					BOOKING NO.:	DR NO.:
PRELIMINARY ALCOHOL SCREENING TEST:						
Voluntarily provided breath sample pursuant to SFSTs, or as obligated by conditions of DUI probation or is under 21 years of age (per 13353.1 VC).						
PAS ADMONITION						
"(1) I am requesting that you take this test to assist me in my investigation of DUI alcohol, DUI drugs or a combination. (2) You do have the right to refuse this test. (3) If you complete this test, it does not relieve you of your obligation to provide an evidential blood and/or breath test."						
PAS TEST	ADMINISTERED BY:	PAS MODEL:	PAS SERIAL #:	TEST #1 TIME/TEMP/%BrAC:	TEST #2 TIME/TEMP/%BrAC (OPTIONAL IF TEST #1 IS .00)	
CHEMICAL TEST ADMONITION (23612 VC) I admonished the driver:						
1. You are required by state law to submit to a chemical test to determine the alcohol and drug content of your blood.						
2. You have the choice of taking a blood or breath test. WHEN APPLICABLE: Since you need medical treatment, your choice is limited to [test(s) name] _____ . These tests are only available at (FACILITY) _____						
Note: 23614 VC, if you take a breath test, a sample will NOT be saved and you or your attorney will NOT have a breath sample to test for alcohol content. If you want any remaining sample saved for your use, you must choose to take a blood or urine test which will be saved at no cost to you and may be tested by any party in any criminal prosecution.						
3. If you refuse to submit to, or fail to complete a test, your driving privilege will be administratively suspended for 1 year or administratively revoked for 2 or 3 years. A "2-year" administrative revocation will result if the refusal occurred within 10 years of a separate violation of driving under the influence and/or such a charge reduced to reckless driving, or vehicular manslaughter which resulted in a conviction of an administrative determination that you refused testing or were driving with an excessive concentration of alcohol on a separate occasion. A "3-year" administrative revocation will result if you had more than one of these violations or administrative determinations within the last 10 years.						
4. Your refusal or failure to complete a test may be used against you in court.						
5. You do not have the right to talk to an attorney or have an attorney present before stating whether you will submit to a test, before deciding which test to take, or during the test.						
6. If you cannot complete the test you choose, you must submit to and complete a remaining test.						
The Chemical Test Admonition was read to the arrestee by:						
NAME: _____					SERIAL NO.:	<input type="checkbox"/> Given in language other than English (Language) _____
BREATH TEST	ADMINISTERED BY:	LOCATION:	OBS'D FOR TEST PURPOSES (MINIMUM 15 MINUTES): FROM:	TIME FIRST SAMPLE TAKEN: TO:	EC/IR INSTRUMENT NO.:	EC/IR READINGS:
ADDITIONAL CHEMICAL TEST ADMONITION (23614 VC) (To be given after breath test if arrestee is suspected of driving under the influence of alcohol. Go to DRUG ADMONITION if drug use is suspected.)						
1. As I explained to you, the breath sample which you have just taken will not be saved for you or your attorney to be tested for alcohol content.						
2. You may now take a blood or urine test which will be saved at no cost to you and which may be tested by any party in any criminal prosecution.						
Do you wish to provide a blood or urine sample now? Response: _____			ADDITIONAL ADMONITION READ BY: SERIAL NO.:			
			<input type="checkbox"/> Given in language other than English (Language)			
DRUG ADMONITION (23612 VC) (To be given after breath test if the arrestee is suspected of driving under the influence of drugs, or the combined influence of drugs and alcohol.):						
1. The breath test you have just taken is designed to detect only the alcohol content of your blood.						
2. Because I believe you are under the influence of drugs or a combination of drugs and alcohol, you are required by state law to submit to a blood test to determine the drug content of your blood.						
3. (Admonishing Officer - Repeat items 3, 4, and 5 from the Chemical Test Admonition.)					DRUG ADMONITION READ BY: SERIAL NO.:	
Do you wish to provide a blood sample now? Response: _____					<input type="checkbox"/> Given in language other than English (Language)	
BLOOD TEST	DRAWN BY:	LOCATION:	TIME SAMPLE(S) OBTAINED:	* URINE TEST	ADMINISTERED BY:	LOCATION:
						TIME BLADDER FIRST VOIDED:
						TIME SPECIMEN OBTAINED:
*A Urine test is <u>only</u> given as an additional chemical test or when medical condition prohibits a blood test.						
NOTIFICATION OF REFUSAL TO SUBMIT TO OR COMPLETE CHEMICAL TESTING (23612 VC)						
At the time of arrest, I had reasonable cause to believe that the person arrested had been driving a motor vehicle in violation of 23140, 23152, or 23153 VC. This belief was established by the arrestee's objective symptoms as stated in this arrest report. The arrestee was admonished of the provisions of Vehicle Code Section 23612 as indicated in this report. The arrestee refused to submit to or complete required testing.						
ARRESTEE'S VERBATIM STATEMENT OF REFUSAL OR REASON FOR REFUSAL. USE NO ABBREVIATIONS AND USE ARRESTEE'S EXACT WORDS, INCLUDING PROFANITY. IF NO STATEMENT WAS MADE, DESCRIBE ACTION OF ARRESTEE THAT INDICATED A REFUSAL.						

I certify under penalty of perjury that the information contained in this arrest report is true and correct.						
EXECUTED IN THE CITY OF LOS ANGELES, COUNTY OF LOS ANGELES, ON:						
DATE:	ARRESTING OFFICER'S SIGNATURE:	SERIAL NO.:	AREA/DIVISION:			
SUPERVISOR WITNESSING REFUSAL:	SERIAL NO.:	DIV.:	TIME RE-ADMONISHED:	RESPONSE:		
MT INFO (LOCATION OBTAINED, DOCTOR, TREATMENT):			DISPOSITION OF KEYS:	W/C APPROV. BOOKING: SERIAL NO.: AREA/DIV.:		
TRANSPORTING OFFICER(S) IF OTHER THAN ARRESTING:	1. NAME:	SERIAL NO.:	AREA/DIVISION:	2. NAME:	SERIAL NO.:	AREA/DIVISION:

LOS ANGELES POLICE DEPARTMENT
DRIVING UNDER THE INFLUENCE ARREST REPORT SUPPLEMENTAL

PAGE 4 OF _____

ARRESTEE'S NAME (LAST, FIRST,	BOOKING NO.:	DR NO.:
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WATSON ADVISEMENT

OFFICER TO READ ALOUD TO SUSPECT/ARRESTEE:

"Being under the influence of alcohol or drugs, or both, impairs your ability to safely operate a vehicle. It is extremely dangerous to human life to drive while under the influence of alcohol or drugs, or both. If you continue to drive while under the influence of alcohol or drugs, or both, and your driving causes someone to be killed, you may be charged with murder. Do you understand?"

Watson Advisement read aloud to suspect/arrestee (check box). Suspect/arrestee understands Watson Advisement as read aloud? YES NO

Suspect/arrestee statement (if any):

Officer's signature and Serial No.:

ARREST NARRATIVE SEQUENCE:

1. Source of activity. 2. Investigation (pre-arrest questions and responses, objective symptoms observed, actions and statements of arrestee which would tend to corroborate opinion of impairment, etc. If driving was not observed by officer - include witness statements establishing driving). 3. Arrest. 4. Injury/Medical Treatment 5. Photos, Recordings, Videos, DICV, BWV and Digital Imaging. 6. Booking. 7. Evidence. 8. Canvassing. 9. Court Information. 10. Additional* 11. Collision Summary* (If Traffic Collision Report has been completed). Attach Arrest Narrative on Continuation Sheet, Form 15.09.00.* (* If applicable)