

OFFICE OF THE CHIEF OF POLICE

**NOTICE**  
14.5

May 22, 2018

**TO:** All Department Personnel

**FROM:** Chief of Police

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

A revision to the Driving Under the Influence Arrest Report Supplemental, Form 05.02.05, has been made. Within the Chemical Test Admonition section on page three, line 4 has been added to read, *"Your refusal or failure to complete a test may be used against you in court."* Effective immediately, Department personnel shall read line 4, along with the entirety of the Chemical Test Admonition, to subjects arrested for violations of Sections §23154 and §23612 of the California Vehicle Code.

In 2016, the Chemical Test Admonition was modified following the United States Supreme Court ruling in *Birchfield v. North Dakota*. At that time, the California Department of Motor Vehicles (DMV) issued a Law Enforcement Information Memorandum which delineated the removal of certain language on the Administrative Per Se, DMV Form DS367. This change in language prevented District Attorney's from utilizing certain jury instructions related to "refusal" cases. As a result of this negative impact, the DMV is in the process of revising the DMV Form DS367 to include, *"Refusal or failure to complete a test may be used against you in court."*

Until the DMV Form DS367 revision is finalized, officers shall read the Chemical Test Admonition from the Department's revised Driving Under the Influence Arrest Report Supplemental, Form 05.02.05. This form has been updated and is ready for immediate use, duplication and 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 Area/Divisional recycling bin. The use, completion, and distribution of this form remains unchanged.

Any questions regarding this Notice may be directed to the Drug Recognition Expert Unit, Training Division, at (323) 276-2380.



CHARLIE BECK  
Chief of Police

Attachment

DISTRIBUTION "D"

DRIVING UNDER THE INFLUENCE ARREST REPORT SUPPLEMENTAL

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"/> OBSERVATION <input type="checkbox"/> VC <input type="checkbox"/>
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<b>PERSONAL CONTACT:</b>			
ATTITUDE:	BREATH:	COORDINATION:	CLOTHING:
FACE:	SPEECH:	EYES:	SHOE TYPE:

<b>PRE-ARREST QUESTIONS **</b>				**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?	TIME NOW?	
ACTUAL TIME?	WHERE WERE YOU STOPPED BY OFFICERS?	WHERE WERE YOU GOING WHEN STOPPED?		WHAT HAVE YOU EATEN TODAY?			
WHERE DID YOU EAT?	WHEN?	WHEN DID YOU LAST SLEEP?	HOW LONG?	MECHANICAL ISSUES WITH VEHICLE? <input type="checkbox"/> YES (If Yes, explain in narrative.) <input type="checkbox"/> NO <input type="checkbox"/> N/A			
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?	IF T/C, WHICH VEHICLE WERE YOU DRIVING?			
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: _____			

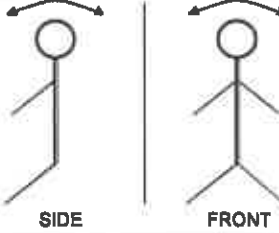
**FIELD SOBRIETY TEST ADMONITION** (To be given only in case of a refusal to submit to a test)  
 The Field Sobriety Test is given to determine the extent to which alcohol and/or drugs have impaired your mental or physical processes. Your refusal to submit to all or part of the test WILL be commented 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: \_\_\_\_\_

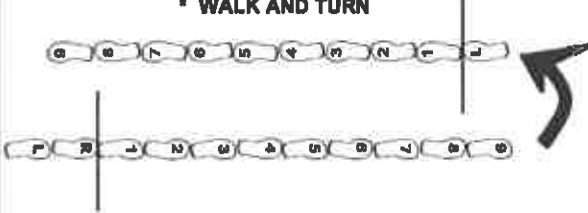
ADMONITION GIVEN BY: \_\_\_\_\_ SERIAL NO.: \_\_\_\_\_  Given in language other than English (Language) \_\_\_\_\_

<b>FIELD SOBRIETY TESTS</b>	TIME:	ADMINISTERED BY:	LOCATION:	PARTNER:
Are you sick or injured? <input type="checkbox"/> YES <input type="checkbox"/> NO	Are you epileptic or diabetic? <input type="checkbox"/> YES <input type="checkbox"/> NO	Are you under the care of a doctor or dentist? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Do you take insulin? <input type="checkbox"/> YES <input type="checkbox"/> NO	Do you have any physical defects? <input type="checkbox"/> YES <input type="checkbox"/> NO	If YES, explain: _____		

**STANDARDIZED FIELD SOBRIETY TESTS: (To be completed as test is administered) \* Must be attempted.**

<b>* EYE EXAMINATIONS</b>							<b>MODIFIED ROMBERG BALANCE TEST</b> Internal Clock _____ sec. estimated as 30 Observations: _____		
Wearing Glasses? <input type="checkbox"/> YES <input type="checkbox"/> NO	HGN	Left Eye	Right Eye						
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						
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

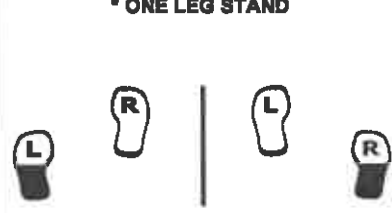
(Indicate which step(s))

1st Nine	2nd Nine

Stops Walking  
Misses Heel-Toe  
Steps off Line  
Raises Arms  
Actual Steps Taken

Describe Turn: \_\_\_\_\_

**\* ONE LEG STAND**



L R

Sways while balancing.

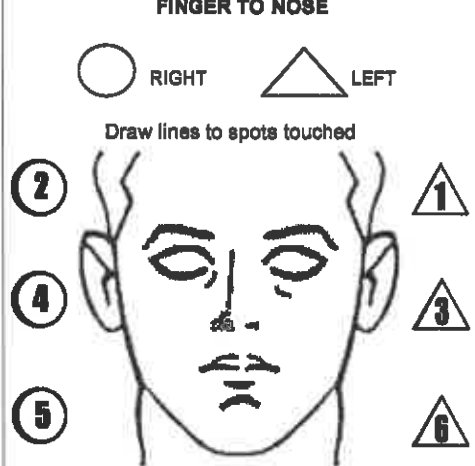
Uses arms to balance.

Hopping.

Puts foot down.

Additional Observations: \_\_\_\_\_

**FINGER TO NOSE**



RIGHT LEFT

Draw lines to spots touched

(L, R, L, R, R, L)

Additional Observations: \_\_\_\_\_

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"/> WTS OBSERVATION <input type="checkbox"/> VC <input type="checkbox"/>
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<b>PERSONAL CONTACT:</b>			
ATTITUDE:	BREATH:	COORDINATION:	CLOTHING:
FACE:	SPEECH:	EYES:	SHOE TYPE:

<b>PRE-ARREST QUESTIONS **</b>				**Pre-arrest responses to questions do not require a Miranda Admonition.			
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WHERE (IF ABC LICENSED PREMISES, INCLUDE SPECIFIC INFO.?)				TIME STARTED DRINKING?	TIME STOPPED DRINKING?	TIME NOW?	
ACTUAL TIME?	WHERE WERE YOU STOPPED BY OFFICERS?	WHERE WERE YOU GOING WHEN STOPPED?		WHAT HAVE YOU EATEN TODAY?			
WHERE DID YOU EAT?	WHEN?	WHEN DID YOU LAST SLEEP?	HOW LONG?	MECHANICAL ISSUES WITH VEHICLE? <input type="checkbox"/> YES (if Yes, explain in narrative.) <input type="checkbox"/> NO <input type="checkbox"/> N/A			
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?	IF T/C, WHICH VEHICLE WERE YOU DRIVING?			
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: _____			

**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) \_\_\_\_\_

<b>FIELD SOBRIETY TESTS</b>	TIME: _____	ADMINISTERED BY: _____	LOCATION: _____	PARTNER: _____
Are you sick or injured? <input type="checkbox"/> YES <input type="checkbox"/> NO	Are you epileptic or diabetic? <input type="checkbox"/> YES <input type="checkbox"/> NO	Are you under the care of a doctor or dentist? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Do you take insulin? <input type="checkbox"/> YES <input type="checkbox"/> NO	Do you have any physical defects? <input type="checkbox"/> YES <input type="checkbox"/> NO	If YES, explain: _____		

**STANDARDIZED FIELD SOBRIETY TESTS: (To be completed as test is administered) \* Must be attempted.**

<b>* EYE EXAMINATIONS</b>					<b>MODIFIED ROMBERG BALANCE TEST</b> Internal Clock _____ sec. estimated as 30 Observations: _____
Wearing Glasses? <input type="checkbox"/> YES <input type="checkbox"/> NO	HGN	Left Eye	Right Eye		
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		
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))

1st Nine	2nd Nine

Stops Walking  
Misses Heel-Toe  
Steps off Line  
Raises Arms  
Actual Steps Taken

Describe Turn: \_\_\_\_\_

**\* ONE LEG STAND**

L R

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.:
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**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 TEST	ADMINISTERED BY:	PAS MODEL:	PAS SERIAL #:	TEST #1 TIME/TEMP/%BrAC:	TEST #2 TIME/TEMP/%BrAC (OPTIONAL IF TEST #1 IS .00):
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**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 suspended for 1 year or revoked for 2 or 3 years. A "2-year" 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" 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: \_\_\_\_\_  Given in language other than English (Language)

NAME:	SERIAL NO.:	
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<b>BREATH TEST</b>	ADMINISTERED BY:	LOCATION:	OBS'D FOR TEST PURPOSES (MINIMUM 15 MINUTES) FROM:	TIME FIRST SAMPLE TAKEN TO:	EC/R INSTRUMENT NO.:	EC/R READINGS:
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**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 have 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.: \_\_\_\_\_  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.)

Do you wish to provide a blood sample now? Response: \_\_\_\_\_

DRUG ADMONITION READ BY: SERIAL NO.: \_\_\_\_\_  Given in language other than English (Language)

<b>BLOOD TEST</b>	DRAWN BY:	LOCATION:	TIME SAMPLE OBTAINED:	<b>* URINE TEST</b>	ADMINISTERED BY:	LOCATION:	TIME BLADDER FIRST VOIDED:	TIME SPECIMEN OBTAINED:
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\*A Urine test is only 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:
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MT INFO (LOCATION OBTAINED, DOCTOR, TREATMENT):	DISPOSITION OF KEYS:	W/C APPROV. BOOKING: SERIAL NO.: AREA/DIV.:
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TRANSPORTING OFFICER(S) IF OTHER THAN ARRESTING:	1. NAME: SERIAL NO.:	AREA/DIVISION:	2. NAME: SERIAL NO.:	AREA/DIVISION:
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**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)

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