

OFFICE OF THE CHIEF OF POLICE

NOTICE

8.1.3

September 2, 2021

TO: All Department Personnel

FROM: Chief of Police

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

The purpose of this Notice is to revise the Driving Under the Influence Arrest Report Supplemental, Form 05.02.05.

The revision to this form includes new language located in the Chemical test Admonition Section, Item 5, that states, *"Refusal or failure to complete breath or urine testing will result in a fine and mandatory imprisonment if convicted of a violation of CVC Section 23152 or 23153."* The inclusion of this statement will allow prosecutors to file criminal enhancements against defendants who refuse to submit to a breath or urine test.

Any questions regarding this Notice may be directed to Traffic Group, at (323) 276-2380.



MICHEL R. MOORE
Chief of Police

Attachment

DISTRIBUTION "D"

DRIVING UNDER THE INFLUENCE ARREST REPORT SUPPLEMENTAL

DR NO.:

ARRESTEE'S NAME (LAST, FIRST, MI):

BOOKING NO.:

T/C:
☐ YES ☐ NO

DRIVING ESTABLISHED BY:

OFCRS. 40300.5
☐ OBSERVATION ☐ VC

WITS

☐

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?

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?

☐ YES (If Yes, explain in narrative.) ☐ NO ☐ N/A

DO YOU FEEL THE EFFECTS OF DRINKING? DESCRIBE THE EFFECTS.

WERE YOU DRIVING?

☐ YES ☐ NOIS 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?

☐ YES ☐ NO

DID YOU DRINK AFTER THE ACCIDENT?

☐ YES ☐ NO ☐ N/A ☐ OTHER: _____Are you sick or injured? ☐ YES ☐ NOAre you epileptic or diabetic? ☐ YES ☐ NOAre you under the care of a doctor or dentist? ☐ YES ☐ NODo you take insulin? ☐ YES ☐ NODo 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:

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

* EYE EXAMINATIONS

Wearing Glasses? ☐ YES ☐ NO

HGN

Left Eye

Right Eye

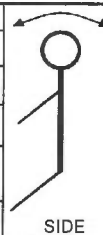
Wearing Contacts? ☐ YES ☐ NOLack of Smooth Pursuit? ☐ YES ☐ NO☐ YES ☐ NO☐ YES ☐ NOEye Problems? ☐ YES ☐ NOMaximum Deviation? ☐ YES ☐ NO☐ YES ☐ NO☐ YES ☐ NO

LOC?



Angle of Onset Prior

to 45° ?

☐ YES ☐ NO☐ YES ☐ NO☐ YES ☐ NOVGN Present? ☐ YES ☐ NO☐ YES ☐ NO☐ YES ☐ NO

SIDE



FRONT

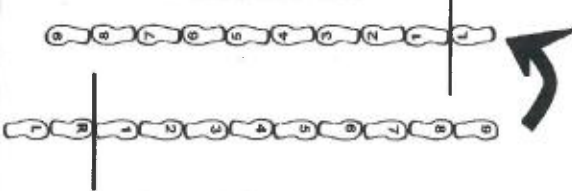
MODIFIED ROMBERG BALANCE TEST

Internal Clock

_____ sec. estimated as 30

Observations: _____

* 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

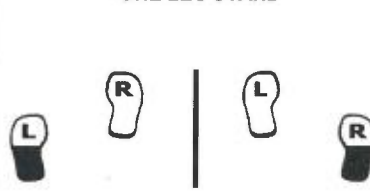
Raises Arms

Actual Steps Taken

1st Nine	2nd Nine

Describe Turn: _____

* ONE LEG STAND



L

R

☐☐

Sways while balancing.

☐☐

Uses arms to balance.

☐☐

Hopping.

☐☐

Puts foot down.

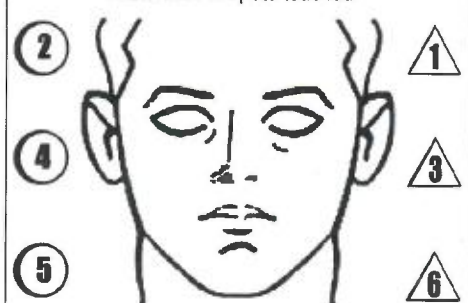
Additional Observations: _____

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.:	
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: <ol style="list-style-type: none"> You are required by state law to submit to a chemical test to determine the alcohol and drug content of your blood. 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. 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. Your refusal or failure to complete a test may be used against you in court. Refusal or failure to complete breath or urine testing will result in a fine and mandatory imprisonment if you are convicted of a violation of CVC Sections 23152 or 23153. 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. If you cannot complete the test you choose, you must submit to and complete a remaining test. <div style="text-align: right;"> <input type="checkbox"/> Given in language other than English Language: _____ </div>							
NAME: _____				SERIAL NO.: _____			
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.) <ol style="list-style-type: none"> 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. 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. <div style="display: flex; justify-content: space-between;"> <div> Do you wish to provide a blood or urine sample now? RESPONSE: _____ </div> <div> ADDITIONAL ADMONITION READ BY: _____ SERIAL NO.: _____ <input type="checkbox"/> Given in language other than English (Language) _____ </div> </div>							
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.): <ol style="list-style-type: none"> The breath test you have just taken is designed to detect only the alcohol content of your blood. 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. (Admonishing Officer) - Repeat 3, 4, 5, and 6 from the Chemical Test Admonition. <div style="display: flex; justify-content: space-between;"> <div> Do you wish to provide a blood sample now? Response: _____ </div> <div> DRUG ADMONITION READ BY: _____ SERIAL NO.: _____ <input type="checkbox"/> Given in language other than English Language: _____ </div> </div>							
BLOOD TEST	DRAWN BY:	LOCATION:	TIME SAMPLE(S) OBTAINED:	* URINE TEST	ADMINISTERED BY:	LOCATION:	FIRST VOIDED: OBTAINED:
*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:		
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**

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ARRESTEE'S NAME (LAST, FIRST,	BOOKING NO.:	DR NO.:
WATSON ADVISEMENT <i>OFFICER TO READ ALOUD TO SUSPECT/ARRESTEE:</i> "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?"		
<input type="checkbox"/> Watson Advisement read aloud to suspect/arrestee (check box). Suspect/arrestee understands Watson Advisement as read aloud? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Suspect/arrestee statement (if any): <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>		
Officer's signature and Serial No.: <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>		
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, BVV 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)		