



AGE 21 AND OLDER OFFICER'S STATEMENT
California Vehicle Code (CVC) §§13353, 13353.1, 13353.2 & 13389



Form fields for driver information: LAW ENFORCEMENT AGENCY CASE NUMBER, DETENTION/ARREST DATE, DRIVER NAME, DRIVER LICENSE NUMBER, COMMERCIAL?, STATE, MAILING ADDRESS, DATE OF BIRTH, SEX, HAIR, EYES, HEIGHT, WEIGHT, LICENSE, VIOLATION.

VEHICLE: License Number or VIN: Commercial Vehicle: Hazardous Materials: Transporting materials requiring placards/markings (CVC §27903).

NARRATIVE: Describe in detail the facts, observations, and circumstances that led to the stop or contact with the driver in Narrative section on Page 2 of this form. Contact: On date: at in City/County CA, the above driver was contacted.

DRIVING: Driving observed by this officer or Driving observed by another observer (complete Observation/Arrest section on Page 2) Admission of Driving: Driver admitted to driving the vehicle Collision: Driver involved in a collision

TIME: What time did you stop driving or how long after driving/collision did you wait for law enforcement to arrive? Driver Response: AM PM HR MIN

ARREST OR DETENTION STATEMENT: I had reasonable cause to believe the driver was driving a motor vehicle with alcohol and/or drugs present in the blood or while under the influence. The driver was lawfully arrested, or lawfully detained while on DUI probation, by this officer, or by the person shown in the Observation/Arrest section on Page 2, on date at AM PM for violation of CVC §§23152, 23153, or 23154.

OBJECTIVE SYMPTOMS OF INTOXICATION: Bloodshot/watery eyes Odor of alcoholic beverage Unsteady gait Slurred speech PAS results (complete below) Other: Observed by: This officer Another observer:

PRELIMINARY ALCOHOL SCREENING TEST (PAS) Driver submitted to and completed a PAS test with the results of: Test 1 % BAC on DATE at TIME AM PM Test 2 % BAC on DATE at TIME AM PM OFFICER CERTIFICATION: I certify under penalty of perjury under the laws of the State of California that: (1) I obtained the above PAS test results in the regular course of my duties, (2) I used PAS Model (Name/Number), Serial#, Manufactured by, (3) I administered this PAS test properly in accordance with the manufacturer's guidelines and instructions, (4) I have received training on the proper operation of this device and administration of the PAS test and am competent and qualified to operate the device, and (5) the device was functioning properly at the time of the test. Date Signature X Badge/ID Number Agcy./Div

Breath Test Results: CHEMICAL TEST Attach copy of the results, if available. Test 1 % BAC on DATE at TIME AM PM Test 2 % BAC on DATE at TIME AM PM Test 3 % BAC on DATE at TIME AM PM (WHEN APPLICABLE) BREATH TEST MACHINE OPERATOR CERTIFICATION: I certify under penalty of perjury under the laws of the State of California, that the above breath test sample results were obtained in the regular course of my duties. I further certify that I am qualified to operate this equipment and that the test was administered pursuant to the requirements of Title 17 of the California Code of Regulations. Date Signature X Badge/ID Number Agcy./Div

BLOOD TEST RESULTS: Blood test on date: at AM PM URINE TEST RESULTS: First void on date: at AM PM Test on date: at AM PM

I certify under penalty of perjury, under the laws of the State of California, that the information contained on all pages of this Officer's Statement is true and correct.

EXECUTED ON: Date in City County OFFICER'S PRINTED NAME BADGE/ID NUMBER TELEPHONE NUMBER AGENCY AREA COURT CODE (IF UNKNOWN, COURT NAME)

I did did not personally serve a copy of the Order of Suspension/Revocation to the driver.

Date Signature of Arresting Officer X

ORDER SERVED BY ANOTHER OFFICER: If order was served on driver by another Officer have that officer complete this section. I personally served a copy of the order to the driver on the date shown below:



# AGE 21 AND OLDER OFFICER'S STATEMENT

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CVC §§13353, 13353.1, 13353.2 & 13399

LAW ENFORCEMENT AGENCY CASE NUMBER	DETENTION/ARREST DATE	<b>FOR DMV USE ONLY</b>			
DRIVER NAME (LAST, FIRST, M.I.)		DRIVER LICENSE NUMBER	COMMERCIAL? <input type="checkbox"/> Yes <input type="checkbox"/> No	STATE	<b>Arrest Type</b> For statistical purposes only. Check all that apply. <input type="checkbox"/> Alcohol Use <input type="checkbox"/> Cannabis Use <input type="checkbox"/> Other Drug Use
MAILING ADDRESS		STATE	ZIP CODE		
DATE OF BIRTH	SEX	HAIR	EYES	HEIGHT	
<b>LICENSE:</b> <input type="checkbox"/> Suspended/Revoked <input type="checkbox"/> Surrendered ( <i>Attached</i> ) <input type="checkbox"/> Not in Possession <input type="checkbox"/> Unlicensed					
<b>VIOLATION:</b> <input type="checkbox"/> 0.08% or more BAC Chemical Test Results <input type="checkbox"/> 0.01% or more BAC ( <i>DUI Probation</i> ) <input type="checkbox"/> 0.04% or more BAC ( <i>Commercial Vehicle</i> ) <input type="checkbox"/> Chemical Test Refusal ( <i>Complete Reverse</i> ) <input type="checkbox"/> PAS or other Chemical Test Refusal ( <i>DUI Probation</i> ) ( <i>Complete Reverse</i> )					

**OBSERVATION/ARREST:** If driving or collision was observed by someone other than the arresting officer, or if arrest was completed by another officer or person, input that person's information.

<input type="checkbox"/> Driving or Collision observed by:	<input type="checkbox"/> Arrest made by:	Observation or Arrest made by: <input type="checkbox"/> Officer <input type="checkbox"/> Citizen	<input type="checkbox"/> Driving or Collision observed by:	<input type="checkbox"/> Arrest made by:	Observation or Arrest made by: <input type="checkbox"/> Officer <input type="checkbox"/> Citizen
NAME (PLEASE PRINT)			NAME (PLEASE PRINT)		
ADDRESS			ADDRESS		
TELEPHONE NUMBER ( )	BADGE/D NUMBER	AGENCY/DIVISION	TELEPHONE NUMBER ( )	BADGE/D NUMBER	AGENCY/DIVISION

### NARRATIVE

Describe in detail the facts, observations, and circumstances that led to the stop or contact. Print or write directly on this page.

A portion of another report may be cut and pasted below but should be dated and contain an original signature.

Attach arrest, collision, and/or supplemental report(s) if available.

If arrest was made per CVC §40300.5 state the facts and circumstances that support the arrest.

**DUI Probation Violations:** Indicate below how you determined the driver was on DUI probation.
