



# ***TRAFFIC COLLISION INVESTIGATION AND DUI ENFORCEMENT***

# **DET. MIKE GOTTFRIED**

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**× SDPD 24 YEARS**

**+ SDPD TRAFFIC DIVISION 11 YEARS**

**+ CURRENTLY ASSIGNED TO TRAFFIC  
INVESTIGATIONS UNIT**

**+ INVESTIGATED MORE THAN 800 TRAFFIC  
COLLISIONS**

**+ MADE MORE THAN 600 DUI ARRESTS**

# ***WHAT WE WILL COVER***

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- × RESPONSIBILITIES AT COLLISION SCENE
- × TYPES OF COLLISIONS
- × DIAGRAMS
- × INITIAL CONTACT AREAS/POINTS
- × HIT AND RUN SUPPLEMENTAL
- × DUI'S

# ***INITIAL RESPONSIBILITIES***

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- × ARRIVE SAFELY AND SECURE THE SCENE SAFELY (**OFFICER SAFETY IS PARAMOUNT**).
- × DETERMINE INJURIES/COLLISION TYPE
- × CALL/CANCEL MEDICS (IF NECESSARY)
- × CONTAIN WITNESSES (COLLECT ID'S)
- × PRESERVE THE SCENE (DIVERT TRAFFIC)
- × ORDER TOWS (***LAST THING TO DO***)

# **WHAT IS A TRAFFIC COLLISION?**

- × A TRAFFIC COLLISION IS AN **UNINTENTIONAL** EVENT INVOLVING AN ELEMENT OF SURPRISE, RESULTING FROM CARELESSNESS, UNAWARENESS, IGNORANCE, OR UNAVOIDABLE CAUSES **RESULTING IN** DEATH, INJURY, OR PROPERTY DAMAGE DIRECTLY ATTRIBUTABLE TO THE **MOVEMENT OF A VEHICLE.**

# **TYPES OF COLLISIONS**

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## **× 1180**

**+ SERIOUS INJURIES REQUIRING HOSPITALIZATION SUCH AS OPEN FRACTURES, SERIOUS HEAD INJURIES, MAJOR BONE FRACTURES (LOCK DOWN THE SCENE LIKE A 245/187)**

## **× 1181**

**+ MINOR INJURIES SUCH AS CLOSED FRACTURES, MINOR LACERATIONS, COMPLAINT OF PAIN**

## **× 1182**

**+ NO INJURY. NO REPORT UNLESS 20002, 23152, CITY PROPERTY, GOVT VEHICLES/DRIVERS OR MAJOR PROPERTY DAMAGE**

# **HIT AND RUNS**

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## **× 20002**

**+ MISDEMEANOR HIT AND RUN (FAULT DOESN'T MATTER) – *PATROL HANDLES***

## **× 20001**

**+ FELONY HIT AND RUN (FAULT DOESN'T MATTER) – *TRAFFIC HANDLES***

**× INCLUDES LESS SEVERE INJURIES THAN 1180 SUCH AS ANY FRACTURE, LACERATIONS REQUIRING STITCHES AND ANY 1180 INJURIES**

# **DUI COLLISIONS**

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## **× MISDEMEANOR DUI**

- + PATROL WILL HANDLE THE DUI AND TRAFFIC, IF AVAILABLE, WILL HANDLE THE COLLISION**
- + PATROL OFFICERS CAN HANDLE BOTH**

## **× FELONY DUI**

- + DUI DRIVER MUST BE THE PROXIMATE CAUSE OF THE COLLISION AND THERE MUST BE A SUBSTANTIAL INJURY TO SOMEONE OTHER THAN THE DUI DRIVER (SAME CRITERIA AS 20001) – *TRAFFIC WILL HANDLE THE DUI AND THE COLLISION***

## **× FELONY DUI HANDLED BY PATROL – 4<sup>TH</sup> DUI WITH 3 PRIORS)**



# ***CITY PROPERTY/CITY EQUIPMENT***

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## **× CITY PROPERTY COLLISIONS**

**+ SUCH AS HYDRANTS, TRAFFIC SIGNALS, SIGNS, ETC. – *PATROL HANDLES, DO NOT NEED TRAFFIC***

## **× CITY EQUIPMENT COLLISIONS**

**+ VEHICLES BELONGING TO POLICE, FIRE, AMBULANCE, OR OTHER CITY OWNED VEHICLES INCLUDING THOSE FROM OTHER GOVT AGENCIES – *TRAFFIC WILL HANDLE BUT PATROL CAN IF TRAFFIC NOT AVAILABLE***

# ***OTHER TYPES OF COLLISIONS***

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## **× PEDESTRIANS**

- + IF A PED IS INVOLVED YOU NEED TO ALSO COMPLETE THE COLLISION SUPPLEMENTAL FORM AND INCLUDE THE PEDS CLOTHING DESCRIPTION**

## **× SCHOOL BUSES**

- + IF CHILDREN ON THE BUS, CHP HANDLES REPORT**

## **× TRANSIT BUSES**

- + NO REPORT UNLESS INJURY, 20002 OR 23152**
  - × THE CITY OF SAN DIEGO DOES NOT OWN OR OPERATE BUSES**

**SAN DIEGO POLICE DEPARTMENT  
COLLISION SUPPLEMENTAL**

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LOCATION	DATE 00-00-0000	TIME 0000	
INITIAL CONTACT AREA	SPEED: Estimated		
	P-1 <input type="text"/>		
	P-2 <input type="text"/>		
	P-3 <input type="text"/>		
MEASUREMENTS BY: <input type="text"/>	METHOD: ROLL-A-TAPE AND REFERENCE LINE		
HOW WAS I.C.P. / I.C.A. ESTABLISHED: <input type="text"/>			
CLASS OF COLLISION	OCURRED ON-ROAD	OFF ROAD	INVESTIGATED
<input type="checkbox"/> 1. FATAL <input type="checkbox"/> 2. INJURY	<input type="checkbox"/> AT INTERSECTION	<input type="checkbox"/> ON PUBLIC PROPERTY	<input type="checkbox"/> AT SCENE
<input type="checkbox"/> 3. PROP. DAMAGE ONLY	<input type="checkbox"/> NOT AT INTERSECTION	<input type="checkbox"/> ON PRIVATE PROPERTY	<input type="checkbox"/> NOT AT SCENE
PHOTO'S TAKEN: <input type="checkbox"/> YES <input type="checkbox"/> NO	POLAROID: 35MM: <input type="text"/>	Digital: <input type="text"/>	

<b>PRIMARY CAUSE</b> <input type="checkbox"/> 1. SPEED <input type="checkbox"/> 2. VIOLATION PED RIGHT OF WAY <input type="checkbox"/> 3. VIOLATED AUTO RIGHT OF WAY <input type="checkbox"/> 4. PED IN VIOLATION <input type="checkbox"/> 5. FOLLOWING TOO CLOSE <input type="checkbox"/> 6. WRONG SIDE OF ROAD <input type="checkbox"/> 7. IMPROPER PASSING <input type="checkbox"/> 8. IMPROPER TURN <input type="checkbox"/> 9. DISREGARDED STOP <input type="checkbox"/> 10. DISREGARDED TRAFFIC SIGNAL <input type="checkbox"/> 11. IMPROPER SIGNAL <input type="checkbox"/> 12. UNSAFE BACKING <input type="checkbox"/> 13. UNSAFE MOVEMENT RIGHT <input type="checkbox"/> 14. OTHER: <input type="text"/>	<b>TRAFFIC CONTROL</b> <input type="checkbox"/> 1. TRAFFIC SIGNAL FUNCTIONING <input type="checkbox"/> 2. TRAFFIC SIGNAL NOT FUNCTIONING <input type="checkbox"/> 3. STOP SIGN <input type="checkbox"/> 4. WARNINGS OR YIELD <input type="checkbox"/> 5. FLASHING SIGNAL <input type="checkbox"/> 6. RR SIGNAL <input type="checkbox"/> 7. OFFICER <input type="checkbox"/> 8. NO CONTROL(S) PRESENT / FACTOR <input type="checkbox"/> 9. OTHER: <input type="text"/>	<b>DRIVER'S VIEW OF PED LIMITED BY</b> <input type="checkbox"/> 1. NO PED INVOLVED <input type="checkbox"/> 2. STANDING TRAFFIC <input type="checkbox"/> 3. PARKED VEHICLE <input type="checkbox"/> 4. BUS AT BUS STOP <input type="checkbox"/> 5. NO STREET LIGHTS <input type="checkbox"/> 6. SUN GLARE <input type="checkbox"/> 7. NO OBSTRUCTION <input type="checkbox"/> 8. OTHER: <input type="text"/>
<b>DRIVER TEST ADMINISTERED</b> 1 2 3 <input type="checkbox"/> 1. BLOOD <input type="checkbox"/> 2. BREATH <input type="checkbox"/> 3. COORDINATION <input type="checkbox"/> 4. P.A.S. DEVICE  <b>PHYSICAL DEFECTS</b> 1 2 3 <input type="checkbox"/> 1. DEFECT IN EYES <input type="checkbox"/> 2. PHYS. HANDICAP <input type="checkbox"/> 3. ILL <input type="checkbox"/> 4. SLEEPY <input type="checkbox"/> 5. APPARENTLY NORMAL <input type="checkbox"/> 6. OTHER: <input type="text"/>		

PEDESTRIAN #1		PEDESTRIAN #2	
<b>WHERE WAS PED?</b> <input type="checkbox"/> 1. LEGAL UNMARKED CROSSWALK <input type="checkbox"/> 2. MARKED CROSSWALK <input type="checkbox"/> 3. MARKED SCHOOL CROSSWALK <input type="checkbox"/> 4. NOT IN CROSSWALK <input type="checkbox"/> 5. CROSSING BET. SIGNAL DEVICE <input type="checkbox"/> 6. IN ROADWAY AT INTERSECTION <input type="checkbox"/> 7. IN ROADWAY NOT AT INTERS. <input type="checkbox"/> 8. IN ALLEY <input type="checkbox"/> 9. ON SIDEWALK <input type="checkbox"/> 10. ON SHOULDER <input type="checkbox"/> 11. OTHER: <input type="text"/>	<b>PHYSICAL DEFECTS</b> <input type="checkbox"/> 1. DEF. HEARING <input type="checkbox"/> 2. PHYSICAL HANDICAP <input type="checkbox"/> 3. ILL <input type="checkbox"/> 4. SLEEPY <input type="checkbox"/> 5. APPARENTLY NORMAL <input type="checkbox"/> 6. OTHER: <input type="text"/>	<b>WHERE WAS PED?</b> <input type="checkbox"/> 1. LEGAL UNMARKED CROSSWALK <input type="checkbox"/> 2. MARKED CROSSWALK <input type="checkbox"/> 3. MARKED SCHOOL CROSSWALK <input type="checkbox"/> 4. NOT IN CROSSWALK <input type="checkbox"/> 5. CROSSING BET. SIGNAL DEVICE <input type="checkbox"/> 6. IN ROADWAY AT INTERSECTION <input type="checkbox"/> 7. IN ROADWAY NOT AT INTERS. <input type="checkbox"/> 8. IN ALLEY <input type="checkbox"/> 9. ON SIDEWALK <input type="checkbox"/> 10. ON SHOULDER <input type="checkbox"/> 11. OTHER: <input type="text"/>	<b>PHYSICAL DEFECTS</b> <input type="checkbox"/> 1. DEF. HEARING <input type="checkbox"/> 2. PHYSICAL HANDICAP <input type="checkbox"/> 3. ILL <input type="checkbox"/> 4. SLEEPY <input type="checkbox"/> 5. APPARENTLY NORMAL <input type="checkbox"/> 6. OTHER: <input type="text"/>
<b>WHAT WAS PED DOING</b> <input type="checkbox"/> 1. CROSSING WITH SIGNAL <input type="checkbox"/> 2. CROSSING AGAINST SIGNAL <input type="checkbox"/> 3. CROSSING UN-SIGNALIZED INTERSECTION <input type="checkbox"/> 4. CROSSING INT. DIAGONALLY <input type="checkbox"/> 5. WALKING ALONG ROAD WITH TRAFFIC <input type="checkbox"/> 6. GETTING ON VEHICLE <input type="checkbox"/> 7. PUSHING ON VEHICLE <input type="checkbox"/> 8. OTHER WORKING IN ROAD <input type="checkbox"/> 9. GOING FROM BUS <input type="checkbox"/> 10. GOING FROM ICE CREAM VENDOR <input type="checkbox"/> 11. PLAYING IN STREET <input type="checkbox"/> 12. PLAYING NEXT TO STREET <input type="checkbox"/> 13. ACCIDENTALLY ENTERED STREET <input type="checkbox"/> 14. ENTERING BEHIND PARKED VEHICLE <input type="checkbox"/> 15. OTHER: <input type="text"/>	<b>PED CONDITION</b> <input type="checkbox"/> 1. HAD NOT BEEN DRINKING <input type="checkbox"/> 2. HAD BEEN DRINKING <input type="checkbox"/> 3. UNDER DRUG INFLU. <input type="checkbox"/> 4. IMPAIRMENT NOT KNOWN  <b>DRIVER ATTEMPTED EVASIVE ACTION</b> N/A  <b>PED ATTEMPTED EVASIVE ACTION</b> N/A  <b>PED'S ACTION</b> <input type="checkbox"/> 1. WALKING <input type="checkbox"/> 2. RUNNING <input type="checkbox"/> 3. STANDING <input type="checkbox"/> 4. SITTING <input type="checkbox"/> 5. WALKING BICYCLE <input type="checkbox"/> 6. ON TRICYCLE <input type="checkbox"/> 7. ON SKATEBOARD <input type="checkbox"/> 8. OTHER: <input type="text"/>	<b>WHAT WAS PED DOING</b> <input type="checkbox"/> 1. CROSSING WITH SIGNAL <input type="checkbox"/> 2. CROSSING AGAINST SIGNAL <input type="checkbox"/> 3. CROSSING UN-SIGNALIZED INTERSECTION <input type="checkbox"/> 4. CROSSING INT. DIAGONALLY <input type="checkbox"/> 5. WALKING ALONG ROAD WITH TRAFFIC <input type="checkbox"/> 6. GETTING ON VEHICLE <input type="checkbox"/> 7. PUSHING ON VEHICLE <input type="checkbox"/> 8. OTHER WORKING IN ROAD <input type="checkbox"/> 9. GOING FROM BUS <input type="checkbox"/> 10. GOING FROM ICE CREAM VENDOR <input type="checkbox"/> 11. PLAYING IN STREET <input type="checkbox"/> 12. PLAYING NEXT TO STREET <input type="checkbox"/> 13. ACCIDENTALLY ENTERED STREET <input type="checkbox"/> 14. ENTERING BEHIND PARKED VEHICLE <input type="checkbox"/> 15. OTHER: <input type="text"/>	<b>PED CONDITION</b> <input type="checkbox"/> 1. HAD NOT BEEN DRINKING <input type="checkbox"/> 2. HAD BEEN DRINKING <input type="checkbox"/> 3. UNDER DRUG INFLU. <input type="checkbox"/> 4. IMPAIRMENT NOT KNOWN  <b>DRIVER ATTEMPTED EVASIVE ACTION</b> N/A  <b>PED ATTEMPTED EVASIVE ACTION</b> N/A  <b>PED'S ACTION</b> <input type="checkbox"/> 1. WALKING <input type="checkbox"/> 2. RUNNING <input type="checkbox"/> 3. STANDING <input type="checkbox"/> 4. SITTING <input type="checkbox"/> 5. WALKING BICYCLE <input type="checkbox"/> 6. ON TRICYCLE <input type="checkbox"/> 7. ON SKATEBOARD <input type="checkbox"/> 8. OTHER: <input type="text"/>

PREPARED BY NAME	I.D. NUMBER 0000	NO. DAY YEAR 00-00-0000	REVIEWER'S NAME	NO. DAY YEAR
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**SAN DIEGO POLICE DEPARTMENT  
COLLISION SUPPLEMENTAL**

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LOCATION	DATE 00-00-0000	TIME 0000	
<b>PEDESTRIAN'S CLOTHING</b>			
PEDESTRIAN #1		PEDESTRIAN #2	
TOP: <input type="text"/>	BOTTOM: <input type="text"/>		OTHER: <input type="text"/>
JACKET: <input type="text"/>	SHOES: <input type="text"/>		OTHER: <input type="text"/>

SKID-SPEED INFORMATION	SKID DATA				CRITICAL SPEED SCUFF
DESCRIPTION OF THE ROADWAY	V-1	V-2	V-3	V-4	MARK USED
TYPE OF ROAD / CONDITIONS ASPHALTIC CONCRETE	RF <input type="text"/>	RF <input type="text"/>	RF <input type="text"/>	RF <input type="text"/>	LENGTH
	RR <input type="text"/>	RR <input type="text"/>	RR <input type="text"/>	RR <input type="text"/>	CHORD
ROAD CONSTRUCTION	LF <input type="text"/>	LF <input type="text"/>	LF <input type="text"/>	LF <input type="text"/>	MIDDLE ORDINATE
DIRECTION / GRADE	LR <input type="text"/>	LR <input type="text"/>	LR <input type="text"/>	LR <input type="text"/>	

TEST SKID INFORMATION							
TEST	SPEED	LF	R/F	L/R	R/R	TIME	TEST VEHICLE / DRIVER INFORMATION
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	DRIVER: <input type="text"/> ID# <input type="text"/> DIVISION: <input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	MAKE: <input type="text"/> YR: <input type="text"/> MODEL: <input type="text"/> TYPE: <input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	RADAR: <input type="text"/> CALIBRATED WITH: <input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	TEST COORDINATOR: <input type="text"/> ID# <input type="text"/>

TIRE INFORMATION			
COLLISION VEHICLE		TEST VEHICLE	
MANUFACTURER: <input type="text"/>	MODEL: <input type="text"/>	MANUFACTURER: <input type="text"/>	MODEL: <input type="text"/>
YEAR: <input type="text"/>	TYPE: <input type="text"/>	YEAR: <input type="text"/>	TYPE: <input type="text"/>
PSI: <input type="text"/>	DRAG FACTOR: <input type="text"/>	PSI: <input type="text"/>	TEST SKID: <input type="text"/> ESTIMATE: <input type="text"/>

SSP: <input type="text"/>	SCHOOL NAME: <input type="text"/>	GRADE: <input type="text"/>		
VEHICLE DOCUMENTATION SECTION				
MEASUREMENT NEEDED	VEH. 1	VEH. 2	VEH. 3	VEH. 4
WHEELBASE	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
FRONT OVERHANG	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
REAR OVERHANG	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
FRONT TRACK	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
REAR TRACK	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
TOTAL VEHICLE WIDTH	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**CALCULATIONS:**

<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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PREPARED BY NAME	I.D. NUMBER 0000	NO. DAY YEAR 00-00-0000	REVIEWER'S NAME	NO. DAY YEAR
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# ***OTHER TYPES OF COLLISIONS***

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## **× ANIMALS**

**+ IF NO HUMAN INJURIES AND MINOR DAMAGE,  
ARJIS-9 ONLY**

## **× MEDICAL PROBLEMS**

**+ A DRIVER WHO CRASHES AS A RESULT OF A  
SEIZURE OR OTHER MEDICAL ISSUE, REPORT ONLY  
REQUIRED IF INJURIES SUSTAINED AS A RESULT OF  
THE COLLISION, *NOT THE MEDICAL PROBLEM***

**× COMPLETE DMV DRIVER RE-EXAMINATION FORM**

# ***OFFICER INVOLVED COLLISIONS***

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- × NOTIFY COMMUNICATIONS **IMMEDIATELY**
- × CHECK ON INJURIES
- × DO NOT MOVE VEHICLES FROM THE ROADWAY
- × DO NOT DISCUSS FAULT
- × TRAFFIC OFFICER WILL RESPOND FOR THE COLLISION REPORT
- × TRAFFIC OFFICER WILL GIVE YOU AN INTERNAL FORM TO COMPLETE
- × YOUR SUPERVISOR WILL ALSO GIVE YOU A FORM TO COMPLETE



# ***HIT AND RUN COLLISIONS***

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- × HIT AND RUNS REQUIRE AN ADDITIONAL REPORT, THE H&R SUPPLEMENTAL – BLUE SHEET
- × IF THE DRIVER IS IN CUSTODY THE BLUE SHEET IS NOT REQUIRED
- × ONE BLUE SHEET IS REQUIRED FOR **EVERY** VICTIM
  - + A H&R DRIVER CRASHES INTO 3 PARKED CARS, YOU NEED 3 BLUE SHEETS

# SAN DIEGO POLICE DEPARTMENT HIT & RUN FIELD REPORT

Incident History # [REDACTED]

COLLISION DATE [REDACTED]		COLLISION LOCATION [REDACTED]	
<b>VICTIM'S INFORMATION</b>			
NAME (FIRST MIDDLE LAST) [REDACTED]		CELL PHONE [REDACTED]	WORK PHONE [REDACTED]
ADDRESS [REDACTED]		CITY [REDACTED]	STATE [REDACTED]
ZIP CODE [REDACTED]			
<b>VICTIM'S VEHICLE (SHADE IN DAMAGED AREA)</b>		<b>SUSPECT'S VEHICLE (SHADE IN AREA OF PROBABLE DAMAGE)</b>	
MEASUREMENTS: <input type="checkbox"/> ESTIMATED <input type="checkbox"/> MEASURED		MEASUREMENTS: <input type="checkbox"/> ESTIMATED <input type="checkbox"/> MEASURED	
HEIGHT FROM GROUND: [REDACTED]	LENGTH: [REDACTED]	HEIGHT FROM GROUND: [REDACTED]	LENGTH: [REDACTED]
			
DESCRIBE DAMAGE TO VICTIM'S VEHICLE [REDACTED]			
DESCRIBE PROBABLE DAMAGE TO SUSPECT'S VEHICLE [REDACTED]			
PAINT TRANSFER <input type="checkbox"/> YES <input type="checkbox"/> NO		COLOR OF PAINT TRANSFER ONTO VICTIM'S VEHICLE [REDACTED]	
<input type="checkbox"/> VICTIM <input type="checkbox"/> WITNESS / DESCRIPTION OF SUSPECT VEHICLE			
YEAR [REDACTED]	MAKE [REDACTED]	MODEL [REDACTED]	BODY TYPE [REDACTED]
COLOR [REDACTED]	LICENSE # [REDACTED]	STATE [REDACTED]	
REGISTERED OWNER (FIRST MIDDLE LAST) [REDACTED]		PHONE NUMBER [REDACTED]	
ADDRESS [REDACTED]		CITY [REDACTED]	STATE [REDACTED]
ZIP CODE [REDACTED]			
VEHICLE IMPOUNDED? <input type="checkbox"/> YES <input type="checkbox"/> NO	TOW COMPANY [REDACTED]	IMPOUND AUTHORITY (IF OTHER THAN 2885.5(a) VC [REDACTED]	EVIDENCE IMPOUNDED <input type="checkbox"/> YES <input type="checkbox"/> NO
PROPERTY TAG # [REDACTED]			
ADDITIONAL VEHICLE DESCRIPTION [REDACTED]			
<b>WANTED DRIVER</b>			
NAME (FIRST MIDDLE LAST) [REDACTED]			PHONE NUMBER [REDACTED]
ADDRESS [REDACTED]			CITY [REDACTED]
STATE [REDACTED]			ZIP CODE [REDACTED]
RACE [REDACTED]	SEX [REDACTED]	HEIGHT [REDACTED]	WEIGHT [REDACTED]
HAIR [REDACTED]	EYES [REDACTED]	AGE [REDACTED]	DATE OF BIRTH [REDACTED]
FACIAL HAIR [REDACTED]			
GLASSES <input type="checkbox"/> YES <input type="checkbox"/> NO	DRIVERS LICENSE # [REDACTED]	STATE [REDACTED]	OCCUPATION / EMPLOYER [REDACTED]
OTHER DESCRIPTION / CLOTHING [REDACTED]			
<b>WITNESS IDENTIFICATION</b>			
NAME OF WITNESS THAT CAN IDENTIFY THE PERIOD [REDACTED]		CELL PHONE [REDACTED]	WORK PHONE [REDACTED]
NAME OF WITNESS THAT CAN IDENTIFY THE DRIVER [REDACTED]		CELL PHONE [REDACTED]	WORK PHONE [REDACTED]
NAME OF WITNESS THAT CAN IDENTIFY THE DRIVER [REDACTED]		CELL PHONE [REDACTED]	WORK PHONE [REDACTED]
HOME PHONE [REDACTED]			
HOME PHONE [REDACTED]			
HOME PHONE [REDACTED]			
REPORTING OFFICER <b>M. GOTTFRIED</b>	I.D. NUMBER <b>5051</b>	DIVISION <b>T2</b>	DATE [REDACTED]
TIME [REDACTED]	INVESTIGATED <input type="checkbox"/> AT SCENE <input type="checkbox"/> STATION <input type="checkbox"/> OTHER		

## INVESTIGATIVE NOTES TO DETECTIVE

Please note any relevant information here that may not have been included anywhere else in the report  
(Do not repeat the collision narrative)

# **HIT AND RUN COLLISIONS**

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- ✘ ONLY PUT INFO ON CHP-555 PAGE 1 IF YOU HAVE THAT DRIVER AND/OR VEHICLE IN CUSTODY.
- ✘ IF THE VEHICLE IS LOCATED/LEFT AT SCENE, IMPOUND PER 22655.5(A) CVC “HIT AND RUN – HOLD FOR TIU”
  - + HAVE THE VEHICLE TOWED TO THE TOW COMPANIES YARD – NOT TO TRAFFIC DIVISION (ONLY TRAFFIC OFFICERS CAN IMPOUND VEHICLES AT TRAFFIC DIVISION)
- ✘ TAKE PHOTOS ON **ALL** PROSECUTION CASES (I.E. DUI AND H&R COLLISIONS)



# **NON-COLLISIONS**

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- × A PEDESTRIAN THAT FALLS BY THEMSELVES ARE NOT CONSIDERED COLLISIONS NO MATTER HOW SEVERE THE INJURY:
- × THIS INCLUDES:
  - + SKATEBOARDERS
  - + MOTORIZED WHEELCHAIRS
  - + ANY PROPELLED DEVICE OR TOY BY HUMAN POWER *OTHER THAN A BICYCLE*

# **PURSUIT COLLISIONS**

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- × TRAFFIC HANDLES PURSUIT CRASH, PATROL HANDLES THE ARREST
- × IF PURSUIT GOES INTO ANOTHER JURISDICTION OR ON THE FREEWAY AND THE SUSPECT CRASHES, DO NOT CALL TRAFFIC. CALL THE AGENCY WITH JURISDICTION.
  - + TRAFFIC WOULD ONLY RESPOND IF ONE OF OUR POLICE VEHICLES CRASHES OR IF THE PURSUIT CRASH INVOLVED 1180-TYPE INJURIES

# COMMON OFFICER MISTAKES AT COLLISION SCENES

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- × Secure Scene (Forgetting Officer Safety)
- × Collecting Independent Witnesses info (ID's, Ph #'s, Emails, Soc. Media, video)
- × Preserving Evidence w/Cones, Vehs, Tape
- × Too quick to Order a Tow/Clear (Destroy Evidence-(There is NO RUSH))
- × Failing to follow-up at Hospitals

# COMMON OFFICER MISTAKES WHEN WRITING COLLISION REPORTS

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- × Writing them like a crime case (they are Civil and NOT a crime-Exception DUI, 20001, 2800's)
- × **Not reviewing Collision Manual first**
- × Failing to collect needed info (Insurance, DOT, Distractions, Who, What, When, Why, How?)
- × Sending 11-10 to Traffic (Records)
- × Adding their conclusion and opinion
- × Seek Guidance from AIB/Motors/TIU

**TUFA?**

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**ANY QUESTIONS CONTACT A  
TRAFFIC UNIT OR TRAFFIC  
SERGEANT**

# **QUESTIONS?**

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***DETECTIVE MIKE GOTTFRIED  
SDPD TRAFFIC DIVISION  
TRAFFIC INVESTIGATIONS UNIT  
(858) 495-7823  
mgottfried@pd.sandiego.gov***

# ***DRIVING WHILE UNDER THE INFLUENCE***



# **DUI LAWS**

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- × 23152(a) CVC – IT IS UNLAWFUL FOR A PERSON WHO IS UNDER THE INFLUENCE OF ANY ALCOHOLIC BEVERAGE TO DRIVE A VEHICLE.
- × 23152(b) CVC – IT IS UNLAWFUL FOR A PERSON WHO HAS 0.08% OR MORE, BY WEIGHT, OF ALCOHOL IN HIS OR HER BLOOD TO DRIVE A VEHICLE.
- × 23152(e) CVC – IT IS UNLAWFUL FOR A PERSON WHO IS UNDER THE INFLUENCE OF ANY DRUG TO DRIVE A VEHICLE.



# ***DUI EXCEPTION***

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- × A PEACE OFFICER HAS STATUTORY AUTHORIZATION TO ARREST FOR MISDEMEANORS WHICH ***DID NOT*** OCCUR IN THE OFFICER'S PRESENCE UNDER LIMITED CIRCUMSTANCES:
  - + ***DUI OF ALCOHOL AND/OR DRUGS***, WHEN ANY OF THE FOLLOWING CIRCUMSTANCES EXIST (V.C. § 40300.5):
    - × THE PERSON WAS INVOLVED IN A TRAFFIC ACCIDENT.
    - × THE PERSON IS OBSERVED IN OR ABOUT A VEHICLE THAT IS OBSTRUCTING A ROADWAY.
    - × THE PERSON WILL NOT BE APPREHENDED UNLESS IMMEDIATELY ARRESTED.
    - × THE PERSON MAY CAUSE INJURY TO HIMSELF OR HERSELF OR DAMAGE PROPERTY UNLESS IMMEDIATELY ARRESTED.
    - × THE PERSON MAY DESTROY OR CONCEAL EVIDENCE OF THE CRIME UNLESS IMMEDIATELY ARRESTED.

# **DUI STOPS**

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- × MAKE NOTE OF ALL VIOLATIONS YOU SEE. DO NOT FOCUS ON ONE VIOLATION AND IGNORE OTHERS SUCH AS EQUIPMENT VIOLATIONS.
- × GOOD P.C.
  - + 22100(a) CVC: BOTH APPROACH AND THE RIGHT TURN SHALL BE MADE AS CLOSE AS PRACTICABLE TO THE RIGHT HAND CURB OR EDGE OF ROADWAY.
  - + 22450(a) / 21453(a) CVC: BOTH REQUIRE THE DRIVER TO STOP AT A LIMIT LINE OR CROSSWALK.

# **DRIVER CONTACT**

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- × OFFICER SAFETY COMES FIRST
- × AS YOU APPROACH, WAIT FOR THE DRIVER TO ACKNOWLEDGE YOU. AFTER FEW SECONDS, THEN KNOCK ON WINDOW OR SPEAK.
- × ASK FOR DOCUMENTS AND NOTE HOW THEY WERE RETRIEVED....OR FUMBLED....AND WHAT ACTUALLY WAS GIVEN TO YOU.
- × USE YOUR SENSE OF SMELL
- × LOOK AT THE DRIVER'S EYES
- × ASK QUESTIONS SUCH AS:
  - + WHERE ARE YOU COMING FROM?
  - + HOW MUCH HAVE YOU HAD TO DRINK?

# **REMOVAL FROM VEHICLE**

---

- ✘ YOU HAVE THE RIGHT TO ORDER THE DRIVER OUT OF THE VEHICLE.
- ✘ TELL THE DRIVER YOU WOULD LIKE TO SPEAK TO THEM OUTSIDE THE VEHICLE.
- ✘ WATCH THE DRIVER AS THEY GET OUT OF THE VEHICLE (HOLD ONTO DOOR) AND AS THEY WALK TO THE SIDEWALK (STUMBLE, UNSTEADY).
- ✘ HAVE THEM STAND AT A SPOT WITH THEIR FEET TOGETHER AND HANDS TO THEIR SIDES.
  - + THIS SHOULD BE THE DRIVERS STANDING POSITION AT ALL TIMES UNLESS YOU TELL THEM OTHERWISE.

# ***SOBRIETY TESTS***

---

- × EXPLAIN TO THE DRIVER YOU NEED TO EXAMINE THEM TO BE SURE THEY ARE SAFE TO CONTINUE DRIVING.
- × MOST WILL VOLUNTARILY COMPLY BUT THERE IS NO LEGAL REQUIREMENT THEY DO ANY PRE-ARREST TESTS NOR ANSWER ANY QUESTIONS.
- × RETRIEVE YOUR NOTEBOOK, CHEET SHEET OR USE THE DUI SUPPLEMENTAL FORM AS A GUIDE.

# ***STANDARDIZED FIELD SOBRIETY TESTS***

- × WE WILL DISCUSS THESE IN DETAIL LATER.
- × AFTER THE TESTS, YOU NEED TO MAKE A DETERMINATION ON WHETHER THE PERSON IS UNDER THE INFLUENCE OR NOT.
- × YOU CAN USE A PRELIMINARY ALCOHOL SCREENING (PAS) TEST TO ASSIST YOU IN THIS DETERMINATION.
  - + IF NONE AVAILABLE, YOU NEED TO MAKE THE DETERMINATION BASED ON THE TOTALITY OF THE CIRCUMSTANCES.

# **ARREST**

---

- × IF YOU MAKE THE DETERMINATION THE PERSON IS UNDER THE INFLUENCE, TELL THEM THEY ARE UNDER ARREST FOR DUI.
- × TELL THEM THEY ARE REQUIRED TO SUBMIT TO A BLOOD OR BREATH TEST.
- × IF THEY CHOOSE BREATH, THEY NEED TO BE OBSERVED FOR AT LEAST 15 MINUTES TO BE SURE THEY HAVE NOT BURPED, REGURGITATED, VOMITED OR PLACED ANYTHING IN THEIR MOUTH.
- × IF THEY CHOOSE BLOOD, IT CAN BE DRAWN AS SOON AS YOU ARRIVE AT HQ ROOM 138.

# CHEMICAL TESTS

---

## × BREATH

- + TRAINED OFFICER MUST DO TEST FOR YOU.
- + GET A BARCODE IN FILEONQ IMPOUND SYSTEM.
- + ASK OFFICER TO PRINT YOU AT LEAST 3 COPIES OF THE TEST RESULTS:
  - × 1 FOR SUSPECT
  - × 1 FOR DMV (YOU CAN MAKE PHOTOCOPY)
  - × 1 FOR YOU REPORT

## × BLOOD

- + LICENSED NURSE OR PHLEBOTOMIST MUST DO THE DRAW. THEY ARE AT HQ AT NIGHT.
- + GET A BARCODE IN FILEONQ IMPOUND SYSTEM.
- + PLACED SEALED VIAL(S) INTO THE LOCK BOX IN ROOM 138
  - × YOU NEED TO WITNESS THE BLOOD DRAW AND YOU WILL NEED THE DATE AND TIME OF THE DRAW AND THE FULL NAME AND ID # OF PHLEBOTOMIST FOR YOUR REPORT.

## × URINE

- + URINE IS NOT AN OPTION FOR A DUI ARREST



# **CHEMICAL TEST REFUSAL**

---

- × IF THE DRIVER REFUSES TO SUBMIT TO A CHEMICAL TEST, READ THE ADMONISHMENT ON THE BACK OF THE DMV DS-367 FORM.
- × ASK AGAIN IF THEY WHICH TEST THEY WILL TAKE AND WRITE THEIR RESPONSE WORD-FOR-WORD (TAPE OR VIDEO RECORD THEIR RESPONSE IF POSSIBLE).
- × IF THEY STILL REFUSE, YOU NEED TO OBTAIN A WARRANT (PER MISSOURI V MCNEELY (2013)).

# **MCNEELY WARRANT**

---

- × THE WATCH COMMANDER HAS ALL THE PAPERWORK REQUIRED.
- × COMPLETE THE DOCUMENTS, CALL THE ON-DUTY DDA, AND ANSWER ANY QUESTIONS THE JUDGE HAS.
- × WHEN ORDERED TO DO SO, WRITE THE JUDGE'S NAME ON THE WARRANT (FIND OUT WHAT COURT AND DEPARTMENT THE JUDGE WORKS OUT OF).
- × AFTER THE WARRANT HAS BEEN OBTAINED, YOU CAN TAKE THE BLOOD FROM THE DRIVER WITHOUT THEIR CONSENT.
- × THE NEXT COURT DAY YOU NEED TO BRING THE WARRANT TO THE JUDGE TO GET SIGNED.

# DMV DS-367 FORM



## AGE 21 AND OLDER OFFICER'S STATEMENT

APS

FORWARD THIS FORM WITHIN 5 BUSINESS DAYS TO YOUR LOCAL DRIVER SAFETY OFFICE, LISTED ON THE BACK OF PAGE 2

COMPLETE IN BLACK INK

LAW ENFORCEMENT AGENCY CASE NO.		DETENTION/ARREST DATE		FOR DMV USE ONLY			
DRIVER'S NAME (LAST, FIRST, M.I.)				DRIVER LICENSE NO.	COMMERCIALLY <input type="checkbox"/> Yes <input type="checkbox"/> No	STATE	THUMB PRINT (Flight thumb or specify)
MAILING ADDRESS				STATE	ZIP CODE		

DOB: \_\_\_\_\_ Sex: \_\_\_\_\_ Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_ Ht.: \_\_\_\_\_ Wt.: \_\_\_\_\_

Driver License:  Suspended/Revoked  Surrendered (Attached)  Not in Possession  Unlicensed

0.01% or more BAC DUI Probation  PAS or other Chemical Test Refusal - (DUI Probation) (Complete reverse)

0.04% or more BAC/COMM VEH  Chemical Test Refusal (Complete reverse)

0.08% or more BAC Chemical Tests Results  Forced Blood Test (Complete reverse)

Vehicle Lic. No. or VIN \_\_\_\_\_

**COMMERCIAL VEHICLE:** Vehicle operation requires a commercial driver license (Section 15210 CVC).

**HAZARDOUS MATERIALS:** (transporting materials requiring placards/markings per Section 27903 CVC).

On \_\_\_\_\_ at \_\_\_\_\_ AM/PM in (City and County) \_\_\_\_\_ CA, the above named driver was:

Driving:  observed by this officer or  the observer shown in the shaded area on the second page,  admitted to driving.

Contacted per Section 40300.5 CVC. (Describe details in probable cause section on second page.)

Involved in a collision. Attach collision report. In the probable cause section on the second page, describe how time of collision was established.

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 shaded area on the second page on \_\_\_\_\_ (Month/Day/Year) at \_\_\_\_\_ AM/PM for violation of Section 23152 or 23153, 23154 CVC.

**PROBABLE CAUSE.** Describe in detail the facts and circumstances that led to the stop or contact. If driving was observed by someone other than the arresting officer, what did the observer say? State details on second page of this form hereby incorporated by reference.

**OBJECTIVE SYMPTOMS OF INTOXICATION:**  Bloodshot/watery eyes  Odor of alcoholic beverage  Unsteady gait  Slurred speech

Other: \_\_\_\_\_ Observed by: \_\_\_\_\_ at \_\_\_\_\_ AM/PM

**PRELIMINARY ALCOHOL SCREENING TEST 0.01% OR MORE BLOOD ALCOHOL CONCENTRATION (BAC) DUI PROBATION**

Driver submitted to and completed a Preliminary Alcohol Screening (PAS) test with the results of:

TEST 1 \_\_\_\_\_ % BAC on \_\_\_\_\_ at \_\_\_\_\_ AM/PM TEST 2 (Optional) \_\_\_\_\_ % BAC on \_\_\_\_\_ at \_\_\_\_\_ AM/PM

**OFFICER'S 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.

PAS Test Unavailable

Date \_\_\_\_\_ Signature X \_\_\_\_\_ BADGE/ID NO. \_\_\_\_\_ Agcy./Div. \_\_\_\_\_

**CHEMICAL TEST**

**Breath Test Results** (Attach copy of the results, if available)

TEST 1 \_\_\_\_\_ % BAC on \_\_\_\_\_ at \_\_\_\_\_ AM/PM TEST 2 \_\_\_\_\_ % BAC on \_\_\_\_\_ at \_\_\_\_\_ AM/PM TEST 3 \_\_\_\_\_ % BAC on \_\_\_\_\_ at \_\_\_\_\_ AM/PM

**BREATH TEST MACHINE OPERATOR'S 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 No. \_\_\_\_\_ Agcy./Div. \_\_\_\_\_

**Blood Test Results**  Blood Test on \_\_\_\_\_ at \_\_\_\_\_ AM/PM  Breath Test Unavailable

**Urine Test Results**  Both Breath and Blood tests unavailable.  Drug use suspected.  Urine required.

Urine Test First Void on \_\_\_\_\_ at \_\_\_\_\_ AM/PM Test on \_\_\_\_\_ 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 \_\_\_\_\_ AT: \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_

OFFICER'S PRINTED NAME	BADGE/ID NO.	TELEPHONE NO.
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.

ISSUE DATE OF ORDER \_\_\_\_\_ SIGNATURE OF ARRESTING OFFICER \_\_\_\_\_

**IF ORDER SERVED BY ANOTHER OFFICER:** I personally served a copy of the order to the driver on the date shown below:

ISSUE DATE	OFFICER'S PRINTED NAME	BADGE/ID NO.	SIGNATURE OF OFFICER
_____	_____	_____	_____

# DMV DS-367 FORM



**DMV**  
A Public Service Agency

**OFFICER'S STATEMENT - PAGE 2**  
**SECTIONS 13353, 13353.1, 13353.2 AND 13389 CVC**

**APS**

**COMPLETE IN BLACK INK**

LAW ENFORCEMENT AGENCY CASE NO.	DETENTION/ARREST DATE	FOR DMV USE ONLY	
DRIVER'S NAME (LAST, FIRST, M.I.)	DRIVER LICENSE NO.	COMMERCIAL? <input type="checkbox"/> Yes <input type="checkbox"/> No	STATE
MAILING ADDRESS	STATE	ZIP CODE	

DOB: \_\_\_\_\_ Sex: \_\_\_\_\_ Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_ Ht.: \_\_\_\_\_ Wt.: \_\_\_\_\_

Driver License:  Suspended/Revoked  Surrendered (Attached)  Not in Possession  Unlicensed

0.01% or more BAC DUI Probation  PAS or other Chemical Test Refusal - (DUI Probation)

0.04% or more BAC/COMM VEH  Chemical Test Refusal

0.08% or more BAC Chemical Tests Results  Forced Blood Test

**Complete shaded area only if driving/collision observed by someone other than arresting officer or arrest done by another officer.**

<input type="checkbox"/> Driving observed	<input type="checkbox"/> Driver arrested	<input type="checkbox"/> Collision witnessed	By <input type="checkbox"/> Another Officer <input type="checkbox"/> Citizen	<input type="checkbox"/> Driving observed	<input type="checkbox"/> Driver arrested	<input type="checkbox"/> Collision witnessed	By <input type="checkbox"/> Another Officer <input type="checkbox"/> Citizen
NAME (PLEASE PRINT)				NAME (PLEASE PRINT)			
ADDRESS				ADDRESS			
TELEPHONE NO.		OFFICER'S BADGE/ID NO.		TELEPHONE NO.		OFFICER'S BADGE/ID NO.	
OFFICER'S AGENCY				OFFICER'S AGENCY			

**PROBABLE CAUSE (DESCRIBE IN DETAIL THE FACTS AND CIRCUMSTANCES THAT LED TO THE STOP OR CONTACT.) THE NARRATIVE MUST BE AN ORIGINAL PRINT OR WRITE DIRECTLY ON THIS PAGE. (A SYNOPSIS OF THE SUPPLEMENTAL REPORT MAY BE CUT AND PASTED BELOW AND MUST BE DATED AND CONTAIN AN ORIGINAL SIGNATURE.) (FOR DUI PROBATION VIOLATIONS) CLEARLY INDICATE BELOW HOW YOU DETERMINED THE DRIVER WAS ON DUI PROBATION.**

DS 367 (REV. 10/2013)      White—DMV      Yellow—Law Enforcement      Pink—Driver

# **DMV DS-367 FORM**

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- × COMPLETE **ONLY** FOR ALCOHOL
  - + BREATH TEST .08% OR HIGHER – COMPLETE
  - + BLOOD TEST RESULT UNKNOWN – COMPLETE
  - + BREATH TEST COMES BACK <.08% DON'T COMPLETE
- × SEIZE THE CALIFORNIA DRIVER LICENSE (**NOT OUT OF STATE LICENSES**)
- × EXPLAIN THE DOCUMENT TO THE DRIVER AND PLACE THE PINK COPY WITH THE DRIVERS PROPERTY.
- × TOP PAGE (ORIGINAL) AND PC IS FOR DMV (ALONG WITH COPY OF BREATH TEST RESULT AND COPY OF YOUR ARREST REPORT)
- × MIDDLE COPY IS FOR YOUR REPORT

# **DUI DRUGS**

---

- × CONDUCT THE SFST'S
- × IF THEY SHOW SIGNS OF IMPAIRMENT, ARREST FOR DUI
- × IF YOU SUSPECT ALCOHOL **AND** DRUGS (COMBO)
  - + THEY HAVE CHOICE OF BREATH OR BLOOD
  - + IF THEY CHOOSE BREATH TELL THEM THEY WILL ALSO NEED TO PROVIDE BLOOD FOR THE DRUG TEST
  - + IF THEY WILL DO BLOOD, GET TWO VIALS
  - + IF THE ALCOHOL RESULT IS .08% OR HIGHER THE LAB WONT TEST FOR DRUGS
    - × IF THE ALCOHOL RESULT IS LESS THAN .08% THE LAB WILL THEN TEST FOR DRUGS
- × FOR DRUGS ONLY, DO NOT COMPLETE DMV DS-367 BUT YOU CAN SUBMIT A DMV DRIVER RE-EXAMINATION FORM DUE TO THE DRUG USE

# ***DUI RECORDS CHECKS***

---

- × BEFORE YOU BOOK, RUN DRIVER LICENSE
- × IF SUSPENDED, ADD THAT CHARGE
- × CHECK CRIMINAL HISTORY FOR PRIORS
  - + IF PRIORS, INDICATE HOW MANY ON THE BOOKING SLIP

# ***DUI BOOKING***

---

- × THERE ARE DECLARATION SHELLS IN THE W.C. OFFICE
- × THE BOOKING CHARGE WILL ONLY BE (a) OR (e), NOT (b). INCLUDE BOTH CHARGES IN YOUR ARREST REPORT IF BREATH TEST OVER .08%
- × IN PARENTHESIS, PUT THE BREATH TEST RESULT OR INDICATE BLOOD
- × BE SURE THE DMV DS-367 FORM IS PLACED INTO THE PROPERTY BAG ALONG WITH A COPY OF THE BREATH TEST STRIP, IF APPLICABLE



# ***DUI REPORT WRITING***

---

- × BE VERY DESCRIPTIVE
- × IN COURT YOU ARE USUALLY THE ONLY WITNESS AND THE ONLY ONE THAT CAN BE ATTACKED AS TO THE ARREST
- × DON'T JUST CHECK THE BOXES ON THE SUPPLEMENTAL, DESCRIBE THE SFST'S IN NARRATIVE FORM
- × INCLUDE THINGS DRIVER DID WRONG ***AND CORRECT***

# ZERO TOLERANCE DUI (UNDER 21)

## ZERO TOLERANCE DUI PROCEDURES

- I. If you stop a driver that is under 21 years of age and suspect that the driver has been drinking alcohol, you must wait at least 15 minutes before administering the Preliminary Alcohol Screening (PAS) Test. During the 15 minutes, you should interview the driver and administer the SFST's. This should be done in case you end up arresting the driver for DUI. After the 15 minute observation period has been done, conduct the PAS Test and do the following based upon the test results:
- A. **.000% - .009%**
    - i. Do nothing. The driver is under .01% and is not in violation of any criminal or administrative violation.
  - B. **.010% - .049%**
    - i. Cite the driver for 23136 CVC - Under 21 Years Old With BAC of .01% or More (cite as an infraction).
    - ii. Issue the driver the DMV DS-367M - Under Age 21 Officers Statement & Suspension Order (this is the green DMV form).
    - iii. Seize the driver's license and attach it to the DMV's copy of the DS-367M form.
    - iv. Impound the driver's vehicle per 22651(h)(2) CVC.
  - C. **.050% - .079%**
    - i. Cite the driver for 23140(a) CVC - Under 21 Years Old With BAC of .05% or More (cite as an infraction).
    - ii. Issue the driver the DMV DS-367M - Under Age 21 Officers Statement & Suspension Order (this is the green DMV form).
    - iii. Seize the driver's license and attach it to the DMV's copy of the DS-367M form.
    - iv. Impound the driver's vehicle per 22651(h)(2) CVC.

*NOTE: A driver within this PAS Test result range can be arrested for 23152(a) CVC - DUI if there are signs of impairment (i.e. bad driving, fails field sobriety tests, collision, etc.)*
  - D. **.08% or higher**
    - i. Arrest the driver for 23152(a) VC - DUI.
    - ii. Issue the driver the DMV DS-367M - Under Age 21 Officers Statement & Suspension Order (this is the green DMV form).
    - iii. Seize the driver's license and attach it to the DMV's copy of the DS-367M form.
    - iv. Impound the driver's vehicle per 22651(h)(2) CVC.
- II. If the driver refuses to submit to the PAS Test, do the following:
- A. Read the driver the Under Age 21 Preliminary Alcohol Screening Test Refusal admonishment on the back of the DS-367M form.
  - B. Give the driver another opportunity to submit to the test.
  - C. If the driver still refuses the PAS Test fill out the refusal portion of the DS-367M form and either:
    - i. Arrest the driver if you feel that he/she is under the influence, or
    - ii. Release the driver if you feel that he/she is not under the influence.
  - D. Issue the DMV DS-367M form and check the refusal box, seize the driver's license and impound the vehicle as stated above.
- III. **RESULT SUMMARY:**
- |                           |   |
|---------------------------|---|
| A. <b>.000% - .009%</b>   | <b>No violation</b>   |
| B. <b>.010% - .049%</b>   | <b>Cite for 23136 CVC</b> (This is new as of 1/1/2007. This test result range used to be a DMV administrative violation only but the new law states this section is now an infraction along with the administrative violation). |
| C. <b>.050% - .079%</b>   | <b>Cite for 23140(a) CVC</b> or arrest for 23152(a) CVC if there is impairment.   |
| D. <b>.080% or higher</b> | <b>Arrest for 23152(a) CVC</b> and process as you would any DUI.  |

# DUI PROBATION

## DUI PROBATION VIOLATIONS

Effective January 1, 2009, 23154 CVC became effective making it unlawful for anyone who is on DUI Probation to drive with a BAC of 0.01% or higher.

**23154(a) CVC:** *It is unlawful for a person who is on probation for a violation of Section 23152 or 23153 to operate a motor vehicle at any time with a blood-alcohol concentration of 0.01 percent or greater, as measured by a preliminary alcohol screening test or other chemical test. Infraction.*

13389 CVC explains the procedures to follow:

**13389(a) CVC:** *If a peace officer lawfully detains a person previously convicted of Section 23152 or 23153 who is driving a motor vehicle, while the person is on probation for a violation of Section 23152 or 23153, and the officer has reasonable cause to believe that the person is in violation of Section 23154, the officer shall request that the person take a preliminary alcohol screening test to determine the presence of alcohol in the person, if a preliminary alcohol screening test device is immediately available. If a preliminary alcohol screening test device is not immediately available, the officer may request the person to submit to chemical testing of his or her blood, breath, or urine, conducted pursuant to Section 23612.*

*(b) If the person refuses to take, or fails to complete, the preliminary alcohol screening test or refuses to take or fails to complete a chemical test if a preliminary alcohol device is not immediately available, or if the person takes the preliminary alcohol screening test and that test reveals a blood-alcohol concentration of 0.01 percent or greater, the officer shall proceed as follows:*

*(1) The officer, acting on behalf of the department, shall serve the person with a notice of an order of suspension of the person's driving privilege.*

*(2) (A) The officer shall take possession of any driver's license issued by this state that is held by the person. When the officer takes possession of a valid driver's license, the officer shall issue, on behalf of the department, a temporary driver's license.*

*(3) (A) The officer shall immediately forward a copy of the completed notice of order of suspension form, and any driver's license taken into possession under paragraph (2), with the report required by Section 13380, to the department.*

### PROCEDURES:

1. You stop a vehicle and discover that the driver is currently on DUI Probation (See below license example).
2. You have reasonable cause to believe that the driver has a BAC of 0.01% or higher. (I.e. odor, eyes, admission)
3. Follow proper PAS Device procedures and administer to the driver.
4. If the PAS results are over 0.01%, do the following:
  - a. Serve the driver a DMV notice of suspension
    - i. If the new forms are available, check the appropriate boxes.
    - ii. If the new forms are not available, document in the narrative portion.
  - b. Seize the driver's license, if in possession.
  - c. Cite for 23154(a) CVC - Infraction.
  - d. Impound the driver's vehicle per 22651(h) CVC, 22651(p) CVC or 14602.6(a) CVC, if appropriate.
  - e. Complete a narrative report and attached to the citation. Include a copy of the driver's license printout.
  - f. Send the license, DMV notice of suspension and a copy of your report to the DMV.

**REMINDER:** If there is a chance that the driver may be "under the influence" follow all normal DUI arrest procedures (I.e. SFST's and chemical test). In addition to booking for 23152(a) CVC, add 23154(a) CVC to the charges in your arrest report.

# DUI PROBATION

**\*\*\* SAMPLE DRIVER LICENSE \*\*\***

(**BOLD** sections indicate driver is on DUI Probation)

DMV RECORD FOR LAW ENFORCEMENT USE ONLY

ID CARD MLD:07-23-07\*EXPIRES:07-31-12\*BATES:POL\*

LIC/ISS:11-30-05\*EXPIRES:07-31-09\*CLASS:C NON-COMMERCIAL\*  
ENDORSEMENTS:NONE\*  
ORIGINAL DL ISSUE DATE:11-30-05\*

LATEST APP:  
DL TYPE:ID CARD\*ISS/DATE: 07-12-07\*OFFICE: SDC\*

LICENSE STATUS:  
SUSPENDED OR REVOKED

DEPARTMENTAL ACTIONS:

DRV LIC SUSPENDED \*EFF:08-16-07\*ORDER MAILED:09-17-07\*AUTH:13352A1\*  
REASON:DRUNK DRIVING OR DRUGS\*STATE:CAUTION 03/CODE:80\*SERVICE:M/  
04-09-08\*VERBAL NOTICE-COURT,LAW ENFORCEMENT AGENCY,OR DMV\*

CONVICTIONS:

VIOL/DT	CONV/DT	SEC/VIOL	DKT/NO	DISP	COURT	VEH/LIC
---------	---------	----------	--------	------	-------	---------

06-29-07	08-16-07	<b>23152B VC</b>	5212837	CGJO	37485	
		23152B VC				
		23593 VC				

DMV POINT COUNT 2

**COURT PROBATION TERMS THROUGH 08-15-12, VIOLATION DATE 06-29-07, DOCKET NUMBER 5212837  
SHALL NOT COMMIT CRIMINAL OFFENSE, REFUSE BAC TEST, OR DRIVE VEHICLE WITH ALCOHOL IN BLOOD.**

# **DUI BICYCLE**

---

- × 21200.5 CVC - IT IS UNLAWFUL FOR ANY PERSON TO RIDE A BICYCLE UPON A HIGHWAY WHILE UNDER THE INFLUENCE OF AN ALCOHOLIC BEVERAGE OR ANY DRUG, OR UNDER THE COMBINED INFLUENCE OF AN ALCOHOLIC BEVERAGE AND ANY DRUG.
- × NO DMV PAPERS SINCE CDL NOT REQUIRED
- × DO NOT NEED TO OBTAIN CHEMICAL TEST
- × DO NOT NEED TO CONDUCT SFST'S
- × ARTICULATE THE INTOXICATION LIKE 647F PC
- × THE PERSON ARRESTED HAS THE RIGHT TO REQUEST A CHEMICAL TEST OF BLOOD, BREATH OR URINE. IF THEY REQUEST IT, TAKE IT

---

***CONCEPTS AND PRINCIPLES  
OF THE  
STANDARDIZED FIELD  
SOBRIETY TESTS (SFST)***

# **OVERVIEW: DEVELOPMENT AND VALIDATION**

- × NHTSA RESEARCH BEGAN IN 1975 IN CALIFORNIA WITH THREE FINAL REPORTS BEING PUBLISHED:
  1. CALIFORNIA: 1977 (LAB STUDY ONLY)
  2. CALIFORNIA: 1981 (LAB/FIELD STUDY)
  3. MARYLAND, WASHINGTON, DC, VIRGINIA, NORTH CAROLINA: 1983 (FIELD STUDY ONLY)

# **ORIGINAL RESEARCH OBJECTIVES**

---

- × TO EVALUATE CURRENTLY USED PHYSICAL COORDINATION TESTS TO DETERMINE THEIR RELATIONSHIP TO INTOXICATION AND DRIVING IMPAIRMENT.**
- × TO DEVELOP MORE SENSITIVE TESTS THAT WOULD PROVIDE MORE RELIABLE EVIDENCE OF IMPAIRMENT.**
- × TO STANDARDIZE THE TESTS AND OBSERVATIONS.**



# **VOLUNTEERS WERE SUBJECTED TO SIX TESTS:**

- × 1. ONE-LEG STAND**
- × 2. FINGER TO NOSE**
- × 3. FINGER COUNT**
- × 4. WALK AND TURN**
- × 5. TRACING (A PAPER AND PENCIL EXERCISE)**
- × 6. NYSTAGMUS (CALLED ALCOHOL GAZE NYSTAGMUS IN FINAL REPORT)**

# LABORATORY TEST DATA

---

## × RESULTS

- HGN BY ITSELF WAS 77% ACCURATE.
- WALK AND TURN WAS 68% ACCURATE.
- ONE LEG STAND WAS 65% ACCURATE.
- IT WOULD BE POSSIBLE TO COMBINE THE RESULTS OF HGN AND WALK AND TURN AND BE 80% ACCURATE.

# **THIRD PHASE: FIELD VALIDATION AND STANDARDIZATION**

---

## **× OBJECTIVES:**

- TO DEVELOP STANDARDIZED, PRACTICAL AND EFFECTIVE PROCEDURES FOR POLICE OFFICERS TO USE IN REACHING ARREST/NO ARREST DECISIONS.**
- TO TEST THE FEASIBILITY OF THE PROCEDURES IN OPERATIONAL CONDITIONS.**
- TO SECURE DATA TO DETERMINE IF THE TESTS WILL DISCRIMINATE IN THE FIELD, AS WELL AS IN THE LABORATORY.**

# **“STANDARDIZED” ELEMENTS**

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- **STANDARDIZED ADMINISTRATIVE PROCEDURES**
- **STANDARDIZED CLUES**
- **STANDARDIZED CRITERIA**

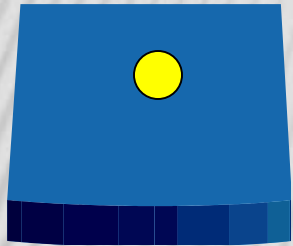
# **IMPORTANCE OF LARGE SCALE FIELD VALIDATION STUDY**

---

- **FIRST SIGNIFICANT ASSESSMENT OF THE WORKABILITY OF THE STANDARDIZED TESTS UNDER ACTUAL ENFORCEMENT CONDITIONS.**
- **FIRST TIME COMPLETELY OBJECTIVE CLUES AND SCORING CRITERIA HAD BEEN DEFINED FOR THE TESTS.**
- **RESULTS OF THE STUDY VALIDATED THE SFSTS.**

# SFST FIELD VALIDATION STUDIES

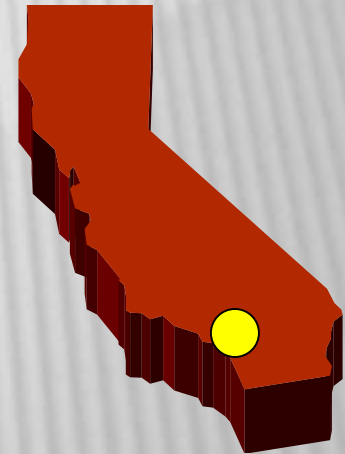
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Colorado  
1995



Florida  
1997



San Diego, California  
1998

# **COLORADO FIELD VALIDATION STUDY OF SFST**

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- **FIRST FULL FIELD VALIDATION STUDY USING SFST EXPERIENCED LAW ENFORCEMENT PERSONNEL.**
- **93% CORRECT ARREST DECISION BASED ON THREE-TEST BATTERY (HGN, WAT, OLS).**

# **FLORIDA FIELD VALIDATION STUDY OF SFST**

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- **95% CORRECT ARREST DECISION BASED ON THREE-TEST BATTERY (HGN, WAT, OLS).**
- **VALIDATED SFST'S AT 0.08 BAC AND ABOVE.**

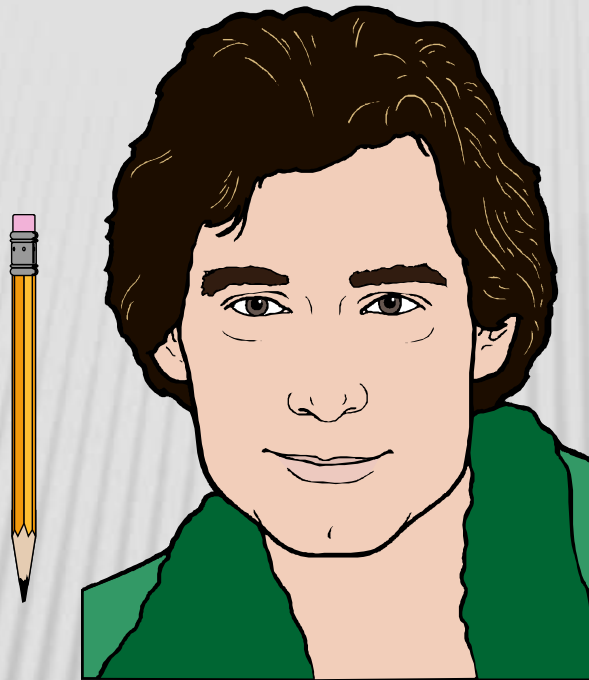


# **SAN DIEGO FIELD VALIDATION STUDY OF SFST**

- **91% CORRECT ARREST DECISION FOR 0.08 BAC AND ABOVE USING THREE-TEST BATTERY (HGN, WAT, OLS).**
- **HGN IS STILL MOST RELIABLE OF THREE-TEST BATTERY AND SUPPORTS ARREST DECISIONS AT 0.08 BAC.**

# HORIZONTAL GAZE NYSTAGMUS

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**INVOLUNTARY JERKING OF THE EYES  
OCCURRING AS THE EYES GAZE TO THE SIDE**

# CATEGORIES OF NYSTAGMUS

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- **VESTIBULAR**

- ROTATIONAL (SPINNING)
- POST-ROTATIONAL (AFTER SPINNING)
- CALORIC (INNER EAR TEMPERATURE DIFF)
- POSITIONAL ALCOHOL NYSTAGMUS

- **NEURAL**

- OPTOKINETIC (EYE)
- PHYSIOLOGICAL
- GAZE
  - HORIZONTAL
  - VERTICAL
  - RESTING

- **PATHOLOGICAL DISORDERS AND DISEASES**

# **ADMINISTRATIVE PROCEDURES**

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- 1. EYEGASSES**
- 2. VERBAL INSTRUCTIONS**
- 3. POSITION OBJECT (12-15 INCHES) (30-38 CM)**
- 4. PUPIL SIZE AND RESTING NYSTAGMUS**
- 5. EQUAL TRACKING**

# ADMINISTRATIVE PROCEDURES

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6. CHECK FOR LACK OF SMOOTH PURSUIT

7. CHECK FOR DISTINCT AND SUSTAINED NYSTAGMUS AT MAXIMUM DEVIATION

8. CHECK FOR ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

9. TOTAL THE CLUES

10. CHECK FOR VERTICAL GAZE NYSTAGMUS

× CHECK EACH EYE INDEPENDENTLY BEGINNING WITH THE SUSPECT'S LEFT AND COMPARE

# THREE CLUES OF HORIZONTAL GAZE NYSTAGMUS

---

- LACK OF SMOOTH PURSUIT.
- DISTINCT AND SUSTAINED NYSTAGMUS AT MAXIMUM DEVIATION.
- ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES.

# CLUE NUMBER 1

---



LACK OF SMOOTH PURSUIT

# CLUE NUMBER 2

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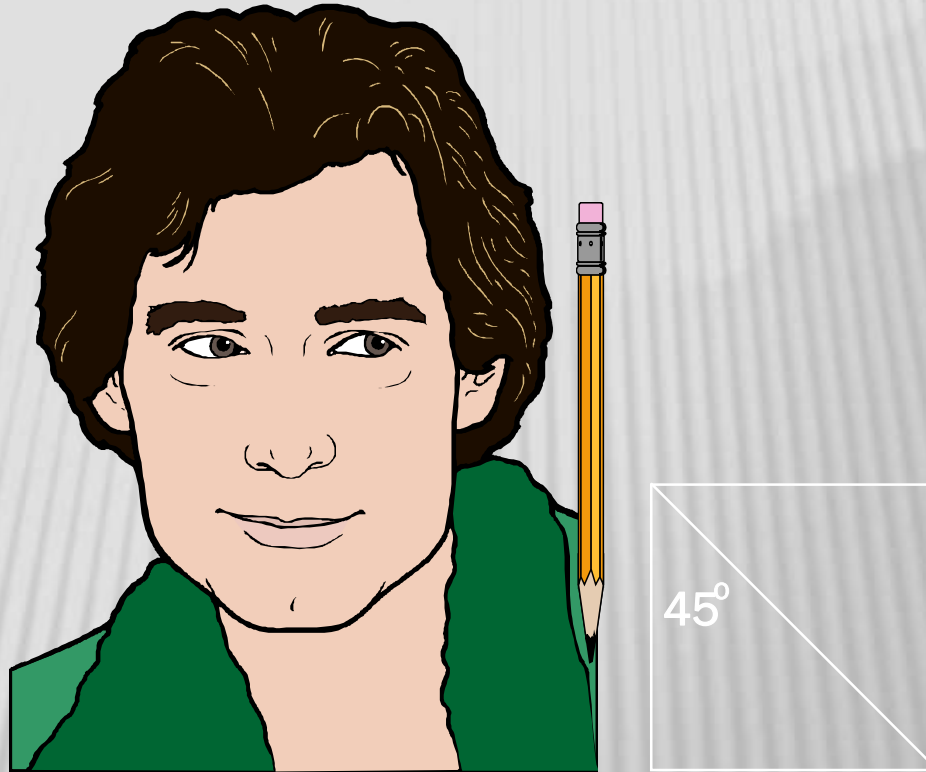


**DISTINCT AND SUSTAINED NYSTAGMUS AT  
MAXIMUM DEVIATION**



# CLUE NUMBER 3

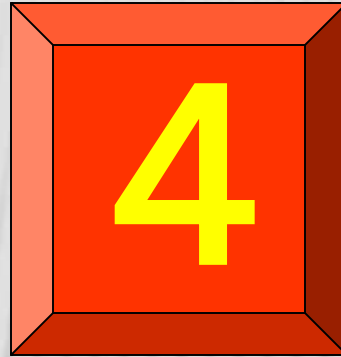
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ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES (SHOULDERS)

# HORIZONTAL GAZE NYSTAGMUS TEST CRITERION

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**4 OR MORE CLUES INDICATES BAC ABOVE 0.10  
(77% ACCURATE)**

# VERTICAL GAZE NYSTAGMUS

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# HGN VIDEO

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<https://youtu.be/seIZ9WrD7ac>

# WALK AND TURN TEST

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## DIVIDED ATTENTION TEST - MENTAL TASK AND PHYSICAL TASK

- INSTRUCTIONS STAGE
- WALKING STAGE



# SAFETY PRECAUTIONS

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- × KEEP SUSPECT ON LEFT SIDE DURING DEMONSTRATIONS
- × NEVER TURN BACK ON SUSPECT
- × BE AWARE OF SURROUNDINGS
- × LEFT HANDED OFFICERS SHOULD DEMONSTRATE TEST AT A DISTANCE MORE THAN ARM'S LENGTH

# ADMINISTRATIVE PROCEDURES

---

## 1. VERBAL INSTRUCTIONS:

- + ASSUME HEEL-TOE STANCE
- + ARMS DOWN AT SIDES
- + DON'T START UNTIL TOLD

## 2. 9 HEEL-TO-TOE STEPS, TURN, 9 HEEL-TO-TOE STEPS

## 3. TURN PROCEDURES:

- + TURN AROUND ON LINE
- + SEVERAL SMALL STEPS

## 4. WHILE WALKING:

- + KEEP WATCHING FEET
- + ARMS DOWN AT SIDES
- + COUNT STEPS OUT LOUD
- + DON'T STOP DURING WALK

# **WALK AND TURN TEST CLUES**

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- 1. CAN'T BALANCE DURING INSTRUCTIONS**
- 2. STARTS TOO SOON**
- 3. STOPS WHILE WALKING**
- 4. DOESN'T TOUCH HEEL-TO-TOE**



# **WALK AND TURN TEST CLUES**

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5. STEPS OFF LINE

6. USES ARMS TO BALANCE

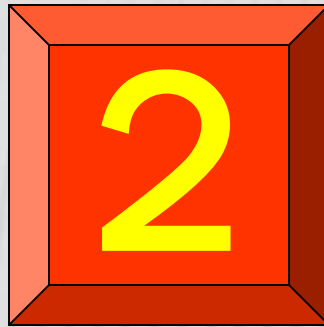
7. IMPROPER TURN (OR LOSES BALANCE ON TURN)

8. WRONG NUMBER OF STEPS

**NOTE: IF SUSPECT CAN'T DO THE TEST, RECORD OBSERVED CLUES AND DOCUMENT THE REASON FOR NOT COMPLETING THE TEST. IF IT BECOMES TOO DANGEROUS, STOP AND DOCUMENT.**

# WALK AND TURN TEST CRITERION

---



**2 OR MORE CLUES INDICATES BAC ABOVE 0.10  
(68% ACCURATE)**

# ONE-LEG STAND TEST

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## DIVIDED ATTENTION TEST - MENTAL TASK AND PHYSICAL TASK

- INSTRUCTIONS STAGE
- BALANCE AND COUNTING STAGE



# **ADMINISTRATIVE PROCEDURES**

---

## **× INSTRUCTIONS STAGE:**

- + STAND STRAIGHT, FEET TOGETHER**
- + KEEP ARMS AT SIDES**
- + MAINTAIN POSITION UNTIL TOLD OTHERWISE**

# **ADMINISTRATIVE PROCEDURES**

---

- × BALANCE AND COUNTING STAGE:**
  - + RAISE ONE LEG, EITHER LEG**
  - + KEEP RAISED FOOT APPROXIMATELY SIX INCHES (15 CM) OFF GROUND, FOOT PARALLEL TO THE GROUND**
  - + KEEP BOTH LEGS STRAIGHT**
  - + KEEP EYES ON ELEVATED FOOT**
  - + COUNT OUT LOUD IN THE FOLLOWING MANNER: “ONE THOUSAND AND ONE, ONE THOUSAND AND TWO, ONE THOUSAND AND THREE AND SO ON”, UNTIL TOLD TO STOP**

**NOTE: IT'S IMPORTANT FOR THE OFFICER TO TIME THE 30 SECOND COUNT FOR THE TEST.**

# **ONE-LEG STAND TEST CLUES**

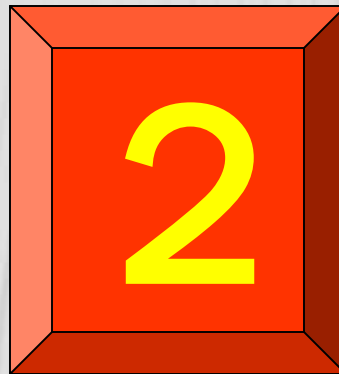
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- **SWAYS WHILE BALANCING**
- **USES ARMS TO BALANCE**
- **HOPS**
- **PUTS FOOT DOWN**

**NOTE: IF SUSPECT CAN'T DO THE TEST, RECORD OBSERVED CLUES AND DOCUMENT THE REASON FOR NOT COMPLETING THE TEST. IF IT BECOMES TOO DANGEROUS, STOP AND DOCUMENT.**

# ONE-LEG STAND TEST CRITERION

---



**2 OR MORE CLUES INDICATES BAC ABOVE 0.10  
(65% ACCURATE)**

# MEDICAL ASSESSMENT

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• EQUAL TRACKING

YES

NO

• EQUAL PUPIL

YES

NO

OTHER:



# HORIZONTAL GAZE NYSTAGMUS

---

- LACK OF SMOOTH PURSUIT
- DISTINCT AND SUSTAINED NYSTAGMUS AT MAXIMUM DEVIATION
- ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

LEFT	RIGHT

# WALK AND TURN

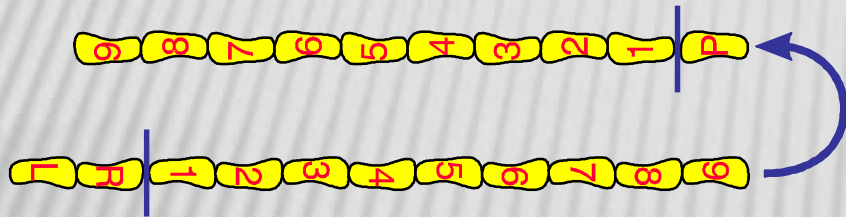
## INSTRUCTIONS STAGE

Cannot Keep Balance

Starts Too Soon

## Walking Stage

Walk and Turn Test



Cannot keep balance \_\_\_\_\_

Starts too soon \_\_\_\_\_

- Stops walking
- Misses heel-toe
- Steps off line
- Raises arms
- Actual steps taken

1st Nine	2nd Nine

Describe Turn

Cannot Do Test (Explain)

Improper Turn

(Describe)

Cannot Do Test

(Explain)

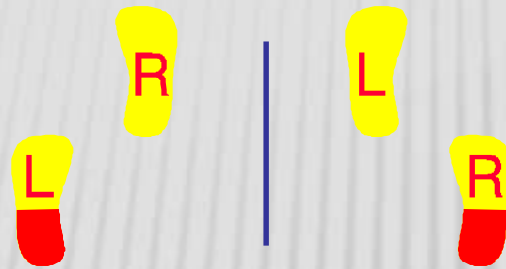
Other:

\* For scoring purposes, "Wrong number of steps is a validated clue."

# ONE-LEG STAND

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## ONE-LEG STAND:



- | L                        | R                        |                       |
|--------------------------|--------------------------|-----------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | SWAYS WHILE BALANCING |
| <input type="checkbox"/> | <input type="checkbox"/> | USES ARMS TO BALANCE  |
| <input type="checkbox"/> | <input type="checkbox"/> | HOPPING               |
| <input type="checkbox"/> | <input type="checkbox"/> | PUTS FOOT DOWN        |

# QUESTIONS?

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**OFFICER MIKE GOTTFRIED**  
**SDPD TRAFFIC DIVISION**  
**TRAFFIC INVESTIGATIONS UNIT**  
**(858) 495-7823**  
**[mgottfried@pd.sandiego.gov](mailto:mgottfried@pd.sandiego.gov)**