

Destroy all previous versions of this form.

X - ( )

**NOTICE OF PRIORITY RE-EXAMINATION OF DRIVER (Driver Incapacity)**  
The driver listed below committed a violation of Section(s) 21000 through 23336 of the California Vehicle Code (CVC) and should be re-examined pursuant to Section 21061 CVC. At the time of the violation, the driver exhibited evidence of incapacity which reasonably led me to believe that this person is not capable of operating a motor vehicle without presenting a clear or potential danger, or risk of injury to himself/herself or others. As required by law, on the date below, I issued a copy of this Notice of Priority Re-examination/Notice of Suspension for Non-Compliance to the driver listed below.

The driver does not have to be cited for one of the above CVC sections. Please indicate evidence of the incapacity in the Summary area below. If the driver was involved in a traffic accident, attach a copy of the report. You must give a copy of this form to the driver.

If this form is being issued as a Notice of Priority Re-examination/Notice of Suspension for Non-Compliance, immediately fax the document (if fax available) to the Driver Safety Office nearest the driver's home (see reverse), then mail the original Notice to the same office.

**NOTICE OF SUSPENSION FOR NON-COMPLIANCE**

**INSTRUCTIONS TO DRIVER**

If the above box is checked, you must contact the Department of Motor Vehicles (DMV) for a re-examination under Sections 12818 and 12819 CVC. If you do not call or appear within five (5) working days, your privilege to drive in this state will be suspended until you satisfactorily complete a re-examination. SEE IMPORTANT PRIORITY RE-EXAMINATION INFORMATION ON THE REVERSE SIDE OF THIS FORM.

**REQUEST FOR REGULAR RE-EXAMINATION OF DRIVER (Officer's Instructions on reverse.)**  
The driver listed below should be re-examined by DMV, but does not require a Priority Re-examination.

DATE	TIME	DRIVER LICENSE NO.	STATE	BIRTHDATE
	0904		CA	
LOCATION OF INCIDENT		CITY	STATE	ZIP CODE
N. McDOWELL BLVD / EAST WASHINGTON ST PETALUMA		SANTA ROSA	CA	95403
ANY NOTICE TO APPEAR NO. (IF CITATION ISSUED, ATTACH COPY)		DRIVER'S DAYTIME PHONE NO.		
#451601				
ACCIDENT/ARREST NO. (ATTACH COPY IF APPLICABLE)	CITY	COUNTY		
11-749	PETALUMA	SONOMA		

**OBSERVED DRIVING BEHAVIOR**—Check appropriate boxes for driving problems you observed: (Use space below if needed for additional comments.)

- |   |   |
|---|---|
| <input type="checkbox"/> Responding incorrectly to Emergency Signal/Lights  | <input type="checkbox"/> Failed to yield right-of-way           |
| <input checked="" type="checkbox"/> Drifting or weaving in and out of lanes | <input type="checkbox"/> Lost control of vehicle                |
| <input checked="" type="checkbox"/> Caused, or nearly caused, collision     | <input checked="" type="checkbox"/> Struck stationary object    |
| <input type="checkbox"/> Not reacting to other cars, pedestrians, etc.      | <input type="checkbox"/> Failed to go on green light            |
| <input checked="" type="checkbox"/> Driving on wrong side of road           | <input type="checkbox"/> Driving without lights during darkness |
| <input type="checkbox"/> Driving on sidewalk                                | <input type="checkbox"/> Made turn from wrong lane              |
| <input type="checkbox"/> Driving in wrong lane                              | <input type="checkbox"/> Fell asleep while driving              |
| <input checked="" type="checkbox"/> Driving too slow, impeding traffic      | <input type="checkbox"/> Violent or aggressive driving          |
| <input type="checkbox"/> Failed to stop at red light/stop sign              | <input type="checkbox"/> Not adequately controlling vehicle     |
| <input type="checkbox"/> Unsafe/inappropriate lane change                   | <input type="checkbox"/> Other Observations _____               |
| <input type="checkbox"/> Inappropriately stopped                            |   |

**DRIVER CONDITION (Observations after Stop/Collision)**—Check all appropriate boxes below. Please use the space below to provide specific details, if known, and the driver's medical (physical or mental) condition such as name of disease or illness, any medications taken, etc.

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Confused, disoriented, incoherent, or unaware of actions   | <input checked="" type="checkbox"/> Alcohol/Drug Use (Describe below)                           |
| <input type="checkbox"/> Reported/Observed Medical Condition                                   | <input type="checkbox"/> Confused by traffic  |
| <input type="checkbox"/> Little or no recollection of incident                                 | <input type="checkbox"/> Lost or confused while driving near home                               |
| <input checked="" type="checkbox"/> Medicated  | <input type="checkbox"/> Blackout/Seizure/Fainting  |
| <input type="checkbox"/> Vision Condition/Visual Impairment                                    | <input type="checkbox"/> Driver appears to need help with hygiene and/or dressing appropriately |
| <input type="checkbox"/> Mental/Emotional Condition  | <input type="checkbox"/> Other Observations _____   |
| <input checked="" type="checkbox"/> Driver reported he/she did not see cars, pedestrians, etc. |   |
| <input checked="" type="checkbox"/> Difficulty Walking   |   |
| <input type="checkbox"/> Weakness or Coordination Problems                                     |   |

**SUMMARY:** You may use the space below to further describe actions of the driver which led you to believe a re-examination is needed - describe any impairment, serious physical injury or illness, mental impairment or disorientation. Describe any traffic law violations whether or not a citation was issued.

\_\_\_\_\_ WAS OBSERVED STOPPED AT A GREEN LIGHT. HE THEN STRUCK A  
RAISED MEDIAN, DROVE OVER IT, AND TRAVELLED THE WRONG WAY OF  
TRAFFIC. \_\_\_\_\_ COULD NOT STAND AND STATED HE HAD TAKEN MEDICATION

AGENCY	TELEPHONE NO.
PETALUMA PD	(707) 778-4372
STREET ADDRESS	CITY
914 N. PETALUMA BLVD	PETALUMA
OFFICER NAME (PLEASE PRINT)	ZIP CODE
PAUL ACCORNERO	94952
	BADGE OR I.D. NUMBER
	1543

I certify (or declare) under penalty of perjury under the laws of the State of California that the information I have provided is true and correct.

OFFICER'S SI	DATE FAXED	DO YOU WISH TO BE NOTIFIED OF RESULTS?
		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No