

Motions: Issue Spotting

June 1, 2016

HOJ: MDB Conference Room

Speaker: Michelle Contois, Deputy District Attorney

AGENDA

3:45 – 3:55

Issue spotting: identify issues from report for PC 1538.5 motion

3:55 – 4:05

Tips for drafting response to defense “boilerplate” suppression motions

4:05 – 4:15

Making a proper record (written and oral) for purposes of appeal

CERTIFICATE OF ATTENDANCE FOR CALIFORNIA MCLE

Top portion of form to be completed by the MCLE Provider

Provider Name: Ventura County District Attorney's Office

Provider Number: 1130

Title of Activity: Motions: Issue spotting

Date(s) of Activity: June 1, 2016

Time of Activity: 3:45 - 4:15 pm

Location of Activity (City, State): HOJ: MDB Conference Room Ventura, CA

Total California MCLE Credit Hours for the above activity are 0.50, including the following sub-field credits:

- Legal Ethics _____
- Elimination of Bias in the Legal Profession _____
- Prevention, Detection and Treatment of Substance Abuse/Mental Illness that Impairs Professional Competence _____

Bottom portion of form to be completed by the Attorney after participation in the above-referenced activity

By signing below, I certify that I participated in all, or some*, of the activity described above and am therefore entitled to the following MCLE credit hours -

Total California MCLE Credit Hours 0.50, including the following sub-field credits

Legal Ethics _____

Elimination of Bias in the Legal Profession _____

Prevention, Detection and Treatment of Substance Abuse / Mental Illness that Impairs Professional Competence _____

(You may not claim credit for sub-fields unless the Provider is granting credit in those areas and you participated in those portions of the activity)

Print Your Name _____

Your California State Bar Number _____

Signature _____

* partial participation hours must be pro-rated

ACTIVITY EVALUATION FORM FOR CALIFORNIA MCLE

Please complete and return to Provider (Please Print)

Provider Name: Ventura County District Attorney's Office Provider Number: 1130

Title of Activity: Motions: Issue spotting

Date(s) of Activity: June 1, 2016

Time of Activity: 3:45 pm - 4:15 pm

Location of Activity: HOJ: MDB Conference Room Ventura, CA

Please indicate your evaluation of this course by completing the table below

Question	Yes	No	Comments
Did this program meet your educational objectives?	<input type="checkbox"/>	<input type="checkbox"/>	
Were you provided with substantive written materials?	<input type="checkbox"/>	<input type="checkbox"/>	
Did the course update or keep you informed of your legal responsibilities?	<input type="checkbox"/>	<input type="checkbox"/>	
Did the activity contain significant professional content?	<input type="checkbox"/>	<input type="checkbox"/>	
Was the environment suitable for learning (e.g., temperature, noise, lighting, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	

Please rate the instructor(s) of the course below

Instructor's Name and Subject Taught	On a scale of 1 to 5, with 1 being Poor and 5 being Excellent, please rate the items below	Rate 1 – 5
Michelle Contois, DDA	Overall Teaching Effectiveness	—
	Knowledge of Subject Matter	—

Instructor's Name and Subject Taught	On a scale of 1 to 5, with 1 being Poor and 5 being Excellent, please rate the items below	Rate 1 – 5
	Overall Teaching Effectiveness	—
	Knowledge of Subject Matter	—

Instructor's Name and Subject Taught	On a scale of 1 to 5, with 1 being Poor and 5 being Excellent, please rate the items below	Rate 1 – 5
	Overall Teaching Effectiveness	—
	Knowledge of Subject Matter	—

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
**DRIVING UNDER THE INFLUENCE
ARREST- INVESTIGATION REPORT**

CHP 202 (Rev. 6-11) OPI 061

Misdemeanor Domestic Violence (Refer 00.69)

PAGE 1 OF 7

DATE/TIME OF ARREST REPORT 11/07/2015 0152	DATE/TIME OF INCIDENT 11/07/2015 0132	<input type="checkbox"/> SAME	COURT Ventura Superior	FILE NUMBER 201500711	EVIDENCE/PROPERTY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
CITATION NUMBER CL90112			AREA 770	BEAT 076	COLLISION REPORT NUMBER N/A
OFFENSE(S) CHARGED OR INVESTIGATED 23152(A) VC, 23152(B) VC			LOCATION OF ARREST/INCIDENT JANSS ROAD PARK AND RIDE		MVARS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Diso # 1
			JUS 8718 REQUIRED NUMBER		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

SUBJECT NO 1 OF 1

NAME (last, first, middle) TAMASHIRO, KEVIN MICHAEL		RESIDENCE ADDRESS 278 CALLE OROVISTA Camarillo CA 93012 US			
AKA		HOME PHONE (805)754-6061	MAILING ADDRESS <input checked="" type="checkbox"/> SAME		
RACE/ETHNICITY Asian Indian	SEX M	BIRTHDATE 09/05/1992	HAIR BLK	EYES HBL	HEIGHT 5-07
DRIVER LICENSE NUMBER D9781494		STATE CA	DDL STATUS VALID	MISC (SSN, INS #, ETC.) SSN 618-88-2065	PLACE OF BIRTH (city, state, country) Oxnard CA US
EMPLOYER ISLANDS RESTAURANT		BUSINESS PHONE		BUSINESS ADDRESS Simi Valley CA 93065	
BOOKING, CII, FBI, ETC., NUMBER(S) 1970233		WHERE BOOKED/CONFINED East V		DATE/TIME 11/07/2015 0300	FINGERPRINTED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

NOTIFICATION (Who, How, When) EXPLAIN IN NARRATIVE
 JUVENILE FOREIGN NATIONAL IMMUNITY CLAIM

Hand
out

LICENSE 6KZY490	STATE CA	YEAR 0216	VIN/EN NUMBER KMHDU4AD0AU94	BOOKED COVERED	RELEASED IMPOUNDED	STORAGE AUTHORITY
VEH YEAR 2010	MAKE HYUN	BODY STYLE ELANTRA	COLOR GRY	BASED TO/ADDRESS/TELEPHONE NUMBER		
NAME OF REGISTERED OWNER KATHRYN A TAMASHIRO		<input type="checkbox"/> SAME AS SUBJECT		SALAROSA RANCH RD CAMARILLO CA 93012 US		
NAME OF LEGAL OWNER JPMORGAN CHASE BK		<input type="checkbox"/> SAME AS R/O		ADDRESS PO BOX 901003 FT WORTH TX 76101 US		

WITNESS/PASSENGER/VICTIM				PHONE
BIRTHDATE	SEX	NAME	<input checked="" type="checkbox"/> WITNESS <input type="checkbox"/> PASSENGER <input type="checkbox"/> VICTIM	RES: BUS: (805)553-0800
	M	CHP OFFICER ALDRETE ID 20040	ADDRESS/AGENCY CHP MOORPARK AREA OFFICE	
			<input type="checkbox"/> WITNESS <input type="checkbox"/> PASSENGER <input type="checkbox"/> VICTIM	RES: BUS:
			<input type="checkbox"/> WITNESS <input type="checkbox"/> PASSENGER <input type="checkbox"/> VICTIM	RES: BUS:
			<input type="checkbox"/> WITNESS <input type="checkbox"/> PASSENGER <input type="checkbox"/> VICTIM	RES: BUS:

ADMONITION OF RIGHTS

- YOU HAVE THE RIGHT TO REMAIN SILENT.
- ANYTHING YOU SAY CAN AND WILL BE USED AGAINST YOU IN A COURT OF LAW.
- YOU HAVE THE RIGHT TO TALK WITH AN ATTORNEY AND TO HAVE AN ATTORNEY PRESENT BEFORE AND DURING QUESTIONING.
- IF YOU CANNOT AFFORD AN ATTORNEY, ONE WILL BE APPOINTED FREE OF CHARGE TO REPRESENT YOU BEFORE AND DURING QUESTIONING, IF YOU DESIRE.

THE ABOVE STATEMENT WAS READ TO THE ARRESTEE BY:

NOT ADVISED ARRESTING OFFICER OR: **NOT QUESTIONED IN CUSTODY** I.D. TIME:

DO YOU UNDERSTAND EACH OF THESE RIGHTS I HAVE EXPLAINED TO YOU? YES NO

HAVING THESE RIGHTS IN MIND, DO YOU WISH TO TALK TO US NOW? YES NO

WAIVER STATEMENT

MISDEMEANOR INCARCERATION (To be completed upon physical arrest for any misdemeanor, pursuant to Penal Code Section 853.6)

- The person arrested:
- was so intoxicated as to be a danger to himself/herself or others.
 - required medical examination or medical care or was otherwise unable to care for his/her own safety.
 - was arrested under one or more of the circumstances listed in Sections 40302 and 40303 of the Vehicle Code (Note 5 and 8 if also applicable).
 - had one or more outstanding arrest warrants issued.
 - could not provide satisfactory evidence of personal identification.
 - If released immediately, would jeopardize the prosecution of the offense or offenses for which arrested or the prosecution of any other offenses.
 - would be reasonably likely to continue the offense or offenses, or the safety of persons or property would be imminently endangered if immediately released.
 - demanded to be taken before a magistrate or refused to sign the citation.
 - would not appear at the time and place specified in the notice.
 - domestic violence (refer to HPM 100.69)

ARRESTING/INVESTIGATING OFFICER J. Johnston / Officer	(Print name/rank)	I.D. NUMBER 020641	REVIEWED BY S. Curley / SGT	(Print name/rank)	I.D. NUMBER 13723	DATE 11/15/15
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TAMASHIRO, KEVIN MICHAEL
LAST NAME, FIRST NAME, AND MIDDLE INITIAL

201500711

TAMASHIRO, KEVIN MICHAEL

CL90112/201500711

ALL ASKED PRIOR TO FST'S INVESTIGATION INTERVIEW

DO YOU KNOW OF ANYTHING MECHANICALLY WRONG WITH YOUR VEHICLE? DESCRIBE. YES NO

ARE YOU SICK OR INJURED? DESCRIBE. YES NO

ARE YOU DIABETIC OR EPILEPTIC? YES NO

DO YOU TAKE INSULIN? (Pills/Injection) YES NO

DO YOU HAVE ANY PHYSICAL IMPAIRMENTS? DESCRIBE. (Feet, Legs, Ankles or Hips) YES NO

WHEN DID YOU LAST SLEEP? **LAST NIGHT**

HOW LONG? **7-8 HRS**

WHEN DID YOU LAST EAT? **7:30 PM**

DESCRIBE **CHICKEN SALAD**

WHERE DID YOU START DRIVING? **CAMARILLO**

WHERE WERE YOU GOING? **HOME SIMI VALLEY**

WHERE WERE YOU STOPPED? **TIERRA REJADA**

WHAT HAVE YOU BEEN DRINKING? **UNION JACK/CRAFT BEER**

HOW MUCH? **2**

TIME STARTED **7:35 PM**

TIME STOPPED **8:45 PM**

LOCATION WHERE YOU WERE DRINKING? **INSTUTION, CAMARILLO**

NAME/ADDRESS

DO YOU FEEL THE EFFECTS OF THE DRINKS? DESCRIBE. YES NO

DID YOU BUMP YOUR HEAD? YES NO N/A

HAVE YOU BEEN DRINKING SINCE THE ACCIDENT? YES NO N/A

IF YES, WHAT? **HOW MUCH?**

ARE YOU UNDER THE CARE OF A DOCTOR OR DENTIST? YES NO

IF YES, NAME AND ADDRESS

RECENT SURGERY PERFORMED? YES NO

HAVE YOU TAKEN ANY MEDICINE OR DRUGS? YES NO

IF YES, WHAT? **HOW MUCH?**

TIME OF LAST DOSAGE

*(Explain in Narrative)

DO YOU FEEL THE EFFECTS OF THE MEDICINE/DRUGS? DESCRIBE. YES NO

OBJECTIVE SIGNS/APPEARANCE/FIELD SOBRIETY TEST LOCATION

BREATH ODOR OF ALCOHOLIC BEVERAGE PRESENT YES NO **STRONG**

GLASSES/LENSES YES NO

EYES (appearance) **RED/WATERY**

DEMEANOR **QUESTIONING**

SPEECH **THICK/SLURRED**

CLOTHING WORN: CONDITION AND DESCRIPTION

GREY LONG SLEEVE SHIRT, BLACK PANTS, BLACK SNEAKERS, CLEAN

DESCRIBE TEST LOCATION, SURFACE, WEATHER, AND LIGHTING

FLAT ASPHALT PARKING LOT, COOL WINDY AND DRY, CHP LIGHTS, FLASHLIGHTS, STREETLIGHTS

PRELIMINARY ALCOHOL SCREEN INFORMATION

P.A.S. Admonition: I am requesting that you take a preliminary alcohol screening test to further assist me in determining whether you are under the influence of alcohol. You may refuse to take this test; however, this is not an implied consent test and if arrested, you will be required to give a sample of your blood, breath, or urine for the purpose of determining the actual alcoholic and drug content of your blood.

THE SUBJECT WAS ADVISED OF THE ABOVE STATEMENT BY:

N/A ARRESTING OFFICER OR I.D. TIME **0151**

PAS SERIAL NUMBER	TEMPERATURE	ZEROED <input type="checkbox"/> YES <input type="checkbox"/> NO	RESULTS NO. 1 <input checked="" type="checkbox"/> Refused	TIME 1	RESULTS NO. 2	TIME 2	RESULTS NO. 3 (If needed)	TIME 3
LOCATION OF TEST <input type="checkbox"/> At scene	BREATH SAMPLE <input type="checkbox"/> Automatic <input type="checkbox"/> Manual	OFFICER ADMINISTERING PAS TEST <input type="checkbox"/> OR	ARRESTING OFFICER	I.D. NUMBER	AREA			

CHEMICAL TEST INFORMATION

Implied Consent Admonishment, 23612 V.C. Refused Test(s) (Complete DS 387)

DRUG ADMONISHMENT YES Refused (Complete DS 387) N/A

ATTACHMENTS CHP 202 DRE OTHER

TYPE OF TEST	TIME	I.D. OF SAMPLE(S)	RESULTS IF AVAILABLE	DISPOSITION OF SAMPLE(S)
1 <input type="checkbox"/> Breath				
2 <input checked="" type="checkbox"/> Blood	0235	58143	PENDING	MOORPARK STATION LOCKERS
3 <input type="checkbox"/> Urine				

TEST GIVEN	LOCATION WHERE TEST WAS CONDUCTED	NAME AND TITLE OF PERSON GIVING TEST OR TAKING SAMPLE
1		<input type="checkbox"/> ARRESTING OFFICER <input type="checkbox"/> OR
2	Los Robles Hospital	<input type="checkbox"/> ARRESTING OFFICER <input checked="" type="checkbox"/> OR GAJARDO R.N.
3		<input type="checkbox"/> ARRESTING OFFICER <input type="checkbox"/> OR

TROMBETTA ADVISEMENT

- A. The breath testing equipment does NOT retain any breath sample for later analysis by you or anyone else.
- B. If you want a sample retained, you may provide a blood or urine sample that will be retained at no cost to you. If you do so, the blood or urine sample may be tested for alcoholic or drug content by either party in a criminal prosecution.
- C. Do you wish to provide an additional sample? YES NO N/A

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
11/07/2015	0132	9770	020641	201500711

1 **FIELD SOBRIETY TESTS:**

2

3 *All FTS's were explained and demonstrated in English by the arresting officer and any notes taken during the*
4 *investigation were discarded upon completion of this report. The subject stated he understood each FST as explained*
5 *and demonstrated prior to starting each test.*

6

7 **HORIZONTAL GAZE NYSTAGMUS (HGN) (6/6)** – The Subject displayed lack of smooth pursuit, distinct and
8 sustained nystagmus at maximum deviation, and onset of nystagmus prior to 45 degrees in both eyes. Throughout
9 the test and swayed side to side 1-2 inches from center body line. I had to remind the subject keep his head facing
10 forward, and follow my finger with only his eyes.

11

12 **ONE LEG STAND (3/4)** – The subject lifted his left foot approximately six inches off of the ground and began to count.
13 After approximately six seconds the subject lost his balance, raised his arms approximately eight inches from his side
14 and placed his left foot back on the ground. I instructed the subject to lift his foot and continue. He again lifted his left
15 foot and after approximately four seconds he lost his balance and swayed backwards. He raised his arms for balance
16 and barely caught himself, almost falling to the ground. At this point I had him conclude the test.

17

18 **WALK AND TURN (N/A)** – While During the instructional phase, he swayed from front to back approximately 1-2
19 inches from center body line and broke his feet apart. He requested to use the painted white line of one of the parking
20 stalls in the parking lot and I related that would be okay. I placed him in the instructional phase position. He lost his
21 balance, swayed to the right and lifted his left leg to the left approximately six to eight inches off of the ground. He
22 then related he did not want to perform the remainder of this test because he felt he was not impaired.

23

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
J. JOHNSTON / OFFICER	020641	11/07/2015		

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
11/07/2015	0132	9770	020641	201600711

1 **FIELD SOBRIETY TESTS (CONTINUED):**

2

3 **MODIFIED RHOMBERG BALANCE TEST** – When he closed his eyes he immediately started to sway side to side

4 approximately 1-2 inches from center body line. After approximately 75 seconds elapsed, he opened his eyes and

5 stated he had counted to 30 Mississippi.

6

7 **PRELIMINARY ALCOHOL SCREENING (PAS)** – I advised the subject of the PAS admonishment at approximately

8 0151 hours, and he refused to provide a sample.

9

10 *All times, except for booking time, were obtained by the arresting officer's wrist watch. All times are approximate.*

11

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
J. JOHNSTON / OFFICER	020641	11/07/2015		

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
11/07/2015	0132	9770	020641	201500711

1 **FIRST OBSERVATIONS:**

2

3 On 11/07/2015 at approximately 0130 hours, my partner, Officer Aldrete (ID 20040 Driver) and I were on duty in full
4 CHP uniform, in a fully marked CHP patrol vehicle. We were traveling on SR-23 northbound approaching Janss Road
5 in the #2 lane. Officer Aldrete alerted my attention to a vehicle coming up behind us at a high rate of speed. The
6 vehicle was weaving back and forth between the #1 and #2 lanes. Officer Aldrete drove our patrol vehicle to the #4
7 lane and activated the rear facing radar of our patrol vehicle. I observed a reading of 93 MPH. The vehicle then
8 proceeded to pass us in the #1 lane. We placed our patrol vehicle directly behind the subject vehicle and performed
9 an enforcement stop. The vehicle activated its right blinker and slowly began to merge to the #4 lane. Officer Aldrete
10 used the patrol vehicle's PA speaker to instruct the driver to exit the freeway. The driver instead pulled to the right
11 shoulder of SR-23 northbound just south of the Janss Road exit.

12

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
J. JOHNSTON / OFFICER	020641	11/07/2015		

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
11/07/2015	0132	9770	020641	201500711

1 **OBSERVATIONS AFTER STOP:**

2
3 I made contact with the driver of the vehicle through the open driver's window and informed him the reason I had
4 stopped him was for not being able to stay in his lane and for exceeding 65 MPH. While we spoke, I could smell the
5 distinct odor of an alcoholic beverage coming from within the vehicle and noticed his eyes were red and watery. I
6 noticed his movements were slow and sluggish. For the safety, Officer Aldrete and I decided to transport the driver
7 and his vehicle off of the freeway. I related to him he was not under arrest and per CHP policy placed him into
8 handcuffs and performed a preliminary frisk. I placed him into our patrol vehicle. I drove his vehicle, exiting Janss
9 Road stopping in the Janss Road Park and Ride east of SR-23. Officer Aldrete drove our patrol vehicle and followed
10 me to this location with the subject in the patrol vehicle.

11
12 When we arrived at the Janss Road Park and Ride, I had the subject exit our patrol vehicle and I removed the
13 handcuffs. He was he identified by his California Drivers License as Melvin Kevin Michael Tamashiro. I performed a
14 modified Horizontal Gaze Nystagmus check, showing signs of possible impairment. While standing next to the
15 subject, I could smell the odor of an alcoholic beverage on his breath and his speech was thick and slurred. Based his
16 objective signs of possible intoxication, and his poor driving, I decided to conduct a DUI investigation.

17
18 I asked the subject a series of Pre-FST questions. He related his vehicle had issues with the front lights. He was not
19 sick or injured and was not diabetic or epileptic. He related he had one Union Jack at 7:45PM and one craft beer at
20 Institution in Camarillo. He related he had bumped his head at 4:30 and 6:30 PM while playing sports. I administered
21 a series of field sobriety tests which the subject performed poorly.

22
23 Based on my observations of his poor driving, his statements of consuming alcoholic beverages prior to driving, his
24 objective signs of intoxication, and his poor performance of the FST's, I formed the opinion he was driving a motor
25 vehicle while under the influence of an alcoholic beverage.

26

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
J. JOHNSTON / OFFICER	020641	11/07/2015		

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
11/07/2015	0132	9770	020641	201500711

1 **ARREST:**

2

3 I placed the subject under arrest for a violation of California Vehicle Code section 23152(a) (DUI) per California
4 Vehicle Code section at 0152 hours. He was then handcuffed, searched and I advised the subject of California
5 Vehicle Code section 23612 (Implied Consent). He related he would like to provide a blood sample to determine his
6 blood alcohol level. We placed the subject into the right rear of our patrol vehicle and fastened his seatbelt for safety.
7 We transported the subject to Los Robles Medical Center where I observed R.N. Gajardo draw one vial of the
8 subject's blood at 0235. I took control of the blood sample which was later booked at the Ventura County Sheriff's
9 Moorpark Station Lockers. I then placed him in the right-rear seat of our patrol car as per CHP policy, and we
10 transported him to the Ventura County Sheriff's East Valley Office and was booked for a violation of California Vehicle
11 Code section 23152(a)/(b) (Misd. DUI) at approximately 0300 hours.

12 .

13

14 **RECOMMENDATIONS:**

15

16 I recommend that a copy of this investigation be forwarded to the Ventura County District Attorney's office. I
17 recommend the following charges be filed against the subject:

18

19 - 23152(a)VC Driving under the influence of alcohol

20 - 23152(b)VC DUI .08% or more BAC (Pending Blood Test Results)

21

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
J. JOHNSTON / OFFICER	020641	11/07/2015		



AGE 2 AND OLDER OFFICER'S STATEMENT
 SECTIONS 13353, 13353.1, 13353.2 & 13389 CALIFORNIA VEHICLE CODE (CVC)

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. 0090112	DETENTION/ARREST DATE 11/07/2015	FOR DMV USE ONLY	
DRIVER'S NAME (LAST, FIRST, MI.) FAMASHIRO KEVIN M		DRIVER LICENSE NO. D9781494	COMMERCIAL? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No STATE CA
MAILING ADDRESS 1231 FAVOLI LN #42 SIMI VALLEY 93065		STATE CA	ZIP CODE 93065
DOB: 9/5/92	Sex: M	Hair: BLK	Eyes: HZL Ht: 5-07 Wt: 156

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: **6K2V490**
 COMMERCIAL VEHICLE: Vehicle operation requires a commercial driver license (Section 15210 CVC).
 HAZARDOUS MATERIALS: (transporting materials requiring placards/markings per Section 27903 CVC).
 On **11/7/2015** at **0130 AM/PM** in (City and County) **HOUSTON OAKS VENUE 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 **11/7/2015** (Month/Day/Year) at **0152 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: **POOR PERFORMANCE ON FST** Observed by: **J. JOHNSON RECORDED at 0152 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: **0.01%** BAC on **11/7/2015** at **0152 AM/PM** TEST 2: (Optional) **0.01%** BAC on **11/7/2015** at **0152 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) **MSD 3000** Serial# **11111** Manufactured by **MSD**; (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 **11/7/2015** Signature X **J. JOHNSON** BADGE/ID NO. **2064** Agcy/Div. **MOORPARK**

CHEMICAL TEST
Breath Test Results (Attach copy of the results, if available)
 TEST 1: **0.01%** BAC on **11/7/2015** at **0152 AM/PM** TEST 2: **0.01%** BAC on **11/7/2015** at **0152 AM/PM** TEST 3: **0.01%** BAC on **11/7/2015** at **0152 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 **11/7/2015** Signature X **J. JOHNSON** Badge/ID No. **2064** Agcy/Div. **MOORPARK**

Blood Test Results Blood Test on **11/7/2015** at **0235 AM/PM** Breath Test Unavailable

Urine Test Results Both Breath and Blood tests unavailable; Drug use suspected; Urine required.
 Urine Test First Void on **11/7/2015** at **0152 AM/PM** Test on **11/7/2015** at **0152 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 **11/07/2015** City **HOUSTON OAKS** County **VENUE** State **CA**

OFFICER'S PRINTED NAME J. JOHNSON	BADGE/ID NO. 2064	TELEPHONE NO. (805) 553-0800
AGENCY CLP	AREA MOORPARK	COURT CODE (IF UNKNOWN, COURT NAME)

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

ISSUE DATE OF ORDER: **11/07/2015** SIGNATURE OF ARRESTING OFFICER: **X**

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
			X

SUBJECT: KEVIN TAMASHIRO DATE: 11/07/15
TIME: 0235 LOCATION: LOS ROBLES MEDICAL CENTER

The undersigned, a duly authorized peace officer of CHP
hereby requests a blood sample on the above named subject. (Name of Law Enforcement Agency)

This is to certify that said person from whom the blood sample is to be obtained has been lawfully arrested for an offense allegedly committed by said person while driving a motor vehicle upon a highway or upon other than a highway in areas which are open to the general public in violation of Vehicle Code Section 23152 or 23153 and that the undersigned peace officer has reasonable cause to believe such person was driving a motor vehicle upon a highway or upon other than a highway in areas which are open to the general public in violation of Section 23152 or 25153. The person referred to above has been advised that his failure to submit to such a chemical test will result in the suspension of his privilege to operate a motor vehicle for a period of six months and that said person has been granted the choice of whether the test shall be of his blood, breath or urine; or the person referred to above could not be so advised on the basis he was unconscious or dead.

Date: 11/07/15

[Signature]
(Signature of Peace Officer)

Time: 0214

Witness: Richard Gagnard

CONSENT TO BLOOD TEST

I, the undersigned, do hereby consent to the withdrawal of a blood sample from my body and do hereby further acknowledge that I have been advised that I have my choice of submitting to a test of either my blood, breath or urine and that I have selected the blood test. I further certify that I am not a person who is afflicted with hemophilia or a person who is afflicted with a heart condition using an anticoagulant under the direction of a physician.

Date: 11/07/15

X [Signature]
(Person Being Tested)

Time: 0214

Witness: Richard Gagnard

MEDICAL RECORD OF BLOOD SPECIMEN DRAWN

I, Richard Gagnard, M.D. [] Registered Nurse [X]

Licensed Clinical Lab Bioanalyst [] Licensed Clinical Lab Tech [] Licensed Vocational nurse [], acting at the request of J. JOHNSTON, a peace officer, employed by the CHP

did withdraw blood from the above named subject for the purpose of determining the alcoholic or drug content therein.

Said specimen was collected by venipuncture, using a sterile, dry, 10 cc. disposable syringe with attached needle of 23 gauge, said syringe and needle not having been stored or cleaned in alcohol or other volatile organic solvent.

The cleansing solution, used over the skin area where the specimen was collected was: [] Aqueous Zephiran [] Aqueous Merthiolate [X] Betadine, which does not contain alcohol or other volatile organic solvent.

After withdrawal, the blood specimen was then injected into a vial provided by the above named peace officer. The vial was then sealed with the cap provided and given to the above named peace officer.

The above named peace officer was present throughout the specimen collection procedure.

SIGNED: Richard Gagnard



BLOOD TEST REQUEST BY PEACE OFFICER

A: TAMASHIRO, KEVIN MICHAEL
D: G00218666038 PRE ER
11/07/15
A: DOB: 09/05/92 23 M MR# G000605331
A: Los Robles Hospital Thousand Oaks, CA



STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
NOTICE TO APPEAR
CHP 215 (REV. 08-15)

CL 90112

MISDEMEANOR
 Traffic Nontraffic

Date of Violation: 11/07/15 Time: 0152Z
 AM PM Day of the Week: S M T W T F S
 CHS 215 Accident

Name (First, Middle, Last): KEVIN MICHAEL TAMASHIRO
 Address: 1231 FAVOLI LN #42
 City: SIMI VALLEY CA 93065
 Driver License No: D9781494
 Sex: M Hair: BLK Eyes: BLU Height: 5-07 Weight: 156 Birth Date: 9/5/92
 Vehicle Make/Model: M BUC HIL 9-07-15G A
 VIN: CK2V490 State: CA 2/16
 Year of Vehicle: 10 Make: HYUN DAI KIA Model: GRAY
 Evidence of Financial Responsibility of CHP/POS/PO/ICE:

Registered Owner or Lessee: KATHRYN TAMASHIRO
 Address: 5374 CALAROSA PARK RD
 City: CAMARILLO CA 93017

Corrective Action (40500 VC):
 Yes No Code and Section: Description: 23522(a) No DUI 8
 23522(c) No DUI + BAC 08%

Speed Approval: P.P./Max 550 No Limit 55 60

Location of Violation: JAMES ROAD W/OF SR-23
 Area: 076 220 Participating DMV Control Vehicle No. MVARS

Violations not committed in my presence, declared an information and belief.
 I declare under penalty of perjury that the laws of the State of California have been truthfully and correctly recited as related.
 Arresting Officer: JOHNSON, JACOB
 Date: 11/07/15

Without admitting guilt, I promise to appear at the time and place indicated below:
 IN CUSTODY

WHEN: DATE: TIME: AM PM
 WHAT TO DO: FOLLOW THE INSTRUCTIONS ON THE REVERSE Superior Court JUVENILE
 WHERE: ADDRESS: PHONE NO:

To be notified
 You may arrange with the clerk to appear at a right session of the court.
 Judicial Council of California Form TR-190
 Rev. 08-20-15 (SS 40500(b), 40513(b), 40522, 40600 VC, § 853.0 PC) SEE REVERSE

CL90112





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

APS

COMPLETE IN BLACK INK

LAW ENFORCEMENT AGENCY CASE NO. CL90112	DETENTION/ARREST DATE 11/07/2015	FOR DMV USE ONLY		
DRIVER'S NAME (LAST, FIRST, M.I.) FAMASHIRO KEVIN M		DRIVER LICENSE NO. D9781494	COMMERCIAL? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	STATE CA
MAILING ADDRESS 1231 TAVOLI LN #42 SIMI VALLEY 93065 93065				
DOB: 9/5/92 Sex: M Hair: BLK Eyes: H2L Ht: 5-07 Wt: 156				
Driver License: <input type="checkbox"/> Suspended/Revoked <input checked="" type="checkbox"/> Surrendered (Attached) <input type="checkbox"/> Not in Possession <input type="checkbox"/> Unlicensed <input type="checkbox"/> 0.01% or more BAC/DUI Probation <input type="checkbox"/> PAS or other Chemical Test Refusal - (DUI Probation) <input type="checkbox"/> 0.04% or more BAC/COMM VEH <input type="checkbox"/> Chemical Test Refusal <input checked="" type="checkbox"/> 0.08% or more BAC Chemical Tests Results <input type="checkbox"/> Forced Blood Test				

THUMB PRINT
(Right thumb or specify)

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

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.

On 11/07/2015 at approximately 0130 hours, my partner, Officer Aldrete (ID 20040 Driver) and I were on duty in full CHP uniform, in a fully marked CHP patrol vehicle. We were traveling on SR-23 northbound approaching Janss Road in the #2 lane. Officer Aldrete alerted my attention to a vehicle coming up behind us at a high rate of speed. The vehicle was weaving back and forth between the #1 and #2 lanes. Officer Aldrete drove our patrol vehicle to the #4 lane and activated the rear facing radar of our patrol vehicle. I observed a reading of 93 MPH. The vehicle then proceeded to pass us in the #1 lane. We placed our patrol vehicle directly behind the subject vehicle and performed an enforcement stop. The vehicle activated its right blinker and slowly began to merge to the #4 lane. Officer Aldrete used the patrol vehicle's PA speaker to instruct the driver to exit the freeway. The driver instead pulled to the right shoulder of SR-23 northbound just south of the Janss Road exit. I made contact with the driver and solo occupant. I observed objective signs of intoxication including the odor of an alcoholic beverage coming from within the vehicle, the driver's eyes were red and watery, and his movements were slow and sluggish. He performed poorly on FSTS and was arrested.

[Signature] 20641 11/07/2015



AGE 21 AND OLDER - PAGE 3
 ADMINISTRATIVE PER SE
 SUSPENSION/REVOCAION ORDER
 AND TEMPORARY DRIVER LICENSE

APPS
 DRIVER MUST BE GIVEN A COPY OF THIS ORDER WHEN COMPLETED BY THE OFFICER
 DMV Telephone Number (916) 657-0214

COMPLETE IN BLACK INK

LAW ENFORCEMENT AGENCY CASE NO. CL 90112	DETENTION/ARREST DATE 11/01/2015	FOR DMV USE ONLY	THUMB PRINT (Right thumb or specify)
DRIVER'S NAME (LAST, FIRST, MI) TAMASHIRO KEVIN M	DRIVER LICENSE NO. D9781494	COMMERCIAL? STATE CA	
MAILING ADDRESS 1231 TAVOLI LN #42 SIMI VALLEY 93065	STATE CA	ZIP CODE 93065	
DOB 9/15/92	Sex M	Hair BLK	Eyes BLU
Driver License: <input type="checkbox"/> Suspended/Revoked <input checked="" type="checkbox"/> Surrendered (Attached) <input type="checkbox"/> Not in Possession <input type="checkbox"/> Unlicensed	PAS or other Chemical Test Refusal (DUI Probation) <input type="checkbox"/>		
<input type="checkbox"/> 0.01% or more BAC/DUI Probation	Chemical Test Refusal <input type="checkbox"/>		
<input type="checkbox"/> 0.04% or more BAC/COMM VEH	Forced Blood Test <input type="checkbox"/>		
<input checked="" type="checkbox"/> 0.08% or more BAC/Chemical Tests Results			

You are hereby notified that your privilege to operate a motor vehicle will be suspended or revoked effective 30 days from the issue date of this order as shown below, and until you pay a \$125 reissue fee and file proof of financial responsibility as shown on the reverse.

TEMPORARY DRIVER LICENSE
 This document must be carried with you and shall serve as your temporary California driver license. It is subject to the same class(es) and all restrictions as your permanent driver license. This temporary driver license does not provide you with any driving privileges if you do not have a California driver license or your license is expired, suspended, revoked, canceled or denied. It expires at midnight 30 days from the issue date of this order shown below.

This action is taken under authority of Section 13353, 13353.1, 13353.2 and 13389 of the California Vehicle Code (CVC) because you were arrested or detained for driving under the influence of alcohol and/or drugs and:

BAC 0.01% PAS, Breath, Blood or Urine Test DUI Probation	You completed a PAS, breath, blood, or urine test and the officer believes the results will show 0.01% BAC or more. If the laboratory results show your BAC was less than 0.01%, this suspension will be set aside. Your driver license will be reissued to you if you do not have another suspension or revocation in effect.
BAC 0.08% Breath, Blood or Urine Test	You completed a breath test with 0.08% BAC or more, or you completed a blood or urine test and the officer believes the results will show 0.08% BAC or more. If the laboratory results show that your BAC is less than 0.08%, this suspension or revocation will be set aside. Your driver license will be reissued to you if you do not have another suspension or revocation in effect.
BAC 0.04% Breath, Blood or Urine Test while driving a Commercial Vehicle	You completed a breath test with 0.04% BAC or more, or you completed a blood or urine test and the officer believes the results will show 0.04% BAC or more. If the laboratory results show that your BAC is less than 0.04%, this suspension or revocation will be set aside. Your driver license will be reissued to you if you do not have another suspension or revocation in effect.
Chemical Test Refusal	You refused to submit to, or failed to complete, a chemical test of the alcohol and/or drug content of your blood.

COMMERCIAL DISQUALIFICATION
 A commercial disqualification action will be taken due to any of the following: If you refused a chemical test; if you had a 0.04% BAC or more while operating a commercial motor vehicle as defined in Section 15210 VC or while transporting hazardous materials, or held a commercial driver license and were driving any vehicle when you had a 0.08% BAC or more.

HEARING INFORMATION
 YOU HAVE 10 DAYS FROM RECEIPT OF THIS NOTICE TO REQUEST A HEARING TO SHOW THAT THE SUSPENSION OR REVOCATION IS NOT JUSTIFIED. The suspension or revocation will not be stayed (delayed) unless you request a hearing within 10 days from the issue date of this order and DMV cannot provide a hearing before the effective date of the suspension or revocation and make a determination. Hearings are conducted only to determine questions of fact as described on the reverse. Your need for a license cannot be considered at a hearing. If you want a hearing or have questions regarding this matter, contact the DMV at the telephone number shown above. A telephone hearing will be conducted unless you request an in-person hearing. Before the hearing you may see or obtain copies of the department's evidence. You must request copies of the department's evidence at least 10 days prior to the date set for commencement of the hearing in order to receive them prior to the hearing date. If you want the information released to someone else, give them signed permission. You have the right to have a sign or language interpreter present at your hearing. If you require the service of an interpreter immediately notify DMV of the need for such service. During the hearing you may present oral testimony and/or other evidence. Testimony is taken under oath or affirmation, and the hearing is recorded. You may be represented by legal counsel or you may represent yourself. The arresting officer(s) may be subpoenaed in this matter; if it is determined that his or her testimony is needed. If you wish to question the arresting officer(s), you have the right to have subpoenas issued on your behalf. You may subpoena any other witness(es) you feel may help your case, and you have the right to cross-examine any opposing witness(es). Blank subpoenas may be obtained on the internet at the following address: <http://www.dmv.ca.gov/forms/formsds.htm> or provided to you by the hearing officer upon request prior to the hearing. You are responsible for service of your subpoena(s) and any witness fee required by law. After the hearing the hearing officer shall make findings and render a decision.

OFFICER'S PRINTED NAME JOHN SOREN	BADGE ID NO. 20641	TELEPHONE NO. (605) 553-0300
AGENCY CLP	AREA MORPARK	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 11/01/2015	SIGNATURE OF ARRESTING OFFICER [Signature]	

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
		[Signature]