

**CHAPTER 11**  
**DOCUMENTATION**  
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## CHAPTER 11

### DOCUMENTATION

1. AUTHORITY. The California Department of Human Resources rules require that the observations leading to reasonable suspicion be documented, and that a copy of this information must be provided to the affected employee. While the rules are not specific, this information should be provided to the employee within 48 hours (except when not reasonably possible or where other timeframes are dictated by the applicable Memorandum of Understanding).

2. SUPERVISOR'S RESPONSIBILITY.

a. Preparation. The supervisor who made the initial determination of reasonable suspicion must prepare a Reasonable Suspicion Report using the CHP 202X, *Workplace Substance Abuse Investigation/Voluntary Testing Report*. Since there is an expectation of a 48-hour turnaround, this document may be handwritten or typewritten. Supervisors are not required to provide the employee with immediate documentation of the cause for reasonable suspicion. In most instances, 48 hours should be sufficient time for the supervisor to prepare a thorough report of the circumstances and submit it to the confirming official for review. Supervisors are encouraged, however, to complete the report as soon as possible so that none of the initial observations are forgotten.

b. Submission. After completing the report, the supervisor must sign the document and submit it to the manager who approved the substance test.

3. CONFIRMING OFFICIAL'S RESPONSIBILITY.

a. Review. The manager who acted as the confirming official must review the reasonable suspicion report to ensure:

(1) It contains all necessary elements outlined in Annex A through Annex C of this chapter.

(2) It is an accurate representation of the circumstances (either witnessed personally by the confirming official or related by the supervisor) that led to the decision to authorize the substance test.

b. Processing. The confirming official must sign the document, indicating review of and concurrence with the determination of reasonable suspicion.

#### 4. REASONABLE SUSPICION REPORT.

a. Policy. A *Reasonable Suspicion Report* shall be completed whenever a determination of reasonable suspicion of workplace substance abuse leads to substance testing. The report documenting reasonable suspicion is very important, since it may become part of the official record in appeal proceedings or litigation. For this reason, supervisors are to ensure the reports are complete and accurate concerning circumstances, behavior, appearances, and times. The *Reasonable Suspicion Report* is similar to a collision or arrest report in that it must contain all necessary facts to form a foundation for further administrative action. The following four elements are considered essential to a complete and comprehensive report:

- (1) A detailed description of the incident and/or circumstances initiating the reasonable suspicion.
- (2) The fact that substance abuse could not be ruled out after considering other possible causes, if any.
- (3) Supporting evidence resulting from closer observation of the employee's appearance and demeanor. This includes the results of any field sobriety tests, drug evaluations and/or medical screenings.
- (4) Names of other supervisors, employees, or witnesses who can verify or support the reasonable suspicion.

NOTE: When a criminal investigation is conducted, a *Reasonable Suspicion Report* shall be completed.

b. General Test Results. When received, the written test results are to be attached to the *Reasonable Suspicion Report*. A copy of these results must also be provided to the employee. Even if the test results are negative, the *Reasonable Suspicion Report* must be completed, reviewed, and a copy provided to the employee.

c. Positive Results. If the results are positive, the *Reasonable Suspicion Report* and test results will be included in the *Request for Adverse Action*. Should the employee appeal the adverse action, the supervisor who prepared the report and confirming official will be called upon to testify at the hearing regarding their observations and actions.

d. Negative Results. Negative test results will be recorded on page 2 of the CHP 202X, *Workplace Substance Abuse Investigation/Voluntary Testing Report* and/or attached to the report. The documentation will then be forwarded as confidential material to the Office of Internal Affairs (OIA), where it will be maintained by the Substance Testing Coordinator for a period of two years from the

date of the test, or until any litigation associated with the incident is adjudicated (whichever is longer). **Under no circumstances will the CHP 202X indicating a negative test result be retained in the employee's personnel field folder.**

5. VOLUNTARY TESTING REPORT.

a. Procedure. Circumstances may arise when employees desire to voluntarily provide samples for substance testing, such as non-sensitive employees suspected of substance abuse volunteering to provide unsolicited samples, or employees involved in critical incidents. Under these circumstances, the CHP 202X will be completed by a supervisor and the employee will be asked to sign the document prior to sample collection. If the employee is unable or refuses to sign the document, the supervisor will make a notation of the circumstance(s) within the signature box. Nevertheless, an employee who is unable or refuses to sign the CHP 202X will be permitted to provide a voluntary sample.

b. Retention. When a CHP 202X is completed pursuant to a voluntary sample, it will be retained according to the incident or circumstance giving rise to the test. Documentation of voluntary tests completed subsequent to a critical incident will be retained for a period of time consistent with retention of all other reports and documents associated with the incident, or until any related litigation is adjudicated (whichever is longer). If the documentation is associated with an internal investigation, it will be retained for the life of the investigation. In circumstances where no other documentation is associated with the incident giving rise to voluntary testing, the CHP 202X and attached narrative will be forwarded to the Substance Testing Coordinator at OIA, where it will be retained for two years from the date of testing. **Under no circumstances will the CHP 202X be retained in the employee's personnel field folder.**

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**ANNEX A**

**SAMPLE CHP 202X – ALCOHOL ONLY/SENSITIVE EMPLOYEE**

<b>C O N F I D E N T I A L</b>			
STATE OF CALIFORNIA DEPARTMENT OF CALIFORNIA HIGHWAY PATROL			
<b>WORKPLACE SUBSTANCE ABUSE INVESTIGATION/ VOLUNTARY TESTING REPORT</b>		<input checked="" type="checkbox"/> UNIFORMED <input type="checkbox"/> NONUNIFORMED <input checked="" type="checkbox"/> SENSITIVE <input type="checkbox"/> NON-SENSITIVE	
CHP 202X (New 2-12) OPI 006		<input checked="" type="checkbox"/> REASONABLE SUSPICION REPORT <input type="checkbox"/> VOLUNTARY TEST ONLY	
DATE/TIME OF FIRST OBSERVATIONS 01/01/2011 -- 0605	DATE/TIME OF REPORT 01/01/2011 -- 1100	LOCATION OF CLOSE OBSERVATION SKYLINE AREA SERGEANTS' OFFICE	
CRIMINAL REPORT/NUMBER NONE <input checked="" type="checkbox"/>	AGENCY PREPARING CRIMINAL REPORT N/A	CRIMINAL OFFENSE(S) CHARGED OR INVESTIGATED N/A <input checked="" type="checkbox"/>	
<b>EMPLOYEE</b>			
NAME (LAST, FIRST, MIDDLE) SMITHERS, WAYLAN		EMPLOYEE ID NUMBER 2	AREA/COMMAND SKYLINE AREA
BUSINESS PHONE (415) 555-0123		BUSINESS ADDRESS 5726 FRONTIER RD., SKYLINE, CA 94444	
SEX M	AGE 24	CLASSIFICATION OFFICER	YEARS EMPLOYED 2
SHIFT START TIME 0600		ALTERNATE WORK WEEK <input type="checkbox"/> 9/80 <input type="checkbox"/> 4/10 <input checked="" type="checkbox"/> 3/12 <input type="checkbox"/> N/A	PROBATIONARY EMPL. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
BARGAINING UNIT 5		EMPLOYEE'S SUPERVISOR (NAME, RANK, ID) T. ROUNDHOUSE, SGT., ID 30261	PRIOR STATE SERVICE/AGENCY/CLASSIFICATION NONE <input checked="" type="checkbox"/>
MOU REVIEWED BY (NAME, RANK, ID) D. E. STONE, CAPTAIN, ID 26240			DATE OF REVIEW 01/01/2011
<b>WITNESS INFORMATION</b>			
NAME (LAST, FIRST, MIDDLE) ROUNDHOUSE, TOM, SGT., ID 30261		DEPT EMPLOYEE (CLASSIFICATION, ID) <input checked="" type="checkbox"/>	ADDRESS/AGENCY 5726 Frontier Rd. Skyline, CA 94444
NAME (LAST, FIRST, MIDDLE) JOYCE, JAMES, A/SGT., ID 45365		DEPT EMPLOYEE (CLASSIFICATION, ID) <input checked="" type="checkbox"/>	PHONE RES: (415) 555-0123 BUS: (415) 555-0123
NAME (LAST, FIRST, MIDDLE)		DEPT EMPLOYEE (CLASSIFICATION, ID) <input type="checkbox"/>	PHONE RES: BUS:
NAME (LAST, FIRST, MIDDLE)		DEPT EMPLOYEE (CLASSIFICATION, ID) <input type="checkbox"/>	PHONE RES: BUS:
<b>NOTIFICATIONS/PERSONNEL ACTION</b>			
OIA NOTIFIED BY (NAME, RANK, ID) D. E. STONE, CAPTAIN, ID 26240		TELEPHONE <input type="checkbox"/> EMAIL <input checked="" type="checkbox"/>	DATE/TIME 01/01/2011--1030
ADMINISTRATIVE TIME OFF <input type="checkbox"/> WITH PAY <input type="checkbox"/> WITHOUT PAY <input checked="" type="checkbox"/> N/A		APPROVED BY <input type="checkbox"/> ACF <input type="checkbox"/> ACS	OIA EMPLOYEE CONTACTED (NAME, RANK, ID) OIA_Notification@chp.ca.gov
EMPLOYEE ASSISTANCE PROGRAM <input checked="" type="checkbox"/> ADVISED <input type="checkbox"/> REFERRED		EMPLOYEE MEMORANDUM TO MRO <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	ATO BEGIN DATE ATO MEMORANDUM (DATE/TIME)
REMOVAL OF PEACE OFFICER POWERS <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		MEMORANDUM SERVED (DATE/TIME) N/A	EMPLOYEE REPRESENTATIVE (NAME, COMMAND, ID) N/A
EMPLOYEE RIGHTS MEMO (DATE) N/A <input type="checkbox"/>		EMPLOYEE COPY OF 202X PROVIDED (DATE/TIME) 01/02/2011 -- 1030 HRS	STATE PROPERTY SURRENDERED TO (NAME, RANK, ID) DATE/TIME N/A
		CITIZENS' COMPLAINT/CONTROL NUMBER N/A <input checked="" type="checkbox"/>	CHP 268 (DATE) <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
<b>VOLUNTARY SAMPLE ONLY/CERTIFICATION</b>			
On _____ I provided a sample of my <input type="checkbox"/> BLOOD <input type="checkbox"/> BREATH <input type="checkbox"/> URINE to _____			
at _____ for the purpose of substance testing. I certify that I provided a sample			
freely and voluntarily, and I was neither requested nor persuaded to provide the sample.			
EMPLOYEE SIGNATURE	DATE	WITNESS (PRINT, SIGN)	
<b>CONFIRMING OFFICIAL/CERTIFICATION</b>			
On _____ I reviewed this report and attached narrative. I hereby certify that the information contained in this report			
is consistent with the facts and circumstances presented to me on _____, which led to a determination of			
reasonable suspicion of workplace substance abuse and the decision to approve substance testing.			
SIGNATURE/CONFIRMING OFFICIAL <i>Monty Burns</i>			DATE OF REVIEW 01/02/2011
PREPARER'S NAME (PRINT NAME/RANK) T. ROUNDHOUSE, SGT.	I.D. NUMBER 30261	REVIEWED BY (PRINT NAME/RANK) M. BURNS, LIEUTENANT	I.D. NUMBER 22345

NAME (LAST, FIRST, MIDDLE)  
SMITHERS, WAYLAN

C O N F I D E N T I A L

EMPLOYEE ID NUMBER  
35157

\* COMPLETE CRIMINAL INVESTIGATION FIRST, IF APPLICABLE

INVESTIGATION INTERVIEW

ARE YOU SICK OR INJURED? DESCRIBE. YES  NO  LIST PHYSICAL IMPAIRMENTS (FEET, LEGS, ANKLES, HIPS) N/A

DO YOU HAVE A MEDICAL CONDITION WHICH MAY BE CAUSING THE IMPAIRMENT? YES  NO  DID YOU BUMP YOUR HEAD?  YES  NO

WHEN DID YOU LAST SLEEP? LAST NIGHT HOW LONG? 5 HRS WHEN DID YOU LAST EAT? MIDNIGHT DESCRIBE CHILI CHEESE DOG, FRIES

ARE YOU CURRENTLY UNDER CARE OF A DOCTOR OR DENTIST?  YES  NO IF YES, NAME AND ADDRESS

HAVE YOU TAKEN ANY MEDICINE OR PRESCRIBED DRUGS?  YES  NO DO YOU FEEL THE EFFECTS OF THE MEDICINE/DRUGS? DESCRIBE. YES  NO  N/A

OBJECTIVE SIGNS/APPEARANCE/FIELD SOBRIETY TEST LOCATION

BREATH ODOR OF ALCOHOLIC BEVERAGE PRESENT  YES  NO GLASSES/LENSES  YES  NO EYES (APPEARANCE) RED/WATERY DEMEANOR SLEEPY SPEECH SLOW

CLOTHING WORN — CONDITION AND DESCRIPTION  
TAN CHP UNIFORM, BLACK BOOTS--CLEAN

DESCRIBE TEST LOCATION, SURFACE, LIGHTING  
SKYLINE AREA SERGEANT'S OFFICE, CARPET FLOORING, FLORESCENT OVERHEAD LIGHTING

REASONABLE SUSPICION ADMONISHMENT (SENSITIVE EMPLOYEES ONLY)

- Pursuant to Title 2, California Code of Regulations (CCR), Section 599.960, you are being ordered to submit to substance testing based on reasonable suspicion that you are in violation of the Department's substance abuse policy.
  - (If drugs only) because there is reasonable suspicion that substance testing may reveal evidence of illegal drug use or unauthorized use of prescription medication, you must provide a urine sample.
  - (If alcohol only) because there is reasonable suspicion that substance testing may reveal evidence of alcohol consumption, you must provide a breath sample.
  - (If both alcohol and drugs) because of reasonable suspicion that substance testing may reveal evidence of both drug and alcohol use, you must provide both a urine and a breath sample.
- Refusal to submit to substance testing for the reason(s) specified above will constitute insubordination and may lead to adverse action, up to and including dismissal.
- Although you have a right to representation during any future communications with the medical review officer and during any subsequent administrative interrogation, you are not entitled to representation during the initial evaluation which led to a determination of reasonable suspicion, or during sample collection.
- In accordance with Title 2, CCR, Section 599.963, the sample shall be collected in either a clinical setting or one that will ensure at least an equally secure and professional collection process.
- A sample testing positive will be retained at the laboratory for at least one year. If the test results are challenged, the sample will be held indefinitely. A positive test result may lead to adverse action, up to and including dismissal.

READ TO EMPLOYEE BY (PRINT NAME, RANK, ID) T. ROUNDHOUSE, SGT., ID 30261 DATE/TIME 01/01/2011--0705

CHEMICAL TEST INFORMATION

SPLIT SAMPLE  YES  NO REFUSED TEST — EMPLOYEE STATEMENT N/A  ATTACHMENTS  CHP 202/216 (UNIFORMED ONLY)  CHP 202 DRE  OTHER

TYPE OF TEST	REASON FOR TEST	REASONABLE SUSPICION	I.D. OF SAMPLE(S)	RESULTS, IF AVAILABLE	DISPOSITION OF SAMPLE(S)
<input checked="" type="checkbox"/> 1. BREATH	<input type="checkbox"/> CRIMINAL <input type="checkbox"/> VOLUNTARY	<input checked="" type="checkbox"/>	879377580	.03/.04	ATTACHED
<input type="checkbox"/> 2. URINE	<input type="checkbox"/> CRIMINAL <input type="checkbox"/> VOLUNTARY	<input type="checkbox"/>			
<input type="checkbox"/> 3. BLOOD	<input type="checkbox"/> CRIMINAL <input type="checkbox"/> VOLUNTARY	<input type="checkbox"/>			

TEST GIVEN	LOCATION WHERE TEST WAS CONDUCTED	NAME OF PERSON ADMINISTERING TEST OR WITNESS TO SAMPLE COLLECTION
1. BREATH	SKYLINE AREA CHP	T. ROUNDHOUSE, SGT.
2. URINE		
3. BLOOD		

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D. NUMBER
01-01-2011	0605	9393	35157

**1 FIELD SOBRIETY TESTS:**

2

**3 Horizontal Gaze Nystagmus:**

4 Officer Smithers's eyes showed a lack of smooth pursuit and distinct nystagmus at  
5 maximum deviation. His eyes appeared to be red and watery. Pupil size and reaction to  
6 light appeared normal.

7

**8 Romberg Balance:**

9 Officer Smithers estimated 30 seconds as 24 seconds. He swayed back to front  
10 approximately 1 inch from center.

11

**12 Walk and Turn:**

13 Officer Smithers raised his arms during the test, stepped off line twice, and paused several  
14 times.

15

**16 One Leg Stand:**

17 Officer Smithers reached a count of 20 at 30 seconds. He swayed slightly, and used his  
18 arms to balance.

19

**20 Finger to Nose:**

21 Officer Smithers completed this test as explained and demonstrated. Eyelid tremors were  
22 present during the test.

23

**24 FIRST OBSERVATIONS:**

25

26 On 01/01/2011 at approximately 0605 hours, I was conducting day shift briefing at the Skyline  
27 Area office. Officer W. Smithers, ID 35157, was scheduled to work day shift, and entered the  
28 briefing room approximately 5 minutes past the start of his regularly scheduled work shift. As he

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
T. O. ROUNDHOUSE	30261	01-02-2011	M. BURNS	01/02/2011

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D. NUMBER
01-01-2011	0605	9393	35157

1 entered the briefing room, he apologized for being late and stated that he was experiencing car  
 2 difficulties that morning and had to take a bus to work. I noticed that his uniform shirt was un-  
 3 tucked, he did not have his gun belt on, and he was wearing only his left boot. In his hands, he  
 4 carried his gun belt and his right boot. His hair was messy, and his face was unshaven. I noticed  
 5 his eyes were red and watery, and I smelled a faint odor of an alcoholic beverage shortly after he  
 6 entered the room. As he began to sit down, I asked him to join me momentarily in the sergeants'  
 7 office.

8

9 **CLOSER OBSERVATIONS:**

10

11 Officer Smithers met me in the Skyline Area sergeants' office, where Acting Sergeant J. Joyce,  
 12 ID 45365, was completing miscellaneous paperwork. I advised Acting Sergeant Joyce that I  
 13 needed to attend to a personnel issue, and requested his assistance with completing day shift  
 14 briefing. After Acting Sergeant Joyce left the room, I closed the door to facilitate closer  
 15 observation of Officer Smithers's condition. Officer Smithers sat at a chair next to my desk. I  
 16 explained my reasons for meeting with him, and asked if he believed he was capable of  
 17 performing his duties that day. Officer Smithers said he felt fine, and thanked me for my concern.  
 18 While speaking with him, I smelled a moderate odor of an alcoholic beverage on his breath and  
 19 noted that he appeared fatigued (droopy eyelids, dark circles under his eyes).

20

21 I confirmed with Officer Smithers that he did not drive his personal vehicle to work. As such, and  
 22 in the absence of any other reason to believe a criminal violation had been committed, I  
 23 proceeded with an administrative workplace substance abuse investigation. I asked  
 24 Officer Smithers a series of questions regarding his general health to rule out any medical  
 25 explanation for the objective signs/symptoms of impairment. I also explained and demonstrated a  
 26 series of field sobriety tests (FST's). Based on my observations and his performance on the  
 27 FST's, I formed the opinion that there was reasonable suspicion to believe Officer Smithers was in

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
T. O. ROUNDHOUSE	30261	01-02-2011	M. BURNS	01/02/2011

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D. NUMBER
01-01-2011	0605	9393	35157

1 violation of the Department's substance abuse policy, and that substance testing could reveal  
2 evidence of that violation.

3

4 **CONFIRMING OFFICIAL APPROVAL:**

5

6 I contacted Lieutenant M. Burns, ID 22345, by telephone at his residence. I related all of the  
7 above-described facts and circumstances. After considering the information, Lt. Burns confirmed  
8 the existence of reasonable suspicion and authorized a substance test.

9

10 I informed Officer Smithers of the decision to conduct substance testing and advised him of the  
11 requirements under Title 2 of the California Code of Regulations (CCR) to submit to a chemical  
12 test.

13

14 **SAMPLE COLLECTION:**

15

16 At approximately 0645 hours, I explained the breath collection procedure to Officer Smithers  
17 before administering the breath test, which was conducted in the sergeants' office using a Draeger  
18 Intoxilyzer (EPAS), resulting in readings of .03/.04 BAC.

19

20 Officer Smithers was informed that he would be placed on dock time for the remainder of the shift.  
21 He was ordered to return for his next scheduled work shift, assuming he was fully recovered from  
22 the effects of alcohol. Additionally, he was provided with a memorandum describing his rights and  
23 responsibilities under Title 2 CCR, as well as the availability of services under the Employee  
24 Assistance Programs (EAP). I transported Officer Smithers to his residence.

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
T. O. ROUNDHOUSE	30261	01-02-2011	M. BURNS	01/02/2011

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D. NUMBER
01-01-2011	0605	9393	35157

**1 EMPLOYEE STATEMENTS:**

2

3 Officer Smithers said he is in good health and is not taking any prescribed medications. He  
 4 indicated that he went to a bachelor party the previous evening, and did not get much sleep. In  
 5 response to my stated observations, he spontaneously stated that he had several alcoholic drinks  
 6 at the bachelor party, but thought he had plenty of time to recover before reporting to work.

7

**8 WITNESS AND STATEMENTS:**

9

10 Acting Sergeant Joyce was present in the sergeants' office upon Officer Smithers's entry, and can  
 11 testify to his physical condition as well as the objective signs of alcohol impairment.

12

**13 RECOMMENDATION:**

14

15 I recommend the Skyline Area initiate an internal investigation regarding Officer Smithers's  
 16 possible violations of the Department's substance abuse policy, as well as violations of  
 17 departmental policy contained in Highway Patrol Manual 10.3, *Personnel Transactions Manual*,  
 18 Chapter 14, *Inconsistent and Incompatible Activities*.

19

20

21 *T. Roundhouse**1/1/2011*

22 \_\_\_\_\_

\_\_\_\_\_

23 Preparer's Signature:

Date:

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
T. O. ROUNDHOUSE	30261	01-02-2011	M. BURNS	01/02/2011

## ANNEX B

### SAMPLE CHP 202X – DRUGS ONLY/SENSITIVE EMPLOYEE

C O N F I D E N T I A L					
STATE OF CALIFORNIA DEPARTMENT OF CALIFORNIA HIGHWAY PATROL					
<b>WORKPLACE SUBSTANCE ABUSE INVESTIGATION/ VOLUNTARY TESTING REPORT</b> CHP 202X (New 2-12) OPI 006				<input checked="" type="checkbox"/> UNIFORMED <input type="checkbox"/> NONUNIFORMED <input checked="" type="checkbox"/> SENSITIVE <input type="checkbox"/> NON-SENSITIVE	
DATE/TIME OF FIRST OBSERVATIONS 01/01/2011 -- 0605		DATE/TIME OF REPORT 01/01/2011 -- 1100		LOCATION OF CLOSE OBSERVATION SKYLINE AREA SERGEANTS' OFFICE	
CRIMINAL REPORT NUMBER NONE <input checked="" type="checkbox"/>		AGENCY PREPARING CRIMINAL REPORT N/A		CRIMINAL OFFENSE(S) CHARGED OR INVESTIGATED N/A <input checked="" type="checkbox"/>	
EMPLOYEE					
NAME (LAST, FIRST, MIDDLE) SMITHERS, WAYLAN		EMPLOYEE ID NUMBER 2		AREA/COMMAND SKYLINE AREA	
BUSINESS PHONE (415) 555-0123		BUSINESS ADDRESS 5726 FRONTIER RD., SKYLINE, CA 94444			
SEX M	AGE 24	CLASSIFICATION OFFICER	YEARS EMPLOYED 2	PROBATIONARY EMPL. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	PRIOR STATE SERVICE/AGENCY/CLASSIFICATION NONE <input checked="" type="checkbox"/>
SHIFT START TIME 0600		ALTERNATE WORK WEEK <input type="checkbox"/> 9/80 <input type="checkbox"/> 4/10 <input checked="" type="checkbox"/> 3/12 <input type="checkbox"/> N/A		EMPLOYEE'S SUPERVISOR (NAME, RANK, ID) T. ROUNDHOUSE, SGT., ID 30261	
BARGAINING UNIT 5		MOU REVIEWED BY (NAME, RANK, ID) D. E. STONE, CAPTAIN, ID 26240			DATE OF REVIEW 01/01/2011
WITNESS INFORMATION					
NAME (LAST, FIRST, MIDDLE) ROUNDHOUSE, TOM, SGT., ID 30261		DEPT EMPLOYEE (CLASSIFICATION, ID) <input checked="" type="checkbox"/>		ADDRESS/AGENCY SKYLINE CHP 5726 Frontier Rd. Skyline, CA 94444	
NAME (LAST, FIRST, MIDDLE) SYZLAK, MOE, SGT., ID 31056		DEPT EMPLOYEE (CLASSIFICATION, ID) <input checked="" type="checkbox"/>		ADDRESS/AGENCY SKYLINE CHP 5726 Frontier Rd. Skyline, CA 94444	
NAME (LAST, FIRST, MIDDLE)		DEPT EMPLOYEE (CLASSIFICATION, ID) <input type="checkbox"/>		RES: BUS: (415) 555-0123	
NAME (LAST, FIRST, MIDDLE)		DEPT EMPLOYEE (CLASSIFICATION, ID) <input type="checkbox"/>		RES: BUS: (415) 555-0123	
NAME (LAST, FIRST, MIDDLE)		DEPT EMPLOYEE (CLASSIFICATION, ID) <input type="checkbox"/>		RES: BUS:	
NAME (LAST, FIRST, MIDDLE)		DEPT EMPLOYEE (CLASSIFICATION, ID) <input type="checkbox"/>		RES: BUS:	
NOTIFICATIONS/PERSONNEL ACTION					
OIA NOTIFIED BY (NAME, RANK, ID) D. E. STONE, CAPTAIN, ID 26420		TELEPHONE <input type="checkbox"/> EMAIL <input checked="" type="checkbox"/>		DATE/TIME 01/01/2011--1030	
ADMINISTRATIVE TIME OFF <input checked="" type="checkbox"/> WITH PAY <input type="checkbox"/> WITHOUT PAY <input type="checkbox"/> N/A		APPROVED BY <input checked="" type="checkbox"/> ACF <input type="checkbox"/> ACS		DATE/TIME 01/01/2011--1100	
EMPLOYEE ASSISTANCE PROGRAM <input checked="" type="checkbox"/> ADVISED <input type="checkbox"/> REFERRED		EMPLOYEE MEMORANDUM TO MRO <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		ATO BEGIN DATE 01/01/2011	
REMOVAL OF PEACE OFFICER POWERS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		MEMORANDUM SERVED (DATE/TIME) 01/01/2011--1200 HRS		ATO MEMORANDUM (DATE/TIME) 01/01/2011--1200 HRS	
EMPLOYEE RIGHTS MEMO (DATE) N/A <input type="checkbox"/>		EMPLOYEE COPY OF 202X PROVIDED (DATE/TIME) 01/02/2011 -- 1030 HRS		EMPLOYEE REPRESENTATIVE (NAME, COMMAND, ID) OFFICER H. SIMPSON, SKYLINE AREA, ID 34799	
01/01/2011		01/02/2011 -- 1030 HRS		STATE PROPERTY SURRENDERED TO (NAME, RANK, ID) T. ROUNDHOUSE, SGT., ID 30261	
				DATE/TIME 01/01/2011--1200 HRS	
				CITIZENS' COMPLAINT/CONTROL NUMBER N/A <input checked="" type="checkbox"/>	
				CHP 268 (DATE) <input type="checkbox"/> N/A <input checked="" type="checkbox"/>	
VOLUNTARY SAMPLE ONLY/CERTIFICATION					
N/A <input checked="" type="checkbox"/>					
On _____ I provided a sample of my <input type="checkbox"/> BLOOD <input type="checkbox"/> BREATH <input type="checkbox"/> URINE to _____ at _____ for the purpose of substance testing. I certify that I provided a sample freely and voluntarily, and I was neither requested nor persuaded to provide the sample.					
EMPLOYEE SIGNATURE		DATE		WITNESS (PRINT, SIGN)	
CONFIRMING OFFICIAL/CERTIFICATION					
N/A <input type="checkbox"/>					
On <u>01/02/2011</u> I reviewed this report and attached narrative. I hereby certify that the information contained in this report is consistent with the facts and circumstances presented to me on <u>01/01/2011</u> , which led to a determination of reasonable suspicion of workplace substance abuse and the decision to approve substance testing.					
SIGNATURE/CONFIRMING OFFICIAL <i>Monty Burns</i>				DATE OF REVIEW 01/02/2011	
PREPARER'S NAME (PRINT NAME/RANK) T. ROUNDHOUSE, SGT.		I.D. NUMBER 30261		REVIEWED BY (PRINT NAME/RANK) M. BURNS, LIEUTENANT	
				I.D. NUMBER 22345	
Page 1 of 2		Destroy Previous Editions		Chp202X_0212.pdf	

NAME (LAST, FIRST, MIDDLE)  
SMITHERS, WAYLAN

C O N F I D E N T I A L

EMPLOYEE ID NUMBER  
35157

**\* COMPLETE CRIMINAL INVESTIGATION FIRST, IF APPLICABLE** **INVESTIGATION INTERVIEW**

ARE YOU SICK OR INJURED? DESCRIBE: YES  NO  LIST PHYSICAL IMPAIRMENTS (FEET, LEGS, ANKLES, HIPS): PULLED MUSCLE/BACK SPASMS N/A

DO YOU HAVE A MEDICAL CONDITION WHICH MAY BE CAUSING THE IMPAIRMENT? YES  NO  DID YOU BUMP YOUR HEAD?  YES  NO

WHEN DID YOU LAST SLEEP? LAST NIGHT HOW LONG? 8 HRS WHEN DID YOU LAST EAT? 9 PM DESCRIBE: ROAST BEEF, POTATOES, SALAD

ARE YOU CURRENTLY UNDER CARE OF A DOCTOR OR DENTIST?  YES  NO IF YES, NAME AND ADDRESS: U. B. FEELGOOD, M.D., 1 PARK PLACE, SKYLINE, CA 94444

HAVE YOU TAKEN ANY MEDICINE OR PRESCRIBED DRUGS?  YES  NO DO YOU FEEL THE EFFECTS OF THE MEDICINE/DRUGS? DESCRIBE: VICODIN-- "A LITTLE DROWSY" YES  NO  N/A

**OBJECTIVE SIGNS/APPEARANCE/FIELD SOBRIETY TEST LOCATION**

BREATH ODOR OF ALCOHOLIC BEVERAGE PRESENT:  YES  NO GLASSES/LENSES:  YES  NO EYES (APPEARANCE): CONSTRICTED DEMEANOR: SLEEPY SPEECH: SLOW

CLOTHING WORN -- CONDITION AND DESCRIPTION: TAN CHP UNIFORM, BLACK BOOTS--CLEAN

DESCRIBE TEST LOCATION, SURFACE, LIGHTING: SKYLINE AREA SERGEANT'S OFFICE, CARPET FLOORING, FLORESCENT OVERHEAD LIGHTING

**REASONABLE SUSPICION ADMONISHMENT (SENSITIVE EMPLOYEES ONLY)**

- Pursuant to Title 2, California Code of Regulations (CCR), Section 599.960, you are being ordered to submit to substance testing based on reasonable suspicion that you are in violation of the Department's substance abuse policy.
  - (If drugs only) because there is reasonable suspicion that substance testing may reveal evidence of illegal drug use or unauthorized use of prescription medication, you must provide a urine sample.
  - (If alcohol only) because there is reasonable suspicion that substance testing may reveal evidence of alcohol consumption, you must provide a breath sample.
  - (If both alcohol and drugs) because of reasonable suspicion that substance testing may reveal evidence of **both** drug and alcohol use, you must provide both a urine **and** a breath sample.
- Refusal to submit to substance testing for the reason(s) specified above will constitute insubordination and may lead to adverse action, up to and including dismissal.
- Although you have a right to representation during any future communications with the medical review officer and during any subsequent administrative interrogation, you are not entitled to representation during the initial evaluation which led to a determination of reasonable suspicion, or during sample collection.
- In accordance with Title 2, CCR, Section 599.963, the sample shall be collected in either a clinical setting or one that will ensure at least an equally secure and professional collection process.
- A sample testing positive will be retained at the laboratory for at least one year. If the test results are challenged, the sample will be held indefinitely. A positive test result may lead to adverse action, up to and including dismissal.

READ TO EMPLOYEE BY (PRINT NAME, RANK, ID): T. ROUNDHOUSE, SGT., ID 30261 DATE/TIME: 01/01/2011--0705

**CHEMICAL TEST INFORMATION**

SPLIT SAMPLE:  YES  NO REFUSED TEST -- EMPLOYEE STATEMENT: N/A  ATTACHMENTS:  CHP 2022:16 (UNIFORMED ONLY)  CHP 202 DRE  OTHER:

TYPE OF TEST	REASON FOR TEST	REASONABLE SUSPICION	I.D. OF SAMPLE(S)	RESULTS, IF AVAILABLE	DISPOSITION OF SAMPLE(S)
<input type="checkbox"/> 1. BREATH	<input type="checkbox"/> CRIMINAL <input type="checkbox"/> VOLUNTARY	<input type="checkbox"/> REASONABLE SUSPICION			
<input checked="" type="checkbox"/> 2. URINE	<input type="checkbox"/> CRIMINAL <input type="checkbox"/> VOLUNTARY	<input checked="" type="checkbox"/> REASONABLE SUSPICION	879377580	PENDING	CDT LABORATORIES
<input type="checkbox"/> 3. BLOOD	<input type="checkbox"/> CRIMINAL <input type="checkbox"/> VOLUNTARY				

TEST GIVEN	LOCATION WHERE TEST WAS CONDUCTED	NAME OF PERSON ADMINISTERING TEST OR WITNESS TO SAMPLE COLLECTION
1. BREATH		
2. URINE	SKYLINE AREA CHP	T. ROUNDHOUSE, SGT.
3. BLOOD		

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D. NUMBER
01-01-2011	0605	9393	35157

**1 FIELD SOBRIETY TESTS:**

2

3 For field sobriety tests, refer to attached CHP 202DRE, *Drug Recognition Evaluation*, conducted  
4 by Sergeant M. Syzlak, ID 31056.

5

**6 FIRST OBSERVATIONS:**

7

8 On 01/01/2011 at approximately 0600 hours, I entered the Skyline Area office briefing room to  
9 begin day shift briefing. Among the officers in attendance was Officer W. Smithers, ID 35157, who  
10 sat in a chair approximately 3 rows from the front of the room. I began briefing by reading from  
11 the briefing binder at the front of the room. As I conducted briefing, I saw Officer Smithers's  
12 upper body start moving in a circular motion. He put his hands on the seat of his chair in an  
13 attempt to steady himself. His eyes appeared droopy and he appeared to be lethargic. After  
14 briefing finished, Officer Smithers stood up and walked out of the briefing room. As he walked into  
15 the hallway, I noticed he was swaying from one side to the other. He paused in the doorway and  
16 leaned his left shoulder up against the doorframe in what appeared to be an attempt to assist him  
17 in staying upright. I asked him if he was ok, and he responded in a soft, mumbled tone. I was  
18 unable to understand his response. I asked Officer Smithers to join me in the sergeants' office.  
19

**20 CLOSER OBSERVATIONS:**

21

22 Officer Smithers met me in the Skyline Area sergeants' office. Sergeant M. Syzlak, ID 31056, was  
23 in the office attending to miscellaneous paperwork. I closed the door to facilitate closer  
24 observation of Officer Smithers's condition. Officer Smithers attempted to sit in a chair next to my  
25 desk. As he moved in front of the chair, he stumbled forward. He steadied himself by using his  
26 right arm and hand to brace himself against the wall. He also grabbed the edge of my desk with  
27 his left hand. I explained my reasons for meeting with him, and asked if he believed he was  
28 capable of performing his duties that day. Officer Smithers said his back had been hurting, but he

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
T. O. ROUNDHOUSE	30261	01-02-2011	M. BURNS	01/01/2011

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D. NUMBER
01-01-2011	0605	9393	35157

1 would be alright. He stated he was just "a little drowsy." His speech was slow and slurred. While  
 2 speaking with him, I observed his pupils were constricted. He appeared to have trouble  
 3 concentrating on our conversation. I did not detect any odor of an alcoholic beverage on his  
 4 breath or person during our conversation.

5

6 Officer Smithers stated that he was driven to work by his carpool partner, Acting Sergeant  
 7 J. Joyce, ID 45365. As such, and in the absence of any other reason to believe a criminal  
 8 violation had been committed, I proceeded with an administrative workplace substance abuse  
 9 investigation. I asked Officer Smithers a series of questions regarding his general health to rule  
 10 out any medical explanation for the objective signs/symptoms of impairment. Sergeant Syzlak  
 11 was asked to conduct a drug recognition evaluation (DRE) on Officer Smithers. Based on my  
 12 observations and Sergeant Syzlak's evaluation, I formed the opinion that there was reasonable  
 13 suspicion to believe Officer Smithers was in violation of the Department's substance abuse policy,  
 14 and that substance testing could reveal evidence of that violation.

15

16 **CONFIRMING OFFICIAL APPROVAL:**

17

18 I contacted Lieutenant M. Burns, ID 22345, by telephone at his residence. I related all of the  
 19 above-described facts and circumstances. After considering the information, Lieutenant Burns  
 20 confirmed the existence of reasonable suspicion and authorized a substance test.

21

22 I informed Officer Smithers of the decision to conduct substance testing and advised him of the  
 23 requirements under Title 2 of the California Code of Regulations (CCR) to submit to a chemical  
 24 test.

25

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
T. O. ROUNDHOUSE	30261	01-02-2011	M. BURNS	01/01/2011

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D. NUMBER
01-01-2011	0605	9393	35157

**1 SAMPLE COLLECTION:**

2

3 At approximately 0650 hours, I explained the urine collection procedure to Officer Smithers before  
 4 accompanying him to the Area restroom where the sample was conducted. Sergeant Syzlak  
 5 stood by the restroom door and did not allow anyone to enter while I personally observed the  
 6 collection of the urine sample. I split the sample into the two plastic containers provided in the kit.  
 7 After labeling the two plastic containers, I had Officer Smithers initial the paperwork. I packaged  
 8 the urine sample for shipment and put it in the evidence locker until the carrier service arrived to  
 9 pick it up.

10

11 Officer Smithers was informed that he would be placed on dock time for the remainder of the shift  
 12 and was subsequently provided with a memorandum which suspended him of his peace officer  
 13 powers and directed him to immediately return all state property. Additionally, he was provided  
 14 with a memorandum describing his rights and responsibilities under Title 2 CCR, as well as the  
 15 availability of services under the Employee Assistance Programs (EAP). Officer Smithers was  
 16 then provided a memorandum placing him on administrative time off pending the results of the  
 17 test. I transported Officer Smithers to his residence.

18

**19 EMPLOYEE STATEMENTS:**

20

21 Officer Smithers said he is in pretty good shape, but lately his back has been "acting up" due to a  
 22 back injury he suffered six months ago. He stated he was given a prescription for vicodin at the  
 23 time of the injury and still had "a few pills" left. His back had been hurting the night before, so he  
 24 took two pills. It helped alleviate the pain, but this morning he had pain again. He stated he took  
 25 two more pills this morning to "help get rid of the pain." He related the pain went away and he felt  
 26 "a little drowsy" as he rode to work with his carpool partner, Acting Sergeant Joyce.

27

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
T. O. ROUNDHOUSE	30261	01-02-2011	M. BURNS	01/01/2011

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D. NUMBER
01-01-2011	0605	9393	35157

1 **WITNESS AND STATEMENTS:**

2

3 Acting Sergeant Joyce observed Officer Smithers's conduct coming out of the briefing room and  
4 can attest to the fact that Officer Smithers did not drive to work.

5

6 Sergeant Syzlak was present in the sergeants' office upon Officer Smithers's entry, and can testify  
7 to Officer Smithers's condition and the administration of the drug recognition evaluation.

8

9 **RECOMMENDATION:**

10

11 I recommend the Skyline Area initiate an internal investigation regarding Officer Smithers's  
12 possible violations of the Department's substance abuse policy, as well as violations of  
13 departmental policy contained in Highway Patrol Manual 10.3, Personnel Transactions Manual,  
14 Chapter 14, *Inconsistent and Incompatible Activities*.

15

16

17 *T. Roundhouse*

*1/1/2011*

18 \_\_\_\_\_

\_\_\_\_\_

19 Preparer's Signature:

Date:

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
T. O. ROUNDHOUSE	30261	01-02-2011	M. BURNS	01/01/2011

# ANNEX C

## SAMPLE CHP 202X – NONSENSITIVE EMPLOYEE

C O N F I D E N T I A L			
STATE OF CALIFORNIA DEPARTMENT OF CALIFORNIA HIGHWAY PATROL		<input type="checkbox"/> UNIFORMED <input checked="" type="checkbox"/> NONUNIFORMED <input type="checkbox"/> SENSITIVE <input checked="" type="checkbox"/> NON-SENSITIVE	
<b>WORKPLACE SUBSTANCE ABUSE INVESTIGATION/ VOLUNTARY TESTING REPORT</b>			
CHP 202X (New 2-12) OPI 006		<input checked="" type="checkbox"/> REASONABLE SUSPICION REPORT <input type="checkbox"/> VOLUNTARY TEST ONLY	
DATE/TIME OF FIRST OBSERVATIONS 01/05/2011 -- 1410	DATE/TIME OF REPORT 01/05/2011 -- 1600	LOCATION OF CLOSE OBSERVATION SKYLINE AREA SERGEANT'S OFFICE	
CRIMINAL REPORT/NUMBER 33482GY	NONE <input type="checkbox"/> AGENCY PREPARING CRIMINAL REPORT SKYLINE CHP	CRIMINAL OFFENSE(S) CHARGED OR INVESTIGATED 23152(A) VC, 23152(B) VC	
<b>EMPLOYEE</b>			
NAME (LAST, FIRST, MIDDLE) LATER, CHRIS, U		EMPLOYEE ID NUMBER A8675309	AREA/COMMAND SKYLINE AREA
BUSINESS PHONE (415) 555-0123		AREA LOCATION CODE 393	
BUSINESS ADDRESS 5726 FRONTIER RD., SKYLINE, CA 94444			
SEX M	AGE 51	CLASSIFICATION OA	YEARS EMPLOYED 15
PROBATIONARY EMPL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		PRIOR STATE SERVICE/AGENCY/CLASSIFICATION NONE <input checked="" type="checkbox"/>	
SHIFT START TIME 0800	ALTERNATE WORK WEEK <input checked="" type="checkbox"/> 9/80 <input type="checkbox"/> 4/10 <input type="checkbox"/> 3/12 <input type="checkbox"/> N/A		EMPLOYEE'S SUPERVISOR (NAME, RANK, ID) S. O. WAAT, OSSI, ID A56780
BARGAINING UNIT 4	MOU REVIEWED BY (NAME, RANK, ID) D. E. STONE, CAPTAIN, ID 26240		DATE OF REVIEW 01/05/2011
<b>WITNESS INFORMATION</b>			
NAME (LAST, FIRST, MIDDLE) TAKER, NORA, SGT., ID 34506		DEPT EMPLOYEE (CLASSIFICATION, ID) <input checked="" type="checkbox"/>	ADDRESS/AGENCY SKYLINE CHP 5726 Frontier Rd. Skyline, CA 94444
NAME (LAST, FIRST, MIDDLE) NUTT, DOUG, OFFICER, ID 1015		DEPT EMPLOYEE (CLASSIFICATION, ID) <input checked="" type="checkbox"/>	PHONE RES: (415) 555-0123 BUS: (415) 555-0123
NAME (LAST, FIRST, MIDDLE) SAWYOU, WENDY, E		DEPT EMPLOYEE (CLASSIFICATION, ID) <input type="checkbox"/>	RES: (415) 555-3210 BUS:
NAME (LAST, FIRST, MIDDLE)		DEPT EMPLOYEE (CLASSIFICATION, ID) <input type="checkbox"/>	RES: BUS:
<b>NOTIFICATIONS/PERSONNEL ACTION</b>			
OIA NOTIFIED BY (NAME, RANK, ID) D. E. STONE, CAPTAIN, ID 26420		TELEPHONE <input type="checkbox"/> EMAIL <input checked="" type="checkbox"/>	DATE/TIME 01/05/2011 -- 1530
ADMINISTRATIVE TIME OFF <input type="checkbox"/> WITH PAY <input type="checkbox"/> WITHOUT PAY <input checked="" type="checkbox"/> N/A		APPROVED BY <input type="checkbox"/> ACF <input type="checkbox"/> ACS	OIA EMPLOYEE CONTACTED (NAME, RANK, ID) OIA_Notification@chp.ca.gov
EMPLOYEE ASSISTANCE PROGRAM <input checked="" type="checkbox"/> ADVISED <input type="checkbox"/> REFERRED		EMPLOYEE MEMORANDUM TO MRO <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	ATO BEGIN DATE ATO MEMORANDUM (DATE/TIME)
REMOVAL OF PEACE OFFICER POWERS <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		EMPLOYEE REPRESENTATIVE (NAME, COMMAND, ID) N/A	STATE PROPERTY SURRENDERED TO (NAME, RANK, ID) DATE/TIME
EMPLOYEE RIGHTS MEMO (DATE) N/A <input type="checkbox"/>		MEMORANDUM SERVED (DATE/TIME) N/A	CITIZENS' COMPLAINT/CONTROL NUMBER N/A <input checked="" type="checkbox"/>
EMPLOYEE COPY OF 202X PROVIDED (DATE/TIME) 01/05/2011		CHP 268 (DATE) <input checked="" type="checkbox"/> N/A <input type="checkbox"/> 01/05/2011	
<b>VOLUNTARY SAMPLE ONLY/CERTIFICATION</b>			
On _____ DATE _____ I provided a sample of my <input type="checkbox"/> BLOOD <input type="checkbox"/> BREATH <input type="checkbox"/> URINE to _____ NAME (FIRST, LAST) _____ at _____ FACILITY _____ for the purpose of substance testing. I certify that I provided a sample freely and voluntarily, and I was neither requested nor persuaded to provide the sample.			
EMPLOYEE SIGNATURE	DATE	WITNESS (PRINT, SIGN)	
<b>CONFIRMING OFFICIAL/CERTIFICATION</b>			
On _____ DATE _____ I reviewed this report and attached narrative. I hereby certify that the information contained in this report is consistent with the facts and circumstances presented to me on _____ DATE _____, which led to a determination of reasonable suspicion of workplace substance abuse and the decision to approve substance testing.			
SIGNATURE/CONFIRMING OFFICIAL			DATE OF REVIEW
PREPARER'S NAME (PRINT NAME/RANK) N. M. TAKER, SGT.	I.D. NUMBER 34506	REVIEWED BY (PRINT NAME/RANK) M. BURNS, LT.	I.D. NUMBER 22345

 NAME (LAST, FIRST, MIDDLE)  
LATER, CHRIS, U

**C O N F I D E N T I A L**

NAME (LAST, FIRST, MIDDLE)  
LATER, CHRIS, U

EMPLOYEE ID NUMBER  
A8675309

**\* COMPLETE CRIMINAL INVESTIGATION FIRST, IF APPLICABLE INVESTIGATION INTERVIEW**

ARE YOU SICK OR INJURED? DESCRIBE. YES  NO  LIST PHYSICAL IMPAIRMENTS (FEET, LEGS, ANKLES, HIPS) N/A   
NOT QUESTIONED

DO YOU HAVE A MEDICAL CONDITION WHICH MAY BE CAUSING THE IMPAIRMENT? YES  NO  DID YOU BUMP YOUR HEAD?  YES  NO

WHEN DID YOU LAST SLEEP?	HOW LONG?	WHEN DID YOU LAST EAT?	DESCRIBE
--------------------------	-----------	------------------------	----------

ARE YOU CURRENTLY UNDER CARE OF A DOCTOR OR DENTIST? IF YES, NAME AND ADDRESS  
 YES  NO

HAVE YOU TAKEN ANY MEDICINE OR PRESCRIBED DRUGS? DO YOU FEEL THE EFFECTS OF THE MEDICINE/DRUGS? DESCRIBE. YES  NO  N/A   
 YES  NO

**OBJECTIVE SIGNS/APPEARANCE/FIELD SOBRIETY TEST LOCATION**

BREATH ODOR OF ALCOHOLIC BEVERAGE PRESENT <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	GLASSES/LENSES <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	EYES (APPEARANCE) RED/WATERY	DEMEANOR COOPERATIVE	SPEECH SLURRED
--	---	---------------------------------	-------------------------	-------------------

CLOTHING WORN — CONDITION AND DESCRIPTION  
RED SHIRT, BLACK PANTS, BLACK SHOES--CLEAN

DESCRIBE TEST LOCATION, SURFACE, LIGHTING  
N/A

**REASONABLE SUSPICION ADMONISHMENT (SENSITIVE EMPLOYEES ONLY)**

1. Pursuant to Title 2, California Code of Regulations (CCR), Section 599.960, you are being ordered to submit to substance testing based on reasonable suspicion that you are in violation of the Department's substance abuse policy.
  - (If drugs only) because there is reasonable suspicion that substance testing may reveal evidence of illegal drug use or unauthorized use of prescription medication, you must provide a urine sample.
  - (If alcohol only) because there is reasonable suspicion that substance testing may reveal evidence of alcohol consumption, you must provide a breath sample.
  - (If both alcohol and drugs) because of reasonable suspicion that substance testing may reveal evidence of **both** drug and alcohol use, you must provide both a urine **and** a breath sample.
2. Refusal to submit to substance testing for the reason(s) specified above will constitute insubordination and may lead to adverse action, up to and including dismissal.
3. Although you have a right to representation during any future communications with the medical review officer and during any subsequent administrative interrogation, you are not entitled to representation during the initial evaluation which led to a determination of reasonable suspicion, or during sample collection.
4. In accordance with Title 2, CCR, Section 599.963, the sample shall be collected in either a clinical setting or one that will ensure at least an equally secure and professional collection process.
5. A sample testing positive will be retained at the laboratory for at least one year. If the test results are challenged, the sample will be held indefinitely. A positive test result may lead to adverse action, up to and including dismissal.

READ TO EMPLOYEE BY (PRINT NAME, RANK, ID) \_\_\_\_\_ DATE/TIME \_\_\_\_\_

**CHEMICAL TEST INFORMATION**

SPLIT SAMPLE  YES  NO REFUSED TEST — EMPLOYEE STATEMENT N/A  ATTACHMENTS  CHP 202/216 (UNIFORMED ONLY)  CHP 202 DRE  OTHER  N/A

TYPE OF TEST	REASON FOR TEST	REASONABLE SUSPICION	I.D. OF SAMPLE(S)	RESULTS, IF AVAILABLE	DISPOSITION OF SAMPLE(S)
<input checked="" type="checkbox"/> 1. BREATH	<input checked="" type="checkbox"/> CRIMINAL <input type="checkbox"/> VOLUNTARY	<input type="checkbox"/>	74839G74KK	.08/.08	W/ CRIMINAL RPT.
<input type="checkbox"/> 2. URINE	<input type="checkbox"/> CRIMINAL <input type="checkbox"/> VOLUNTARY	<input type="checkbox"/>			
<input type="checkbox"/> 3. BLOOD	<input type="checkbox"/> CRIMINAL <input type="checkbox"/> VOLUNTARY	<input type="checkbox"/>			

TEST GIVEN	LOCATION WHERE TEST WAS CONDUCTED	NAME OF PERSON ADMINISTERING TEST OR WITNESS TO SAMPLE COLLECTION
1. BREATH		
2. URINE		
3. BLOOD		

DATE OF INCIDENT	TIME	NCIC NUMBER	EMPLOYEE I.D. NUMBER
01-05-2011	1410	9393	A8675309

**1 SUMMARY:**

2

3 On January 5, 2011, at approximately 1400 hours, I received a phone call from Public Safety  
 4 Dispatcher (PSD) I. M. Kule, ID A096523, of the Oceanview Communications Center. PSD Kule  
 5 said multiple witnesses reported a dark blue Ford Crown Victoria sedan with a California exempt  
 6 license plate driving erratically through the city of Skyline. The vehicle description matched the  
 7 Skyline Area commander's vehicle. PSDS I Kule stated a witness was following the vehicle and it  
 8 was heading toward the Skyline Area office. I relayed the information to Officer D. O. Nutt,  
 9 ID 1015, who informed me that Office Assistant (OA) C. U. Later, A8675309 had used the  
 10 commander's dark blue Ford Crown Victoria to transport equipment to the Outer Bay Resident  
 11 Post. I instructed Officer Nutt to retrieve a patrol vehicle and search for the vehicle. As  
 12 Officer Nutt drove out of the rear parking lot, he observed the vehicle, driven by OA Later,  
 13 traveling eastbound in the westbound lane of Frontier Rd. toward the Skyline Area office. He  
 14 observed OA Later drive the vehicle into the visitor's parking lot and park across two parking  
 15 stalls. Officer Nutt drove into the visitor's parking lot and contacted OA Later, who was still in the  
 16 driver's seat.

17

18 Officer Nutt contacted OA Later and asked him if he was okay. OA Later's eyes appeared red and  
 19 watery. He replied he was "just fine" and asked Officer Nutt to leave him alone. While talking with  
 20 OA Later, Officer Nutt smelled a strong odor of an alcoholic beverage. Officer Nutt contacted me  
 21 over the California Highway Patrol (CHP) radio frequency and requested that I respond to the front  
 22 parking lot. I walked to the parking lot and met Officer Nutt, who apprised me of the situation.

23

24 I instructed Officer Nutt to conduct a criminal investigation into a possible violation of 23152(A) VC  
 25 – driving under the influence (DUI). Officer Nutt asked OA Later to step out of the car, and the two  
 26 of them entered the Skyline Area office while I parked the commander's car in the rear parking lot.  
 27 Officer Nutt conducted a DUI investigation (in the Area sergeants' office), which included  
 28 preliminary questions regarding OA Later's health and a series of field sobriety tests (FST's).

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
N. M. TAKER	34506	01-05-2011	M. BURNS	1/5/2011

DATE OF INCIDENT	TIME	NCIC NUMBER	EMPLOYEE I.D. NUMBER
01-05-2011	1410	9393	A8675309

1 During the investigation, OA Later admitted to drinking "a couple of beers" with his lunch after  
 2 returning from the resident post. Based on OA Later's objective signs and symptoms of alcohol  
 3 intoxication, his admission to drinking alcoholic beverages, his performance on the FST's, and the  
 4 observations of his driving, Officer Nutt formed the opinion that OA Later was under the influence  
 5 of alcohol and unable to operate a motor vehicle safely.

6

7 Officer Nutt placed OA Later under arrest for DUI and advised him of Implied Consent. OA Later  
 8 consented to a breath test (administered at the Skyline Area office) with results of .08/.08 BAC.  
 9 Officer Nutt transported OA Later to the Pacific County Jail, where he was booked for a violation  
 10 of Section 23152(a) VC.

11

12 **EMPLOYEE STATEMENTS:**

13

14 OA Later was not questioned administratively prior to or after his arrest. He will be the subject of  
 15 an administrative interrogation at a later date.

16

17 **WITNESS AND STATEMENTS:**

18

19 On January 5, 2011, at approximately 1530 hours, I obtained a statement from Officer Nutt after  
 20 he returned from booking OA Later into the county jail. See Summary.

21

22 On January 5, 2011, at approximately 1545 hours, I spoke with Witness W. E. Sawyou by  
 23 telephone. She stated she saw a blue Ford Crown Victoria with a California exempt license plate,  
 24 traveling eastbound on Frontier Road east of Center Street. She said she was directly behind the  
 25 vehicle, which was traveling at approximately 35 MPH in a 55 MPH zone. She stated there were  
 26 "maybe five or six vehicles behind" her vehicle as well. She said the vehicle was weaving across  
 27 the double yellow lines in the middle of the road and then over the solid white line on the right  
 28 shoulder. She said the vehicle continued weaving for approximately one mile, during which time

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
N. M. TAKER	34506	01-05-2011	M. BURNS	1/5/2011

DATE OF INCIDENT	TIME	NCIC NUMBER	EMPLOYEE I.D. NUMBER
01-05-2011	1410	9393	A8675309

1 she called 9-1-1. She said the vehicle continued eastbound and ran a stop sign at the intersection  
 2 of Frontier Road and 13th Street. The vehicle continued eastbound for approximately one more  
 3 mile, weaving back and forth at 45 MPH as it approached the Skyline Area office. The vehicle  
 4 then crossed completely over the double yellow lines into the westbound lane of Frontier Road,  
 5 where it continued for approximately one quarter of a mile before making a sudden right turn into  
 6 the visitor's parking lot of the Skyline Area office. Witness Sawyou said she saw a California  
 7 Highway Patrol officer contact the driver. She gave her contact information to the 9-1-1 operator  
 8 and drove home.

9

10 **RECOMMENDATION:**

11

12 I recommend the Skyline Area initiate an internal investigation into violations of the Department's  
 13 substance abuse policy, as well as violations of departmental policy contained in Highway Patrol  
 14 Manual 10.3, *Personnel Transactions Manual*, Chapter 14, *Inconsistent and Incompatible*  
 15 *Activities*.

16

17

18 *Nora Taker**1/5/2011*

19 \_\_\_\_\_

20 Preparer's Signature:



Date:

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
N. M. TAKER	34506	01-05-2011	M. BURNS	1/5/2011

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**ANNEX D**

**SAMPLE CHP 202X – VOLUNTARY TEST**

STATE OF CALIFORNIA DEPARTMENT OF CALIFORNIA HIGHWAY PATROL		<b>C O N F I D E N T I A L</b>		<input type="checkbox"/> UNIFORMED <input type="checkbox"/> NONUNIFORMED <input checked="" type="checkbox"/> SENSITIVE <input type="checkbox"/> NON-SENSITIVE	
<b>WORKPLACE SUBSTANCE ABUSE INVESTIGATION/ VOLUNTARY TESTING REPORT</b>				<input type="checkbox"/> REASONABLE SUSPICION REPORT <input checked="" type="checkbox"/> VOLUNTARY TEST ONLY	
CHP 202X (New 2-12) OPI 006					
DATE/TIME OF FIRST OBSERVATIONS 01/05/2011 -- 1045		DATE/TIME OF REPORT 01/05/2011 -- 1100		LOCATION OF CLOSE OBSERVATION OCEANVIEW COMM. CEN. SGT. OFFICE	
CRIMINAL REPORT/NUMBER NONE <input checked="" type="checkbox"/>		AGENCY PREPARING CRIMINAL REPORT N/A		CRIMINAL OFFENSE(S) CHARGED OR INVESTIGATED N/A <input checked="" type="checkbox"/>	
<b>EMPLOYEE</b>					
NAME (LAST, FIRST, MIDDLE) REILLY, IGNATIUS, J.		EMPLOYEE ID NUMBER A96523		AREA/COMMAND OCEANVIEW COMM. CENTER	
BUSINESS PHONE (415) 555-0321		BUSINESS ADDRESS 1111 OCEAN AVE. PARADISE, CA 95555			
SEX M	AGE 39	CLASSIFICATION PSD	YEARS EMPLOYED 10	PROBATIONARY EMPL. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	PRIOR STATE SERVICE/AGENCY/CLASSIFICATION NONE <input checked="" type="checkbox"/>
SHIFT START TIME 0600		ALTERNATE WORK WEEK <input type="checkbox"/> 9/80 <input type="checkbox"/> 4/10 <input checked="" type="checkbox"/> 3/12 <input type="checkbox"/> N/A		EMPLOYEE'S SUPERVISOR (NAME, RANK, ID) N. O. TIMOFF, PSDSI, A86420	
BARGAINING UNIT 7		MOU REVIEWED BY (NAME, RANK, ID) D. E. STONE, CAPTAIN, ID 26240			DATE OF REVIEW 01/05/2011
<b>WITNESS INFORMATION</b>					
NAME (LAST, FIRST, MIDDLE)		DEPT EMPLOYEE (CLASSIFICATION, ID) <input checked="" type="checkbox"/>		ADDRESS/AGENCY	
TAKER, NORA, SGT. ID 35406				OCEANVIEW COMM CENTER 1111 Ocean Ave. Paradise, CA 95555	
NAME (LAST, FIRST, MIDDLE)		DEPT EMPLOYEE (CLASSIFICATION, ID) <input checked="" type="checkbox"/>		ADDRESS/AGENCY	
NUTT, DOUG, OFFICER, ID 1015				OCEANVIEW COMM CENTER 1111 Ocean Ave. Paradise, CA 95555	
NAME (LAST, FIRST, MIDDLE)		DEPT EMPLOYEE (CLASSIFICATION, ID) <input type="checkbox"/>		ADDRESS/AGENCY	
SUIT, LINDA, A.				625 Bourbon St. Paradise, CA 95555	
NAME (LAST, FIRST, MIDDLE)		DEPT EMPLOYEE (CLASSIFICATION, ID) <input type="checkbox"/>		ADDRESS/AGENCY	
<b>NOTIFICATIONS/PERSONNEL ACTION</b>					
OIA NOTIFIED BY (NAME, RANK, ID) D. E. STONE, CAPTAIN, ID 26240		TELEPHONE <input type="checkbox"/> EMAIL <input checked="" type="checkbox"/>		DATE/TIME 01/05/2011 -- 1130	
ADMINISTRATIVE TIME OFF <input type="checkbox"/> WITH PAY <input type="checkbox"/> WITHOUT PAY <input checked="" type="checkbox"/> N/A		APPROVED BY <input type="checkbox"/> ACF <input type="checkbox"/> ACS		OIA EMPLOYEE CONTACTED (NAME, RANK, ID) OIA_Notification@chp.ca.gov	
EMPLOYEE ASSISTANCE PROGRAM <input checked="" type="checkbox"/> ADVISED <input type="checkbox"/> REFERRED		EMPLOYEE MEMORANDUM TO MRO <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		ATO BEGIN DATE	
REMOVAL OF PEACE OFFICER POWERS <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		MEMORANDUM SERVED (DATE/TIME) N/A		ATO MEMORANDUM (DATE/TIME)	
EMPLOYEE RIGHTS MEMO (DATE) N/A <input type="checkbox"/>		EMPLOYEE COPY OF 202X PROVIDED (DATE/TIME) 01/06/2011 -- 1100 HRS		STATE PROPERTY SURRENDERED TO (NAME, RANK, ID) N/A	
				CITIZENS' COMPLAINT/CONTROL NUMBER N/A <input checked="" type="checkbox"/>	
				CHP 268 (DATE) <input checked="" type="checkbox"/> N/A <input type="checkbox"/>	
				01/05/2011	
<b>VOLUNTARY SAMPLE ONLY/CERTIFICATION</b>					
On <u>01/05/2011</u> I provided a sample of my <input type="checkbox"/> BLOOD <input type="checkbox"/> BREATH <input checked="" type="checkbox"/> URINE to <u>SGT. NORA TAKER</u>					
at <u>OCEANVIEW COMM. CENTER</u> for the purpose of substance testing. I certify that I provided a sample					
freely and voluntarily, and I was neither requested nor persuaded to provide the sample.					
EMPLOYEE SIGNATURE 		DATE 01/05/2011		WITNESS (PRINT, SIGN) N. M. TAKER 	
<b>CONFIRMING OFFICIAL/CERTIFICATION</b>					
On _____ I reviewed this report and attached narrative. I hereby certify that the information contained in this report					
is consistent with the facts and circumstances presented to me on _____, which led to a determination of					
reasonable suspicion of workplace substance abuse and the decision to approve substance testing.					
SIGNATURE/CONFIRMING OFFICIAL					DATE OF REVIEW
PREPARER'S NAME (PRINT NAME/RANK) N. M. TAKER, SGT.		I.D. NUMBER 35406		REVIEWED BY (PRINT NAME/RANK) W. A. KUP, LIEUTENANT	
				I.D. NUMBER	

REILLY, IGNATIUS, J.

**C O N F I D E N T I A L**

NAME (LAST, FIRST, MIDDLE)  
REILLY, IGNATIUS, J.

EMPLOYEE ID NUMBER  
A96523

**\* COMPLETE CRIMINAL INVESTIGATION FIRST, IF APPLICABLE** **INVESTIGATION INTERVIEW**

ARE YOU SICK OR INJURED? DESCRIBE: YES  NO  LIST PHYSICAL IMPAIRMENTS (FEET, LEGS, ANKLES, HIPS): N/A

NO QUESTIONS ASKED

DO YOU HAVE A MEDICAL CONDITION WHICH MAY BE CAUSING THE IMPAIRMENT? YES  NO  DID YOU BUMP YOUR HEAD?  YES  NO

WHEN DID YOU LAST SLEEP?	HOW LONG?	WHEN DID YOU LAST EAT?	DESCRIBE
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ARE YOU CURRENTLY UNDER CARE OF A DOCTOR OR DENTIST? IF YES, NAME AND ADDRESS

YES  NO

HAVE YOU TAKEN ANY MEDICINE OR PRESCRIBED DRUGS? DO YOU FEEL THE EFFECTS OF THE MEDICINE/DRUGS? DESCRIBE: YES  NO  N/A

YES  NO

**OBJECTIVE SIGNS/APPEARANCE/FIELD SOBRIETY TEST LOCATION**

BREATH ODOR OF ALCOHOLIC BEVERAGE PRESENT	GLASSES/LENSES	EYES (APPEARANCE)	DEMEANOR	SPEECH
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	NORMAL	AGITATED	NORMAL

CLOTHING WORN — CONDITION AND DESCRIPTION  
RED SWEATER, BLUE JEANS, WHITE TENNIS SHOES--CLEAN

DESCRIBE TEST LOCATION, SURFACE, LIGHTING  
NO TESTS GIVEN

**REASONABLE SUSPICION ADMONISHMENT (SENSITIVE EMPLOYEES ONLY)**

- Pursuant to Title 2, California Code of Regulations (CCR), Section 599.960, you are being ordered to submit to substance testing based on reasonable suspicion that you are in violation of the Department's substance abuse policy.
  - (If drugs only) because there is reasonable suspicion that substance testing may reveal evidence of illegal drug use or unauthorized use of prescription medication, you must provide a urine sample.
  - (If alcohol only) because there is reasonable suspicion that substance testing may reveal evidence of alcohol consumption, you must provide a breath sample.
  - (If both alcohol and drugs) because of reasonable suspicion that substance testing may reveal evidence of **both** drug and alcohol use, you must provide both a urine **and** a breath sample.
- Refusal to submit to substance testing for the reason(s) specified above will constitute insubordination and may lead to adverse action, up to and including dismissal.
- Although you have a right to representation during any future communications with the medical review officer and during any subsequent administrative interrogation, you are not entitled to representation during the initial evaluation which led to a determination of reasonable suspicion, or during sample collection.
- In accordance with Title 2, CCR, Section 599.963, the sample shall be collected in either a clinical setting or one that will ensure at least an equally secure and professional collection process.
- A sample testing positive will be retained at the laboratory for at least one year. If the test results are challenged, the sample will be held indefinitely. A positive test result may lead to adverse action, up to and including dismissal.

READ TO EMPLOYEE BY (PRINT NAME, RANK, ID) \_\_\_\_\_ DATE/TIME \_\_\_\_\_

**CHEMICAL TEST INFORMATION**

SPLIT SAMPLE  YES  NO REFUSED TEST — EMPLOYEE STATEMENT: N/A  ATTACHMENTS: \_\_\_\_\_

CHP 2022:16 (UNIFORMED ONLY)  CHP 202 DRE  OTHER

TYPE OF TEST	REASON FOR TEST	REASONABLE SUSPICION	I.D. OF SAMPLE(S)	RESULTS, IF AVAILABLE	DISPOSITION OF SAMPLE(S)
<input type="checkbox"/> 1. BREATH	<input type="checkbox"/> CRIMINAL <input type="checkbox"/> VOLUNTARY	<input type="checkbox"/>			
<input checked="" type="checkbox"/> 2. URINE	<input type="checkbox"/> CRIMINAL <input checked="" type="checkbox"/> VOLUNTARY	<input type="checkbox"/>	879377580	PENDING	CDT LABORATORIES
<input type="checkbox"/> 3. BLOOD	<input type="checkbox"/> CRIMINAL <input type="checkbox"/> VOLUNTARY	<input type="checkbox"/>			

TEST GIVEN	LOCATION WHERE TEST WAS CONDUCTED	NAME OF PERSON ADMINISTERING TEST OR WITNESS TO SAMPLE COLLECTION
1. BREATH		
2. URINE	OCEANVIEW COM. CENTER	N. M. TAKER, SGT.
3. BLOOD		

DATE OF INCIDENT	TIME	NCIC NUMBER	EMPLOYEE I.D. NUMBER
01-05-2011	1045	9395	A96523

**1 SUMMARY:**

2

3 On January 5, 2011, at approximately 1015 hours, Public Safety Dispatcher (PSD) I. J. Reilly,  
 4 ID A96523, of the Oceanview Communications Center (OCC) received a 9-1-1 cellular telephone  
 5 call from Ms. Linda Suit. Ms. Suit had been involved in a major traffic collision and was requesting  
 6 an ambulance respond to her location. Prior to PSD Reilly obtaining the location of Ms. Suit, the  
 7 telephone call was disconnected. PSD Reilly attempted to re-call Ms. Suit; however, the call went  
 8 straight to voicemail. PSD Reilly attempted to recall Ms. Suit three more times before he  
 9 succeeded in talking to her and obtaining her exact location. While keeping Ms. Suit on the line,  
 10 PSD Reilly dispatched a unit to the scene and spoke to Skyline County fire dispatchers, who sent  
 11 fire and ambulance personnel to the scene. Due to the remote location of the collision, response  
 12 time was extended for all agencies. Cal-Fire was the first emergency responder to arrive on  
 13 scene (at approximately 1035 hours).

14

15 While awaiting the emergency response, Ms. Suit continued talking with PSD Reilly. Ms. Suit  
 16 became angry as time passed, accusing PSD Reilly of intentionally disconnecting the first call.  
 17 Ms. Suit told PSD Reilly that she was unable to feel her legs. Ms. Suit told PSD Reilly that if she  
 18 ended up paralyzed, it would be his fault. As the conversation continued, Ms. Suit stated she felt  
 19 PSD Reilly sounded as though he was "high" or "stoned" and that was why the phone call was  
 20 disconnected. Ms. Suit threatened to sue the Department and PSD Reilly for delaying emergency  
 21 response to her collision scene. Ms. Suit stated, "You better hope I'm not paralyzed. I'm hurt out  
 22 here and you can't even answer the phone, 'cause you're high. I can tell. I know what people  
 23 sound like when they're stoned, and I think you're stoned. I'm gonna be paralyzed cause you  
 24 can't even answer the phone right. You have a house, cars, money? Hope you realize it's all  
 25 gonna be mine when I'm through with you." Ms. Suit further stated, "I can't wait to get you in  
 26 court. I'm a lawyer, I sue people for a living. I'm coming after the CHP and then I'm coming after  
 27 you." The phone call was terminated shortly thereafter as Cal-Fire arrived on-scene.

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
N. M. TAKER	35406	01-05-2011	W. KUP	01/05/2011

DATE OF INCIDENT	TIME	NCIC NUMBER	EMPLOYEE I.D. NUMBER
01-05-2011	1045	9395	A96523

1 On January 5, 2011, at approximately 1045 hours, PSD Reilly approached me along with his site  
 2 representative, PSD R. U. Hapi, ID A89321, and related what had happened. PSD Reilly  
 3 appeared agitated by the experience. He said he wanted to give a voluntary chemical test to  
 4 prove he was not under the influence of drugs at the time of the call. I advised PSD Reilly that he  
 5 was under no obligation to submit to a chemical test. PSD Reilly responded, "I just want to do this  
 6 so I'm covered, and the Department is covered, in case Ms. Suit really does sue."

7

8 Although PSD Reilly appeared agitated, at no time did I observe objective signs or symptoms of  
 9 alcohol or drug influence. Prior to conducting the substance test, I contacted the OCC on-call  
 10 manager, Lieutenant W. A. Kup, ID 32109, and apprised him of the situation and employee  
 11 request for substance testing. Lieutenant Kup approved the voluntary substance test.

12

13 **SAMPLE COLLECTION:**

14

15 At approximately 1100 hours, I explained the urine collection procedure to PSD Reilly. I had  
 16 PSD Reilly sign and date the CHP 202X, *Workplace Substance Abuse Investigation/Voluntary*  
 17 *Testing Report*. I then accompanied PSD Reilly to the restroom where the sample was  
 18 conducted. PSD Hapi stood by the restroom door and did not allow anyone to enter while I  
 19 personally observed the collection of the urine sample. I divided the sample into the two plastic  
 20 containers provided in the kit. After labeling the two plastic containers, I had PSD Reilly initial the  
 21 paperwork. I packaged the urine sample for shipment and put it in the evidence locker until the  
 22 carrier service arrived to pick it up.

23

24 **RECOMMENDATION:**

25

26 None.

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
N. M. TAKER	35406	01-05-2011	W. KUP	01/05/2011