

A PUBLIC - 7-4 1 0 1 1 ?

☐ NOTICE OF PRIORITY RE-EXAMINATION OF DRIVER (Driver Incompetent)

The driver listed below committed a violation of Section(s) §1000 through 23235 of the California Vehicle Code (CVC) and should be re-examined pursuant to CVC §10115. At the time of the violation the driver exhibited one or more of the following conditions which reasonably led me to believe that the driver was incapable of operating a motor vehicle in a manner that would not present a clear or potential danger or risk of injury to this person or others. If this person is permitted to resume operation of a motor vehicle, as required by law, or the driver has not received a copy of this Notice of Priority Suspension, the driver must appear at the suspension hearing on the date and time indicated below.

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

If this form is being issued as a Notice of Priority Re-examination/Notice of Suspension for Non-Compliance, please notify the document filer via eFile to the Driver Safety Office nearest the driver's home (see reverse), and attach this original Notice to the entire office.

NOTICE OF SUSPENSION FOR NON-COMPLIANCE

INSTRUCTIONS TO DRIVER

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

☐ REQUEST FOR FORMAL RE-STATEMENT OF DRIVER (Officer's Instructions on NY 214)

The driver's license is valid in all 48 states, but does not require a Priority Registration.

DATE	N-2	PAGE	N-3	DAY/ALIAS/INITIAL	284	STATE	385	ATTORNEY	N-4
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ALBANY, N.Y., MAY 22, 1964

N-731

5-12

153, 134, 135, 136

ANY NOTICE TO APPEARING AT CITATION MUST BE ATTACHED TO THIS CITATION

139

AC (CITATION NUMBER) NO. (ATTACH COPY IF APPLICABLE)

City

COUNTY

ACQUITTANT/RECEIPT FOR ATTACH COPY IF APPLICABLE

STREET	CITY	COUNTY
103.22	133	134

OWN: TRUED OWNERS REMARKS: 103.22 133 134

☐ **RECEIVING INSTRUCTIONS TO THE**
☐ **FILE**

[illegible]

<input type="checkbox"/> Driving on wrong side of road	<input type="checkbox"/> Failing without lights during darkness
<input type="checkbox"/> Failing to wear seat belt	<input type="checkbox"/> Failing to stop when required

	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	361	362	363	364	365	366	367	368	369	370	371	372	373	374	375	376	377	378	379	380	381	382	383	384	385	386	387	388	389	390	391	392	393	394	395	396	397	398	399	400	401	402	403	404	405	406	407	408	409	410	411	412	413	414	415	416	417	418	419	420	421	422	423	424	425	426	427	428	429	430	431	432	433	434	435	436	437	438	439	440	441	442	443	444	445	446	447	448	449	450	451	452	453	454	455	456	457	458	459	460	461	462	463	464	465	466	467	468	469	470	471	472	473	474	475	476	477	478	479	480	481	482	483	484	485	486	487	488	489	490	491	492	493	494	495	496	497	498	499	500	501	502	503	504	505	506	507	508	509	510	511	512	513	514	515	516	517	518	519	520	521	522	523	524	525	526	527	528	5
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14-00000

DRIVER CONDITION [Observations and Stop-Collision]—Check off appropriate boxes below. Please use the space below to provide specific details, if known, and the driver's medical (physical or mental) condition such as status of alcohol or drugs, any mechanical issues, etc.

<input type="checkbox"/> Confused, disoriented, incoherent, or unaware of self or	<input type="checkbox"/> ALCOHOLIC DRUG (Describe below)
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<input type="checkbox"/> Cardiac, diaphragmatic, incoherent, or unstable	<input type="checkbox"/> Alcohol/Drug Use (Describe below)
<input type="checkbox"/> Respiratory/Obstructive pulmonary carcinoma	<input type="checkbox"/> Laminaria by vapor
<input type="checkbox"/> Asplenic	<input type="checkbox"/> Bleeding of blood vessel/arteries

<input type="checkbox"/> Medicated	<input type="checkbox"/> Backhaul/Return Trailing
<input type="checkbox"/> Vision Condition/Visual Impairment	<input type="checkbox"/> Driver appears to need help with hygiene and/or grooming appropriately
<input type="checkbox"/> Market/Endorsement Cautious	

Other reported health did not see any. P. 4500/0000, 000.

SUMMARY: You may use the space below to further describe actions of the driver which led you to believe a re-examination

is needed - describe any impairment, serious physical injury or illness, mental impairment or disorientation. Describe any traffic law violations whether or not a citation was issued.

[illegible]

106 N-6 () N-7

U-732
EXPIRY DATE 19-04-2000

353 352
I certify under penalty of perjury under the laws of the State of California that the information I have provided is true and correct.

NO DEFECTS

APPLICANT'S SIGNATURE **N-8**

DATE **N-9** ONLY NUMBER **N-10** DO YOU WANT TO BE NOTIFIED BY NAME? ☐ Yes ☒ No **N-**

White: DMV Census: Law Enforcement Pkt: Driver (Priority Re-Exam Only)

DMV 427: V3 3/1

$$\sum_{i=1}^n \frac{1}{i^2} = \frac{\pi^2}{6}$$

INSTRUCTIONS TO THE OFFICE

Use this form to refer drivers to the Department of Motor Vehicles (DMV) for re-examination. All drivers referred by a law enforcement officer will be scheduled for a re-examination or, if appropriate, an immediate suspension or revocation will be imposed. Drivers who do not meet the criteria of §1061 CVC should be referred for an immediate, priority re-examination. Drivers who do not meet this criteria, but you believe should still be seen by DMV, should be referred for a regular re-examination.

Priority Re-examination

If the driver is being referred for a priority re-examination in accordance with Sections 12515 and 21061 of the California Vehicle Code (CVC), you must:

- Check the box for Priority Re-examination.
- Describe or list any violation of Section(s) 21000 - 23536 CVC. An actual citation or arrest is not required. (If the driver was involved in an accident or arrested, the information should be listed, or a copy of the accident report attached.)
- Describe actions of the driver, including a description of the serious physical injury or illness, mental impairment or disorientation that led you to reasonably believe the person is incapable of operating a motor vehicle without danger or risk of injury.
- Check one of the boxes below for the location of the Driver Safety Office nearest the driver's home.
- Sign the front of this form where indicated.
- Give a copy of this form to the driver.

If possible, fax the Notice of Priority Re-examination/Notice of Suspension for Non-Compliance to the Driver Safety Office nearest the driver's home (see list below), then mail the original copy of the Notice to the same office.

Regular Re-examination

Requests for a "regular" re-examination of a driver should be mailed (not faxed) to the Driver Safety Office nearest the driver's home.

INSTRUCTIONS TO THE DRIVER FOR PRIORITY RE-EXAMINATIONS

The Notice of Priority Re-examination/Notice of Suspension for Non-Compliance requires you to contact the DMV (in person or by telephone) within five (5) working days or your driving privilege will be suspended on the sixth day. Contact the DMV Driver Safety Office checked below for an appointment to talk to a hearing officer as soon as possible to make arrangements for re-examination before the suspension goes into effect. The hearing officer will schedule you for all required tests. At the time of your appointment for the re-examination, bring this form with you. You may be required to take a written, vision and driving test. You should be prepared to take any of these tests. Please have a licensed driver accompany you. Before a driving test is conducted, you must show evidence of financial responsibility (proof of auto insurance) for the vehicle you will drive during the test.

IMMEDIATE SUSPENSION OR REVOCATION POSSIBLE

In the event the Department of Motor Vehicles determines that your safety, or the safety of other persons upon the highways, requires suspension or revocation of your driving privilege, the Department of Motor Vehicles may, upon receipt and investigation of the Notice of Priority Re-examination/Notice of Suspension for Non-Compliance, suspend or revoke your driving privilege immediately in accordance with Section 13063 of the California Vehicle Code.

DEPARTMENT OF MOTOR VEHICLES—DRIVER SAFETY DISTRICT OFFICES

LOCATION	TELEPHONE	FAX	ADDRESS
<input type="checkbox"/> City of Commerce	(323) 724-4000	(323) 724-2282	8801 E. Gladston Ave., 2nd Fl., Ste. 250, 90040
<input type="checkbox"/> El Segundo	(310) 618-3500	(310) 515-3351/82/83	390 N. Sepulveda Blvd., Ste. 2075, 90245
<input type="checkbox"/> Fresno	(559) 445-6399	(559) 445-6396	2510 S. East Avenue, Ste. 310, 93706
<input type="checkbox"/> Irvine	(949) 440-4416	(949) 440-4424	56735 Von Karman Ave., Ste. 110, 92606
<input type="checkbox"/> TDD:	(949) 440-4466		
<input type="checkbox"/> Oakland	(510) 563-8900	(510) 563-8950/8951	303 Hegenberger Rd., 4th Fl., Ste. 400, 94621
<input type="checkbox"/> Oxnard	(805) 489-0883	(805) 489-8219	4050 S. Saviers Rd., 93038
<input type="checkbox"/> Sacramento	(916) 227-2870	(916) 227-0174/2901	4700 Broadway, 2nd Fl., 95820
<input type="checkbox"/> San Bernardino	(909) 383-7413	(909) 383-7439	1845 Business Center Dr., Ste. 212, 92408
<input type="checkbox"/> San Diego	(619) 427-3901	(619) 427-3925	8174 Sky Park Court, Ste. 200, 92123
<input type="checkbox"/> San Francisco	(415) 557-1170	(415) 557-7575	1077 Fell Street, 2nd Fl., 94117
<input type="checkbox"/> San Jose	(408) 229-7100	(408) 229-7129	90 Green Oaks Blvd., Ste. 104, 95119
<input type="checkbox"/> Van Nuys	(818) 376-4217	(818) 376-4216	6150 Van Nuys Blvd., Ste. 205, 91401

DS 427 (REV. 1/99/01)

DS 427 Pg 2