San Bernardino Police Department
ORI Number: CA 0361000

DUI/Drug Influence Evaluation Report

Case Number: 2026-00034514

Occurrence Violation Information

Location of Occurrence: DEL ROSA / MARSHALL | Collision Related: ☐ No ☒ Yes | Associated Case No.:

Date of Occurrence: 3-26-26 | Time of Occurrence: 2046 | Violations: ☒ VC 23152A ☐ VC 23152B ☐ VC 23153A ☒ VC 23153B ☐ H & S 11550A ☐ Other:

Suspect Information

Suspect Name (Last, First, Middle): CUELLAR, GARRETT, DANIEL | Date of Birth: 02-16-95

Date of Arrest: 3-26-26 | Time of Arrest: 2050 | Location of Arrest: DEL ROSA / MARSHALL BLVD

Drivers Lic./I.D. No.: F5244243 | State: CA | Drivers Lic.: ☒ Valid ☐ Expired ☐ Suspended/Revoked ☐ Unlicensed

Vehicle Information

Vehicle Year:	Make/Model:	Body Style:	Color:	License No.:	State:
2005	CHEV SILVERADO	PK	TAN	7X24622	CA

Officer/Evaluation Information

Evaluating Officer Name/I.D. No.: LOPEZ MOYA 51615 | DRE Certified: ☒ No ☐ Yes

Location of Evaluation: ☒ Same as Arrest Location ☐ Other: | Date of Evaluation: 3-26-26 | Evaluation Start Time: 2046

Preliminary Observations

Exiting Vehicle: ☒ Not Applicable ☐ Lost Balance ☐ Used Vehicle to Balance:

Face: ☐ Normal ☒ Flushed ☒ Pale ☒ Sweaty ☐ Other:

Speech: ☐ Normal ☒ Slurred ☒ Stuttering ☐ Incoherent ☒ Confused ☐ Other:

Breath: ☐ Normal ☒ Odor of Alcoholic Beverage ☐ Odor of Cannabis ☐ Other:

Eyes: ☐ Normal ☒ Bloodshot ☒ Watery ☐ Other: | Eyelids: ☐ Normal ☒ Droopy

Corrective Lenses: ☐ None ☒ Glasses ☐ Hard Contacts ☐ Soft Contacts ☐ Prescribed but not being worn

☐ Blindness: ☐ None ☐ Left Eye ☐ Right Eye | Attitude: CALM | Coordination: CONFUSED

Preliminary Interview

Are you sick? ☒ No ☐ Yes:

Are you injured? ☒ No ☐ Yes:

Are you diabetic? ☒ No ☐ Yes: | Do you take insulin? ☐ No ☐ Yes

What have you eaten today? YES BREAD JAM

When did you eat? 5-6 HOURS AGO

Are you epileptic? ☒ No ☐ Yes:

Do you have any Physical Defects? ☒ No ☐ Yes: NOT THAT I KNOW OF

Are you under the care of a Doctor? ☒ No ☐ Yes:

Are you under the care of a Dentist? ☒ No ☐ Yes:

Have you taken any medication? ☒ No ☐ Yes:

Time of use: | Location of use:

Have you taken any drugs? ☒ No ☐ Yes:

Time of use: | Location of use:

What have you been drinking? NO

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DUI/Drug Influence Evaluation Report

Case Number: 2026-00034514

Preliminary Interview Continued

How much have you had to drink? NOTHING

What time was your last drink?

Where were you drinking?

What time do you think it is now? | Actual time:

When did you last sleep? 3-4 HOURS AGO | How long did you sleep? 3 HOURS

First pulse: | Beats per Minute | Time:

Have you bumped your head? ☒ No ☐ Yes

If Conducting a D.R.E. Evaluation complete preliminary Breath Test on Page 3 before proceeding

Eye Examinations

Pupil Size: ☒ Equal ☐ Unequal	Able to follow stimulus: ☐ No ☒ Yes	Tracking: ☒ Equal ☐ Unequal

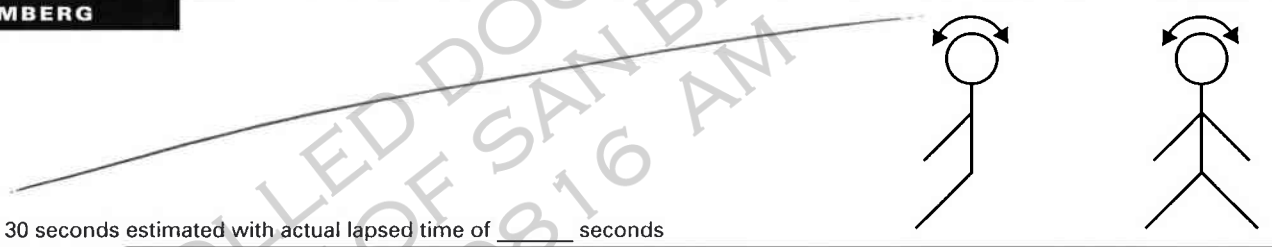
Horizontal gaze nystagmus present: ☐ No ☒ Yes	Vertical nystagmus present: ☒ No ☐ Yes	Lack of convergence present: ☐ No ☒ Yes	Right Eye	Left Eye

HGN Left Eye	Lack of smooth pursuit? ☐ No ☒ Yes	HGN at maximum deviation? ☐ No ☒ Yes	Angle of onset: Degrees
HGN Right Eye	Lack of smooth pursuit? ☐ No ☒ Yes	HGN at maximum deviation? ☐ No ☒ Yes	Angle of onset: Degrees

Divided Attention Tests

Surface: | Lighting: | Weather: ☐ Clear ☐ Cloudy ☐ Rain

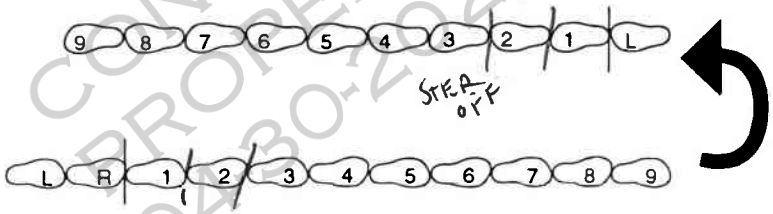
Rhomberg



Internal clock: 30 seconds estimated with actual lapsed time of _____ seconds

Walk & Turn

Footwear: WORK BOOTS



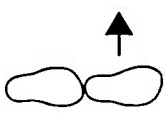
Maintained balance during instructions: ☐ No ☐ Yes

Started too soon: ☒ No ☐ Yes

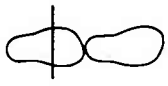
Turn: ☐ Proper ☒ Improper (Explain):
LIFTED BOTH FEET OFF GROUND AND TURNED

☐ Cannot do test (Explain):

	1st Nine	2nd Nine
Stopped walking		
Missed heel-toe		
Stepped off line		
Raised arms (more than 6")		
Actual steps taken		


Steps off line


Raises arms


Stops walking


Misses heel-toe

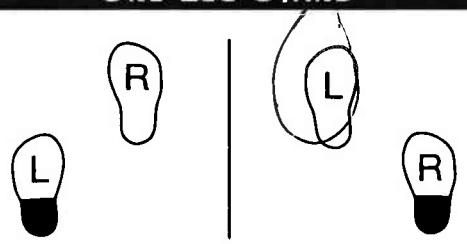
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DUI/Drug Influence Evaluation Report

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Divided Attention Tests Continued

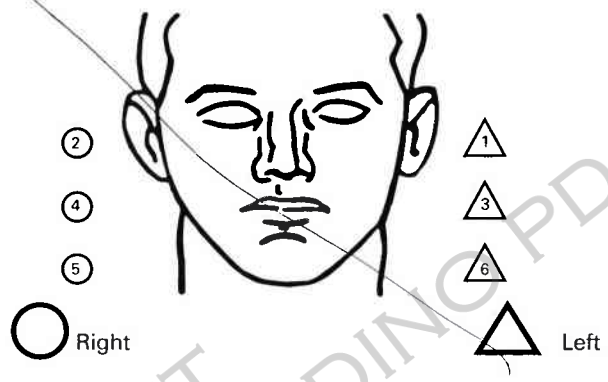
One Leg Stand



L	R	
☐	☐	Hopping
☒	☐	Puts foot down
☐	☐	Uses arms to balance
☐	☐	Sways while balancing

Finger to Nose

Draw lines to spots touched



Preliminary Breath Test

Test results: **Test No. 1:** Time	B.A.C.	**Test No. 2:** Time	B.A.C.

Instrument make/model	Instrument serial no.:	Instrument Operator:	Operator's I.D. No.:

Vital Signs Examination

Temperature: Degrees	Second pulse: BPM. Time:	Blood pressure: ____/____

Examiner's name/title if other than evaluator:

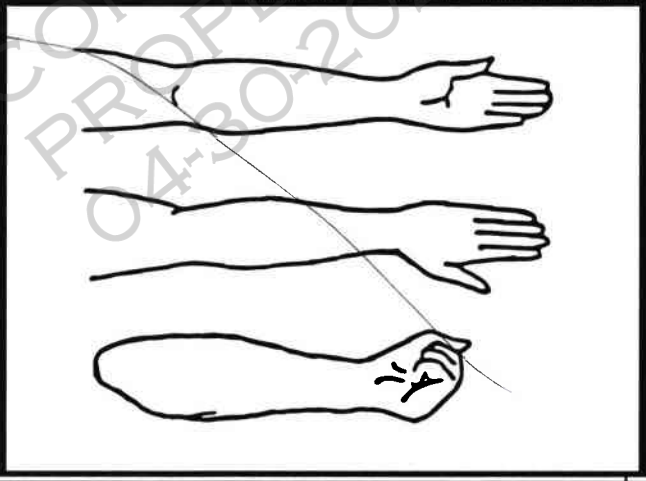
Dark Room Examination

	Room Light	Darkness	Indirect Light	Direct Light
Left eye pupil size:	mm	mm	mm	mm
Right eye pupil size:	mm	mm	mm	mm

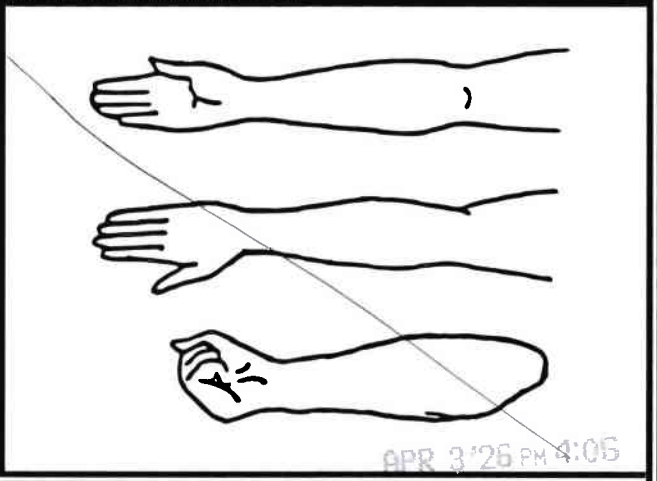
Reaction to light:	Rebound dilation present? ☐ No ☐ Yes	Hippus present? ☐ No ☐ Yes	Nasal area:	Oral cavity:

Muscle Tone and Injection Site Examination

LEFT ARM



RIGHT ARM



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Muscle tone: ☐ Normal ☐ Rigid ☐ Flaccid	Third pulse: Beats per minute Time:

Evaluation completion time:

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DUI/Drug Influence Evaluation Report

Case Number: 2026-00034514

Suspect Interview

Miranda: ☐ No ☑ Yes By: LOPEZ MOYA		Date: 3-26-26	Time: 2220
Location: CDC	Waiver statements:		
Does your vehicle have any mechanical problems? ☒ Not Applicable ☐ No ☐ Yes			
Were you driving the vehicle? ☐ No ☒ Yes ☐ N/A	What have you been drinking? NOTHING		
How much did you drink? NOTHING		Time started:	
Time of last drink:	Drinking location:	Feel effects? ☐ No ☐ Yes	
Have you been drinking since accident? ☐ No ☐ Yes ☐ N/A	What?	How much?	
What medicine or drug have you been using?			
Time of use:	Location of use:		
Use after accident? ☐ No ☐ Yes ☐ N/A	What?	How much?	

Toxicological Examination

☐ Breath test results: **Test No. 1:** Time	B.A.C.	**Test No. 2:** Time	B.A.C.
Instrument make/model:	Instrument serial number:	Instrument operator:	Operator's I.D. number:

	Name and title of person taking sample (*)
☒ Blood - B.A. Kit# 373451	(*) V. VASQUEZ CPT #559
☐ Urine - Urine Kit#	(*)
☐ Blood - Vial(s) for drug testing (total #_____)	(*)
☐ Refusal - Refer to DMV refusal form	(*)

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 alcohol or drug content by either party in a criminal prosecution.

Do you wish to provide an additional sample? ☐ No ☐ Yes

Watson Advisement

You are hereby advised that being under the influence of alcohol or drugs, or both, impairs your ability to safely operate a motor vehicle. Therefore, it is extremely dangerous to human life to drive while under the influence of alcohol or drugs, or both. If you continue to drive while under the influence of alcohol or drugs, or both, and, as a result of that driving, someone is killed, you can be charged with murder.

Por la presente se le informa que estar bajo la influencia del alcohol o las drogas, o ambos, afecta su capacidad para operar un vehículo motorizado de manera segura. Por lo tanto, es extremadamente peligroso para la vida humana condicur bajo los efectos del alcohol o las drogas, o ambos. Si continúa conduciendo bajo la influencia del alcohol o las drogas, o ambos, y como resultado de esa conducción, alguien muere, puede ser acusado de asesinato.

Watson Advisement read verbatim: English ☐ Yes Spanish ☐ Yes Other_____ ☐ Yes

Do you understand: English ☐ Yes Spanish ☐ Yes Other_____ ☐ Yes
English ☐ No Spanish ☐ No Other_____ ☐ Yes

Watson advisement given by:
☐ Arresting officer ☐ Other officer ☒ Not given

Reason for non-advisal:
☐ Incapacitated ☐ Surgery ☐ Other:_____

Signature of advising officer:_____ Date: ___/___/___ ID Number:_____

Arresting/Evaluating Officer LOPEZ MOYA	ID Number 51615	Date 3-26-26
Reviewed by M. BLACKWELL	ID Number 5070	Date 4-1-26

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Booking No. 26033010S0 **San Bernardino County Sheriff's Department** DR/Case No. **2026-00034514**

Date/Time Booked 032726@0050 Arresting Agency **SAN BERNARDINO PD**

SSN **ARREST/BOOKING APPLICATION** Date of Arrest **03/26/2026**

DL/ID No. **F5244243** State **CA** Time of Arrest **20:29**

Name: Last	First	Middle	Aka or Maiden Name
CUELLAR	GARRET	DANIEL	

Sex	DOB	Age	Ht	Wt	Hair	Eyes	Race	Place of Birth	Country of Citizenship
M	02/16/1995	31	5'09"	205	BRO	BRO	H	SAN BERNARDINO	USA

Arrested With	Associated DR#

Address: No. and Street	City	State	Zip	Phone – Home & Cell
[redacted] 3994 OXFORD LN	SAN BERNARDINO	CA	92404	(951)456-8431

Spouse/Domestic Partner	Home Phone	Cell Phone

Employer	Employer Address	Employer Phone	Type of Job

Clothing Description	Veteran? ☐ Yes ☒ No Branch
BLACK SHIRT, BLACK SHOES, BLACK PANTS	

Are you out on Bail? ☐ Yes ☒ No OR Release? ☐ Yes ☒ No	Name of Parole or Probation Officer	PO's Office/Address	PO's Phone
	NA	NA	(000)000-0000

Place of Arrest	Location of Vehicle
SAN BERNARDINO, CA	TOWED BY OWNER

License No. of vehicle	Make	Model	Color
7X24622	CHEVERLOLET	SILVERADO	TAN

BOOKING CHARGES

ARREST TYPE: S = On Site W = Warrant H = Hold C = Citizen O = Other

Type	Charges	M/F	Definition	Court	Warrant No.	Bail
S	23152(A) VC-M	M	DUI ALCOHOL ONLY	SBSUP		
S	23152(B) VC-M	M	DUI BAC 0.08+	SBSUP		

Other Agency Hold (O/C, FUG, INS, Etc.)	Agency/Jurisdiction	Code Section	Warrant No.

Any Injuries or Illnesses? ☐ Yes ☒ No Any Required Medications? ☐ Yes ☒ No If Yes to Either, Explain on Medical Screening/Receiving Form

Medical Examination Prior to Booking? ☐ Yes ☒ No Hospital Where Treated If Yes, Attach Hospital/Clinic Referral

Fought with Law Enforcement? ☐ Yes ☒ No Fought with Other than Law Enforcement? ☐ Yes ☒ No Use of Force ☐ LVNR ☐ Taser ☐ OC ☐ ASP Time _____

Rendered Unconscious? ☐ Yes ☒ No

Special Instructions and Mandatory Information

Emergency Notification

Name/Relationship	Home & Cell Phone
DAN/ FATHER	(951)533-2015
Address: 3994 OXFORD LANE, SAN BERNARDINO	
Name/Relationship	Home & Cell Phone
Address	

Amount of Money $ 00000.00

Arresting/Transporting Officer Signature

Additional Comments

Arresting Officer Lopez Moya 51615

Transporting Officer Jones 51574

Agency SAN BERNARDINO PD

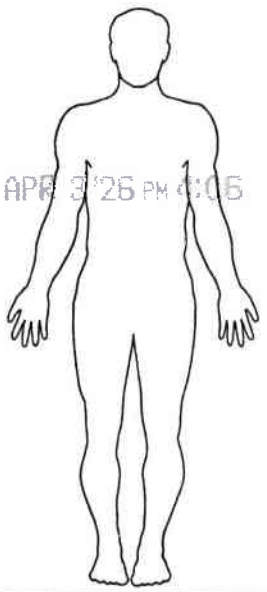
24-hour Agency or Investigating Officer Contact Phone No. (Required for All Arrests RE: High Profile Release Notification)

Marsy's Law Notification / Agency	Agency & 24 hr Phone No.

Agency Contact Time and Date	Who Was Contacted?	By Whom

TATTOOS/SCARS:
DESCRIPTION (Indicate any gang tattoos)

CHEST
BACK
NECK
HEAD
FACE
R ARM
L ARM
R LEG
L LEG
BIRTHMARK
OTHER



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REV 02/18

AGE 21 AND OLDER OFFICER'S STATEMENT

California Vehicle Code §§ 13353, 13353.1, 13353.2 & 13389

DRIVER NAME (LAST, FIRST, M.I.)	DRIVER LICENSE NUMBER	COMMERCIAL?	STATE
CUELLAR GARRETT D	F5244243	☐ Yes ☒ No	CA

MAILING ADDRESS	STATE	ZIP CODE
3994 OXFORD LN SAN BERNARDINO	CA	92404

DATE OF BIRTH	SEX	HAIR	EYES	HEIGHT	WEIGHT
2-16-95	M	BRN	BRN	5-9	205

Arrest Type
For statistical purposes only. Check all that apply.
☒ Alcohol Use
☐ Cannabis Use
☐ Other Drug Use

LICENSE: ☐ Suspended/Revoked ☒ Surrendered (*Attached*) ☐ Not in Possession ☐ Unlicensed

VIOLATION: ☒ 0.08% or more BAC Chemical Test Results ☐ 0.01% or more BAC (*DUI Probation*) ☐ 0.04% or more BAC (*Commercial Vehicle*)
☐ Chemical Test Refusal (*Complete Reverse*) ☐ PAS or other Chemical Test Refusal (*DUI Probation*) (*Complete Reverse*)

VEHICLE: **License Plate Number or VIN:** 7X24622
☐ **Commercial Vehicle:** Vehicle requires a commercial driver license (California Vehicle Code § 15210).
☐ **Hazardous Materials:** Transporting materials requiring placards/markings (California Vehicle Code § 27903).

CONTACT: **Contact:** On date: 3 / 26 / 26 at 2046 ☐ AM ☒ PM in City/County SAN BERNARDINO CA, the above driver was contacted.

DRIVING: ☐ Driving observed by this officer **or** ☐ Driving observed by another observer (complete ***Observation/Arrest*** section on **page 2.**)
Admission of Driving: ☒ Driver admitted to driving the vehicle. **Collision:** ☒ Driver involved in a collision.

TIME: Ask if driving not observed by an officer. Input driver's response verbatim if possible.
What time did you stop driving **or** how long after driving/collision did you wait for law enforcement to arrive? **Driver Response:** _____ ☐ AM ☐ PM ☐ HR ☐ MIN

ARREST OR DETENTION STATEMENT: 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 ***Observation/Arrest*** section on page 2, on date 3 / 26 / 26 at 2046 ☐ AM ☐ PM for violation of California Vehicle Code §§ 23152, 23153, or 23154.

OBJECTIVE SYMPTOMS OF INTOXICATION: ☒ Bloodshot/watery eyes ☒ Odor of alcoholic beverage ☒ Unsteady gait ☒ Slurred speech
☐ Other: _____ If observed by another person put their name here: _____

PRELIMINARY ALCOHOL SCREENING TEST (PAS)

DUI Probation: Required. Non-DUI Probation: Optional. Always complete section if PAS results available.

Driver submitted to and completed a PAS test with the results of:

Test 1 _____ % BAC on ___/___/___ (DATE) at _____ (TIME) ☐ AM ☐ PM **Test 2** _____ % BAC on ___/___/___ (DATE) at _____ (TIME) ☐ AM ☐ PM

Operator Certification: I certify under penalty of perjury, under the laws of the State of California, that: I obtained the above PAS test results in the regular course of my duties.

I used PAS Model # _____, Serial # _____, Manufactured by _____,

I administered this PAS test properly in accordance with the manufacturer's guidelines and instructions, I have received training on the proper operation of this device and administration of the PAS test, I am competent and qualified to operate the device, and the device was functioning properly at the time of the test.

Signature | Badge/ID Number | Executed on Date / /

CHEMICAL TEST

Breath Test: Attach copy of the results, if available.

Test 1 _____ % BAC on ___/___/___ (DATE) at _____ (TIME) ☐ AM ☐ PM **Test 2** _____ % BAC on ___/___/___ (DATE) at _____ (TIME) ☐ AM ☐ PM **Test 3** _____ (WHEN APPLICABLE) % BAC on ___/___/___ (DATE) at _____ (TIME) ☐ AM ☐ PM

Operator Certification: I certify under penalty of perjury, under the laws of the State of California, that: I obtained the above breath test sample results in the regular course of my duties, I have received training on the proper operation of this device, I am competent and qualified to operate this device, the test was administered pursuant to the requirements of Title 17 of the California Code of Regulations, and the device was functioning properly at the time of the test.

Signature | Badge/ID Number | Executed on Date / /

BLOOD TEST RESULTS: Blood test on date: 3 / 26 / 26 at 2219 ☐ AM ☒ PM

URINE TEST RESULTS: First void on date: / / at ☐ AM ☐ PM Test on date: / / at ☐ AM ☐ PM

I certify under penalty of perjury, under the laws of the State of California, that the information contained on all pages of this Officer's Statement is true and correct.

Signature LOPEZ MOYA Executed on Date 3 / 26 / 26 in City SAN BERNARDINO County SAN BERNARDINO CA

NAME	BADGE/ID NUMBER	AGENCY TELEPHONE NUMBER
LOPEZ MOYA	51615	(909) 998 3240
AGENCY	**LAW ENFORCEMENT AGENCY CASE NUMBER**	**COUNTY OF ARREST**
SBPD	2026-00034514	SAN BERNARDINO

PROOF OF SERVICE: A copy of the order was personally served to the driver:
☒ On the date and by the officer shown above.
☐ By another officer on date / / Serving Officer's Name LOPEZ MOYA Badge/ID Number 51615

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OBSERVATION/ARREST

If driving or collision was observed by and/or if arrest was made by someone other than the arresting officer, put their information here. Indicate if they are another officer or a citizen.

☐ Driving or Collision observed by: ☐ Arrest made by:		Observation or Arrest made by: ☐ An Officer ☐ A Citizen	☐ Driving or Collision observed by: ☐ Arrest made by:		Observation or Arrest made by: ☐ An Officer ☐ A Citizen
NAME *(PLEASE PRINT)*			NAME *(PLEASE PRINT)*		
ADDRESS			ADDRESS		
TELEPHONE NUMBER ( )	BADGE/ID NUMBER	AGENCY/DIVISION	TELEPHONE NUMBER ( )	BADGE/ID NUMBER	AGENCY/DIVISION

NARRATIVE

Describe in detail the facts, observations, and circumstances that led to the stop or contact. Print or write directly on this page.

A portion of another report may be **cut and pasted** below but should be dated and contain an original signature or initials.

Attach arrest, collision, supplemental report(s), and video evidence if available.

If arrest was made per California Vehicle Code § 40300.5 state the facts and circumstances that support the arrest.

DUI Probation Violations: Indicate below how you determined the driver was on DUI probation.

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continued on next page

STATE OF CALIFORNIA
DMV
Department of Motor Vehicles

CHEMICAL TEST ADMONITION

(California Vehicle Code §§ 23154, 23612)

DS 367
Page 2

DRIVER NAME (LAST, FIRST, M.I.)	DRIVER LICENSE NUMBER	COMMERCIAL?	STATE
CUELLAR GARRETT D	I-5244245	☐ Yes ☒ No	CA

MAILING ADDRESS	STATE	ZIP CODE
3994 OXFORD LN SAN BERNARDINO	CA	92404

DATE OF BIRTH	SEX	HAIR	EYES	HEIGHT	WEIGHT
2-16-95	M	BRN	BRN	5-9	205

Arrest Type
For statistical purposes only.
Check **all** that apply.
☒ Alcohol Use
☐ Cannabis Use
☐ Other Drug Use

LICENSE: ☐ Suspended/Revoked ☐ Surrendered (*Attached*) ☐ Not in Possession ☐ Unlicensed

VIOLATION: ☐ 0.08% or more BAC Chemical Test Results ☐ 0.01% or more BAC (*DUI Probation*) ☐ 0.04% or more BAC (*Commercial Vehicle*)
☐ Chemical Test Refusal (*Complete Reverse*) ☐ PAS or other Chemical Test Refusal (*DUI Probation*) (*Complete Reverse*)

The driver was admonished on **date:** 3 / 26 / 26 at 2140 ☐ AM ☒ PM

1. Because you are under arrest, or are being detained while on DUI probation, and I believe you are under the influence of alcohol, or a combination of alcohol and drugs, you are required by law to submit to and complete a chemical test to determine the alcohol and/or drug content of your blood.
2. You have a choice of taking a breath or blood test. If you are on DUI probation, you are required to take a Preliminary Alcohol Screening Test.
3. Urine Test Consent: (Read only when applicable.)
   a. Because the breath and blood tests are unavailable, or you are incapable of completing a breath or blood test; or you are afflicted with hemophilia or are using an anticoagulant medication, you are deemed to have given your consent to chemical testing of your urine.
4. One or More Test(s) Unavailable: (Read only when applicable.)
   a. Your choice of test is limited to the (check all that apply) ☒ blood ☐ breath ☐ urine test(s) because the (check all that apply) ☒ blood ☐ breath ☐ PAS (DUI probation) test or tests are unavailable.
   b. The test or tests are unavailable because (check all that apply) ☐ you were unable to or stated you were unable to complete the test(s).
      ☐ You require medical treatment and your choice is limited to the test available at the medical facility. ☐ The equipment is not available or not functioning.
      ☐ Other: _____
5. If you cannot, or state you cannot, complete the test you choose, you must submit to and complete a remaining test.
6. If you refuse to submit to, or fail to complete, a chemical test your driving privilege **will** be administratively suspended for one year or revoked for two or three years by the Department of Motor Vehicles.
7. If your refusal or failure to complete a test occurs within ten years of a separate violation of driving under the influence, including a charge reduced to reckless driving, or vehicular manslaughter, or a violation of California Vehicle Code section 23140, which resulted in a conviction; or your driving privilege has been suspended or revoked pursuant to California Vehicle Code sections 13353, 13353.1, or 13353.2 for an offense that occurred on a separate occasion, your driving privilege **will** be administratively revoked for two years.
8. Three or more offenses within ten years of any combination of the above violations, convictions, or separate administrative determinations **will** result in your driving privilege being administratively revoked for three years.
9. Refusal or failure to complete a chemical test may be used against you in court.
10. Refusal or failure to complete a breath test or a urine test, if applicable, will result in a fine and mandatory imprisonment if you are convicted of a violation of California Vehicle Code sections 23152 or 23153.
11. You do not have the right to talk to an attorney or have an attorney present before stating whether you will submit to a test, before deciding which test to take, or during the test.

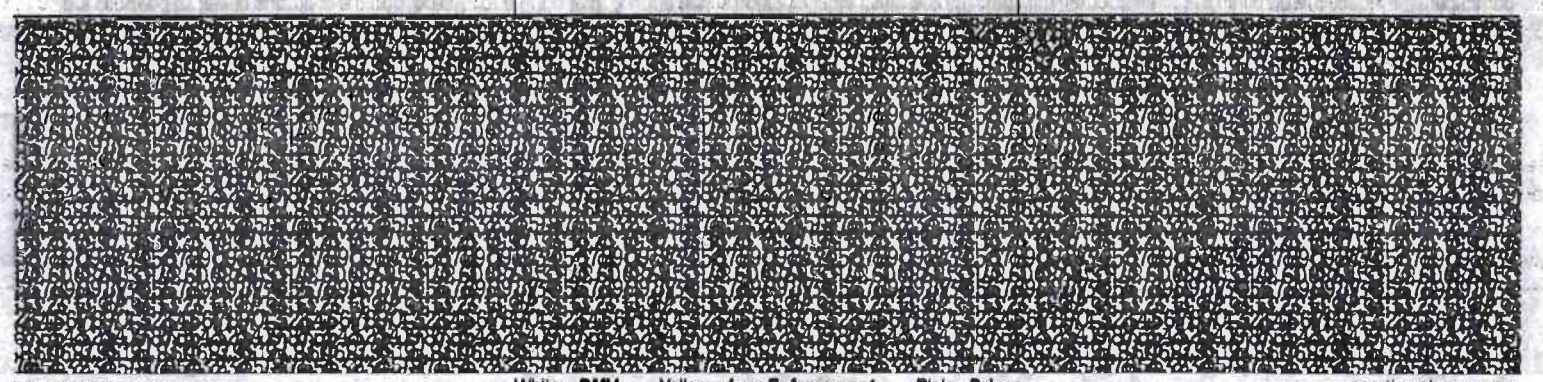
DRIVER RESPONSE: Include statements or actions by the driver that indicate a refusal or failure of each test. Input driver's response verbatim if possible.

☐ **Will you take a Preliminary Alcohol Screening Test?** (DUI Probation) _____
☒ **Will you take a Blood Test?** _____
☐ **Will you take a Breath Test?** _____

LANGUAGE: If not given in English, admonition was given in ☐ Spanish ☐ Other language (*specify*): _____

Admonition Read by a Different Officer: If the above Chemical Test Admonition was read to arrestee by another officer, indicate that officer's information:

OFFICER NAME	BADGE/ID NUMBER	AGENCY /DIVISION



COPY FILED IN DOCUMENT PROPERTY OF SBPD 03/30/2026 08:16 AM

DRUG ADMONITION

If the driver has not attempted or completed a Chemical Breath test and a Chemical Breath test is available, you **must** offer the driver the option of a Chemical Breath test. Even if the driver has already submitted to a PAS test or you do not suspect alcohol use.

A driver who has submitted to a Chemical Breath test may additionally be required to submit to a Blood test if you have reasonable cause to believe that the driver was driving under the influence of a drug or the combined influence of alcohol and a drug and you have reasonable cause to believe that a blood test will reveal evidence of the driver being under the influence.

The driver was admonished on date: _____/_____/_____ at _____ ☐ AM ☐ PM

1. Because you are under arrest, or are being detained while on DUI probation, and I believe you are under the influence of alcohol or a combination of alcohol and drugs, you are required by law to submit to a blood, breath, or a urine test. A urine test is only available if you are afflicted with hemophilia or are using an anticoagulant medication.
2. You may choose to submit to a breath test to determine the alcohol content of your blood. However, because I believe you are under the influence of drugs or combination of drugs and alcohol, you are additionally required to submit to a blood or urine test, if applicable. If you have already submitted to, refused, or failed to complete a breath test or a breath test is unavailable you are required to complete a blood test or a urine test, if applicable.
3. Urine Test Consent: (Read only when applicable)
   a. Because the breath and blood tests are unavailable; or you are incapable of completing a breath or blood test; or you are afflicted with hemophilia or are using an anticoagulant medication, you are deemed to have given your consent to chemical testing of your urine.
4. One or More Test(s) Unavailable: (Read only when applicable)
   a. Your choice of test is limited to the (check all that apply) ☐ blood ☐ breath ☐ urine test(s) because the (check all that apply) ☐ blood ☐ breath ☐ PAS (DUI probation) test or tests are unavailable.
   b. The test or tests are unavailable because (check all that apply) ☐ you were unable to or stated you were unable to complete the test(s).
      ☐ You require medical treatment and your choice is limited to the test available at the medical facility. ☐ The equipment is not available or not functioning.
      ☐ Other: _____
5. If you cannot, or state you cannot, complete the test you choose, you must submit to and complete a remaining test.
6. If you refuse to submit to, or fail to, complete a chemical test your driving privilege **will** be administratively suspended for one year or revoked for two or three years by the Department of Motor Vehicles.
7. If your refusal or failure to complete a test occurs within ten years of a separate violation of driving under the influence, including a charge reduced to reckless driving, vehicular manslaughter, or a violation of California Vehicle Code section 23140, which resulted in a conviction; or your driving privilege has been suspended or revoked pursuant to California Vehicle Code sections 13353, 13353.1, or 13353.2 for an offense that occurred on a separate occasion, your driving privilege **will** be administratively revoked for two years.
8. Three or more offenses within ten years of any combination of the above violations, convictions, or separate administrative determinations **will** result in your driving privilege being administratively revoked for three years.
9. Refusal or failure to complete a chemical test may be used against you in court.
10. Refusal or failure to complete breath or urine, if applicable, testing will result in a fine and mandatory imprisonment if you are convicted of a violation of California Vehicle Code sections 23152 or 23153.
11. You do **not** have the right to talk to an attorney or have an attorney present before stating whether you will submit to a test, before deciding which test to take, or during the test.

DRIVER RESPONSE: Include statements or actions by the driver that indicate a refusal or failure of each test. Input driver's response verbatim if possible.

☐ **Will you take a Blood Test?** _____

☐ **Will you take a Urine Test?** (If applicable.) _____

☐ **Will you take a Breath Test?** (If applicable.) _____

LANGUAGE: If not given in English, admonition was given in ☐ Spanish ☐ Other language (*specify*): _____

Admonition Read by a Different Officer: If the above Drug Admonition was read to arrestee by another officer, indicate that officer's information:

OFFICER NAME	BADGE/ID NUMBER	AGENCY /DIVISION

CONTROLLED DOCUMENT
PROPERTY OF SAN BERNARDINO PD
04/30/2026 08:16 AM
TM

continued on next page

STATE OF CALIFORNIA DMV

AGE 21 AND OLDER ADMINISTRATIVE PER SE SUSPENSION/REVOCATION ORDER AND TEMPORARY DRIVER LICENSE

DS 367
Page 3

Driver must be given a copy of this order.

DRIVER NAME (LAST, FIRST, M.I.)	DRIVER LICENSE NUMBER	COMMERCIAL?	STATE
GARRETT DANIEL CUELLAR	F5244243	☐ Yes ☒ No	CA

MAILING ADDRESS	STATE	ZIP CODE
3394 OXFORD LN SAN BERNARDINO	CA	92404

DATE OF BIRTH	SEX	HAIR	EYES	HEIGHT	WEIGHT
2-16-1995	M	BRN	BRN	5-9	205

Arrest Type
For statistical purposes only.
Check all that apply.
☒ Alcohol Use
☐ Cannabis Use
☐ Other Drug Use

LICENSE: ☐ Suspended/Revoked ☒ Surrendered (*Attached*) ☐ Not in Possession ☐ Unlicensed

VIOLATION: ☒ 0.08% or more BAC Chemical Test Results ☐ 0.01% or more BAC (*DUI Probation*) ☐ 0.04% or more BAC (*Commercial Vehicle*)
☐ Chemical Test Refusal (*Complete Reverse*) ☐ PAS or other Chemical Test Refusal (*DUI Probation*) (*Complete Reverse*)

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.
For additional information or to request a hearing, visit dmv.ca.gov/driversafety or call (833) 543-7703

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.

AUTHORITY AND VIOLATION

This action is taken under authority of California Vehicle Code §§ 13353, 13353.1, 13353.2 and 13389 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 while on 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.

HEARING INFORMATION

You have **10 days** from the receipt of this notice to request a hearing. Failure to request a hearing within 10 days is a waiver of the right to a hearing and the department may take action without a hearing. 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 the DMV cannot provide a hearing and make a determination before the effective date of the suspension or revocation.

Hearings are conducted only to determine the hearing issues described below. Your need for a license cannot be considered at a hearing. The hearing officer is a neutral fact finder and does not represent the DMV or law enforcement. If you want a hearing or have questions regarding this matter, contact the DMV at dmv.ca.gov/driversafety or call (833) 543-7703.

Before the hearing, you may obtain copies of the evidence in the department's possession. You must request copies of the evidence at least 10 days prior to the date set for commencement of the hearing. 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, notify the DMV immediately. A remote hearing will be conducted unless you request an in-person hearing.

During the hearing, you may present oral testimony and/or other evidence. Testimony is taken under oath. The hearing will be recorded. You may be represented by legal counsel or you may represent yourself. You have the right to subpoena the arresting officer(s) or other witnesses. You have the right to cross-examine any other witnesses. Blank subpoenas may be obtained at dmv.ca.gov/dssubpoena 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.

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.

Signature LOPEZ MOYA Executed: on Date 3 / 26 / 26 in City SAN BERNARDINO County SAN BERNARDINO

NAME	BADGE/ID NUMBER	AGENCY TELEPHONE NUMBER
J. LOPEZ MOYA	51615	(909) 998 3240
AGENCY	**LAW ENFORCEMENT AGENCY CASE NUMBER**	**COUNTY OF ARREST**
SBPD	2026-34514	SAN BERNARDINO

PROOF OF SERVICE: A copy of the order was personally served to the driver:
☒ On the date and by the officer shown above.
☐ By another officer on date / / Serving Officer's Name LOPEZ MOYA Badge/ID Number 51615

DS 367 (REV. 1/2025) White—DMV Yellow—Law Enforcement Pink—Driver

CITY OF SAN BERNARDINO

1111757

NOTICE TO:

☑ APPEAR IN COURT AT 8 ☒ AM ☐ PM ON:

OR

☐ RESPOND TO CITATION BEFORE:

DATE: 08/17/26

See back for detailed instructions

☐ To be notified

☒ Superior Court San Bernardino District
247 W. 3rd St., San Bernardino, CA 92415
909-384-1888 www.sb-court.org

☐ Traffic – Superior Court Fontana District
17780 Arrow Blvd., Fontana, CA 92335
909-350-9322 www.sb-court.org

☐ Juvenile Delinquency Court – San Bernardino District
MUST BE ACCOMPANIED BY A PARENT OR GUARDIAN
900 E. Gilbert St., Bldg. 2, San Bernardino, CA 9241
909-269-8840 www.sb-court.org

ACT BY THIS DATE TO AVOID A WARRANT *OR* ADDED FEES

Date of Violation (mm/dd/yy)	Time ☐ AM ☒ PM	Driver's License Number (all states)	Class	State
03/26/26	2150	F6244243	C	CA

Name (first, middle, last): GARRET, DANIEL, CUELLAR

Current Address (no., street, city, state, zip): 3994 OXFORD LN, SAN BERNARDINO, CA 924

Date of Birth (mm/dd/yy)	☐ Parent/Guardian Per W&I 661	Commercial	Insurance
02/16/95	—	☐ Y ☒ N	☐ Y ☒ N

Race / Ethnicity	Sex	Hair	Eyes	Height	Weight
HISPANIC	M	BRN	BRN	5'09"	205

Vehicle License/VIN	State	Reg (mm/yy)	Year of Veh.	Make
7X24622	CA	07/26	2005	CHEV

Registered Owner/Lessee ☒ Same as driver ☐ Owner's responsibility (VC, § 40001) | Model: SILVERADO | Body Style: PU

Address (no., street, city, state, zip) ☒ Same as driver | Color:

Reason for Stop: CFS - TRAFFIC COLLISION

CITATION DETAILS ☐ Booking Required *(see reverse)*

Correctable (Fix-It)	Code/Section	Description	M = Misdemeanor / I = Infraction (circle)
☐ Y ☒ N	VC 23152(a)	- DRIVING UNDER INF	M I
☐ Y ☒ N	VC 23152(b)	- GREATER THAN .08 DUI	M I
☐ Y ☐ N			M I
☐ Y ☐ N			M I

Approx. Speed	PF/Max Speed	Veh. Limit	Safe Speed	Radar/Lidar
—	—	—	—	—

☐ Commercial Veh VC, § 15210(b)

☐ Hazardous Mat. VC, § 353

Location of Violation: N DELROSA AVE / E MARSHALL BLVD

Agency Case Number: 26-34514

Comments *(weather, road, traffic conditions)*: NIGHT / CLEAR

☒ Collision

N W E S

☐ Violations not committed in my presence, declared on information and belief (VC, § 40600)

I declare under penalty of perjury under the laws of the State of CA that the foregoing is true and correct.

DECL. DATE	ARRESTING OR CITING OFFICER	EMPLOYEE NO.
03/26/26	K. JUNGE	51574
03/26/26	T. LOPEZ	51615

DECL. DATE / ARRESTING OFFICER, *(if different from above)* / EMPLOYEE NO.

I promise to act by the date at the top of this citation. Signing DOES NOT admit guilt.

( ) _____
CELLPHONE - OPTIONAL *(may be used for reminders)*

x _____
SIGNATURE

COURT COPY

Continuation form ☐

Form Adopted for Mandatory Use
Judicial Council of California
TR-130, Traffic/Nontraffic Notice to Appear
[Rev. Jan. 1, 2024]
SEE REVERSE

1111757

Vehicle Code, §§40500(b), 40513, 40522, 40600; Pen. Code, §§

PLEASE NOTE FACTS AND CIRCUMSTANCES IN ADDITION TO THOSE CHECKED ON FACE OF COMPLAINT

Officer's Statement

CONTROLLED DOCUMENT
PROPERTY OF SAN BERNARDINO PD
04-30-2026 08:17 AM

LAW ENFORCEMENT MEDICAL SERVICES, INC. (909) 428-7488 INVOICE NO: 373451

SERVICE (MARK ONLY ONE)

[X] BLOOD WITHDRAWAL

WARRANT #_____

[ ] RESTRAINED/FORCED DRAW _____

[ ] SUSPECT SEX KIT

[ ] TASER REMOVAL/ASSESSMENT

[ ] URINE COLLECTION

[ ] SART

[ ] TESTIMONY_____HOURS

[ ] STANDBY_____HOURS

[ ] DRY RUN [ ] CANCELED AFTER ARRIVAL

[ ] SUBJECT REFUSED [ ] BREATHALIZER

SUPPLIES

[X] NON ALCOHOL/BZK

BENZALKONIUM CHLORIDE

[X] BA KIT # KB 4161-52

EXPIRATION: 3/31/27

[ ] GRAY

EXPIRATION:_____

[ ] GOLD/GREEN/TIGER

BB46152

DATE	CALL TIME	ARRIVAL TIME	PROCEDURE TIME
3-26-26	2150	2213	2219

NAME OF SUBJECT: LAST, FIRST: Quillar Gari H D

DOB OF SUBJECT: 2/16/95

CASE/CITE#: 2026-34514

VIOLATION CODE [ ] H&S 11550 [X] VC23152 [X] (a) impaired [X] (b) alcohol

[ ] PC _____ [ ] (c) addicted [ ] (d) commercial

[ ] 11-44 VOLUNTARY CONSENT [ ] (e) for hire [ ] (f) drug [ ] (g) both

LOCATION OF PROCEDURE/DRAW

[ ] STATION [X] JAIL CJC [ ] HOSPITAL_____

[ ] SCENE:_____ [ ] CHECKPOINT_____

APR 3 '26 PM 4:05

NURSE/TECH SIGNATURE

V Vasquez cpt H 559

NURSE/TECH NAME/ID# (PLEASE PRINT)

V Vasquez cpt H 559

[X] CERTIFIED PHLEBOTMY TECHNICIAN [ ] REGISTERED NURSE

[ ] LICENSED VOCATIONAL NURSE

AGENCY/STATION # [ ] CHP _____ [ ] SBSD _____

[X] P.D. SBPD [ ] _____

AUTHORIZING/WITNESSING OFFICER'S SIGNATURE

ANATOMICAL SITE OF DRAW: [ ] RAC [X] LAC [ ] IV LINE

[ ] SITE_____ [X] CUFFED #STICKS 1

AUTHORIZING/WITNESSING OFFICER'S NAME/ID# (PLEASE PRINT)

NOTE: PRESS FIRMLY USE MILITARY TIME WHITE & YELLOW: LEMS GOLDENROD: TECH/NURSE PINK: AGENCY

CONTROLLED DOCUMENT
PROPERTY OF SAN BERNARDINO PD
04-30-2026 0816 AM
TM

LAW ENFORCEMENT MEDICAL SERVICES, INC. (909) 428-7488 INVOICE NO: 373451

SERVICE (MARK ONLY ONE)

[ ] BLOOD WITHDRAWAL

WARRANT #_____

[ ] RESTRAINED/FORCED DRAW _____

[ ] SUSPECT SEX KIT

[ ] TASER REMOVAL/ASSESSMENT

[ ] URINE COLLECTION

[ ] SART

[ ] TESTIMONY_____HOURS

[ ] STANDBY_____HOURS

[ ] DRY RUN [ ] CANCELED AFTER ARRIVAL

[ ] SUBJECT REFUSED [ ] BREATHALIZER

SUPPLIES

[ ] NON ALCOHOL/BZK

BENZALKONIUM CHLORIDE

[ ] BA KIT # BB46152

EXPIRATION: 3/31/27

[ ] GRAY

EXPIRATION:_____

[ ] GOLD/GREEN/TIGER

BB46152

DATE	CALL TIME	ARRIVAL TIME	PROCEDURE TIME
3/26/26	2150	2215	2219

NAME OF SUBJECT: LAST, FIRST: Cuellar, Garrick D

DOB OF SUBJECT: 2/16/95

CASE/CITE#: 26-345147

VIOLATION CODE [ ] H&S 11550 [ ] VC23152 [ ] (a) impaired [X] (b) alcohol

[ ] PC _____ [ ] (c) addicted [ ] (d) commercial

[ ] 11-44 VOLUNTARY CONSENT [ ] (e) for hire [ ] (f) drug [ ] (g) both

LOCATION OF PROCEDURE/DRAW

[ ] STATION [ ] JAIL CDC [ ] HOSPITAL_____

[ ] SCENE:_____ [ ] CHECKPOINT_____

APR 3 '26 PM 4:05

NURSE/TECH SIGNATURE: V. Vasquez CPT #559

NURSE/TECH NAME/ID# (PLEASE PRINT): V. Vasquez CPT #559

[ ] CERTIFIED PHLEBOTMY TECHNICIAN [ ] REGISTERED NURSE

[ ] LICENSED VOCATIONAL NURSE

AGENCY/STATION # [ ] CHP _____ [ ] SBSD _____

[X] P.D. SBPD [ ] _____

AUTHORIZING/WITNESSING OFFICER'S SIGNATURE

AUTHORIZING/WITNESSING OFFICER'S NAME/ID# (PLEASE PRINT)

ANATOMICAL SITE OF DRAW: [ ] RAC [ ] LAC [ ] IV LINE

[ ] SITE_____ [ ] CUFFED #STICKS 1

NOTE: PRESS FIRMLY USE MILITARY TIME WHITE & YELLOW: LEMS GOLDENROD: TECH/NURSE PINK: AGENCY

CONTROLLED DOCUMENT
PROPERTY OF SAN BERNARDINO CORD
4-30-2026 0816 AM TM