(AGENCY) **CASE NO** _____

UNDER THE INFLUENCE SUPPLEMENT

Defendant's Name:	Officer:	Date:

1 VEHICLE IN MOTION

Stop Made By:	Crash: ☐ Yes ☐ No
Witness Who Identified Driver:	
Stopping Sequence (how driver pulled over):	
Time of Stop/Incident:	Time of Arrival (if different):
Describe Driving Pattern:	

2 PERSONAL CONTACT WITH DRIVER

Red Watery Eyes: ☐ Yes ☐ No	Odor of Intoxicants: ☐ Yes ☐ No	Slurred Speech: ☐ Yes ☐ No	Unsteady on Feet: ☐ Yes ☐ No
Comments Made by Driver:			
Exit Sequence (describe how driver exited vehicle):			
Driver Appearance (related to intoxication):			Footwear (describe):

3 INTERVIEW WITH DRIVER

Do you have any sicknesses, injuries, diseases or chronic medical conditions:			
Have you had a head injury, any illness affecting the brain, or bumped your head recently? ☐ Yes ☐ No Describe:			
More than 50 Lbs. Overweight: ☐ Yes ☐ No	Diabetic: ☐ Yes ☐ No Type of Diabetes:	Vision/Eyesight Problems: ☐ Yes ☐ No Describe:	Inner Ear Problems: ☐ Yes ☐ No
Have you taken any Prescribed Medications:			Last Dose:
Demeanor /Attitude: (Officer Observation)			
Do you know where you are? ☐ Yes ☐ No Where?		Without looking at a watch, what time is it? Actual time:	
Have you been drinking alcohol and/or used a controlled substance to include marijuana (what? where? how much? how long ago?):			

4 CONDITIONS DURING TEST

Location:	Weather:	Surface:	Lighting:

5 VEHICLE INFO

Year:	Make:	Model:	Color:
Mechanical Defects? ☐ Yes ☐ No Describe:		Plate / State:	

- I AM GOING TO ADMINISTER A SET OF TESTS TO DETERMINE WHETHER OR NOT YOU ARE UNDER THE INFLUENCE OF ALCOHOL AND/OR A CONTROLLED SUBSTANCE. MY EVALUATION WILL BE BASED UPON HOW WELL YOU FOLLOW MY INSTRUCTIONS AND WHETHER OR NOT THE TESTS ARE PERFORMED EXACTLY AS I DEMONSTRATE THEM.

HORIZONTAL GAZE NYSTAGMUS TEST (HGN)

- Stand with your feet together
- Place your hands at your sides
- Hold your head still
- Focus your eyes on the tip of my finger
- Follow my finger with your eyes only
- Continue looking at my finger until the test is done
- Do you understand? ☐ Yes ☐ No

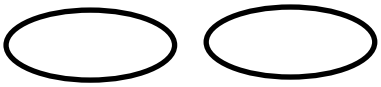
Equal Tracking ☐ Equal Pupil Size ☐ Resting Nystagmus? ☐ Yes ☐ No

	Left	Right
Lack of smooth pursuit		
Distinct and sustained nystagmus at maximum deviation for a minimum of 4 seconds		
Onset of nystagmus prior to 45 degrees		
Vertical gaze nystagmus		

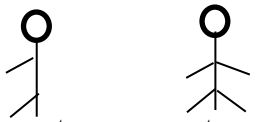
LACK OF CONVERGENCE AND MODIFIED ROMBERG BALANCE TEST

Lack of Convergence
☐ Yes ☐ No

Right Left



Romberg Balance



_____ est sway Front to Back _____ est sway Side to Side

Eyelid Tremors: ☐ Yes ☐ No _____ seconds estimated as 30 seconds.

Method of counting/Observations:

FINGER TO NOSE

Left	Right	Left	Right	Right	Left
					
☐ Tip ☐ Pad	☐ Tip ☐ Pad	☐ Tip ☐ Pad	☐ Tip ☐ Pad	☐ Tip ☐ Pad	☐ Tip ☐ Pad

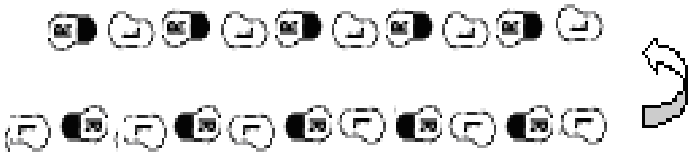
WALK AND TURN TEST

- Place your left foot on the line and then place your right foot in front of your left, touching heel to toe
- Place your arms down at your sides (demonstrate starting position)
- Remain in this position and do not begin walking until I tell you.
- Do you understand? ☐ Yes ☐ No
- When I tell you to begin, take nine heel to toe steps down the line, turn around, and take nine heel to toe steps back.
- To make your turn, keep the front foot on the line and use the other foot to take several small steps to make your way around (demonstrate at least three steps, turn, and at least three steps back)
- Watch your feet at all times while walking
- Keep your arms down at your sides
- Count your steps out loud
- Once you start walking, do not stop until the test is completed
- Do you understand? ☐ Yes ☐ No

Instruction Stage

☐ Cannot keep balance

☐ Starts too soon



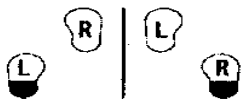
	First 9 Steps	Second 9 Steps
Stops Walking		
Misses Heel-to-Toe		
Steps off Line		
Raises Arms		
Actual Steps Taken		

☐ Improper Turn (describe)

☐ Cannot Do Test

ONE LEG STAND TEST

- Stand with your feet together
- Keep your arms at your sides (demonstrate position)
- Do you understand? Yes No
- When I tell you, raise one leg (either leg) about 6"off the ground with your raised foot parallel to the ground
- Keep both of your legs straight
- Keep your arms at your sides
- Keep your eyes on the elevated foot
- While holding this position, count out loud in the following manner: one thousand one, one thousand two, one thousand three until I tell you to stop (demonstrate)
- Do you understand? ☐ Yes ☐ No
- Begin by raising either your right or left foot



Left	Right	☐ Cannot Do Test	
		Sways while balancing	Number Reached
		Uses arms to balance	
		Hopping	
		Puts foot down	

PRELIMINARY BREATH TEST (PBT)/ EVIDENTIARY TESTING

Reading _____ **Time** _____ **PBT#** _____ **Calibration Date** _____

☐ Refused (note time of refusal)

Breath:	Time:	Blood:	Phlebotomist:
1.	1.	☐ Right Arm	
2.	2.	☐ Left Arm	Time of Draw:
3.	3.	☐ Other	
Officer Signature:		Badge No:	Assignment:
Supervisor Signature:			Date: