

**ALCOHOL/DRUG INFLUENCE REPORT**  
CHICAGO POLICE DEPARTMENT

DUI CITATION NO. COURT ROOM KEY COURT DATE/TIME

NAME (LAST, FIRST, MIDDLE) DRIVER'S LICENSE NO. STATE

SEX RACE DATE OF BIRTH LOCATION OF INCIDENT DATE/TIME OF INCIDENT

ARRESTEE'S VEHICLE YEAR MAKE MODEL COLOR LICENSE NO. NO. OF OCCUPANTS RD NO.

CRASH P.I. DID YOU SEE LOCATION OF DEFENDANT UPON WAS THE MOTOR LOCATION OF CAR KEYS  
 YES  NO  YES  NO DEFENDANT DRIVING? ARRIVAL  YES  NO  YES  NO

IN CAR CAMERA EQUIPPED?  YES  NO PC NO. OF OFFICER LOGGED ON: VEHICLE NO.

WAS VIDEO/AUDIO OF INCIDENT RECORDED?  YES  NO HAS AN EXTENDED HOLD BEEN PLACED ON DIGITALLY RECORDED DATA?  YES  NO

WITNESS/PASS P/W NAME ADDRESS PHONE NO. SEX AGE

**OBSERVATIONS**

CLOTHES DESCRIBE CONDITION, TYPE & COLOR

BREATH ODOR OF ALCOHOLIC BEVERAGE:  STRONG  MODERATE  SLIGHT  OTHER - DESCRIBE

ATTITUDE  COCKY  COMBATIVE  COOPERATIVE  EXCITED  INDIFFERENT  INSULTING  SLEEPY  TALKATIVE  USED PROFANITY  OTHER - DESCRIBE

SPEECH  CONFUSED  MUMBLED  SLURRED  STUTTERED  THICK-TONGUED  OTHER (Describe)

EYES  NORMAL  BLOODSHOT  GLASSY  WATERY PUPIL SIZE  NORMAL  SMALL  LARGE Lack of Convergence  YES  NO

ABILITY TO FOLLOW INSTRUCTIONS  GOOD  FAIR  POOR  OTHER (Describe)

UNUSUAL ACTIONS  BELCHING  CRYING  FIGHTING  HICCUPING/COUGHING  LAUGHING  VOMITING

SIGNS OR COMPLAINT OF ILLNESS OR INJURY

DESCRIBE LOCATION/SURFACE WHERE FIELD SOBRIETY TESTS WERE GIVEN WEATHER  CLEAR  RAIN  SNOW

**FIELD SOBRIETY TESTS**

**HORIZONTAL GAZE NYSTAGMUS TEST**  TEST REFUSED

EQUAL TRACKING	<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>RIGHT</b>	<input type="checkbox"/> LACK OF SMOOTH PURSUIT	<b>LEFT</b>	<input type="checkbox"/>
EQUAL PUPIL SIZE	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/>	<input type="checkbox"/> DISTINCT NYSTAGMUS AT MAXIMUM DEVIATION.	<input type="checkbox"/>	<input type="checkbox"/>
RESTING NYSTAGMUS	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/>	<input type="checkbox"/> ONSET PRIOR TO 45 DEGREES (SOME WHITE SHOWING).	<input type="checkbox"/>	<input type="checkbox"/>
VERTICAL NYSTAGMUS	<input type="checkbox"/> YES <input type="checkbox"/> NO				

**ONE LEG STAND TEST**  TEST REFUSED

FOOT LIFTED  RIGHT  LEFT

SWAYS WHILE BALANCING

USES ARMS TO BALANCE (RAISES ARMS MORE THAN 6 INCHES).

HOPPING.

PUTS FOOT DOWN.

CANNOT DO TEST (i.e., PUTS FOOT DOWN 3 OR MORE TIMES).

**FIELD SOBRIETY TESTS**

**WALK AND TURN TEST**  TEST REFUSED

CAN'T KEEP BALANCE WHILE LISTENING TO INSTRUCTIONS.

STARTS BEFORE INSTRUCTIONS ARE FINISHED.

STOPS WALKING TO STEADY SELF.

DOES NOT TOUCH HEEL-TO-TOE (MORE THAN 1/2 INCH BETWEEN).

LOSES BALANCE WHILE WALKING (STEPS OFF THE LINE).

USES ARMS TO BALANCE (RAISES ARMS MORE THAN 6 INCHES).

LOSES BALANCE WHILE TURNING, TURNS INCORRECTLY.

INCORRECT NUMBER OF STEPS.

CANNOT DO TEST (i.e., STEPS OFF LINE 3 OR MORE TIMES, FALLS).

**FINGER-TO-NOSE TEST**  TEST REFUSED

**RIGHT INDEX** DRAW LINES TO SPOTS TOUCHED. **LEFT INDEX**

OPENED EYES

TRAFFIC COURT UNIT / C. B. NUMBER

<b>LAW ENFORCEMENT SWORN REPORT NUMBER:</b>				
<b>CHEMICAL TESTS</b>	<input type="checkbox"/> <b>REFUSED</b> <b>BREATH ANALYSIS TEST:</b>		<input type="checkbox"/> <b>REFUSED</b> <b>ALTERNATIVE CHEMICAL TESTS:</b>	
	DATE _____ TIME _____		DATE _____ TIME _____	
	LOCATION OF BREATH TEST OR REFUSAL _____		LOCATION OF REFUSAL _____	
	20 MINUTE OBSERVATION PERIOD BEGAN DATE _____ TIME _____		<input type="checkbox"/> <b>BLOOD COLLECTED:</b> DATE _____ TIME _____	
	DATE AND TIME TESTED: (NOT LESS THAN 20 MINUTES AFTER OBSERVATION BEGAN) DATE _____ TIME _____		<input type="checkbox"/> <b>URINE COLLECTED:</b> DATE _____ TIME _____	
INSTRUMENT TYPE SERIAL NO. BREATH TEST RESULTS		<input type="checkbox"/> Doctor <input type="checkbox"/> Phlebotomist		
		<input type="checkbox"/> Reg. Nurse <input type="checkbox"/> Other _____		
		PRINTED NAME OF PERSON COLLECTING BLOOD AND/OR URINE SAMPLE _____		
PRINTED NAME OF BREATH ANALYZER OPERATOR STAR NO. UNIT		HOSPITAL NAME AND LOCATION _____ CITY _____		
<b>DUI TIMELINE</b>	TIME OF INCIDENT (FROM ARRESTEE SECTION):		TIME WARNINGS TO MOTORIST READ:	
	TIME OF FIELD SOBRIETY TEST:		OBSERVATION STARTED (FROM CHEMICAL TESTS SECTION):	
	START: _____	STOP: _____		
	TIME OF ARREST:		TIME OF TESTS (FROM CHEMICAL TESTS SECTION):	
		BREATH: _____ BLOOD: _____ URINE: _____		
TIME OF TRANSPORT:		TIME OF MIRANDA WARNINGS (FROM INTERVIEW SECTION):		
<b>INTERVIEW: MIRANDA WARNINGS SHOULD BE GIVEN PRIOR TO CONDUCTING THE INTERVIEW.</b> FOR DIGITALLY RECORDED INTERVIEWS, THIS SECTION WILL BE COMPLETED BY THE DETECTIVE/TRAFFIC SPECIALIST ASSIGNED TO THE INVESTIGATION.				
MIRANDA WARNINGS GIVEN: <input type="checkbox"/> YES <input type="checkbox"/> NO DATE _____ TIME _____				
SUBJECT CONSENTS TO QUESTIONING: <input type="checkbox"/> YES <input type="checkbox"/> NO INTERVIEW LOCATION: _____				
<b>INTERVIEW</b>	WHAT CITY (COUNTY) ARE YOU IN? _____		WHEN DID YOU LAST EAT? _____	
	WHAT TIME IS IT NOW? _____		WHAT DID YOU EAT? _____	
	WHAT IS THE DATE? _____		HAVE YOU BEEN DRINKING? _____ YES _____ NO	
	WHAT DAY OF THE WEEK IS IT? _____		IF YES, WHAT? _____ HOW MUCH? _____	
	ARE YOU ILL? _____ YES _____ NO		WHERE HAVE YOU BEEN DRINKING ? _____	
	IF YES, WHAT IS WRONG? _____		TIME STARTED _____ TIME STOPPED _____	
	DO YOU TAKE INSULIN? _____ YES _____ NO		HAVE YOU BEEN USING DRUGS? _____ YES _____ NO	
	IF YES, TIME OF LAST DOSE? _____		IF YES, WHAT? _____ HOW MUCH? _____	
	HAVE YOU SEEN A DR./DENTIST LATELY? _____ YES _____ NO		WHERE HAVE YOU BEEN USING DRUGS? _____	
	IF YES, WHO & WHAT FOR? _____		TIME STARTED _____ TIME STOPPED _____	
HAVE YOU TAKEN ANY MEDICATION IN THE LAST 6 HOURS? _____ YES _____ NO IF YES, WHAT WAS TAKEN? _____		WERE YOU OPERATING A VEHICLE? _____ YES _____ NO		
		WHAT STREET/HIGHWAY WERE YOU ON? _____		
		DIRECTION OF TRAVEL? _____		
		ARE YOU UNDER THE INFLUENCE OF ALCOHOL NOW? _____ YES _____ NO		
		ARE YOU UNDER THE INFLUENCE OF DRUGS NOW? _____ YES _____ NO		
<b>COMMENTS:</b>				
I HEREBY DECLARE AND AFFIRM, UNDER PENALTY OF PERJURY, THAT THE FACTS STATED HEREIN ARE ACCURATE TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND/OR BELIEF.				
<b>SIGNATURES</b>	ARRESTING OFFICER (PRINT NAME)	STAR NO.	INTERVIEWING MEMBER (PRINT NAME)	STAR NO.
	ARRESTING OFFICER'S SIGNATURE	UNIT ASSN./DETAILED	INTERVIEWING MEMBER SIGNATURE	UNIT ASSN./DETAILED
	PC NO.	BEAT NO.	SUPERVISOR'S APPROVAL (SIGNATURE)	

TRAFFIC COURT RECORD UNIT / C. B. NUMBER