

ADMINISTRATIVE ALCOHOL/DRUG INFLUENCE REPORT LOG NO. R.D. NO.
 CHICAGO POLICE DEPARTMENT

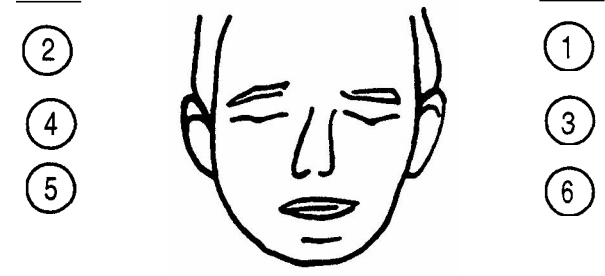
NAME (LAST, FIRST, MIDDLE)				STAR NO./EMPLOYEE NO.		UNIT NO.	
SEX	RACE	DATE OF BIRTH	LOCATION OF INCIDENT			DATE/TIME OF INCIDENT	
SUBJECT'S VEHICLE		YEAR	MAKE	MODEL	COLOR	LICENSE NO.	NO. OF OCCUPANTS DEPT. VEHICLE NO.
CRASH <input type="checkbox"/> YES <input type="checkbox"/> NO	P.I. <input type="checkbox"/> YES <input type="checkbox"/> NO	DID YOU SEE SUBJECT DRIVING? <input type="checkbox"/> YES <input type="checkbox"/> NO		LOCATION OF SUBJECT UPON ARRIVAL		WAS THE MOTOR RUNNING? <input type="checkbox"/> YES <input type="checkbox"/> NO	LOCATION OF CAR KEYS
IN CAR CAMERA EQUIPPED? <input type="checkbox"/> YES <input type="checkbox"/> NO				PC NO. OF OFFICER LOGGED ON:			VEHICLE NO.
WAS VIDEO/AUDIO OF INCIDENT RECORDED? <input type="checkbox"/> YES <input type="checkbox"/> NO				HAS AN EXTENDED HOLD BEEN PLACED ON DIGITALLY RECORDED DATA? <input type="checkbox"/> YES <input type="checkbox"/> NO			

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

OBSERVATIONS	CLOTHES	DESCRIBE CONDITION, TYPE & COLOR				
	BREATH	ODOR OF ALCOHOLIC BEVERAGE: <input type="checkbox"/> STRONG <input type="checkbox"/> MODERATE <input type="checkbox"/> SLIGHT <input type="checkbox"/> OTHER - DESCRIBE				
	ATTITUDE	<input type="checkbox"/> COCKY <input type="checkbox"/> COOPERATIVE <input type="checkbox"/> INDIFFERENT <input type="checkbox"/> SLEEPY <input type="checkbox"/> USED PROFANITY <input type="checkbox"/> COMBATIVE <input type="checkbox"/> EXCITED <input type="checkbox"/> INSULTING <input type="checkbox"/> TALKATIVE <input type="checkbox"/> OTHER - DESCRIBE				
	SPEECH	<input type="checkbox"/> CONFUSED <input type="checkbox"/> SLURRED <input type="checkbox"/> THICK-TONGUED <input type="checkbox"/> OTHER (Describe) <input type="checkbox"/> MUMBLED <input type="checkbox"/> STUTTERED				
	EYES	<input type="checkbox"/> NORMAL <input type="checkbox"/> BLOODSHOT <input type="checkbox"/> GLASSY <input type="checkbox"/> WATERY PUPIL SIZE <input type="checkbox"/> NORMAL <input type="checkbox"/> SMALL <input type="checkbox"/> LARGE Lack of Convergence <input type="checkbox"/> YES <input type="checkbox"/> NO				
	ABILITY TO FOLLOW INSTRUCTIONS	<input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> OTHER (Describe)				
	UNUSUAL ACTIONS	<input type="checkbox"/> BELCHING <input type="checkbox"/> CRYING <input type="checkbox"/> FIGHTING <input type="checkbox"/> HICCUPING/COUGHING <input type="checkbox"/> LAUGHING <input type="checkbox"/> VOMITING				
	SIGNS OR COMPLAINT OF ILLNESS OR INJURY	WEATHER <input type="checkbox"/> CLEAR <input type="checkbox"/> RAIN <input type="checkbox"/> SNOW				

DESCRIBE LOCATION/SURFACE WHERE FIELD SOBRIETY TESTS WERE GIVEN	DATE/TIME OF FIELD SOBRIETY TEST
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FIELD SOBRIETY TESTS	HORIZONTAL GAZE NYSTAGMUS TEST <input type="checkbox"/> TEST REFUSED EQUAL TRACKING <input type="checkbox"/> YES <input type="checkbox"/> NO EQUAL PUPIL SIZE <input type="checkbox"/> YES <input type="checkbox"/> NO RESTING NYSTAGMUS <input type="checkbox"/> YES <input type="checkbox"/> NO VERTICAL NYSTAGMUS <input type="checkbox"/> YES <input type="checkbox"/> NO		ONE LEG STAND TEST <input type="checkbox"/> TEST REFUSED FOOT LIFTED <input type="checkbox"/> RIGHT <input type="checkbox"/> LEFT <input type="checkbox"/> SWAYS WHILE BALANCING <input type="checkbox"/> USES ARMS TO BALANCE (RAISES ARMS MORE THAN 6 INCHES). <input type="checkbox"/> HOPPING. <input type="checkbox"/> PUTS FOOT DOWN. <input type="checkbox"/> CANNOT DO TEST (i.e., PUTS FOOT DOWN 3 OR MORE TIMES).
	RIGHT LEFT <input type="checkbox"/> LACK OF SMOOTH PURSUIT <input type="checkbox"/> <input type="checkbox"/> DISTINCT NYSTAGMUS AT MAXIMUM DEVIATION. <input type="checkbox"/> <input type="checkbox"/> ONSET PRIOR TO 45 DEGREES (SOME WHITE SHOWING). <input type="checkbox"/>		

FIELD SOBRIETY TESTS	WALK AND TURN TEST <input type="checkbox"/> TEST REFUSED <input type="checkbox"/> CAN'T KEEP BALANCE WHILE LISTENING TO INSTRUCTIONS. <input type="checkbox"/> STARTS BEFORE INSTRUCTIONS ARE FINISHED. <input type="checkbox"/> STOPS WALKING TO STEADY SELF. <input type="checkbox"/> DOES NOT TOUCH HEEL-TO-TOE (MORE THAN 1/2 INCH BETWEEN). <input type="checkbox"/> LOSES BALANCE WHILE WALKING (STEPS OFF THE LINE). <input type="checkbox"/> USES ARMS TO BALANCE (RAISES ARMS MORE THAN 6 INCHES). <input type="checkbox"/> LOSES BALANCE WHILE TURNING, TURNS INCORRECTLY. <input type="checkbox"/> INCORRECT NUMBER OF STEPS. <input type="checkbox"/> CANNOT DO TEST (i.e., STEPS OFF LINE 3 OR MORE TIMES, FALLS).	FINGER-TO-NOSE TEST <input type="checkbox"/> TEST REFUSED RIGHT INDEX LEFT INDEX DRAW LINES TO SPOTS TOUCHED.  <input type="checkbox"/> OPENED EYES
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CHEMICAL TESTS	BREATH ANALYSIS TEST:	ALTERNATIVE CHEMICAL TESTS:
	<input type="checkbox"/> REFUSED DATE _____ TIME _____	<input type="checkbox"/> REFUSED DATE _____ TIME _____
	LOCATION OF BREATH TEST OR REFUSAL _____	LOCATION OF REFUSAL _____
	20 MINUTE OBSERVATION PERIOD BEGAN DATE _____ TIME _____	<input type="checkbox"/> BLOOD COLLECTED: DATE _____ TIME _____
	DATE AND TIME TESTED: (NOT LESS THAN 20 MINUTES AFTER OBSERVATION BEGAN) DATE _____ TIME _____	<input type="checkbox"/> URINE COLLECTED: 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 BREATH ANALYZER OPERATOR STAR NO. UNIT	PRINTED NAME OF PERSON COLLECTING BLOOD AND/OR URINE SAMPLE _____	
	HOSPITAL NAME AND LOCATION _____ CITY _____	

INTERVIEW: ADMINISTRATIVE RIGHTS SHOULD BE GIVEN PRIOR TO CONDUCTING THE INTERVIEW.

<p>The law provides that you are to be advised of the following:</p> <ol style="list-style-type: none"> Any admission or statement made by you in the course of this hearing, interrogation or examination may be used as the basis for your suspension or as the basis for charges seeking your removal or discharge or suspension in excess of 30 days. You have the right to counsel of your choosing to be present with you to advise you at this hearing, interrogation or examination and you may consult with counsel as you desire. You have the right to be given a reasonable time to obtain counsel of your choosing. You have no right to remain silent. You have an obligation to truthfully answer questions put to you. You are advised that your statements or responses constitute an official police report. 	<ol style="list-style-type: none"> If you refuse to answer questions put to you, you will be ordered by a superior officer to answer the questions. If you persist in your refusal after the order has been given to you, you are advised that such refusal constitutes a violation of the Rules and Regulations of the Chicago Police Department and will serve as a basis for which your discharge will be sought. You are further advised that by law any admission or statement made by you during the course of this hearing, interrogation or examination and the fruits thereof cannot be used against you in a subsequent criminal proceeding.
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INTERVIEW	ADMINISTRATIVE RIGHTS 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: _____
	WHAT CITY (COUNTY) ARE YOU IN? _____
	WHAT TIME IS IT NOW? _____
	WHAT IS THE DATE? _____
	WHAT DAY OF THE WEEK IS IT? _____
	ARE YOU ILL? _____ YES _____ NO
	IF YES, WHAT IS WRONG? _____
	DO YOU TAKE INSULIN? _____ YES _____ NO
	IF YES, TIME OF LAST DOSE? _____
HAVE YOU SEEN A DR./DENTIST LATELY? _____ YES _____ NO	
IF YES, WHO & WHAT FOR? _____	
HAVE YOU TAKEN ANY MEDICATION IN THE LAST 6 HOURS? _____ YES _____ NO IF YES, WHAT WAS TAKEN? _____	
WHEN DID YOU LAST EAT? _____	
WHAT DID YOU EAT? _____	
HAVE YOU BEEN DRINKING? _____ YES _____ NO	
IF YES, WHAT? _____ HOW MUCH? _____	
WHERE HAVE YOU BEEN DRINKING? _____	
TIME STARTED _____ TIME STOPPED _____	
HAVE YOU BEEN USING DRUGS? _____ YES _____ NO	
IF YES, WHAT? _____ HOW MUCH? _____	
WHERE HAVE YOU BEEN USING DRUGS? _____	
TIME STARTED _____ TIME STOPPED _____	
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	

COMMENTS	<p>COMMENTS:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	LOG NO.
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SIGNATURES	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.			
	INVESTIGATING MEMBER (PRINT NAME)	STAR NO.	INTERVIEWING MEMBER (PRINT NAME)	STAR NO.
	INVESTIGATING MEMBER'S SIGNATURE	UNIT ASSN./DETAILED	INTERVIEWING MEMBER SIGNATURE	UNIT ASSN./DETAILED
	SUPERVISOR (PRINT NAME)	STAR NO.	SUPERVISOR'S APPROVAL (SIGNATURE)	