ARLINGTON COUNTY POLICE DEPARTMENT • DUI ARREST REPORT

OFFICER AND DATE

DRIVERS NAME

INCIDENT NO.

TIME OF INITIAL OBSERVATION

LOCATION OF INITIAL OBSERVATION

ARREST DATE AND TIME

LOCATION OF ARREST

DRIVER'S LICENSE NO.

STATE

MAKE OF VEHICLE

MODEL

COLOR

YEAR

LICENSE PLATE NO.

STATE

1. DRIVING BEHAVIOR OBSERVED:
   - Weaving
   - Erratic Speed
   - Traffic Violation
   - Problems with Stopping
   - Other:

   Details:

2. PERSONAL CONTACT (Defendant's ability to stand, walk, odors, statements, etc.):

3. ARE THERE ANY PROBLEMS WITH THE VEHICLE? □ Yes □ No
   If YES, describe:

4. ARE YOU SICK OR INJURED? □ Yes □ No
   If YES, describe:

5. ARE YOU TAKING ANY MEDICATIONS OR DRUGS? □ Yes □ No
   If YES, describe: Type ____________ Dosage ____________ When last taken?

6. DO YOU HAVE ANY PHYSICAL IMPAIRMENTS WHICH COULD AFFECT YOUR ABILITY TO PERFORM SOME SIMPLE PHYSICAL TESTS? □ Yes □ No
   If YES, describe:

7. ALCOHOL INFLUENCE
   - Where were you drinking? ________________________ How much have you had to drink? ________________________
   - When was your last drink? ________________________ What were you drinking? ________________________

8. DRUG INFLUENCE (Reasonable cause to believe the accused was under the influence of drugs was based on):

9. LEVEL OF EDUCATION

10. ACCIDENTS
    - When did it occur? ________________________ Have you had anything to drink since the accident? □ Yes □ No
    If YES, how much and when?

<table>
<thead>
<tr>
<th>BREATHE</th>
<th>EYES</th>
<th>SPEECH</th>
<th>COORDINATION</th>
<th>APPEARANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Alcohol</td>
<td>□ Bloodshot</td>
<td>□ Slurred</td>
<td>□ Unsteady Gait</td>
<td>□ Unkept</td>
</tr>
<tr>
<td>□ Marijuana</td>
<td>□ Watery</td>
<td>□ Loud</td>
<td>□ Used Support</td>
<td>□ Normal</td>
</tr>
<tr>
<td>□ Other:</td>
<td>□ Droopy</td>
<td>□ Soft/Quiet</td>
<td>□ Staggered</td>
<td>□ Describe Clothing:</td>
</tr>
<tr>
<td>□ Strong</td>
<td>□ Clear</td>
<td>□ Mumbled</td>
<td>□ Fell</td>
<td></td>
</tr>
<tr>
<td>□ Moderate</td>
<td>□ Glassy</td>
<td>□ Rapid</td>
<td>□ Lax Face/Jaw</td>
<td></td>
</tr>
<tr>
<td>□ Weak</td>
<td>□ Pupil Size:</td>
<td>□ Talkative</td>
<td>□ Other:</td>
<td></td>
</tr>
<tr>
<td>□ None</td>
<td>□ Constricted</td>
<td>□ Sure/Correct</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Dilated</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Normal</td>
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</tbody>
</table>
**BEHAVIOR**
- Angry
- Laughing
- Crying
- Belligerent
- Aggressive

**DESCRIBE TEST LOCATION**
- Level
- Slight Grade
- Steep Grade

**SURFACE CONDITION**
- Dry
- Snow
- Wet
- Ice

**SHOES WORN DURING TEST**
- Yes
- No

**TEST CONDUCTED ON**
- Street
- Gravel Shoulder
- Sidewalk
- Dirt Shoulder

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### ONE LEGGED STAND

- Poor retention and response to instructions/questions
- Attempts test before/during instructions
- Evasive questions
- Interrupting

|   | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 |   |
|---|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|   |
| Foot Down |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |   |
| Arms Up   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |   |
| Sway      |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |   |
| Fall      |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |   |
| Miscounted|   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |   |

Stood on: [Left] [Right]

**Notes:**

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### WALK AND TURN

- Poor retention and response to instructions/questions
- Attempts test before/during instructions
- Evasive questions
- Interrupting

|   | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 |   |
|---|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|   |
| Hot Heel/Toe |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |   |
| Stepped Left  |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |   |
| Stepped Right |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |   |
| Stumbled     |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |   |
| Fall         |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |   |
| Miscounted   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |   |

**Notes:**

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### HORIZONTAL GAZE NYSTAGMUS

- Lack of Smooth Pursuit
- Distinct Nystagmus at Maximum Deviation
- Onset Prior to 45 Degrees

**CONTACTS**
- No
- Hard
- Soft

**ALCOHOL TEST**
- Offered? [Yes] [No]
- Advised? [Yes] [No]
- Reason

**OTHER TESTS/NOTES:**

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**BREATHALYZER**
- Operator
- Date
- Time
- BAC Result

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