

ARLINGTON COUNTY POLICE DEPARTMENT • DUI ARREST REPORT

OFFICER AND DID		DRIVER'S 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

● **DRIVING BEHAVIOR OBSERVED**

- Weaving
 Erratic Speed
 Traffic Violation
 Problems with Stopping
 Other: _____

Details: _____

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

● **ARE THERE ANY PROBLEMS WITH THE VEHICLE?** Yes No

If YES, describe: _____

● **ARE YOU SICK OR INJURED?** Yes No

If YES, describe: _____

● **ARE YOU TAKING ANY MEDICATIONS OR DRUGS?** Yes No

If YES, describe: Type _____ Dosage _____ When last taken? _____

● **DO YOU HAVE ANY PHYSICAL IMPAIRMENTS WHICH COULD AFFECT YOUR ABILITY TO PERFORM SOME SIMPLE PHYSICAL TESTS?** Yes No

If YES, describe: _____

● **ALCOHOL INFLUENCE**

Where were you drinking? _____ How much have you had to drink? _____

When was your last drink? _____ What were you drinking? _____

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

● **LEVEL OF EDUCATION** _____

● **ACCIDENTS**

When did it occur? _____ Have you had anything to drink since the accident? Yes No

If YES, how much and when? _____

BREATH	EYES	SPEECH	COORDINATION	APPEARANCE
<input type="checkbox"/> Alcohol <input type="checkbox"/> Marijuana <input type="checkbox"/> Other: _____ <input type="checkbox"/> Strong <input type="checkbox"/> Moderate <input type="checkbox"/> Weak <input type="checkbox"/> None	<input type="checkbox"/> Bloodshot <input type="checkbox"/> Watery <input type="checkbox"/> Droopy <input type="checkbox"/> Clear <input type="checkbox"/> Glassy <input type="checkbox"/> Pupil Size: <input type="checkbox"/> Constricted <input type="checkbox"/> Dilated <input type="checkbox"/> Normal	<input type="checkbox"/> Slurred <input type="checkbox"/> Loud <input type="checkbox"/> Soft/Quiet <input type="checkbox"/> Mumbled <input type="checkbox"/> Rapid <input type="checkbox"/> Talkative <input type="checkbox"/> Sure/Correct <input type="checkbox"/> Other: _____	<input type="checkbox"/> Unsteady Gait <input type="checkbox"/> Used Support <input type="checkbox"/> Staggered <input type="checkbox"/> Fell <input type="checkbox"/> Lax Face/Jaw <input type="checkbox"/> Other: _____	<input type="checkbox"/> Unkempt <input type="checkbox"/> Normal <input type="checkbox"/> Describe Clothing: _____ _____ _____

BEHAVIOR <input type="checkbox"/> Angry <input type="checkbox"/> Arrogant <input type="checkbox"/> Laughing <input type="checkbox"/> Apologetic <input type="checkbox"/> Crying <input type="checkbox"/> Indifferent <input type="checkbox"/> Belligerent <input type="checkbox"/> Cooperative <input type="checkbox"/> Aggressive Describe: _____ _____	DESCRIBE TEST LOCATION <input type="checkbox"/> Level <input type="checkbox"/> Slight Grade <input type="checkbox"/> Steep Grade SURFACE CONDITION <input type="checkbox"/> Dry <input type="checkbox"/> Snow <input type="checkbox"/> Wet <input type="checkbox"/> Icy	SHOES WORN DURING TEST <input type="checkbox"/> Yes <input type="checkbox"/> No Describe shoes: _____ TEST CONDUCTED ON <input type="checkbox"/> Street <input type="checkbox"/> Gravel Shoulder <input type="checkbox"/> Sidewalk <input type="checkbox"/> Dirt Shoulder
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ONE LEGGED STAND

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

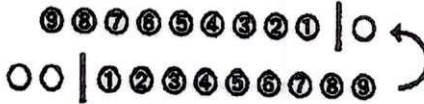
Stood on { Left
 Right

Notes: _____

WALK AND TURN

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

OUT	1	2	3	4	5	6	7	8	9
Not Heel/Toe									
Stepped Left									
Stepped Right									
Stumbled									
Fell									
Miscounted									



BACK	1	2	3	4	5	6	7	8	9
Not Heel/Toe									
Stepped Left									
Stepped Right									
Stumbled									
Fell									
Miscounted									

Notes: _____

HORIZONTAL GAZE NYSTAGMUS	RIGHT	LEFT
Lack of Smooth Pursuit		
Distinct Nystagmus at Maximum Deviation		
Onset Prior to 45 Degrees		

CONTACTS

- No Hard Soft

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

Other Tests/Notes: _____

ALCOHOL Offered? <input type="checkbox"/> Yes <input type="checkbox"/> No Time Given _____ BAC Result _____	IMPLIED CONSENT Advised? <input type="checkbox"/> Yes Time _____ <input type="checkbox"/> No Reason _____	BREATHALYZER Location: <input type="checkbox"/> Booking <input type="checkbox"/> Other _____ Date _____ Time _____ Operator _____ BAC _____
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