

APPENDIX D

<h1>D.U.I.</h1> <h2>WORKSHEET</h2>					DEFENDANTS NAME (Last, First, MI): _____				
					CASE NUMBER: _____				
					DATE STOPPED: _____			TIME STOPPED: _____	
					ARREST DATE: _____			ARREST TIME: _____	
DEFENDANTS DL#:			DL STATE:		INFRACTION LOCATION:				
AGE:	DOB:	SEX:	RACE:	WEIGHT:	ARREST LOCATION:				
TYPE OF ROADWAY:	<input type="checkbox"/> 2 LANE <input type="checkbox"/> 4 LANE <input type="checkbox"/> ____ LANE DIVIDED <input type="checkbox"/> DIVIDED INTERSTATE / HIGHWAY <input type="checkbox"/> DIRT <input type="checkbox"/> SHOULDER <input type="checkbox"/> PAVED <input type="checkbox"/> CONSTRUCTION ZONE <input type="checkbox"/> PARKING LOT								
MANNER IN EXITING:	<input type="checkbox"/> FALLING <input type="checkbox"/> UNSTEADY <input type="checkbox"/> LEANS ON VEHICLE <input type="checkbox"/> PUSHES <input type="checkbox"/> NO DIFFICULTIES								
WALKING:	<input type="checkbox"/> STAGGERING <input type="checkbox"/> STUMBLING <input type="checkbox"/> WEAVING <input type="checkbox"/> FALLING <input type="checkbox"/> USED VEHICLE TO BALANCE								
STANDING:	<input type="checkbox"/> SWAYING <input type="checkbox"/> ORBITRAL <input type="checkbox"/> FRONT TO BACK <input type="checkbox"/> NEEDS SUPPORT <input type="checkbox"/> LEANING <input type="checkbox"/> FALLING								
CLOTHING:	DESCRIBE: _____ (TYPE & COLOR) <input type="checkbox"/> DISORDERLY <input type="checkbox"/> DISARRANGED <input type="checkbox"/> SOILED <input type="checkbox"/> MESSY <input type="checkbox"/> ORDELY <input type="checkbox"/> TORN								
BREATH:	ODOR OF BREATH: ALCOHOLIC BEVERAGE <input type="checkbox"/> NOT PRESENT <input type="checkbox"/> DISTINCT <input type="checkbox"/> OTHER: _____								
ATTITUDE:	<input type="checkbox"/> EXCITED <input type="checkbox"/> HILARIOUS <input type="checkbox"/> TALKATIVE <input type="checkbox"/> CAREFREE <input type="checkbox"/> SLEEPY <input type="checkbox"/> PROFANITY <input type="checkbox"/> COOPERATIVE <input type="checkbox"/> UNCOOPERATIVE <input type="checkbox"/> INDIFFERENT <input type="checkbox"/> INSULTING <input type="checkbox"/> COCKY <input type="checkbox"/> POLITE								
COLOR OF FACE:	<input type="checkbox"/> PALE <input type="checkbox"/> FLUSHED <input type="checkbox"/> NORMAL <input type="checkbox"/> OTHER: _____								
EYES:	<input type="checkbox"/> BLOODSHOT <input type="checkbox"/> WATERY <input type="checkbox"/> RED <input type="checkbox"/> GLASSY <input type="checkbox"/> NORMAL COLOR: _____ CORRECTIVE LENSES: <input type="checkbox"/> NONE <input type="checkbox"/> GLASSES <input type="checkbox"/> CONTACTS								
PUPILS:	<input type="checkbox"/> NOT EQUAL SIZE <input type="checkbox"/> CONSTRICTED <input type="checkbox"/> DILATED <input type="checkbox"/> NORMAL								
UNUSUAL ACTIONS:	<input type="checkbox"/> HICCUPPING <input type="checkbox"/> BELCHING <input type="checkbox"/> VOMITING <input type="checkbox"/> UNRESPONSIVE <input type="checkbox"/> CRYING <input type="checkbox"/> LAUGHING <input type="checkbox"/> INCONSISTENT RESPONSE <input type="checkbox"/> NONE								
SPEECH:	<input type="checkbox"/> NOT UNDERSTANDABLE <input type="checkbox"/> MUMBLED <input type="checkbox"/> SLURRED <input type="checkbox"/> THICK TONGUED <input type="checkbox"/> STUTTERED <input type="checkbox"/> ACCENT <input type="checkbox"/> LOW <input type="checkbox"/> RASPY <input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/> SLOW <input type="checkbox"/> QUICK								
PERSONAL INFORMATION:									
Are you wearing contacts? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> HARD <input type="checkbox"/> SOFT <input type="checkbox"/> CHANGE EYE COLOR How long have they been in? _____									
Are you diabetic? <input type="checkbox"/> YES <input type="checkbox"/> NO Take insulin? <input type="checkbox"/> YES <input type="checkbox"/> NO Are you epileptic? <input type="checkbox"/> YES <input type="checkbox"/> NO Are you ill? <input type="checkbox"/> YES <input type="checkbox"/> NO									
Nature of illness? _____ Under the care of a Doctor or Dentist? <input type="checkbox"/> YES <input type="checkbox"/> NO Name: _____									
Taking over the counter medicine or prescription drugs? <input type="checkbox"/> YES <input type="checkbox"/> NO What kind? _____ Last taken? _____									
What is the medicine for? _____ Any physical disabilities? <input type="checkbox"/> YES <input type="checkbox"/> NO What kind? _____									
Do you have a speech impediment? _____ Are you injured? <input type="checkbox"/> YES <input type="checkbox"/> NO Type of injury? _____									
Do you have a glass eye? <input type="checkbox"/> YES <input type="checkbox"/> NO Artificial limb? <input type="checkbox"/> YES <input type="checkbox"/> NO Are there signs of physical injury? <input type="checkbox"/> YES <input type="checkbox"/> NO Type: _____									
Any previous head injury? <input type="checkbox"/> YES <input type="checkbox"/> NO When? _____ Allergies? <input type="checkbox"/> YES <input type="checkbox"/> NO Type: _____									
Time of last meal? _____ What was eaten? _____ When did you last sleep? _____ For how long? _____									
Do you feel you are function at 100% of your capacity? _____ Are you having any mechanical problems with your vehicle? _____									
What? _____ How much have you been drinking? _____ What? _____ Size of drink? _____									
Where were you drinking? _____ Time started? _____ Time finished last drink? _____									
Time now? _____ Actual time: _____ What type of work do you do? _____ Where? _____									
On a scale of 0 to 10 with 0 being sober and 10 being impaired where would you rate yourself? _____									
Sworn and Subscribed before me,									
This ____ date of _____ 20__ by _____									
<input type="checkbox"/> Personally Known <input type="checkbox"/> Produced Identification					Signature _____				
_____ Type of ID: _____					Print Name _____				
Notary Public <input type="checkbox"/> Law Enforcement Officer <input type="checkbox"/>					EID _____				

DEFENDANTS NAME (Last, First, MI):	CASE NUMBER:
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HORIZONTAL GAZE NYSTAGMUS (EYE EXERCISE)

INSTRUCTIONS:

- 1) Please remove your glasses (if worn).
- 2) Put your feet together, hands at your side. Keep your head still and look at and follow this stimulus with your eyes only.
- 3) Keep looking at this stimulus until told the exercise is over.
- 4) Do not move your head.
- 5) Do you understand the instructions?

Check Pupil size / equal tracking

LEFT

Lack of smooth pursuit.
 Distinct and sustained nystagmus at Maximum Deviation.
 Onset of nystagmus prior to 45° degrees.
 Vertical nystagmus observed.

RIGHT

Lack of smooth pursuit.
 Distinct and sustained nystagmus at Maximum Deviation.
 Onset of nystagmus prior to 45° degrees.
 Vertical nystagmus observed.

Moves head.
 Does not follow stimulus.
 Refused to do exercise.

WALK AND TURN EXERCISE

INSTRUCTIONS:

- 1) Place your left foot on the line. (real or imaginary). Demonstrate.
- 2) Place your right foot on the line ahead of the left foot, with heel of right foot against the toe of left foot. (demonstrate)
- 3) Place your arms down at your sides. (demonstrate)
- 4) Keep this position until I tell you to begin. Do not start to walk until told to do so.
- 5) Do you understand the instruction so far? (make sure defendant indicates understanding)
- 6) When I tell you to start, take nine heel-to-toe steps, turn, and take nine heel-to-toe steps back. (demonstrate 3 heel-to-toe steps)
- 7) When you turn, keep the front foot on the line, and turn by taking a series of small steps with the other foot, like this. (demonstrate)
- 8) While you are walking, keep your arms at your sides, watch your feet at all times, and count your steps out loud.
- 9) Once you start walking, don't stop until you have completed the exercise.
- 10) Do you understand the instructions? (make sure defendant understands)
- 11) Begin, and count your first step from the heel-to-toe position as "one."

Type of shoes: _____ Type of line: _____

Cannot keep balance or steps from line while listening to the instructions.
 Starts before the instructions are finished.
 Stops while walking or pauses to regain balance.
 Does not touch heel to toe. (leaves more than 1/2 inch space)
 Steps off line.
 Uses arms to balance. (raises one or both arms >5 inches in order to maintain balance)
 Improper turn. (removes front foot from line, spins or pivots)
 Incorrect number of steps. # Steps down _____ # Steps back _____
 Cannot do exercise. (steps off line 3 or more times, is in danger of falling and cannot do exercise)
 Refused to do exercise.

ONE LEG STAND

INSTRUCTIONS:

- 1) Please stand with your feet together and arms down at the sides, like this. (demonstrate)
- 2) Do not start to perform the exercise until I tell you to do so.
- 3) Do you understand the instruction so far?
- 4) When I tell you to start, raise one leg, either leg, approximately 6 inches off the ground, foot pointed out. (demonstrate)
- 5) You must keep both legs straight, arms at your side.
- 6) While holding that position, count out loud in the following manner: "one thousand one, one thousand two, etc."
- 7) Keep your arms at your sides at all times and keep watching the raised foot.
- 8) Do you understand?
- 9) Go ahead and perform the exercise. (time the 30 seconds, stop exercise after 30 seconds)

L R

Sways while balancing on one leg.
 Raises arm(s) more than six inches to maintain balance.
 Hops on one leg to maintain balance.
 Puts foot down. # of seconds _____
 Cannot do exercise. (puts foot down three or more times, or loses balance nearly falling)
 Refused to do exercise.

Sworn and Subscribed before me, This _____ date of _____ 20____ by _____ <div style="text-align: center;"><input type="checkbox"/> Personally Known <input type="checkbox"/> Produced Identification</div> _____ Type of ID: _____ Notary Public <input type="checkbox"/> Law Enforcement Officer <input type="checkbox"/>	_____ Signature _____ Print Name EID
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DEFENDANTS NAME (Last, First, MI):	CASE NUMBER:
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FINGER TO NOSE INSTRUCTIONS:
(optional)

- 1) Please stand with your feet together, arms at your sides and your index fingers pointed down.
- 2) Do not start the exercise until I tell you to do so.
- 3) Do you understand the instruction so far?
- 4) When I tell you to start, close both eyes and tilt your head back.
- 5) When I tell you to, bring the hand I direct upward, touching the tip of your finger to the tip of your nose.
- 6) After touching your nose, immediately bring your hand down to your side.
- 7) Do you understand the instructions so far? (make sure defendant indicates understanding with a verbal response)

For Officer information – Exercise will be conducted in the following sequence – *Left, Right, Left, Right, Right, Left.*

What part of finger did defendant use?

Sways while standing still. Exercise not used

FINGER TO NOSE INSTRUCTIONS:
(optional)

○ Right △ Left
Draw lines to spots touched

1. L, 2. R, 3. L, 4. R, 5. R, 6. L

- Does not maintain eyes closed.
- Misses tip of nose with tip of index finger.
- Uses wrong hand when directed.
- Does not return arms to side.
- Cannot do exercise.
- Refused to do exercise.

VIOLATIONS OBSERVED:

S.F.S.E.'s - YES NO REFUSED (if refused, was the person advised they could be arrested and their refusal used in court against them?)
 YES NO)

Witnesses to S.F.S.E.'s: _____ Backup Officer: _____

Any action with stop: _____ Driver Arrested: YES NO

Additional Charges: DWLS No DL Warrant Resisting Possession Other: _____

ENVIRONMENTAL FACTORS:

Area / Conditions - Day Night Wind - Calm Windy Rain

Traffic - Heavy Moderate Light

Area - Parking Lot Roadside Other _____

Surface - Paved Level Hard Dry Other _____

Lighting - Street Light Car Lights Other _____

VEHICLE INFO: Evidence of Alcohol or Drugs in vehicle (see report)

Year: _____ Make: _____ Model: _____ Style: _____ Color: _____

Tag: _____ State: _____ VIN: _____ Any Recent Damage: _____

Describe Damage: _____ Where were keys if vehicle was not in motion: _____

Towed By: _____ Released to: _____

PASSENGERS IN VEHICLE NAME:	ADDRESS:	PHONE:	CONDITION:

Sworn and Subscribed before me,

This _____ date of _____ 20____ by _____

Personally Known Produced Identification

_____ Type of ID: _____

Notary Public Law Enforcement Officer

Signature _____

Print Name _____ EID _____