

Ohio Impaired Driver Report



ARREST #: _____

CRASH REPORT #: _____

VIOLATION: _____
Date Time

ARREST: _____
Date Time

DAY OF WEEK: _____

COURT DATE: _____

VIDEO TAPE NO YES

VIDEO TAPE # _____

_____ CONVICTIONS
(WITHIN 6 YEARS)

REFUSAL FELONY

_____ CONVICTIONS
(WITHIN 20 YEARS)

_____ BAC LEVEL

_____ DRUG LEVEL

CHARGES

1) _____
Section # UTT #

2) _____
Section # UTT #

3) _____
Section # UTT #

4) _____
Section # UTT #

5) _____
Section # UTT #

6) _____
Section # UTT #

7) _____
Section # UTT #

_____ NAME OF ARRESTED _____ DRIVERS LICENSE # _____ STATE OF ISSUE

_____ CURRENT ADDRESS _____ CITY _____ STATE _____ ZIP

_____ DATE OF BIRTH _____ SOCIAL SECURITY # _____ SEX _____ RACE _____ AGE _____ HOME PHONE

_____ PLACE OF EMPLOYMENT _____ WORK PHONE

_____ LOCATION OF ARREST _____ LOCATION OF OFFENSE

_____ MIRANDA RIGHTS READ BY _____ DATE _____ TIME _____ WITNESS

_____ IMPLIED CONSENT READ BY _____ DATE _____ TIME _____ WITNESS

_____ VEHICLE YEAR _____ VEHICLE MAKE/MODEL _____ LICENSE # _____ STATE _____ EXP _____ COLOR

VEHICLE SEIZURE: _____

DISPOSITION OF VEHICLE DRIVER ARRESTED: _____

RELEASED TO / OR LEFT AT: _____

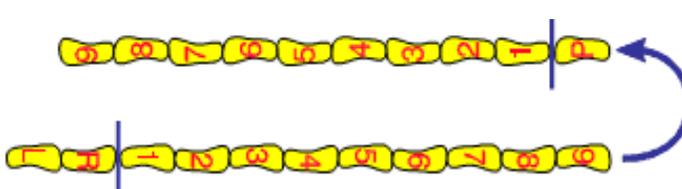
_____ ARRESTING OFFICER _____ AGENCY _____ BADGE / POST #

_____ REVIEWING SUPERVISOR _____ AGENCY _____ BADGE / POST #

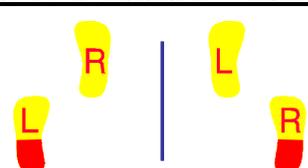
Horizontal Gaze Nystagmus

<u>L</u>	<u>R</u>		
		Lack Of Smooth Pursuit	_____
		Distinct Nystagmus At Maximum Deviation	_____
		Onset Of Nystagmus Prior To 45°	_____
			NOTES

Walk And Turn

<p>Can't balance during instructions</p> <p>Starts too soon</p>	<p><u>INSTRUCTION STAGE</u></p>
<p><u>1st Nine</u> <u>2nd Nine</u></p> <p>Stops while walking</p> <p>Doesn't touch heel-to-toe</p> <p>Steps off line</p> <p>Uses arms to balance</p> <p>Improper turn or loses balance on turn</p> <p>Wrong number of steps</p> <p>Cannot perform Test (steps off line 3 or more times)</p>	<p><u>WALKING STAGE</u></p>  <p>_____</p> <p>_____</p> <p>_____</p> <p style="text-align: center;">NOTES</p>

One Leg Stand

<p><u>L</u> <u>R</u></p> <p>Sways while balancing</p> <p>Uses arms to balance</p> <p>Hops</p> <p>Puts foot down</p> <p>Cannot perform Test (puts foot down 3 or more times)</p>	<p><u>BALANCE AND COUNTING STAGE</u></p>  <p>_____</p> <p>_____</p> <p>_____</p> <p style="text-align: center;">NOTES</p>
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Officers Needed For Court

_____	_____	_____
ARRESTING OFFICER	AGENCY	BADGE / POST
_____	_____	_____
OFFICER NEEDED	AGENCY	BADGE / POST
_____	_____	_____
OFFICER NEEDED	AGENCY	BADGE / POST

Witnesses Needed For Court

_____	_____	_____	_____	_____	_____
PARAMEDIC / DOCTOR / NURSE / OTHER	ADDRESS	CITY	STATE	ZIP	PHONE
_____	_____	_____	_____	_____	_____
OTHER WITNESS	ADDRESS	CITY	STATE	ZIP	PHONE
_____	_____	_____	_____	_____	_____
OTHER WITNESS	ADDRESS	CITY	STATE	ZIP	PHONE

Interview

Were you operating a vehicle? Yes No Where were you going? _____
What street or highway were you on? _____ Direction: N S E W
Where did you start driving from? _____ What time did you start? _____
When did you last eat? _____ What did you eat? _____
What have you been doing for the last three hours? _____

Have you been drinking any alcoholic beverages? No Yes What have you been drinking? _____

How much? _____ Where? _____ With who? _____
When did you start drinking? _____ When did you stop? _____
Are you taking tranquilizers, pills or medicine of any kind? No Yes What? _____
_____ Last dose? _____ How much? _____

Have you used marijuana within the last three hours? No Yes
Are you now under the influence of alcohol? No Yes Drugs? No Yes

Have you seen a doctor or dentist today? No Yes Who? _____
For what? _____ When? _____

Do you have epilepsy? No Yes Diabetes? No Yes Do you take insulin? No Yes
When did you last sleep? _____ How much sleep did you have? _____

Are you wearing false teeth? No Yes

Crash Interview

Were you involved in a crash? No Yes	Were you injured? No Yes	
Do you want to go to the hospital? No Yes	Have you had anything to drink since the crash? No Yes	
If so what did you drink? _____	Where? _____	
Who was operating the vehicle? _____		
Name	Address	Phone