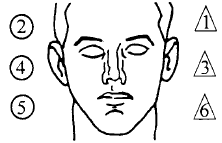
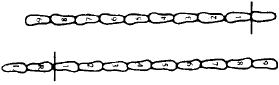
NAME:



BLINDNESS: NONE

LEFT EYE RIGHT EYE

TRACKING:

EQUAL UNEQUAL

EYES:

NORMAL BLOODSHOT WATERY

ABLE TO FOLLOW STIMULUS: YES NO

EYELIDS:

NORMAL

DROOPY

LACK OF SMOOTH PURSUIT

LEFT EYE

RIGHT EYE

VERTICAL NYSTAGMUS YES NO

NYSTAGMUS AT MAXIUM DEVIATION

CORRECTIVE LENS: NONE GLASSES CONTACTS: HARD SOFT

NYSTAGMUS PRIOR TO 45’

PUPIL SIZE: EQUAL UNEQUAL (EXPLAIN)

DESCRIBE TURN

CANNOT DO TEST (EXPLAIN)

MODIFIED ROMBERG BALANCE

INTERNAL CLOCK

ESTIMATED AT 30 SEC.

OTHER FIELD SOBRIETY TESTS

NAME OF TEST:

DESCRIBE PERFORMANCE:

PRELIMINARY BREATH TEST RESULTS:

RESULTS . %

REFUSED INSTRUMENT #:

TICKET NUMBER:

HORIZONTAL GAZE NYSTAGMUS

WALK AND TURN TEST

CANNOT KEEP BALANCE

STARTS TOO SOON

1st 9 2nd 9

STOPS WALKING

MISSES HEEL -TOE STEPS OFF LINE RAISES ARMS

ACTUAL STEPS TAKEN

ONE LEG STAND

(

) SWAYS WHILE BALANCING (

)

(

(

(

)

)

)

USES ARMS TO BALANCE (

HOPPING

PUTS FOOT DOWN

(

(

)

)

)

FINGER TO NOSE

RIGHT LEFT

DRAW LINES FROM SPOTS TOUCHED

New York State DWI Investigative Notes

LAST FIRST

DOB: TIME: DATE: LOCATION:

INITIAL OBSERVATIONS: OBSERVATIONS OF DRIVER:

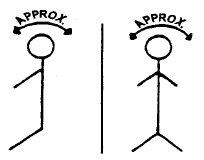
OBSERVATION OF STOP: OBSERVATION OF THE EXIT:

SPEECH: COORDINATION:

ATTITUDE: FACE:

BREATH: FOOTWEAR:

ODORS: OTHER:

****

CHEMICAL TEST/MIRANDA WARNINGS: GIVEN BY:

WHAT HAVE YOU EATEN TODAY? WHEN?

TIME NOW? WHEN DID YOU LAST SLEEP?

HOW LONG?

ARE YOU SICK OR INJURED? DO YOU TAKE INSULIN?

DO YOU HAVE ANY PHYSICAL DEFECTS?

ARE YOU TAKING MEDICATION OR DRUGS?

ARE YOU DIABETIC OR EPILEPTIC? ARE YOU UNDER THE CARE OF A

DOCTOR OR DENIST?

WHAT HAVE YOU BEEN DRINKING? HOW MUCH?

STATEMENTS:

TIME OF LAST DRINK?

HAVE YOU EVER BEEN ARRESTED FOR DRIVING WHILE INTOXICATED? YES NO HAVE YOU EVER BEEN CONVICTED OF DRIVING WHILE INTOXICATED? YES NO

IF YES: WHERE, WHEN WHAT AGENCY:

Officer Name/Rank Shield

Police Agency Incident Number

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