

Tarpon Springs Police Department ALCOHOL AND DRUG INFLUENCE REPORT

Case Number: _____
 Offense Location: _____
 Arresting Officer / ID#: _____
 Defendant: _____ / _____
 (Name / DOB)

Offense Date: _____ Time: _____ AM PM
 Arrest Date: _____ Time: _____ AM PM
 Crash: Yes No

DUI DETECTION PRE-STOP DRIVING CUES

- Weaving Weaving Across Lane Lines Drifting Straddling a Lane Line Swerving Almost Striking Object or Vehicle
 Striking Object or Vehicle Turning With Wide Radius
 Braking Erratically (too far/short/jerky) Accelerating/Decelerating Rapidly Varying Speed
 Driving 10mph or More Below Speed Limit
 Driving Without Headlights Failure to Signal/Signal Inconsistent With Actions Driving in Opposing Lanes or the Wrong Way on a One-Way
 Slow Response to Traffic Signals Slow or Failure to Respond to Officer's Signals / Flee Stopping in Lane for No Apparent Reason
 Failure to Obey Traffic Control Device (sign, signal)
 Following Too Closely (Tailgating) Improper/Unsafe Lane Change Turning Abruptly or Illegally
 Driving on Other Than Designated Roadway Stopping Inappropriately in Response to Officer Inappropriate/Unusual Behavior
 Appearing to be Impaired

POST-STOP CUES

- Difficulty With Motor Vehicle Controls Fumbling With DL/Registration Difficulty Exiting the Vehicle
 Repeating Questions/Comments Swaying, Unsteady, or Balance Problems Leaning on the Vehicle or Other Object
 Thick Tongued/Mumbled/Slurred Speech Slow to Respond to Officer/Officer Must Repeat Provides Incorrect Information or Changes Answers
 Odor of Alcoholic Beverage/Other Odors From the Driver Open/Unopened Alcoholic Containers Drugs/Drug Paraphernalia

OBSERVATIONS

CLOTHING & FOOTWEAR DESCRIPTION	_____
CLOTHING CONDITION	<input type="checkbox"/> Orderly <input type="checkbox"/> Disorderly <input type="checkbox"/> Unzipped Pants <input type="checkbox"/> Inside Out <input type="checkbox"/> Torn <input type="checkbox"/> Naked <input type="checkbox"/> Urine <input type="checkbox"/> Feces <input type="checkbox"/> Vomit <input type="checkbox"/> Blood <input type="checkbox"/> Other: _____
BREATH	Odor of Alcoholic Beverage <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other Odors: _____
ATTITUDE	<input type="checkbox"/> Excited <input type="checkbox"/> Polite <input type="checkbox"/> Cooperative <input type="checkbox"/> Silent <input type="checkbox"/> Sleepy <input type="checkbox"/> Lethargic <input type="checkbox"/> Confused <input type="checkbox"/> Talkative <input type="checkbox"/> Carefree <input type="checkbox"/> Profanity <input type="checkbox"/> Mood Swings <input type="checkbox"/> Arrogant <input type="checkbox"/> Insulting <input type="checkbox"/> Remorseful <input type="checkbox"/> Combative <input type="checkbox"/> Sarcastic <input type="checkbox"/> Angry <input type="checkbox"/> Argumentative <input type="checkbox"/> Threatening <input type="checkbox"/> Depressed <input type="checkbox"/> Other: _____
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"/> Glassy <input type="checkbox"/> Normal <input type="checkbox"/> Other: _____ <input type="checkbox"/> Reddening Around the Rim of the Eyes
UNUSUAL ACTIONS	<input type="checkbox"/> Hiccapping <input type="checkbox"/> Belching <input type="checkbox"/> Vomiting <input type="checkbox"/> Sleeping <input type="checkbox"/> Crying <input type="checkbox"/> Laughing <input type="checkbox"/> None <input type="checkbox"/> Other: _____
SPEECH	<input type="checkbox"/> Incoherent <input type="checkbox"/> Mumbling <input type="checkbox"/> Slurred <input type="checkbox"/> Thick Tongued <input type="checkbox"/> Stuttering <input type="checkbox"/> Accent <input type="checkbox"/> Apparently Normal

MEDICAL QUESTIONS

Do you have any physical defects? Yes No If yes, please explain. _____
 Are you sick or injured? Yes No If yes, please explain. _____
 When did you last sleep? _____ How much sleep did you have? _____
 Have you ever had a head injury? Yes No When? _____
 Are you under the care of a Doctor or Dentist? Yes No What for? _____
 Are you taking any medications? Yes No If yes, what kind? _____
 Last dose? _____ Do you have epilepsy? Yes No Diabetes? Yes No Do you take insulin? Yes No
 Are you wearing an artificial limb? _____ Do you have any medical alert ID? _____

BREATH / URINE / BLOOD TEST DATA

Implied Consent Warning Given: Yes No Date: _____ Time: _____ AM PM

Blood Draw: Voluntary Warrant Other:

Checked subject's mouth for any foreign objects or debris. Yes No

Did the subject request an independent blood test, as outlined in FSS 316.1932? Yes No If yes, what arrangements were made for the subject to obtain the independent test? _____

Specimen: Breath Urine Blood None
 Refused Unable: _____

If refused, why? _____
Date and Time of refusal: _____ AM PM

Analysis result: _____

Breath Test Operator: _____

If breath, Intoxilyzer 8000 serial #: 80-00165

Department: Tarpon Springs PD Agency Inspector: Ofc. S. Gassen

Subject advised of Miranda Rights Date: _____ Time: _____ AM PM Invoked Yes No

INTERVIEW QUESTIONS (Quote Answers)

When did you last eat? _____ Have you been drinking? _____

What? _____ How much? _____ Where? _____

When was your last drink? _____ Have you used any type of illegal drugs recently? _____

If so, what kind of drug? _____

Were you operating a vehicle at the time of the stop/crash? _____ Was anyone in the vehicle with you? _____

Where were you coming from? _____ Where were you heading to? _____

Were you involved in a crash today? _____ Have you had any alcoholic beverages or drugs since the crash? _____

If so, what? _____

Where? _____ How Much? _____ When? _____

Interviewer's Name:(If different than arresting Officer) _____

Narrative Continuation (additional comments and observations):

I swear and affirm that the information and / or statements contained in this report are true and accurate to the best of my knowledge.

Officer's Actual Signature

Officer's Printed Name / ID

In and for the State of Florida, County of _____, sworn to and subscribed before me this _____ day of _____, _____

Actual Signature of Person Authorized to Administer Oath

Printed Name of Authorized Person / PIN

LEO CO Notary Public

Commission No: _____

My Commission Expires: _____

Tarpon Springs Police Department

Law Enforcement Oath Form

Defendant: _____
(Print Name)

Citation / Case Number: _____

Before me this day personally appeared _____
(Print Name)
who attest to the truth of the statements included in this complaint / arrest affidavit and /
or offense report as being a summary of the facts of the case as known by him / her as a
result of his / her investigation of case number _____.

Affiant / Officer Signature

Sworn to and subscribed before me this _____ day of _____ 200_.

Notary Public or Law Enforcement Officer
Pursuant to Florida State Statue 117.10