| | | | | | LINICTALI | ATION | | ODI NUMBER | CAC | NUMBER | |
|---|-----------|-----------------------|--|------------------------------|---|-----------------------|------------------------|-----------------------|---|----------------------|--|
| ALCOHOL INCIDENT REPORT | | | | | INSTALLATION | | ORI NUMBER | | in Use only) | | |
| | ALCOR | TOL INCIDENT F | MEPUNI | | | | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | ,, | |
| | | | | PRIVACY AC | T STATEM | IENT | | | | | |
| AUTHORITY: 10 U.S.C. 80 | | |). 9397. | | | | hu aammandara au | manuigar Military/Ca | auritu Dali | no DoD angoial | |
| PRINCIPAL PURPOSE(S): Us agents, etc. Used to provide | e informa | tion to the appropria | ate individuals within DoD | organization | ns who ens | ure that proper leg | al action is taken. | | | | |
| ROUTINE USE(S): Information action. Information extracte | on may b | e disclosed to local, | county, state and federal | l law enforce | ement or in | vestigatory author | ities for investigatio | on and possible crimi | nal prosec | ution or civil court | |
| DISCLOSURE: Voluntary. S | | | | | | | past criminal activit | ty records. | | | |
| SECTION I - SUSPECT DA | ATA | | | | | | | | | | |
| LAST NAME | FIRST N | AME | MIDDLE NAME | GRADE | SSN | | ATE OF BIRTH | UNIT/SPONSOR | | | |
| | | | | | \ \(\frac{1}{Y} \) | YYYMMDD) | | | | | |
| SECTION II - INITIAL COI | NTACT | | | | | | | | | | |
| VEHICLE IN MOTION | TIAGI | | PERSONAL CONTAC | Т | | BEHIND THE WHEE | L SCREENING | | | | |
| 1. TURNING WITH WIDE RADIUS 2. STRADDLING CENTER OR LANE MARKER | | | | 1. DRIVER ADMITTED: | | | NAME OF TEST | | | | |
| 3. APPEARS TO BE DRUNK | | | a. OPERATIN | NG VEHICLE ING ALCOHOL | | | | | | | |
| 4. ALMOST STRIKING OBJECT OR OTHER VEHICLE 5. WEAVING (WITHIN OR OUT OF TRAFFIC LANE) | | | | c. USING DRUGS | | SCREENING PERFORMANCE | | | | | |
| 6. DRIVING ON OTHER THAN DESIGNATED ROADWAY 7. DRIVING INTO OPPOSING OR CROSSING TRAFFIC 2. MOTOR VEHICLE 3. CONTAINER OR A | | | | | DEVED A CE | | | | | | |
| 8. STOPPING INAPPROPR 9. SLOW RESPONSE TO T | IATELY (O | THER THAN TRAFFIC | LANE) 3. CONTAINER O | | JL BEVERAGE: | | | | | | |
| 10. TURNING ABRUPTLY O | | b. ON PERSON | | | | | | | | | |
| 11. ACCELERATING OR DECELERATING RAPIDLY 4. ODOR OF ALCOH 12. HEADLIGHTS OFF 5. BLOOD-SHOT/W. | | | | | | | FNINC | | | | |
| 13. SWERVING 14. SPEED SLOWER THAN 10 MPH BELOW LIMIT | | | | 6. SLURRED/INCOHERENT SPEECH | | TIME | | | | | |
| 15. STOPPING WITHOUT CAUSE IN TRAFFIC LANE | | | | 7. UNSURE BALANCE | | 111112 | 2007111011 | | | | |
| 16. FOLLOWING TOO CLOSELY 17. DRIFTING | | | 8. OTHER (Explain | 8. OTHER (Explain) | | CONDITIONS | | | | | |
| 18. TIRES ON CENTER OR LANE MARKER 19. BRAKING ERRATICALLY | | | | | | | | | | | |
| 20. SIGNALING INCONSISTENT WITH DRIVING ACTIONS 21. OTHER (Specify) | | | | | | | | | | | |
| SECTION III - STANDARD | DIZED FI | ELD SOBRIETY TI | ESTING | | | l | | | | | |
| HORIZONTAL GAZE NYSTAGMI | | | TOTAL CLUES | WALK A | ND TURN | | TOTAL CLUES | ONE LEG STAND | | TOTAL CLUES | |
| YES NO SUSPECT WEARING CONTACTS | | | | | | TION STAGE: | | 1. SWAYS | 4. FOOT | | |
| LEFT EYE RIGHT EYE | | | | 1. CANNOT K | | | | 2. HOPS | | | |
| 1. YES NO 2. YES NO EYE DOES NOT PURSUE SMOOTHLY | | | | 2. S | 2. STARTS TOO SOON 3. USES ARMS OTHER (Explain, | | | | (Explain) | | |
| 3. YES NO 4. | YES | NO DISTINCT NYS | DISTINCT NYSTAGMUS AT MAX. DEVIATION WAL | | | ING STAGE: | | | TO KEEP BALANCE | | |
| 5. YES NO 6. | YES | NO NYSTAGMUS | ONSET PRIOR TO 45 DEGREE | S 3. S | TOPS WALK | KING 4. MISS | ES HEEL TO TOE | OFFICER ADMINIST | ERING TEST | Γ | |
| OFFICER ADMINISTERING HGN | | | | 5. S | TEPS OFF L | INE 6. RAISE | S ARMS | | | | |
| | | | | 7. IN | NCORRECT I | NUMBER OF STEPS | | NAME OF TEST | | | |
| HGN CLUES 0 1 2 3 4 5 6 WARNINGS | | | | | 8. INCORRECT TURN (Explain) | | | | | | |
| W A O A MIRANDA | | | | | | | | | | | |
| L 1 | | TIME | ID NUMBER | OTHER (| Explain) | | | PERFORMANCE | | | |
| K 2 | | | | | | | | | | | |
| A 3 B. IMPLIED CONSENT | | | | OFFICER | OFFICER ADMINISTERING TEST | | | | | | |
| D 5 | | TIME | ID NUMBER | | | | | | | | |
| T 6 U 7 | | | | | AL TESTING | | | | | | |
| R 8 | | - | N TIME STARTED: | | | B. BREATH C. U | JRINE RESULTS: | | r ABOVE | 405 OR BELOW | |
| N 9 | SHADED | OBSERVER | | OFFICER | i | | TIME | 2080 | <u> </u> | 5. UNKNOWN | |
| SHADED UNS | JI IAUEU | | | 1 | | | ı | 3 06-0 |)/ I | 6 REFUSED | |

| SECTION IV - SYNOPSIS | | | | | | | |
|---|----------------------|--------------------------------|------------------------------------|---|--|--|--|
| INCIDENT LOCATION | | | | INCIDENT DATE/TIME | | | |
| INCIDENT SYNOPSIS | | | | | | | |
| INCIDENT OTNOTOIS | | | | | | | |
| | | | | | | | |
| SECTION V INTERVIEW (Diabata advantage) | | ishiliii | | = i- = 1 | | | |
| SECTION V - INTERVIEW (Rights adv. | | | erore airect oriense question | ning) | | | |
| Were you operating a vehicle? What street or highway were you on? | Where were you go | | Direction of travel? | | | | |
| | | | What time did you start? a.m./p.m. | | | | |
| Where did you start from? What time is it now? | | /, base, etc.) are you in now? | | what time did you start? a.m./p.m. | | | |
| What time is it now? What is the date? | what city (county | , base, etc.) are you in now! | What day of the week is it? | | | | |
| Wilat is the date: | TIME | DAY | DATE | INTERVIEWER'S NAME | | | |
| INTERVIEWER TO FILL IN ACTUAL: | | | DATE | INTERVIEWER O NAME | | | |
| | a.m./p.n | n. | | | | | |
| When did you last eat? | | | What did you eat? | | | | |
| What were you doing during the last three hou | | | | | | | |
| Have you been drinking? | | | | How much? | | | |
| | | Started? | a.m./p.m. | Stopped? | | | |
| Are you under the influence of an alcoholic be | verage now? | | | | | | |
| What is your occupation? | | | | When did you last work? | | | |
| Do you have any physical defects? | | | | | | | |
| Are you ill? | If so, what's wrong | - | | | | | |
| | been injured lately? | If so, what's wrong | ? | | | | |
| Were you involved in an accident today? | | | | | | | |
| Have you had any alcoholic beverage since the | e accident? | | | | | | |
| | | | | When? | | | |
| Have you seen a doctor or dentist lately? | | If so, who? | | When? | | | |
| What for? | | | | Are you taking tranquilizers, pills or medicines of any kind? | | | |
| If so, what kind? (Get sample) | | Last dose? | | a.m./p.m. Do you have epilepsy? | | | |
| Diabetes? | | Do you take insulin? | | If so, last dose? a.m./p.m. | | | |
| Have you had any injections of any other drug | s recently? | If so, what for? | | | | | |
| What kind of drug? | | Last dose? | a.m./p.m. | When did you last sleep? | | | |
| How much sleep did you have? | | Are you wearing false teeth? | | Do you have a glass eye? | | | |
| HANDWRITING SPECIMEN (Signature and/or anything driver chooses) | | | | | | | |
| | | | | | | | |