| Driver's Name: | Driving While Impaired Report (DWIR) | Agency: |
|---|---|---|
| DOB: Race: Gender: ☐ M ☐ F | **Department of Health and Human Services, Forensic Tests for Alcohol Branch** | Officer's Name: |
| Approx. Wt.: Minors in Vehicle: ☐ Yes ☐ No | | Officer No.: |
| Vehicle Crash: ☐ Yes ☐ No Injuries: ☐ Yes ☐ No | | Case No.: |
| Blood / Breath Results: 0. / 0. BL: ☐ Yes ☐ No | | DRE Officer: |
| Tests REFUSED: ☐ Yes ☐ No | | City / County: |
| Arrest Date: Time: ☐am ☐ pm | | Street / Highway: |
| | | Area No.: |

**Phase I**

**Initial Observations:** What drew your attention to the vehicle (wide turns, weaving, violations of law, etc.). Unusual driver's actions, blank stare, etc:

Observation of Stop: Describe vehicle maneuvers during the stop, delays in stopping, unusual manner of parking, etc.:

**Phase II**

**General Observation:** Observation of driver, condition of clothing, attitude, speech, ability to follow instruction, etc.:

Breath: Describe the odor of alcohol on driver's breath:

Statements: Any statement made by the driver from time of stop to arrest:

Observation Prior to Arrest: Describe any difficulty with motor skills, retrieving drivers license, getting out of vehicle, walking, standing, etc.:

Odors: Describe any significant odors other than alcohol:

## Phase III

**Psychophysical Tests** Time: ☐ am ☐ pm

Location Performed:

**Horizontal Gaze Nystagmus (HGN)**

| | | |
|---|---|---|
| ☐ Glasses | ☐ Contact Lenses | |
| Remove Glasses ☐ Yes ☐ No | ☐ Hard ☐ Soft | |
| Tracking Equal? | ☐ Yes ☐ No | |
| Able to Follow Stimulus? | ☐ Yes ☐ No | |
| | Left Eye | Right Eye |
| Lack of Smooth Pursuit | | |
| Maximum Deviation | | |
| Onset Prior 45° | | |
| Vertical Nystagmus? | ☐ Yes ☐ No | |

Explain:

**Walk and Turn Test**

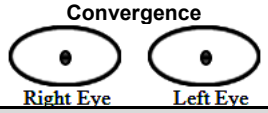
| Instruction Stage | | |
|---|---|---|
| ☐ Cannot Keep Balance ☐ Starts Too Soon | | |
| | 1st Nine | 2nd Nine |
| Stops Walking | | |
| Misses Heel to Toe | | |
| Steps Off Line | | |
| Uses Arms To Balance | | |
| Actual Steps Taken | | |

Improper Turn (Describe):

Cannot Do Test (Explain):

**Walk and Turn Test**

**Convergence**



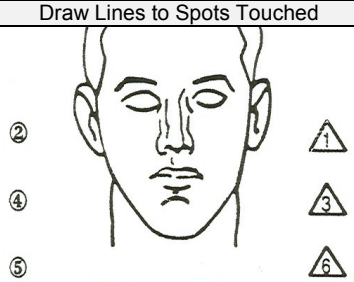

**Other Sobriety Tests**

**One Leg Stand**

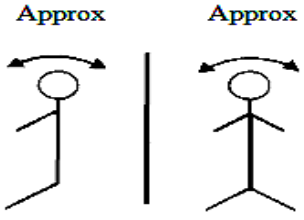
Sways While Balancing: ☐ L ☐ R
Uses Arms for Balance: ☐ L ☐ R
Hopping: ☐ L ☐ R
Puts Foot Down: ☐ L ☐ R
Type of Footwear:

**Finger to Nose Test**

Draw Lines to Spots Touched




**Modified Romberg Balance**




Internal Clock
Estimated as 30 Seconds

**Alcohol Screening Test Device** **(If test result is 0.08 or greater, wait a minimum of 5 minutes and administer an additional test)**

| Make / Model: | Serial #: | Date of last accuracy check: |
|---|---|---|

| Test 1 | | Test 2 | |
|---|---|---|---|
| Time: ☐am ☐ pm | Result: 0. | Time: ☐am ☐ pm | Result: 0. |

**Miranda Rights** **Driver's Name**:

| | | | | | |
|---|---|---|---|---|---|
| Miranda Rights Advised: | ☐ Yes | ☐ No | Miranda Rights Waived: | ☐ Yes | ☐ No |
| Location: | | Date: | | Time: | ☐ am ☐ pm |

**Questionnaire**

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| Were you operating a vehicle? ☐ Yes ☐ No | | | Were there any mechanical problems with that vehicle? ☐ Yes ☐ No | | | | | | | |
| Describe: | | | | | | | | | | |
| Where were you going? | | | Where were you coming from? | | | | | | | |
| What street or highway were you on? | | | What city are you in now? | | | | | | | |
| Without looking at a watch, what time is it | | ☐ am ☐ pm | What is the date? | | | | | | | |
| What is the day of the week? | Actual Time | ☐ am ☐ pm | Actual Date | Actual Day | | | | | | |
| When did you last eat? | | ☐ am ☐ pm | | | | | | | | |
| What did you eat? | | | | | | | | | | |
| What time did you begin drinking? | | ☐ am ☐ pm | Time of last drink? | | ☐ am ☐ pm | | | | | |
| What did you drink? | | | | | | | | | | |
| How many? | | What size? | | Where? | | | | | | |
| When did you last use Marijuana/ Cannabis? | | Used any other drug? | ☐ Yes ☐ No | | | | | | | |
| On a scale of 0 to 10, with 0 being completely sober and 10 being completely drunk/ impaired, where do you fit? (Check one.) | | | | | | | | | | |
| ☐ 0 | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 | ☐ 6 | ☐ 7 | ☐ 8 | ☐ 9 | ☐ 10 |
| On that same scale of 0 to 10, what is the drunkest/most impaired you have ever been? (Check one.) | | | | | | | | | | |
| ☐ 0 | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 | ☐ 6 | ☐ 7 | ☐ 8 | ☐ 9 | ☐ 10 |
| In your opinion, should you have been operating a vehicle? ☐ Yes ☐ No | | | | | | | | | | |
| Do you have any physical defects? ☐ Yes ☐ No | | If so, what? | | | | | | | | |
| Are you sick? ☐ Yes ☐ No | | If so, what's wrong? | | | | | | | | |
| Do you limp? ☐ Yes ☐ No | | Why do you limp? | | | | | | | | |
| Have you been injured lately? ☐ Yes ☐ No | | If so, what type of injury? | | | | | | | | |
| Were you involved in a crash today? ☐ Yes ☐ No | | When did the crash occur? | | ☐ am ☐ pm | | | | | | |
| Did you get a bump on your head? ☐ Yes ☐ No | | Have you had any alcoholic beverage(s) since the crash? ☐ Yes ☐ No | | | | | | | | |
| If so, what? | | How many? | | | | | | | | |
| When? | | Where? | | | | | | | | |
| Have you seen a doctor or dentist lately? ☐ Yes ☐ No | | If so, who? | | | | | | | | |
| What for? | | When? | | | | | | | | |
| When did you last go to sleep? | | How much sleep did you have? | | | | | | | | |
| Are you wearing false teeth? ☐ Yes ☐ No | Are you wearing oral jewelry? ☐ Yes ☐ No | Do you have a glass eye? ☐ Yes ☐ No | | | | | | | | |
| Are you taking medication(s) of any kind? ☐ Yes ☐ No | How much taken? | | | | | | | | | |
| If so, what kind? | | | | | | | | | | |
| Last dose? | ☐ am ☐ pm | | | | | | | | | |
| Do you have epilepsy? ☐ Yes ☐ No | Do you have diabetes? | ☐ Yes ☐ No | | | | | | | | |
| Do you take insulin? ☐ Yes ☐ No | If so last dose? | | | | | | | | | |
| Have you had any injections of any other drugs lately? ☐ Yes ☐ No | If so, what for? | | | | | | | | | |
| What kind of drug? | | Last dose? ☐ am ☐ pm | | | | | | | | |

| **Passengers** | | | |
|---|---|---|---|
| | **Name** | **Age** | **Relationship** |
| 1. | | | |
| 2. | | | |
| 3. | | | |

| **Witnesses** | | | |
|---|---|---|---|
| | **Name** | **Address** | **Phone** |
| 1. | | | |
| 2. | | | |
| 3. | | | |

| **Notes** |
|---|
| |