ALCOHOL INCIDENT REPORT

INSTALLATION	ORI NUMBER	CASE NUMBER *(Admin Use only)*

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 8013; 44 U.S.C. 3103; and E.O. 9397.
PRINCIPAL PURPOSE(S): Used to record information and details of criminal activity which may require investigative action by commanders, supervisor, Military/Security Police, DoD special agents, etc. Used to provide information to the appropriate individuals within DoD organizations who ensure that proper legal action is taken.
ROUTINE USE(S): Information may be disclosed to local, county, state and federal law enforcement or investigatory authorities for investigation and possible criminal prosecution or civil court action. Information extracted from this form may be used in other related criminal and/or civil proceedings.
DISCLOSURE: Voluntary. SSN is used to positively identify the individual making the statement and as a conduit to check past criminal activity records.

SECTION I - SUSPECT DATA

LAST NAME	FIRST NAME	MIDDLE NAME	GRADE	SSN	DATE OF BIRTH *(YYYYMMDD)*	UNIT/SPONSOR

SECTION II - INITIAL CONTACT

VEHICLE IN MOTION

- ☐ 1. TURNING WITH WIDE RADIUS
- ☐ 2. STRADDLING CENTER OR LANE MARKER
- ☐ 3. APPEARS TO BE DRUNK
- ☐ 4. ALMOST STRIKING OBJECT OR OTHER VEHICLE
- ☐ 5. WEAVING (WITHIN OR OUT OF TRAFFIC LANE)
- ☐ 6. DRIVING ON OTHER THAN DESIGNATED ROADWAY
- ☐ 7. DRIVING INTO OPPOSING OR CROSSING TRAFFIC
- ☐ 8. STOPPING INAPPROPRIATELY (OTHER THAN TRAFFIC LANE)
- ☐ 9. SLOW RESPONSE TO TRAFFIC SIGNALS
- ☐ 10. TURNING ABRUPTLY OR ILLEGALLY
- ☐ 11. ACCELERATING OR DECELERATING RAPIDLY
- ☐ 12. HEADLIGHTS OFF
- ☐ 13. SWERVING
- ☐ 14. SPEED SLOWER THAN 10 MPH BELOW LIMIT
- ☐ 15. STOPPING WITHOUT CAUSE IN TRAFFIC LANE
- ☐ 16. FOLLOWING TOO CLOSELY
- ☐ 17. DRIFTING
- ☐ 18. TIRES ON CENTER OR LANE MARKER
- ☐ 19. BRAKING ERRATICALLY
- ☐ 20. SIGNALING INCONSISTENT WITH DRIVING ACTIONS
- ☐ 21. OTHER *(Specify)*

PERSONAL CONTACT

- ☐ 1. DRIVER ADMITTED:
  - ☐ a. OPERATING VEHICLE
  - ☐ b. CONSUMING ALCOHOL
  - ☐ c. USING DRUGS
- ☐ 2. MOTOR VEHICLE CRASH
- ☐ 3. CONTAINER OR ALCOHOL BEVERAGE:
  - ☐ a. IN VEHICLE
  - ☐ b. ON PERSON
- ☐ 4. ODOR OF ALCOHOLIC BEVERAGE
- ☐ 5. BLOOD-SHOT/WATERY EYES
- ☐ 6. SLURRED/INCOHERENT SPEECH
- ☐ 7. UNSURE BALANCE
- ☐ 8. OTHER *(Explain)*

BEHIND THE WHEEL SCREENING

NAME OF TEST

SCREENING PERFORMANCE

PRE-ARREST SCREENING

TIME	LOCATION

CONDITIONS

SECTION III - STANDARDIZED FIELD SOBRIETY TESTING

HORIZONTAL GAZE NYSTAGMUS (HGN)

☐ YES ☐ NO SUSPECT WEARING CONTACTS

TOTAL CLUES

LEFT EYE			RIGHT EYE			
1.	☐ YES	☐ NO	2.	☐ YES	☐ NO	EYE DOES NOT PURSUE SMOOTHLY
3.	☐ YES	☐ NO	4.	☐ YES	☐ NO	DISTINCT NYSTAGMUS AT MAX. DEVIATION
5.	☐ YES	☐ NO	6.	☐ YES	☐ NO	NYSTAGMUS ONSET PRIOR TO 45 DEGREES

OFFICER ADMINISTERING HGN

WALK AND TURN

TOTAL CLUES

INSTRUCTION STAGE:

- ☐ 1. CANNOT KEEP BALANCE
- ☐ 2. STARTS TOO SOON

WALKING STAGE:

- ☐ 3. STOPS WALKING
- ☐ 4. MISSES HEEL TO TOE
- ☐ 5. STEPS OFF LINE
- ☐ 6. RAISES ARMS
- ☐ 7. INCORRECT NUMBER OF STEPS
- ☐ 8. INCORRECT TURN *(Explain)*

OTHER *(Explain)*

OFFICER ADMINISTERING TEST

ONE LEG STAND

TOTAL CLUES

- ☐ 1. SWAYS
- ☐ 2. HOPS
- ☐ 3. USES ARMS TO KEEP BALANCE
- ☐ 4. FOOT DOWN

OTHER *(Explain)*

OFFICER ADMINISTERING TEST

NAME OF TEST

PERFORMANCE

HGN CLUES

WALK AND TURN	0	1	2	3	4	5	6
0					■	■	■
1					■	■	■
2				■	■	■	■
3				■	■	■	■
4		■	■	■	■	■	■
5		■	■	■	■	■	■
6	■	■	■	■	■	■	■
7	■	■	■	■	■	■	■
8	■	■	■	■	■	■	■
9	■	■	■	■	■	■	■

☐ SHADED ☐ UNSHADED

WARNINGS

☐ A. MIRANDA

TIME	ID NUMBER

☐ B. IMPLIED CONSENT

TIME	ID NUMBER

☐ C. OBSERVATION TIME STARTED: _____

OBSERVER

CHEMICAL TESTING

☐ A. BLOOD ☐ B. BREATH ☐ C. URINE RESULTS: _____

- ☐ 1. .10 or ABOVE
- ☐ 2. .08-.09
- ☐ 3. .06-.07
- ☐ 4. .05 OR BELOW
- ☐ 5. UNKNOWN
- ☐ 6. REFUSED

OFFICER	TIME

SECTION IV - SYNOPSIS

INCIDENT LOCATION	INCIDENT DATE/TIME

INCIDENT SYNOPSIS

SECTION V - INTERVIEW *(Rights advisement in accordance with service policy is required before direct offense questioning)*

Were you operating a vehicle? _____ Where were you going? _____

What street or highway were you on? _____ Direction of travel? _____

Where did you start from? _____ What time did you start? _____ a.m./p.m.

What time is it now? _____ What city (county, base, etc.) are you in now? _____

What is the date? _____ What day of the week is it? _____

INTERVIEWER TO FILL IN ACTUAL:	TIME a.m./p.m.	DAY	DATE	INTERVIEWER'S NAME

When did you last eat? _____ What did you eat? _____

What were you doing during the last three hours? _____

Have you been drinking? _____ What? _____ How much? _____

Where? _____ Started? _____ a.m./p.m. Stopped? _____

Are you under the influence of an alcoholic beverage now? _____

What is your occupation? _____ When did you last work? _____

Do you have any physical defects? _____ If so, what? _____

Are you ill? _____ If so, what's wrong? _____

Do you limp? _____ Have you been injured lately? _____ If so, what's wrong? _____

Were you involved in an accident today? _____ Did you get a bump on the head? _____

Have you had any alcoholic beverage since the accident? _____ If so, what? _____

Where? _____ How much? _____ 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 drugs 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)