



MISSOURI DEPARTMENT OF REVENUE
DRIVER LICENSE BUREAU
PO BOX 3700
JEFFERSON CITY, MO 65105-3700
ALCOHOL INFLUENCE REPORT

FORM
2389
(REV. 02-2013)

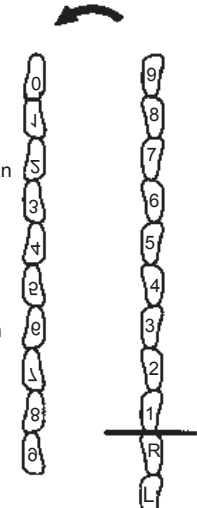
ORI NUMBER	REPORT NUMBER
UC NUMBER (IF APPLICABLE)	

DATE OF ARREST OR CUSTODY (MM/DD/YYYY)	TIME OF INITIAL CONTACT (MIL)	TIME OF ARREST OR CUSTODY (MIL)	COUNTY OF ARREST OR CUSTODY
LOCATION OF ARREST OR CUSTODY		<input type="checkbox"/> COUNTY OR CITY ORDINANCE <input type="checkbox"/> RSMo 577.010 OR 577.012 <input type="checkbox"/> OTHER	
REASON FOR INITIAL CONTACT <input type="checkbox"/> TRAFFIC VIOLATION <input type="checkbox"/> CRASH <input type="checkbox"/> CHECKPOINT <input type="checkbox"/> OTHER - EXPLAIN		SUBJECT WAS OBSERVED DRIVING OR OPERATING BY	
FULL NAME			DATE OF BIRTH (MM/DD/YYYY)
ADDRESS		CITY, STATE, ZIP CODE	
RACE	SEX	HEIGHT	WEIGHT
EYES		HAIR	
<input type="checkbox"/> COMMERCIAL MOTOR VEHICLE <input type="checkbox"/> HAZARDOUS MATERIALS <input type="checkbox"/> IGNITION INTERLOCK DEVICE INSTALLED ON VEHICLE			
DRIVER LICENSE NUMBER	STATE	CDL HOLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO	VEHICLE LICENSE NUMBER
LICENSE CONFISCATED? <input type="checkbox"/> YES <input type="checkbox"/> NO	YEAR	MAKE	MODEL
COLOR		VIN	

OFFICER'S OBSERVATION MADE PRIOR TO ARREST OR CUSTODY (Check appropriate box[es] and add any pertinent remarks.)

BREATH	ODOR OF ALCOHOLIC BEVERAGE: <input type="checkbox"/> FAINT <input type="checkbox"/> MODERATE <input type="checkbox"/> STRONG <input type="checkbox"/> NONE ODOR OF MARIJUANA OR CHEMICAL: <input type="checkbox"/> YES <input type="checkbox"/> NO
EYES PUPILS	<input type="checkbox"/> WATERY <input type="checkbox"/> BLOODSHOT <input type="checkbox"/> GLASSY <input type="checkbox"/> STARING <input type="checkbox"/> ARTIFICIAL EYE <input type="checkbox"/> CONSTRICTED <input type="checkbox"/> SLOW REACTION TO LIGHT <input type="checkbox"/> DILATED
BALANCE AND WALKING	<input type="checkbox"/> UNCERTAIN <input type="checkbox"/> SWAYING <input type="checkbox"/> STAGGERING <input type="checkbox"/> STUMBLING <input type="checkbox"/> FALLING <input type="checkbox"/> OTHER:
SPEECH	<input type="checkbox"/> SLURRED <input type="checkbox"/> CONFUSED <input type="checkbox"/> INCOHERENT <input type="checkbox"/> STUTTERING <input type="checkbox"/> MUMBLING <input type="checkbox"/> OTHER:
CLOTHING AND FOOTWEAR	DESCRIBE: SOILED BY:
UNUSUAL ACTIONS	<input type="checkbox"/> PROFANITY <input type="checkbox"/> HICCUPS <input type="checkbox"/> BELCHING <input type="checkbox"/> VOMITING <input type="checkbox"/> FIGHTING <input type="checkbox"/> OTHER:
ATTITUDE	DESCRIBE:

SOBRIETY TESTS GIVEN PRIOR TO ARREST OR CUSTODY (Check appropriate box[es] and add any pertinent remarks.)

<input type="checkbox"/> HORIZONTAL GAZE NYSTAGMUS 1. <input type="checkbox"/> Eyes Tracked Equally 2. <input type="checkbox"/> Pupils of Equal Size 3. <input type="checkbox"/> Resting Nystagmus Detected 4. LEFT RIGHT ____ No smooth Pursuit ____ ____ Distinct Nystagmus at maximum deviation ____ ____ Onset before 45° with some white showing ____ (See certification on page 4.) <input type="checkbox"/> VERTICAL GAZE NYSTAGMUS DETECTED	<input type="checkbox"/> WALK-AND-TURN <input type="checkbox"/> Fails to maintain heel-to-toe stance <input type="checkbox"/> Starts before instructed to begin <input type="checkbox"/> Stops while walking to steady self <input type="checkbox"/> Does not touch heel to toe (misses by more than 1/2 inch) <input type="checkbox"/> Loses balance while walking (steps off line) <input type="checkbox"/> Uses arms for balance (raises arm more than 6 inches) <input type="checkbox"/> Loses balance while turning or made improper turn <input type="checkbox"/> Incorrect number of steps <input type="checkbox"/> Cannot perform or refused to do test Explain: 	<input type="checkbox"/> ONE LEG STAND (Subject may stand on either foot for test. Indicate foot stood on below.) <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Sways while balancing <input type="checkbox"/> Uses arms for balance (raises arms more than 6 inches) <input type="checkbox"/> Hops <input type="checkbox"/> Puts foot down <input type="checkbox"/> Cannot perform or refused to do test Explain: PRELIMINARY BREATH TEST (PBT) POSITIVE FOR ALCOHOL? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> REFUSED <input type="checkbox"/> N/A
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OTHER: (ANY OTHER TEST[S] GIVEN NOT LISTED ABOVE) e.g., ALPHABET, COUNTING, ROMBERG, FINGER-TO-NOSE.

IMPLIED CONSENT TIME ADVISED: (MIL)		FOR USE IN ZERO TOLERANCE ONLY		
<input type="checkbox"/> 1. You are under arrest and I have reasonable grounds to believe you were driving a motor vehicle while you were in an intoxicated or drugged condition.		<input type="checkbox"/> 1. You have been stopped and are under the age of 21; I have reasonable grounds to believe that you were driving a motor vehicle with a blood alcohol content of .020% or more.		
<input type="checkbox"/> 2. To determine the alcohol or drug content of your blood, I am requesting you submit to a chemical test of your <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Other _____ (Check no more than two)				
<input type="checkbox"/> 3. If you refuse to take the test(s), your driver license will immediately be revoked for one year.				
<input type="checkbox"/> 4. Evidence of your refusal to take the test(s) may be used against you in prosecution in a court of law.				
<input type="checkbox"/> 5. Having been informed of the reasons for requesting the test(s), will you take the test(s)? <input type="checkbox"/> YES <input type="checkbox"/> NO Time: _____ (MIL)				
If subject refused test(s), was an attorney requested prior to refusal ? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, time subject asked for attorney: _____				
15 MINUTE OBSERVATION PERIOD STARTED AT: _____ (MIL)				
MARK CHECK BOXES FOR EACH STEP (ATTACH MOST RECENT MAINTENANCE REPORT COMPLETED PRIOR TO THIS BREATH TEST.) -- IF BLOOD TEST, SEE PAGE 4.				
INTOXILYZER 5000 <input type="checkbox"/> 1. Examination of mouth conducted. If any substance is observed or indicated to be present, the substance observed or indicated must be removed prior to starting the 15 minute observation period. <input type="checkbox"/> 2. Subject observed for at least 15 minutes by _____. No smoking, oral intake or vomiting during this time; if vomiting occurs, start over with the 15 minute observation period. <input type="checkbox"/> 3. Assure that power switch is ON and then press the START TEST button. <input type="checkbox"/> 4. Enter test record card. <input type="checkbox"/> 5. Enter subject and officer information. <input type="checkbox"/> 6. When display reads PLEASE BLOW, insert mouthpiece and take the subject's breath sample. <input type="checkbox"/> 7. When test record is printed, remove test record and attach printout to this report.		DATAMASTER <input type="checkbox"/> 1. Examination of mouth conducted. If any substance is observed or indicated to be present, the substance observed or indicated must be removed prior to starting the 15 minute observation period. <input type="checkbox"/> 2. Subject observed for at least 15 minutes by _____. No smoking, oral intake or vomiting during this time; if vomiting occurs, start over with the 15 minute observation period. <input type="checkbox"/> 3. Assure that power switch is ON. <input type="checkbox"/> 4. Press RUN button. <input type="checkbox"/> 5. When display requests INSERT TICKET, insert evidence ticket. <input type="checkbox"/> 6. Enter subject and officer information. <input type="checkbox"/> 7. When display reads PLEASE BLOW and gives audible beep, take subject's breath sample. <input type="checkbox"/> 8. When printer has completed printing out test result, remove ticket from printer. Attach printout to this report.		ALCO-SENSOR IV WITH PRINTER <input type="checkbox"/> 1. Examination of mouth conducted. If any substance is observed or indicated to be present, the substance observed or indicated must be removed prior to starting the 15 minute observation period. <input type="checkbox"/> 2. Subject observed for at least 15 minutes by _____. No smoking, oral intake or vomiting during this time; if vomiting occurs, start over with the 15 minute observation period. <input type="checkbox"/> 3. Make sure printer is connected to Alco-Sensor IV. <input type="checkbox"/> 4. Turn printer on. <input type="checkbox"/> 5. Insert mouthpiece into Alco-Sensor IV. <input type="checkbox"/> 6. Observe temperature display, make sure temperature reading is between 10°C and 40°C. <input type="checkbox"/> 7. When "BLNK" is displayed on Alco-Sensor IV, air blank is taken. <input type="checkbox"/> 8. When "TEST" is displayed on Alco-Sensor IV, take subject breath sample. <input type="checkbox"/> 9. When "SET" is displayed on Alco-Sensor IV, press SET button. <input type="checkbox"/> 10. When printer has completed printing test result, tear off tape and fill in subject and officer information. <input type="checkbox"/> 11. Press red button to eject mouthpiece. <input type="checkbox"/> 12. Turn printer off. <input type="checkbox"/> 13. Attach printout to this report.
<input type="checkbox"/> OTHER (ATTACH CHECKLIST OR LAB REPORT)				
CERTIFICATION OF EXAMINATION BY OPERATOR				
AS SET FORTH IN THE RULES PROMULGATED BY THE DEPARTMENT OF HEALTH AND SENIOR SERVICES (DOHSS) RELATED TO THE DETERMINATION OF BLOOD ALCOHOL BY BREATH ANALYSIS, I CERTIFY BY COMPLETING THE BELOW THAT:				
1. There was no deviation from the procedure approved by the Department. 3. I am authorized to operate the instrument.				
2. To the best of my knowledge the instrument was functioning properly. 4. No radio transmission occurred inside the room where and when this test was being conducted.				
NAME OF OPERATOR		TROOP OR AGENCY		BLOOD ALCOHOL CONCENTRATION BY WEIGHT
DATE (MM/DD/YYYY)		LOCATION OF INSTRUMENT		
SERIAL NUMBER		WITNESS (IF ANY)		

MIRANDA RIGHTS

BECAUSE YOU ARE UNDER ARREST, I AM INFORMING YOU OF YOUR CONSTITUTIONAL RIGHTS (MIRANDA WARNING)

- ☐ 1. You have the right to remain silent.
- ☐ 2. Anything you say can and will be used against you in a court of law.
- ☐ 3. You have the right to talk to a lawyer and have him or her present with you while you are being questioned.
- ☐ 4. If you cannot afford to hire a lawyer, one will be appointed to represent you before any questioning, if you wish.
- ☐ 5. You can decide at any time to exercise these rights and not answer any questions or make any statements.

RIGHTS GIVEN AT

☐ SCENE☐ STATION☐ HOSPITAL☐ EN ROUTE TO STATION

DO YOU UNDERSTAND THE RIGHTS I'VE EXPLAINED TO YOU?

☐ YES ☐ NO

TIME ADVISED

(MIL)

DATE (MM/DD/YYYY)

INTERVIEWER TO COMPLETE

INTERVIEW DATE (MM/DD/YYYY)

TIME

INTERVIEWER'S NAME

WAS SUBJECT INVOLVED IN A CRASH?

☐ YES ☐ NO

DATE OF CRASH (MM/DD/YYYY)

TIME OF CRASH

(MIL)

CRASH INFORMATION (IF APPLICABLE) — RECORD PERSON'S RESPONSES

WERE YOU INVOLVED IN A MOTOR VEHICLE CRASH TODAY?

☐ YES ☐ NO WHEN:

WERE YOU OPERATING THE VEHICLE AT THE TIME OF THE CRASH?

☐ YES ☐ NO

WERE YOU INJURED IN THE CRASH?

☐ YES ☐ NO HOW:

HAVE YOU CONSUMED ANY INTOXICANTS SINCE THE CRASH?

☐ YES ☐ NO

IF YES, WHAT?

WHEN?

WHERE?

HOW MUCH?

INTERVIEW — RECORD PERSON'S RESPONSES

WHAT TIME IS IT NOW?

WHAT IS THE DATE?

WHAT DAY OF THE WEEK IS IT?

WHAT CITY (COUNTY) ARE YOU IN NOW?

WHEN DID YOU LAST EAT?

WHAT DID YOU LAST EAT?

WHAT WERE YOU DOING DURING THE LAST THREE HOURS PRIOR TO CONTACT WITH LAW ENFORCEMENT?

WERE YOU OPERATING THE VEHICLE AT THE TIME OF THE CRASH OR STOP?

☐ YES ☐ NO

HAVE YOU BEEN DRINKING?

☐ YES ☐ NO

IF YES, WHAT WERE YOU DRINKING?

TIME STARTED

TIME STOPPED

HOW MUCH?

WHERE?

ARE YOU UNDER THE INFLUENCE OF AN ALCOHOLIC BEVERAGE?

☐ YES ☐ NO

HAVE YOU USED MARIJUANA OR ANY OTHER DRUG, LEGAL OR ILLEGAL, IN THE LAST 72 HOURS?

☐ YES ☐ NO

IF YES, WHEN?

WHERE?

HOW MUCH?

IF YES, WHAT?

DO YOU HAVE ANY TEMPORARY OR LONG-TERM PHYSICAL OR MENTAL CONDITIONS?

☐ YES ☐ NO

IF YES, EXPLAIN:

ARE YOU TAKING TRANQUILIZERS, PILLS, MEDICINES, INJECTIONS OR DRUGS OF ANY KIND, SUCH AS INSULIN?

☐ YES ☐ NO

IF YES, WHAT?

WHEN?

WHERE?

HOW MUCH?

STATEMENT OF BLOOD DRAWER (COMPLETE OR ATTACH SEPARATE STATEMENT)

In accordance with the provisions of section 577.029, RSMo, and at the request and direction of a law enforcement officer, I withdrew blood from _____ for the purpose of determining the alcohol or drug content of the blood in strict accord with my training and accepted medical practice. The blood was withdrawn by means of a previously unused and sterile needle into a sterile, commercially-manufactured blood collection tube containing a preservative and anticoagulant. It was my good faith medical judgment that such procedure did not endanger the life or health of the person. The sample was labeled with the subject's identification and given to the requesting law enforcement officer.

DATE (MM/DD/YYYY)	TIME (MIL)	EMPLOYER	
TITLE (CHECK ONE) <input type="checkbox"/> LICENSED PHYSICIAN <input type="checkbox"/> REGISTERED NURSE <input type="checkbox"/> TRAINED MEDICAL TECHNICIAN (Phlebotomist, Paramedic, etc.): _____			WORK TELEPHONE
SIGNATURE		NAME (TYPE OR PRINT)	

VERIFICATION OR IDENTIFICATION OF LAW ENFORCEMENT OFFICER. (PLEASE COMPLETE AND ATTACH NARRATIVE STATEMENT OF THE FACTS FOR THIS INVESTIGATION.)

THE FOLLOWING DOCUMENTS RELATING TO THIS ARREST OR STOP ARE HEREBY INCORPORATED INTO THIS REPORT:

- ✓ **Narrative (attached).**
- ✓ Crash Report, if applicable.
- ✓ Missouri Driver License, if secured.
- ✓ Copy of most recent Maintenance Report prior to test.
- ✓ Notice of Suspension or Revocation (Revenue's copy), if issued.
- ✓ All other reports incidental to this arrest or stop and BAC testing.
- ✓ Copy of Citation (UC) and/or complaint filed with the Court, if applicable.
- ✓ Report(s) of the result(s) of all chemical tests conducted showing blood alcohol content if not included on page 2 of this form (Checklist or Lab Report).

CERTIFICATION OF FIELD SOBRIETY TEST TRAINING (Check box if applicable)

- ☐ I hereby certify that I have received a minimum of 8 hours training in administering, interpreting and scoring the horizontal gaze nystagmus test.

I HEREBY SWEAR UPON MY OATH, AND DO STATE AS FOLLOWS:

At all times mentioned herein, I was employed as a member of the below-stated Police Agency, and I am licensed, or exempt from certification pursuant to Chapter 590, RSMo, by the Director of Public Safety as having completed a program of mandatory standards for the training of peace officers in this State pursuant to Chapter 590, RSMo, and I arrested the above named person for a violation of a county or city ordinance prohibiting driving while intoxicated or an alcohol-related traffic offense or Section 577.010 or 577.012, RSMo, or conducted a .020% or more blood alcohol content-related stop. I certify that the information I have provided is true and correct to the best of my knowledge under the penalties of perjury for making a false statement to a public official.

CHECK APPROPRIATE BOX ►	<input type="checkbox"/> HIGHWAY PATROL	<input type="checkbox"/> MUNICIPAL OFFICER	
	<input type="checkbox"/> COUNTY OFFICER	<input type="checkbox"/> ELECTED OFFICIAL	<input type="checkbox"/> OTHER
NAME OF LAW ENFORCEMENT OFFICER	BADGE NUMBER	RANK	NAME OF POLICE AGENCY OR TROOP LETTER
COMPLETE MAILING ADDRESS			BUSINESS TELEPHONE NUMBER
CITY, STATE, ZIP CODE			
SIGNATURE — MUST SIGN			