Revised 05/2019

# **WEST VIRGINIA DUI INFORMATION SHEET**

WVSP FORM 78	CITATION	NISSUED: ☐ YES ☐ NO	
DMV-314	CITATION NUMBER:		
AGENCY:	ARREST NUMBER:		
ENCOUNT	TER INFORMATION		
LOCATION:	COU	NTY:	
REASON FOR ENCOUNTER:   CRASH (CRASH #:			
☐ DISPATCH TO INVESTIGATE CRIME/DISTURBANCE☐ DISABLED VEHICLE☐ ☐ OTHER:		☐ SOBRIETY CHECKPOINT	
DATE OF INITIAL CONTACT:/ TIME OF INITIAL CO	DNACT: DATE OF ARREST:	/ TIME OF ARREST:	
THE BELOW NAMED DRIVER AND/OR VEHICLE OWNER VIOLA LOCATION OTHER THAN DRIVER'S PRIVATE PROPERTY WHIL			
DID THE DRIVING TAKE PLACE SOLEY AND EXCLUSIVELY ON	DRIVER'S OWN PROPERTY? ☐ YE	ES □NO	
IN ADDITION, THE DRIVER: (CHECK ALL BOXES BELOW THAT	APPLY)		
☐ BrAC OF: ☐ REFUSED THE DESIGNA		,	
☐ CAUSED DEATH ☐ CAUSED SERIOUS BODILY INJU ☐ CAUSED BODILY INJURY TO ANOTHER (NOT THE DRIVER			
☐ CAUSED BODILY INJURY TO ANOTHER (NOT THE DRIVER ☐ HAD A BrAC OF .04 OR GREATER WHILE DRIVING A COM.	,	DER THE AGE OF SIXTEEN (10)	
☐ A DRUG INFLUENCE EVALUATION WAS ADMINISTERED (			
DRUG RECOGNITION EXPERT (DRE):	AGENCY	DRE NUMBER	
DRIVE	R INFORMATION		
DRIVER:			
LAST	FIRST	MIDDLE	
ADDRESS	CITY	STATE ZIP	
SEX:   MALE FEMALE DATE OF BIRTH:/	AGE:	SSN:	
COLOR OF EYES: HEIGHT: WEIG	SHT:		
☐ <i>MEDICAL MARIJUANA CARD</i> CARD NUMBER:			
DRIVER'S LICENSE NUMBER:		STATUS:	
PHONE NUMBER:	CELL □ HOME □	WORK	
VEHICL	E INFORMATION		
OWNER'S NAME:		SAME AS DRIVER	
ADDRESS	CITY	STATE ZIP	
☐ COMMERCIAL VEHICLE GVW:	□ HAZARDOUS MATERIAL		
YEAR: MAKE: MODEL: _	STYLE:_	COLOR:	
		TION DATE:	
VIN:	_ VEHICLE TOWED: ☐ YES	: 🗆 NO	
WHERE:	_ PHONE NUMBER:		
PASSEN	GER(S) IN VEHICLE		
1,100211			
1.)	RESS	AGE (REQUIRED IF PASSENGER IS UNDER 16 YEARS)	
		,	
CONDITION: WHERE SEATED:	PHONE NOWREK:	L CELL L HOME L WORK	
2.)	RESS	AOF (PEOUIDED IS DOCUMENT)	
NAME ADDI		AGE (REQUIRED IF PASSENGER IS UNDER 16 YEARS)	
CONDITION: WHERE SEATED:	PHONE NUMBER:	CELL   HOME   WORK	

KNOWINGLY PERMITTING				
ONLY COMPLETE THIS SEC	CTION WHEN CHARGI	NG WITH KNOWINGLY	PERMITTING DUI	
NAME:		DATE OF BIRTH:		
DRIVER'S LICENSE NUMBER:	STATE:		VEHICLE OWNER:     '	YES NO
JUSTIFICATION FOR CHARGE:				
140	THE 00/07/15	05510550		
WI	TNESS/OTHER	OFFICERS		
	WITNESS(I	ES)		
1.)	ADDRESS		DOB	
OBSERVED SUBJECT DRIVING: ☐ YES ☐ NO			CELL C	THOME □ WORK
	OFFICER			
1.)	05	(-)		
NAME	AGENCY			
MADE INITIAL CONTACT: ☐ YES ☐ NO	PHONE NUMBER: _		CELL [	] HOME □ WORK
ATTACH ADD	DITIONAL WITNESS	SHEETS IF NECESS	SARY	
	VEHICLE IN N	MOTION		
	DRIVING CUE			
WEAVING □ DRIFTING □ STRADDLING LANE LINE □ SWERVING □ ALMOST STRIKING OBJECT OR VEHICLE □ TURNING WITH WIDE RADIUS □ STOPPING PROBLEMS □ ACCELERATING/DECELERATING RAPIDLY □ VARYING SPEED □ >10 MPH UNDER SPEED LIMIT □ NO HEADLIGHTS □ FAILURE TO OR INCONSISTENT SIGNAL □ DRIVING IN OPPOSITE LANE □ SLOW RESPONSE TO TRAFFIC SIGNALS □ SLOW/FAILURE TO RESPOND TO OFFICER'S SIGNALS □ STOPPED IN LANE FOR NO REASON □ FOLLOWING TOO CLOSELY □ IMPROPER/UNSAFE LANE CHANGE □ ILLEGAL/IMPROPER TURN □ DRIVING ON OTHER THAN DESIGNATED HIGHWAY □ STOPPING INAPPROPRIATE IN RESPONSE TO OFFICER □ IMPROPER/UNUSUAL BEHAVIOR □ APPEARING IMPAIRED □ OTHER:				
MOTORCYCLES:  □ DRIFTING DURING CURVE OR TURN □ TROUBLE WITH DISMOUNT □ TROUBLE WITH BALANCE AT STOP □ ERRATIC MOVEMENT □ OTHER:				
	PERSONAL CO	ONTACT		
	PERSONAL CO	JNTACT		
☐ ODOR OF ALCOHOLIC BEVERAGE ☐ ODOR OF M☐ DROWSINESS ☐ REDNESS TO NASAL AREA ☐ E☐ GOOSE BUMPS ☐ EARLY ONSET HGN ☐ BLANK☐ DROOPY EYELIDS ☐ FLUSHED FACE ☐ BLOOD☐ BODY TREMORS ☐ EYELID TREMORS ☐ ON TH☐ OTHER:	EXCITED □DRY MOU (STARE □CONFUSION SHOT, WATERY EYES	JTH □PERSPIRING ED □RASPY VOICE S □NAUSEA □GRI	☐ HALLUCINATIONS ☐ FACIAL ITCHING	
ALCOHOLIC BEVERAGE CONTAINERS OR DRUG EVI EXPLAIN:	DENCE OBSERVED:	☐ IN AUTO ☐	ON PERSON	
EXITING THE VEHICLE: NORMAL WALKING TO ROADSIDE: NORMAL STANDING: NORMAL ADMISSIONS OR STATEMENTS:	☐ UNSTEADY☐ UNSTEADY☐ UNSTEADY☐ UNSTEADY	☐ STAGGERS ☐ STAGGERS ☐ STAGGERS	☐ NEEDS HELP ☐ NEEDS HELP ☐ NEEDS HELP	☐ FALLS DOWN ☐ FALLS DOWN ☐ FALLS DOWN

	PRE-ARREST SCREENING				
	HORIZONTAL GAZE NYSTAGMUS				
☐ EXPLAINED ☐ SUBJECT UNDERSTO	OD (VERBALLY)				
MEDICAL ASSESSMENT	HGN CLUES				
☐ EQUAL PUPILS ☐ NO RESTING NYSTAGMUS ☐ EQUAL TRACKING	LACK OF SMOOTH PURSUIT DISTINCT AND SUSTAINED NYSTAGMUS AT MAXIMUM DEVIATION ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES	□ LEFT □ RIGHT ON □ LEFT □ RIGHT □ LEFT □ RIGHT			
(If the subject is unable to perform the test	TOTAL SCORE (DECISION POINT: 4) VERTICAL NYSTAGMUS PRESENT ☐ YES ☐ NO st, record only the observable clues)				
CANNOT PERFORM TEST (EXPLAIN):					
	WALK AND TURN				
☐ EXPLAINED ☐ DEMONSTRATED ☐	SUBJECT UNDERSTOOD (VERBALLY)				
INSTRUCTION STAGE	@ <u>@</u> p@@4@0	æb.			
CANNOT MAINTAIN BALAN	CE	-			
STARTS TOO SOON		/			
WALKING STAGE	DE PROPERTOR				
STOPS WHILE WALKING	MISSES HEEL-TO-TOE				
STEPS OFF LINE	RAISES ARMS FOR BALANCE TYPE OF FOOTW	/EAR:			
	INCORRECT NUMBER OF STEPS				
OTHER:					
TOTAL SCORE (DECISION POINT: 2) (If the subject is unable to perform the test, CANNOT PERFORM TEST (EXPLAIN):	, record only the observable clues)				
	ONE LEG STAND				
☐ EXPLAINED ☐ DEMONSTRATED ☐ SU	UBJECT UNDERSTOOD (VERBALLY) □ REFUSED				
(Subject number at the end of 30	0 seconds)/30 seconds	$\cap$ 1 $\cap$			
PUTS FOOT DOWN USES ARMS FOR BALANCE SWAYS WHILE BALANCING HOPPING					
OTHER: TOTAL SCORE (DECISION POINT: 2)					
(If the subject is unable to perform the test CANNOT PERFORM TEST (EXPLAIN):	·	/EAR:			
	PRELIMINARY BREATH TEST				
		HEED			
	ECT REFUSED INDIVIDUAL DISPOSABLE MOUTHPIECE	OSED			
	TION AT LEAST FIFTEEN (15) MINUTES PRIOR TO TEST #: TIME: RESULTS:				
SERVINE	Nessel 1				

10. I RECEIVED MY TRAINING AT: \_

11. I BECAME CERTIFIED BY THE WEST VIRGINIA BUREAU OF PUBLIC HEALTH ON:

#### **WEST VIRGINIA DUI INFORMATION SHEET**

# **ADDITIONAL OBSERVATIONS & FIELD SOBRIETY TESTS**

<u>A.</u>	A.R.I.D.E. TRAINED OFFICERS ONLY			
MODIFIED ROMBERG	TIME ESTIMATION estimated as 30 sec.	LACK OF	CE OBSERVED PUPIL SIZE	
front to back side to side	☐ CIRCULAR SWAY ☐ BODY TREMORS ☐ EYELID TREMORS	Right Eye	□ NORMAL □ DILATED □ CONSTRICTED  Left Eye	
	FINGER TO	NOSE		
B	2 ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (	□ PAD □ DOUBLE TAP □ HOVER □ HELD □ MASH □ SEARCH	PAD □ DOUBLE TAP □ HOVER □ HELD □ MASH □ SEARCH	
PAD DOUGH HOVE	H S	□ PAD     □ DOUBLE TAP     □ HOVER     □ HELD     □ MASH     □ SEARCH	PAD □ DOUBLE TAP □ HOVER □ HELD □ MASH □ SEARCH	
☐ BODY TREMORS	☐ SWAY		☐ EYELID TREMORS	
BREATH TEST OPERATIONAL CHECKLIST				
NAME OF SUBJECT:		DATE OF	REFUSED AFTER 15 MINUTE BIRTH:/	
OPERATOR:	WITNESS	S:		
ENSURE THE SUBJECT HA  2. PRINTER ONLINE AND NO  3. INSTRUMENT ON - DISPLA'  4. ENTER DATA AS PROMPTE  5. INSTRUMENT DISPLAYS "P  6. HAVE SUBJECT BLOW INTO  7. A GAS REFERENCE STAND  PROPERLY.	S NOT INJESTED FOOD, DRINK NO ERRORS INDICATED IN DISPLAY. Y READS "PRESS ENTER TO START ED. PLEASE BLOW/R"; PLACE AN INDIVIE D MOUTHPIECE.	R HAS OTHER FOREIGN  TO THE RESULTS INDICA	THPIECE INTO BREATH TUBE. ATE THE INSTRUMENT IS WORKING	

DATE

#### **MIRANDA WARNING**

- 1. YOU HAVE THE RIGHT TO REMAIN SILENT AND REFUSE TO ANSWER QUESTIONS.
- 2. ANYTHING YOU DO SAY MAY BE USED AGAINST YOU IN A COURT OF LAW.
- 3. YOU HAVE THE RIGHT TO CONSULT AN ATTORNEY BEFORE SPEAKING TO THE POLICE AND TO HAVE AN ATTORNEY PRESENT DURING ANY QUESTIONING NOW OR IN THE FUTURE.
- 4. IF YOU CANNOT AFFORD AN ATTORNEY, ONE WILL BE PROVIDED FOR YOU WITHOUT COST.
- 5. IF YOU DO NOT HAVE AN ATTORNEY AVAILABLE, YOU HAVE THE RIGHT TO REMAIN SILENT UNTIL YOU HAVE HAD AN OPPORTUNITY TO CONSULT WITH ONE.
- 6. NOW THAT YOU HAVE BEEN ADVISED OF YOUR RIGHTS, ARE YOU WILLING TO ANSWER QUESTIONS WITHOUT AN ATTORNEY PRESENT?

OFFICER SIGNATURE:	//TIME READ:
SUSPECT SIGNATURE:	
INTERVI	<b>EW</b>
WERE YOU OPERATING A VEHICLE? WHERE?	
WHERE DID YOU START FROM?	WHAT TIME DID YOU START?
WHAT IS THE DATE? WHAT DAY OF THE WI	EEK IS IT?
WHAT CITY OR COUNTY ARE YOU IN? WITHO	UT LOOKING, WHAT TIME IS IT NOW?
INTERVIEWER FILL IN ACTUAL TIME DAY	
WHEN DID YOU LAST SLEEP? HOW LONG	DID YOU SLEEP?
WHEN DID YOU LAST EAT? WHAT DID	YOU EAT?
HAVE YOU BEEN DRINKING? WHAT?	
HOW MUCH? WHE	N?
WHAT HAVE YOU BEEN DOING THE LAST THREE HOURS?	
ARE YOU UNDER THE INFLUENCE OF ALCOHOL, CONTROLLED SUBSTAN	CES OR DRUGS?
IF SO, WHAT?	
WERE YOU INVOLVED IN A CRASH TODAY? WERE	YOU INJURED IN THE CRASH?
HAVE YOU DRANK OR TAKEN ANYTHING SINCE THE CRASH?	IF SO, WHAT?
DO YOU HAVE ANY PHYSICAL DEFECTS? IF SO, WHAT?	
ARE YOU SICK OR INJURED? WHAT'S WRO	NG?
ARE YOU CURRENTLY UNDER THE CARE OF A DOCTOR OR DENTIST?	IF SO, FOR WHAT?
ARE YOU TAKING ANY MEDICATION? IF SO, WHAT?	LAST DOSE?
DO YOU HAVE EPILEPSY? IF SO, DO YOU TAKE MEDICATIO	N TO TREAT IT?
DO YOU HAVE DIABETES? INSULIN USE? L	AST DOSE?
HAVE YOU TAKEN OR INJECTED ANY OTHER DRUGS RECENTLY?	
WHAT KIND OF DRUG(S)?	
ADDITIONAL REMARKS OR STATEMENTS?	
SUSPECT SIGNATURE:	/ / TIME:

DATE

BLOOD TEST			
BLOOD TEST: ☐ YES ☐ NO	TIME REQUESTED:		
WAS REQUEST FOR A BLOOD SAMPLE DIRECTED BY THE A	RRESTING OFFICER? YES NO	REFUSED? ☐ YES ☐ NO	
WAS A SEARCH WARRANT OBTAINED? ☐ YES ☐ NO	DID THE SUSPECT REQUEST A BLOOD SA	MPLE? ☐ YES ☐ NO	
WAS A BLOOD SAMPLE TAKEN FOR MEDICAL TREATMENT?	(ex. crash) ☐ YES ☐ NO		
REGARDLESS OF HOW THE BLOOD SAMPLE WAS TAKEN, PHOSPITAL NAME:		RAW:	
NAME OF PERSON DRAWING BLOOD:	TITLE:		
PHONE NUMBER:			
BLOOD DRAW AFFIDAVIT COMPLETED: ☐ YES ☐ NO			
CDDP BLOOD KIT (unused sterile needle, sterile vessel and none	alcoholic antiseptic) USED: YES NO		
ANALYSIS BY: WV STATE POLICE LABORATORY	OTHER:		
C	CONSENT WAIVER		
I,, voluntarily give consent	to have my blood drawn in accordance with WV	Code 17C-5-4.	
(print name)  SIGNATURE:		1 1	
CDDP BLOOD KIT CONSENT FO	RM USED: YES NO	DATE	
I SUBMIT THIS REPORT PURSUAN	T TO WV CODE: 17C-5A-1, 17C-5-7, AND/OR 1	7E-1-15	
ARRESTING OFFICER'S SIGNATURE REQUIRED	ADDRESS		
PRINTED NAME	ADDRESS		
AGENCY	PHONE		
THE FOLLOWING ARE ATTACHED TO THIS REPORT:	INTOXIMETER TICKET NARRATIVE CRIMINAL COMPLAINT ADDITIONAL PASSENGER INFORMATION ADDITIONAL WITNESS INFORMATION ADDITIONAL SUSPECT STATEMENTS BLOOD DRAW AFFIDAVIT (DMV-314A) IN CAR VIDEO BODY CAM VIDEO	YES   NO	

REMIT TO: STATEMENT OF ARRESTING OFFICER, PO BOX 17050, CHARLESTON, WV 25317

<sup>\*\*</sup>THE SIGNING OF THIS STATEMENT CONSTITUTES AN OATH OR AFFIRMATION THAT THE STATEMENTS ARE TRUE AND THAT ANY COPY FILED IS A TRUE COPY.

<sup>\*\*</sup>BE ADVISED THAT TO WILLFULLY SIGN A STATEMENT CONTAINING FALSE INFORMATION CONCERNING ANY MATTER OR THING MATERIAL OR NOT MATERIAL IS FALSE SWEARING AND IS A MISDEMEANOR.