REVISED 6/2015

WEST VIRGINIA DUI INFORMATION SHEET

WVSP FORM 78
DMV 314

CITATION ISSUED ☐ YES ☐ NO
CITATION NUMBER _____

AGENCY: _____ ARREST NUMBER: _____

CRASH/STOP LOCATION:_____ COUNTY: _____

CRASH: ☐ YES ☐ NO CRASH NUMBER: _____ DATE OF CRASH: _____/_____/_____ TIME OF CRASH: _____

☐ DISABLED VEHICLE ☐ BOLO NOTICE ☐ SOBRIETY CHECKPOINT

DATE OF INITIAL CONTACT: _____/_____/_____ DATE OF ARREST: _____/_____/_____

TIME OF INITIAL CONTACT: _____ TIME OF ARREST: _____

THE BELOW NAMED DRIVER AND/OR VEHICLE OWNER VIOLATED 17C-5-2, 17C-5-7, 17C-5A-2 OR 17E-1-1 ET SEQ. BY DRIVING UNDER THE INFLUENCE OF: ☐ ALCOHOL ☐ CONTROLLED SUBSTANCES/DRUGS ☐ COMBINED ☐ IMPAIRING SUBSTANCE

IN ADDITION, THE DRIVER: (CHECK ALL BOXES BELOW THAT APPLY)

☐ REFUSED THE SECONDARY TEST ☐ CAUSED DEATH ☐ CAUSED SERIOUS BODILY INJURY TO ANOTHER (NOT THE DRIVER)

☐ CAUSED BODILY INJURY TO ANOTHER (NOT THE DRIVER) ☐ HAD A PASSENGER UNDER THE AGE OF SIXTEEN (16) ☐ HAD A BAC OF .04 OR GREATER WHILE DRIVING A COMMERCIAL VEHICLE

☐ A DRUG INFLUENCE EVALUATION WAS ADMINISTERED (DRE)

DRUG RECOGINTION EXPERT (DRE): _____
NAME *AGENCY* *DRE NUMBER*

DRIVER INFORMATION

NAME _____
LAST *FIRST* *MIDDLE*

_____
ADDRESS *CITY* *STATE* *ZIP*

SEX: ☐ MALE ☐ FEMALE AGE: _____ DATE OF BIRTH: _____/_____/_____ SSN: _____

COLOR OF EYES: _____ HEIGHT: _____ WEIGHT: _____

DRIVER'S LICENSE NUMBER: _____ ☐ CDL STATE: _____ STATUS: _____

PHONE NUMBER: _____ ☐ CELL ☐ WORK ☐ HOME

VEHICLE INFORMATION

OWNER'S NAME: _____ ☐ SAME AS DRIVER

_____
ADDRESS *CITY* *STATE* *ZIP*

☐ COMMERCIAL VEHICLE GVW: _____ ☐ HAZARDOUS MATERIALS

YEAR: _____ MAKE: _____ MODEL: _____ STYLE: _____ COLOR: _____

PLATE NUMBER: _____ STATE: _____ EXPIRATION DATE: _____

VIN: _____ VEHICLE TOWED: ☐ YES ☐ NO

WHERE: _____ PHONE NUMBER: _____

PASSENGER(S) IN VEHICLE

☐ CHILD ENDANGERMENT

1) _____
NAME *ADDRESS* *AGE (REQUIRED IF PASSENGER IS UNDER 16 YEARS)*

CONDITION: _____ WHERE SEATED: _____ PHONE NUMBER: _____ ☐ CELL ☐ WORK ☐ HOME

2) _____
NAME *ADDRESS* *AGE (REQUIRED IF PASSENGER IS UNDER 16 YEARS)*

CONDITION: _____ WHERE SEATED: _____ PHONE NUMBER: _____ ☐ CELL ☐ WORK ☐ HOME

ATTACH ADDITIONAL PASSENGER SHEETS IF NECESSARY

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KNOWINGLY PERMITTING

ONLY COMPLETE THIS SECTION WHEN CHARGING WITH KNOWINGLY PERMITTING DUI

NAME: _____ DOB: _____/_____/_____

DRIVER LICENSE NUMBER: _____ STATE: _____ VEHICLE OWNER ☐ YES ☐ NO

JUSTIFICATION FOR CHARGE: _____

WITNESS/OTHER OFFICERS

WITNESS(ES)

1) _____
NAME *ADDRESS* *DOB*

OBSERVED SUBJECT DRIVING: ☐ YES ☐ NO PHONE NUMBER: _____ ☐ CELL ☐ WORK ☐ HOME

OFFICER(S)

1) _____
NAME *AGENCY*

OBSERVED SUBJECT DRIVING: ☐ YES ☐ NO PHONE NUMBER: _____ ☐ CELL ☐ WORK ☐ HOME

ATTACH ADDITIONAL WITNESS SHEETS IF NECESSARY

VEHICLE IN MOTION

☐ WEAVING ☐ DRIFTING ☐ STRADDLING LANE LINE ☐ SWERVING ☐ ALMOST STRIKING OBJECT OR VEHICLE ☐ TURING WITH WIDE RADIUS ☐ STOPPING PROBLEMS ☐ ACCELERATING/DECELERATING RAPIDLY ☐ VARYING SPEED ☐ >10 MPH UNDER SPEED LIMIT ☐ NO HEADLIGHTS ☐ FAILURE TO OR INCONSISTENT SIGNAL ☐ DRIVING IN OPPOSING 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 TURN OR CURVE ☐ TROUBLE WITH DISMOUNT ☐ TROUBLE WITH BALANCE AT STOP ☐ ERRATIC MOVEMENT
☐ OTHER: _____

PERSONAL CONTACT

☐ SLURRED SPEECH ☐ DISORIENTED ☐ UNCOORDINATED ☐ DROWSINESS ☐ REDNESS TO NASAL AREA ☐ EXCITED
☐ DRY MOUTH ☐ PERSPIRING ☐ HALLUCINATIONS ☐ GOOSE BUMPS ☐ EARLY ONSET HGN ☐ BLANK STARE ☐ CONFUSED
☐ RASPY VOICE ☐ FACIAL ITCHING ☐ ON THE NOD ☐ DROOPY EYELIDS ☐ FLUSHED FACE ☐ BLOODSHOT, WATERY EYES
☐ NAUSEA ☐ REDDENED CONJUNCTIVA ☐ BODY TREMORS ☐ EYELID TREMORS ☐ ODOR OF ALCOHOLIC BEVERAGE
☐ ODOR OF MARIJUANA ☐ OTHER: _____

ALCOHOLIC BEVERAGE CONTAINERS OR DRUG EVIDENCE NOTED: ☐ IN AUTO ☐ ON PERSON
EXPLAIN: _____

EXITING VEHICLE:	☐ NORMAL	☐ UNSTEADY	☐ STAGGERS	☐ NEEDS HELP	☐ FALLS DOWN
WALKING TO ROADSIDE:	☐ NORMAL	☐ UNSTEADY	☐ STAGGERS	☐ NEEDS HELP	☐ FALLS DOWN
STANDING:	☐ NORMAL	☐ UNSTEADY	☐ STAGGERS	☐ NEEDS HELP	☐ FALLS DOWN

ADMISSIONS OR STATEMENTS:_____

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WEST VIRGINIA DUI INFORMATION SHEET

PRE-ARREST SCREENING

HORIZONTAL GAZE NYSTAGMUS ☐ EXPLAINED ☐ REFUSED

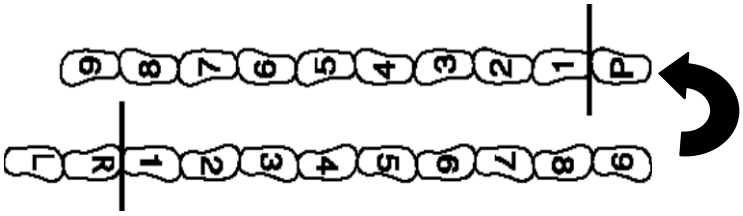
MEDICAL ASSESSMENT			HGN CLUES		
EQUAL PUPILS	☐ YES	☐ NO	**LACK OF SMOOTH PURSUIT**	☐RIGHT	☐ LEFT
RESTING NYSTAGMUS	☐ YES	☐ NO	**DISTINCT & SUSTAINED NYSTAGMUS @ MAX DEVIATION**	☐RIGHT	☐ LEFT
EQUAL TRACKING	☐ YES	☐ NO	**ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES**	☐RIGHT	☐ LEFT

VERTICAL NYSTAGMUS ☐ YES ☐ NO

TOTAL SCORE (DECISION POINT: 4) _____

(If subject unable to perform test, record only the observable clues)
CANNOT PERFORM TEST (EXPLAIN): _____

WALK AND TURN ☐ EXPLAINED ☐ DEMONSTRATED ☐ REFUSED



INSTRUCTIONS STAGE

_____ CANNOT KEEP BALANCE

_____ STARTS TOO SOON

WALKING STAGE

_____ STOPS WHILE WALKING _____ MISSES HEEL-TO-TOE

_____ STEPS OFF LINE _____ RAISES ARMS TO BALANCE

_____ IMPROPER TURN _____ INCORRECT # OF STEPS

TYPE OF FOOTWEAR:

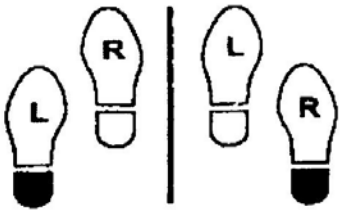
IMPROPER TURN (DESCRIBE): _____

TOTAL SCORE (DECISION POINT: 2) _____

(If subject unable to perform test, record only the observable clues)
CANNOT PERFORM TEST (EXPLAIN): _____

ONE LEG STAND ☐ EXPLAINED ☐ DEMONSTRATED ☐ REFUSED

(Subject number at the end of 30 seconds) _____/30sec



(CIRCLE THE PLANTED FOOT)

_____ SWAYS WHILE BALANCING

_____ USES ARMS FOR BALANCE

_____ PUTS FOOT DOWN

_____ HOPPING

TYPE OF FOOTWEAR:

OTHER _____

WEATHER _____

LIGHTING: _____

SURFACE: _____

TOTAL SCORE (DECISION POINT: 2) _____

(If subject unable to perform test, record only the observable clues)

CANNOT PERFORM TEST (EXPLAIN): _____

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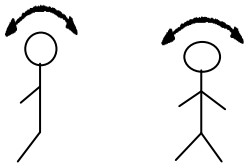
WEST VIRGINIA DUI INFORMATION SHEET

ADDITIONAL IMPAIRMENT TESTS

A.R.I.D.E. TRAINED OFFICERS ONLY

MODIFIED ROMBERG

____" ____" ____" ____"



INTERNAL CLOCK
_____ estimated as 30

LACK OF CONVERGENCE

Right eye Left eye

OBSERVATIONS: _____

_____

OBSERVED PUPIL SIZE

☐ NORMAL ☐ DILATED ☐ CONSTRICTED

PRELIMINARY BREATH TEST ☐ TRAINED ☐ CERTIFIED ☐ REFUSED

☐ NO SMOKING OR ALCOHOL CONSUMPTION AT LEAST FIFTEEN (15) MINUTES PRIOR TO TEST

INSTRUMENT: _____ SERIAL #: _____ TIME: _____ RESULTS: _____

INDIVIDUAL DISPOSABLE MOUTHPIECE ☐ YES ☐ NO

BREATH TEST OPERATIONAL CHECK LIST

☐ NO TEST GIVEN ☐ IMPLIED CONSENT READ AND COPY PROVIDED TO SUBJECT ☐ REFUSED AFTER 15 MINUTES

NAME OF SUBJECT: _____ DATE: _____/_____/_____

TIME OF TEST: _____ BLOOD ALCOHOL: 0._____% SERIAL NUMBER: _____

OPERATOR: _____ WITNESS: _____

☐ 1. CHECKED SUBJECT AND THEN OBSERVED FOR TWENTY (20) MINUTES PRIOR TO COLLECTION OF BREATH SPECIMEN TO ENSURE THE SUBJECT HAS NOT INGESTED FOOD, DRINK NOR HAS OTHER FOREIGN MATTER IN HIS/HER MOUTH.

☐ 2. PRINTER ONLINE AND NO ERRORS INDICATED IN DISPLAY.

☐ 3. INSTRUMENT ON – DISPLAY READS “PRESS ENTER TO START”.

☐ 4. ENTER DATA AS PROMPTED.

☐ 5. INSTRUMENT DISPLAYS “PLEASE BLOW/R” PLACE AN INDIVIDUAL DISPOSABLE MOUTHPIECE INTO BREATH TUBE.

☐ 6. HAVE SUBJECT BLOW INTO MOUTHPIECE.

☐ 7. A GAS REFERENCE STANDARD RUN ON THE INTOX EC/IR II AND THE RESULTS INDICATE THE INSTRUMENT IS WORKING PROPERLY

☐ 8. THE RESULTS OF THE REFERENCE STANDARD WERE 0._____ % and 0._____ %

☐ 9. “TEST COMPLETE”, WAIT FOR PRINTOUT.

☐ 10. RECEIVED MY TRAINING AT _____

☐ 11. I BECAME CERTIFIED BY THE WEST VIRGINIA BUREAU FOR PUBLICH HEALTH ON _____ /_____ /_____
DATE

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WEST VIRGINIA DUI INFORMATION SHEET

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: _____ DATE: _____/_____/_____ TIME READ: _____

SUSPECT'S SIGNATURE: _____

INTERVIEW

WERE YOU OPERATING A VEHICLE? _____ WHERE WERE YOU GOING? _____

WHAT STREET/HIGHWAY WERE YOU ON? _____ DIRECTION OF TRAVEL? _____

WHERE DID YOU START FROM? _____ WHAT TIME DID YOU START? _____

WHAT TIME IS IT NOW? _____ CITY (COUNTY) YOU ARE IN NOW? _____

WHAT IS THE DATE? _____ WHAT DAY OF THE WEEK IS IT? _____

INTERVIEWER FILL IN ACTUAL TIME _____ *DAY* _____ *DATE* _____/_____/_____

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? _____

ARE YOU UNDER THE INFLUENCE OF ALCOHOL, CONTROLLED SUBSTANCES OR DRUGS? _____

IF SO, WHAT? _____

DO YOU HAVE ANY PHYSICAL DEFECTS? _____ WHAT? _____

ARE YOU ILL? _____ WHAT'S WRONG? _____

DO YOU LIMP? _____ HAVE YOU BEEN INJURED LATELY? _____ WHAT'S WRONG _____

WERE YOU INVOLVED IN A CRASH TODAY? _____ DID YOU INJURE YOUR HEAD? _____

HAVE YOU HAD ANY ALCOHOLIC BEVERAGE SINCE THE CRASH? _____ IF SO WHAT? _____

WHERE? _____ HOW MUCH? _____ WHEN? _____

ARE YOU TAKING MEDICATION? _____ WHAT KIND? _____ LAST DOSE? _____

DO YOU HAVE EPILEPSY? _____ DO YOU HAVE DIABETES? _____ INSULIN USE? _____ LAST DOSE? _____

HAVE YOU TAKEN OR INJECTED ANY OTHER DRUGS RECENTLY? _____ WHEN? _____

WHAT KIND OF DRUG(S)? _____

WHEN DID YOU LAST SLEEP?_____ HOW MUCH SLEEP DID YOU HAVE? _____

ADDITIONAL REMARKS OR STATEMENTS: (ATTACH ADDITIONAL SHEETS AS NECESSARY) _____

_____

SUSPECT'S SIGNATURE: _____ DATE: _____/_____/_____ TIME: _____

REVISED 6/2015

WEST VIRGINIA DUI INFORMATION SHEET

BLOOD TEST

BLOOD TEST: ☐ YES ☐ NO TIME REQUESTED: _____

WAS REQUEST FOR A BLOOD SAMPLE DIRECTED BY THE ARRESTING OFFICER? ☐ YES ☐ NO REFUSED? ☐ YES ☐ NO

WAS A SEARCH WARRANT OBTAINED? ☐ YES ☐ NO DID SUSPECT REQUEST BLOOD SAMPLE? ☐ YES ☐ NO

WAS BLOOD SAMPLE TAKEN FOR MEDICAL TREATMENT (ex. crash)? ☐ YES ☐ NO

REGARDLESS OF HOW THE BLOOD SAMPLE WAS TAKEN, PLEASE LIST:

HOSPITAL NAME: _____ TIME OF DRAW: _____

DRAWN BY: _____ TITLE: _____

PHONE NUMBER: _____

BLOOD DRAW AFFIDAVIT COMPLETED ☐ YES ☐ NO

CDDP BLOOD KIT (unused sterile needle, sterile vessel and nonalcoholic antiseptic) USED? ☐ YES ☐ NO

ANALYSIS BY: ☐ WV STATE POLICE LABORATORY ☐ OTHER_____

CONSENT WAIVER

I, _____, voluntarily give consent to have my blood drawn in accordance with WV Code 17C-5-4.

(print name)

Signature:_____ Date _____/_____/_____

CDDP BLOOD KIT CONSENT WAIVER USED ☐ YES ☐ NO

I SUBMIT THIS REPORT PURSUANT TO W. VA. CODE ' 17C-5A-1, ' 17C-5-7, AND/OR ' 17E-1-15.

_____ _____

ARRESTING OFFICER'S SIGNATURE REQUIRED ADDRESS

_____ _____

PRINTED NAME ADDRESS

_____ _____

AGENCY PHONE

THE FOLLOWING ARE ATTACHED TO THIS REPORT:

INTOXIMETER TICKET	☐ YES	☐ NO
NARRATIVE	☐ YES	☐ NO
CRIMINAL COMPLAINT	☐ YES	☐ NO
ADDITIONAL PASSENGER INFORMATION	☐ YES	☐ NO
ADDITIONAL WITNESS INFORMATION	☐ YES	☐ NO
ADDITIONAL SUSPECT STATEMENTS	☐ YES	☐ NO
BLOOD DRAW AFFIDAVIT (DMV-314A)	☐ YES	☐ NO

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

***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.

REMIT TO: STATEMENT OF ARRESTING OFFICER, PO Box 17050, Charleston, WV 25317

WVSP 47A
(REV. 7-2-13)

WEST VIRGINIA IMPLIED CONSENT STATEMENT

FOR PERSONS UNDER 18 YEARS OF AGE

PURSUANT TO STATE LAW (CHAPTER 17C, ARTICLE 5, SECTION 6A) I AM NOW DIRECTING YOU TO TAKE AN APPROVED SECONDARY CHEMICAL TEST OF YOUR BREATH FOR THE PURPOSE OF DETERMINING THE ALCOHOLIC CONTENT OF YOU BLOOD. IF YOU REFUSE TO SUBMIT TO THIS TEST YOUR PRIVILEGE TO OPERATE A MOTOR VEHICLE IN THIS STATE WILL BE REVOKED FOR A PERIOD OF AT LEAST 30 DAYS AND UP TO LIFE.

DEFENDANT SIGNATURE _____ OFFICER SIGNATURE _____

DATE _____ TIME _____

FOR COMMERCIAL DRIVERS

PURSUANT TO STATE LAW (CHAPTER 17E, ARTICLE 1, SECTION 15) I AM NOW DIRECTING YOU TO TAKE AN APPROVED TEST FOR THE PURPOSE OF DETERMINING THE ALCOHOLIC CONTENT OF YOUR BLOOD. YOUR REFUSAL TO SUBMIT TO THIS TEST WILL RESULT IN YOUR DISQUALIFICATION TO OPERATE A COMMERCIAL MOTOR VEHICLE IN THIS STATE FOR A PERIOD OF AT LEAST ONE YEAR AND UP TO LIFE.

DEFENDANT SIGNATURE _____ OFFICER SIGNATURE _____

DATE _____ TIME _____

FOR ALL OTHER DRIVERS

PURSUANT TO STATE LAW (CHAPTER 17C, ARTICLE 5, SECTION 7) I AM NOW DIRECTING YOU TO TAKE AN APPROVED SECONDARY CHEMICAL TEST OF YOUR BREATH FOR THE PURPOSE OF DETERMINING THE ALCOHOLIC CONTENT OF YOUR BLOOD.

IF YOU REFUSE TO SUBMIT TO THIS TEST, YOUR PRIVILEGE TO OPERATE A MOTOR VEHICLE IN THIS STATE WILL BE REVOKED FOR A PERIOD OF AT LEAST 45 DAYS AND UP TO LIFE

F YOU REFUSE YOU WILL HAVE FIFTEEN MINUTES IN WHICH TO CHANGE YOUR MIND AFTER WHICH TIME YOUR REFUSAL WILL BE DEEMED FINAL AND THE ARRESTING OFFICER WILL HAVE NO FURTHER DUTY TO OFFER YOU THIS APPROVED SECONDARY CHEMICAL TEST.

DEFENDANT SIGNATURE _____ OFFICER SIGNATURE _____

DATE _____ TIME _____

PENALTIES FOR REFUSAL TO TAKE A SECONDARY CHEMICAL TEST OF YOUR BREATH

CHAPTER 17C, ARTICLE 5, SECTION 4 OF THE WEST VIRGINIA CODE OF 1931 AS AMENDED PROVIDES THAT IF YOU DRIVE A MOTOR VEHICLEIN THIS STATE YOU SHALL BE DEEMED TO HAVE GIVEN YOUR CONSENT BY THE OPERATION THEREOF TO A SECONDARY CHEMICAL TEST OF YOUR BREATH FOR THE PURPOSE OF DETERMINING THE ALCOHOLIC CONTENT OF YOUR BLOOD.

A SECONDARY CHEMICAL TEST OF YOUR BREATH SHALL BE INCIDENTAL TO A LAWFUL ARREST AND SHALL BE ADMINISTERED AT THE DIRECTION OF THE ARRESTING OFFICER HAVING PROBABLE CAUSE TO BELIEVE THAT YOU HAVE BEEN DRIVING A MOTOR VEHICLE IN THIS STATE WHILE UNDER THE INFLUENCE OF ALCOHOL, CONTROLLED SUBSTANCES OR DRUGS.

YOUR REFUSAL TO SUBMIT TO A BREATH TEST WILL RESULT IN THE REVOCATION OF YOUR DRIVER'S LICENSE.

IF YOU REFUSE TO SUBMIT TO THE BREATH TEST YOUR LICENSE TO OPERATE A MOTOR VEHICLE WILL BE REVOKED FOR A PERIOD OF AT LEAST 45 DAYS AND UP TO LIFE, IN ACCORDANCE WITH CHAPTER 17C, ARTICLE 5, SECTION 7 OF THE WEST VIRGINIA CODE.