| BLINDNESS: NONE LEFT EYE RIGHT EYE | | TRACKING: EYES: EQUAL UNEQUAL NORM | | | |
|--|----------------------|---------------------------------------|--|--|--|
| ABLE TO FOLLOW STIMULUS: YES NO | | EYELIDS: NORMAL DROOPY | | ООРҮ | BLOODSHOT WATERY |
| HORIZONT | AL (| GAZ | ZE NYST | CAGMU | IS |
| LACK OF SMOOTH PURSUIT | | | HT EYE | VERTIC | AL NYSTAGMUS ES NO |
| NYSTAGMUS AT MAXIUM DEVIATION | | | | NONE | TIVE LENS: GLASSES TS: HARD SOFT |
| NYSTAGMUS PRIOR TO 45' | | | | PUPIL SIZE: EQUAL UNEQUAL (EXPLAIN) | |
| WALK AND TURN TEST | | | | | |
| | | | CANNOT KE | EP BALANC | Е |
| STARTS TOO SOON 1st 9 2nd 9 | | | | | |
| STOPS WALKING | | | | | |
| | ~ | ~~ | ~ | S HEEL -TO | |
| adresses | <u>.</u> | ي ن | _ | EPS OFF LIN RAISES ARM | |
| | | | ACTUAL S | TEPS TAKE | N |
| DESCRIBE TURN | | | CANNOT DO TEST (EXPLAIN) | | |
| ONE LEG STAND | | | MODIFIED ROMBERG BALANCE | | |
| | | | PPRO | 24 | PPROT |
| | | | X | | ¥ |
| | R |) | | | |
| | J | | | | \rightarrow |
| () SWAYS WHILE BALANCING () Image: state | | | | | |
| () HOPPING () PUTS FOOT DOWN | ESTIMATED AT 30 SEC. | | | | |
| FINGER TO NOSE | FΤ | | | | OBRIETY TESTS |
| RIGHT LEFT | | | NAME OF TEST: DESCRIBE PERFORMANCE: | | |
| DRAW LINES <u>FROM</u> SPOTS TOUCHE | D | | | | |
| | | ^ | | | |
| | | | | | |
| | | | | | |
| | | | PRELIMINARY BREATH TEST RESULTS: | | |
| | Æ | 5 | | RESUL'I REFUSE | |
| TICKET NUMBER: | INSTRUME | ENT #: | | | |
| | | | | | |

| New York State DWI Investigative Notes | | | | | |
|---|---|--|--|--|--|
| | gative motes | | | | |
| NAME: | | | | | |
| DOB: TIME: | | | | | |
| | DATE | | | | |
| LOCATION: | | | | | |
| INITIAL OBSERVATIONS: | OBSERVATIONS OF DRIVER: | | | | |
| | | | | | |
| | | | | | |
| OBSERVATION OF STOP: | OBSERVATION OF THE EXIT: | | | | |
| SPEECH: | COORDINATION: | | | | |
| SFEECH: | COORDINATION: | | | | |
| ATTITUDE: | FACE: | | | | |
| BREATH: | FOOTWEAR: | | | | |
| ODORS: | OTHER: | | | | |
| CHEMICAL TEST/MIRANDA WARNINGS: | WHAT HAVE YOU EATEN TODAY? | | | | |
| GIVEN BY: TIME NOW? | WHEN? WHEN DID YOU LAST SLEEP? | | | | |
| TIME NOW : | HOW LONG? | | | | |
| ARE YOU SICK OR INJURED? | DO YOU TAKE INSULIN? | | | | |
| DO YOU HAVE ANY PHYSICAL | ARE YOU TAKING MEDICATION OR | | | | |
| DEFECTS? | DRUGS? | | | | |
| ARE YOU DIABETIC OR EPILEPTIC? | ARE YOU UNDER THE CARE OF A DOCTOR OR DENIST? | | | | |
| WHAT HAVE YOU BEEN DRINKING? HOW MUCH? | TIME OF LAST DRINK? | | | | |
| STATEMENTS: | • | | | | |

HAVE YOU EVER BEEN ARRESTED FOR DRIVING WHILE INTOXICATED? YES NO HAVE YOU EVER BEEN CONVICTED OF DRIVING WHILE INTOXICATED? YES NO

IF YES: WHERE, WHEN

WHAT AGENCY: _ Officer Name/Rank

Shield

Police Agency

Incident Number