Elkins Police Department

Alcohol Influence Report

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | | | | Citation Number |
| 00432150 |
| Status (Driver, Ped., Etc.) | | Miranda Given? I Date\Time of Accident | | | Incident Number |
| Other | | I 4 /l 2 / 20 XX 2340 hrs. | | |  |
| Suspect's Name (Last, First, **MI)** | | D.O.B. I Height I Sex | | Race | |
| Carroll, Russell T. | | 5/23/20XX-45 I 6'6" M | | w | |
| Subject Request Lawyer? | | Was A Lawyer Contacted? | | If Yes, Time? | |
| No | | No | |  | |
| Subject's Mouth Checked? I Operating Motor Vehicle at Time of Stop\Accident? | | | | | |
| Yes I No | | | | | |
| Physical Defects? | If Yes, Explain: | | | | |
| No |  | | | | |
| Impaired Vision? | If Yes, Explain: | | | | |
| No |  | | | | |
| Corrected Lenses? | If Yes, Explain: I Wearing Lenses at Time of Accident? | | | | |
| No | I | | | | |
| Impaired Speech? | If Yes, Explain: | | | | |
| No |  | | | | |
| Ill? | If Yes, Explain: | | | | |
| No |  | | | | |
| Taking Medication? | If Yes, Explain: | | | | |
| No |  | | | | |
| Medical Warning on Label of Drug\Medication? I Diabetic? I Take Insulin? | | | | | |
| I No I No | | | | | |
| Amount of Last Dose: | | Time of Last Dose: I Epileptic? | | | |
|  | | I No | | | |
| Injured? | If Yes, Explain: | | | | |
| No |  | | | | |
| Under Care of Medica1/Dental Professional? | | | If Yes, Explain: | | |
|  | | |  | | |
| lnjured\lnvolved in Any Accident(s) in Last 24 Hours? | | | lf Yes, Explain: | | |
| No | | |  | | |
| How Much Sleep in Las t 24 Hours? I Without Looking, What Time Is It? | | | | | |
| 5 hrs. I Reply: 1 0 pm I Actual: 2350 hrs. | | | | | |
| Where Going at Time of the Stop/Accident? I Where Started: | | | | | |
| I | | | | | |
| Time Started: I Anything Mechanically Wrong with Vehicle Driving? If Yes, Explain: | | | | | |
| I | | | | | |
| What Drinking? | Where? | | | | |
| Scotch | Duchess tavern / Home | | | | |
| How Much? I Time Started: | | | | | Time Stopped: |
| "A few." "Maybe Four." I 1900 hrs. | | | | | 2330 hrs. |
| Feel Affected? | If **Yes ,** Explain: | | | | |
| Yes | " Sleepy" | | | | |
| Drinki ng Since Stop/Accident? I If Yes, Explain: | | | | | |
| I | | | | | |
| Observations - Explain: | | | | | |
| Clothing - mussed, shirttail out.  Breath - moderate.  Speech - slurred.  Color of face - flushed.  Eyes - watery, bloodshot.  Attitude - hostile. | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Unusual Actions \ Statements : | | | | | | | | | | | | | Pg. 2 |
|  | | | | | | | | | | | | |
| Test Area (Describe): | | | | I Level |  | |  | |  | |  | | |
| WALKING AND TURNI NG: Have subject walk a straight line, in heel-to-toe manner, then turn and walk back in same manner, describe subject's performance (falling, swaying, staggering, etc.) | | | | | | | | | | | | | |
| Swaying and then staggered | | | | | | | | | | | | | |
| BALANCE: Have subject stand erect with feet together, eyes closed, and head back. Observe subject's balance. Then describe it (falling, swaying, slur, etc.) | | | | | | | | | | | | | |
| Swaying. | | | | | | | | | | | | | |
| FINGER TO NOSE: Have subject stand erect with eyes dosed, head back, and arms extended horizontally to sides. Then, one arm at a time, have subject touch the tip of his \her nose with tip of index fi nger, draw a narrow from the appropriate box to the point on face touched.  Subject refused to do finger to nose test. | | | | | | | | Right Hand |  | | | | Left  -Hand |
|  |  |
| ALPHABET : Have subject say alpha bet. Record the order of the letters, and letters missed or repeated. | | | | | | | | | | | | | |
| ABCDEFGHIJKLMNOPQQRSTUVWXYZ All in order | | | | | | | | | | | | | |
| Pupils | | 1. Under existing lighting, describe subject's pupils (dilated, contracted, normal, etc.) | | | | | | | | | | | |
| Normal. | | | | | | | | | | | |
| 2. Flash light in subject's eyes and describe reaction: | | | | | | | | | | | |
| Contracted - Slow | | | | | | | | | | | |
| Officer's opinion of subject' s impairment d u e to use of alcoholic beverage\ drugs: Intoxicated | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| Imp lied Consent Warnings | | | You are being advised of you r right to refuse to submit to a sobriety breath test and of the following additional sanctions: 1) That your refusal will cause your privilege to drive to be revoked or denied; 2) That if you agree to the test, it will be administered at city expense and the results may be used against you in a criminal prosecution; 3) That you may request a n additi ona l test, including a blood test to be administered by a qualified person of your choosing and at your expense; 4) That your refu sal to take  the test may be used against you in any subsequent criminal trial. | | | | | | | | | | |
| After ta king these admonitions into consideration, do you agree to take the test? | | | | | | | | | | | | Yes | |
| BREAT HALYZER TEST (Check off each step of the chemical test with "X" as it is performed ) | | | | | | | | | | | | | |
| X | 1. Warm up machine until thermometer indicates 47-53 degrees c. | | | | | X | 8. Align scale pointer with start line | | | | | | |
| **X** | 2. See that nullmeter is centered. | | | | | X | 9. Turn selector to "take," take sample. Turn  selector to "analyze ." Record time sample was taken. | | | | | | |
| **X** | 3. See that comparison ampoule is in place. In left hand holder | | | | | X | 10. When (piston down) or (red light) comes on, wait 1 ½ minutes, or until (read) (green light) comes on, then center meter using balance wheel,  or knob with light on, and select or left in "analyze" position. | | | | | | |
| **X** | 4. Gauge test ampoule and record test ampoule  control number. | | | | | X | 11. Read answer on scale and record. | | | | | | |
| *X* | 5. Insert and connect test ampoule. | | | | | X | 12. Di s pose of test ampoule and bubbler | | | | | | |
| X | 6. Turn selector to "take," flush out, and turn selector to "analyze." | | | | | X | 13. Turn selector to off position. | | | | | | |
| *X* | 7. When (piston down) or (red light) comes on, wait 1 ½ minutes, or until (read) (green light) comes on, then center meter using balance wheel or knob with light on and selector left in "analyze"  position. | | | | |  | | | | | | | |
| Were any radio transmissions made from inside the testing room while the breathalyzer test was in progress? | | | | | | | | | | | | | No |
| Breathalyzer Serial No.: 33I Test Ampoule No.: 76 I Chemical Tes t Result: | | | | | | | | | | | | | |
|  | | | | I 122 |  | | I .13 | |  | |  | | |
| Date Completed: | | | | I Time Completed: | I Charge: | |  | |  | |  | | |
| 9/4/20XX I 0100 I Assault 1 | | | | | | | | | | | | | |
| As a condition of my release, I agree not to drive or return to my vehicle until: | | | | | | | | | | Date: J 4/l 2 /20 XX | | | |
| Signed \_ | | | | R Carroll |  | |  | |  | T i me: I 0130 | | | |
|  | | | |
| Primary Officer Edgar Spencer . | | | | | | Secondary Officer (Witness) Sam Jensen | | | | | | | |
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