

# 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: \_\_\_\_\_

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  COMBINED  IMPAIRING SUBSTANCE

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

BrAC OF: \_\_\_\_\_  REFUSED THE DESIGNATED SECONDARY CHEMICAL TEST (BREATH ONLY)

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 BrAC OF .04 OR GREATER WHILE DRIVING A COMMERCIAL VEHICLE

A DRUG INFLUENCE EVALUATION WAS ADMINISTERED (DRE)

DRUG RECOGNITION EXPERT (DRE): \_\_\_\_\_

NAME

AGENCY

DRE NUMBER

## DRIVER INFORMATION

DRIVER: \_\_\_\_\_

LAST

FIRST

MIDDLE

ADDRESS

CITY

STATE

ZIP

SEX:  MALE  FEMALE DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ AGE: \_\_\_\_\_ SSN: \_\_\_\_-\_\_\_\_-\_\_\_\_

COLOR OF EYES: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

MEDICAL MARIJUANA CARD CARD NUMBER: \_\_\_\_\_

DRIVER'S LICENSE NUMBER: \_\_\_\_\_  CDL STATE: \_\_\_\_\_ STATUS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_  CELL  HOME  WORK

## VEHICLE INFORMATION

OWNER'S NAME: \_\_\_\_\_  SAME AS DRIVER

ADDRESS

CITY

STATE

ZIP

COMMERCIAL VEHICLE GVW: \_\_\_\_\_  HAZARDOUS MATERIAL

YEAR: \_\_\_\_\_ MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_ STYLE: \_\_\_\_\_ COLOR: \_\_\_\_\_

PLATE NUMBER: \_\_\_\_\_ STATE: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

VIN: \_\_\_\_\_ VEHICLE TOWED:  YES  NO

WHERE: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

## PASSENGER(S) IN VEHICLE

1.) \_\_\_\_\_  
NAME ADDRESS AGE (REQUIRED IF PASSENGER IS UNDER 16 YEARS)

CONDITION: \_\_\_\_\_ WHERE SEATED: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_  CELL  HOME  WORK

2.) \_\_\_\_\_  
NAME ADDRESS AGE (REQUIRED IF PASSENGER IS UNDER 16 YEARS)

CONDITION: \_\_\_\_\_ WHERE SEATED: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_  CELL  HOME  WORK

**ATTACH ADDITIONAL PASSENGER SHEETS IF NECESSARY**

# WEST VIRGINIA DUI INFORMATION SHEET

## KNOWINGLY PERMITTING

ONLY COMPLETE THIS SECTION WHEN CHARGING WITH KNOWINGLY PERMITTING DUI

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 DRIVER'S 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  HOME  WORK

### OFFICER(S)

1.) \_\_\_\_\_  
NAME AGENCY  
 MADE INITIAL CONTACT:  YES  NO PHONE NUMBER: \_\_\_\_\_  CELL  HOME  WORK

ATTACH ADDITIONAL WITNESS SHEETS IF NECESSARY

## VEHICLE IN MOTION

DISABLED VEHICLE  BOLO NOTICE  SOBRIETY CHECKPOINT  OTHER: \_\_\_\_\_  
(Ex. IF VEHICLE IS PARKED, NOT IN MOTION)

### DRIVING CUES

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 CONTACT

ODOR OF ALCOHOLIC BEVERAGE  ODOR OF MARIJUANA  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  
 DROOPY EYELIDS  FLUSHED FACE  BLOODSHOT, WATERY EYES  NAUSEA  GRINDING TEETH (BRUXISM)  
 BODY TREMORS  EYELID TREMORS  ON THE NOD  INJECTION SITES  
 OTHER: \_\_\_\_\_

ALCOHOLIC BEVERAGE CONTAINERS OR DRUG EVIDENCE OBSERVED:  IN AUTO  ON PERSON

EXPLAIN: \_\_\_\_\_

EXITING THE 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: \_\_\_\_\_

# WEST VIRGINIA DUI INFORMATION SHEET

## PRE-ARREST SCREENING

### HORIZONTAL GAZE NYSTAGMUS

EXPLAINED  SUBJECT UNDERSTOOD (VERBALLY)  REFUSED

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
- LEFT  RIGHT
- LEFT  RIGHT

IF NOT, EXPLAIN: \_\_\_\_\_ TOTAL SCORE (DECISION POINT: 4) \_\_\_\_\_  
 \_\_\_\_\_ VERTICAL NYSTAGMUS PRESENT  YES  NO

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

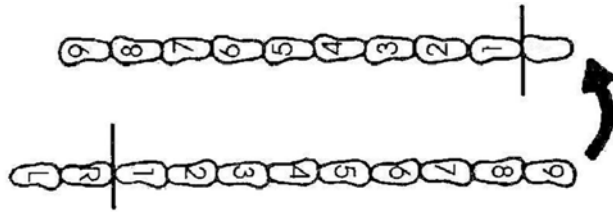
CANNOT PERFORM TEST (EXPLAIN): \_\_\_\_\_

### WALK AND TURN

EXPLAINED  DEMONSTRATED  SUBJECT UNDERSTOOD (VERBALLY)  REFUSED

INSTRUCTION STAGE

- \_\_\_\_\_ CANNOT MAINTAIN BALANCE
- \_\_\_\_\_ STARTS TOO SOON



WALKING STAGE

- \_\_\_\_\_ STOPS WHILE WALKING
- \_\_\_\_\_ MISSES HEEL-TO-TOE
- \_\_\_\_\_ STEPS OFF LINE
- \_\_\_\_\_ RAISES ARMS FOR BALANCE
- \_\_\_\_\_ IMPROPER TURN
- \_\_\_\_\_ INCORRECT NUMBER OF STEPS

TYPE OF FOOTWEAR: \_\_\_\_\_

IMPROPER TURN (DESCRIBE): \_\_\_\_\_

OTHER: \_\_\_\_\_

TOTAL SCORE (DECISION POINT: 2) \_\_\_\_\_

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

CANNOT PERFORM TEST (EXPLAIN): \_\_\_\_\_

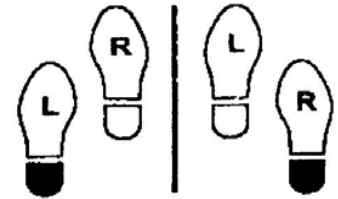
### ONE LEG STAND

EXPLAINED  DEMONSTRATED  SUBJECT UNDERSTOOD (VERBALLY)  REFUSED

(Subject number at the end of 30 seconds) \_\_\_\_\_/30 seconds

- \_\_\_\_\_ PUTS FOOT DOWN
- \_\_\_\_\_ USES ARMS FOR BALANCE
- \_\_\_\_\_ SWAYS WHILE BALANCING
- \_\_\_\_\_ HOPPING

WEATHER: \_\_\_\_\_  
 LIGHTING: \_\_\_\_\_  
 SURFACE: \_\_\_\_\_



OTHER: \_\_\_\_\_

TOTAL SCORE (DECISION POINT: 2) \_\_\_\_\_

TYPE OF FOOTWEAR: \_\_\_\_\_

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

CANNOT PERFORM TEST (EXPLAIN): \_\_\_\_\_

## PRELIMINARY BREATH TEST

OFFICER CERTIFIED  SUBJECT REFUSED  INDIVIDUAL DISPOSABLE MOUTHPIECE USED

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

INSTRUMENT: \_\_\_\_\_ SERIAL #: \_\_\_\_\_ TIME: \_\_\_\_\_ RESULTS: \_\_\_\_\_

# WEST VIRGINIA DUI INFORMATION SHEET

## ADDITIONAL OBSERVATIONS & FIELD SOBRIETY TESTS

FINGER COUNT

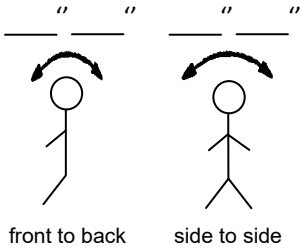
COUNTDOWN (ex. 68 to 53)

ABC (E to P)

SEATED BATTERY

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

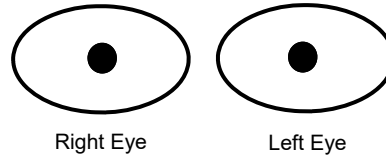
#### MODIFIED ROMBERG



TIME ESTIMATION  
 \_\_\_\_\_ estimated as 30 sec.

- CIRCULAR SWAY
- BODY TREMORS
- EYELID TREMORS

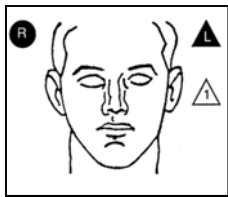
#### LACK OF CONVERGENCE



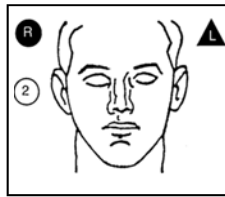
OBSERVED PUPIL SIZE

- NORMAL
- DILATED
- CONSTRICTED

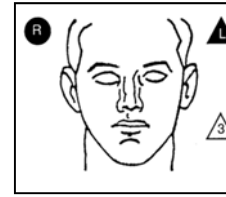
#### FINGER TO NOSE



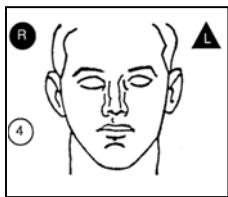
- PAD
- DOUBLE TAP
- HOVER
- HELD
- MASH
- SEARCH



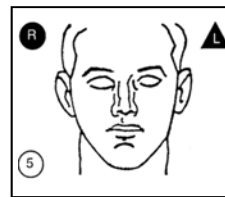
- PAD
- DOUBLE TAP
- HOVER
- HELD
- MASH
- SEARCH



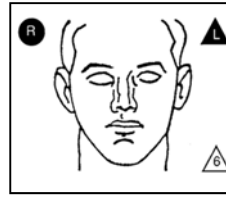
- PAD
- DOUBLE TAP
- HOVER
- HELD
- MASH
- SEARCH



- PAD
- DOUBLE TAP
- HOVER
- HELD
- MASH
- SEARCH



- PAD
- DOUBLE TAP
- HOVER
- HELD
- MASH
- SEARCH



- PAD
- DOUBLE TAP
- HOVER
- HELD
- MASH
- SEARCH

BODY TREMORS

SWAY

EYELID TREMORS

### BREATH TEST OPERATIONAL CHECKLIST

NO TEST GIVEN

IMPLIED CONSENT READ AND PROVIDED TO THE SUBJECT

REFUSED AFTER 15 MINUTES

NAME OF SUBJECT: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

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. I RECEIVED MY TRAINING AT: \_\_\_\_\_
- 11. I BECAME CERTIFIED BY THE WEST VIRGINIA BUREAU OF PUBLIC HEALTH ON: \_\_\_\_/\_\_\_\_/\_\_\_\_

DATE

# 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 SIGNATURE: \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_ TIME READ: \_\_\_\_\_  
DATE

SUSPECT SIGNATURE: \_\_\_\_\_

## INTERVIEW

WERE YOU OPERATING A VEHICLE? \_\_\_\_\_ WHERE? \_\_\_\_\_

WHERE DID YOU START FROM? \_\_\_\_\_ WHAT TIME DID YOU START? \_\_\_\_\_

WHAT IS THE DATE? \_\_\_\_\_ WHAT DAY OF THE WEEK IS IT? \_\_\_\_\_

WHAT CITY OR COUNTY ARE YOU IN? \_\_\_\_\_ WITHOUT LOOKING, WHAT TIME IS IT NOW? \_\_\_\_\_

INTERVIEWER FILL IN ACTUAL TIME \_\_\_\_\_ DAY \_\_\_\_\_ DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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? \_\_\_\_\_ WHEN? \_\_\_\_\_

WHAT HAVE YOU BEEN DOING THE LAST THREE HOURS? \_\_\_\_\_

ARE YOU UNDER THE INFLUENCE OF ALCOHOL, CONTROLLED SUBSTANCES 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 WRONG? \_\_\_\_\_

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 MEDICATION TO TREAT IT? \_\_\_\_\_

DO YOU HAVE DIABETES? \_\_\_\_\_ INSULIN USE? \_\_\_\_\_ LAST DOSE? \_\_\_\_\_

HAVE YOU TAKEN OR INJECTED ANY OTHER DRUGS RECENTLY? \_\_\_\_\_ WHEN? \_\_\_\_\_

WHAT KIND OF DRUG(S)? \_\_\_\_\_

ADDITIONAL REMARKS OR STATEMENTS? \_\_\_\_\_

SUSPECT SIGNATURE: \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_ TIME: \_\_\_\_\_  
DATE

