

BLINDNESS: NONE LEFT EYE RIGHT EYE		TRACKING: EQUAL UNEQUAL		EYES: NORMAL	
ABLE TO FOLLOW STIMULUS: YES NO		EYELIDS: NORMAL DROOPY		BLOODSHOT WATERY	
HORIZONTAL GAZE NYSTAGMUS					
LACK OF SMOOTH PURSUIT	LEFT EYE	RIGHT EYE	VERTICAL NYSTAGMUS YES NO		
NYSTAGMUS AT MAXIMUM DEVIATION			CORRECTIVE LENS: NONE GLASSES CONTACTS: HARD SOFT		
NYSTAGMUS PRIOR TO 45°			PUPIL SIZE: EQUAL UNEQUAL (EXPLAIN)		
WALK AND TURN TEST					
DESCRIBE TURN			CANNOT DO TEST (EXPLAIN)		
ONE LEG STAND			MODIFIED ROMBERG BALANCE		
() SWAYS WHILE BALANCING () () USES ARMS TO BALANCE () () HOPPING () () PUTS FOOT DOWN ()			INTERNAL CLOCK _____ ESTIMATED AT 30 SEC.		
FINGER TO NOSE			OTHER FIELD SOBRIETY TESTS		
			NAME OF TEST:		
DRAW LINES FROM SPOTS TOUCHED			DESCRIBE PERFORMANCE:		
			PRELIMINARY BREATH TEST RESULTS: RESULTS . _____ % REFUSED		
			INSTRUMENT #:		
TICKET NUMBER:					

New York State DWI Investigative Notes	
NAME: _____	
LAST	FIRST
DOB: _____	TIME: _____ DATE: _____
LOCATION: _____	
INITIAL OBSERVATIONS:	OBSERVATIONS OF DRIVER:
OBSERVATION OF STOP:	OBSERVATION OF THE EXIT:
SPEECH:	COORDINATION:
ATTITUDE:	FACE:
BREATH:	FOOTWEAR:
ODORS:	OTHER:
CHEMICAL TEST/MIRANDA WARNINGS: GIVEN BY:	WHAT HAVE YOU EATEN TODAY? WHEN?
TIME NOW?	WHEN DID YOU LAST SLEEP? HOW LONG?
ARE YOU SICK OR INJURED?	DO YOU TAKE INSULIN?
DO YOU HAVE ANY PHYSICAL DEFECTS?	ARE YOU TAKING MEDICATION OR 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

