

TROOPER CASE # \_\_\_\_\_

# MISSISSIPPI DEPARTMENT OF PUBLIC SAFETY FIELD INTERVIEW

DATE OF STOP \_\_\_\_\_ TIME OF STOP \_\_\_\_\_ REPORTING OFFICER \_\_\_\_\_ BADGE # \_\_\_\_\_

HIGHWAY & LOCATION \_\_\_\_\_ DIRECTION OF TRAVEL \_\_\_\_\_ MILE MARKER \_\_\_\_\_ ASSISTING OFFICERS \_\_\_\_\_

DRIVERS NAME \_\_\_\_\_ D. O. B. \_\_\_\_\_ RACE \_\_\_\_\_ SEX \_\_\_\_\_

ADDRESS \_\_\_\_\_ DL OR ID # \_\_\_\_\_ DL OR ID STATE \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

ARRESTED  CHARGE \_\_\_\_\_ RIGHTS READ BY \_\_\_\_\_

PASSENGER NAME \_\_\_\_\_ D.O.B. \_\_\_\_\_ RACE \_\_\_\_\_ SEX \_\_\_\_\_

ADDRESS \_\_\_\_\_ DL OR ID # \_\_\_\_\_ DL OR ID STATE \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

ARRESTED  CHARGE \_\_\_\_\_ RIGHTS READ BY \_\_\_\_\_

PASSENGER NAME \_\_\_\_\_ D.O.B. \_\_\_\_\_ RACE \_\_\_\_\_ SEX \_\_\_\_\_

ADDRESS \_\_\_\_\_ DL OR ID # \_\_\_\_\_ DL OR ID STATE \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

ARRESTED  CHARGE \_\_\_\_\_ RIGHTS READ BY \_\_\_\_\_

VEHICLE MAKE \_\_\_\_\_ VEHICLE MODEL \_\_\_\_\_ VEHICLE YEAR \_\_\_\_\_ VEHICLE COLOR \_\_\_\_\_

VIN NUMBER \_\_\_\_\_ LICENSE PLATE # \_\_\_\_\_ LICENSE PLATE STATE \_\_\_\_\_

## SEIZURES

DRUGS \_\_\_\_\_ TYPE \_\_\_\_\_ AMOUNT \_\_\_\_\_ DATE TO CRIME LAB \_\_\_\_\_

TYPE \_\_\_\_\_ AMOUNT \_\_\_\_\_ DATE TO CRIME LAB \_\_\_\_\_

CURRENCY \_\_\_\_\_ AMOUNT \$ \_\_\_\_\_ DELIVERED TO HEADQUARTERS BY \_\_\_\_\_

VEHICLE \_\_\_\_\_ STORED WHERE \_\_\_\_\_ TOWED BY \_\_\_\_\_ DATE TO HEADQUARTERS \_\_\_\_\_

WEAPONS \_\_\_\_\_ MAKE & MODEL \_\_\_\_\_ SERIAL # \_\_\_\_\_ REC. BY & DATE \_\_\_\_\_

OTHER STOLEN PROPERTY RECOVERED \_\_\_\_\_ DESCRIBE \_\_\_\_\_

OFFICER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_





# MISSISSIPPI HIGHWAY SAFETY PATROL - IMPAIRED DRIVER ARREST REPORT



Day:  Sa  Su  Mo  Tu  We  Th  Fr Date: \_\_\_\_\_ Time: \_\_\_\_\_ GPS: N \_\_\_\_\_ W \_\_\_\_\_

Highway: \_\_\_\_\_ Location: \_\_\_\_\_ Citation Number: \_\_\_\_\_

Name: \_\_\_\_\_ OLN: \_\_\_\_\_ Class: \_\_\_\_\_ State: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Vehicle Make: \_\_\_\_\_ Vehicle Model: \_\_\_\_\_ Vehicle Year: \_\_\_\_\_ Crash:  YES  NO Checkpoint:  YES  NO

Tag Number: \_\_\_\_\_ State: \_\_\_\_\_ Exp: \_\_\_\_\_ (Other than DUI) \_\_\_\_\_

## INITIAL OBSERVATION: VEHICLE CUES (CHECK ALL THAT APPLY)

<p><b>Problems Maintaining Proper Lane Position:</b></p> <input type="checkbox"/> Weaving <input type="checkbox"/> Weaving Across Lane Lines <input type="checkbox"/> Straddling A Lane Line <input type="checkbox"/> Swerving <input type="checkbox"/> Turning With Wide Radius <input type="checkbox"/> Drifting <input type="checkbox"/> Almost Striking Object or Vehicle <p><b>Vigilance Problems:</b></p> <input type="checkbox"/> Driving In Opposing Lane <input type="checkbox"/> Wrong way on One-Way Street <input type="checkbox"/> Slow Response to Traffic Signals <input type="checkbox"/> Slow or Failure To Respond To Officer's Signals <input type="checkbox"/> Stopping In Lane for No Apparent Reason <input type="checkbox"/> Driving Without Headlights At Night <input type="checkbox"/> Failure To Signal or Signal Inconsistent with Action	<p><b>Speed and Braking Problems:</b></p> <table border="1" style="margin-left: 20px;"> <tr> <td style="width: 50px;">SPEED</td> <td style="width: 50px;">ZONE</td> </tr> </table> <input type="checkbox"/> Speeding: <input type="checkbox"/> Stopping Problems (too far, too short, too jerky) <input type="checkbox"/> Accelerating or Decelerating Rapidly <input type="checkbox"/> Varying Speed <input type="checkbox"/> Slow Speed (10 m.p.h. + Under Limit) <p><b>Judgment Problems:</b></p> <input type="checkbox"/> Following Too Closely <input type="checkbox"/> Improper or Unsafe Lane Change <input type="checkbox"/> Illegal or Improper Turn (too fast, jerky, sharp, etc.) <input type="checkbox"/> Driving on Other Than Designated Roadway <input type="checkbox"/> Stopping Inappropriately In Response to Officer <input type="checkbox"/> Inappropriate Or Unusual Behavior <input type="checkbox"/> Appearing to be Impaired (EXPLAIN): _____	SPEED	ZONE	<p><b>Number of Passengers:</b></p> <p>Male _____          Female _____</p> <p><b>Response to Stop Command:</b></p> <input type="checkbox"/> Normal <input type="checkbox"/> Abrupt <input type="checkbox"/> Delayed <p><b>Approximate Vehicle Stopping Distance:</b></p> <input type="checkbox"/> Normal <input type="checkbox"/> Short <input type="checkbox"/> Long
SPEED	ZONE			

Observation Of The Vehicle and Stop: \_\_\_\_\_

## INITIAL OBSERVATION: DRIVER CONTACT (CHECK ALL THAT APPLY)

<p><b>ODOR OF ALCOHOLIC BEVERAGE:</b></p> <input type="checkbox"/> None <input type="checkbox"/> Faint <input type="checkbox"/> Moderate <input type="checkbox"/> Strong <input type="checkbox"/> Other: _____ <p><b>OTHER ODORS DETECTED:</b></p> <input type="checkbox"/> Marijuana <input type="checkbox"/> Masking Odors <input type="checkbox"/> Vomit <input type="checkbox"/> Unusual Odors <input type="checkbox"/> Urine <input type="checkbox"/> Body Odor <input type="checkbox"/> Feces <input type="checkbox"/> Other: _____ <p><b>EYES:</b></p> <input type="checkbox"/> Bloodshot <input type="checkbox"/> Droopy Eyelids <input type="checkbox"/> Blinking <input type="checkbox"/> Glassy <input type="checkbox"/> Bulging <input type="checkbox"/> Squint <input type="checkbox"/> Crossed <input type="checkbox"/> Missing <input type="checkbox"/> Dilated <input type="checkbox"/> Normal <input type="checkbox"/> Other: _____ <p><b>SPEECH:</b></p> <input type="checkbox"/> Fair <input type="checkbox"/> Slurred <input type="checkbox"/> Rapid <input type="checkbox"/> Incoherent <input type="checkbox"/> Slow <input type="checkbox"/> Offensive <input type="checkbox"/> Stuttering <input type="checkbox"/> Mumbling <input type="checkbox"/> Lisps <input type="checkbox"/> Non-English <input type="checkbox"/> Other: _____ <p><b>VOICE:</b></p> <input type="checkbox"/> Disguised <input type="checkbox"/> Nasal <input type="checkbox"/> High Pitched <input type="checkbox"/> Pleasant <input type="checkbox"/> Loud <input type="checkbox"/> Raspy <input type="checkbox"/> Low Pitched <input type="checkbox"/> Soft <input type="checkbox"/> Medium <input type="checkbox"/> Monotone <input type="checkbox"/> Other: _____	<p><b>ATTITUDE:</b></p> <input type="checkbox"/> Accusatory <input type="checkbox"/> Insulting <input type="checkbox"/> Carefree <input type="checkbox"/> Making Excuses <input type="checkbox"/> Cocky <input type="checkbox"/> Polite <input type="checkbox"/> Combative <input type="checkbox"/> Quiet <input type="checkbox"/> Cooperative <input type="checkbox"/> Sleepy <input type="checkbox"/> Excited <input type="checkbox"/> Talkative <input type="checkbox"/> Other: _____ <p><b>RESPONSE TO QUESTIONS:</b></p> <input type="checkbox"/> Normal <input type="checkbox"/> Deceptive <input type="checkbox"/> Avoiding the Question <input type="checkbox"/> Unable to Cooperate <input type="checkbox"/> Changing Subject <input type="checkbox"/> Untruthful <input type="checkbox"/> Cooperated Fully <input type="checkbox"/> Unwilling to Cooperate <input type="checkbox"/> Other: _____ <p><b>DRIVER ACTIONS:</b></p> <input type="checkbox"/> Difficulty With Motor Vehicle Controls <input type="checkbox"/> Difficulty Exiting the Vehicle <input type="checkbox"/> Fumbling with Drivers License/Documents <input type="checkbox"/> Repeating Questions or Comments <input type="checkbox"/> Slow to respond/Officer must Repeat <input type="checkbox"/> Provides Incorrect Information/Changes Answers <input type="checkbox"/> Other: _____ <p><b>UNUSUAL ACTIONS:</b></p> <input type="checkbox"/> Belching <input type="checkbox"/> Laughing <input type="checkbox"/> Crying <input type="checkbox"/> Resisting <input type="checkbox"/> Fighting <input type="checkbox"/> Fleeing <input type="checkbox"/> Hiccoughing <input type="checkbox"/> Vomiting <input type="checkbox"/> Other: _____ <p><b>BEHAVIOR:</b></p> <input type="checkbox"/> Confused <input type="checkbox"/> Unsteady <input type="checkbox"/> Jumpy <input type="checkbox"/> Swaying <input type="checkbox"/> Nervous <input type="checkbox"/> Falling <input type="checkbox"/> Seemed Rushed <input type="checkbox"/> Uses Objects/Vehicle for Support <input type="checkbox"/> Shaking <input type="checkbox"/> Staggering <input type="checkbox"/> Other: _____	<div style="border: 1px solid black; padding: 5px;"> <p><b>INDICATION OF DRUG USE</b></p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>NOTE: IF DRUG USE IS SUSPECTED, YOU SHOULD REQUEST THE VIOLATOR SUBMIT TO A BLOOD TEST IN ADDITION TO AN ALCOHOL TEST</p> </div> <p><b>VISIBLE DRUG DEBRIS:</b></p> <input type="checkbox"/> None <input type="checkbox"/> On Clothing <input type="checkbox"/> In Vehicle <input type="checkbox"/> Other: _____ <p><b>LEVEL OF IMPAIRMENT:</b></p> <input type="checkbox"/> Slight <input type="checkbox"/> Obvious <input type="checkbox"/> Extreme <input type="checkbox"/> Other: _____ <p><b>WEATHER CONDITIONS:</b></p> <input type="checkbox"/> Clear <input type="checkbox"/> Windy <input type="checkbox"/> Rain <input type="checkbox"/> Other: _____ <p><b>TRAFFIC CONDITIONS:</b></p> <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy <input type="checkbox"/> Other: _____ <p><b>SURFACE USED FOR FIELD SOBRIETY TEST:</b></p> <input type="checkbox"/> Flat <input type="checkbox"/> Uneven <input type="checkbox"/> Asphalt <input type="checkbox"/> Dirt <input type="checkbox"/> Cement <input type="checkbox"/> Grass <input type="checkbox"/> Tile <input type="checkbox"/> Gravel <input type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Other: _____
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# FIELD SOBRIETY RESULTS:

PHYSICAL IMPAIRMENTS:  YES  NO  
 IF YES, EXPLAIN: \_\_\_\_\_

## 1. HORIZONTAL GAZE NYSTAGMUS

GLASSES?  YES  NO

CONTACTS?  YES  NO

IF YES:  HARD  SOFT

EQUAL PUPIL SIZE:  YES  NO

RESTING NYSTAGMUS:  YES  NO

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

OTHER OBSERVATIONS/VERBAL UTTERANCES/STATEMENTS: \_\_\_\_\_

### LEFT EYE

YES  NO \_\_\_\_\_  
 YES  NO \_\_\_\_\_  
 YES  NO \_\_\_\_\_

### RIGHT EYE

\_\_\_\_\_ LACK OF SMOOTH PURSUIT \_\_\_\_\_  YES  NO  
 \_\_\_\_\_ DISTINCT AND SUSTAINED NYSTAGMUS AT MAXIMUM DEVIATION \_\_\_\_\_  YES  NO  
 \_\_\_\_\_ ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES \_\_\_\_\_  YES  NO

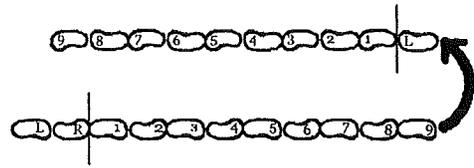
VERTICAL NYSTAGMUS:  PRESENT  NONE

## 2. WALK AND TURN:

### INSTRUCTIONS STAGE:

CANNOT KEEP BALANCE  \_\_\_\_\_  
 STARTS TOO SOON  \_\_\_\_\_

If subject is wearing heels 2 inches or taller, give them the option to remove.



### WALKING STAGE:

FIRST NINE STEPS:

MISSES HEEL-TO-TOE  1  2  3  4  5  6  7  8  9  
 STOPS WALKING  1  2  3  4  5  6  7  8  9  
 STEPS OFF LINE  1  2  3  4  5  6  7  8  9  
 RAISES ARMS  1  2  3  4  5  6  7  8  9

SECOND NINE STEPS:

1  2  3  4  5  6  7  8  9  
 1  2  3  4  5  6  7  8  9  
 1  2  3  4  5  6  7  8  9

S- Stops While Walking  
 M- Misses Heel-to-Toe  
 L- Steps Off Line  
 R- Raises Arms

ACTUAL NUMBER OF STEPS TAKEN

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

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

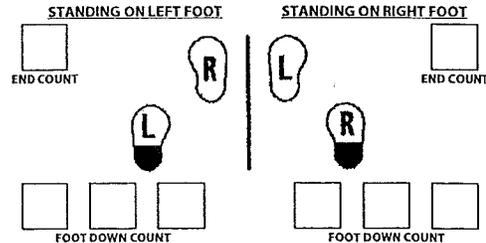
OTHER OBSERVATIONS/VERBAL UTTERANCES/STATEMENTS: \_\_\_\_\_

## 3. ONE-LEG STAND

**LEFT** **RIGHT**

\_\_\_\_\_  SWAYS WHILE BALANCING  
 \_\_\_\_\_  USES ARMS TO BALANCE  
 \_\_\_\_\_  HOPS  
 \_\_\_\_\_  PUTS FOOT DOWN

If subject puts foot down 3 times during the test, terminate the test for their safety.



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

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

<b>PBT:</b> <input type="checkbox"/> POSITIVE RESULT <input type="checkbox"/> NEGATIVE RESULT <input type="checkbox"/> NONE OFFERED	<b>Chemical Test(s) Offered:</b> <input type="checkbox"/> None Offered <input type="checkbox"/> Blood <input type="checkbox"/> Breath <input type="checkbox"/> Other: _____	<b>Breath:</b> BrAC: 0. _____ % <input type="checkbox"/> Test Refused <input type="checkbox"/> Test Taken	<b>Blood:</b> BAC: 0. _____ % <input type="checkbox"/> Test Refused <input type="checkbox"/> Test Taken	<input type="checkbox"/> <b>Drugs Present:</b> _____ _____ _____
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OTHER OBSERVATIONS/VERBAL UTTERANCES/STATEMENTS: \_\_\_\_\_

