



FIELD INTOXICATION REPORT


Des Moines Police Department

100 Main Street

Des Moines, IA 12331-2154

(123) 456-7890

S U M M A R Y	Date of Arrest 01/07/2008	Time of Arrest 11:01 Hrs.	Location of Arrest 3500 BLK MERLE HAY RD			Case Number 08-00001
	Arrestee - Last Name DIRTBAG			First JOEY	Middle G	Suffix
	Address 1515 WEST 6TH ST			City DES MOINES	State IA	Zip Code 50313
	Home Phone Number (515) 555-1212 EXT.		Work Phone Number		Mobile Phone Number	
	DL/State ID Viewed? YES	Read From Barcode?	Date of Birth 8/8/1974	Age 33	DL Number 123XX4567	DL State IA
	Gender M	Race WHITE - W			Ethnicity NOT OF HISPANIC ORIGIN - N	
	Was a PBT Test Given? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> REFUSED		Time of PBT 11:05 Hrs.	Results of PBT 0.246%	Was Alcohol / Drugs Found in the Vehicle? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
	Types of Drugs or Alcohol found 1/2 FULL BOTTLE JACK DANIELS					
Crime or Offense OPERATING WHILE INTOXICATED 3RD						

C A L L	Request a Call <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Time Call Began 12:10 Hrs.	Phone Number Called (515) 222-3214 EXT.
	Name of person called SISTER DIRTBAG		Relationship to Suspect 2 - FAMILY
	Contact Made 0 - YES	Time Call Finished 12:18 Hrs.	
	Signature for a phone call 		

O B S E R V A T I O N S	Odor of alcoholic beverage: <input type="checkbox"/> NONE <input type="checkbox"/> WEAK <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> STRONG <input type="checkbox"/> VERY STRONG
	Eyes: <input type="checkbox"/> NORMAL <input checked="" type="checkbox"/> WATERY <input checked="" type="checkbox"/> BLOODSHOT <input type="checkbox"/> DILATED <input type="checkbox"/> CONSTRICTED <input type="checkbox"/> RED EYE LIDS
	Eye Correction: <input checked="" type="checkbox"/> NONE <input type="checkbox"/> GLASSES <input type="checkbox"/> CONTACTS (WORN) <input type="checkbox"/> GLASSES / CONTACTS NOT WORN
	Facial Complexion: <input type="checkbox"/> NORMAL <input checked="" type="checkbox"/> FLUSHED <input type="checkbox"/> PALE
	Behavior: <input type="checkbox"/> EXCITED <input type="checkbox"/> HILARIOUS <input type="checkbox"/> TALKATIVE <input type="checkbox"/> CAREFREE <input type="checkbox"/> SLEEPY <input type="checkbox"/> PROFANITY <input type="checkbox"/> POLITE <input type="checkbox"/> THREATENING <input type="checkbox"/> COMBATIVE <input type="checkbox"/> INDIFFERENT <input checked="" type="checkbox"/> CRYING <input type="checkbox"/> COOPERATIVE
	Unusual Actions During Test: <input type="checkbox"/> HICCUPPING <input checked="" type="checkbox"/> BELCHING <input type="checkbox"/> VOMITING <input type="checkbox"/> FIGHTING <input type="checkbox"/> LAUGHING
	Speech: <input type="checkbox"/> NOT UNDERSTANDABLE <input checked="" type="checkbox"/> SLURRED <input type="checkbox"/> MUMBLED <input type="checkbox"/> THICK TONGUED <input type="checkbox"/> CONFUSED <input type="checkbox"/> GOOD <input type="checkbox"/> STUTTERING <input type="checkbox"/> FAIR <input type="checkbox"/> ACCENT
	Balance: <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> UNSURE <input type="checkbox"/> SWAYING <input type="checkbox"/> STAGGERING <input checked="" type="checkbox"/> FALLING
	Clothing: <input type="checkbox"/> CASUAL <input type="checkbox"/> FORMAL <input checked="" type="checkbox"/> DIRTY <input checked="" type="checkbox"/> PARTIALLY CLOTHED <input type="checkbox"/> WRINKLED
	Clothing Description: _____
Additional Unusual Statements or Actions: _____	

HORIZONTAL GAZE NYSTAGMUS TEST					
F2 - For Horizontal Gaze Nystagmus Instructions					
FIELD SOBRIETY TESTS	Refused Nystagmus Test? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Def stated they could not complete test		Contacts? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
				Type of Contacts	
	SYMMETRY OF PUPILS			LEFT YES NO	RIGHT YES NO
	EYE DOES NOT PURSUE SMOOTHLY			X	X
	DISTINCT and SUSTAINED NYSTAGMUS AT MAX. DEVIATION			X	X
	NYSTAGMUS ONSET BEFORE 45 DEGREES			X	X
	VERTICAL NYSTAGMUS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
	TOTAL POINTS <u>6</u> 6 Points max. (Gaze Nystagmus - 4 clues decision point)				
	WALK AND TURN				
	F2 - For Walk and Turn Instructions				
Refused Walk and Turn Test? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> Could not complete test		Instruction Stage <input checked="" type="checkbox"/> CANNOT KEEP BALANCE <input checked="" type="checkbox"/> STARTS TOO SOON			
WALKING STAGE			1st 9 STEPS	2nd 9 STEPS	
STOPS WALKING			Y	N	
MISSES HEEL TO TOE			Y	Y	
STEPS OFF LINE			Y	N	
RAISES ARMS			Y	N	
ACTUAL STEPS TAKEN			10	9	
Improper Turn? <input type="checkbox"/> YES <input type="checkbox"/> NO		Describe Improper Turn MILITARY STYLE TURN			
TOTAL POINTS <u>6</u> 8 Points max. (Walk and Turn - 2 clues decision point)					
ONE LEG STAND					
F2 - For One Leg Stand Instructions					
Refused One Leg Stand Test? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Could not complete test					
			0 to 10 SECs	11 to 20 SECs	
SWAYS					
RAISES ARMS					
HOPS					
FOOT DOWN					
TOTAL POINTS <u>0</u> 4 Points max. (One Leg Stand - 2 clues decision point)					
FST NOTES					
OFFICER NOTES REFERENCE FIELD SOBRIETY TESTS					
Time of FSTs 11:05 Hrs.		Time Chemical Test Done Hrs.		Tests Conducted By WISOSKI, FRED	

WITNESSES	Witness Name - Last		First	Middle	Suffix	
	Address			City	State	Zip Code
	Home / Cell Phone Number		Work Phone Number	Witness Type	Is Victim?	Witness SSN
	Witness Date of Birth	Witness Race		Witness Ethnicity	Witness Gender	

VEHICLE	Vehicle Year	Make	Model	Style	
	1978	FORD	F-150	TK	
	License Plate #	State	Year	VIN #	
	ABC123	IA	1905	2ASDG4AD6HGSDFH3	
Color(s)		Vehicle Impounded?	CDL Req?	Pass End Req?	HazMat End Req?
RED - RED		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	NO	NO	NO
Involved in Accident? (Identify type)			Vehicle Towed By	Vehicle Impound Tag Number	
<input type="checkbox"/> Hit and Run <input type="checkbox"/> Personal Injury <input type="checkbox"/> Property Damage <input type="checkbox"/> Fatal			XYZ TOW SERVICE	123455	

OWI INVESTIGATION

DEFENDANT WAS STOPPED FOR SPEEDING AND WAS SUBSEQUENTLY FOUND TO BE INTOXICATED

OFFICER	Video	Audio	Chemical Test Submitted to
	03 - BOTH IN CAR AND OFFICE	03 - BOTH IN CAR AND OFFICE	1 - BREATH
	Imp Consent Time	Implied Consent Read By	Test Location
	12:05 Hrs.	WISOSKI, FRED	POLK COUNTY JAIL
	Arresting / Reporting Officer		Badge Number
	ADMIN, SYSTEM		SYSADM
	Assisting Officer (s) / Processor		Badge Number
WISOSKI, FRED		1354	
Supervisor		Badge Number	
Arresting / Reporting Officer (signature)			
