Revised 05/2019

WEST VIRGINIA DUI INFORMATION SHEET

WVSP FORM 78
DMV-314

CITATION ISSUED: ☐ *YES* ☐ *NO*

CITATION NUMBER: _____

AGENCY: _____ ARREST NUMBER: _____

ENCOUNTER INFORMATION

LOCATION: _____ COUNTY: _____

REASON FOR ENCOUNTER: ☐ *CRASH* (CRASH #: _____) ☐ *STOP FOR BAD/SUSPISCIOUS DRIVING* ☐ *BOLO*
☐ *DISPATCH TO INVESTIGATE CRIME/DISTURBANCE* ☐ *CHECK OF PARKED VEHICLE* ☐ *SOBRIETY CHECKPOINT*
☐ *DISABLED VEHICLE* ☐ *OTHER:* _____

DATE OF INITIAL CONTACT: ___/___/_____ TIME OF INITIAL CONACT: _____ DATE OF ARREST: ___/___/_____ 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 IN A LOCATION OTHER THAN DRIVER'S PRIVATE PROPERTY WHILE UNDER THE INFLUENCE OF:
☐ *ALCOHOL* ☐ *CONTROLLED SUBSTANCES* ☐ *COMBINED* ☐ *IMPAIRING SUBSTANCE*

DID THE DRIVING TAKE PLACE SOLEY AND EXCLUSIVELY ON DRIVER'S OWN PROPERTY? ☐ *YES* ☐ *NO*

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

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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

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: _____

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PRE-ARREST SCREENING

HORIZONTAL GAZE NYSTAGMUS

☐ EXPLAINED ☐ SUBJECT UNDERSTOOD (VERBALLY) ☐ REFUSED

MEDICAL ASSESSMENT

☐ EQUAL PUPILS
☐ NO RESTING NYSTAGMUS
☐ EQUAL TRACKING

HGN CLUES

LACK OF SMOOTH PURSUIT	☐ **LEFT**	☐ **RIGHT**
DISTINCT AND SUSTAINED NYSTAGMUS AT MAXIMUM DEVIATION	☐ **LEFT**	☐ **RIGHT**
ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES	☐ **LEFT**	☐ **RIGHT**

IF NOT, EXPLAIN: _____ TOTAL SCORE (DECISION POINT: 4) _____

_____ VERTICAL NYSTAGMUS PRESENT ☐ YES ☐ NO

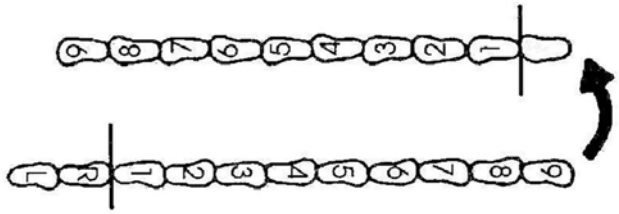
(If the subject is unable to perform the test, record only the observable clues)

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**
_____ **STEPS OFF LINE**
_____ **IMPROPER TURN**
_____ **MISSES HEEL-TO-TOE**
_____ **RAISES ARMS FOR BALANCE**
_____ **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): _____

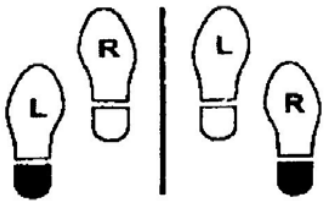
ONE LEG STAND

☐ 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: _____

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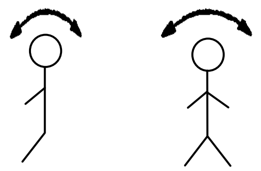
ADDITIONAL OBSERVATIONS & FIELD SOBRIETY TESTS

☐ FINGER COUNT ☐ COUNTDOWN (ex. 68 to 53) ☐ ABC (E to P) ☐ SEATED BATTERY

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

MODIFIED ROMBERG

____"____" ____"____"



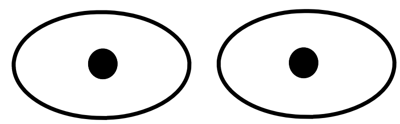
front to back side to side

TIME ESTIMATION

_______ estimated as 30 sec.

☐ CIRCULAR SWAY
☐ BODY TREMORS
☐ EYELID TREMORS

LACK OF CONVERGENCE

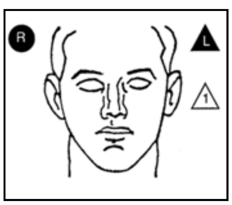


Right Eye Left Eye

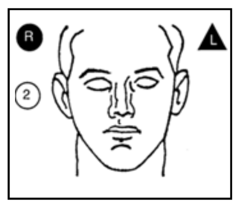
OBSERVED PUPIL SIZE

☐ NORMAL
☐ DILATED
☐ CONSTRICTED

FINGER TO NOSE



☐ PAD
☐ DOUBLE TAP
☐ HOVER
☐ HELD
☐ MASH
☐ SEARCH



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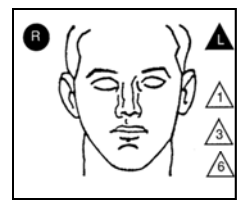
☐ MASH
☐ SEARCH



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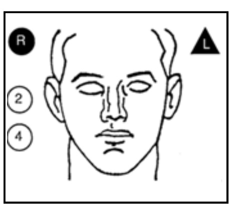
☐ SEARCH



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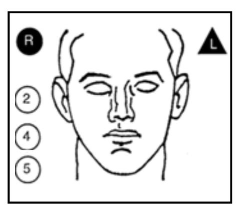

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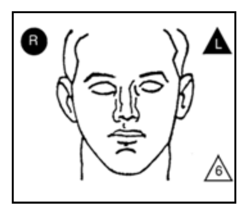
☐ SEARCH



☐ 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 INJESTED 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

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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

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WEST VIRGINIA DUI INFORMATION SHEET

BLOOD TEST

BLOOD TEST: ☐ YES ☐ NO TIME REQUESTED: _____

WAS REQUEST FOR A BLOOD SAMPLE DIRECTED BY THE ARRESTING OFFICER? ☐ YES ☐ NO REFUSED? ☐ YES ☐ NO

WAS A SEARCH WARRANT OBTAINED? ☐ YES ☐ NO DID THE SUSPECT REQUEST A BLOOD SAMPLE? ☐ YES ☐ NO

WAS A BLOOD SAMPLE TAKEN FOR MEDICAL TREATMENT? (ex. crash) ☐ YES ☐ NO

REGARDLESS OF HOW THE BLOOD SAMPLE WAS TAKEN, PLEASE LIST:

HOSPITAL NAME: _____ TIME OF BLOOD DRAW: _____

NAME OF PERSON DRAWING BLOOD: _____ TITLE: _____

PHONE NUMBER: _____

BLOOD DRAW AFFIDAVIT COMPLETED: ☐ YES ☐ NO

CDDP BLOOD KIT (unused sterile needle, sterile vessel and nonalcoholic antiseptic) USED: ☐ YES ☐ NO

ANALYSIS BY: ☐ WV STATE POLICE LABORATORY ☐ OTHER: _____

CONSENT WAIVER

I, _____, voluntarily give consent to have my blood drawn in accordance with WV Code 17C-5-4.
(print name)

SIGNATURE: _____ _____/_____/_____
DATE

CDDP BLOOD KIT CONSENT FORM USED: ☐ YES ☐ NO

I SUBMIT THIS REPORT PURSUANT TO WV CODE: 17C-5A-1, 17C-5-7, AND/OR 17E-1-15

_____ _____
ARRESTING OFFICER'S SIGNATURE REQUIRED ADDRESS

_____ _____
PRINTED NAME ADDRESS

_____ _____
AGENCY PHONE

THE FOLLOWING ARE ATTACHED TO THIS REPORT:

INTOXIMETER TICKET	☐ YES ☐ NO
NARRATIVE	☐ YES ☐ NO
CRIMINAL COMPLAINT	☐ YES ☐ NO
ADDITIONAL PASSENGER INFORMATION	☐ YES ☐ NO
ADDITIONAL WITNESS INFORMATION	☐ YES ☐ NO
ADDITIONAL SUSPECT STATEMENTS	☐ YES ☐ NO
BLOOD DRAW AFFIDAVIT (DMV-314A)	☐ YES ☐ NO
IN CAR VIDEO	☐ YES ☐ NO
BODY CAM VIDEO	☐ YES ☐ NO

**THE SIGNING OF THIS STATEMENT CONSTITUTES AN OATH OR AFFIRMATION THAT THE STATEMENTS ARE TRUE AND THAT ANY COPY FILED IS A TRUE COPY.

**BE ADVISED THAT TO WILLFULLY SIGN A STATEMENT CONTAINING FALSE INFORMATION CONCERNING ANY MATTER OR THING MATERIAL OR NOT MATERIAL IS FALSE SWEARING AND IS A MISDEMEANOR.

REMIT TO: STATEMENT OF ARRESTING OFFICER, PO BOX 17050, CHARLESTON, WV 25317