DEPARTMENT COPY

(Check) Driver ☐ Pedestrian ☐ Passenger
(Check) ☐ Accident ☒ Violation ☐ Other
Date and time of Accident or Violation 7-31-01 1:35 am/pm

ALCOHOLIC INFLUENCE REPORT FORM

Police Dept. Glen Ellyn
Arrest No. 0101316020057
Accident No.
Arresting Officer BAIER
Date and time in custody 7-31-01 1:45 am/pm

Name Erin N Clay Address [redacted] Glen Ellyn
Age 23 Sex F Approx. Wt. 127 Operator Lic. No. [redacted] State IL

OBSERVATIONS:

CLOTHES — Describe: (Type & Color)
Hat or Cap N/A
Jacket or Coat N/A
Shirt or Dress red
Pants or Skirt blue jeans
Condition: ☐ Disorderly ☐ Disarranged ☐ Soiled ☐ Mussed ☒ Orderly
(Describe)

BREATH — Odor of Alcoholic Beverage: ☐ strong ☒ moderate ☐ faint ☐ none

ATTITUDE — ☐ Excited ☐ Hilarious ☒ Talkative ☐ Carefree ☐ Sleepy ☐ Profanity ☐ Combative ☐ Indifferent ☐ Insulting ☐ Cocky ☒ Cooperative ☒ Polite

UNUSUAL ACTIONS — ☐ Hiccoughing ☐ Belching ☐ Vomiting ☐ Fighting ☐ Crying ☐ Laughing

SPEECH — ☐ Not Understandable ☐ Mumbled ☒ Slurred ☐ Mush Mouthed ☐ Confused ☐ Thick Tongued ☐ Stuttered ☐ Accent ☒ Fair ☐ Good

Indicate other unusual actions or statements, including when first observed:

Signs or complaint of illness or injury:

PERFORMANCE TESTS: (Note—See departmental instructions for conducting these tests)

Check Squares If Not Made		Check appropriate square before word describing condition observed
☐	BALANCE	☐ Falling ☐ Needed Support ☒ Wobbling ☒ Swaying ☐ Unsure ☐ Sure
☐	WALKING	☐ Falling ☐ Staggering ☐ Stumbling ☒ Swaying ☐ Unsure ☐ Sure
☐	TURNING	☐ Falling ☐ Staggering ☐ Hesitant ☒ Swaying ☐ Unsure ☐ Sure
☐	FINGER-TO-NOSE	Right: ☐ Completely Missed ☒ Hesitant ☐ Sure
		Left: ☐ Completely Missed ☒ Hesitant ☐ Sure
☒	COINS	☐ Unable ☐ Fumbling ☐ Slow ☐ Sure ☐ (Other)
		(Balance during coin test)

Ability to understand instructions: ☐ Poor ☒ Fair ☐ Good
Tests performed: Date 7-31-01 Time 1:40 am/pm

OBSERVER'S OPINION:

Effects of alcohol: ☐ extreme ☒ obvious ☐ slight ☐ none
Ability to drive: ☒ unfit ☐ fit
Indicate briefly what first led you to suspect alcoholic influence: bloodshot eyes, odor of an alcoholic beverage on breath, drive over curb, failed field sobriety tests, PBT 0.149 BAC
Observed by: P. Baird #37 Assignment: 3 G 10
Witnessed by: Date Time am/pm

CHEMICAL TEST DATA:

Specimen: ☐ Blood ☒ Breath ☐ Saliva ☐ Urine ☐ None ☐ Refused ☐ Unable
Analysis result: .108 BAC
If Breath, what instrument? Intox EC/IR
If refused, why? N/A

INTERVIEW:

Were you operating a vehicle? Yes Where were you going? unsure on phone asking brother

What street or highway were you on? Roosevelt Direction of travel? East

Where did you start from? Fox Bowl What time did you start? 1:30 am

What time is it now? 0300 What city (county) are you in now? Glen Ellyn

What is the date? 7-31-01 What day of the week is it? Monday

INTERVIEWER TO FILL IN ACTUAL: 0331 (am/pm) Time — Tuesday Day — 7-31-01 Date — BAIRD Interviewer's Name

When did you last eat? 9:00 pm What did you eat? chicken tenders

What were you doing during the last three hours? bartending at Indian Lakes.

Have you been drinking? Obviously What? Guiness How much? 2 Full pints

Where? Fox Bowl Started? 9:30 am/(pm) Stopped? 11:30 am/(pm)

Are you under the influence of an alcoholic beverage now? No

What is your occupation? Student - Bartender When did you last work? 7-30-01

Do you have any physical defects? No If so, what?

Are you ill? No If so, what's wrong?

Do you limp? No Have you been injured lately? No If so, what's wrong?

Did you get a bump on the head? No Were you involved in an accident today?

Have you had any alcoholic beverage since the accident? No If so, what?

Where? How much? When?

Have you seen a doctor or dentist lately? Yes If so, who? 7-27-01 Dr Coman When?

What for? check up. Are you taking tranquilizers, pills or medicines of any kind? No

If so, what kind? (Get sample) Last dose? am/pm Do you have epilepsy? No

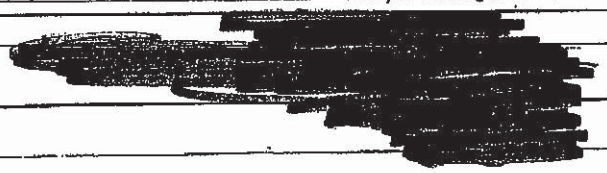
Diabetes? No Do you take insulin? No If so, last dose? am/pm

Have you had any injections of any other drugs recently? No If so, what for?

What kind of drug? ND Last dose? am/pm When did you last sleep?

How much sleep did you have? 4 hours Are you wearing false teeth? No Do you have a glass eye? No

HANDWRITING SPECIMEN Signature and or anything he chooses.



REMARKS:

SUPPLEMENTARY DATA:

(Note—Get witnesses, including officers who observed, to prove driving)

WITNESSES			Was Suspect Driving or Operating	What Was His Condition	Where Observed
Name	Address	Tel. No.			

Passengers in Suspect's Vehicle	Name	Address	Condition