

IMPLIED CONSENT TIME ADVISED: (MIL)	FOR USE IN ZERO TOLERANCE ONLY
<input type="checkbox"/> 1. You are under arrest and I have reasonable grounds to believe you were driving a motor vehicle while you were in an intoxicated or drugged condition.	<input type="checkbox"/> 1. You have been stopped and are under the age of 21; I have reasonable grounds to believe that you were driving a motor vehicle with a blood alcohol content of .020% or more.

2. To determine the alcohol or drug content of your blood, I am requesting you submit to a chemical test of your
 Breath Blood Other _____ (Check no more than two)

3. If you refuse to take the test(s), your driver license will immediately be revoked for one year.

4. Evidence of your refusal to take the test(s) may be used against you in prosecution in a court of law.

5. Having been informed of the reasons for requesting the test(s), will you take the test(s)? YES NO Time: _____ (MIL)

If subject refused test(s), was an attorney requested **prior to refusal**? YES NO If yes, time subject asked for attorney: _____

15 MINUTE OBSERVATION PERIOD STARTED AT: _____ (MIL)

MARK CHECK BOXES FOR EACH STEP (ATTACH MOST RECENT MAINTENANCE REPORT COMPLETED PRIOR TO THIS BREATH TEST.) -- IF BLOOD TEST, SEE PAGE 4.

INTOXILYZER 5000	DATAMASTER	ALCO-SENSOR IV WITH PRINTER
<input type="checkbox"/> 1. Examination of mouth conducted. If any substance is observed or indicated to be present, the substance observed or indicated must be removed prior to starting the 15 minute observation period. <input type="checkbox"/> 2. Subject observed for at least 15 minutes by _____ No smoking, oral intake or vomiting during this time; if vomiting occurs, start over with the 15 minute observation period. <input type="checkbox"/> 3. Assure that power switch is ON and then press the START TEST button. <input type="checkbox"/> 4. Enter test record card. <input type="checkbox"/> 5. Enter subject and officer information. <input type="checkbox"/> 6. When display reads PLEASE BLOW, insert mouthpiece and take the subject's breath sample. <input type="checkbox"/> 7. When test record is printed, remove test record and attach printout to this report.	<input type="checkbox"/> 1. Examination of mouth conducted. If any substance is observed or indicated to be present, the substance observed or indicated must be removed prior to starting the 15 minute observation period. <input type="checkbox"/> 2. Subject observed for at least 15 minutes by _____ No smoking, oral intake or vomiting during this time; if vomiting occurs, start over with the 15 minute observation period. <input type="checkbox"/> 3. Assure that power switch is ON. <input type="checkbox"/> 4. Press RUN button. <input type="checkbox"/> 5. When display requests INSERT TICKET, insert evidence ticket. <input type="checkbox"/> 6. Enter subject and officer information. <input type="checkbox"/> 7. When display reads PLEASE BLOW and gives audible beep, take subject's breath sample. <input type="checkbox"/> 8. When printer has completed printing out test result, remove ticket from printer. Attach printout to this report.	<input type="checkbox"/> 1. Examination of mouth conducted. If any substance is observed or indicated to be present, the substance observed or indicated must be removed prior to starting the 15 minute observation period. <input type="checkbox"/> 2. Subject observed for at least 15 minutes by _____. No smoking, oral intake or vomiting during this time; if vomiting occurs, start over with the 15 minute observation period. <input type="checkbox"/> 3. Make sure printer is connected to Alco-Sensor IV. <input type="checkbox"/> 4. Turn printer on. <input type="checkbox"/> 5. Insert mouthpiece into Alco-Sensor IV. <input type="checkbox"/> 6. Observe temperature display, make sure temperature reading is between 10°C and 40°C. <input type="checkbox"/> 7. When "BLNK" is displayed on Alco-Sensor IV, air blank is taken. <input type="checkbox"/> 8. When "TEST" is displayed on Alco-Sensor IV, take subject breath sample. <input type="checkbox"/> 9. When "SET" is displayed on Alco-Sensor IV, press SET button. <input type="checkbox"/> 10. When printer has completed printing test result, tear off tape and fill in subject and officer information. <input type="checkbox"/> 11. Press red button to eject mouthpiece. <input type="checkbox"/> 12. Turn printer off. <input type="checkbox"/> 13. Attach printout to this report.

OTHER (ATTACH CHECKLIST OR LAB REPORT)

CERTIFICATION OF EXAMINATION BY OPERATOR

AS SET FORTH IN THE RULES PROMULGATED BY THE DEPARTMENT OF HEALTH AND SENIOR SERVICES (DOHSS) RELATED TO THE DETERMINATION OF BLOOD ALCOHOL BY BREATH ANALYSIS, I CERTIFY BY COMPLETING THE BELOW THAT:

- | | |
|--|---|
| 1. There was no deviation from the procedure approved by the Department. | 3. I am authorized to operate the instrument. |
| 2. To the best of my knowledge the instrument was functioning properly. | 4. No radio transmission occurred inside the room where and when this test was being conducted. |

NAME OF OPERATOR	TROOP OR AGENCY	DOHSS PERMIT NUMBER	EXPIRATION DATE (MM/DD/YYYY)	BLOOD ALCOHOL CONCENTRATION BY WEIGHT
DATE (MM/DD/YYYY)	LOCATION OF INSTRUMENT	SERIAL NUMBER	WITNESS (IF ANY)	

MIRANDA RIGHTS

BECAUSE YOU ARE UNDER ARREST, I AM INFORMING YOU OF YOUR CONSTITUTIONAL RIGHTS (MIRANDA WARNING)

1. You have the right to remain silent.
2. Anything you say can and will be used against you in a court of law.
3. You have the right to talk to a lawyer and have him or her present with you while you are being questioned.
4. If you cannot afford to hire a lawyer, one will be appointed to represent you before any questioning, if you wish.
5. You can decide at any time to exercise these rights and not answer any questions or make any statements.

RIGHTS GIVEN AT

- SCENE STATION
- HOSPITAL EN ROUTE TO STATION

DO YOU UNDERSTAND THE RIGHTS I'VE EXPLAINED TO YOU?

- YES NO

TIME ADVISED

(MIL)

DATE (MM/DD/YYYY)

INTERVIEWER TO COMPLETE

INTERVIEW DATE (MM/DD/YYYY)

TIME

INTERVIEWER'S NAME

WAS SUBJECT INVOLVED IN A CRASH?

- YES NO

DATE OF CRASH (MM/DD/YYYY)

TIME OF CRASH

(MIL)

CRASH INFORMATION (IF APPLICABLE) — RECORD PERSON'S RESPONSES

WERE YOU INVOLVED IN A MOTOR VEHICLE CRASH TODAY?

- YES NO WHEN:

WERE YOU OPERATING THE VEHICLE AT THE TIME OF THE CRASH?

- YES NO

WERE YOU INJURED IN THE CRASH?

- YES NO HOW:

HAVE YOU CONSUMED ANY INTOXICANTS SINCE THE CRASH?

- YES NO

IF YES, WHAT?

WHEN?

WHERE?

HOW MUCH?

INTERVIEW — RECORD PERSON'S RESPONSES

WHAT TIME IS IT NOW?

WHAT IS THE DATE?

WHAT DAY OF THE WEEK IS IT?

WHAT CITY (COUNTY) ARE YOU IN NOW?

WHEN DID YOU LAST EAT?

WHAT DID YOU LAST EAT?

WHAT WERE YOU DOING DURING THE LAST THREE HOURS PRIOR TO CONTACT WITH LAW ENFORCEMENT?

WERE YOU OPERATING THE VEHICLE AT THE TIME OF THE CRASH OR STOP?

- YES NO

HAVE YOU BEEN DRINKING?

- YES NO

IF YES, WHAT WERE YOU DRINKING?

TIME STARTED

TIME STOPPED

HOW MUCH?

WHERE?

ARE YOU UNDER THE INFLUENCE OF AN ALCOHOLIC BEVERAGE?

- YES NO

HAVE YOU USED MARIJUANA OR ANY OTHER DRUG, LEGAL OR ILLEGAL, IN THE LAST 72 HOURS?

- YES NO

IF YES, WHEN?

WHERE?

HOW MUCH?

IF YES, WHAT?

DO YOU HAVE ANY TEMPORARY OR LONG-TERM PHYSICAL OR MENTAL CONDITIONS?

- YES NO

IF YES, EXPLAIN:

ARE YOU TAKING TRANQUILIZERS, PILLS, MEDICINES, INJECTIONS OR DRUGS OF ANY KIND, SUCH AS INSULIN?

- YES NO

IF YES, WHAT?

WHEN?

WHERE?

HOW MUCH?

STATEMENT OF BLOOD DRAWER (COMPLETE OR ATTACH SEPARATE STATEMENT)

In accordance with the provisions of section 577.029, RSMo, and at the request and direction of a law enforcement officer, I withdrew blood from _____ for the purpose of determining the alcohol or drug content of the blood in strict accord with my training and accepted medical practice. The blood was withdrawn by means of a previously unused and sterile needle into a sterile, commercially-manufactured blood collection tube containing a preservative and anticoagulant. It was my good faith medical judgment that such procedure did not endanger the life or health of the person. The sample was labeled with the subject's identification and given to the requesting law enforcement officer.

DATE (MM/DD/YYYY)	TIME (MIL)	EMPLOYER	
TITLE (CHECK ONE) <input type="checkbox"/> LICENSED PHYSICIAN <input type="checkbox"/> REGISTERED NURSE <input type="checkbox"/> TRAINED MEDICAL TECHNICIAN (Phlebotomist, Paramedic, etc.): _____			WORK TELEPHONE
SIGNATURE		NAME (TYPE OR PRINT)	

VERIFICATION OR IDENTIFICATION OF LAW ENFORCEMENT OFFICER. (PLEASE COMPLETE AND ATTACH NARRATIVE STATEMENT OF THE FACTS FOR THIS INVESTIGATION.)

THE FOLLOWING DOCUMENTS RELATING TO THIS ARREST OR STOP ARE HEREBY INCORPORATED INTO THIS REPORT:

- Narrative (attached).
- Crash Report, if applicable.
- Missouri Driver License, if secured.
- Copy of most recent Maintenance Report prior to test.
- Notice of Suspension or Revocation (Revenue's copy), if issued.
- All other reports incidental to this arrest or stop and BAC testing.
- Copy of Citation (UC) and/or complaint filed with the Court, if applicable.
- Report(s) of the result(s) of all chemical tests conducted showing blood alcohol content if not included on page 2 of this form (Checklist or Lab Report).

CERTIFICATION OF FIELD SOBRIETY TEST TRAINING (Check box if applicable)

- I hereby certify that I have received a minimum of 8 hours training in administering, interpreting and scoring the horizontal gaze nystagmus test.

I HEREBY SWEAR UPON MY OATH, AND DO STATE AS FOLLOWS:

At all times mentioned herein, I was employed as a member of the below-stated Police Agency, and I am licensed, or exempt from certification pursuant to Chapter 590, RSMo, by the Director of Public Safety as having completed a program of mandatory standards for the training of peace officers in this State pursuant to Chapter 590, RSMo, and I arrested the above named person for a violation of a county or city ordinance prohibiting driving while intoxicated or an alcohol-related traffic offense or Section 577.010 or 577.012, RSMo, or conducted a .020% or more blood alcohol content-related stop. I certify that the information I have provided is true and correct to the best of my knowledge under the penalties of perjury for making a false statement to a public official.

CHECK APPROPRIATE BOX ►	<input type="checkbox"/> HIGHWAY PATROL	<input type="checkbox"/> MUNICIPAL OFFICER	
	<input type="checkbox"/> COUNTY OFFICER	<input type="checkbox"/> ELECTED OFFICIAL	<input type="checkbox"/> OTHER
NAME OF LAW ENFORCEMENT OFFICER	BADGE NUMBER	RANK	NAME OF POLICE AGENCY OR TROOP LETTER
COMPLETE MAILING ADDRESS			BUSINESS TELEPHONE NUMBER
CITY, STATE, ZIP CODE			

SIGNATURE — MUST SIGN