Uniform DWI Arrest Citation

STATE OF LOUISIANA
Jud. Dist. ☐
Municipal ☐
PARISH OF _____ SS Ward ☐ _____ court

The undersigned being duly sworn upon his oath deposes and says:

On the _____ day of _____ at _____ Hours

Violator Name _____

Address _____

City _____ State _____ Zip _____

DOB _____ Age _____ Race _____ Sex _____ Ht. _____ Eyes _____

OLN _____ STATE _____ CLASS_____

ID/Pseudo # STATE

☐ Carrying Haz Mat ☐ Commercial Vehicle ☐ CDL CRASH: ☐ PROPERTY ☐ INJURY ☐ FATALITY

Unlawfully operated YR. _____ MAKE _____ TYPE _____ COLOR _____

Veh Lic _____ State _____ Year _____

VIN _____

Location _____

_____ MP # _____

VIOLATION

1 Violated and was subsequently arrested for violation of [STAT./ORD.]: _____ operating a motor vehicle or other means of conveyance while under the influence of an alcoholic beverage and/or a controlled dangerous substance, contrary to the laws of the state of Louisiana and against the peace and dignity of the same.

STATE/ORD VIOLATION

2 _____ _____

STAT/ORD VIOLATION

3 _____ _____

STAT/ORD VIOLATION

4 _____ _____

☐ CHILD 12 YEARS OR YOUNGER IN VEH.

☐ VIDEO TAPE VCN: ☐ Radar #

Arresting Officer (print) Signature

_____

THE ABOVE SWORN TO AND SUBSCRIBED BEFORE ME THIS

_____ DAY OF _____, 20_____ AT_____ A.M./P.M.

_____

(Notary or Ex Officio)

☐ REFUSED TEST ☐ SUBMITTED TO TEST

RESULT _____%

INSTRUMENT NO. _____ **DL PICKED UP** ☐ YES ☐ NO

TIME OF TEST _____ DATE OF TEST _____

BLOOD ☐ URINE ☐ RESULTS PENDING ☐

DRAWN BY: _____

PERSON DRAWING BLOOD CAN BE LOCATED: _____

_____

CHEMICAL TEST PENDING AT:

_____

COURT APPEARANCE: ☐ JUVENILE ☐ UPON NOTICE ☐ BOOKED

☐ NO COURT DATE ISSUED CONTACT AGENCY BELOW

DATE _____ TIME ____:_____ m. PHONE ( ) - _____ - _____

AT _____

_____ CITY _____ LA.

I understand the terms and conditions of the summons and promise to appear at the time and place shown above. Failure to appear will cause for the suspension of my driving privileges and the imposition of additional fines and/or fees by the Louisiana Department of public Safety and Corrections. I understand my signature is not an admission of guilt.

SIGNATURE: _____

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INITIAL OBSERVATION:

LEVEL OF IMPAIRMENT
( ) EXTREME
( ) OBVIOUS
( ) SLIGHT

ODOR OF ALCOHOLIC BEVERAGE
( ) STRONG ( ) NONE
( ) MODERATE
( ) FAINT

BALANCE
( ) FALLING
( ) SWAYING
( ) UNSURE
( ) OTHER

SPEECH
( ) INCOHERENT
( ) STUTTERING
( ) SLURRED
( ) FAIR

INDICATION OF DRUG USE
( ) YES ( ) NO
Note: If drug use is suspected you should request the violator submit to a urine and a blood test in addition to an alcohol test.

OBSERVATIONS: _____

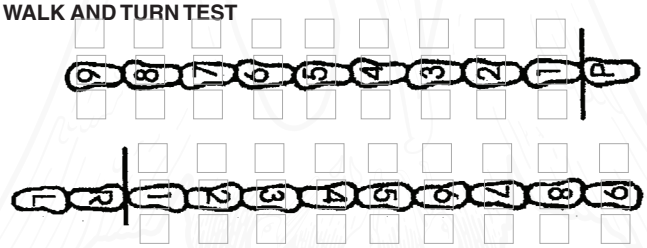
FIELD SOBRIETY RESULTS:
1. HORIZONTAL GAZE NYSTAGMUS

RIGHT EYE		LEFT EYE		
( ) YES	( ) NO	( ) YES	( ) NO	LACK OF SMOOTH PURSUIT
( ) YES	( ) NO	( ) YES	( ) NO	DISTINCT AND SUSTAINED NYSTAGMUS AT MAXIMUM DEVIATION
( ) YES	( ) NO	( ) YES	( ) NO	NYSTAGMUS ONSET PRIOR TO 45 DEGREES
( ) YES	( ) NO	( ) YES	( ) NO	VERTICAL NYSTAGMUS

OBSERVATIONS:

_____

2. WALK AND TURN TEST



Describe Turn Direction

_____

Cannot keep balance during instructions _____
Starts too soon _____

	1st Nine	2nd Nine
Stops While Walking		
Misses Heel-Toe		
Steps Off Line		
Raises Arms		
Actual Steps Taken		

Cannot Do Test (explain)

_____

3.

One Leg Stand:

L	R	
☐	☐	Sways while balancing.
☐	☐	Uses arms to balance.
☐	☐	Hopping.
☐	☐	Puts foot down.

Type of Footwear

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OPTIONAL TESTS

ALPHABET TEST

EDUCATION LEVEL:

_____

BEGIN WITH LETTER: _____

END WITH LETTER: _____

_____

_____

COUNTING DOWN

BEGIN WITH NUMBER: _____

END WITH NUMBER: _____

_____

_____

_____

FINGER COUNT

_____

_____

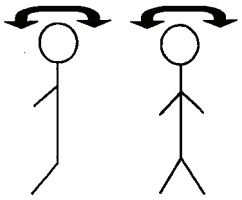
_____

_____

_____

MODIFIED ROMBERG BALANCE

Balance Eyes Closed



Internal Clock:

_____ Estimated as 30 sec.

Convergence

Right Eye Left Eye

TYPE OF SURFACE USED FOR FIELD SOBRIETY TEST

( ) LEVEL ( ) UNEVEN ( ) OTHER: _____

( ) ASPHALT ( ) CONCRETE ( ) DIRT

( ) GRAVEL ( ) GRASS ( ) TITLE

( ) DRY ( ) WET

WEATHER CONDITIONS: ( ) CLEAR ( ) WINDY ( ) RAIN

( ) OTHER _____

TRAFFIC CONDITIONS ( ) LIGHT ( ) MODERATE ( ) HEAVY

( ) OTHER _____

OBSERVATIONS:

INTERVIEW

PERSON HAS BEEN ADVISED MIRANDA RIGHTS PRIOR TO QUESTIONING: _____ **YES** _____ **NO** **TIME** _____

INTERVIEW STARTED _____ HRS.

1. DO YOU HAVE ANY PHYSICAL DEFECTS? _____YES _____ NO IF SO WHAT? _____
2. DO YOU HAVE DIABETES? _____YES _____ NO ARE YOU TAKING INSULIN? _____YES _____ NO
   TIME OF LAST DOSAGE _____
3. ARE YOU HURT? _____YES _____ NO IF SO, HOW? _____
4. ARE YOU ILL? _____YES _____ NO ILLNESS: _____
5. HAVE YOU TAKEN ANY TYPE OF MEDICATION OR DRUGS IN THE LAST 24 HOURS? _____YES _____ NO
   IF SO, WHAT TYPE? _____
   HOW MUCH? _____
   FOR WHAT? _____
   TIME OF LAST DOSAGE _____ ( ) AM ( ) PM
   FOR WHAT ILLNESS OR DISORDER? _____
6. HAVE YOU BEEN TO A DOCTOR OR DENTIST RECENTLY? _____YES _____ NO
   IF SO, WHEN? _____ NAME OF DOCTOR/DENTIST? _____
   FOR WHAT ILLNESS OR DISORDER? _____
7. WERE YOU OPERATING A MOTOR VEHICLE/WATERCRAFT? _____YES _____ NO
8. DOES THE VEHICLE YOU WERE DRIVING HAVE ANY DEFECTS? _____YES _____ NO
   IF YES, WHAT KIND? _____
9. WHERE WERE YOU GOING? _____
10. WHERE DID YOU START FROM? _____ TIME? _____
11. WHAT HIGHWAY/ROADWAY/WATERWAY WERE YOU ON? _____ WHAT DIRECTION? N S E W
12. HAVE YOU BEEN DRINKING? _____YES _____ NO WHAT HAVE YOU BEEN DRINKING? _____
    HOW MUCH? _____ WHERE? _____
    TIME STARTED DRINKING? _____ TIME STOPPED DRINKING? _____
13. DID YOU FEEL THE EFFECTS OF ANY ALCOHOLIC BEVERAGE OR DRUGS WHEN YOU WERE STOPPED?
    _____YES _____ NO
14. WERE YOU INVOLVED IN AN ACCIDENT TODAY? _____YES _____ NO IF SO, WHEN? _____
15. HOW LONG AFTER THE ACCIDENT WAS IT BEFORE THE POLICE ARRIVED? _____
16. HAVE YOU HAD ANY ALCOHOLIC BEVERAGE SINCE THE ACCIDENT? _____YES _____ NO
    HOW MUCH? _____

INTERVIEW CONCLUDED _____ HRS.

NOTE: IF DRUG USE IS SUSPECTED, YOU SHOULD REQUEST ADDITIONAL CHEMICAL TESTS.

Uniform DWI Arrest Citation

NOTE: SEPARATE FROM THE SET
BEFORE WRITING ON THIS PAGE

LOUISIANA UNIFORM DWI ARREST REPORT

SUBJECT NAME	O.L.N.	DATE	ITEM/FILE/DESK LOG #

SYNOPSIS OF ARREST

ARRESTING OFFICER (print)	SIGNATURE	DEPT.	DATE

WITNESSES:	NAME	ADDRESS	PHONE
1			
2			
3			

UNIFORM ARREST REPORT

DPSSP 6622 (Rev. 4/25