MISSOURI DEPARTMENT OF REVENUE
DRIVER LICENSE BUREAU
PO BOX 3700
JEFFERSON CITY, MO 65105-3700

ALCOHOL INFLUENCE REPORT

FORM **2389** (REV. 08-2018)

ORI NUMBER	REPORT NUMBER
UC NUMBER (IF APPLICABLE)	

DATE OF ARREST OR CUSTODY (MM/DD/YYYY)	TIME OF INITIAL CONTACT (MIL)	TIME OF ARREST OR CUSTODY (MIL)	COUNTY OF ARREST OR CUSTODY

LOCATION OF ARREST OR CUSTODY

☐ COUNTY OR CITY ORDINANCE ☐ RSMo 577.010 OR 577.012
☐ OTHER _____

REASON FOR INITIAL CONTACT
☐ TRAFFIC VIOLATION ☐ CRASH ☐ CHECKPOINT ☐ OTHER - EXPLAIN

SUBJECT WAS OBSERVED DRIVING OR OPERATING BY

IDENTIFICATION

FULL NAME						DATE OF BIRTH (MM/DD/YYYY)
ADDRESS			CITY, STATE, ZIP CODE			
RACE	SEX	HEIGHT	WEIGHT	EYES	HAIR	☐ COMMERCIAL MOTOR VEHICLE ☐ HAZARDOUS MATERIALS ☐ IGNITION INTERLOCK DEVICE INSTALLED ON VEHICLE
DRIVER LICENSE NUMBER	STATE	CDL HOLDER? ☐ YES ☐ NO	VEHICLE LICENSE NUMBER	STATE		
LICENSE CONFISCATED? ☐ YES ☐ NO	YEAR	MAKE	MODEL	VIN		

OFFICER'S OBSERVATION MADE PRIOR TO ARREST OR CUSTODY (Check appropriate box[es] and add any pertinent remarks.)

BREATH	ODOR OF ALCOHOLIC BEVERAGE:	☐ FAINT	☐ MODERATE	☐ STRONG	☐ NONE	
	ODOR OF MARIJUANA OR CHEMICAL:	☐ YES	☐ NO			
EYES	☐ WATERY	☐ BLOODSHOT	☐ GLASSY	☐ STARING	☐ ARTIFICIAL EYE	
PUPILS	☐ CONSTRICTED	☐ SLOW REACTION TO LIGHT	☐ DILATED			
BALANCE AND WALKING	☐ UNCERTAIN	☐ SWAYING	☐ STAGGERING	☐ STUMBLING	☐ FALLING	☐ OTHER:
SPEECH	☐ SLURRED	☐ CONFUSED	☐ INCOHERENT	☐ STUTTERING	☐ MUMBLING	☐ OTHER:
CLOTHING AND FOOTWEAR	DESCRIBE:			SOILED BY:		
UNUSUAL ACTIONS	☐ PROFANITY	☐ HICCUPS	☐ BELCHING	☐ VOMITING	☐ FIGHTING	☐ OTHER:
ATTITUDE	DESCRIBE:					

SOBRIETY TESTS GIVEN PRIOR TO ARREST OR CUSTODY (Check appropriate box[es] and add any pertinent remarks.)

☐ **HORIZONTAL GAZE NYSTAGMUS**

1. ☐ Eyes Tracked Equally
2. ☐ Pupils of Equal Size
3. ☐ Resting Nystagmus Detected

4. LEFT		RIGHT
____	No smooth Pursuit	____
____	Distinct and sustained Nystagmus at maximum deviation	____
____	Onset prior to 45° with some white showing	____

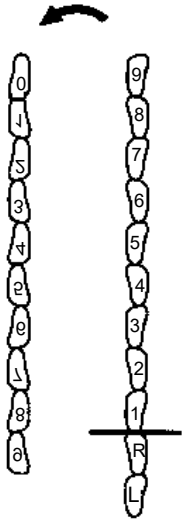
(See certification on page 4.)

☐ VERTICAL GAZE NYSTAGMUS DETECTED

☐ **WALK-AND-TURN**

- ☐ Fails to maintain heel-to-toe stance
- ☐ Starts before instructed to begin
- ☐ Stops while walking to steady self
- ☐ Does not touch heel to toe (misses by more than 1/2 inch)
- ☐ Loses balance while walking (steps off line)
- ☐ Uses arms for balance (raises arm more than 6 inches)
- ☐ Loses balance while turning or made improper turn
- ☐ Incorrect number of steps
- ☐ Cannot perform or refused to do test

Explain: _____



☐ **ONE LEG STAND**

(Subject may stand on either foot for test. Indicate foot stood on below.)

☐ Left ☐ Right

- ☐ Sways while balancing
- ☐ Uses arms for balance (raises arms more than 6 inches)
- ☐ Hops
- ☐ Puts foot down
- ☐ Cannot perform or refused to do test

Explain: _____

OTHER: (ANY OTHER TEST[S] GIVEN NOT LISTED ABOVE) e.g., ALPHABET, COUNTING, ROMBERG, FINGER-TO-NOSE.

_____

_____

☐ SUBJECT REFUSED FIELD TESTS ☐ SUBJECT UNABLE TO SAFELY PERFORM FIELD TESTS

PRELIMINARY BREATH TEST (PBT) POSITIVE FOR ALCOHOL?

☐ YES ☐ NO ☐ REFUSED

RESULT _____ %

IMPLIED CONSENT TIME ADVISED: (MIL)	**FOR USE IN ZERO TOLERANCE ONLY**
☐ 1. You are under arrest and I have reasonable grounds to believe you were driving a vehicle while you were in an intoxicated condition.	☐ 1. You have been stopped and are under the age of 21; I have reasonable grounds to believe that you were driving a 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)

Attorney Requested? ☐ YES Time: _____ (MIL) (If yes, explain in narrative.) ☐ NO

BREATH/BLOOD TEST AND RESULT

☐ **BREATH TEST** (ATTACH **SIGNED** CHECKLIST AND MOST RECENT MAINTENANCE REPORT COMPLETED PRIOR TO THIS BREATH TEST)

☐ **BLOOD TEST** (ATTACH SIGNED LAB REPORT WITH BAC RESULT)

BLOOD ALCOHOL CONCENTRATION BY WEIGHT

STATEMENT OF BLOOD DRAWER (COMPLETE OR ATTACH SEPARATE STATEMENT)

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 practices. The blood was withdrawn by means of a previously unused and sterile needle into a sterile, commercially-manufactured blood collection tube containing sodium fluoride or an equivalent preservative, and potassium oxalate, sodium citrate or an equivalent anti-coagulant. 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)

☐ LICENSED PHYSICIAN ☐ PHLEBOTOMIST ☐ REGISTERED NURSE

☐ TRAINED MEDICAL TECHNICIAN (Paramedic, etc.): _____

SIGNATURE	NAME (TYPE OR PRINT)	WORK TELEPHONE

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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)	ESTIMATED 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 CITY (COUNTY) ARE YOU IN NOW?

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?

CRASH INFORMATION (IF APPLICABLE)

Estimated time of crash? _____

How was time determined? _____

_____

Evidence of driving or vehicle operation by subject:

☐ Admission of subject.
☐ Witness Statement(s). (Explain in narrative and attach written statement, if available.)
☐ Other evidence of recent vehicle operation/crash: (hood warm, steam emitting from vehicle(s), debris in roadway, etc.)

_____

Containers of intoxicants in or around vehicle? ☐ **Yes** ☐ **No**

Crash Report prepared? ☐ **Yes** ☐ **No (Attach)**

VERIFICATION OR IDENTIFICATION OF LAW ENFORCEMENT OFFICER. (PLEASE COMPLETE AND ATTACH NARRATIVE.)

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.
✓ Signed copy of most recent Maintenance Report prior to test.
✓ Simulator Certification Report, if applicable.
✓ 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, as applicable (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 and administered the test in accordance with NHTSA standards.**

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 ►	☐ HIGHWAY PATROL ☐ MUNICIPAL OFFICER ☐ COUNTY OFFICER ☐ ELECTED OFFICIAL ☐ 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