



LOS ANGELES POLICE DEPARTMENT
CALIFORNIA ALCOHOL/DRUG INFLUENCE REPORT

		Form Number		Report Number	
Date	Time	Name: First	Middle	Last	
INITIAL OBSERVATIONS (READ TO SUBJECT)					
Are you sick or injured?		Do you wear glasses or contacts? (Remove for HGN)		Do you have any eye problems?	
Are you diabetic?	Any history of head injury?	Any physical disability preventing walking or standing?		Odor of intoxicants	
ENVIRONMENTAL CONDITIONS					
Weather Conditions		Traffic Conditions		Surface Type (where FSTs are performed)	
HORIZONTAL GAZE NYSTAGMUS (HGN)					
INSTRUCTIONS (READ TO SUBJECT)					
"Place your feet together and arms down at your sides. Stand in that position until I tell you to move. Do you understand?"					
"For this test, you will follow the tip of my finger with your eyes and your eyes only. Do not move your head. Do you understand?"					
Observations (Check all that apply)					
<input type="checkbox"/> RESTING NYSTAGMUS		<input type="checkbox"/> EQUAL PUPIL SIZE			
<input type="checkbox"/> EQUAL TRACKING		<input type="checkbox"/> LACK OF SMOOTH PURSUIT			
<input type="checkbox"/> SUSTAINED NYSTAGMUS AT MAX DEVIATION		<input type="checkbox"/> ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES			
WALK AND TURN					
INSTRUCTIONS (READ TO SUBJECT)					
"Are you comfortable in the shoes you are wearing for this next test?" WAIT FOR ANSWER					
"For this test, you will place your left foot on this straight line (real or imaginary). Place your right foot in front of your left, touching heel to toe. Put your arms down at your sides. Remain in that position until I tell you to begin. Do you understand?"					
"When I tell you to begin, you will take nine (9) heel to toe steps down the line, turn in a manner I will demonstrate for you, then take nine (9) heel to toe steps back down the line." DEMONSTRATE FOR SUBJECT					
"During this test, you will watch your feet as you walk, count your steps out loud, keep your arms down at your sides, and do not stop until you have completed the test. Do you understand?"					
Observations (Check all that apply)					
<input type="checkbox"/> CANNOT MAINTAIN BALANCE WHILE LISTENING		<input type="checkbox"/> STARTS BEFORE INSTRUCTIONS			
<input type="checkbox"/> MISSES HEEL-TO-TOE		<input type="checkbox"/> STEPS OFF LINE			
<input type="checkbox"/> RAISES ARMS		<input type="checkbox"/> STOPS WALKING			
<input type="checkbox"/> INCORRECT NUMBER OF STEPS		<input type="checkbox"/> IMPROPER TURN			
ONE LEG STAND					
INSTRUCTIONS (READ TO SUBJECT)					
"For this next test, you will stand with your feet together and arms down at your sides. You will stand in that position until I tell you begin. Do you understand?"					
"When I tell you to begin, I want you to lift either leg of your choice with your foot approximately six (6) inches above the ground. You will keep your foot parallel to the ground, keep both legs straight and arms down at your side. You will watch your elevated foot and count out loud in the following manner: one-thousand one, one-thousand two, one-thousand three, and so on, until I tell you to stop. Do you understand?"					
Observations (Check all that apply)					
<input type="checkbox"/> SWAYS WHILE BALANCING		<input type="checkbox"/> USES ARMS TO BALANCE			
<input type="checkbox"/> HOPPING		<input type="checkbox"/> PUTS FOOT DOWN			
OFFICER INFORMATION					
Additional Notes					
I certify upon reasonable grounds that the information provided in this Alcohol/Drug Influence Report is true and accurate to the best of my knowledge. I have completed this report in accordance with agency guidelines and departmental procedures regarding impaired driving investigations.					
Officer Name		Badge Number	Agency LOS ANGELES POLICE DEPARTMENT		Signature