



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
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LOCATION OF ARREST OR CUSTODY	<input type="checkbox"/> COUNTY OR CITY ORDINANCE <input type="checkbox"/> RSMo 577.010 OR 577.012 <input type="checkbox"/> OTHER _____
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REASON FOR INITIAL CONTACT <input type="checkbox"/> TRAFFIC VIOLATION <input type="checkbox"/> CRASH <input type="checkbox"/> CHECKPOINT <input type="checkbox"/> OTHER - EXPLAIN _____	SUBJECT WAS OBSERVED DRIVING OR OPERATING BY _____
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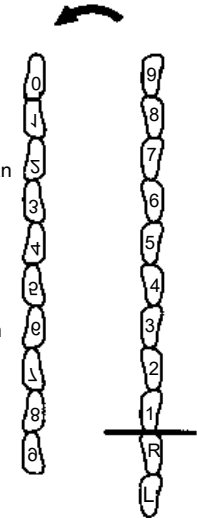
IDENTIFICATION	FULL NAME			DATE OF BIRTH (MM/DD/YYYY)		
	ADDRESS			CITY, STATE, ZIP CODE		
	RACE	SEX	HEIGHT	WEIGHT	EYES	HAIR
	DRIVER LICENSE NUMBER	STATE	CDL HOLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO	VEHICLE LICENSE NUMBER	STATE	<input type="checkbox"/> COMMERCIAL MOTOR VEHICLE <input type="checkbox"/> HAZARDOUS MATERIALS <input type="checkbox"/> IGNITION INTERLOCK DEVICE INSTALLED ON VEHICLE
	LICENSE CONFISCATED? <input type="checkbox"/> YES <input type="checkbox"/> 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: <input type="checkbox"/> FAINT <input type="checkbox"/> MODERATE <input type="checkbox"/> STRONG <input type="checkbox"/> NONE ODOR OF MARIJUANA OR CHEMICAL: <input type="checkbox"/> YES <input type="checkbox"/> NO
EYES PUPILS	<input type="checkbox"/> WATERY <input type="checkbox"/> BLOODSHOT <input type="checkbox"/> GLASSY <input type="checkbox"/> STARING <input type="checkbox"/> ARTIFICIAL EYE <input type="checkbox"/> CONSTRICTED <input type="checkbox"/> SLOW REACTION TO LIGHT <input type="checkbox"/> DILATED
BALANCE AND WALKING	<input type="checkbox"/> UNCERTAIN <input type="checkbox"/> SWAYING <input type="checkbox"/> STAGGERING <input type="checkbox"/> STUMBLING <input type="checkbox"/> FALLING <input type="checkbox"/> OTHER: _____
SPEECH	<input type="checkbox"/> SLURRED <input type="checkbox"/> CONFUSED <input type="checkbox"/> INCOHERENT <input type="checkbox"/> STUTTERING <input type="checkbox"/> MUMBLING <input type="checkbox"/> OTHER: _____
CLOTHING AND FOOTWEAR	DESCRIBE: _____ SOILED BY: _____
UNUSUAL ACTIONS	<input type="checkbox"/> PROFANITY <input type="checkbox"/> HICCUPS <input type="checkbox"/> BELCHING <input type="checkbox"/> VOMITING <input type="checkbox"/> FIGHTING <input type="checkbox"/> OTHER: _____
ATTITUDE	DESCRIBE: _____

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

<input type="checkbox"/> HORIZONTAL GAZE NYSTAGMUS 1. <input type="checkbox"/> Eyes Tracked Equally 2. <input type="checkbox"/> Pupils of Equal Size 3. <input type="checkbox"/> 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.)	<input type="checkbox"/> WALK-AND-TURN <input type="checkbox"/> Fails to maintain heel-to-toe stance <input type="checkbox"/> Starts before instructed to begin <input type="checkbox"/> Stops while walking to steady self <input type="checkbox"/> Does not touch heel to toe (misses by more than 1/2 inch) <input type="checkbox"/> Loses balance while walking (steps off line) <input type="checkbox"/> Uses arms for balance (raises arm more than 6 inches) <input type="checkbox"/> Loses balance while turning or made improper turn <input type="checkbox"/> Incorrect number of steps <input type="checkbox"/> Cannot perform or refused to do test Explain: _____	<input type="checkbox"/> ONE LEG STAND (Subject may stand on either foot for test. Indicate foot stood on below.) <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Sways while balancing <input type="checkbox"/> Uses arms for balance (raises arms more than 6 inches) <input type="checkbox"/> Hops <input type="checkbox"/> Puts foot down <input type="checkbox"/> Cannot perform or refused to do test Explain: _____
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OTHER: (ANY OTHER TEST[S] GIVEN NOT LISTED ABOVE) e.g., ALPHABET, COUNTING, ROMBERG, FINGER-TO-NOSE.	PRELIMINARY BREATH TEST (PBT) POSITIVE FOR ALCOHOL? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> REFUSED RESULT _____ %
<input type="checkbox"/> SUBJECT REFUSED FIELD TESTS <input type="checkbox"/> SUBJECT UNABLE TO SAFELY PERFORM FIELD TESTS	

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 vehicle while you were in an intoxicated 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 vehicle with a blood alcohol content of .020% or more.	
<input type="checkbox"/> 2. To determine the alcohol or drug content of your blood, I am requesting you submit to a chemical test of your <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Other _____ (Check no more than two)		
<input type="checkbox"/> 3. If you refuse to take the test(s), your driver license will immediately be revoked for one year.		
<input type="checkbox"/> 4. Evidence of your refusal to take the test(s) may be used against you in prosecution in a court of law.		
<input type="checkbox"/> 5. Having been informed of the reasons for requesting the test(s), will you take the test(s)? <input type="checkbox"/> YES <input type="checkbox"/> NO Time: _____ (MIL)		
Attorney Requested? <input type="checkbox"/> YES Time: _____ (MIL) (If yes, explain in narrative.) <input type="checkbox"/> NO		
BREATH/BLOOD TEST AND RESULT		
<input type="checkbox"/> BREATH TEST (ATTACH SIGNED CHECKLIST AND MOST RECENT MAINTENANCE REPORT COMPLETED PRIOR TO THIS BREATH TEST)	BLOOD ALCOHOL CONCENTRATION BY WEIGHT	
<input type="checkbox"/> BLOOD TEST (ATTACH SIGNED LAB REPORT WITH BAC RESULT)		
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)		
<input type="checkbox"/> LICENSED PHYSICIAN <input type="checkbox"/> PHLEBOTOMIST <input type="checkbox"/> REGISTERED NURSE		
<input type="checkbox"/> TRAINED MEDICAL TECHNICIAN (Paramedic, etc.): _____		
SIGNATURE	NAME (TYPE OR PRINT)	WORK TELEPHONE

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 <input type="checkbox"/> SCENE <input type="checkbox"/> STATION <input type="checkbox"/> HOSPITAL <input type="checkbox"/> EN ROUTE TO STATION		DO YOU UNDERSTAND THE RIGHTS I'VE EXPLAINED TO YOU? <input type="checkbox"/> YES <input type="checkbox"/> NO	TIME ADVISED (MIL)	DATE (MM/DD/YYYY)
INTERVIEW DATE (MM/DD/YYYY)	TIME	INTERVIEWER'S NAME		
WAS SUBJECT INVOLVED IN A CRASH? <input type="checkbox"/> YES <input type="checkbox"/> NO		DATE OF CRASH (MM/DD/YYYY)	ESTIMATED TIME OF CRASH (MIL)	
WERE YOU INVOLVED IN A MOTOR VEHICLE CRASH TODAY? <input type="checkbox"/> YES <input type="checkbox"/> NO WHEN:		WERE YOU OPERATING THE VEHICLE AT THE TIME OF THE CRASH? <input type="checkbox"/> YES <input type="checkbox"/> NO		
WERE YOU INJURED IN THE CRASH? <input type="checkbox"/> YES <input type="checkbox"/> NO HOW:				
HAVE YOU CONSUMED ANY INTOXICANTS SINCE THE CRASH? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, WHAT?		
WHEN?	WHERE?		HOW MUCH?	
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? <input type="checkbox"/> YES <input type="checkbox"/> NO				
HAVE YOU BEEN DRINKING? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT WERE YOU DRINKING?		TIME STARTED	TIME STOPPED
HOW MUCH?	WHERE?	ARE YOU UNDER THE INFLUENCE OF AN ALCOHOLIC BEVERAGE? <input type="checkbox"/> YES <input type="checkbox"/> NO		
HAVE YOU USED MARIJUANA OR ANY OTHER DRUG, LEGAL OR ILLEGAL, IN THE LAST 72 HOURS? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN?	WHERE?	HOW MUCH?	IF YES, WHAT?
DO YOU HAVE ANY TEMPORARY OR LONG-TERM PHYSICAL OR MENTAL CONDITIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, EXPLAIN:			
ARE YOU TAKING TRANQUILIZERS, PILLS, MEDICINES, INJECTIONS OR DRUGS OF ANY KIND, SUCH AS INSULIN? <input type="checkbox"/> YES <input type="checkbox"/> 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 NoCrash 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