

CLARKSVILLE POLICE DEPARTMENT

Standard Field Sobriety Test Form

OFFICER NAME: _____ BADGE #: _____ Case #: _____

SUBJECT NAME: _____ PBT: _____ DATE: _____

DATA MASTER INST.: _____

GAZE NYSTAGMUS: (4 POINT DECISION)

Subject had equal tracking in both eyes, distinct nystagmus at maximum deviation in both eyes and onset prior to forty five degrees in both eyes.

PASS FAIL

WALK AND TURN: (2 POINT DECISION)

Started test early:

Steps off line or to the side: (3 or more)

First 9 / 1 2 3 4 5 6 7 8 9 Second 9 / 1 2 3 4 5 6 7 8 9

Steps not heel to toe:

First 9 / 1 2 3 4 5 6 7 8 9 Second 9 / 1 2 3 4 5 6 7 8 9

Counted out loud:

Arms out from side more than six inches for balance:

Swaying: (cannot maintain balance)

Stops walking to steady self:

PASS FAIL

YES _____ NO _____

YES _____ NO _____

Circle steps _____

Circle steps _____

YES _____ NO _____

YES _____ NO _____

YES _____ NO _____

YES _____ NO _____

ONE LEG STAND: (2 POINT DECISION)

Started test early:

Leg at least six inches from ground:

Hopped on leg:

Placed foot on ground: (3 or more) # OF TIMES: _____

Arms out from side more than six inches for balance:

Sways while balancing:

PASS FAIL

YES _____ NO _____

YES _____ NO _____

YES _____ NO _____

YES _____ NO _____

YES _____ NO _____

YES _____ NO _____

FINGER TO NOSE:

Completely missed left side:

Completely missed right side:

Hesitant

PASS FAIL

YES _____ NO _____

YES _____ NO _____

YES _____ NO _____

FINGER COUNT:

Subject counted: (ex: 1324, 4231)

Used correct finger while counting:

PASS FAIL

YES _____ NO _____

MISCELLANIOUS:

Ability to understand instructions: _____

Additional comments: _____

CLARKSVILLE POLICE DEPARTMENT

Intoxication Form

OFFICER NAME: _____ BADGE #: _____ Case #: _____

SUBJECT NAME: _____ PBT: _____ DATE: _____

OBSERVATIONS:
CHECK ALL THAT APPLY

UNDER THE INFLUENCE OF: Alcohol Marijuana Pills
 Other: _____

CLOTHES: Soiled Disorderly Orderly
 Other: _____

ATTITUDE: Cooperative Uncooperative Combative
 Insulting Other: _____

SPEECH: Mumbled Slurred Thick Toungead
 Not Understandable

EYES: Red Glossy Dilated
 Other: _____

BALANCE: Falling Need Support Swaying
 Stumbling Over Other: _____

ODOR OF ALCOHOL: Yes No If Yes: Strong Moderate Faint

EFFECTS OF ALCOHOL: Extreme Obvious Slight
 Other: _____

SIGNS OF INJURY OR ILLNESS: Yes No If Yes explain: _____

MEDICAL PROBLEMS: Yes No If Yes explain: _____

ADDITIONAL COMMENTS:

