

WASHINGTON STATE BOAT OPERATION UNDER THE INFLUENCE ARREST REPORT

SUBJECT'S NAME (LAST, FIRST, MI)			SEX <input type="checkbox"/> M <input type="checkbox"/> F	DATE OF BIRTH	CASE / CITATION NUMBER
STREET ADDRESS			CITY / STATE / ZIP CODE		
DRIVER'S LICENSE NUMBER	STATE	STATE BOATING EDUCATION CARD NUMBER	COUNTY OF ARREST	DATE / TIME OF ARREST	

Type of Test: Breath Blood

BAC Readings: 1st Sample 2nd Sample Refused Test

On the date, time and location of this arrest, I had authority to arrest pursuant to my agency's jurisdiction or Chapter 10.93 RCW

CONSTITUTIONAL RIGHTS

1. YOU HAVE THE RIGHT TO REMAIN SILENT.
2. YOU HAVE THE RIGHT AT THIS TIME TO AN ATTORNEY.
3. ANYTHING YOU SAY CAN AND WILL BE USED AGAINST YOU IN A COURT OF LAW.
4. IF YOU ARE UNDER THE AGE OF 18, ANYTHING YOU SAY CAN BE USED AGAINST YOU IN A JUVENILE-COURT PROSECUTION FOR A JUVENILE OFFENSE AND CAN ALSO BE USED AGAINST YOU IN AN ADULT-COURT CRIMINAL PROSECUTION IF THE JUVENILE COURT DECIDES THAT YOU ARE TO BE TRIED AS AN ADULT.
5. YOU HAVE THE RIGHT TO TALK TO AN ATTORNEY BEFORE ANSWERING ANY QUESTIONS.
6. YOU HAVE THE RIGHT TO HAVE AN ATTORNEY PRESENT DURING THE QUESTIONING.
7. IF YOU CANNOT AFFORD AN ATTORNEY, ONE WILL BE APPOINTED FOR YOU WITHOUT COST IF YOU SO DESIRE.
8. YOU CAN EXERCISE THESE RIGHTS AT ANY TIME.
9. DO YOU UNDERSTAND THESE RIGHTS?

I HAVE READ OR HAVE HAD READ TO ME THE ABOVE EXPLANATION OF MY CONSTITUTIONAL RIGHTS AND I UNDERSTAND THESE RIGHTS.

SUBJECT'S SIGNATURE _____

I UNDERSTAND MY CONSTITUTIONAL RIGHTS. I HAVE DECIDED NOT TO EXERCISE THESE RIGHTS AT THIS TIME. ANY STATEMENTS MADE BY ME ARE MADE FREELY, VOLUNTARILY, AND WITHOUT THREATS OR PROMISES OF ANY KIND.

OFFICER'S SIGNATURE

SUBJECT'S SIGNATURE

DATE / TIME

LOCATION(s)

Constitutional rights (Miranda) were read in the field at _____ hours from the department-issued rights card.

ATTORNEY REQUESTED <input type="checkbox"/> YES <input type="checkbox"/> NO	ATTORNEY CONTACTED? TIME: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNABLE	ATTORNEY'S NAME	ATTORNEY'S PHONE NO.
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EXPLANATION:

BREATH TESTING

YOU ARE UNDER ARREST FOR: (check appropriate box(es))

- RCW 79A.60.040 / 33 CFR 95: Operation of a vessel under the influence of intoxicating liquor and/or drugs.
- RCW 79A.60.050: Homicide by watercraft. RCW 79A.60.060: Assault by watercraft.

You are being asked to submit to a test of your breath. The breath test consists of two separate samples of your breath taken independently, to determine alcohol concentration.

- A. You have the right to refuse the breath test.**
 - If you refuse the breath test, you will be issued a class I civil infraction and a fine of \$1,000.
 - If you refuse the breath test, your refusal is not admissible in a subsequent criminal trial if you should be charged for boat operation under the influence.
- B. If you consent to the breath test, you have the right to withdraw the consent at any time.**
- C. If you consent to the breath test, the results of the breath test may be used as evidence in court against you.**

I HAVE READ THE ABOVE STATEMENT TO THE SUBJECT

I HAVE READ OR HAVE HAD READ TO ME THE ABOVE STATEMENT(S).

OFFICER'S SIGNATURE

SUBJECT'S SIGNATURE

DATE / TIME _____ LOCATION _____

Will you now submit to a breath test? YES NO

Did subject express any confusion regarding the implied consent warnings? YES NO If YES, explain below:

DO YOU HAVE ANYTHING IN YOUR MOUTH? <input type="checkbox"/> YES <input type="checkbox"/> NO	MOUTH CHECKED? TIME? ____ <input type="checkbox"/> YES <input type="checkbox"/> NO	2 ND MOUTH CHECK? (If Necessary) TIME? ____ <input type="checkbox"/> YES <input type="checkbox"/> NO	ANY FOREIGN SUBSTANCES FOUND? EXPLAIN: <input type="checkbox"/> YES <input type="checkbox"/> NO REMOVED <input type="checkbox"/> YES <input type="checkbox"/> NO
PBT READING	PBT TIME	<input type="checkbox"/> I was certified to operate the BAC DATAMASTER / PBT and possessed a valid permit issued by the State Toxicologist for this purpose on the date of this test.	
<input type="checkbox"/> I performed the PBT test in accordance with the State Toxicologist's protocols (Chapter 448-15 WAC)			
<input type="checkbox"/> I observed the subject during the entire observation period.			
<input type="checkbox"/> During that time, the subject did not vomit, eat, drink, smoke, or place any foreign substance in his/her mouth.			

BLOOD DRAWS

- A. Obtain a warrant for blood draw using the forms in the Boat Operation Under the Influence Blood Draw Packet (P&R A-454-A Pages 1-10) or;
- B. Use the Voluntary Blood Draw Consent form, also in the Boat Operation Under the Influence Blood Draw Packet (P&R A-454-A Pages 11 and 12).

BOAT OPERATION UNDER THE INFLUENCE INTERVIEW

1. DO YOU HAVE ANY PHYSICAL IMPAIRMENTS? EXPLAIN: <input type="checkbox"/> YES <input type="checkbox"/> NO		13. ANYTHING MECHANICALLY WRONG WITH THE VESSEL? <input type="checkbox"/> YES <input type="checkbox"/> NO	
2. DO YOU LIMP? <input type="checkbox"/> YES <input type="checkbox"/> NO		14. HAVE YOU BEEN INJURED OR INVOLVED IN ANY COLLISION(S) IN THE PAST 24 HOURS? <input type="checkbox"/> YES <input type="checkbox"/> NO	
3. ARE YOU SICK / INJURED? EXPLAIN: <input type="checkbox"/> YES <input type="checkbox"/> NO		15. HAVE YOU HAD ANY ALCOHOL TO DRINK/ OR TAKEN ANY MEDICATION SINCE BEING STOPPED / THE COLLISION? <input type="checkbox"/> YES <input type="checkbox"/> NO	
4. UNDER CARE OF A DOCTOR OR DENTIST? <input type="checkbox"/> YES <input type="checkbox"/> NO		15A. WHAT?	15B. HOW MUCH?
5. ARE YOU DIABETIC / EPILEPTIC? <input type="checkbox"/> YES <input type="checkbox"/> NO		16. TIME COLLISION OCCURRED?	
6. DO YOU TAKE INSULIN? <input type="checkbox"/> YES <input type="checkbox"/> NO	7. HAVE YOU TAKEN ANY MEDICINES/DRUGS IN THE PAST 24 HOURS? <input type="checkbox"/> YES <input type="checkbox"/> NO		17. WHERE WERE YOU GOING BEFORE STOPPED / THE COLLISION?
7A. PRESCRIPTION? <input type="checkbox"/> YES <input type="checkbox"/> NO		18. WITHOUT LOOKING, WHAT TIME DO YOU THINK IT IS?	(ACTUAL TIME)
7B. NON-PRESCRIPTION? <input type="checkbox"/> YES <input type="checkbox"/> NO		19. WHAT WATERWAY WERE YOU ON?	20. DIRECTION OF TRAVEL?
7C. LAST DOSE?		7D. QUANTITY?	21. STARTED FROM?
23. DAY OF THE WEEK? <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun		22. TIME STARTED?	
7E. COCAINE? <input type="checkbox"/> YES <input type="checkbox"/> NO	MARIJUANA? <input type="checkbox"/> YES <input type="checkbox"/> NO	OTHER? <input type="checkbox"/> YES <input type="checkbox"/> NO	24. WHAT CITY / COUNTY ARE YOU IN NOW?
25. WHAT IS THE DATE?		8. DO YOU HAVE IMPAIRED VISION? <input type="checkbox"/> YES <input type="checkbox"/> NO	
8A. DO YOU WEAR CORRECTIVE LENSES? <input type="checkbox"/> YES <input type="checkbox"/> NO		26. HAVE YOU BEEN DRINKING ALCOHOLIC BEVERAGES? <input type="checkbox"/> YES <input type="checkbox"/> NO	26A. WHAT HAVE YOU BEEN DRINKING?
8B. WERE YOU WEARING THEM WHEN YOU WERE STOPPED / BEFORE COLLISION? <input type="checkbox"/> YES <input type="checkbox"/> NO		26B. HOW MUCH?	26C. WHEN DID YOU START?
9. WHERE DO YOU WORK?	9A. DID YOU WORK TODAY?	10. TIME YOU GOT OFF WORK?	27. WHO HAVE YOU BEEN DRINKING WITH?
28. WHERE WERE YOU DRINKING?		11. HOURS OF SLEEP LAST NIGHT?	
12. WERE YOU DRIVING THE VESSEL? <input type="checkbox"/> YES <input type="checkbox"/> NO		29. TIME OF LAST DRINK?	30. DO YOU BELIEVE YOUR ABILITY TO OPERATE A VESSEL WAS AFFECTED BY YOUR ALCOHOL AND/OR DRUG USAGE?

If drug use indicated, please contact WSP Communications or local DRE after breath test and continue with BUI process.

PRE-ARREST OBSERVATIONS

1. ATTITUDE <input type="checkbox"/> COOPERATIVE <input type="checkbox"/> MOOD SWINGS <input type="checkbox"/> ARGUMENTATIVE <input type="checkbox"/> CRYING <input type="checkbox"/> LAUGHING <input type="checkbox"/> OTHER:	2. COORDINATION <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> FUMBLER FOR DRIVER'S LICENSE <input type="checkbox"/> OTHER:	3. CLOTHES <input type="checkbox"/> ORDERLY <input type="checkbox"/> SOILED - EXPLAIN <input type="checkbox"/> OTHER: EXPLAIN <input type="checkbox"/> SHOES (Describe)	4. EYES <input type="checkbox"/> NORMAL <input type="checkbox"/> WATERY <input type="checkbox"/> DROOPY <input type="checkbox"/> BLOODSHOT <input type="checkbox"/> PUPILS DILATED <input type="checkbox"/> PUPILS CONSTRICTED <input type="checkbox"/> OTHER:	5. FACIAL COLOR <input type="checkbox"/> NORMAL <input type="checkbox"/> FLUSHED <input type="checkbox"/> PALE <input type="checkbox"/> OTHER:	6. ODOR OF INTOXICANTS ON BREATH <input type="checkbox"/> NONE <input type="checkbox"/> FAINT <input type="checkbox"/> MEDIUM <input type="checkbox"/> STRONG <input type="checkbox"/> OBVIOUS <input type="checkbox"/> OTHER:	7. SPEECH <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> REPETITIVE <input type="checkbox"/> FAST <input type="checkbox"/> SLURRED <input type="checkbox"/> OTHER:
8. OFFICER'S OPINION (of subject's impairment due to use of alcohol/drugs) <input type="checkbox"/> SLIGHT <input type="checkbox"/> OBVIOUS <input type="checkbox"/> EXTREME		9. SUBJECT'S NATIVE LANGUAGE <input type="checkbox"/> ENGLISH <input type="checkbox"/> OTHER _____		9A. SUBJECT APPEARED TO UNDERSTAND INSTRUCTIONS <input type="checkbox"/> YES <input type="checkbox"/> NO		
9B. INTERPRETER REQUESTED? EXPLAIN BELOW: <input type="checkbox"/> YES <input type="checkbox"/> NO TIME: _____			INTERPRETER PROVIDED			
10. PASSENGER(S) INFORMATION						
11. VESSEL INVOLVED IN COLLISION? <input type="checkbox"/> YES <input type="checkbox"/> NO TIME: _____		12. TYPE OF VESSEL COLLISION? <input type="checkbox"/> PROPERTY DAMAGE <input type="checkbox"/> INJURY <input type="checkbox"/> FATALITY		13. VESSEL IMPOUNDED? <input type="checkbox"/> YES <input type="checkbox"/> NO		
AGENCY INVESTIGATING:		LOCATION OF IMPOUNDED VESSEL:		VESSEL RELEASED TO:		

FIELD SOBRIETY TEST PERFORMANCE REPORT Subject Name: _____ Start Time: _____

GENERAL INSTRUCTIONS:

Please sit straight at the front edge of your seat. Put your arms down at your sides. Place your feet shoulder-width apart so you are comfortable and stable. Are you stable? (Response) Do not move your feet until the tests are over. Stay in this position and do not do anything else until I tell you to do so. Do you understand? (Response)

PRE-TEST QUESTIONS

- Do you have any physical defects or disabilities? YES NO
- Do you have any defects with your eyes? YES NO
- Are you sick or injured? YES NO
- Are you under the care of a doctor or dentist? YES NO
- Are you taking any medication or drugs? YES NO

NOTES:

HORIZONTAL GAZE NYSTAGMUS

Have the subject remove their eyeglasses, if worn.

Are you wearing contact lenses? YES NO

I am going to check your eyes. Hold your head still and follow the stimulus with your eyes only. Do you understand? (Response)

Elevate the stimulus about 12-15" from the subject's nose. Check for equal pupil size, resting nystagmus and equal tracking.

Clues	Left	Right
Lack of smooth pursuit	<input type="checkbox"/>	<input type="checkbox"/>
Distinct & sustained nystagmus at max. deviation	<input type="checkbox"/>	<input type="checkbox"/>
Onset of nystagmus prior to 45-degrees	<input type="checkbox"/>	<input type="checkbox"/>
Total Clues		
Vertical nystagmus: <input type="checkbox"/> YES <input type="checkbox"/> NO	Evaluation Criteria: 4 or more clues	

FINGER TO NOSE

- Make a fist with both hands, extend your index fingers and turn your palms forward. Remain in this position while I explain the test. (Demonstrate) Do you understand? (Response)
- When I say begin, tilt your head back to about a 45° angle and close your eyes. (Demonstrate)
- When I tell you to, touch the tip of your nose with the tip of your index finger and immediately return it to your side. (Demonstrate and explain the fingertip, pad and side of fingers and demonstrate touching tip of the nose)
- When I say right, you must touch your right index finger to your nose; when I say left, you must touch your left index finger to your nose. Do you understand? (Response)
- Begin. (After head tilt...) Left...Right...Left...Right...Right...Left (After performance...) Open your eyes and straighten your head.

Instruction Stage	Performance Stage		Left	Right	Left	Right	Right	Left	
Unable to follow instructions	Did not close eyes	Wrong hand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wrong hand
	Did not tilt head	Wrong finger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wrong finger
Started at wrong time	Opened eyes during test	Hesitated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hesitated
		Searched	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Searched
	Moved head during test (1"+)	Not fingertip	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not fingertip
		Missed nose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Missed nose
		Did not bring down	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did not bring down
		Total Clues							
		Evaluation Criteria: 9 or more clues							

PALM PAT

- Place your hands palm to palm with one hand up and one hand down, like this. (Demonstrate) Remain in this position while I explain the test. Do you understand? (Response)
- When I tell you to begin, turn the top hand over and count out loud "one," then turn the hand back over and count out loud "two," counting only when the hands make contact, like this. (Demonstrate at least two sets)
- Repeat this, speed up as you go, and do not stop until told. Make sure to keep your hands and fingers parallel during each pat, like this. (Demonstrate)
- Do you understand? (Response) Begin. (If necessary, tell to speed up)

Instruction Stage	
Unable to follow instructions	<input type="checkbox"/>
Started at wrong time	<input type="checkbox"/>
Performance Stage	
Did not count as instructed	<input type="checkbox"/>
Rolled hands	<input type="checkbox"/>
Double pat	<input type="checkbox"/>
Chopped pat	<input type="checkbox"/>
Other improper pat (document)	<input type="checkbox"/>
Did not increase speed	<input type="checkbox"/>
Rotated hands	<input type="checkbox"/>
Stopped before told	<input type="checkbox"/>
Total Clues	
Evaluation Criteria: 2 or more clues	

HAND COORDINATION

- Make fists with both hands, place your left fist at the center of your chest and your right fist against your left fist, like this. (Demonstrate)
- Remain in this position while I explain the test. Do you understand? (Response)
- When I say begin, you must perform four tasks.
- The first task is to count out loud from one to four while you move your fists in a step-like fashion, making contact between your fists at each step. (Demonstrate while counting out loud 1, 2, 3, 4)
- The second task is to memorize the position of your fists after you have counted to four, clap your hands three times and return your fists to the memorized position. (Demonstrate)
- The third task is to move your fists in a step-like fashion in reverse order; counting out loud from five to eight and returning your left fist to your chest. (Demonstrate while counting out loud 5, 6, 7, 8)
- The fourth task is to open your hands with palms down and place them in your lap. (Demonstrate)
- Do you understand? (Response) Begin.

Instruction Stage	
Unable to follow instructions	<input type="checkbox"/>
Started at wrong time	<input type="checkbox"/>
Performance Stage	
Task 1 – Forward Steps	
Improper count	<input type="checkbox"/>
Improper touch	<input type="checkbox"/>
Did not perform	<input type="checkbox"/>
Task 2 – Hand Clapping	
Improper count	<input type="checkbox"/>
Improper touch	<input type="checkbox"/>
Improper return	<input type="checkbox"/>
Did not perform	<input type="checkbox"/>
Task 3 – Return Steps	
Improper count	<input type="checkbox"/>
Improper touch	<input type="checkbox"/>
Did not return left fist to chest	<input type="checkbox"/>
Did not perform	<input type="checkbox"/>
Task 4 – End Position	
Improper position	<input type="checkbox"/>
Did not perform	<input type="checkbox"/>
Total Clues	
Evaluation Criteria: 3 or more clues	

FIELD SOBRIETY TEST PERFORMANCE REPORT

Subject Name:

Start Time:

WALK AND TURN

- Place your left foot on the line with your right foot in front of the left foot, with the heel of the right foot touching the toe of the left. *(Demonstrate)*
- Place your arms at your sides. Maintain this position until I have completed the instructions. Do not start to walk until I tell you to do so. Do you understand? *(Response)*
- When I tell you to begin, take nine heel-to-toe steps, turn and take nine heel-to-toe steps back. *(Demonstrate 3 heel-to-toe steps)*
- When you turn, keep the front foot on the line and turn by taking a series of small steps with the other foot, like this. *(Demonstrate)*
- While you are walking, keep your arms at your sides, watch your feet at all times and count your steps out loud. Once you start walking, do not stop until you have completed the test. Do you understand? *(Response)*
- Begin.



Instruction Stage

- Loses balance during instructions
- Starts before told

Performance Stage

- Stops while walking
- Does not touch heel-to-toe (1/2"+)
- Steps off line
- Uses arms to balance (6"+)
- Improper turn
- Wrong number of steps

Total Clues

- Cannot perform test (explain)

Evaluation Criteria: 2 or more clues

ONE LEG STAND

- Stand with your feet together and your arms at your sides, like this. *(Demonstrate)*
- Do not start until I tell you to. Do you understand? *(Response)*
- When I tell you to start, raise one leg, either leg, approximately six inches off the ground, keeping your raised foot parallel to the ground. *(Demonstrate)*
- You must keep both legs straight, arms at your sides. While holding that position, count out loud in the following manner: one thousand and one, one thousand and two, one thousand and three, and so on until told to stop.
- Keep your arms at your sides at all times and keep watching the raised foot. Do you understand? *(Response)*
- Begin. *(30 seconds)*

Clues

- Sways while balancing
- Uses arms to balance (6"+)
- Hopping
- Puts foot down

Total Clues

- Cannot perform test (explain)

Evaluation Criteria: 2 or more clues

Phase I: Vessel in Motion – Document, on page 6, initial observations to describe vessel maneuvers or operator/occupant behaviors that may be associated with alcohol/drug influence prior to the stop. If no Phase I observations are made, describe initial contact.

Phase II: Personal Contact – Document, on page 6, additional observations made during face-to-face contact with the operator.

<p>Operator Actions</p> <ul style="list-style-type: none"> <input type="checkbox"/> Cannot find registration/wallet <input type="checkbox"/> Tries to conceal something <input type="checkbox"/> Produces wrong documents <input type="checkbox"/> Fumbles items <input type="checkbox"/> Excessive movement <input type="checkbox"/> Forgets to respond to request <input type="checkbox"/> Incorrect answers <input type="checkbox"/> Problem using fingertips <input type="checkbox"/> Avoids eye contact <input type="checkbox"/> Ignores questions <input type="checkbox"/> Lights cigarette or eats/chews <input type="checkbox"/> Angry/abusive language <input type="checkbox"/> Admits to drinking <input type="checkbox"/> Difficulty with safety equip. <input type="checkbox"/> Unusual statements 	<p>Breath</p> <p>Alcoholic beverage:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Strong <input type="checkbox"/> Moderate <input type="checkbox"/> Faint <input type="checkbox"/> None <p><input type="checkbox"/> Marijuana</p> <p><input type="checkbox"/> Breath mint/cover odor</p> <p>Face</p> <ul style="list-style-type: none"> <input type="checkbox"/> Pale <input type="checkbox"/> Flushed <input type="checkbox"/> Sweating <input type="checkbox"/> Sunburned <input type="checkbox"/> Normal 	<p>Eyes</p> <ul style="list-style-type: none"> <input type="checkbox"/> Bloodshot <input type="checkbox"/> Watery <input type="checkbox"/> Glassy <input type="checkbox"/> Dilated pupils <input type="checkbox"/> Constricted pupils <input type="checkbox"/> Droopy eyelids <input type="checkbox"/> Normal <p>Unusual Actions</p> <ul style="list-style-type: none"> <input type="checkbox"/> Hiccupping <input type="checkbox"/> Belching <input type="checkbox"/> Vomiting <input type="checkbox"/> Gagging/dry heaves <input type="checkbox"/> Fighting <input type="checkbox"/> Laughing <input type="checkbox"/> Crying 	<p>Attitude</p> <ul style="list-style-type: none"> <input type="checkbox"/> Jovial <input type="checkbox"/> Talkative <input type="checkbox"/> Cooperative <input type="checkbox"/> Indifferent <input type="checkbox"/> Sleepy <input type="checkbox"/> Profanity <input type="checkbox"/> Combative <input type="checkbox"/> Belligerent <input type="checkbox"/> Insulting <p>Clothing (describe)</p>	<p>Balance</p> <ul style="list-style-type: none"> <input type="checkbox"/> Normal <input type="checkbox"/> Falling <input type="checkbox"/> Staggering <input type="checkbox"/> Wide stance <input type="checkbox"/> Supports against object <input type="checkbox"/> Swaying <input type="checkbox"/> Sits down <input type="checkbox"/> Unsteady <input type="checkbox"/> Needs assistance <p>Notes:</p>
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Phase III – Pre-Arrest Screening – Document, on page 6, any other observations made during field sobriety testing to describe finding of probable cause to place subject under arrest for operating while impaired.

Officer:	Agency:	Case #:
Date:	Location:	
Subject Name:		D/O/B:
Height:	Weight:	Eyes:
		Hair:
PBT results:	@ hrs.	Evidentiary breath test results:
		@ hrs.
		Time of arrest:

WASHINGTON STATE BOAT OPERATION UNDER THE INFLUENCE ARREST REPORT

CASE / CITATION NUMBER

Phase I: Vessel in Motion – (Initial observations to describe vessel maneuvers or operator/occupant behaviors that may be associated with alcohol/drug influence prior to the stop. If no Phase I observations are made, describe initial contact.)

Phase II: Personal Contact – (Observations of operator, statements, observation of the boarding / de-boarding from the vessel, odors, general observations such as speech, attitude, clothing, etc.)

Phase III: Pre-Arrest Screening – (Field Sobriety Tests, explain which seated tests were used on the vessel and if any tests were used ashore.)

Administrative Process – (BAC and Disposition.)

I certify (declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct. (RCW 9A.72.085.)

OFFICER'S SIGNATURE

PRINTED NAME OF OFFICER

BADGE NUMBER

AGENCY

PLACE SIGNED (city / county / state)

DATE SIGNED