

ALCOHOL AND DRUG DETERMINATION

Not to Be Used for Submission of Defendant's Personal Sample for Alcohol or Drug Analysis

AGENCY INFORMATION		
INVESTIGATING AGENCY	ORI	
AGENCY MAILING ADDRESS	COUNTY OF JURISDICTION	
AGENCY TELEPHONE NUMBER ()	AGENCY FAX NUMBER FOR LAB REPORTS ()	
INVESTIGATING OFFICER PRINTED NAME	OFFICER SIGNATURE	BADGE NUMBER

INCIDENT INFORMATION			
INCIDENT NUMBER	DATE OF INCIDENT	TIME OF INCIDENT	<input type="checkbox"/> AM <input type="checkbox"/> PM
SUBJECT FIRST NAME	SUBJECT LAST NAME	DRIVER'S LICENSE NUMBER	DATE OF BIRTH
GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Living <input type="checkbox"/> Deceased	CAUSE OF DEATH	<input type="checkbox"/> Driver <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Suspect <input type="checkbox"/> Victim <input type="checkbox"/> Other _____
FILE CLASS			
<input type="checkbox"/> 5400-1 Accident, Hit & Run <input type="checkbox"/> 5400-2 OWI <input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs	<input type="checkbox"/> Fatal Accident <input type="checkbox"/> 0900-1 Homicide <input type="checkbox"/> 0900-3 Negligent Homicide <input type="checkbox"/> 1100 Criminal Sexual Conduct	<input type="checkbox"/> 9500-1 Accident, Fire <input type="checkbox"/> 9800-7 Suspicious Situation <input type="checkbox"/> 9800-9 Drug Overdose <input type="checkbox"/> 9900-1 Suicide <input type="checkbox"/> 9900-2 Natural Death <input type="checkbox"/> 9900-8 General Assistance	<input type="checkbox"/> Other _____
<input type="checkbox"/> 9300-1 Accident, Traffic <input type="checkbox"/> Fatal <input type="checkbox"/> PI or PD	<input type="checkbox"/> 3500-1 Violation of Controlled Substances Act <input type="checkbox"/> 4100-1 Liquor License Violation <input type="checkbox"/> 4100-2 Open Intox		
LIST SUSPECTED DRUGS (For OWI, CSC, Death cases)			<input type="checkbox"/> Test for Carbon Monoxide
COMMENTS (Behavior of Subject, etc)		PBT RESULT	
		Date	Time
		Result	
		%	

SAMPLE COLLECTION INFORMATION		
MEDICAL FACILITY NAME	DATE OF COLLECTION	
PRINTED NAME OF PERSON TAKING SAMPLES	TUBE 1 <input type="checkbox"/> Blood <input type="checkbox"/> Other	TIME OF COLLECTION <input type="checkbox"/> AM <input type="checkbox"/> PM
SIGNATURE OF PERSON TAKING SAMPLES	TUBE 2 <input type="checkbox"/> Blood <input type="checkbox"/> Other	TIME OF COLLECTION <input type="checkbox"/> AM <input type="checkbox"/> PM
ADDITIONAL REMARKS	BOTTLE 1 <input type="checkbox"/> Urine <input type="checkbox"/> Other	TIME OF COLLECTION <input type="checkbox"/> AM <input type="checkbox"/> PM
	BOTTLE 2 <input type="checkbox"/> Urine <input type="checkbox"/> Other	TIME OF COLLECTION <input type="checkbox"/> AM <input type="checkbox"/> PM

This Kit Is Not Intended To Be Used For DNA Analysis

Form Instructions on Reverse

First and Second Copy – Submit with Kit
 Third Copy – Retain by Agency

Authority: 1949 P.A. 300
 Compliance: Voluntary