

ROYAL SOLOMON ISLANDS POLICE

DRIVING UNDER THE INFLUENCE REPORT – NON ACCIDENT

Name: **Place of Interview:**.....**Date:**.....
Address: **Vehicle Type:**.....
.....
Rego No:.....**Expiry Date:**.....
.....
Licence No:.....**Expiry Date:**.....
Occupation: **Driver:** Yes No **Passenger:** Yes No
D.O.B. **Age:**..... **Unknown (details):**.....

Time of Incident or Accident:.....pm/am

If taken to Hospital – Time of arrival:.....pm/am

If found at scene of Accident – Time found:.....pm/am

<p style="text-align: center;">CLOTHES</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Neat <input type="checkbox"/> Soiled <input type="checkbox"/> Disarranged </div> <div> <input type="checkbox"/> Orderly <input type="checkbox"/> Other (specify) </div> </div>	<p style="text-align: center;">BREATH</p> <p style="text-align: center;">Odour of Alcohol</p> <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div>	<p style="text-align: center;">COLOUR OF FACE</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Normal <input type="checkbox"/> Flushed <input type="checkbox"/> Pale </div> <div> <input type="checkbox"/> Other (specify) </div> </div>	<p style="text-align: center;">ATTITUDE</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Polite <input type="checkbox"/> Co-operative <input type="checkbox"/> Indifferent </div> <div> <input type="checkbox"/> Abusive <input type="checkbox"/> Other (specify) </div> </div>
<p style="text-align: center;">SPEECH</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Normal <input type="checkbox"/> Slurred <input type="checkbox"/> Incoherent <input type="checkbox"/> Confused </div> <div> <input type="checkbox"/> Accent <input type="checkbox"/> Other (specify) </div> </div>	<p style="text-align: center;">WALK</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Sure <input type="checkbox"/> Stumbling <input type="checkbox"/> Staggering <input type="checkbox"/> Falling </div> <div> <input type="checkbox"/> Fair <input type="checkbox"/> Other (specify) </div> </div>	<p style="text-align: center;">BALANCE</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Sure <input type="checkbox"/> Fair <input type="checkbox"/> Other (specify) </div> <div> <input type="checkbox"/> Unable to stand <input type="checkbox"/> Swaying </div> </div>	<p style="text-align: center;">EYES</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Normal <input type="checkbox"/> Watery <input type="checkbox"/> Other (specify) </div> <div> <input type="checkbox"/> Sleepy <input type="checkbox"/> Bloodshot </div> </div>
<p style="text-align: center;">SIGNS OF INJURY</p> <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div> <p>What (specify)</p>	<p style="text-align: center;">ABILITY TO UNDERSTAND INSTRUCTIONS</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor </div> </div>	<p style="text-align: center;">UNUSUAL ACTIONS</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Crying <input type="checkbox"/> Hiccoughs <input type="checkbox"/> Laughing <input type="checkbox"/> Other (specify) </div> <div> <input type="checkbox"/> Fighting <input type="checkbox"/> Belching <input type="checkbox"/> Vomiting </div> </div>	
<p style="text-align: center;">WEATHER CONDITIONS</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Fine <input type="checkbox"/> Light rain <input type="checkbox"/> Heavy rain </div> <div> <input type="checkbox"/> Fog </div> </div>	<p style="text-align: center;">ROAD CONDITIONS</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Bitumen <input type="checkbox"/> Under repair </div> <div> <input type="checkbox"/> Good <input type="checkbox"/> Bad <input type="checkbox"/> Gravel </div> </div>	<p style="text-align: center;">TRAFFIC CONDITIONS</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Light <input type="checkbox"/> Medium <input type="checkbox"/> Heavy </div> </div>	
<p>OPINION OF EFFECT OF ALCOHOL:</p> <div style="display: flex; justify-content: space-around;"> <div> <input type="checkbox"/> None <input type="checkbox"/> Bordering on Drunkenness </div> <div> <input type="checkbox"/> Light </div> <div> <input type="checkbox"/> Moderate </div> <div> <input type="checkbox"/> Well under the influence <input type="checkbox"/> Drunk </div> </div>			

Q: I have just observed you driving vehicle.....
registration numberand I noticed that.....
.....

Do you have any reason for driving in this manner?

A:

Q: I now intend to ask you some further questions in relation to this matter but before I do I must first warn you that you are not obliged to say anything unless you wish to do so as anything you say will be taken down in writing and may be given as evidence. Do you understand?

A:

Q: Have you been drinking intoxicating liquor? **A:**

Q: What type? **A:**

Q: How many drinks have you had? **A:**

Q: What size glasses were they? **A:**

Q: Where were you drinking? **A:**

Q: Who were you drinking with? A:
Q: Are you ill or injured? A:
Q: Have you received any Medical or Dental Treatment lately?
A:
Q: If so, what treatment did you receive? A:
Q: Who did you receive the treatment from? A:
Q: What condition were you treated for? A:
Q: Are you taking any medication or drugs? A:
Q: If so, what medication are you taking? A:
Q: When did you take this medication? A:
Q: How much medication did you take? A:
Q: Who prescribed this medication? A:
Q: Why was the medication prescribed? A:
Q: Do you suffer from diabetes? A:
Q: Are you taking insulin? A:
Q: If so, when did you last take insulin? A:
Q: How much insulin did you take? A:
Q: Have you received a bump on the head? A:
Q: If so, How? A:
Q: When? A:
Q: Where? A:
Q: How much sleep did you have last night? A:
Q: Did you have any sleep today? A:
Q: When did you last eat? A:
Q: What did you eat? A:
Q: Where did you eat? A:
Q: Who with? A:
Q: What time did the accident happen? A:
Q: How did the collision occur? A:

.....
Q: Have you been drinking liquor since the accident? A:
Q: If so, what were you drinking? A:
Q: Where were you drinking? A:
Q: How much did you drink? A:
Q: When were you drinking? A:
Q: Why were you drinking? A:
Q: Who were you drinking with? A:
Q: What was the mechanical condition of your vehicle prior to the collision?
A:
Q: Do you have good eyesight? A:

Signature of Investigating Member.....

NAME:RANK:NUMBER: