

TABLE 9-2: Video Review Form

TAPE # _____ DATE REVIEWED: _____

OFFENSE DATE: _____ BY: _____

DEFENDANT: _____ CAUSE #: _____

POLICE DEPT: _____

INTOXILYZER OPERATOR: _____ ARRESTING OFFICER: _____

DWI: () PRIORS: _____ () BREATH / BLOOD TEST: _____ () REFUSAL
 () OPEN CONTAINER () SERIOUS BODILY INJURY
 () ACCIDENT () PHYSICAL DISABILITIES: _____

TIME OF : STOP: _____ TAPE : _____ = TOTAL ELAPSED: _____

WARNINGS GIVEN:

() VIDEO
 () DIC 24: () ORAL () WRITING
 () POSSIBLE *ERDMAN* PROBLEM: _____

MIRANDA WARNINGS: () GIVEN () WAIVED ATTORNEY REQUESTED: (YES) (NO)

SOBRIETY TESTS GIVEN: (YES) (NO)

TEST 1: _____ () DEMONSTRATED () ATTEMPTED
 PERFORMANCE: () GOOD () BAD
 COMMENTS: _____

TEST 2: _____ () DEMONSTRATED () ATTEMPTED
 PERFORMANCE: () GOOD () BAD
 COMMENTS: _____

TEST 3: _____ () DEMONSTRATED () ATTEMPTED
 PERFORMANCE: () GOOD () BAD
 COMMENTS: _____

TEST 4: _____ () DEMONSTRATED () ATTEMPTED
 PERFORMANCE: () GOOD () BAD
 COMMENTS: _____

DEFENDANT INTERVIEWED: (YES) (NO)

INCRIMINATING STATEMENTS: _____

GENERAL APPEARANCE () GOOD () FAIR () POOR
 COMMENTS: _____

SPEECH: () GOOD () FAIR () POOR
 COMMENTS: _____

BALANCE: () GOOD () FAIR () POOR
 COMMENTS: _____

TAPE IS: () GOOD FOR STATE () GOOD FOR DEFENSE () ?