

Drug-driving data record

Custody/Niche ref: 22DA/1234/15

Age: 25 Gender (M/F): M Ethnicity Code: W1 Police Force Code: 22

INITIAL ACTION (INCIDENT)

Date and time of initial stop: 30/10/2025 12:15 (24 hr) Road Traffic Collision? (tick if yes) ☐

Tick if done	Test result	Time of test
FIT test at roadside?	<input type="checkbox"/> Performed as instructed? <input type="checkbox"/> Performed poorly? <input type="checkbox"/>	hh:mm
Breathalysed at roadside?	<input checked="" type="checkbox"/> 0	12:25
Saliva test (drug screen) at roadside?	<input checked="" type="checkbox"/> Positive	12:28
Device	Drager 5000 (station) <input type="checkbox"/> Drager 5000 (mobile) <input type="checkbox"/> Drug wipe (mobile) <input checked="" type="checkbox"/> Other (specify):	

Arrested? (tick if yes) ☒ If no, why not? (eg went to hospital, dealt with by summons)

Arrested for: Section 4 alcohol and/or drugs ☐ Section 4 drugs ☐ Section 5A drugs ☒ Section 4 alcohol ☐ Section 5 alcohol ☐ Failure to provide ☐ Other:

STATION SCREENING

Offences driver was told they were being investigated for at station:

Section 4 alcohol and/or drugs ☐ Section 4 drugs ☐ Section 5A drugs ☐ Section 4 alcohol ☐ Section 5 alcohol ☐ Failure to provide ☐ Other:

Tick if done	Test result	Drug detected	Date of test	Time of test
Breathalysed at station?	<input type="checkbox"/>		dd/mm/yyyy	hh:mm
Saliva test (drug test) at station?	<input type="checkbox"/>		dd/mm/yyyy	hh:mm
Device:	Drager 5000 (station) <input type="checkbox"/> Drager 5000 (mobile) <input type="checkbox"/> Drug wipe (mobile) <input type="checkbox"/> Other (specify):			
Referred to healthcare professional(hcp)?(tick if yes)	hcp was <input type="checkbox"/> Doctor: <input type="checkbox"/> Nurse: <input type="checkbox"/> Other (specify):			
Impairment assessed by hcp?	<input type="checkbox"/> hcp's decision: drug-related condition?		dd/mm/yyyy	hh:mm

Blood sample requested? (tick if yes) ☐ Who took (or attempted to take) sample? Doctor: ☐ Nurse: ☒ Other:

Blood provided? (tick if yes) ☐ Time of sample: 13:15

If NO, why not? (reason given):

Urine sample provided? (tick if yes) ☐

1st sample time (hh:mm) hh:mm

2nd sample time (hh:mm) hh:mm

Laboratory: LGC ☐ Randox ☐ ROAR ☐ Other Test kit ref / barcode: 1345.5643

Medical defence Did driver claim to be on prescription medication at any stage? (tick if yes) ☐ If YES, which drugs did driver indicate:

Disposal

Tick charges: Section 4 alcohol and/or drugs ☐ Section 4 drugs ☐ Section 5A drugs ☒ Section 4 alcohol ☐ Section 5 alcohol ☐ Failure to provide ☐ Other:

Please specify any other disposal:

NOTE: please use this section to add LOCAL POLICING AREA, any other additional information and any problems, e.g. technical issues with screening device, or a doctor or other healthcare professional was not available.

URN: DRUGDRIVE/22/D/1/15

Routine traffic stop, vehicle smelt heavily of Cannabis. Drive admitted smoking and bag of cannabis found under driver seat