

# Drug-driving data record

Custody/Niche ref:

Age:

Gender (M/F):

Ethnicity Code:

Police Force Code:

## INITIAL ACTION (INCIDENT)

Date and time of initial stop:   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"/>	<input type="text" value="hh:mm"/>
Breathalysed at roadside?	<input type="checkbox"/> <input type="text"/>	<input type="text" value="hh:mm"/>
Saliva test (drug screen) at roadside?	<input type="checkbox"/> <input type="text"/>	<input type="text" value="hh:mm"/>
Device: Drager 5000 (station) <input type="checkbox"/> Drager 5000 (mobile) <input type="checkbox"/> Drug wipe (mobile) <input type="checkbox"/> Other (specify): <input type="text"/>		

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

If NO, why not? (reason given):

Urine sample provided? (tick if yes) ☐

1st sample time (hh:mm)

2nd sample time (hh:mm)

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

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.

