

# AAIM'S DRUNKBUSTER REPORTING FORM

(Reporting form must be received by AAIM within 45 days of arrest to be eligible for award)

FROM: \_\_\_\_\_ Police/Patrol  
(Name of Department)

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

## Citizen's Information

Mr. Ms. Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

## Arrest Information

Date of DUI Arrest \_\_\_\_\_ Time of DUI Arrest: \_\_\_\_\_

County of Arrest: \_\_\_\_\_ Arrest Report Number: \_\_\_\_\_

Arresting Officer's Name: \_\_\_\_\_

## Optional Information

BAC Level: \_\_\_\_\_ Field Sobriety Test Yes No  
Refusal:

Was there a near-miss, crash, injury or fatality?  
(Circle where appropriate)

Other Notable Facts? \_\_\_\_\_

This form is to verify that the citizen named above reported a possibly impaired driver who was subsequently arrested for operating a motor vehicle while intoxicated.

Signed, \_\_\_\_\_ Date: \_\_\_\_\_  
Police/Patrol Official

**Notice: Law Enforcement Personnel are not eligible for an award, whether on or off duty.**

Please send or fax this form to:

**Alliance Against Intoxicated Motorists  
870 East Higgins Road  
Schaumburg, IL 60173**

Telephone (847) 240-0027

Fax: (847) 240-0028

### Questions to be answered by Drunkbuster Awardee:

Would you be willing to talk to a media representative about this incident?

Yes \_\_\_\_\_ No \_\_\_\_\_

How did you learn of the Drunkbuster Program?

Police: \_\_\_\_\_ Newspaper: \_\_\_\_\_ Other: \_\_\_\_\_