



870 E. Higgins Rd. #131
 Schaumburg, IL 60173
 ph: 847-240-0027
 fax: 847-240-0028

Drunkbuster Reporting Form

This form is to verify that the Citizen reporting the DUI has reported an impaired driver who was subsequently arrested for operating a motor vehicle while intoxicated.

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

Information (please print)

Police (Name of Department)	
Phone	
Address	
City	
State	
ZIP Code	

Name of Citizen Reporting the DUI

Name: (Mr. or Ms.)	
Address	
City	
State	
ZIP Code	
Phone	

Reporting Information (please refer to police report)

Arresting Officer's Name	
Arrest Report #	
County of Arrest	
Date and Time of DUI Arrest	
BAC Level	
Field Sobriety Refusal	<input type="radio"/> Yes <input type="radio"/> No
Was there a near -miss, crash, injury or fatality?	<input type="radio"/> Yes <input type="radio"/> No
Other notable facts	

Optional (Questions to be answered by Drunkbuster Awardee)

Would you be willing to talk to a media representative about this incident?	<input type="radio"/> Yes <input type="radio"/> No
How did you learn about the Drunkbuster Program?	<input type="radio"/> Police <input type="radio"/> News <input type="radio"/> Other

Signed: _____ **Date:** _____ **(Police Official)**

**Please Fax or mail completed form to address above.
 Reporting form must be received by AAIM within 45 days
 of arrest to be eligible for award.**