

DRINK/DRUGS
PROCEDURE GENERAL - PART A
(FOR HOSPITAL CASES—USE FORM MG DD/C)

A

STATUS OF FORM These forms are a 'plain man's guide' to the operation of the drink and drug drive laws (DPP v Smith [Robert James] 2000). Failure to comply is not fatal provided the law is complied with.

A1 **SUBJECT** SURNAME

Forename(s)

Address.....

Date of Birth/...../..... Ethnicity Code

Occupation (TWA 1992 & R&TSA 2003 only. See note A5(vi))

Time and date of arrest hours/...../.....date

A2 **PROCEDURE COMMENCED** hours/...../..... date

AT(location)

OR atPolice Station / Custody No.....

A3 **RECORD OF PRELIMINARY TESTS** - if required

BREATH ALCOHOL TEST Serial No. Time

Result ***ZERO** / **PASS** / **WARN** / **FAIL** / **FTP** Reading
(0-3) (4-30) (31-35) (>35)

SALIVA DRUG TEST Serial No. Time

Collection Kit Batch No.

Expiry Date/...../..... Officer

Result ***DRUG DETECTED** (Lab test req) / **NO DRUG DETECTED** / **FTP**

PRELIMINARY IMPAIRMENT TEST *Given(Officer) / **Not Given** / **FTP**

A4 **MANNER OF THE SUBJECT**

It is useful to note the subject's manner including speech, demeanour, intoxication / drunkenness etc. and changes in condition while being investigated. This is useful in back calculations and technical defence cases. See note A30

.....
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.....

YES/NO These boxes are not provided to record the subject's reply but to assist the investigating officer to navigate the form. A separate place is provided to record the actual reply made.

* Circle or delete as applicable

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A5 GENERAL NOTES

- (i) Unless directed elsewhere the sections of this form should be followed sequentially. Each question put to the subject is provided with a place for recording the answer given. The *YES/NO boxes are not provided to record the subject's reply but to assist the investigating officer to navigate the form.
- (ii) Form MGDD A may be used to conduct an evidential procedure at a police station or, with the exception of a hospital (use Form MGDD C), elsewhere (but only on next generation devices). Where a procedure begins elsewhere and the process directs the officer to Form MGDD B, the investigation will be continued at a police station where the process of obtaining blood or urine will be conducted since blood and or urine can only be required at a police station (or hospital)
- (iii) Italicised text should be read out verbatim, however, the forms are only a 'plain man's guide' (DPP v Smith [Robert James] 2000). Failure to comply is not fatal, provided the law has been complied with.
- (iv) Advice on the MG DD process can be obtained through the NPCC National Police Liaison Officer at DfT
- (v) This form cannot cater for all eventualities. Circumstances that are not covered should be recorded at A24 together with any additional particulars or notes
- (vi) Throughout this form the following abbreviations apply:

TWA - Transport and Works Act 1992	PACE - Police and Criminal Evidence Act 1984
RTA - Road Traffic Act 1988	R&TSA - Railway and Transport Safety Act 2003
RTOA - Road Traffic Offenders Act 1988	EBTI - Evidential Breath Testing Instrument
HCP - (Registered) Health Care Professional	Dr or Doctor - Medical Practitioner
- (vii) If the subject makes any solicited or unsolicited comments **outside the framework of this document** which might be relevant to the offence, they must be recorded at A24 by the person witnessing them and the entry timed and signed. Where practicable the subject shall be given the opportunity to read that record and to sign it as correct or to indicate the respects in which the person considers it inaccurate. When subjects agree to do so, they should be asked to endorse the record with words such as 'I agree that this is a correct record of what was said' and add their signature. When a subject does not agree with the record, the officer should record the details of any disagreement and then ask the subject to read these details and then sign them to the effect that they accurately reflect the disagreement. Any refusal to sign shall also be recorded (PACE CoP C11.13 and Note for Guidance C11E).
- (viii) When considering interview, account should be taken of the provisions of PACE Code of Practice C12.3 regarding the interview of those under the influence of drink / drugs.
- (ix) In cases involving a person aged 17 years or under, the young person may consent to the provision of breath, blood or urine specimens without the need for parental or other approval. The officer must be satisfied, as they would with any consent, that the young person has the necessary mental capacity. The prosecution need not be delayed until an Appropriate Adult attends since the procedure does not constitute an interview for the purposes of PACE.
- (x) Where there are changes in the offences being investigated, i.e. a change from excess alcohol (sec 5) to driving whilst unfit through drink or drugs (sec 4) care should be taken to ensure that the subject is informed of the change. Failure to inform the subject of the change may cause proceedings to fail.
- (xi) Where a subject fails to provide a specimen for analysis without reasonable excuse but is clearly 'impaired', a charge contrary to sec 4 could be considered in addition to that of failure to provide. This would enable the full facts to be presented to the court which might otherwise be prevented in a simple case of 'failure'.
- (xii) If considering an alcohol or drug Technical Defence Enquiry (Post Incident Consumption allegation) the subject should be interviewed, at the end of the specimen process, when fit to do so in accordance with PACE. Alcohol investigations - complete Form **MG DD/D** and submit to force forensic provider. Drugs - record any interview, the purpose of which is to ascertain the veracity of the consumption claimed. **(See Note at A30 on definitions of alcohol Technical Defence Enquiries and Back Calculations)**
- (xiii) **Excess Alcohol (sec 5) Excess Specified Drugs (sec 5A) & Driving etc. Whilst Unfit (sec 4) cases**
Proceedings for excess alcohol contrary to sec 5 and excess specified drugs sec 5A may only be undertaken if the vehicle is a 'motor vehicle' and the alcohol or drug concentration is in excess of the statutory limit. Proceedings for Driving Whilst Impaired through Drink or Drugs may be undertaken if the vehicle concerned is any mechanically propelled vehicle (which includes any 'motor vehicle') and the impairment is caused by some drug and/or by alcohol, irrespective of whether the alcohol or drug concentration is above or below the statutory limit. It is therefore essential to note that if the vehicle concerned is a mechanically propelled vehicle that is NOT also a motor vehicle, the appropriate charge will be one of driving etc. whilst unfit through drink or drugs contrary to section 4 provided that, in addition to the evidence of alcohol or drug, there is also sufficient evidence of impairment to drive.

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A6 INITIAL PROCEDURE

Where a person is to be investigated for offences contrary to more than one of the Acts below, each Paragraph, as appropriate, will be read before moving to Para. A7.

Road Traffic Offences

Contrary to the Road Traffic Act 1988 **GO TO A7**

Guided Transport Offences (Railways and Trams)

Contrary to the Transport and Works Act 1992 **GO TO A26**

Shipping and Marine Offences

Contrary to Railways and Transport Safety Act 2003 **GO TO A27**

Aviation Offences

Contrary to Railways and Transport Safety Act 2003 **GO TO A28**

A7 ROAD TRAFFIC OFFENCES

If investigating an 'in charge' offence consider interview under PACE at the end when the subject is fit to be interviewed, to negate the statutory defence that there was no likelihood of driving.

Where the subject is being investigated for any or all offences contrary to sec 4 and/or sec 5 and/or sec 5A of the Act, ensure all relevant elements are read.

Tick relevant boxes and read out relevant text:

"You are under investigation because you are suspected of

<input type="checkbox"/>	<i>driving</i>
<input type="checkbox"/>	<i>attempting to drive</i>
<input type="checkbox"/>	<i>being in charge of</i>

<input type="checkbox"/>	<i>a motor vehicle on a road or public place whilst over the prescribed alcohol limit</i> [Sections 5 or 3A(1)(b)&(c) RTA 1988] (Excess Alcohol)
--------------------------	---

and / or

<input type="checkbox"/>	<i>a motor vehicle on a road or public place whilst over a specified drug limit</i> [Sections 5A or 3A(1)(ba) & (c) RTA 1988] (Excess Specified Drugs)
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and / or

<input type="checkbox"/>	<i>a mechanically propelled vehicle on a road or public place whilst unfit to do so through drink or drugs</i> [Sections 4 or 3A(1)(a) RTA 1988] (Impairment)
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GO TO A8

YES/NO

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A8 **POST INCIDENT CONSUMPTION**

Read titles, tick ✓ to note that it has been read and note any answer: (Leave answer box blank if nothing is said or write ‘No Reply’)

“Have you, since the time of the alleged offence, consumed or used any of the following things, and if so what?”

	✓	
alcohol or other drink?		
mouth spray?		
mouthwash?		
any drug or medication?		
eaten anything?		
inhaled anything?		
taken anything?		

If any answer reveals consumption which may affect the procedure, questioning should only be in accordance with the PACE. If considering an alcohol or drug Technical Defence Enquiry (Post Incident Consumption) the subject should be interviewed, at the end of the specimen process, when fit to do so to complete Form MG DD/D (See A30)

GO TO A9

A9 **CHOICE OF ROUTE**

a) If the subject is being investigated for an offence concerning drink only or concerning drink and drugs under Section 3A, 4, 5 or 5A of the RTA 1988 (or other relevant Acts for other modes of transport).

GO TO A10

NB Where an offence of driving whilst unfit (Sec 4 or 3A RTA) through drink only is being investigated, the evidence of alcohol will in all cases be obtained via the route at a) above (there is no entitlement to go direct to blood or urine in impairment cases involving alcohol) and there is no statutory reason for a Dr or HCP to be involved in the investigation, apart from the possibility of taking a blood specimen should that become necessary. Nevertheless it will be for investigating officers to consider, especially in cases where the evidence of impairment is not over-whelming, whether the attendance of a doctor or Healthcare Professional (a doctor is strongly recommended), to establish if the observed impairment could have any other medical explanation, will be of benefit. Where this is considered to be the case the Dr or HCP should be called, the facts recorded in additional notes at A24 and any opinion expressed by the Dr or HCP taken into account when considering possible charges. It might also be useful to record any comment or observation the Dr or HCP may have concerning the person’s condition to drive.

Where drink and or drugs is being investigated, evidence of alcohol will be obtained as above and at the conclusion of the alcohol investigation the officer should go to form MG DD/B to commence the drugs investigation as indicated .

b) If the subject is being investigated for Excess Specified Drugs (sec 5A RTA 1988 or impairment through drugs only (sec 4 RTA 1988) [or other relevant Acts for other modes of transport], and a breath specimen to determine the presence of alcohol is not to be required, GO TO MG DD/B1(b) to B14 and conduct a preliminary drug test at B16 if not already conducted, or call a doctor or health care professional if not already in attendance.

(Selecting this route will prevent any alcohol investigation - unless for some reason at the completion of the Drug Investigation the officer re-enters the breath procedure at A10)

GO TO MG DD/B1(b)

YES/NO

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A10 BREATH TESTING DEVICE

Only the next generation of EBTIs will be useable at the 9µg and 25µg limits required for most Aviation and all R&TSA shipping provisions. Otherwise (and unless the person is, for aviation purposes, a ‘Licensed Maintenance Engineer’ where the higher breath limit of 35µg applies) an officer having access only to currant devices (Intoximeter EC/IR, Lion Intoxilyzer 6000 or CAMIC Datamaster) and dealing with an aviation or shipping case should go to Form MG DD/B2(a) as no device is available for use.

Breath testing device available and practicable to use
(but see note above for Aviation and Shipping cases)

*YES/NO

If YES

GO TO A11

DEVICE MAKE SERIAL No.

If NO give details

..... **GO TO MG DD/B (B2(a))**

A11 BREATH SPECIMEN PROCEDURE

This is not the same question as A8 above which deals with **post incident consumption**. This section relates solely to the operation of the breath testing instrument.

Read titles, tick ✓ to note that it has been read and note any answer: (If nothing is said, leave blank or write ‘No Reply’)

Note time

--	--	--

 and say

“Have you, in the last twenty minutes, -

✓

<i>consumed any alcohol?</i>		
<i>used any mouth spray?</i>		
<i>used any mouthwash?</i>		
<i>used any drug or medication?</i>		
<i>eaten or drunk anything?</i>		
<i>inhaled anything?</i>		
<i>taken anything?</i>		
<i>brought anything up from your stomach?</i>		

Have you smoked, or have you used an electronic cigarette in the last 5 minutes?

If the subject has consumed alcohol or other drink or used a mouth spray, mouthwash, drug or medication or has eaten, inhaled or taken anything, or has brought anything

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back from the stomach, wait for 20 minutes before test. If the subject has smoked (including the use of an electronic cigarette) in the last 5 minutes wait 5 minutes before test.

If the subject makes a claim which the officer knows to be untrue, then whilst it must be recorded, the officer is entitled to ignore it, record the details at A24 and continue through the process without waiting.

CS, PEPPER and other INCAPACITATING SPRAYS

Has the subject been exposed to CS, Pepper, or some other incapacitating spray?

***YES/NO**

(If YES note when and wait 30 minutes since exposure before commencing test)

GO TO A12

A12 BREATH TEST REQUIREMENT

Time hours on/...../..... (date)

“I require you to provide two specimens of breath for analysis by means of an approved device. The specimen with the lower proportion of alcohol may be used as evidence and the other will be disregarded. I warn you that failure to provide either of these specimens will render you liable to prosecution.”

“Do you agree to provide two specimens of breath for analysis ?”

REPLY

..... ***YES/NO**

If YES **GO TO A14**

If NO *“I warn you again that failure to provide either of these specimens will render you liable to prosecution. Do you now agree to provide two specimens of breath for analysis?”*

REPLY

..... ***YES/NO**

If YES **GO TO A14**

If NO **GO TO A13**

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A13 FAILURE TO PROVIDE

Those genuinely unable to provide a specimen of breath should not be prosecuted for failing to provide. Account should be taken of any grounds which give rise to a reason to believe there is a medical condition, whether claimed or not. Failing to Provide must always be without reasonable excuse. Where a medical reason is claimed it may constitute reasonable excuse. If the officer considers it doesn't, reasons should be recorded at A24

“Are there any medical or other reasons why you cannot or should not provide two specimens of breath?”

REPLY.....

.....

a) If, from what the subject has said, and/or for any other reason, you consider that there is ‘reasonable cause to believe that for medical reasons a specimen of breath cannot or should not be provided’

GO TO MG DD/B (B1(a) / B2(b))

b) If **NO** medical reason is claimed and there are no other reasons for you to consider that there is ‘reasonable cause to believe that for medical reasons a specimen of breath cannot or should not be provided’

OR

despite any claim by the subject you **DO NOT** consider there is ‘reasonable cause to believe that for medical reasons a specimen of breath cannot or should not be provided’

Consider Note above and record reasons fully at A24

CHARGE / REPORT ‘Failure to provide’ (note A5(xi)) and GO TO A21

A14 INSTRUMENT OPERATION AND SAMPLE RELIABILITY

- (i) There is no evidence or reason to suggest that EBTIs are affected by radios or mobile telephones. However, to avoid having to rebut claims of interference it will be wise to switch off such sets where an EBTI is in use
- (ii) When removing a mouthpiece from its packaging care should be taken to follow any manufacturer’s advice and to ensure that plastic film is not allowed to enter either end.
- (iii) Where a test sequence has been commenced but cannot be completed, for example:
 - when, in the case of the INTOXIMETER EC/IR, the device displays a simulator connect error message (insufficient gas reaching analytical part of the system) or
 - on all instruments, when one of the simulator checks is outside the accepted range 32-37 µg it will not be possible to continue to use the instrument and it will be usual to proceed to a requirement for blood or urine under Section 7(3)(b). (MG DD/B1(a)/B2a)
- (iv) Where a device produces an instrument message of:

High Blank (INTOXIMETER EC/IR only)
Ambient Fail (LION Intoxilyzer only)
System Won’t Zero (CAMIC Datamaster only)

this may indicate alcohol or some other substance in the environment. Whilst the instrument may be operating correctly it will not allow the test to continue. In these circumstances it will be usual to proceed to a requirement for blood or urine under section 7(3)(b) RTA. (MG DD/B1(a)/B2a)
- (v) More Than One Instrument Cycle:
 - Exceptionally, where for genuine non-medical reasons, the accused has been unable to supply two specimens of breath within a machine cycle, the operator has discretion to restart the device and permit

YES/NO

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further attempts until a **total** of two specimens have been obtained. Such action should be recorded A24. Once two valid specimens have been obtained, further specimens (to complete an EBTI cycle) should not be required and the EBTI should be allowed to 'time out'.

- All printouts (including those with no breath readings) should be retained / attached at A23. The certificate on each printout containing a breath alcohol reading should be manually amended to reflect the order the specimens were obtained and be signed by the officer.

(vi) In cases of Failing to Provide where an attempt was made to use the EBTI, the mouthpiece should be retained and be available for forensic examination.

(vii) Where:

- a) a device produces an instrument message of:

Breath difference	Interfering substance
Out of range	Mouth alcohol
- b) the two breath specimens are taken from different cycles and a comparison of the readings at A29 reveals a breath difference.

then whilst the EBTI may be operating reliably, a reliable indication of the proportion of alcohol in a person's breath may not have been obtained, and it will be usual to proceed to a requirement for blood or urine under section 7(3)(bb) RTA. (MG DD/B1a/B2c)

Ensure that any time lapse arising from A11 has elapsed. Show the subject the breath testing instrument, explain procedure and requirements, start the instrument process and obtain the two specimens required.

“When I tell you to do so, relax, take a deep breath, place the mouthpiece in your mouth and make a good seal around it with your lips. Then blow steadily and evenly until I tell you to stop. Do not hesitate as you blow and do not blow as hard as you can, just blow evenly and naturally until I tell you to stop.”

If the subject does not understand, repeat the instructions until understood, making any relevant notes in Additional Notes at A24.

A15 INSTRUMENT RESULTS

Record any immediate reaction or comment made by the subject including NO reaction

.....
.....

a) If 2 reliable breath specimens obtained, record printout details at A16, attach printout at A23 and **GO TO A16**

b) If unreliable specimen(s) or only one or no specimen obtained, record any printout details at A16, attach any printout at A23, do not serve a copy on the accused, consider the notes at A14 and **GO TO A18**

A16 BREATH ANALYSIS READINGS (µg/100ml)

1stµg at hours/...../..... date

2ndµg at hours/...../..... date

GO TO A17

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A17 BREATH ANALYSIS STATEMENT/PRINT-OUT

- (i) A copy of the EBTI printout must be served on the subject in all cases where it is intended to use it to provide evidence of the proportion of alcohol in a person's breath. If a copy has **not** been served, such evidence will only be admissible if served on the accused no later than seven days before the trial.
- (ii) The Printout Certificate must be signed by a police officer. Normally this will be the operator. If not, ensure that the signature on the certificate is that of a police officer. (sec 16(1)(a) RTOA). All requirements made of subject and decisions leading to requirements must be made by a police officer.

Serve a copy of printout(s) on the subject. (see notes above)

“This is a copy of the record of your use of the instrument which is being provided for your information. The readings and details on the record will be entered into evidence”

Copy of printout(s) accepted by the subject? ***YES/NO**

Record any comment made by the subject including no comment or reaction

.....

.....

.....

Attach copies of printout(s) at A23

GO TO A20

A18 BREATH ANALYSIS PROCEDURE NOT COMPLETED SATISFACTORILY

Give reason for incomplete procedure (see notes at A14)

.....

.....

- a) If the breath testing device stops operating, is not operating reliably, will not complete the test cycle OR the device has produced a breath reading which can not be relied upon **GO TO A19**

- b) If the breath testing device **is** operating reliably:

“Are there any medical or other reasons why you have not provided two specimens of breath?”

REPLY

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- (i) If, from what the subject has said, and/or for any other reason you consider that you have ‘reasonable cause to believe that for medical reasons two specimens of breath have not been provided’

See notes at A13 and A14(v) GO TO MG DD/B (B1(a)/B2(b))

If the subject is being dealt with ‘elsewhere’ (See Note A5(ii)) and note that blood or urine may only be required at a police station (or hospital).

- (ii) If **NO** medical reason is claimed and there are no other reasons for you to consider that you have ‘reasonable cause to believe that for medical reasons two specimens of breath have not been provided’

OR

despite any claim by the subject you **DO NOT** consider that you have ‘reasonable cause to believe that for medical reasons two specimens of breath have not been provided’ **Consider Notes at A14 and record reasons fully at A24 and the note at A13 about failing to provide**

CHARGE / REPORT ‘Failure to provide’ and GO TO A21

- (iii) If a reason is given which alerts the officer to the possibility that the instrument or the mouthpiece may not have been operating reliably.

GO TO A19

A19 UNRELIABLE DEVICE OR INDICATION,

OR DEVICE STOPS WORKING

OR WILL NOT COMPLETE CYCLE (see notes at A14)

If specimens have been provided but no reliable indication of the proportion of alcohol in the person’s breath has been obtained, or if the instrument has stopped working, is believed to be unreliable or will not complete the analytical test cycle give details

.....

.....

.....

Do you wish to require a laboratory specimen?

***YES/NO**

If the subject is being dealt with ‘elsewhere’ (See Note A5(ii)) that blood or urine may only be required at a police station (or hospital).

If YES

GO TO MG DD/B (B1(a))

If NO - NO FURTHER ACTION

GO TO A21

YES/NO

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A20 LOWER BREATH RESULT and APPROPRIATE ROUTE

- (i) The statutory option was repealed by the Deregulation Act 2015 and no longer applies to section 3A, 4 or 5 RTA investigations or to similar provisions for rail, aviation or shipping.
- (ii) Consider back calculation in serious cases. Refer to the Alcohol Technical Defence Form **MG DD/D (D1)** Notes **and the note at A30**. Submit completed form to the laboratory/expert if a decision to proceed is taken.

LOWER READING If the lower of the two readings is:

a) 40 µg/100ml or higher

- (i) If investigating alcohol offences only (see note at A5(xiii))

CHARGE / REPORT 'Excess Alcohol' and/or 'Driving etc.

whilst Unfit' and

GO TO A21

- (ii) If investigating alcohol and drug offences **GO TO MG DD/B (B1(b))**

AND

at the conclusion of the drug investigation (see note at A5(xiii))

Go to A21 and **CHARGE / REPORT 'Excess Alcohol' and/or**

'Excess Specified Drugs and/or 'Driving etc. whilst Unfit'

If the subject is being dealt with 'elsewhere' (See Note A5(ii)) it will be necessary to take the driver to a police station for Form MGDD/B procedures

b) 39 µg/100ml or lower

- (i) If **NO FURTHER ACTION** is to be taken

GO TO A21

- (ii) If investigating alcohol and drug offences **GO TO MG DD/B (B1(b))**

AND

at the conclusion of the drug investigation (see note at A5(xiii))

Go to A21 & **CHARGE/REPORT 'Drive Unfit through Drink as in**

(v) and/or 'Excess Spec Drugs' and/or 'Drive Unfit thro' Drugs'

If the subject is being dealt with 'elsewhere' (See Note A5(ii)) it will be necessary to take the driver to a police station for Form MGDD/B procedures

- (iii) If a Back Calculation is to be considered and if investigating alcohol offences only (see definitions at A5(xiii))

Complete Form MG DD/D for consideration of a Back Calculation

using the alcohol readings already provided and

GO TO A21(a)(ii)

- (iv) If a Back Calculation is to be considered and if investigating alcohol and drug offences

GO TO MG DD/B (B1(b))

AND

At the conclusion of the drug impairment investigation (see note

A5(xiii)) **Complete Form MG DD/D** for consideration of a Back

Calculation using Breath readings provided and **GO TO A21(a)(ii)**

If the subject is being dealt with 'elsewhere' (See Note A5(ii)) it will be necessary to take the driver to a police station for Form MGDD/B procedures

- (v) If the reading of 39 µg/100ml or lower is to be used to support a sec 4 impairment investigation without Back Calculation.

CHARGE / REPORT 'Driving etc whilst Unfit' and GO TO A21

YES/NO

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A21 **CASE DISPOSAL**

Case disposal should only be considered once all procedures, inc. drugs and impairment have been considered

- a) If **all** procedures complete as appropriate - (see b) below
- ***(i) Charge/Report - *Excess Alcohol / Excess Specified Drugs / Driving etc. Whilst Unfit (Impairment) / Failure To Provide**
 - ***(ii) Bail/Release under investigation not on bail**
 - ***(iii) No Further Action**

GO TO A25

- b) If, on completion of all parts of the alcohol investigation, drug driving offences remain to be investigated, the officer should GO TO B14 and complete the drug investigation before returning to the alcohol investigation as directed.

GO TO MG DD/B14

OR

If, in the rare circumstances referred to in the note at MG DD/B19(a), the subject has already been examined by the doctor or health care professional for the purposes of sec 4 RTA or has provided a positive preliminary drug test, and it was then necessary to begin and complete an alcohol investigation before investigating any drug offences.

Ensure offence pointed out and **GO TO A10**

A22 **DETENTION**

Where a subject has been required to provide a specimen (under the RTA or TWA or R&TSA) the subject may be further detained (or arrested and detained if the breath procedure was conducted elsewhere than a police station or hospital) until it appears to a constable that, were that subject then engaged in the same or an allied activity as when they were arrested, they would not be committing a further similar offence contrary to the same Act. These powers do not exist where there is no reasonable suspicion of such offences being committed or where the suspicion no longer remains.¹

If there is any question of a subject's ability to drive being affected through drugs, a doctor (**not a HCP**) must be consulted and that advice acted upon.¹

¹ Section 10 RTA 1988

YES/NO

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A23 BREATH ANALYSIS PRINT-OUT



YES/NO

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A26 **GUIDED TRANSPORT (Railways & Trams)** Tick relevant boxes & read out text

“You are under investigation because you are suspected of working as

<input type="checkbox"/>	<i>a driver</i>
<input type="checkbox"/>	<i>a guard</i>
<input type="checkbox"/>	<i>a conductor</i>
<input type="checkbox"/>	<i>a signalman</i>
<input type="checkbox"/>	<i>a person in the capacity in which you could control or affect the movement of a vehicle</i>
<input type="checkbox"/>	<i>a person in a maintenance capacity</i>
<input type="checkbox"/>	<i>a supervisor of persons working in a maintenance capacity</i>
<input type="checkbox"/>	<i>a person who was a lookout for persons working in a maintenance capacity</i>

on a transport system, namely

<input type="checkbox"/>	<i>a railway</i>
<input type="checkbox"/>	<i>a tramway</i>
<input type="checkbox"/>	<i>a guided transport system specified by an Order made by the Secretary of State [Docklands Light Railway, Birmingham, Gatwick and Stansted Airports’ “People Movers”]</i>

when

<input type="checkbox"/>	<i>you were unfit to carry out that work through drink or drugs</i>
<input type="checkbox"/>	<i>you had consumed so much alcohol that you exceeded the prescribed limit.</i>

GO TO A8

A27 **SHIPPING (which includes most types of marine craft)**

Tick relevant boxes and read out relevant text

“You are under investigation because you are suspected of being

<input type="checkbox"/>	<i>a professional master of a ship</i>
<input type="checkbox"/>	<i>a professional pilot of a ship</i>
<input type="checkbox"/>	<i>a professional seaman in a ship who was on duty</i>
<input type="checkbox"/>	<i>a professional seaman who was not on duty but who, in the event of an emergency would or might have been required by the nature or terms of your engagement or employment to take action to protect the safety of passengers</i>

YES/NO

These boxes are not provided to record the subject’s reply but to assist the investigating officer to navigate the form. A separate place is provided to record the actual reply made.

DRINK/DRUGS
PROCEDURE GENERAL - PART A
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when

<input type="checkbox"/>	<i>the proportion of alcohol in your breath, blood or urine exceeded the prescribed limit</i>
<input type="checkbox"/>	<i>your ability to perform that function was impaired through drink or drugs</i>

GO TO A8

A28 AVIATION

Tick relevant boxes and read out relevant text

“You are under investigation because you are suspected of

<input type="checkbox"/>	<i>performing an aviation function</i>
<input type="checkbox"/>	<i>carrying out an activity which is ancillary to an aviation function</i>

namely, acting as

<input type="checkbox"/>	<i>a pilot of an aircraft during flight</i>
<input type="checkbox"/>	<i>a flight navigator of an aircraft during flight</i>
<input type="checkbox"/>	<i>a flight engineer of an aircraft during flight</i>
<input type="checkbox"/>	<i>a flight radio telephony operator of an aircraft during flight</i>
<input type="checkbox"/>	<i>a member of the cabin crew of an aircraft during flight</i>
<input type="checkbox"/>	<i>an air traffic controller</i>
<input type="checkbox"/>	<i>a licensed aircraft maintenance engineer</i>

or,
attending the flight deck of an aircraft during flight

<input type="checkbox"/>	<i>to give or supervise training</i>
<input type="checkbox"/>	<i>to administer a test</i>
<input type="checkbox"/>	<i>to observe a period of practice</i>
<input type="checkbox"/>	<i>to monitor or record the gaining of experience</i>

when

<input type="checkbox"/>	<i>the proportion of alcohol in your breath, blood or urine exceeded the prescribed limit</i>
<input type="checkbox"/>	<i>your ability to perform the function was impaired through drink or drugs</i>

GO TO A8

DRINK/DRUGS
PROCEDURE GENERAL - PART A
(FOR HOSPITAL CASES—USE FORM MG DD/C)

A

A29 TABLE OF BREATH DIFFERENCE RANGES - 15%

From the printout(s) take the lower breath alcohol result. Find this value in one of the rows marked “Lower”. Now take the value below (in the row marked “Max”) and compare it with the other breath alcohol result from your printout(s). If the other breath alcohol result is greater than the value in the “Max” row the breath alcohol analysis is unreliable.

Lower	10	11	12	13	14	15	16	17	18	19
Max	15	16	17	18	19	20	21	22	23	24
Lower	20	21	22	23	24	25	26	27	28	29
Max	25	26	27	28	29	30	31	32	33	34
Lower	30	31	32	33	34	35	36	37	38	39
Max	35	36	37	38	39	40	41	42	43	44
Lower	40	41	42	43	44	45	46	47	48	49
Max	46	47	48	49	50	51	52	54	55	56
Lower	50	51	52	53	54	55	56	57	58	59
Max	57	58	59	60	62	63	64	65	66	67
Lower	60	61	62	63	64	65	66	67	68	69
Max	69	70	71	72	73	74	75	77	78	79
Lower	70	71	72	73	74	75	76	77	78	79
Max	80	81	82	83	85	86	87	88	89	90
Lower	80	81	82	83	84	85	86	87	88	89
Max	92	93	94	95	96	97	98	100	101	102
Lower	90	91	92	93	94	95	96	97	98	99
Max	103	104	105	106	108	109	110	111	112	113
Lower	100	101	102	103	104	105	106	107	108	109
Max	115	116	117	118	119	120	121	123	124	125
Lower	110	111	112	113	114	115	116	117	118	119
Max	126	127	128	129	131	132	133	134	135	136
Lower	120	121	122	123	124	125	126	127	128	129
Max	138	139	140	141	142	143	144	146	147	148
Lower	130	131	132	133	134	135	136	137	138	139
Max	149	150	151	152	154	155	156	157	158	159
Lower	140	141	142	143	144	145	146	147	148	149
Max	161	162	163	164	165	166	167	169	170	171
Lower	150	151	152	153	154	155	156	157	158	159
Max	172	173	174	175	177	178	179	180	181	182
Lower	160	161	162	163	164	165	166	167	168	169
Max	184	185	186	187	188	189	190	192	193	194
Lower	170	171	172	173	174	175	176	177	178	179
Max	195	196	197	198	200	201	202	203	204	205
Lower	180	181	182	183	184	185	186	187	188	189
Max	207	208	209	210	211	212	213	215	216	217
Lower	190	191	192	193	194	195	196	197	198	199
Max	218	219	220	221	223	224	225	226	227	228

All instruments indicate 0 for all readings below 5µg / 100ml. The breath difference cannot therefore be calculated where a reading of 0 is obtained. In such a case the officer must decide whether a reliable indication of the proportion of alcohol in a person’s breath has been obtained.

YES/NO

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DRINK/DRUGS
PROCEDURE GENERAL - PART A
(FOR HOSPITAL CASES—USE FORM MG DD/C)

A

A30

ADVICE NOTE ON BACK CALCULATIONS AND TECHNICAL DEFENCE ENQUIRIES

Many types of technical calculations and enquiries are often referred to as ‘back calculations’. This is incorrect and can lead to considerable confusion, investigative mistakes and procedural errors. Reminders to consider this note have been placed at relevant points in the process.

Technical Defence Enquiries

A Technical Defence Enquiry, be it in relation to excess alcohol or excess specified drugs, arises most commonly when either at the time of arrest or later at A8 of this process a subject alleges that alcohol or drugs have been consumed between the time of the incident or collision and the time of the evidential test. Where such an allegation is made it will be essential for the investigating officer to enquire into the circumstances in an attempt to rebut any spurious claim, and indeed help confirm a claim that is true. Allegations made at A8 or at any other time will be recorded and the procedure to obtain specimens completed. When the completed process results in a breath reading which is above the prescribed limit or the securing of a blood or urine specimen for alcohol and/or for drugs the suspect should be interviewed, when fit to do so, in accordance with the PACE Act. In the case of alcohol investigations use should be made of Form MG DD/D which, subject to any Force directions, can then be submitted to a forensic expert who will attempt to determine the concentration of alcohol at the time of driving. Spurious allegations of such alcohol or drug consumption are very often best rebutted by thoroughly investigating the circumstances and the credibility of the allegation.

Back Calculations (Technical Prosecutions)

Back Calculation is a process employed by a forensic expert in serious or unusual cases where a subject has provided an alcohol reading below the charging threshold but where the prosecution wishes to show, by establishing the subject’s alcohol elimination rate, that the reading would have been above the prescribed limit at the time of driving. In serious cases where the reading is 39 micrograms or lower, and where such a back calculation is being considered paragraph A20(b) directs the officer to complete Form MG DD/D. Completion will be undertaken in accordance with the PACE Act when the subject is fit to be interviewed. Subject to Force directions, the completed Form MG DD/D, the instrument printout and any other relevant documentation will be forwarded to a forensic expert. Occasionally, back calculation may be considered where a delayed test reading, though above the limit, is suspected to be much lower than at the time of driving. Back Calculations cannot be undertaken to determine drug concentrations.

Note that the ‘statutory option’ was repealed by the Deregulation Act 2015 and there is now no right of a driver to request that specimens of breath be replaced by one of blood or urine and this must not occur.

Summary

In short, a Technical Defence Enquiry is where a subject has provided a reading above the prescribed or specified limit but then alleges this is due or partly due to post incident consumption and a Back Calculation enquiry is where a subject has provided an alcohol reading below the charging threshold but where in serious cases the prosecution attempts to show that the subject would have been above the prescribed limit at the time of driving.

YES/NO

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