



ALCOHOL-RELATED (NON-MOTOR VEHICLE) INTERVIEW

PERSONAL:

FULL NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

MOBILE PHONE: _____ WORK PHONE: _____

HOME PHONE: _____ E-MAIL: _____

VITAL INFORMATION:

DRIVERS LICENSE #/STATE: _____ SS#: _____

DOB: _____ SEX: _____ RACE: _____ HT.: _____ WT.: _____ EYES: _____ HAIR: _____

EMPLOYMENT:

EMPLOYER(S): _____

HOURS/DAYS OF EMPLOYMENT: _____

EDUCATION:

HIGH SCHOOL: _____ COLLEGE: _____

SPECIAL TRAINING: _____

FAMILY CONTACTS:

MOTHER: _____ ADDRESS: _____

FATHER: _____ ADDRESS: _____

HEALTH:

GENERAL HEALTH CONDITION: _____

MEDICATIONS: _____

PHYSICAL DISABILITIES: _____

