



**DWI/ZERO TOLERANCE CHARGES INTERVIEW**

**PERSONAL:**

FULL NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

MOBILE PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

**LIMITED DRIVING PRIVILEGE INFORMATION:**

DRIVERS LICENSE AND STATE #: \_\_\_\_\_ SS#: \_\_\_\_\_

DOB: \_\_\_\_\_ SEX: \_\_\_\_\_ RACE: \_\_\_\_\_ HT.: \_\_\_\_\_ WT.: \_\_\_\_\_ EYES: \_\_\_\_\_ HAIR: \_\_\_\_\_

**EMPLOYMENT:**

EMPLOYER(S): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

HOURS/DAYS OF EMPLOYMENT: \_\_\_\_\_

**EDUCATION:**

HIGH SCHOOL: \_\_\_\_\_ COLLEGE: \_\_\_\_\_

SPECIAL TRAINING: \_\_\_\_\_

**FAMILY AND ACTIVITIES:**

SPOUSE: \_\_\_\_\_

CHILDREN (NAME & AGE): \_\_\_\_\_

MOTHER: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

FATHER: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

HOBBIES: \_\_\_\_\_

**MILITARY:**

DATE OF DISCHARGE: \_\_\_\_\_ TYPE OF DISCHARGE: \_\_\_\_\_

RANK, COMMENDATIONS, ETC.: \_\_\_\_\_

**HEALTH:**

**NOTES:**

GENERAL HEALTH CONDITION: \_\_\_\_\_

CURRENT MEDICATIONS: \_\_\_\_\_

PHYSICAL DISABILITIES/INJURIES: \_\_\_\_\_

PARTICULAR HEALTH PROBLEMS: \_\_\_\_\_

*(Circle as Appropriate)*

1. HEARING
2. DIZZINESS
3. EYES/GLASSES/CONTACT LENSES
4. ALLERGIES
5. FALSE TEETH
6. LEGS/KNEES/BACK
7. ARTHRITIS
8. LUNGS/BREATHING/ASTHMA
9. STOMACH
10. USE OF INHALERS, COUGH SYRUP OR MEDICATIONS  
WITHIN 24 HOURS PRIOR TO ARREST
11. OTHER CONDITIONS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CONDITION OF VEHICLE THAT WAS OPERATED:**

MAKE AND MODEL OF VEHICLE: \_\_\_\_\_

MECHANICAL CONDITION: \_\_\_\_\_

**EVENTS PRIOR TO ARREST:**

HOURS OF SLEEP: \_\_\_\_\_

FOOD INTAKE: \_\_\_\_\_

TYPE & AMOUNT OF ALCOHOL: \_\_\_\_\_  
\_\_\_\_\_

STARTED CONSUMPTION AT WHAT TIME: \_\_\_\_\_

STOPPED CONSUMPTION AT WHAT TIME: \_\_\_\_\_

PLACE(S) OF CONSUMPTION: \_\_\_\_\_  
\_\_\_\_\_

WITNESSES TO CONSUMPTION: \_\_\_\_\_

**SCENE OF STOP AND ARREST:**

**NOTES:**

LOCATION OF STOP: \_\_\_\_\_

REASON FOR STOP: \_\_\_\_\_

\_\_\_\_\_

WITNESSES AT STOP/ARREST: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

STATEMENTS MADE BY OFFICER: \_\_\_\_\_

\_\_\_\_\_

STATEMENTS BY YOU: \_\_\_\_\_

\_\_\_\_\_

ALCO-SENSOR TEST CONDUCTED AT SCENE?: \_\_\_\_\_

**FIELD SOBRIETY TESTS AT SCENE:**

1. GAZE NYSTAGMUS (Follow Pen): \_\_\_\_\_

2. WALK & TURN: \_\_\_\_\_

3. ONE LEG STAND: \_\_\_\_\_

4. FINGER TO NOSE: \_\_\_\_\_

5. SWAY (Romberg Balance): \_\_\_\_\_

**EVENTS AT DETENTION CENTER (JAIL):**

WITNESSES AT JAIL: \_\_\_\_\_

\_\_\_\_\_

STATEMENTS MADE BY OFFICER(S): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

STATEMENTS MADE BY YOU: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**FIELD SOBRIETY TESTS AT DETENTION CENTER (JAIL):**

**NOTES:**

1. GAZE NYSTAGMUS (Follow Pen): \_\_\_\_\_

2. WALK & TURN: \_\_\_\_\_

3. ONE LEG STAND: \_\_\_\_\_

4. FINGER TO NOSE: \_\_\_\_\_

5. SWAY (Romberg Balance): \_\_\_\_\_

MIRANDA WARNING: \_\_\_\_\_

**CHEMICAL ANALYSIS:**

BREATH/BLOOD: \_\_\_\_\_

LENGTH OF OBSERVATION PRIOR TO TEST: \_\_\_\_\_

ANY PHONE CALLS TO WITNESSES/ATTORNEYS: \_\_\_\_\_

\_\_\_\_\_

ANY DIFFICULTIES PERFORMING TEST: \_\_\_\_\_

\_\_\_\_\_

ANY DIFFICULTIES WITH INTOXILYZER: \_\_\_\_\_

\_\_\_\_\_

DESCRIBE ANY MOUTH JEWELRY OR OTHER OBJECTS IN MOUTH AT TIME OF TESTING: \_\_\_\_\_

DID YOU RECEIVE BREATH TEST RESULTS?: \_\_\_\_\_

RESULTS: \_\_\_\_\_

**UNUSUAL EVENTS DURING TEST, IF ANY:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_





