



ALCOHOL-RELATED (NON-MOTOR VEHICLE) INTERVIEW

PERSONAL:

FULL NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

CELL PHONE: _____ WORK PHONE: _____

E-MAIL: _____

VITAL INFORMATION:

DRIVERS LICENSE #: _____ STATE: _____ SS#: _____ - _____ - _____

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

UNITED STATES CITIZEN: YES _____ NO _____

EMPLOYMENT:

EMPLOYER(S): _____

HOURS/DAYS OF EMPLOYMENT: _____

EDUCATION:

HIGH SCHOOL: _____ COLLEGE: _____

SPECIAL TRAINING: _____

FAMILY CONTACTS:

MOTHER: _____ ADDRESS: _____

CELL PHONE: _____ EMAIL: _____

FATHER: _____ ADDRESS: _____

CELL PHONE: _____ EMAIL: _____

