



DWI/ZERO TOLERANCE CHARGES INTERVIEW

PERSONAL:

FULL NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

CELL PHONE: _____ WORK PHONE: _____

E-MAIL: _____

LIMITED DRIVING PRIVILEGE INFORMATION:

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

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

UNITED STATES CITIZEN: YES _____ NO _____

EMPLOYMENT:

EMPLOYER(S): _____

ADDRESS: _____

JOB TITLE: _____

HOURS/DAYS OF EMPLOYMENT: _____

EDUCATION:

HIGH SCHOOL: _____ COLLEGE: _____

SPECIAL TRAINING: _____

FAMILY AND ACTIVITIES:

SPOUSE: _____ CELL PHONE: _____ E-MAIL: _____

CHILDREN (NAME & AGE): _____

MOTHER: _____ ADDRESS: _____

CELL PHONE: _____ EMAIL: _____

FATHER: _____ ADDRESS: _____

CELL PHONE: _____ EMAIL: _____

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, MODEL & COLOR 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 OR STOP:

1. GAZE NYSTAGMUS (Follow Pen): _____

2. WALK & TURN: _____

3. ONE LEG STAND: _____

4. FINGER TO NOSE: _____

5. SWAY (Romberg Balance): _____

DETAILED 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 THE CHEMICAL TEST: _____

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:
