

DUI INFORMATION SHEET

Name: _____ Date: _____

Address: _____

Phone Number: _____ E-mail: _____

Driver License Number: _____ State where licensed: _____

Do you have a CDL? _____ If yes, then why? _____

Prior Criminal History: _____

Any prior DUIs? _____ If yes, disposition, date, county, and state: _____

Other charges included with this arrest: _____

STOP BY OFFICER

Date of this incident: _____ Time last ate prior to stop: _____

Time started drinking: _____ Location: _____

What were you drinking: _____

Time of last drink: _____ Total drinks: _____

Time of traffic stop: _____ Location of stop: _____

Name of law enforcement agency: _____

Reason officer gave for the stop: _____

Immediately prior to the stop, was there anything mechanically wrong with your vehicle? _____

If yes, what? _____

Generally, what happened after the officer made the stop? _____

Were field sobriety tests conducted? _____ If yes, please describe how you think you did on the following tests, along with the conditions as the time (i.e. the weather, slope of the ground, traffic conditions, interruptions by the officer, police lights flashing, etc.)

Horizontal Gaze Nystagmus (eye test): _____

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Walk and Turn: _____

One Leg Stand: _____

Did the officer ask you to do any other tests than the three specifically mentioned? _____
If so, what were the tests and how do you think you did? _____

Any additional questions or statements by the officer while at the scene? _____

Were you ever given Miranda warnings? _____ If yes, then when? _____
Did the officer request you take a blood or breath test? _____ If yes, then when? _____

Did the officer read to you the Tennessee Implied Consent Form? _____
Did you agree to a blood/breath test? _____ If you did not, did they get a search
warrant? _____ If they did get a search warrant, did you get a copy of it? _____

BLOOD OR BREATH TEST

If you were given a BREATH test, then please answer the following:

How long were you observed prior to the test? _____
Did you have anything in your mouth during the test? _____
Did the officer ask you if you had anything in your mouth before starting the test? _____
Do you remember burping, belching, or vomiting before the test? _____
Did the officer that arrested you program the testing machine? _____ If not, then
do you recall who the programmer was? _____
Did anyone observe you for an amount of time prior to the test? _____
Test Results: _____

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If you were given a BLOOD test, then please answer the following:

Where were you taken for the test? _____

Who drew your blood? _____

How long was it between the arrest and the blood test? _____

Do you know whether the blood vials were inverted or rolled over after your blood was drawn? _____

Did the officer ask you anything or make any statements to you at the hospital? If yes, what did he say and what did you tell him? _____

MEDICAL HISTORY

Are there any physical limitations that could affect your balance or speech? _____ If yes, what are they? _____

Were you under a doctor's case on the date of this incident? _____ If yes, what for? _____

Do you have a hiatal hernia? _____ Do you have acid reflux? _____

Were you taking any prescription medication at the time of the incident? _____ If yes, what were you taking? _____

Do you have diabetes? _____ Is there a history of diabetes in your family? _____

Do you have false teeth or dental plates? _____

Do you believe that you were under the influence? _____

Do you believe that your operation of the vehicle was affected by the alcohol or drugs you consumed? _____

What is your goal with respect to this case? (dismissed, reduced, etc.) _____

Did you spend any time in jail? _____ How many hours approximately? _____