

**MVC: INTOXICATION**

Def. \_\_\_\_\_ Age \_\_\_\_\_ No. \_\_\_\_\_ of 20 \_\_\_\_\_  
Pros. \_\_\_\_\_ Time \_\_\_\_\_ Date \_\_\_\_\_  
\_\_\_\_\_ Place \_\_\_\_\_  
Phone No. \_\_\_\_\_ Approved \_\_\_\_\_  
Disapproved (explain) \_\_\_\_\_  
\_\_\_\_\_

**1. CONTACT WITH DEFENDANT**

- (a) first observation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- (b) describe if accident: \_\_\_\_\_  
\_\_\_\_\_
- (c) describe signs of intoxication: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- (d) field tests: \_\_\_\_\_  
\_\_\_\_\_
- (e) other occupants: \_\_\_\_\_  
\_\_\_\_\_
- (f) statement or admissions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2. BREATHALYZER OR BLOOD (circle one)**

- (a) reading: \_\_\_\_\_ operator: \_\_\_\_\_
- (b) location of test: \_\_\_\_\_

**3. PRIOR RECORD**

- (a) criminal: \_\_\_\_\_
- (b) driving under influence: \_\_\_\_\_

**4. ACCIDENT INFORMATION**

- (a) amount of damage: \_\_\_\_\_ (b) restitution: \_\_\_\_\_
- (c) was defendant insured: \_\_\_\_\_