

**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: \_\_\_\_\_