

DWI QUESTIONNAIRE

INTERVIEW _____

PAYMENT RECEIVED _____

Location of alleged violation

ATTORNEY _____

Phone # _____

Fax #: _____

COURT: _____

Court date: _____

NAME: _____ AGE: _____ DOB: _____

ADDRESS: _____

PHONE #: HOME _____ WORK: _____

Age: _____

Weight: _____ lbs. Ht: _____ Build: Sm Med Lg

Ideal Body Weight _____

<u>QTY.</u>	<u>CONTAINER</u> <small>(bottle/can/glass/shot)</small>	<u>SIZE (Oz)</u> <small>(8,12,16)</small>	<u>BEVERAGE</u>	<u>TOTAL</u> <u>OUNCES</u>	<u>%ALCOHOL</u> <small>(5,12,20,40)</small>	<u>OZ./PURE</u> <u>ALCOHOL</u>
_____	_____	_____	_____	= _____	X _____	_____
_____	_____	_____	_____	= _____	X _____	_____

WIDMARK Formula-from calculator

MAX.BAL: _____

Time of First drink _____

Time of breath test: _____

Difference: _____

Theoretical BAL: _____ g%

Breath test result _____ minus Theoretical BAL _____ = variance of _____ g%

MEDICATIONS:

ALLERGIES:

PAST MEDICAL HISTORY:

Hospitalizations (Date and Dx):

Surgeries (Date and procedure):

Do you see a doctor regularly? Yes No
If yes, for what?

INJURIES:

Ankles:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Feet	<input type="checkbox"/> Yes <input type="checkbox"/> No
Legs	<input type="checkbox"/> Yes <input type="checkbox"/> No	Back	<input type="checkbox"/> Yes <input type="checkbox"/> No
Knee	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hips	<input type="checkbox"/> Yes <input type="checkbox"/> No

SOCIAL HISTORY:

Marital Status:

Living with:

Employment:

REVIEW OF SYSTEMS

Explain

Neurology:	Vertigo (dizziness)	نہا Yes	نہا No
	Seizure Disorder	نہا Yes	نہا No
	Head Injury	نہا Yes	نہا No
	Nerve Damage	نہا Yes	نہا No
	Learning Disability	نہا Yes	نہا No

ENT:

Post Nasal Drip	نہا Yes	نہا No
Chronic congestion	نہا Yes	نہا No
Halitosis	نہا Yes	نہا No
Sore Throat	نہا Yes	نہا No
Excess Salivation	نہا Yes	نہا No
Throat clearing	نہا Yes	نہا No
Hoarseness	نہا Yes	نہا No
Something caught in throat	نہا Yes	نہا No
Rhinitis (runny nose)	نہا Yes	نہا No
Choking spells	نہا Yes	نہا No
Voice changes	نہا Yes	نہا No
Persistent coughing	نہا Yes	نہا No
Have you ever had sinus x-rays?	نہا Yes	نہا No

RESPIRATORY:

Asthma; نہا Yes نہا No

Allergies: نہا Yes نہا No

Did you have cold or flu symptoms at the time of the arrest? نہا Yes نہا No

GI:

Ulcers	نہا Yes	نہا No
Gastritis	نہا Yes	نہا No
Hiatal Hernia	نہا Yes	نہا No
Indigestion or heart burn or chest pain	نہا Yes	نہا No
Burping or Belching	نہا Yes	نہا No
Difficulty Swallowing	نہا Yes	نہا No

Do you use Antacids? نہا Yes نہا No

What types?

Have you ever have an upper GI x-ray (where you drink a liquid while they take x-ray pictures)?

نہا Yes نہا No

ENDOCRINE:

Do you have diabetes? ٺ Yes ٺ No
If so, what medications do you take?

DENTAL HISTORY

Do you wear dental plates? ٺ Yes ٺ No

Do you use adhesive? ٺ Yes ٺ No

What kind? _____

Do you have bridges? ٺ Yes ٺ No

Gum Disease or gingivitis ٺ Yes ٺ No

Did you use mouthwash before you were arrested? Yes No

Did you use mouthwash just before the time of the arrest? Yes No

Did you eat or drink anything just before the time of the arrest? ٺ Yes ٺ No

Anything peppermint just prior to arrest? Yes No

NOTES:

DISCOVERY

Date _____ and Time _____ of alleged violation.

Narrative Report:

Odor of ETOH beverage on breath? Yes No

Standard psychophysical tests (roadside sobriety testing)? Yes No

 One leg stand Yes No

 Finger to nose Yes No

 Walk and turn Yes No

Other tests Yes No

 Alphabet Yes No

 Horizontal gaze nystagmus (HNG) Yes No

Other: _____

Date _____ and Time _____ of arrest.

Were Miranda warnings administered at the time of arrest?

Yes (Time _____) No

Was anything signed? Yes (Time _____) No

Observations:

Appearance

 Pale: Yes No **OR** Flushed: Yes No

Vomiting at time of arrest Yes No

Any unusual observation at time of arrest noted? Yes No

If so, explain:

Was "Paragraph 36" read? Yes (Time _____) No

Was it signed? Yes (Time _____) No

Breath Testing:

Model 900 900A 7110 (Go down to Saferstein checklist below)

Time between the VIOLATION and the taking of the first breath sample was _____ **OR**

Time between the ARREST and the taking of the first breath sample was _____.

Was the breath test done by the same officer that did the arrest? Yes No

Was the officer that did breath test present at all times: Yes No

First breath test: Time _____ Result _____

Second breath test: Time _____ Result _____

Third breath test: Time _____ Result _____

If Model 900 or 900A:

Was check list complete for the first test? Yes No

Was check list complete for the second test? Yes No

Was check list complete for the third test? Yes No

Was there a Breathalyzer test ticket? Yes No

Breathalyzer Instrument Inspection certificates:

Period BEFORE the arrest and breath test of this individual? Yes No

Period AFTER the arrest and breath test of this individual? Yes No

WITHIN 30 days of the arrest and breath test of this individual? Yes No

Before certificate After certificate

Does the ampoule control number ampoule used for the breath tests match an ampoule control number on one of the certificates? Yes No

Was there a valid operator's certificate?

For the operator Yes No

For the calibrator (if Model 7110) Yes No

If not, give: Date of certification or last refresher date _____ and the
Date of the breath test _____.

Saferstein checklist for Model 7110

Please note that any “☐” without a check mark indicates the document is missing from the discovery packet.

A review by my office of the above captioned case has revealed the following:

- Alcohol Influence Report` Reported Result _____ % BAC
 Date of arrest _____ Instrument serial # _____
 - Certificate of Analysis – 0.10% Simulator Solution Control Lot # _____
 - Calibrating Unit New Standard Solution Report (0.10%) for Bottle # _____
 - Current Certificate of Accuracy for Simulator Unit Serial # _____

- Certificate of Accuracy for the Alcotest 7110 MK111

- Alcotest 7110 Calibration Record conducted within 1 year prior to arrest
 Date of Calibration _____

- Alcotest 7110 Calibration Certificate, Part 1 Control Tests (0.10%)
 - Certificate of Analysis – 0.10% Simulator Solution Control Lot # _____
 - Current Certificate of Accuracy for Simulator Unit Serial # _____

Alcotest 7110 Calibration Certificate, Part II, Linearity Tests (0.04%, 0.08%, 0.16%)

- Certificate of Analysis – 0.04% Simulator Solution Control Lot # _____
- Current Certificate of Accuracy for Simulator Unit Serial # _____
- Certificate of Analysis – 0.08% Simulator Solution Control Lot # _____
- Current Certificate of Accuracy for Simulator Unit Serial # _____
- Certificate of Analysis – 0.16% Simulator Solution Control Lot # _____
- Current Certificate of Accuracy for Simulator Unit Serial # _____
- Current Ertco-Hart Digital Temperature Measuring System – Record of Calibrator

Certificate of Accuracy for Alcotest 7110 Temperature Probe

Summary of Temperature Probe Certificates Received:

Serial #	Exp Date
_____	_____
_____	_____

We are in receipt of _____ Certificate(s) of Accuracy for Alcotest 7110 Temperature Probe, listed above. One temperature probe was used during your client’s breath test. A separate temperature probe was used by the New Jersey State Police Coordinator during the calibration of this instrument.

If this box is checked, an outdated temperature probe has been provided.

Please be advised that we are currently unable to correlate simulator units with their corresponding temperature probes. At this time we have no way to determine if this expired temperature probe was used during the calibration of the instrument or during the administration of your client’s breath test.

If this box is checked, more than two temperature probe certificates have been provided.

We have learned that a maximum of two temperature probes are relevant to this case, as noted above. Please be advised that we are currently unable to correlate simulator units with their corresponding temperature probes. At this time we have no way to determine which temperature probes were used during the calibration of the instrument and during the administration of your client’s breath test.

Were Miranda warnings administered a second time (after breath test)? Yes (Time _____) No

Was anything signed? Yes (Time _____) No

Was there additional questioning? Yes (Time _____) No

Lance I. Goberman, M.D., J.D. 9-15-05