

DRUG DETECTION LABORATORIES, INC.

Alcohol DUI Case Review Form

Client/Attorney Information:

Subject / Client Name: _____
Attorney Name: _____
Attorney Phone Number: _____ Attorney FAX #: _____
Attorney E-mail Address: _____

Subject Information:

Charges: _____ Ht / Weight _____
_____ Age / Sex _____

Traffic Stop Information:

Time of Traffic Stop _____ Date of Traffic Stop _____
Reason for traffic stop/driving pattern:
(Example: speeding, collision, _____
equipment problem, etc.) _____

Ethanol Test Results	Instrument Model/Type	Time of Breath Tests	Test Results (% w/v)
PAS			
Breath			
	Agency-Laboratory	Time of Blood Draw	Test Results (% w/v)
Blood			
Referee Test			

Medical Issues, _____
Physical Challenges, _____
or Injuries? _____

Drinking Pattern:

Time started drinking: _____ Time of last drink: _____
Number/type of beer: _____ Size of beer (12 oz, pint, etc.): _____
Glasses/type of wine: _____ Ounces of wine per glass: _____
Number/type of liquor: _____ Ounces of liquor per drink: _____
Size and composition of last drink: _____
Light/Medium/Heavy history of recent drinking? _____
Time of last meal / composition: _____

Other information or specific issues you want addressed? Additional information about drinking pattern?

Please provide discovery information to DDL via fax or mail. May include FST results, calibration records, etc.