

Name: _____ Date: _____

Instructor's Name: _____

Reason you were stopped: speeding driving too slow
 light(s) not working had a wreck other moving violation
 other: _____

Arrest occurred in what county? _____

Was a breath test taken? yes (if yes, what was it? _____) no
 If no, why not? _____

Was a blood test taken? yes (if yes, what was it? _____) no

Before my arrest I was,

Drinking alcohol after work for # _____ hours.
 Engaged in a recreational activity while using alcohol (or drugs) for
 # _____ hours (i.e. ball game, fishing, camping, cook off, party,
 work function, etc.)
 Coping with problems (relationship, work, family, etc.)
 Other: _____

I had been using (check all that apply) beer wine liquor
 marijuana opiates pills (type: _____)
 methamphetamine other: _____

I was with: spouse friend(s) co-workers
 alone family stranger/other

During the week days, I tend to drink on (place the number of drinks/ amount of drugs used next to a.m./p.m.):

Monday: _____ # a.m. _____ # p.m. Tuesday: _____ # a.m. _____ # p.m.
 Wednesday: _____ # a.m. _____ # p.m. Thursday: _____ # a.m. _____ # p.m.
 Friday: _____ # a.m. _____ # p.m.

During the week-ends, I tend to drink (or use drugs) on (place the number of drinks/amount of drugs used next to a.m./p.m.):

Saturday: _____ # a.m. _____ # p.m. Sunday: _____ # a.m. _____ # p.m.

Summarize any other comments about your drug/alcohol usage and the events leading up to your arrest below: