

**DRUG DETECTION LABORATORIES, INC.**

Alcohol DUI Case Review Form

**Client/Attorney Information:**

Subject / Client Name: \_\_\_\_\_  
Attorney Name: \_\_\_\_\_  
Attorney Phone Number: \_\_\_\_\_ Attorney FAX: \_\_\_\_\_

**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.