

# MATNEY LAW, PLLC

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## **DUI QUESTIONNAIRE**

Court City/County: \_\_\_\_\_ Date of Incident: \_\_\_\_\_

### **(1) NAME AND ADDRESS**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Birth Place: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: Cell: \_\_\_\_\_ Work: \_\_\_\_\_ Home : \_\_\_\_\_

e-mail address: \_\_\_\_\_

How were you referred to our office? \_\_\_\_\_

### **(2) LICENSE**

Driver's License No.: \_\_\_\_\_ State: \_\_\_\_\_

Date Of Issue: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Current Restrictions? Yes/No If Yes, explain: \_\_\_\_\_

Restrictions at time of arrest? Yes/No If yes, explain: \_\_\_\_\_

Do you plan to change your license within the next year? \_\_\_\_\_

Do you have a commercial license? \_\_\_\_\_ Do you drive emergency vehicles? \_\_\_\_\_

**(3) EMPLOYMENT**

*The Virginia Code permits a restricted license for Employment.*

Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ How Long? \_\_\_\_\_

Job Duties: \_\_\_\_\_

Use car for employment? Yes/No (Circle One)    Use employer's vehicle? Yes/No (Circle One)

When do you leave home? \_\_\_\_\_                      When do you arrive at work? \_\_\_\_\_

When do you leave work? \_\_\_\_\_                      When do you arrive at home? \_\_\_\_\_

Days of the week you work: \_\_\_\_\_

Do you drive as part of your work? \_\_\_\_\_

Do you have a security clearance? \_\_\_\_\_

Are you required to drive on any military bases? \_\_\_\_\_

If you are in the military will you be deployed in the next 12 months? \_\_\_\_\_

Would a conviction affect your employment? \_\_\_\_\_

**(4) EDUCATION**

*The Virginia code permits a restricted license to attend school.*

High School: \_\_\_\_\_ Last Year Attended: \_\_\_\_\_ Graduated? Yes/No

College and Major: \_\_\_\_\_ Last Attended? \_\_\_\_\_

Graduate School and Major: \_\_\_\_\_ Degree attained? \_\_\_\_\_

TEC: \_\_\_\_\_ Last Year Attended? \_\_\_\_\_

Major? \_\_\_\_\_ Graduated? Yes/No

Special Training: \_\_\_\_\_

Honors In School: \_\_\_\_\_

**(5) FAMILY**

*The Virginia Code permits a restricted license for the care of children, household members, and elderly or ill parents.*

Married/ Single/ Divorced/Widowed/Separated

Spouse's Name: \_\_\_\_\_ Date of Marriage: \_\_\_\_\_

Spouse Employer: \_\_\_\_\_

Does your spouse know about arrest? Yes/ No Is she/he supportive of you? Yes/ No

What are his/her comments? \_\_\_\_\_

Do you have minor children who live with you or with whom you have visitation rights? Yes/No

a. Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

School: \_\_\_\_\_ Lives with you? \_\_\_\_\_ Custody order? \_\_\_\_\_

b. Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

School: \_\_\_\_\_ Lives with you? \_\_\_\_\_ Custody order? \_\_\_\_\_

c. Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

School: \_\_\_\_\_ Lives with you? \_\_\_\_\_ Custody order? \_\_\_\_\_

Do you drive your children to or from school? Yes/No Daycare? Yes/No Doctors? Yes/No

**If yes, then provide a list of addresses for schools, daycare, and doctors.**

Do any of your children have any special medical needs? Yes/No

If Yes, please describe: \_\_\_\_\_

**Parents or Step Parents:**

Father's Name: \_\_\_\_\_ Living? Yes/No

Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Health issues? \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Living? Yes/No

Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Health issues? \_\_\_\_\_

**(6) MILITARY HISTORY**

*If yes, please provide a notebook of all honors and evaluations.*

Branch: \_\_\_\_\_ Date of Entry: \_\_\_\_\_

Date of Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

Rate/Rank: \_\_\_\_\_ Honors, Recommendations: \_\_\_\_\_

\_\_\_\_\_

Special Training: \_\_\_\_\_

Locations served: \_\_\_\_\_

**(7) COMMUNITY INVOLVEMENT**

*This information assists in mitigation.*

Church Membership / Civic Organizations / Volunteer Work / Hobbies / Sports:

\_\_\_\_\_  
\_\_\_\_\_

Attend / Participate regularly? Yes/ No    How often? \_\_\_\_\_

Offices held: \_\_\_\_\_

Awards / Recognition: \_\_\_\_\_

**(8) VEHICLE DRIVEN WHEN STOPPED**

Make: \_\_\_\_\_ Model: \_\_\_\_\_ 2Dr / 4Dr

Year: \_\_\_\_\_ Manual/Automatic    Color: \_\_\_\_\_

Owner of Vehicle? \_\_\_\_\_

Radio: On/Off    Windows: Up/Down    Brake: On/Off

Tail Lights: On/Off    Head Lights: On/Off

Last date of repair/inspection of the vehicle: \_\_\_\_\_

Were you experiencing any problems with your vehicle? Yes/No

Identify any vehicle problems and witnesses: \_\_\_\_\_

\_\_\_\_\_

**(9) HEALTH**

Please provide details, including whether or not you have seen a doctor for the particular condition. We may need to order medical records to help in the defense of your case. Medical issues can affect your appearance, field sobriety tests and breath/blood tests.

**PLEASE NOTE:** We need complete contact information for relevant health care providers and the dates of service in order to obtain the necessary medical records.

**Weight:** \_\_\_\_\_ **Height:** \_\_\_\_\_

Please circle and describe any issues you have experienced with any of the following:

- |                              |                 |                       |
|------------------------------|-----------------|-----------------------|
| Speech Impairment            | Hearing Loss    | Inner Ear Problems    |
| Asthma                       | Gastric bypass  | Diabetes              |
| Dizziness                    | Allergies       | Eyes                  |
| Crossed eyes                 | Glasses         | Contact Lenses        |
| Eye muscle fatigue diagnosis |                 | Dry eyes diagnosis    |
| Conjunctivitis               | Glaucoma        | Lazy eye diagnosis    |
| False Teeth? Yes/No          | Full/Partial    | Upper/Lower           |
| Gum Surgery                  | Gum Problems    | Gingivitis            |
| Joint problems               | Arthritis       | Bladder/Kidney        |
| Stomach                      | GERD            | Acid Reflux/Heartburn |
| Liver                        | Lungs/Breathing | Shortness of Breath   |
| Walking                      | Standing        | Legs                  |
| Feet/Ankles                  | Knees           | Hips                  |

Psychiatric or Mental Health treatment received or recommended

Describe any condition or treatment received related to issues identified in the foregoing list. Include contact information for treating physicians or hospitals, dates of service, and whether the condition affected you on the day you were arrested.

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Take medication now? Yes / No What? \_\_\_\_\_

What is the medication for? \_\_\_\_\_

How long have you been taking it? \_\_\_\_\_

How does the medication affect you? \_\_\_\_\_

Did you take any medication during the 48 hours before you were arrested? Yes/No

What? \_\_\_\_\_

Why? \_\_\_\_\_

How long had you been taking it? \_\_\_\_\_

How does the medication affect you? \_\_\_\_\_

Do you smoke? Yes/No If Yes, how much? \_\_\_\_\_

**List the doctors who have treated you for any issues you have identified:**

a. Doctor's Name: \_\_\_\_\_

Address and Phone Number: \_\_\_\_\_

Type of Treatment: \_\_\_\_\_

Dates of Treatment: \_\_\_\_\_

b. Doctor's Name: \_\_\_\_\_

Address and Phone Number: \_\_\_\_\_

Type of Treatment: \_\_\_\_\_

Dates of Treatment: \_\_\_\_\_

c. Doctor's Name: \_\_\_\_\_

Address and Phone Number: \_\_\_\_\_

Type of Treatment: \_\_\_\_\_

Dates of Treatment: \_\_\_\_\_

**(10) ALCOHOL**

Favorite Alcoholic Beverage: \_\_\_\_\_ Age first used alcohol: \_\_\_\_\_

How much does it take for you to feel effects? \_\_\_\_\_

How does it affect you? \_\_\_\_\_

How much is too much for you? \_\_\_\_\_

Ever been drunk? Yes/No Alcoholics Anonymous? Yes/No Problems with alcohol? Yes/No

Previous substance abuse treatment? Yes/No If Yes to any of these questions, please explain:  
\_\_\_\_\_

How often do you consume alcohol? \_\_\_\_\_

How much do you normally drink? \_\_\_\_\_

How does that quantity usually affect you? \_\_\_\_\_

**(11) PRIOR CONVICTIONS**

Please be forthright. The court and the prosecutor will have records.

**Prior DUI? Yes/ No            How many? \_\_\_\_**

When? \_\_\_\_\_ Where? \_\_\_\_\_

Attorney? \_\_\_\_\_

Circumstances: \_\_\_\_\_

Habitual Offender Convictions? Yes/ No

Prior Driving Suspension? \_\_\_\_\_

List all other traffic violations? \_\_\_\_\_

Please list all criminal convictions you have ever had, including year and location:  
\_\_\_\_\_  
\_\_\_\_\_

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**(12) EVENTS OF THE DAY OF ARREST**

Date Arrested: \_\_\_\_\_ Day of Week: \_\_\_\_\_

Sleep the night before? Yes/No How Long? \_\_\_\_\_

How many hours do you normally sleep? \_\_\_\_\_

Breakfast: What: \_\_\_\_\_

**When / Where:** \_\_\_\_\_

Lunch: What: \_\_\_\_\_

**When /Where:** \_\_\_\_\_

Dinner: What: \_\_\_\_\_

**When/Where:** \_\_\_\_\_

Describe your activities in detail from the time you woke up until you were arrested: (Write on the back of this page if necessary.)

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Where did you intend to go when arrested? \_\_\_\_\_

Where were your keys? \_\_\_\_\_

Was car door locked? Yes/No      Difficulty putting key in lock? Yes/No

Different key other than ignition key to unlock door? Yes/No

Where parked? \_\_\_\_\_ Parking brake on? Yes/No

Difficulty putting key in ignition? Yes/No      Drive in reverse before you went forward? Yes/No

Who did you last talk to before the arrest? \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

What About? \_\_\_\_\_



**(13) ALCOHOL CONSUMPTION ON THE DAY OF ARREST**

1. Where were you when you started drinking? \_\_\_\_\_

When did you arrive? \_\_\_\_\_ When did you leave? \_\_\_\_\_

When did you begin drinking? \_\_\_\_\_ When did you stop drinking? \_\_\_\_\_

Number of drinks at this location: \_\_\_\_\_ Type of drinks: \_\_\_\_\_

If mixed drinks, who prepared the drinks? \_\_\_\_\_

Witnesses at this location? \_\_\_\_\_ Receipt? \_\_\_\_\_

List all food eaten while there: \_\_\_\_\_

2. Second location? \_\_\_\_\_

When did you arrive? \_\_\_\_\_ When did you leave? \_\_\_\_\_

When did you begin drinking? \_\_\_\_\_ When did you stop drinking? \_\_\_\_\_

Number of drinks at this location: \_\_\_\_\_ Type of drinks: \_\_\_\_\_

If mixed drinks, who prepared the drinks? \_\_\_\_\_

Witnesses at this location? \_\_\_\_\_ Receipt? \_\_\_\_\_

List all food eaten while there: \_\_\_\_\_

3. Third location? \_\_\_\_\_

When did you arrive? \_\_\_\_\_ When did you leave? \_\_\_\_\_

When did you begin drinking? \_\_\_\_\_ When did you stop drinking? \_\_\_\_\_

Number of drinks at this location: \_\_\_\_\_ Type of drinks: \_\_\_\_\_

If mixed drinks, who prepared the drinks? \_\_\_\_\_

Witnesses at this location? \_\_\_\_\_ Receipt? \_\_\_\_\_

List all food eaten while there: \_\_\_\_\_

How much alcohol did you consume in the 60 minutes before you began driving?  
\_\_\_\_\_

How much alcohol did you consume in the 10 minutes before you began driving?  
\_\_\_\_\_

**(14) POSSIBLE WITNESSES (friends, passengers, server, bartender, etc.)**

**PLEASE NOTE: We must have the full names and addresses at least two weeks before your court date in order to request subpoenas for witnesses.**

1. Name \_\_\_\_\_

Address \_\_\_\_\_, Telephone \_\_\_\_\_

Was he/she drinking? Yes/No If yes, how much? \_\_\_\_\_

What can this witness testify to? \_\_\_\_\_

\_\_\_\_\_

2. Name \_\_\_\_\_

Address \_\_\_\_\_, Telephone \_\_\_\_\_

Was he/she drinking? Yes/No If yes, how much? \_\_\_\_\_

What can this witness testify to? \_\_\_\_\_

\_\_\_\_\_

3. Name \_\_\_\_\_

Address \_\_\_\_\_, Telephone \_\_\_\_\_

Was he/she drinking? Yes/No If yes, how much? \_\_\_\_\_

What can this witness testify to? \_\_\_\_\_

\_\_\_\_\_

**(15) ROUTE DRIVEN**

What route did you follow from your last location to the place where you were arrested?

\_\_\_\_\_

Traffic conditions: \_\_\_\_\_

Stop Lights? Yes/No How Many? \_\_\_\_\_

Weather: \_\_\_\_\_

**(16) ROADBLOCK (Skip if no roadblock in your case)**

Was the arrest at a roadblock or checkpoint? Yes/No

How far ahead did you see it? \_\_\_\_\_

How many cars in front of you? \_\_\_\_\_ How long did you wait in line? \_\_\_\_\_

Were you given any advance notice? Yes/No      Was there a sign? Yes/No  
Lighted? Yes/No      Flares? Yes/No

How many police cars did you see? \_\_\_\_\_

How many police officers did you see? \_\_\_\_\_

Were the officers wearing safety vests? \_\_\_\_\_

Were others there who had been arrested? Yes/No

How long did you stay there prior to being transported? \_\_\_\_\_

**(17) ACCIDENT (Skip if no accident in your case)**

Were you involved in an accident? Yes/ No

Were other vehicles involved? Yes/ No      Did airbags deploy? Yes/No

Describe the accident: \_\_\_\_\_

Did you speak with the other people in the accident? If yes, describe the conversation:

**Use the back of this page to draw a diagram of the accident scene if applicable.**

Did the officer ask when the accident occurred? Yes/No

Did the officer ask if you consumed any alcohol after the accident? Yes/No

Did the officer ask when you last consumed alcohol? Yes/No

What did you tell the police? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did the officer interview other people involved in the accident or other witnesses? Yes/No

Were you injured? Yes/No If yes, please describe your injuries: \_\_\_\_\_  
\_\_\_\_\_

Were you taken to hospital? Yes/No                      Transported by emergency vehicle? Yes/No

Were others injured? Yes / No                      Were others taken to hospital? Yes / No

### **(18) BLUE LIGHT**

Was a Blue Light used to stop you? Yes/No                      Siren Used? Yes/No

Did you see the officer before the blue light? \_\_\_\_\_

When did you first notice the blue light? \_\_\_\_\_

What were you thinking about immediately before you saw the blue light? \_\_\_\_\_  
\_\_\_\_\_

Where was the officer? Following / Side of Road / Approached my parked vehicle

What speed were you traveling? \_\_\_\_\_ What lane were you in? \_\_\_\_\_

Immediately after the blue light, what was your first response?  
\_\_\_\_\_

What did you think you had done to attract the officer's attention?  
\_\_\_\_\_

What did the officer tell you about why he/she stopped you? \_\_\_\_\_  
\_\_\_\_\_

Where did you stop your car? \_\_\_\_\_

**Use the back of this page to draw a diagram showing the locations of your car and police vehicles.**

**(19) CONTACT WITH POLICE**

Did you turn off ignition? Yes/No

Did you turn off lights? Yes/No

Did you turn off radio? Yes/ No

Did you roll down window? Yes/No

Did you get out of car? Yes/No

Difficulty doing any of these things? Yes/No

Did you get your license/registration ready before the officer asked for them? Yes / No

Did you have to “fumble through” your wallet or glove compartment to find them? Yes / No

**(20) CONVERSATION BEFORE ARREST**

What was the first thing said to you? \_\_\_\_\_

Your Response: \_\_\_\_\_

\_\_\_\_\_

Please describe in detail the conversation between you and the police at the scene of the arrest:

\_\_\_\_\_

\_\_\_\_\_

Did you tell officer that you had been drinking? \_\_\_\_\_ How much? \_\_\_\_\_

Did he ask when you had your first drink? \_\_\_\_\_ Last drink? \_\_\_\_\_

Was your vehicle searched? Yes/No      If yes, was anything seized? Yes/No

If yes, what was seized and where was it located? \_\_\_\_\_

Did you know it was there? Yes/No

How did it get into the car? \_\_\_\_\_

Were you personally searched? Yes/No      If so, was anything seized? Yes/No

If yes, what? \_\_\_\_\_

Did you know it was there? Yes/No

How did it come to be on your person? \_\_\_\_\_

**(21) PASSENGERS**

Were there any passengers in your car? Yes/No                      Were any passengers minors? Yes/No

**Identify any passengers as Witnesses in the Witness section of this Questionnaire.**

Would the passenger(s) be willing to testify on your behalf? Yes/No

What would they be able to testify to? \_\_\_\_\_  
\_\_\_\_\_

Did the police speak with the passenger(s) or obtain a statement? Yes/No

If so, who took the statement from them and what did they say? \_\_\_\_\_  
\_\_\_\_\_

Was a passenger allowed to drive your vehicle? Yes/No    If yes, who? \_\_\_\_\_

If not, what happened to your car? \_\_\_\_\_

**(22) FIELD SOBRIETY TESTS**

Did the officer ask you to perform any coordination or sobriety tests? Yes/No

Did you agree to perform tests? Yes/No                      Did the police threaten or coerce you? Yes/No

What type of shoes were you wearing? \_\_\_\_\_

Did you do tests with shoes on or off? \_\_\_\_\_

What clothing were you wearing? \_\_\_\_\_

Describe the lighting in the area: \_\_\_\_\_

Describe the location where the tests were given:

Level/Sloping                      Smooth/Rocky                      Wet/Dry                      Grassy/Dirt

Wide/Narrow                      Windy/Calm                      Cars passing? Yes/No

Emergency lights on?                      People Gathered? Yes/No                      How many? \_\_\_\_\_

Distractions? Yes/ No    What? \_\_\_\_\_

Weather: \_\_\_\_\_                      Temperature: \_\_\_\_\_

List the **FIELD SOBRIETY TESTS** that you performed in the order they were conducted:

- (1) \_\_\_\_\_
- (2) \_\_\_\_\_
- (3) \_\_\_\_\_
- (4) \_\_\_\_\_
- (5) \_\_\_\_\_
- (6) \_\_\_\_\_

How did you feel? \_\_\_\_\_  
\_\_\_\_\_

What were you thinking? \_\_\_\_\_  
\_\_\_\_\_

Did the officer demonstrate the tests before you did them? Yes / No

Did the officer advise you how the tests would be scored or graded? Yes / No

What, if anything, did the officer say? \_\_\_\_\_  
\_\_\_\_\_

Why did you perform field sobriety tests? \_\_\_\_\_  
\_\_\_\_\_

**COMPLETE THE ANSWERS FOR EACH TEST YOU PERFORMED:**

**(23) ALPHABET (ABC's)**

Performed? Yes / No

From what letter? \_\_\_\_\_ To what letter? \_\_\_\_\_

Did the officer recite the letters he asked you to state? Yes/No

What, if anything, do you think you did WRONG? \_\_\_\_\_

**(24) COUNTING**

Performed? Yes / No

Starting with number? \_\_\_\_\_ Ending with number? \_\_\_\_\_

Were you told how your performance would be scored? Yes/No

What, if anything, do you think you did wrong? \_\_\_\_\_

**(25) FINGER-THUMB TAP**

Performed? Yes / No

(Touching thumb to each finger in sequence while counting 1-4, 4-1)

Did the officer demonstrate the test? Yes / No

What were the officer's instructions?

What, if anything, do you think you did wrong? \_\_\_\_\_

**(26) FINGER TO NOSE TOUCH**

Performed? Yes / No

Did the officer demonstrate the test? Yes / No

What were the officer's instructions? \_\_\_\_\_

Were you told to TILT YOUR HEAD back? Yes/No

What were you told about your eyes? EYES OPEN/EYES CLOSED

Were you told how your performance would be scored? Yes/No

What, if anything, do you think you did WRONG? \_\_\_\_\_

**(27) HORIZONTAL GAZE NYSTAGMUS:**

Performed? Yes / No

(Checking eyes for involuntary movement by moving a stimulus in front of eyes.)

Were you wearing CONTACT LENSES or GLASSES during the test? Yes / No

Have you ever suffered a concussion? Yes/No If yes, when? \_\_\_\_\_

Did you take any medication during the day before the test? Yes / No

What precisely were the officer's instructions? \_\_\_\_\_

**(28) WALK AND TURN (Heel to toe)**

Performed? Yes / No

Did the officer ask if you had any conditions that affect your balance or that would prevent you from being able to walk heel to toe (i.e. foot, ankle, knee, leg, hip, back or inner ear condition)? Yes / No

How did you answer the officer? \_\_\_\_\_

Did the officer demonstrate the test? Yes / No Did the officer EXPLAIN the test? Yes / No

Did the officer ask if you UNDERSTOOD the instructions? Yes / No

Were you told how your performance would be scored? Yes / No

Was there a DESIGNATED LINE? Yes / No



Was there an INSTRUCTION PHASE during which you were told to stand in a heel/toe position while the exercise was explained and demonstrated? Yes / No

HOW MANY STEPS were you told to take on the way out? \_\_\_\_\_ On the way back? \_\_\_\_\_

Were you to actually TOUCH HEEL TO TOE while walking? Yes / No

Were you told HOW TO TURN? Yes/No Was it demonstrated? Yes / No

What were you told to do with your ARMS while walking? \_\_\_\_\_

What were you told to do with your EYES while walking? \_\_\_\_\_

Were you told to COUNT OUT LOUD each step? Yes / No Did you? Yes / No

**9 STEP WALK AND TURN (8 CLUES / 2 FAILS = 68%) Check all that apply:**

- \_\_\_\_\_ Can't balance during instructions
- \_\_\_\_\_ Starts too soon
- \_\_\_\_\_ Stops while walking
- \_\_\_\_\_ Doesn't touch heel to toe
- \_\_\_\_\_ Steps off line
- \_\_\_\_\_ Uses arms to balance
- \_\_\_\_\_ Loses balance or turns incorrectly
- \_\_\_\_\_ Takes wrong number of steps

Did the officer mention any other problems with the test? \_\_\_\_\_

\_\_\_\_\_

**(29) ONE LEG STAND**

Performed? Yes / No

Did the officer ask if you had any conditions that could affect your balance (i.e. foot, ankle, knee, leg, hip, back or inner ear condition)? Yes / No

How did you answer the officer? \_\_\_\_\_

Did the officer demonstrate the test? Yes / No Did the officer EXPLAIN the test? Yes / No

Did the officer ask if you UNDERSTOOD the instructions? Yes / No

Were you told how your performance would be scored? Yes / No

Were you able to keep your foot up the entire time? Yes / No If no, why not:

\_\_\_\_\_

Did you use your arms for balance? Yes / No If yes, why?

\_\_\_\_\_

**ONE-LEG STAND (4 CLUES / 2 FAILS = 65%) Check all that apply:**

- \_\_\_\_\_ Sways while balancing (more than 6 inches)
- \_\_\_\_\_ Uses arms to balance

\_\_\_\_\_ Hops

\_\_\_\_\_ Puts foot down

**(30) PRELIMINARY BREATH TEST (PBT):**

(Hand-held breath test device usually completed before an arrest)

What did the officer tell you about your obligation to take the PBT? \_\_\_\_\_

\_\_\_\_\_

Were you told you could refuse the PBT? Yes / No

Were you told a refusal of the PBT could not be used against you? Yes / No

Were you told there would be a sanction or consequence if you refused the PBT? Yes / No

If yes, what sanction/consequence? \_\_\_\_\_

What, if anything, were you told about the use of the result of the PBT in court? \_\_\_\_\_

\_\_\_\_\_

Did you take the PBT? Yes/No      Were you told/shown the result? Yes/No

What was the result? \_\_\_\_\_

Had you consumed any alcohol during the 20 minutes prior to taking the PBT? Yes / No

Did you have anything in your mouth when taking the PBT? Yes / No      If yes, what?

\_\_\_\_\_

**(31) ARREST**

Were you told you were “under arrest”? Yes / No      Were you told why? Yes / No

Were you given your Miranda warning? Yes / No      Were they read to you? Yes / No

When: \_\_\_\_\_

Where: \_\_\_\_\_

What did the officer say? \_\_\_\_\_

What did officer tell you about being placed under arrest? \_\_\_\_\_

\_\_\_\_\_

Were you handcuffed? Yes/No      Did the handcuffs hurt? Yes/No

Were you handcuffed in the presence of other people? Yes/No

Did you suffer any numbness in your hands or arms? Yes/No

**(32) OTHER PEOPLE PRESENT**

Were other people present during the arrest process or field sobriety tests? Yes / No

Who? \_\_\_\_\_

If names are not known, describe them: \_\_\_\_\_

\_\_\_\_\_

Did any of them talk to you? Yes / No      Who? \_\_\_\_\_

\_\_\_\_\_

What about? \_\_\_\_\_

Did any of them talk to the police? Yes / No

Who? \_\_\_\_\_

What about? \_\_\_\_\_

**(33) CONVERSATION AFTER ARREST**

What was the first thing said to you? \_\_\_\_\_

Your Response: \_\_\_\_\_

\_\_\_\_\_

What else did the officer tell you? \_\_\_\_\_

\_\_\_\_\_

Your Response: \_\_\_\_\_

Did the officer read anything to you from a piece of paper? Yes / No

**(34) VEHICLE TOWING**

Was your car towed away? Yes / No      By whom? \_\_\_\_\_

Were you present when it was towed? Yes / No

Did you speak to the tow operator? Yes / No

Did you receive a copy of the tow operator's report? Yes / No

Was anything removed from your car? Yes / No

**(35) TRANSPORTATION TO BREATH MACHINE / JAIL**

Describe any conversations while traveling to the breath test machine or the jail.

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Complain of pain from handcuffs? Yes/ No

Ask to go to a restroom? Yes/ No

**(36) AT STATION / JAIL**

Arrival time: \_\_\_\_\_

How many officers? \_\_\_\_\_

Conversation with anyone? Yes / No

Who? \_\_\_\_\_

Searched? Yes / No

Fingerprinted? Yes / No

Sign any Papers? Yes / No

Officer make any statements to other officers? Yes / No

What? \_\_\_\_\_

Were you able to go to a restroom? Yes / No When? \_\_\_\_\_

Telephone Call? Yes / No To Whom? \_\_\_\_\_

**(37) EC/IR II BREATH TEST**

Performed? Yes / No

Did the arresting officer administer the breath test? Yes / No

What were you told about your obligation to take a breath or blood test? \_\_\_\_\_

---

Were you told there would be a sanction/consequence if you refused the test? Yes / No

What were you told the sanction would be? \_\_\_\_\_

Did the officer read from a form? Yes / No Did you understand the form? Yes / No

Did you agree to take a breath test? Yes / No

Were you told not to burp, belch, etc. for 20 minutes prior to blowing into the machine? Yes/No

What, if anything, were you told about why not burping, belching, etc. was important? \_\_\_\_\_

Did you burp, belch, etc. during the 20 minute period? Yes / No

If yes: Did the breath test operator (BTO) hear the burp, belch, etc.? Yes / No

What did the BTO do or say? \_\_\_\_\_

Was the 20 minute period started over? Yes / No

What, if anything, were you told would happen if you burped, belched, etc. again?

\_\_\_\_\_

Did you burp, belch, etc. again? Yes / No Was it heard? Yes / No

If yes, what happened? \_\_\_\_\_

Mouth checked? Yes / No False Teeth? Yes / No

Anything in your mouth while taking the test? Yes / No If yes, what? \_\_\_\_\_

What was the room temperature? \_\_\_\_\_

Smoke in transit to breath test? Yes / No During observation period? Yes / No

**Conversation with Breath Test Operator?** \_\_\_\_\_

Were other people present during breath test? Yes / No

Who? \_\_\_\_\_

Did you speak with them? Yes / No

What About? \_\_\_\_\_

How many times do you remember blowing into the EC/IR II? \_\_\_\_\_

Were you told you were not blowing into the machine correctly? Yes / No

If so, what were you told you were doing incorrectly? \_\_\_\_\_

Did the machine display an error message? Yes/No

If yes, was it: \_\_\_\_\_ Invalid Sample \_\_\_\_\_ Deficient Sample \_\_\_\_\_ Out of Tolerance

\_\_\_\_\_ Other (please explain) \_\_\_\_\_

Did the machine print a result? Yes/No What was the result? \_\_\_\_\_

Were you given a copy of all the test results? Yes / No

### **(38) BLOOD TEST**

Blood test offered? Yes/ No When? \_\_\_\_\_

Blood test performed? Yes/No Who drew the blood? \_\_\_\_\_

Was this person a doctor or registered nurse? Yes / No

Witness? Yes / No Who? \_\_\_\_\_

### **(39) RIGHT TO COUNSEL**

Were you ever advised you had the right to consult with an attorney? Yes/ No

By Whom? \_\_\_\_\_ When? \_\_\_\_\_

Did you ask to call an attorney? Yes/ No Were you told you could make a phone call? Yes/ No

Did you have the opportunity to make a phone call? Yes/ No

Phone book? Yes/ No Did anyone assist you? Yes/ No Who? \_\_\_\_\_

Where was the phone? \_\_\_\_\_

Where were the BTO and arresting officer? \_\_\_\_\_

Could you talk privately? Yes/ No Were police or deputies listening? Yes/ No

Who did you call? \_\_\_\_\_

### **(40) SOBRIETY TESTS AFTER ARREST**

Were any physical or breath tests administered **after** you were arrested? Yes/ No

By Whom? \_\_\_\_\_

When? \_\_\_\_\_ Where? \_\_\_\_\_

Were you advised that you did not have to perform them? Yes/ No

What tests were administered and how did you do? \_\_\_\_\_

\_\_\_\_\_

### **(41) FORMS SIGNED**

Did you ever sign your name? Yes/ No

What documents did you sign and why? \_\_\_\_\_

\_\_\_\_\_

Did you ever refuse to sign your name on any document? Yes/ No

What? \_\_\_\_\_

Why? \_\_\_\_\_

### **(42) VIDEO**

Do you know if a videotape was made of your driving, the FSTs or the breath test? Yes / No

Did you see a camera? Yes/ No

### **(43) JAIL CONFINEMENT**

Confined alone or with others? \_\_\_\_\_

With whom? \_\_\_\_\_

Could he/she be a witness for you? Yes / No

### **(44) BOND HEARING**

Date and Time: \_\_\_\_\_ Location? \_\_\_\_\_

Hearing Officer: \_\_\_\_\_

Comments by hearing officer? \_\_\_\_\_

Bond amount? \_\_\_\_\_ Did you deposit cash? Yes / No

Did you use a bondsman? Yes / No Who? \_\_\_\_\_

Restrictions on your bond (i.e. pretrial services, no alcohol, not allowed to leave Virginia)?  
\_\_\_\_\_

Do you need to leave Virginia before the trial date? Yes / No

If yes, then please list or email your itinerary, including dates, addresses and method of travel  
(airline, vehicle, etc.): \_\_\_\_\_  
\_\_\_\_\_

### **(45) RELEASE**

Date of release? \_\_\_\_\_ Time: \_\_\_\_\_ a.m. / p.m.

Released Alone? Yes/ No To Someone? Yes/ No

Who? \_\_\_\_\_

### **(46) QUESTIONS FOR MR. MATNEY**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **DUI DETECTION CHECKLIST**

Please circle all items that you think the arresting officer will note as problems:

#### **VEHICLE IN MOTION**

##### PROPER LANE POSITION

Weaving  
Straddling a lane line  
Turning with a wide radius  
Almost Striking Object or Vehicle

Crossing lane lines  
Swerving  
Drifting

##### SPEED AND BRAKING PROBLEMS

Stopping problems (too far, too short, too jerky) Accelerating or Decelerating Rapidly  
Varying Speed Slow Speed (10 mph under speed limit)



## VIGILANCE PROBLEMS

Driving in Opposing Lanes or Wrong Way	Slow response to traffic signals
Slow or failure to respond to officer's signals	Stopping in lane
Failure to signal or signal inconsistent with actions	Driving without headlights

## JUDGMENT PROBLEMS

Following too closely	Improper or unsafe lane change
Illegal or Improper Turn (too fast, too jerky, too sharp, etc.)	
Driving on Other than Designated Roadway	
Inappropriate or unusual behavior (throwing objects, arguing)	

## THE STOPPING SEQUENCE

Any attempt to flee?	Lack of response?
Slow response?	Abrupt swerve?
Sudden stop?	Striking curb or other object?

## POST-STOP CUES

- Difficulty with motor vehicle controls
- Fumbling with driver's license or registration
- Repeating questions or comments
- Slow to respond to officer/officer must repeat instructions
- Provides incorrect information, changes answers

## DRIVING

Steering	Controlling the accelerator
Signaling	Controlling the brake pedal
Operating the clutch	Observing other traffic
Observing signal lights, stop signs, etc.	
Making decisions (stop, turn, speed up, slow down)	

## PERSONAL CONTACT

Bloodshot eyes	Soiled clothing
Fumbling fingers	Alcohol or drug paraphernalia
Bruises, bumps, scratches	Unusual actions
Slurred speech	Admission of drinking
Inconsistent responses	Abusive language
Unusual statements	
Odor of alcohol	Odor of marijuana
"Cover-up" odors like breath sprays	
Other unusual odors	

## PRE-EXIT INTERVIEW TECHNIQUES

- Asking for two things simultaneously
- Did they forget to produce both?

Did they produce items other than what was requested?  
Did they fail to recognize what they were looking for?  
Did they fumble or drop things?  
Were they unable to retrieve using fingertips?

Asking interrupting or distracting questions  
Did they ignore questions?  
Did they forget to completely answer questions?  
Did they supply grossly incorrect answers?  
Did they ask unusual or unrelated questions?

### **THE EXIT SEQUENCE**

Show angry or unusual reactions?  
Inability to open door?  
Climb out of vehicle?  
Sway, unsteady on feet?  
Difficulty exiting vehicle?

Did they follow instructions?  
Leave vehicle in gear?  
Lean on door?  
Keep hands on vehicle for balance?