

1 Case details (completed by officer)

a. Date of arrest/stop:	b. Charge filed:
c. Time of arrest/stop: (24 hour time)	d. BAC at time of arrest/stop:
e. Officer's name:	f. Law enforcement agency:

2 Answered by individual

a. Number of alcoholic drinks before arrest/stop (How many drinks did you have today/tonight?):

b. Duration of drinking (How long were you drinking?):

c. At what location did you have your last drink?

Private home At a bar/club At a stadium/arena
 In a vehicle At a restaurant Other outdoor area

d. What is the name of establishment where you had your LAST drink?

e. If you purchased your LAST drink at a grocery, package or convenience store, please list the store name:

f. In what town/city is the establishment located?

g. How many drinks did you have at this location?

h. What type of alcohol were you drinking at the last location (mark all that apply)?

Beer Wine Mixed drinks/liquor/shots Alcoholic energy drinks

If under the age of 21: How did you obtain alcohol on the day of your citation (mark all that apply)?

Purchased it myself with no fake ID Stole it from someone else's house
 Purchased it myself with a fake ID Stole it from a store
 Someone 21 or older purchased it for me Obtained it at a party where someone else supplied it
 Someone under 21 purchased it for me Other:
 Took it from parent's house

3 Demographics

a. Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	b. Age:	c. Zip Code:
d. Racial/Ethnic Background: <input type="checkbox"/> White <input type="checkbox"/> American Indian <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> African-American <input type="checkbox"/> Hispanic <input type="checkbox"/> Bi/Multi racial	e. Highest level of education completed: <input type="checkbox"/> Less than high school <input type="checkbox"/> High school <input type="checkbox"/> Some college <input type="checkbox"/> College graduate <input type="checkbox"/> Graduate school	f. Number of DUIs in lifetime: