|  |
| --- |
| **INFORMATION** |
| Name of sample donor: |  |
| Age when tested: |  | Sex at birth: | Male  | Female  |
| Height:  |  | Weight: |  |
|  |
| **Evidential** Test Result: | **Breath** | **Blood** | **Urine** |
|  |  |  |
| **Time** of evidential test/sampling: |  |  |  |
| Timeof driving/incident: |  |
| **Please enclose test printout or certificate of analysis** |
|  |
| **INSTRUCTIONS TO EXPERT***Please ensure the accuracy of details provided. Subsequent revisions may incur additional costs* |
|  |
| **Drunk in charge** | Please state the intended time of driving: |  |
|  |
| **Driving whilst over the prescribed limit** | Please calculate the effect of: | Spiked drinks  |
| Post driving drinking  |
| Medications  |
| Please calculate the likely alcohol level at (time): |  |
|  |
| **Alcohol consumed BEFORE driving/incident:** |
| **Date** | **Time** | **Amount**(e.g. 1 pint; 330ml bottle) | **Type/Brand**(e.g. Smirnoff vodka) | *Tick unwitting consumption* |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Alcohol consumed AFTER driving/incident:** |
| **Date** | **Time** | **Amount**(e.g. 1 pint; 330ml bottle) | **Type/Brand**(e.g. Smirnoff vodka) | *Tick unwitting consumption* |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Food intake throughout day/evening in question** |
| **Date** | **Time** | **Brief description** |
|  |  |  |
|  |  |  |
|  |  |  |
| **Comments**  |
|  |

**Return to Keith Borer Consultants at** **kbc@keithborer.co.uk** **or** **kbc@keithborer.co.uk.cjsm.net**

Case Reference: Our Ref