

Case Number _____

LINCOLN POLICE DEPARTMENT

DWI INTERVIEW REPORT

NAME _____

ADDRESS _____

OFFICER _____

CITY/STATE _____

DATE _____

TIME _____

MIRANDA WARNING AND WAIVER FORM

1. I would like to advise you that I am a Police Officer. Do you understand that?
2. You have the right to remain silent and not make any statements or answer any of my questions. Do you understand that?
3. Anything you may say can be, and will be used against you in a court of law. Do you understand that?
4. You have the right to talk to a lawyer and have the lawyer with you during the questioning. Do you understand that?
5. If you cannot afford a lawyer, you have the right to have a lawyer appointed for you prior to questioning at no cost to you. Do you understand that?
6. Knowing your rights in this matter, are you willing to answer some questions or make a statement to me now?

(Witness)

(Subject's Signature)

1. Were you operating a motor vehicle? _____
2. Where were you going? _____
3. What street or highway were you on? _____
4. What direction were you traveling? _____
5. Where did you start from? _____
6. What time did you start? _____
7. What time is it now? _____
8. What is the date today? _____
9. What is the day of week? _____
10. What city are you in? _____
11. What were you doing during the last 3 hours?

12. Who was with you during the last 3 hours?

13. Have you been drinking alcohol? _____

14. What time did you start drinking? _____

15. What did you drink? _____

16. How many drinks did you have? _____

17. What time did you have your last drink? _____

18. Where were you drinking? _____

19. Are you under the influence of an alcoholic beverage now? _____

20. Were you involved in an accident today? _____

21. What time did the accident occur? _____

22. Have you had any alcoholic beverages since the accident? ____ If so, what? _____

23. Do you have any disabilities, illness or injuries that affect your ability to drive? _____
If so, what? _____

24. Are you under the care of a doctor or dentist? _____ If so, for what? _____

25. Have you taken any medication or drugs recently? ____ If so, what? _____

26. When did you last sleep? _____

27. Are you wearing false teeth? _____

Subjects Signature: _____

Comments: _____

INTERVIEW COMPLETED: HRS: _____ DATE: _____ BY: _____ # _____