

Alcohol Calculation Questionnaire

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|--------------------------|--|
| Solicitors' Firm: | |
|--------------------------|--|

| PERSONAL DETAILS | | | |
|---|---------------|---------------------------|---|
| Name: | | | |
| Age when tested: | | Sex: | Male <input type="checkbox"/> Female <input type="checkbox"/> |
| Height: | | Time of driving/incident: | |
| Weight: | | | |
| Evidential Test Result: | Breath | Blood | Urine |
| | | | |
| Time of test/sampling: | | | |
| Please enclose test printout or certificate of analysis | | | |

| INSTRUCTIONS TO EXPERT | |
|---|---|
| Drunk in charge | Please state the intended time of driving: <input type="text"/> |
| Driving whilst over the prescribed limit | Please calculate the effect of: |
| | Spiked drinks <input type="checkbox"/> |
| | Post driving drinking <input type="checkbox"/> |
| | Medications <input type="checkbox"/> |
| | Please calculate the likely alcohol level at (time): <input type="text"/> |

| Alcohol consumed BEFORE driving/incident: | | | |
|---|------|---|------------------------------------|
| Date | Time | Amount (e.g. pints, measures, can/bottle size) | Type (give brand name if known) |
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| Alcohol consumed AFTER driving/incident: | | | |
|--|------|---|------------------------------------|
| Date | Time | Amount (e.g. pints, measures, can/bottle size) | Type (give brand name if known) |
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| Comments (e.g. which of the above drinks were consumed unwittingly) |
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Please note: changes to instructions or information provided will incur additional costs