



OWI INTERVIEW REPORT
Des Moines Police Department
 100 Main Street
 Des Moines, IA 50313-2154
 (123) 456-7890

SUMMARY	Case Number 08-00001	Date of Arrest 01/07/2008	Time of Arrest 11:01 Hrs.	Location of Offense 3500 BLK MERLE HAY RD	
	Code Section? 321J.2 (B)	Offense Committed OPERATING WHILE INTOXICATED 3RD	Offense Class CLASS D FELONY		
	Defendant - Last Name DIRTBAG		First JOEY	Middle G	Suffix
	Address 1515 WEST 6TH ST		City DES MOINES	State IA	Zip Code 50313
	Gender M	Race WHITE - W	Date of Birth 8/8/1974	Age 33	DL Number 123XX4567
	Miranda Given? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Time of Miranda 11:05:00 AM Hrs.	Miranda Given By WISOSKI, FRED	
	Vehicle Impounded? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Interviewed By WISOSKI, FRED	Time Interview Began 12:05 Hrs.	Time Interview Concluded 12:35 Hrs.
	DL State IA				

CALL	Time Call Began 12:10 Hrs.	Time Call Finished 12:18 Hrs.	Phone Number Called (515) 222-3214 EXT.
	Name of person called SISTER DIRTBAG		

INTERVIEW	Who is your employer? UNEMPLOYED	What is your occupation? UNEMPLOYED	Day you last worked?	What time is it now? 0100	
	What weekday is it? WEDNESDAY	What day of the month is it? 12TH	What is today's date? 01/12/2008	Physical Defects? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
	Describe any physical defects		If currently ill what's wrong?		
	When did you last sleep? DON'T KNOW	How much sleep? 1 HOUR	When did you last eat? YESTERDAY	Taking tranquilizers, pills or meds of any kind? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
	Identify type of drugs or medications		Are you diabetic? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Are you taking Insulin? <input type="checkbox"/> YES <input type="checkbox"/> NO	When was your last dose?
	Treated by a Dr. recently? If yes, why? NO	Any injections of any other drugs recently? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	If yes, identify the type of drug and why it was used.		
	Do you have or wear any of the following devices?				
	Have you been smoking marijuana? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Were you involved in an accident? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Were you driving a vehicle? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Does the vehicle belong to you? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
	If you were not the driver, who was driving?	Any mechanical problems with the vehicle? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		What mechanical problems?	
	What was your destination? HOME	Direction of travel? WEST	Identify any stops along your way		
	Who have you been with? MYSELF	What street or highway were you on when you were stopped? MERLE HAY RD			
	Have you been drinking? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	What were you drinking? How much and what brand? JACK DANIELS, LITER	How much to drink? LITER		
	Started drinking? 2:00:00 AM	Stopped drinking? 10:55	Have you had any alcohol since the accident? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Do you feel the effects of the drinks? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
	Describe the effects of the drinks you have had. I'M DRUNK				
Was defendant's DL seized and destroyed? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Identify who seized and destroyed the DL 2 - DESTROYED BY ARRESTING OFFICER			

OFFICER	Video 03 - BOTH IN CAR AND OFFICE	Audio 03 - BOTH IN CAR AND OFFIC	Chemical Test Submitted to 1 - BREATH	
	Test Location POLK COUNTY JAIL			
	Arresting / Reporting Officer ADMIN, SYSTEM			Badge Number SYSADM
	Assisting Officer (s) / Processor WISOSKI, FRED			Badge Number 1354
	Supervisor			Badge Number