ALCOHOL TECHNICAL DEFENCE FORM

Form MG DD/D
Version 3.1/Aug 2002

Police Reference
Laboratory Reference
Affix Blood Urine Kit Bar Code (if used)

D1 GENERAL GUIDANCE

THIS FORM IS FOR USE FOR REQUESTS FOR EITHER TECHNICAL DEFENCE ENQUIRIES (WHERE POST-INCIDENT CONSUMPTION IS BEING ALLEGED), OR FOR BACK CALCULATION PURPOSES (WHERE IN SERIOUS CASES POLICE SEEK TO PROVE THAT A DRIVER UNDER THE PRESCRIBED LIMIT AT THE TIME THE SPECIMEN WAS OBTAINED, WAS NEVERTHELESS ABOVE THE PRESCRIBED LIMIT AT THE TIME OF THE INCIDENT).

Notes:

(1) Any interview of a suspect to obtain information for the completion of this form must be conducted in accordance with the provisions of the Police and Criminal Evidence Act 1984.

(2) This form may be presented in Court to show what information the scientist has been given.

(3) It is not necessary to submit Form MG FSS. It is however essential that the information at **D3,** required by the laboratory, is fully completed.

(4) Satisfactory calculations require reliable information. It is, therefore, vital that every care is taken to complete this form as fully and accurately as possible. **Delay in processing this type of case is almost invariably due to the supply of inadequate information at the time of submission.**

(5) Back calculation to the time of the incident is only possible where there is a substantial time interval between **the end of pre-incident drinking and the time of the incident.** Each case must be treated on its own merits, based on the circumstances of the particular case.

(6) Where a breath sample of below 10 µg/100ml has been obtained and a laboratory blood or urine sample has been required due to the possible unreliability of the breath sample, a back calculation is likely to be successful only where:-

- the time between the incident and the sample being obtained is substantial (at least 10 hours) **AND**
- the time elapsing between the obtaining of the breath and laboratory specimens is minimised (not more than 2 hours) **AND**
- at least 1½ hours has elapsed between the point of final alcohol consumption and the incident.

Furthermore the likelihood of successful back calculation at these levels based on urine specimens is even lower.

(7) The **approximate** nature of these calculations (based on average values) must always be borne in mind. While they are reasonable estimates for most people they may, on occasions, fail to reflect accurately the situation of a particular individual. A person calculated to be just over the prescribed limit could easily be under, and vice versa. Where the time limit intervals between incident and test are long, the uncertainties in the calculation can increase substantially.

D2 **ORIGIN OF REQUEST**

Investigating Officer:.....

Force and Station: ..... Tel. No: .....

Address: .....

.....

* Delete as Applicable

D3 LABORATORY INFORMATION

Case Submission Details for the FSS in lieu of Form MGFSS	
All submissions must be authorised for payment: Signature Position	
This submission is: URGENT ☐ CRITICAL ☐ STANDARD ☐ **Please inform the laboratory of any change in status** In addition to the authority above, every URGENT and CRITICAL submission must be authorised by an Inspector or above and a reason given	
Authorising Signature	Print Name
Reason	
Method of delivery to laboratory – By Hand / Registered Post / Recorded Delivery / Courier	
Security Seal No.	Registered Post/Recorded Delivery No
Delivered by: Signature Print Name If there have been previous submissions give Lab Ref:	Received at laboratory by: Signature Print Name Date
Date statement required in Urgent and Critical cases only	

Circumstances of the Incident		
Date	Time	Place
(continue on a separate sheet if necessary)		

Items for Scientific Examination

All items must be properly packaged and labelled to preserve the integrity of the evidence.
The exhibit number and description given below must correspond with the exhibit label.

Exhibit No.	Exhibit Bag No.	Description	Name of person seizing item

Specify any known Health & Safety Risk – e.g. AIDS, hepatitis, scabies etc.

* Delete as Applicable

D4 DETAILS OF THE SUBJECT

Note:

(i) Details regarding age and sex are essential. The height and weight of the subject should be measured whenever possible. Where this has not been done, the values given should be followed by the letter **E** (estimate).

(ii) Please use metric units for height and weight.

(jj) The amount of body fat is a relevant factor in these calculations. Please enter the build/ physique of the individual in the appropriate place using these identifiers:

Name of subject (in full):.....

Sex: *Male/Female

Age: ..... Height: ..... Weight: ..... Build: .....

S	Slim	**SO**	Stocky and Obese	**O**	Obese
P	Proportionate	**SM**	Stocky and Muscular		

D5 TIMES & DATES

Note:

(i) All times should be **actual times** quoted using the 24-hr. clock with the exception of the times of the breath tests which should be as recorded on the print out.

(ii) If the matters concerned span a change of date, this should be indicated under 'Date(s)', e.g. 24 and 25.3.98.

(iii) **A copy of any breath test print-out should accompany the submission.**

Time of Incident:.....hours ...../...../.....(Date)

Time of Roadside Breath Test: .....hours ...../...../.....(Date)

Time of Substantive Breath Test (1) .....hours (GMT/BST) Result.....µg/100ml

Time of Substantive Breath Test (2) .....hours (GMT/BST) Result..... .µg/100ml

Time of Provision of *Blood/Urine Sample: .....hours Result: [ ]

For lab use only

D6 DETAILS OF FOOD CONSUMPTION, CONDITION OF THE SUBJECT & MEDICATION

Notes:

(i) An attempt should be made to ascertain details of any food consumed by the subject in the six hours prior to the incident.

(ii) Certain medical conditions may have a bearing on the calculation of blood or breath concentrations, or even form the basis of a defence. In particular, subjects should be asked whether they are diabetic, suffer from any disease of, or have sustained any injury to the throat, oesophagus, lungs, liver or kidneys.

(iii) Details of any medication regularly taken or taken within 4 hours prior to drinking (including over counter remedies) should be obtained if possible.

(a) Food consumption (What/When) .....

.....

.....

(b) Medical condition (What/When) .....

.....

.....

(c) Medication (What/When) .....

.....

.....

D7 **PRE and POST-INCIDENT DRINKING (including laced drink cases)**

Notes:

(i) The more accurate the account obtained of the drinking pattern, the better able the scientist will be to assess the situation. If possible, a drink by drink history with approximate times is preferable to a summary of gross consumption.

For example, the scientist may draw different conclusions from being told:
(a) the subject consumed 4 whiskies between 19.30 and 21.00 hours; and
(b) the subject had one whiskey between 19.30 and 19.35 hours, and a further 3 whiskies between 20.45 and 21.00 hours.

(ii) Quantities consumed need to be determined as accurately as possible. Information based upon unspecified quantities, e.g. mouthfuls, swigs, gulps, and glasses (size unknown) do not permit sensible estimates to be made. When available, vessels marked with estimated levels of drink consumed will assist in quantifying the alleged alcohol intake. Where relevant, samples of the drinks and their containers, with levels marked as appropriate, should be submitted to the laboratory. **Examination of such items will not incur any additional charges.**

(iii) In laced drinks cases, the drink the subject thought he had consumed should be detailed in **D7**, and the alleged laced drink noted 'laced'.

PRE - INCIDENT DRINKING (including alleged laced drinks)

Drink	Start	Finish
1.		
2.		
3.		
4.		
5.		

D8 **POST INCIDENT DRINKING**

Drink	Start	Finish
1.		
2.		
3.		
4.		
5.		

D9 **PERSON COMPLETING FORM**

Full name (BLOCK Capitals): .....