

Figure 5.2: Linking Project NSW

145456

The Linking Project **Data Recording Card**

INCIDENT DETAILS

DATE		TIME		COPS	
PLACE No.		STREET			
SUBURB			POSTCODE		

OFFENDER DETAILS **OFFENDER NOT PRESENT** (Tick box)

GENDER	M/ F	D.O.B		AGE		P/CODE	
OFFENDER WAS (circle)	alone	with 2-6 other people	with 6-12 other people	with more than 12 other people			

LAC	Hunter Valley	Lake Macquarie	Lower Hunter	Manning Great Lakes	Newcastle	Waratah	Brisbane Waters	Tuggerah
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OFFICER		DUTY TYPE	HWY	GD	DET	LIC	Other
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OFFENCE DETAILS


OFFENCE OR INCIDENT TYPE (please circle)	PCA	Domestic Violence	Break & Enter	Malicious Damage	Stealing
	Drugs	Offensiveness	Underage Drinking	Noise Complaint	Intoxicated Person
	Other (please record)				

STATE OF INTOXICATION (please circle)	NIL	SLIGHTLY	MODERATELY	WELL
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LAST PLACE ALCOHOL WAS CONSUMED	LICENSED PREMISES (write name of premises)				
				
	or NON-LICENSED (circle and name)				
	1. Sporting/Social Club event (function license)	5. Main Street			
	2. Private Residence	6. Shopping Centre			
	3. Public Park	7. Sports Ground			
	4. Beach	8. Other.....			

Source: New South Wales Police

Figure 5.3: Last Drink Survey NZ Police


CENTRAL
POLICE
LDS FORM
(Last Drink Survey)

TO BE COMPLETED BY ARRESTING OFFICER ONLY IF OFFENDER HAS CONSUMED ALCOHOL PRIOR TO ARREST OR OFFENCE.

1. OFFENDER'S FULL NAME: _____ MALE/FEMALE

RACE: _____ AGE: _____ yrs. RES. SUBURB: _____

2. DAY: _____ DATE: / / TIME (of offence) _____ 00:00

CHARGE (s) _____

READING(s): BREATH: _____ BLOOD: _____ ARREST/SUMMONS _____

WHAT HAPPENED: _____

3. LAST DRINKS:

a) Where did you have your last drink? Premise: _____
St/Rd: _____

b) What time did you have your last drink? _____ 00:00

c) Where did you buy your last drink? Premise: _____
St/Rd: _____

d) What were you drinking? Beer: Wine: Spirits:

e) How much? _____ Brand: _____

f) How long were you at the premises? Hours: Mins:

g) Have you consumed alcohol at any other premise tonight during the last four hours? Yes: No:

h) Where?(if applicable) _____

Figure 5.3 continued

4. WHERE LOCATED:
Where was the offender located?

Inside licensed premises: Namely: _____
Outside licensed premises: Namely: _____
Other: _____

5. LEVEL OF INTOXICATION (Arresting Officer to assess at time of arrest)

(a)		(b)	
tick		<u>Signs Exhibited</u>	tick
1	Had no alcohol	Eyes glazed/bloodshot	
2		Unsteady	
3		Lack of motor skills	
4	Slight to medium	Slurring	
5		Aggressive	
6		Argumentative	
7	Heavy to extreme	Breath smells of alcohol	
8		Face flushed	
9		Repeating him/herself	
10	Unconscious or 1K	Other	

6. ARRESTING OFFICER:

FULL NAME: _____ RANK: _____
STATION: _____ QID: _____ SECTION: _____
FILE/TON NO.: _____ PRN: _____

7. QUESTIONS 1 & 3 (IF NOT ARRESTING OFFICER) COMPLETED BY:

FULL NAME: _____ RANK: _____
STATION: _____ QID: _____ SECTION: _____

8. TO BE COMPLETED BY WATCHHOUSE CTO OPERATOR

FILE/TON NO.: _____	PRN: _____	Checked by watchhouse S/Sgt: _____
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PLEASE LEAVE IN WATCHHOUSE OR FORWARD TO SGT. MIKE LOPDELL, LIQUOR LICENSING,
STANLEY STREET POLICE.

Source: Bijoux (1998)