

DUI / DWI PERSONAL STATEMENT

(Updated 09/30/2026)

Name: _____ DOB: _____ PI#: _____

Instructions: Mark all applicable answers, type your statement, sign the document, and bring it to your AME appointment for uploading into your FAA file.

1. Incident Details.

- a. Substance(s) Involved: ☐ Alcohol ☐ Drugs
- b. Arrest/Detention Date(s): _____ Location(s) (City, State): _____
- c. Vehicle(s) Involved: ☐ Car ☐ Boat ☐ Golf Cart ☐ E-Scooter ☐ Aircraft ☐ Other or None: _____
- d. Arrested/Detained by: ☐ State Police/Highway Patrol ☐ Sheriff ☐ City Police ☐ Other or None: _____
- e. Amount Consumed **Prior to Arrest:** (Be specific, e.g., two 12 oz beers or two 1.5 oz shots 1 hour before)

2. Use History

- a. Age you started drinking: _____ Using drugs: _____
- b. **Prior to each arrest**, how many days per week did you drink/use? _____
- c. **Prior to each arrest**, what was the typical amount consumed per episode (Be specific, e.g., three 12 oz beers, two 1.5 oz shots, or grams) _____
- d. **Current** Alcohol or Drug Use:
- ☐ None. Date of use/last drink (or start of abstinence): _____
- ☐ Yes. Frequency: _____ | Specific amount per episode: _____

3. Consequences. Prior Offenses & Negative Consequences from alcohol or substance use: Have you had any other drug/alcohol incidents/offenses (MIP, consumption, drug possession charges) or related medical, injuries, non-driving legal issues, or personal issues? ☐ **No** ☐ **Yes** (List dates and details): _____

- a. Have you had ANY other misdemeanors, felonies, or citations where drugs or alcohol were involved, even if they were later reduced to a lower sentence. No ☐ Yes ☐
- b. Have you had ANY medical consequences associated with alcohol or substance use, e.g., pancreatitis?
☐ No ☐ Yes (explain) _____

4. Treatment & Recovery History. Have you ever in your life attended a drug or alcohol treatment program?

☐ **No** (go to 5.) ☐ **Yes** (If yes, complete below)

- a. **Dates:** _____ **Substance(s):** ☐ Alcohol ☐ Drugs _____
- b. **Type:** ☐ Residential ☐ Intensive Outpatient ☐ Outpatient ☐ DUI Education ☐ Other
- c. **Currently in a recovery program?** ☐ **No** ☐ **Yes** (If yes, select all that apply) ☐ AA ☐ BOAF
☐ Celebrate Recovery ☐ SMART Recovery ☐ Narcotics Anonymous ☐ Other _____

5. Description: Describe in your own words the circumstances leading up to your arrest(s). Include any other comments for FAA review. (Response must be typed.)

Signature: _____ **Date:** _____