

STATE OF INDIANA IN THE \_\_\_\_\_ COURT COUNTY OF \_\_\_\_\_ SS:

State of Indiana )
vs. ) COURT CAUSE NUMBER \_\_\_\_\_ AGENCY CASE NUMBER \_\_\_\_\_

AFFIDAVIT FOR PROBABLE CAUSE

I, \_\_\_\_\_, a law enforcement officer with the (agency) \_\_\_\_\_, affirms that on (date) \_\_\_\_/\_\_\_\_/\_\_\_\_, at approximately \_\_\_\_ am \_\_\_\_ pm the accused, (first name) \_\_\_\_\_ (middle initial) \_\_\_\_\_ (last name) \_\_\_\_\_, a \_\_\_\_ Male, \_\_\_\_ Female, (d/o/b) \_\_\_\_/\_\_\_\_/\_\_\_\_, (DL number or last four digits of SSN) \_\_\_\_\_, (license type) \_\_\_\_\_, was observed in (location) \_\_\_\_\_ (county) \_\_\_\_\_, Indiana operating a (vehicle description, include CMV and Hazmat indicator): \_\_\_\_\_ under the following circumstances.

I. PRELIMINARY OBSERVATION/REASON FOR STOP (check all that apply)

- I observed the accused operate a vehicle in my presence and view.
I observed the accused operate a vehicle.
I had reason to believe the accused operated the vehicle because:
The accused committed the following violation(s):
Passenger under age 18 pursuant to IC 9-30-5-3(2)
Other:

Crash Involved: \_\_\_\_ Yes \_\_\_\_ No Crash involved Local Crash Number: \_\_\_\_\_ Time of Crash: \_\_\_\_ am \_\_\_\_ pm

- The accused admitted to being the driver involved in the crash.
The result of the accused driving resulted in: \_\_\_\_ serious bodily injury \_\_\_\_ fatality
Name(s) of person(s) injured: \_\_\_\_\_

II. OBSERVATIONS

I had reason to believe the accused was INTOXICATED because I observed the following:

- Odor of alcoholic beverage
Alcohol beverage containers in view
Speech was
Eyes were
Manual dexterity
Abusive attitude
Balance was
Soiled/disorderly clothing
Other observations/test:

Field Test Passed Failed

- HGN
Walk and Turn
One Leg Stand
Rhomberg Balance

P.B.T./Alco-sensor 0. \_\_\_\_ gram of alcohol per 210 liters of breath

DRE: Conclusion: \_\_\_\_\_ Performed by: \_\_\_\_\_

III. CHEMICAL TEST

- I advised the accused of the Implied Consent Law and the accused: \_\_\_\_ submitted to, or \_\_\_\_ refused a chemical test \_\_\_\_ results are pending
I was unable to offer a chemical test to the accused because such person was: \_\_\_\_ unconscious \_\_\_\_ injured
\_\_\_\_, a certified chemical test operator, determined from a chemical test that the accused had an alcohol concentration equivalent to \_\_\_\_ gram of alcohol per 210 liters of breath. The chemical test was administered at (location) \_\_\_\_ at \_\_\_\_ am \_\_\_\_ pm using certified instrument number \_\_\_\_
I was told by \_\_\_\_ the result of the chemical test was an alcohol concentration equivalent to 0. \_\_\_\_ gram of alcohol per 100 milliliters of blood. Such test was administered by drawing or taking a sample of whole blood at \_\_\_\_ am \_\_\_\_ pm. Drawn by: \_\_\_\_
I was told by (name) \_\_\_\_ the result of the chemical test determined that the accused had in his/her body a controlled substance, a controlled substance metabolite, or a drug, to wit \_\_\_\_ Such test was administered by drawing or taking a sample of: \_\_\_\_ blood, \_\_\_\_ urine, \_\_\_\_ other \_\_\_\_ at (location) \_\_\_\_ at (time) \_\_\_\_ am \_\_\_\_ pm.
Drawn by: \_\_\_\_\_

IV. WITNESS INFORMATION (Only Print Witness Information on Officer and Prosecutor Copy.)

- 1. Name \_\_\_\_\_ Address \_\_\_\_\_ TX Number \_\_\_\_\_
2. Name \_\_\_\_\_ Address \_\_\_\_\_ TX Number \_\_\_\_\_

V. PREVIOUS INDIANA AND OUT OF STATE CONVICTION(S)

- 1. Offense, Court Information, Conviction Date and Court Cause/Case number.
2. Offense, Court Information, Conviction Date and Court Cause/Case number.

THE ACCUSED COMMITTED A VIOLATION OF IC 9-30-5, IC 14-15-8, or IC 31-37-19.

I AFFIRM PURSUANT TO IC 35-34-1-2.4 UNDER THE PENALTY OF PERJURY THAT THE FOREGOING FACTS ARE TRUE.

Signature of Affiant Date (month, day, year) Print Name & Department

ORIGINAL TO PROSECUTOR/COURT 1st COPY TO BMV FROM COURT 2nd COPY FOR OFFICER

Bureau of Motor Vehicles Certificate

COURT CAUSE/CASE NUMBER: \_\_\_\_\_ AGENCY CASE NUMBER: \_\_\_\_\_

Offense Date (month, day, year): \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_ am \_\_\_\_ pm (DL number or last four digits of SSN) \_\_\_\_\_

Driver License Type: \_\_\_\_\_ Driver License State: \_\_\_\_\_

Full Name: (First) \_\_\_\_\_ (Middle Initial) \_\_\_\_\_ (Last) \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: \_\_\_\_ Weight: \_\_\_\_ Height: \_\_\_\_ Eye Color: \_\_\_\_ Hair Color: \_\_\_\_ Race: \_\_\_\_

Address (number and street, city, state, and ZIP code): \_\_\_\_\_

Vehicle Type: \_\_\_\_ Passenger \_\_\_\_ CMV \_\_\_\_ Hazmat \_\_\_\_ Other: \_\_\_\_\_

The above Motorist: \_\_\_\_ Refused \_\_\_\_ Failed Alcohol Test 0. \_\_\_\_ BAC Drugs: \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ Pending Results of Alcohol or Drug Test(s)

PROBABLE CAUSE FOUND THAT DEFENDANT VIOLATED IC 9-30-5 or IC 14-15-8 and charges are pending. THE COURT RECOMMENDS THAT THE BMV TAKE THE FOLLOWING ACTION ON DEFENDANT'S DRIVING PRIVILEGES:

- Immediate Suspension
Suspend upon notice from the Bureau of Motor Vehicles
Court Ordered Ignition Interlock Device in Lieu of Suspension

Judge's Signature: \_\_\_\_\_ Date (month, day, year): \_\_\_\_/\_\_\_\_/\_\_\_\_

Agency Case Number \_\_\_\_\_

## RECEIPT FOR LICENSE

Part of State Form 44213 (R6 / 10-10)

Instructions for Officer: In accordance with IC 9-30-6-7, the officer shall inform the person that refusing to submit to a chemical test will result in the suspension of the person's driving privileges. If a person **refuses** to submit to a chemical test after having been advised that the refusal will result in the suspension of driving privileges or submits to a chemical test that results in prima facie evidence of intoxication, the arresting officer **shall obtain the person's driver's license or permit** if the person is in possession of the document **and issue a receipt valid until the initial hearing of the matter held under IC 35-33-7-1.**

This receipt is issued pursuant to IC 9-30-6-7, and is valid until your driving privileges are suspended by the court or by the Bureau of Motor Vehicles. Notice of suspension will be sent to the last address you provided to the Bureau of Motor Vehicles. If your address is not current with the Bureau of Motor Vehicles, pursuant of IC 9-24-13-4, you must update your information with the Bureau of Motor Vehicles immediately.

### YOU MUST BRING THIS RECEIPT FOR LICENSE WITH YOU TO COURT.

Date of Arrest (month, day, year): \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_\_  AM  PM

Charges: \_\_\_\_\_ Agency ORI: \_\_\_\_\_

Driver License Number: \_\_\_\_\_ Driver License Type: \_\_\_\_\_

Driver License State: \_\_\_\_\_

Date of Birth (month, day, year): \_\_\_\_/\_\_\_\_/\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Name: (First) \_\_\_\_\_ (Middle Initial) \_\_\_\_\_ (Last) \_\_\_\_\_

Address (number and street, city, state, and ZIP code): \_\_\_\_\_

Printed Signature of Officer: \_\_\_\_\_ Date (month, day, year): \_\_\_\_/\_\_\_\_/\_\_\_\_

Law Enforcement Agency: \_\_\_\_\_ Badge Number: \_\_\_\_\_



**A VEHICLE IN MOTION**  
 Initial observations (TIME \_\_:\_\_) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Observation of stop \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**B PERSONAL CONTACT**  
 Manual dexterity \_\_\_\_\_  
 \_\_\_\_\_  
 Observation of driver \_\_\_\_\_  
 \_\_\_\_\_  
 Speech \_\_\_\_\_ Eyes \_\_\_\_\_  
 Attitude \_\_\_\_\_ Smell \_\_\_\_\_  
 Balance \_\_\_\_\_ Containers in view \_\_\_\_\_  
 Driver's voluntary statements \_\_\_\_\_  
 \_\_\_\_\_

CONSIDER MIRANDA BEFORE ASKING QUESTIONS BELOW

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**C INTERVIEW REGARDING PHYSICAL CONDITION**  
 What kind of vehicle were you driving \_\_\_\_\_  
 \_\_\_\_\_  
 Glasses / Contacts / Eye conditions \_\_\_\_\_  
 Physical conditions \_\_\_\_\_  
 \_\_\_\_\_  
 Physical injuries \_\_\_\_\_  
 \_\_\_\_\_  
 Medications \_\_\_\_\_  
 \_\_\_\_\_

**D INTERVIEW REGARDING SUBSTANCE INTAKE**  
 What have you had to drink? \_\_\_\_\_  
 Brand \_\_\_\_\_ Amount \_\_\_\_\_  
 Where did you drink? \_\_\_\_\_  
 When did you start? \_\_:\_\_ When did you finish? \_\_:\_\_  
 \_\_\_\_\_  
 Have you taken any illegal drugs? \_\_\_\_\_  
 What? \_\_\_\_\_  
 When did you take them? \_\_\_\_\_  
 \_\_\_\_\_

**1 HORIZONTAL GAZE NYSTAGMUS INSTRUCTIONS**

- Are you wearing glasses or contacts?
- I'm going to check your eyes.
- Stand w/ your feet together, hands to your side.
- Follow the stimulus, w/ your eyes, but do not move your head.
- Focus on the stimulus until I tell you to stop.
- Hold stimulus 12 to 15 inches in front of nose just above eye level.
- Equal pupil size and tracking (if not, NO TEST)
- Check for resting nystagmus (NOT A CLUE)

**HORIZONTAL GAZE NYSTAGMUS CLUES**

**CLUES** LT / RT

Lack of smooth pursuit (approximately 2 seconds out / 2 seconds back)

Distinct and sustained nystagmus @ max. dev. (4 secs minimum @ MD)

Onset of nystagmus prior to 45 degrees

Check for Vertical Nystagmus (NOT A CLUE) **SCORE**

**DECISION POINT: 4 CLUES / MAXIMUM # OF CLUES 6**

**2 WALK AND TURN INSTRUCTIONS**

- Place your left foot on the line (real or imaginary) and put your right heel against the toe of your left foot.
- Place your arms to your side.
- Maintain this position and do not do anything until I tell you to start.
- DO YOU UNDERSTAND?**
- When I tell you to start, take nine heel-to-toe steps along the line.
- On the ninth step, leave your front foot on the line and turn by using small steps with your back foot & take nine heel-to-toe steps back down the line.
- Keep your hands by your side, count your steps OUT LOUD, and keep looking at your feet.
- Once you start, do not stop until the test is completed.
- DO YOU UNDERSTAND?**

**WALK AND TURN CLUES**

- Can't balance during instructions
- Stops while walking
- Steps off the line
- Turns improperly
- Starts too soon
- Misses heel to toe
- Uses arms to balance
- Wrong number of steps

**DECISION POINT: 2 CLUES / MAXIMUM # OF CLUES 8** **SCORE**

Stopped for safety reasons or could not perform test safely

**3 ONE LEG STAND INSTRUCTIONS**

- Stand with your feet together.
- Keep your arms by your side.
- Maintain that position until told to do otherwise.
- DO YOU UNDERSTAND?**
- Keep both legs straight
- Raise one foot approximately 6 inches w/ foot parallel to ground
- Look down at your raised foot
- Count OUT LOUD (1001, 1002, 1003) until told to stop.

**30 second timed test – DO NOT ADVISE SUBJECT OF TIMED TEST**

**ONE LEG STAND CLUES**

- Sways during test
- Uses arms to balance
- Hops
- Puts foot down

**SCORE**

Stopped for safety reasons or could not perform test safely

**DECISION POINT: 2 CLUES / MAXIMUM # OF CLUES 4**

**4 PBT Result \_\_\_\_\_ Mouth Checked at \_\_: \_\_**

**ALTERNATE TESTS**

50 pounds overweight / 65 years of age or older / claimed injury

Alphabet D through R: \_\_\_\_\_

Finger Count 1-2-3-4 / 4-3-2-1 each finger to thumb: \_\_\_\_\_

Backward Count 96 to 66: \_\_\_\_\_

Other: \_\_\_\_\_