

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 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
HGN
Walk and Turn
One Leg Stand
Rhombberg 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 and 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): ____ / ____ / ____

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: _____

DRIVING BEHAVIOR DIAGRAM – Part of State Form 44213 (R6 / 10-10)

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 secs out / 2 secs back)	<input type="checkbox"/> <input type="checkbox"/>
Distinct and sustained nystagmus @ max. dev. (4 secs min. @ MD)	<input type="checkbox"/> <input type="checkbox"/>
Onset of nystagmus prior to 45 degrees	<input type="checkbox"/> <input type="checkbox"/>
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

<input type="checkbox"/> Can't balance during instructions	<input type="checkbox"/> Starts too soon
<input type="checkbox"/> Stops while walking	<input type="checkbox"/> Misses heel to toe
<input type="checkbox"/> Steps off the line	<input type="checkbox"/> Uses arms to balance
<input type="checkbox"/> Turns improperly	<input type="checkbox"/> Wrong number of steps

SCORE

DECISION POINT: 2 CLUES / MAXIMUM # OF CLUES 8

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

<input type="checkbox"/> Sways during test	Stopped for safety reasons of could not perform test safely. <input type="checkbox"/>
<input type="checkbox"/> Uses arms to balance	
<input type="checkbox"/> Hops	
<input type="checkbox"/> Puts foot down	

SCORE

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: _____

