

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.
☐ _____ 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:
- | | | | | |
|--|---|---|--------------------------|--------------------------|
| <input type="checkbox"/> Odor of alcoholic beverage | <input type="checkbox"/> Left vehicle in gear | Field Test | Passed | Failed |
| <input type="checkbox"/> Alcohol beverage containers in view | <input type="checkbox"/> Failed to shut off vehicle | <input type="checkbox"/> HGN | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Speech was _____ | <input type="checkbox"/> Could not open door | <input type="checkbox"/> Walk and Turn | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Eyes were _____ | <input type="checkbox"/> Pulled self from vehicle | <input type="checkbox"/> One Leg Stand | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Manual dexterity _____ | <input type="checkbox"/> Staggered from vehicle | <input type="checkbox"/> Rhomberg Balance | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Abusive attitude _____ | <input type="checkbox"/> Leaned against vehicle | <input type="checkbox"/> P.B.T./Alco-sensor 0. _____ gram of alcohol per 210 liters of breath | | |
| <input type="checkbox"/> Balance was _____ | | DRE: Conclusion: _____ Performed by: _____ | | |
| <input type="checkbox"/> Soiled/disorderly clothing _____ | | | | |
| <input type="checkbox"/> Other observations/test: _____ | | | | |

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 COURT2nd 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):** ____ / ____ / ____