



| APPLICATION FOR SEARCH WARRANT FOR BODILY FLUIDS  |  |   |   |
|---|--|---|---|
| (Attach additional sheets if necessary.)  |  |   |   |
| Name Of Law Enforcement Officer (Applicant)   |  | Rank  | <input type="checkbox"/> N.C. State Highway Patrol<br><input type="checkbox"/> _____ Police/Sheriff |
| Name Of Individual To Be Searched   |  | Race  | <input type="checkbox"/> Male<br><input type="checkbox"/> Female                                    |
| Location Of Individual To Be Searched   |  | Fluid To Be Seized<br><input type="checkbox"/> Blood <input type="checkbox"/> Urine |   |
| <b>Crime(s) Charged</b><br><div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> DWI. G.S. 20-138.1.<br/> <input type="checkbox"/> Habitual DWI. G.S. 20-138.5.           </div> <div> <input type="checkbox"/> Commercial DWI. G.S. 20-138.2.<br/> <input type="checkbox"/> Felony Death By Vehicle. G.S. 20-141.4.<br/> <input type="checkbox"/> Other (specify) _____           </div> </div>  |  |   |   |
| <p>I, the law enforcement officer named above, being duly sworn, request that the Court issue a warrant to search the person of the individual named above, who may be found at the location described above, and to seize sample(s) of the above-specified bodily fluid(s) of that individual.</p> <p>I swear to the following facts to establish probable cause for the issuance of a search warrant.</p> <p>I am a sworn law enforcement officer of the above-named agency. As such, I am empowered to search for and seize evidence described in N.C. General Statutes Chapter 14, Criminal Law, Chapter 20, Motor Vehicle Law, and Chapter 90, Controlled Substances. I have received training in the detection and apprehension of impaired drivers and the investigation of motor vehicle collisions. I have been a sworn law enforcement officer for over _____ years and during that time I have investigated over _____ incidents of offenses related to impaired driving.</p> <p><input type="checkbox"/> 1. I rely on the facts stated in the following report(s), of which a copy or copies is/are attached and incorporated by reference: <i>(Attach a copy of the report(s) checked below if available and if either contains relevant facts.)</i></p> <div style="margin-left: 20px;"> <input type="checkbox"/> Affidavit and Revocation Report (AOC-CVR-1A/DHHS 3907).<br/> <input type="checkbox"/> Driving While Impaired Report Form/Alcohol Influence Report Form.         </div> <p><input type="checkbox"/> 2. The following facts establish on or about the _____ day of _____, _____, at _____ <input type="checkbox"/> AM   <input type="checkbox"/> PM, the individual named above was operating a (<input type="checkbox"/> commercial motor) vehicle, to wit: <i>(type, make and year)</i> _____ on _____ a _____ highway/street   <input type="checkbox"/> public vehicular area in _____ County at or near the city/town of _____ in violation of the statute(s) specified above:<br/> <i>(check all that apply)</i></p> <div style="margin-left: 20px;"> <p><input type="checkbox"/> a. At the time and place stated above:</p> <div style="margin-left: 20px;"> <input type="checkbox"/> I observed the above-named individual operating the above-described vehicle.<br/> <input type="checkbox"/> I observed the above-described vehicle being operated in the following manner: _____           </div> <p><input type="checkbox"/> b. On or about the date stated above, at _____ <input type="checkbox"/> AM   <input type="checkbox"/> PM, I responded to a report of a vehicle crash and, after arriving at the scene, I ascertained that the above-named individual was operating the described vehicle at the time and place stated from the following facts:</p> </div> |  |   |   |

- ☐ c. The above-named individual admitted to me operating the described vehicle at the time and place indicated.
- ☐ d. On or about the date stated above, at \_\_\_\_\_ ☐ AM   ☐ PM
- ☐ I detected a   ☐ strong   ☐ moderate   ☐ faint   odor of alcohol coming from the breath of the above-named person:  
☐ at the scene.  
☐ at the following hospital \_\_\_\_\_.  
☐ at other location \_\_\_\_\_.
- ☐ I observed the following behaviors of the individual named above, which evidence impairment of the person's mental and/or physical faculties as follows:

- ☐ e. The above-named individual stated to me that before or while operating the described vehicle he/she:
- ☐ had consumed alcohol.  
☐ was consuming alcohol.  
☐ had consumed controlled substance, to wit: \_\_\_\_\_.  
☐ had consumed other impairing substance, to wit: \_\_\_\_\_.
- ☐ f. The above-named individual refused to submit to a chemical analysis.
- ☐ g. I observed the following facts:

- ☐ h. Other reliable persons stated to me the following facts: **(Note: Name officer or witness(es) and list facts related to impairment, vehicle operation, etc.)**

- ☐ 3. The above-named individual has previously been convicted of one or more offenses involving impaired driving.

Based on all the foregoing, and on my training in detecting impaired driving violations and my experience as a law enforcement officer, I have formed an opinion satisfactory to myself that the above-named person had consumed a sufficient quantity of some impairing substance(s) as to appreciably impair that person's physical or mental faculties or both, and that the person drove the above-described vehicle on the above-described highway or public vehicular area while under the influence of impairing substance(s). It is my further opinion that evidence of impairing substance(s) is at this time present in the body or bodily fluids of the above-named person, and that unless a warrant is issued and executed without delay, the evidence may dissipate and be lost.

|   |  |                            |                        |
|---|--|----------------------------|------------------------|
| <b>SWORN/AFFIRMED AND SUBSCRIBED TO BEFORE ME</b>   |  | Date                       | Signature of Applicant |
| Signature   |  | Date My Commission Expires | County Where Notarized |
| <div style="display: flex; justify-content: space-between; align-items: center;"> <div> <input type="checkbox"/> Magistrate             <input type="checkbox"/> Dep. CSC             <input type="checkbox"/> Asst. CSC             <input type="checkbox"/> CSC             <input type="checkbox"/> Judge             <input type="checkbox"/> Notary Public         </div> <div style="text-align: right; font-weight: bold; font-size: 1.2em;">SEAL</div> </div> |  |                            |                        |