OFFICER'S IMPAIRED DRIVING AFFIDAVIT

ARREST DATE	ARREST TIME			COUNTY #		CITY#	CITAT	IONI #			Section 1
				COUNTY #		CITY#	CITAT	ION #			
ARREST LOCATION					CITY				COUNTY		
SUBJECT NAME					DAT	E OF BIRTH	S	EX	F	HEIGHT	WEIGHT
ADDRESS			CITY				STAT	E	Z	IP CODE	
DRIVER LICENSE #				EXPIRATION DAT	Έ	STATE	CLASS		RESTRIC	TIONS	ENDORSEMENTS
VEHICLE MAKE	MODEL					TAG #		ST	ATE C	CMV	PLACARD
On the above date, time, and location, the above r											
public road, highway, street, turnpike, public parkir this state while under the influence of alcohol and/					lane whic	h provides acces	s to one or n	nore s	ingle or mul	lti-family	dwelling within
(Describe driving behavior or circumstances):											
Describe person's condition (odor, actions, etc,):											
	THE PERSON	WAS INF	ORMED OF TH	IMPLIED CONSE	NT TEST	REQUEST					
REFUSED TEST Whereup	on the person r	efuse	d the req	uested test	t(s) by	stating or	doing th	ne f	ollowing	g:	Section
		7									
Attention Law Enforcement C)fficer:										
Effective November 1, 2021 s	state statute			ve been ir					T	HE S	TATE
no longer requires a seizure of			-	ied Conse		-	t		13/4	*	
for implied consent chemical			an	d refuse th	ie sta	te's test:		1	*		10/11
refusals. Do not seize the lid	• , ,								α * (3)		19/1
driver.								-	A ***		# * # B
		910	GNATURE OF A	DDESTEE					13/1	**	
		Sic		erson refuses	to cian	so state here	١			1907	
			(ii trie p	erson reiuses	to sign	SO State Here)				
			What Han	pens Next?							
 The Arresting Officer is required to submit the Upon receipt and review of the Officer's Impa 			it to the State	of Oklahoma.	the State	of Oklahoma ma	v revoke vou	ır Okla	ahoma drivii	na privile	Section eaes. If you hold
commercial driver license or were driving a co	ommercial motor vehicle,	the State	of Oklahoma	may disqualify you	ur privileg	e to operate a co					
The State of Oklahoma will send you the Order Service Oklahoma.							na. To confirm	n or c	hange your	address	s on file, contact
The Revocation and/or Disqualification will be The Order of Revocation and/or Disqualification applicable Order of Revocation and/or Disqualification	on will contain important i alification your petition mu	information	on about your r	ights to appeal the	e revocat	ion and/or disqua	lification of y	our di	riving privile		
10 days allowed for mailing. 47 O.S. §§2-116. In accordance with Title 12 O.S. Section		r pena	Ity of periu	r v under the la	aws of (Oklahoma tha	t the forec	noinc	ı is true a	nd cor	rect." Section
	Signature of arre	•		•			•				
Place (location when signed):											
NAME (PRINT)				AGENCY							
BADGE AGENCY ADDRES	S					ZIP CODE	PHON	IE			
OTHER WITNESSES:											Section
A Name:	Title			Address:					Phone		
									. 110116		

Phone

Address: