

PEACE OFFICER'S SWORN REPORT

DIC-23 (Rev. 9/11)

STATE OF TEXAS

COUNTY OF \_\_\_\_\_

My name is \_\_\_\_\_, and I am a Texas Peace Officer. I certify that the following information is

true and correct: I had probable cause to believe and do believe that \_\_\_\_\_

Subject's Name

was driving or in actual physical control of a motor vehicle in a public place, or watercraft powered by an engine having a manufacturer's rating of 50 horsepower or above, in this state while intoxicated or under the influence of alcohol. Facts in support of this belief are:

A. Contained in report(s) incorporated by reference for all purposes as if written and copied herein.

Specify report(s) or document(s) \_\_\_\_\_ No. of pages \_\_\_\_\_

OR

B. Noted in the following:

I. On or about \_\_\_\_\_, a \_\_\_\_\_, was observed by \_\_\_\_\_

Date and Time of Offense

Description of Motor Vehicle or Watercraft

Observer

in the following public place \_\_\_\_\_

Location (address, including city and county)

II. Reasonable suspicion to stop or make contact:

III. The driver was identified to me as \_\_\_\_\_

Name

Driver License No.

DOB

IV. Probable cause for arrest or detention:

a. Signs of intoxication or consumption of alcohol:

b. Sobriety tasks requested, if any, and performance obtained (explain):

I  am  am not certified to administer standardized field sobriety tests,  including  not including horizontal gaze nystagmus

\_\_\_\_\_ continuation page(s) incorporated by reference for all purposes as if written and copied herein.

V. Check one:

Subject provided specimen - Intoxilyzer results: \_\_\_\_\_, \_\_\_\_\_

Subject refused test

Subject provided blood sample, results pending

Subject was a minor and was not requested to provide a specimen

The statutory warning given to the person is set out in detail in the document DIC-24, which is incorporated by reference for all purposes as if written and copied herein.

FOR DEPARTMENT USE ONLY

\_\_\_\_\_  
Officer's Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Agency

My name is \_\_\_\_\_ My date of birth is \_\_\_\_\_

First

Middle

Last

My agency address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, and U.S. of A.

Street

City

State

Zip Code

I declare under penalty of perjury that the foregoing is true and correct.

Executed in \_\_\_\_\_ County, State of Texas on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Month

Year

\_\_\_\_\_  
Declarant