

Arrest#	Incident #	Misc.#
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Court: _____ of _____
 STATE OF NEW YORK: COUNTY OF _____
 THE PEOPLE OF THE STATE OF NEW YORK:
 against _____

Supporting Deposition / Bill of Particulars

_____ Defendant
 (Last) (First) (M.I.) (D.O.B.) (Sex) (Motorist ID #) (State)

The above defendant is charged with OPERATING A MOTOR VEHICLE UNDER THE INFLUENCE OF ALCOHOL AND/OR DRUGS, in violation of Sections 1192. ____ of the Vehicle and Traffic Law as well as _____, in violation of Vehicle and Traffic Law Section(s) _____. A Supporting Deposition/Bill of Particulars pursuant to Sections 100.25 & 200.95, respectively, of the Criminal Procedure Law are hereby provided as follows: THE UNDERSIGNED COMPLAINANT, upon direct knowledge and/or informed by said person specified below, avers that the defendant, on or about the ____ day of _____, 20__ at or about _____ operated a (color) _____ (yr) _____ (make) _____ motor vehicle, bearing State of _____ Registration number _____ in a _____erly direction on _____ a public highway/parking lot in the City Town Village of _____, County of _____, State of New York, while in an intoxicated condition/and/or impaired by drugs and/or alcohol and/or having a _____% **blood alcohol content**.
 The above "DEFENDANT" is charged by Simplified Traffic Information Number(s): _____ or attached accusatory instrument.

1. Timeline (Date only needs to be recorded once, unless different. Use military time.)

Incident	Date	Time	Arrest	Date	Time
Stop/Contact	Date	Time	Chemical Test	Date	Time
Preliminary Breath Test (if any) Result: _____	Date	Time	Refusal	Date	Time(s)

2. Incident Conditions

Road Conditions	Traffic	Weather
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3. Reasons for Stop / Description of Violations

VTL Violation of Section(s) and Ticket #

Crash: Property Damage Injury Injury to Other Than Driver "SPI" (Serious Physical Injury) "D" (Fatality)

Civilian Complaint Checkpoint Erratic Operation / Other Reason (Explain)

4. Vehicle Operation Shown By:

Officer's Direct Observations Officer's Name (If other than arresting officer) and Agency

Further Observation: Defendant at Wheel Defendant Near the Vehicle Keys in Ignition Engine Running Engine Warm

Defendant Injured in Crash

Civilian Witness(es) Identification - **Name(s), date(s) of birth and contact information to be included in supplemental report**

Admissions (See Section 11) Any Additional Information

5. Probable Cause for Arrest

5A. Officer's Observation of the Defendant Officer's Name (If other than arresting officer) and Agency

Driving Odor of Alcoholic Beverage Odor of Marijuana Glassy Eyes Impaired Speech Impaired Motor Coordination

Other Indicators (Explain)

Performance of Field Test(s): Yes No Refused **Note Card Attached** Any Other Observations (Explain)

Arrest #

5B. Admissions by the Defendant:
 Conduct: Uncooperative Conduct Resisted Apprehension Flight
 Oral (See Section 11)
 Other

5C. Other Evidence as Follows:

<input type="checkbox"/> Civilian Witness(es) (See Number 4)	<input type="checkbox"/> Open Container of an Alcoholic Beverage in/near Vehicle	<input type="checkbox"/> Preliminary Breath Test <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refusal <input type="checkbox"/> 1194(1)(b) Issued? Preliminary Breath Test Operator Name (if other than arresting officer)
<input type="checkbox"/> Yes (see attached)	<input type="checkbox"/> No	
<input type="checkbox"/> Drugs Found	<input type="checkbox"/> DRE Evaluation Administered	DRE Name (If other than arresting officer) and Agency

5D. Children (15 years or younger) in Vehicle 1192(2-a) (b) issued Yes No
Date(s) of birth, contact information and position in vehicle to be included in supplemental report

Name	Age
Name	Age
Name	Age
Name	Age

5E. Passengers in Vehicle
Date(s) of birth and contact information to be included in supplemental report

Name	Position in Vehicle
Name	Position in Vehicle
Name	Position in Vehicle
Name	Position in Vehicle

6. No Alcohol after Operation Shown By
 Police Observation Admissions (See Number 11) Civilian Witness(es) Video Other (Explain):

7. Toxicology

<input type="checkbox"/> Blood (Results to be delivered later)	Blood Test Drawn By: <input type="checkbox"/> Registered Nurse <input type="checkbox"/> AEMT <input type="checkbox"/> Physician <input type="checkbox"/> Registered Physician Assistant <input type="checkbox"/> Certified Nurse Practitioner		
<input type="checkbox"/> Consent Blood Test	<input type="checkbox"/> Deemed Consent Blood Test	<input type="checkbox"/> Court Ordered Blood Test – Judge Name	
Breath Test Operator Name: (if other than arresting officer)	<input type="checkbox"/> Saliva Test Collected By:	<input type="checkbox"/> Urine (Results to be delivered later) Urine Test Witnessed By:	
<input type="checkbox"/> Refusal Warning(s) (if required)	Date	Time(s)	Given By: Location

8. Prior 1192 Convictions (list any prior convictions)

Conviction	State	Date	Conviction	State	Date

9. Vehicle Disposition
 Left Towed – Location _____ Held as Evidence Released Released to:

10. Verification
False Statements made herein are punishable as a class "A" misdemeanor pursuant to Section 210.45 of the Penal Law.

Police Agency	Precinct / Troop / Zone / Station
Arresting Officer (Signature)	Arresting Officer (Printed) Shield Number

11. _____ COURT _____ OF _____

Arrest#

PEOPLE V. _____
LAST FIRST MIDDLE

PLEASE TAKE NOTICE THAT THE PEOPLE, PURSUANT TO SECTION 710.30 OF THE CRIMINAL PROCEDURE LAW, INTEND TO USE ALL STATEMENTS OR ADMISSIONS REFLECTED HEREIN MADE BY THE DEFENDANT TO A LAW ENFORCEMENT OFFICIAL.

11A. Conversation-At Arrest Scene		Time	Date	To Whom	
Defendant said that he/she	<input type="checkbox"/> Had Been Drinking/Using Drugs/Medication		Type	How much	
Where			When		
<input type="checkbox"/> Operated the Vehicle		<input type="checkbox"/> Did not Drink/Use/Ingest Drugs/Medication since Operation of Vehicle Ceased			
<input type="checkbox"/> Was driving to			<input type="checkbox"/> Was driving from		
<input type="checkbox"/> Had Prior 1192 Arrest. Where			<input type="checkbox"/> Had Prior 1192 Conviction. When		
<input type="checkbox"/> Is Currently Suspended or Revoked		<input type="checkbox"/> Additional Statements – see attached			

11B. Conversation-Specify Location		Time	Date	To Whom	
Defendant said that he/she	<input type="checkbox"/> Had Been Drinking/Using Drugs/Medication		Type:	How much	
Where			When		
<input type="checkbox"/> Operated the Vehicle		<input type="checkbox"/> Did not Drink/Use/Ingest Drugs/Medication since Operation of Vehicle Ceased			
<input type="checkbox"/> Was driving to			<input type="checkbox"/> Was driving from		
<input type="checkbox"/> Had Prior 1192 Arrest. Where			<input type="checkbox"/> Had Prior 1192 Conviction. When		
<input type="checkbox"/> Is Currently Suspended or Revoked		<input type="checkbox"/> Additional Statements – see attached			

11C. Additional Interview Questions		Time	Date	To Whom/Location	
Are You Sick or Injured? <input type="checkbox"/> No <input type="checkbox"/> Yes-Explain		Do You Have Any Physical Disabilities? <input type="checkbox"/> No <input type="checkbox"/> Yes-Explain			
Are You Diabetic or Epileptic? <input type="checkbox"/> No <input type="checkbox"/> Yes - Explain		Do You Take Insulin? <input type="checkbox"/> No <input type="checkbox"/> Yes - Explain		How Often Do You Drink?	
When Did You Last Sleep?	For How Long?	What Have You Been Drinking?	How Much Have You Been Drinking?	When Did You Have Your Last Drink?	
Are You Under the Care of a Doctor/Dentist? <input type="checkbox"/> No <input type="checkbox"/> Yes-Explain:		Where Did You Have Your Last Drink?	What Have You Eaten Today?	When Did You Last Eat?	
When Did You Last See a Doctor? Date ___/___/___ Time: _____		Were You Driving This Vehicle? <input type="checkbox"/> No <input type="checkbox"/> Yes			

Additional Statements _____

11D. Miranda Warning	Time	Date	Given by	Location
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11E. Video	Car <input type="checkbox"/> No <input type="checkbox"/> Yes-Car Number	Breath Testing Site <input type="checkbox"/> No <input type="checkbox"/> Yes	Other <input type="checkbox"/> No <input type="checkbox"/> Yes
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11F. Identification of Defendant (by third party)		Time	Date	To Whom
Location		<input type="checkbox"/> Confirmation (at or near scene)		<input type="checkbox"/> Observation (of operation or upon other occasion)

11G. 710.30 Notice Served on Defendant	Date	Officer's Initials	Defendant's Initials
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