

**IN THE CIRCUIT COURT OF THE STATE OF OREGON FOR
THE COUNTY OF DESCHUTES**

STATE OF OREGON

**AFFIDAVIT IN SUPPORT OF TELEPHONIC
OR ELECTRONIC SEARCH WARRANT**

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County of Deschutes

I, _____, being first duly sworn, do depose and say that I have been a deputy since _____, and am currently serving with the Deschutes County Sheriff's Office. A substantial amount of my time as a police officer has been devoted to the enforcement of traffic laws, including the investigation of alcohol and drug impaired driving and traffic crashes. In addition, I have had many hours of formal classroom training on these subjects to include:

- | | | |
|---|-----------------|--|
| <input type="checkbox"/> Standardized Field Sobriety Testing & D.I.D. | Instructor | <input type="checkbox"/> Y/ <input type="checkbox"/> N |
| <input type="checkbox"/> Advanced Roadside Impaired Driver Training. | | |
| <input type="checkbox"/> Drug Recognition Evaluator (DRE) | Still certified | <input type="checkbox"/> Y/ <input type="checkbox"/> N |
| <input type="checkbox"/> DRE Instructor | Still certified | <input type="checkbox"/> Y/ <input type="checkbox"/> N |

Additional Training/Experience:

As a sworn law enforcement officer in the State of Oregon I am authorized to make this application for a search warrant.

I know the following:

INCIDENT INFORMATION:

Incident Type:	Date:	Time:
Incident Location: (At or Near) <input type="checkbox"/> Public Highway <input type="checkbox"/> Premises Open To Public		
City:	County:	State:

SUSPECT INFORMATION:

Name:	Sex:	Race:	Date of Birth:	
AKA/Moniker:	Height:	Weight:	Hair:	Eye Color:
Address:	City:		State:	Zip Code:

SUSPECT VEHICLE INFORMATION:

License Number:	State:	Type:	VIN:	
Year:	Make:	Model:	Style:	Color:

WITNESS INFORMATION: The witness has been identified below and will hereinafter referred to as the witness.

Name:	Sex:	Date of Birth:		
Address:	City:	State:	Zip Code:	

Additional witnesses listed in narrative.

The suspect is currently located at:

Location:		
City:	County:	State:

Based on my training, experience and observations of the suspect I have formed the opinion that the suspect was under the influence of intoxicants while operating a vehicle or motor vehicle. I have formed this opinion based on observations and statements regarding the suspect including, but not limited to:

Narrative:

	Odor of alcoholic beverage on breath		Poor balance
	Bloodshot eyes		Slow movements
	Glassy / Watery eyes		Poor dexterity
	Slurred speech		Difficulty with instructions
	Slow speech		Swayed posture
	Lethargic facial expression		Flushed face
	Stuporous facial expression		Sleepy demeanor
	Dazed facial expression		Droopy eyelids
	Confusion		Lowered self-awareness
	Admitted to feeling impaired		Overly relaxed
	Admitted to consuming alcoholic beverages.		Pupil size inconsistent with lighting
	Eyelid tremors		Leg tremors
	Other observations:		
<input type="checkbox"/>	Suspect displayed indicators of impairment during the following field sobriety test(s): <input type="checkbox"/> HGN <input type="checkbox"/> Walk and Turn <input type="checkbox"/> One Leg Stand		
<input type="checkbox"/>	Suspect was unable to perform the following SFST(s) due to physical condition or safety concerns: <input type="checkbox"/> HGN <input type="checkbox"/> Walk and Turn <input type="checkbox"/> One Leg Stand		
<input type="checkbox"/>	Suspect refused field sobriety test(s).		
<input type="checkbox"/>	Rohrs Admonishment read.		

<input type="checkbox"/>	Post Rohrs Tests Supporting Impairment: <input type="checkbox"/> HGN <input type="checkbox"/> Walk and Turn <input type="checkbox"/> One Leg Stand
<input type="checkbox"/>	Subject refused consent to a breath, blood, or urine sample.

I know that the consumption of intoxicants, and the resulting impairment, is often a contributing factor in motor vehicle collisions and impaired driving performance. Some common effects of intoxicant consumption include: lowering of inhibitions, impairment of time and depth perception, diminished fine and major motor skills and impairment of thought processes and cognitive function.

Based upon my training and experience, I know that samples of a suspect's blood will contain evidence of the suspect's level of alcohol intoxication. I know that analysis of blood samples will determine the concentration of alcohol present in the suspect's body. I also know that alcohol present in the blood of a living person dissipates rapidly with time and therefore samples must be obtained as quickly as possible to preserve their evidentiary value.

Based upon my training and experience, I also know that a sample of a suspect's blood and urine can provide evidence of the presence of a controlled substance or pharmaceutical drug in its original or metabolized form. I know that if a person has consumed intoxicants that they will be detectable in that person's blood and urine for a period of time before being processed and dissipated by the body. I also know from my training and experience that this time period will be affected by a number of factors including but not limited to when the person consumed the intoxicant, the type of intoxicant, and whether the intoxicant was combined with another intoxicant. Evidence of intoxicant use in the human body dissipates rapidly over time and at different rates depending on the intoxicant, so this warrant needs to be executed as soon as possible.

Based on my training and experience, when a crash is involved, I also know that a driver transported from the scene of a crash for treatment at a hospital may have samples of their blood taken by the hospital in the course of treatment. Evidence of intoxicants, including alcohol and or drugs can be found in the blood and I know in my training and experience that this blood is often taken close in time to the time of driving. I also know that after the hospital tests a portion of the blood that the remainder of those blood samples taken by the hospital is retained by the hospital's laboratory for a short period of time before they are discarded.

Furthermore, I know that a certified phlebotomist or qualified person acting under the direction and control of a duly licensed physician is available to take these samples in a safe and medically acceptable manner at _____ located in _____, _____, Oregon.

PROBABLE CAUSE:

I have probable cause to believe, and do believe, that the suspect committed the crime(s) of:

- ORS 163.160 Assault IV;
- ORS 163.165 Assault III;
- ORS 163.175 Assault II;
- ORS 163.195 Recklessly Endangering Another Person;
- ORS 164.345 Criminal Mischief III;
- ORS 164.354 Criminal Mischief II;
- ORS 811.060 Vehicular Assault of Bicyclist or Pedestrian;
- ORS 811.140 Reckless Driving;
- ORS 811.700 Hit and Run – Property Damage;
- ORS 811.705 Felony Hit and Run;
- ORS 813.010 DUII -- Driving Under the Influence of Intoxicants;
- Other:

Based on the totality of the circumstances I have probable cause to believe, and do believe that evidence of intoxicants will be found in the blood, and or urine located within the body of the suspect.

CONCLUSION:

Therefore, I request a search warrant authorizing the search and seizure of blood, and or urine samples from the person of the above-described suspect who is currently at the above-described location. If requested below, I request authorization to obtain blood and or urine samples that will be drawn at the request and under the direct observation of a law enforcement officer by a certified phlebotomist, duly licensed physician or a qualified person acting under the direction or control of a duly licensed physician.

I further request authorization to have the blood and or urine sample analyzed by chemical tests to determine the presence of alcohol, controlled substance(s), and/or pharmaceutical drug(s). I know that the Oregon State Police Forensic Services Division is licensed and authorized by the State of Oregon to analyze samples of blood for the presence of intoxicants in the suspect's blood system and to analyze a person's urine for the presence of controlled substances and or pharmaceutical drugs. Additionally, I know that privately contracted laboratories also have the ability to analyze a person's blood and urine samples in a scientifically reliable manner, to determine the level or presence of intoxicants. In the event that a Oregon State Police Crime Laboratory is unable to process the sample provided, your affiant will utilize a private lab to analyze the sample(s).

Therefore, your affiant prays that this court issue a search warrant commanding any police officer, utilizing any required assistance from a certified phlebotomist, duly licensed physician or a qualified person acting under the direction or control of a duly licensed physician, to seize the objects of the search named below, and to search and conduct any required forensic testing of said objects.

The following tests are being requested:

Blood Sample: Consisting of two sample vials for later analysis to determine blood alcohol content, presence of controlled substances, and/or presence of pharmaceutical drugs.

Urine Sample: Consisting of one sample cup for later analysis to determine the presence of controlled substances and/or pharmaceutical drugs.

Blood Sample: Consisting of all sample vials taken by the staff of _____ for later analysis to determine blood alcohol content, presence of controlled substances, and/or presence of pharmaceutical drugs.

As explained above, due to the evanescent nature of the evidence sought, it is important that the evidence be seized in a timely manner. Therefore, I request that this search warrant be serviceable immediately and be serviceable at any time of the day or night.

Affiant/Officer Signature

Officer Name:	DPSST Number:
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Judge of the Circuit Court

To Be Completed for Telephonic Applications Only:	
TO BE COMPLETED BY OFFICER:	TO BE COMPLETED BY JUDGE:
Judge _____ swore me to the truthfulness of this affidavit by telephonically administered oath at:	I swore _____ to the truthfulness of this affidavit by telephonically administered oath at:
Month: Day: Year: Hour:	Month: Day: Year: Hour:

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STATE OF OREGON

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SEARCH WARRANT

County of Deschutes

IN THE NAME OF THE STATE OF OREGON TO ANY POLICE OFFICER IN THE STATE OF OREGON,
GREETINGS:

You, or your agent or designee to include law enforcement and non-law enforcement personnel are hereby commanded to search, seize, analyze, and test the following:

- Blood Sample: Consisting of two sample vials for later analysis to determine blood alcohol content, presence of controlled substances, and/or presence of pharmaceutical drugs.
- Urine Sample: Consisting of one sample cup for later analysis to determine the presence of controlled substances and/or pharmaceutical drugs.
- Blood Sample: Consisting of all sample vials taken by the staff of hospital for later analysis to determine blood alcohol content, presence of controlled substances, and or presence of pharmaceutical drugs.

Taken from the person of:

Name:	Sex:	Race:	Date of Birth:	
AKA/Moniker:	Height:	Weight:	Hair:	Eye Color:
Address:	City:		State:	Zip Code:

Who is currently located at:

Location:		
City:	County:	State:

If authorized above the blood and or urine sample is to be taken or drawn at the request of a law enforcement officer and if necessary taken by employing a reasonable amount of force required to obtain the sample. The sample(s) may be obtained utilizing any required assistance from a certified phlebotomist, duly licensed physician or a qualified person acting under the direction or control of a duly licensed physician. You are further authorized to have all blood and or urine sample analyzed by chemical tests to determine the presence of alcohol, controlled substance(s), or pharmaceutical drug(s).

You are ordered to return this warrant to me together with a signed list of the items seized pursuant thereto, setting forth the date and time of the search. Said return shall be made as soon as possible, but in no event more than five days after the execution of this warrant.

You are authorized to execute this warrant at any time of the day or night.

Judge of the Circuit Court

To Be Completed for Telephonic Applications Only:	
TO BE COMPLETED BY OFFICER	
Judge _____	approved this warrant and instructed me to affix his/her signature
at: _____	Time: _____
Deputy Name: _____	DPSST#: _____

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STATE OF OREGON

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SEARCH WARRANT RETURN

COUNTY OF DESCHUTES

On _____ at approximately _____ hours the attached Search Warrant dated _____, and signed by the Honorable Deschutes County Circuit Court Judge _____ was executed at _____, Oregon and completed at approximately _____ hours, by _____ of the Deschutes County Sheriff's Office.

-A copy of the search warrant was read aloud.

-A copy of the search warrant was given to/left with _____.

-A receipt of property seized was given to/left with _____.

As a result of said search, the following evidence listed was seized:

Please see attached property/inventory sheets

I, _____, the officer by who this search warrant was executed, do submit that the above inventory contains a true and detailed account of all the property taken by me on the search.

Dated this _____ day of _____, 20____.

Deputy _____
Deschutes County Sheriff's Office