

File No.

# STATE OF NORTH CAROLINA

In The General Court Of Justice  
District Court Division

## SEARCH WARRANT FOR BLOOD OR URINE IN DWI CASES

\_\_\_\_\_ County

### IN THE MATTER OF

Name

Date Issued

Time Issued

AM  PM

Name Of Applicant

Name Of Additional Affiant

Name Of Additional Affiant

### RETURN OF SERVICE

I certify that this Search WARRANT was received and served as follows:

Date Received

Time Received

AM  PM

Date Executed

Time Executed

AM  PM

I made a search of \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ as commanded.

I seized the items listed on the attached inventory.

I did not seize any items.

This Warrant WAS NOT executed within forty-eight (48) hours of the date and time of issuance and I hereby return it not executed.

Signature Of Officer Making Return

To any officer with authority and jurisdiction to conduct the search authorized by this Search Warrant:

I, the undersigned, find that there is probable cause to believe that the property and person described in the application on the reverse side and on the attached sheets and related to the commission of a crime is located as described in the application.

You are commanded to take the person named in the application to a physician, registered nurse, emergency medical technician or other qualified person to obtain sample(s) of blood and/or urine described in the application from the person named in the application. You are to seize the sample(s), have the sample(s) tested for one or more impairing substances and keep the unconsumed sample(s) subject to court order and process the person according to law.

You are directed to execute this Search Warrant within forty-eight (48) hours from the time indicated on this Warrant and make due return to the Clerk of the issuing court.

This Search Warrant is issued upon information furnished under oath by the person or persons shown.

Date

Signature

Deputy CSC  Assistant CSC  CSC  
 Magistrate  District Ct. Judge  Superior Ct. Judge

This Search Warrant was returned to me on the date and time shown below.

Department Or Agency Of Officer

Date

Time

AM  
 PM

Signature

Deputy CSC  Assistant CSC  
 Clerk Of Superior Court

(Over)

## APPLICATION FOR SEARCH WARRANT FOR BODILY FLUIDS

*(Attach additional sheets if necessary.)*

Name Of Law Enforcement Officer (Applicant)		Rank	<input type="checkbox"/> N.C. Patrol
			<input type="checkbox"/> _____ Police/Sheriff
Name Of Individual To Be Searched		Race	<input type="checkbox"/> Male <input type="checkbox"/> Female
Location Of Individual To Be Searched		Fluid to be seized <input type="checkbox"/> Blood <input type="checkbox"/> Urine	
Crime(s) Charged			
<input type="checkbox"/> DWI. G.S. 20-138.1.	<input type="checkbox"/> Commercial DWI. G.S. 20-138.2.		
<input type="checkbox"/> Habitual DWI. G.S. 20-138.5.	<input type="checkbox"/> Felony Death By Vehicle. G.S. 20-141.4.		
<input type="checkbox"/> Other (specify) _____			

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.

I swear to the following facts to establish probable cause for the issuance of a search warrant.

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.

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: *(Attach a copy of the report(s) checked below if available and if either contains relevant facts.)*
- Affidavit and Revocation Report (AOC-CVR-1A/DHHS 3907).
- Driving While Impaired Report Form/Alcohol Influence Report Form.
2. The following facts establish on or about the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, at \_\_\_\_\_  AM  PM, the individual named above was operating a ( commercial motor) vehicle to wit: *(type, make and year)* \_\_\_\_\_ on \_\_\_\_\_ a  highway/street  public vehicular area in \_\_\_\_\_ County at or near the city/town of \_\_\_\_\_ in violation of the statute(s) specified above:

Check all that apply.

- a. At the time and place stated above:
- I observed the above named individual operating the above-described vehicle.
- I observed the above-described vehicle being operated in the following manner: \_\_\_\_\_
- b. On or about the date stated above, at \_\_\_\_\_  AM  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:

- 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) 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

Magistrate  Dep. CSC  Asst. CSC  CSC  Judge  Notary Public **SEAL**