



**TENNESSEE DEPARTMENT OF SAFETY
HIGHWAY PATROL
TENNESSEE IMPLIED CONSENT ADVISEMENT
FOR USE IN MANDATORY TEST CASES PER T.C.A. § 55-10-406 (f)**

DATE: ____ / ____ / ____ **NAME:** (Last) _____ (First) _____ (Middle) _____

DATE OF BIRTH: ____ / ____ / ____ **AGE:** _____ **SEX:** _____ **RACE:** _____

ADDRESS: (Street) _____ (City) _____ (State) _____ (Zip) _____

DRIVER LICENSE NUMBER: _____ **STATE:** _____

There exists probable cause to believe you were driving or in physical control of a motor vehicle while under the influence of alcohol and/or drugs (DUI) and the vehicle you were operating was involved in a crash resulting in the injury or death of another. As required under T.C.A. § 55-10-406 (f), I am hereby requesting you submit to a chemical test or tests to determine the alcohol and/or drug content of your blood.

As required by State law I must advise you that if you refuse to submit to either or both tests, you will be charged with the offense of violation of the implied consent law. If the judge finds you guilty of this separate offense your driver's license will be suspended for a period of at least one year.

You are also advised that under T.C.A. § 55-10-406 (f) I must obtain a chemical test to determine the alcohol and/or drug content of your blood. If you refuse such test I will obtain a sample of your blood either with or without your consent.

If the Judge finds that you have a prior conviction for DUI, vehicular assault, vehicular homicide or aggravated vehicular homicide, your refusal to submit to the test or tests requested will result in a suspension of your driver's license for two years. If you were involved in a vehicular crash in which one or more persons were injured, your refusal to submit to the test or tests requested will result in a suspension of your driver's license for two years. If you were involved in a vehicular crash in which one or more persons were killed, your refusal to submit to the test or tests requested will result in a suspension of your driver's license for five years.

However, if your license is currently suspended for DUI, vehicular assault, vehicular homicide or aggravated vehicular homicide and if you refuse to submit to either or both tests and a judge finds you guilty of this separate offense, the Judge shall sentence you to at least a minimum of five days and up to eleven months and twenty-nine days in jail in addition to any sentence for DUI and a mandatory fine up to \$1,000.00.

After being informed of your arrest for driving under the influence of alcohol and/or drugs, and being requested to submit to a chemical test or tests to determine the alcohol and/or drug content of your blood, and also having the consequences of refusing to submit to such tests explained to me, I state that:

Check One:

I WILL SUBMIT TO TEST OR TESTS

I REFUSE TO SUBMIT TO TEST OR TESTS

ARRESTEE'S SIGNATURE

TIME OF SIGNATURE AM
 PM

Having agreed to submit to test or tests as indicated above, at a minimum I have requested the above individual to submit to a breath test. I further state that I have observed the individual for twenty minutes prior to the breath test and during this time he/she did not have any foreign matter in their mouth, did not smoke, regurgitate, or drink any alcoholic beverage.

I did not have any foreign matter in my mouth, did not smoke, regurgitate or drink any alcoholic beverage during the twenty minutes I was observed prior to the breath test.

ARRESTEE'S SIGNATURE

DATE

Test or Tests other than breath were requested.

Arresting Officer

Badge #

County/Venue/or
Location of Arrest: _____

Assisting Officer

Badge #

Time of Arrest: _____ AM
 PM

Witness (If Any)

Location of Test: _____

Time of Test: _____ AM
 PM

RESULTS: _____

(BLOOD) (BREATH) (URINE)

TIME ADVISED OF RESULTS: _____ AM
 PM



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ADDRESS: (Street) _____ (City) _____ (State) _____ (Zip) _____
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ARRESTEE'S SIGNATURE _____
TIME OF SIGNATURE AM
 PM

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I did not have any foreign matter in my mouth, did not smoke, regurgitate or drink any alcoholic beverage during the twenty minutes I was observed prior to the breath test.

ARRESTEE'S SIGNATURE _____
DATE

- Test or Tests other than breath were requested.

_____ Arresting Officer	_____ Badge #	County/Venue/or Location of Arrest: _____
_____ Assisting Officer	_____ Badge #	Time of Arrest: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM
_____ Witness (If Any)		Location of Test: _____
		Time of Test: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM

RESULTS: _____ (BLOOD) (BREATH) (URINE)

TIME ADVISED OF RESULTS: _____ AM
 PM

