



WELCOME

**Governor's Council on
Impaired and
Dangerous Driving
TRAFFIC SAFETY UPDATE
2011**



TRAFFIC RECORDS 2011

WELCOME

The purpose of this presentation is to provide law enforcement agencies with the most up to date information on new or updated program releases related to traffic records, and to discuss issues of reporting.



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Program Releases

Electronic Probable Cause Affidavit
State Form 44213

(a.k.a. The Old Pink Form that everyone HATES)

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- Probable Cause affidavit is a PDF document that can be saved to an officers desk top in a stand alone version.
- The form is an auto-fill form. I.E., for the data that is entered in page 1 of the form, if the data field is in the rest of the form, the contents will auto-fill. **NO DUPLICATE TYPING**
- The document is also save capable. If you have to exit, “save as” apply file name, and return to form later to complete or save for your records.



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- Form is on 8 ½ by 11 standard size paper, can be printed from in car printers, or saved to a flash drive to be downloaded.
- Document can be sent or e-mailed to agencies repository or case management system.
- Receipt for license is a separate page, only needs to be issued if suspect refuses test.
- Incident and field test page optional. Kept by officer if required.

Please fill out the following form. You can save data typed into this form.

Highli

Reset Form

State Form 44213 (06 / 10-10)

STATE OF INDIANA IN THE _____ COURT COUNTY OF _____ ss:

State of Indiana)
vs.) COURT CAUSE NUMBER _____ AGENCY CASE NUMBER _____

AFFIDAVIT FOR PROBABLE CAUSE

I, _____ a law enforcement officer with the (agency) _____, affirms that on (date) _____ at approximately _____ am pm the accused, (first name) _____ (middle initial) _____ (last name) _____, a Male, Female, (d/o/b) _____ (DL number or last four digits of SSN) _____ (license type) _____, was observed in (location) _____ (county) _____, Indiana operating a (vehicle description, include CMV and Hazard Indicator) _____ under the following circumstances.

I. PRELIMINARY OBSERVATION/REASON FOR STOP (check all that apply)

I observed the accused operate a vehicle in my presence and view.
 _____ observed the accused operate a vehicle.
 I had reason to believe the accused operated the vehicle because:
 The accused committed the following violation(s):
 Passenger under age 18 pursuant to IC 9-30-5-3(2)
 Other: _____
 Crash Involved: Yes No Crash involved Local Crash Number: _____ Time of Crash: _____ am pm
 The accused admitted to being the driver involved in the crash.
 The result of the accused driving resulted in: serious bodily injury fatality
 Name(s) of person(s) injured: _____

II. OBSERVATIONS

I had reason to believe the accused was INTOXICATED because I observed the following:

<input type="checkbox"/> Odor of alcoholic beverage	<input type="checkbox"/> Left vehicle in gear	<input type="checkbox"/> Field Test	<input type="checkbox"/> Passed	<input type="checkbox"/> Failed
<input type="checkbox"/> Alcohol beverage containers in view	<input type="checkbox"/> Failed to shut off vehicle	<input type="checkbox"/> IRON	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Speech was _____	<input type="checkbox"/> Could not open door	<input type="checkbox"/> Walk and Turn	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Eyes were _____	<input type="checkbox"/> Pulled self from vehicle	<input type="checkbox"/> One Leg Stand	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Manual dexterity _____	<input type="checkbox"/> Staggered from vehicle	<input type="checkbox"/> Rhomberg Balance	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Abusive attitude _____	<input type="checkbox"/> Leaned against vehicle	<input type="checkbox"/> P.D.T./Alco-sensor 0. _____ gram of alcohol per 210 liters of breath		
<input type="checkbox"/> Balance was _____		DRE: Conclusion: _____ Performed by: _____		
<input type="checkbox"/> Soiled/disorderly clothing _____				
<input type="checkbox"/> Other observations/act: _____				

III. CHEMICAL TEST

I advised the accused of the Implied Consent Law and the accused: submitted to, or refused a chemical test results are pending
 I was unable to offer a chemical test to the accused because such person was: unconscious injured
 _____, a certified chemical test operator, determined from a chemical test that the accused had an alcohol concentration equivalent to _____ gram of alcohol per 210 liters of breath. The chemical test was administered at (location) _____ at _____ am pm using certified instrument number: _____
 I was told by _____ the result of the chemical test was an alcohol concentration equivalent to 0. _____ gram of alcohol per 100 milliliters of blood. Such test was administered by drawing or taking a sample of whole blood at _____ am pm. Drawn by: _____
 I was told by (name) _____ the result of the chemical test determined that the accused had in his/her body a controlled substance, a controlled substance metabolite, or a drug, to wit: _____ Such test was administered by drawing or taking a sample of: blood, urine, other _____ at (location) _____ at (time) _____ am pm.
 Drawn by: _____

IV. WITNESS INFORMATION (Only Print Witness Information on Officer and Prosecutor Copy.)

1. Name _____ Address _____ TX Number _____
 2. Name _____ Address _____ TX Number _____

V. PREVIOUS INDIANA AND OUT OF STATE CONVICTION(S)

1. Offense, Court Information, Conviction Date and Court Cause/Case number.
 2. Offense, Court Information, Conviction Date and Court Cause/Case number.

I AFFIRM PURSUANT TO IC 35-36-1-2.4 UNDER THE PENALTY OF PERJURY THAT THE FOREGOING FACTS ARE TRUE.

Signature of Affiant _____ Date (month, day, year) _____ Print Name & Department _____

ORIGINAL TO PROSECUTOR/COURT 1st COPY TO BMV FROM COURT 2nd COPY FOR OFFICER

Bureau of Motor Vehicles Certificate

COURT CAUSE/CASE NUMBER: _____ AGENCY CASE NUMBER: _____

Offense Date (month, day, year): _____ / _____ / _____ Time: _____ am pm (DL number or last four digits of SSN) _____

Driver License Type: _____ Driver License State: _____

Full Name: (first) _____ (Middle Initial) _____ (Last) _____

Date of Birth: _____ / _____ / _____ Gender: _____ Height: _____ Eye Color: _____ Hair Color: _____ Race: _____

Address (number and street, city, state, and ZIP code): _____

Vehicle Type: Passenger CMV Tractor Other: _____

The above Motorist: Refused Failed Alcohol Test 0. _____ BAC Yes No Pending Results of Alcohol or Drug Test(s)

PROBABLE CAUSE FOUND THAT DEFENDANT VIOLATED IC 9-30-5 or IC 14-15-8, or IC 21-27-33.
THAT THE BMV TAKE THE FOLLOWING ACTION ON DEFENDANT'S DRIVING PRIVILEGES:

Immediate Suspension Suspended upon notice from the Bureau of Motor Vehicles Court Ordered Ignition Interlock Device in Lieu of Suspension

Judge's Signature: _____ Date (month, day, year): _____ / _____ / _____

Click to decrease the magnification of the entire page

Please fill out the following form. You can save data typed into this form.

Highlight

Agency Case Number _____

RECEIPT FOR LICENSE

Part of State Form 44213 (R6 / 10-10)

Instructions for Officer: In accordance with IC 9-30-6-7, the officer shall inform the person that refusing to submit to a chemical test will result in the suspension of the person's driving privileges. If a person refuses to submit to a chemical test after having been advised that the refusal will result in the suspension of driving privileges or submits to a chemical test that results in prima facie evidence of intoxication, the arresting officer shall obtain the person's driver's license or permit if the person is in possession of the document and issue a receipt valid until the initial hearing of the matter held under IC 35-33-7-1.

This receipt is issued pursuant to IC 9-30-6-7, and is valid until your driving privileges are suspended by the court or by the Bureau of Motor Vehicles. Notice of suspension will be sent to the last address you provided to the Bureau of Motor Vehicles. If your address is not current with the Bureau of Motor Vehicles, pursuant of IC 9-24-13-4, you must update your information with the Bureau of Motor Vehicles immediately.

YOU MUST BRING THIS RECEIPT FOR LICENSE WITH YOU TO COURT.

Date of Arrest (month, day, year): ____ / ____ / ____ Time: _____ AM PM

Charges: _____ Agency ORI: _____

Driver License Number: _____ Driver License Type: _____

Driver License State: _____

Date of Birth (month, day, year): ____ / ____ / ____ Height: _____ Weight: _____

Eye Color: _____ Hair Color: _____

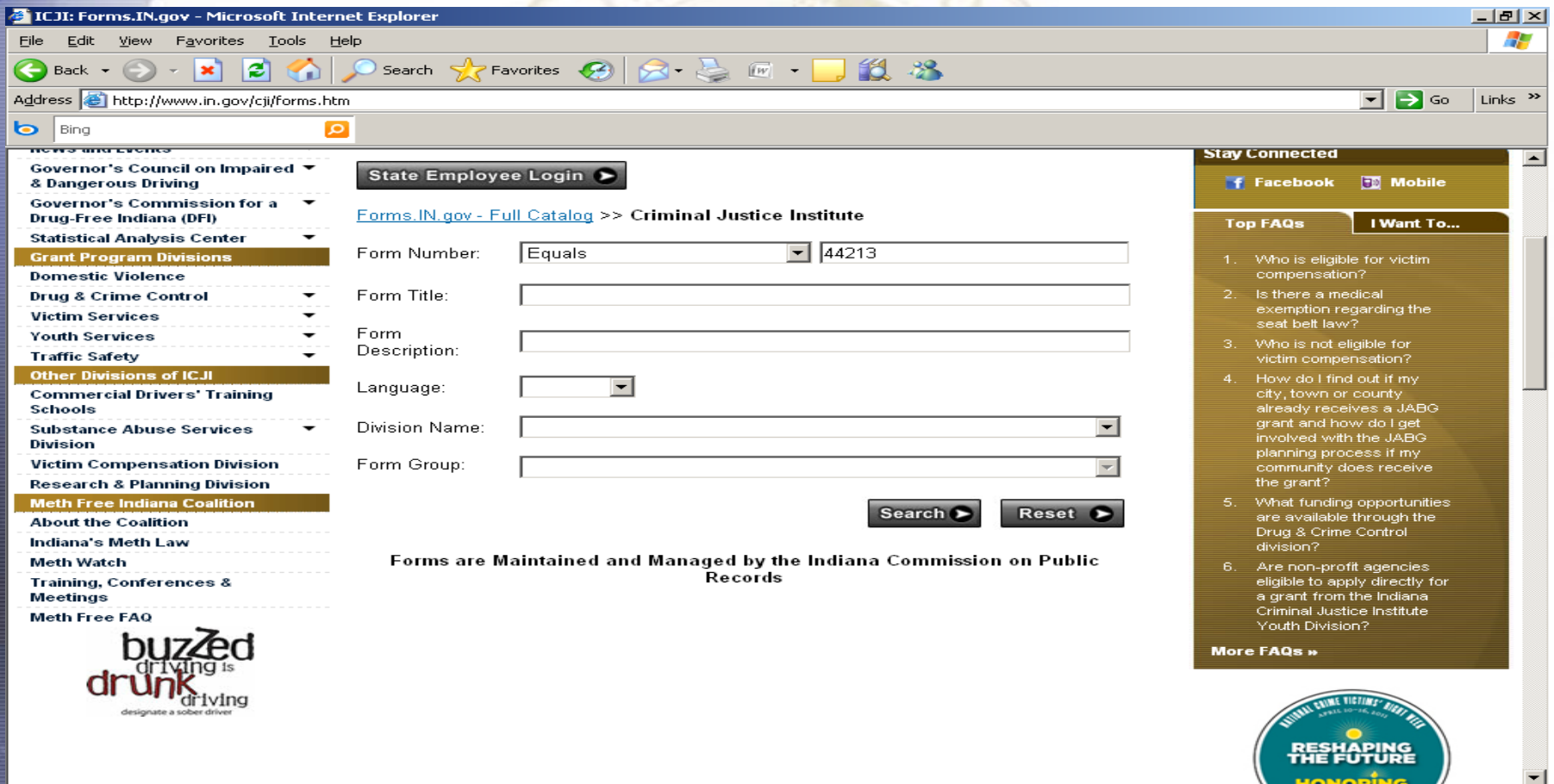
Name: (First) _____ (Middle Initial) _____ (Last) _____

Address (number and street, city, state, and ZIP code): _____

Printed Signature of Officer: _____ Date (month, day, year): ____ / ____ / ____

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Website for Form : www.in.gov/cji/forms.htm



ICJI: Forms.IN.gov - Microsoft Internet Explorer

Address <http://www.in.gov/cji/forms.htm>

News and Events

- Governor's Council on Impaired & Dangerous Driving
- Governor's Commission for a Drug-Free Indiana (DFI)
- Statistical Analysis Center
- Grant Program Divisions**
- Domestic Violence
- Drug & Crime Control
- Victim Services
- Youth Services
- Traffic Safety
- Other Divisions of ICJI**
- Commercial Drivers' Training Schools
- Substance Abuse Services Division
- Victim Compensation Division
- Research & Planning Division
- Meth Free Indiana Coalition**
- About the Coalition
- Indiana's Meth Law
- Meth Watch
- Training, Conferences & Meetings
- Meth Free FAQ

State Employee Login

[Forms.IN.gov - Full Catalog](#) >> Criminal Justice Institute

Form Number:

Form Title:

Form Description:

Language:

Division Name:

Form Group:

Search Reset

Forms are Maintained and Managed by the Indiana Commission on Public Records

Stay Connected

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Top FAQs I Want To...

- Who is eligible for victim compensation?
- Is there a medical exemption regarding the seat belt law?
- Who is not eligible for victim compensation?
- How do I find out if my city, town or county already receives a JABG grant and how do I get involved with the JABG planning process if my community does receive the grant?
- What funding opportunities are available through the Drug & Crime Control division?
- Are non-profit agencies eligible to apply directly for a grant from the Indiana Criminal Justice Institute Youth Division?

More FAQs »

buzzed driving is drunk driving designate a sober driver

NATIONAL CRIME VICTIMS' RIGHTS WEEK
APRIL 10-16, 2011
RESHAPING THE FUTURE
HONORING



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ARIES Application Update

The deployment of the updated ARIES crash reporting program will be deployed commencing in November of 2011 through the first quarter of 2012.

The application is being called

ARIES 5

TRAFFIC RECORDS 2011

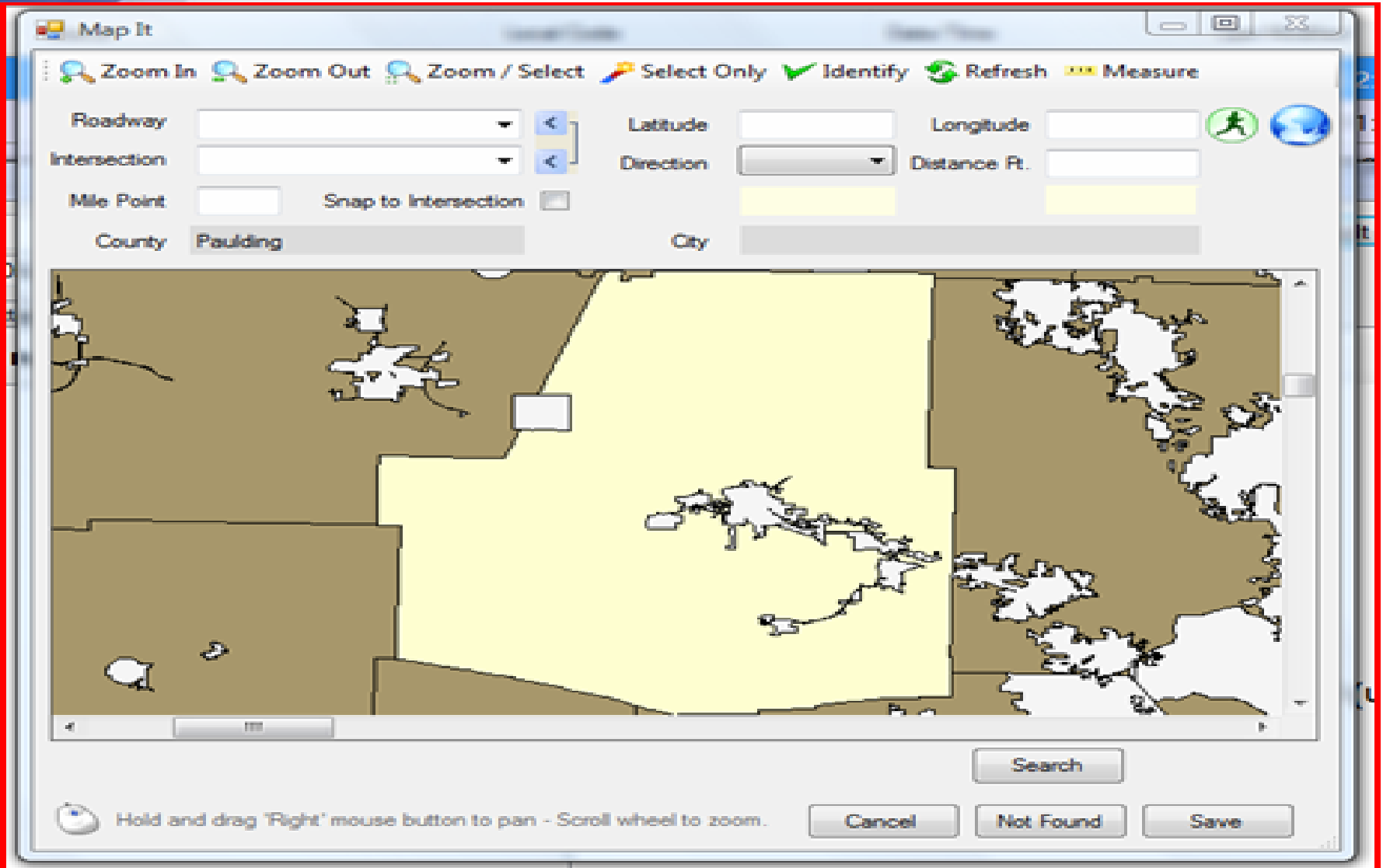
AREAS OF IMPROVEMENTS:

- **In 2011, ARIES 5** will be developed and deployed. The enhancements in this version will include:
 - a. **Point and Click Mapping Component.**

Officer can enter primary roadway name and select “Map-It” Map appears, put mouse pointer on crash location, press button, location is then selected.

The component enters both primary and intersecting roadway name, and enters latitude and longitude.

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The screenshot shows a software window titled "Map It" with a toolbar containing icons for "Zoom In", "Zoom Out", "Zoom / Select", "Select Only", "Identify", "Refresh", and "Measure". Below the toolbar are several input fields: "Roadway" and "Intersection" (both dropdown menus with left-pointing arrows), "Latitude" and "Longitude" (text boxes), "Direction" (dropdown menu), "Distance Ft." (text box), "Mile Point" (text box), and "Snap to Intersection" (checkbox). At the bottom of the form, "County" is set to "Paulding" and "City" is empty. A large map of Paulding County, Indiana, is displayed in the center, with a yellow rectangular search area overlaid on it. At the bottom of the window, there is a "Search" button, a mouse control tip ("Hold and drag 'Right' mouse button to pan - Scroll wheel to zoom."), and "Cancel", "Not Found", and "Save" buttons.

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ARIES 2005 Training

- Regional trainings will be conducted in each of the LEL districts commencing in November of 2011.
- Morning and afternoon sessions will be conducted. Further information will be sent out later through your LEL.
- Who should attend: Training officers, personnel responsible for traffic records, agencies IT representatives



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Additional components to the ARIES 5 reporting capabilities.

- 1. Web Portal mapping capabilities for public viewing.**
- 2. Additional query capabilities for research.**
- 3. Quick VIN will validate the VIN entered in the crash report and prompt or warn officers if validation fails. Correction will automatically update on successful submission.**

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4. Sequence of Event Codes that will be added:

Crossing Center line/median

Equipment/Mechanical Failure

Downhill runaway

Separation of units

Thrown or falling objects

Parked Motor Vehicle

Cable Barrier

Concrete Traffic Barrier

Other Traffic Barrier

ARIES 2009

Primary Factor Improvement

Jan 1 to Dec 31, 2009 vs. 2010

	2009	2010	
Alcohol	1.63%	0.61%	62% decrease
Pres. Drugs	0.085%	0.029%	66% decrease
Illegal Drugs	0.075%	0.028%	63% decrease
“Other”	11.76%	9.77%	17% decrease



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