

## TENNESSEE BLOOD AND/OR BREATH CONSENT ADVISEMENT Pursuant to TCA §55-10-406

AGENCY TRACKING NUMBER			AGENCY ORI		AGENCY NAME					
OFFICER NAME (Last, First, Middle) BAD				OFFICER INFORM GE# RANK		ATION	N DISTRICT/ZONE			CAR#
MONTH	DAY YEAR		DAY OF WE		EEK		TIME			
FIRST NAME MID INITI			AL	SUBJECT LAST NAME	TINFORMA E	ATION	TION SUFFIX DATE OF BIR			AGE
ADDRESS LINE 1			ADDRESS LINE 2			CITY		STATE	ZIP CODE	
PHONE 1	PHONE 2 RACE		ETHNICITY		GEN	DER	SS#	DL#		DL STATE
and/or breath testing you do not consent to provide a sample at least one (1) year to install and keep.  After being inform sample of your legally operate a manual consent to I	the law permine for testing, and up to five an ignition into the ded that there is blood  the breat motor vehicle shape.	ts me to ap nd the Cou e (5) years, erlock devi probable of th for testin	rt finds dependence on your cause thang, and	a search warra that you refus ling on your d our vehicle fo hat you have c after having b o provide the s	ant for a blased, TCA driving historrone (1) your committed been advise sample req	ood and \$55-10- fory. If rear or r a violated of th uested,	A/or breath sample 407 requires the you refuse to proore.  Join of Tenness to proof the possible constitution of the possible consti	ple for chemic nat your licens provide a samp ee law which	eal testing. se will be sole, you ma	If you refuse uspended for ay be ordered et to request a
Subject's Signatu	re, Date, and Tin	ne of Signat	ure	Subjec	t's Signatur	re, Date,	and Time of Sig	nature	Officer	's Initials
A child und	gnized exigent of es me to obtain	circumstan a blood an vated Vehicesulting in ghteen (18	ces whi d/or bre cular As the inju ) years	ch allow me t ath sample fro ssault, Vehicu ry or death of in your vehicl	to obtain a com you becalar Homic another.	□ bloce cause the	od □ breath san nere is probable Aggravated Ve	cause to belie hicular Homio	eve you have cide and yo	ou have:
You are required b	y law to provid	le a <u>□ bloo</u>	od <u>□</u> b	reath sample	for chemic	al testin	ng because of the	he facts check	ed above.	
Breath Test Only: the twenty minutes		-	_	•	outh, did n	ot smok	te, regurgitate o	or drink any alo	coholic bev	erage during
Subject's Sign	nature and Date o	of Signature					Observing Office	r's Signature ar	nd Date of S	ignature
				TESTING	INFORM <i>e</i>					
WITNESS (If Any			/EDF P	EOLIECTEDA		LOCA	TION OF TEST			
TEST OR TESTS (	OTHEK THAN I	BREATH W		EQUESTED?	BREATE	[	TIME	E ADVISED OI	F RESULTS	3

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