

ADVICE OF RIGHTS - (§16-205.1 of Maryland Transportation Article)

DR-15 (01-07)

You have been stopped or detained and reasonable grounds exist to believe that you have been driving or attempting to drive a motor vehicle under circumstances requiring that you be asked to submit to a test under § 16-205.1 of the Maryland Vehicle Law. In this situation, the law deems that you have consented to take a test to measure the alcohol concentration or drug or controlled dangerous substance content in your system. You may refuse to submit to the test(s), unless you were in a motor vehicle accident resulting in the death of or life-threatening injury to another person.

Suspension of Your Maryland Driver's License or Driving Privilege:

If you refuse to submit to the test, or submit to the test and the result indicates an alcohol concentration of 0.08 or more at the time of testing, your Maryland driver's license will be confiscated, you will be issued an Order of Suspension and, if eligible, a temporary license valid for 45 days. The following periods of suspension shall be imposed against your license or privilege to drive in Maryland:

If your test result is an alcohol concentration of at least 0.08 but less than 0.15: The suspension will be 45 days for a first offense and 90 days for a second or subsequent offense.

If your test result is an alcohol concentration of 0.15 or more: The suspension will be 90 days for a first offense and 180 days for a second or subsequent offense.

If you refuse to submit to a test: The suspension will be 120 days for a first offense and one year for a second or subsequent offense. An additional criminal penalty of not more than \$500 or imprisonment for not more than 2 months, or both, may be imposed under § 27-101(x) of the Maryland Vehicle Law if you are convicted of a drunk or drugged driving offense under § 21-902, and the judge or jury finds beyond a reasonable doubt that you knowingly refused to take a test arising out of the same circumstances. If you hold a commercial driver's license (CDL) at the time you refuse to submit to a test, your CDL or privilege will be disqualified for 1 year.

Modification of the Suspension or Issuance of a Restrictive License:

If your test result is an alcohol concentration of 0.08 but less than 0.15: The suspension may be modified or a restrictive license issued at a hearing in certain circumstances.

If you refuse a test, or take a test with a result of 0.15 or more: You will be ineligible for modification of the suspension or issuance of a restrictive license, unless you participate in the Ignition Interlock System Program under § 16-404.1 of the Maryland Vehicle Law. This program requires the vehicle(s) you drive to be equipped with a device that prevents you from operating it if you have alcohol in your blood. At a hearing, if you request one, an administrative judge may modify a suspension by permitting you to participate in the Ignition Interlock System Program for one year, but is not required to do so. **Instead of requesting a hearing, you may elect to participate in the Ignition Interlock System Program for one year, instead of the period of suspension, if the following conditions are met:** 1) your driver's license is not currently suspended, revoked, canceled, or refused; 2) you were not charged with a moving violation arising out of the same circumstances as the Order of Suspension that involved the death of, or serious physical injury to, another person; and 3) within thirty (30) days of the date of the Order of Suspension you a) elect in writing to participate in the Ignition Interlock System Program for one year, instead of requesting a hearing, and b) surrender a valid Maryland driver's license or sign a statement certifying that the license is no longer in your possession. An ignition interlock election form is located on the reverse side of the driver's copy of the Order of Suspension.

You Have the Right to Request an Administrative Hearing:

You may request an Administrative Hearing at any time within 30 days of the date of the Order of Suspension to show cause why your driver's license or privilege should not be suspended. You must request a hearing within 10 days of the date of the Order of Suspension to insure that your privilege to drive is not suspended prior to your hearing. Your request for a hearing must be made in writing. You may use the "Hearing Request" form if available. Send your request to the Office of Administrative Hearings at 11101 Gilroy Rd., Hunt Valley, MD 21031-1301. You must include a check or money order for \$125.00, which is the required filing fee, made payable to the Maryland State Treasurer. Your request for a hearing will be invalid if submitted without the required \$125.00 filing fee.

Offenses Occurring While Driving a Commercial Motor Vehicle: In addition to any suspension for a test failure or refusal, if you were operating a commercial motor vehicle and your test result indicates an alcohol concentration of 0.04 or more, or you refused to submit to a test, your commercial driver's license or privilege shall be disqualified 1 year for a first offense, or 3 years for a first offense committed while transporting hazardous materials required to be placarded. Your commercial driver's license or privilege shall be disqualified for life if you commit a second or subsequent offense.

Your Driver's License or Privilege will be Suspended on the 46th Day after the Order of Suspension if: You do not request a hearing within 10 days of the date of the Order of Suspension or, if eligible, you do not elect within 30 days of the Order of Suspension to participate in the Ignition Interlock System Program for one year instead of requesting a hearing. If you submit a valid hearing request, a suspension will not be imposed unless a decision is rendered against you, or if you fail to appear for the hearing.

Certification: I, the Undersigned Police Officer, certify that I have advised the driver of the above stated Advice of Rights, including the sanctions imposed for: 1) a refusal to take a test; 2) a test resulting in an alcohol concentration of at least 0.08 but less than 0.15; 3) a test resulting in an alcohol concentration of 0.15 or more; and 4) disqualifications for persons holding a commercial driver's license.

Read Before Signing: I, the undersigned driver, acknowledge that I have been read or I have read the above stated Advice of Rights as certified by the police officer. I understand that this requested test is in addition to any preliminary tests that were taken. Having been so advised, do you now agree to submit to a test? (Officer check reply)

- Yes- Agree to submit to an alcohol concentration test Yes- Agree to submit to a test for drug or controlled dangerous substance (CDS)
- No- Alcohol concentration test refused No- Drug or CDS test refused (DRE must complete & submit DRE Certification Form)

Driver Signature [Signature] Date 10/21/07 Time 1827 DR-15A Control # AJF5622E

Signature of Officer [Signature] I.D. No. 5092 Police Agency MSP

Officer's Certification and Order of Suspension Please read and complete both sides.

(as provided in § 16-205.1 of the Maryland Vehicle Law)

DR-15A 01/07

(FOR OFFICIAL USE ONLY)

OCCURRENCE (MONTH/DAY/YEAR/TIME) <u>11/8/07 1247</u> <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M.		COMMERCIAL LICENSE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO COMMERCIAL VEHICLE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO HAZARDOUS MATERIAL? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	CONTROL NUMBER AJ P10503
LOCATION (SPECIFY COUNTY OR BALTO. CITY AND ADDRESS): <u>NB Rt 1 @ South DR</u>			
DRIVER'S NAME: LAST <u>[REDACTED]</u> FIRST <u>[REDACTED]</u> MIDDLE <u>[REDACTED]</u>		RESIDENCE STREET ADDRESS <u>[REDACTED]</u> CITY <u>[REDACTED]</u> STATE <u>[REDACTED]</u> COUNTY <u>[REDACTED]</u> ZIP CODE <u>[REDACTED]</u>	
DRIVER'S LICENSE NUMBER <u>[REDACTED]</u>	STATE <u>DC</u>	ISSUE DATE <u>5-19-2006</u>	SP. CODE <u>NONE</u>
LICENSE CLASS <u>D</u>	LICENSE TYPE <u>03</u>	HGT. <u>5-11</u>	WGT. <u>165</u>
SEX <u>M</u>	RACE <u>BLK</u>	BIRTH MONTH/DAY/YEAR <u>7-8-1958</u>	VEHICLE TAG NO. <u>[REDACTED]</u>
RESTRICTION <u>NONE</u>			ENDORSEMENT <u>NONE</u>

ORDER OF SUSPENSION - ISSUE DATE: (MONTH / DATE / YEAR): 11/8/2007

Pursuant to Transportation Article, Section 16-205.1; of the Maryland Vehicle Law, you are hereby notified that your Maryland Driver's License/Privilege will be suspended effective on the **Forty-sixth (46)** day from the above "Issue Date" because:

- You refused to take a test to determine alcohol concentration when requested by the Police Officer.
 - You submitted to a test indicating an alcohol concentration of 0.08 but less than .15
 - You submitted to a test indicating an alcohol concentration of .15 or more
 - You refused to take a blood test for drug or controlled dangerous substance content when requested by a Drug Recognition Expert.
- (See attached Drug Recognition Expert's Certification Form)

SURRENDER OF DRIVER'S LICENSE

By law, the officer is required to take your Maryland driver's license and if valid, issue a temporary license to allow you to continue driving 45 days from the above "Issue Date". License was confiscated. License was not confiscated because:

OUT of STATE LICENSE

DRIVER'S CERTIFIED STATEMENT

I hereby certify under penalty of perjury, that I do not possess a Maryland driver's license to surrender to the police officer and should the license come into my possession I will immediately forward it to the Motor Vehicle Administration.

TEMPORARY LICENSE

The "Driver's Copy" of this entire form, signed by you and the police officer, serves as a Valid Temporary license which expires on the 45th day after issuance of the Order of Suspension or upon completion of a hearing, whichever occurs first.

SIGNATURE OF DRIVER (if Temp. Authorized)

[Signature]

SIGNATURE OF OFFICER (if Temp. Authorized)

I acknowledge that a temporary license was not authorized.

SIGNATURE

DATE

SIGNATURE OF DRIVER

CERTIFICATION OF POLICE OFFICER

I, the undersigned officer, had reasonable grounds to believe that the driver described and named above had been driving or attempting to drive a motor vehicle on a highway or on any private property that is used by the public in general in this State while under the influence of alcohol, while impaired by alcohol, while so far impaired by any drug, any combination of drugs, or a combination of one or more drugs and alcohol that the person could not drive a vehicle safely while impaired by a controlled dangerous substance, in violation of an alcohol restriction, or in violation of Section 16-813 of the Maryland Vehicle Law.

REASONABLE GROUNDS: On 11/8/07 at NB Rt 1 @ South DR, the above vehicle was stopped for a traffic violation. I contacted the driver and detected a strong odor of an alcoholic beverage. The driver exited the vehicle to perform several field sobriety test, which yielded poor results. The driver was placed under arrest for DUI. All events occurred in Prince Georges County, Maryland.

Odor Of Alcoholic Beverage on Driver's Breath: None Faint Moderate Strong Refer Summons No. EX 22388

I certify under penalty of perjury that the contents of the foregoing document are true and correct to the best of my knowledge, information and belief, and after being fully advised of sanctions that shall be imposed as provided in the Advice of Rights Form DR-15, the person described above (1) refused to take a test to determine alcohol concentration when requested by this officer, (2) was tested and the test result indicated an alcohol concentration of 0.08 or more as indicated above, or (3) refused to take a blood test for drug or controlled dangerous substance content when requested by a Drug Recognition Expert.

OFFICER'S SIGNATURE [Signature] #4988

DATE 11/8/07

OFFICER'S PRINTED NAME T.P.R. Walker #4988

LAW ENFORCEMENT AGENCY MID STATE POLICE College PK "Q"

ADDRESS 10100 Rhode Island Ave College PK MD 20740

OFFICER'S PRINTED NAME

CERTIFICATION OF TEST TECHNICIAN OR ANALYST

I do solemnly declare and affirm, under penalty of perjury, and upon personal knowledge that I performed a test for alcohol concentration on the person described above and the test results were 0 from the Intox EC/IR. Testing procedure was explained. Person appeared in good health.

Refusal - Insufficient Breath. I further certify that the driver refused to take a test when the driver failed to provide sufficient breath samples for analysis.

EXPLANATION: (Specify instructions issued and behavior of driver):

SIGNATURE OF TEST TECHNICIAN/ANALYST

DATE

PRINTED NAME OF TEST TECHNICIAN/ANALYST

FACILITY NAME AND ADDRESS

Election to Participate in the Ignition Interlock System Program

If you refuse to submit to a test, or submit to a test indicating an alcohol concentration of 0.15 or more at the time of testing, you may elect to participate in the Ignition Interlock System Program (Program) for one year, under TR§16-404.1, instead of requesting a hearing on the Order of Suspension. However, if you choose to request a hearing, you may not also elect to participate in the Program, and you should not fill out this form. If you choose to request a hearing and the Administrative Law Judge (ALJ) upholds the Order of Suspension, the decision whether to allow you to participate in the Program, in lieu of the license suspension, will be made by the ALJ.

To be eligible you must meet the following conditions:

1. Your driver's license is not currently suspended, revoked, canceled, or refused;
2. You were not charged with a moving violation arising from the same circumstance as your Order of Suspension involving the serious physical injury or death of another person; and
3. Within thirty (30) days of the date of this Order of Suspension you must:
 - Elect in writing to participate in the Ignition Interlock System Program for 1 year by completing and returning the bottom portion of this form;
 - Have an ignition interlock system installed in your vehicle by one of the approved Interlock Service Providers listed below;
 - Surrender to the Motor Vehicle Administration (MVA) your valid Maryland driver's license, or in the event your license is not in your possession, sign a certified statement that your license is no longer in your possession; and
 - Take the sealed enrollment form from the service provider and this form to any full service MVA office to obtain a Maryland driver's license restricted to the operation only of vehicles equipped with an ignition interlock device.

MVA approved Interlock Service Providers - Maryland:

National Interlock Service	1-800-374-5760	Guardian Interlock Services	1-800-499-0994
Smart Start	1-800-880-3394	Alcohol Detection Systems	1-800-786-7394
Draeger Interlock of Maryland	1-800-332-6858		

How does an Interlock Device Work?

An ignition interlock device means a device that connects a motor vehicle's ignition system to a breath analyzer that measures a driver's alcohol concentration and prevents a motor vehicle ignition from starting the motor vehicle if a driver's alcohol concentration exceeds the calibrated setting on the device. The device also records certain information about its use that is reviewed by the Service Provider every thirty days.

The driver must blow into a mouthpiece connected to the device, allowing the device to measure the driver's breath alcohol content (BAC). If the device registers a BAC of .025 or higher, it will not allow the vehicle to start. The device will ask for additional retests while the vehicle is being driven. It is not necessary to stop driving while taking a retest.

Violations of the Ignition Interlock Program:

Participants who are found to have violated any of the Program provisions will be subject to removal from the Program and the MVA will impose the full period of suspension specified in §16-205.1. **Violation of the Program rules and requirements include, but are not limited to the following:**

- Failure to have the ignition interlock device installed and obtain a Maryland driver's license restricted to the operation only of a vehicles equipped with an ignition interlock device;
- Failure to appear for the required monthly monitoring visit every thirty (30) days;
- Operating a motor vehicle not equipped with a functioning interlock device approved for use in this Program;
- Failure to abide by the terms and conditions of the Service Agreement with the Interlock Service Provider, including payment of all costs and fees associated with the Program;
- Tampering with, bypassing, or otherwise removing or rendering inoperable the interlock device, or allowing someone else to do the same;
- Attempting to start or operate the vehicle with a .025 BAC or higher;
- Failure to submit to retests after starting the car;
- Any license suspension or revocation imposed while participating in the Program.

I waive my right to an administrative hearing and elect to enter the Ignition Interlock Program.

Name _____ Signature _____

Driver's License Number _____ Date _____

For more information, please call: 1-800-638-8347 (touch tone calls only), 1-800-950-1MVA (1682) (to speak with a customer service representative), From Out-of-State; 1-301-729-4550, TTY for the hearing impaired.

"HEARING REQUEST"

I hereby request a hearing concerning the Order of Suspension (reverse side).

A filing fee of \$125.00 must accompany your request for a hearing. Please make check or money order payable to MARYLAND STATE TREASURER. Do not send cash. A fee of \$25.00 will be assessed on all returned checks.

I certify under penalty of perjury that I do not have a Maryland driver's license in my possession to return with this hearing request because _____

NOTES: If a 45-day temporary license was issued by the Police Officer, keep it and bring it with you to the hearing.

CREDIT FOR THE TERM OF ANY SUSPENSION OR RESTRICTION SHALL BEGIN ONLY AFTER THE ADMINISTRATION IS IN POSSESSION OF YOUR MOST RECENTLY ISSUED MARYLAND DRIVER'S LICENSE & PERMITS, INCLUDING ANY TEMPORARY DRIVER'S LICENSE ISSUED AS A RESULT OF THIS INCIDENT.

PRINTED NAME	DATE OF BIRTH	DRIVER'S LICENSE NUMBER	
STREET ADDRESS	CITY	STATE	ZIP CODE
SIGNATURE	DATE		

Please complete the following if you will be represented by an attorney.

ATTORNEY'S NAME (PLEASE PRINT)	ATTORNEY'S TELEPHONE NUMBER
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ATTORNEY'S ADDRESS

**MAIL THIS ENTIRE FORM TO THE OFFICE OF ADMINISTRATIVE HEARINGS
WITH THE \$125.00 FILING FEE PAYABLE TO "MARYLAND STATE TREASURER"**

OFFICE OF ADMINISTRATIVE HEARINGS
11101 GILROY RD
HUNT VALLEY, MD 21031-1301

FOR HEARING REQUESTS POSTMARKED WITHIN 10 DAYS,
The suspension will not take effect before the scheduled hearing date.

FOR HEARING REQUESTS POSTMARKED 11 TO 30 DAYS,
The hearing will be scheduled within 45 days upon receipt of the hearing request. Suspension will take effect on the 46th day from the Order of Suspension Issue date.

FOR HEARING REQUESTS POSTMARKED AFTER 30 DAYS,
The request will be denied and the suspension will take effect on the 46th day from the Order of Suspension Issue date.