

PEACE OFFICER'S SWORN REPORT  
COMMERCIAL MOTOR VEHICLES

DIC-54 (Rev. 9/11)

STATE OF TEXAS  
COUNTY OF \_\_\_\_\_

My name is \_\_\_\_\_, and I am a Texas Peace Officer. I certify that the following information is true and correct: I had probable cause to believe and do believe that \_\_\_\_\_

Subject's Name

was driving or in actual physical control of a commercial motor vehicle in a public place in this state while having a measurable or detectable amount of alcohol in his/her system. Facts in support of this belief are:

A. Contained in report(s) incorporated by reference for all purposes as if written and copied herein.

Specify report(s) or document(s) \_\_\_\_\_ No. of pages \_\_\_\_\_

OR

B. Noted in the following:

I. On or about \_\_\_\_\_, a \_\_\_\_\_,  
Date and Time of Offense Complete Description of Commercial Motor Vehicle

was observed by \_\_\_\_\_ in the following public place \_\_\_\_\_  
Observer Location (address, including city and county)

\_\_\_\_\_ and  was  was not transporting hazardous material required to be placarded.

II. Reason for stopping commercial motor vehicle:

III. The driver was identified to me as \_\_\_\_\_  
Name Driver License No. DOB

IV. Probable cause for arrest or detention:

a. Signs of intoxication or consumption of alcohol:

b. Sobriety tasks requested, if any, and performance obtained (explain):

I  am  am not certified to administer standardized field sobriety tests,  including  not including horizontal gaze nystagmus

\_\_\_\_\_ continuation page(s) incorporated by reference for all purposes as if written and copied herein.

V. Check one:

Subject provided specimen - Intoxilyzer results: \_\_\_\_\_, \_\_\_\_\_

Subject refused test

Subject provided blood or urine sample, results pending

The statutory warning given to the person is set out in detail in the document DIC-55 which is incorporated by reference for all purposes as if written and copied herein.

FOR DEPARTMENT USE ONLY

\_\_\_\_\_  
Officer's Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Agency

My name is \_\_\_\_\_ My date of birth is \_\_\_\_\_  
First Middle Last

My agency address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, and U.S. of A.  
Street City State Zip Code

I declare under penalty of perjury that the foregoing is true and correct.

Executed in \_\_\_\_\_ County, State of Texas on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

\_\_\_\_\_  
Declarant