STATE OF ALABAMA)

JEFFERSON COUNTY)

AFFIDAVIT Driver Statement

Before me, the undersigned Notary Public in and for Jeffe	rson County, Alabama,
personally appeared	who being known to me and
heing first duly sworn, states on oath as follows:	
My name is	I am over the age of 19 years
My name is, Alabama. I give	this statement based upon my
personal knowledge. Jefferson County, Alabama employs	me in the
Department as a I am assigned to	an
am required to drive a county vehicle as part of my duties.	I am fully aware of the
County's Drug and Alcohol Free Workplace Policy contain	
Administrative Order AO-91-6, as amended. I know and u	inderstand that illegal drugs and
alcohol are dangerous substances that when taken can affe	ect my ability to perform the
duties of my position thereby potentially jeopardizing my	safety and that of my co-
workers.	
On, 20_, at approximatelyam/pm	, I was driving a County vehicle
which was involved in an automobile accident at or near_	On the occasion of
this accident I was the driver of the vehicle in question.	Furthermore, I did not take any
illegal drugs or alcohol before the accident. I did not see,	
or alcohol in the vehicle, which was involved in the acci	dent described herein before or
after the accident.	
I understand this affidavit is given under oath ar	nd that if all or any part of my
statement is false or misleading in any way that I will be	subject to disciplinary action up
to and including dismissal in addition to any criminal char	ges that may be brought against
me for making a false statement.	
I give this affidavit of my own free will. I	have not been coerced or placed
under duress of any kind to give this statement. No pron	·
anyone in order for me to give this affidavit and this affid	_
that I know of regarding the potential use or abuse of	f illegal drugs and alcohol in
connection with the above described automobile accident.	
Sworn to and subscribed before me	
On this day of 20	
NOTARY PUBLIC	
Mr. Commission Evnivos	