STATEMENT

Before me, the undersigned Notary Public in and for said County ar State, personally appeared who being known to me and first duly sworn, states on oath as follows:	
The drid first duty sworn, states on oddi as follows:	
My name is I am over the age of 19 years and I am a resident of, Alabama. I give this statement based upon my personal knowledge.	
I am employed by Jefferson County, Alabama in the Department as a I am assigned to an am required to drive/ride in a vehicle as part of my duties. I am fully aware of the County's Drug and Alcohol Free Workplace Policy contained in county administrative order AO-91-6, as amended. I know and understand that illegal drugs and alcohol are dangerous substances that when taken can affect my ability to perform the duties of my position thereby potentially jeopardizing my safety and that of my co-workers.	
On,,, at approximatelya.m./p.m., the County vehicle I was driving was damaged while parked at or near On the occasion of this accident, I was not present in the vehicle in question when the damaged occurred and only discovered the damage upon return to the vehicle. Furthermore, I did not take any illegal drugs or alcohol within 24 hours of the above described accident. I did not see, smell, or touch any illegal drugs or alcohol in the vehicle which was damaged as described herein before or after the damage occurred.	
I understand this affidavit is given under oath and 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 charges 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

promises have been made to me by anyone in order for me to give this affidavit and this affidavit is sole and only document that I know regarding the above described automobile incident.

Sworn to subscribed before me on this day of	Affiant (Signature)	
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NOTARY PUBLIC		
My Commission Expires:		