

APPENDIX

E



OFFICER'S REPORT OF REFUSAL TO SUBMIT TO CHEMICAL TEST

PERSON'S FULL NAME (AS APPEARS ON MICHIGAN DRIVER'S LICENSE)					BIRTH DATE (MM/DD/YY)		SEX MALE FEMALE			
ADDRESS (NUMBER & STREET)					MICHIGAN DRIVER'S LICENSE NUMBER					
CITY			STATE		ZIP		OTHER STATE DRIVER'S LICENSE NUMBER		STATE	
HEIGHT		WEIGHT		EYE COLOR		HAIR COLOR		<input type="checkbox"/> OPERATOR <input type="checkbox"/> CHAUFFEUR <input type="checkbox"/> MOPED		
ARREST DATE (MM/DD/YY)				MILITARY TIME		REFUSAL DATE (MM/DD/YY)		MILITARY TIME		
COUNTY (OF ARREST)				CITY OR TOWNSHIP (OF ARREST)				CO/CTY/TWP CODE		
*VEHICLE TYPE		Was person YES NO involved in an accident?		INSTRUMENT # REFUSED		BAC #1 N/A	BAC #2 N/A	BAC #3 N/A	UCR CODE	COMPLAINT NUMBER
ARRESTING OFFICER'S NAME					BADGE NUMBER		ORI NUMBER			
BREATH TEST OPERATOR'S NAME, only if not listed above and necessary for hearing					BADGE NUMBER		ORI NUMBER			
OTHER OFFICER, if necessary for hearing					BADGE NUMBER		ORI NUMBER			

The above named person was arrested for a violation of section 625(1), (3), (4), (5), (6), (7), (8), 625a(5) or 625m of the Michigan Vehicle Code, as amended, or a local ordinance substantially corresponding to section 625(1), (3), (4), (5), (6), (7), (8), 625a(5) or 625m or for the offense of manslaughter, murder, reckless driving causing death, reckless driving causing serious impairment of a body function, moving violation causing death, or moving violation causing serious impairment of a body function resulting from the operation of a motor vehicle.

The officer had reasonable grounds to believe that the above named person violated section 625(1), (3), (4), (5), (6), (7), (8), 625a(5) or 625m of the Michigan Vehicle Code, as amended, or local ordinance substantially corresponding to section 625(1), (3), (4), (5), (6), (7), (8), 625a(5) or 625m or committed the offense of manslaughter, murder, reckless driving causing death, reckless driving causing serious impairment of a body function, moving violation causing death, or moving violation causing serious impairment of a body function resulting from the operation of a motor vehicle while impaired by or under the influence of alcoholic liquor, a controlled substance, other intoxicating substance, or a combination, or while having an unlawful alcohol content, or if the person is less than 21 years of age while having any alcohol content. [MCL 257.625c(1)(b)]

The above named person was requested to take a chemical test. The person was advised of the chemical test rights as required under section 625a and refused to take a chemical test.

Michigan Driver's License confiscated?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Michigan Driver's License destroyed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Under 21?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	LICENSED OUT OF STATE							
Driving status on date of arrest	VALID <input type="checkbox"/>	EXPIRED <input type="checkbox"/>	RESTRICTED <input type="checkbox"/>	SUSPENDED <input type="checkbox"/>	REVOKED <input type="checkbox"/>	DENIED <input type="checkbox"/>	UNLICENSED <input type="checkbox"/>	UNKNOWN <input type="checkbox"/>	STATE <input type="checkbox"/>							
CDL	License <input type="checkbox"/>	Permit <input type="checkbox"/>	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	H <input type="checkbox"/>	N <input type="checkbox"/>	X <input type="checkbox"/>	P <input type="checkbox"/>	T <input type="checkbox"/>	CDL restrictions	ENDORSEMENT	CY <input type="checkbox"/>	F <input type="checkbox"/>	R <input type="checkbox"/>	Other

*VEHICLE TYPES	MD Med Tr w/wo Tri ovr 10,000# (non CDL)	AP Group A Passenger	BH Group B Hazardous	CS Group C School Bus
CY Cycle	OR Offroad Vehicle (ATV type)	AS Group A School Bus	BN Group B Tank	BB Group B
MO Moped	SM Snowmobile	AT Group A Double/Triple	BP Group B Passenger	CX Group C Tank & Hazardous
PA Pass Car & Sta Wgn	OO Other	AX Group A Tank & Hazardous	BS Group B School Bus	
VA Van & Motor Home	AA Group A	AY Group A Tank & Double/Triple	BX Group B Tank & Hazardous	
PU Pickup	AH Group A Hazardous	AZ Group A Hazardous Double/Triple	CH Group C Hazardous	
ST Sm Tr (un 10,000)	AN Group A Tank	AL Grp A Hazard Tank Double/Triple	CP Group C Passenger	

SERVICE OF NOTICE OF SUSPENSION

I certify that I hand delivered a copy of the document containing the Notice of Suspension and Appeal Rights to the person named above.

Officer's Signature _____ Date (MM/DD/YY) _____

OFFICER'S INSTRUCTIONS
Give two white copies to person
Keep two pink copies

REQUEST FOR HEARING

Request For Hearing:

I request a hearing before the Administrative Hearings Section to contest issues number(s) _____
(Issues are listed on the Notice of Suspension.)

Affirmative Address Statement:

- The address on my master driving record is correct. Send all correspondence to this address.
- The address on the reverse side is only a temporary address. Send all correspondence to this address.
Please DO NOT CHANGE the address on my master driving record file.

If you need to inform the Department of State of a permanent address change you may change your address on-line, by mail or in person.

Online: A change of address may be submitted through ExpressSOS.com.

By Mail: The form to change your address can be obtained from the SOS website at Michigan.gov/sos.

In Person: If you are changing your address at a branch office, be sure to bring your driver's license or personal ID card.

Signature _____ Date _____

Driver's License Number _____ Telephone _____

This request for hearing must be mailed within 14 days of the receipt of the Officer's Report Of Refusal to Submit to Chemical Test containing Notice of Suspension, or your operator's or chauffeur's license and vehicle group designation or operating privilege will be suspended. Send this form. Do not send a photocopy.

Mail to: MICHIGAN DEPARTMENT OF STATE
ADMINISTRATIVE HEARINGS SECTION
P O BOX 30196
LANSING MI 48909-7696

OFFICER'S REPORT OF REFUSAL TO SUBMIT TO CHEMICAL TEST

PERSON'S FULL NAME (AS APPEARS ON MICHIGAN DRIVER'S LICENSE)						BIRTH DATE (MM/DD/YY)		SEX MALE FEMALE		
ADDRESS (NUMBER & STREET)						MICHIGAN DRIVER'S LICENSE NUMBER				
CITY		STATE		ZIP		OTHER STATE DRIVER'S LICENSE NUMBER		STATE		
HEIGHT		WEIGHT		EYE COLOR		HAIR COLOR		<input type="checkbox"/> OPERATOR <input type="checkbox"/> CHAUFFEUR <input type="checkbox"/> MOPED		
ARREST DATE (MM/DD/YY)			MILITARY TIME			REFUSAL DATE (MM/DD/YY)		MILITARY TIME		
COUNTY (OF ARREST)			CITY OR TOWNSHIP (OF ARREST)				CO/CTY/TWP CODE			
*VEHICLE TYPE		Was person YES NO involved in an accident?		INSTRUMENT # REFUSED		BAC #1 N/A	BAC #2 N/A	BAC #3 N/A	UCR CODE	COMPLAINT NUMBER
ARRESTING OFFICER'S NAME						BADGE NUMBER		ORI NUMBER		
BREATH TEST OPERATOR'S NAME, only if not listed above and necessary for hearing						BADGE NUMBER		ORI NUMBER		
OTHER OFFICER, if necessary for hearing						BADGE NUMBER		ORI NUMBER		

The above named person was arrested for a violation of section 625(1), (3), (4), (5), (6), (7), (8), 625a(5) or 625m of the Michigan Vehicle Code, as amended, or a local ordinance substantially corresponding to section 625(1), (3), (4), (5), (6), (7), (8), 625a(5) or 625m or for the offense of manslaughter, murder, reckless driving causing death, reckless driving causing serious impairment of a body function, moving violation causing death, or moving violation causing serious impairment of a body function resulting from the operation of a motor vehicle.

The officer had reasonable grounds to believe that the above named person violated section 625(1), (3), (4), (5), (6), (7), (8), 625a(5) or 625m of the Michigan Vehicle Code, as amended, or local ordinance substantially corresponding to section 625(1), (3), (4), (5), (6), (7), (8), 625a(5) or 625m or committed the offense of manslaughter, murder, reckless driving causing death, reckless driving causing serious impairment of a body function, moving violation causing death, or moving violation causing serious impairment of a body function resulting from the operation of a motor vehicle while impaired by or under the influence of alcoholic liquor, a controlled substance, other intoxicating substance, or a combination, or while having an unlawful alcohol content, or if the person is less than 21 years of age while having any alcohol content. [MCL 257.625c(1)(b)]

The above named person was requested to take a chemical test. The person was advised of the chemical test rights as required under section 625a and refused to take a chemical test.

Michigan Driver's License confiscated?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Michigan Driver's License destroyed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Under 21?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	LICENSED OUT OF STATE						
Driving status on date of arrest	VALID <input type="checkbox"/>	EXPIRED <input type="checkbox"/>	RESTRICTED <input type="checkbox"/>	SUSPENDED <input type="checkbox"/>	REVOKED <input type="checkbox"/>	DENIED <input type="checkbox"/>	UNLICENSED <input type="checkbox"/>	UNKNOWN <input type="checkbox"/>	STATE <input type="checkbox"/>						
CDL	License <input type="checkbox"/>	Permit <input type="checkbox"/>	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	H <input type="checkbox"/>	N <input type="checkbox"/>	X <input type="checkbox"/>	P <input type="checkbox"/>	T <input type="checkbox"/>	CDL restrictions	CY <input type="checkbox"/>	F <input type="checkbox"/>	R <input type="checkbox"/>	Other _____
ENDORSEMENT															

MICHIGAN TEMPORARY DRIVING PERMIT

This temporary driving permit is valid only if you have a valid Michigan operator's or chauffeur's license. If your license has a CDL and/or endorsement or restrictions, this permit grants you the same CDL and/or endorsements or restrictions. You may not apply for a replacement photo license. This permit is valid until the criminal charges are dismissed or you are acquitted, or your license or permit is suspended, restricted, or revoked for a conviction. [MCL257.625g(3)]

SERVICE OF NOTICE OF SUSPENSION

I certify that I hand delivered a copy of the document containing the Notice of Suspension and Appeal Rights to the person named above.

Officer's Signature _____ Date (MM/DD/YY) _____

OFFICER'S INSTRUCTIONS
Give two white copies to person
Keep two pink copies

MICHIGAN TEMPORARY DRIVING PERMIT

This permit is only valid if you have a valid Michigan driver's license.
This permit is not valid if you are unlicensed or your license is expired,
suspended, revoked or denied.

Carry this permit when driving.

Notice of Suspension

You have allegedly refused to take a chemical test. Your Michigan operator's or chauffeur's license, vehicle group designation or operating privilege will be suspended and six points will be added to your driving record.

Appeal Rights:

If you do not appeal within 14 days your operator's or chauffeur's license, vehicle group designation or operating privilege will be automatically suspended. If you wish to request a hearing you must do so within 14 days of the date of service of this Notice of Suspension.

Hearing Issues:

MCL 257.625f limits the issues appealable at a hearing ONLY to the following:

1. Whether the peace officer had reasonable grounds to believe that you committed a crime described in MCL 257.625c(1).
2. Whether you were placed under arrest for a crime described in MCL 257.625c(1).
3. If you refused to submit to a chemical test upon the request of the officer, whether the refusal was reasonable.
4. Whether you were advised of your rights under MCL 257.625a.

To request a hearing, complete the attached Request for Hearing and mail to the Department of State within 14 days of the date of the service of this notice.

You are not required to have an attorney at this hearing, but an attorney may represent you if you wish.

CHEMICAL TEST RIGHTS

(As read by peace officer)

I am requesting that you take a chemical test to check for alcohol and/or controlled substances or other intoxicating substance in your body. IF YOU WERE ASKED TO TAKE OR TOOK A PRELIMINARY BREATH TEST BEFORE YOUR ARREST, YOU MUST STILL TAKE THE TEST I AM OFFERING YOU.

If you refuse to take this chemical test, it will not be given without a court order, but I may seek to obtain such a court order. Your refusal to take this test shall result in the suspension of your operator's or chauffeur's license and vehicle group designation or operating privilege, and the addition of six points to your driving record.

After taking my chemical test, you have a right to demand that a person of your own choosing administer a breath, blood, or urine test. You will be given a reasonable opportunity for such a test. You are responsible for obtaining a chemical analysis of a test sample taken by a person of your own choosing.

The results of both chemical tests shall be admissible in a judicial proceeding, and will be considered with other admissible evidence in determining your innocence or guilt.

OFFICER'S REPORT OF REFUSAL TO SUBMIT TO CHEMICAL TEST

PERSON'S FULL NAME (AS APPEARS ON MICHIGAN DRIVER'S LICENSE)						BIRTH DATE (MM/DD/YY)		SEX MALE FEMALE		
ADDRESS (NUMBER & STREET)						MICHIGAN DRIVER'S LICENSE NUMBER				
CITY		STATE		ZIP		OTHER STATE DRIVER'S LICENSE NUMBER		STATE		
HEIGHT		WEIGHT		EYE COLOR		HAIR COLOR		<input type="checkbox"/> OPERATOR <input type="checkbox"/> CHAUFFEUR <input type="checkbox"/> MOPED		
ARREST DATE (MM/DD/YY)			MILITARY TIME			REFUSAL DATE (MM/DD/YY)		MILITARY TIME		
COUNTY (OF ARREST)				CITY OR TOWNSHIP (OF ARREST)				CO/CTY/TWP CODE		
*VEHICLE TYPE		Was person YES NO involved in an accident?		INSTRUMENT # REFUSED		BAC #1 N/A	BAC #2 N/A	BAC #3 N/A	UCR CODE	COMPLAINT NUMBER
ARRESTING OFFICER'S NAME						BADGE NUMBER		ORI NUMBER		
BREATH TEST OPERATOR'S NAME, only if not listed above and necessary for hearing						BADGE NUMBER		ORI NUMBER		
OTHER OFFICER, if necessary for hearing						BADGE NUMBER		ORI NUMBER		

The above named person was arrested for a violation of section 625(1), (3), (4), (5), (6), (7), (8), 625a(5) or 625m of the Michigan Vehicle Code, as amended, or a local ordinance substantially corresponding to section 625(1), (3), (4), (5), (6), (7), (8), 625a(5) or 625m or for the offense of manslaughter, murder, reckless driving causing death, reckless driving causing serious impairment of a body function, moving violation causing death, or moving violation causing serious impairment of a body function resulting from the operation of a motor vehicle.

The officer had reasonable grounds to believe that the above named person violated section 625(1), (3), (4), (5), (6), (7), (8), 625a(5) or 625m of the Michigan Vehicle Code, as amended, or local ordinance substantially corresponding to section 625(1), (3), (4), (5), (6), (7), (8), 625a(5) or 625m or committed the offense of manslaughter, murder, reckless driving causing death, reckless driving causing serious impairment of a body function, moving violation causing death, or moving violation causing serious impairment of a body function resulting from the operation of a motor vehicle while impaired by or under the influence of alcoholic liquor, a controlled substance, other intoxicating substance, or a combination, or while having an unlawful alcohol content, or if the person is less than 21 years of age while having any alcohol content. [MCL 257.625c(1)(b)]

The above named person was requested to take a chemical test. The person was advised of the chemical test rights as required under section 625a and refused to take a chemical test.

Michigan Driver's License confiscated?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Michigan Driver's License destroyed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Under 21?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	LICENSED OUT OF STATE						
Driving status on date of arrest	VALID <input type="checkbox"/>	EXPIRED <input type="checkbox"/>	RESTRICTED <input type="checkbox"/>	SUSPENDED <input type="checkbox"/>	REVOKED <input type="checkbox"/>	DENIED <input type="checkbox"/>	UNLICENSED <input type="checkbox"/>	UNKNOWN <input type="checkbox"/>	STATE <input type="checkbox"/>						
CDL	License <input type="checkbox"/>	Permit <input type="checkbox"/>	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	H <input type="checkbox"/>	N <input type="checkbox"/>	X <input type="checkbox"/>	P <input type="checkbox"/>	T <input type="checkbox"/>	CDL restrictions	CY <input type="checkbox"/>	F <input type="checkbox"/>	R <input type="checkbox"/>	Other _____
ENDORSEMENT															

MICHIGAN TEMPORARY DRIVING PERMIT
 This temporary driving permit is valid only if you have a valid Michigan operator's or chauffeur's license. If your license has a CDL and/or endorsement or restrictions, this permit carries you the same CDL and/or endorsements or restrictions. You may not apply for a replacement photo license. This permit is valid until the criminal charges are dismissed or you are acquitted, or your license or permit is suspended, restricted, or revoked for a conviction. [MCL257.625g(3)]

SERVICE OF NOTICE OF SUSPENSION

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Officer's Signature _____ Date (MM/DD/YY) _____

Notice to the officer:
 Complete this form to record implied consent refusals, including most search warrants. (See DI-177)
 Confiscate and destroy arrested person's Michigan driver's license or permit. Do Not confiscate the out of state licenses.
 Input arrest data into LEIN Alcohol File (F Breath Screen)
Note: This LEIN data is a continuation of the written report prescribed and furnished by the Secretary of the State. The encoded information will print at the Secretary of State office and will include the following statement, "The officer had reasonable grounds to believe that the person had committed a crime described in section 625c(1), and that the person had refused to submit to the test upon the request of the peace officer and had been advised of the consequences of the refusal" as required by section 625d.

OFFICER'S REPORT OF REFUSAL TO SUBMIT TO CHEMICAL TEST

PERSON'S FULL NAME (AS APPEARS ON MICHIGAN DRIVER'S LICENSE)				BIRTH DATE (MM/DD/YY)		SEX MALE FEMALE		
ADDRESS (NUMBER & STREET)				MICHIGAN DRIVER'S LICENSE NUMBER				
CITY		STATE		ZIP		OTHER STATE DRIVER'S LICENSE NUMBER		STATE
HEIGHT	WEIGHT	EYE COLOR	HAIR COLOR		<input type="checkbox"/> OPERATOR <input type="checkbox"/> CHAUFFEUR <input type="checkbox"/> MOPED			
ARREST DATE (MM/DD/YY)		MILITARY TIME		REFUSAL DATE (MM/DD/YY)		MILITARY TIME		
COUNTY (OF ARREST)			CITY OR TOWNSHIP (OF ARREST)			CO/CTY/TWP CODE		

*VEHICLE TYPE	Was person YES NO involved in an accident?	INSTRUMENT # REFUSED	BAC #1 N/A	BAC #2 N/A	BAC #3 N/A	UCR CODE	COMPLAINT NUMBER	
ARRESTING OFFICER'S NAME				BADGE NUMBER	ORI NUMBER			
BREATH TEST OPERATOR'S NAME, only if not listed above and necessary for hearing				BADGE NUMBER	ORI NUMBER			
OTHER OFFICER, if necessary for hearing				BADGE NUMBER	ORI NUMBER			

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Michigan Driver's License confiscated?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Michigan Driver's License destroyed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Under 21?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	LICENSED OUT OF STATE						
Driving status on date of arrest	VALID <input type="checkbox"/>	EXPIRED <input type="checkbox"/>	RESTRICTED <input type="checkbox"/>	SUSPENDED <input type="checkbox"/>	REVOKED <input type="checkbox"/>	DENIED <input type="checkbox"/>	UNLICENSED <input type="checkbox"/>	UNKNOWN <input type="checkbox"/>	STATE <input type="checkbox"/>						
CDL	License <input type="checkbox"/>	Permit <input type="checkbox"/>	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	H <input type="checkbox"/>	N <input type="checkbox"/>	X <input type="checkbox"/>	P <input type="checkbox"/>	T <input type="checkbox"/>	CDL restrictions	CY <input type="checkbox"/>	F <input type="checkbox"/>	R <input type="checkbox"/>	Other _____
ENDORSEMENT															

MICHIGAN TEMPORARY DRIVING PERMIT
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SERVICE OF NOTICE OF SUSPENSION

I certify that I hand delivered a copy of the document containing the Notice of Suspension and Appeal Rights to the person named above.

Officer's Signature _____ Date (MM/DD/YY) _____

OFFICER'S INSTRUCTIONS
 Give two white copies to person
 Keep two pink copies

Notice

Destroy all DI-93 forms with revision date before 1/15

Attention

The enclosed DI-93 Officer's Report of Refusal to Submit to Chemical Test forms are to replace the forms currently on hand. **Please destroy all forms dated before 1/15. Only the forms dated 1/15 should be used.**

If you need additional forms, send a written request to Michigan Department of State, Inventory Unit, Richard H. Austin Building, 430 West Allegan Street, Lansing, MI 48918 or Fax (517) 373-1475. You may contact Inventory at (517) 373-2579 if you have questions regarding your order.

Notice

Destroy all DI-93 forms with revision date before 1/15

Attention

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