

STATE OF ALABAMA)

JEFFERSON COUNTY)

**AFFIDAVIT**  
**Passenger Statement**

Before me, the undersigned Notary Public in and for Jefferson County, Alabama, personally appeared \_\_\_\_\_ who being known to me and being first duly sworn, states on oath 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. Jefferson County, Alabama employs me in the \_\_\_\_\_ Department as a \_\_\_\_\_. I am assigned to \_\_\_\_\_ and am required to 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 the 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 \_\_\_\_\_, 20\_\_, at approximately \_\_\_am/pm, I was a passenger in a County vehicle driven and operated by \_\_\_\_\_, which was involved in an automobile accident at or near \_\_\_\_\_. On the occasion of this accident I was not the driver of the vehicle in question. Furthermore, I did not take any illegal drugs or alcohol before the accident. I did not see, smell or touch any illegal drugs or alcohol in the vehicle, which was involved in the accident described herein before or after the accident.

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 of regarding the potential use or abuse of 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

My Commission Expires: \_\_\_\_\_