

WASHINGTON STATE
DUI ARREST REPORT

CASE / CITATION NUMBER

On the date, time and location of this arrest, I had authority to arrest pursuant to my agency's jurisdiction or RCW 10.93

CONSTITUTIONAL RIGHTS

1. YOU HAVE THE RIGHT TO REMAIN SILENT.
2. YOU HAVE THE RIGHT AT THIS TIME TO AN ATTORNEY.
3. ANYTHING YOU SAY CAN AND WILL BE USED AGAINST YOU IN A COURT OF LAW.
4. IF YOU ARE UNDER THE AGE OF 18, ANYTHING YOU SAY CAN BE USED AGAINST YOU IN A JUVENILE COURT PROSECUTION FOR A JUVENILE OFFENSE AND CAN ALSO BE USED AGAINST YOU IN AN ADULT COURT CRIMINAL PROSECUTION IF THE JUVENILE COURT DECIDES THAT YOU ARE TO BE TRIED AS AN ADULT.
5. YOU HAVE THE RIGHT TO TALK TO AN ATTORNEY BEFORE ANSWERING ANY QUESTIONS.
6. YOU HAVE THE RIGHT TO HAVE AN ATTORNEY PRESENT DURING THE QUESTIONING.
7. IF YOU CANNOT AFFORD AN ATTORNEY, ONE WILL BE APPOINTED FOR YOU WITHOUT COST IF YOU SO DESIRE.
8. YOU CAN EXERCISE THESE RIGHTS AT ANY TIME.
9. DO YOU UNDERSTAND THESE RIGHTS?

I HAVE READ OR HAVE HAD READ TO ME THE ABOVE EXPLANATION OF MY CONSTITUTIONAL RIGHTS AND I UNDERSTAND THESE RIGHTS.

SUBJECT'S SIGNATURE _____

I UNDERSTAND MY CONSTITUTIONAL RIGHTS. I HAVE DECIDED NOT TO EXERCISE THESE RIGHTS AT THIS TIME. ANY STATEMENTS MADE BY ME ARE MADE FREELY, VOLUNTARILY, AND WITHOUT THREATS OR PROMISES OF ANY KIND.

OFFICER'S SIGNATURE _____

SUBJECT'S SIGNATURE _____

DATE / TIME

LOCATION(s)

Constitutional rights (Miranda) were read in the field at _____ hours from the department issued rights card.

ATTORNEY REQUESTED	ATTORNEY CONTACTED? TIME:	ATTORNEY'S NAME	ATTORNEY'S PHONE NO.
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNABLE		
EXPLANATION:			

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IMPLIED CONSENT WARNING FOR BREATH

WARNING! YOU ARE UNDER ARREST FOR:
(check appropriate box[es])

- RCW 46.61.502 OR RCW 46.61.504: Driving or being in actual physical control of a motor vehicle while under the influence of intoxicating liquor and/or drugs.
- RCW 46.61.503: Being under 21 years of age and driving or being in actual physical control of a motor vehicle after consuming alcohol or cannabis.
- RCW 46.25.110: Driving a commercial motor vehicle while having alcohol or THC in your system.

FURTHER, YOU ARE NOW BEING ASKED TO SUBMIT TO A TEST OF YOUR BREATH WHICH CONSISTS OF TWO SEPARATE SAMPLES OF YOUR BREATH, TAKEN INDEPENDENTLY, TO DETERMINE ALCOHOL CONCENTRATION.

1. YOU ARE NOW ADVISED THAT YOU HAVE THE RIGHT TO REFUSE THIS BREATH TEST; AND THAT IF YOU REFUSE:
 - (A) YOUR DRIVER'S LICENSE, PERMIT, OR PRIVILEGE TO DRIVE WILL BE REVOKED OR DENIED BY THE DEPARTMENT OF LICENSING FOR AT LEAST ONE YEAR; AND
 - (B) YOUR REFUSAL TO SUBMIT TO THIS TEST MAY BE USED IN A CRIMINAL TRIAL.
2. YOU ARE FURTHER ADVISED THAT IF YOU SUBMIT TO THIS BREATH TEST, AND THE TEST IS ADMINISTERED, YOUR DRIVER'S LICENSE, PERMIT, OR PRIVILEGE TO DRIVE WILL BE SUSPENDED, REVOKED, OR DENIED BY THE DEPARTMENT OF LICENSING FOR AT LEAST NINETY DAYS IF YOU ARE:
 - (A) AGE TWENTY-ONE OR OVER AND THE TEST INDICATES THE ALCOHOL CONCENTRATION OF YOUR BREATH IS 0.08 OR MORE, OR YOU ARE IN VIOLATION OF RCW 46.61.502, DRIVING UNDER THE INFLUENCE, OR RCW 46.61.504, PHYSICAL CONTROL OF A VEHICLE UNDER THE INFLUENCE; OR
 - (B) UNDER AGE TWENTY-ONE AND THE TEST INDICATES THE ALCOHOL CONCENTRATION OF YOUR BREATH IS 0.02 OR MORE, OR YOU ARE IN VIOLATION OF RCW 46.61.502, DRIVING UNDER THE INFLUENCE, OR RCW 46.61.504, PHYSICAL CONTROL OF A VEHICLE UNDER THE INFLUENCE.
3. IF YOUR DRIVER'S LICENSE, PERMIT, OR PRIVILEGE TO DRIVE IS SUSPENDED, REVOKED, OR DENIED, YOU MAY BE ELIGIBLE TO IMMEDIATELY APPLY FOR AN IGNITION INTERLOCK DRIVER'S LICENSE.
4. YOU HAVE THE RIGHT TO ADDITIONAL TESTS ADMINISTERED BY ANY QUALIFIED PERSON OF YOUR OWN CHOOSING.

FOR THOSE NOT DRIVING A COMMERCIAL MOTOR VEHICLE AT THE TIME OF ARREST: IF YOUR DRIVER'S LICENSE IS SUSPENDED OR REVOKED, YOUR COMMERCIAL DRIVER'S LICENSE, IF ANY, WILL BE DISQUALIFIED.

FOR THOSE DRIVING A COMMERCIAL MOTOR VEHICLE AT THE TIME OF ARREST: IF YOU EITHER (A) REFUSE THIS TEST OR (B) SUBMIT TO THIS TEST AND THE TEST INDICATES AN ALCOHOL CONCENTRATION OF 0.04 OR MORE, YOU WILL BE DISQUALIFIED BY THE DEPARTMENT OF LICENSING FROM DRIVING A COMMERCIAL MOTOR VEHICLE.

I HAVE READ THE ABOVE STATEMENT TO THE SUBJECT

I HAVE READ OR HAVE HAD READ TO ME THE ABOVE STATEMENT(S).

OFFICER'S SIGNATURE

SUBJECT'S SIGNATURE

DATE / TIME _____ LOCATION _____

WILL YOU NOW SUBMIT TO A BREATH TEST? YES NO

Did subject express any confusion regarding the implied consent warnings? **If yes, explain below.** YES NO

<input type="checkbox"/> At the time of this test(s), I was certified to operate the DRAEGER ALCOTEST 9510 and possessed a valid permit issued by the State Toxicologist.				
DO YOU HAVE ANY FOREIGN SUBSTANCE IN YOUR MOUTH?	MOUTH CHECKED? TIME?	2 ND MOUTH CHECK? (If Necessary) TIME?	ANY FOREIGN SUBSTANCES FOUND? EXPLAIN:	
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO REMOVED <input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> I observed the subject from the time of the mouth check through the completion of the breath test. <input type="checkbox"/> The subject did not vomit, eat, drink, smoke, or place any foreign substance in his/her mouth during the observation time.				
<input type="checkbox"/> At the time of this test, I possessed a valid permit issued by the State Toxicologist and was certified to operate the PBT. The test was performed in accordance with the State Toxicologist's protocols. (Chapter 448-15 WAC)			PBT READING	PBT TIME
<input type="checkbox"/> BOOKED RELEASED TO: <input type="checkbox"/> PR'D				

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DUI INTERVIEW**

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1. DO YOU HAVE ANY PHYSICAL IMPAIRMENTS? EXPLAIN: <input type="checkbox"/> YES <input type="checkbox"/> NO		13. ANYTHING MECHANICALLY WRONG WITH THE VEHICLE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
2. DO YOU LIMP? <input type="checkbox"/> YES <input type="checkbox"/> NO		14. HAVE YOU BEEN INJURED OR INVOLVED IN ANY COLLISION(S) IN THE PAST 24 HOURS? <input type="checkbox"/> YES <input type="checkbox"/> NO			
3. ARE YOU SICK / INJURED? EXPLAIN: <input type="checkbox"/> YES <input type="checkbox"/> NO		15. HAVE YOU HAD ANY ALCOHOL TO DRINK SINCE BEING STOPPED / THE COLLISION? <input type="checkbox"/> YES <input type="checkbox"/> NO			
4. UNDER CARE OF A DOCTOR OR DENTIST? <input type="checkbox"/> YES <input type="checkbox"/> NO		15A. WHAT?	15B. HOW MUCH?	16. TIME COLLISION OCCURRED?	
5. ARE YOU DIABETIC / EPILEPTIC? <input type="checkbox"/> YES <input type="checkbox"/> NO		17. WHERE WERE YOU GOING BEFORE STOPPED / THE COLLISION?			
6. DO YOU TAKE INSULIN? <input type="checkbox"/> YES <input type="checkbox"/> NO	7. HAVE YOU TAKEN ANY MEDICINES/DRUGS IN THE PAST 24 HOURS? <input type="checkbox"/> YES <input type="checkbox"/> NO		18. WITHOUT LOOKING, WHAT TIME DO YOU THINK IT IS? (ACTUAL TIME)		
7A. PRESCRIPTION? <input type="checkbox"/> YES <input type="checkbox"/> NO		19. WHAT STREET / HIGHWAY WERE YOU ON?		20. DIRECTION OF TRAVEL?	
7B. NON-PRESCRIPTION? <input type="checkbox"/> YES <input type="checkbox"/> NO		21. STARTED FROM?		22. TIME STARTED?	
7C. LAST DOSE?		7D. QUANTITY?		23. DAY OF THE WEEK? <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun	
7E. COCAINE? <input type="checkbox"/> YES <input type="checkbox"/> NO	CANNABIS? <input type="checkbox"/> YES <input type="checkbox"/> NO	OTHER?		24. WHAT CITY / COUNTY ARE YOU IN NOW?	
8. DO YOU HAVE IMPAIRED VISION? <input type="checkbox"/> YES <input type="checkbox"/> NO		8A. DO YOU WEAR CORRECTIVE LENSES? <input type="checkbox"/> YES <input type="checkbox"/> NO		26. HAVE YOU BEEN DRINKING ALCOHOLIC BEVERAGES? <input type="checkbox"/> YES <input type="checkbox"/> NO	
8B. WERE YOU WEARING THEM WHEN YOU WERE STOPPED / BEFORE COLLISION? <input type="checkbox"/> YES <input type="checkbox"/> NO		26B. HOW MUCH?		26A. WHAT HAVE YOU BEEN DRINKING?	
9. WHERE DO YOU WORK?	9A. DID YOU WORK TODAY?	10. TIME YOU GOT OFF WORK?	27. WHO HAVE YOU BEEN DRINKING WITH?		28. WHERE WERE YOU DRINKING?
11. HOURS OF SLEEP LAST NIGHT?	12. WERE YOU DRIVING THE VEHICLE? <input type="checkbox"/> YES <input type="checkbox"/> NO		29. TIME OF LAST DRINK?	30. DO YOU BELIEVE YOUR ABILITY TO DRIVE WAS AFFECTED BY YOUR ALCOHOL AND/OR DRUG USAGE?	
31. HAVE YOU EVER BEEN ARRESTED FOR DUI BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, HOW MANY TIMES?					

If drug use indicated, please contact WSP Communications or local DRE after breath test and continue with DUI process.

PRE-ARREST OBSERVATIONS

1. <u>ATTITUDE</u> <input type="checkbox"/> COOPERATIVE <input type="checkbox"/> MOOD SWINGS <input type="checkbox"/> ARGUMENTATIVE <input type="checkbox"/> CRYING <input type="checkbox"/> LAUGHING <input type="checkbox"/> OTHER:	2. <u>COORDINATION</u> <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> FUMBLING FOR DRIVER'S LICENSE <input type="checkbox"/> OTHER:	3. <u>CLOTHES</u> <input type="checkbox"/> ORDERLY <input type="checkbox"/> SOILED - EXPLAIN <input type="checkbox"/> OTHER: EXPLAIN <input type="checkbox"/> SHOES (Describe)	4. <u>EYES</u> <input type="checkbox"/> NORMAL <input type="checkbox"/> WATERY <input type="checkbox"/> DROOPY <input type="checkbox"/> BLOODSHOT <input type="checkbox"/> PUPILS DILATED <input type="checkbox"/> PUPILS CONSTRICTED <input type="checkbox"/> OTHER:	5. <u>FACIAL COLOR</u> <input type="checkbox"/> NORMAL <input type="checkbox"/> FLUSHED <input type="checkbox"/> PALE <input type="checkbox"/> OTHER:	6. <u>ODOR OF INTOXICANTS FROM DRIVER</u> <input type="checkbox"/> NONE <input type="checkbox"/> FAINT <input type="checkbox"/> MEDIUM <input type="checkbox"/> STRONG <input type="checkbox"/> OBVIOUS <input type="checkbox"/> OTHER:	7. <u>SPEECH</u> <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> REPETITIVE <input type="checkbox"/> FAST <input type="checkbox"/> SLURRED <input type="checkbox"/> OTHER:
8. OFFICER'S OPINION (of subject's impairment due to use of alcohol/drugs) <input type="checkbox"/> SLIGHT <input type="checkbox"/> OBVIOUS <input type="checkbox"/> EXTREME		9. SUBJECT'S NATIVE LANGUAGE <input type="checkbox"/> ENGLISH <input type="checkbox"/> OTHER		9A. SUBJECT APPEARED TO UNDERSTAND INSTRUCTIONS <input type="checkbox"/> YES <input type="checkbox"/> NO		
9B. INTERPRETER REQUESTED? EXPLAIN BELOW: <input type="checkbox"/> YES <input type="checkbox"/> NO TIME:			INTERPRETER PROVIDED			
10. PASSENGER(S) INFORMATION						

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SOBRIETY TESTS

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<p>SURFACE</p> <input type="checkbox"/> PAVED <input type="checkbox"/> GRAVEL <input type="checkbox"/> DIRT <input type="checkbox"/> GRASS <input type="checkbox"/> OTHER	<p>GRADE</p> <input type="checkbox"/> LEVEL <input type="checkbox"/> SLIGHT GRADE <input type="checkbox"/> MODERATE GRADE <input type="checkbox"/> OTHER	<p>LIGHTING</p> <input type="checkbox"/> DAYLIGHT <input type="checkbox"/> DARK <input type="checkbox"/> STREET LIGHT <input type="checkbox"/> OTHER
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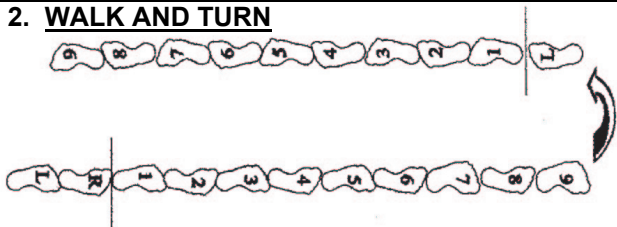
1. HORIZONTAL GAZE NYSTAGMUS (HGN)

I have been trained in the administration of HGN testing and performed the test in accordance with this training.

<p>EQUAL TRACKING <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>EQUAL PUPILS <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If Resting Nystagmus is present, please explain.</p>	<p>L R</p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p>	<p>Lack of smooth pursuit VERTICAL NYSTAGMUS <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Distinct and sustained nystagmus at max deviation</p> <p>Angle of onset prior to 45 degrees</p>
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COMMENTS:

2. WALK AND TURN



Cannot keep balance Starts too soon

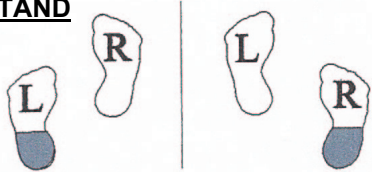
	1 st Nine Steps	2 nd Nine Steps
Stops Walking		
Miss Heel – Toe		
Steps off line		
Raises arms		
Actual # steps		

DESCRIBE TURN

CANNOT DO TEST (EXPLAIN)

COMMENTS:

3. ONE LEG STAND



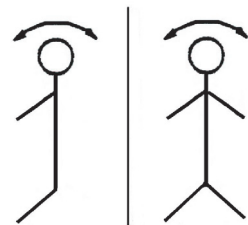
	L	R	
			Sways while balancing
			Uses arms for balance
			Hopping
			Puts foot down

COMMENTS:

SUPPLEMENTAL TESTS

ABC'S A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

BALANCE

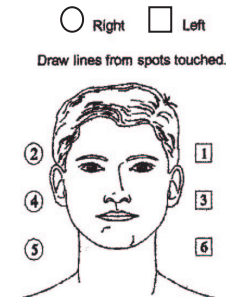


NOTES

FINGER DEXTERITY

NOTES

FINGER TO NOSE



WASHINGTON STATE
**DUI ARREST REPORT
NARRATIVE**

CASE / CITATION NUMBER

Vehicle in Motion (Initial Observation, Observation of Stop):

Personal Contact (Observation of driver, statements, pre-exit, sobriety tests, observation of the exit, odors, general observations such as speech, attitude, clothing, etc.)

Pre-Arrest Screening (Field Sobriety Tests):

Administrative Process (BAC and Disposition):

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

OFFICER'S SIGNATURE

BADGE NUMBER

PRINTED NAME OF OFFICER

LAW ENFORCEMENT AGENCY

PLACE SIGNED (city / county / state)

DATE SIGNED

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BLOOD DRAWN PURSUANT TO SEARCH WARRANT OR EXIGENT CIRCUMSTANCES

NOTE: READ THIS FORM WHEN THERE ARE EXIGENT CIRCUMSTANCES OR WHEN A SEARCH WARRANT AUTHORIZES THE BLOOD DRAW.

WARNING! YOU ARE UNDER ARREST FOR:

- RCW 46.61.502 OR RCW 46.61.504: DRIVING OR BEING IN ACTUAL PHYSICAL CONTROL OF A MOTOR VEHICLE WHILE UNDER THE INFLUENCE OF INTOXICATING LIQUOR AND/OR DRUGS.
- RCW 46.61.502 OR RCW 46.61.504: FELONY DRIVING OR BEING IN ACTUAL PHYSICAL CONTROL OF A MOTOR VEHICLE WHILE UNDER THE INFLUENCE OF INTOXICATING LIQUOR AND/OR DRUGS.
- RCW 46.61.503: BEING UNDER 21 YEARS OF AGE AND DRIVING OR BEING IN ACTUAL PHYSICAL CONTROL OF A MOTOR VEHICLE AFTER CONSUMING ALCOHOL OR CANNABIS.
- RCW 46.25.110: DRIVING A COMMERCIAL MOTOR VEHICLE WHILE HAVING ALCOHOL OR THC IN YOUR SYSTEM.
- RCW 46.61.520: VEHICULAR HOMICIDE
- RCW 46.61.522: VEHICULAR ASSAULT

A TEST OF YOUR BLOOD WILL BE ADMINISTERED TO DETERMINE THE CONCENTRATION OF ALCOHOL AND/OR ANY DRUG IN YOUR BLOOD.

Name of Person who extracted the blood: _____

Title of Person who extracted the blood: _____

Signature of Person who extracted the blood: _____

Date: _____ Time of Blood Draw: _____

Distribution—Original Receipt placed in case file; 1 copy (person from whom the blood was drawn or left with medical staff if person is unavailable); 1 copy (Prosecutor); 1 copy (Officer); 1 copy (person who extracted the blood).

VOLUNTARY BLOOD DRAW CONSENT FORM

I, _____, voluntarily permit officer _____ to obtain a sufficient amount of my blood to test it to determine its alcohol and/or drug content.

I understand that I have the right to refuse to give consent to a voluntary blood draw and that I may require the officer(s) to obtain a search warrant.

I understand that the blood will be extracted by a physician, a registered nurse, a licensed practical nurse, a nursing assistant, a physician assistant, a health care assistant, a first responder, an emergency medical technician, or a technician who is trained in withdrawing blood.

I realize that the blood will be tested to determine blood alcohol level and to detect the presence and/or level of cannabis, or any drug as defined by RCW 46.61.540. I understand that if the test reveals a blood alcohol level and/or the presence and/or level of cannabis, or any drug as defined by RCW 46.61.540, that the blood alcohol level and/or the presence and/or level of cannabis, or any drug, may be used as evidence against me in subsequent legal proceedings.

I understand that I have the right to additional tests administered by a qualified person of my choosing.

If I wish to consult with an attorney before giving consent, reasonable efforts will be made to put me in telephonic contact with a public defender or an attorney of my choice.

My consent has been given knowingly, freely, and voluntarily, without threats of duress against my person or promise of reward.

Officer _____ Date _____ Time _____

Consenter _____ Date _____ Time _____

Name/Title of Person who extracted the blood: _____

Signature of Person who extracted the blood: _____

Date: _____ Time of Blood Draw: _____

Distribution—Original Receipt placed in case file; 1 copy (person from whom the blood was drawn or left with medical staff if person is unavailable); 1 copy (Prosecutor); 1 copy (Officer); 1 copy (person who extracted the blood).

Request for DUI Hearing

This is your notice that the Department of Licensing (DOL) intends to suspend, revoke or deny your license, permit, or privilege to drive. You have the right to request a formal hearing to contest the suspension or revocation of your driving privilege. The hearing will be conducted according to Chapter 308-101 WAC. For issues covered at the hearing refer to RCW 46.20.308.

A non-refundable fee of \$375 must be included with your request, unless you qualify for financial assistance (see Financial Assistance Requests below). **Your request must be postmarked within 7 days of the date of arrest, or within 7 days of the date the notice was given.** If your request is not made within this time frame, you will have waived your right to a hearing.

Send this completed form with a check or money order payable to Department of Licensing to:

Hearings and Interviews
Department of Licensing
PO Box 9048
Olympia, WA 98507-9048

If you have a Washington State driver license and a valid MasterCard, Visa, or American Express credit card, you may apply for a hearing online. Visit our website at dol.wa.gov for more information.

Financial Assistance Requests – If you are applying for financial assistance (defined in RCW 10.101.010) and want the hearing fee waived, use the [Financial Assistance Application](#) available at our website at dol.wa.gov.

All correspondence will be mailed to the address on file with DOL. To update your address, visit us online at dol.wa.gov or go to your local licensing office.

PRINT or TYPE Name (<i>Last, First, Middle</i>)		Date of birth	10-digit phone number	
Email	Driver license number		State	Date of arrest
Attorney name, if applicable (Do not list public defender)				
Attorney address (<i>Address, City, State, ZIP code</i>)				
Attorney 10-digit phone number	Attorney 10-digit fax number	Attorney email		

If parties or witnesses are non-English speaking or hearing impaired, a qualified interpreter will be appointed at no cost to you. Complete the following information if you need an interpreter. **Please provide your email address above for us to send a meeting invite for your hearing.**

Request for interpreter <input type="checkbox"/> I need an interpreter <input type="checkbox"/> I am hearing impaired	Primary language	Dialect
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Any valid license in your possession is only valid for 30 days from the date of this arrest, the expiration date noted on the license, or until the Department's action is upheld at a hearing, whichever occurs first.

We suggest you check the status of your driving privilege before you drive. Find out more at dol.wa.gov or by calling Customer Service at (360) 902-3900.

Authority: RCW 46.20.308