

WASHINGTON STATE  
**DUI ARREST REPORT**  
**REPORT OF BREATH / BLOOD TEST FOR ALCOHOL OR**  
**REFUSAL TO SUBMIT TO BREATH / BLOOD TEST FOR ALCOHOL AND DRUGS**

SUBJECT'S NAME (LAST, FIRST, MI)		SEX <input type="checkbox"/> M <input type="checkbox"/> F	DATE OF BIRTH	DATE / TIME OF ARREST
STREET ADDRESS		CITY / STATE / ZIP CODE		
DRIVER'S LICENSE NUMBER	CDL ENDORSED? (CHECK IF YES) <input type="checkbox"/>	STATE	COUNTY OF ARREST	CASE / CITATION NUMBER

**Type of Test:**  Breath  Blood **Note: Sign and date this page only after toxicology report is received.**

**BAC Readings:** 1<sup>st</sup> Sample \_\_\_\_\_ 2<sup>nd</sup> Sample \_\_\_\_\_ **Refused Test** \_\_\_\_\_

The subject was lawfully arrested. At that time, there were reasonable grounds to believe that the arrested person had been driving or was in actual physical control of a motor vehicle within this state while under the influence of intoxicating liquor or drugs, or both, or was under the age of twenty-one years and had been driving or was in actual physical control of a motor vehicle while having an alcohol concentration in violation of RCW 46.61.503.

After receipt of the warnings required by subsection (2) of RCW 46.20.308, a test was administered and the results indicated that the alcohol concentration of the person's breath or blood was 0.08 or more if the person is age twenty-one or over, or was in violation of RCW 46.61.502, 46.61.503, or 46.61.504 if the person is under the age of twenty-one. OR

After receipt of the warnings required by subsection (2) of RCW 46.20.308, the person refused to submit to a test of his/her blood or breath.

Driver's Hearing Request Information was given to the subject.  Valid Washington driver's license/permit punched.

**Notice of Right to Hearing:** I have been given written notice of my right to a hearing including the steps required to obtain a hearing, and understand that the notice of suspension, revocation, or denial of license will be mailed to the address furnished on the above portion of this document. I acknowledge that the address indicated is my current address.

\_\_\_\_\_  
SIGNATURE OF DRIVER DATE

**Complete this box ONLY if the arrested person was driving a commercial motor vehicle as defined in Chapter 46.25 RCW at the time of the incident.**

Operating a Vehicle Requiring a Commercial Driver's License **BAC Readings** 1<sup>st</sup> Reading \_\_\_\_\_ 2<sup>nd</sup> Reading \_\_\_\_\_ **Refused Test** \_\_\_\_\_

There was probable cause to believe that the arrested person was driving or was in actual physical control of a vehicle requiring a commercial driver's license within this state while having alcohol/drugs in his/her system and that a test of his/her breath and/or blood disclosed an alcohol concentration of 0.04 or more. *Chapter 46.25 RCW OR*

There was probable cause to believe that the arrested person was driving or was in actual physical control of a vehicle requiring a commercial driver's license within this state while having alcohol/drugs in his/her system. The arrested person was requested to take a breath/blood test and informed of the consequences of refusal and his/her rights under Chapter 46.25 RCW. The arrested person then refused to submit to the requested test.

VEH YEAR	MAKE	MODEL	LICENSE PLATE NUMBER	STATE	HAZARDOUS MATERIAL? <input type="checkbox"/> YES <input type="checkbox"/> NO
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**I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing and the accompanying reports/copies of documents and the information contained therein are true, correct, and accurate. (RCW 9A.72.085.)**

LAW ENFORCEMENT AGENCY	ORI NO. (9 digits)	OFFICER'S SIGNATURE	DATE SIGNED
MAILING ADDRESS		PRINTED NAME OF OFFICER	BADGE NUMBER
CITY	STATE	ZIP	PLACE SIGNED (city / county / state)
OFFICER'S E-MAIL ADDRESS		CONTACT PHONE NUMBER FOR HEARING (include area code)	

OFFICERS: Fax or mail completed report, breath test document, and supplemental reports to:

**Department of Licensing  
 Driver Responsibility  
 PO Box 9030  
 Olympia, WA 98507-9030  
 Fax: (360) 570-7026**

**Number of pages faxed** \_\_\_\_\_

**USE THIS PAGE AS COVER SHEET**

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

WASHINGTON STATE  
**DUI ARREST REPORT**

CASE / CITATION NUMBER

**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.
- RCW 46.25.110: Driving a commercial motor vehicle while having alcohol 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 BAC DATAMASTER, the BAC DATAMASTER CDM, and PBT and possessed a valid permit issued by the State Toxicologist.				
DO YOU HAVE ANY FOREIGN SUBSTANCE IN YOUR MOUTH?	MOUTH CHECKED? TIME?	2 <sup>ND</sup> 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"/> I performed the PBT test 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				

**WASHINGTON STATE  
DUI ARREST REPORT  
DUI INTERVIEW**

CASE / CITATION NUMBER

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?
5. ARE YOU DIABETIC / EPILEPTIC? <input type="checkbox"/> YES <input type="checkbox"/> NO		16. TIME COLLISION OCCURRED?	
6. DO YOU TAKE INSULIN? <input type="checkbox"/> YES <input type="checkbox"/> NO		17. WHERE WERE YOU GOING BEFORE STOPPED / THE COLLISION?	
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?	
7B. NON-PRESCRIPTION? <input type="checkbox"/> YES <input type="checkbox"/> NO		20. DIRECTION OF TRAVEL?	
7C. LAST DOSE?		21. STARTED FROM?	
7D. QUANTITY?		22. TIME STARTED?	
7E. COCAINE? <input type="checkbox"/> YES <input type="checkbox"/> NO		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	
MARIJUANA? <input type="checkbox"/> YES <input type="checkbox"/> NO		24. WHAT CITY / COUNTY ARE YOU IN NOW?	
OTHER? <input type="checkbox"/> YES <input type="checkbox"/> NO		25. WHAT IS THE DATE?	
8. DO YOU HAVE IMPAIRED VISION? <input type="checkbox"/> YES <input type="checkbox"/> NO		26. HAVE YOU BEEN DRINKING ALCOHOLIC BEVERAGES? <input type="checkbox"/> YES <input type="checkbox"/> NO	
8A. DO YOU WEAR CORRECTIVE LENSES? <input type="checkbox"/> YES <input type="checkbox"/> NO		26A. WHAT HAVE YOU BEEN DRINKING?	
8B. WERE YOU WEARING THEM WHEN YOU WERE STOPPED / BEFORE COLLISION? <input type="checkbox"/> YES <input type="checkbox"/> NO		26B. HOW MUCH?	
9. WHERE DO YOU WORK?		26C. WHEN DID YOU START?	
9A. DID YOU WORK TODAY?		27. WHO HAVE YOU BEEN DRINKING WITH?	
10. TIME YOU GOT OFF WORK?		28. WHERE WERE YOU DRINKING?	
11. HOURS OF SLEEP LAST NIGHT?		29. TIME OF LAST DRINK?	
12. WERE YOU DRIVING THE VEHICLE? <input type="checkbox"/> YES <input type="checkbox"/> NO		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. ATTITUDE <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. COORDINATION <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. CLOTHES <input type="checkbox"/> ORDERLY <input type="checkbox"/> SOILED - EXPLAIN <input type="checkbox"/> OTHER: EXPLAIN <input type="checkbox"/> SHOES (Describe)		4. EYES <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. FACIAL COLOR <input type="checkbox"/> NORMAL <input type="checkbox"/> FLUSHED <input type="checkbox"/> PALE <input type="checkbox"/> OTHER:		6. ODOR OF INTOXICANTS ON BREATH <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. SPEECH <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													

**WASHINGTON STATE  
DUI ARREST REPORT  
SOBRIETY TESTS**

CASE / CITATION NUMBER

<p align="center"><b>SURFACE</b></p> <input type="checkbox"/> PAVED <input type="checkbox"/> GRAVEL <input type="checkbox"/> DIRT <input type="checkbox"/> GRASS <input type="checkbox"/> OTHER	<p align="center"><b>GRADE</b></p> <input type="checkbox"/> LEVEL <input type="checkbox"/> SLIGHT GRADE <input type="checkbox"/> MODERATE GRADE <input type="checkbox"/> OTHER	<p align="center"><b>LIGHTING</b></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><b>EQUAL TRACKING</b>    <input type="checkbox"/> YES    <input type="checkbox"/> NO</p> <p><b>EQUAL PUPILS</b>    <input type="checkbox"/> YES    <input type="checkbox"/> NO</p> <p><b>RESTING NYSTAGMUS</b>    <input type="checkbox"/> YES    <input type="checkbox"/> NO</p>	<p align="center">L    R</p> <p><input type="checkbox"/>    <input type="checkbox"/> Lack of smooth pursuit</p> <p><input type="checkbox"/>    <input type="checkbox"/> Distinct and sustained nystagmus at max deviation</p> <p><input type="checkbox"/>    <input type="checkbox"/> Angle of onset prior to 45 degrees</p>	<p><b>VERTICAL NYSTAGMUS</b>    <input type="checkbox"/> YES    <input type="checkbox"/> NO</p>
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COMMENTS:

**2. WALK AND TURN**

	<p><input type="checkbox"/> Cannot keep balance</p> <p><input type="checkbox"/> Starts too soon</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>1<sup>st</sup> Nine Steps</th> <th>2<sup>nd</sup> Nine Steps</th> </tr> </thead> <tbody> <tr> <td>Stops Walking</td> <td></td> <td></td> </tr> <tr> <td>Miss Heel – Toe</td> <td></td> <td></td> </tr> <tr> <td>Steps off line</td> <td></td> <td></td> </tr> <tr> <td>Raises arms</td> <td></td> <td></td> </tr> <tr> <td>Actual # steps</td> <td></td> <td></td> </tr> </tbody> </table>		1 <sup>st</sup> Nine Steps	2 <sup>nd</sup> Nine Steps	Stops Walking			Miss Heel – Toe			Steps off line			Raises arms			Actual # steps		
	1 <sup>st</sup> Nine Steps	2 <sup>nd</sup> 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**

	<p align="center">L    R</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tbody> <tr> <td><input type="checkbox"/></td> <td>Sways while balancing</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Uses arms for balance</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Hopping</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Puts foot down</td> </tr> </tbody> </table>	<input type="checkbox"/>	Sways while balancing	<input type="checkbox"/>	Uses arms for balance	<input type="checkbox"/>	Hopping	<input type="checkbox"/>	Puts foot down
<input type="checkbox"/>	Sways while balancing									
<input type="checkbox"/>	Uses arms for balance									
<input type="checkbox"/>	Hopping									
<input type="checkbox"/>	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**

Right     Left  
 Draw lines from spots touched.



WASHINGTON STATE  
**DUI ARREST REPORT**

CASE / CITATION NUMBER

**SPECIAL EVIDENCE WARNING**

**WARNING! YOU ARE UNDER ARREST FOR:**

- VEHICULAR HOMICIDE     UNCONSCIOUS (DUI/PHYSICAL-CONTROL/MINOR-DRIVER)  
 VEHICULAR ASSAULT     DUI ARREST RESULTING FROM AN ACCIDENT WITH SERIOUS BODILY INJURY TO ANOTHER

A TEST OF YOUR BLOOD OR BREATH WILL BE ADMINISTERED TO DETERMINE THE CONCENTRATION OF ALCOHOL AND/OR ANY DRUG IN YOUR BLOOD; HOWEVER, I MUST ADVISE YOU THAT BECAUSE OF THE NATURE OF THE ARREST, ACCORDING TO THE LAW, A BLOOD OR BREATH TEST MAY BE ADMINISTERED WITHOUT YOUR CONSENT, AND THAT YOU HAVE THE RIGHT TO ADDITIONAL TESTS ADMINISTERED BY A QUALIFIED PERSON OF YOUR OWN CHOOSING.

I HAVE READ THE ABOVE STATEMENT TO THE SUBJECT

I HAVE READ OR HAVE HAD READ TO ME THE ABOVE STATEMENT

\_\_\_\_\_  
 OFFICER'S SIGNATURE

\_\_\_\_\_  
 SUBJECT'S SIGNATURE

\_\_\_\_\_  
 DATE / TIME

\_\_\_\_\_  
 LOCATION(S)

**IMPLIED CONSENT WARNING FOR BLOOD**

**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 46.61.503: Being under 21 years of age and driving or being in actual physical control of a motor vehicle after consuming alcohol.  
 RCW 46.25.110: Driving a commercial motor vehicle while having alcohol in your system.

FURTHER, YOU ARE NOW BEING ASKED TO SUBMIT TO A TEST OF YOUR BLOOD TO DETERMINE ALCOHOL CONCENTRATION OR THE PRESENCE OF ANY DRUG WHERE:

- (A) YOU ARE INCAPABLE DUE TO PHYSICAL INJURY, PHYSICAL INCAPACITY, OR OTHER PHYSICAL LIMITATION, OF PROVIDING A BREATH SAMPLE; OR  
 (B) YOU ARE BEING TREATED IN A HOSPITAL, CLINIC, DOCTOR'S OFFICE, EMERGENCY MEDICAL VEHICLE, AMBULANCE, OR OTHER SIMILAR FACILITY; OR  
 (C) THE OFFICER HAS REASONABLE GROUNDS TO BELIEVE THAT YOU ARE UNDER THE INFLUENCE OF ANY DRUG.

A BLOOD TEST SHALL BE ADMINISTERED BY A QUALIFIED PERSON AUTHORIZED BY RCW 46.61.506(5).

- YOU ARE NOW ADVISED THAT YOU HAVE THE RIGHT TO REFUSE THIS BLOOD TEST; AND THAT IF YOU REFUSE:
  - 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
  - YOUR REFUSAL TO SUBMIT TO THIS TEST MAY BE USED IN A CRIMINAL TRIAL.
- YOU ARE FURTHER ADVISED THAT IF YOU SUBMIT TO THIS BLOOD 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:
  - AGE TWENTY-ONE OR OVER AND THE TEST INDICATES THE ALCOHOL CONCENTRATION OF YOUR BLOOD 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
  - UNDER AGE TWENTY-ONE AND THE TEST INDICATES THE ALCOHOL CONCENTRATION OF YOUR BLOOD 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.
- 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.
- 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(S)

WILL YOU NOW SUBMIT TO A BLOOD TEST?     YES     NO     I observed blood drawn into gray top vial.

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

DATE / TIME SAMPLES TAKEN	CHEMICAL USED TO STERILIZE AREA	HOW DELIVERED? <input type="checkbox"/> HAND CARRIED <input type="checkbox"/> REGISTERED MAIL <input type="checkbox"/> OTHER:	
SAMPLE(S) TAKEN BY (PHYSICIAN, RN, QUALIFIED TECHNICIAN) (Please print legibly)		ADDRESS OF PERSON TAKING SAMPLE(S)	PHONE # OF PERSON TAKING SAMPLE(S)
GIVEN TO (OFFICER)	SAMPLES LABELED BY	DELIVERED FOR ANALYSIS BY	DELIVERED FOR ANALYSIS TO

**VOLUNTARY BLOOD / URINE / BREATH**

I VOLUNTARILY PERMIT \_\_\_\_\_ TO OBTAIN A SUFFICIENT AMOUNT OF MY BLOOD AND/OR URINE AND/OR BREATH TO TEST IT TO DETERMINE ITS ALCOHOL/DRUG CONTENT. THE PROCEDURES NECESSARY TO TAKE A SAMPLE OF MY BLOOD AND/OR URINE AND/OR BREATH HAVE BEEN EXPLAINED TO ME.

OFFICER'S SIGNATURE \_\_\_\_\_ SUBJECT'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_ TIME \_\_\_\_\_ LOCATION \_\_\_\_\_

# Driver's Hearing Request

CASE / CITATION NUMBER
------------------------

Pursuant to RCW 46.20.308, this serves as your notice of the Department of Licensing's intent to suspend, revoke or deny your license, permit, or privilege to drive. The hearing will be conducted according to Chapter 308-103 WAC.

You have the right to request a formal hearing to contest the suspension, revocation or denial. Your request must be made within 20 days after receipt of this notice, and may be made either online or in writing. A fee of \$200 must be paid as part of the hearing request unless you are determined to be indigent as defined in RCW 10.101.010. If your request is not made within 20 days from receipt of this notice, or the \$200 fee or Hearing Fee Waiver Application is not included, you will be deemed to have waived your right to a hearing. You also waive your right to a hearing if you receive an Ignition Interlock Driver License.

**ONLINE REQUEST** – If you have a Washington driver license and a valid MasterCard, Visa, or American Express credit card, you may be able to apply for a hearing online. For more information about hearings, including the online hearing application, please visit the DOL website at [dol.wa.gov](http://dol.wa.gov)

**WRITTEN REQUEST** – You may choose to request a hearing in writing. The request must be postmarked within 20 days after receipt of this notice. When completed, mail request form and \$200 fee to:  
Hearings and Interviews, Department of Licensing, PO Box 9048, Olympia, WA 98507-9048

**INDIGENCY** – If applying for waiver of fee due to indigence, mail request form and fee waiver application (next page) to:  
Hearings and Interviews, Department of Licensing, PO Box 9031, Olympia, WA 98507-9031

Issues at a hearing are:

1. Whether you were under lawful arrest.
2. Whether an officer had reasonable grounds to believe you had been driving or was in actual physical control of a motor vehicle within this state while under the influence of intoxicating liquor or any drug, or whether an officer had reasonable grounds to believe you had been driving or was in actual physical control of a motor vehicle within this state while having alcohol in your system of 0.02 or more and were under the age of twenty-one.
3. Whether you were advised of your rights and warnings as required by RCW 46.20.308(2).
4. Whether you refused to submit to the test, or if the test was administered, whether the test indicated an alcohol concentration of 0.08 or more if you were age twenty-one or over, or 0.02 or more if you were under twenty-one.

Attorney's name (If any)--Do not list public defender		
Attorney's address		
City	State	Zip code + 4
Attorney's telephone number (Include area code)		
Attorney's FAX number (Include area code)		
Attorney's email address		
Arresting agency		

<b>PRINT OR TYPE</b> Your name (Last, First, Middle Initial)		
Your mailing address		
Your city	State	Zip code + 4
Your daytime telephone number (Include area code)		
Your FAX Number (Include area code)		
Date of birth	Date & time of arrest	County of arrest
Driver license number		State
Your signature <b>X</b>		

**YOU ARE HEREBY ADVISED** that if parties or witnesses are hearing or speech impaired and/or non-English speaking, a qualified interpreter will be appointed at no cost to you. Complete the following information if you need an interpreter.

Request for interpreter <input type="checkbox"/> I need an interpreter <input type="checkbox"/> I am Hearing Impaired	Primary language	Dialect
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----- **DETACH & CARRY WITH YOUR MARKED LICENSE** -----

Any license in your possession, as marked by the arresting officer, is only valid for 60 days from the date of arrest or until the Department's action is upheld at a hearing, whichever occurs first. Any marked license is not valid to any greater degree than the license or permit it replaces.

Date of Arrest:	
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## Hearing Fee Waiver Application

If you have been charged with a crime arising out of your arrest for DUI, and have been denied a court-appointed attorney because you are not indigent, you are not eligible for waiver of the hearing fee. In such case, a check for \$200 must accompany your hearing request. If you have not been denied court-appointed counsel for this reason, mail this completed application to Hearings and Interviews, Department of Licensing, PO Box 9031, Olympia, WA 98507-9031. Applications for hearings must be made within 20 days of the date you received the notice of your right to a hearing.

Name ( <i>Last, First, Middle Initial</i> )	Driver license number	Date of arrest
Mailing address		
City	State	Zip code + 4
Daytime telephone ( <i>Include area code</i> )		

Check any statement below that is true:

The court has appointed a public defender to represent me on the charge arising out of the arrest for which I am requesting a Department of Licensing administrative hearing. *A copy of court appointment is attached.*

I am currently involuntarily committed to a public mental health facility. *Order is attached.*

I am receiving:

<input type="checkbox"/> temporary assistance for needy families	<input type="checkbox"/> refugee resettlement benefits
<input type="checkbox"/> general assistance	<input type="checkbox"/> medicaid
<input type="checkbox"/> poverty-related veteran's benefits	<input type="checkbox"/> supplemental security income
<input type="checkbox"/> food stamps	

*Documentation of the receipt of benefits is attached.*

**If any of the above statements are true, complete the Affidavit below and submit with your hearing request. If none of the above are true, continue and complete the following:**

Eligibility information

Total number of persons in your household (*include self*) \_\_\_\_\_

If under age 21, does applicant live with parents?  Yes  No  
*If "Yes," state name of parent(s) with whom juvenile resides and answer questions below for parent(s).*  
 \_\_\_\_\_

**Monthly Income**

Self and spouse's monthly take-home pay \$ \_\_\_\_\_

Contribution for any family member or other person with whom applicant lives, and who is helping to defray applicant's basic living costs \$ \_\_\_\_\_

Interest, dividends, or other income (*specify*) \$ \_\_\_\_\_

Pensions, annuities, social security and/or public assistance (*specify*) \$ \_\_\_\_\_

**Monthly Expenses**

Basic living costs (*average monthly amount spent by applicant for shelter, food, utilities, health care, transportation, clothing, loan payments, support payments and court-imposed obligations*) \$ \_\_\_\_\_

Other unusual expenses, including bail obligations (*specify*) \$ \_\_\_\_\_

**Liquid Assets**

Cash, savings, bank accounts, including joint accounts \$ \_\_\_\_\_

Stocks, bonds, certificates of deposit \$ \_\_\_\_\_

Equity in real estate \$ \_\_\_\_\_

Equity in motor vehicle necessary to maintain employment \$ \_\_\_\_\_

Equity in additional motor vehicles \$ \_\_\_\_\_

**AFFIDAVIT:** *I declare under penalty of perjury under the laws of the State of Washington, that the information provided on this application is true and correct and that I have not been denied a court-appointed attorney for financial reasons. I authorize the Department of Licensing to verify all information provided here, which may include a credit report.*

**X** \_\_\_\_\_ Date signed \_\_\_\_\_ Place signed \_\_\_\_\_

Signature

*The Department of Licensing has a policy of providing equal access to its services. If you need special accommodation, call (360) 902-3900 or TTY (360) 664-0116.*  
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FOR DEPARTMENT USE ONLY	
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied By _____