

WASHINGTON STATE
DUI ARREST REPORT

CASE / CITATION NUMBER

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 MARIJUANA.
- ☐ 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 marijuana, 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 marijuana, or any drug as defined by RCW 46.61.540, that the blood alcohol level and/or the presence and/or level of marijuana, 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).