Appendix – WSP Form Samples

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2	Washington State Drug Influence Evaluation
3	Search Warrant
4	Arresting Agency Affidavit – Relevant to Probable Cause of Arrest
6	DUI Arrest Report
7	Report of Investigation – Additional Persons and/or Vehicles
8	Request for Laboratory Examination
9	DUI Arrest Report • Report of Breath/Blood test for Alcohol and/or THC or Refusal to Submit to Breath Test For Alcohol. • Constitutional Rights • Implied Conse4nt Warning for Breath • DUI Interview • Sobriety Test • Narrative • Blood Drawn Pursuant to Search Warrant or Exigent Circumstances • Voluntary Blood Draw Consent Form • Request for DUI Hearing
10	Property Evidence Report
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FORM 1

WASHINGTON STATE DEPARTMENT OF LICENSING

Recommendation for Driver Reexamination

This recommendation must provide specific information regarding medical/visual conditions and/or driving abilities of the person in question and must be made in the interest of public safety only. Age is not a consideration. Based on the information provided we will investigate and take action as necessary. Insufficient information may result in no action being taken. Due to confidentiality, we are unable to divulge the outcome of this recommendation to you.
Information on this form shall be provided to the driver or his/her attorney upon request.

Based upon my personal observation and knowledge, I recommend the following driver's qualifications be reviewed.

Name of driver *(First, Middle, Last)*			Birth date
Residence address			(Area code) Telephone number
City	State WA	ZIP code	Driver license number
Detailed statement			
Name of person reporting			
Address			(Area code) Telephone number
City	State WA	ZIP code	Relationship to driver

I certify (declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Date and place signed _____

X _____
Signature

Law Enforcement Only — Complete this section IN ADDITION TO top portion	
Law enforcement agency	Badge number
This information is based on ☐ Citation/Traffic Violation Stop ☐ Accident Investigation with Serious Injury ☐ Accident Investigation with Fatality ☐ Court Appearance ☐ Other _____	
Please explain	

Attach any additional information or documents. Additional witnesses must complete separate forms.
Return this form to: Driver Services, Department of Licensing, PO Box 9030, Olympia, WA 98507-9030

The Department of Licensing has a policy of providing equal access to its services. If you need special accommodation, please call (360) 902-3900 or TTY (360) 664-0116.

FORM 2

WASHINGTON STATE DRUG INFLUENCE EVALUATION

Case #

Rolling Log # - -

Type of Evaluation: ☐ Traffic ☐ Other _____

☐ Field Certification ☐ Mock Evaluation ☐ Recertification ☐ Instructor Observed

ADMINISTRATIVE DETAILS

DRE Name DRE Number	DRE Agency	Arrest Date Arrest Time	Time DRE Notified	Time Evaluation Started

Witness/Scribe	Witness/Scribe is: ☐ DRE ☐ DRE Instructor	County of Arrest

Miranda Warnings Given By	Time of Miranda	Location of Evaluation	Collision: ☐ N/A ☐ Injury ☐ Fatality ☐ Property

SUBJECT INFORMATION AND QUESTIONS

Subject's Name (Last, First, MI)	DOB Sex ☐ M ☐ F	Race	Driver's License Number and State

What time is it?	What is the date?	What have you eaten today and when?	What have you had to drink today and when?
When did you last sleep? For how long?		Are you sick or injured?	Diabetic ☐ Yes ☐ No If Yes, do you take Insulin? ☐ Yes ☐ No Epileptic ☐ Yes ☐ No
Do you have any physical impairment?		Are you under the care of a doctor or dentist? ☐ Yes ☐ No If yes, name:	What medications or drugs are you taking?

1. BREATH TEST

Breath Test Results **Instrument Number** **Time** ☐ BAC ☐ PBT

2. INTERVIEW OF ARRESTING OFFICER

Name **Agency** ☐ *Arresting Officer is A.R.I.D.E. trained*

3. PRELIMINARY EXAMINATION

First Pulse **(beats per minute) at** **hours.** *(Transfer to section 6)*

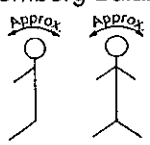
Attitude	Coordination	Speech	Breath	Facial Color

Corrective Lenses	Blindness	Eyes	Eyelids	Pupil Size	Able to follow the stimulus?	Equal Tracking?
☐ Hard Contacts ☐ Soft Contacts ☐ Glasses ☐ None	☐ None ☐ Left ☐ Right	☐ Near Normal ☐ Bloodshot ☐ Watery	☐ Normal ☐ Droopy	☐ Equal ☐ Unequal	☐ Yes ☐ No	☐ Yes ☐ No

4. EYE EXAMINATIONS

HGN	Left	Right	Vertical Gaze Nystagmus	Notes and Observations
Lack of Smooth Pursuit	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
Distinct & Sustained Nystagmus at Maximum Deviation	☐ Yes ☐ No	☐ Yes ☐ No	**Lack of Convergence** ☐ Yes ☐ No Right Left	
Angle of Onset Prior to 45 degrees	°	°		

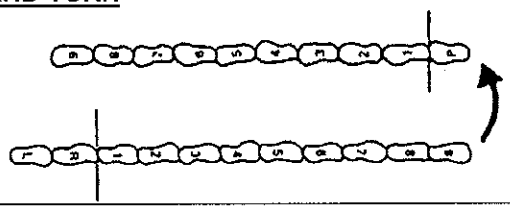
5. DIVIDED ATTENTION TESTS

Romberg Balance	Eyelid Tremors ☐ Yes ☐ No	How many seconds?	Notes and Observations
	seconds estimated as 30 seconds.	How did you estimate the time?	

Case #

Rolling Log # - -

WALK AND TURN



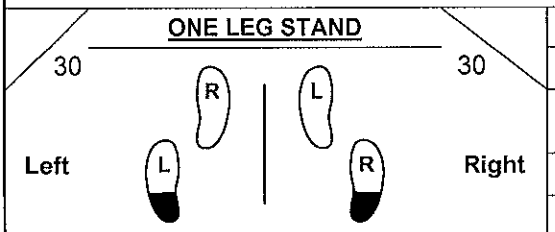
Describe Turn

Notes and Observations

Cannot Do Test: ☐

Type of Footwear		
Can't Keep Balance	☐	
Starts Too Soon	☐	
	Up	Back
Stops Walking	☐	☐
Misses Heel to Toe	☐	☐
Steps Off Line	☐	☐
Raises Arms	☐	☐
Actual Steps Taken		

ONE LEG STAND



Left		Right
☐	Sways	☐
☐	Uses Arms to Balance	☐
☐	Hops	☐
☐	Put Foot Down	☐

Notes and Observations

FINGER TO NOSE

☐ Eyelid Tremors ☐ Muscle Tremors ☐ Swaying ☐ Brought Head Forward

1. Left	2. Right	3. Left	4. Right	5. Right	6. Left
☐ Pad ☐ Tip	☐ Pad ☐ Tip	☐ Pad ☐ Tip	☐ Pad ☐ Tip	☐ Pad ☐ Tip	☐ Pad ☐ Tip

Notes and Observations

6. VITAL SIGNS AND 2nd PULSE

3 PULSES	Pulse	Time		Blood Pressure
First			Taken from Step 3	/ mmHg
Second				Body Temperature
Third			Taken from Step 9	° F

Notes and Observations

7. DARK ROOM CHECKS OF PUPIL SIZE AND INGESTION EXAMINATION

PUPIL SIZE	Room Light	Near Total Darkness	Direct Light
Left Eye			
Right Eye			

Rebound Dilation ☐ Yes ☐ No

Pupillary Unrest ☐ Yes ☐ No

Reaction to Light ☐ Normal ☐ Slow ☐ Little/None

Nasal Area

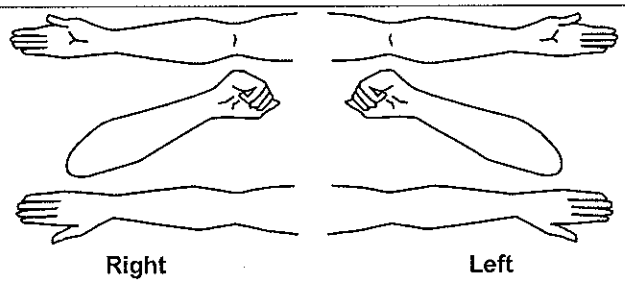
Oral Cavity

8. CHECK FOR MUSCLE TONE

MUSCLE TONE ☐ Near Normal ☐ Flaccid ☐ Rigid

9. CHECK FOR INJECTION SITES AND 3rd PULSE

3rd Pulse at Hours *(transfer to section 6)*



INJECTION SITES

10. INTERROGATION, STATEMENTS, AND OBSERVATIONS

WHAT MEDICATIONS OR DRUGS HAVE YOU BEEN USING?

TYPE OF DRUG?	HOW MUCH/DOSAGE?	TIME OF USE?

Where were these drugs used?

Notes, Statements, and Other Observations

11. OPINION OF EVALUATOR

☐ DEPRESSANT	☐ NARCOTIC ANALGESIC	☐ INHALANT	☐ CANNABIS	☐ NOT IMPAIRED
☐ STIMULANT	☐ DISSOCIATIVE ANESTHETIC	☐ HALLUCINOGEN	☐ ALCOHOL	☐ MED RULE OUT

12. TOXICOLOGICAL EXAM

☐ BLOOD ☐ BLOOD WARRANT OBTAINED ☐ URINE ☐ REFUSED ☐ UNABLE TO OBTAIN ☐ NOT REQUESTED | TIME COMPLETED

EXAMINING DRE	BADGE #	REVIEWED BY DRE INSTRUCTOR (Signature, DRE Number, Date)

Copies to: ☐ Arresting Officer ☐ Court ☐ Originating Agency ☐ Tox. Lab ☐ State Coordinator

FORM 3

STATE OF WASHINGTON
_____ COUNTY _____ COURT

STATE OF WASHINGTON, Plaintiff, v. _____, Defendant.	NO. SEARCH WARRANT FOR EVIDENCE OF A CRIME, TO WIT: ☐ VEHICULAR HOMICIDE, RCW 46.61.520 ☐ VEHICULAR ASSAULT, RCW 46.61.522 ☐ DRIVING WHILE UNDER THE INFLUENCE, RCW 46.61.502 ☐ DRIVER UNDER TWENTY-ONE CONSUMING ALCOHOL OR MARIJUANA, RCW 46.61.503 ☐ PHYSICAL CONTROL OF VEHICLE WHILE UNDER THE INFLUENCE, RCW 46.61.504 ☐ _____

TO ANY PEACE OFFICER IN THE STATE OF WASHINGTON:

WHEREAS, upon the sworn complaint heretofore made and filed and/or the testimonial evidence given in the above-entitled Court and incorporated herein by this reference, it appears to the undersigned Judge of the above-entitled Court that there is probable cause to believe that, evidence of intoxicating liquor, marijuana, or any drug as defined by RCW 46.61.540, in violation of the laws of the State of Washington, evidence of the crime(s) of:

☐ Vehicular Homicide, RCW 46.61.520

☐ Reckless Manner ☐ Under the Influence of Liquor or Drugs

☐ Disregard for the Safety of Others

☐ Vehicular Assault, RCW 46.61.522

☐ Reckless Manner ☐ Under the Influence of Liquor or Drugs

☐ Disregard for the Safety of Others

☐ Driving While under the Influence, RCW 46.61.502

☐ Physical Control of Vehicle While under the Influence, RCW 46.61.504

☐ Driver under Twenty-one Consuming Alcohol or Marijuana, RCW 46.61.503

☐ _____

is concealed in, about or upon the person of _____, who is currently in the custody of the law enforcement officer serving this warrant and located within the County of _____.

NOW, THEREFORE, in the name of the State of Washington, you are hereby commanded with the necessary and proper assistance of a person trained and qualified to draw blood pursuant to RCW 46.61.506(5), to extract a sample of blood, consisting of one or more vials, from the person of _____, who is in the custody of _____. The sample shall be extracted within _____ hours of the issuance of this search warrant. You are further commanded to ensure the safe keeping of the same and to make a return of said warrant within three (3) days; with a particular statement of all the articles seized and the name and title of the person who extracted the sample of blood.

The blood samples seized shall be submitted to the custody of the Washington State Toxicology Laboratory for appropriate forensic testing as determined by the Washington State Toxicology Laboratory to determine whether any intoxicating liquor, marijuana, or any drug as defined in RCW 46.61.540 can be detected and/or quantified.

A copy of said warrant shall be served upon the person from whom the blood is to be extracted and upon the person who extracted the sample of blood together with a receipt for the blood that was extracted.

GIVEN UNDER MY HAND this _____ day of _____, 20___.

_____
JUDGE

_____
Printed or Typed Name of Judge

This warrant was issued by the above judge, pursuant to the procedures authorized by RCW 10.79.035, CrR 2.3 and CrRLJ 2.3 on_____, 20___, at _____ (time).

_____ Printed Name of Peace Officer, Agency, and Personnel Number	_____ Signature of Peace Officer Authorized to Affix Judge's Signature to Warrant

Distribution if warrant obtained in person—Original (Court Clerk); 1 copy (Prosecutor); 1 copy (Officer).
Distribution if warrant obtained telephonically—If search warrant was obtained telephonically, this complaint must be read in its entirety to the judge. The judge ***should*** place the officer under oath prior to the reading. Original (Prosecutor); 1 copy (Officer).
Distribution if warrant obtained by e-mail—If search warrant was obtained by e-mail, this entire complaint must be sent to the judge for the judge to read. A printout of all e-mails related to this warrant must be distributed with the warrant. Original (Prosecutor); 1 copy (Officer).

STATE OF WASHINGTON
_____ COUNTY _____ COURT

STATE OF WASHINGTON, Plaintiff, v. _____, Defendant.	NO. DECLARATION IN SUPPORT OF SEARCH WARRANT FOR EVIDENCE OF A CRIME, TO WIT: ☐ VEHICULAR HOMICIDE, RCW 46.61.520 ☐ VEHICULAR ASSAULT, RCW 46.61.522 ☐ DRIVING WHILE UNDER THE INFLUENCE, RCW 46.61.502 ☐ DRIVER UNDER TWENTY-ONE CONSUMING ALCOHOL OR MARIJUANA, RCW 46.61.503 ☐ PHYSICAL CONTROL OF VEHICLE WHILE UNDER THE INFLUENCE, RCW 46.61.504 ☐ _____

I, _____, declare under the penalty of perjury under the laws of the State of Washington, that the following is true and correct:

I am a duly appointed, qualified, and acting law enforcement officer for the:

☐ Washington State Patrol

☐ _____ County Sheriff's Department.

☐ _____ Police Department.

I am charged with responsibility for the investigation of criminal activity occurring within _____, and have probable cause to believe, and do, in fact, believe, that evidence of the crime(s) of:

☐ Vehicular Homicide, RCW 46.61.520

☐ Reckless Manner ☐ Under the Influence of Liquor or Drugs

☐ Disregard for the Safety of Others

☐ Vehicular Assault, RCW 46.61.522

☐ Reckless Manner ☐ Under the Influence of Liquor or Drugs

☐ Disregard for the Safety of Others

☐ Driving While under the Influence, RCW 46.61.502

☐ Physical Control of Vehicle While under the Influence, RCW 46.61.504

☐ Driver under Twenty-one Consuming Alcohol or Marijuana, RCW 46.61.503

☐ _____

is concealed in, about or upon the person of _____, who is currently located within the County of _____, my belief being based upon information acquired through personal interviews with witnesses and other law enforcement officers, review of reports and personal observations, said information being as further described herein—

I have served as a law enforcement officer for _____ years. My training and experience regarding investigations of the above crime(s) includes the following:

☐ Basic Law Enforcement Academy at the Washington Criminal Justice Training Commission

☐ Washington State Patrol Basic Academy

☐ Standardized Field Sobriety Testing and/or SFST Refresher Training

☐ Drug Recognition Expert School

☐ Collision Reconstruction Training

☐ Advanced Roadside Impaired Driving Enforcement Training

Additional training and experience:

The facts supporting the initial contact with _____ are as follows:

The facts supporting my belief that _____ is under the influence of intoxicating liquor, marijuana, or any drug and/or is affected by intoxicating liquor, marijuana, or any drug are as follows:

The suspect, _____:

☐ is being treated at a medical facility. Treatment, to date, includes:

☐ the administration of one or more drugs

☐ the administration of intravenous fluids

☐ the transfusion of blood

☐ submitted to a breath test on an instrument approved by the State Toxicologist but the breath alcohol concentration reading of _____ is not consistent with the suspect's level of impairment suggesting that the suspect is also under the influence of a drug.

A sample of _____'s blood, if extracted within a reasonable period of time after he/she last operated, or was in physical control of, a motor vehicle, may be tested to determine his/her current blood alcohol level and to detect the presence and/or level of marijuana, or any drug as defined by RCW 46.61.540. This search warrant is being requested _____ minutes _____ hours after _____

☐ ceased driving a motor vehicle, ☐ was found in physical control of a motor vehicle or ☐ ceased operating a _____.

Therefore, I request authority to cause a sample of blood, consisting of one or more vials, to be extracted from the person of _____ by a person qualified to withdraw

blood and I request authority to submit that blood sample to be analyzed to determine the blood alcohol level and to detect the presence and/or level of marijuana, or any drug as defined by RCW 46.61.540.

☐ **[CHECK IF SUBMITTING BY ELECTRONIC DEVICE] This declaration was submitted to the issuing judge or magistrate using an electronic device that is owned, issued, or maintained by the below-identified criminal justice agency.**

I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct to the best of my knowledge, information and belief.

Signed this _____ day of _____, 20___, at _____ Washington.

Law Enforcement Officer's Signature _____

Law Enforcement Officer's Full Name _____

Agency Badge/Serial or Personnel Number _____

Agency Name _____

SUBSCRIBED AND SWORN to before me this _____ day of _____, 20 ___.

_____
JUDGE

Distribution if warrant obtained in person—Original (Court Clerk); 1 copy (Prosecutor), 1 copy (Officer).
Distribution if warrant obtained telephonically—If search warrant was obtained telephonically, this complaint must be read in its entirety to the judge. The judge ***should*** place the officer under oath prior to the reading. Original (Prosecutor); 1 copy (Officer).
Distribution if warrant obtained by e-mail—If search warrant was obtained by e-mail, this entire complaint must be sent to the judge for the judge to read. A printout of all e-mails related to this warrant must be distributed with the warrant. Original (Prosecutor); 1 copy (Officer).

STATE OF WASHINGTON
_____ COUNTY _____ COURT

STATE OF WASHINGTON, Plaintiff, v. _____, Defendant.	NO. RECEIPT FOR PROPERTY TAKEN

The following property was taken from the person of _____ pursuant to a Search Warrant having the same cause number:

A sample of blood consisting of _____ vials.

Acknowledged by Person from whom blood was extracted: _____

Date: _____ Time: _____

Acknowledged by Person who extracted the blood: _____

Date: _____ Time: _____

The property may be tested for evidence of the above named crime to include but not be limited to, the blood alcohol level, the presence and/or level of marijuana, or any drug as defined by RCW 46.61.540.

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

STATE OF WASHINGTON
_____ COUNTY _____ COURT

STATE OF WASHINGTON, Plaintiff, v. _____, Defendant.	NO. RETURN OF SEARCH WARRANT

A sample of blood consisting of _____ vials was extracted from the person of _____ in the County of _____ on _____, 20____, at _____ (time) by _____, who is employed by _____ as a

☐ technician trained in withdrawing blood
☐ nursing assistant as defined in chapter 18.88A RCW
☐ physician assistant as defined in chapter 18.71A RCW
☐ health care assistant as defined in chapter 18.135 RCW
☐ first responder as defined in chapter 18.73
☐ emergency medical technician as defined in chapter 18.73 RCW
☐ physician
☐ licensed practical nurse
☐ registered nurse

Acknowledged by Person from whom blood was extracted: _____

Date: _____ Time: _____

Acknowledged by Person who extracted the blood: _____

Date: _____ Time: _____

Distribution—Original filed with Court Clerk within 3 days of service of warrant; 1 copy (Prosecutor), 1 copy (Officer).

FORM 4

WASHINGTON STATE PATROL

ARRESTING AGENCY AFFIDAVIT
Relevant to Probable Cause for Arrest

Date of Report _____ Booking Date _____

Offense _____

SUSPECT DEMOGRAPHIC INFORMATION

Name (Last, First, Middle) _____

Address (Number, Street, City, State, Zip) _____

_____

Date of Birth _____ Sex _____ Race _____

Height _____ Weight _____ Hair _____ Eyes _____

"Concisely set forth facts showing probable cause for each element of the offense and that the suspect committed the offense. If not provided, the suspect will be **AUTOMATICALLY RELEASED**."

"I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct."

Arresting Officer _____ Pers. No. _____
Signature

_____
Print Name

Agency _____ Date _____

Location Signed:

City _____ County _____ State _____

Judge _____ Date _____
Signature

_____
Print Name

FORM 5

REPORT OF INVESTIGATION
Assisting Officer's Narrative

Case #
Citation #

Officer's Name: _____ Badge No.: _____

Video file name (if applicable): _____

Video viewed by officer for this report: ☐ YES ☐ NO

I certify (or declare) under penalty of perjury under the laws of the State of Washington that this report is true and correct (RCW 9A.72.085):

Officer's Signature		Officer's Printed Name	Badge #	Date Signed
Place Signed	Reviewed by (Signature)*	Reviewed by (Printed Name)*	Badge #	Date Signed

**Report is valid without review.*

FORM 6

CASE / CITATION NUMBER

WASHINGTON STATE
DUI ARREST REPORT

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).

FORM 7

WASHINGTON STATE PATROL WSP

REPORT OF INVESTIGATION
Additional Persons and/or Vehicles

Case #
Citation #

(S)uspects / (W)itnesses / (V)ictims / (O)ther

☐ S ☐ W ☐ V ☐ O	Name			DOB	Misc
	Address			Race	Sex
	City	State	ZIP	Height	Weight
	Home Phone ( )	Alternate Phone ( )		Eyes	Hair
	License/St	Expiration			

☐ S ☐ W ☐ V ☐ O	Name			DOB	Misc
	Address			Race	Sex
	City	State	ZIP	Height	Weight
	Home Phone ( )	Alternate Phone ( )		Eyes	Hair
	License/St	Expiration			

☐ S ☐ W ☐ V ☐ O	Name			DOB	Misc
	Address			Race	Sex
	City	State	ZIP	Height	Weight
	Home Phone ( )	Alternate Phone ( )		Eyes	Hair
	License/St	Expiration			

☐ S ☐ W ☐ V ☐ O	Name			DOB	Misc
	Address			Race	Sex
	City	State	ZIP	Height	Weight
	Home Phone ( )	Alternate Phone ( )		Eyes	Hair
	License/St	Expiration			

Vehicle Information

Vehicle	License	State	Color	Year	Make	Model	Style
	Registered Owner	Comments					
Vehicle	License	State	Color	Year	Make	Model	Style
	Registered Owner	Comments					
Vehicle	License	State	Color	Year	Make	Model	Style
	Registered Owner	Comments					
Vehicle	License	State	Color	Year	Make	Model	Style
	Registered Owner	Comments					

3000-110-003 (6/13)

FORM 8

REQUEST FOR LABORATORY EXAMINATION -- INSTRUCTIONS

WSP CRIME LABORATORY LOCATIONS

WSP – Kennewick Crime Laboratory
143302 E Law Ln
Kennewick WA 99337
(509) 734-5820
FAX (509) 734-5848

WSP – Olympia Laboratory
3310 Capitol Boulevard
PO Box 42608
Olympia WA 98504-2608
(360) 596-4525
FAX (360) 596-4470

WSP – Marysville Crime Laboratory
2700 116th St NE Ste P
Tulalip WA 98271-9425
(360) 654-1201
FAX (360) 654-1213

WSP – Seattle Crime Laboratory
2203 Airport Way S Ste 250
Seattle WA 98134
(206) 262-6020
FAX (206) 262-6033

WSP – Spokane Crime Laboratory
580 W 7th St
Cheney WA 99004
(509) 625-5401
FAX (509) 625-5440

WSP – Tacoma Crime Laboratory
2502 112th St E Room 273
Tacoma WA 98445-5104
(253) 538-3207
FAX (253) 538-3275

CLD Crime Scene Response Team
(253) 255-3064

WSP – Vancouver Crime Laboratory
1401 Kauffman Ave
Vancouver WA 98660
(360) 993-3800
FAX (360) 993-3899

WSP - High Tech Crime Unit
210 11th Ave SW Ste 402
Olympia WA 98501
(360) 704-4242
FAX (360) 704-2973

INSTRUCTIONS FOR USE

If you have any questions regarding the use of this form, the proper submittal of evidence, or the types of examinations possible, please call the laboratory serving your area. **Please type and complete the form electronically.**

When submitting evidence, clearly identify the agency case number and item number on each evidence package and use these exact numbers on the form.

If DNA evidence is submitted, please complete the DNA Case Supplemental Information form (required for first-time submissions only) and the Authorization for Consumption of DNA Evidence form (as applicable). For additional information, please reference the Forensic Services Guide.

If Explosives evidence is submitted please complete the "Explosives Safety and Evidence Checklist" at this link: http://www.wsp.wa.gov/forensics/docs/crimelab/safety_checklist.pdf

PRIMARY AGENCY CASE NUMBER (ACN): Enter the number your agency uses to track the case.

RELATED AGENCY CASE NUMBER: Enter any related agency case number(s). Use the "SPECIAL INSTRUCTIONS" space to explain relationship or record additional ACNs.

INVESTIGATIVE OFFICER/DETECTIVE: The primary investigator or person listed as the agency representative on the analytical report and to whom the report will normally be delivered. If the report should be delivered to another person, describe delivery instructions in the "SPECIAL INSTRUCTIONS" section.

EVIDENCE ITEM #: The individual tracking number your agency uses to identify the item. This number must match the number on the evidence item.

ITEM DESCRIPTION: Brief description of each item. Examples are "packet of white powder," "fired cartridge case," and "blue jeans from John Doe."

EXAM CODES: This is a guide for possible types of examinations and consists of a letter designation for the general type or functional area of examination requested. These codes are listed below.

NOTE: If the general type for the examination you are requesting is unknown or unlisted, use "OTH" (for other) and fill in the examination you need under "SPECIAL INSTRUCTIONS."

SPECIAL INSTRUCTIONS: List the specific examination you are requesting. "EXAM CODES" for some common requests are listed below. This section can also be used to convey information that would be pertinent to the examination requested.

SUBMITTED BY: This is filled in by the agency representative who personally delivers or ships the evidence to the laboratory.

"/S/" followed by your name denotes an electronic signature (or add your digital signature).

EXAM CODES	COMMON EXAMINATIONS (for use in SPECIAL INSTRUCTIONS)
CHE	Chemical Analysis Chemical unknown analysis Explosive analysis Fire debris analysis Metal analysis Solid incendiary analysis Toxic substance analysis
CLA	Clandestine Laboratory Analysis Clandestine drug analysis Determination of synthesis route Precursor analysis
CON	Controlled Substance Analysis Controlled drug analysis
CSRT	Crime Scene Response Bloodstain pattern analysis Crime scene reconstruction Evidence recovery
DNA	DNA Body fluid identification DNA typing Species Determination
F/T	Firearm & Toolmark Examination Bullet comparison Cartridge case comparison Firing distance determination NIBIN Serial number restoration Toolmark comparison
LAT	Latent Print Examination ABIS search NGI (FBI database) search Latent print processing Latent print comparison
MIC	Microanalysis Damage assessment Fiber comparison Headlamps Hair screening Physical match Paint and polymer comparison Soil comparison Shoe/tire comparison Tape examination
OTH	Other
QD	Questioned Document Examination Altered document analysis Handwriting comparison Indented writing examination Typewriter/printer/copier comparison

WASHINGTON STATE PATROL – CRIME LABORATORY
REQUEST FOR LABORATORY EXAMINATION

For evidence submission guidelines, refer to the Forensic Services Guide

CRIME LAB BAR CODE HERE
FOR LAB USE ONLY

PRIMARY AGENCY CASE NUMBER	RELATED AGENCY CASE NUMBER(S)

HAS OTHER EVIDENCE IN THIS CASE BEEN PREVIOUSLY SUBMITTED TO A WSP CRIME LAB? ☐ YES ☐ NO

OFFENSE

DATE OF OFFENSE

SUSPECT(S) – LAST, FIRST, MI (SID #, if available)	DOB	VICTIM(S) – LAST, FIRST, MI (ALSO USE THIS SPACE FOR ELIMINATION PRINTS)	DOB
1		1	
2		2	
3		3	
4		4	

INVESTIGATING OFFICER/DETECTIVE (Can be different from submitter) ☐ **RUSH** **COURT DATE**

NAME (TYPE OR PRINT) (LAST NAME, FIRST NAME)	RANK/POSITION	BADGE #	E-MAIL ADDRESSES	PHONE

AGENCY	STREET ADDRESS	CITY	ZIP CODE

UNIQUE EVIDENCE ITEM # (Prioritized)	ITEM DESCRIPTION	EXAM CODES	SPECIAL INSTRUCTIONS
			For DNA: • **Please submit Supplemental form on initial submission and Consumption form as needed.** • **Sexual Assault Submissions: Priority will be given to active investigations and cases with impending court dates. Is DNA analysis important for continuing the investigation?** **Yes ☐ No ☐** **The Crime Lab will assume "No" if neither box is checked.**

EVIDENCE SUBMITTED BY: (PRINT—LAST NAME, FIRST NAME)	SIGNATURE (/S/ Electronic Signature)	DATE	TIME

SUBMITTAL METHOD:

TRACKING NUMBER:

TRACKING NUMBER:

FOR LAB USE ONLY

RECEIVED BY: (PRINT NAME—LAST NAME, FIRST NAME)	SIGNATURE	DATE	TIME

Evidence Item(s)	TRANSFERRED BY	TO	VIA	DATE-TIME	RECEIVED BY	DATE-TIME
				-		-
	TRACKING NO:					
				-		-
	TRACKING NO:					
				-		-
	TRACKING NO:					

Item(s) being released/returned:

RELEASED BY: PRINT NAME—Last Name, First Name	SIGNATURE	DATE	TIME

RELEASED TO: (PRINT NAME—Last Name, First Name (or CARRIER)	SIGNATURE (or TRACKING NUMBER)	DATE	TIME

FORM 9

WASHINGTON STATE

DUI ARREST REPORT

REPORT OF BREATH / BLOOD TEST FOR ALCOHOL AND/OR THC OR REFUSAL TO SUBMIT TO BREATH TEST FOR ALCOHOL

SUBJECT'S NAME (LAST, FIRST, MI)	SEX ☐ M ☐ F	DATE OF BIRTH	DATE / TIME OF ARREST
STREET ADDRESS	CITY / STATE / ZIP CODE		

DRIVER'S LICENSE NUMBER	CDL ENDORSED? (CHECK IF YES) ☐	STATE	COUNTY OF ARREST	CASE / CITATION NUMBER

BAC Readings - DataMaster 1st Sample _____ 2nd Sample _____ **Refused Test** _____

BAC Readings - Draeger 1st Sample (IR) _____ 2nd Sample (IR) _____ **Blood Alcohol** _____

1st Sample (EC) _____ 2nd Sample (EC) _____ **Blood THC** _____

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 or THC concentration in violation of RCW 46.61.503.

After receipt of any applicable warnings required, the person refused to submit to a test of his or her breath, or a test was administered and the results indicated that the alcohol concentration of the person's breath or blood was 0.08 or more, or the THC concentration of the person's blood was 5.00 or more, if the person is age twenty-one or over, or that the alcohol concentration of the person's breath or blood was 0.02 or more, or the THC concentration of the person's blood was above 0.00, if the person is under the age of twenty-one.

☐ **Driver's Hearing Request Information was given to the arrested person.**

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 of record on file with the Department of Licensing.

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

There were reasonable grounds to believe that the driver was driving a commercial motor vehicle while having alcohol, marijuana, or any drug in his or her system or while under the influence of alcohol, marijuana, or any drug. The driver was informed that refusing the breath test would result in disqualification from operating a commercial motor vehicle under RCW 46.25.090. A breath test was administered and the result indicated an alcohol concentration of 0.04 or more OR the person refused the breath test OR a blood test was administered pursuant to a search warrant, a valid waiver of the warrant requirement, when exigent circumstances exist, or under any other authority of law AND the blood test indicated an alcohol concentration of 0.04 or more or any measurable amount of THC concentration.

VEH YEAR	MAKE	MODEL	LICENSE PLATE NUMBER	STATE	HAZARDOUS MATERIAL? ☐ YES ☐ NO

NOTE: If applicable, sign and date this page after toxicology report is received.

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) CONTACT PHONE NUMBER FOR HEARING (include area code)

OFFICER'S E-MAIL ADDRESS

OFFICERS: Fax or e-mail complete report, test result document, and supplemental reports to:

Department of Licensing
Driver Records
SwornReports@DOL.WA.GOV
Fax: (360) 570-7026

Number of pages_____

USE THIS PAGE AS COVER SHEET

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.
☐ YES ☐ NO	☐ YES ☐ NO ☐ UNABLE		

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 or marijuana.

☐ 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

☐ At the time of this test(s), I was certified to operate the BAC DATAMASTER and the BAC DATAMASTER CDM and possessed a valid permit issued by the State Toxicologist.
☐ 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?	2ND MOUTH CHECK? (If Necessary) TIME?	ANY FOREIGN SUBSTANCES FOUND? / REMOVED	EXPLAIN:
☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO REMOVED ☐ YES ☐ NO	

☐ I observed the subject from the time of the mouth check through the completion of the breath test.
☐ The subject did not vomit, eat, drink, smoke, or place any foreign substance in his/her mouth during the observation time.

☐ 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

☐ BOOKED RELEASED TO:
☐ PR'D

WASHINGTON STATE

DUI ARREST REPORT
DUI INTERVIEW

CASE / CITATION NUMBER

1. DO YOU HAVE ANY PHYSICAL IMPAIRMENTS? EXPLAIN:
☐ YES ☐ NO

2. DO YOU LIMP?
☐ YES ☐ NO

3. ARE YOU SICK / INJURED? EXPLAIN:
☐ YES ☐ NO

4. UNDER CARE OF A DOCTOR OR DENTIST?
☐ YES ☐ NO

5. ARE YOU DIABETIC / EPILEPTIC?
☐ YES ☐ NO

6. DO YOU TAKE INSULIN?
☐ YES ☐ NO

7. HAVE YOU TAKEN ANY MEDICINES/DRUGS IN THE PAST 24 HOURS? ☐ YES ☐ NO

7A. PRESCRIPTION?
☐ YES ☐ NO

7B. NON-PRESCRIPTION?
☐ YES ☐ NO

7C. LAST DOSE?

7D. QUANTITY?

7E. COCAINE? MARIJUANA? OTHER?
☐ YES ☐ NO ☐ YES ☐ NO

8. DO YOU HAVE IMPAIRED VISION?
☐ YES ☐ NO

8A. DO YOU WEAR CORRECTIVE LENSES?
☐ YES ☐ NO

8B. WERE YOU WEARING THEM WHEN YOU WERE STOPPED / BEFORE COLLISION? ☐ YES ☐ NO

9. WHERE DO YOU WORK?

9A. DID YOU WORK TODAY?

10. TIME YOU GOT OFF WORK?

11. HOURS OF SLEEP LAST NIGHT?

12. WERE YOU DRIVING THE VEHICLE?
☐ YES ☐ NO

13. ANYTHING MECHANICALLY WRONG WITH THE VEHICLE?
☐ YES ☐ NO

14. HAVE YOU BEEN INJURED OR INVOLVED IN ANY COLLISION(S) IN THE PAST 24 HOURS? ☐ YES ☐ NO

15. HAVE YOU HAD ANY ALCOHOL TO DRINK SINCE BEING STOPPED / THE COLLISION? ☐ YES ☐ NO

15A. WHAT?

15B. HOW MUCH?

16. TIME COLLISION OCCURRED?

17. WHERE WERE YOU GOING BEFORE STOPPED / THE COLLISION?

18. WITHOUT LOOKING, WHAT TIME DO YOU THINK IT IS?

(ACTUAL TIME)

19. WHAT STREET / HIGHWAY WERE YOU ON?

20. DIRECTION OF TRAVEL?

21. STARTED FROM?

22. TIME STARTED?

23. DAY OF THE WEEK?
☐ Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Fri ☐ Sat ☐ Sun

24. WHAT CITY / COUNTY ARE YOU IN NOW?

25. WHAT IS THE DATE?

26. HAVE YOU BEEN DRINKING ALCOHOLIC BEVERAGES?
☐ YES ☐ NO

26A. WHAT HAVE YOU BEEN DRINKING?

26B. HOW MUCH?

26C. WHEN DID YOU START?

27. WHO HAVE YOU BEEN DRINKING WITH?

28. WHERE WERE YOU DRINKING?

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? ☐ YES ☐ 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	2. COORDINATION	3. CLOTHES	4. EYES	5. FACIAL COLOR	6. ODOR OF INTOXICANTS FROM DRIVER	7. SPEECH
☐ COOPERATIVE	☐ GOOD	☐ ORDERLY	☐ NORMAL	☐ NORMAL	☐ NONE	☐ GOOD
☐ MOOD SWINGS	☐ FAIR	☐ SOILED – EXPLAIN	☐ WATERY	☐ FLUSHED	☐ FAINT	☐ FAIR
☐ ARGUMENTATIVE	☐ POOR	☐ OTHER: EXPLAIN	☐ DROOPY	☐ PALE	☐ MEDIUM	☐ REPETITIVE
☐ CRYING	☐ FUMBLED FOR DRIVER'S LICENSE	☐ SHOES (Describe)	☐ BLOODSHOT	☐ OTHER:	☐ STRONG	☐ FAST
☐ LAUGHING	☐ OTHER:		☐ PUPILS DILATED		☐ OBVIOUS	☐ SLURRED
☐ OTHER:			☐ PUPILS CONSTRICTED		☐ OTHER:	☐ OTHER:
			☐ OTHER:			

8. OFFICER'S OPINION (of subject's impairment due to use of alcohol/drugs)
☐ SLIGHT ☐ OBVIOUS ☐ EXTREME

9. SUBJECT'S NATIVE LANGUAGE
☐ ENGLISH
☐ OTHER

9A. SUBJECT APPEARED TO UNDERSTAND INSTRUCTIONS
☐ YES ☐ NO

9B. INTERPRETER REQUESTED? EXPLAIN BELOW:
☐ YES ☐ NO TIME:

INTERPRETER PROVIDED

10. PASSENGER(S) INFORMATION

WASHINGTON STATE

DUI ARREST REPORT
SOBRIETY TESTS

CASE / CITATION NUMBER

SURFACE
☐ PAVED ☐ GRAVEL ☐ DIRT ☐ GRASS
☐ OTHER

GRADE
☐ LEVEL ☐ SLIGHT GRADE ☐ MODERATE GRADE
☐ OTHER

LIGHTING
☐ DAYLIGHT ☐ DARK ☐ STREET LIGHT
☐ OTHER

1. HORIZONTAL GAZE NYSTAGMUS (HGN)

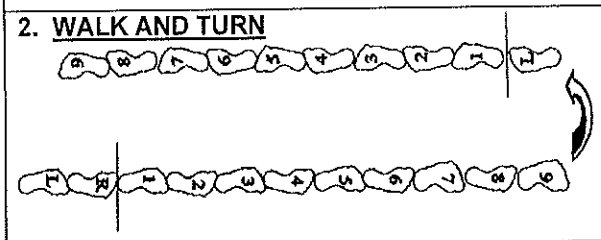
☐ I have been trained in the administration of HGN testing and performed the test in accordance with this training.

			L	R	
EQUAL TRACKING	☐ YES	☐ NO	☐	☐	Lack of smooth pursuit
EQUAL PUPILS	☐ YES	☐ NO	☐	☐	Distinct and sustained nystagmus at max deviation
If Resting Nystagmus is present, please explain.			☐	☐	Angle of onset prior to 45 degrees

VERTICAL NYSTAGMUS ☐ YES ☐ NO

COMMENTS:

2. WALK AND TURN



☐ Cannot keep balance ☐ Starts too soon

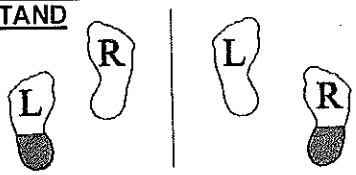
	1st Nine Steps	2nd Nine Steps
Stops Walking		
Miss Heel – Toe		
Steps off line		
Raises arms		
Actual # steps		

DESCRIBE TURN

CANNOT DO TEST (EXPLAIN)

COMMENTS:

3. ONE LEG STAND



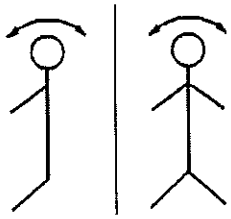
L	R	
		Sways while balancing
		Uses arms for balance
		Hopping
		Puts foot down

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

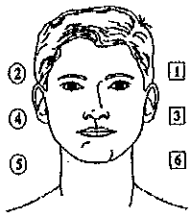
FINGER DEXTERITY

NOTES

FINGER TO NOSE

○ Right ☐ Left

Draw lines from spots touched.



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 certify (declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct. (RCW 9A.72.085.)

OFFICER'S SIGNATURE | BADGE NUMBER | PRINTED NAME OF OFFICER

AGENCY | PLACE SIGNED (city / county / state) | DATE SIGNED

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).

WASHINGTON STATE DEPARTMENT OF LICENSING

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 308-103 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 are determined to be indigent (see Indigent Requests below). **Your request must be postmarked within 20 days of the date of arrest, or within 20 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 & 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 **www.dol.wa.gov** for more information.

Indigent Requests–If you are applying as indigent (defined in RCW 10.101.010) and want the hearing fee waived, use form HRNG-525-010, Application for DUI Indigent Waiver, available at our website at **www.dol.wa.gov**.

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

PRINT or TYPE Name *(Last, First, Middle)*		Date of birth	(Area code) Telephone number
Email	Driver license number	State	Date of arrest
Attorney name, if applicable (**Do not list public defender**)			
Attorney address *(Address, City, State, ZIP code)*			
(Area code) Attorney telephone number	(Area code) Attorney fax number	Attorney email	

If parties or witnesses are 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 ☐ I need an interpreter ☐ I am hearing impaired	Primary language	Dialect

Any valid license in your possession is only valid for 60 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.

Authority: RCW 46.20.308

We are committed to providing equal access to our services.
If you need accommodation, please call (360) 902-3900 or TTY (360) 664-0116.

PROPERTY/EVIDENCE REPORT

FORM 10

PAGE OF

(CHECK ONLY ONE):

☐ EVIDENCE ☐ SAFEKEEPING ☐ FOUND ☐ ASSET SEIZURE ☐ WEAPONS FORFEITURE

OBTAINED BY (LAST, FIRST, MI)	BADGE #	DIST / DET / UNIT	CASE / PROPERTY NUMBER

☐ DEFENDANT ☐ OWNER ☐ FINDER

LOCATION OBTAINED (ADDRESS, STREET, HWY, MP)

NAME (LAST, FIRST, MI)	DATE OF BIRTH	☐ WACIC / NCIC CHECKED ☐ ENTERED INTO COMPUTER ☐ VIN NUMBER CHECKED ☐ FOUND PROPERTY MSG. SENT	DATE OBTAINED	
STREET ADDRESS	HOME PHONE ( )		TIME OBTAINED	
CITY, STATE, ZIP CODE	WORK PHONE ( )	CITATION # / COURT	DATE DEPOSITED	
			TIME DEPOSITED	

☐ ADDITIONAL DEFENDANT ☐ OWNER

NAME (LAST, FIRST, MI)	DATE OF BIRTH
STREET ADDRESS	
CITY, STATE, ZIP CODE	
HOME PHONE ( ) / WORK PHONE ( )	CITATION #

☐ ADDITIONAL DEFENDANT ☐ OWNER

NAME (LAST, FIRST, MI)	DATE OF BIRTH
STREET ADDRESS	
CITY, STATE, ZIP CODE	
HOME PHONE ( ) / WORK PHONE ( )	CITATION #

CRIMINAL CHARGE(S)? YES ☐ NO ☐ LIST CHARGE(S):

ITEM #	QTY.	PROPERTY DESCRIPTION	LIST MANUFACTURER'S NAME, CALIBER, ARTICLE TYPE, MODEL #, SERIAL #, OWNER APPLIED #, IF APPLICABLE	ITEM WEIGHT	PACKAGE WEIGHT	PKG. #	BIN #

RECEIVED BY:

SIGNATURE OF PROPERTY CUSTODIAN _____ PERSONNEL # _____ DATE / TIME _____

ADDITIONAL REMARKS	*(READ REVERSE SIDE FOR FOUND PROPERTY)*	DISPOSAL STATUS CHECK		
		DATE	DISPOSITION	INITIALS
☐ *Type of Drug*				

☐ Disposal ☐ Return to Owner/Claimant (For Property Technician Only)

PEC Signature _____ Date _____

Witness Signature _____ Date _____

Note _____

3000-110-096 (R 12/15)

DISTRIBUTION: *ORIGINAL* TO BE SUBMITTED WITH EVIDENCE TO THE PROPERTY AND EVIDENCE CUSTODIAN; *ONE COPY* SHOULD BE MAINTAINED IN THE CASE FILE.

FINDER'S RIGHTS AND OBLIGATIONS TO CLAIM FOUND PROPERTY (RCW 63.21)

*A PERSON WHO FINDS PROPERTY HAS THE RIGHT TO CLAIM PROPERTY IF:

1. The property is not unlawful to possess (contraband).
2. The owner of such property is unknown.
3. The finder is not an employee of a governmental entity acting within course of employment.

TO CLAIM SUCH PROPERTY, THE FINDER MUST COMPLETE ALL OF THE FOLLOWING REQUIREMENTS:

1. Within seven days, the finder must surrender the property to the Washington State Patrol unless the property is valued at $25 or less.
2. When the property has an apparent value of more than $25, the finder must sign this form indicating an intent to claim or waive right to claim the property.
3. Within seven days of the finding, the finder must obtain a signed statement establishing an appraisal of the property based on current market value from a qualified person (one who engages in buying and selling like items), or from a district court judge, and forward a copy of such appraisal to the Washington State Patrol office listed above. If found property has been taken into custody by the Washington State Patrol, such property will be available for appraisal inspection at the office where the property is being stored (listed above), during business hours, or by appointment within the seven-day limit.
4. Within 30 days of the finding, the finder must publish a notice of the found property once a week for two consecutive weeks.
5. On property valued at more than $25, payment of $5 or 10% of the appraised value of such property (whichever is greater) must be made to the Washington State Patrol to be deposited in the General Fund of the state of Washington.

THE FOUND PROPERTY WILL BE RELEASED TO THE FINDER 60 DAYS FROM THE DATE OF RECEIPT IF:

1. No owner was found.
2. Sixty days have elapsed following judicial or official proceedings involving the property.
3. The finder has presented evidence of compliance with the publication requirement and the appropriate fee has been paid.

NOTE: WHEN NINETY DAYS HAVE PASSED AFTER THE FOUND PROPERTY WAS REPORTED TO THE WASHINGTON STATE PATROL AND THE FINDER HAS NOT COMPLETED THE REQUIREMENTS OF THE PROCEDURE, THE FINDER'S CLAIM SHALL BE DEEMED TO HAVE EXPIRED AND THE FOUND PROPERTY SHALL BE DISPOSED OF AS UNCLAIMED PROPERTY.

I HAVE READ THE FINDER'S RIGHTS AND OBLIGATIONS TO CLAIM FOUND PROPERTY AND IT IS MY INTENTION TO:

☐ CLAIM THIS PROPERTY ☐ WAIVE MY RIGHT TO THIS PROPERTY ☐ FINDER REFUSED TO SIGN

SIGNATURE OF FINDER

_____

FOR EVIDENCE OFFICER USE ONLY			
RELEASE REQUIREMENTS	CLAIM VOID	APPRAISAL DETAILS	EVIDENCE HOLD
☐ APPRAISAL MADE ☐ PROOF OF PUBLICATION ☐ FEE PAID AMOUNT _____	☐ CONTRABAND ☐ OWNER FOUND ☐ GOV'T EMPLOYEE ☐ FAILED TO COMPLY WITH 90-DAY LIMIT	APPRAISED BY _____ QUALIFICATIONS _____ VALUE _____	HOLD PLACED BY _____ BADGE # _____ RELEASE DATE _____
PROPERTY LEFT WITH FINDER BY:	BADGE #	☐ FOR APPRAISAL PURPOSES ☐ VALUE $25 OR LESS	

DISTRIBUTION: *ORIGINAL* TO BE SUBMITTED WITH EVIDENCE TO THE PROPERTY AND EVIDENCE CUSTODIAN; *ONE COPY* SHOULD BE MAINTAINED IN THE CASE FILE.

FORM 11

Case Number _____

Washington State Patrol

Waiver of Vehicle Impound

License Number _____ State _____ Color _____

Year _____ Make _____ Model _____

VIN _____ Location Released _____

Condition/Damage (if any) _____

THIRD PARTY RELEASE - Instead of being impounded, I request the above-described vehicle be released to _____ . I release the State of Washington, its officers, agents, and employees of any responsibility for any damage or liability which might arise as a result of the use of the vehicle by this person. I understand this alternative releases the State of Washington and its agents of all responsibility for the vehicle and its contents.

Driver's Signature _____ Date _____ Time _____

Trooper's Signature _____ Date _____ Time _____

HOLD HARMLESS AGREEMENT - I request my vehicle be left where it is instead of being impounded. I accept full responsibility for the vehicle, and relieve the State of Washington, its officers, agents, and employees from any and all responsibility for the vehicle and its contents. Furthermore, I release the State of Washington, its officers, agents, and employees from any claim of damage or loss which might arise as a result of my waiving impound of this vehicle.

I agree to remove the vehicle within _____ hours, after which this agreement is void. I understand that the vehicle may then be removed by police authority, and the cost of removal will be assumed by me. I also understand that I am responsible for compliance with all parking laws including, but not limited to, RCW 46.37.150 which requires parking lights during all hours of darkness.

Driver's Signature _____ Date _____ Time _____

Trooper's Signature _____ Date _____ Time _____

Policía de Caminos del Estado de Washington

Embargo de Vehículo Abandonado

Número de Licencia _____ Estado _____ Color _____

Año _____ Marca _____ Modelo _____

VIN _____ Lugar de liberación _____

Condición/Daño (si es que hay alguno) _____

AUTHORIZACION A TERCEROS - En vez de que sea embargado, solicito que el vehículo descrito se entregue a la siguiente persona: _____ . Yo libero al Estado de Washington, a sus oficiales, a sus agentes y a sus empleados de la responsabilidad por cualquier daño o problemas que puedan occurrir como consecuencia del uso del vehículo por ésta persona. Yo entiendo que esta alternativea libera al Estado de Washington y a sus agentes de toda responsabilidad por el vehículo y su contenido.

Firma del Conductor _____ Fecha _____ Hora _____

Firma del Policía _____ Fecha _____ Hora _____

Acuerdo por el cual el Estado de Washington, oficiales, agentes y empleados no se responsabilizan por el vehículo y sus contenidos (HOLD HARMLESS AGREEMENT) - Yo solicito que mi vehículo se deje en donde está, en vez de que sea embargado. Yo acepto toda la responsabilidad por el vehículo y libero al Estado de Washington, a sus oficiales, a sus agentes y a sus empleados de toda responsabilidad por el vehículo y su contenido. Además, you libero al Estado de Washington, a sus oficiales, a sus agentes y a sus empleados de cualquier reclamo de daños o pérdidas que puedan ocurrir como consecuencia del abandono de éste vehículo.

Yo estoy de acuerdo en mover éste vehículo en el plazo de _____ horas; después de éste plazo el acuerdo será nulo. Yo entiendo que entonces el vehículo será movido por las autoridades policiales y el costo del translado será pagado por mí. También entiendo que soy responsable, por mutuo acuerdo, de asumir todas las leyes de estacionamiento, incluyendo, pero no limitando a la ley RCW 46.37.150, que requiere luces de estacionamiento durante todas las horas de oscuridad.

Firma del Conductor _____ Fecha _____ Hora _____

Firma del Policía _____ Fecha _____ Hora _____

FORM 12

COLLISION INVESTIGATION WITNESS/SUSPECT STATEMENT

☐ **WITNESS** or ☐ **SUSPECT STATEMENT** (Check One) CASE NO. _____

WITNESS/SUSPECT NAME (Last, First, Middle)			DATE OF BIRTH
ADDRESS			PRIMARY PHONE NO. ( )
CITY	STATE	ZIP	ALTERNATE PHONE NO. ( )
E-MAIL ADDRESS			DATE/TIME OF REPORT
COLLISION INVOLVED ☐ YES ☐ NO TYPE: ☐ NR ☐ PD ☐ INJ ☐ F ☐ H/R	LOCATION		

ALL ITEMS IN THIS FORM REFER TO THE ABOVE-NAMED WITNESS/SUSPECT:

SUSPECT'S WARNINGS OF 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.

SUSPECT'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.

WITNESS' SIGNATURE _____ SUSPECT'S SIGNATURE _____

DATE _____ TIME _____ LOCATION _____

1. In what direction were you heading prior to the collision? ☐ N ☐ S ☐ E ☐ W
2. In what direction was the other vehicle heading prior to the collision? ☐ N ☐ S ☐ E ☐ W
3. If there was more than one lane in the direction you were going, which lane were you in?
   ☐ Slow – Outside Lane ☐ Fast – Inside Lane ☐ Turn Lane ☐ Other _____
4. What were the weather conditions? _____
5. What were the road conditions? _____
6. What was your speed prior to the collision? _____
7. What were your actions prior to the collision?
8. Did the other driver(s) and/or passenger(s) say anything to you about the collision?
9. Was there anything mechanically wrong with your vehicle prior to the collision? _____

(continue on next page)

STATEMENT TAKEN BY: _____ WITNESS/SUSPECT SIGNATURE: _____

COLLISION INVESTIGATION WITNESS/SUSPECT STATEMENT

CASE NO. _____

STATEMENT OF: _____
(PRINT NAME)

10. Where is the damage to your vehicle?

11. Were your headlights on prior to the collision? ☐ Yes ☐ No

    Were the other vehicle's headlights on prior to the collision? ☐ Yes ☐ No ☐ Don't Know

12. Do you know what the speed limit in the area is? ☐ Yes ☐ No If yes, what? _____

13. If a HIT AND RUN, describe the other vehicle, driver(s) and passenger(s):

14. Please describe the collision in as much detail as possible, use another sheet if necessary.

I have read each page of this statement which consists of _____ pages. Each page has my signature and any corrections have my initials. I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing and the accompanying documents and information contained therein are true, correct, and accurate (RCW 9A.72.085). My statement has been made freely, voluntarily, and without threats or promises of any kind.

WITNESS/SUSPECT SIGNATURE _____

DATE AND LOCATION OF STATEMENT TAKEN _____

STATEMENT WITNESSED BY _____

FORM 13

INVESTIGATIVE WITNESS/SUSPECT STATEMENT

☐ **WITNESS** or ☐ **SUSPECT STATEMENT** (Check One) CASE NO. _____

WITNESS/SUSPECT NAME (Last, First, Middle)			DATE OF BIRTH
ADDRESS			PRIMARY PHONE NO. ( )
CITY	STATE	ZIP	ALTERNATE PHONE NO. ( )
E-MAIL ADDRESS			DATE/TIME OF REPORT
TYPE OF INVESTIGATION	LOCATION		

ALL ITEMS IN THIS FORM REFER TO THE ABOVE-NAMED WITNESS/SUSPECT:

SUSPECT'S WARNINGS OF 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.

SUSPECT'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.

WITNESS' SIGNATURE _____ SUSPECT'S SIGNATURE _____

DATE _____ TIME _____ LOCATION _____

STATEMENT

STATEMENT TAKEN BY _____ WITNESS/SUSPECT SIGNATURE _____

INVESTIGATIVE WITNESS/SUSPECT STATEMENT

CASE NO. _____

STATEMENT OF: _____
(PRINT NAME)

I have read each page of this statement which consists of _____ pages. Each page has my signature and any corrections have my initials. I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing and the accompanying documents and information contained therein are true, correct, and accurate (RCW 9A.72.085). My statement has been made freely, voluntarily, and without threats or promises of any kind.

WITNESS/SUSPECT SIGNATURE _____

DATE AND LOCATION OF STATEMENT TAKEN _____

STATEMENT WITNESSED BY _____

FORM 14

INSTRUCTIONS FOR COMPLETING STATE OF WASHINGTON MOTOR VEHICLE COLLISION REPORT

① UNFOLD HERE ➡

WHEN TO COMPLETE AND SUBMIT

Any driver, pedestrian, pedalcycle, or property owner involved in a collision within this state—with $1,000.00 or more damage to any one unit and/or injury to any person—must complete a Motor Vehicle Collision Report. **Mail this report to the Washington State Patrol, Collision Records Section, PO Box 42628, Olympia, WA 98504-2628.**

However, if a **police officer is present** and indicates he/she will submit a collision report, you are not required to submit one.

BEFORE YOU BEGIN, THINGS TO KNOW

Completing *online* version: (www.wsp.wa.gov, search for "Collision Reporting," then scroll down to "Citizen Reports")
- Print this document single-sided, ***not*** double-sided, upon completion.
- Retain a copy for your records.

Completing *printed* version:
- Print using a black ball-point pen—do not use a pencil or felt-tip pen.
- Keep the carbon copy for your records.

When information is not applicable or available: Leave that portion of the form blank.

Submitting online or printed version: Mail to address above; neither version can be e-mailed or faxed.

NOTE: A "unit" is a motor vehicle, pedestrian, pedalcycle, and/or a property owner. **You, as the involved party, will always be Unit 1.**

WHAT WE ARE REQUESTING IN SPECIFIC FIELDS

Report Number	This is an auto-generated number. Leave this field blank.
Date of Collision	Date collision occurred. If the date of the collision is unknown, use the date the damage was discovered ***(mandatory field)***.
Day of Collision	Check the appropriate box.
Time of Collision	Time collision occurred or time the damage was noticed (check a.m. or p.m. box).
Investigated By	Check the appropriate box for the law enforcement agency that investigated the collision **OR** indicate "No Investigation" if law enforcement did not investigate.
Collision Involved	Check the appropriate box if any of the following apply: Vehicle Fire/Hit & Run/Stolen Vehicle. Indicate Total # of Units (vehicles/parties involved), Total # Injuries, Total # Deaths.
Place Where Collision Occurred	**COUNTY:** The county where the collision occurred. If unknown, use the county where the damage was discovered ***(mandatory field)***. **CITY OR TOWN:** The city or town where the collision occurred.
Road Surface	Check the appropriate box(es) for the road surface conditions at the time of the collision.
Weather	Check the appropriate box(es) for the weather conditions at the time of the collision.
Light Conditions	Check the appropriate box(es) for the light conditions at the time of the collision.
Location of Where Collision Occurred	Identify the name of the street/highway you were on or the address or name of the parking lot. Example: Interstate – I-5, I-82, I-205, or I-705 City Street – a street or road within the city Other – parks, campus, forest service road, military base State Route – SR-20, Highway 99, SR-101 County Road – a street or road outside the city Private Way – private road, shopping mall, parking lot, driveway
Distance From	Indicate the distance from the street or location indicated under "Location of Where Collision Occurred" and check the appropriate boxes for feet/miles and direction. Example: 3.0 miles north or 200 feet east
Nearest Street or Land Mark	Indicate the nearest street or land mark to the collision location. Example: Exit 120, Capital Mall, Linderson Way SW, 3.0 miles north of 22nd Avenue, and/or 200 feet east of Capital Mall
Was Driver Distracted	Check the appropriate box and indicate what the distraction was (if more room is needed, attach additional blank pages or use additional **Was Driver Distracted** pages).
Describe Below What Happened	Refer to the vehicles as units and explain to the best of your knowledge what occurred (if more room is needed, attach additional blank pages or use additional **Describe Below** pages).
At Moment of Collision	Identify each unit and check the appropriate box to indicate if the unit was parked/stopped/moving.
Diagram	Draw a picture of roadway/intersection/parking lot, etc. Show your unit (vehicle)/others involved.
Witness Name	List names, addresses, and phone numbers of any witnesses (if more room is needed, attach additional blank pages or use additional **Witness** pages).
Signature/Date of Report	The person completing the form must sign and date the form and provide his or her address. The signature is a legal requirement ***(mandatory field)***.

WHAT WE ARE REQUESTING IN SPECIFIC FIELDS (continued)

(2) REMOVE INSTRUCTION SHEET AT LEFT

Unit	The person completing the report should be Unit 1. Unit 2 is the other party involved. If more parties are involved, attach additional blank pages or use additional **Units Involved** pages. A unit may be a motor vehicle (motorcycle, etc.), pedalcycle (bicycle, tricycle, unicycle), pedestrian (wheelchairs, skateboards, and roller skates), or property owner (fence, yard, trees, ditch, etc.) that had damage. If you are a property owner, enter in the name, address, and estimated cost for repair. Check the appropriate box to indicate if you are a motor vehicle, pedalcycle, pedestrian, or property owner.
Was Helmet Used	Check the appropriate box to indicate if a helmet was used if you were a motorcyclist, pedalcyclist, skater, or skateboarder.
Name	Provide your full last name, full first name, and middle initial.
Sex	Check the appropriate box.
Address	Provide your full address and/or a mailing address (check the box if this is a new address), city, state, and ZIP code.
Driver's License #	Provide your driver's license number.
State	Indicate the state that issued your driver's license.
Date of Birth	Provide the month, date, and year you were born.
License Plate/State	Provide your license plate number and the state where the vehicle is registered.
VIN	Provide the Vehicle Identification Number. It can be 10 to 17 characters long (found on the vehicle registration or on your insurance card).
Trailer Plate #	If you were pulling a flatbed, camping trailer, etc., provide the license plate number and state.
Estimated Cost to Repair Vehicle or Object Struck	Estimate the cost to fix your vehicle or the object struck.
Vehicle Year	Provide the year of your vehicle.
Make	Provide the make (i.e., Ford, Chevrolet, Dodge, etc.).
Model	Provide the model (i.e., Taurus, Lumina, Charger, etc.).
Body Style	Provide the body style (i.e., 2 door, 4 door, hatchback, etc.).
Registered Owner	Provide the full name, address, state, and ZIP code of the registered owner.
Was Auto Liability Insurance in Effect at Time of the Collision	Check the appropriate box.
Insurance Company and Policy Number	Provide the name of your insurance company and policy number.
Nature of Injuries	Indicate the type of injuries, if any (head pain, chest pain, legs hurt, etc.).
Mark if This Unit Was a Commercial Vehicle	Indicate if this was a commercial vehicle. Types of commercial vehicles may include cement truck, semi with attached trailer, school bus (vehicle with a gross vehicle weight rating [GVWR] of more than 26,000 pounds).
Shade In Damaged Area of Vehicle	Shade in the area where damage occurred on the vehicle.
Passengers	Identify passengers by the unit number they belong to (i.e., Unit 1, Unit 2, etc.). If there were more than two passengers, use an additional **Units Involved** page for other passengers. Complete the passenger fields as follows:
	Name — Provide the full last name, full first name, and middle initial.
	In Unit # — Indicate which unit they were in (i.e., Unit 1, Unit 2, etc.).
	Sex — Check the appropriate box.
	Address — Provide full address and/or mailing address including city, state, and ZIP code.
	Date of Birth — Provide the month, day, and year they were born.
	Nature of Injuries — Indicate the type of injuries incurred.
	If Motorcyclist or Pedalcyclist Was Helmet Used — Check the appropriate box.

STATE OF WASHINGTON
VEHICLE COLLISION REPORT

REPORT NO.

DATE OF COLLISION M M D D Y Y Y Y

DAY OF COLLISION SUN ☐ MON ☐ TUE ☐ WED ☐ THU ☐ FRI ☐ SAT ☐

TIME OF COLLISION HOUR MINUTES ☐ AM ☐ PM

INVESTIGATED BY:
- ☐ STATE PATROL
- ☐ CITY POLICE
- ☐ SHERIFF
- ☐ OTHER POLICE
- ☐ NO INVESTIGATION

COLLISION INVOLVED ☐ VEHICLE FIRE ☐ HIT & RUN ☐ STOLEN VEHICLE

TOTAL # UNITS | TOTAL # INJURIES | TOTAL # DEATHS

UNITS = MOTOR VEHICLE, PEDESTRIANS, PEDALCYCLE AND/OR PROPERTY OWNER

PLACE WHERE COLLISION OCCURRED

COUNTY

CITY OR TOWN

ROAD SURFACE
- ☐ DRY
- ☐ WET
- ☐ SNOW
- ☐ ICE
- ☐ SAND/MUD
- ☐ OIL
- ☐ STANDING WATER
- ☐ OTHER

WEATHER
- ☐ CLEAR/PTLY CLOUDY
- ☐ OVERCAST
- ☐ RAINING
- ☐ SNOWING
- ☐ FOG
- ☐ SLEET
- ☐ SEVERE CROSSWIND
- ☐ OTHER

LIGHT CONDITIONS
- ☐ DAYLIGHT
- ☐ DAWN
- ☐ DUSK
- ☐ DARK-STREET LIGHTS ON
- ☐ DARK-STREET LIGHTS OFF
- ☐ DARK-NO STREET LIGHTS
- ☐ OTHER

LOCATION OF WHERE COLLISION OCCURRED:

NAME OF STREET/HIGHWAY YOU WERE ON OR ADDRESS/NAME OF PARKING LOT:

DISTANCE FROM _____ . _____ in FEET ☐ MILES ☐ N ☐ E ☐ S ☐ W ☐

NEAREST STREET OR LAND MARK (BRIDGE, RR CROSSING, OTHER LAND MARK):

WAS DRIVER DISTRACTED

UNIT #____ ☐ YES ☐ NO

UNIT #____ ☐ YES ☐ NO

DISTRACTIONS INCLUDE: OPERATING A TELECOMMUNICATION DEVICE, ELECTRONIC DEVICES, PDA, LAPTOP COMPUTER, NAVIGATION DEVICES, ADJUSTING AN AUDIO OR ENTERTAINMENT SYSTEM, SMOKING, INSIDE DISTRACTIONS, OUTSIDE DISTRACTIONS, EATING OR DRINKING, ANIMALS, PASSENGERS, ETC.

DISTRACTED BY: _____

DESCRIBE BELOW WHAT HAPPENED (REFER TO UNITS BY NUMBER)

DIAGRAM

INDICATE ON THIS DIAGRAM WHAT HAPPENED

1. TRACE THE OUTLINE THAT REFLECTS YOUR COLLISION SCENE, WRITING IN STREET OR HIGHWAY NAMES.
2. NUMBER EACH UNIT AND SHOW DIRECTION OF TRAVEL BY ARROW

→ 1 2 ←

SHOW NORTH BY ARROW IN CIRCLE

STREET OR HIGHWAY _____

AT MOMENT OF COLLISION: UNIT #____
- ☐ PARKED UNOCCUPIED
- ☐ PARKED OCCUPIED
- ☐ STOPPED
- ☐ MOVING

AT MOMENT OF COLLISION: UNIT #____
- ☐ PARKED UNOCCUPIED
- ☐ PARKED OCCUPIED
- ☐ STOPPED
- ☐ MOVING

STREET OR HIGHWAY

WITNESS NAME | ADDRESS | PHONE NUMBER
1

WITNESS NAME | ADDRESS | PHONE NUMBER
2

(OFFICIAL USE ONLY)
UNIT #____ WAS ON-DUTY LAW ENFORCEMENT OR FIREFIGHTER (RCW 41.26.030)

SIGNATURE OF PERSON COMPLETING REPORT | **ADDRESS**

X

DATE OF REPORT MO. DAY YEAR

MAIL TO: WASHINGTON STATE PATROL, RECORDS SECTION, PO BOX 42628, OLYMPIA, WA 98504-2628

PAGE **OF**

UNITS INVOLVED

REPORT NO.

UNIT #_____ (MARK ONLY ONE) ☐ MOTOR VEHICLE ☐ PEDAL-CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER WAS HELMET USED BY MOTORCYCLIST, PEDALCYCLIST, SKATER, SKATEBOARDER? ☐ YES ☐ NO

LAST NAME

NATURE OF INJURIES

FIRST NAME MIDDLE INITIAL SEX ☐ M ☐ F

ADDRESS NEW ☐

CITY ST ZIP

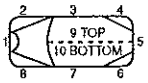
DRIVER'S LICENSE # STATE D.O.B. MM-DD-YYYY

LICENSE PLATE # STATE VIN

☐ MARK IF THIS UNIT WAS A COMMERCIAL VEHICLE

TRAILER PLATE # STATE ESTIMATED COST TO REPAIR VEHICLE OR OBJECT STRUCK $ .00

VEHICLE SHADE IN DAMAGED AREA



VEH YEAR MAKE (CHEV, FORD) MODEL (CAMARO, TAURUS) BODY STYLE (2 DR)

REGISTERED OWNER (LAST - FIRST - MIDDLE INITIAL) OWNER'S ADDRESS (STREET, CITY, STATE & ZIP CODE)

WAS AUTO LIABILITY INSURANCE IN EFFECT AT TIME OF THE COLLISION? ☐ YES ☐ NO INSURANCE COMPANY AND POLICY NUMBER

UNIT #_____ (MARK ONLY ONE) ☐ MOTOR VEHICLE ☐ PEDAL-CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER WAS HELMET USED BY MOTORCYCLIST, PEDALCYCLIST, SKATER, SKATEBOARDER? ☐ YES ☐ NO

LAST NAME

NATURE OF INJURIES

FIRST NAME MIDDLE INITIAL SEX ☐ M ☐ F

ADDRESS NEW ☐

CITY ST ZIP

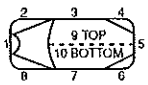
DRIVER'S LICENSE # STATE D.O.B. MM-DD-YYYY

LICENSE PLATE # STATE VIN

☐ MARK IF THIS UNIT WAS A COMMERCIAL VEHICLE

TRAILER PLATE # STATE ESTIMATED COST TO REPAIR VEHICLE OR OBJECT STRUCK $ .00

VEHICLE SHADE IN DAMAGED AREA



VEH YEAR MAKE (CHEV, FORD) MODEL (CAMARO, TAURUS) BODY STYLE (2 DR)

REGISTERED OWNER (LAST - FIRST - MIDDLE INITIAL) OWNER'S ADDRESS (STREET, CITY, STATE & ZIP CODE)

WAS AUTO LIABILITY INSURANCE IN EFFECT AT TIME OF THE COLLISION? ☐ YES ☐ NO INSURANCE COMPANY AND POLICY NUMBER

PASSENGERS

LAST NAME IN UNIT

FIRST NAME MIDDLE INITIAL SEX ☐ M ☐ F

ADDRESS D.O.B. MM-DD-YYYY

NATURE OF INJURIES IF MOTORCYCLIST OR PEDALCYCLIST WAS HELMET USED? ☐ Y ☐ N

LAST NAME IN UNIT

FIRST NAME MIDDLE INITIAL SEX ☐ M ☐ F

ADDRESS D.O.B. MM-DD-YYYY

NATURE OF INJURIES IF MOTORCYCLIST OR PEDALCYCLIST WAS HELMET USED? ☐ Y ☐ N

FORM 15

Washington State Toxicology Laboratory - Washington State Patrol

Driving Under the Influence/DRE – Request for Analysis

2203 Airport Way S Ste 360
Seattle WA 98134-2027
Phone: (206) 262-6100
Fax: (206) 262-6145
e-mail: toxlab@wsp.wa.gov

Subject's Information: (Please print clearly)

Name: _____
Last First MI

Date of Birth: ____/____/____ **Sex:** M ☐ F ☐ **DUI** ☐ **DRE** ☐ DRE Evaluator: _____

Date Sent: ____/____/____ **Date of Incident / Arrest:** ____/____/____

Agency Case # _____ **County** _____

Sent By: Name: _____ Phone: ( )

Send Results To: _____

Agency: _____

Address: _____

City St Zip: _____

Return Evidence To (if different):

Traffic Information: Accident? Y ☐ N ☐ Vehicular Homicide? Y ☐ N ☐

Driver ☐ Passenger ☐ Pedestrian ☐ Vehicular Assault? Y ☐ N ☐

Number of vehicles? 1 ☐ 2 ☐ 3 or more ☐

Was medical treatment given prior to blood draw? Y ☐ If yes, list any drugs:

Case History: brief description of the incident **and** attach copy of the investigation report/DRE Face Sheet:

- ☐ No DRE Available
- ☐ Subj. refused DRE
- ☐ Subject injured
- ☐ DRE not requested

Drugs suspected or admitted: list symptoms, observations, drug history, prescriptions, etc.

Sample Information:

Specimen	Collected	Sent
Blood		
Urine		
Other		

Analysis Requested:

Blood Alcohol: ☐

Drug Screen:
Blood ☐ Urine ☐

Other: (Specify)

DRE Opinion: (check box)

- ☐ CNS Depressants
- ☐ CNS Stimulants
- ☐ Hallucinogens
- ☐ Dissociative Anesthetic
- ☐ Narcotic Analgesics
- ☐ Inhalants
- ☐ Cannabis

Chain of Custody: (signature required) Please print name

From: _____ To: _____ Date: _____

From: _____ To: _____ Date: _____

From: _____ To: _____ Date: _____

Comments:

Laboratory Use Only

Laboratory #

Date:

Analyst: _____

Specimens Received:

Note all volumes are approximate

A _____ ml _____

B _____ ml _____

C _____ ml _____

D _____ ml _____

E _____ ml _____

Other/Notes:

Sealed Y ☐ N ☐

☐ Box sealed _____

☐ Bag sealed _____

☐ Tubes sealed _____

Samples leaked Y ☐

☐ 1st Class ☐ UPS
☐ Certified ☐ Fed Ex
☐ Registered
☐ Campus Mail
☐ Hand Delivered

RECORDED DEFENDANT STATEMENT

FORM 16

Case #
Citation #

Statement of _____ DOB _____

Primary Phone ( ) _____ Alternate Phone ( ) _____

Driver's License # _____ State _____ Date _____ The time is now _____

I am _____ of the Washington State Patrol.

This statement is being recorded at _____

There are _____ persons present in the room. For the purpose of voice identification, would each person present, besides ☐ Mr. ☐ Ms. ☐ Mrs. _____, who is giving the statement, state your name and occupation one at a time.

Q. _____, do you understand that this statement is being recorded?
Q. Would you give your full name and spell it, please?
Q. Would you give your address, please? _____
Q. Where do you work/study?
Q. What do you do there?
Q. Would you give me your date of birth?

You must understand your constitutional rights before I/we ask you any questions.
Your constitutional rights are as follows:

SUSPECT'S WARNINGS OF 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 THEM.

SUSPECT'S SIGNATURE _____

UNDERSTANDING 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.

WITNESS' SIGNATURE _____ SUSPECT'S SIGNATURE _____

DATE _____ TIME _____ LOCATION _____

Q. Understanding these rights, are you making this statement freely and voluntarily, and without threats or promises of any kind?

QUESTIONS AT END OF STATEMENT

Q. Do you have anything else you would like to add to this statement?
Q. Have any threats or promises been made to you since we started this interview?
Q. At any time during this statement, have you asked the questioning or recording be stopped?
Q. At any time during this statement, have you requested an attorney?

(The following statement is to be read aloud onto the recording by the suspect and then signed.)

I, _____, declare that the facts stated on this recording are true and correct to the best of my knowledge. My statement has been made freely, voluntarily, and without threats or promises of any kind.

_____
Signature

_____
Witness

The time is now _____ and this concludes the statement.

(Final sentence to be completed by interviewer and read aloud at end of recording.)

RECORDED WITNESS STATEMENT

Case #
Citation #

NAME (last, first, middle) _____ DOB _____

STREET _____

CITY _____ STATE _____ ZIP CODE _____

PRIMARY PHONE ( ) _____ ALTERNATE PHONE ( ) _____ DATE/TIME _____

DRIVER'S LICENSE # _____ STATE _____

OFFICER STATEMENTS:

This is the statement of _____. Date of birth _____

The date is _____ and the time is now _____ . I am _____

of the Washington State Patrol. This statement is being recorded at _____.

There are _____ persons present in the room. For purposes of voice identification, would each person present, besides

☐ Mr. ☐ Ms. ☐ Mrs. _____, who is giving a statement, state your name and occupation, one at a time.

WITNESS STATEMENT:

Q. _____, do you understand that this statement is being recorded?
Q. Would you give your full name and spell it, please?
Q. Would you give your address, please? _____
Q. Where do you work/study?
Q. What do you do there?
Q. Would you give me your date of birth?

QUESTIONS AT END OF STATEMENT:

Q. Do you have anything else you would like to add to this statement?
Q. Would you please read the following statement and indicate "yes" or "no"?

I, _____, declare that the facts stated on this recording are true and correct to the best of my knowledge. My statement has been made freely, voluntarily, and without threats or promises of any kind.

Q. Would you please sign this document on the line indicated:

Signature: _____

Witness: _____

The time is now _____ and this concludes the statement.

THANK YOU FOR YOUR ASSISTANCE!

WASHINGTON STATE PATROL
COLLISION INVESTIGATION
AUTOMOBILE ANALYSIS

Case #

FORM 17

VEHICLE NUMBER _____

COLOR	YEAR	MAKE	MODEL	STYLE

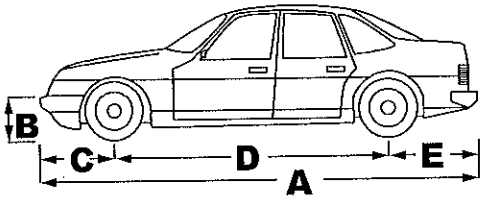
LICENSE NO.	STATE	VEHICLE TAKEN TO	INVESTIGATIVE HOLD
			☐ YES ☐ NO

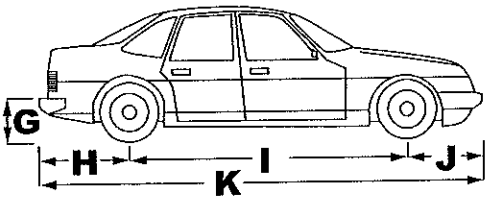
WEIGHT	NAME OF SCALE	CARGO WEIGHT	TYPE OF CARGO

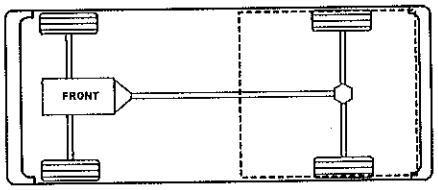
SWITCH POSITION	LEFT FRONT HEADLIGHT HI / LO	LEFT REAR TAIL / BRAKE LIGHTS
☐ ON ☐ OFF		
LAMP REMOVED BY	RIGHT FRONT HEADLIGHT HI / LO	RIGHT REAR TAIL / BRAKE LIGHTS

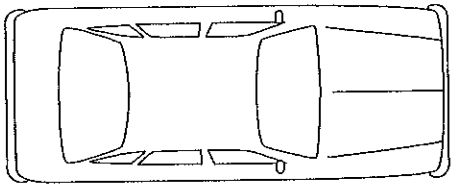
STEERING	COMMENTS	TIRES: Locked by damage, not free to rotate	COMMENTS
☐ GOOD		☐ LF ☐ RF	
☐ LOCKED BY DAMAGE		☐ LR ☐ RR	

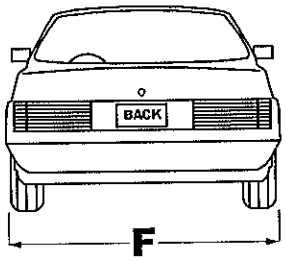
INDICATE DAMAGE		TIRE MAKE	TREAD DEPTH	AIR	SIZE	STUDS
= INDUCED	LF		/32	PSI		☐ YES ☐ NO
= CONTACT	LR		/32	PSI		☐ YES ☐ NO
INDICATE DIRECTION OF FORCE BY ARROW	RR		/32	PSI		☐ YES ☐ NO
	RF		/32	PSI		☐ YES ☐ NO

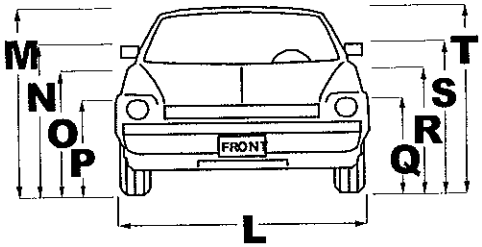












A Length Overall L	
B Top of Bumper Front	
C Front to Front Axle L	
D Wheelbase L	
E Rear Axle to Rear L	
F Track Width Rear	
G Top of Bumper Rear	
H Rear Axle to Rear R	
I Wheelbase R	
J Front to Front Axle R	
K Length Overall R	
L Track Width Front	
M Roof Height R	
N Mirror Height R	
O Fender Height R	
P Headlight Height R	
Q Headlight Height L	
R Fender Height L	
S Mirror Height L	
T Roof Height L	

SIGNATURE	PRINT NAME	BADGE #	DATE

WASHINGTON STATE PATROL
COLLISION INVESTIGATION
TRUCK ANALYSIS

Case #

FORM 18

VEHICLE NUMBER _____

COLOR	YEAR	MAKE	MODEL	STYLE

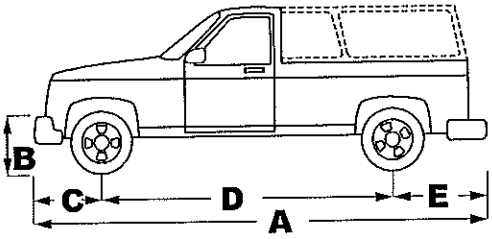
LICENSE NO.	STATE	VEHICLE TAKEN TO	INVESTIGATIVE HOLD
			☐ YES ☐ NO

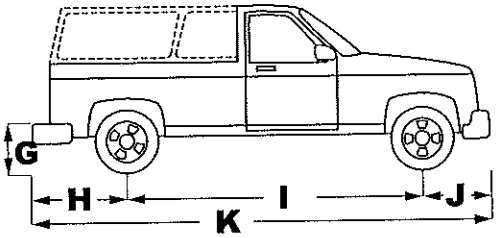
WEIGHT	NAME OF SCALE	CARGO WEIGHT	TYPE OF CARGO

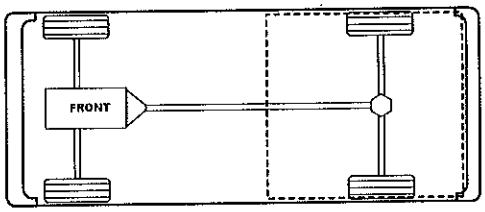
SWITCH POSITION	LEFT FRONT HEADLIGHT HI / LO	LEFT REAR TAIL / BRAKE LIGHTS
☐ ON ☐ OFF		
LAMP REMOVED BY	**RIGHT FRONT HEADLIGHT HI / LO**	**RIGHT REAR TAIL / BRAKE LIGHTS**

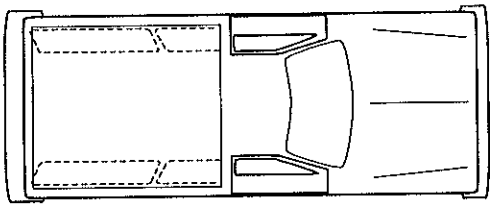
STEERING	COMMENTS	TIRES: Locked by damage, not free to rotate	COMMENTS
☐ GOOD		☐ LF ☐ RF	
☐ LOCKED BY DAMAGE		☐ LR ☐ RR	

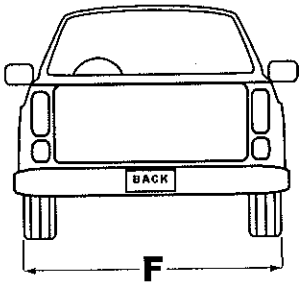
INDICATE DAMAGE		TIRE MAKE	TREAD DEPTH	AIR	SIZE	STUDS
= INDUCED	LF		/32	PSI		☐ YES ☐ NO
= CONTACT	LR		/32	PSI		☐ YES ☐ NO
INDICATE DIRECTION OF FORCE BY ARROW	RR		/32	PSI		☐ YES ☐ NO
	RF		/32	PSI		☐ YES ☐ NO

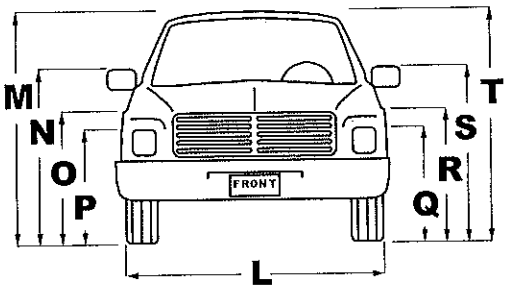












A Length Overall L	
B Top of Bumper Front	
C Front to Front Axle L	
D Wheelbase L	
E Rear Axle to Rear L	
F Track Width Rear	
G Top of Bumper Rear	
H Rear Axle to Rear R	
I Wheelbase R	
J Front to Front Axle R	
K Length Overall R	
L Track Width Front	
M Roof Height R	
N Mirror Height R	
O Fender Height R	
P Headlight Height R	
Q Headlight Height L	
R Fender Height L	
S Mirror Height L	
T Roof Height L	

SIGNATURE	PRINT NAME	BADGE #	DATE

WASHINGTON STATE PATROL
COLLISION INVESTIGATION
MOTORCYCLE ANALYSIS

Case #

FORM 19

VEHICLE NUMBER _____

COLOR	YEAR	MAKE	MODEL	STYLE

LICENSE NO.	STATE	VEHICLE TAKEN TO	INVESTIGATIVE HOLD ☐ YES ☐ NO

WEIGHT	NAME OF SCALE	CARGO WEIGHT	TYPE OF CARGO

SWITCH POSITION ☐ ON ☐ OFF	HEADLIGHT Hi / Low	TAIL LIGHT / BRAKE LIGHT

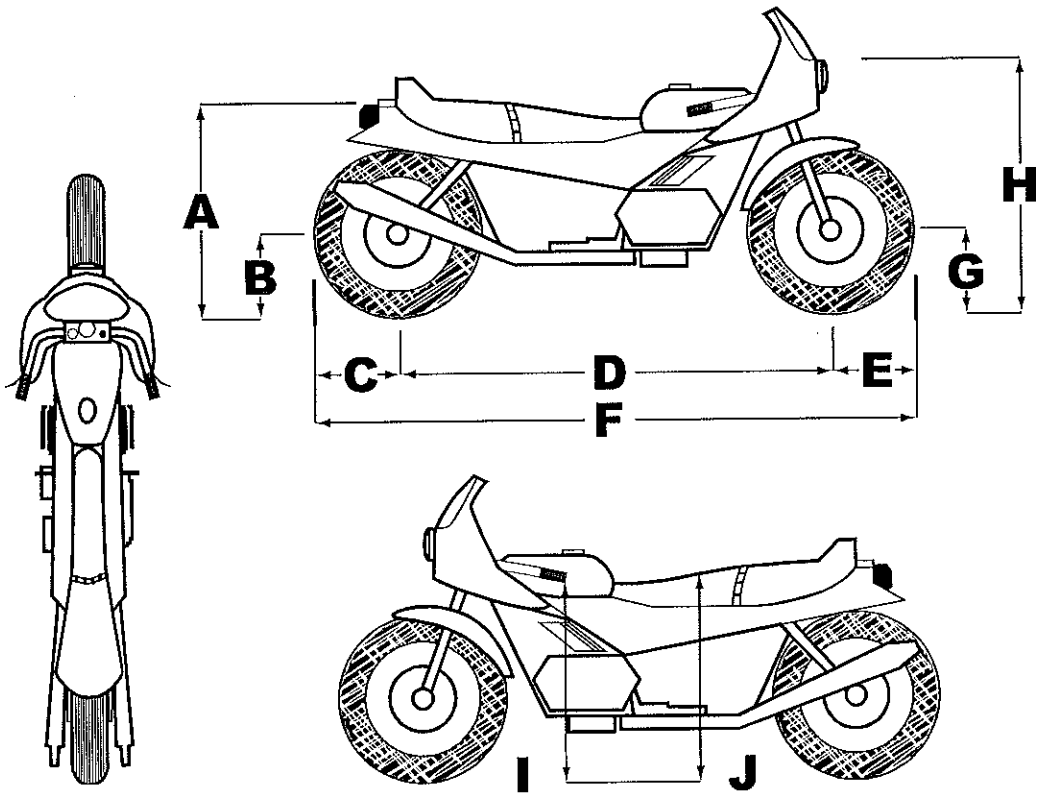
LAMP REMOVED BY

STEERING COMMENTS
☐ GOOD
☐ LOCKED BY DAMAGE

TIRES: Locked by damage, not free to rotate COMMENTS
☐ FRONT ☐ REAR

INDICATE DAMAGE		TIRE MAKE	TREAD DEPTH	AIR	SIZE	STUDS
= INDUCED	FRONT		/32	PSI		☐ YES ☐ NO
= CONTACT	REAR		/32	PSI		☐ YES ☐ NO

INDICATE DIRECTION OF FORCE BY ARROW →



A Tail Light Height	
B Rear Axle Height	
C Rear Axle - Rear	
D Wheelbase	
E Front Axle - Front	
F Overall Length	
G Front Axle Height	
H Headlight Height	
I Handlebar Height	
J Seat Height	

SIGNATURE	PRINT NAME	BADGE #	DATE

FORM 20

REPORT OF INVESTIGATION
Certified Technical Specialist's Narrative

Case #
Citation #

Officer's Name: _____ Badge No.: _____

Video file name (if applicable): _____

Video viewed by officer for this report: ☐ YES ☐ NO

INVESTIGATIVE PROCESS

AMBIENCE

ROADWAY DESCRIPTION

WITNESS STATEMENTS

SUSPECT INFORMATION

VICTIM/OCCUPANT INFORMATION

OCCUPANT KINEMATICS

SCENE ANALYSIS

VEHICLE ANALYSIS

EVIDENCE

SPEED CALCULATIONS

COLLISION

3000-110-033 (R 1/15)

REPORT OF INVESTIGATION
Certified Technical Specialist's Narrative

Case #
Citation #

Officer's Name: _____ Badge No.: _____

PRE-COLLISION

COLLISION DYNAMICS

POST-COLLISION

CONCLUSION

I certify (or declare) under penalty of perjury under the laws of the State of Washington that this report is true and correct (RCW 9A.72.085):			
Officer's Signature	Officer's Printed Name	Badge #	Date Signed

CID Review			
Case Type: ☐ FATAL ☐ PATROL CAR COLLISION ☐ FELONY COLLISION ☐ OTHER _____	Detective Signature	Badge #	Date Signed

FOB Review				
Place Signed	Approved by (Signature)	Approved by (Printed Name)	Badge #	Date Signed

FORM 21

Authorization to Release Medical Information to the WASHINGTON STATE PATROL

I _____ as:
(Person Authorizing Consent)

☐ Patient ☐ Patient's Parent/Legal Guardian ☐ Patient's Authorized Representative

PATIENT NAME _____ **DOB** _____

PATIENT ADDRESS _____

I request and authorize _____
(Medical Facility)

to release health care information of the patient named above to:

Name _____

Address _____

City, State, ZIP _____

For the purpose of _____
(Describe the Event, Location, and Date)

relating to my treatment on _____ and ending on _____

INFORMATION TO BE RELEASED

(Check all appropriate boxes)

- ☐ Summary of Medical History/Treatment
- ☐ Advance Notice of Discharge Date/Time Only
- ☐ Radiology Records
- ☐ Operative Reports
- ☐ Laboratory/Diagnostic Tests
- ☐ Consultations
- ☐ Emergency Room Records
- ☐ Other: _____

Any and all records concerning these subject areas:

- ☐ H.I.V./AIDS Testing/Treatment
- ☐ Mental Illness/Mental Health Treatment
- ☐ Sexually Transmitted Diseases
- ☐ Drug/Alcohol Abuse Treatment

I hereby release the above medical facility, personnel, and others from any liability or damage which may result from furnishing the information requested. In addition, my care providers may discuss my medical condition and any treatment with the investigating trooper or his/her designee. This authorization expires in ninety (90) days unless otherwise specified: ____/____/_____. This form does not permit disclosure of health information created more than ninety (90) days from the date this form is signed. I also understand I may revoke this consent in writing, and once my health information is disclosed, the persons or organization that receives it may re-disclose it, at which time it may no longer be protected under privacy laws.

_____ _____
Signature of Patient Signature of Person Other Than Patient/Relationship to Patient

_____ _____
Officer's Signature Badge Number Date

A photocopy of this authorization shall be as valid as the original.

FORM 22

WASHINGTON STATE PATROL

RECEIPT FOR PROPERTY

TO: NAME, ADDRESS (including ZIP code), Phone Number	PROPERTY NUMBER DATE/TIME

I HEREBY ACKNOWLEDGE RECEIPT OF THE FOLLOWING DESCRIBED CASH OR ITEM(S) FROM THE ABOVE DESCRIBED INDIVIDUAL.

AMOUNT OR QUANTITY	DESCRIPTION OF ITEMS	PURPOSE (If Applicable)

RECEIVED BY

_____ Check if possible biohazard. I have been made aware that the item(s) described above is/are contaminated with potential biohazards. I hereby release the WSP, and it's employees from any responsibility from further handling or disposition of the item(s).

PRINT _____ SIGNATURE _____

RECEIVED FROM

PRINT _____ SIGNATURE _____

WITNESSED BY

PRINT _____ SIGNATURE _____

3000-110-203 R (9/97) ORIGINAL - ATTACH TO MASTER PROPERTY - EVIDENCE REPORT