

# NONCONSENSUAL BLOOD DRAW REQUEST

CHICAGO POLICE DEPARTMENT

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PURSUANT TO 625 ILCS 5/11-501.2 (c) (2):

I \_\_\_\_\_, BEING A DULY SWORN POLICE OFFICER OF THE STATE OF ILLINOIS, HEREBY REQUEST THE ASSISTANCE OF \_\_\_\_\_ IN THE COLLECTION OF A BLOOD SAMPLE FROM \_\_\_\_\_. I FURTHER CERTIFY THAT PROBABLE CAUSE EXISTS TO BELIEVE THAT \_\_\_\_\_ HAS COMMITTED A DUI VIOLATION AND HAS CAUSED THE DEATH OR PERSONAL INJURY TO ANOTHER PERSON. PERSONAL INJURY SHALL MEAN ANY TYPE "A" INJURY AS INDICATED ON A TRAFFIC CRASH REPORT THAT REQUIRES IMMEDIATE PROFESSIONAL ATTENTION IN EITHER A DOCTOR'S OFFICE OR A MEDICAL FACILITY. A TYPE "A" INJURY INCLUDES SEVERE BLEEDING WOUNDS, DISTORTED EXTREMITIES, AND INJURIES THAT REQUIRE THE PERSON TO BE CARRIED FROM THE SCENE.

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date/Time

\_\_\_\_\_  
Reporting Member's Signature

\_\_\_\_\_  
Date/Time

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The Department member witnessing the nonconsensual blood draw or the attempt of a nonconsensual blood draw must complete this section upon completion or refusal of the blood draw. (Check only one.)

- 1. Nonconsensual blood draw was successfully completed.
- 2. Hospital agreed to perform a nonconsensual blood draw but the arrestee refused (either verbally or physically) to cooperate.
- 3. Arrestee was available to submit to a nonconsensual blood draw but hospital staff declined to complete the blood draw.
- 4. Arrestee was unconscious and/or receiving medical treatment and a blood draw was conducted for medical reasons.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

\_\_\_\_\_  
Printed Name of Attending Physician

\_\_\_\_\_  
Hospital

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\_\_\_\_\_  
Reporting Member (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Star No.

\_\_\_\_\_  
Date/Time

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CPD-11.564 (6/12)

Distribution: Attach original to the Alcohol/Drug Influence Report (CPD-22.118).