



Paralegal Division MCLE Meeting
Location: DuPage County Bar Center Classroom
Date: December 6, 2018

11:45 AM - Noon

Welcome/Introductions

Eric Delgado, Section Chair

Noon - 1:00 PM

Program

Handling a DUI case from the phone call to the disposition.
Will Thayer of Momkus LLC

Will Thayer is a partner at Momkus LLC practicing in the areas of family and criminal law. Will graduated from Ohio University with his B.A. in English in 2008. He then received his J.D. from Chicago-Kent College of Law in 2011. He was an Assistant State's Attorney in DuPage County from 2011-2014, during which time he prosecuted traffic offenses, misdemeanors, and felonies. In 2014 he joined Roberts PC and had remained with Momkus LLC since the two firms merged in 2016. He practices in the areas of family law and criminal defense and has tried over 300 cases in his career. From 2013-2014 he was also an instructor at the Suburban Law Enforcement Academy. He is a member of both the DuPage County Bar Association and the Illinois State Bar Association. His article, *Transmutation: Muddled Assets Shouldn't Lead to Muddled Evidence Presentation*, was published in the December 2014 issue of the Illinois State Bar Family Law Newsletter.

Presentation Summary

Attendees will learn how to handle a DUI matter from the initial phone call with a potential client until the resolution of the case. DUI matters are unique and have important deadlines. DUI matters also have evidentiary considerations and potential hearings all during the pre-trial stage of the case. Attendees will also learn how to properly work up a DUI matter and present the case in the best possible matter.



Next Meeting **February 7, 2019**

DCBA Events: DuPage County Bar Foundation Holiday Breakfast on Thursday,
December 13th @ the ARC from 8:00 am – 10:30 am

Lawyers’ Lending a Hand Toy Sorting on Monday, December 17th
at the Bar Center at 5 p.m. – 7 pm

Ask a Lawyer Help Desk seeking volunteers on Thursday,
December 20th from 1 pm- 4:30 pm

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View & Print All CLE Certificates through the DCBA Website:

Manage Profile -> Professional Development (under content & features) and choose the icon to the left of each meeting to print your certificate directly or choose to have them emailed to you to save to your computer (you MUST be logged in to view this feature)

Handling a DUI Case from the Phone Call to the Disposition

Will Thayer
Partner, Momkus LLC

625 ILCS 5/11-501

- ▶ (a)(1)- Alcohol in blood or breath is .08 or greater
- ▶ (a)(2)- Under the influence of alcohol
- ▶ (a)(3)- Under the influence of intoxicating compound(s)- K1, etc.
- ▶ (a)(4)- Drug or combination of drugs that causes impairment- DRE
- ▶ (a)(5)- Combination of alcohol, drugs, or intoxicating compounds.
- ▶ (a)(6)- Any amount of drug(s), or intoxicating compound(s) in blood, breath, or urine.
- ▶ (a)(7)-w/i 2 hours of driving, or actual physical control, person has THC in their system.

Arrest of Defendant

- ▶ Stop
 - Reasonable Articulable Suspicion

- ▶ Seizure
 - Reason to investigate further?

- ▶ Arrest
 - Standard is probable cause
 - Field Sobriety Tests, PBT, statements, observations by officer

Field Sobriety Tests

- ▶ HGN
 - ▶ Admissible to show alcohol consumption
- ▶ Walk and Turn
 - ▶ 8 Clues
 - ▶ Admissible to show impairment
- ▶ One Legged Stand
 - ▶ 4 Clues
 - ▶ Admissible to show impairment
- ▶ Portable Breath Test
 - ▶ Only admissible at hearing, not trial

Walk and Turn

- ▶ Divided Attention Test
- ▶ 2 clues or more is a fail; 68% accurate
- ▶ 8 clues
 - ▶ Cannot keep balance while listening to instructions
 - ▶ Starts before instructions are finished
 - ▶ Stops while walking
 - ▶ Does not touch heel to toe
 - ▶ Steps off line
 - ▶ Uses arms to balance
 - ▶ Improper turn
 - ▶ Incorrect number of steps

One Legged Stand

- ▶ 4 Clues
 - ▶ Sways while balancing
 - ▶ Uses arms for balance
 - ▶ Hops
 - ▶ Puts foot down

Two or more clues fail
65% accurate

Portable Breath Test

- ▶ Only admissible at hearings
 - ▶ Doesn't pass *Frye*
- ▶ 15 minute observation period
- ▶ Calibrated every 93 days

NHTSA

- ▶ National Highway and Traffic Safety Administration
- ▶ Sets forth standard for field sobriety tests
- ▶ Conducted studies in 1977, 1981, 1995, and 1997. There have been some regional updates.
- ▶ Nationwide officer error rate is 47%
- ▶ When administered correctly and used together the big three are 82% accurate

Defendant taken to Station

- ▶ Breath test offered

- ▶ Warning to Motorist
 - ▶ Must be read verbatim
 - ▶ Defendant either submits or refuses

- ▶ Sworn report filled out by officer

Breath Result

- Intox EC/IR
- 20 III. Admin. Code 1286.200
- Instrument must be certified accurate every 62 days
- Auto certifications happen every month on the first
 - Instrument send certification results to central repository at ISP
 - Documents show history of instrument
 - Calibrations and certifications
- Admitted into evidence under business records and/or certified public record

Blood test

▶ Hospital

- ▶ Defendant refuses
 - ▶ Warning to motorist read and Def. refuses
 - ▶ Officer fills out sworn report for refusal- Usually charges Defendant with (a)(2) count
 - ▶ Subpoena medical records
 - ▶ Charge (a)(1) based on result
 - ▶ Implied Consent makes medical records available

Blood test

▶ Medical Emergency

- ▶ Warning read
- ▶ Charge (a)(2)
- ▶ Fills out sworn report
- ▶ SAO Subpoenas BAC
- ▶ Charge (a)(1)
- ▶ RN will need to testify

DUI Kit

- ▶ Warning read to Defendant
- ▶ Kit administered
- ▶ Sent to Lab
- ▶ Kit results received by officer
- ▶ Sworn report filled out and mailed to Def.

Statutory Summary Suspension

- ▶ Within 46 days following the date of notice of summary suspension (sworn report) SOS shall confirm the suspension.
- ▶ No confirmation, no suspension
- ▶ If confirmed, you may need to file a Petition to Rescind the Summary Suspension

Summary Suspension Length

- ▶ First time- Refused
 - ▶ 12 months
- ▶ First time- .08 or greater
 - ▶ 6 months
- ▶ Subsequent offense- Refused
 - ▶ 36 months
- ▶ Subsequent offense- .08 or greater
 - ▶ 12 months

For SOS purposes, treated as a first time offender after 5 years

Petition to Rescind

- ▶ 90 days from service of Notice (sworn report) the Petition must be filed
- ▶ Hearing must occur either on first court date or:
 - ▶ Local Court Rule 34.07- Not less than 26, nor more than 42 days from the arrest date
 - ▶ Supreme Court- Not less than 14 nor more than 60.
- ▶ Hearing must also occur within 30 days from the date the Petition is filed. This can be tolled if Def. requests a continuance.

Basis for Petition to Rescind

- ▶ Reasonable grounds for stop
- ▶ Not read the Warning to Motorist
- ▶ Did not refuse/result was under .08
- ▶ Not properly placed under arrest
 - ▶ Burden lower
 - ▶ Hearsay admissible

MDDP and BAID

- ▶ Breath Alcohol Ignition Interlock Device
 - ▶ Installed in vehicle and breath sample must be under .05
 - ▶ Will require sample to start and periodically during travel
- ▶ MDDP is a Monitoring Device Driving Permit
 - ▶ First time offender eligibility only
 - ▶ Requires BAID installation within 14 days of issuance
 - ▶ Only effective on 31st of suspension, meaning Defendant will still have to serve 30 days of suspension

DUI Counseling

- ▶ Level I
 - ▶ Minimal risk
 - ▶ 1 year to complete
 - ▶ 10 hours of DUI risk education
 - ▶ 2 ½ hours per week for 4 weeks
 - ▶ Usually done in group setting

Level II M

- ▶ Moderate
 - ▶ 1 year term
 - ▶ 10 hours DUI risk education
 - ▶ 12 hours of primary treatment
 - ▶ 8 one and half hour sessions
 - ▶ Usually group sessions unless counselor feels one on one is warranted.

Level II S

- ▶ Significant
 - ▶ 18 month term
 - ▶ 6 months of aftercare at 1 hour per month
 - ▶ 10 Hours of DUI risk education
 - ▶ 20 hours of substance abuse treatment/primary treatment
 - ▶ 14 one and half hour sessions
 - ▶ Groups sessions and one on one

Level III

- ▶ High Risk
- ▶ 2 years
- ▶ 1 year of aftercare at 1 hour per month
- ▶ 75 hours of substance abuse treatment
 - ▶ Intensive inpatient or outpatient
 - ▶ Usually ~3 hours per day

Sentencing

- ▶ First offense- 625 ILCS 5/11-501(c)(1) and (2)
 - ▶ Eligible for supervision
 - ▶ If Conviction enters, license revoked by State for 1 year
 - ▶ If BAC > .16
 - ▶ Minimum 100 hours PSE
 - ▶ Minimum \$500 Fine
 - ▶ Transporting a child < 16
 - ▶ 25 days PSE at charity benefitting children
 - ▶ Minimum \$1,000 fine

Second Offense 625 ILCS 5/11-501(c)(2)

- ▶ Not supervision eligible
- ▶ Minimum 5 days in jail or 240 hours of public service
- ▶ If BAC > .16
 - ▶ Mandatory 2 actual days of jail
 - ▶ Minimum \$1250 fine
- ▶ Transporting child < 16
 - ▶ Additional \$2500 fine
 - ▶ 25 days of PSE benefitting children
 - ▶ Revocation of license for 5 years

Third or More Offense 625 ILCS 5/11-501(d)(1)(A)

- ▶ Felony eligible
- ▶ BAC > .16
 - ▶ Minimum 90 days jail
 - ▶ Minimum \$2,500 fine
- ▶ Transporting child < 16
 - ▶ Additional \$25,000 fine
 - ▶ 25 days PSE benefitting children
- ▶ Revocation by State for 10 years

Initial Phone Call

- ▶ Date of arrest?
- ▶ Which section(s) are they charged under?
- ▶ Sworn report?
- ▶ Confirmation from the Secretary of State?
- ▶ Breath, blood, or urine test?
- ▶ Result of any test, if known?
- ▶ Criminal history, including any past amendments, and dates?
- ▶ License status at the time of arrest?
- ▶ Anyone else in vehicle?

ILLINOIS STATE POLICE
Alcohol and/or Drug Influence Report

Number
F - 15-15-3024J

LAST FIRST MIDDLE
[REDACTED]

CHECK APPROPRIATE CONDITIONS OBSERVED

BALANCE FALLING NEEDED SUPPORT WOBBLING SWAYING UNSURE SURE

WALKING FALLING STAGGERING STUMBLING SWAYING UNSURE SURE

TURNING FALLING STAGGERING HESITANT SWAYING UNSURE SURE

UNDER 21? Yes No Where were field sobriety tests performed at: On scene Other

Describe location where field sobriety tests given: FLAT LEVEL SURFACE FREE OF ANY LARGE DEBRIS

Horizontal Gaze Nystagmus Test

Contacts Yes No Equal Tracking Yes No
*Check Pupil Size

Eye does not follow smoothly
Distinct Nystagmus at maximum deviation
Onset before 45°

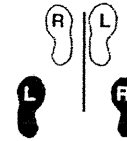
LEFT	RIGHT
X	X

Vertical Nystagmus: YES

Other MOVED HEAD

TOTAL CLUES
3

One Leg Stand Test



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

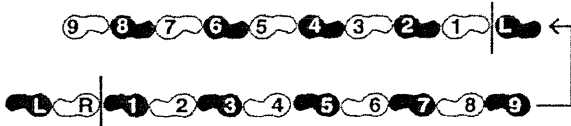
Cannot do test - Explain COULD NOT LIFT FOOT

Other: _____

Type of footwear _____

TOTAL CLUES

Walk and Turn Test



Instruction Stage

Can't keep balance Starts too soon

Walking Stage

	1st NINE	2nd NINE
Stops Walking		
Misses Heel-Toe	ALL	ALL
Steps Off Line	ALL	ALL
Raises Arms	FIRST 9	
Actual Steps Taken	8	10

Improper turn (Describe) SPUN ON HEALS

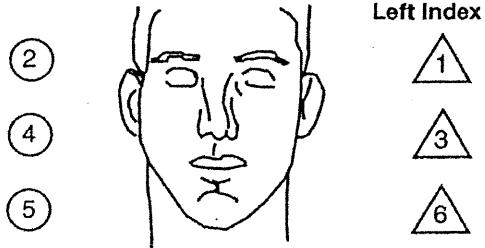
Cannot do test - Explain _____

Other: _____

TOTAL CLUES
8

Finger to Nose Test

Draw lines to points touched (Not an SFST test)



Comments: NOT OFFERED

ABILITY TO UNDERSTAND INSTRUCTIONS: POOR FAIR GOOD TESTS PERFORMED: DATE 09/01/15 TIME 5:03 PM AM

Effects Of Alcohol/Drugs or Combination:

Extreme Obvious Slight None

Ability to drive: Unfit Fit

Video Tape Yes No

Video Tape Number _____

PBT Result NOT OFFERED

Performance observed by: _____

Arresting Officer: _____

I.D. No. _____

Chemical Tests Given:

None Breath Blood Urine

Person collecting blood and/or urine sample.

Name: _____

Attending Doctor: _____

Sample to be analyzed by: ISP CRIME LAB

Location of Lab: _____

CHEMICAL TEST

Reporting Officer

ID Number

Reviewing Officer

ID Number

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CLOTHES	DESCRIBE: (TYPE & COLOR)	HAT OR CAP _____	SHOES <u>work boots</u>
		JACKET OR COAT _____	SHIRT OR DRESS <u>DIRTY T-SHIRT</u>
		PANTS OR SKIRT <u>JEANS</u>	
	CONDITION:	<input type="checkbox"/> DISORDERLY	<input type="checkbox"/> DISARRANGED
	(DESCRIBE)	<input checked="" type="checkbox"/> SOILED	<input type="checkbox"/> MUSSED
		<input type="checkbox"/> ORDERLY	
BREATH	ODOR OF ALCOHOLIC BEVERAGE:	<input type="checkbox"/> STRONG	<input type="checkbox"/> MODERATE
		<input type="checkbox"/> FAINT	<input checked="" type="checkbox"/> NONE
ATTITUDE	<input type="checkbox"/> EXCITED	<input type="checkbox"/> HILARIOUS	<input type="checkbox"/> TALKATIVE
	<input type="checkbox"/> COMBATIVE	<input checked="" type="checkbox"/> INDIFFERENT	<input type="checkbox"/> INSULTING
	<input type="checkbox"/> CAREFREE	<input type="checkbox"/> SLEEPY	<input type="checkbox"/> PROFANITY
	<input type="checkbox"/> COCKY	<input checked="" type="checkbox"/> COOPERATIVE	<input type="checkbox"/> POLITE
UNUSUAL ACTIONS	<input type="checkbox"/> HICCOUGHING	<input type="checkbox"/> BELCHING	<input type="checkbox"/> VOMITING
	<input type="checkbox"/> FIGHTING	<input type="checkbox"/> CRYING	<input type="checkbox"/> LAUGHING
SPEECH	<input type="checkbox"/> NOT UNDERSTANDABLE	<input type="checkbox"/> MUMBLED	<input type="checkbox"/> SLURRED
	<input type="checkbox"/> THICK TONGUED	<input type="checkbox"/> STUTTERED	<input type="checkbox"/> ACCENT
	<input checked="" type="checkbox"/> CONFUSED	<input type="checkbox"/> FAIR	<input type="checkbox"/> GOOD
INDICATE ANY OTHER UNUSUAL ACTIONS OR STATEMENTS: <u>I SMOKE A CIGARETTE THAT SMELLED LIKE HEROIN</u>			
SIGNS OR COMPLAINT OF ILLNESS OR INJURY:			

INTERVIEW: MIRANDA WARNING: Answers to questions below fall under the MIRANDA RULE Information from these questions should not be placed in evidence unless the MIRANDA WARNING has been given.

MIRANDA WARNING GIVEN: No Yes

INTERVIEW LOCATION M11 TIME 7:24 PM DATE 09/01/15

WITNESSES TO INTERVIEW [REDACTED]

WHAT CITY (COUNTY) ARE YOU IN? DUPAGE

WHAT TIME IS IT NOW? CLOSE TO 7

WHAT IS THE DATE? SEPT 20TH

WHAT DAY OF THE WEEK IS IT? TUESDAY

ARE YOU ILL? YES NO

IF YES, WHAT IS WRONG? _____

DO YOU TAKE INSULIN? YES NO

IF YES, LAST DOSE? _____

HAVE YOU BEEN INJURED LATELY? YES NO

IF YES, DESCRIBE INJURY? _____

HAVE YOU SEEN A DR./DENTIST LATELY? YES NO

IF YES, WHO & WHAT FOR? _____

HAVE YOU TAKEN ANY MEDICATION IN THE LAST 6 HOURS?
 YES NO IF YES, WHAT? _____

WHEN DID YOU LAST EAT? 2 PM WITH GRANMA

WHAT DID YOU EAT? TACOS

HAVE YOU BEEN DRINKING? YES NO

IF YES, WHAT? _____

HOW MUCH? _____

WHERE HAVE YOU BEEN DRINKING? _____

STARTED _____ STOPPED _____

WHAT WERE YOU DOING THE LAST 3 HOURS?
DRIVING THE WRONG DIRECTION

WERE YOU OPERATING A VEHICLE? YES NO

WHAT STREET/HIGHWAY WERE YOU ON? NO I DONT

DIRECTION OF TRAVEL? SOUTH

ARE YOU UNDER THE INFLUENCE OF ALCOHOL AND/OR DRUGS NOW?
 YES NO

COMMENTS: _____

WARNING TO MOTORIST

Case Number _____

DUI TRAFFIC CITATION NO. (11-501A1)

DUI TRAFFIC CITATION NO. (11-501A2)
889/025

11-401 Citation No.

DUI TRAFFIC CITATION NO. (OTHER)

Subsequent to an arrest for driving while under the influence of alcohol, other drug(s) or intoxicating compound(s), or any combination thereof (DUI), or Section 11-401 - leaving the scene of a fatal or personal injury accident, you are hereby notified that:

As provided in Section 11-500 of the Illinois Vehicle Code, you are a first offender unless within the last 5 years of this arrest for DUI or leaving the scene you have had:

- A previous conviction or court-assigned supervision for DUI or a similar provision of a local ordinance; or
- A conviction in any other state for DUI or a similar offense where the cause of action is the same or substantially similar to the Illinois Vehicle Code; or
- Pursuant to a DUI arrest, an Illinois driver's license suspension/revocation for refusing to submit to or failing to complete all requested chemical tests, or for submitting to a chemical test(s) disclosing an alcohol concentration of .08 or more or any amount of a drug, substance or intoxicating compound resulting from the unlawful use or consumption of cannabis as listed in the Cannabis Control Act; a controlled substance as listed in the Illinois Controlled Substances Act; an intoxicating compound as listed in the Use of Intoxicating Compounds Act; or methamphetamine as listed in the Methamphetamine Control and Community Protection Act, except in cases where you submitted to a chemical test(s) disclosing an alcohol concentration of .08 or more or any amount of a drug, substance or intoxicating compound resulting from the unlawful use or consumption of cannabis as listed in the Cannabis Control Act; a controlled substance as listed in the Illinois Controlled Substances Act; an intoxicating compound as listed in the Use of Intoxicating Compounds Act; or methamphetamine as listed in the Methamphetamine Control and Community Protection Act, and were subsequently found not guilty of the associated DUI charge.

Considering the above, you are warned:

1. If you refuse or fail to complete all chemical tests requested and:
 - If you are a first offender, your driving privileges will be suspended for a minimum of 12 months; or
 - If you are not a first offender, your driving privileges will be suspended for a minimum of 3 years; or
 - If you were involved in a motor vehicle accident that caused personal injury or death to another, your driving privileges will be revoked for a minimum of 12 months. Personal injury means a Type A injury that requires immediate professional attention in a doctor's office or medical facility, including severely bleeding wounds, distorted extremities, and injuries that require the injured party to be carried from the scene.
2. If you submit to a chemical test(s) disclosing an alcohol concentration of .08 or more or any amount of a drug, substance or intoxicating compound resulting from the unlawful use or consumption of cannabis as listed in the Cannabis Control Act; a controlled substance as listed in the Illinois Controlled Substances Act; an intoxicating compound as listed in the Use of Intoxicating Compounds Act; or methamphetamine as listed in the Methamphetamine Control and Community Protection Act, and:
 - If you are a first offender, your driving privileges will be suspended for a minimum of 6 months; or
 - If you are not a first offender, your driving privileges will be suspended for a minimum of 1 year.

You are further warned that if you are a Commercial Driver's License (CDL) holder, your CDL privileges will be disqualified for the following time period if you refuse to submit to or fail to complete all chemical tests requested, or submit to a chemical test(s) disclosing an alcohol concentration of .08 or more or any amount of a drug, substance or intoxicating compound resulting from the unlawful use or consumption of cannabis as listed in the Cannabis Control Act; a controlled substance as listed in the Illinois Controlled Substances Act; an intoxicating compound as listed in the Use of Intoxicating Compounds Act; or methamphetamine as listed in the Methamphetamine Control and Community Protection Act:

- If you have not had a prior 12-month disqualification of your CDL privileges, your CDL privileges will be disqualified for 12 months.
- If you have had a prior 12-month disqualification of your CDL privileges, your CDL privileges will be disqualified for life.

MOTORIST UNDER AGE 21

You are further warned that as a motorist under age 21, if you submit to a chemical test(s) disclosing an alcohol concentration of more than .00 and less than .08, your driving privileges will be suspended as provided in Sections 6-208.2 and 11-501.8 of the Illinois Vehicle Code.

As provided in Section 6-208.2, you are a first offender unless you have had a previous suspension under Section 11-501.8 for refusing or failing to complete a chemical test(s) or for submitting to a chemical test(s) disclosing an alcohol concentration of more than .00.

- If you are a first offender, your driving privileges will be suspended for a minimum of 3 months; or
- If you are not a first offender, your driving privileges will be suspended for a minimum of 1 year.

SCHOOL BUS DRIVER

You are further warned that as a school bus driver operating a school bus in accordance with Section 6-106.1a of the Illinois Vehicle Code, if you submit to a chemical test(s) disclosing an alcohol concentration of more than .00, your privilege to possess a school bus driver permit will be cancelled for 3 years as provided under Sections 6-106.1a and 6-106.1b of the Illinois Vehicle Code.

Warning Issued To _____
Name of Motorist _____ Driver's License Number _____

Under penalties as provided by law pursuant to Section 1-109 of the Illinois Code of Civil Procedure, the undersigned certifies that the statements set forth in this instrument are true and correct.

Signature of Arresting Officer _____ ID Number #6060

ISP D-15 _____
Law Enforcement Agency _____ a.m.
9/1/15 _____ p.m.
Date of Warning _____ Time of Warning 6:35

LAW ENFORCEMENT SWORN REPORT

Circuit Court, _____ County, 18 Municipal District

Case Number _____

DUI TRAFFIC CITATION NO. (11-501A1)	DUI TRAFFIC CITATION NO. (11-501A2) <u>337 106</u>
11-401 Citation No.	DUI TRAFFIC CITATION NO. (OTHER)

Name _____
Last First Middle

<input type="checkbox"/> CDL holder	Driver's License Number	State
	<u>[REDACTED]</u>	<u>[REDACTED]</u>

Street Address _____
 City & State _____
 Sex _____ Date of Birth _____
 Notice of Summary Suspension/Revocation Given On _____
 Month Day Year

City and/or County of Arrest Carol Stream
 Arrest Date 05 1 20 1 07 00 p.m.
 Place of Refusal or Location of Test(s) Carol Stream Police Department
 Refusal or Test Date 5 1 20 1 17 10 a.m.
 Month Day Year Time

The suspension/revocation shall take effect on the 46th day following issuance of this notice. Subsequent to an arrest for violating Section 11-501 of the Illinois Vehicle Code, or similar provision of a local ordinance or Section 11-401 of the Illinois Vehicle Code, you are hereby notified that on the date shown above, you were asked to submit to a chemical test(s) to determine the alcohol, other drug(s), intoxicating compound(s), or any combination thereof, content of your breath, blood, urine or other bodily substance and warned of the consequences pursuant to Section 11-501.1 of the Illinois Vehicle Code. You have the right to a hearing to contest your suspension/revocation. You must file a petition to rescind your suspension/revocation within 90 days of this notice.

- Because you refused to submit to or failed to complete testing, your driving privileges will be suspended for a minimum of 12 months.*
- Because you submitted to testing conducted pursuant to Section 11-501.2, which disclosed:
 - an alcohol concentration of _____, which is .08 or more; or a delta-9-tetrahydrocannabinol concentration of either 5 nanograms or more of whole blood or 10 nanograms or more of other bodily substance
 - any amount of a drug, substance or intoxicating compound resulting from the unlawful use or consumption of a controlled substance as listed in the Illinois Controlled Substances Act; an intoxicating compound as listed in the Use of Intoxicating Compounds Act; or methamphetamine as listed in the Methamphetamine Control and Community Protection Act; your driving privileges will be suspended for a minimum of 6 months.*
- Because you refused to submit to or failed to complete testing and you were involved in a motor vehicle crash that caused Type A personal injury or death to another, your driving privileges will be revoked for a minimum of 12 months.
- Because you are a CDL holder and you submitted to testing conducted pursuant to 11-501.2 which disclosed any amount of a drug, substance or compound resulting from the unlawful use or consumption of cannabis as covered by the Cannabis Control Act your CDL privileges will be disqualified for a minimum of 12 months.

Driver's license surrendered? Yes No; Reason: _____
 Driver's license valid at time of arrest? Yes (Sign receipt) No (Void receipt)

I have complied with Section 11-501.1 of the Illinois Vehicle Code by having reasonable grounds to believe the arrestee was in violation of Section 11-501 or a similar provision of a local ordinance, or Section 11-401: (Explain)

Vehicle was in lane on 47 mph in a school zone and vehicle was in lane
and was not stopped since the driver was having a seizure. Driver was not aware of the seizure and was not aware of the school zone.

Pursuant to Section 11-501.1 of the Illinois Vehicle Code I have:
 Served immediate Notice of Summary Suspension/Revocation of driving privileges on the above-named person.
 Given Notice of Summary Suspension/Revocation of driving privileges to the above-named person by depositing in the U.S. mail said notice in a prepaid postage envelope addressed to said person at the address as shown on the Uniform Traffic Ticket.

Under penalties as provided by law pursuant to Section 1-109 of the Illinois Code of Civil Procedure, the undersigned certifies that the statements set forth in this instrument are true and correct.

Signature of Arresting Officer _____ ID Number _____

Law Enforcement Agency _____ Date _____
Month Day Year

856734

POLICE OFFICER - RETAIN

JULY 2016 - DSD DC 35.28