

LAW ENFORCEMENT SWORN REPORT

Circuit Court, McHENRY

County, 22ND

Municipal District

Case Number

13-32784
13TR 42238

DUI TRAFFIC CITATION NO. (11-501.1)

675201840

DUI TRAFFIC CITATION NO. (11-501.2)

M035 4556 2392 C3

DUI TRAFFIC CITATION NO. (OTHER)

Name

MARTIN

JAMES

P

Last

First

Middle

CDL holder

Driver's License Number

State

M 6 3 FILED

5 2 3 7 2

K

OCT -7 2013

807 OCEOLA DR

KATHLEEN M. KIPP
McHENRY CITY, OH, CLK

McHENRY COUNTY

City and/or County of Arrest

ALGONA, IL

Arrest Date 10 / 4 / 13 0322

City & State

Month

Day

Year

Time

Sex M Date of Birth 12/31 1982

McHENRY COUNTY SAIC

Place of Refusal or Location of Test(s)

Notice of Summary Suspension/Revocation Given On

10 / 4 / 13

Refusal or Test Date 10 / 4 / 13 0319

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, 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, or urine 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 .150, which is .08 or more; or

☐ any amount of a drug, substance or intoxicating compound in your blood or urine 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; 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.

Driver's license surrendered?

☐ Yes

☒ No; Reason:

USED FOR BOND

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: (Explain) TRAFFIC CRASH, ODOR OF ALCOHOL, GLASSY EYES, ADMISSION TO CONSUMPTION, FST.

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]

Signature of Arresting Officer

2047

ID Number

McHENRY COUNTY SHERIFF'S POLICE

Law Enforcement Agency

Date 10 / 4 / 13

Month

Day

Year