

22CT313 ASB

ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	Juvenile	N
OBTS Number		Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number (N.T.A.'s only) <b>06- 22-023311</b>
Charge Type: Check as many as apply.		1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input checked="" type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other <input type="checkbox"/>		Weapon Seized / Type 2 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>		Multiple Clearance Indicator <input type="checkbox"/>
Location of Arrest (Including Name of Business) <b>Military Trail/Forest Hill Blvd, W Palm Beach FL</b>		Location of Offense (Business Name, Address) <b>Military Trail/Forest Hill Blvd, W Palm Beach FL</b>				
Date of Arrest <b>01/08/2022</b>	Time of Arrest <b>0349</b>	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle <b>Gardens Tow</b>
Name (Last, First, Middle) <b>Macias Carrillo, Carlos Raul,</b>		Alias (Name, DOB, Soc. Sec. #, Etc.)				
Race <b>W - White I - American Indian B - Black O - Oriental/Asian</b>	Sex <b>W M</b>	Date of Birth <b>4/12/1989</b>	Height <b>5'08</b>	Weight <b>164</b>	Eye Color <b>Br</b>	Hair Color <b>Br</b>
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>none</b>		Marital Status <b>Single</b>	Religion <b>CATHOLIC</b>	Indication of Alcohol Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>		
Local Address (Street, Apt. Number) <b>6618 Lytle Ct, West Palm Beach, FL 33405</b>		(City)	(State)	(Zip)	Phone <b>(561) 818 1140</b>	Residence Type: 1. City <input type="checkbox"/> 2. County <input type="checkbox"/> 3. Florida <input type="checkbox"/> 4. Out of State <input checked="" type="checkbox"/>
Permanent Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone <b>( )</b>	Address Source <b>Defendant</b>
Business Address (Name, Street)		(City)	(State)	(Zip)	Phone <b>( )</b>	Occupation <b>construction</b>
D/L Number, State <b>M226100891320, FL</b>		Soc. Sec. Number <b>-</b>	INS Number	Place of Birth (City, State) <b>Honduras</b>		Citizenship <b>Hond</b>
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile	
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile	
Parent Legal Custodian <input type="checkbox"/> Other: <input type="checkbox"/>		Name (Last) (First) (Middle)				Residence Phone <b>( )</b>
Address (Street, Apt. Number)		(City)	(State)	(Zip)	Business Phone <b>( )</b>	
Notified by: (Name)		Date	Time	Juvenile Disposition 1. Handled/ processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated		
Released To: (Name)		Relationship			Date	Time
The above address provided by <input type="checkbox"/> defendant and / or <input type="checkbox"/> defendant's parents. The child and / or parent was told to keep the Juvenile Court Clerk (Phone 355-2526) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)		School Attended		Grade		
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property		Value of Property		
Drug Activity N. N/A S. Sell T. Traffic P. Possess B. Buy R. Smuggle D. Deliver E. Use		K. Dispense/ Distribute M. Manufacture/ Produce/ Cultivate Z. Other		Drug Type N. N/A B. Barbiturate C. Cocaine E. Heroin A. Amphetamine H. Hallucinogen M. Marijuana O. Opium/Deriv. P. Paraphernalia/ Equipment S. Synthetics U. Unknown Z. Other		
Charge Description <b>Driving Under the Influence</b>		Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number <b>316.193(1)A</b>		Violation of ORD #
Drug Activity <b>N</b>	Drug Type <b>N</b>	Amount / Unit	Offense # <b>22-023311</b>	Warrant / Capias Number		Bond
Charge Description <b>Refusal to sign/accept summons</b>		Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number <b>318.14(3)</b>		Violation of ORD #
Drug Activity <b>a</b>	Drug Type <b>a</b>	Amount / Unit	Offense # <b>22-023311</b>	Warrant / Capias Number		Bond
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation of ORD #
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation of ORD #
Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond
Location (Court, Room Number, Address) <b>South County Courthouse, Courtroom #1, 200 W. Atlantic Ave., Delray Beach, FL 33444 - Ph: (561) 355-2996</b>						
Court Date and Time Month <b>2</b> Day <b>3</b> Year <b>2022</b> Time <b>8:30</b> AM <input checked="" type="checkbox"/> PM						
I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED. <b>Refused</b> <b>01/08/2022</b>						
Signature of Defendant (or Juvenile and Parent /Custodian)				Date Signed		
HOLD for other Agency Name:		Signature of Arresting Officer <b>X</b>		Name Verification (Printed by Arrestee)		
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:		Name of Arresting Officer (Print) <b>A. Soloway</b>		I.D. # (PRINT)		
Initials <b>ESL</b>		Transporting Officer <b>A. Soloway</b>		ID # <b>8586</b> <b>PBSO</b>		
I.D. #		Pouch #		Witness here if subject signed with an "X"		
DISTRIBUTION: WHITE - COURT COPY		GREEN - STATE ATTORNEY		YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'s ONLY)		

0483063

540

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 8 DAY OF January 20 22, AT 0253 AM PM

SUBJECT: Macias Carrillo, Carlos Raul, CASE NUMBER: 22-023311

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: A. Soloway

## PERSONAL CONTACT

DRIVING PATTERN: Actual physical control (physical evidence or statements putting def. behind wheel of vehicle)

I was traveling northbound on S Military Trail approaching Forest Hill Blvd. I observed a silver 2 door vehicle traveling northbound in the outside lane. This vehicle was swerving withing the lane and struck the lane markers several times. I was concerned the driver was having a vehicle malfunction, a medical episode, or was impaired. I conducted a traffic stop on the vehicle and made contact with the driver who idetified himself by his FL DL as Carlos Macias Carrillo. There was an open Corona Beer Can behind the driver on the floor. It was cold to the touch and had spilled onto the floorboard.

## OBSERVATION OF DRIVER:

The defendant had an obvious odor of an unknown alcoholic beverage on their breath. This odor intensified when the defendant spoke. The defendant's eyes were red and glassy. His reactions were slow and delayed when I asked him for his license, registration, and insurance card. He made an obvious attempt not to look towards me and was delayed in his verbal responses. He was wearing a green wrist band commonly used at bars.

## DRIVER'S STATEMENTS:

DS Jurado #20332 was on scene for Spanish Translation. The defendant stated he was was coming from home and went to Kanella Lounge to pick up his friend and was heading back home. He denied consuming any alcohol tonight. He denied having any medical conditions or physical abnormalities.

## ODORS:

The defendant had an obvious odor of an unknown alcoholic beverage on their breath. This odor intensified when the defendant spoke.

## GENERAL OBSERVATIONS

SPEECH: slurred

ATTITUDE: compliant

CLOTHING: tshirt, pants, sneakers

MEDICAL/OTHER: stated none

STATE OF FLORIDA  
COUNTY OF PALM BEACH

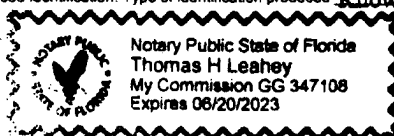
A. Soloway  
Signature of Arresting/Investigative Officer)

I, the foregoing instrument was sworn to or affirmed and subscribed before me this 8 day of January 20 22 by A. Soloway

Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced Known LEO

Thomas Leahey (#19183)

Notary Public, Clerk of Court, Officer (F.S.S 117.10)



SUBJECT: Macias Carrillo, Carlos Raul,

CASE NUMBER 22-023311

## ROADSIDE TASKS

### HORIZONTAL GAZE NYSTAGMUS:

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> LT EYE-LACK OF SMOOTH PURSUIT                           | <input checked="" type="checkbox"/> RT EYE-LACK OF SMOOTH PURSUIT                           |
| <input checked="" type="checkbox"/> LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION | <input checked="" type="checkbox"/> RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION |
| <input checked="" type="checkbox"/> LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES          | <input checked="" type="checkbox"/> RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES          |

### Other Observations:

The defendant was swaying during this task. His eyes displayed VGN. He separated his feet during this task.

### WALK & TURN:

I instructed the defendant how to perform this task and I demonstrated this task. The defendant acknowledged the understanding of how to perform this task and did not have any questions. He was unable to maintain the instructional position. He elected to take his shoes off for this task. He used his arms for balance. He did not count his steps out loud. After the first 9 steps he walked back to the beginning of the line and asked if he was supposed to return. He then walked down the line again and took 11 steps. He stepped off the line. Several times he asked how many steps he was supposed to take and which foot he should turn on.

### ONE LEG STAND:

I instructed the defendant how to perform this task and I demonstrated this task. The defendant acknowledged the understanding of how to perform this task and did not have any questions. He was unable to maintain the instructional position. He did not look at his raised foot. He did not count by 1,000's. He did stop counting during the task. He bent his raised leg. He put his foot down several times before 30 seconds elapsed.

### FINGER TO NOSE:

I instructed the defendant how to perform this task and I demonstrated this task. The defendant acknowledged the understanding of how to perform this task and did not have any questions. He was swaying during this task. On the first attempt he brought his arm backwards. On all other attempts he brought his arm forward. He never attempted to touch his nose with his finger. He opened his eyes. Several times he asked which foot he was supposed to use.

### ROMBERG ALPHABET:

I instructed the defendant how to perform this task and I demonstrated this task. The defendant acknowledged the understanding of how to perform this task and did not have any questions. He was swaying during the task. He incorrectly recited the alphabet in Spanish.

BREATH TEST RESULTS: 1) VNM 2) REFUSED 3)  4)

STATE OF FLORIDA  
COUNTY OF PALM BEACH

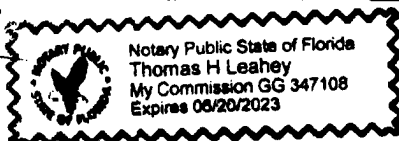
A. Soloway  
Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 8 day of January 20 22 by A. Soloway

Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced Known LEO

Thomas Leahey (#19183)

Notary Public, Clerk of Court, Officer (F.S.S. 117.10)





PALM BEACH COUNTY SHERIFF'S OFFICE  
DUI TESTING FACILITY  
INFORMATION SHEET

PBSO CASE # 22-023311 PBSO ZONE 1-12

AGENCY CASE # \_\_\_\_\_ CRASH CASE # \_\_\_\_\_

TIME OF STOP/CRASH 0253 DATE 01/08/2022 DAY Saturday

SUBJECT'S NAME Macias Carrillo, Carlos Raul, RACE W SEX M

HGT 5'08 WGT 164 DOB 4/12/1989

LOCATION Military Trail/Forest Hill Blvd, W Palm Beach FL

ARRESTING OFFICER'S NAME & ID A. Soloway (8586) AGENCY Palm Beach County Sheriff's Office

DIVISION: CID/DUI

NOTIFIED BY COMMO YES

ARRIVAL AT FACILITY 0357

ARREST TIME 0349

BREATH RESULTS:

1) VNM

2) REFUSED

3)

**REFUSED**

TESTING OFFICER'S ID 19183 PBSO VIDEOTAPE # \_\_\_\_\_

STATE OF FLORIDA  
DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES  
AFFIDAVIT OF REFUSAL TO SUBMIT TO  
**BREATH AND/OR URINE TEST**

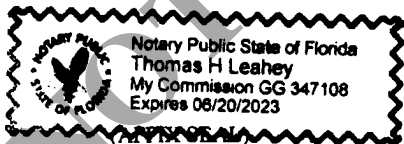
I, Investigator LE ALAN SOLOWAY, a duly certified Law Enforcement Officer or Correctional Officer,  
(Person reading Implied Consent Warning)  
am a member of Palm Beach County Sheriffs Office, and I do swear  
(Name of enforcement agency)  
or affirm that on or about the EIGHTH day of January, 2022, at 3:49 AM  
DRIVER CARLOS RAUL MACIAS CARRILLO,  
(Type or Print) FIRST MIDDLE OR MAIDEN LAST  
DL # M226100891320, state of FL, was placed under lawful arrest for  
the offense of DUI by Investigator LE ALAN SOLOWAY and  
(Name of Arresting Officer)  
issued Citation # AEA7ZIE.

That on or about the EIGHTH day of January, 2022, at 4:41 AM  
in Palm Beach County,

I requested that the driver submit to a ☒ breath and/or ☐ urine test to determine his or her blood alcohol level and/or the presence of chemical or controlled substances. I informed the driver that the refusal to submit to such test(s) would result in the suspension of his or her driving privilege for a period of (1) year for a first refusal, or for a period of eighteen (18) months if his or her driving privilege had been previously suspended for refusing to submit to a breath, urine, or blood test. I also informed the driver that he or she commits a misdemeanor by refusing to submit to a lawful test as requested above if his or her driving privilege has been previously suspended for refusal to submit to a lawful test of his or her breath, urine, or blood. Additionally, I informed the driver that if he or she holds a CDL, or was operating a CMV, refusal will result in the disqualification of the Commercial Driver's License/driving privilege for a period of one (1) year in the case of a first refusal or permanently if he or she has previously been disqualified as a result of a refusal to submit to any such lawful test. Nonetheless, the driver refused to submit to the test(s) requested.

\_\_\_\_\_  
Signature of Law Enforcement Officer or  
Correctional Officer

**THE AFFIDAVIT MUST BE NOTARIZED OR ATTESTED TO (F.S. 117.10)**



The foregoing instrument was sworn and subscribed before  
me this 08 day of January, 2022  
by Inv A Soloway #8086  
who is personally known to me or who has produced  
known as identification.  
Notary Public T. Leahey

The foregoing instrument was sworn and subscribed before me:

\_\_\_\_\_  
Signature of Attesting Officer

Title \_\_\_\_\_

Date \_\_\_\_\_

Note: Mail or hand deliver to the designated Bureau of Administrative Reviews office, Department of Highway Safety and Motor Vehicles, with the driver's license, the appropriate copy of the UTC and the probable cause affidavit.

# WITNESS LIST

CASE NUMBER: 22-023311

ARRESTING OFFICER: A. Soloway

ADDRESS: PBSO

PHONE NUMBERS (HOME): \_\_\_\_\_ (WORK) 561 688 3400

CAN TESTIFY TO: DUI INVESTIGATION

NAME: DS Jurado #20332

ADDRESS: PBSO

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: SPANISH TRANSLATION

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) 0

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

# TESTING FACILITY TASK REPORT

AGENCY:

SUBJECT:

CASE NUMBER:

DATE:

VIDEO DVD NUMBER:

BEGINNING TIME:

ENDING TIME:

BREATH TESTS RESULTS: 1)  TIME  A.M. ☒ P.M. ☐ 2)  TIME  A.M. ☒ P.M. ☐

3)  TIME  A.M. ☐ P.M. ☐ 4)  TIME  A.M. ☐ P.M. ☐

BREATH OPERATOR:

MAINTENANCE TECHNICIAN:

## TESTING OFFICER'S OBSERVATIONS

SPEECH:

ATTITUDE:

CLOTHING:

MEDICAL CONDITIONS:

MEDICATIONS:

## OTHER:

eyes are glassy and bloodshot

**REFUSED**

## COMMENTS:

arrived at center A/O conducted 20 minute observation period at 0357 hrs

subject agreed to perform breath test - would not follow instructions

A/O read I/C & subject understand I/C

subject agreed to provide breath test - refused to follow instructions

A/O called refusal 0441

A/O read rights & subject understood rights

A/O did not attempt Q&A due to uncooperative subject

**REFUSED**

SUBJECT: Macias Carrillo, Carlos R

CASE NUMBER: 22-023311

## IMPLIED CONSENT FOR DUI IN A MOTOR VEHICLE

**NOTE: READ ONLY THE PARAGRAPH APPLICABLE TO THE TYPE OF TEST YOU ARE REQUESTING.**

I am now requesting that you submit to a lawful test of your BREATH for the purpose of determining its alcohol content.

OR

I am now requesting that you submit to a lawful test of your URINE for the purpose of detecting the presence of chemical or controlled substances.

OR

I am now requesting that you submit to a lawful test of your BLOOD for the purpose of detecting its alcohol content and the presence of chemical or controlled substances.

**NOTE: READ ONLY IF THE SUBJECT DOES NOT COMPLY WITH YOUR REQUEST.**

I am \_\_\_\_\_ of the \_\_\_\_\_

If you fail to submit to the test I have requested of you, your privilege to operate a motor vehicle will be suspended for a period of one (1) year for a first refusal, or eighteen (18) months if your privilege has been previously suspended as a result of a refusal to submit to a lawful test of your breath, urine or blood. Additionally, if you refuse to submit to the test I have requested of you and if your driving privilege has been previously suspended for a prior refusal to submit to a lawful test of your breath, urine or blood, you will be committing a misdemeanor. Refusal to submit to the test I have requested of you is admissible into evidence in any criminal proceeding.

SUBJECT'S SIGNATURE: (X) \_\_\_\_\_

*Read on camera*

## CONSTITUTIONAL WARNINGS

**I AM REQUIRED TO WARN YOU BEFORE YOU MAKE ANY STATEMENTS THAT YOU HAVE THE FOLLOWING RIGHTS:**

1. You have the right to remain silent and not answer any questions.
2. Any statement must be freely and voluntarily given.
3. You have the right to the presence of a lawyer of your choice before you make any statement and during any questioning.
4. If you cannot afford a lawyer, you are entitled to the presence of a court appointed lawyer before you make any statements and during any questioning.
5. If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent.
6. I can make no threats or promises to induce you to make a statement. This must be of your own free will.
7. Any statement can and will be used against you in a court of law.

SUSPECT'S SIGNATURE: (X) \_\_\_\_\_

*Read on camera*



SUBJECT: Macias Carrillo, Carlos R

CASE NUMBER: 22-023311

## QUESTIONS AND ANSWERS

I AM NOW GOING TO ASK YOU SOME QUESTIONS. WITH THESE RIGHTS IN MIND, YOU MAY ANSWER SOME OF, ALL OF, OR NONE OF THE FOLLOWING QUESTIONS AS YOU LIKE.

WERE YOU OPERATING A MOTOR VEHICLE AT THE TIME OF THE STOP/ACCIDENT? \_\_\_\_\_

WHERE WERE YOU GOING? \_\_\_\_\_

WHAT STREET OR HIGHWAY WERE YOU ON? \_\_\_\_\_

DIRECTION OF TRAVEL? \_\_\_\_\_ WHERE DID YOU START? \_\_\_\_\_

WHAT TIME DID YOU START? \_\_\_\_\_ WHAT TIME IS IT NOW? \_\_\_\_\_

WHAT IS TODAY'S DATE? \_\_\_\_\_ WHAT DAY OF THE WEEK IS IT? \_\_\_\_\_

WHAT COUNTY AND CITY ARE YOU IN NOW? \_\_\_\_\_

WHEN DID YOU LAST EAT? \_\_\_\_\_ WHAT DID YOU EAT? \_\_\_\_\_

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? \_\_\_\_\_

HOW MUCH DO YOU WEIGH? \_\_\_\_\_ HAVE YOU BEEN DRINKING? \_\_\_\_\_ WHAT? \_\_\_\_\_

HOW MUCH? \_\_\_\_\_ WHERE? \_\_\_\_\_ WITH WHOM? \_\_\_\_\_

WHEN DID YOU HAVE YOUR FIRST DRINK? \_\_\_\_\_ AND YOUR LAST DRINK? \_\_\_\_\_

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? \_\_\_\_\_

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? \_\_\_\_\_ ARE YOU UNDER THE INFLUENCE? \_\_\_\_\_

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? \_\_\_\_\_ HOW MUCH? \_\_\_\_\_

WHAT? \_\_\_\_\_ WHERE? \_\_\_\_\_ WHEN? \_\_\_\_\_

WHAT LINE OF WORK ARE YOU IN? \_\_\_\_\_ WHEN DID YOU LAST WORK? \_\_\_\_\_

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? \_\_\_\_\_ WHAT? \_\_\_\_\_

ARE YOU SICK OR INJURED? \_\_\_\_\_ WHAT'S WRONG? \_\_\_\_\_

DO YOU LIMP? \_\_\_\_\_ DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? \_\_\_\_\_

WERE YOU IN AN ACCIDENT TODAY? \_\_\_\_\_

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? \_\_\_\_\_ WHEN? \_\_\_\_\_

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? \_\_\_\_\_ WHO? \_\_\_\_\_ WHY? \_\_\_\_\_

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? \_\_\_\_\_ WHAT? \_\_\_\_\_ WHEN? \_\_\_\_\_

DO YOU HAVE:      EPILEPSY? \_\_\_\_\_  
                         GLASS EYE? \_\_\_\_\_  
                         FALSE TEETH? \_\_\_\_\_  
                         EAR INFECTION? \_\_\_\_\_  
                         INNER EAR TROUBLE? \_\_\_\_\_  
                         DIABETES? \_\_\_\_\_

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? \_\_\_\_\_

DO YOU TAKE INSULIN? \_\_\_\_\_ IF SO, WHEN WAS YOUR LAST INJECTION? \_\_\_\_\_

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? \_\_\_\_\_ WHERE? \_\_\_\_\_

INTERVIEWER: \_\_\_\_\_