0485734 NR 714

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias: 1 | Juvenile

OBTS Number:

ADMINISTRATIVE

Agency ORI Number	Agency Name	Agency Report Number (N.T.A.'s only)
FLO 500000	PALM BEACH COUNTY SHERIFF'S OFFICE	06- 17-045765

ChargeType: Check as many as apply. ☐ 1. Felony ☐ 2. Traffic Felony ☐ 3. Misdemeanor ☑ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

Weapon Seized / Type: 1. Yes 2. No

Multiple Clearance Indicator: 1

Location of Arrest (Including Name of Business): 10300 FOREST HILL BLVD WELLINGTON FL 33414

Location of Offense (Business Name, Address): 10300 FOREST HILL BLVD WELLINGTON FL 33414

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
02/28/17	2048					

DEFENDANT

Name (Last, First, Middle): GARCIA ALEZAUNDRA TAYLOR

Alias (Name, DOB, Soc. Sec. #, Etc.): "ALLY"

Race (W - White I - American Indian B - Black O- Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	F	12/14/1994	505	130	BRO	BLK	MED	THN

Scars, Marks, Tatoos, Unique Physcal Features (Location, Type, Description): TAT CHEST AND SIDE

Marital Status: S | Religion: NONE

Indication of: Alcohol Influence: Y ☑ | Drug Influence: N ☑

Local Address (Street, Apt. Number): 603 WATERWAY VILLAGE CT (City) GREENACRES (State) FL (Zip) 33413 | Phone (561) 713 8753

Residence Type: 1. City 2. County 3. Florida 4. Out of State: 1

Permanent Address (Street, Apt. Number) (City) (State) (Zip) | Phone ( )

Address Source: DEFENDANT

Business Address (Name, Street): FLANNIGANS AT WELLINGTON (City) WELLINGTON (State) FL (Zip) 33414 | Phone (561)

Occupation: SERVER

D/L Number, State: (FL)G-620-018-94-954-0 | Soc. Sec. Number: [redacted] | INS Number: | Place of Birth (City, State): ORLANDO FL | Citizenship: US

CO-DEF

Co-Defendant Name (Last, First, Middle) | Race | Sex | Date of Birth | ☐ 1. Arrested ☐ 2. At Large | ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile

Co-Defendant Name (Last, First, Middle) | Race | Sex | Date of Birth | ☐ 1. Arrested ☐ 2. At Large | ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile

JUVENILE

☐ Parent ☐ Legal Custodian ☐ Other: Name (Last) (First) (Middle) | Residence Phone ( )

Address (Street, Apt. Number) (City) (State) (Zip) | Business Phone ( )

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 ☐defendant and / or ☐ 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. ☐ Yes, by: (Name) ☐ No: (Reason) | School Attended | Grade

Property Crime? ☐ Yes ☐No | Description of Property | Value of Property

CODE

Drug Activity: N. N/A P. Possess S. Sell B. Buy T. Traffic R. Smuggle D. Deliver E. Use K. Dispense/ Distribute M. Manufacture/ Produce/ Cultivate Z. Other

Drug Type: N. N/A A. Amphetamine B. Barbiturate C. Cocaine E. Heroin H. Hallucinogen M. Marijuana O. Opium/Deriv. P. Paraphernalia/ Equipment S. Synthetics U. Unknown Z. Other

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
DUI/ WITH PROP DAMAGE	1	☐Y ☑N	316.193(3)C1	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
N	N	N/A	17-045765		

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐Y ☐N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐Y ☐N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐Y ☐N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

NOTICE TO APPEAR

Location (Court, Room Number, Address): 3228 GUN CLUB RD WEST PALM BEACH FL 33406

Court Date and Time: Month MARCH Day 23 Year 2017 Time 0830 AM ✓ 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

Signature of Defendant (or Juvenile and Parent /Custodian) | Date Signed: 2/28/17

ADMIN

HOLD for other Agency Name: | Signature of Arresting Officer X | Name Verification (Printed by Arrestee) (PRINT)

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other:

Name of Arresting Officer (Print): Inv. E.K. White 7209 | I.D. #: 7209

Intake Deputy | I.D. # | Pouch # | Transporting Officer: Inv. E.K. White | ID #: 7209 | Agency: PBSO | Witness here if subject signed with an "X" | PAGE 1 OF 1

MAR 1 AM 12:13

SCANNED MAR - 3 2017

DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'s ONLY)

PBSO #148 REV. 8/97

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D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 28 DAY OF FEBRUARY 20 16, AT 1940 AM ✓ PM

SUBJECT: GARCIA ALEZAUNDRA TAYLOR "ALLY" CASE NUMBER: 17-045765

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: Inv. E.K. White 7209

PERSONAL CONTACT

DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUTTING DEF. BEHIND WHEEL OF VEHICLE)

On Tuesday, February 28, 2017 at approximately 1950 hours, I was dispatched to the Wellington Mall, 10300 Forest Hill Boulevard, Wellington (Palm Beach County) Florida to assist Deputy Jethro Estavien with a traffic crash with possible drunk drivers. Upon my arrival I noticed a silver utility vehicle stopped in the intersection facing north entangled with a black passenger car that was facing east. Both vehicles were attached to one another. Side and front airbags were deployed on the the passenger car. I made contact with deputies on scene who told me they located a witness to the crash. The witness came forward and gave a sworn written statement on the driver of the black car. She told me the following: She said she was on Lime Road coming into the mall. She said the driver was a female with dark colored hair ran the stop sign to the right. Shortly after a gray vehicle came through the stop sign at her left. She witnessed the dark car hit the lighter vehicle as it made a left turn. I met with the driver of the lighter vehicle who was in the back of a Palm Beach Rescue Unit. He appeared to have been drinking and unspecified amount of alcoholic beverages. I read his Miranda Warnings and asked if he understood his warnings. He told me he did. He admitted to drinking and gave information regarding the crash. I later spoke with the aforementioned subject and her passenger (Brittany Storms) who said she owns the vehicle. I read both of them Miranda Warnings and asked if they understood. They told me they did understand their "rights". I asked if they would consent to an interview. They both obliged. During the interview Storms told me she allowed her friend to drive because she drank less alcohol than her. Garcia admitted to driving and said the driver of the vehicle that she hit was talking on his phone.

OBSERVATION OF DRIVER:

I later positively identified her by her Florida driver license as Alezaundra Taylor Garcia. I told her I was assisting the deputies on scene with the crash. While speaking with her I noticed her eyes were clear and glossy. Her cheeks were flushed and she was jovial and happy. I could smell a strong odor of an unknown alcoholic beverage emanating from her breath that intensified when she spoke to me. She swayed while standing and was unable to maintain her balance while walking. I explained to her that I was now conducting a criminal investigation for DUI. I asked if she would perform Standardized Field Sobriety Evaluations (SFSTs) for the purpose of determining if she was impaired while operating a motor vehicle. She consented to performing the SFSTs. I asked if she needed treatment from the paramedics who were on scene. She declined treatment. I also asked if she had any physical problems with her body that would inhibit her from performing light physical movements. Additionally I asked if was on medication. The defendant conveyed she did not have anything wrong with her physically. She said she has a prescription for birth control. The following SFSTs were explained, demonstrated and acknowledged by her prior to her performance: HGN, The Walk and Turn, The One Leg Stand, The Finger to Nose and The Romberg Alphabet Recitation. The SFSTs were administered on a smooth and level surface on the roadway that was free from obstructions and debris. It was well lighted by ambient lighting and the headlights from my patrol car. Her deficiencies were noted on another form on this worksheet.

DRIVER'S STATEMENTS:

I drank two beers at Flannigans.

ODORS:

Strong odor of an unknown alcoholic beverage coming from the subject's breath.

GENERAL OBSERVATIONS

SPEECH: **talkative**

ATTITUDE: **jovial**

CLOTHING: **normal**

MEDICAL/OTHER: **none**

STATE OF FLORIDA
COUNTY OF PALM BEACH

Inv. E.K. White 7209
(Signature of Arresting/Investigative Officer)

PAMELA F. DORSEY
Notary Public - State of Florida
My Comm. Expires Apr 11, 2017
Commission # FF 7211
Bonded Through National Notary Assn

The foregoing instrument was sworn to or affirmed and subscribed before me this 28 day of February 2017 by D/S WHITE

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

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

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SUBJECT: GARCIA ALEZAUNDRA TAYLOR **CASE NUMBER** 17-045765

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

- ☑ LT EYE-LACK OF SMOOTH PURSUIT
- ☑ RT EYE-LACK OF SMOOTH PURSUIT
- ☑ LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION
- ☑ RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION
- ☑ LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES
- ☑ RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

Other Observations:

Subject was asked to stand with their feet together and place their hands by their side. They were asked to focus on the stimulus and follow it with their eyes. Lastly they were told not to move their head to assist in following the stimulus with their eyes. The subject occasionally turned her head to assist her eyes in following my finger. She also stopped tracking my finger at times. She swayed during this evaluation.

WALK & TURN:

The def was placed in the instructional stance for the Walk & Turn and given instructions. The def stated that they understood my instructions. During this evaluation subject would not allow me to finish the instructions without interrupting... she could not maintain her balance while placed in the instructional position. She swayed and lost her balance. She took the incorrect number of steps down the line (12) and apologized saying she counted (9). She turned improperly {spinning in one motion}. She raised her arms away from her side more than six inches and stepped off the line.

ONE LEG STAND:

The def was placed in the instructional stance for the One Leg Stand and given instructions. The def stated that they understood my instructions. During this evaluation subject raised her arms away from her side more than six inches and began hopping. She dropped her foot on the roadway twice. Trembled and swayed throughout this evaluation.

FINGER TO NOSE:

The def was placed in the instructional stance for the Finger to Nose and given instructions. The def stated that they understood my instructions. Subject was trying to perform this evaluation prematurely during the instructions. She did not touch the tip of her finger to the tip of her nose 4 out of six times. She touched underneath her nose and on the bridge of her nose with the pad of her finger. She swayed from side to side throughout this evaluation.

ROMBERG ALPHABET:

The def was placed in the instructional stance for the Romberg Alphabet and given instructions. The def stated that they understood my instructions. Subject swayed while performing this evaluation,but competed the alphabet without flaw.

BREATH TEST RESULTS: | 1) **refused** | 2) | 3) | 4) |

STATE OF FLORIDA
COUNTY OF PALM BEACH

Inv. E.K. White 7209
(Signature of Arresting/Investigative Officer)

PAMELA F. DORSEY
Notary Public - State of Florida
My Comm. Expires Apr 11, 2017
Commission # FF 7211
Bonded Through National Notary Assn.

The foregoing instrument was sworn to or affirmed and subscribed before me this 28 day of February, 2017 D/S WHITE

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

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

NOT A CERTIFIED COPY

WITNESS LIST

CASE NUMBER: 17-045765

ARRESTING OFFICER: Inv. E.K. White 7209
ADDRESS: DUI/Traffic
PHONE NUMBERS (HOME): (WORK) 561 681 4500
CAN TESTIFY TO: DUI Investigation

NAME: Jethro Estavien
ADDRESS: Dist 8
PHONE NUMBERS (HOME) (WORK) 561 688 3000
CAN TESTIFY TO: investigating the crash

NAME: Dana L Francis
ADDRESS 11504 Windsor Bay Pl Wellington Fl 33414
PHONE NUMBERS (HOME) 561 693 8151 (WORK)
CAN TESTIFY TO: placing the defendant behind the wheel of the passenger car.

NAME: BRITTANY,LEE,STORMES
ADDRESS 603 WATERWAY VILLAGE CT GREENACRES FL 33413
PHONE NUMBERS (HOME) 561 891-2415 (WORK)
CAN TESTIFY TO: passenger in her vehicle who utter her friend to be the driver

NAME:
ADDRESS
PHONE NUMBERS (HOME) (WORK)
CAN TESTIFY TO:

NAME:
ADDRESS
PHONE NUMBERS (HOME) (WORK)
CAN TESTIFY TO:

NAME:
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PHONE NUMBERS (HOME) (WORK)
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ADDRESS
PHONE NUMBERS (HOME) (WORK)
CAN TESTIFY TO:

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PALM BEACH COUNTY SHERIFF'S OFFICE – **SWORN STATEMENT**

Per FL statute 837.012, whoever knowingly makes a false statement under oath shall be guilty of a misdemeanor of the first degree punishable by imprisonment up to 1 year.

☒ WITNESS ☐ VICTIM ☐ OTHER

CASE #: 17045751	ZONE: 851	SUSPECT:	DATE & TIME OF ORIGINAL EVENT/OFFENSE: 2/28/17 19:40
EVENT TYPE: DUI / Crash		DEPUTY: D/S A. Tejada	ID#: 26703

COMPLETE EVERYTHING BELOW – PRINT LEGIBLY

LAST NAME:	FIRST NAME:	MIDDLE INITIAL:	RACE:	SEX:
Frances	Dana	L	Cauc	F

DATE OF BIRTH: (MM/DD/YYYY)	YOUR HEIGHT:	YOUR WEIGHT:	YOUR HAIR COLOR:	YOUR EYE COLOR:
03/04/66	5'1"	103	Brown	Brown

YOUR HOME ADDRESS: ☐ CHECK IF HOMELESS	CITY:	STATE:	ZIP:
11504 Windsor Bay Pl.	Wellington	FL	33449
YOUR WORK NAME & ADDRESS: ☐ CHECK IF UNEMPLOYED OR RETIRED	**CITY:**	**STATE:**	**ZIP:**

WORK PHONE: ☒ CHECK IF NONE	CELL PHONE: ☐ CHECK IF NONE	HOME PHONE: ☒ CHECK IF NONE	EMAIL: ☐ CHECK IF NONE
( )	(561) 693-8151	( )	limonzom45@gmail.com

WRITE WHAT HAPPENED IN YOUR WORDS IN FULL DETAIL – PRINT LEGIBLY

I | YOUR NAME: Dana Frances | DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER...

As I was on Lime Dr. coming into the mall, where I should have had the right of way, a female with dark hair in a dark colored vehicle ran the Stop sign to the right. Shortly after a gray colored car came through the stop sign at the left. I was not able to actually see if he ran the stop sign or not as the bushes were blocking my view. I witnessed the dark car hit the lighter colored car as she made the lefthand turn.

PAGE 1 OF 1

READ AND SIGN

I SWEAR AND AFFIRM THIS AND/OR THE ATTACHED STATEMENTS ARE CORRECT AND TRUE:

YOUR SIGNATURE: X Dana L Frances

☐ DEPUTY SHERIFF ☐ NOTARY PUBLIC FSS: 117.10

SWORN TO AND SUBSCRIBED BEFORE ME TODAY:

DATE: 2/28/17 TIME: 21:04

SIGNATURE: _____ ID: 26703

*IF YOU **DO NOT WISH TO PROSECUTE**, COMPLETE THE ABOVE STATEMENT, READ THIS DISCLAIMER AND INITIAL BELOW:* I AM OF LEGAL AGE AND I AM THE REPORTED VICTIM OF A CRIME UNDER FLORIDA LAW. I HEREBY STATE THAT I **WILL NOT** COOPERATE ANY FURTHER WITH THE INVESTIGATION OF THE ALLEGED CRIME. I FURTHER RELEASE THE PALM BEACH COUNTY SHERIFF'S OFFICE OF ANY PRESENT OR FUTURE RESPONSIBILITY AS TO MY CASE. I ACKNOWLEDGE THAT I UNDERSTAND MY RIGHTS AS A CRIME VICTIM, **PARTICULARLY REGARDING VICTIM COMPENSATION ELIGIBILITY**, WHICH INCLUDES SUCH BENEFITS AS REIMBURSEMENT FOR: DISABILITY; LOST WAGES; LOSS OF SUPPORT; MEDICAL, DENTAL, MENTAL HEALTH COUNSELING AND FUNERAL EXPENSES. I AM AWARE I MAY BE GIVING UP THESE RIGHTS FOR MY FAMILY AND MYSELF BY INITIALLING BELOW. I AM TAKING THIS POSITION OF MY OWN FREE WILL KNOWING THAT THE CASE CAN ONLY BE FURTHER INVESTIGATED AND PROSECUTED WITH MY COOPERATION. ☐ DO NOT WISH TO PROSECUTE (INITIAL _____)

(PROSECUTION WAIVER NOT TO BE USED FOR CASES INVOLVING DOMESTIC OR DATING VIOLENCE PER G.O. 508.00)

WHITE - RECORDS COPY *CANARY* - STATE ATTORNEY COPY *PINK* - OFFICER'S COPY *GOLD* - WITNESS / VICTIM COPY

PBSO #0134 REV. 12/11

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TESTING FACILITY TASK REPORT

AGENCY: PBSO

SUBJECT: [illegible] CASE NUMBER: 17-[illegible]

DATE: 2/1/17 VIDEO TAPE NUMBER: [illegible]

BEGINNING TIME: 2152 ENDING TIME: 2155

BREATH TESTS RESULTS: 1) .12 TIME 2154 A.M./P.M. 2) _____ TIME _____ A.M./P.M.

3) _____ TIME _____ A.M./P.M. 4) _____ TIME _____ A.M./P.M.

BREATH OPERATOR: P. Olsen, 7041

MAINTENANCE TECHNICIAN: J. Kinlock 6407

TESTING OFFICER'S OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Calm

CLOTHING: N/A

MEDICAL CONDITIONS: N/A

MEDICATIONS: N/A

OTHER: Drug [illegible]

COMMENTS: [illegible]

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WHITE - STATE ATTY. YELLOW - DHSMV PINK - CENTRAL RECORDS GOLD - JAIL

PBSO #0129A REV.11/02

SUBJECT: [redacted] CASE NUMBER: 17 04307605

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 [redacted] of the [redacted].

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) [redacted]

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) [redacted]

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SUBJECT: Garcia, Alexandra T CASE NUMBER: 17 045763

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? (Yes)

WHERE WERE YOU GOING? Home

WHAT STREET OR HIGHWAY WERE YOU ON? Street around The Mall

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: Inv. E. K. White

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