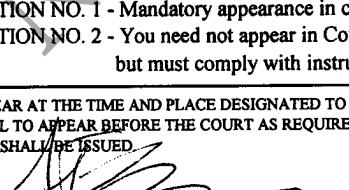


0481871

W.H.

1921

**ARREST / NOTICE TO APPEAR**

| OBTS Number   |                                | ARREST / NOTICE TO APPEAR   |                                    |  |   |  |   |   |  |  |                        |  |
|---|--------------------------------|---|------------------------------------|--|---|--|---|---|--|--|------------------------|--|
| Agency ORI Number<br><b>0501700</b>   |                                | Agency Name<br><b>Jupiter Police Department</b>   |                                    |  |   |  |   |   |  | Agency Report Number (N.T.A.'s only)<br><b>5 4 16-004962</b> |                        |  |
| Charge Type:<br>Crimes of society<br>as apply   |                                | <input type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance<br><input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other |                                    |  |   | If Weapon Seized<br>Enter Type <b>NONE</b>   |   | Multiple Clearance Indicator  |  |  |                        |  |
| Location of Arrest (Including Name of Business)<br><b>2101 S US HIGHWAY 1, JUPITER, FL 33458</b>  |                                |   |                                    |  | Location of Offense (Business Name, Address)<br><b>2101 S US HIGHWAY 1, JUPITER, FL 33477</b> |  |   |   |  |  |                        |  |
| Date of Arrest<br><b>10/15/2016</b>   | Time of Arrest<br><b>19:14</b> | Booking Date  | Booking Time                       | Jail Date  | Jail Time   | Location of Vehicle  |   |   |  |  |                        |  |
| Name (Last, First, Middle)<br><b>PIZZI, ANTONIA THERESA</b>   |                                |   |                                    |  |   |  |   |   |  | Alias (Name, DOB, Soc. Sec. #, Etc.)<br>Alias: _____         |                        |  |
| Race<br>W - White      I - American Indian<br>B - Black      O - Oriental/Asian   |                                | Sex<br><b>W</b>   | Date of Birth<br><b>04/28/1970</b> | Height<br><b>5'07</b>                                      | Weight<br><b>150</b>  | Eye Color<br><b>BLUE</b>   | Hair Color<br><b>BLONDE /</b>   | Complexion<br><b>FAIR</b>   | Build<br><b>Medium</b>                             |  |                        |  |
| Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)   |                                |   |                                    |  |   | Marital Status<br><b>S</b>   | Religion<br><b>CATHOLIC</b>   | Indication of:<br>Alcohol Influence <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk.<br>Drug Influence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. |  |  |                        |  |
| Local Address (Street, Apt. Number)<br><b>105 SIMS CREEK LN, JUPITER, FL 33458</b>  |                                |   | (City) _____                       | (State) _____  | (Zip) _____   | Phone<br><b>(561) 339-0775</b>   | Residence Type:<br>1. City      3. Florida<br>2. County      4. Out of State          |   |  |  |                        |  |
| Permanent Address (Street, Apt. Number)<br><b>105 SIMS CREEK LN, JUPITER, FL 33458</b>  |                                |   | (City) _____                       | (State) _____  | (Zip) _____   | Phone<br><b>(561) 339-0775</b>   | Address Source<br><b>FLORIDA D/L</b>  |   |  |  |                        |  |
| Business Address (Name, Street)<br><b>MICHAEL J SCHERB,</b>   |                                |   | (City) _____                       | (State) _____  | (Zip) _____   | Phone  | Occupation<br><b>Manager</b>  |   |  |  |                        |  |
| D/L Number, State<br><b>P200018706481 / FL</b>  |                                | Soc. Sec. Number  | INS Number                         | Place of Birth (City, State)<br><b>MERIDEN, CT, United</b> |   | Citizenship<br><b>US</b>   |   |   |  |  |                        |  |
| Co-Defendant Name (Last, First, Middle)   |                                |   |                                    |  |   | Race   | Sex   | Date of Birth   |  |  |                        |  |
| Co-Defendant Name (Last, First, Middle)   |                                |   |                                    |  |   | Race   | Sex   | Date of Birth   |  |  |                        |  |
| Name (Last, First, Middle)<br><input type="checkbox"/> Parent <input type="checkbox"/> Other: _____<br><input type="checkbox"/> Legal Custodian   |                                |   |                                    |  |   | Residence Phone  |   |   |  |  |                        |  |
| Address (Street, Apt. Number)<br>(City) _____   |                                |   |                                    |  |   | Business Phone   |   |   |  |  |                        |  |
| Notified by: (Name)<br>Relationship _____   |                                |   |                                    |  |   | Date _____   | Time _____  | JUVENILE DISPOSITION<br>1. Handled/Processed within<br>Department and Released  |  | 2. TOT JAC<br>3. Incarcerated                                |                        |  |
| Released To: (Name)<br>Relationship _____   |                                |   |                                    |  |   | Date _____   | Time _____  |   |  |  |                        |  |
| The above address was provided by <input type="checkbox"/> defendant and/or <input type="checkbox"/> defendant's parents.<br>The child and/or parent was told to keep the Juvenile Court Clerk's Office<br>(Phone 355-2526) informed of any change of address.  |                                |   |                                    |  |   | School Attended  |   |   | Grade  |  |                        |  |
| <input type="checkbox"/> Yes, by: <input type="checkbox"/> No:  |                                |   |                                    |  |   | Property Crime?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |   |   | Description of Property                            |  | Value of Property      |  |
| C O D E D E F Drug Activity      S. Sell      R. Smuggle      K. Disperses/<br>N. N/A      B. Buy      D. Deliver      Distribute      M. Manufacture/<br>P. Posse      T. Traffic      E. Use      Produce/<br>Cultivate      Z. Other   |                                |   |                                    |  |   | Drug Type<br>N. N/A      A. Amphetamine  |   | B. Barbiturate<br>C. Cocaine<br>E. Heroin   | H. Hallucinogen<br>M. Marijuana<br>O. Opium/Deriv. | P. Paraphernalia/<br>Equipment<br>S. Synthetic               | U. Unknown<br>Z. Other |  |
| C H A R G E Charge Description<br><b>DUI - PERSONAL INJURY/PROPERTY DAMAGE</b>  |                                |   |                                    |  |   | Statute Violation Number<br><b>316.193(3)(a)(b)(C)(1)</b>  |   |   |  | Violation of ORD #   |                        |  |
| Drug Activity      Drug Type      Amount / Unit      Offense #<br><b>N</b> / <b>16-004962</b>   |                                |   |                                    |  |   | Counts<br><b>1</b>   | Domestic Violence<br><input type="checkbox"/> Y <input checked="" type="checkbox"/> N | Warrant / Capias Number   |  |  |                        |  |
| C H A R G E Charge Description  |                                |   |                                    |  |   | Statute Violation Number   |   |   |  | Violation of ORD #   |                        |  |
| Drug Activity      Drug Type      Amount / Unit      Offense #<br>/   |                                |   |                                    |  |   | Counts   | Domestic Violence<br><input type="checkbox"/> Y <input type="checkbox"/> N            | Warrant / Capias Number   |  |  |                        |  |
| C H A R G E Charge Description  |                                |   |                                    |  |   | Statute Violation Number   |   |   |  | Violation of ORD #   |                        |  |
| Drug Activity      Drug Type      Amount / Unit      Offense #<br>/   |                                |   |                                    |  |   | Counts   | Domestic Violence<br><input type="checkbox"/> Y <input type="checkbox"/> N            | Warrant / Capias Number   |  |  |                        |  |
| I N T A K E Health / Apparent Physical Condition of Defendant   |                                |   |                                    |  |   | Any knowledge of the following:<br><input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries<br>Explain: _____ |   |   |  |  |                        |  |
| Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail<br><input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health  |                                |   |                                    |  |   | PROPERTY - Received By   |   |   | Released By  |  |                        |  |
| E Transported By  |                                |   |                                    |  |   | Date Transported   | Time Transported  | Other   |  |  |                        |  |
| N O T I C E <input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court<br><input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court<br>but must comply with instructions on Page 2.  |                                |   |                                    |  |   | Location (Court, Room)<br><b>3188 PGA Blvd / North County Court</b>  |   |   |  |  |                        |  |
| T O A P P E A R Date<br><b>10/15/2016</b>   |                                |   |                                    |  |   | Court Date and Time<br><b>10/16/2016 0830</b>  |   |   |  |  |                        |  |
| 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 COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED. |                                |   |                                    |  |   | Date Signed<br><b>10/15/2016</b>   |   |   |  |  |                        |  |
| Signature of Defendant (or Juvenile and Parent/Custodian)<br>  |                                |   |                                    |  |   | Name Verification (Printed by Arrestee)<br>Signature<br><b>386 / 1183</b>  |   |   |  |  |                        |  |
| A D M I N I HOLD for Other Agency   |                                |   |                                    |  |   | Name Verification (Printed by Arrestee)<br>(PRINT)<br><b>HOBBY, MATTHEW</b>  |   |   |  |  |                        |  |
| <input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest<br><input type="checkbox"/> Suicidal <input type="checkbox"/> Other   |                                |   |                                    |  |   | I.D. #<br><b>1193</b>  |   |   |  |  |                        |  |
| Intake Deputy<br><b>MM-7623</b>   |                                |   |                                    |  |   | Transporting Officer<br><b>ofc hobby</b>   | I.D. #<br><b>386</b>  | Agency<br><b>JPD</b>  | PAGE<br><b>1 OF 1</b>                              |  |                        |  |
| Witness here if subject signed with an "X".   |                                |   |                                    |  |   |  |   |   |  |  |                        |  |

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 15 DAY OF October 20 16, AT 7:14 AM PM

SUBJECT: Antonia Theresa Pizzi CASE NUMBER: 16-004962

AGENCY: JUPITER POLICE DEPARTMENT ARRESTING OFFICER: OFC Hobby  
PERSONAL CONTACT

DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUTTING DEF. BEHIND WHEEL OF VEHICLE)  
Subject was involved in a traffic crash. The driver of the other vehicle involved was the wheel witness  
(completed sworn statement and pointed out the defendant to me).

## OBSERVATION OF DRIVER:

Subject was unsteady on her feet, was lethargic with her movements, slurring speech, glassy eyes, and had an odor of an unknown alcoholic beverage coming from her breath.

## DRIVER'S STATEMENTS:

Driver initially stated that she could not do the roadside tasks, and she stated that she could not drive because she had too much to drink and was drunk. Driver also stated that she had 3 alcoholic beverages ("mimosa's"), prior to driving. Driver denied having any medical conditions that would prohibit her from doing the tasks. Driver kept begging to go home.

## ODORS:

An odor of an unknown alcoholic beverage was coming from her breath.

## GENERAL OBSERVATIONS

SPEECH: Slurred.

ATTITUDE: Upset and angry (back and forth)

CLOTHING: T-shirt, blue jeans, and sandals.

MEDICAL/OTHER: Advised no medical conditions and no prescribed medications.

STATE OF FLORIDA  
COUNTY OF PALM BEACH

386

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 15 day of October 20 16 by OFC Hobby

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

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

**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:**

Driver kept moving head during task, and was swaying back and forth during task.

**WALK & TURN**

Driver kept interrupting instructions and started the task before being told to start. Driver could not maintain balance while waiting for instructions, and continuously took both feet off of the line. Once beginning the task, the driver took approximately 4-5 steps and stopped stating that she could not do the task. The driver was given several opportunities to start over, but she kept saying that she could not do the task. The driver tried again, but stopped after taking 2-3 steps and again stated she could not do the task.

**ONE LEG STAND:**

Driver started task before being told to do so. Driver had to be told to look at her feet during the task, and to also keep her arms down at her side. Driver raised foot and counted to 4 seconds and lost her balance. Driver stated she could not do the task, and eventually tried again. Driver got to 6 seconds and, again, lost her balance.

**FINGER TO NOSE:**

Driver had to be told to close her eyes more than once and to tilt her head back. Driver did not make contact with the tip of her finger to nose several times.

**ROMBERG ALPHABET:**

Driver started before being told to start. Driver got to the letter T and then stopped. Driver tried a second time and got to U and stopped and began saying "please". Driver did not complete alphabet.

**BREATH TEST RESULTS:** \_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF PALM BEACH

386

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 15 day of October 2016 by OFC Hobby

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

Sgt. C. Hobby 379

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

NOT A CERTIFICATE



# WITNESS LIST

CASE NUMBER: 16-004962

ARRESTING OFFICER: OFC Hobby

ADDRESS: 210 Military Trail

PHONE NUMBERS (HOME): \_\_\_\_\_ (WORK) (561) 746-6201

CAN TESTIFY TO: See probable cause.

NAME: Claudia M. Bedoya

ADDRESS: 4624 Mediterranean Cir Palm Beach Gardens FL 33418

PHONE NUMBERS (HOME) 561-294-0417 (WORK) \_\_\_\_\_

CAN TESTIFY TO: Observing the defendant driving the vehicle.

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: \_\_\_\_\_

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

ADDRESS \_\_\_\_\_

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

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

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

ADDRESS \_\_\_\_\_

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

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

# TESTING FACILITY TASK REPORT

AGENCY: JFD

SUBJECT: Perry, Antonia T. CASE NUMBER: 16-139557

DATE: 10/15/10 VIDEO TAPE NUMBER: 61514

BEGINNING TIME: 2124 ENDING TIME: 2136

BREATH TESTS RESULTS: 1) R TIME 2126 A.M./P.M. 2) W/A TIME — A.M./P.M.

3) W/A TIME — A.M./P.M. 4) W/A TIME — A.M./P.M.

BREATH OPERATOR: G. JAMES #2904

MAINTENANCE TECHNICIAN: K. HALL #6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: UPSET, MOVED SWINGS, SARCASMIC AT TIMES, DRAGGING CRYING, -REPETITIVE

CLOTHING: FLYING JEANS, RIPPED T-SHIRT, PROPS

MEDICAL CONDITIONS: PANIC ATTACKS

MEDICATIONS: NO. V.E.

OTHER: EYES GLASSY AND ALCOHOLIC, ROCK BACK AND FORTH, SWAYING, MOVING ABOUT AT X

ADMITTED TO DRINKING 3 MARGARITAS (Q+A)

COMMENTS: ARRIVED AT CENTER ALSO BEGAN THE 20 MINUTE OBSERVATION PERIOD AT 2052 HRS.

**REFUSED**

A STATED SHE WOULD NOT TAKE TEST WITHOUT TALKING TO HER LAWYER.

ALSO REPLIED NO.

A STATED SHE COULDN'T DO ANYTHING WITHOUT TALKING TO HER LAWYER AND REFUSED TEST

ALSO REPLIED NO.

**REFUSED**

A STATED SHE UNWILLING TO TEST

ALSO CONCLUDED Q+A

A ANSWERED QUESTIONS

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

SUBJECT: Reza, Antonio T. CASE NUMBER: 16-CO-4962

## **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) Reza o Camara

## **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) Reza o Camara

## 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? in the vehicle

WHERE WERE YOU GOING? home

WHAT STREET OR HIGHWAY WERE YOU ON? State of Florida

DIRECTION OF TRAVEL? N WHERE DID YOU START? Burnett Station

WHAT TIME DID YOU START? 12:00 P.M. WHAT TIME IS IT NOW? 10:00 No idea

WHAT IS TODAY'S DATE? 10/15/16 WHAT DAY OF THE WEEK IS IT? Saturday

WHAT COUNTY AND CITY ARE YOU IN NOW? Palm Beach County and West Palm Beach

WHEN DID YOU LAST EAT? 11:00 a.m. WHAT DID YOU EAT? Breakfast

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? Driving

HOW MUCH DO YOU WEIGH? 160 HAVE YOU BEEN DRINKING? Yes WHAT? Menstruation

HOW MUCH? 3 WHERE? home WITH WHOM? Myself, friends, family

WHEN DID YOU HAVE YOUR FIRST DRINK? 10 a.m. AND YOUR LAST DRINK? 10:30 p.m.

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? in a glass

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? Yes ARE YOU UNDER THE INFLUENCE? I should be

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? No HOW MUCH? \_\_\_\_\_

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

WHAT LINE OF WORK ARE YOU IN? Office Manager WHEN DID YOU LAST WORK? Friday

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? No WHAT? \_\_\_\_\_

ARE YOU SICK OR INJURED? No WHAT'S WRONG? \_\_\_\_\_

DO YOU LIMP? No DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? No

WERE YOU IN AN ACCIDENT TODAY? Yes

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? No WHEN? \_\_\_\_\_

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? No WHO? \_\_\_\_\_ WHY? \_\_\_\_\_

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? No WHAT? \_\_\_\_\_ WHEN? \_\_\_\_\_

DO YOU HAVE: NO EPILEPSY?

NO GLASS EYE?

NO FALSE TEETH?

NO EAR INFECTION?

NO INNER EAR TROUBLE?

NO DIABETES?

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? No

DO YOU TAKE INSULIN? No IF SO, WHEN WAS YOUR LAST INJECTION? \_\_\_\_\_

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? No WHERE? Connecticut

INTERVIEWER: ofc Hubby # 306