

**ARREST / NOTICE TO APPEAR**  
Juvenile Referral Report

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

|  |  |   |   |  |  |                                   |
|--|--|---|---|--|--|-----------------------------------|
| OBTS Number  | Agency ORI Number<br><b>FLO 50000</b>  |   | Agency Name<br><b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>                                    |  | Agency Report Number (N.T.A.'s only)<br><b>06-19040667</b> |                                   |
| Charge Type:<br>Check as many as apply:  | <input type="checkbox"/> 1. Felony<br><input type="checkbox"/> 2. Traffic Felony | <input type="checkbox"/> 3. Misdemeanor<br><input checked="" type="checkbox"/> 4. Traffic Misdemeanor | <input type="checkbox"/> 5. Ordinance<br><input type="checkbox"/> 6. Other                  | Weapon Seized / Type<br>2 <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No N/A |  | Multiple Clearance Indicator<br>1 |
| Location of Arrest (Including Name of Business)<br><b>MILITARY TRAIL/ LANTANA RD, WEST PALM, FL, 33463</b> |  |   | Location of Offense (Business Name, Address)<br><b>MILITARY TRAIL/ LANTANA RD WEST PALM</b> |  |  |                                   |
| Date of Arrest<br><b>02/23/2019</b>  | Time of Arrest<br><b>04:30</b>   | Booking Date  | Booking Time  | Jail Date  | Jail Time  | Location of Vehicle               |

|  |                                 |   |   |                      |   |                           |                            |                     |
|--|---------------------------------|---|---|----------------------|---|---------------------------|----------------------------|---------------------|
| Name (Last, First, Middle)<br><b>ABDUL RAHIM CORTES ANWAR ASFUR</b>  |                                 | Alias (Name, DOB, Soc. Sec. #, Etc.)                    |   |                      |   |                           |                            |                     |
| Race<br>W - White I - American Indian<br>B - Black O - Oriental/Asian  | Sex<br><b>M</b>                 | Date of Birth<br><b>8/22/1975</b>                       | Height<br><b>6'</b>                             | Weight<br><b>180</b> | Eye Color<br><b>BRN</b>   | Hair Color<br><b>BALD</b> | Complexion<br><b>LIGHT</b> | Build<br><b>MED</b> |
| Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)<br><b>TATTOO ON RIGHT SHOULDER</b> |                                 |   | Marital Status<br><b>Married</b>                | Religion             | Indication of Alcohol Influence Drug Influence<br>Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/> |                           |                            |                     |
| Local Address (Street, Apt. Number)<br><b>8705 SHADOW WOOD BLVD</b>  |                                 | (City) (State) (Zip)<br><b>CORAL SPRINGS, FL, 33071</b> | Phone<br><b>(754) 367-6551</b>                  |                      | Residence Type:<br>1. City 2. County 3. Florida 4. Out of State<br><b>2</b>   |                           |                            |                     |
| Permanent Address (Street, Apt. Number)  |                                 | (City) (State) (Zip)                                    | Phone   |                      | Address Source<br><b>FL DL</b>  |                           |                            |                     |
| Business Address (Name, Street)  |                                 | (City) (State) (Zip)                                    | Phone   |                      | Occupation<br><b>NONE</b>   |                           |                            |                     |
| DL Number, State<br><b>A134001753020</b>   | Soc. Sec. Number<br><b>NONE</b> | INS Number  | Place of Birth (City, State)<br><b>COLOMBIA</b> |                      | Citizenship<br><b>NO</b>  |                           |                            |                     |

|   |                 |         |               |  |   |
|---|-----------------|---------|---------------|--|---|
| Co-Defendant Name (Last, First, Middle) | Race            | Sex     | Date of Birth | <input type="checkbox"/> 1. Arrested<br><input type="checkbox"/> 2. At Large | <input type="checkbox"/> 3. Felony<br><input type="checkbox"/> 4. Misdemeanor<br><input type="checkbox"/> 5. Juvenile |
| Co-Defendant Name (Last, First, Middle) | Race            | Sex     | Date of Birth | <input type="checkbox"/> 1. Arrested<br><input type="checkbox"/> 2. At Large | <input type="checkbox"/> 3. Felony<br><input type="checkbox"/> 4. Misdemeanor<br><input type="checkbox"/> 5. Juvenile |
| Parent<br>Legal Custodian<br>Other:     | Residence Phone |         |               |  |   |
| Address (Street, Apt. Number)           | (City)          | (State) | (Zip)         | Business Phone   |   |

|  |                         |                   |  |
|--|-------------------------|-------------------|--|
| Notified by: (Name)  | Date                    | Time              | Juvenile Disposition<br>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 355-2528) informed of any change of address.<br><input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason) |                         | School Attended   | Grade  |
| Property Crime?<br><input type="checkbox"/> Yes <input type="checkbox"/> No  | Description of Property | Value of Property |  |

|                                       |                                 |  |   |  |                    |                                       |   |  |   |                        |
|---------------------------------------|---------------------------------|--|---|--|--------------------|---------------------------------------|---|--|---|------------------------|
| Drug Activity<br>N. N/A<br>P. Possess | S. Sell<br>D. Buy<br>T. Traffic | R. Smuggle<br>D. Deliver<br>E. Use   | K. Dispense/<br>Distribute                    | M. Manufacture/<br>Produce/<br>Cultivate | Z. Other           | Drug Type<br>N. N/A<br>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. Synthetics | U. Unknown<br>Z. Other |
| Charge Description<br><b>DUI</b>      | Counts<br><b>1</b>              | Domestic Violence<br><input type="checkbox"/> Y <input type="checkbox"/> N | Statute Violation Number<br><b>316.193(1)</b> |  | Violation of ORD # |                                       |   |  |   |                        |
| Drug Activity<br><b>N</b>             | Drug Type<br><b>N</b>           | Amount / Unit<br><b>N/A</b>  | Offense #<br><b>19040667</b>                  | Warrant / Capias Number                  |                    | Bond                                  |   |  |   |                        |
| Charge Description                    | Counts                          | Domestic Violence<br><input type="checkbox"/> Y <input type="checkbox"/> N | Statute Violation Number                      |  | Violation of ORD # |                                       |   |  |   |                        |
| Drug Activity<br><b>/</b>             | Drug Type<br><b>/</b>           | Amount / Unit<br><b>/</b>  | Offense #                                     | Warrant / Capias Number                  |                    | Bond                                  |   |  |   |                        |
| Charge Description                    | Counts                          | Domestic Violence<br><input type="checkbox"/> Y <input type="checkbox"/> N | Statute Violation Number                      |  | Violation of ORD # |                                       |   |  |   |                        |
| Drug Activity<br><b>/</b>             | Drug Type<br><b>/</b>           | Amount / Unit<br><b>/</b>  | Offense #                                     | Warrant / Capias Number                  |                    | Bond                                  |   |  |   |                        |
| Charge Description                    | Counts                          | Domestic Violence<br><input type="checkbox"/> Y <input type="checkbox"/> N | Statute Violation Number                      |  | Violation of ORD # |                                       |   |  |   |                        |
| Drug Activity<br><b>/</b>             | Drug Type<br><b>/</b>           | Amount / Unit<br><b>/</b>  | Offense #                                     | Warrant / Capias Number                  |                    | Bond                                  |   |  |   |                        |

|   |                                  |
|---|----------------------------------|
| Location (Court Room Number, Address)<br><b>3228 GUN CLUB RD WEST PALM BEACH FL 33406</b>   |                                  |
| Court Date and Time<br>Month <b>3</b> Day <b>21</b> Year <b>2019</b> Time <b>0830</b> AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>  |                                  |
| 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<br><b>02/23/2019</b> |

|  |   |  |
|--|---|--|
| HOLD for other Agency Name:  | Signature of Arresting Officer<br><b>X</b>  | Name Verification (Printed by Arrestee)    |
| <input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest<br><input type="checkbox"/> Suicidal <input type="checkbox"/> Other: | Name of Arresting Officer (Print)<br><b>INV. G. LYNCH 8568</b> I.D. # <b>8568</b> | (PRINT)                                    |
| Intake Deputy I.D. # Pouch #   | Transporting Officer ID # Agency<br><b>INV. G. LYNCH 8568 8568 PBSO</b>           | 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)

2019 CT 36505B

|  |  |  |  |  |                      |
|--|--|--|--|--|----------------------|
| <b>PROBABLE CAUSE AFFIDAVIT</b>  |  | 1. Arrest<br>2. N.T.A.                     | 3. Request for Warrant<br>4. Request for Capias            | 1  | Juvenile<br><b>N</b> |
| ADMIN  | OBTS Number  | Agency ORI Number<br><b>FLO 500000</b>     |  | Agency Name<br><b>PALM BEACH COUNTY SHERIFF'S OFFICE</b> |                      |
|  |  | Agency Report Number<br><b>06-19040667</b> |  | Special Notes:   |                      |
|  | Charge Type:<br>Check as many as apply.  | <input type="checkbox"/> 1. Felony         | <input checked="" type="checkbox"/> 3. Misdemeanor         | <input type="checkbox"/> 5. Ordinance                    |                      |
|  |  | <input type="checkbox"/> 2. Traffic Felony | <input checked="" type="checkbox"/> 4. Traffic Misdemeanor | <input type="checkbox"/> 6. Other                        |                      |
| DEF  | Name (Last, First, Middle)<br><b>ABDUL RAHIM CORTES, ANWAR</b>   |  | Alias  | Race<br><b>W</b>   | Sex<br><b>M</b>      |
|  |  |  |  | Date of Birth<br><b>08/22/1975</b>                       |                      |
| CHARGES  | Charge Description<br><b>DUI 316.193(1)</b>  |  | Charge Description   |  |                      |
|  |  |  |  |  |                      |
| VICTIM   | Victim's Name (Last, First, Middle)<br><b>State of Florida</b>   |  |  | Race   | Sex                  |
|  |  |  |  |  | Date of Birth        |
|  | Local Address (Street, Apt. Number)  |  | (City)   | (State)  | (zip)                |
|  |  |  |  | Phone  | Address Source       |
|  | Business Address (Name, Street)  |  | (City)   | (State)  | (zip)                |
|  |  |  |  | Phone  | Occupation           |
| <p>The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law.<br/>The Person taken into custody</p> <p><input checked="" type="checkbox"/> committed the below acts in my presence.      <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.</p> <p><input checked="" type="checkbox"/> confessed to My self admitting to the below facts.      <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <u>23st</u> day of <u>FEB</u> 20<u>19</u> at <u>0350</u> <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p> <p><b>On 2/23/19 at approximately 0350 hours, I was traveling southbound on S. Military Trail, from Melaluca Lane. While traveling southbound, I observed a gray vehicle ahead of me traveling southbound in the inside travel lane. The vehicle gained my attention due to the vehicle failing to maintain a single travel lane. This driving pattern continued southbound on S. Military Trail while approaching the Lantana Rd. During this vehicles travel, a dark colored vehicle had to vacate the center travel lane in an attempt to avoid possible contact with the gray vehicle.</b></p> <p><b>The gray vehicle then came to a stop at the intersection of S. Military Trail and Lantana Rd for a red traffic signal, where I observed it to be a gray Volkswagen displaying FL license plate KRKD34. Once the traffic signal turned green, I activated my emergency light to initiate a traffic stop n the gray vehicle. Once the vehicle sopped, I exited my marked patrol vehicle and approached the vehicle on the passenger side. Once to the vehicle's window, I identified myself to the occupants and advised the reason for the traffic stop. I observed a female passenger occupant and male driver, later identified as Awar Cortes. I observed the driver to have glassy eyes. I further detected an odor commonly associated with alcoholic beverages emitting from inside the vehicle.</b></p> <p><b>I the repositioned myself to the driver side window here I continued to observed and detect the glassy eyes and odor described above. There was a language barrier with the occupant, as they spoke only Spanish. I then requested a Spanish translator and DUI unit to travel to the scene for further assistance. Moments later, DUI investigator G. Lynch arrived on scene and became the primary investigator on scene, concluding my involvement in the traffic stop.</b></p> <p><b>This case was later cleared by arrest.</b></p> |  |  |  |  |                      |
| ADMINISTRATIVE   | STATE OF FLORIDA<br>COUNTY OF PALM BEACH<br><b>D/S G Cleary</b><br>(Signature of Arresting/Investigative Officer)                                    |  |  |  |                      |
|  | The foregoing instrument was sworn to or affirmed and subscribed before me this <u>23RD</u> day of <u>FEB</u> 20 <u>19</u> by <u>D/S G Cleary</u>    |  |  |  |                      |
|  | (Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced _____ |  |  |  |                      |
|  | <u>Inv. G. Lynch 8568</u><br>Notary Public, Clerk of Court, Officer (F.S.S. 117.10)  |  |  |  |                      |
|  |  |  |  | PAGE<br><b>1</b> OF <b>1</b>                             |                      |

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 23 DAY OF FEB 20 19, AT 03:51  AM  PM  
SUBJECT: ABDUL RAHIM CORTES ANWAR ASFUR CASE NUMBER: 19040667

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: INV. G. LYNCH 8568

## PERSONAL CONTACT

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

On 2/23/19 I responded to Military Trail/ Lantana Rd, in Palm Beach County, in reference to a traffic stop with a possibly impaired driver. Upon arrival I met with D/S Cleary id31778, who conducted the stop. D/S Cleary advised that while on routine patrol he observed a gray 4 door car, a Volkswagen Golf, bearing FL tag KRKD34, traveling south on Military Trail. The car continually drifted in and out of the lane of travel several times. Another vehicle had to change lanes to avoid a collision with the car. D/S Cleary conducted a traffic stop for the infraction and made contact with the driver, Anwar Abdul-Rahim-Cortes. D/S Cleary noticed Anwar's eyes to be glassy. There was an odor of an unknown alcoholic beverage coming from the vehicle.

## OBSERVATION OF DRIVER:

I met with Anwar, who was sitting in the driver seat of the car. I had Anwar exit his car and stand in front of my patrol car. While exiting I observed Anwar's movements to be slow. Anwar appeared unsteady while standing and swayed while standing still. There was an odor of an unknown alcoholic beverage coming from Anwar's breath, which got stronger when he spoke, and his eyes were glassy. Anwar advised that he was coming from La Fonda restaurant/ nightclub and he had 1 glass of wine. Based on my observations and Anwar's admission to drinking I asked him to perform standard field sobriety tasks.

## DRIVER'S STATEMENTS:

Anwar stated he had 1 glass of wine.

## ODORS:

STRONG ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE COMING FROM SUBJECT'S BREATH.

## GENERAL OBSERVATIONS

## SPEECH:

ATTITUDE: Calm/ Cooperative

## CLOTHING:

## MEDICAL/OTHER:

STATE OF FLORIDA  
COUNTY OF PALM BEACH

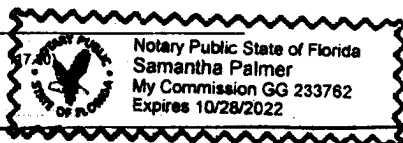
INV. G. LYNCH 8568

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 23 day of FEB 20 19 by INV. G. LYNCH 8568

(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)



**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:**

Anwar was asked to stand with his feet together and place his hands by his sides. Anwar was asked to focus on the stimulus and follow it with his eyes. Anwar was told not to move his head to assist in following the stimulus. Anwar showed equal pupil size that tracked equally. Both eyes lacked a smooth pursuit. I saw distinct and sustained Nystagmus at maximum deviation and onset of Nystagmus prior to 45 degrees in both eyes. Anwar swayed while performing this task and had to be reminded to follow the stimulus and not to move his head.

**WALK & TURN:**

I performed the walk and turn task. I utilized yellow duct tape to make a straight level line, free of debris, that Anwar advised he could see. I explained and demonstrated the task to Anwar. During the instructions Anwar attempted to begin the task prior to being instructed to do so. Anwar was unable to maintain the instructional position and stepped out of the position several times. After completing the instructions Anwar advised he understood and had no questions. During the task Anwar missed heel-to-toe steps and stepped off the line several times. Anwar used his arms for balance. Anwar did not turn as instructed and paused to steady himself. Anwar took the incorrect number of steps, taking 13 steps down and 12 steps back.

**ONE LEG STAND:**

I performed the one leg stand task. I explained and demonstrated the task to Anwar. During the instructions Anwar separated his feet slightly for balance. After completing the instructions Anwar advised he understood and had no questions. During the task Anwar swayed and used his arms for balance. Anwar began to hop and put his foot down multiple times prior to 30 seconds elapsing.

**FINGER TO NOSE:**

I performed the finger to nose task. I explained and demonstrated the task to Anwar. During the instructions Anwar separated his feet slightly for balance. After completing the instructions Anwar advised he understood and had no questions. During the task Anwar missed touching the tip of his nose several times. On the third right command Anwar began to use his left hand first. On the third left command Anwar used his right hand to touch his nose. Throughout the task Anwar swayed.

**ROMBERG ALPHABET:**

I performed the Romberg alphabet task. I explained and demonstrated the task to Anwar. After completing the instructions Anwar advised he understood and had no questions. During the task Anwar swayed more than 2 inches and separated his feet for balance.

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

STATE OF FLORIDA  
COUNTY OF PALM BEACH

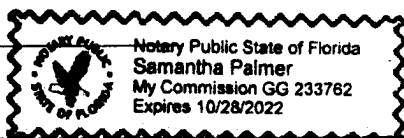
**INV. G. LYNCH 8568**

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 23 day of FEB 2019 by INV. G. LYNCH 8568

(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)





SUBJECT: Abdul Kadir / 11/1/00 CASE NUMBER: 11-4467

### 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: INV. LYNCH / MCSUE