

ARREST / NOTICE TO APPEAR

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

1

JUVENILE

AD MI NI ST RA TI ON	OBTS Number	Agency ORI Number 0501700		Agency Name Jupiter Police Department		Agency Report Number (N.T.A.'s only) 5, 4 18-001435		Multiple Clearance Indicator 02				
D E F E N D A N T	Charge Type: Check as many as apply. <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		If Weapon Seized Enter Type NONE		Location of Arrest (Including Name of Business) 300 BLK S US HIGHWAY 1, JUPITER FL		Location of Offense (Business Name, Address) 318 S US HIGHWAY 1, JUPITER, FL 33477					
	Date of Arrest 03/15/2018	Time of Arrest 02:05	Booking Date 03/15/2018	Booking Time 02:15	Jail Date // : :	Jail Time	Location of Vehicle EAST COAST TOWING					
C O D E F	Name (Last, First, Middle) SANDS, BRENT IAN		Alias:		Alias (Name, DOB, Soc. Sec. #, Etc.)							
	Race W - White B - Black	1 - American Indian Q - Oriental/Asian	Sex M	Date of Birth 11/17/1986	Height 5'11	Weight 190	Eye Color BLUE	Hair Color BROWN	Complexion LIGHT	Build Medium		
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)						Marital Status S	Religion	Indication of Alcohol Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>			
	Local Address (Street, Apt. Number) 212 BEHRING WAY, JUPITER, FL 33458			(City)	(State)	(Zip)	Phone (201) 410-0506		Residence Type: 1. City 3. Florida 2. County 4. Out of State 1			
	Permanent Address (Street, Apt. Number) 212 BEHRING WAY, JUPITER, FL 33458			(City)	(State)	(Zip)	Phone (201) 410-0506		Address Source DEF			
Business Address (Name, Street) N/A		(City)	(State)	(Zip)	Phone		Occupation					
D/L Number, State S532069864170 / FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) HACKENSACK, NJ		Citizenship				
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large		<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"/> 2. At Large		<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile				
J U V E N I L E	<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ <input type="checkbox"/> Legal Custodian		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 Department and Released 2. TOT JAC 3. Incorporated							
	Released To: (Name)		Relationship	Date	Time							
The above address was 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's Office (Phone 355-2526) informed of any change of address.		School Attended		Grade								
<input type="checkbox"/> Yes, by: _____		<input type="checkbox"/> No: _____		Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property		Value of Property				
C O D E	Drug Activity N. N/A P. Possess		S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. Disperse/ 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. Synthetic	U. Unknown Z. Other
	Charge Description DUI - DRIVING WHILE UNDER INFLUENCE		Statute Violation Number 316.193(1)		Violation of ORD #							
C H A R G E	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond				
	N	N	/	/	1	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N						
C H A R G E	Charge Description DL - VEH OPER/REVOKED/SUSP LICENSE 2ND OFFENSE		Statute Violation Number 322.34(2)(B)		Violation of ORD #							
	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond				
N	N	/	/	1	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N							
C H A R G E	Charge Description		Statute Violation Number		Violation of ORD #							
	Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond				
/	/	/	/	/	<input type="checkbox"/> Y <input type="checkbox"/> N							
I N T A K E	Health / Apparent Physical Condition of Defendant		Any knowledge of the following: Explain:		<input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries							
	Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Posted Bond		<input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> South County Mental Health		<input type="checkbox"/> T.O.T. County Jail		PROPERTY - Received By		Released By		Released To	
Transported By		Date Transported // : :		Time Transported		Other						
N O T I C E T O A P P E A R	<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.		Location (Court, Room) North County PALM BEACH GARD		Court Date and Time 04/21/2018 08:30:00		PALM BEACH COUNTY JUVENILE COURT CLUB BRANCH					
	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.		Signature of Defendant (or Juvenile and Parent/Custodian) [Signature]		Date Signed 3/15/18		2018 MARCH 5 AM 8:30 No Photo Available					
A D M I N	HOLD for Other Agency		Signature of Arresting Officer [Signature]		Name Verification (Printed by Arrestee)							
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Name of Arresting Officer (Print) BORROWS, ANDREW		I.D. # 1138		(PRINT)			
Intake Deputy		I.D. #	Pouch #	Transporting Officer OFC A BORROWS		I.D. # 380	Agency JPD		Witness here if subject signed with an "X".			
								1 OF 1				

SCANNED
MAR 15 2018

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 15th DAY OF March 20 18, AT 0142 AM PM

SUBJECT: Sands Brent Ian CASE NUMBER: 18-001435

AGENCY: JUPITER POLICE DEPARTMENT ARRESTING OFFICER: Ofc A Borrows 380 / 1138

PERSONAL CONTACT

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

Brian Butler notified FHP of an erratic driver on I-95. As he got off on West Indiantown Road, Butler was transferred to the Jupiter Police Department. Butler advised that a Mercedes bearing Florida License Plate HUVY79 was driving erratically. I observed the vehicle pass me in the area of eastbound West Indiantown Road and Military Trail. I began to follow as it continued eastbound. The vehicle began to swerve in its lane and then changed lanes to the lefthand through lane in the area of Jonathan Drive. The vehicle was speeding as it approached the East Indiantown Road bridge. I paced it at a speed of over 55 miles per hour. The vehicle then changed lanes all the way to the right hand through lane. As it changed to the right hand lane, it veered out of its lane and drove over the marked bicycle lane, before the driver swerved back into the travel lane suddenly. As the vehicle stopped at the redlight to turn right onto South US Highway 1, it stopped completely over the marked stop bar and in the marked crosswalk. I initiated a traffic stop of the vehicle. The suspect, Brent Sands, was the sole occupant of the vehicle.

OBSERVATION OF DRIVER:

Sands had bloodshot, glassy eyes and constricted pupils. Sands' speech was slurred.

DRIVER'S STATEMENTS:

Sands denied drinking anything at all or taking any drugs or medications. Sands stated he was coming from Rialto, and denied coming straight from I-95 as the witness stated he had. Sands' speech was mumbled.

ODORS:

Odor of perfume/cologne

GENERAL OBSERVATIONS

SPEECH: Slurred, mumbled

ATTITUDE: Cooperative, polite

CLOTHING: Grey sweater, grey shorts, white flip flops

MEDICAL/OTHER: None

STATE OF FLORIDA
COUNTY OF PALM BEACH

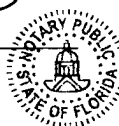
Ofc A Borrows 380 / 1138

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 15th day of March 20 18 by Ofc A Borrows 380 / 1138

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

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



Samantha Palmer
Commission # FF172377
Expires: OCT 28, 2018
BONDED THRU
1ST FLORIDA NOTARY, LLC

SCANNED

MAR 15 2018

SUBJECT Sands

Brent

CASE NUMBER 18-001435

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

Other Observations:

Pupils appeared constricted. Reddened conjunctiva.

WALK & TURN:

Sands stepped off the line on the first step. Sands missed heel to toe on the 4th, 5th, 6th, 8th, 9th, 10th and 11th steps. Sands used his arms for balance on the 8th step. Sands took 11 steps. Sands then stopped and asked what to do. Sands turned around by pivoting on the balls of his feet. Sands missed heel to toe on the 8th and 9th steps.

ONE LEG STAND:

Sands put his foot down on 1000-17 and 1000-21. Sands was swaying visibly during the task, particularly from 1000-3 to 1000-12.

FINGER TO NOSE

L1: Sands touched his nose as instructed. R2: Sands touched his nose to the right of the tip. L3: Sands touched his nose to the left of the tip using the pad of his finger. R4: Sands used the pad of his finger to touch the tip of his nose. R5: Sands used the pad of his finger to touch the tip of his nose. L6: Sands used the pad of his finger to touch the tip of his nose.

ROMBERG ALPHABET:

Performed correctly. Eyelid tremors noted

BREATH TEST RESULTS: .052 .053 ref urine

STATE OF FLORIDA
COUNTY OF PALM BEACH

Ofc A Borrows 380 / 1138

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 15th day of March, 2018 by Ofc A Borrows 380 / 1138

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

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



Samantha Palmer
Commission # FF172377
Expires: OCT 28, 2018
BONDED THRU
1ST FLORIDA NOTARY, LLC

RECEIVED
MAR 15 2018

FLORIDA DEPARTMENT OF LAW ENFORCEMENT
ALCOHOL TESTING PROGRAM
BREATH ALCOHOL TEST AFFIDAVIT

Instrument Type: Intoxilyzer 8000
Instrument Registered To: PALM BEACH CO SO
Instrument Serial Number: 80-006477 Software: 8100.27
Date of Test: 03/15/2018

Date of Last Agency Inspection: 03/09/2018
Observation Period Began: 02:35
Subject's Name: BRENT I SANDS

DOB: 11/17/1986 Sex: M

The subject was observed for at least twenty-minutes prior to the administration of the breath test to ensure that the subject did not take anything orally and did not regurgitate.

Results:

Test	g/210L	Time
Diagnostics Check	OK	03:04
Air Blank	0.000	03:04
Control Test	0.080	03:05
Air Blank	0.000	03:05
Subject Sample #1	0.052	03:06
Air Blank	0.000	03:06
Air Blank	0.000	03:08
Subject Sample #2	0.053	03:09
Air Blank	0.000	03:09
Control Test	0.081	03:10
Air Blank	0.000	03:10
Diagnostics Check	OK	03:10

Cylinder Lot: 22817080A5
Exp: 10/05/2019

State of Florida, County of Palm Beach.

Personally appeared before me the undersigned authority, who (✓) is personally known to me or () produced _____ as identification, and who after being placed under oath, states:

I SAMANTHA M PALMER, hold a valid Breath Test Operator permit issued by the Florida Department of Law Enforcement. I administered the above breath test to the subject named above in accordance with Chapter 11D-8, Florida Administrative Code, and this form is a true and accurate report of that breath test.

Breath Test Operator: _____ Signature _____ Date: 03/15/18

Sworn to (or affirmed) before me this 15th day of MARCH, 2018
Signature of Notary Public-State of Florida _____ Printed Name of Notary Public-State of Florida OFC. BORROWS #380

Note: Pursuant to section 117.10, Florida Statutes, law enforcement officers, correctional officers, traffic accident investigation officers and traffic infraction enforcement officers are notaries public when engaged in the performance of official duties. In accordance with section 316.1934(5), F.S., this completed form is admissible without further authentication and is presumptive proof of the results herein. To be used in accordance with Section 316.1934(5), F.S., and in administrative proceedings pursuant to 322.2615, F.S.

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

I, Ofc A Borrows 380 / 1138, a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)

am a member of Jupiter Police Department, and I do swear
(Name of law enforcement agency)

or affirm that on or about the 15th day of March, 20 18, at 0206 P.M. A.M.

DRIVER Brent Ian Sands
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# S532-069-86-417-0, state of Florida, was placed under lawful arrest for
the offense of DUI by Ofc A Borrows 380 / 1138 and
issued Citation # A9KWB4E
(Name of Arresting Officer)

That on or about the 15th day of March, 20 18, at 0312 P.M. A.M.
in PALM BEACH County,

I requested that the driver submit to a breath and/or X 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 one (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

Samantha Palmer
Commission # FF172377
Expires: OCT 28, 2018
BONDED THRU
1ST FLORIDA NOTARY, LLC

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

The foregoing instrument was sworn and subscribed before me:

Signature of Attesting Officer

Title

Date

(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before
me this 15th day of March, 20 18,

by Ofc A Borrows 380 / 1138,

who is personally known to me or who has produced
PERSONALLY KNOWN as identification

Notary Public

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: 18-001435

ARRESTING OFFICER: Ofc A Borrows 380 / 1138

ADDRESS: 210 Military Trail, Jupiter Fl 33458

PHONE NUMBERS (HOME): _____ (WORK) 561 746 6201

CAN TESTIFY TO: PC

NAME: MPO Michael Salvemini 335 / 1136

ADDRESS: 210 Military Trail, Jupiter Fl 33458

PHONE NUMBERS (HOME) _____ (WORK) 561 746 6201

CAN TESTIFY TO: Scene

NAME: Brian Butler

ADDRESS 4356 Hazel Ave Apt A, Palm Beach Gardens, Fl 33410

PHONE NUMBERS (HOME) 561-402-3352 (WORK) _____

CAN TESTIFY TO: Statement (saw erratic driving, called JPD)

NAME: Officer Matt Hobby 386

ADDRESS 210 Military Trail, Jupiter Fl 33458

PHONE NUMBERS (HOME) 0 (WORK) 561 746 6201

CAN TESTIFY TO: Supplement

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: _____

SCANNED
MAR 15 2018

TESTING FACILITY TASK REPORT

AGENCY: JPD/BORROWS

SUBJECT: SANDS, BRENT

CASE NUMBER: 18-050264

DATE: Mar 15, 2018

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 0302

ENDING TIME: 0318

BREATH TESTS RESULTS: 1) .052 TIME 0306 A.M. P.M. 2) .053 TIME 0309 A.M. P.M.
3) XX TIME XX A.M. P.M. 4) XX TIME XX A.M. P.M.

BREATH OPERATOR: S. PALMER #24520

MAINTENANCE TECHNICIAN: J Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLIGHT SLUR

ATTITUDE: CALM, QUIET, POLITE, COOPERATIVE

CLOTHING: GREY JACKET, BLACK GYM SHORTS, WHITE SANDALS

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER:

EYES GLASSY AND BLOODSHOT, ADMITTED TO DRINKING A DOUBLE TITTOS AND CLUB SODA

COMMENTS:

ARRESTING OFFICER CONDUCTED THE 20 MINUTE OBSERVATION BEGINNING AT 0245
SUBJECT AGREED TO TAKE BREATH TEST
TECH EXPLAINED INSTRUCTIONS, SUBJECT STATED HE UNDERSTOOD
AND PROVIDED TWO ADEQUATE SAMPLES SUCCESSFULLY
TECH READ TEST RESULTS, SUBJECT STATED HE UNDERSTOOD
A/O REQUESTED URINE SAMPLE, SUBJECT REFUSED
A/O READ I/C, SUBJECT STATED HE UNDERSTOOD I/C
AND AGAIN REFUSED TO PROVIDE URINE @ 0312
A/O READ RIGHTS, SUBJECT STATED HE UNDERSTOOD HIS RIGHTS
A/O CONDUCTED Q&A, SUBJECT ANSWERED QUESTIONS

SCANNED
MAR 15 2018

SUBJECT: _____ CASE NUMBER: 100-14157

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? Wg to go to the house

WHAT STREET OR HIGHWAY WERE YOU ON? off 101

DIRECTION OF TRAVEL? S WHERE DID YOU START? Come from PR 17

WHAT TIME DID YOU START? 12:30 PM WHAT TIME IS IT NOW? _____

WHAT IS TODAY'S DATE? April 15 1980 WHAT DAY OF THE WEEK IS IT? _____

WHAT COUNTY AND CITY ARE YOU IN NOW? _____

WHEN DID YOU LAST EAT? _____ WHAT DID YOU EAT? Grilled steak

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

HOW MUCH DO YOU WEIGH? 190 HAVE YOU BEEN DRINKING? No WHAT? _____

HOW MUCH? 1 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? No ARE YOU UNDER THE INFLUENCE? No

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? 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? No

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? No 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? NY

INTERVIEWER: _____

SCANNED

