

0493/86 ARREST / NOTICE TO APPEAR NR 1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias 3698 Juvenile

OBTS Number	Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-17-149413	
Charge Type: Check as many as apply.	<input type="checkbox"/> 1. Felony	<input type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 5. Ordinance	<input type="checkbox"/> 6. Other
Location of Arrest (Including Name of Business) 5425 GENE CIR WEST PALM BEACH, FL 33415			Location of Offense (Business Name, Address) 5425 GENE CIR WEST PALM BEACH, FL 33415			
Date of Arrest 11/08/2017	Time of Arrest 2010	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle RELEASED TO DAUGHTER

Name (Last, First, Middle) BURDESHAW CAROLYN J		Alias (Name, DOB, Soc. Sec. #, Etc.)				
Race W - White I - American Indian B - Black O - Oriental/Asian	Sex W F	Date of Birth 01/17/1964	Height 5-04	Weight 195	Eye Color BLU	Hair Color BLN
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) C-SECTION SCAR		Marital Status SINGLE	Religion CHRISTIAN	Indication of Alcohol Influence Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>		
Local Address (Street, Apt. Number) 602 NE 3RD ST		(City) OKEECHOBEE, FL 34972	(State) FL	(Zip) 34972	Phone (863) 697-3175	Residence Type: 1. City <input type="checkbox"/> 2. County <input type="checkbox"/> 3. Florida <input type="checkbox"/> 4. Out of State <input type="checkbox"/> 3
Permanent Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone	Address Source FL DL
Business Address (Name, Street)		(City)	(State)	(Zip)	Phone	Occupation DISABLED
D/L Number, State FL/B632110645170	Soc. Sec. Number	INS Number	Place of Birth (City, State) FORT PIERCE, FL		Citizenship USA	

Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested	<input type="checkbox"/> 3. Felony
Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	<input type="checkbox"/> 2. At Large	<input type="checkbox"/> 4. Misdemeanor
Parent Legal Custodian Other:			Residence Phone		
Address (Street, Apt. Number)			(City)	(State)	(Zip)
Business Phone			Residence Phone		
Notified by: (Name)	Date	Time	Juv. Disposition 1. Handled/processed within Dept. and Released.		2. TOT HRS / DYS
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 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 Description DUI WITH PROPERTY DAMAGE		Counts 1	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 316.193(3C1)		Violation of ORD #				
Drug Activity N	Drug Type N	Amount / Unit	Offense # 17-149413	Warrant / Capias Number		Bond				
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input 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 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 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) PALM BEACH COUNTY COURTHOUSE CRIMINAL JUSTICE COMPLEX, 3228 GUN CLUB RD, WEST PALM BEACH, FL 33406		PH: (561) 355-2996
Court Date and Time Month 12 Day 07 Year 2017 Time 8:30 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) <i>Carolyn Burdshaw</i>	Date Signed 11/08/2017	

HOLD for other Agency Name:	Signature of Arresting Officer <i>Thomas Walton</i>	Name Verification (Printed by Arrestee) SCANNED
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal	Name of Arresting Officer (Print) Cpl. Thomas Walton	(PRINT) NOV 14 2017
<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:	I.D. # 6942	PAGE
Intake Deputy D/S L. BRYANT #8241	Transporting Officer Cpl. Thomas Walton	Agency PBSO
	ID # 6942	Witness here if subject signed with an -X- 1 OF 1

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 #: 17-149413	ZONE: 1-23	SUSPECT: Burdeshaw, Carolyn	DATE & TIME OF ORIGINAL EVENT/OFFENSE: 11/08/17
EVENT TYPE: DUI CRASH		DEPUTY: T. WALTON	ID#: 6942

LAST NAME: VASQUEZ	FIRST NAME: Ivan	MIDDLE INITIAL:	RACE: W	SEX: M
DATE OF BIRTH: (MM/DD/YYYY) 07-30-68	YOUR HEIGHT:	YOUR WEIGHT:	YOUR HAIR COLOR:	YOUR EYE COLOR:
YOUR HOME ADDRESS: 2200 Springdale Blvd	<input type="checkbox"/> CHECK IF HOMELESS	CITY: Palm Springs	STATE: FL	ZIP: 33461
YOUR WORK NAME & ADDRESS:	<input type="checkbox"/> CHECK IF UNEMPLOYED OR RETIRED	CITY:	STATE:	ZIP:
WORK PHONE: <input type="checkbox"/> CHECK IF NONE	CELL PHONE: <input type="checkbox"/> CHECK IF NONE 561 3734877	HOME PHONE: <input type="checkbox"/> CHECK IF NONE	EMAIL:	<input type="checkbox"/> CHECK IF NONE

I, **Ivan Vasquez** DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER...

Yo estaba parqueado frente a la casa de mis hijos y una mujer estaba manejando creo q' muy rapido o drogada y le dio a mi carro muy duro no avia nadie dentro de mi carro ella estaba sola un se carro el carro hera un chevi negro cuatro puertas cuando yo vi el carro rodando en reverse por el impacto la Señora me dijo sorry no lo vi yo parqueado y yo no soy una mala persona sorry se subio a su carro y lo prendio yo le dije no se pueda ir voy a llamar la policia

I SWEAR AND AFFIRM THIS AND/OR THE ATTACHED STATEMENTS ARE CORRECT AND TRUE:	<input type="checkbox"/> DEPUTY SHERIFF <input type="checkbox"/> NOTARY PUBLIC FSS: 117.10
YOUR SIGNATURE: Ivan Vasquez	SWORN TO AND SUBSCRIBED BEFORE ME TODAY:
	DATE: 11/08/17 TIME:
	SIGNATURE: [Signature] ID: 6942

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)

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 08 DAY OF NOVEMBER 20 17, AT 1837 AM PM

SUBJECT: BURDESHAW CAROLYN J CASE NUMBER: 17-149413

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: Cpl. Thomas Walton

PERSONAL CONTACT

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

On the above date and time I responded to 5425 Gene Circle West Palm Beach, Fl in ref to a possibly impaired driver that was involved in a crash. Upon arrival I met with CSA Huambachano #14286 who stated that the def was heading eastbound on Gene Circle and struck a vehicle that was parked on the side of the road with the driver standing next to the vehicle just unloading articles. . CSA Huambachano stated that the driver of the second vehicle stated that he just stepped out of the vehicle in front of his friends property when he noticed a vehicle coming straight at his vehicle. The vehicle slowed and still struck his vehicle in the front. CSA Haumbachano had the driver/witness fill out a written statement. The driver, Ivan Vazquez, only spoke Spanish and could only fill the statement out in Spanish.

OBSERVATION OF DRIVER:

I made contact with the def who was sitting in her Chevy 4dr vehicle and was the sole occupant of the vehicle. I noticed that the vehicle was a mess and a infant car seat in the backseat. I noticed that the def had glazed eyes and a blank look on her face. The def was drinking a bottle of water at the time I made contact with her. I did not notice any odors of an unk alcoholic beverage coming from her person. I asked her what happened with the accident and the def began to explain her version of the accident. The def proceeded to explain to me that she thought that the other person was at fault because of where they were parked at. I explained to the def that she would still need to maneuver around vehicles. The def then proceeded to explain that she could barely see the vehicle. I explained that the vehicle was parked near a street light and that the vehicle headlights were on on her vehicle. The def proceeded to try and explain how she thought that the other person would be at fault. The def continued to speak with slurred speech and ramble. The def kept losing focus of the conversation. I asked the def to step out of the vehicle. The def was slow getting out of the vehicle and I noticed that she was trying to generate saliva in her mouth. The def stated that she was very thirsty and wanted water. The def was disheveled with her hair and clothing. The def as I explained to her about the different things I was noticing that she would come up with another medical condition.

DRIVER'S STATEMENTS:

I explained to the def that the accident investigation was complete and I was conducting a DUI investigation and the def stated that she is only on prescribed medication and that she has a bag of it at the house. I attempted to explain to her that taking prescription medicines and driving was still not allowed because the medicines can still impair you. I explained to the def that even her daughter told her not to drive but she took it upon herself to leave the house. The def responded that she wasn't feeling good and wanted to go get something to drink. Let it be know that the vehicle had several bottles of water int he vehicle. The def was asked to submit to SFST's and she stated that she was disabled and had medical problems. I stated that I would be doing seated battery tasks. The def agreed to the tasks.

ODORS:

No Odors of an unk alcoholic beverage

GENERAL OBSERVATIONS

SPEECH: Slurred speech

ATTITUDE: cooperative, rambling and all over the place with statements

CLOTHING: blk pants, white shirt, white shoes, gry jacket

MEDICAL/OTHER: To Many to list and really wasn't able to get full confirmation on problems
AH ROADSIDES CAPTURED ON IN-CAR VIDEO

STATE OF FLORIDA
COUNTY OF PALM BEACH

Cpl. Thomas Walton

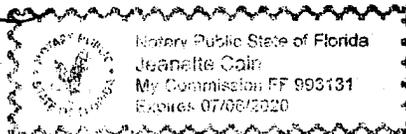
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 08 day of November 20 17 by Cpl. Thomas Walton

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

Jeanette Cain (#2109)

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



SCANNED
NOV 14 2017

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:

Kept moving head and forgetting instructions. Would just look straight and not move eyes. Gave instructions 4x.

HAND COORDINATION:

THE DEF WAS PLACED INTO THE INSTRUCTIONAL STANCE FOR THE HAND COORDINATION TASK AND GIVEN INSTRUCTIONS. THE DEF STATED THAT HE UNDERSTOOD THE INSTRUCTIONS. THE DEF WAS STARTING TASK BEFORE I TOLD HER TO BEGAN. I GAVE INSTRUCTIONS TWICE. ONCE I CONFIRMED THAT SHE UNDERSTOOD SHE BAPAN. THE DEF JUST STACKED HANDS ON TOP OF EACH OTHER GOING UPWARDS COUNTING. THE DEF STOPPED AT 4 AND THEN CLAPPED. THE DEF FAILED TO RETURN HANDS TO PROPER POSITION AND BEGAN STACKED UPWARDS AGAIN. THE DEF THEN PUT HANDS ON LAP. THE DEF WAS RUBBING HANDS THE ENTIRE TIME. THE DEF WAS SHOWN AETER TASK WAS COMPLETE.HOW IT WAS SUPPOSED TO BE DONE WHICH LOOKED NOTHING LIKE HOW I EXPLAINED.

PALM PAT:

THE DEF WAS PLACED INTO THE INSTRUCTIONAL STANCE FOR THE PALM PAT AND GIVEN INSTRUCTIONS. THE DEF STATED THAT HE UNDERSTOOD THE INSTRUCTIONS. THE DEF WAS GIVEN INSTRUCTION SEVERAL TIMES. THE DEF BEGAN THE TASK AND ROTATED HAND AND COUNTED 1 THEN ROTATED BACK COUNTING 2 OFFSET OF HANDS. THE DEF THEN ROTATED HANDS AND COUNTED THREE BUT THEN CORRECTED HERSELF. THE DEF THEN ROTATED HER HAND UNDER THE OTHER COUNTING 1. THIS WENT ON THE ENTIRE TIME NOT TOUCHING PALM TO PALM. THE DEF WAS SHOWN AGAIN WHAT THE TASK WAS SUPPOSED TO LOOK LIKE WHICH SHE FAILED TO DO SO AT ALL.

FINGER TO NOSE:

THE DEF WAS PLACED INTO THE INSTRUCTIONAL STANCE FOR THE FINGER TO NOSE AND GIVEN INSTRUCTIONS. THE DEF STATED THAT HE UNDERSTOOD THE INSTRUCTIONS. THE DEF MISSED THE TIP OF HER NOSE THREE TIMES AND USED WRONG HAND DURING THE TASK BUT CORRECTED HERSELF.

ROMBERG ALPHABET:

THE DEF WAS PLACED INTO THE INSTRUCTIONAL STANCE FOR THE ROMBERG ALPHABET AND GIVEN INSTRUCTIONS. THE DEF STATED THAT HE UNDERSTOOD THE INSTRUCTIONS. THE DEF RECITED THE ALPHABET CORRECTLY. THE DEF OPENED HER EYES DURING THE TASK.

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

STATE OF FLORIDA
COUNTY OF PALM BEACH

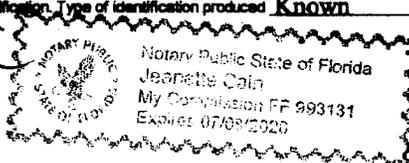
Cpl. Thomas Walton
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 08 day of November 20 17 by Cpl. Thomas Walton

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

Jeanette Cain (#2109)

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



SCANNED
NOV 14 2017

WITNESS LIST

CASE NUMBER: 17-149413

ARRESTING OFFICER: Cpl. Thomas Walton

ADDRESS: DUI Unit

PHONE NUMBERS (HOME): _____ (WORK) 681-4500

CAN TESTIFY TO: DUI Investigation

NAME: CSA R. HUAMBACHANO #14286

ADDRESS: DIST 1

PHONE NUMBERS (HOME) _____ (WORK) 688-3000

CAN TESTIFY TO: ACCIDENT INVESTIGATION

NAME: IVAN VASQUEZ W/M 07/30/1968

ADDRESS 2200 SPRINGDALE BLVD PALM SPRINGS, FL 33461

PHONE NUMBERS (HOME) 561-373-4877 (WORK) _____

CAN TESTIFY TO: WHEEL WITNESS

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) 0 (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: _____

SCANNED
NOV 14 2017

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) _____

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.

SCANNED
NOV 14 2017

SUSPECT'S SIGNATURE: (X) _____

SUBJECT: _____ CASE NUMBER: _____

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: _____

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

SCANNED
NOV 14 2017

Sunshine State



DARLENE JOAN

[Blacked out]

[Blacked out]

FL. 3873-0075

[Blacked out]

Charles...

ORGAN DONOR

SAFE DRIVER

Operation of a motor vehicle constitutes consent to any sobriety test required by law.

NOT A CERTIFIED COPY

SCANNED

NOV 14 2017