

17 CT 19844
ARREST / NOTICE TO APPEAR

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

OBTS Number	Agency ORI Number 0500400		Agency Name Delray Beach Police Department		Agency Report Number (N.T.A.'s only) 4, 0 17-017104
Charge Type: Check as many as apply.	<input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony	<input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other	If Weapon Seized Enter Type None/not Applicable	
Location of Arrest (Including Name of Business) 718 GEORGE BUSH BLVD DELRAY BEACH, FL			Location of Offense (Business Name, Address) 718 GEORGE BUSH BLVD, DELRAY BEACH, FL 33483		
Date/Time 11/02/2017 04:15	Date/Time 11/02/2017 04:25				

Name (Last, First, Middle) SILLER, DANIEL ROBERT		Alias:		Alias (Name, DOB, Soc. Sec. #, Etc.)	
Race W - White B - Black	Sex M	Date of Birth 09/25/1963	Height 5'09	Weight 160	Eye Color Brn
Hair Color Brn	Complexion Fair	Build SMALL	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		
Local Address (Street, Apt. Number) 4201 N MAGNOLIA CIR, DELRAY BEACH, FL 33445		Phone		Indication of Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>	
Permanent Address (Street, Apt. Number) 4201 N MAGNOLIA CIR, DELRAY BEACH, FL 33445		Phone		Residence Type: 1. City 2. County 3. Florida 4. Out of State	
Business Address (Name, Street)		Phone		Occupation	
D/L Number, State S460176633450 / FL	Soc. Sec. Number	INS Number	Place of Birth (City, State) Detroit, Michigan	Citizenship US	

Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile
Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	<input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor

<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____	Name (Last, First, Middle)			Residence Phone
<input type="checkbox"/> Legal Custodian	Address (Street, Apt. Number)			Business Phone
Notified by: (Name)	Date	Time	JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated	
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

Drug Activity N. N/A P. Possess	S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. Disperses/ 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
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Charge Description DRIVING WHILE UNDER INFLUENCE				Statute Violation Number 316.193(1)	Violation of ORD #
Drug Activity N	Drug Type /	Amount / Unit /	Offense # 17-017104	Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
Charge Description				Statute Violation Number	Violation of ORD #
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N
Charge Description				Statute Violation Number	Violation of ORD #
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N

Health / Apparent Physical Condition or Detention		Any knowledge of the following: <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"/> Released to Parent/Guardian <input checked="" type="checkbox"/> T.O.T. County Jail		PROPERTY - Received By		Released To	
<input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health		Date Transported		Time Transported	

<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court	Location (Court, Room) South County 200 W Atlantic Ave Delray Beach, FL 33446	
<input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.	Court Date and Time 11/20/2017 08:30:00	
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)		Date Signed

HOLD for Other Agency	Signature of Arresting Officer	Name Verification (Printed by Arrestee)
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest	Name of Arresting Officer (Print) PHILIPPE, BENDJY	(PRINT) NOV 2 04 5:33
<input type="checkbox"/> Suicidal <input type="checkbox"/> Other	Arresting Officer Philippe	I.D. # 1138
Intake Dept #	Pouch #	Agency 1138
Witness here if subject signed with an "X"		

COURT STATE ATTORNEY AGENCY CENTRAL RECORDS JAIL CRIME ANALYSIS PHOTO FILE DEFENDANT

SCANNER
NOV - 3 2017

0493021

177

PROBABLE CAUSE AFFIDAVIT

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

1 JUVENILE

A D M I N I S T R A T I V E	OBTs Number		Agency ORI Number FL 0500400		Agency Name DELRAY BEACH POLICE DEPARTMENT		Agency Report Number 4 0 17-017104		
	Charge Type: 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 type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other								
D E F	Name (Last, First, Middle) SILLER, DANIEL ROBERT						Race W	Sex M	Date of Birth 09/25/1963
	Charge Description 316.193(1) DRIVING WHILE UNDER INFLUENCE		Charge Description						
V I C T I M	Victim's Name (Last, First, Middle) STATE OF FLORIDA,						Race	Sex	Date of Birth
	Local Address (Street, Apt. Number) 605 SUWANNEE STREET, TALLAHASSEE, FL 32399		(City)	(State)	(Zip)	Phone	Address Source		
Business Address (Name, Street)		(City)	(State)	(Zip)	Phone	Occupation			

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.

The Person taken into custody . . .

committed the below acts in my presence. was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.

confessed to _____ admitting to the below facts. was found to have committed the below acts, resulting from my (described) investigation.

On the 2 day of November, 2017 at 05:11 (Specifically include facts constituting cause for arrest.)

The following incident occurred in the City of Delray Beach, County of Palm Beach, Florida.

OFFICER'S NARRATIVE:

On November 2, 2017, I responded to 7-Eleven located at 718 George Bush Blvd in reference to a possible drunk person. Upon arrival, I observed a white male, later identified as Daniel Siller, sleeping behind the steering wheel. The vehicle, bearing FL tag 859VMV, was parked with the keys in the ignition and the engine was running. I made contact with Siller and asked him to unlock the doors to the vehicle. Siller reached for the gear shift and then the radio of the vehicle to unlock the doors. I instructed Siller where to unlock the vehicle's door, but he was unable to comprehend. Siller eventually was able to crack the vehicle's window opened, and I was able to unlock the doors. Siller stated that he was coming from church and had a drink earlier on a sailboat. While speaking to Siller, he was unable to stand still and appeared impaired. Siller had glossy, reddened eyes, slow dexterity, flush face, and slow comprehension. Due to the above, I conducted a DUI investigation.

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

I observed the defendant sleeping behind the wheel of the vehicle. The vehicle was parked with the engine running.

OBSERVATION OF DRIVER:

The defendant appeared impaired, had glossy, reddened eyes, slow dexterity, flush face, slow comprehension. The defendant was unable to unlocked vehicle doors. The defendant appeared unstable while walking to an area for roadside tasks.

A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
	 NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) <u>11/2/17</u> DATE	 PHILIPPE BENDJY (1138) NAME OF OFFICER (PLEASE PRINT) <u>11/02/2017</u> DATE

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

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

1

JUVENILE

A D M I N I S T R A T I V E	OBTS Number		Agency Name		Agency Report Number	
	FL 0500400		DELRAY BEACH POLICE DEPARTMENT		4 0 17-017104	
Charge Type: 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 type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other						Special Notes:

D E F	Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
	SILLER, DANIEL ROBERT		W	M	09/25/1963

DRIVER'S STATEMENTS:
The defendant stated he was drinking earlier today on a sailboat.

ODORS:
Defendant had the odor of an unknown alcoholic beverage about their breath..

SPEECH:
Slow, slurred, mumbled

ATTITUDE:
Polite, talkative, calm

CLOTHING:
Normal attire

MEDICAL PROBLEMS:
None

MEDICATIONS:
None

BREATH TESTING REQUEST IS VIDEO RECORDED:
Yes

**** ROAD SIDE TASKS ****

HORIZONTAL GAZE NYSTAGMUS:
Defendant had trouble following directions
Defendant turned head to follow the stimulus

LEFT EYE:
Lack of smooth pursuit, eye did not follow smoothly
Distinct and sustained Nystagmus (jerking) at maximum deviation
Onset of Nystagmus prior to 45 degrees, eye jerked at 45 degree angle or less

RIGHT EYE:
Lack of smooth pursuit, eye did not follow smoothly
Distinct and sustained Nystagmus (jerking) at maximum deviation
Onset of Nystagmus prior to 45 degrees, eye jerked at 45 degree angle or less

WALK AND TURN:
The defendant failed to maintain balance while the instructions were given
Stopped walking to steady body (paused to regain balance)

A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
	NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)	PHILIPPE, BENDJY (1138)
	11/2/17 DATE	NAME OF OFFICER (PLEASE PRINT) 11/02/2017 DATE

PROBABLE CAUSE AFFIDAVIT
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JUVENILE

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	Agency ORI Number FL 0500400	DELRAY BEACH POLICE DEPARTMENT		4 0 17-017104
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<input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other				

D E F	Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth
	SILLER, DANIEL ROBERT		W	M	09/25/1963

Did not touch heel to toe on some steps
 Lost balance and stepped off the line
 Used arms for balance (raised arms over six inches)
 Turned incorrectly (lost balance while turning, staggered or stumbled, turned other than demonstrated during instruction phase)

ONE LEG STAND:
 The defendant swayed while balancing
 Used arms for balance (raised arms over six inches)
 Put foot down several times (before 30 seconds elapsed)
 Could not keep balance while the leg was in the raised position
 Did not count while the leg was raised

FINGER TO NOSE:
 The defendant failed to close eyes
 Failed to tilt head back
 Swayed while standing
 Failed to return arm to the side immediately
 Failed to raise arm and touch finger to nose

ROMBERG ALPHABET:
 Not performed.

BREATH ALCOHOL TEST RESULTS:
 The defendant 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.

The test results were: .173
 Defendant sample #1: .173
 Defendant sample #2: .173

CHARGES:
 Based on the above stated facts probable cause exists to charge the defendant, Daniel Siller, with one count of driving under the influence in violation of FSS 316.193(1).

A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
	NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)	PHILIPPE, BENDJY (1138)
	11/02/17 DATE	NAME OF OFFICER (PLEASE PRINT) 11/02/2017 DATE

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 02 DAY OF November 2017, AT 0146 AM PM
SUBJECT: Daniel R Siller CASE NUMBER: 17-017104
AGENCY: DBPD ARRESTING OFFICER: Philippe

PERSONAL CONTACT

DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUTTING DEF. BEHIND WHEEL OF VEHICLE)
observed the defendant sleeping behind the wheel of the vehicle. The vehicle was parked with the engine running.

OBSERVATION OF DRIVER:

The defendant appeared impaired, had glossy, reddened eyes, slow dexterity, flush face, slow comprehension. The defendant was unable to unlock vehicle doors. The defendant appeared unstable while walking to an area for roadside tasks.

DRIVER'S STATEMENTS:

Subject stated he was drinking earlier today on a sailboat.

ODORS:

Defendant had the odor of an unknown alcoholic beverage about their breath.

GENERAL OBSERVATIONS

SPEECH: Slow, slurred, mumbled

ATTITUDE: Polite, talkative, calm

CLOTHING: Normal attire

MEDICAL PROBLEMS:

None

MEDICATIONS: None

OTHER:

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

- LEFT EYE DOES NOT FOLLOW SMOOTHLY
- RIGHT EYE DOES NOT FOLLOW SMOOTHLY
- LEFT EYE JERKS AT 45 DEGREE ANGLE OR LESS
- RIGHT EYE JERKS AT 45 DEGREE ANGLE OR LESS
- DISTINCT JERKING LEFT EYE MAXIMUM DEVIATION
- DISTINCT JERKING RIGHT EYE MAXIMUM DEVIATION

CAN NOT DO, WHY? _____

WALK AND TURN:

- The defendant failed to maintain balance while the instructions were given
- Stopped walking to steady body (paused to regain balance)
- Did not touch heel to toe on some steps
- Lost balance and stepped off the line
- Used arms for balance (raised arms over six inches)
- Turned incorrectly (lost balance while turning, staggered or stumbled, turned other than demonstrated during instruction phase)

CAN NOT DO, WHY? _____

ONE LEG STAND:

- The defendant swayed while balancing
- Used arms for balance (raised arms over six inches)
- Put foot down several times (before 30 seconds elapsed)
- Could not keep balance while the leg was in the raised position
- Did not count while the leg was raised

CAN NOT DO, WHY? _____

FINGER TO NOSE:

- The defendant failed to close eyes
- Failed to tilt head back
- Swayed while standing
- Failed to return arm to the side immediately
- Failed to raise arm and touch finger to nose

CAN NOT DO, WHY? _____

ROMBERG/ALPHABET:

Not performed.

CAN NOT DO, WHY? _____

BREATH TEST RESULTS: .173

STATE OF FLORIDA
COUNTY OF PALM BEACH
THE FOLLOWING INSTRUMENT WAS NOTARIZED OR SWORN BEFORE ME THIS 11/2/17 (DATE)

BY: _____

WITNESS LIST

CASE NUMBER: 17-017104

ARRESTING OFFICER: Philippe

ADDRESS: 300 West Atlantic Ave. Delray Beach, Fl 33444

PHONE NUMBERS (HOME): 561-243-7800 (WORK) _____

CAN TESTIFY TO: See PC

NAME: Ofc. Masi

ADDRESS: 300 West Atlantic Ave. Delray Beach, Fl 33444

PHONE NUMBERS (HOME) 561-243-7800 (WORK) _____

CAN TESTIFY TO: See PC

NAME: Sgt. Skeberis

ADDRESS 300 West Atlantic Ave. Delray Beach, Fl 33444

PHONE NUMBERS (HOME) 561-243-7800 (WORK) _____

CAN TESTIFY TO: See PC

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

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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: _____

NOT A CERTIFIED COPY

TESTING FACILITY TASK REPORT

AGENCY: DEPS Ofc. Hill #1130

SUBJECT: Siler, David CASE NUMBER: 17-140-706

DATE: 11-02-17 VIDEO TAPE NUMBER: ---

BEGINNING TIME: 0317.5 ENDING TIME: 0329.5

BREATH TESTS RESULTS: 1) .173 TIME 0322 A.M./P.M. 2) .173 TIME 0326 A.M./P.M.
3) _____ TIME _____ A.M./P.M. 4) _____ TIME _____ A.M./P.M.

BREATH OPERATOR: S. O'Neil #6212

MAINTENANCE TECHNICIAN: ... #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: ---

ATTITUDE: Cal, Cooperative

CLOTHING: ...

MEDICAL CONDITIONS: Blood Pressure

MEDICATIONS: ...

OTHER: Eyes: Red & Glassy

Officer of ...

COMMENTS: 20 min observation done by ...

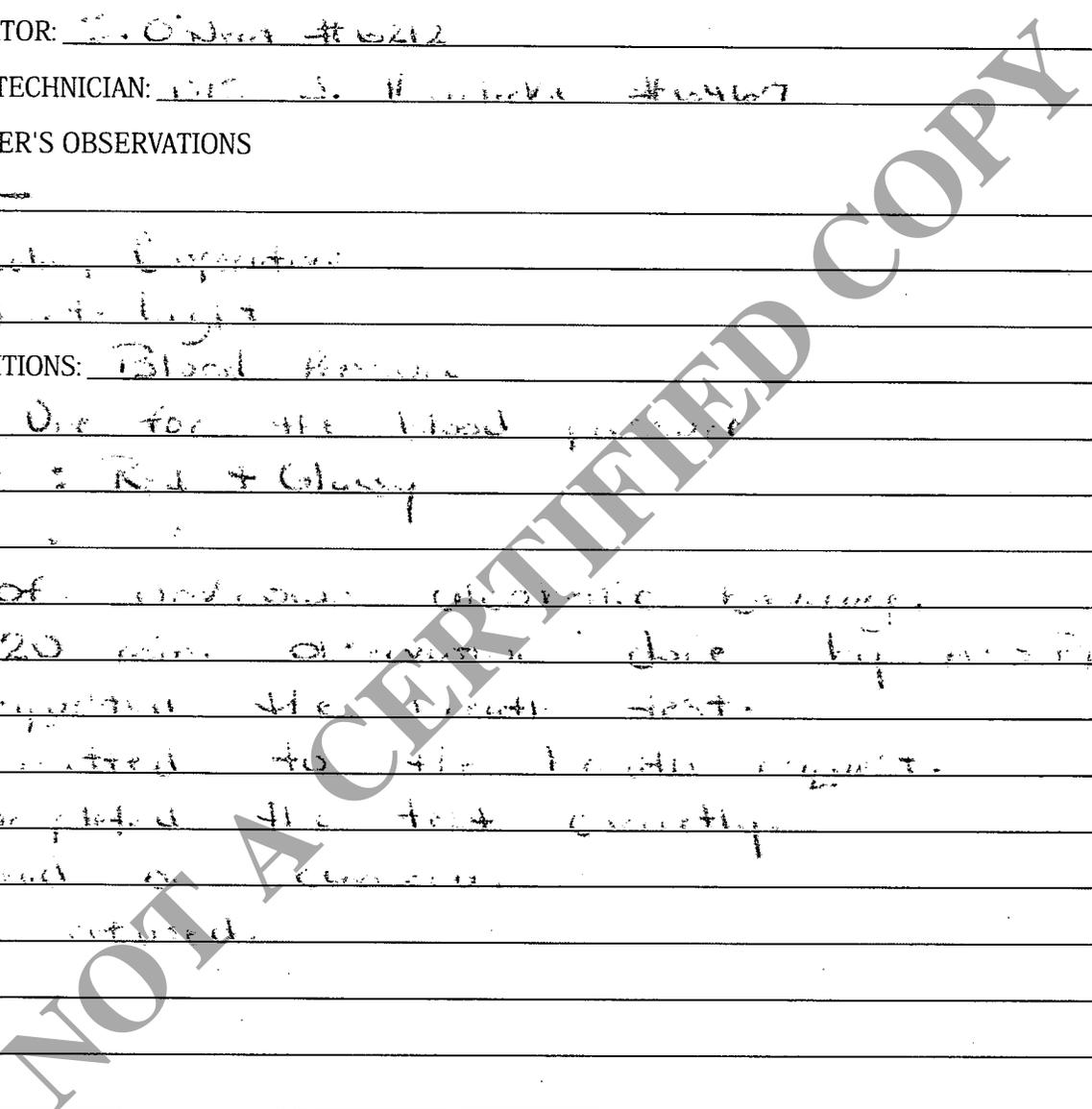
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SUBJECT: Daniel Sney CASE NUMBER: 17-017104

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.

SUSPECT'S SIGNATURE: (X) _____

SUBJECT: Daniel Siller CASE NUMBER: 17-017104

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