

## 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 0500200 Agency Name Boca Raton Police Department						Agency Report Number (N.T.A.'s only) 3 2 2017-011285		If Weapon Seized Enter Type None/not Applicable		
Charge Type: Check as many as apply: 1. Felony 2. Traffic Felony			3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 6. Other								Multiple Clearance Indicator		
Location of Arrest (including Name of Business) 3000 NW 55TH ST			Location of Offense (Business Name, Address) 3000 NW 55TH ST, BOCA RATON, FL 33496										
Date of Arrest 08/11/2017		Time of Arrest 23:09		Booking Date 08/11/2017		Booking Time 23:19		Jail Date 08/12/2017		Jail Time 01:27		Location of Vehicle WESTWAY	
Name (Last, First, Middle) <b>NEUFELDT, DAVID A</b>													
Alias: <b>NEUFELDT, DAVID A</b>													
Race W - White B - Black		Sex W M		Date of Birth 02/15/1952		Height 5'09		Weight 210		Eye Color BROWN		Hair Color GRAY	
Marital Status <b>S</b> JEWISH													
Religion													
Indication of: Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown <input type="checkbox"/>													
Local Address (Street, Apt. Number) (City) (State) (Zip) 6275 NW 42ND WAY, BOCA RATON, FL 33496 Phone (561) 997-0800													
Permanent Address (Street, Apt. Number) (City) (State) (Zip) 6275 NW 42ND WAY, BOCA RATON, FL 33496 Phone (561) 997-0800													
Business Address (Name, Street) (City) (State) (Zip) NORBAR FABRICS, 7670 NW 6TH AVE, BOCA RATON, FL 33487 Phone (800) 645-8501													
DL Number, State NI43161520550 / FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) NEW YORK, NY, United		Citizenship US					
Co-Defendant Name (Last, First, Middle)													
Race Sex Date of Birth													
Indication of: 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile 2. At Large <input type="checkbox"/> 4. Misdemeanor													
Co-Defendant Name (Last, First, Middle)													
Race Sex Date of Birth													
Indication of: 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile 2. At Large <input type="checkbox"/> 4. Misdemeanor													
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. Incarcerated													
Released To: (Name) Relationship Date Time													
School Attended Grade													
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.													
Property Crime? Description of Property Value of Property <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No													
C O D E Drug Activity S. Sell R. Smuggle K. Disperses/ M. Manufacture/ Z. Other Drug Type B. Barbiturate H. Hallucinogen P. Paraphernalia/ U. Unknown N. N/A B. Buy D. Deliver Distribute Produce/ Cultivate N. N/A C. Cocaine M. Marijuana Equipment Z. Other P. Possess T. Traffic E. Use A. Amphetamine E. Heroin O. Opium/Deriv. S. Synthetic													
Charge Description DUI Statute Violation Number 316.193(1) Violation of ORD #													
C H A R G E Drug Activity Drug Type Amount / Unit Offense # 2017-011285 Counts Domestic Violence Warrant / Capias Number Bond													
C H A R G E Drug Activity Drug Type Amount / Unit Offense # Counts Domestic Violence Warrant / Capias Number Statute Violation Number Violation of ORD # Bond													
C H A R G E Drug Activity Drug Type Amount / Unit Offense # Counts Domestic Violence Warrant / Capias Number Statute Violation Number Violation of ORD # Bond													
Health / Apparent Physical Condition of Defendant GOOD 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 Explain:													
I N T A K E 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 REILLY Released By REILLY Released To PBCJ <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health													
Transported By REILLY Date Transported 08/12/2017 Time Transported 01:27 Other													
N O T I C E <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) South County 200 W Atlantic Ave Delray Beach, FL 33444 Court Date and Time 09/11/2017 08:30:10													
T O A P P E A R 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													
A D M I N HOLD for Other Agency Signature of Arresting Officer Name Verified (Print) (Signature) (PRINT) AUG 14 2017 <input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other LD # 778 Name of Arresting Officer (Print) REILLY, GEORGE E. Transporting Officer I.D. # 778 Agency Intake Deputy I.D. # Pouch #													
Witness here if subject signed with an "X" PAGE 1 OF 1													

SCANNED

 No  
 Photo  
 Available

## PROBABLE CAUSE AFFIDAVIT

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

1

JUVENILE

A D M I	OBTS Number <b>FL 0500200</b>	Agency Name <b>BOCA RATON POLICE DEPARTMENT</b>	Agency Report Number <b>3 2 2017-011285</b>			
N	Charge Type: Check as many as apply: 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor 5. Ordinance <input type="checkbox"/> 6. Other	Special Notes:				
D E F	Name (Last, First, Middle) <b>NEUFELDT, DAVID A</b>	Alias	Race <b>W</b>	Sex <b>M</b> Date of Birth <b>02/15/1952</b>		
C H A R G E S	Charge Description <b>316.193(1) DUI</b>	Charge Description				
V I C T I M	Charge Description	Charge Description				
V I C T I M	Victim's Name (Last, First, Middle) <b>STATE OF FLORIDA,</b>	Race	Sex	Date of Birth		
V I C T I M	Local Address (Street, Apt. Number) <b>100 NW 2ND AVE, BOCA RATON, FL 33432</b>	(City)	(State)	(Zip)	Phone <b>(561) -</b>	Address Source
V I C T I M	Business Address (Name, Street)	(City)	(State)	(Zip)	Phone <b>(56) -</b>	Occupation
<p>The undersigned certifies and swears that he/she has just and resonable grounds to believe, and does believe that the above named Defendant committed the following violation of law.</p> <p>The Person taken into custody...</p> <p><input type="checkbox"/> committed the below acts in my presence.      <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person committ the below acts.</p> <p><input type="checkbox"/> confessed to _____ 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>11</u> day of <u>August</u>, <u>2017</u> at <u>23:09</u> (Specifically include facts constituting cause for arrest.)</p>						
<p>The following incident took place on August 11, 2017 in the City of Boca Raton, Palm Beach County, Florida.</p> <p>At approximately 2231 hours, while on patrol traveling westbound on Yamato Rd, I observed a black Mercedes FL tag HKU8L traveling westbound on at approximately 2900 W Yamato Rd failing to maintain a single lane and operating with an obstructed tag (license plate cover). At one point the vehicle slowed down well below the posted speed limit and was traveling in the right and middle lane simultaneously. At this time I activated my emergency lights and siren and conducted a traffic stop at approximately 3000 NW 55th St. After the vehicle pulled over David Neufeldt, who was identified by his Florida Drivers License, started to exit the car. I asked Neufeldt to get back into his vehicle. I approached the vehicle from the driver's side and Neufeldt opened the driver's door again. I asked Neufeldt to close the door and roll down the window. Neufeldt had difficulty rolling down his window.</p> <p>I explained to Neufeldt why he was pulled over. I asked Neufeldt to provide me with his license, registration, and proof of insurance. I observed signs of impairment; the pungent odor of an alcoholic beverage emanating from Neufeldt person, and his eyes were glassy and red. Neufeldt provided me with his license and registration, but did not provide me with his insurance. I then asked Neufeldt to provide me with the insurance again. Neufeldt then picked up a black folder, opened it and starred at it without actually looking through the folder. Neufeldt then stated he does not have his insurance. I asked Neufeldt what he was doing tonight and he said he was out in East Boca having dinner and drinks. Neufeldt stated he had only two drinks at dinner.</p> <p>Neufeldt exited the vehicle and had difficulty walking. While conversing with Neufeldt I observed signs of impairment; the pungent odor of an alcoholic beverage emanating from his person, and his eyes were glassy and red. I explained my observations to Neufeldt</p>						
A D M I N I S T R A T I V E	<p>SWORN AND SUBSCRIBED BEFORE ME <u>CODLING, JEREMY R</u> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) <u>08/12/2017</u> DATE</p>			<p>SCANNED AUG 14 2017</p> <p>SIGNATURE OF ARRESTING / INVESTIGATING OFFICER <u>REILLY, GEORGE EDWARD (778)</u> NAME OF OFFICER (PLEASE PRINT) <u>08/12/2017</u> DATE</p>		

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

OBTS Number		PROBABLE CAUSE AFFIDAVIT SUPPLEMENT			1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	JUVENILE
A	Agency ORI Number		Agency Name	Agency Report Number				
D	FL 0500200		BOCA RATON POLICE DEPARTMENT	3	2	2017-011285		
M	Charge Type: <input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance Check as many as apply. <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other					Special Notes:		
N								
O	Name (Last, First, Middle) <b>NEILIEF DT. DAVID A</b>					Race	Sex	Date of Birth
E						W	M	02/15/1952

and asked if he would attempt the field sobriety exercises to dispel my concern that he was operating a vehicle impaired. Neufeldt agreed to attempt the exercise.

I asked Neufeldt to perform Standardized Field Sobriety Tasks (SFSTs) and he willingly participated. He then stepped to the designated area to begin the tasks. The ground was flat and level, and there was a straight painted white line that we could use for a walk and turn.

The first task was the Horizontal Gaze Nystagmus. I observed Neufeldt's eyes to be bloodshot and glassy. I observed his pupils to be of equal size and have equal tracking of the stimulus. I observed a lack of smooth pursuit in both eyes and in both directions. I observed the onset of nystagmus to be prior to 45 degrees in both eyes and in both directions. I observed a distinct and sustained nystagmus at maximum deviation in both eyes and in both directions.

The second task was the Walk and Turn. After I gave the instructions to Neufeldt at the task at hand, I asked if he understood. He advised he understood and was unable to maintain the starting position during the instructional phase. Neufeldt started the task prior to me instructing him to do so. During the task he was unable to maintain heel to toe throughout the entire task. Neufeldt was casually walking down the line. After taken nine steps forward Neufeldt failed to turn properly and continued to casually walk back without maintaining heel to toe.

The third task was the one leg stand. I gave the instructions and demonstrated the task. I asked Neufeldt if he had any questions and he advised he did not. During the exercise he failed to maintain the starting position, started too soon, and failed to count. Neufeldt was reminded he had to count. Once Neufeldt started counting he lost his balance at one thousand three, one thousand six, and one thousand ten.

The fourth task was the finger to nose task. During the task he placed his finger out in front of his face as the starting position. Neufeldt missed his nose on eight occasions. On the sixth attempt Neufeldt placed his left finger on his eye lid.

The fifth task was the English Alphabet from A to Z in a non-rhythmic manner. On the first attempt Neufeldt stated the letters of the alphabet in a rhythmic manner. On the second attempt he performed this task adequately.

At 2309 hours, based on my observations, I placed Neufeldt under arrest for DUI. I transported Neufeldt to Boca Raton Police holding facility for processing. Officer Rafalko was inside the holding facility to operate Intoxilyzer 8000 testing. Neufeldt agreed to provide a breath sample. Breath results were .124 at 2357 hours and 0000 hours.

<p>ADMINISTRATIVE</p> <p>SWORN AND SUBSCRIBED BEFORE ME</p> <p><b>CODLING, JEREMY R</b></p> <p>NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</p> <p><b>08/12/2017</b></p> <p>DATE</p>	 <p>SIGNATURE OF ARRESTING / INVESTIGATING OFFICER</p> <p><b>REILLY, GEORGE EDWARD (778)</b></p> <p>NAME OF OFFICER (PLEASE PRINT)</p> <p><b>08/12/2017</b></p> <p>DATE</p>
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OBTS Number	PROBARLE CAUSE AFFIDAVIT SUPPLEMENT			1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	JUVENILE
D M I N	Agency ORI Number <b>FL 0500200</b>	Agency Name <b>BOCA RATON POLICE DEPARTMENT</b>	Agency Report Number <b>3 2 2017-011285</b>	Special Notes:			
D E F	Charge Type: Check as many as apply: 1. Felony 2. Traffic Felony	3. Misdemeanor 4. Traffic Misdemeanor	5. Ordinance 6. Other				
Name (Last, First, Middle) <b>NEUFELDT, DAVID A</b>	Alias			Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>02/15/1952</b>	

Neufeldt was charged pursuant to F.S.S. 316.193(1) DUI on August 12th, 2017, in Palm County Florida. The video of the incident was later submitted into BRPD evidence. Neufeldt was given the court date of September 11th, 2017 at 8:30 AM at 200 West Atlantic Avenue Delray Beach Fl. Neufeldt was issued a citation for driving under the influence pursuant to F.S.S 316.193(1). In addition, he was issued a traffic citation for failing to maintain a single lane F.S.S 316.074(1) and a warning for the obstructed tag.

Neufeldt's vehicle was towed by WestWay. Neufeldt was transported to Palm Beach County Jail without incident.

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ADMINISTRATIVE	SWORN AND SUBSCRIBED BEFORE ME  <u>CODLING, JEREMY R</u> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)  <u>08/12/2017</u> DATE	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER  <u>REILLY, GEORGE EDWARD (778)</u> NAME OF OFFICER (PLEASE PRINT)  <u>08/12/2017</u> DATE	SCANNED AUG 14 2017
			PAGE 3 OF 3

# D. U. I. INFLUENCE REPORT

Boca Raton Police Services Department  
100 Northwest Second Avenue  
Boca Raton, Florida 33432

SCANNED  
AUG 14 2017

## WITNESS LIST

ARRESTING OFFICER: ReillyName: OFC. Rafalko Phone # Home \_\_\_\_\_ Work 561 3686201Address: 100 NW 2nd Ave Boca RatonCan testify to: Breath TestName: OFC. Calhoun Phone # Home \_\_\_\_\_ Work 11Address: 11Can testify to: BackupName: OFC. D. Graham Phone # Home \_\_\_\_\_ Work 11Address: 11Can testify to: 11

Name: \_\_\_\_\_ Phone # Home \_\_\_\_\_ Work \_\_\_\_\_

Address: \_\_\_\_\_

Can testify to: \_\_\_\_\_

Name: \_\_\_\_\_ Phone # Home \_\_\_\_\_ Work \_\_\_\_\_

Address: \_\_\_\_\_

Can testify to: \_\_\_\_\_

Name: \_\_\_\_\_ Phone # Home \_\_\_\_\_ Work \_\_\_\_\_

Address: \_\_\_\_\_

Can testify to: \_\_\_\_\_

Name: \_\_\_\_\_ Phone # Home \_\_\_\_\_ Work \_\_\_\_\_

Address: \_\_\_\_\_

Can testify to: \_\_\_\_\_

SCANNED  
AUG 14 2017

BOCA RATON POLICE DEPARTMENT

Agency Case# 17-11285

PART II.D.U.I. REPORT  
To be filled out at testing facility

L. INTRODUCTION

(Instrument Operator faces video camera)

A. The day is: Friday (day) August (month) 11 (date) 2017 (year)

B. The time is now approximately 1152 AM/PM

C. The following is in reference to case number 17-11285

D. Present at this time is Rafalko / Reilly (Officer's Name) of the Boca Raton Police Department.

E. Officer Reilly, Have you arrested David Neufeldt (Defendant's name)  
In violation of Florida State Statute 316.193?

F. Did this violation occur within the City of Boca Raton, Palm Beach County, Florida?

G. Mr/Mrs/Ms. David Neufeldt, I am required to inform you these proceedings are being video taped.

Operator Note: Video tape breath request, breath sample, and interview

SCANNED  
AUG 14 2017

BOCA RATON POLICE DEPARTMENT

Agency Case # 17-11285

**H. AT THIS TIME THE ARRESTING OFFICER WILL REQUEST A BREATH SAMPLE.**

*Note: Read only the paragraph applicable to the type of test you are requesting.*

**A.**

I am now requesting that you submit to a lawful test of your **BREATH** for the purpose of determining its alcohol content.

**B.**

I am now requesting that you submit to a lawful test of your **URINE** for the purpose of determining its alcohol content.

**C.**

I am now requesting that you submit to a lawful test of your **BLOOD** for the purpose of determining its alcohol content and the presence of chemical or controlled substances.

**IMPLIED CONSENT WARNINGS**

*Note: Read only if the subject does not comply with your request.*

2. 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 signature: \_\_\_\_\_

**ALSO READ FOR CDL HOLDERS**

IN ADDITION, your refusal to submit will result in the loss of your commercial privileges for one year from today. If this is your SECOND REFUSAL, you will be permanently disqualified from operating a commercial motor vehicle.

After reading the implied consent warning, the arresting officer must request a breath sample again.

**(IF REFUSAL THEN)**

At this time Mr/Mrs/Ms. \_\_\_\_\_ has refused to submit to a breath test.

The date is \_\_\_\_\_ (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year) and the time \_\_\_\_\_ AM/PM

A refusal form will be completed by the arresting officer.

**SCANNED**

**AUG 14 2017**

BOCA RATON POLICE DEPARTMENT  
TESTING FACILITY TASK REPORT

SUBJECT: David Neufeldt

CASE #: 17-11285 DATE 8/11/17

BREATH TESTS RESULTS

1) TIME 2357 124 AM/PM 2) TIME 0000 124 AM/PM

3) TIME \_\_\_\_\_ AM/PM 4) TIME \_\_\_\_\_ AM/PM

BREATH OPERATOR: Rafalko

MAINTENANCE TECHNICIAN: Pare

TESTING OFFICER'S OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Lathargic

CLOTHING: Green T-Shirt/ Blue Jean

MEDICAL CONDITION: None

OTHER: Odor of alcohol emanating from person

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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ADULT CONSTITUTIONAL WARNINGS  
(Juvenile warning on reverse side)

"I am required to warn you before you make any statement that you have the following rights":

- 1) You have the right to remain silent and not answer any questions.
- 2) Any statement you make must be freely and voluntarily given.
- 3) You have the right to the presence of a lawyer and representation 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 statement 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 be and will be used against you in a court of law.

DO YOU UNDERSTAND THESE RIGHTS AS I HAVE READ THEM TO YOU AND DO YOU WISH TO SPEAK TO ME?

(X)

## QUESTIONS AND ANSWERS

Were you operating a motor vehicle at the time of the accident/stop? YES

Where were you going? home Woodfield 6275 NW 42nd way

What street or highway were you on? TCS Road

Direction of travel? TCS W 55th St W

Where did you start driving from? East Boca Frank and Rita's

What City (County) were you stopped in? Boca Raton SCANNED  
AUG 14 2017

What time did you start? 15 min before AM/PM What time is it now 1200

What is today's date? 08/11/17 What day of the week is it? Fridy

*Police car*

When did you last eat? 6pm What did you eat? Chinese foodWhat have you been doing the past three hours prior to this stop/accident? Eating socializingHow much do you weigh? 215 Have you been drinking? Yes What were you drinking? WodkaHow much? 4 glasses Where? From home With whom were you drinking? bar with friendsWhen did you have your first drink? 9 AM/PM When did you stop drinking? 1030 AM/PMHow did you consume your last two drinks? SwallowingAre you under the influence of alcohol now? Yes  No Can you feel the affects of alcohol? Yes  No Have you consumed alcohol since the accident? Yes  No Can you feel the affects of alcohol? Yes  No Have you consumed alcohol since the accident? Yes  No  How much? \_\_\_\_\_ What? \_\_\_\_\_

Where? \_\_\_\_\_

What line of work are you in? Cutter Candy FabricWhen did you last work? TodayDo you have any physical defects or injuries? Yes  No  If yes, explain:back since 4-5 years age (2)Are you sick or injured? Yes  No  If yes explain:Do you limp? No Did you get a bump on the head? NoWere you involved in an accident today? NoHave you taken any drugs or smoked marijuana today? No

What? \_\_\_\_\_ When? \_\_\_\_\_

Have you seen a doctor or dentist today? No Who? \_\_\_\_\_Are you taking any prescription medicines? Yes  No  What? \_\_\_\_\_ When? \_\_\_\_\_Do you have: Epilepsy? Yes  No Inner ear trouble? Yes  No Glass Eye? Yes  No Ear Infection? Yes  No False Teeth? Yes  No Diabetes? Yes  No Any eye problems not correctable by glasses or contact lenses? NoDo you take insulin? Yes  No  If yes, when was your last injection?Have you ever had a driver's license in any other state? NYI am now ending this videotaping. The time now is approximately 12:09 AM/PMThe date is: August (month) 12 (day) 2017 (year).

SCANNED

AUG 14 2017