

0493019

17 CT 19838

3398

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

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

OBTS Number	Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number (N.T.A.'s only) <b>06-17-146762</b>	
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	Weapon Seized / Type <b>2</b>	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	Multiple Clearance Indicator <b>01</b>
Location of Arrest (Including Name of Business) <b>20584 Boca West Dr, Boca Raton, FL 33434</b>			Location of Offense (Business Name, Address) <b>20584 Boca West Dr, Boca Raton, FL 33434</b>			
Date of Arrest <b>11/02/2017</b>	Time of Arrest <b>02:20</b>	Booking Date <b>11/02/2017</b>	Booking Time	Jail Date	Jail Time	Location of Vehicle <b>City Towing, 170 N.W. 16th St., Boca Raton, FL 33432, (561) 347-9794</b>

Name (Last, First, Middle) <b>Kelton, David, Raymond</b>						Alias (Name, DOB, Soc. Sec. #, Etc.)					
Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>10/03/1977</b>	Height <b>6'02</b>	Weight <b>300</b>	Eye Color <b>brown</b>	Hair Color <b>brown</b>	Complexion <b>light</b>	Build <b>large</b>			
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>right biceps, right calves, left chest, left forearm</b>						Marital Status <b>single</b>	Religion <b>none</b>	Indication of: Alcohol Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk. Drug Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk.			
Local Address (Street, Apt. Number) (City) (State) (Zip) <b>5278 Fairwaywoods Dr Unit 4211, Delray Beach, FL 33484</b>						Phone <b>(954) 593 7087</b>		Residence Type: 1. City 2. County 3. Florida 4. Out of State <b>2</b>			
Permanent Address (Street, Apt. Number) (City) (State) (Zip)						Phone		Address Source <b>DL</b>			
Business Address (Name, Street) (City) (State) (Zip)						Phone		Occupation <b>Bartender</b>			
D/L Number, State <b>K435176773630, FL</b>			Soc. Sec. Number		INS Number		Place of Birth (City, State) <b>Walford, CT</b>		Citizenship <b>US</b>		

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	
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 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 355-2526) 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 T. Buy B. 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 <b>Driving Under the Influence</b>		Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number <b>316.193(1)</b>		Violation of ORD #				
Drug Activity <b>N</b>	Drug Type <b>N</b>	Amount / Unit	Offense # <b>17-146762</b>	Warrant / Capias Number		Bond				
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" 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 checked="" 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 checked="" 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) <b>South County Courthouse, Courtroom #1, 200 W. Atlantic Ave., Delray Beach, FL 33444 - Ph: (561) 355-2996</b>					
Court Date and Time <b>Month November Day 27 Year 2017 Time 08:30 AM X</b>					
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 <b>11/02/2017</b>	

HOLD for other Agency Name:		Signature of Arresting Officer <b>X</b>		Name Verification (Printed by Arrestee) <b>(PRINT) David Kelton</b>	
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal	<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:	Name of Arresting Officer (Print) <b>D/S POINTU P. 16032</b>		I.D. # <b>16032</b>	
Transporting Officer <b>D/S POINTU P.</b>		ID # <b>16032</b>		Agency <b>PBSO</b>	
Witness here if subject signed with an "X"					

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 2nd DAY OF November, 2017, AT 01:49  AM  PM

SUBJECT: Kelton, David, Raymond CASE NUMBER: 17-146762

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: D/S POINTU P.

## PERSONAL CONTACT

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

**Was seen, by the on duty uniformed security office, driving Northbound on the Southbound lanes of Country Club blvd, in unincorporated Boca Raton, Palm Beach County, Florida, passing the gate house by the exit side. Was then stopped by D/S Jones III (#5193) for a welfare check. Was the driver and only occupant of the vehicle.**

## OBSERVATION OF DRIVER:

**Glassy, bloodshot and droopy eyes. Appeared drowsy. Unsteady on his feet. Stumbled a few times after getting out of his car.**

## DRIVER'S STATEMENTS:

**Post Miranda, admitted having been drinking 3 glasses of Rhum after work that ended at midnight.**

## ODORS:

**strong odor of an unknown alcohol that become stronger when he talked**

## GENERAL OBSERVATIONS

SPEECH: slurred

ATTITUDE: cooperative

CLOTHING: black shirt, black pants, black shoes

MEDICAL/OTHER: none

STATE OF FLORIDA  
COUNTY OF PALM BEACH

D/S POINTU P.

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 2nd day of November, 2017 by D/S POINTU P.

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

Samantha Palmer (#24520)

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



Samantha Palmer  
Commission # FF172377  
Expires: OCT 29, 2018  
BONDED THIRD  
1ST FLORIDA NOTARY, LLC

SUBJECT: Kelton, David, Raymond

CASE NUMBER 17-146762

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

**Other Observations:**

**No resting nystagmus. Equal tracking. No LOC. Swayed.**

**WALK & TURN:**

**Unable to maintain the instructional stance. Started to walk then stated that he could not perform the task. After explaining the Taylor warnings, confirmed that he could not perform the task.**

**ONE LEG STAND:**

**Lowered his leg multiple times, changed legs. Swayed.**

**FINGER TO NOSE:**

**Swayed. Opened his eyes. Was very slow with his arms movements.**

**ROMBERG ALPHABET:**

**Swayed. Opened his eyes.  
Modified Romberg: stopped the 30s task at 29s**

**BREATH TEST RESULTS:**

STATE OF FLORIDA  
COUNTY OF PALM BEACH

**D/S POINTU P.**

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 2nd day of November 20 17 by D/S POINTU P.

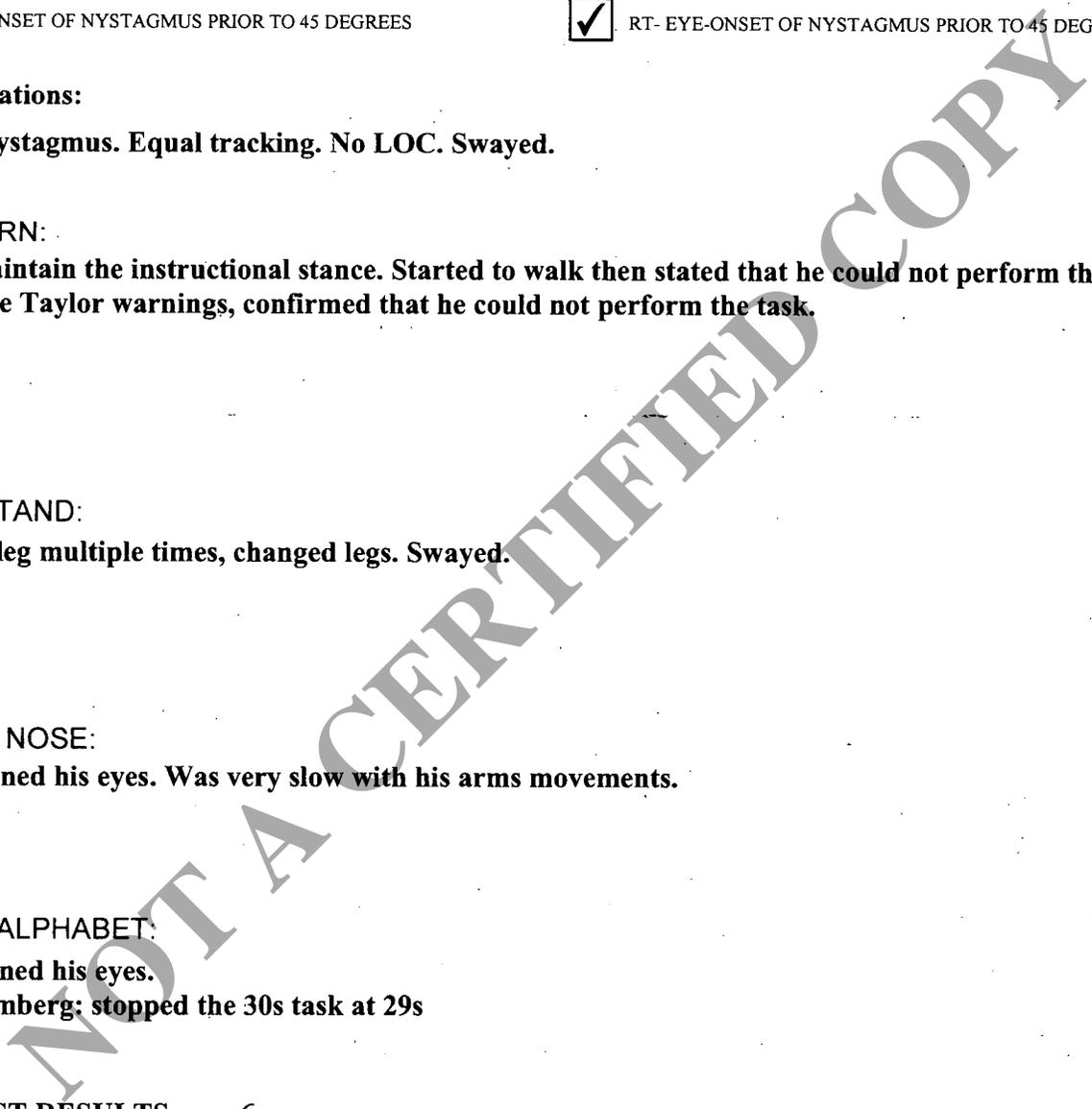
(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced known

**Samantha Palmer (#24520)**

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



**Samantha Palmer**  
Commission # FF173077  
Expires: OCT 20, 2018  
BONDED THRU  
1ST FLORIDA NOTARY, LLC



# WITNESS LIST

CASE NUMBER: 17-146762

ARRESTING OFFICER: D/S POINTU P.

ADDRESS: Palm Beach County Sheriff's Office - 3228 Gun Club Rd - West Palm Beach, FL 33406

PHONE NUMBERS (HOME): \_\_\_\_\_ (WORK) (561) 688 3000

CAN TESTIFY TO: see report

NAME: Dixon, Revellia, Nakeria Ladashai

ADDRESS: 1606 Lakeview Dr W, Royal Palm Beach, FL 33411

PHONE NUMBERS (HOME) (561) 628 5924 (WORK) (561) 483 9229

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

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: \_\_\_\_\_

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PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

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CAN TESTIFY TO: \_\_\_\_\_

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CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NOT A CERTIFIED COPY

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 #: 17-146762	ZONE: 7-11	SUSPECT: DAVID KELTON	DATE & TIME OF ORIGINAL EVENT/OFFENSE: 11/2/17 01:45
EVENT TYPE: DVI		DEPUTY: D/S POINTU	ID#: 1632

**COMPLETE EVERYTHING BELOW – PRINT LEGIBLY**

LAST NAME: Dixon	FIRST NAME: Ravellia	MIDDLE INITIAL: N	RACE: B	SEX: F
DATE OF BIRTH: 12-21-92 (MM/DD/YYYY)	YOUR HEIGHT: 5'3	YOUR WEIGHT: 220	YOUR HAIR COLOR: Black	YOUR EYE COLOR: Brown
YOUR HOME ADDRESS: 1163 Lake Terry Dr. Apt. D	<input type="checkbox"/> CHECK IF HOMELESS	CITY: Royal Palm Bch	STATE: FL	ZIP: 33411
YOUR WORK NAME & ADDRESS: Boca West Master Association	<input type="checkbox"/> CHECK IF UNEMPLOYED OR RETIRED	CITY: Boca Raton	STATE: FL	ZIP: 33411
WORK PHONE: (561) 483-4229 <input type="checkbox"/> CHECK IF NONE	CELL PHONE: (561) 628-5924 <input type="checkbox"/> CHECK IF NONE	HOME PHONE: ( ) <input type="checkbox"/> CHECK IF NONE	EMAIL: Kavy.Dee514@boca.com	<input type="checkbox"/> CHECK IF NONE

**WRITE WHAT HAPPENED IN YOUR WORDS IN FULL DETAIL – PRINT LEGIBLY**

YOUR NAME: 1 Ravellia Dixon

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

At approximately 1:45 AM I witnessed a black like colored toyota camry drive through the exit lane. The car made a left turn on to bridgewood Dr. towards pinklake. I then called the pbsa deputy Bw-1. The vehicle turned around and drove towards the main club. That is when D/S Jones and Bw-1 pulled the vehicle over. This all took place at the Glades Road Entrance.

PAGE 1 OF 1

**READ AND SIGN**

I SWEAR AND AFFIRM THIS AND/OR THE ATTACHED STATEMENTS ARE CORRECT AND TRUE:	<input checked="" type="checkbox"/> DEPUTY SHERIFF <input type="checkbox"/> NOTARY PUBLIC FSS: 117.10
YOUR SIGNATURE: X R. Dixon	SWORN TO AND SUBSCRIBED BEFORE ME TODAY: DATE: 11/2/17 TIME: 02:00 SIGNATURE: [Signature] ID: 1632

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 \_\_\_\_\_)

# TESTING FACILITY TASK REPORT

AGENCY: PBSO/POINTU

SUBJECT: KELTON, DAVID

CASE NUMBER: 17-146762

DATE: Nov 2, 2017

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 0330

ENDING TIME: 0333

BREATH TESTS RESULTS: 1) R TIME 0332 A.M.  P.M.  2) XX TIME XX 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: MUMBLED, SLURRED

ATTITUDE: QUIET, CALM,

CLOTHING: BLACK POLO SHIRT, BLACK PANTS, BLACK SHOES

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

## OTHER:

EYES GLASSY AND BLOODSHOT, UNSTEADY ON HIS FEET, ODOR OF UNKNOWN ALCOHOLIC BEVERAGE ON BREATH

## COMMENTS:

ARRESTING OFFICER CONDUCTED THE 20 MINUTE OBSERVATION BEGINNING AT 0304  
SUBJECT REFUSED TO TAKE BREATH TEST  
A/O READ I/C  
SUBJECT STATED HE UNDERSTOOD I/C  
AND AGAIN REFUSED TO TAKE BREATH TEST  
A/O READ RIGHTS  
SUBJECT STATED HE UNDERSTOOD HIS RIGHTS  
AND REFUSED QUESTIONING WITHOUT COUNSEL

SUBJECT: Kellon David CASE NUMBER: 17-146767

## 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 D/S Founta of the PBSC

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) Read on Camera

## 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) Read on Camera

SUBJECT: Kellan David CASE NUMBER: 17-146762

### 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:

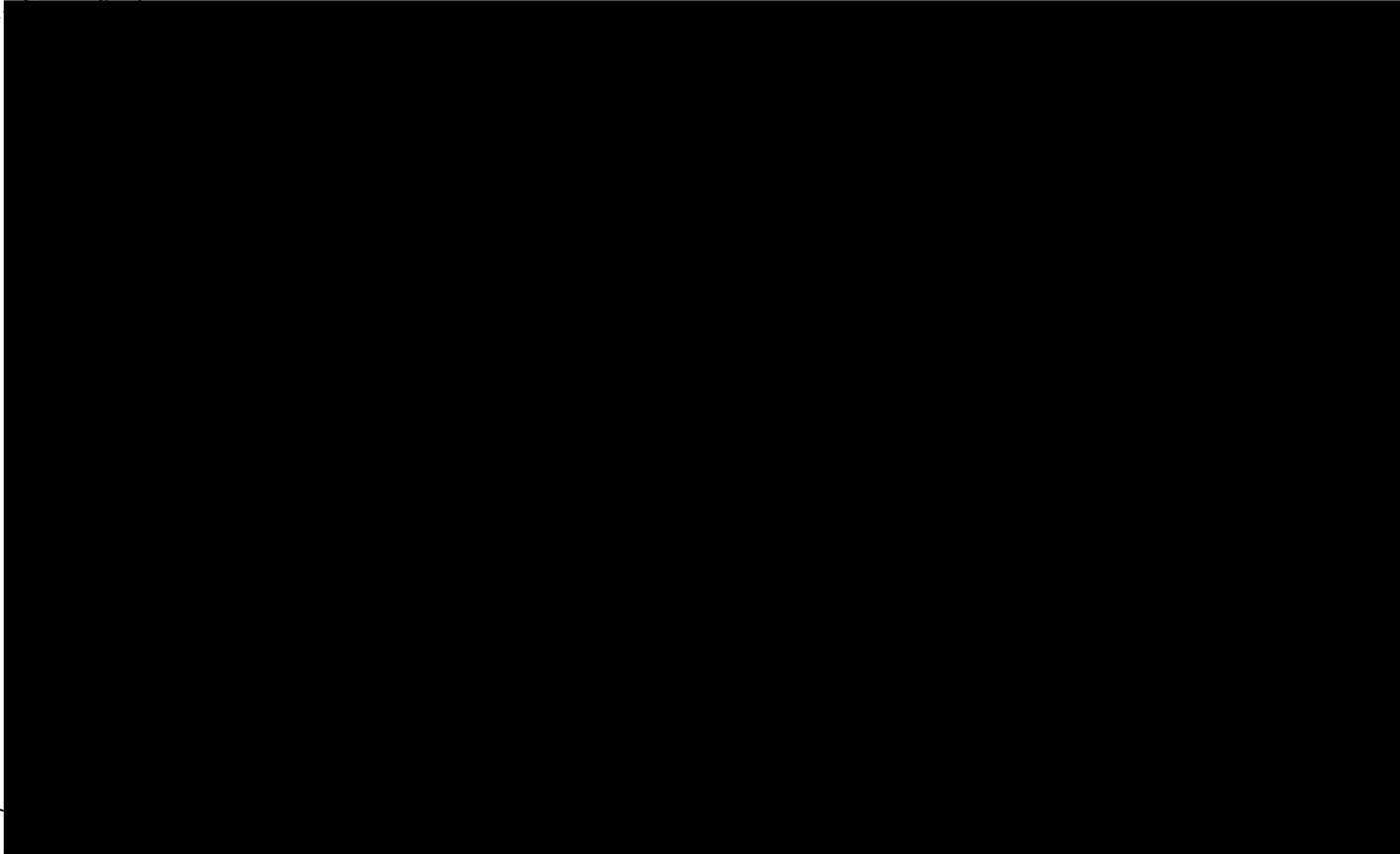
- EPILEPSY? \_\_\_\_\_
- GLASS EYE? \_\_\_\_\_
- FALSE TEETH? \_\_\_\_\_
- EAR INFECTION? \_\_\_\_\_
- INNER EAR TROUBLE? \_\_\_\_\_
- DIABETES? \_\_\_\_\_

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: DB Joubert 11/16/82



NOT A CERTIFIED