

18CT 6500

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

ADMINISTRATIVE	OBTS Number		Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-18-060118			
	Charge Type: Check as many as apply.		Weapon Seized / Type		Multiple Clearance Indicator					
	Location of Arrest (Including Name of Business)		Location of Offense (Business Name, Address)							
	Date of Arrest 04/08/2018		Time of Arrest 2304		Booking Date		Booking Time			
DEFENDANT	Name (Last, First, Middle) MATOSEVIC DAVOR				Alias (Name, DOB, Soc. Sec. #, Etc.)					
	Race W - White I - American Indian B - Black O - Oriental/Asian		Sex M	Date of Birth 01/09/1959	Height 602	Weight 210	Eye Color BRO	Hair Color BRO	Complexion MED	Build HEV
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) NONE				Marital Status Married	Religion CATHOLIC	Indication of: Alcohol Influence Drug Influence	Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>		
	Local Address (Street, Apt. Number) 513 NORTH D ST		(City) LAKE WORTH	(State) FL	(Zip) 33460	Phone (929) 215 9195		Residence Type: 1. City 2. County 3. Florida 4. Out of State		
	Permanent Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone		Address Source DEFENDANT		
	Business Address (Name, Street)		(City)	(State)	(Zip)	Phone		Occupation FORENSIC ACCOUNTANT		
	D/L Number, State (NY)743152275		Soc. Sec. Number		INS Number		Place of Birth (City, State) PULA CROATIA		Citizenship RES	
	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		
	JUVENILE	Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other:		Address (Street, Apt. Number)		(City)	(State)	(Zip)	Residence 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 355-2528) 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 S. Sell 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	Charge Description DUI		Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 316.193(1)		Violation of ORD #			
	Drug Activity	Drug Type	Amount / Unit	Offense # 18-060118	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	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	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			
NOTICE TO APPEAR	Location (Court Room Number, Address) 3228 GUN CLUB RD WEST PALM BEACH FL 33406									
	Court Date and Time Month MAY Day 10 Year 2018 Time 0830 AM <input checked="" type="checkbox"/> PM									
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 04/08/2018				
ADMIN	HOLD for other Agency Name:		Signature of Arresting Officer		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) INV. E. K. WHITE 7209		I.D. # 7209	(PRINT)				
	Intake Deputy	I.D. #	Pouch #	Transporting Officer E. K. WHITE	ID # 7209	Agency PBSO	Witness here if subject signed with an "X"			

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OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	Juvenile	N
ADMIN	Agency ORI Number	Agency Name	Agency Report Number					
	FLO 500000	PALM BEACH COUNTY SHERIFF'S OFFICE	06- 18-060118					
DEF	Charge Type: Check as many as apply.	Special Notes:						
	<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							
CHARGES	Name (Last, First, Middle)	Alias	Race	Sex	Date of Birth			
	Matosevic, Davor		W	M	01/09/1959			
VICTIM	Charge Description	Charge Description						
	DUI							
PROBABLE CAUSE STATEMENT	Victim's Name (Last, First, Middle)	State of Florida			Race	Sex	Date of Birth	
	Local Address (Street, Apt. Number)	(City)	(State)	(zip)	Phone	Address Source		
	Business Address (Name, Street)	(City)	(State)	(zip)	Phone	Occupation		
ADMINISTRATIVE	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 <input checked="" type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ <input type="checkbox"/> confessed to _____ that he/she saw the arrested person commit the below acts. <input type="checkbox"/> admitting to the below facts. <input type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.							
	On the <u>08</u> day of <u>April</u> 20 <u>18</u> at <u>2222</u> <input checked="" type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)							
<p>On the above date, I was driving Northbound on S. Dixie Highway in the right lane. I observed a silver Hyundai Elantra, bearing NY tag HKJ8998, stopped in the left lane. The red traffic light turned green as traffic started to move. The Hyundai did not move and the white male driver appeared to be passed out behind the wheel. The driver had the brakes activated but the vehicle was still in drive. Vehicles were beeping their horns to wake the driver, but was unsuccessful. I repositioned my marked patrol vehicle behind the Hyundai and activated my emergency lights. The driver then awoke and the vehicle started to move slowly forward. I told the driver to stop the vehicle since I believed the driver was having a medical problem or something else impairing his ability to stay awake. The driver rolled his window down and appeared to be groggy. I could smell an odor of an alcoholic beverage coming from his breath as I spoke to him. I asked if he was O.K. at which time the driver said that he did not have any medical issues. The driver appeared to be disoriented as he tried to look around for his identification. The driver stated that he drank a few when I asked him if he drank any alcoholic beverages. He continued to state that he was driving from Ft. Lauderdale to Lake Worth where he lived. I asked the driver to place his vehicle in park at which time he turned the interior light on, moved the fast food cup in the center console, and shuffled his papers. I asked him multiple times to place the gear shifter into park as I showed him where the shifter was located. The driver was finally able to place the vehicle into park after multiple times I asked him to do so. The driver kept saying that he had his wallet, but could not find it. After a few minutes, Deputy A. Reyka, who arrived as a backup deputy, pointed towards the driver floorboard of the vehicle. She pointed out the wallet that was lying on the driver's right foot. The driver was then identified as Davor Matosevic by his New York DL. Davor stated that he was drinking alcoholic drinks down in Ft. Lauderdale as he was retrieving his identification. I requested a DUI Unit to respond via Dispatch due to the driver's actions, statements, and appearance. Inv. White responded and took over the investigation.</p>								
STATE OF FLORIDA COUNTY OF PALM BEACH Sgt. S. Yoder 7690 (Signature of Arresting/Investigative Officer)								
The foregoing instrument was sworn to or affirmed and subscribed before me this <u>08</u> day of <u>April</u> 20 <u>18</u> by <u>Sgt. S. Yoder 7690</u> (Print name of Arresting/Investigative Officer, who is personally known to me and/or produced identification. Type of identification produced <u>known</u>)								
Notary Public, Clerk of Court, Officer (F.S.S. 117.10) <u>R.K. WHITE</u>								
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PROBABLE CAUSE AFFIDAVIT

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

1
Juvenile

OBTS Number	Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 06-18-060118
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	Special Notes:

Name (Last, First, Middle) MATOSEVIC, DAVOR,	Alias	Race W	Sex M	Date of Birth 01/09/1959
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Charge Description DUI	316.193(1)	Charge Description
Charge Description		Charge Description

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
Local Address (Street, Apt. Number) (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 _____
 confessed to _____ that he/she saw the arrested person commit the below acts.
 admitting to the below facts. was found to have committed the below acts, resulting from my (described) investigation.
 On the 8 day of MAY 2018 at 2223 A.M. P.M. (Specifically include facts constituting cause for arrest.)

I made contact with the driver who was currently sitting in the driver seat of the silver vehicle. He was later identified as Davor Matosevic by his New York driver license. During my interview I noticed his eyes were red, watery and glossy. His cheeks were flushed and mouth was dry. I could smell a strong odor of an unknown alcoholic beverage emanating from his breath that intensified when he spoke. I explained to the driver the his vehicle was stopped at the intersection not proceeding when the light cycled. My sergeant made contact with him and found him passed out in the driver seat of the vehicle. The vehicle was placed in "Drive" with the engine on. The sergeant suspected him to be impaired and asked for a DUI investigator to respond to his location. I also explained that I too had a suspicion that he had been drinking an unspecified amount of alcoholic beverages. I asked if he would consent to performing Standardized Field Sobriety Evaluations (SFSTs) for the purpose of determining if he was impaired while operating a motor vehicle. The driver spoke with an accent, but told me he understood me. He consented to performing the SFSTs. Prior to exiting the vehicle I asked if he had any physical problems with his body that would inhibit him from performing light physical movements. I also asked if he was on medication. The defendant conveyed he neither had anything wrong with him physically, nor was he taking medication. I asked him to exit the vehicle and noticed he labored in maintaining his balance. I escorted him to a smooth and level surface that was free from obstructions and debris. The area was well lighted by the lights from my patrol car and ambient lighting. The defendant was wearing blue short pants, a pink and blue striped short sleeve button up shirt and brown shoes His shirt was opened toward the bottom. The following SFSTs were explained, demonstrated and acknowledged by him prior to his performance: HGN, The Walk and Turn, The One Leg Stand and The Finger to Nose. His deficiencies were recorded on another form on this worksheet. At the conclusion of the SFSTs, coupled with the sergeant's observation of the defendant sitting in the driver seat during the cycling of the traffic light and my observation of personal indicators of impairment exhibited by the defendant, probable cause was established for DUI. I told the defendant he was being placed under lawful arrest for DUI. He was searched and handcuffed with two sets that were double locked and checked for tightness prior to being seated into the rear of my patrol car.

STATE OF FLORIDA
 COUNTY OF PALM BEACH
 (Signature of Arresting Investigative Officer)
 INV. E. K. WHITE 7209

The foregoing instrument was sworn to or affirmed and subscribed before me this 8 day of APRIL 2018 by INV. E. K. WHITE 7209

(Print name of Arresting Investigative Officer), who is personally known to me and/or produced identification:
Kerwin M. Meierhan
 Notary Public, Clerk of Court, Officer (F.S.S. #17.10)
 Notary Public - State of Florida
 Commission # GG 036116
 My Comm. Expires Oct 5, 2020
 Notary Public
 PINK AGENCY

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 8 DAY OF MAY 20 18, AT 2223 AM PM

SUBJECT: MATOSEVIC DAVOR CASE NUMBER: 18-060118

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: INV. E. K. WHITE 7209

PERSONAL CONTACT

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

OBSERVATION OF DRIVER:
SEE PC AFFIDAVIT

DRIVER'S STATEMENTS:
NONE

ODORS:
STRONG ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE COMING FROM SUBJECT'S BREATH.

GENERAL OBSERVATIONS

SPEECH: **ACCENTED**

ATTITUDE: **varying between impatience and being upset**

CLOTHING: **short blue pants, button up shirt opened toward the bottom and brown shoes**

MEDICAL/OTHER: **none**

STATE OF FLORIDA
COUNTY OF PALM BEACH

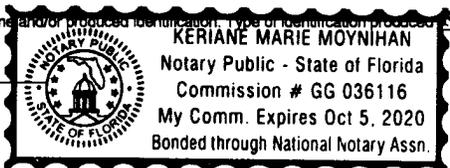
INV. E. K. WHITE 7209

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 8 day of APRIL 20 18 by INV. E. K. WHITE 7209

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

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



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APR 12 2018

WITNESS LIST

CASE NUMBER: 18-060118

ARRESTING OFFICER: INV. E. K. WHITE 7209

ADDRESS: HQ

PHONE NUMBERS (HOME): _____ (WORK) 561 688 3000

CAN TESTIFY TO: FACTS

NAME: SGT. S YODER

ADDRESS: DIST 14

PHONE NUMBERS (HOME) _____ (WORK) 561 688 3000

CAN TESTIFY TO: STOPPING THE VEHICLE

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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CAN TESTIFY TO: _____

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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: _____

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APR 12 2018

TESTING FACILITY TASK REPORT

AGENCY: 1850
SUBJECT: Moss, Divor CASE NUMBER: 18-060118
DATE: 04/08/18 VIDEO TAPE NUMBER: N/A
BEGINNING TIME: 23:50 ENDING TIME: 00:14
BREATH TESTS RESULTS: 1) .133 TIME 23:56 A.M./P.M. (P.M.) 2) .129 TIME 23:51 A.M./P.M. (P.M.)
3) N/A TIME — A.M./P.M. 4) N/A TIME — A.M./P.M.
BREATH OPERATOR: K. Mouniman #93079
MAINTENANCE TECHNICIAN: J. Kellecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: Slurred, incoherent, stuttering
ATTITUDE: anxious, tentative, nervous/angry. Hum, observations, sarcastic
CLOTHING: Blue shorts, short sleeve, camouflage shirt (green and blue), Brown shoes
MEDICAL CONDITIONS: None
MEDICATIONS: None

OTHER: Eyes glossy and bloodshot. (Use of unknown alcoholic beverage on breath.
Admitted to drinking 3 glasses of wine, all shooters.
COMMENTS: Arrived at Testing Center, A/c began 90 minute observation period at 23:24 hrs.

Δ asked if he "had to" submit to test.
No read I/c.
Δ stated he understood I/c and would take test.
A/c read Rights
Δ stated he understood his rights
Tech read Breath Test Results, Δ stated he understood results.

A/c conducted Q+A
Δ answered questions

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APR 12 2018

SUBJECT: MILLO SENIC, DIVOR

CASE NUMBER: 18-060118

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) _____

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.

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SUSPECT'S SIGNATURE: (X) _____

Read on Camera

SUBJECT: Mato Sevic, Davor CASE NUMBER: 18-060118

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? Yes

WHERE WERE YOU GOING? Home

WHAT STREET OR HIGHWAY WERE YOU ON? I Don't Remember

DIRECTION OF TRAVEL? I Don't Remember WHERE DID YOU START? Fl. Lauderdale

WHAT TIME DID YOU START? 9pm WHAT TIME IS IT NOW? I Don't Know

WHAT IS TODAY'S DATE? 8/4 WHAT DAY OF THE WEEK IS IT? Sunday

WHAT COUNTY AND CITY ARE YOU IN NOW? WV (Bealin Bn Co)

WHEN DID YOU LAST EAT? 5pm WHAT DID YOU EAT? LOBSTER SALAD

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? At your flat

HOW MUCH DO YOU WEIGH? 210 HAVE YOU BEEN DRINKING? YES WHAT? WINE

HOW MUCH? 3 glasses WHERE? Shedders WITH WHOM? Alone

WHEN DID YOU HAVE YOUR FIRST DRINK? Afternoon AND YOUR LAST DRINK? Prep to Driving Home

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? Slow

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? YCAA ARE YOU UNDER THE INFLUENCE? YES

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? / HOW MUCH? /

WHAT? / WHERE? / WHEN? /

WHAT LINE OF WORK ARE YOU IN? Self employed WHEN DID YOU LAST WORK? 20 days ago

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? /

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? NO WHO? / WHY? /

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? NO WHAT? / WHEN? /

DO YOU HAVE:

- EPILEPSY? NO
- GLASS EYE? NO
- FALSE TEETH? NO
- EAR INFECTION? NO
- INNER EAR TROUBLE? NO
- DIABETES? NO

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? NO

DO YOU TAKE INSULIN? NO IF SO, WHEN WAS YOUR LAST INJECTION? /

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? NO WHERE? /

INTERVIEWER: INV. F.K. WHITE

SCANNED
APR 12 2018

NEW YORK STATE

DRIVER LICENSE

USA

[Signature]
Executive Deputy Commissioner of Motor Vehicles

ID **743 152 275**

**MATOSEVIC
DAVOR**

**2123 SOUTH WILLIAM 5C
NEW YORK, NY 10004**

Class **D**



[Signature]

Sex **M** Height **6' 02"** Eyes **GRN**

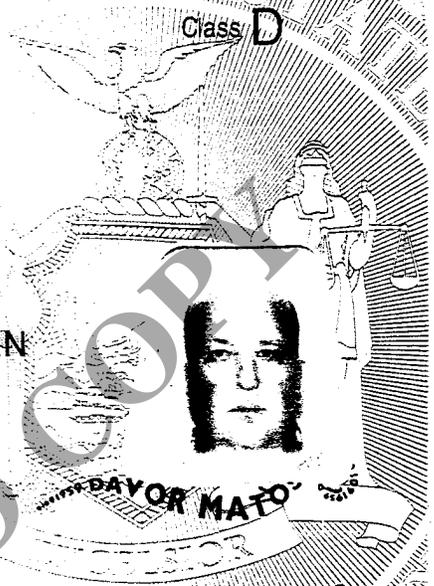
DOB **01/09/1959**

Expires **01/09/2022**

E **NONE**

R **NONE**

Issued **05/16/2017**



Organ Donor

NOT A CERTIFIED COPY

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APR 12 2018