

J# 0376798

NR

PCF 20846A-28 # 3034

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

Juvenile N

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- 17-153000				
	Charge Type: Check as many as apply.		1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/>		3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input checked="" type="checkbox"/>		5. Ordinance <input type="checkbox"/> 6. Other <input type="checkbox"/>				
	Location of Arrest (Including Name of Business) 20900 Block of US 441 (S SR 7), Boca Raton, FL 33498		Location of Offense (Business Name, Address) 20900 Block of US 441 (S SR 7), Boca Raton, FL 33498		Weapon Seized / Type 2. 1. Yes 2. No		Multiple Clearance Indicator 01				
	Date of Arrest 11/17/2017	Time of Arrest 19:09	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle 20900 Block of US 441 (S SR 7), Boca Raton, FL 33498				
Name (Last, First, Middle) Randolph, Denise, Joann				Alias (Name, DOB, Soc. Sec. #, Etc.)							
Race W - White I - American Indian B - Black O - Oriental/Asian		Sex F	Date of Birth 07/27/1966	Height 5'06	Weight 190	Eye Color blue	Hair Color blond	Complexion light	Build medium		
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status Married	Religion CATHOLIC	Indication of Alcohol Influence Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>					
DEFENDANT	Local Address (Street, Apt. Number) 8385 Via Serena, Boca Raton, FL 33433		(City)	(State)	(Zip)	Phone (561) 319 7104		Residence Type: 1. City 2. County 3. Florida 4. Out of State			
	Permanent Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone ()		Address Source DL			
	Business Address (Name, Street)		(City)	(State)	(Zip)	Phone ()		Occupation none			
	D/L Number, State R534170667670, FL	Soc. Sec. Number [REDACTED]	INS Number		Place of Birth (City, State) Orlando, FL		Citizenship US				
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 ()		Business Phone ()					
Address (Street, Apt. Number)		(City)	(State)	(Zip)	Notified by: (Name)		Date				
Released To: (Name)		Relationship		Date	Time	Juvenile Disposition 1. Handled/ processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated					
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							
CODE	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	Charge Description Driving Under the Influence with property damage and/or injuries		Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 316.193(3)(c)1		Violation of ORD #				
	Drug Activity N	Drug Type N	Amount / Unit	Offense # 17-153000	Warrant / Capias Number		Bond				
CHARGE	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	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	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				
NOTICE TO APPEAR	Location (Court, Room Number, Address) South County Courthouse, Courtroom #1, 200 W. Atlantic Ave., Delray Beach, FL 33444 - Ph: (561) 355-2996		Court Date and Time Month December Day 11 Year 2017 Time 08:30 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.									Date Signed 11/17/2017	
Signature of Defendant (or Juvenile and Parent /Custodian)		Signature of Arresting Officer 		Name Verification (Printed by Arrestee) D. Randolph		Date Signed		Date Signed			
HOLD for other Agency Name:		Name of Arresting Officer (Print) D/S POINTU P.		I.D. # 16032		Witness here if subject signed with an "X"		1 OF			
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Intake Deputy D/S B. SHATARA #7623		I.D. # 16032		Pouch # PBSO		Page			

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D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 17 DAY OF November 20 17 AT 18:20 AM PM

SUBJECT: Randolph, Denise, Joann CASE NUMBER: 17-153000

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 involved in a motor vehicle collision (crash 17-152990). Was seen by the driver and passenger of the other vehicle involved and by an independent witness as the driver and only occupant of the vehicle. Was seen stumbling out of her car and appeared impaired to them.

OBSERVATION OF DRIVER:

During the crash investigation, driver had trouble standing, was stumbling, could not keep her balance. Had glassy and bloodshot eyes.

DRIVER'S STATEMENTS:

Post Miranda said: "I am drunk". Admitted feeling the effect of the alcohol. Said that she drank at least four glasses of wine in the two hours prior the crash.

ODORS:

Strong odor of unknown alcohol following her and becoming stronger when she talked.

GENERAL OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Cooperative, unable to focus on one task.

CLOTHING: orange sweater, black pants, running shoes

MEDICAL/OTHER: taking sleep medication

STATE OF FLORIDA
COUNTY OF PALM BEACH

D/S POINTU P.

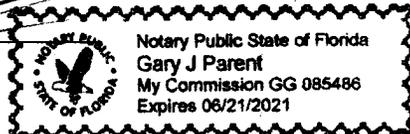
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 17th 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

Gary Parent (#7909)

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



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NOV 20 2017

SUBJECT: Randolph, Denise, Joann

CASE NUMBER 17-153000

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:

Unable to stand in the position asked. Widened her feet. Swayed. Grabbed me multiple times with both arms to keep her balance. Had to seat multiple time during the task. Had a hard time focusing on the stimulus and moved her head. Eventually fall on the ground.

WALK & TURN:

Did not perform as could not be completed safely due to the defendant not able to stand on her feet.

ONE LEG STAND:

Did not perform as could not be completed safely due to the defendant not able to stand on her feet.

FINGER TO NOSE:

Did not perform as could not be completed safely due to the defendant not able to stand on her feet.

ROMBERG ALPHABET:

Did not perform as could not be completed safely due to the defendant not able to stand on her feet.

BREATH TEST RESULTS: refusal

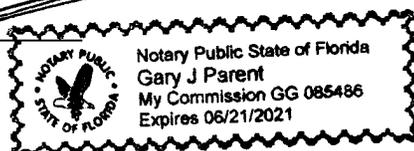
STATE OF FLORIDA
COUNTY OF PALM BEACH

D/S POINTU P.
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 17th 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

Gary Parent (#7909)
Notary Public, Clerk of Court, Officer (F.S.S. 477.10)



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NOV 20 2017

WITNESS LIST

CASE NUMBER: 17-153000

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: CSA Sztanski (#9484)

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: crash investigation

NAME: Guevara, Virginia, Dee

ADDRESS 19695 Sedgefield Ter, Boca Raton, FL 33498

PHONE NUMBERS (HOME) (561) 715 4455 (WORK) _____

CAN TESTIFY TO: Crash wheel witness

NAME: Sylvia, Tracey, L

ADDRESS 8231 Thames Blvd Unit C, Boca Raton, FL 33433

PHONE NUMBERS (HOME) () (WORK) (561) 901 7513

CAN TESTIFY TO: Crash wheel witness

NAME: Guevara, Joshua, Vincent Dee

ADDRESS 19695 Sedgefield Ter, Boca Raton, FL 33498

PHONE NUMBERS (HOME) (561) 901 7513 (WORK) _____

CAN TESTIFY TO: Crash wheel witness

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: _____

NOT A CERTIFIED COPY

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NOV 20 2017

REAL ID LICENSE CHANGE
834-170-06-787-0



NAME: [REDACTED]
SEX: F
HT: [REDACTED]

Dense [REDACTED] 2015
ORGAN DONOR

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

NOT A CERTIFIED COPY

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NOV 20 2017

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 #: 17-153000	ZONE: 7-41	SUSPECT: DENISE RANDOLPH	DATE & TIME OF ORIGINAL EVENT/OFFENSE: 11/17/17 18:20
EVENT TYPE: DUI CRASH	DEPUTY: D/S POINTU	ID#: 16232	

COMPLETE EVERYTHING BELOW – PRINT LEGIBLY

LAST NAME: Sylvia	FIRST NAME: Tracey	MIDDLE INITIAL: L	RACE: B	SEX: F
DATE OF BIRTH: 09/25/67	YOUR HEIGHT: 5'6"	YOUR WEIGHT: —	YOUR HAIR COLOR: Brown	YOUR EYE COLOR: BR
YOUR HOME ADDRESS: 8231 Thames Blvd	<input type="checkbox"/> CHECK IF HOMELESS	CITY: BOCA RATON	STATE: FL	ZIP: 33433
YOUR WORK NAME & ADDRESS:	<input type="checkbox"/> CHECK IF UNEMPLOYED OR RETIRED	CITY:	STATE:	ZIP:
WORK PHONE: <input type="checkbox"/> CHECK IF NONE 954 708-3761	CELL PHONE: <input type="checkbox"/> CHECK IF NONE ()	HOME PHONE: <input type="checkbox"/> CHECK IF NONE ()	EMAIL: Tracey.Sylvia@pbcsh.com	<input type="checkbox"/> CHECK IF NONE

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

YOUR NAME: Tracey Sylvia	DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER...
<p>Heading S on 441 Turning into Publix Plaza corners off Glads. Woman driving in front also in turning lane ran on to media into back of car. the woman got out of car and and was drunk she couldn't even walk, stumbling to the car she hit. I called the police and that's it the woman who got hit didn't have her phone.</p>	
PAGE 1 OF 1	

READ AND SIGN

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: X Tracey Sylvia	SWORN TO AND SUBSCRIBED BEFORE ME TODAY:
	DATE: 11/17/17 TIME: 13:50
	SIGNATURE: ID: 16236

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 THAT BY SIGNING THESE RIGHTS FOR MY FAMILY AND MYSELF BY INITIALING 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

SUBJECT: Rumolph, Denise J

CASE NUMBER: 17-153000

DATE: 11-17-2017

VIDEO TAPE NUMBER: N/A

BEGINNING TIME: 20:33

ENDING TIME: 20:43

BREATH TESTS RESULTS: 1) R TIME 20:35 A.M./P.M. 2) N/A TIME — A.M./P.M.
3) N/A TIME — A.M./P.M. 4) N/A TIME — A.M./P.M.

BREATH OPERATOR: C. Ruent #1909

MAINTENANCE TECHNICIAN: J. Kuyekre #6467

TESTING OFFICER'S OBSERVATIONS

REFUSED

SPEECH: Slurred, mushmouth, mumbled

ATTITUDE: Calm, Quiet / mood swings, cooperative

CLOTHING: black yoga pants, neon orange long sleeve shirt, teal & grey sneakers

MEDICAL CONDITIONS: Panic, Chills, High Blood Pressure

MEDICATIONS: Trazadone, Zimballa, Lisinopril

OTHER: Eyes glassy and blood shot, swaying side to side, odor of unknown alcoholic beverage on breath

COMMENTS: Arrived at Testing Facility A/O began 30 minute Observation Period at 20:04 hrs.

A stated NO to taking test

REFUSED

A/O Read I/C

A stated understood I/C and again Refused Test.

A/O Reminded A Rights were read at scene and read them again

A stated she recalled and understood Rights

A/O Conducted Q & A

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NOV 20 2017

A answered Questions

SUBJECT: Rouxbiph, Denise J CASE NUMBER: 17-153070

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 **NOV 20 2017**

SUBJECT: Randolph, Denise J CASE NUMBER: 17-153000

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: _____

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