

JKT 0484906

PCH 3853

OBTS Number		ARREST / NOTICE TO APPEAR				1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1 Juvenile												
ADMINISTRATIVE	Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Juvenile Referral Report 17CT1861		Agency Report Number (N.T.A.'s only) 06-		17-033059													
	ChargeType: Check as many as apply: 1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 6. Other		Weapon Seized / Type 1. Yes 2. No		Multiple Clearance Indicator 01													
Location of Arrest (Including Name of Business) 11000 Southern Blvd RPB, FL						Location of Offense (Business Name, Address) 11000 Southern Blvd RPB, FL																
Date of Arrest 01/29/2017		Time of Arrest 2351		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle SISTERS TOWING										
Name (Last, First, Middle) RODRIGUEZ, GUSTAVO ROMERO												Alias (Name, DOB, Soc. Sec. #, Etc.) <i>clear</i>										
DEFENDANT	Race W - White I - American Indian B - Black O - Oriental/Asian		Sex W		Date of Birth 01/25/1960		Height 5-08		Weight 210		Eye Color BRN		Hair Color BLK		Complexion TAN		Build MED					
	Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description)						Marital Status MARRIED		Religion CATHOLIC		Indication of: Alcohol Influence Drug Influence		Y <input checked="" type="checkbox"/>		N <input type="checkbox"/>		Unk. <input type="checkbox"/>					
Local Address (Street, Apt. Number) 1609 NE AVENUE K BELLE GLADE, FL 33430						(City) (321)		(State) 438-7181		(Zip)		Phone (321) 438-7181		Residence Type: 1. City 2. County		3. Florida 4. Out of State		2				
Permanent Address (Street, Apt. Number)						(City)		(State)		(Zip)		Phone ()		Address Source FL DL								
Business Address (Name, Street)						(City)		(State)		(Zip)		Phone ()		Occupation DRIVER								
D/L Number, State R566-280-60-026-0		Soc. Sec. Number ██████████				INS Number				Place of Birth (City, State) PALMERAS, CUBA				Citizenship CUBA								
CO-DEF	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	<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other 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																
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 Description DUI						Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N				Statute Violation Number 316.193(1)		Violation of ORD #							
CHARGE	Drug Activity N		Drug Type N		Amount / Unit		Offense # 17-033059				Warrant / Capias Number		Bond									
	Charge Description						Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #									
CHARGE	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 #									
CHARGE	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 #									
CHARGE	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 #									
NOTICE TO APPEAR	Location (Court, Room Number, Address) 3228 GUN CLUB RD WEST PALM BEACH, FL 33406												2017 JAN									
	Court Date and Time Month 02 Day 23 Year 2017 Time 8:30 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																						
<i>[Signature]</i> Signature of Defendant (or Juvenile and Parent /Custodian)												Date Signed <i>[Signature]</i>										
ADMIN	HOLD for other Agency Name:				Signature of Arresting Officer <i>P. Walton</i>				Name Verification (Printed by Arrestee) 5:2													
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal				Name of Arresting Officer (Print) CPL THOMAS WALTON				I.D. # 6942		(PRINT)				PAGE 1							
Initials/Signature <i>CPL THOMAS WALTON</i>				Transporting Officer CPL T. WALTON				ID # 6942		Agency ESTATE				Comments here if subject signed with an -X"								
DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'s ONLY)																						

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 29 DAY OF JANUARY 20 17, AT 2310 AM ✓ PM
SUBJECT: RODRIGUEZ, GUSTAVO ROMERO CASE NUMBER: 17-033059
AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: CPL T. WALTON #6942
PERSONAL CONTACT

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

On the above date and time while finishing a traffic stop at the 10300 blk Southern Blvd I was advised by dispatch that a possible impaired driver was heading westbound on Southern Blvd passing US 441. The White Chevy 4dr vehicle was being followed by a caller stating that the vehicle was all over the road and almost hit his vehicle. I noticed the vehicle pass me while I was standing outside of my marked patrol vehicle. I noticed that the White Chevy 4dr was driving approx 35mph in a 50 mph and was swerving unable to maintain a single lane. I caught up to the vehicle where I was able to capture on video the vehicle failing to maintain a single lane drifting in and out of its lane. I got behind the vehicle and conducted a traffic stop on the White Chevy 4dr FL tag Y80QCU. The witness, Deosarran Singh, stopped and gave a written statement that he entered Southern Blvd at Haverhill Rd and noticed a White Chevy swerving in the roadway and the vehicle almost struck his truck.

OBSERVATION OF DRIVER:

I made contact with the def who was the sole occupant of the vehicle. The def had an odor of an unk alcoholic beverage coming from his person. The def had red glassy bloodshot eyes. The def immediately stated to me if I spoke Spanish. I stated No and asked for his license. The def was fumbling trying to take his license from his wallet. The def finally handed me his license. I asked the def if he had anything to drink tonight and the def stated 2 beers. I called for a translator and had the def get out of the vehicle. The def was swaying while standing still the entire time I waited for my translator. D/S Tejada arrived at scene and spoke with the def. I asked the def if he had been drinking and D/S Tejada translated that the def stated he had 2-3 beers. The def stated that he was coming from a friends house where they celebrated his birthday, which passed the other day. The def stated that he was going home to

DRIVER'S STATEMENTS:

Belle Glade and was coming from Military Trl. and Southern area. I asked the def if he would submit to SFST's and he agreed. The def stated that he had not take any medications and was in good health.

ODORS:

ODOR OF AN UNK ALCOHOLIC BEVERAGE COMING FROM THE MOUTH.

GENERAL OBSERVATIONS

SPEECH: **SLURRED**

ATTITUDE: **Cooperative**

CLOTHING: **Blk Jeans, Blk Shirt, Blk shoes and gry jacket.**

MEDICAL/OTHER: **None**

ALL ROADSIDES CAPTURED ON IN-CAR VIDEO

**STATE OF FLORIDA
COUNTY OF PALM BEACH**

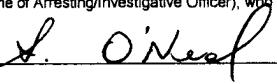
CPL T. WALTON #6942

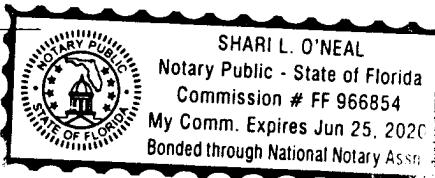
(Signature of Arresting/Investigative Officer)



The foregoing instrument was sworn to or affirmed and subscribed before me this 30 day of JANUARY 20 17 by CPL T. WALTON #6942

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


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



SCANNED
JAN 31 2017

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

LT EYE-LACK OF SMOOTH PURSUIT
 LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION
 LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

RT EYE-LACK OF SMOOTH PURSUIT
 RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION
 RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

Other Observations:**MOVING HEAD, SWAYING, LOSING FOCUS****WALK & TURN:**

THE DEF WAS PLACED INTO THE INSTRUCTIONAL STANCE FOR THE WALK AND TURN AND GIVEN INSTRUCTIONS. THE DEF STATED THAT HE UNDERSTOOD THE INSTRUCTIONS. THE DEF WAS UNABLE TO REMAIN IN THE INSTRUCTIONAL STANCE, THE DEF WAS GIVEN INSTRUCTIONS 3X AND WAS DEMONSTRATED THE TASK SEVERAL TIMES, THE DEF TOOK 9 STEPS FORWARD AND 9 STEPS BACK NOT WALKING HEEL TO TOE ON ANY STEPS. THE DEF JUST WALKED WITH ONE FOOT ON THE LINE AND THE OTHER OFF THE LINE. THE DEF STOPPED TWICE AS HE LOST BALANCE. THE DEF USED HIS ARMS FOR BALANCE DURING THE TASK

ONE LEG STAND:

THE DEF WAS PLACED INTO THE INSTRUCTIONAL STANCE FOR THE ONE LEG STAND AND GIVEN INSTRUCTIONS. THE DEF STATED THAT HE UNDERSTOOD THE INSTRUCTIONS. THE DEF WAS SWAYING DURING THE TASK, USED ARMS FOR BALANCE, SET FOOT DOWN 5 TIMES DURING THE TASK, FAILED TO LOOK AT HIS FOOT DURING THE TASK AND HAD TO BE TOLD TO KEEP LIFTING HIS LEG AND COUNT OUT LOUD.

FINGER TO NOSE:

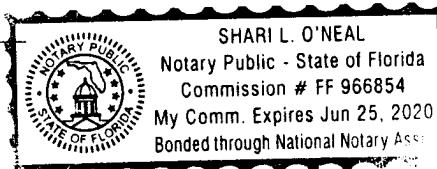
THE DEF WAS PLACED INTO THE INSTRUCTIONAL STANCE FOR THE FINGER TO NOSE AND GIVEN INSTRUCTIONS. THE DEF STATED THAT HE UNDERSTOOD THE INSTRUCTIONS. THE SWAYING DURING THE TASK, MISSED THE TIP OF HIS NOSE 6 TIMES, FAILED TO RETURN ARM TO HIS SIDE 6 TIMES AND WAS TOLD EVERYTIME TO LOWER ARM, FAILED TO KEEP HEAD TILTED BACK, USED WRONG HAND BUT CORRECTED HIMSELF AND WAS SWAYING DURING TASK.

ROMBERG ALPHABET:

Not completed due to def not speaking English

BREATH TEST RESULTS: 1) .146 2) .141 3) 4) STATE OF FLORIDA
COUNTY OF PALM BEACHCPL T. WALTON #6942
(Signature of Arresting/Investigative Officer)The foregoing instrument was sworn to or affirmed and subscribed before me this 30 day of JANUARY 2017 by CPL T. WALTON #6942(Print name of Arresting/Investigative Officer) who is personally known to me and/or produced identification. Type of identification produced KNOWN

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

SCANNED
JAN 31 2017

WITNESS VICTIM OTHER

CASE #:	17-033059	ZONE:	9-41	SUSPECT:	Rodriguez, Gustavo	DATE & TIME OF ORIGINAL EVENT/OFFENSE:	1/29/17 2330
EVENT TYPE:	Out	DEPUTY:	T. Walton		ID#:	6942	

COMPLETE EVERYTHING BELOW - PRINT LEGIBLY

LAST NAME:	Singh	FIRST NAME:	Desarran	MIDDLE INITIAL:		RACE:		SEX:		
DATE OF BIRTH:	(MM/DD/YYYY) 08-01-1962	YOUR HEIGHT:	5'3"	YOUR WEIGHT:	154	YOUR HAIR COLOR:	Bald	YOUR EYE COLOR:	Brown	
YOUR HOME ADDRESS:	16494 Tangerine Blvd	<input type="checkbox"/> CHECK IF HOMELESS		CITY:	Loxahatchee	STATE:	FL	ZIP:	33470	
YOUR WORK NAME & ADDRESS:		<input type="checkbox"/> CHECK IF UNEMPLOYED OR RETIRED		CITY:		STATE:		ZIP:		
WORK PHONE:	<input type="checkbox"/> CHECK IF NONE ()	CELL PHONE:	<input type="checkbox"/> CHECK IF NONE 561-329-0616	HOME PHONE:	<input type="checkbox"/> CHECK IF NONE ()	EMAIL:	lloydsingh16@yahoo.com			<input type="checkbox"/> CHECK IF NONE

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

YOUR NAME:	I Desarran Singh	DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER...
<p>Enter Southern Blvd at haverhill Rd going west Bound and there was a white chevy Impala 4 dr Sedan plate # Y80 QCU going west Bound, and the driver Sway on the Rd Way almost hit my truck f 350 Black Ford Sevverve across all on Southern Blvd</p>		
<p>NOTA</p>		
<p>SCANNED</p>		
<p>JAN 31 2017</p>		
<p>PAGE 1 OF 1</p>		

READ AND SIGN

I SWEAR AND AFFIRM THIS AND/OR THE ATTACHED STATEMENTS ARE CORRECT AND TRUE:

YOUR SIGNATURE: Desarran Singh

DEPUTY SHERIFF NOTARY PUBLIC FSS: 117.10
 SWORN TO AND SUBSCRIBED BEFORE ME TODAY:
 DATE: 1/29/17 TIME: 2320
 SIGNATURE: b. Muller ID: 11237

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 _____)

(PROSECUTION WAIVER NOT TO BE USED FOR CASES INVOLVING DOMESTIC OR DATING VIOLENCE PER G.O. 508.00)

WHITE - RECORDS COPY CANARY - STATE ATTORNEY COPY PINK - OFFICER'S COPY GOLD - WITNESS / VICTIM COPY

WITNESS LIST

17-033059

CASE NUMBER: _____

ARRESTING OFFICER: **CPL T. WALTON #6942**

ADDRESS: DUI UNIT

PHONE NUMBERS (HOME): _____ (WORK) **681-4500**

CAN TESTIFY TO: DUI INVESTIGATION, DRIVING PATTERN, DRIVER CONTACT

NAME: D/S K. MILLER 16237

ADDRESS: DIST 8

PHONE NUMBERS (HOME) _____ (WORK) **688-3000**

CAN TESTIFY TO: BACK UP

NAME: D/S TEJADA 26703

ADDRESS: DIST 8

PHONE NUMBERS (HOME) _____ (WORK) **688-3000**

CAN TESTIFY TO: TRANSLATION

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: _____

NAME: _____

ADDRESS: _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS: _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

SCANNED
JAN 31 2017

TESTING FACILITY TASK REPORT

#6442

AGENCY: PBSO C. I. WILTON
SUBJECT: Ramirez, Rodriguez, Gustavo CASE NUMBER: 17-032045

DATE: 01-20-17 VIDEO TAPE NUMBER: 68056

BEGINNING TIME: 0035hrs ENDING TIME: 0043hrs

BREATH TESTS RESULTS: 1) .146 TIME 0042 A.M./P.M. 2) .141 TIME .0045 A.M./P.M.
3) _____ TIME _____ A.M./P.M. 4) _____ TIME _____ A.M./P.M.

BREATH OPERATOR: S. O'Neal #6212

MAINTENANCE TECHNICIAN: LJC J. Morris #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: Slurred. Speaking, Selective English

ATTITUDE: Calm, Cooperative

CLOTHING: Jacket - Gray Shirt - Black Jeans - Dark Blue

MEDICAL CONDITIONS: —

MEDICATIONS: —

OTHER: Eyes: Red + Glowy Face - Flushed

Strong odor of unknown alcoholic beverage

COMMENTS: 20 min. observation done by AIO Wilton

Breath requested in Spanish.

D submitted to the test.

D completed the test correctly.

No Q/A conducted.

SCANNED

JAN 31 2017

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.

**SCANNED
JAN 31 2017**

SUSPECT'S SIGNATURE: (X) _____

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? _____

SCANNED

JAN 31 2017

INTERVIEWER: Chester Woods #4042

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL