

ARREST / NOTICE TO APPEAR

A D M I N I S T R A T I O N O N	OBTS Number 0500200	Agency Name Boca Raton Police Department	1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias	1 JUVENILE			
	Agency ORI Number	Location of Arrest (Including Name of Business) 100 N FEDERAL HWY BOCA RATON, FL	Agency Report Number (N.T.A.'s only) 3 1 2 2016-018312	If Weapon Seized Enter Type None/not Applicable	Multiple Clearance Indicator		
Charge Type: Check as many as apply. 1. Felony 2. Traffic Felony 3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 6. Other							
Location of Offense (Business Name, Address) 100 N FEDERAL HWY BOCA RATON, FL 33432							
Date of Arrest 12/17/2016	Time of Arrest 00:05	Booking Date 12/17/2016	Booking Time 00:18	Jail Date 12/17/2016	Jail Time 00:18		
Location of Vehicle WESTWAY TOWING							
Name (Last, First, Middle) JOHNSTON, JACLYN ANNETTE							
Alias: JOHNSTON, JACLYN ANNETTE							
Race W - White B - Black O - Oriental/Asian		Sex W F	Date of Birth 10/02/1979	Height 5'04	Weight 152		
Eye Color HAZEL		Hair Color BROWN		Complexion LIGHT	Build Small		
Marital Status S		Religion		Indication of Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/> Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input type="checkbox"/>			
Local Address (Street, Apt. Number) 100 W HIDDEN VALLEY BLVD 401, BOCA RATON, FL 33487-1555		(City) BOCA RATON (State) FL (Zip) 33487-1555		Phone (407) 252-0093			
Permanent Address (Street, Apt. Number) 100 W HIDDEN VALLEY BLVD 401, BOCA RATON, FL 33487-1555		(City) BOCA RATON (State) FL (Zip) 33487-1555		Phone (407) 252-0093			
Business Address (Name, Street)		(City) RENTON, WA (State) WA (Zip)		Phone (407) 252-0093			
D/L Number, State J523421798620 / FL		Soc. Sec. Number [REDACTED]	INS Number	Place of Birth (City, State) RENTON, WA, United	Citizenship US		
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth			
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth			
<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____		Name (Last, First, Middle)					
<input type="checkbox"/> Legal Custodian							
Address (Street, Apt. Number)		(City) RENTON, WA (State) WA (Zip)		Residence Phone			
Notified by: (Name)		Date	Time	JUVENILE DISPOSITION			
Released To: (Name)		Relationship	Date	1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated			
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.		School Attended		Grade			
<input type="checkbox"/> Yes, by: <input type="checkbox"/> No:		Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property			
C O D E		Drug Activity S. Sell N. N/A B. Buy P. Possess R. Smuggle D. Deliver T. Traffic E. Use		Drug Type B. Barbiturate N. N/A C. Cocaine A. Amphetamine H. Hallucinogen M. Marijuana E. Heroin O. Opium/Deriv. P. Paraphernalia/ Equipment S. Synthetic U. Unknown Z. Other			
Charge Description DUI		Statute Violation Number 316.193(1)				Violation of ORD #	
Drug Activity N		Amount / Unit /	Offense # 2016-018312	Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number	Bond
Charge Description REFUSAL TO SUBMIT TO TESTING; PENALTIES						Statute Violation Number 316.1939(1)	Violation of ORD #
Drug Activity N		Amount / Unit /	Offense # 2016-018312	Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number	Bond
Charge Description						Statute Violation Number	Violation of ORD #
Drug Activity /		Amount / Unit /	Offense # 2016-018312	Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number	Bond
Health / Apparent Physical Condition of Defendant INTOXICATED		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: N/A				Violation of ORD #	
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Posted Bond <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> South County Mental Health		T.O.T. County Jail 683		PROPERTY - Received By 683		Released By 683	Released To CJ
Transported By		Date Transported	Time Transported			Other	
<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 01/23/2017 08:30:00							
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.							
<i>[Signature]</i>		SCANNED 1/17/16				Date Signed	
Signature of Defendant (or Juvenile and Parent/Custodian)							
HOLD for Other Agency N/A		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) CRAWFORD, ANDREW		ID # 683	(PRINT) <i>X Jaclyn</i> <i>J. Johnston</i>		
Intake Deputy		I.D. # Alvarez 769	Pouch # BRPD	Transporting Officer Alvarez 769	I.D. # BRPD	Agency BRPD	PAGE 1 OF 1
						Witness here if subject signed with an 'X'.	

PROBABLE CAUSE AFFIDAVIT

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

1

JUVENILE

A	OBTS Number			
D	Agency ORI Number	Agency Name		
M	FL 0500200	BOCA RATON POLICE DEPARTMENT		
N	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		
D	Name (Last, First, Middle)	Alias		
E	JOHNSTON, JACLYN ANNIE			
F	Charge Description	Race Sex Date of Birth		
C	316.193(1) DUI	W F 10/02/1979		
H	Charge Description	Charge Description		
A	316.1939(1) REFUSAL TO SUBMIT TO TESTING; PENALTIE			
R	Charge Description			
G	Victim's Name (Last, First, Middle)	Race Sex Date of Birth		
S	State Of Florida			
T	Local Address (Street, Apt. Number)	(City)	(State)	(Zip)
M	Business Address (Name, Street)	(City)	(State)	(Zip)
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"/> confessed to _____ admitting to the below facts. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation. On the <u>16</u> day of <u>December</u> , <u>2016</u> at <u>23:45</u> (Specifically include facts constituting cause for arrest.)				
On 12/16/16, at approximately 2345 hours, I responded to the area of 100 N Federal Highway reference a report of a possible impaired driver. Upon my arrival, I met with K-9 Officer Mazer.				
<p>According to Officer Mazer, at approximately 2344 hours, he was traveling northbound on N Federal Highway at approximately the 100 block when he saw a grey Jeep stopped in the southbound number two lane with the rear brake lights activated. The traffic light at Federal Hwy and Palmetto Park Rd southbound was green and the Jeep should not have been stopped. It should be known that there were no other cars in front of the jeep. Officer Mazer made a u-turn at 200 N Federal Highway and saw the Jeep was still stopped in the number two lane. There were still no other cars in front of the Jeep and nothing was blocking the path of the Jeep. The traffic light in front of the Jeep had cycled multiple times and traffic was backing up behind the Jeep. Officer Mazer activated his overhead lights and walked up on the Jeep bearing Florida tag JJRUNS. Officer Mazer made contact with the driver and only occupant of the Jeep, later identified by Florida driver license as Jaclyn Johnston. Officer Mazer asked Johnston for her license registration and insurance. Johnston was able to locate her license in her wallet but was unable to locate her registration or insurance. While she was looking for her registration and insurance she appeared to be confused and disoriented. While speaking with Johnston, Officer Mazer was able to smell the odor of an unknown alcoholic beverage coming from inside of the car and on Johnston's breath when she spoke. Her eyes were red, watery and bloodshot; her face was flush. While speaking with Johnston, she appeared to be under the influence of an unknown substance and/or alcohol. Based on his training, knowledge and experience Officer Mazer recognized these characteristics as someone who was impaired. Officer Mazer provided a supplemental report.</p> <p>I then walked up to the Jeep and spoke with Jaclyn Johnston who was still in the</p>				
SWORN AND SUBSCRIBED BEFORE ME <u>WOLFSCHLAGER, ANTHONY J.</u> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) <u>12/17/2016</u> DATE				
SIGNATURE OF ARRESTING / INVESTIGATING OFFICER <u>CRAWFORD, ANDREW (683)</u> NAME OF OFFICER (PLEASE PRINT) <u>SCANNED</u> <u>DEC 20 2016</u> <u>12/17/2016</u> DATE				

ADMINISTRATIVE

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P.I.O.

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PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

1. Arrest
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1

JUVENILE

A	OBTS Number
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M	FL 0500200	BOCA RATON POLICE DEPARTMENT
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N	Name (Last, First, Middle)	Alias
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D	JOHNSTON, JACLYN ANNIE
---	------------------------

E	Race	Sex	Date of Birth
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F	W	F	10/02/1979
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Agency Report Number

3 | 2 | 2016-018312

Special Notes:

driver's seat and behind the wheel of the Jeep. While speaking with Johnston, I could smell a strong odor of an alcoholic beverage emanating from her breath and her eyes were glassy and extremely bloodshot. She was also slurring her speech at times and appeared to be disoriented. Her speech and responses were also slow and calculated at times. When I asked Johnston where she came from tonight she refused to say, she replied by saying she was not coming from anywhere. When I asked her where she was heading, she stated that she was not heading anywhere. I told her that she was stopped in the middle of the N Federal Highway and blocking traffic. Johnston replied by saying she could not go anywhere because of the vehicle that was in front of her with flashing lights. I told Johnston the vehicle with flashing lights is my patrol vehicle that I just moved into position after arriving on scene; however, I was talking about before I arrived on scene. Johnston still insisted that my patrol vehicle was stopping her from moving and that's why she did not move her vehicle. I asked Johnston how much she had to drink tonight and she said she did not drink tonight. I asked Johnston if she would participate in roadside exercises. She replied no. I advised her of her Taylor warning if she refused to participate in roadside exercises, her refusal could be used against her in court. Johnston stated that she understood. I then asked her again if she would participate in roadside exercises to dispel my alarm that she is impaired. Johnston again refused to participate in roadside exercises.

Based upon my investigation, I have probable cause to believe that Jaclyn Johnston did drive or be in actual physical control of a vehicle while under the influence of alcoholic beverages, or chemical substances as set forth in F.S. 877.111, or any substance controlled under Chapter 893 or any combination thereof, to the extent that her normal faculties were impaired, or while having a blood or breath alcohol level of .08 or higher, contrary to Florida Statute 316.193(1). At approximately 0005 hours, I placed Jaclyn Johnston under arrest for DUI. When Johnston stepped out of her vehicle for me, she had to use the door jamb and driver's side door to brace herself to prevent herself from falling down. She then kicked off her shoes for some unknown reason.

I transported Johnston to the Boca Raton Police Department for breath alcohol testing. While I was asking Johnston about her information about where she works, she replied that she was sorry that she could not answer because she was impaired. Officer Murphy performed the twenty minute observation and conducted the breath testing process. During the twenty minute observation, Johnston lost her balance while seated and nearly fell off the wooden bench that she was sitting on. I asked Johnston if she would provide a sample of her breath for breath alcohol testing and she said no. I read implied consent for which she stated that she understood. At 0047 hours, I again asked Johnston to provide a sample of her breath, she again refused. A refusal affidavit was completed.

A records check showed Johnston has a prior refusal to submit to chemical testing in Lake County, Florida on 05/13/12. After having been requested to submit to a lawful

SWORN AND SUBSCRIBED BEFORE ME

WOLLSCHLAGER, ANTHONY J.
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

12/17/2016

DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

CRAWFORD, ANDREW (683)

NAME OF OFFICER (PLEASE PRINT)

12/17/2016

DATE

PAGE

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SCANNED

DEC 20 2016

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PROBABLE CAUSE AFFIDAVIT
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BOCA RATON POLICE DEPARTMENT

Agency Report Number

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Special Notes:

Name (Last, First, Middle)
JOHNSTON, JACLYN ANNIE

Alias

Race	Sex	Date of Birth
W	F	10/02/1979

test of her blood, pursuant to section 316.1932(1)(c), Florida Statutes, Jaclyn Johnston did unlawfully refuse to submit to a chemical or physical test of her breath, blood, or urine, as described in section 316.1932, Florida Statutes, when requested to do so by a law enforcement officer, after having been informed that, if she refused to submit to such a test, her privilege to operate a motor vehicle would be suspended for a period of 1 year or, in the case of a second or subsequent refusal, for a period of 18 months, and was further informed that a refusal to submit to a lawful test of her breath, urine, or blood, after her driving privilege has been previously suspended for a prior refusal Johnston's driving privilege was previously suspended for a prior refusal to submit to a lawful test of her breath, urine, or blood, contrary to Florida Statute 316.1939(1). Johnston was additionally charged with the refusal to submit.

Johnston agreed to answer my questions after being advised of her constitutional rights. She admitted to drinking several bottles of India Pale Ale beer at Max's Grille and Yard House in Mizner Park before driving. Johnston was then transferred to the Palm Beach County Jail.

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ADMINISTRATIVE

SWORN AND SUBSCRIBED BEFORE ME

WOLLSCHLAGER, ANTHONY J.
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

12/17/2016

DATE

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER

CRAWFORD, ANDREW (683)

NAME OF OFFICER (PLEASE PRINT)

SCANNED

DEC 20 2016

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DATE

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3 OF 3

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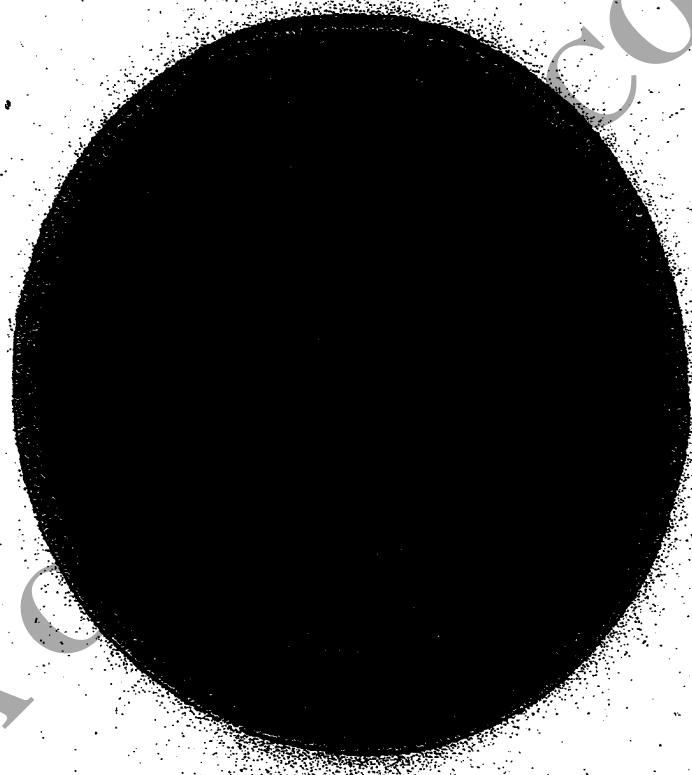
JAIL

CRIME ANALYSIS

P. I. O.

D. U. I. INFLUENCE REPORT

NOT A COPY



Boca Raton Police Services Department

100 Northwest Second Avenue

Boca Raton, Florida 33432

SCANNED

DEC 20 2016

WITNESS LIST

ARRESTING OFFICER: CrawfordName: Ofc Crawford Phone # Home _____ Work _____Address: 100 NW 2nd Ave Boca Raton FLCan testify to: InvestigationName: Ofc Mazer Phone # Home _____ Work _____Address: "Can testify to: "Name: Sgt Immier Phone # Home _____ Work _____Address: "Can testify to: "Name: Ofc Murphy Phone # Home _____ Work _____Address: "Can testify to: booking

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

DEC 20 2016

BOCA RATON POLICE DEPARTMENT

Agency Case# 2016-018312

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

I. INTRODUCTION

(Instrument Operator faces video camera)

A. The day is: Saturday (day) December (month) 17 (date) 2016 (year)

B. The time is now approximately 0046 AM/PM

C. The following is in reference to case number 2016-018312

D. Present at this time is Officer Crawford of MURPHY of the Boca Raton Police Department. (Officer's Name)

E. Officer Crawford, Have you arrested Indy Johnston (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. Indy Johnston, I am required to inform you these proceedings are being video taped.

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

SCANNED
DEC 20 2016

Agency Case # 2016-018317

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 Otc Crawford of the Boca Raton Police Dept.

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: on video

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. Johnston has refused to submit to a breath test.

The date is December (Month) 17 (Day) 2016 (Year) and the time 04:30 AM/PM

A refusal form will be completed by the arresting officer.

SCANNED

DEC 20 2016

BOCA RATON POLICE DEPARTMENT
TESTING FACILITY TASK REPORT

SUBJECT: Johnston, Jordyn

CASE #: 16-18312 DATE 12-17-16

BREATH TESTS RESULTS

1) TIME AM/PM 2) TIME AM/PM

3) TIME AM/PM 4) TIME AM/PM

BREATH OPERATOR: Murphy

MAINTENANCE TECHNICIAN: Pare

TESTING OFFICER'S OBSERVATIONS

SPEECH: slurred

ATTITUDE: good

CLOTHING: black shirt, blue pants, no shoes

MEDICAL CONDITION: none

OTHER: red and glassy eyes, strong odor of
an alcoholic beverage emitting

COMMENTS: unsteady on feet, almost fell sitting
down on bench

BOCA RATON POLICE DEPARTMENT

Agency Case # 16-18312

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?

yes "I do" / Yes

QUESTIONS AND ANSWERS

Were you operating a motor vehicle at the time of the accident/stop? no

Where were you going? I was in my vehicle

What street or highway were you on? Mizner

Direction of travel? North on North

Where did you start driving from? I drove from the... location to location

What City (County) were you stopped in? Palm Beach County

What time did you start? Not sure AM/PM What time is it now? 11am or 8pm

What is today's date? Not sure What day of the week is it? Could be DEC 20 2016 Sat

SCANNED

Agency Case # 16-18312

When did you last eat? 6:30pm What did you eat? Pot Roast

What have you been doing the past three hours prior to this stop/accident? I drove to location of stop

How much do you weigh? 129 Have you been drinking? Yes What were you drinking? IPA

How much? one & 1/2 each Where? Max's Grille/ yardhouse With whom were you drinking? co-workers

When did you have your first drink? 9:45 AM/PM When did you stop drinking? 9:45 AM/PM

How did you consume your last two drinks? Social

Are 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? Finance

When did you last work? Thursday

Do you have any physical defects or injuries? Yes No If yes, explain: _____

Are you sick or injured? Yes No If yes explain: _____

Do you limp? NO Did you get a bump on the head? NO

Were you involved in an accident today? NO

Have 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? NO

Do you take insulin? Yes No If yes, when was your last injection? _____

Have you ever had a driver's license in any other state? NO

I am now ending this videotaping. The time now is approximately 1:00 AM/PM **SCANNED**

The date is: December (month) 17 (day) 2016 (year) DEC 20 2016