

ARREST / NOTICE TO APPEAR		Juvenile Referral Report		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		Juvenile	
OBTS Number		Agency ORI Number FL0 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-16148029					
Charge Type: Check as many as apply: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Weapon Seized / Type: <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No		Multiple Clearance Indicator 01							
Location of Arrest (Including Name of Business) 5900 MELALEUCA LN, GREENACRES, FL. 33463		Location of Offense (Business Name, Address) S 57TH AVE/30TH LN									
Date of Arrest 11/4/16		Time of Arrest 2247		Booking Date		Booking Time		Jail Date		Jail Time	
Name (Last, First, Middle) JACQUELINE JOHNSTON		Alias (Name, DOB, Soc. Sec. #, Etc.) <i>Johnston, Jacqueline</i>									
Race W - White I - American Indian B - Black O - Oriental/Asian W		Sex F		Date of Birth 2/4/73		Height 5'07		Weight 155		Eye Color BROWN	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) TATTOO - LEFT CALF		Marital Status SINGLE		Religion NONE		Indication of: Alcohol Influence Drug Influence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk.					
Local Address (Street, Apt. Number) 1016 10TH LN. GREENACRES, FL. 33463		(City) GREENACRES		(State) FL		(Zip) 33463		Phone () REFUSED TO PROVIDE		Residence Type: 1. City 2. County 3. Florida 4. Out of State 1	
Permanent Address (Street, Apt. Number) 1016 10TH LN. GREENACRES, FL. 33463		(City) GREENACRES		(State) FL		(Zip) 33463		Phone ()		Address Source DEFENDANT VERBAL	
Business Address (Name, Street) ()		(City) ()		(State) ()		(Zip) ()		Phone ()		Occupation UNKNOWN	
D/L Number, State J523-420-73-544-0		Soc. Sec. Number ()		INS Number ()		Place of Birth (City, State) FL		Citizenship U.S.		Refused to Provide REFUSED TO PROVIDE	
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	
Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other: ()		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 ()							
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	
Charge Description D.U.I.		Counts 01		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number 316.193(1)		Violation of ORD # ()			
Drug Activity N		Drug Type N		Amount / Unit N/A		Offense # 16148029		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) 3228 GUN CLUB RD. WEST PALM BEACH, FL. 33406											
Court Date and Time Month DECEMBER Day 1 Year 2016 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. (Signature)		Signature of Defendant (or Juvenile and Parent / Custodian) (Signature)		Date Signed 11-4-16							
HOLD for other Agency Name: <input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other: ()		Signature of Arresting Officer (Signature)		Name of Arresting Officer (Print) D/S Zeitz		I.D. # 24970		Name Verification (Printed by Arrestee) ()			
Intake Deputy ()		I.D. # ()		Pouch # ()		Transporting Officer D/S Zeitz		ID # 24970		Agency PBSO	
DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'s ONLY)										PAGE 1	

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 4TH DAY OF NOVEMBER 20 16 AT 2141 PM

SUBJECT: JACQUELINE JOHNSTON CASE NUMBER: 16148029

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: D/S Zeitz ID# 24970

PERSONAL CONTACT

DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUTTING DEF. BEHIND WHEEL OF VEHICLE)
Johnston was involved in a traffic crash in which she fled the scene. A witness followed Johnston's vehicle to Greenacres City Hall. The witness informed me that she was in control of the vehicle the entire time and was inside of the vehicle from crash scene to Greenacres City Hall. I conducted my investigation of the crash. I then read Johnston her Miranda Rights. She was informed that the crash investigation was complete and that a DUI investigation was beginning. She was asked about the crash in which she admitted post-Miranda that she was driving at the time of the crash. She also admitted post-Miranda that she left the scene of the crash and drove to Greenacres City Hall.

OBSERVATION OF DRIVER:

I observed that Johnston was wearing denim shorts and a black shirt. While questioning Johnston, I observed that she seemed to be confused by my questions, and had difficulty informing me about the crash. I observed Johnston's eyes appeared and glassy. She was slurring her words while speaking to me. Johnston was asked to exit the vehicle to perform field sobriety tasks and she agreed. While exiting the vehicle, DRIVER appeared to be shaky on her feet. Johnston needed to lean up against the vehicle for balance while speaking to me.

DRIVER'S STATEMENTS:

I asked if the driver had been drinking or used any drugs. Johnston advised that she had not been drinking at all. I asked the driver if she had any injuries. She advised that she had no injuries at all. She was seen by Greenacres Fire Rescue in reference to the crash. She informed them that that she had no injuries and refused medical attention.

ODORS:

Obvious odor of an unknown alcoholic beverage coming from her breath.

GENERAL OBSERVATIONS

SPEECH: Slurred, thick, slow, unclear

ATTITUDE: Calm and compliant.

CLOTHING: Denim shorts and a black shirt

MEDICAL/OTHER: Advised fire rescue that she had no injuries from the crash and refused medical attention.

STATE OF FLORIDA
COUNTY OF PALM BEACH

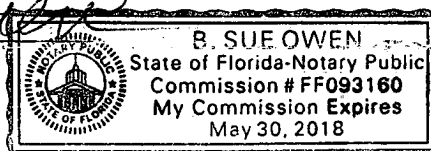
D/S Zeitz ID# 24970

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 4th day of Nov 20 16 by D/S Zeitz

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

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



SUBJECT: JACQUELINE JOHNSTON

CASE NUMBER 16148029

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:



LT EYE-LACK OF SMOOTH PURSUIT



RT EYE-LACK OF SMOOTH PURSUIT



LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION



RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION



LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES



RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

Other Observations:

WALK & TURN:

I read and demonstrated the instructions of the walk and turn while the driver was placed in the instructed position. Johnston stated she understood the instructions. During the task, I observed the driver start too soon, did not touch heel to toe on all steps, stepped off the line numerous times, and did not turn properly (turns other way than I explained.)

ONE LEG STAND:

I read and demonstrated the instructions of the one leg stand while the driver was placed in the instructed position. Johnston stated she understood the instructions. During the task, I observed the driver swayed while balancing, and put foot down twice (within 30 seconds)

FINGER TO NOSE:

I read and demonstrated the instruction of the finger to nose task while the driver was placed in the instructional position. Johnston stated they understood the instructions.

During the task, I observed the driver did not keep eyes closed and failed to return arms to side on at least one attempt

ROMBERG ALPHABET:

I read the instruction of the Romberg with recitation task while the driver was placed in the instructional position. Johnston stated they understood the instructions.

During the task, I observed the driver did not keep eyes closed, swayed (+2" forward)

BREATH TEST RESULTS:

1) 0.196

2) 0.212

3)

4)

STATE OF FLORIDA
COUNTY OF PALM BEACH

D/S Zeitz ID# 24970

(Signature of Arresting/Investigative Officer)

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

4th

day of

Nov

20

16

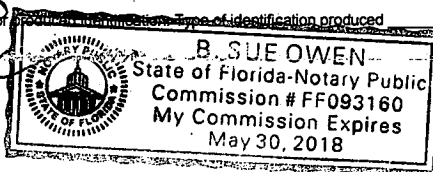
by

D/S Zeitz

(Print name of Arresting/Investigative Officer) who is personally known to me and/or

Type of identification produced

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



WITNESS LIST

CASE NUMBER: **16148029**

ARRESTING OFFICER: **D/S Zeitz ID# 24970**

ADDRESS: **2995 S JOG RD. GREENACRES, FL. 33467**

PHONE NUMBERS (HOME): _____ (WORK) **561-688-5210**

CAN TESTIFY TO: **FACTS OF CASE**

NAME: **Yulianna Alzate**

ADDRESS: **5315 Moon Shadow Rd. Greenacres, FL. 33463**

PHONE NUMBERS (HOME) **561-503-9388** (WORK) _____

CAN TESTIFY TO: **Defendant leaving scene of crash**

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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CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

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 #: 16148029	ZONE: 16-31	SUSPECT: Jacqueline Johnston	DATE & TIME OF ORIGINAL EVENT/OFFENSE: 11/4/16
EVENT TYPE: DWI		DEPUTY: Zahb	ID#: 14976

COMPLETE EVERYTHING BELOW – PRINT LEGIBLY

LAST NAME: Aizate		FIRST NAME: Yuliana		MIDDLE INITIAL: M	RACE: H	SEX: F
DATE OF BIRTH: (MM/DD/YYYY) 06/14/01		YOUR HEIGHT: 5'4	YOUR WEIGHT: 140	YOUR HAIR COLOR: Brown	YOUR EYE COLOR: Brown	
YOUR HOME ADDRESS: 5315 Moon Shadow		<input type="checkbox"/> CHECK IF HOMELESS		CITY: Greenacres	STATE: FL	ZIP: 33413
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	HOME PHONE: ()	<input type="checkbox"/> CHECK IF NONE	EMAIL: ()

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

YOUR NAME: Yuliana Aizate	DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER...
<p>We were driving down 57 South a car was in an accident on the other side of the road the grey car who was on the other side of the road backed away and started driving away. He was swerving and reversing and we kept thinking he would stop but he kept going at 57th with Melrose. She made a left and came to city light. He parked and we waited. She got out the car. Then the man who was with us came and talked to her while we waited.</p>	
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 SWORN TO AND SUBSCRIBED BEFORE ME TODAY: DATE: 11/4/16 TIME: 10:59 PM SIGNATURE: [Signature] ID: 12019
YOUR SIGNATURE: [Signature]	

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 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 _____)

(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

TESTING FACILITY TASK REPORT

AGENCY: PB50
SUBJECT: Johnston, Jacqueline CASE NUMBER: 16-148029
DATE: 11/04/16 VIDEO TAPE NUMBER: DVD# 61604
BEGINNING TIME: 2342 ENDING TIME: 2353
BREATH TESTS RESULTS: 1) .196 TIME 2347 A.M./P.M. 2) .212 TIME 2350 A.M./P.M.
3) _____ TIME _____ A.M./P.M. 4) _____ TIME _____ A.M./P.M.

BREATH OPERATOR: S. Owen # 3184

MAINTENANCE TECHNICIAN: J. Karlecke # 6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: _____

ATTITUDE: quiet, co-operative to tech, not to A/O

CLOTHING: Flip Flops, jean shorts, black top

MEDICAL CONDITIONS: anxiety

MEDICATIONS: Zoloft 1x day in a.m.

OTHER: _____

Slight odor of unknown alcoholic beverage

COMMENTS: A/O & Δ arrived at 2322 hrs

A/O observed for 20 minutes

Δ wouldn't answer intro questions said "no"

A/O requested breath test, Δ agreed

No problem with test, tech explained results

A/O read c/w at the beginning Δ told

A/O to shut up when he started

SUBJECT: Johnston, Jacqueline CASE NUMBER: 16-148029

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.

SUSPECT'S SIGNATURE: (X) Read on Camera

SUBJECT: Johnston, Jacqueline CASE NUMBER: 16-148029

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: _____