

0489 893

17CT 13534

2030

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report1. Arrest  
2. N.T.A.3. Request for Warrant  
4. Request for Capias

1

Juvenile

ADMINISTRATIVE	OBTS Number			ARREST / NOTICE TO APPEAR			Juvenile Referral Report			1. Arrest 2. N.T.A.			3. Request for Warrant 4. Request for Capias			17-105079		
	Agency ORI Number <b>FLO 500000</b>			Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>			Agency Report Number (N.T.A.'s only) <b>06-</b>			Multiple Clearance Indicator <b>01</b>								
	Charge Type: Check as many as apply <input type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other			Weapon Seized / Type <b>2 1. Yes 2. No N/A</b>			Multiple Clearance Indicator <b>01</b>											
	Location of Arrest (Including Name of Business) <b>6700 INDIANTOWN RD, JUPITER, FL, 33458</b>			Location of Offense (Business Name, Address) <b>6700 INDIANTOWN RD, JUPITER, FL, 33458</b>														
	Date of Arrest <b>7/21/17</b>		Time of Arrest <b>02:35</b>		Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle									
	Name (Last, First, Middle) <b>FOTI, JACQUELINE, NICOLE</b>										Alias (Name, DOB, Soc. Sec. #, Etc.)							
	Race W - White 1 - American Indian B - Black 0 - Oriental/Asian		Sex <b>W</b>		Date of Birth <b>12/28/87</b>		Height <b>5'3</b>	Weight <b>185</b>	Eye Color <b>BRN</b>		Hair Color <b>BRN</b>		Complexion <b>MED</b>	Build <b>MED</b>				
	Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description) <b>TATTOO LEFT WRIST, AND RIGHT HIP</b>										Marital Status <b>SINGLE</b>	Religion <b>NONE</b>		Indication of: Alcohol Influence Drug Influence				
	Local Address (Street, Apt. Number) <b>431 JUPITER LAKE BLVD #2110D</b>										(City) <b>JUPITER, FL, 33458</b>	(State)	(Zip)	Phone <b>(203) 448-8131</b>	Residence Type: 1. City 2. County 3. Florida 4. Out of State			
	Permanent Address (Street, Apt. Number)										(City)	(State)	(Zip)	Phone <b>( )</b>	Address Source <b>DEFENDENT</b>			
Business Address (Name, Street)										(City)	(State)	(Zip)	Phone <b>( )</b>	Occupation				
DL Number, State <b>F300-434-87-968-0</b>			Soc. Sec. Number			INS Number			Place of Birth (City, State) <b>WHITEPLAINS, NY</b>			Citizenship						
Co-Defendant Name (Last, First, Middle)										Race	Sex	Date of Birth	1. Arrested 2. At Large			3. Felony 4. Misdemeanor 5. Juvenile		
Co-Defendant Name (Last, First, Middle)										Race	Sex	Date of Birth	1. Arrested 2. At Large			3. Felony 4. Misdemeanor 5. Juvenile		
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other: Address (Street, Apt. Number) 										(First) (Middle)			Residence Phone <b>( )</b>					
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	S. Sell N. N/A B. Buy P. Possess R. Smuggle D. Deliver T. Traffic E. Use	K. Dispense/ Distribute P. Produce/ Cultivate	M. Manufacture/ Z. Other	Drug Type N. N/A A. Amphetamine	B. Barbiturate C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana O. Opium/Derv.	P. Paraphernalia/ Equipment S. Synthetics	U. Unknown Z. Other										
CHARGE	Charge Description <b>DUI</b>			Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number <b>316.193(1)</b>			Violation of ORD #									
CHARGE	Drug Activity <b>N</b>	Drug Type <b>N</b>	Amount / Unit	Offense # <b>17-105079</b>	Warrant / Capias Number			Bond <b>O.R.</b>										
CHARGE	Charge Description			Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number			Violation of ORD #									
CHARGE	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 #									
CHARGE	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 #									
CHARGE	Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number			Bond										
NOTICE TO APPEAR	Location (Court, Room Number, Address) <b>3228 GUN CLUB RD, WEST PALM, FL, 33406</b>										Date Signed <b>7/21/2017</b>							
NOTICE TO APPEAR	Court Date and Time Month <b>8</b> Day <b>17</b> Year <b>2017</b> Time <b>8:30</b> 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 <b>7/21/2017</b>								
ADMIN	HOLD for other Agency Name: <b>X</b>			Signature of Arresting Officer X			Name Verification (Printed by Arrestee) <b>JUL 21 2017</b>											
ADMIN	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:			Name of Arresting Officer (Print) <b>D/S G. LYNCH</b>			I.D. # <b>8568</b>											
ADMIN	Intake Deputy <b>Lofitis, B. 8791</b>			Transporting Officer <b>D/S G. LYNCH</b>			ID # Agency <b>PBSO</b>											
DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'s ONLY)										PAGE <b>1 OF 1</b>								

SCANNED

OBTS Number

## PROBABLE CAUSE AFFIDAVIT

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

1

Juvenile

Agency ORI Number  
**FLO 5 0 0 0 0 0**Agency Name  
**PALM BEACH COUNTY SHERIFF'S OFFICE**Agency Report Number  
**06 - 17-105079**Charge Type:  1. Felony  3. Misdemeanor  5. Ordinance  
Check as many  2. Traffic Felony  4. Traffic Misdemeanor  6. Other  
as apply.

Special Notes:

Defendant's Name (Last, First, Middle)  
**Foti, Jacqueline, Nicole**Race  
**W**Sex  
**F**Date of Birth  
**12/28/1987**Charge Description  
**DUI**

Charge Description

Charge Description

Charge Description

Victim's Name (Last, First, Middle)  
**STATE OF FLORIDA**

Race

Sex

Date of Birth

Victim's Local Address (Street, Apt. Number) (City) (State) (Zip) Phone Address Source

Victim's 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...

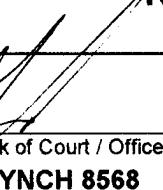
 committed the below acts in my presence.  
 confessed to \_\_\_\_\_ was observed by \_\_\_\_\_ who told \_\_\_\_\_  
that he/she saw the arrested person commit the below acts.  
 was found to have committed the below acts, resulting from my (described) investigation.On the 21 day of July, 2017 at 02:14  A.M.  P.M. (Specifically include facts constituting cause for arrest).**NARRATIVE:**

on 7/21/2017 at approximately 0214hrs, while on proactive patrol I was traveling through the parking lot of the "KFC" restaurant located at 6700 Indiantown Road in the city of Jupiter Florida. As I approached the north west exit and entrance of the parking lot I observed a white Nissan Altima bearing Florida license plate CCSU55 stopped with the headlights on and engine on, facing north west as if it were going to exit the parking lot. I stopped behind the vehicle and waited for approximately a minute or two, expecting the vehicle to move forward and exit the parking lot. However, the vehicle continued to idle and did not move. I also noticed that the vehicle was occupied one time. I exited my marked PBSO patrol vehicle and approached the vehicle from the driver side, making contact with a white female in the driver seat of the vehicle. The white female was slumped over to the right side and appeared to be sleeping or passed out. I also noticed that the keys were in the ignition and the engine was indeed on. I flashed my flash light into the vehicle and was able to wake up the driver, who acknowledged my presence and rolled down the window. I immediately smelled the odor of an alcoholic beverage resonating from inside the vehicle. I also observed that the female's eyes were glossy and her speech was slurred, after I asked her for her drivers license and registration paperwork. The female identified herself to me as Jacqueline Foti by way of Florida driver's license. As I conducted a computer check on Jacqueline's license, D/S Lynch #8568 arrived on scene and took over the investigation.

  
**SCANNED****JUL 24 2017**

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## NARRATIVE CONTINUATION

Sworn and Subscribed before me      18350	Signature of Arresting / Investigating Officer    <b>D/S J. JONES #18350</b>
Signature Notary Public / Clerk of Court / Officer (F.S.S 117.10)  <b>D/S G. LYNCH 8568</b>	Signature of Arresting / Investigating Officer  <b>D/S J. JONES #18350</b>
Name of Notary Public / Clerk of Court / Officer (F.S.S 117.10)  <b>7/21/17</b>	Name of Officer (Please Print)  <b>7/21/17</b>
Date	Date

NOT A CERTIFIED COPY

SCANNED  
JUL 24 2017

Page 2 of 2

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 21 DAY OF JULY 20 17, AT 02:14  AM  PM  
SUBJECT: FOTI, JACQUELINE, NICOLE CASE NUMBER: 17-105079  
AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: D/S G. LYNCH 8568

## PERSONAL CONTACT

DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUTTING DEF. BEHIND WHEEL OF VEHICLE)  
**JACQUELINE WAS FOUND PASSED OUT, IN THE DRIVER SEAT, OF HER VEHICLE, A WHITE NISSIAN ALTIMA, BEARING FL TAG CCSU55, IN THE PARKING LOT OF THE KFC, LOCATED AT 6700 INDIANTOWN RD, JUPITER. THE VEHICLE WAS STOPPED IN THE EXIT TO THE PARKING LOT. THE VEHICLE WAS RUNNING AND IN PARK. D/S JONES WHO LOCATED THE VEHICLE ADVISED THAT JACQUELINE WAS SLUMMPED OVER TO THE RIGHT SIDE.**

### OBSERVATION OF DRIVER:

EYES WERE GLASSY, WAS UNSTEADY WHILE STANDING AND HAD AN ORBITAL SWAY. HAD AN ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE COMING FROM HER BREATH

### DRIVER'S STATEMENTS:

HAD BEEN DRINKING WINE APPROXIMATELY 1 HR PRIOR TO DRIVING.

### ODORS:

UNKNOWN ALCOHOLIC BEVERAGE COMING FROM BREATH

## GENERAL OBSERVATIONS

SPEECH:

ATTITUDE: **CALM/ COOPERATIVE**

CLOTHING:

MEDICAL/OTHER: **NONE**

STATE OF FLORIDA  
COUNTY OF PALM BEACH

D/S G. LYNCH 8568

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 21 day of JULY 20 17 by D/S G. LYNCH 8568

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

**B. SUE OWEN**

State of Florida-Notary Public  
Commission # FF093160  
My Commission Expires  
May 30, 2018

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

SCANNED

JUL 24 2017

## 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:****SWAYED THROUGHOUT THE TASK****WALK & TURN:**

WAS UNABLE TO STAND HEEL-TO-TOE DURING INSTRUCTIONS. ON THE FIRST SET OF NINE STEPS DID NOT WALK HEEL-TO-TOE. STEPPED OFF THE LINE ON SEVERAL STEPS. JACQUELINE TOOK A TOTAL OF 11 STEPS. JACQUELINE THEN ADVISED THAT SHE DIDN'T UNDERSTAND THE TASK. INSTRUCTIONS WERE EXPLAINED AGAIN AND SHE ADVISED SHE UNDERSTOOD. JACQULINE BEGAN AGAIN AND AGAIN DID NOT WALK HEEL-TO-TOE AND STEPPED OFF THE LINE SEVERAL TIMES. JACQULINE TOOK A TOTAL OF 12 STEPS. JACQUELINE DID NOT TURN AS INSTRUCTED. ON THE SECOND SET OF 9 STEPS JACQUELINE STEPPED OFF THE LINE SEVERAL TIMES AND DID NOT WALK HEEL-TO-TOE. TOOK A TOTAL OF 12 STEPS. THROUGHT THE TASK JACQUELINE PAUSED SEVERAL TIMES TO STEADY HERSELF

**ONE LEG STAND:**

ATTEMPTED TO BEGIN THE TASK PRIOR TO BEING INSTRUCTED. JACQUELINE PUT HER FOOT DOWN AFTER APPROX 9 SECONDS. JACQUELINE CONTINUED AND PUT HER FOOT DOWN AFTER APPROX ANOTHER 4 SECOND. JACQUELINE CONTINUED AND AGAIN PUT HER FOOT DOWN AFTER APPROX ANOTHER 17 SECONDS.

**FINGER TO NOSE:**

JACQUELINE DID NOT KEEP HER HEAD TILTED BACK. IMMEDIATELY AFTER THE FIRST RIGHT COMMAND JACQUELINE OPENED HER EYES. ON THE THIRD RIGHT COMMAND JACQUELINE BEGAN TO USE HER LEFT HAND FIRST.

**ROMBERG ALPHABET:**

JACQUELINE RECITED THE ALPHABET TO LETTER "E" AND STOPPED. JACQUELINE BEGAN AGAIN AND AGAIN STOPPED AFTER LETTER "E". JACQUELINE THEN ADVISED SHE WAS UNABLE TO PERFORM THE TASK

**BREATH TEST RESULTS:**

STATE OF FLORIDA  
COUNTY OF PALM BEACH

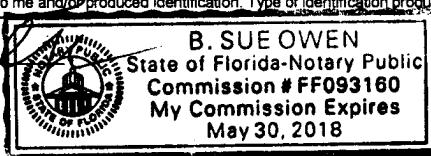
D/S G. LYNCH 8568

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 21 day of JULY 2017 by D/S G. LYNCH 8568

(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

JUL 24 2017

# WITNESS LIST

17-105079

CASE NUMBER: \_\_\_\_\_

ARRESTING OFFICER: **D/S G. LYNCH 8568**

ADDRESS: 3228 GUN CLUB RD, WEST PALM, FL, 33406

PHONE NUMBERS (HOME): \_\_\_\_\_ (WORK) 561-688-3000

CAN TESTIFY TO: FACTS OF CASE

NAME: D/S J. JONES 18350

ADDRESS: 3228 GUN CLUB RD, WEST PALM, FL, 33406

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) 561-688-3000

CAN TESTIFY TO: LOCATING THE VEHICLE

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: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

SCANNED

JUL 24 2017

# TESTING FACILITY TASK REPORT

AGENCY: PBSO  
SUBJECT: Foti, Jacqueline Nicole  
DATE: 7/21/17  
CASE NUMBER: 17-105079

BEGINNING TIME: 0400 ENDING TIME: 0410  
VIDEO TAPE NUMBER: 63026

BREATH TESTS RESULTS: 1) .175 TIME 0404 A.M./P.M. 2) .173 TIME 0408 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: low & soft

ATTITUDE: crying, upset, quiet, co-operative, sweet

CLOTHING: Flip Flops, flowered dress with black top

MEDICAL CONDITIONS: None, anxiety, sleep disorder, migraines, Thyroid

MEDICATIONS: Effexor, Trizadone, Tramadol, tropiset, meds for Thyroid

OTHER: all taken in am Thursday

29 y/o odor of unknown Alcoholic beverage  
detected during test

COMMENTS: A/I & I arrived at 0339 hrs

I/I observed 20 minutes

I/I requested breath test, I agreed

NO problem with test, tech explained results

A/I read c/w, I understood rights

Refused (I & I)

SCANNED  
JUL 24 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.

SUSPECT'S SIGNATURE: (X) \_\_\_\_\_

SCANNED

*Read on Camera*

JUL 24 2017

## 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? \_\_\_\_\_

**REFUSED**

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 ALCOHOL? \_\_\_\_\_ ARE YOU UNDER THE INFLUENCE? \_\_\_\_\_

**REFUSED**

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? \_\_\_\_\_

**REFUSED**

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**

**JUL 24 2017**

INTERVIEWER: \_\_\_\_\_

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL