

3749

0493989

ARREST/NOTICE TO APPEAR
Juvenile Referral Report

Check if Supplement is Attached

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

Juvenile N

OBTS Number _____

Agency ORI Number 500600 Agency Name PALM BEACH POLICE DEPARTMENT Agency Report Number (N.T.A.'s Only) 76-17-001586

Charge Type: 1. Felony 2. Traffic Felony 3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 6. Other _____

Check as many as apply. 1. Felony 2. Traffic Felony 3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 6. Other _____

If Weapon Seized _____ Enter Type: _____ Multiple Clearance Indicator _____

Date of Arrest 12-08-17 Time of Arrest 1614 Booking Date _____ Booking Time _____ Jail Date _____ Jail Time _____ Location of Vehicle _____

Name (Last, First, Middle) ROSSOW JAY ARTHUR Alias (Name, DOB, Soc. Sec. #, Etc.) _____

Race W Sex M Date of Birth 03/30/68 Height 511 Weight 180 Eye Color GRN Hair Color BRN Complexion LGT Build LARGE

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) _____ Marital Status SINGLE Religion _____ Indication of Alcohol Influence Drug Influence N Unk

Local Address (Street, Apt. Number) _____ (City) _____ (State) _____ (Zip) _____ Phone () _____ Residence Type: 1. City 2. County 3. Florida 4. Out of State 2

Permanent Address (Street, Apt. Number) 38 CAYMAN PL (City) PALM BEACH GARDENS FL 33418 (State) _____ (Zip) _____ Phone 561 3246932 Address Source FL DL

Business Name (Name, Street) _____ (City) _____ (State) _____ (Zip) _____ Occupation SALES

D/L Number, State R200 421 681101 INS Number _____ Place of Birth (City, State) Deerport Mich Citizenship US

Co-Defendant (Last, First, Middle) _____ Race _____ Sex _____ Date of Birth _____ 1. Arrested 2. At Large 3. Felony 4. Misdemeanor 5. Juvenile

Co-Defendant (Last, First, Middle) _____ Race _____ Sex _____ Date of Birth _____ 1. Arrested 2. At Large 3. Felony 4. Misdemeanor 5. Juvenile

Parent Legal Custodian 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. TOTAL HOURS/DAYS 3. Incarcerated

Released To: (Name) _____ Relationship _____ Date _____ Time _____

The above address was provided by defendant and/or 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. Yes, by: (Name) _____ No (Reason) _____

School Attended _____ Grade _____

Property Crime? Yes No Description of Property _____ Value of Property _____

CODE	Drug Activity	S. Sell	R. Smuggle	K. Dispense/Distribute	M. Manufacture/Produce/Cultivate	Z. Other	Drug Type	B. Barbituate	H. Hallucinogen	P. Parapharmalia/Equipment	U. Unknown/Other
CHARGE	Charge Description						Statute Violation Number				Violation of ORD #
	<u>Child Neglect</u>						<u>82703</u>				<u>28</u>
	Drug Activity	Drug Type	Amount/Unit	Offense #	Counts	Domestic Violence	Warrant/Capias Number				Bond
	<u>E</u>	<u>U</u>		<u>17-1586</u>	<u>1</u>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N					
CHARGE	Charge Description						Statute Violation Number				Violation of ORD #
	<u>BUZ</u>						<u>316193</u>				<u>1</u>
	Drug Activity	Drug Type	Amount/Unit	Offense #	Counts	Domestic Violence	Warrant/Capias Number				Bond
	<u>E</u>	<u>U</u>		<u>17-1586</u>	<u>1</u>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N					
CHARGE	Charge Description						Statute Violation Number				Violation of ORD #
	<u>REFUSAL TO SIGN citation</u>						<u>31814</u>				<u>3</u>
	Drug Activity	Drug Type	Amount/Unit	Offense #	Counts	Domestic Violence	Warrant/Capias Number				Bond
	<u>E</u>	<u>U</u>		<u>17-1586</u>	<u>1</u>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N					
CHARGE	Charge Description						Statute Violation Number				Violation of ORD #
	Drug Activity	Drug Type	Amount/Unit	Offense #	Counts	Domestic Violence	Warrant/Capias Number				Bond

Location (Court, Room Number, Address) CRIMINAL JUSTICE complex 3228 GUN CLUB RD WPB FL DEC 8 PM 8:58

Court Date and Time JAN 4 2018 830 A.M. P.M.

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 _____

HOLD for other agency _____ Signature of Arresting Officer X _____ Name Verification (Printed by Arrestee) (PRINT) _____

Dangerous Resisted Arrest Suicidal Other _____

Intake Deputy CSB I.D. # _____ Pouch # _____ Transporting Officer A. MAZZA I.D. # 9156 Agency PBPD Witness here if subject signed with an "X" _____

2011 DEC -9 AM 551
PALM BEACH POLICE DEPARTMENT
GUN CLUB

PROBABLE CAUSE AFFIDAVIT

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

Juvenile N

OBTS Number	Agency ORI Number FLO 5 0 0 0 0 0		Agency Name Police Dept. PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 0 6 - 1 1 7 - 0 0 1 5 8 6 ()
Charge Type: Check as many as apply	<input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other	Special Notes:

Name (Last, First, Middle) ROSSOW JAY A	Alias	Race W	Sex M	Date of Birth 0 3 3 0 6 8
Charge Description Child Neglect F.S.S 827.03(E1)	Charge Description DUI F.S.S 316.193			

Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
Local Address (Street, Apt. Number)	(City)	(State)	(Zip)
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 ...

committed the below acts in my presence. was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.

confessed to _____ admitting to the below facts. was found to have committed the below acts, resulting from my (described) investigation.

On the 8 day of DEC 2017 at 1614 A.M. P.M. (Specifically include facts constituting cause for arrest.)

on 12/8/17 at approximately 1545 hours, I was dispatched to the [redacted] in reference to a suspicious incident. Upon my arrival I met with ofc. Ward who advised that a little girl came up to him to say that she believes [redacted] is under the influence of something. [redacted] who verbally identified herself, advised that [redacted] picked her up from school and drove her to her mother's house at [redacted]. The girl advised that [redacted] was driving all over the road, was swaying back and forth in his seat, and that his eyes were half open. (See ofc. Ward's supplemental report). [redacted] (14 years old) advised that she knew [redacted] under the influence and that "he was about to drive again". She advised that she was scared for her life and she appeared to be visually shaken. I observed a white Toyota bearing FL Tag AKM 669 parked half way in a parking spot. Jay Rossow (w/m 03/30/1968) identified by his FL Drivers license, was sitting in the driver seat of the white SUV. I asked if he was alright. Rossow slowly turned his head to look at me and with half closed eyes he said "Im ok". I asked Rossow if he needed any medical attention, he would wait about 5 seconds and then again turn to me slowly and say "Im ok". Rossow had bloodshot and glassy eyes. Rossow had slurred slow speech and had poor coordination and had unsteady balance when walking to the sidewalk. As Rossow was awaiting instruction, he began swaying from side to side.

STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 08 day of December 20 17 by Ofc. A. MAZZA

(Print name of Arresting/Investigative Officer), who is personally known to me as a Public Safety Officer. Type of identification produced: [redacted]

Gary J Parent
My Commission GG 085486
Expires 06/21/2021

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

PAGE 1 OF 2

PROBABLE CAUSE AFFIDAVIT

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

Juvenile

1 N

OBTS Number	Agency ORI Number FLO 5 0 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 0 6 - 1 7 - 0 0 1 5 4 6 1 1
Charge Type: Check as many as apply	<input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony	<input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other	Special Notes

Name (Last, First, Middle) ROSSOW JAY A	Alias	Race W	Sex M	Date of Birth 0 3 3 0 1 8
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Charge Description Child Neglect F.S.S 827.03 (E1)	Charge Description DUI F.S.S 316.193
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Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth
Local Address (Street, Apt. Number) (City) (State) (Zip)	Phone ()	Address Source	
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 ...

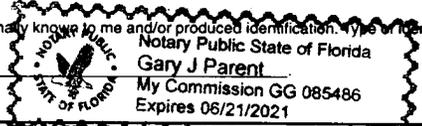
committed the below acts in my presence. was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.

confessed to _____ admitting to the below facts. was found to have committed the below acts, resulting from my (described) investigation.

On the 8 day of DEC 2017 at 1614 A.M. P.M. (Specifically include facts constituting cause for arrest.)

Based on the facts above Rossow was advised that he was being investigated for suspicion of DUI, and advised of his Taylor warnings. I then instructed Rossow to turn facing my patrol car, so I could administer the SFST's (See DUI Probable Cause Affidavit) Based on Rossow's performance of the SFST's and my observations, I placed Rossow under arrest at 1614 hours for suspicion of operating his vehicle while being impaired pursuant to F.S.S 316.193 and Child Neglect pursuant to F.S.S 827.03 (E1). Rossow was placed in handcuffs, which were double locked and checked for proper fit. Rossow was then transported to the Palm Beach County Jail without further incident.

PROBABLE CAUSE STATEMENT

STATE OF FLORIDA COUNTY OF PALM BEACH	(Signature of Arresting/Investigative Officer)
The foregoing instrument was sworn to or affirmed and subscribed before me this <u>08</u> day of <u>December</u> 20 <u>17</u> by <u>Off A Mizza</u>	(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced <u>R.I.O.W</u>
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)	
ADMINISTRATIVE	PAGE <u>2</u> OF <u>2</u>

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 8TH DAY OF DEC 20 17 AT 1614 AM PM

SUBJECT: JAY ARTHUR Rossow CASE NUMBER: 17-001586

AGENCY: PBER ARRESTING OFFICER: A. MAZZA 9156

PERSONAL CONTACT

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

[REDACTED] found a police officer in the [REDACTED] advised that [REDACTED] picked her up from school and was driving all over the place. I arrived on scene and observed JAY Rossow in the driver seat with the vehicle on.

OBSERVATION OF DRIVER: Rossow's eyes were red and glossy. When spoke to, Rossow would have about a 5 second delay when he would answer. Rossow's words were slurred when he spoke. While ~~in~~ in mid conversation Rossow would close his eyes as if falling asleep.

DRIVER'S STATEMENTS: Rossow advised he had took one and a half ambien and had a few drinks of circo (pineapple) before police showed up

ODORS:

GENERAL OBSERVATIONS

SPEECH: Slurred, Delayed

ATTITUDE: Calm Lathargic

CLOTHING: Decent condition

MEDICAL/OTHER: [REDACTED] had was dropped off at her mothers house, had to find a police officer to advise that [REDACTED] had "taken something" and was not ok

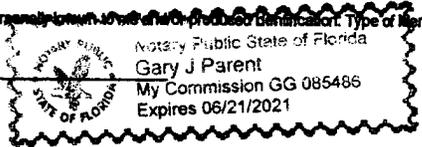
STATE OF FLORIDA
COUNTY OF PALM BEACH

[Signature]
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 08 day of DECEMBER 20 17 by OFL A. MAZZA

(Print name of Arresting/Investigative Officer who is personally known to me and who produced his/her/its Type of Identification produced KNOWN

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





The Sunshine State



DRIVER LICENSE CLASSIFICATION



JAY ARTHUR
ROSSOW

38 CARMAN PL
PALM BEACH GARDENS, FL 33418

DOB: 03-28-1968 SEX: M

WEIGHT: 165 HGT: 5-11

EXPIRES: 03-28-2023



ORGAN DONOR

SAFE DRIVER

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

NOT A CERTIFIED COPY

SUBJECT: JAY Rossow

CASE NUMBER: 17-001586

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:

WALK & TURN: would begin the Test while I was giving instructions. unable to maintain balance. unable to complete a full heel to toe step. would fall off line. would forget to count out loud. would lift his arms at shoulder level to try and regain balance

ONE LEG STAND: would begin test while instructions were being given. unable to maintain balance. would have to put other foot down multiple times to avoid falling. lifted one foot behind him and attempt to use foot to balance on a bush. would lift his arms at shoulder level to try and regain balance

FINGER TO NOSE:

ROMBERG/ALPHABET:

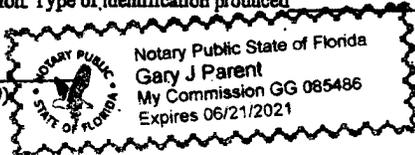
BREATH TEST RESULTS:

STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was notarized or sworn before me this 08 day of DECEMBER, 2017 by OFFICER MAZZA
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)



STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES
AFFIDAVIT OF REFUSAL TO SUBMIT TO
BREATH AND/OR URINE TEST

I, Anthony MAZZA, a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)

am a member of Town of Palm Beach Police Dept, and I do swear
(Name of law enforcement agency)

or affirm that on or about the 8 day of DEC, 20 17, at 1614 P.M. A.M.

DRIVER JAY Arthur ROSSOW,
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# R 200 421 68 110 1, state of FLORIDA, was placed under lawful arrest for
the offense of DUI by A. MAZZA and
issued Citation # 3682-XDV
(Name of Arresting Officer)

That on or about the 08 day of DECEMBER, 20 17, at 1718 P.M. A.M.
in PALM BEACH County,

I requested that the driver submit to a breath and/or urine test to determine his or her blood alcohol level and/or the presence of chemical or controlled substances. I informed the driver that the refusal to submit to such test(s) would result in the suspension of his or her driving privilege for a period of one (1) year for a first refusal, or for a period of eighteen (18) months if his or her driving privilege had been previously suspended for refusing to submit to a breath, urine or blood test. I also informed the driver that he or she commits a misdemeanor by refusing to submit to a lawful test as requested above if his or her driving privilege has been previously suspended for refusal to submit to a lawful test of his or her breath, urine, or blood. Additionally, I informed the driver that if he or she holds a CDL, or was operating a CMV, refusal will result in the disqualification of the Commercial Driver's License/driving privilege for a period of one (1) year in the case of a first refusal or permanently if he or she has previously been disqualified as a result of a refusal to submit to any such lawful test. Nonetheless, the driver refused to submit to the test(s) requested.

[Signature]
Signature of Law Enforcement Officer or
Correctional Officer

THE AFFIDAVIT MUST BE NOTARIZED OR ATTESTED TO (F.S. 117.10)



(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before
me this 08 day of DECEMBER, 20 17,
by OFC. A. MAZZA,

who is personally known to me or who has produced
[Signature] as identification

Notary Public [Signature]

The foregoing instrument was sworn and subscribed before me:

Signature of Attesting Officer

Title

Date

Note: Mail or hand deliver to the designated
Bureau of Administrative Reviews office,
Department of Highway Safety and Motor
Vehicles, with the driver's license, the
appropriate copy of the UTC, and the
probable cause affidavit.

WITNESS LIST

CASE NUMBER: 17-001586

ARRESTING OFFICER A. MUZZA

ADDRESS 345 S. County Rd Palm Beach FL 33410

PHONE NUMBERS (HOME) _____ (WORK) 561 838 5454

CAN TESTIFY TO: Events leading to arrest

NAME: A.C. WARD

ADDRESS 345 S. County Rd Palm Beach FL 33410

PHONE NUMBERS (HOME) _____ (WORK) 561 838 5454

CAN TESTIFY TO: Events leading to arrests

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

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NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NOT A CERTIFIED COPY

TESTING FACILITY TASK REPORT

AGENCY: PBPD
SUBJECT: Russow, Jay A CASE NUMBER: 17-161160
DATE: 12-08-17 VIDEO TAPE NUMBER: N/A
BEGINNING TIME: 17:14 ENDING TIME: 17:28
BREATH TESTS RESULTS: 1) R TIME 17:18 A.M./PM 2) NIA TIME — A.M./P.M.
3) NIA TIME — A.M./P.M. 4) NIA TIME — A.M./P.M.

BREATH OPERATOR: G. Piment "7907"
MAINTENANCE TECHNICIAN: J. Korteck "6467"

TESTING OFFICER'S OBSERVATIONS

SPEECH: Slurred
ATTITUDE: Talkative, Repetitive
CLOTHING: Black Shorts, Blue T-Shirt, Black Tennis Shoes
MEDICAL CONDITIONS: High blood Pressure, Bone Spurs / Factor 5 Laiden
MEDICATIONS: Xarelto, Ambien
OTHER: Eyes glassy. Unsteady on feet. Swaying side to side.
Admitted to drinking 2 glass of wine at Lunch (O+A)

COMMENTS: Arrived at Center, A/O Began 30 minute Observation
Period at 16:45 hrs.

Δ refused to take test **REFUSED**

A/O read I/c and explained

Δ stated he understood I/c and again Refused to take test

A/O read Rights

Δ stated he understood Rights **REFUSED**

A/O Conducted O+A

Δ answered Questions

SUBJECT: Rossow, Jay A CASE NUMBER: _____

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.

SUSPECT'S SIGNATURE: (X) Read on Camera

SUBJECT: Russow, Jay A CASE NUMBER: _____

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? 1/2 WHERE DID YOU START? _____

WHAT TIME DID YOU START? 2 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? 1 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? 1 WHERE? _____

INTERVIEWER: _____