

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

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

1 Juvenile

ADMINISTRATIVE

OBTS Number	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- 17142277</b>	
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	Weapon Seized / Type 1. Yes 2. No	Multiple Clearance Indicator	
Location of Arrest (Including Name of Business) <b>Jog Rd at Yamato Rd Boca Raton FL 33496</b>			Location of Offense (Business Name, Address) <b>Jog Rd at Yamato Rd Boca Raton FL 33496</b>			
Date of Arrest <b>10/22/2017</b>	Time of Arrest <b>03:37</b>	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle <b>Boca Raton Towing</b>

DEFENDANT

Name (Last, First, Middle) <b>Jeffrey W</b>		Alias (Name, DOB, Soc. Sec. #, Etc.)						
Race <b>W - White   - American Indian</b>	Sex <b>M</b>	Date of Birth <b>08/29/1977</b>	Height <b>6'3</b>	Weight <b>275</b>	Eye Color <b>Grn</b>	Hair Color <b>Bro</b>	Complexion <b>Med</b>	Build <b>Med</b>
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)			Marital Status <b>Single</b>	Religion <b>CHRISTIAN</b>	Indication of Alcohol Influence Drug Intoxication Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>			
Local Address (Street, Apt. Number) <b>200 Scotia Dr #104</b>		(City) <b>Hypoluxo FL 33462</b>	(State)	(Zip)	Phone <b>(561) 271-0252</b>	Residence Type: 1. City 2. County 3. Florida 4. Out of State <b>2</b>		
Permanent Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone	Address Source <b>FL DL</b>		
Business Address (Name, Street)		(City)	(State)	(Zip)	Phone	Occupation <b>Comm. Fishing</b>		
D/L Number, State <b>B620439773090</b>	Soc. Sec. Number	INS Number		Place of Birth (City, State) <b>Joplin, MO</b>		Citizenship <b>US</b>		

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:	Address (Street, Apt. Number)		(City)	(State)	(Zip)	Residence Phone ( )	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
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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 #
Drug Activity	Drug Type	Amount / Unit	Offense # <b>17142277</b>	Warrant / Capias Number
			Bond	

CHARGE

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	<b>OCT 22 AM 5:18</b>

CHARGE

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	<b>2017 OCT 23 AM 5:18</b>

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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	<b>2017 OCT 23 AM 5:18</b>

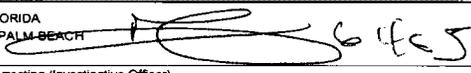
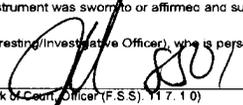
NOTICE TO APPEAR

Location (Court Room Number, Address) <b>PALM BEACH COUNTY COURTHOUSE CRIMINAL JUSTICE COMPLEX, 3228 GUN CLUB RD, WEST PALM BEACH, FL 33406</b>		PH: (561) 355-2996
Court Date and Time Month <b>Nov</b> Day <b>16</b> Year <b>2017</b> Time <b>08:30</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>10/22/2017</b>

ADMIN

HOLD for other Agency Name: <input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:	Signature of Arresting Officer <b>X</b>	Name Verification (Printed by Arrestee) <b>SCHEIDT</b>
Intake Deputy <b>SPAW 8101</b>	Name of Arresting Officer (Print) <b>Inv. J. Schneider</b>	(PRINT) <b>OCT 24 2017</b>
I.D. #	Pouch #	Agency <b>PBSO</b>
Transporting Officer <b>Inv. J. Schneider</b>	ID # <b>8501</b>	Witness here if subject signed with an "X" <b>1</b> OF <b>1</b>

023 0237077 3524

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1 Arrest	3 Request for Warrant	1	Juvenile
Agency ORI Number FLO 5 0 0 0 0 0		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number			
Charge Type Check as many as apply		Special Notes					
<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							
Name (Last, First, Middle) BROOKS, JEFFREY WAYNE		Alias		Race W	Sex M	Date of Birth 8/29/77	
Charge Description DUI		Charge Description					
Charge Description		Charge Description					
Victim's Name (Last, First, Middle) STATE OF FLORIDA		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 <input checked="" type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ <input type="checkbox"/> confessed to _____ <input checked="" type="checkbox"/> that he/she saw the arrested person commit the below acts. admitting to the below facts.      was found to have committed the below acts, resulting from my (described) investigation. On the <u>22</u> day of <u>OCTOBER</u> 20 <u>17</u> at <u>02:37</u> <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)							
<p>On the above date and time, I stopped at the intersection of Linton Blvd and Jog Rd when I noticed a silver pick up truck traveling southbound at an high rate of speed. As the vehicle approached my location I clocked the silver dodge truck at a speed of 79 mph in a 45mph speed zone. I immediately turned southbound on Jog Rd from Linton Blvd in an attempt to catch up to the Dodge Truck. As I got closer to the vehicle, the driver spotted me and started to slow down. The vehicle came to a complete stop at the intersection of Yamato Rd and Jog Rd. I approached the vehicle which was bearing a Florida tag of 476 PEB. A computer check of the tag revealed that the vehicle is registered to a Jeffrey Wayne Brooks of Hypoluxo, Florida. I walked up toward the driver's door and met with the driver who was identified as Jeffrey Wayne Brooks. I asked Brooks for the reason why he was traveling 79mph in a 45mph speed zone. He advised me that he was just trying to get home. I asked him where was home and he stated he lived off of Scotia Dr in Hypoluxo. I asked him was he en-route home and he stated yes. Please note that Brooks was traveling southbound from Delray Beach toward Boca Raton when I Stopped him. He was traveling the opposite direction from where he resides.</p> <p>I asked Brooks for his license, registration and insurance. Brook first gave me his boat registration and boat insurance. I asked Brooks for his vehicle registration again and I noticed that he was having a hard time locating the vehicle registration. While waiting for him to supply me with the requested information, I asked him if he had been drinking and he stated, "yes." I asked him how much did he drink tonight and he stated two beers. I then asked him where he was coming from and he stated that he had dropped his girlfriend off out west. I asked him where and he could not tell me. During our conversation, I noticed that his speech was slurred. After noticing this I notified a DUI unit and requested that they respond. DUI Investigator Schneider ID 8501 responded and I turned the investigation over to him.</p>							
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>22</u> day of <u>OCTOBER</u> 20 <u>17</u> by <u>D/S T.FARRINGTON6465</u> (Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced <u>PERSONALLY KNOWN</u>							
Notary Public, Clerk of Court, Officer (F.S.S.) 117.110 							

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 22 DAY OF October 20 17, AT 02:37  AM  PM  
SUBJECT: Brooks Jeffrey W CASE NUMBER: 17142277  
AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: Inv. J. Schneider

## PERSONAL CONTACT

DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUTTING DEF. BEHIND WHEEL OF VEHICLE)  
**Was observed by Deputy Farrington #6465 traveling 79 in a posted 45 mile per hour speed zone. Deputy Farrington provided a supplemental PC as to his observations.**

### OBSERVATION OF DRIVER:

**On my arrival I found the driver occupying the drivers seat of a gray Dodge pickup. Walking to the drivers side window I engaged the driver in conversation and confirmed his identity as Jeffrey Brooks. While speaking with Brooks I found his speech slurred. Illuminating the interior of the vehicle with my flashlight I observed his eyes to be red, bloodshot and glossy. The interior of the vehicle smelled of a unknown alcoholic beverage and as he spoke the odor intensified. Due to these observations I requested he step from the vehicle to perform field sobriety tasks. He agreed to do so and walked voluntarily to the front of my marked patrol vehicle.**

### DRIVER'S STATEMENTS:

**I came from the bar**

### ODORS:

**Distinct odor of a unknown alcoholic beverage coming from his person and breath.**

## GENERAL OBSERVATIONS

**SPEECH: Slurred**

**ATTITUDE: Cooperative and jovial**

**CLOTHING: Blue stripe shirt, khaki shorts, gray shoes**

**MEDICAL/OTHER: Nexium for heart burn and right ankle**

STATE OF FLORIDA  
COUNTY OF PALM BEACH

**Inv. J. Schneider**

Signature of Arresting/Investigative Officer

The foregoing instrument was sworn to or affirmed and subscribed before me this 22 day of October 20 17 by Inv. J. Schneider

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)



Samantha Palmer  
Commission # FF172377  
Expires: OCT 29, 2018  
BONDED THRU  
1ST FLORIDA NOTARY, LLC

SCANNED  
OCT 24 2017

**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:**

VGN was present. Angle of onset was approx 35 degrees. Lack of Convergence present with both eyes not converging to center.

**WALK & TURN:**

Brooks was unable to maintain the instructional position. Walking forward he took too many steps, stopped and stepped off the line going away. Returning he stopped, took too many steps, stepped off the line, and missed heel to toe.

**ONE LEG STAND:**

Brooks swayed during the instructions and was unable to keep his foot elevated for the duration of thirty seconds with his foot coming down at approximately the 25 second mark. He also failed to continue the task from that point forward making no attempt to raise the foot again as instructed

**FINGER TO NOSE:**

Brooks swayed during the instructions and was used the pad of his finger for the first five commands. During this time he touched the tip, bottom of his nose, and the cleft of his lip. He also failed to bring his finger to his side during all six commands and had to be prompted to do so.

**ROMBERG ALPHABET:**

Brooks swayed during the instructions and recited the alphabet without mistake as requested.

**BREATH TEST RESULTS:** 1) .196 2) .192 3) 4)

STATE OF FLORIDA  
COUNTY OF PALM BEACH

Inv. J. Schneider  
Signature of Arresting/Investigative Officer

The foregoing instrument was sworn to or affirmed and subscribed before me this 22 day of October, 2017 by Inv. J. Schneider

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)

 Samantha Palmer  
 Commission # DF172377  
 Expires: OCT 25, 2018  
 BONDED TRU  
 1ST FLORIDA NOTARY, LLC

**SCANNED**  
OCT 24 2017

# WITNESS LIST

CASE NUMBER: 17142277

ARRESTING OFFICER: Inv. J. Schneider

ADDRESS: 3228 Gun Club Rd West Palm Beach FL 33406

PHONE NUMBERS (HOME): \_\_\_\_\_ (WORK) 561 688-4001

CAN TESTIFY TO: DUI Investigation

NAME: D/S Timothy Farrington #6465

ADDRESS: 3228 Gun Club Rd West Palm Beach FL 33406

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

CAN TESTIFY TO: Stop and general observations

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

ADDRESS \_\_\_\_\_

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

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

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

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) 0 (WORK) 0

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

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

ADDRESS \_\_\_\_\_

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

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

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

ADDRESS \_\_\_\_\_

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

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

ADDRESS \_\_\_\_\_

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

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

NOT A CERTIFIED COPY

SOFT COPY  
OCT 24 2017

# TESTING FACILITY TASK REPORT

AGENCY: PBSO/SCHNEIDER

SUBJECT: BROOKS, JEFFEREY

CASE NUMBER: 17-142277

DATE: Oct 22, 2017

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 0442

ENDING TIME: 0452

BREATH TESTS RESULTS: 1) .196 TIME 0446 A.M.  P.M.  2) .192 TIME 0449 A.M.  P.M.   
3) XX TIME XX A.M.  P.M.  4) XX TIME XX A.M.  P.M.

BREATH OPERATOR: S. PALMER #24520

MAINTENANCE TECHNICAN: J Karlecke #6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: CLEAR

ATTITUDE: COOPERATIVE, CALM, FRIENDLY

CLOTHING: BLUE PLAID SHIRT, LIGHT KHAKI SHORTS, GREY SHOES

MEDICAL CONDITIONS: NONE

MEDICATIONS: NEXIUM(HEARTBURN)

## OTHER:

EYES: GLASSY

## COMMENTS:

ARRESTING OFFICER CONDUCTED THE 20 MINUTE OBSERVATION BEGINNING AT 0420  
SUBJECT AGREED TO TAKE BREATH TEST  
TECH EXPLAINED TEST INSTRUCTIONS  
SUBJECT STATED HE UNDERSTOOD INSTRUCTIONS  
AND PROVIDED TWO ADEQUATE BREATH SAMPLES SUCCESSFULLY  
A/O READ RIGHTS  
SUBJECT STATED HE UNDERSTOOD RIGHTS  
TECH READ TEST RESULTS  
SUBJECT STATED HE UNDERSTOOD RESULTS  
A/O ATTEMPTED Q&A  
SUBJECT REFUSED QUESTIONING

SCANNED

OCT 24 2017

SUBJECT: Frank Jeffrey CASE NUMBER: 17-14-77

## 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**  
**OCT 24 2017**

SUSPECT'S SIGNATURE: (X) Reals on Camera

SUBJECT: Brooks, J. Stacy CASE NUMBER: 17-142277

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

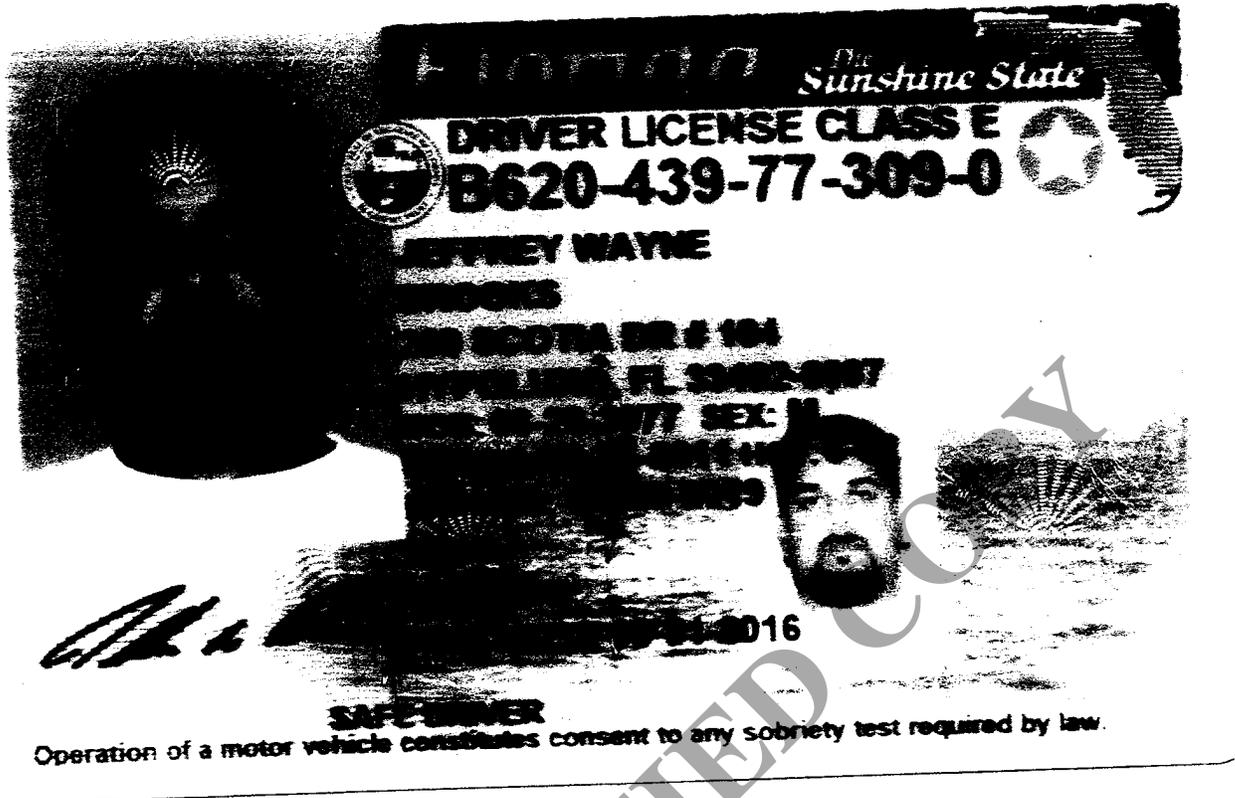
DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? \_\_\_\_\_

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: INV. Schneider #8501

**SCANNED**  
**OCT 24 2017**



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OCT 24 2017