

JKT # 0481702

Pch 3373

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 Name		Agency Report Number (N.T.A.'s only)		16-136746				
	Agency ORI Number		PALM BEACH COUNTY SHERIFF'S OFFICE		06-							
	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		Multiple Clearance Indicator			
							1. Yes 2. No		NONE		01	
	Location of Arrest (Including Name of Business)				Location of Offense (Business Name, Address)							
	S. JOG RD & FOREST HILL BLVD, GREENACRES, FL 33415				S. JOG RD & FOREST HILL BLVD, GREENACRES, FL 33415							
	Date of Arrest		Time of Arrest		Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle			
	10/09/2016		00:37						Duvall's Towing			
	Name (Last, First, Middle) [REDACTED]											
	Alias (Name, DOB, Soc. Sec. #, Etc.) [REDACTED]											
DEFENDANT	Race		Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build		
	W - White I - American Indian B - Black 0 - Oriental/Asian		W	F	11/24/1972	5'05"	145	BROWN	BLACK	LIGHT	MED	
	Scars, Tattoos, Unique Physical Features (Location, Type, Description)						Marital Status	Religion	Indication of:			
	TATTOOS ON LEFT ARM, RIGHT SIDE						SINGLE	CATHOLIC	Y	N	Unk.	
	Alcohol Influence						<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	Drug Influence						<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
	Local Address (Street, Apt. Number)				(City)	(State)	(Zip)	Phone	Residence Type:			
	3020 20TH LANE, GREENACRES, FL 33463							(561) 814-8989	1. City	3. Florida		
	Permanent Address (Street, Apt. Number)				(City)	(State)	(Zip)	Phone	2. County	4. Out of State		
	3020 20TH LANE, GREENACRES, FL 33463							(561) 814-8989	Address Source			
Business Address (Name, Street)				(City)	(State)	(Zip)	Phone	Occupation				
N/A							() N/A	[REDACTED]				
DL Number, State			Soc. Sec. Number [REDACTED]			INS Number	Place of Birth (City, State)			Citizenship		
R160432729240, FL							MACAW, PR			U.S.		
CO-DEF	Co-Defendant Name (Last, First, Middle)						Race	Sex	Date of Birth	Indication of:		
							<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
							<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
							<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
							<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
							<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
							<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
							<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
							<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
							<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
JUVENILE	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. TOT HRS / DYS			
									3. Incarcerated			
	Released To: (Name)						Relationship				Date	Time
The above address provided by [] defendant and / or [] 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.						School Attended				Grade		
[] Yes, by: (Name) [] No: (Reason)												
Property Crime?		Description of Property						Value of Property				
<input type="checkbox"/> Yes <input type="checkbox"/> No												
CODE	Drug Activity	S. Sell	R. Smuggle	K. Dispense/ Distribute	M. Manufacture/ Produce/ Cultivate	Z. Other	Drug Type	B. Barbiturate	H. Hallucinogen	P. Paraphernalia/ Equipment	U. Unknown	
	N. N/A	B. Buy	D. Deliver	E. Use			N. N/A	C. Cocaine	M. Marijuana	O. Opium/Deriv.	Z. Other	
	P. Possess	T. Traffic				A. Amphetamine	E. Heroin				S. Synthetics	
	Charge Description						Counts		Domestic Violence	Statute Violation Number		
	D.U.I.						01		<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	316.193(1)		
	Drug Activity		Drug Type	Amount / Unit	Offense #				Violation of ORD #			
	N		N	N/A	16-136746							
	Warrant / Capias Number									Bond		
										OK		
	Charge Description						Counts	Domestic Violence	Statute Violation Number			
						<input type="checkbox"/> Y <input type="checkbox"/> N				Violation of ORD #		
Warrant / Capias Number									Bond			
Charge Description						Counts	Domestic Violence	Statute Violation Number				
						<input type="checkbox"/> Y <input type="checkbox"/> N				Violation of ORD #		
Warrant / Capias Number									Bond			
Charge Description						Counts	Domestic Violence	Statute Violation Number				
						<input type="checkbox"/> Y <input type="checkbox"/> N				Violation of ORD #		
Warrant / Capias Number									Bond			
Charge Description						Counts	Domestic Violence	Statute Violation Number				
						<input type="checkbox"/> Y <input type="checkbox"/> N				Violation of ORD #		
Warrant / Capias Number									Bond			
Location (Court, Room Number, Address)						Criminal Justice Complex 3228 Gun Club Rd WPB, FL						
Court Date and Time						Month NOVEMBER Day 10TH Year 2016 Time 8:30 AM ✓ 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												
X 10/09/2016 Date Signed												
Signature of Defendant (or Juvenile and Parent /Custodian)												
HOLD for other Agency				Signature of Arresting Officer				Name Verification (Printed by Arrestee)				
Name:				X [Signature]				[Signature]				
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:				Name of Arresting Officer (Print) D/S A. SENTMANAT				I.D. # 24968				
Intake Deputy <i>W/S/S</i> I.D. # <i>W/S/S</i> Pouch #				Transporting Officer ID # A. SENTMANAT #24968 PBSO				Agency				
DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY HOLD FOR JUVENILE (N.T.A.'S ONLY)												
PBSO #148 REV. 8/07												
SCANNED OCT 9 2016 1 OF 1												

OBTS Number

PROBABLE CAUSE AFFIDAVIT

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

1

Juvenile

Agency ORI Number FLO 500000	Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 06	16136746		
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			Special Notes		
Defendant Name (Last, First, Middle) [REDACTED]					
Charge DUI	Charge				
Charge	Charge				
Victim Name (Last, First, Middle) STATE OF FLORIDA				Race	Sex
Local Address (Street, Apt. Number)		City	State FL	Zip	Phone
Business Address (Street, Apt. Number) 3228 GUN CLUB RD		City WEST PALM BEACH	State FL	Zip 3460	Phone 561-688-3000
The undersigned 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. ☐ 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 (described) investigation.					
On the 9TH day of OCTOBER 20 16 at 00	☐ AM		☐ PM		

****SUPPLEMENTAL PROBABLE CAUSE****

On 10-09-16 at approximately 0005 hrs, while patrolling the area of 10th Ave N., and S Jog Rd., Greenacres, Palm Beach County, FL 33467. I observed a yellow Jeep bearing FL tag [REDACTED] driving at a high rate of speed. The vehicle then came to a rolling stop at the intersection of 10th Ave N., and S Jog Rd., making a right turn and proceeded North on S Jog Rd from 10th Ave., N. I then followed the vehicle north as we traveled past Cresthaven Blvd., the vehicle then began to pick up speed. As we approached Purdy Ln., I began to pace the vehicle which was traveling 70mph in a 45 mph zone. The vehicle then came close to striking the median just after Purdy Ln. I initiated a traffic stop on the vehicle activating my red and blue emergency lights on S Jog Rd at Forest Hill Blvd. When I approached the vehicle from the driver side and make contact with the driver who was later identified as [REDACTED] I identified myself and advised her, the reason for stopping her, was because she was driving 70mph in a 45 mph zone to which she stated "I was doing 45mph, I was watching my speedometer". I then asked [REDACTED] for her drivers license, registration and insurance information. At this time, she was slowly looking around inside the vehicle and her purse for her vehicle registration and license. After a few moments I asked [REDACTED] for her license, which she then handed me [REDACTED]. As I began to ask [REDACTED] for her registration, I immediately noticed slurred speech and smelled a strong odor of an unknown alcoholic beverage emitting from her person. I then asked [REDACTED] where she was coming from to which she stated a friends house.

Based on the driver's behavior and odor of unknown alcohol while on the scene, I contacted 16trf3 D/S Sentmanat #24968, who arrived on the scene to continue and complete the investigation for the impaired driver.

This completes my involvement in this case.

SCANNED
OCT 09 2016

The foregoing instrument was sworn to and affirmed before me this 9th day of OCTOBER 20 16 , by:					
D/S SENTMANAT #24968			D/S NORRIS 24996		
Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)			Name of Arresting/Investigating Officer		
<i>[Signature]</i>			<i>[Signature]</i>		
Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)			Signature of Arresting/Investigating Officer		

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 9TH DAY OF OCTOBER 20 16 AT 23:58 AM PM

SUBJECT: [REDACTED] CASE NUMBER: 16-136746

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: A. SENTMANAT

PERSONAL CONTACT

DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUTTING DEF. BEHIND WHEEL OF VEHICLE)
D/S A. Norris had conducted a traffic stop on Sunday October 9, 2016 at approximately 2358hrs on S. Jog Rd and Forest Hill Blvd, Greenacres, FL 33463. See D/S A. Norris attached Supplemental Probable Cause Affidavit.

OBSERVATION OF DRIVER:

The driver of the vehicle was identified as [REDACTED]. I asked [REDACTED] to exit the vehicle. I observed her using the side of her vehicle to steady herself. I asked her to spit out the gum that she was chewing and she refused several times. Even though she continued to chew on her gum I could still smell an unknown alcoholic beverage coming from her breath/person. As [REDACTED] spoke her speech was slightly slurred and at times mumbled. [REDACTED] mood shifted from being polite to rude. She was swaying side to side as she stood there speaking with me.

DRIVER'S STATEMENTS:

[REDACTED] stated she was "okay" to drive because she was the designated driver for the party they had attended.

ODORS:

[REDACTED] had a strong odor of an unknown alcoholic beverage coming from her breath/person.

GENERAL OBSERVATIONS

SPEECH: Slightly slurred, mumbled, and slow to answer

ATTITUDE: At times Cooperative and at times belligerent

CLOTHING: Halter top, and green pants

MEDICAL/OTHER: None

STATE OF FLORIDA
COUNTY OF PALM BEACH

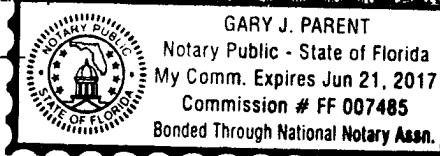
A. SENTMANAT

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 9th day of October 20 16 by A. Sentmanat #24968

(Print name of Arresting/Investigative Officer), who is personally known to me as [REDACTED] Known

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



SCANNED

OCT 09 2016

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:**

[REDACTED] had a hard time maintaining the starting position. When she attempted the first step her arms went out more than ninety degree to balance herself. [REDACTED] stopped several times stating she wanted to call a lawyer or someone to talk to. I explained to her that if she did not do the tasks I was requesting of her I would have to make a determination based on the totality of what I had observed to this point. Again she would not comply so she was explained that she was being arrested for D.U.I.

ONE LEG STAND:

[REDACTED] refused to do any of the roadside (see above).

FINGER TO NOSE:

[REDACTED] refused to do any of the roadside (see above).

ROMBERG ALPHABET:

[REDACTED] refused to do any of the roadside (see above).

BREATH TEST RESULTS: 1) 0.184 2) 0.187 3) 4)

STATE OF FLORIDA
COUNTY OF PALM BEACH

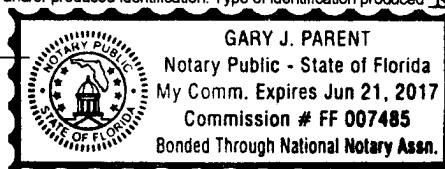
A. SENTMANAT

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 9th day of October 2016 by A. Sentmanat #24968

(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
OCT 09 2016

WITNESS LIST

16-136746

CASE NUMBER:

ARRESTING OFFICER: **A. SENTMANAT**

ADDRESS: 2995 S. Jog Road, Greenacres, FL 33467

PHONE NUMBERS (HOME): _____ (WORK) 561-688-3400

CAN TESTIFY TO: Roadsides and the B.A.T.

NAME: A. Norris

ADDRESS: 2995 S. Jog Road, Greenacres, FL 33467

PHONE NUMBERS (HOME) _____ (WORK) 561-688-3400

CAN TESTIFY TO: Driving pattern, traffic stop, and roadsides.

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

OCT 09 2016

TESTING FACILITY TASK REPORT

SUBJECT: CASE NUMBER: 16-130746
DATE: 10/01/10 VIDEO TAPE NUMBER: 61492
BEGINNING TIME: 0120 ENDING TIME: 0134
BREATH TESTS RESULTS: 1) 484 TIME 0127 A.M./P.M. 2) 187 TIME 0130 A.M./P.M.
3) N/A TIME — A.M./P.M. 4) N/A TIME — A.M./P.M.

BREATH OPERATOR: C. PARKER #7909

MAINTENANCE TECHNICIAN: KARLICKI CYC 7

TESTING OFFICER'S OBSERVATIONS

SPEECH: SC 602

ATTITUDE: UPSET, TALKATIVE, FIDGETY, CRYING AND SNEEZING

CLOTHING: GREY LACE SATE, WHITE HALTER TOP, NO SLEEVES

MEDICAL CONDITIONS:

MEDICATIONS: *none*

OTHER: EYES CLOUDY AND SLOWING PUPILS, ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE ON BREATH

COMMENTS: ARRIVED AT CENTER 810 BEGAN THE 20 MINUTE
OBSERVATION PERIOD AT 0056 HRS.

A AGREED TO TAKE TEST. AFTER INTUX. WAS READY AND
AND INSTRUCTIONS WERE GIVEN. A ASKED WHAT IF
SHE DOESN'T TAKE TEST.

ALO REP. I/C. A STATED SHE UNDERSTOOD I/C AND
AGREE TO TEST

ALO READ RIGHTS

A STATED SHE UNDERSTOOD RIGHTS

TECH READ BREATH TEST RESULTS A STATED NO SHE
DON'T UNDERSTAND RESULTS

10 october 1983 A + P

SCANNED

I INVITED HER FATHER TO COUNSEL

OCT 09 2016
GOLD JAIL

SUBJECT: [REDACTED]

CASE NUMBER: 16 130 746

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) Res on Cancer

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) Res on Cancer

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OCT 09 2016

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: _____

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OCT 09 2016



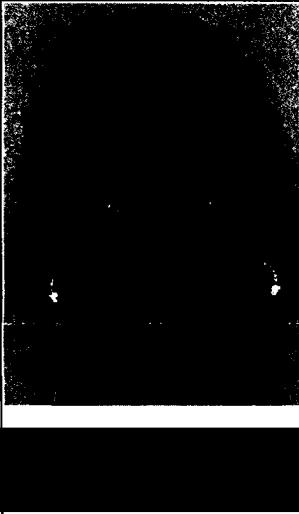
STATE OF FLORIDA

DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES

Time printed: 10/9/2016 12:46:27 AM

Record Detail

Customer Name:	Driver License Status:		
	Valid		
DL/ID: R160-432-72-924-0	SSN:		Class: E
Previous DUI: 0 <i>This count reflects total DUI convictions on record.</i>	Previous DWLS: 0 <i>This count reflects total DWLS convictions on record.</i>		

 	Address: 3583 WILLA WAY UNIT A LAKE WORTH, FL 33467	Date of Birth: 11/24/1972	Gender: FEMALE	Height: 5' 5"
	Original License Issue Date: 08/21/2015	Issued: 08/21/2015	Expires: 11/24/2023	Replaced: 01/25/2016
CDL Status:				
Form Number: P791601250052				EIN: 0100232972515098
ORGAN DONOR SAFE DRIVER Veteran REAL ID COMPLIANT	Citizen Status: US CITIZEN	Country of Birth: PUERTO RICO	State of Birth:	
	Race: HISPANIC/LATINO			

Restrictions:	Endorsements: MOTORCYCLE ALSO	Conditional Messages:
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OCT 09 2016