

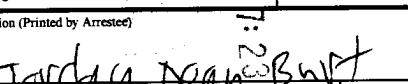
0485641

## ARREST / NOTICE TO APPEAR

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

1

JUVENILE

OBTS Number				ARREST / NOTICE TO APPEAR						JUVENILE															
Agency ORI Number		Agency Name						Agency Report Number (N.T.A.'s only)																	
0500200		Boca Raton Police Department						3, 2   2017-002912																	
Charge Type: Check as many as apply.		<input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other						If Weapon Seized		Multiple Clearance Indicator															
Location of Arrest (Including Name of Business)				Location of Offense (Business Name, Address)																					
2000 N MILITARY TRL				2000 N MILITARY TRL, BOCA RATON, FL 33431																					
Date of Arrest		Time of Arrest		Booking Date		Booking Time		Jail Date		Jail Time															
02/24/2017		21:57		02/24/2017		22:21		02/24/2017		23:21															
Location of Vehicle																									
WESTWAY																									
Name (Last, First, Middle)																									
BURT, JORDAN DEAN																									
Alias:																									
Race		Sex		Date of Birth		Height		Weight		Eye Color		Hair Color		Complexion		Build									
W - White B - Black		M		12/17/1979		6'03		230		BLUE		BROWN		LIGHT		Medium									
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)												Marital Status		Religion		Indication of: Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/> Drug Influence									
Local Address (Street, Apt. Number)				(City)		(State)		(Zip)		Phone				Residence Type: 1. City      3. Florida 2. County      4. Out of State											
1575 SPRING HARBOR DR P, DELRAY BEACH, FL 33445																									
Permanent Address (Street, Apt. Number)				(City)		(State)		(Zip)		Phone				Address Source											
1575 SPRING HARBOR DR P, DELRAY BEACH, FL 33445														SUBJECT											
Business Address (Name, Street)				(City)		(State)		(Zip)		Phone				Occupation											
D/L Number, State		Soc. Sec. Number		INS Number				Place of Birth (City, State)				Citizenship													
B630424794570 / FL								FORT LAUDERDALE,				US													
Co-Defendant Name (Last, First, Middle)						Race		Sex		Date of Birth				<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor											
Co-Defendant Name (Last, First, Middle)						Race		Sex		Date of Birth				<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor											
Name (Last, First, Middle)												Residence Phone													
Parent <input type="checkbox"/> Other: _____				(City)				(State)				(Zip)				Business Phone									
<input type="checkbox"/> Legal Custodian																									
Address (Street, Apt. Number)																									
Notified by: (Name)												Date		Time		JUVENILE DISPOSITION									
																1. Handled/Processed within Department and Released				2. TOT JAC					
																3. Incarcerated									
Released To: (Name)												Relationship		Date		Time									
The above address was 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's Office (Phone 355-2526) informed of any change of address.												School Attended				Grade									
<input type="checkbox"/> Yes, by: <input type="checkbox"/> No:												Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Description of Property				Value of Property					
C O D E Drug Activity						S. Sell		R. Smuggle		K. Disperses/ Distribute		M. Manufacture/ Produce/ Cultivate		Z. Other		Drug Type		B. Barbiturate		H. Hallucinogen		P. Paraphernalia/ Equipment		U. Unknown	
N. N/A B. Buy P. Possess						D. Deliver		E. Use						N. N/A A. Amphetamine		C. Cocaine		M. Marijuana		O. Opium/Deriv.		S. Synthetic		Z. Other	
Charge Description												Statute Violation Number				Violation of ORD #									
DUI												316.193(1)													
Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence		Warrant / Capias Number				Bond									
N				/		2017-002912		1		<input type="checkbox"/> Y <input checked="" type="checkbox"/> N															
Charge Description												Statute Violation Number				Violation of ORD #									
Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence		Warrant / Capias Number				Bond									
/				/						<input type="checkbox"/> Y <input type="checkbox"/> N															
Charge Description												Statute Violation Number				Violation of ORD #									
Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence		Warrant / Capias Number				Bond									
/				/						<input type="checkbox"/> Y <input type="checkbox"/> N															
Health / Apparent Physical Condition of Defendant												Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries Explain:													
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input checked="" type="checkbox"/> T.O.T. County Jail <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health												PROPERTY - Received By				Released By		Released To							
												HORNE				HORNE		COUNTY JAIL							
Transported By												Date Transported		Time Transported		Other									
<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court		Location (Court, Room)										SCANNED													
<input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.		South County 200 W Atlantic Ave Delray Beach, FL 33444										FEB 28 2017													
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 FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMN OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.												Date Signed													
												No Photo Available													
Signature of Defendant (or Juvenile and Parent/Custodian)						Signature of Arresting Officer						Name Verification (Printed by Arrestee)													
HOLD for Other Agency						Signature of Arresting Officer						Name Verification (Printed by Arrestee)													
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other						Name of Arresting Officer (Print)						(PRINT)  791													
Intake Deputy						Transporting Officer						I.D. # 773      Agency BOCA													
PHUMAS 9054						Pouch #						Witness here if subject signed with an "X".													

FEB 25 AM 2:32

## PROBABLE CAUSE AFFIDAVIT

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

1

JUVENILE

OBTS Number		PROBABLE CAUSE AFFIDAVIT					
A	Agency ORI Number	Agency Name	Agency Report Number				
D	FL 0500200	BOCA RATON POLICE DEPARTMENT	3	2	2017-002912		
M	Charge Type: Check as many as apply:	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	Special Notes:				
D	Name (Last, First, Middle)			Race	Sex	Date of Birth	
E	BURT, JORDAN DEAN			W	M	12/17/1979	
C	Charge Description		Charge Description				
H	316.193(1) DUI						
A	Charge Description		Charge Description				
R	Victim's Name (Last, First, Middle)			Race	Sex	Date of Birth	
G	STATE OF FLORIDA,			U			
E	Local Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone	Address Source
S	100 NW 2ND AVE, BOCA RATON, FL 33432					(561) -	
T	Business Address (Name, Street)		(City)	(State)	(Zip)	Phone	Occupation
M						(561) -	
<p>The undersigned certifies and swears that he/she has just and resonable grounds to believe, and does believe that the above named Defendant committed the following violation of law.</p> <p>The Person taken into custody ...</p> <p><input type="checkbox"/> committed the below acts in my presence.</p> <p><input type="checkbox"/> confessed to _____ admitting to the below facts.</p> <p><input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person committ the below acts.</p> <p><input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <u>24</u> day of <u>February</u>, <u>2017</u> at <u>21:57</u> (Specifically include facts constituting cause for arrest.)</p>							
<p>On 02/24/2017, at approximately 2236 hours, Ofc. Bissoon and I conducted at traffic stop on a black Lexus bearing FL tag GEGM47 at 2000 N Military Trl.</p> <p>I observed the black lexus weaving in and out of his lane approximately three (3) times while driving northbound on N Military Trl from the 600 block. I approached the white male, sitting in the driver seat later identified as Jordan Burt. I advised him the reason for the stop was due to the violation of the traffic control device (failing to maintain his lane). I then asked for his driver's license, insurance and registration which he provided all the requested documentation. While he was searching for his paperwork I observed two prescription bottles. I asked Burt what they were and he advised that it was Xanax and Adderall which he was prescribed. Burt stated that he was driving with Uber. I asked him if he had any drinks tonight and he said "no". While speaking to Burt, I noticed his eyes were glazed and watery. His speech was slightly slurred and I noticed the smell of an unknown alcoholic beverage emitting from his person. Based on my observations I asked Burt if he would submit to a series of roadside field sobriety exercises to dispel my alarm that he was under the influence. Burt verbally stated he would consent. Ofc. Schuss was on scene as our backup.</p> <p>I then asked Burt if he would walk from the back of his vehicle to the front of mine. Burt acknowledged and began walking as directed. He appeared to be unsteady on his feet. While directing Burt to a solid line he lost his balance and continued to stumble. While speaking with Burt his body was shaking. I explained my observations and asked him if he would attempt the Standardized Field Sobriety Tasks to dispel my alarm that he was impaired. He stated he would. He stated he had no injuries. Burt advised that he's prescribed Alprazolam 2mg and D-Amphetamine Salt 30mg. The Tasks that were conducted were the Walk and Turn, One Leg Stand, Finger to Nose and the Romberg Alphabet.</p>							
<p>SCANNED FEB 28 2017</p>							
<p>SWORN AND SUBSCRIBED BEFORE ME</p> <p><i>[Signature]</i></p> <p><b>WOLLSCHLAGER, ANTHONY J.</b></p> <p>NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</p> <p><u>02/25/2017</u></p> <p>DATE</p>							
<p>SIGNATURE OF ARRESTING / INVESTIGATING OFFICER</p> <p><i>[Signature]</i></p> <p><b>HORNE, ASHTON (791)</b></p> <p>NAME OF OFFICER (PLEASE PRINT)</p> <p><u>02/25/2017</u></p> <p>DATE</p>							
COURT				STATE ATTORNEY		CENTRAL RECORDS	
JAIL				CRIME ANALYSIS		P. I. O.	

OBTS Number	PROBABLE CAUSE AFFIDAVIT SUPPLEMENT			1. Arrest 2. N.T.A	3. Request for Warrant 4. Request for Capias	<b>1</b>	JUVENILE
D Agency ORI Number <b>FL 0500200</b>	Agency Name <b>BOCA RATON POLICE DEPARTMENT</b>	Agency Report Number <b>3   2   2017-002912</b>			Special Notes		
N Charge Type: Check as many as apply. 1. Felony 2. Traffic Felony	3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor	5. Ordinance 6. Other					
D Name (Last, First, Middle) <b>BURT, JORDAN DEAN</b>	Alias	Race	Sex	Date of Birth <b>W M 12/17/1979</b>			

The first task was the walk and turn. It should be noted, Burt continued to stretch and bend over while I was explaining the instructional stance because he could not maintain his balance. He started the task before being told to begin the task. During the walk and turn, Burt did not count out loud during his steps. None of his steps were heel to toe as directed. Burt walked a total of 21 steps in both directions. Midway through the exercise he stumbled. Burt did not take a series of small steps to turn around. His arms did not remain at his sides as directed. During the task he stopped twice.

The second task was the one leg stand. His foot was not 6 inches from the ground. During the task Burt continued to shake. When Burt started to count, his arms were not at his sides, his leg was not straight, and he began swaying. During parts of the task Burt used his arms to balance.

The third task was the finger to nose (R-L-R-L-R-R-L). He was swaying side to side at times. He was not touching the tip of his nose with the tip of his finger (Used whole finger to touch nose). On all movements he held his hand up for an extended period of time. On the last second to last movement he slightly raised his left arm instead of his right. During this task Burt failed to keep his head back as instructed.

The fourth task was the Romberg Alphabet which Burt recited properly. At 2157 hours on 02/24/2017, I placed Burt under arrest and transported him to the Boca Raton Police department for further processing. The vehicle was removed by Westway Towing.

Officer Reissi responded to BRPD as my Breath Test Operator. Ofc Reissi and I conducted the twenty minute observation and then Burt was taken into the BAT Room where he provided two breath samples of .000% and .000% BrAC. Burt then provided a urine sample.

Burt was charged with DUI FSS 316.193(1). He was given the court date of 03/27/2017 at 8:30am. The video was submitted into evidence at BRPD. Burt was processed at BRPD and then transported to Palm Beach County jail.

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FEB 28 2017

ADMINISTRATIVE	SWORN AND SUBSCRIBED BEFORE ME  <b>WOLLSCHLAGER, ANTHONY J</b> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F S S 117.10) <b>02/25/2017</b> DATE
----------------	--

SIGNATURE OF ARRESTING / INVESTIGATING OFFICER  <i>ASHTON 791</i>	
HORNE, ASHTON (791) NAME OF OFFICER (PLEASE PRINT)	
02/25/2017 DATE	
PAGE	2 OF 2

17-2912

1015=2157

# D.U.I. INFLUENCE REPORT

NOT A COPY

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FEB 28 2017

Boca Raton Police Services Department  
100 Northwest Second Avenue  
Boca Raton, Florida 33432

## WITNESS LIST

ARRESTING OFFICER: Ofc. HorneName: Ofc. BISSOON Phone # Home \_\_\_\_\_ Work \_\_\_\_\_Address: 100 NW 2nd AveCan testify to: Back UP OfficerName: Ofc. SCHUSS Phone # Home \_\_\_\_\_ Work \_\_\_\_\_Address: 100 NW 2nd AveCan testify to: Back UP Officer

Name: \_\_\_\_\_ Phone # Home \_\_\_\_\_ Work \_\_\_\_\_

Address: \_\_\_\_\_

Can testify to: \_\_\_\_\_

Name: \_\_\_\_\_ Phone # Home \_\_\_\_\_ Work \_\_\_\_\_

Address: \_\_\_\_\_

Can testify to: \_\_\_\_\_

Name: \_\_\_\_\_ Phone # Home \_\_\_\_\_ Work \_\_\_\_\_

Address: \_\_\_\_\_

Can testify to: \_\_\_\_\_

Name: \_\_\_\_\_ Phone # Home \_\_\_\_\_ Work \_\_\_\_\_

Address: \_\_\_\_\_

Can testify to: \_\_\_\_\_

Name: \_\_\_\_\_ Phone # Home \_\_\_\_\_ Work \_\_\_\_\_

Address: \_\_\_\_\_

Can testify to: \_\_\_\_\_

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FEB 28 2017

BOCA RATON POLICE DEPARTMENT

Agency Case# 17 - 2912

PART II D.U.I. REPORT  
To be filled out at testing facility

I. INTRODUCTION

(Instrument Operator faces video camera)

A. The day is: Friday, February, 24<sup>th</sup>, 2017  
(day) (month) (date) (year)

B. The time is now approximately 1045 AM/PM

C. The following is in reference to case number

17 - 2912

D. Present at this time is Ofc. Horne of the Boca Raton Police  
Department. (Officer's Name)

E. Officer Horne, Have you arrested Jordan Burt  
(Defendant's name)

In violation of Florida State Statute 316.193?

F. Did this violation occur within the City of Boca Raton, Palm Beach County, Florida?

G. Mr./Mrs./Ms. Mr. Burt, I am required to  
Inform you these proceedings are being video taped.

Operator Note: Video tape breath request, breath sample, and interview.

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FEB 28 2017

BOCA RATON POLICE DEPARTMENT

Agency Case #

17-2912

**H. AT THIS TIME THE ARRESTING OFFICER WILL REQUEST A BREATH SAMPLE.**

Note: Read only the paragraph applicable to the type of test you are requesting.

**A.**

I am now requesting that you submit to a lawful test of your **BREATH** for the purpose of determining its alcohol content.

**B.**

I am now requesting that you submit to a lawful test of your **URINE** for the purpose of determining its alcohol content.

**C.**

I am now requesting that you submit to a lawful test of your **BLOOD** for the purpose of determining its alcohol content and the presence of chemical or controlled substances.

**IMPLIED CONSENT WARNINGS**

Note: Read only if the subject does not comply with your request.

2.

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 signature: \_\_\_\_\_

**ALSO READ FOR CDL HOLDERS**

IN ADDITION, your refusal to submit will result in the loss of your commercial privileges for **one year from today**. If this is your **SECOND REFUSAL**, you will be permanently disqualified from operating a commercial motor vehicle.

After reading the implied consent warning, the arresting officer must request a breath sample again.

**(IF REFUSAL THEN)**

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**FEB 28 2017**

At this time Mr/Mrs/Ms. \_\_\_\_\_

has refused to submit to a

breath test.

The date is \_\_\_\_\_ (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year) and the time \_\_\_\_\_ AM/PM

A refusal form will be completed by the arresting officer.

## CONSTITUTIONAL WARNINGS

Rights of suspects prior to custodial questioning.

Identify yourself and state:

I am required to warn you before you make any statement that you have the following Constitutional rights:

- (1) You have the right to remain silent and not answer any questions. *Tell me in your own words what you think this means.*  
*(You do not have to talk to me or answer any questions about this offense. You can be quiet if you want.)*
- (2) Any statement you make must be freely and voluntarily given. *Tell me in your own words what you think this means.*  
*(If you do talk to me it has to be because you want to and not because anyone is forcing you to speak.)*
- (3) You have a right to the presence and representation of a lawyer of your choice before you make any statement and during any questioning. *Tell me in your own words what you think this means.*  
*(You can talk to a lawyer before we ask you any questions and you can have him/her with you now, during our questioning.)*
- (4) If you cannot afford a lawyer, you are entitled to the presence and representation of a court appointed lawyer before you make any statement and during any questioning. *Tell me in your own words what you think this means.*  
*(If you do not have money for a lawyer and you want one, a lawyer will be given to you for free.)*
- (5) If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent.  
*Tell me in your own words what you think this means.*  
*(If you decide to talk to me then change your mind, you can stop answering my questions at any time.)*
- (6) I can make no threats or promises to induce you to make a statement. This must be of your own free will.  
*Tell me in your own words what you think this means.*  
*(I am not allowed to threaten you or make you any promises to get you to talk to me. If you decide to talk, it must be because you want to.)*
- (7) Any statement can be and will be used against you in a court of law. *Tell me in your own words what you think this means.*  
*(Anything you say to me can and will be told to the judge or a jury in court. A judge is a person who decides if you have done something wrong. Sometimes a group of people called a jury decide this, but the Judge is the person who decides what punishment you get.)*
- (8) Do you understand these rights as I have read them to you, and do you wish to speak to me?

Signed:

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Revised 8/2006

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FEB 28 2017

BOCA RATON POLICE DEPARTMENT  
TESTING FACILITY TASK REPORT

SUBJECT: Jordan Burt

CASE #: 17-2912 DATE 2/24/17

BREATH TESTS RESULTS

1) TIME .000 2248 AM/PM 2) TIME .000 2251 AM/PM

3) TIME — AM/PM 4) TIME — AM/PM

BREATH OPERATOR: Reissi 776

MAINTENANCE TECHNICIAN: Pare

TESTING OFFICER'S OBSERVATIONS

SPEECH: \_\_\_\_\_

ATTITUDE: \_\_\_\_\_

CLOTHING: Blue Button down, Blue Jeans, wht sneakers

MEDICAL CONDITION: None

OTHER: \_\_\_\_\_

COMMENTS: Lower back injury two years ago

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FEB 28 2017

## BOCA RATON POLICE DEPARTMENT

Agency Case # 17-2912

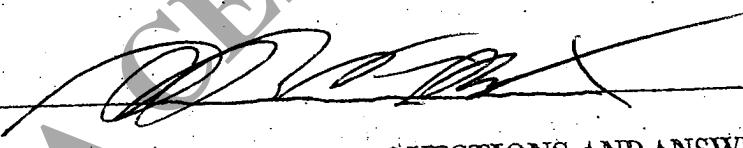
## ADULT CONSTITUTIONAL WARNINGS

(Juvenile warning on reverse side)

"I am required to warn you before you make any statement that you have the following rights":

- 1) You have the right to remain silent and not answer any questions.
- 2) Any statement you make must be freely and voluntarily given.
- 3) You have the right to the presence of a lawyer and representation 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 statement 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 be and will be used against you in a court of law.

DO YOU UNDERSTAND THESE RIGHTS AS I HAVE READ THEM TO YOU AND DO YOU WISH TO SPEAK TO ME?

(X) 

## QUESTIONS AND ANSWERS

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FEB 28 2017

Were you operating a motor vehicle at the time of the accident/stop? YesWhere were you going? Going to Mizner Park (Boca Raton)What street or highway were you on? Military Trl heading northDirection of travel? NorthWhere did you start driving from? House (Westberry and Military)What City (County) were you stopped in? Boca Raton (Palm Beach)What time did you start? 8:45 AM/PM What time is it now 11:04What is today's date? 4/23/17 What day of the week is it? Friday

Agency Case #

17-2912

When did you last eat? 9:00

What did you eat? Chicken Alfredo

What have you been doing the past three hours prior to this stop/accident? Driving

How much do you weigh? 230 Have you been drinking? No What were you drinking? N/A

How much? N/A Where? N/A With whom were you drinking? N/A

When did you have your first drink? N/A AM/PM When did you stop drinking? N/A AM/PM

How did you consume your last two drinks? No drinks

Are you under the influence of alcohol now? Yes  No

Can you feel the affects of alcohol? Yes  No

Have you consumed alcohol since the accident? Yes  No

Can you feel the affects of alcohol? Yes  No

Have you consumed alcohol since the accident? Yes  No  How much? None What? None

Where? None

What line of work are you in? Uber driver

When did you last work? 8:30pm

Do you have any physical defects or injuries? Yes  No  If yes, explain:

Lower back injury

Are you sick or injured? Yes  No  If yes explain:

Do you limp? No Did you get a bump on the head? No

Were you involved in an accident today? No

Have you taken any drugs or smoked marijuana today? No

What? None When? No

Have you seen a doctor or dentist today? No Who? No

Medications: Alprazolam 2mg D. Amphetamine 30mg 2/23/10 When? 11:30pm

Are you taking any prescription medicines? Yes  No  What? N/A When? N/A

Do you have: Epilepsy? Yes  No

Inner ear trouble? Yes  No

Glass Eye? Yes  No

Ear Infection? Yes  No

False Teeth? Yes  No

Diabetes? Yes  No

Any eye problems not correctable by glasses or contact lenses? No

Do you take insulin? Yes  No  If yes, when was your last injection? N/A

Have you ever had a driver's license in any other state? No

I am now ending this videotaping. The time now is approximately 11:10 AM/PM

The date is: February (month) 24<sup>th</sup> (day) 2017 (year)

SCANNED

FEB 28 2017