

18GT5841WB1

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

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

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>06-18057231</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 <b>01</b>		
Location of Arrest (Including Name of Business) <b>6500 BLK SR 715</b>				Location of Offense (Business Name, Address)		
Date of Arrest <b>04/01/2018</b>	Time of Arrest <b>2000</b>	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle <b>6500 BLK SR 715, BELLE GLADE, FL 33430</b>

Name (Last, First, Middle) <b>GARCIA CRISOSTOMO JUAN MANUEL</b>		Alias (Name, DOB, Soc. Sec. #, Etc.)						
Race W - White I - American Indian B - Black O - Oriental/Asian	Sex <b>M</b>	Date of Birth <b>02/03/1960</b>	Height <b>5'2</b>	Weight <b>150</b>	Eye Color <b>BRN</b>	Hair Color <b>BRN</b>	Complexion <b>LIGHT</b>	Build <b>SMALL</b>
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status <b>Married</b>	Religion <b>CATHOLIC</b>	Indication of: Alcohol Influence Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>		
Local Address (Street, Apt. Number) <b>214 E MAIN ST</b>		(City) <b>PAHOKEE, FL 33476</b>	(State)	(Zip)	Phone <b>(561) 3242-224</b>	Residence Type: 1. City 2. County 3. Florida 4. Out of State <b>18</b>		
Permanent Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone	Address Source <b>VERBAL FROM JUAN</b>		
Business Address (Name, Street)		(City)	(State)	(Zip)	Phone	Occupation <b>LANDSCAPE</b>		
D/L Number, State <b>NONE</b>		Soc. Sec. Number		INS Number		Place of Birth (City, State) <b>Veracruz, Mexico</b>	Citizenship <b>USA</b>	

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
Parent Legal Custodian Other:		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 <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	

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
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 <b>N</b>	Drug Type <b>N</b>	Amount / Unit	Offense # <b>18057231</b>	Warrant / Capias Number		Bond				
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				
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				
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				

Location (Court Room Number, Address) <b>PALM BEACH COUNTY COURTHOUSE CRIMINAL JUSTICE COMPLEX, 3228 GUN CLUB RD, WEST PALM BEACH, FL 33406 - PH: (561) 355-2996</b>					
Court Date and Time Month <b>APRIL</b> Day <b>26</b> Year <b>2018</b> Time <b>8:30</b> AM <input checked="" type="checkbox"/> PM					
I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED					
Signature of Defendant (or Juvenile and Parent /Custodian) <b>JUAN GARCIA</b>				Date Signed <b>04/01/2018</b>	

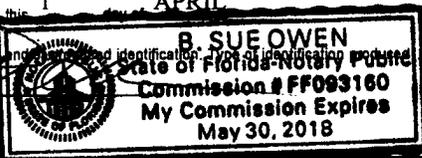
HOLD for other Agency Name:		Signature of Arresting Officer <b>X</b>		Name Verification (Printed by Arrestee) <b>APR 1 11:23</b>	
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal	<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:	Name of Arresting Officer (Print) <b>D/S M. KYSOR</b>		(PRINT)	
Offense # <b>D/S B. SHATARA #7623</b>		ID # <b>14498</b>	Agency	Witness here if subject signed with an <input checked="" type="checkbox"/>	

J. 0437033

APR - 2 2018 3924

2018 APR - 2 AM 11:23  
PALM BEACH COUNTY  
GUN CLUB RD



	<b>PROBABLE CAUSE AFFIDAVIT</b>	1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	Juvenile
ADMIN	OBTS Number	Agency ORI Number <b>FLO 500000</b>	Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>	Agency Report Number <b>06- 18057231</b>	
DEF	Charge Type: Check as many as apply.		Special Notes:		
	<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
CHARGES	Name (Last, First, Middle) <b>GARCIA CRISOSTOMO, JUAN, MANUEL</b>		Alias	Race <b>W</b>	Sex <b>M</b>
	Date of Birth <b>02/03/1960</b>				
	Charge Description <b>DUI</b>	316.193(1)	Charge Description		
	Charge Description		Charge Description		
VICTIM	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	
<p>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</p> <p><input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.</p> <p><input type="checkbox"/> confessed to _____ admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <u>1</u> day of <u>APRIL</u> 20<u>18</u> at <u>20:00</u> <input type="checkbox"/> A. M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p>					
<p><b>I THEN READ JUAN THE INSTRUCTION IN SPANISH FROM THE INSTRUCTIONS CARD AND ASKED IF HE UNDERSTOOD THE INSTRUCTIONS FROM WHICH HE STATED HE DID. I STARTED HGN, AND JUAN AGAIN DID NOT FOLLOW THE STIMULUS AND CONTINUED TO STARE AT ME.</b></p> <p><b>I THEN PLACED JUAN IN THE STARTING POSITION FOR THE WALK AND TURN TASK. I HAD TO PHYSICALLY ASSIST JUAN INTO THE STARTING POSITION. I GAVE JUAN THE INSTRUCTIONS IN SPANISH AND DEMONSTRATED THE WALK AND TURN TASK. JUAN STARTED THE WALK AND TURN TASK PRIOR TO ME TELLING HIM TO START. JUAN STEPPED OFF THE LINE OVER 5 TIMES, JUAN MISSED HEEL TO TOE OVER 5 TIMES. JUAN STOPPED PRIOR TO 9 STEPS AND ASKED IF HE NEEDED TO DO MORE. JUAN BEGAN WALKING BACK, HE ALMOST FELL OVER.</b></p> <p><b>JUAN WAS PLACED INTO THE INSTRUCTIONAL STANCE FOR THE ONE LEG STAND AND GIVEN INSTRUCTIONS. JUAN STATED THAT HE UNDERSTOOD THE INSTRUCTIONS. JUAN STARTED PRIOR TO ME TELLING HIM TO BEGIN. JUAN BEGAN LIFTING HIS RIGHT LEG BUT KEPT IT BENT. JUAN PROCEEDED TO FOLLOW THE LINE ON THE ROADWAY BY ALTERNATING LEGS BY INDIVIDUALLY LIFTING EACH LEG AND MOVING FORWARD.</b></p> <p><b>DUE TO MY INVESTIGATION, JUAN WAS PLACED UNDER ARREST FOR DUI. WHILE AT THE BAT CENTER, JUAN SUBMITTED TO BREATH TESTS WHICH HE BLEW IN .194 AND .195.</b></p>					
ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH		D/S M. KYSOR		
	(Signature of Arresting/Investigative Officer)				
	The foregoing instrument was sworn to or affirmed and subscribed before me this <u>1</u> <u>APRIL</u> 20 <u>18</u> by <u>D/S M. KYSOR</u>				
	(Print name of Arresting/Investigative Officer) who is personally known to me and whose identification I have examined.		Known		
	Notary Public, Clerk of Court, Officer (F.S.S. 117.10)				
				PAGE 2 OF 2	

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 1 DAY OF APRIL 20 18, AT 20:00 AM PM  
SUBJECT: GARCIA CRISOSTOMO JUAN MANUEL CASE NUMBER: 18057231  
AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: D/S M. KYSOR

## PERSONAL CONTACT

DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUTTING DEF. BEHIND WHEEL OF VEHICLE)  
**A CONCERNED DRIVER DIALED 911 STATING A GREY SILVERADO BEARING FL TAG CKIJ26 WAS DRIVING IN THE ONCOMING TRAFFIC LANES AND ALMOST STRUCK THEIR VEHICLE IN THE 6500 BLK SR 715 IN BELLE GLADE, FL 33430. D/S KRAUSE ARRIVED ON SCENE AND OBSERVED THE GREY SILVERADO ON AN ACCESS ROAD ON THE WEST SIDE OF SR 715 BEING DRIVEN BY A WHITE MALE LATER IDENTIFIED MY MEXICO ID CARD AS JUAN GARCIA CRISOSTOMO.**

## OBSERVATION OF DRIVER:

**THE DEF COULD NOT STAND IN A SINGLE PLACE AND STAGGERED FREQUENTLY. THE DEF STUMBLED AND ALMOST FELL NUMEROUS TIMES. THE DEF NEEDED ASSISTANCE WALKING TO THE STARTING POSITION FOR SFST. THE DEF HAD DIFFICULTY STATING HIS ADDRESS**

## DRIVER'S STATEMENTS:

**DEF INITIALLY STATED HE DID NOT CONSUME ANY BEERS. THE DEF LATER ADMITTED HE CONSUMED 1 MODELO.**

## ODORS:

**Odor of an Unk Alcoholic beverage coming from his person**

## GENERAL OBSERVATIONS

**SPEECH: Slurred speech**

**ATTITUDE: COOPERATIVE**

**CLOTHING:**

**MEDICAL/OTHER: DEF STATED NO MEDICAL CONDITIONS  
ALL ROADSIDES CAPTURED ON IN-CAR VIDEO**

STATE OF FLORIDA  
COUNTY OF PALM BEACH

**D/S M. KYSOR**

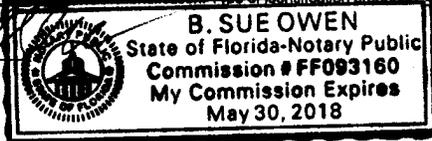
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 1 day of APRIL 20 18 by D/S M. KYSOR

(Print name of Arresting/Investigative Officer, who is personally known to me)

Known

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



**ROADSIDE TASKS**

**HORIZONTAL GAZE NYSTAGMUS:**

- |  |  |
|--|--|
| <input type="checkbox"/> LT EYE-LACK OF SMOOTH PURSUIT                           | <input type="checkbox"/> RT EYE-LACK OF SMOOTH PURSUIT                           |
| <input type="checkbox"/> LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION | <input type="checkbox"/> RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION |
| <input type="checkbox"/> LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES          | <input type="checkbox"/> RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES          |

**Other Observations:**

THE DEF STATED HE UNDERSTOOD THE INSTRUCTIONS. THE DEF WAS UNABLE TO PERFORM DUE TO HIM NOT FOLLOWING THE STIMULUS. THE DEF HAD DIFFICULTY STANDING STILL ON A LEVEL GROUND. THE DEF SWAYED WHILE LISTENING TO INSTRUCTIONS.

**WALK & TURN:**

THE DEF WAS PLACED INTO THE INSTRUCTIONAL STANCE FOR THE WALK AND TURN AND GIVEN INSTRUCTIONS. THE DEF STATED THAT HE UNDERSTOOD THE INSTRUCTIONS. THE INSTRUCTIONS WERE REPEATED TO THE DEF IN SPANISH FROM WHICH HE STATED HE UNDERSTOOD EVERY TIME. THE DEF STARTED PRIOR TO ME TELLING HIM TO BEGIN. THE DEF STEPPED OFF THE LINE OVER 5 TIMES, THE DEF MISSED HEEL TO TOE OVER 5 TIMES. THE DEF STOPPED PRIOR TO 9 STEPS AND ASKED IF HE NEEDED TO DO MORE. AS THE DEF BEGAN WALKING BACK, HE ALMOST FELL OVER.

**ONE LEG STAND:**

THE DEF WAS PLACED INTO THE INSTRUCTIONAL STANCE FOR THE ONE LEG STAND AND GIVEN INSTRUCTIONS. THE DEF STATED THAT HE UNDERSTOOD THE INSTRUCTIONS. THE DEF STARTED PRIOR TO ME TELLING HIM TO BEGIN. THE DEF BEGAN LIFTING HIS RIGHT LEG BUT KEPT IT BENT. THE DEF PROCEEDED TO FOLLOW THE LINE ON THE ROADWAY BY ALTERNATING LEGS BY INDIVIDUALLY LIFTING EACH LEG AND MOVING FORWARD.

**FINGER TO NOSE:**

WAS NOT PERFORMED

**ROMBERG ALPHABET:**

WAS NOT PERFORMED

**BREATH TEST RESULTS:**

STATE OF FLORIDA  
COUNTY OF PALM BEACH

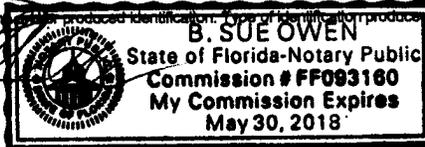
**D/S M. KYSOR**

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 1 day of APRIL, 2018 by D/S M. KYSOR

(Print name of Arresting/Investigative Officer who is personally known to me) \_\_\_\_\_ produced identification. Type of identification produced: Known

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



# WITNESS LIST

CASE NUMBER: 18057231

ARRESTING OFFICER: D/S M. KYSOR

ADDRESS: ROAD PATROL

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

CAN TESTIFY TO: DUI Investigation

NAME: D/S N. KRAUSE

ADDRESS: ROAD PATROL

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

CAN TESTIFY TO: THE DEF BEHIND THE WHEEL AND THE DEF BACKING INTO A GAURD RAIL

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 \_\_\_\_\_

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

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

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

ADDRESS \_\_\_\_\_

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

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

NOT A CERTIFIED COPY

# TESTING FACILITY TASK REPORT

AGENCY: PBSO  
SUBJECT: GARCIA CRISOSTOMO, Juan Manuel CASE NUMBER: 18-057231  
DATE: 04/01/18 VIDEO TAPE NUMBER: N/A  
BEGINNING TIME: 2136 ENDING TIME: 2150  
BREATH TESTS RESULTS: 1) .194 TIME 2144 A.M./P.M. 2) .195 TIME 2147 A.M./P.M.  
3) \_\_\_\_\_ TIME \_\_\_\_\_ A.M./P.M. 4) \_\_\_\_\_ TIME \_\_\_\_\_ A.M./P.M.  
BREATH OPERATOR: S. Owen # 3184  
MAINTENANCE TECHNICIAN: J. Karlecki # 6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: little English  
ATTITUDE: Co-operative  
CLOTHING: black boots, black pants, blue plaid shirt  
MEDICAL CONDITIONS: none  
MEDICATIONS: none  
OTHER: extremely bloodshot eyes, strong odor of alcohol  
of unknown alcoholic beverage

COMMENTS: A/PO arrived at 2112 hrs  
A/PO observed 20 minutes  
A/PO requested breath test, A read in Spanish  
A agreed to test A read instructions in  
Spanish tech demonstrated no problem  
with breaths tech explained results  
NO D & A due to language barrier

SUBJECT: GARCIA Crisostomo, Juan Man<sup>UEL</sup> CASE NUMBER: 18-057231

**IMPLIED CONSENT FOR DUI IN A MOTOR VEHICLE**

**NOTE: READ ONLY THE PARAGRAPH APPLICABLE TO THE TYPE OF TEST YOU ARE REQUESTING.**

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

-OR-

I am now requesting that you submit to a lawful test of your URINE for the purpose of detecting the presence of chemical or controlled substances.

-OR-

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

**NOTE: READ ONLY IF THE SUBJECT DOES NOT COMPLY WITH YOUR REQUEST.**

I am \_\_\_\_\_ of the \_\_\_\_\_.

If you fail to submit to the test I have requested of you, your privilege to operate a motor vehicle will be suspended for a period of one (1) year for a first refusal, or eighteen (18) months if your privilege has been previously suspended as a result of a refusal to submit to a lawful test of your breath, urine or blood. Additionally, if you refuse to submit to the test I have requested of you and if your driving privilege has been previously suspended for a prior refusal to submit to a lawful test of your breath, urine or blood, you will be committing a misdemeanor. Refusal to submit to the test I have requested of you is admissible into evidence in any criminal proceeding.

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

**CONSTITUTIONAL WARNINGS**

**I AM REQUIRED TO WARN YOU BEFORE YOU MAKE ANY STATEMENTS THAT YOU HAVE THE FOLLOWING RIGHTS:**

1. You have the right to remain silent and not answer any questions.
2. Any statement must be freely and voluntarily given.
3. You have the right to the presence of a lawyer of your choice before you make any statement and during any questioning.
4. If you cannot afford a lawyer, you are entitled to the presence of a court appointed lawyer before you make any statements and during any questioning.
5. If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent.
6. I can make no threats or promises to induce you to make a statement. This must be of your own free will.
7. Any statement can and will be used against you in a court of law.

SUSPECT'S SIGNATURE: (X) Not done due to language

SUBJECT: Garcia Crisostomo, Juan Manuel CASE NUMBER: 18-057231

### 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? to fuck

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? English

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: \_\_\_\_\_