

JCT#0480330

JCT 15446

P# 653

## ARREST / NOTICE TO APPEAR

A D M I N I S T R A T I O N		OBTIS Number <b>0500200</b>		Agency Name <b>Boca Raton Police Department</b>		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	JUVENILE										
Agency ORI Number		Agency Name				Agency Report Number (N.T.A.'s only) <b>3 1 2 2016-012049</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		If Weapon Seized Enter Type: <b>None/not Applicable</b>		Multiple Clearance Indicator											
Location of Arrest (Including Name of Business) <b>1459 W YAMATO RD</b>				Location of Offense (Business Name, Address) <b>1459 W YAMATO RD, BOCA RATON, FL 33431</b>																	
Date of Arrest <b>08/18/2016</b>		Time of Arrest <b>01:49</b>		Booking Date <b>08/18/2016</b>		Booking Time <b>01:59</b>		Jail Date <b>08/18/2016</b>		Jail Time <b>01:59</b>											
Location of Vehicle <b>EMERALD TOW</b>				Alias (Name, DOB, Soc. Sec. #, Etc.) <b>SHARKEY, KATELYN MARIE</b>																	
Name (Last, First, Middle) <b>SHARKEY, KATELYN MARIE</b>		Alias: <b>SHARKEY, KATELYN MARIE</b>																			
Race W - White B - Black		Sex W - Female F - Female		Date of Birth <b>05/15/1991</b>		Height <b>5'02</b>		Weight <b>128</b>		Eye Color <b>GREEN</b>		Hair Color <b>BLONDE</b>		Complexion <b>LIGHT</b>		Build <b>Small</b>					
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>TATT U BACK / ROMAN NUMBERS FOR 2015; TATT UL CHEST /</b>										Marital Status <b>S</b>		Religion <b>CATHOLIC</b>		Indication of: Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>		Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown <input type="checkbox"/>					
Local Address (Street, Apt. Number) <b>4787 S CITATION DR 204, DELRAY BEACH, FL 33445</b>		(City) <b>DELRAY BEACH</b>		(State) <b>FL</b>		(Zip) <b>33445</b>				Phone <b>(847) 721-2921</b>				Residence Type: 1. City 2. County		3. Florida 4. Out of State					
Permanent Address (Street, Apt. Number) <b>4787 S CITATION DR 204, DELRAY BEACH, FL 33445</b>		(City) <b>DELRAY BEACH</b>		(State) <b>FL</b>		(Zip) <b>33445</b>				Phone <b>(847) 721-2921</b>				Address Source <b>DEFENDANT</b>							
Business Address (Name, Street) <b>WHITE SANDS TREATMENT, 5100 N FEDERAL HWY FT LAUDERDALE</b>		(City) <b>FT LAUDERDALE</b>		(State) <b>FL</b>		(Zip) <b>33309</b>				Phone				Occupation <b>Contact Editor</b>							
DL Number, State <b>S62051391739 / IL</b>		Soc. Sec. Number [REDACTED]		INS Number		Place of Birth (City, State) <b>CHICAGO, IL, United</b>				Citizenship <b>US</b>											
Co-Defendant Name (Last, First, Middle) [REDACTED]				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) [REDACTED]				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							
J U V E N I L E		Name (Last, First, Middle) [REDACTED]												Residence Phone							
C O D E		Co-Defendant Name (Last, First, Middle) [REDACTED]		(City)		(State)		(Zip)						Business Phone							
J U V E N I L E		Notified by: (Name) [REDACTED]				Date		Time		JUVENILE DISPOSITION 1. Handled/Processed within Department and Released		2. TOT JAC 3. Incarcerated									
C O D E		Released To: (Name) [REDACTED]		Relationship		Date		Time													
C H A R G E		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. <input type="checkbox"/> Yes, by: <input type="checkbox"/> No:								School Attended				Grade							
C H A R G E										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 B. Buy P. Possess		R. Smuggle D. Deliver T. Traffic		K. Dispenses/ 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. S. Synthetic		P. Paraphernalia/ Equipment		U. Unknown Z. Other	
C H A R G E		Charge Description <b>DUI</b>												Statute Violation Number <b>316.193(1)</b>		Violation of ORD #					
C H A R G E		Drug Activity N		Drug Type /		Amount / Unit Offense # <b>2016-012049</b>		Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number				Bond					
C H A R G E		Charge Description												Statute Violation Number		Violation of ORD #					
C H A R G E		Drug Activity Drug Type N		Drug Type /		Amount / Unit Offense # /		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number				Bond					
C H A R G E		Charge Description												Statute Violation Number		Violation of ORD #					
C H A R G E		Drug Activity Drug Type N		Drug Type /		Amount / Unit Offense # /		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number				Bond					
I N T A K E		Health / Apparent Physical Condition of Defendant <b>GOOD</b>								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											
I N T A K E		Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Posted Bond		<input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> South County Mental Health		<input checked="" type="checkbox"/> T.O.T. County Jail		PROPERTY - Received By <b>ALVAREZ</b>		Released By <b>ALVAREZ</b>		Released To <b>PBCJ</b>									
I N T A K E		Transported By [REDACTED]				Date Transported // : :		Time Transported		Other											
N O T I C E R		<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court				Location (Court, Room) <b>South County 200 W Atlantic Ave Delray Beach, FL 33444</b>															
N O T I C E R		<input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.				Court Date and Time <b>09/19/2016 08:30:00</b>															
T O A P P E R A R		I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT I SHOULD NOT FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.																			
A D M I N		Signature of Defendant (Juvenile and Parent/Custodian) [REDACTED]				Signature of Arresting Officer <b>ALVAREZ, AMANDA</b>		I.D. # <b>769</b>		Name Verification (Printed by Arrestee) <b>Katelyn Sharkey</b>											
A D M I N		<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Name of Arresting Officer (Print) <b>ALVAREZ, AMANDA</b>		I.D. # <b>769</b>		(PRINT)											
A D M I N		Intake Deputy <b>S</b>		I.D. # <b>Morales, William</b>		Transporting Officer <b>Morales, William</b>		Agency <b>BRPD</b>													
														Witness here if subject signed with an "X".							

SCANNED

AUG 18 2016

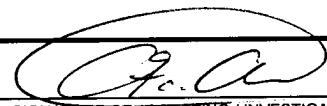
AUG 18 2016 6:47

## 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 D M I N I S T R A T I V E	Agency ORI Number <b>FL 0500200</b>	Agency Name <b>BOCA RATON POLICE DEPARTMENT</b>	Agency Report Number <b>3   2   2016-012049</b>					
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:						
D E F	Name (Last, First, Middle) <b>SHARKEY, KATELYN MARIE</b>			Alias	Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>05/15/1991</b>	
C H A R G E S	Charge Description <b>316.193(1) DUI</b>		Charge Description					
V I C T I M	Charge Description		Charge Description					
Victim's Name (Last, First, Middle) <b>STATE OF FLORIDA,</b>					Race	Sex	Date of Birth	
Local Address (Street, Apt. Number) <b>100 NW 2ND AVE, BOCA RATON, FL 33432</b>		(City)	(State)	(Zip)	Phone <b>(561) -</b>	Address Source		
Business Address (Name, Street)		(City)	(State)	(Zip)	Phone <b>(561) -</b>	Occupation		
<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.      <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person committ 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>18</u> day of <u>August</u>, <u>2016</u> at <u>01:49</u> (Specifically include facts constituting cause for arrest.)</p>								
<p>On 08/18/16 at approximately 0100 hours, I conducted a traffic stop at 1459 W Yamato Rd on a 2010 gray Acura TSX bearing Illinois tag# L507492 for speeding, 58 mph in a 45 mph zone. The speed was determined by Officer Crawford, utilizing Radar LV Stalker ATR serial # 24596. I made contact with the driver W/F Katelyn Sharkey.</p> <p>Sharkey stated that she knew she was speeding and that she was on her way home from having dinner with her friends. I asked Sharkey for her driver license, vehicle registration and proof of insurance. Sharkey handed me her driver license without issue but it became problematic for her to find her vehicle registration and insurance. Sharkey stated she didn't know what these documents looked like. With assistance, Sharkey was able to find both documents and provide them to me. I asked Sharkey if she had anything to drink earlier in the evening and she stated "yes a couple". I could not get a visual on Sharkey's eyes due to the fact that she avoided looking at me. I could not sense the scent of any alcoholic beverages emanating from her mouth because her vehicle was heavily scented with perfume. I returned to my vehicle and issued Sharkey a citation for the excess speeding. Officer Crawford arrived as a back-up officer to me on the scene.</p> <p>Officer Crawford approached the vehicle from the passenger side and was able to get a visual of a can of beer open in the center console cup holder. I asked Sharkey if the can in the center console was a beer can and she stated that yes it was but it wasn't hers. I asked her to dump out the contents of the can. When Sharkey was emptying the beer alongside her vehicle she finally looked at me upon which I observed watery bloodshot eyes and she was having trouble answering simple questions. Officer Crawford asked her if she would like to submit to several field sobriety tasks in order to dispel our alarm that she is driving impaired and she conceded. I proceeded in conducting the field sobriety tasks on Sharkey.</p>								
A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME		 <b>IMMLER, DOUGLAS</b> <i>707</i> <small>NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</small>					
<u>08/18/2016</u> <small>DATE</small>		 <b>ALVAREZ, AMANDA (769)</b> <small>SIGNATURE OF ARRESTING / INVESTIGATING OFFICER</small> <small>NAME OF OFFICER (PLEASE PRINT)</small>						
		<u>08/18/2016</u> <small>DATE</small>						
		<small>PAGE</small> <b>1 OF 2</b>						

COURT

STATE ATTORNEY

CENTRAL RECORDS

SCANNED

CRIME ANALYSIS

P.I.O.

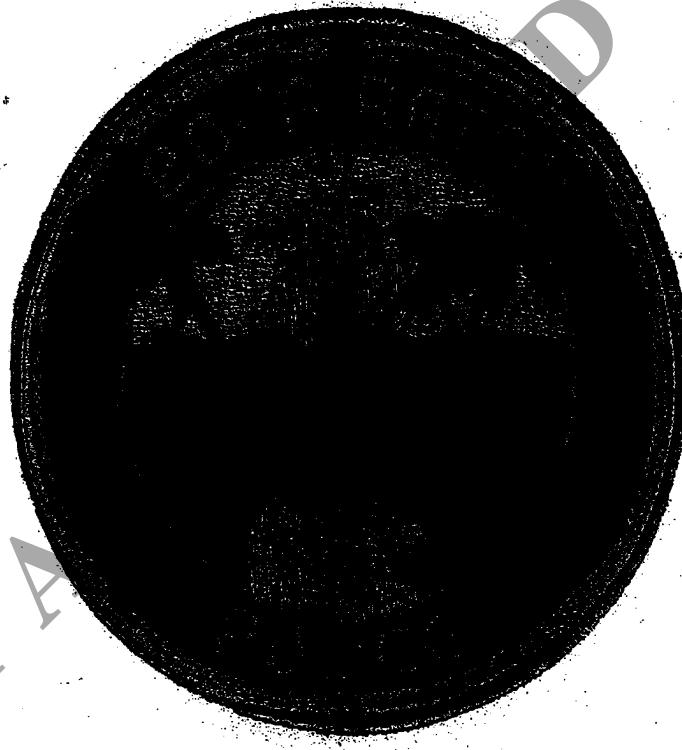
AUG 18 2016

OBTS Number		PROBABLE CAUSE AFFIDAVIT SUPPLEMENT			1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	JUVENILE
A D M N	Agency ORI Number <b>FL 0500200</b>	Agency Name <b>BOCA RATON POLICE DEPARTMENT</b>	Agency Report Number <b>3   2   2016-012049</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		Special Notes:				
D E F	Name (Last, First, Middle) <b>SHARKEY, KATELYN MARIE</b>		Alias		Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>05/15/1991</b>	
<p>The first task was the horizontal gaze nystagmus. She was swaying side to side while standing. There was a lack of smooth pursuit in each eye. There was distinct and sustained nystagmus at maximum deviation in each eye.</p> <p>The second task was the walk and turn. She started before she was instructed. She left the starting position. She was using her arms for balance and did not touch heel to toe on each step. She was not counting out loud. She walked 5 steps out and stopped. She attempted again. She left the starting position. She walked 9 steps out and did not turn as instructed. She was using her arms. She did not touch heel to toe on each step. She walked 9 steps back.</p> <p>The third task was the one leg stand. She was using her arms and swaying. She kept dropping her foot to the ground to keep her balance and stopped before I told her to do so.</p> <p>The fourth task was the finger to nose (L-R-L-R-R-L). She was swaying side to side at times. She missed the tip of his nose on each movement. On the 4 separate movements she held her hand up for an extended period of time.</p> <p>The fifth task was the romberg/alphabet. She had her eyes open at different times. She sang through the end of the alphabet.</p> <p>At 0149 hours, I placed Sharkey under arrest. The vehicle was removed by Emerald Towing. I transported Sharkey to the Boca Raton Police Department for processing.</p> <p>Officer Crawford conducted The Intoxilyzer 8000 testing. Sharkey provided the breath samples of .179% and .195% BrAC.</p> <p>Sharkey was charged with DUI FSS 316.193(1); she was given the court date of 9/19/2016 at 8:30am. The video was submitted into property. After processing, Sharkey was transported to the PBCJ.</p>								
A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME  <b>IMMLER, DOUGLAS</b> 712 NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.G.C. 117.10)		SIGNATURE OF ARRESTING/INVESTIGATING OFFICER  <b>ALVAREZ, AMANDA (769)</b> NAME OF OFFICER (PLEASE PRINT)					
	08/18/2016 DATE		SCANNED AUG 18 2016			08/18/2016 DATE		

16-12049 10-15 046

Obs. 0222

# D. U. I. INFLUENCE REPORT



NOT A  
PHOTO

Boca Raton Police Services Department

100 Northwest Second Avenue

Boca Raton, Florida 33432

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AUG 18 2016

WITNESS LIST

ARRESTING OFFICER: Alvarez

Name: Off. Crawford Phone # Home   Work  

Address: on file

Can testify to: Breath test/Radar Operator/Back up

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:  

Name:   Phone # Home   Work  

Address:  

Can testify to:  

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AUG 18 2016

BOCA RATON POLICE DEPARTMENT

Agency Case# 16-12049

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

I. INTRODUCTION

(Instrument Operator faces video camera)

A. The day is: Thursday, August, 18<sup>th</sup>, 2016  
(day) (month) (date) (year)

B. The time is now approximately 02:48 AM PM

C. The following is in reference to case number 2016-12049

D. Present at this time is Officer Alvarez/Cashel of the Boca Raton Police Department.  
(Officer's Name)

E. Officer Alvarez, Have you arrested Katelyn Sharkey  
(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. Sharkey, 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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AUG 18 2016

BOCA RATON POLICE DEPARTMENT

Agency Case # 16-12049

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.*

*- Ash IX*  
*- Yes*

1.  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 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 other 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)**

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.

*SCANNED*  
AUG 18 2016

BOCA RATON POLICE DEPARTMENT  
TESTING FACILITY TASK REPORT

SUBJECT: Sharkey, Katelyn

CASE #: 16-12049 DATE: 8/18/16

BREATH TESTS RESULTS:

1) TIME 179/0253 AM/PM 2) TIME .194/0256 AM/PM  
3) TIME — AM/PM 4) TIME — AM/PM

BREATH OPERATOR: Ofc. Crawford

MAINTENANCE TECHNICIAN: Ofc. Brock

TESTING OFFICER'S OBSERVATIONS

SPEECH: ~~Reilly~~ Slurred at times

ATTITUDE: Calm, laid back, jovial, laughing

CLOTHING: black bodysuit, Jean shorts, black sneakers

MEDICAL CONDITIONS: ADHD, Anxiety, vivance, Xanax

OTHER: allergic to sulphur based drugs/penicilllin

I can smell an odor of alcoholic beverage emanating from her person.

COMMENTS: Sharkey's eyes are glassy + bloodshot.

She is also slurring her speech at times.

She admitted at t/s she had two beers before driving. She also had an open can of budweiser in the center console, (3/4 full).

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AUG 18 2016

BOCA RATON POLICE DEPARTMENT

Agency Case # 16-12049

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)

Read on tape

QUESTIONS AND ANSWERS

Were you operating a motor vehicle at the time of the accident/stop? Yes

Where were you going? Home

What street or highway were you on? about to hit military, so Yamato

Direction of travel? Never Known

Where did you start driving from? Whistle Stop at Dixie and Spanish

What City (County) were you stopped in? Boca Raton, FL

SCANNED

AUG 18 2016 What time did you start? 0100 some AM/PM What time is it now I don't know

What is today's date? 8/18/16 What day of the week is it? Wednesday

## BOCA RATON POLICE DEPARTMENT

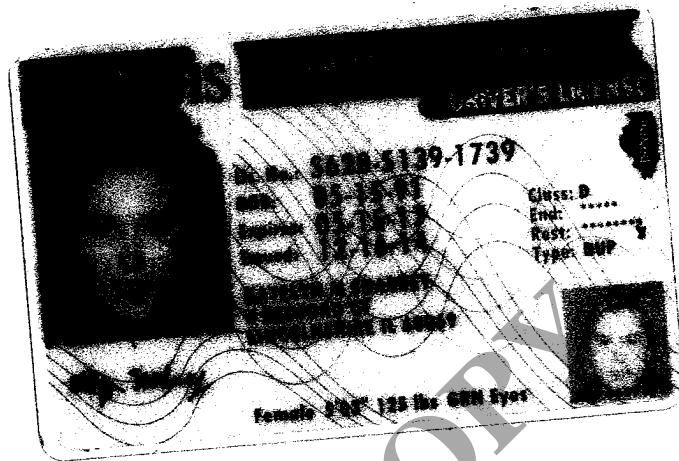
Agency Case # 16-12049When did you last eat? 0300 What did you eat? Pesto TortileryWhat have you been doing the past three hours prior to this stop/accident? went to dinner with friendsHow much do you weigh? 180 Have you been drinking? Yes What were you drinking? Vodka w/ limeHow much? 2 Where? Salt & Pepper With whom were you drinking? friendsWhen did you have your first drink? I don't know AM/PM When did you stop drinking? I don't know AM/PMHow did you consume your last two drinks? Through a strawAre you under the influence of alcohol now? Yes  No Can you feel the affects of alcohol? Yes  No Have you consumed alcohol since the stop? Yes  No Can you feel the affects of alcohol? Yes  No Have you consumed alcohol since the accident? Yes  No  How much? \_\_\_\_\_ What? \_\_\_\_\_

Where? \_\_\_\_\_

What line of work are you in? MarketingWhen did you last work? 0700 pmDo you have any physical defects or injuries? Yes  No  If yes, explain: \_\_\_\_\_Are you sick or injured? Yes  No  If yes explain: \_\_\_\_\_Do you limp? No Did you get a bump on the head? NoWere you involved in an accident today? NoHave you taken any drugs or smoked marijuana today? YesWhat? What I am prescribed Vivance When? 800 amHave you seen a doctor or dentist today? No Who? \_\_\_\_\_Are you taking any prescription medicines? Yes  No  What? Vivance When? 0800amDo you have: Epilepsy? Yes  No  Glass Eye? Yes  No  False Teeth? Yes  No Inner ear trouble? Yes  No Ear Infection? Yes  No Diabetes? Yes  No Any eye problems not correctable by glasses or contact lenses? NoDo you take insulin? Yes  No  If yes, when was your last injection? \_\_\_\_\_Have you ever had a driver's license in any other state? NoI am now ending this videotaping. The time now is approximately 0310 AM/PMThe date is: August (month) 18th (day) 2016 (year)

SCANNED

AUG 18 2016



NOT A CERTIFIED COPY

SCANNED  
AUG 18 2016