

0481172

16CT 17712

1583

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report1. Arrest  
2. N.T.A.  
3. Request for Warrant  
4. Request for Capias

1 Juvenile

ADMINISTRATIVE DEFENDANT CO-DEF JUVENILE CODE CHARGE CHARGE CHARGE CHARGE NOTICE TO APPEAR ADMIN	OBTS Number			ARREST / NOTICE TO APPEAR Juvenile Referral Report																						
	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- 16128062</b>																			
	ChargeType: Check as many as apply			<input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other			Weapon Seized / Type 2 1. Yes 2. No			Multiple Clearance Indicator <b>1</b>																
	Location of Arrest (including Name of Business) <b>21330 State Rd 7, Boca Raton, FL 33428</b>						Location of Offense (Business Name, Address) <b>21330 State Rd 7, Boca Raton, FL 33428</b>																			
	Date of Arrest <b>09/17/2016</b>		Time of Arrest <b>0228</b>		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle <b>21330 State Rd 7, Boca Raton, FL 33428</b>													
	Name (Last, First, Middle) <b>Burke, Katy, Ann</b>																									
	Alias (Name, DOB, Soc. Sec. #, Etc.)																									
	Race W - White 1 - American Indian B - Black 0 - Oriental/Asian		Sex <b>W F</b>		Date of Birth <b>05/03/1989</b>		Height <b>5'06</b>		Weight <b>120</b>		Eye Color <b>brown</b>		Hair Color <b>brown</b>		Complexion <b>light</b>											
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>multiple tattoos</b>										Marital Status <b>Single</b>		Religion <b>NONE</b>		Indication of: Alcohol Influence Drug Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk.											
	Local Address (Street, Apt. Number) <b>5464 Enclave Crossing Wy T4, Delray Beach, FL 33484</b>						(City)		(State)		(Zip)		Phone <b>(773) 507-0768</b>		Residence Type: 1. City 2. County 3. Florida 4. Out of State <b>2</b>											
Permanent Address (Street, Apt. Number) <b>5464 Enclave Crossing Wy T4, Delray Beach, FL 33484</b>						(City)		(State)		(Zip)		Phone <b>( )</b>		Address Source <b>Driver's license/verbal</b>												
Business Address (Name, Street)						(City)		(State)		(Zip)		Phone <b>( )</b>		Occupation												
DL Number, State <b>B620501896630, FL</b>			Soc. Sec. Number			INS Number			Place of Birth (City, State) <b>Chicago, IL</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:																										
Address (Street, Apt. Number)						(City)		(State)		(Zip)		Residence Phone <b>( )</b>														
Notified by: (Name)						Date		Time		Business Phone <b>( )</b>																
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>Driving Under the Influence (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 N</b>		Drug Type <b>n/a</b>		Amount / Unit			Offense # <b>16128062</b>			Warrant / Capias Number						Bond <b>OR</b>										
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>South County Courthouse, 200 W. Atlantic Avenue, Courtroom #1, Delray Beach, FL 33444</b>																										
Court Date and Time Month Oct Day 17th Year 2016 Time 0830 AM X 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 <b>Katy Burke</b>																										
Signature of Defendant (or Juvenile and Parent /Custodian)																										
Signature of Arresting Officer						Name Verification (Printed by Arrestee) <b>SCANNED</b> (PRINT)																				
Name: <b>Katy Burke</b>						Name of Arresting Officer (Print) <b>D/S Jacob Frey</b> I.D. # <b>9658</b>																				
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal						<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:																				
Intake Deputy <b>WSB 1830</b>		I.D. #		Pouch #		Transporting Officer <b>D/S Jacob Frey</b>		ID # <b>9658</b>		Agency <b>PBSO</b>		Witness here if subject signed with an -X- <b>#38</b>														
DISTRIBUTION: WHITE - COURT COPY																										
GREEN - STATE ATTORNEY																										
YELLOW - AGENCY																										
PINK - AGENCY																										
GOLD - DEFENDANT (N.T.A.'s ONLY)																										

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 17 DAY OF Sep 20 16, AT 0152  AM PM

SUBJECT: Burke, Katy, Ann CASE NUMBER: 16128062

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: D/S Jacob Frey  
PERSONAL CONTACT

DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUTTING DEF. BEHIND WHEEL OF VEHICLE)

On 17Sep16 at 0152hrs, I was on patrol in the area of State Rd 7 and Grand Verde Way, Boca Raton, in unincorporated Palm Beach County. I observed a white Nissan Rogue (TN tag M5361K – expired June 2016) stopped/parked in the right turn lane for Grand Verde Way on northbound State Rd 7 (US 441). The vehicle had its hazard lights on and appeared to have a flat tire on the driver's side front tire. I pulled behind the vehicle with my marked patrol vehicle and activated the rear emergency lights. I approached the driver's side of the vehicle. I immediately observed the driver's side front tire was deflated. The rim was bent in two separate areas consistent with the impact with a solid object. The driver's side front bumper corner had recent damage (black/dark paint transfer and detached from the wheel well). In the driver's seat I observed a white female sitting in the driver's seat with her seatbelt on. She was later identified by her multiple TN Driver's licenses (TN DL 123738659) and her Florida Driver's License (FL DL B620501896630 through D.A.V.I.D). The vehicle was in park, the keys were in the ignition, and the vehicle was running with all lights on.

## OBSERVATION OF DRIVER:

Katy rolled down her window halfway. She had an unlit cigarette in her mouth. I could smell the mild odor of an unknown alcoholic beverage coming from inside the vehicle. Her speech was slow and slurred. Based on the damage I observed I asked her what she had hit. She told me she didn't hit anything. I asked where she was coming from and she told me "Packy's" bar. She later told me she worked there. I then asked for her driver's license, registration, and insurance. She began to fumble through her purse and glovebox. This lasted for about 5 to 10 mins. During this time she made a call to someone. During this phone call she told the person she couldn't talk because the police pulled her over. She also made the spontaneous utterance that she had "2 drinks". She had several TN driver's licenses in her wallet but could not find her FL driver's license. After moving my marked patrol vehicle into position to perform Standard Field Sobriety Tasks (SFST), I had her exit her vehicle. She threw open the driver's door nearly hitting me. She then stepped out of the vehicle and had to lean her back against the door for support. I then had her walk to the back of her vehicle and stand while I asked her some medical question. Even with a wide stance her body swayed. Once outside the vehicle I could smell the strong odor of an unknown alcoholic beverage coming from her breath. Her eyes were watery and glassy.

## DRIVER'S STATEMENTS:

She made the spontaneous utterance that she was coming from "Packy's" (Sports Bar in West Boca Raton). She made several spontaneous utterances that she had "2 drinks". Her speech was slow and slurred.

## ODORS:

Strong odor of an unknown alcoholic beverage coming from her breath.

## GENERAL OBSERVATIONS

SPEECH: Slow and slurred.

ATTITUDE: mood changes, belligerent, indifferent, cocky, carefree, insulting, restless, aggressive

CLOTHING: black (multi-color pattern) thin shirt (nearly see through), very short black shorts, and black shoes

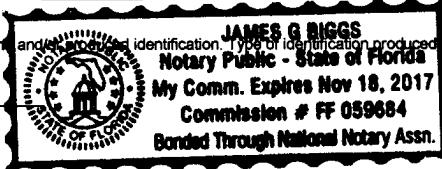
MEDICAL/OTHER: None stated

STATE OF FLORIDA  
COUNTY OF PALM BEACH

D/S Jacob Frey  
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 17 day of Sep 20 2016 by D/S Jacob Frey

(Print name of Arresting/Investigative Officer), who is personally known to me and has shown identification. Type of identification produced: Known



## 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:**

She had difficulty following with her eyes only and had to move her head. Her eyes were watery and glassy. She had Vertical Gaze Nystagmus (VGN) but did not have Lack of Convergence (LOC). Her body swayed during the task. She had difficulty standing with her feet together and her hand at her side.

**WALK & TURN:**

I instructed and demonstrated the walk and turn several times. She acknowledged he understood the instructions. Her body swayed during the instruction. She could not stand as instructed during the instructions/demonstration and had to step off the line for balance. She attempted the task and walked only 4 steps forward. She failed to touch heel to toe, stepped off the line several times, and lifted her arms from her side for balance. She attempted the task a second time. She walked 13 steps forward with a long stride (failing to touch heel to toe on every step). She stepped off the line several times and lifted her arms above her shoulders for balance. She did not turn as instructed. She walked 13 steps back with a long stride (failing to touch heel to toe on every step). She stepped off the line several times and lifted her arms above her shoulders for balance. The task was completed on a level and dry surface using a white painted line.

**ONE LEG STAND:**

I instructed and demonstrated the on leg stand. She acknowledged she understood. Her body swayed during the instruction/demonstration. She had to lift her arms from her side (above her head) to maintain her balance and almost fell over several times. She placed her foot down 2 times. She hopped and bounced on her left leg and lifted her right leg more than 6 inches off the ground. The task was completed on a dry and level surface.

**FINGER TO NOSE:**

I instructed and demonstrated the finger to nose. She acknowledged she understood. Her body swayed during the instructions. On most of the commands she touched the bottom of her nose with the side of her finger. Her body swayed during the task and she had difficulty standing with her feet together. The task was completed on a dry and level surface.

**ROMBERG ALPHABET:**

She told me her highest level of education was a General Education Diploma (GED) and only completed up to her "Junior" year of high school. She acknowledged she understood the English alphabet and English was her primary language. During the task her body swayed and she had difficulty standing with her feet together. She recited the alphabet quickly. When she got to the end of the alphabet she stated the letters in the incorrect order: "... Q, R, S, V, W, X, R, Y, V". The task was completed on a dry and level surface.

I instructed the Modified Rhombert. She acknowledged she could estimate 30 seconds. Her estimate of 30 seconds was approximately 35 seconds. During the task her body swayed. She did not count out loud as instructed. The task was completed on a dry and level surface.

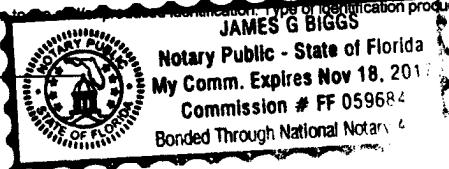
**BREATH TEST RESULTS:** refusal refusal

STATE OF FLORIDA  
COUNTY OF PALM BEACH

**D/S Jacob Frey**  
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 17 day of Sep 20 2016 by D/S Jacob Frey

(Print name of Arresting/Investigative Officer), who is personally known to me and is of sound mind and discretion. Type of identification produced Known



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

SCANNED  
SEP 19 2016

NOT A CERTIFIED COPY

https://david.flsmv.gov/DAVID/Customer/CustomizedDetails/21

DAVID | Driver ...

File Edit View Favorites Tools Help

S4 Geolocation v2 PeopleSmart D7 Internal Permits log entry FIR DAVID Gate Code Dom Vio Sys VIN Decoder (2) Showcase

DAVID

Record Detail

Search (tag, DL, person, etc.) Select Purpose Code Printer Friendly

VALID

Driver History Documentation Photo & Signature Emergency Contact Select Driver Record

Address: 5464 ENCLAVE CROSSING WY T4 DELRAY BEACH, FL 33484	Date of Birth: 05/03/1989	Gender: FEMALE	Height: 5' 6"
Original License Issue Date: 05/09/2016	Issued: 05/09/2016	Expires: 05/03/2025	
CDL Status:  Form Number:  Signature			
		EIN: [REDACTED]	
Citizen Status: US CITIZEN	Country of Birth: US OF AMERICA	State of Birth: TENNESSEE	
Race: CAUCASIAN			
Restrictions:	Endorsements:	Conditional Messages:	

Vehicles DL Transactions Addresses Insurance Prior Vehicles Parking Permits

**Vehicles**  
NO RECORDS FOUND.

SCANNED  
SEP 19 2016

# WITNESS LIST

CASE NUMBER: 16128062

ARRESTING OFFICER: **D/S Jacob Frey**

ADDRESS: 3228 Gun Club Rd, WPB

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

CAN TESTIFY TO: Physical control, Personal contact, SFSTs

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

ADDRESS: \_\_\_\_\_

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

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

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

ADDRESS: \_\_\_\_\_

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

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

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

ADDRESS: \_\_\_\_\_

PHONE NUMBERS (HOME) 0 (WORK) 0

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

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

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

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

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

ADDRESS: \_\_\_\_\_

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

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

**SCANNED**

**SEP 19 2016**

# TESTING FACILITY TASK REPORT

AGENCY: PBSO-FREY

SUBJECT: BURKE, KATY A

CASE NUMBER: 16-128062

DATE: Sep 17, 2016

VIDEO DVD NUMBER: 61390

BEGINNING TIME: 0356

ENDING TIME: 0400

BREATH TESTS RESULTS: 1)  REF TIME  0359 A.M.  P.M.  2)  XX TIME  XX A.M.  P.M.   
3)  XX TIME  XX A.M.  P.M.  4)  XX TIME  XX A.M.  P.M.

BREATH OPERATOR: J Biggs# 7607

MAINTENANCE TECHNICIAN: D/S J Karklecke #6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: LOUD

ATTITUDE: UNCOOPERATIVE, UPSET, COMBATIVE

CLOTHING: BLACK SHIRT, BLACK SHORTS

MEDICAL CONDITIONS: DID NOT ASK

MEDICATIONS: DID NOT ASK

## OTHER:

EYES GLASSY

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## COMMENTS:

THE ARRESTING OFFICER CONDUCTED THE 20 MINUTE OBSERVATION BEGINNING AT 0335  
SUBJECT REFUSED THE TEST INITIALLY  
IMPLIED CONSENT WAS READ SUBJECT ADVISED SHE DID NOT UNDERSTAND  
IMPLIED CONSENT WAS REPEATED, SUBJECT SPOKE OVER A/O  
REFUSAL WAS CALLED  
MIRANDA WAS READ AND UNDERSTOOD  
SUBJECT REFUSED QUESTIONS

SCANNED  
SEP 19 2016

SUBJECT: Burke, Katy A

CASE NUMBER: 16-128002

## 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 DIS Frey of the PPSC

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) Ricd on Camera

## CONSTITUTIONAL WARNINGS

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

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

SCANNED  
SEP 19 2016

SUSPECT'S SIGNATURE: (X) Ricd on Camera

SUBJECT: Burtie, Katy A

CASE NUMBER: 16-128062

## 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? 1060

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: D/S S. P. J. 9655

SCANNED

SEP 19 2016