

J #0405189

17 CT 3763

P#3635

ARREST / NOTICE TO APPEAR				Juvenile Referral Report		1. Arrest		3. Request for Warrant		1		Juvenile					
OBTS Number		Agency ORI Number		Agency Name		Juvenile Referral Report		2. N.T.A.		4. Request for Capias							
FLO 500000		PALM BEACH COUNTY SHERIFF'S OFFICE				06-		17044871									
Charge Type: Check as many as apply.		<input type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other				Weapon Seized / Type		2 1. Yes 2. No		Multiple Clearance Indicator							
Location of Arrest (Including Name of Business)				Location of Offense (Business Name, Address)													
Shanendoah Drive and Military Trail West Palm Beach, FL 33409				Shanendoah Drive and Military Trail West Palm Beach, FL 33409													
Date of Arrest		Time of Arrest		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle					
02/26/2017		2004										Sheehan's Towing					
Name (Last, First, Middle)				Alias (Name, DOB, Soc. Sec. #, Etc.)													
Garcia-Bango, Laura Raquel																	
Race		Sex		Date of Birth		Height		Weight		Eye Color		Hair Color		Complexion		Build	
W - White 1 - American Indian B - Black 0 - Oriental/Asian		W		06/15/1964		5'05"		165		Brown		Blonde		Light		Heavy	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)								Marital Status		Religion		Indication of: Alcohol Influence Drug Influence		Y N Unk.			
NONE								NONE		NONE		Y N Unk.					
Local Address (Street, Apt. Number)				(City)		(State)		(Zip)		Phone		Residence Type:					
3636 Alder Drive Unit3B				West Palm Beach, Florida		33417				(561) 317-4522		1. City 2. County		3. Florida 4. Out of State		2	
Permanent Address (Street, Apt. Number)				(City)		(State)		(Zip)		Phone		Address Source		FL DL			
Same										()							
Business Address (Name, Street)				(City)		(State)		(Zip)		Phone		Occupation		School Counselor			
										()							
D/L Number, State		Soc. Sec. Number				INS Number				Place of Birth (City, State)		Citizenship		Havana, Cuba			
G-621-536-64-715-0/FL																	
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					
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other:				Name (Last)		(First)		(Middle)				Residence Phone					
Address (Street, Apt. Number)				(City)		(State)		(Zip)				Business Phone					
Notified by: (Name)				Date		Time		Juvenile Disposition		1. Handled/processed within Dept. and Released.		2. TOT HRS / DYS					
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.								School Attended									
<input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)																	
Property Crime?		Description of Property						Value of Property									
<input type="checkbox"/> Yes <input type="checkbox"/> No																	
Drug Activity		S. Sell N. N/A P. Possess	R. Smuggle B. Buy T. Traffic	K. Dispense/ D. Deliver E. Use	M. Manufacture/ Produce/ Cultivate	Z. Other	Drug Type	B. Barbiturate C. Cocaine A. Amphetamine	H. Hallucinogen M. Marijuana E. Heroin	P. Paraphernalia/ Equipment S. Synthetics	U. Unknown Z. Other						
Charge Description		DUI w/Property Damage						Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number	316.193 (3)(c)(1)		Violation of ORD #				
Drug Activity		Drug Type	Amount / Unit	Offense #					Warrant / Capias Number			Bond					
N		N	N/A	17044871													
Charge Description		Refusal to Submit to Test						Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number	316.193(1)		Violation of ORD #				
Drug Activity		Drug Type	Amount / Unit	Offense #					Warrant / Capias Number			Bond					
N		N	N/A	17044871													
Charge Description								Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number			Violation of ORD #				
Drug Activity		Drug Type	Amount / Unit	Offense #					Warrant / Capias Number			Bond					
N		N	N/A														
Charge Description								Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number			Violation of ORD #				
Drug Activity		Drug Type	Amount / Unit	Offense #					Warrant / Capias Number			Bond					
N		N	N/A														
Location (Court, Room Number, Address)				CRIMINAL JUSTICE COMPLEX 3228 Gun Club Road WPB, FL													
Court Date and Time				Month March Day 23rd Year 2017 Time 8:30 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 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)												Date Signed					
HOLD for other Agency				Signature of Arresting Officer				Name Verification (Printed by Arrestee)									
Name:																	
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal				<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:				I.D. # Inv. CHIQUITO-RODRIGUEZ #18334 18334 (PRINT)									
Intake Deputy				Pouch #				Transporting Officer				ID #		Agency			
Thomas 2054								Same				#18334		PBSO			
												FEB 27 AM 12:23					
												SCANNED					
												1 OF 1					

ADMIN	OBTS Number	PROBABLE CAUSE AFFIDAVIT			1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	Juvenile	
	Agency ORI Number FLO 500000	Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 06-17044871						
ChargeType: Check as many as apply.	<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	Special Notes:					
DEF	Name (Last, First, Middle) Garcia-Bango, Laura Raquel			Alias		Race W	Sex F	Date of Birth 06/15/1964	
CHARGES	Charge Description DUI w/Property Damage	316.193 (3)(c)(1)	Charge Description Refusal to Submit to Test	316.1939(1)					
VICTIM	Charge Description	Charge Description							
	Victim's Name (Last, First, Middle) STATE OF FLORIDA				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 checked="" type="checkbox"/> committed the below acts in my presence. <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 commit the below acts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p>									
<p>On the <u>26th</u> day of <u>February</u> 20 <u>17</u> at <u>1830</u> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p>									
<p>Upon completing the roadside, I advised the defendant that I concluded my DUI investigation and, based on the observational clues on the SFST's, the crash, the strong odor of an unknown alcoholic beverage emanating from her breath, and the defendant's admission of consuming alcohol, determined that she was too impaired to operate a motor vehicle and placed the defendant under arrest for DUI. The defendant argued but verbally stated that she understood. I placed the defendant in handcuffs that were checked for proper fit and tightness and double locked and placed defendant in the rear of my PBSO marked patrol vehicle and transported the defendant to the B.A.T. (Breath Alcohol Testing) facility. Once at the B.A.T. the defendant was observed for a period of twenty minutes, during which time the defendant did not ingest anything, place anything in her mouth regurgitate or vomit. After the twenty minute observation period the defendant was placed on camera and she began passing gas very loudly. I then asked if she would submit a breath sample for the purpose of determining its alcohol content and the defendant verbally refused. After replying "NO" when asked if she would submit to the breath test I read the defendant Florida Implied Consent and the defendant verbally stated that I did not ask her for a breath sample and started talking loudly over me. I continued to read Implied Consent until she verbally stated that she understood. I then asked the defendant again if she would submit a breath sample after being informed of implied consent and the defendant refused. The refusal was noted and documented at 2055 hours. I read the defendant her Constitutional warnings on camera and the defendant verbally stated that she understood her rights. The defendant refused to answer any questions during Q&A.</p> <p>Based on the above set of facts and circumstances, probable cause exists to find the defendant in violation of FSS 316.193 (3)(c)(1) Driving while under the Influence contributing to crash and FSS 316.1939 (1) Refusal to submit to Test.</p> <p>I issued the defendant a citation for DUI and refusal to submit to test and transported the defendant to the main detention center, without incident, for booking and processing.</p> <p>This case is cleared by arrest.</p>									
PROBABLE CAUSE STATEMENT	<p>PAMELA F. DORSEY Notary Public - State of Florida My Comm. Expires April 11, 2017 Commission # FF 7211 Bonds thru the National Notary Assn.</p> <p>Inv. Chiquito-Rodriguez</p> <p>26th February 2017</p> <p>The foregoing instrument was sworn to or affirmed and subscribed before me this <u>26th</u> day of <u>February</u> 2017.</p> <p>(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced <u>KNOWN</u></p> <p>Inv. Chiquito-Rodriguez</p> <p>SEARCHED</p> <p>MAR 01 2017</p>								
ADMINISTRATIVE	<p>Notary Public, Clerk of Court, Officer (F.S.S. 117.10)</p> <p>PAGE 1 OF 1</p>								

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 26th DAY OF February 20 17, AT 1830 AM ✓ PM

SUBJECT: Garcia-Bango, Laura Raquel CASE NUMBER: 17044871

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: Inv. Chiquito-Rodriguez
PERSONAL CONTACT

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

On 2/26/2017, at approximately 1920 hours, I responded to the intersection of Shanendoah Drive and Military Trail in West Palm Beach, located in Palm Beach County, Florida reference a vehicle crash. On arrival I made contact with D/S George #9656 who was the first to arrive on scene. I observed a red vehicle facing north in the center southbound lanes of Military Trail with extensive damage to the passenger side. I saw a white two door BMW, bearing Florida specialty tag DTP3S, in the inside northbound through lane of Military Trail with extensive front end damage with all the airbags deployed. I was advised by D/S George that the third vehicle involved, a black four door Honda Civic bearing Florida tag Y07MRV, sustained minimal damage and the vehicle's owner left the scene in the vehicle prior to my arrival. I made an independent evaluation of the crash and the damage to the vehicles on scene. I assisted D/S George with the crash investigation. Through the crash investigation it was discovered that the driver and sole occupant of the white BMW, a female identified as Laura Raquel Garcia-Bango (defendant) DOB: 06/15/1964 by her Florida issued driver's license, was traveling north on Military Trail and failed to stop at a red traffic signal striking two vehicles and pushing them through the intersection. The crash report was completed by D/S George under PBSO case # 17-044848.

OBSERVATION OF DRIVER:

When I arrived on scene I observed the defendant sitting on the center median. I made contact with the defendant and asked her to stand up so that I could speak with her. I noticed a strong odor of an unknown alcoholic beverage emanating from her breath and on her person and the smell became stronger as she continued to speak with me. The defendant's speech was slow, heavy and slurred, she swayed while in a standing resting position and her eyes were glassy, red and bloodshot. The defendant stumbled on her feet and staggered as she walked towards the front of my patrol vehicle. The defendant was wearing wedged heels, and because she was so unsteady on her feet, I had her sit on the front push bumper of my vehicle. I noticed that the defendant spoke with an accent and asked if she preferred I speak with her in Spanish and she advised that "English is fine". All my interaction with the defendant from that point was in English. The defendant provided pertinent information to complete the crash investigation. I read the defendant her Constitutional warnings from a PBSO issued Miranda card and advised her that the crash investigation was completed and that I was initiating a separate DUI investigation to determine if she was too impaired to operate a motor vehicle. The defendant verbally stated she understood. Post Miranda the defendant stated that she was on her way home from an establishment called "Over Easy", a club in downtown West Palm Beach, and stopped to pick up some food at Kentucky Fried Chicken when the crash occurred. She stated that while at "Over Easy" she did consume one margarita and it was approximately two hours prior.

DRIVER'S STATEMENTS:

I asked the defendant if she would submit to voluntary SFST's and she verbally consented. I performed the pen light task while she was seated on my front push bumper and observed all six clues of impairment and vertical nystagmus was present and observed in both eyes. I gave the defendant the option to remove her heels and she did perform the tasks without her shoes. I used a painted line on the roadway that was away from traffic, clear of debris and where the surface was dry and level. When I asked if she had any medical problems the defendant replied, "I very healthy. Zero medications".

SEE Probable Cause PAGE 2 for further.....

ODORS:

Strong odor of an unknown alcoholic beverage emanating from defendant's breath that became stronger as the defendant spoke to me

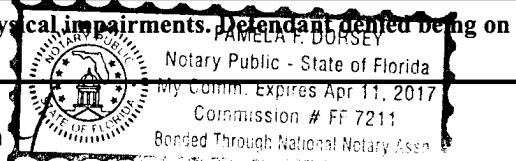
GENERAL OBSERVATIONS

SPEECH: Slow, slurred, mumbled,

ATTITUDE: Mood swings, yelling, crying, laughing, uncooperative, combative

CLOTHING: (Disheveled) Blue tank top, white blouse, blue leggings, white wedged heels

MEDICAL/OTHER: Defendant denied having any medical conditions, injuries or physical impairments. Defendant denied being on any medications or taking any medications.



STATE OF FLORIDA
COUNTY OF PALM BEACH

Inv. Chiquito-Rodriguez
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 26th day of February 20 17 by Inv. Chiquito-Rodriguez #18334

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced KNOWN

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS: LT EYE-LACK OF SMOOTH PURSUIT RT EYE-LACK OF SMOOTH PURSUIT LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES**Other Observations:**

Bloodshot, glassy eyes. Staggered, stumbled and overlapped her feet as she walked. Vertical nystagmus present and observed in both eyes.

WALK & TURN:

Instructed and demonstrated. Defendant verbally stated she understood the instructions. The defendant started task multiple times before being instructed to do so. Had to be repositioned while explaining task. She did not walk heel to toe. She progressively took bigger and wider steps and then began marching "like a soldier" bringing her knees high up to her chest and swinging her arms. She pivoted on the balls of her feet and completed an improper turn. She did not count in order, skipped and repeated numbers resulting in an improper number of steps. She continued to "march" back and forth on the line, swinging her arms and yelling out numbers.

ONE LEG STAND:

Instructed and demonstrated. Defendant verbally stated she understood the instructions. The defendant started task before being instructed to do so. Had to be repositioned while explaining task. She completed the task by outstretching her arms to the side, at shoulder height, like an "airplane". She lifted her leg up high, higher than six inches off the ground, with her toes point straight up. She began counting by one-thousands from "1001" to "1007" and then just counted "8", "9", "10", "11", "12" and "13". She then dropped her foot to the ground and crossed her hands at her lower back. She stopped the task before being instructed to do so.

FINGER TO NOSE:

Instructed and demonstrated. Defendant verbally stated she understood the instructions. The defendant demonstrated proficiency with identifying her left from her right hand. I had to instruct her multiple times to maintain her eyes closed and her head back. She completed most of the task with her eyes open. On the first instruction I told her "Left" and she brought her left hand up and missed the tip of her finger to the tip of her nose, returned her hand to her side and without being instructed to then brought her right hand up and missed the tip of her nose with that hand. She missed the tip of her nose on most of her attempts even with her eyes open.

ROMBERG ALPHABET:

Instructed and demonstrated. Defendant verbally stated she understood the instructions. She stated that she was proficient at reciting the alphabet in both English and Spanish. She began the task reciting the alphabet in English. She skipped and repeated letters and started from the beginning again. After the third attempt she recited the alphabet in Spanish. After making a few mistakes she stopped the task and began crying and saying that I was "embarrassing" her.

BREATH TEST RESULTS: 1) REFUSED

2) REFUSED

3)

4)

STATE OF FLORIDA
COUNTY OF PALM BEACHInv. Chiquito-Rodriguez
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 26th day of February 2017



PAMELA E. DORSEY

Notary Public - State of Florida

My Comm. Expires Apr 11, 2017

Commission # FF 7211

Bonded, Insured and Notarized by Inv. Chiquito-Rodriguez #18334

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced **KNOWN**

FLORIDA TRAFFIC CRASH REPORT

LONG FORM SHORT FORM UPDATE
(Shaded Areas)

MAIL TO: DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES
TRAFFIC CRASH RECORDS, NEIL KIRKMAN BUILDING
TALLAHASSEE, FL 32399-0537

TOTAL # OF VEHICLE SECTION(S) 3
TOTAL # OF PERSON SECTION(S) 3
TOTAL # OF NARRATIVE SECTION(S) 1

CRASH IDENTIFIERS

TIME ON SCENE	TIME CLEARED SCENE	CHECK IF COMPLETED <input checked="" type="checkbox"/>	REASON (If Investigation NOT Complete)	TIME REPORTED	TIME DISPATCHED
6:46 PM	8:30 PM			6:30 PM	6:33 PM
				Notified By: 1 Motorist 2 Law Enforcement	2

ROADWAY INFORMATION (CHOOSE ONLY 1 OF 4 OPTIONS)

Road System Identifier	7 Forest Road	Type of Shoulder	Type of Intersection
1 Interstate 2 U.S. 3 State 3	4 County 5 Local 6 Turnpike/Toll 77 Other, Explain in Narrative	1 Paved 2 Unpaved 3 Curb 3	1 Not at Intersection 2 Four-Way Intersection 3 T-Intersection 4 Y-Intersection 5 Traffic Circle 6 Roundabout 7 Five-Point, or More 77 Other, Explain in Narrative

CRASH INFORMATION (CHECK IF PICTURES TAKEN)

Light Condition	Weather Condition	Roadway Surface Condition	School Bus Related	Manner of Collision/Impact
1 Daylight 2 Dusk 3 Dawn 3 4 Dark-Lighted	5 Dark-Not Lighted 6 Dark-Unknown Lighting 77 Other, Explain in Narrative 88 Unknown 1 1 Clear 2 Cloudy 3 Rain	4 Fog, Smog, Smoke 5 Sleet/Hail/ Freezing Rain 6 Blowing Sand, Soil, Dirt 7 Severe Crosswinds 77 Other, Explain in Narrative 88 Unknown 1 1 Dry 2 Wet 4 Ice/Frost	5 Oil 6 Mud, Dirt, Gravel 7 Sand 8 Water (standing/ moving) 77 Other, Explain in Narrative 88 Unknown 1 1 No 2 Yes, School Bus Directly Involved 3 Yes, School Bus Indirectly Involved	4 Sideswipe, Same Direction 5 Sideswipe, Opposite Direction 6 Rear to Side 7 Rear to Rear 77 Other, Explain in Narrative 88 Unknown 4 1 Front to Rear 2 Front to Front 3 Angle

First Harmful Event	Non-Collision	Collision Non-Fixed Object	Collision with Fixed Object	First Harmful Event Location
14	1 Overturn/Rollover 2 Fire/Explosion 3 Immersion 4 Jackknife 5 Cargo/Equipment Loss or Shift 6 Fell/Jumped From Motor Vehicle 7 Thrown or Falling Object 8 Ran into Water/Canal 9 Other Non-Collision 1 1 No 2 Yes 88 Unknown	10 Pedestrian 11 Pedalcycle 12 Railway Vehicle (train, engine) 13 Animal 14 Motor Vehicle in Transport 15 Parked Motor Vehicle 16 Work Zone/Maintenance Equipment 17 Struck By Falling, Shifting Cargo 18 Other Non-Fixed Object 1 1	19 Impact Attenuator/Crash Cushion 20 Bridge Overhead Structure 21 Bridge Pier or Support 22 Bridge Rail 23 Culvert 24 Curb 25 Ditch 26 Embankment 27 Guardrail Face 28 Guardrail End 29 Cable Barrier 9 Worn, Travel-Polished Surface 10 Road Surface Condition (wet, icy, snow, slush, etc.) 11 Obstruction in Roadway 12 Debris 13 Traffic Control Device Inoperative, Missing or Obscured 14 Non-Highway Work 77 Other, Explain in Narrative 88 Unknown 1 1 None 4 Work Zone (construction/ maintenance/utility) 6 Shoulders (none, low, soft, high) 7 Rut, Holes, Bumps	1 On Roadway 2 Off Roadway 3 Shoulder 4 Median 6 Gore 7 Separator 8 In Parking Lane or Zone 9 Outside Right-of-way 10 Roadside 88 Unknown

First Harmful Event Relation to Junction	Contributing Circumstances: Road	Contributing Circumstances: Environment
2 1 Non-Junction 2 Intersection 3 Intersection-Related 4 Driveway/Alley Access Related 88 Unknown	5 Railway Grade Crossing 14 Entrance/Exit Ramp 15 Crossover - Related 16 Shared-Use Path or Trail 17 Acceleration/Deceleration Lane 18 Through Roadway 77 Other, Explain in Narrative 88 Unknown 1 1	9 Worn, Travel-Polished Surface 10 Road Surface Condition (wet, icy, snow, slush, etc.) 11 Obstruction in Roadway 12 Debris 13 Traffic Control Device Inoperative, Missing or Obscured 14 Non-Highway Work 77 Other, Explain in Narrative 88 Unknown 1 1 None 2 Weather Conditions 3 Physical Obstruction(s) 4 Glare 1 1 1

Work Zone Related	Crash in Work Zone	Type of Work Zone	Workers in Work Zone	Law Enforcement in Work Zone
1 1 No 2 Yes 88 Unknown	1 Before the First Work Zone Warning Sign 2 Advance Warning Area 3 Transition Area 4 Activity Area 5 Termination Area 1 1	1 Lane Closure 2 Lane Shift/Crossover 3 Work on Shoulder or Median 4 Intermittent or Moving Work 77 Other, Explain in Narrative 1 1	1 No 2 Yes 88 Unknown 1 1	1 No 2 Officer Present 3 Law Enforcement Vehicle Only Present 1 1 1

WITNESSES

NON VEHICLE PROPERTY DAMAGE	1	2	3
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NON VEHICLE PROPERTY DAMAGE	1	2	3
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SCANNED

MAR 01 2017

VEHICLE #

1

Check if Commercial

REGISTRATION EXPIRES

06/15/2018

Check if Permanent Registration

COLOR

WHI

DAMAGE:

1 Disabling 4 Minor
2 Functional 88 Unknown
3 None

EST. AMOUNT

1

10000

1 Vehicle in Transport
2 Parked Motor Vehicle
3 Working VehicleHit and Run
1 No
2 Yes
88 Unknown

1

Towed due to Damage:
1 No 2 Yes

VEHICLE REMOVED BY

2 SHEEHANS TOWING

1. Rotation
2. Owner Request
3. Driver
4. Other, Explain in Narrative

REGISTRATION EXPIRES

REGISTRATION EXPIRES

Check if Permanent Registration

Check if Permanent Registration

YEAR

YEAR

YEAR

YEAR

MAKE

MAKE

MAKE

MAKE

LENGTH

LENGTH

LENGTH

LENGTH

AXLES

AXLES

AXLES

AXLES

VEHICLE N S E W Off-Road Unknown

ON STREET, ROAD, HIGHWAY

AT EST. SPEED

POSTED SPEED

TOTAL LANES

N MILITARY TRAIL

45

45

6

HAZ. MAT. RELEASED
1 No
2 Yes
88 UnknownHAZ. MAT. PLACARD
1 No
2 Yes
88 Unknown

HAZ. MAT. NUMBER

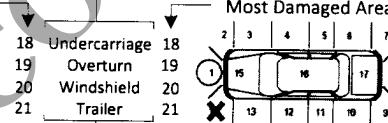
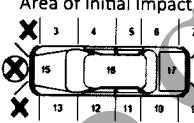
HAZ. MAT. CLASS

Area of Initial Impact

Most Damaged Area

MOTOR CARRIER NAME

US DOT NUMBER



MOTOR CARRIER ADDRESS

CITY & STATE

ZIP CODE

PHONE NUMBER

Vehicle Body Type

4

15 Low Speed Vehicle
16 (Sport) Utility Vehicle
17 Cargo Van (10,000 lbs (4,536 kg) or less)
18 Motor Coach
19 Other Light Trucks (10,000 lbs (4,536 kg) or less)
20 Medium/Heavy Trucks (more than 10,000 lbs (4,536 kg))
21 Farm Labor Vehicle
88 Unknown

Trafficway

1 Two-Way, Not Divided
2 Two-Way, Not Divided, with a Continuous Left Turn Lane
3 Two-Way, Divided, Unprotected (painted <4 feet) Median
4 Two-Way, Divided, Positive Median Barrier
5 One-Way Trafficway
88 Unknown

Commercial Motor Vehicle Configuration

1 Vehicle 10,000 lbs or less Placarded for Hazardous Materials
2 Single-Unit Truck (2-axle and GVWR more than 10,000 lbs (4,536 kg))
3 Single-Unit Truck (3 or more axles)
4 Truck Pulling Trailers(s)
5 Truck Tractor (bobtail)
6 Truck Tractor/Semi-Trailer
7 Truck Tractor/Double Truck

Comm/Non-Commercial

1 Interstate Carrier
2 Intrastate Carrier
3 Not in Commerce/Government
4 Not in Commerce/Other Truck

Trailer Type

1 Single Semi Trailer
2 Tandem Semi Trailer
3 Tank Trailer
4 Saddle Mount/Trailer
5 Boat Trailer
6 Utility Trailer
7 House Trailer

8 Pole Trailer
9 Towed Vehicle
10 Auto Transport
77 Other, Explain in Narrative
88 Unknown

Cargo Body Type

3 Van/Enclosed Box
4 Hopper
5 Pole-Trailer
6 Cargo Tank
7 Flatted
8 Dump
9 Concrete Mixer
10 Auto Transport
11 Garbage/Refuse
12 Log

13 Intermodal Container Chassis
14 Vehicle Towing Another Vehicle
15 Not Applicable (vehicle 10,000 lbs (4,536 kg) or less not displaying HM placard)
77 Other, Explain in Narrative
88 Unknown

Most Harmful Event

Non-Collision

1 Overturn/Rollover
2 Fire/explosion
3 Immersion
4 Jackknife
5 Cargo/Equipment Loss or Shift

6 Fell/Jumped From Motor Vehicle
7 Throw or Falling Object
8 Ran into Water/Canal
9 Other Non-Collision

[40-46 Sequence of Events only]
40 Equipment Failure (blown tire, brake failure, etc.)
41 Separation of Units
42 Ran Off Roadway, Right
43 Ran Off Roadway, Left
44 Cross Median
45 Cross Centerline
46 Downhill Runaway

Collision with Non-Fixed Object

10 Pedestrian
11 Pedalcycle
12 Railway Vehicle (train, engine)
13 Animal
14 Motor Vehicle in Transport
15 Parked Motor Vehicle
16 Work Zone/Maintenance Equipment
17 Struck By Falling, Shifting Cargo or Anything Set in Motion by Motor Vehicle
18 Other Non-Fixed Object

Collision Fixed Object

19 Impact Attenuator/Crash Cushion
20 Bridge Overhead Structure
21 Bridge Pier or Support
22 Bridge Rail
23 Culvert
24 Curb
25 Ditch
26 Embankment
27 Guardrail Face
28 Guardrail End

Emergency Vehicle Use

29 Cable Barrier
30 Concrete Traffic Barrier
31 Other Traffic Barrier
32 Tree (standing)
33 Utility Pole/Light Support
34 Traffic Sign Support
35 Traffic Signal Support
36 Other Post, Pole, or Support
37 Fence
38 Mailbox
39 Other Fixed Object (wall, building, tunnel, etc.)

Roadway Grade

Roadway Alignment

1 Level
2 Hillcrest
3 Uphill
4 Downhill
5 Sag (bottom)

1 Straight
2 Curve Right
3 Curve Left

Vehicle Maneuver Action

1 Straight Ahead
2 Turning Left
3 Backing
4 Turning Right
5 Changing Lanes
6 Parked
7 Making U-Turn
8 Overtaking/
Passing

Traffic Control Device For This Vehicle

5
13 Stopped in Traffic
14 Slowing
15 Negotiating a Curve
16 Leaving Traffic Lane
17 Entering Traffic Lane
77 Other, Explain in Narrative
88 Unknown

Vehicle Defects

1
12 Suspension
13 Wheels
14 Windows/
Windshield
15 Mirrors
16 Truck Coupling/
Trailer Hitch/
Safety Chains
9 Exhaust System
10 Body, Doors
11 Power Train

Special Function of Motor Vehicle

1 No Special Function
2 Farm Vehicle
3 Police
7 Taxi
8 Military

9 Ambulance
10 Fire Truck
11 Farm Labor Transport
12 School Bus
13 Transit/Commuter Bus

14 Intercity Bus
15 Charter/Tour Bus
16 Shuttle Bus
17 Farm Labor Bus
88 Unknown

VIOLATIONS

PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER
PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER
PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER

PERSON #

1

1 Driver
2 Non-Motorist
3 Passenger

1

PHONE NUMBER

561-317-4522

Check if
Recommend
Driver Re-examSEX
1 Male
2 Female
88 Unknown

2

EXPIRES

06/15/2022

INJURY SEVERITY (INJ)

4 Incapacitating
5 Fatal (within 30 days)
6 Non-Traffic Fatality

1

DL Type
1 A 2 B 3 C
4 D/Chauffeur
5 E/Operator
6 E/Oper - Rest
7 NoneRequired Endorsements
1 Yes
2 No
3 No Req. Endorsement

3

Driver Distracted By
1 Not Distracted
2 Electronic Communication Devices (cell phone, etc.)
3 Other Electronic Device (navigation device, DVD player)4 Other Inside the Vehicle (explain in narrative)
5 External Distraction (outside the vehicle, explain in narrative)
6 Texting
7 Inattentive
88 Unknown

Driver Vision Obstructions

1 Vision Not Obscured
2 Inclement Weather
3 Parked/Stopped Vehicle
4 Trees/Crops/Bushes5 Load on Vehicle
6 Building/Fixed Object
7 Signs/Billboards
8 Fog

DRIVER OR PASSENGER

Motor Vehicle Seating Position:

LOCATION: SEAT
ROW
OTHER
(LOC)

1 1 1

Seat Row Other
1 Left 1 Front 1 Not Applicable
2 Middle 2 Second 2 Sleeper Section of Truck Cab
3 Right 3 Third 3 Other Enclosed Cargo Area
77 Other 4 Fourth 4 Unenclosed Cargo Area
(explain in narrative) 77 Other Row 5 Trailing Unit
88 Unknown 6 Riding on Motor Vehicle Exterior (non-trailing unit)
88 Unknown

DRIVER

Driver's Actions at Time of Crash

1st
2
2nd
10 Followed too Closely
11 Ran Red Light
12 Drove too Fast for Conditions
13 Ran Stop Sign
14 Improper Passing
15 Exceeded Posted Speed
21 Wrong Side or Wrong Way
25 Failed to Keep in Proper Lane3rd
4th26 Ran off Roadway
27 Disregarded other Traffic Sign
28 Disregarded Other Road Markings
29 Over-Correcting/Over-Steering
30 Swerved or Avoided : Due to Wind, Slippery Surface, MV, Object, Non-Motorist in Roadway, etc.
31 Operated MV in Erratic, Reckless or Aggressive Manner
77 Other Contributing Action

Condition At

Time of Crash
1 Apparently Normal
3 Asleep or Fatigued
5 Ill (sick) or Fainted
6 Seizure, Epilepsy, Blackout
7 Physically Impaired
8 Emotional (depression, angry, disturbed, etc.)
9 Under the Influence of Medications/Drugs/Alcohol
77 Other, Explain in Narrative
88 Unknown

9

DRIVER OR PASSENGER

Helmet Use (HU)

1 DOT-Compliant
Motorcycle Helmet
2 Other Helmet
3 No Helmet

Eye Protection (EP)

1 Yes
2 No
3 Not Applicable

Air Bag Deployed (ABD)

1 Not Applicable
2 Not Deployed
3 Deployed-Front
4 Deployed-Side
6
88 Unknown

Restraint Systems (RS)

1 Not Applicable
2 None Used - Motor Vehicle Occupant
3 Shoulder and Lap Belt Used
4 Shoulder Belt Only Used
5 Lap Belt Only Used
6 Restraint Used - Type Unknown
7 Child Restraint System - Forward Facing
8 Child Restraint System - Rear Facing
9 Booster Seat
10 Child Restraint Type Unknown
77 Other, Explain in Narrative

NON-MOTORIST

Non-Motorist Description

1 Pedestrian
2 Other Pedestrian (wheelchair, person in a building, skater, pedestrian conveyance, etc.)
3 Bicyclist
4 Other Cyclist
5 Occupant of Motor Vehicle Not in Transport (parked, etc.)
6 Occupant of a Non-Motor Vehicle Transportation Device
7 Unknown Type of Non-Motorist

Non-Motorist Location At Time of Crash

1 Intersection - Marked Crosswalk
2 Intersection - Unmarked Crosswalk
3 Intersection - Other
4 Midblock - Marked Crosswalk
5 Travel Lane - Other Location
6 Bicycle Lane
7 Shoulder/Roadside
8 Sidewalk
9 Median/Crossing Island
10 Driveway Access
11 Shared-Use Path or Trail
12 Non-Trafficway Area
77 Other, Explain in Narrative
88 Unknown

Action Prior to Crash

5 Walking/Cycling on Sidewalk
6 In Roadway - Other (working, playing, etc.)
7 Adjacent to Roadway (e.g., shoulder, median)
8 Going to or from School (K-12)
9 Working in Trafficway (incident response)
10 None
77 Other, Explain in Narrative
88 Unknown

Non-Motorist Actions/Circumstances

1 No Improper Action
2 Dart/Dash
3 Failure to Yield Right-of-Way
4 Failure to Obey Traffic Signs, Signals, or Officer
5 In Roadway Improperly (standing, lying, working, playing)
6 Disabled Vehicle Related (working on, pushing, leaving/approaching)7 Entering/Exiting Parked/Standing Vehicle
8 Inattentive (talking, eating, etc)
9 Not Visible (dark clothing, no lighting, etc.)10 Improper Turn/Merge
11 Improper Passing
12 Wrong-Way Riding or Walking
77 Other, Explain in Narrative
88 Unknown

ALCOHOL/DRUG/EMS

SUSPECTED ALCOHOL USE:
1 Test Not Given
2 Test Refused
3 Test Given
88 Unknown, if Tested
ALCOHOL TESTED:
1 Blood
2 Breath
3 Urine
77 Other, Explain in Narrative
ALCOHOL TEST TYPE:
1 Blood
2 Breath
3 Urine
77 Other, Explain in Narrative
ALCOHOL TEST RESULT:
1 Pending
2 Completed
88 Unknown
BAC
SUSPECTED DRUG USE:
1 No
2 Yes
88 Unknown
DRUG TESTED:
1 Test Not Given
2 Test Refused
3 Test Given
88 Unknown, if Tested
DRUG TEST TYPE:
1 Blood
3 Urine
77 Other, Explain in Narrative
DRUG TEST RESULT:
1 Positive
2 Negative
3 Pending
88 Unknown

SOURCE OF TRANSPORT TO MEDICAL FACILITY

1 Not Transported
2 EMS 3 Law Enforcement
77 Other, Explain in Narrative 88 Unknown

EMS AGENCY NAME OR ID

1

EMS RUN NUMBER

MEDICAL FACILITY TRANSPORTED TO

SOURCE OF TRANSPORT TO MEDICAL FACILITY

1 Not Transported
2 EMS 3 Law Enforcement
77 Other, Explain in Narrative 88 Unknown

EMS AGENCY NAME OR ID

1

EMS RUN NUMBER

MEDICAL FACILITY TRANSPORTED TO

SOURCE OF TRANSPORT TO MEDICAL FACILITY

1 Not Transported
2 EMS 3 Law Enforcement
77 Other, Explain in Narrative 88 Unknown

EMS AGENCY NAME OR ID

1

EMS RUN NUMBER

MEDICAL FACILITY TRANSPORTED TO

SCANNED

MAR 01 2017

VEHICLE #

2

Check if Commercial

1 Vehicle in Transport
2 Parked Motor Vehicle
3 Working Vehicle
Hit and Run
1 No
2 Yes
88 Unknown

1

REGISTRATION EXPIRES

09/07/2018

Check if Permanent Registration

DAMAGE:
1 Disabling
2 Functional
3 None

EST. AMOUNT
2 2000

COLOR
BLK

Towed due to Damage:
1 No 2 Yes

VEHICLE REMOVED BY
1 DRIVER

1. Rotation
2. Owner Request
3. Driver
4. Other, Explain in Narrative

3

REGISTRATION EXPIRES
Check if Permanent Registration

YEAR
MADE
LENGTH
AXLES

REGISTRATION EXPIRES
Check if Permanent Registration

YEAR
MADE
LENGTH
AXLES

VEHICLE N S E W Off-Road Unknown
TRAVELING

ON STREET, ROAD, HIGHWAY

AT EST. SPEED
45
TOTAL LANES
6

N MILITARY TRAIL

HAZ. MAT. RELEASED
1 No
2 Yes
88 Unknown

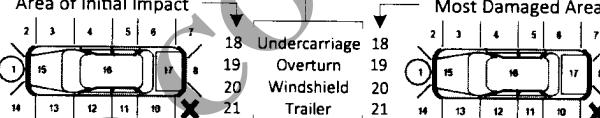
HAZ. MAT. PLACARD
1 No
2 Yes
88 Unknown

HAZ. MAT. NUMBER

HAZ. MAT. CLASS

Area of Initial Impact

Most Damaged Area



MOTOR CARRIER NAME

US DOT NUMBER

MOTOR CARRIER ADDRESS

CITY & STATE

ZIP CODE

PHONE NUMBER

Vehicle Body Type

1

15 Low Speed Vehicle
16 (Sport) Utility Vehicle
17 Cargo Van (10,000 lbs (4,536 kg) or less)
18 Motor Coach
19 Other Light Trucks (10,000 lbs (4,536 kg) or less)
20 Medium/Heavy Trucks (more than 10,000 lbs (4,536 kg))
21 Farm Labor Vehicle
77 Other, Explain in Narrative
88 Unknown

4

Trafficway

1 Two-Way, Not Divided
2 Two-Way, Not Divided, with a Continuous Left Turn Lane
3 Two-Way, Divided, Unprotected (painted <4 feet) Median
4 Two-Way, Divided, Positive Median Barrier
5 One-Way Trafficway
88 Unknown

Trailer Type

TRAILER 1 TRAILER 2
1 Single Semi Trailer
2 Tandem Semi Trailer
3 Tank Trailer
4 Saddle Mount/Trailer
5 Boat Trailer
6 Utility Trailer
7 House Trailer

Commercial Motor Vehicle Configuration

1 Vehicle 10,000 lbs or less Placarded for Hazardous Materials
2 Single-Unit Truck (2-axle and GVWR more than 10,000 lbs (4,536 kg))
3 Single-Unit Truck (3 or more axles)
4 Truck Pulling Trailer(s)
5 Truck Tractor (bottail)
6 Truck Tractor/Semi-Trailer
7 Truck Tractor/Double Truck

8 Tractor/Triple
9 Truck more than 10,000 lbs (4,536 kg), Cannot Classify
10 Bus/Large Van (seats for 9-15 occupants, including driver)
11 Bus (seats for more than 15 occupants, including driver)
77 Other, Explain in Narrative
88 Unknown

Comm/Non-Commercial

1 Interstate Carrier
2 Intrastate Carrier
3 Not in Commerce/Government
4 Not in Commerce/Other Truck

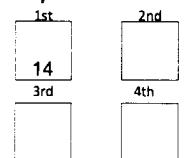
Most Harmful Event

14

Non-Collision

1 Overturn/Rollover
2 Fire/Explosion
3 Immersion
4 Jackknife
5 Cargo/Equipment Loss or Shift
6 Fell/Jumped From Motor Vehicle
7 Thrown or Falling Object
8 Ran into Water/Canal
9 Other Non-Collision

Sequence of Events



Roadway Grade

1 Level
2 Hillcrest
3 Uphill
4 Downhill
5 Sag (bottom)

1

Roadway Alignment

1 Straight
2 Curve Right
3 Curve Left

13

Vehicle Maneuver Action

1 Straight Ahead
3 Turning Left
4 Backing
5 Turning Right
6 Changing Lanes
8 Parked
10 Making U-Turn
11 Overtaking/Passing

13 Stopped in Traffic
14 Slowing
15 Negotiating a Curve
16 Leaving Traffic Lane
17 Entering Traffic Lane
77 Other, Explain in Narrative
88 Unknown

Traffic Control Device For This Vehicle

5
1 No Controls
4 School Zone Sign/Device
5 Traffic Control Signal
6 Stop Sign
7 Yield Sign

8 Flashing Signal
9 Railway Crossing Device
10 Person (including Flagman, Officer, Guard, etc.)
13 Warning Sign
77 Other, Explain in Narrative
88 Unknown

Vehicle Defects

1
1 None
2 Brakes
3 Tires
4 Lights (head, signal, tail)
6 Steering
7 Wipers
9 Exhaust System
10 Body, Doors
11 Power Train
12 Suspension
13 Wheels
14 Windows/Windshield
15 Mirrors
16 Truck Coupling/Trailer Hitch/Safety Chains
77 Other, Explain in Narrative
88 Unknown

Special Function of Motor Vehicle

1 No Special Function
2 Farm Vehicle
3 Police
7 Taxi
8 Military

9 Ambulance
10 Fire Truck
11 Farm Labor Transport
12 School Bus
13 Transit/Commuter Bus

14 Intercity Bus
15 Charter/Tour Bus
16 Shuttle Bus
17 Farm Labor Bus
88 Unknown

VIOLATIONS

PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER
PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER
PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER

PERSON #

2

1 Driver
2 Non-Motorist
3 Passenger

1

PHONE NUMBER

561-541-8616

Check if
Recommend
Driver Re-examSEX
1 Male
2 Female
88 Unknown

2

EXPIRES
09/07/2024INJURY SEVERITY (INJ)
1 None
2 Possible
3 Non-Incapacitating
4 Incapacitating
5 Fatal (within 30 days)
6 Non-Traffic Fatality

2

DL Type		Required Endorsements			DRIVER														
1 A	2 B	3 C	4 D/Chauffeur	5 E/Operator	6 E/Oper- Rest	7 None	1 Yes	2 No	3 No Req. Endorsement	1st	2nd	3rd	4th	Driver's Actions at Time of Crash					
5						3				1	1	1	1	26 Ran off Roadway	27 Disregarded other Traffic Sign				
Driver Distracted By		4 Other Inside the Vehicle (explain in narrative)		5 External Distraction (outside the vehicle, explain in narrative)		6 Texting		7 Inattentive		88 Unknown		3 Failed to Yield Right-of-Way		28 Disregarded Other Road Markings					
1		1 Not Distracted		2 Electronic Communication Devices (cell phone, etc.)		3 Other Electronic Device (navigation device, DVD player)		4 Texting		5 Load on Vehicle		10 Followed too Closely		29 Over-Correcting/Over-Steering					
Driver Vision Obstructions		6 Building/Fixed Object		7 Signs/Billboards		8 Fog		77 All Other, Explain in Narrative		9 Smoke		11 Ran Red Light		30 Swerved or Avoided: Due to Wind, Slippery Surface, MV, Object, Non-Motorist in Roadway, etc.					
1		1 Vision Not Obscured		2 Inclement Weather		3 Parked/Stopped Vehicle		4 Trees/Crops/Bushes		5 77 Other, Explain in Narrative		12 Drove too Fast for Conditions		31 Operated MV in Erratic, Reckless or Aggressive Manner					
DRIVER OR PASSENGER																			
Motor Vehicle Seating Position:																			
Seat	Row	Other	LOCATION: SEAT (LOC)			1	1	1	Helmet Use (HU)			Eye Protection (EP)			Restraint Systems (RS)				
1 Left	1 Front	1 Not Applicable	2 Sleeper Section of Truck Cab			1	1	1	3	3	1 Yes	2 No	3 Not Applicable	1	1	1			
2 Middle	2 Second	2 Second	3 Other Enclosed Cargo Area			1	1	1	1 DOT-Compliant Motorcycle Helmet			5 Deployed-Other (knee, air belt, etc.)			3	3	3		
3 Right	3 Third	3 Third	4 Unenclosed Cargo Area			1	1	1	2 Other Helmet			6 Deployed-Combination			1	1	1		
77 Other	4 Fourth	4 Fourth	5 Trailing Unit			1	1	1	3 No Helmet			7 Deployed-Curtain			1	1	1		
(explain in 77 Other Row narrative)			6 Riding on Motor Vehicle Exterior (non-trailing unit)			1	1	1	4 Deployed-Side			88 Deployment Unknown			1	1	1		
NON-MOTORIST																			
Non-Motorist Description					Non-Motorist Location At Time of Crash					Action Prior to Crash									
1 Pedestrian					1 Intersection - Marked Crosswalk					5 Walking/Cycling on Sidewalk									
2 Other Pedestrian (wheelchair, person in a building, skater, pedestrian conveyance, etc.)					2 Intersection - Unmarked Crosswalk					6 In Roadway - Other (working, playing, etc.)									
3 Bicyclist					3 Intersection - Other					7 Adjacent to Roadway (e.g., shoulder, median)									
4 Other Cyclist					4 Midblock - Marked Crosswalk					8 Going to or from School (K-12)									
5 Occupant of Motor Vehicle Not in Transport (parked, etc.)					5 Travel Lane - Other Location					9 Working in Trafficway (incident response)									
6 Occupant of a Non-Motor Vehicle Transportation Device					6 Bicycle Lane					10 None									
7 Unknown Type of Non-Motorist					7 Shoulder/Roadside					77 Other, Explain in Narrative									
88 Unknown					8 Sidewalk					88 Unknown									
1st					9 Median/Crossing Island					1 Crossing Roadway									
2nd					10 Driveway Access					2 Waiting to Cross Roadway									
3rd					11 Shared-Use Path or Trail					3 Walking/Cycling Along Roadway with Traffic (in or adjacent to travel lane)									
4th					12 Non-Trafficway Area					4 Walking/Cycling Along Roadway Against Traffic (in or adjacent to travel lane)									
5th					77 Other, Explain in Narrative					77 Other, Explain in Narrative									
6th					88 Unknown					88 Unknown									
Non-Motorist Actions/Circumstances																			
1st					1 Not Improper Action					7 Entering/Exiting Parked/Standing Vehicle					10 Improper Turn/Merge				
2nd					2 Dart/Dash					8 Inattentive (talking, eating, etc.)					11 Improper Passing				
3rd					3 Failure to Yield Right-of-Way					9 Not Visible (dark clothing, no lighting, etc.)					12 Wrong-Way Riding or Walking				
4th					4 Failure to Obey Traffic Signs, Signals, or Officer					77 Other, Explain in Narrative					77 Other, Explain in Narrative				
5th					5 In Roadway Improperly (standing, lying, working, playing)					88 Unknown					88 Unknown				
6th					6 Disabled Vehicle Related (working on, pushing, leaving/approaching)					88 Unknown					88 Unknown				
ALCOHOL/DRUG/EMS																			
SUSPECTED ALCOHOL USE:	ALCOHOL TESTED:		ALCOHOL TEST TYPE:		ALCOHOL TEST RESULT:		BAC	SUSPECTED DRUG USE:	DRUG TESTED:		DRUG TEST TYPE:		DRUG TEST RESULT:						
1 None	1 Test Not Given		1 Blood		1 Pending		1	1	1 Test Not Given		1 Blood		1 Positive						
2 Yes	2 Test Refused		2 Breath		2 Completed		1	1	2 Test Refused		3 Urine		2 Negative						
88 Unknown	3 Test Given		3 Urine		88 Unknown		1	1	3 Test Given		77 Other		3 Pending						
88 Unknown, if Tested		77 Other, Explain in Narrative		88 Unknown, if Tested		88 Unknown, if Tested		88 Unknown, if Tested		88 Unknown, if Tested		88 Unknown, if Tested		88 Unknown					
ADDITIONAL PASSENGERS																			
SOURCE OF TRANSPORT TO MEDICAL FACILITY	EMS AGENCY NAME OR ID			EMS RUN NUMBER			MEDICAL FACILITY TRANSPORTED TO												
1 Not Transported	1			1			INJ	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS			
2 EMS	3 Law Enforcement			1															
77 Other, Explain in Narrative	88 Unknown			1															
CROSS-REFERENCED RECORDS																			
SOURCE OF TRANSPORT TO MEDICAL FACILITY	EMS AGENCY NAME OR ID			EMS RUN NUMBER			MEDICAL FACILITY TRANSPORTED TO												
1 Not Transported	1			1			INJ	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS			
2 EMS	3 Law Enforcement			1															
77 Other, Explain in Narrative	88 Unknown			1															
CROSS-REFERENCED RECORDS																			
SOURCE OF TRANSPORT TO MEDICAL FACILITY	EMS AGENCY NAME OR ID			EMS RUN NUMBER			MEDICAL FACILITY TRANSPORTED TO												
1 Not Transported	1			1			INJ	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS			
2 EMS	3 Law Enforcement			1															
77 Other, Explain in Narrative	88 Unknown			1															

SCANNED

MAR 01 2017

VEHICLE #

3

Check if Commercial

1 Vehicle in Transport
2 Parked Motor Vehicle
3 Working Vehicle
Hit and Run
1 No
2 Yes
88 Unknown

1

REGISTRATION EXPIRES

10/28/2018

Check if Permanent Registration

COLOR

RED

DAMAGE:

1 Disabling
2 Functional
3 None

EST. AMOUNT

1 5000

Towed due to Damage:
1 No 2 Yes

VEHICLE REMOVED BY

2

SHEEHANS TOWING

1. Rotation
2. Owner Request
3. Driver
4. Other, Explain in Narrative

1

REGISTRATION EXPIRES	Check if Permanent Registration	YEAR	MAKE	LENGTH	AXLES
REGISTRATION EXPIRES	Check if Permanent Registration	YEAR	MAKE	LENGTH	AXLES

VEHICLE N S E W Off-Road Unknown ON STREET, ROAD, HIGHWAY AT EST. SPEED POSTED SPEED TOTAL LANES



N MILITARY TRAIL

0

45

6

HAZ. MAT. RELEASED
1 No
2 Yes
88 Unknown

HAZ. MAT. PLACARD
1 No
2 Yes
88 Unknown

HAZ. MAT. NUMBER
1

HAZ. MAT. CLASS
88 Unknown

Area of Initial Impact
18 Undercarriage
19 Overturn
20 Windshield
21 Trailer

Most Damaged Area
18 Undercarriage
19 Overturn
20 Windshield
21 Trailer

MOTOR CARRIER NAME

US DOT NUMBER

MOTOR CARRIER ADDRESS

CITY & STATE

ZIP CODE

PHONE NUMBER

Vehicle Body Type



15 Low Speed Vehicle
16 (Sport) Utility Vehicle
17 Cargo Van (10,000 lbs (4,536 kg) or less)
18 Motor Coach
19 Other Light Trucks (10,000 lbs (4,536 kg) or less)
20 Medium/Heavy Trucks (more than 10,000 lbs (4,536 kg))
21 Farm Labor Vehicle
77 Other, Explain in Narrative
88 Unknown

Trafficway

1 Two-Way, Not Divided
2 Two-Way, Not Divided, with a Continuous Left Turn Lane
3 Two-Way, Divided, Unprotected (painted >4 feet) Median
4 Two-Way, Divided, Positive Median Barrier
5 One-Way Trafficway
88 Unknown

Commercial Motor Vehicle Configuration

1 Vehicle 10,000 lbs or less Placarded for Hazardous Materials
2 Single-Unit Truck (2-axle and GVWR more than 10,000 lbs (4,536 kg))
3 Single-Unit Truck (3 or more axles)
4 Truck Pulling Trailer(s)
5 Truck Tractor (bottail)
6 Truck Tractor/Semi-Trailer
7 Truck Tractor/Double Truck

Comm/Non-Commercial



1 Interstate Carrier
2 Intrastate Carrier
3 Not in Commerce/Government
4 Not in Commerce/Other Truck

Trailer Type

1 Single Semi Trailer
2 Tandem Semi Trailer
3 Tank Trailer
4 Saddle Mount/Trailer
5 Boat Trailer
6 Utility Trailer
7 House Trailer

Pole Trailer

9 Towed Vehicle
10 Auto Transport
77 Other, Explain in Narrative
88 Unknown

Cargo Body Type

3 Van/Enclosed Box
4 Hopper
5 Pole-Trailer
6 Cargo Tank
7 Flatbed
8 Dump
9 Concrete Mixer
10 Auto Transport
11 Garbage/Refuse
12 Log

13 Intermodal Container Chassis
14 Vehicle Towing Another Vehicle
15 Not Applicable (vehicle 10,000 lbs (4,536kg) or less not displaying HM placard)
77 Other, Explain in Narrative
88 Unknown

Most Harmful Event



Non-Collision

1 Overturn/Rollover
2 Fire/Explosion
3 Immersion
4 Jackknife
5 Cargo/Equipment Loss or Shift
6 Fell/Jumped From Motor Vehicle
7 Throw or Falling Object
8 Ran into Water/ Canal
9 Other Non-Collision



[40-46 Sequence of Events only]

40 Equipment Failure (blown tire, brake failure, etc.)
41 Separation of Units
42 Ran Off Roadway, Right
43 Ran Off Roadway, Left
44 Cross Median
45 Cross Centerline
46 Downhill Runaway



PERSON #

3

 1 Driver
 2 Non-Motorist
 3 Passenger

1

PHONE NUMBER

561-602-0210

 Check if
 Recommend
 Driver Re-exam

 SEX
 1 Male
 2 Female
 88 Unknown

1

EXPIRES

10/28/2023

INJURY SEVERITY (INJ)

 1 None
 2 Possible
 3 Non-Incapacitating
 4 Incapacitating
 5 Fatal (within 30 days)
 6 Non-Traffic Fatality

1

DL Type		Required Endorsements			DRIVER																			
1 A 2 B 3 C 4 D/Chaffeur 5 E/Operator 6 E/Oper - Rest 7 None	5	1 Yes 2 No 3 No Req. Endorsement	3	Driver's Actions at Time of Crash 1st: 1 No Contributing Action 2 Operated MV in Careless or Negligent Manner 3 Failed to Yield Right-of-Way 4 Improper Backing 5 Improper Turn 6 Followed too Closely 11 Ran Red Light 12 Drove too Fast for Conditions 13 Ran Stop Sign 15 Improper Passing 17 Exceeded Posted Speed 21 Wrong Side or Wrong Way 25 Failed to Keep in Proper Lane 2nd: 27 Disregarded other Traffic Sign 28 Disregarded Other Road Markings 29 Over-Correcting/Over-Steering 30 Swerved or Avoided : Due to Wind, Slippery Surface, MV, Object, Non-Motorist in Roadway, etc. 31 Operated MV in Erratic, Reckless or Aggressive Manner 77 Other Contributing Action																				
Driver Distracted By		4 Other inside the Vehicle (explain in narrative) 5 External Distraction (outside the vehicle, explain in narrative) 6 Texting 7 Inattentive 88 Unknown			3rd: 1 Apparently Normal 2 Asleep or Fatigued 3 Ill (sick) or Fainted 4 Seizure, Epilepsy, Blackout 5 Physically Impaired 6 Emotional (depression, angry, disturbed, etc.) 9 Under the Influence of Medications/Drugs/Alcohol 77 Other, Explain in Narrative 88 Unknown																			
Driver Vision Obstructions		1 Vision Not Obscured 2 Inclement Weather 3 Parked/Stopped Vehicle 4 Trees/Crops/Bushes			4th: 10 Glare 9 Smoke 77 All Other, Explain in Narrative																			
DRIVER OR PASSENGER																								
Motor Vehicle Seating Position: <table border="1"> <tr> <td>Seat</td> <td>Row</td> <td>Other</td> <td>LOCATION: SEAT (LOC)</td> <td>ROW</td> <td>OTHER</td> </tr> <tr> <td>1 Left 2 Middle 3 Right 77 Other (explain in narrative) 88 Unknown</td> <td>1 Front 2 Second 3 Third 4 Fourth 77 Other Row</td> <td>1 Not Applicable 2 Sleeper Section of Truck Cab 3 Other Enclosed Cargo Area 4 Unenclosed Cargo Area 5 Trailing Unit 6 Riding on Motor Vehicle Exterior (non-trailing unit) 88 Unknown</td> <td>1</td> <td>1</td> <td>1</td> </tr> </table>													Seat	Row	Other	LOCATION: SEAT (LOC)	ROW	OTHER	1 Left 2 Middle 3 Right 77 Other (explain in narrative) 88 Unknown	1 Front 2 Second 3 Third 4 Fourth 77 Other Row	1 Not Applicable 2 Sleeper Section of Truck Cab 3 Other Enclosed Cargo Area 4 Unenclosed Cargo Area 5 Trailing Unit 6 Riding on Motor Vehicle Exterior (non-trailing unit) 88 Unknown	1	1	1
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Helmet Use (HU) 1 DOT-Compliant Motorcycle Helmet 2 Other Helmet 3 No Helmet																								
Eye Protection (EP) 1 Yes 2 No 3 Not Applicable																								
Restraint Systems (RS) 1 Not Applicable 2 None Used - Motor Vehicle Occupant 3 Shoulder and Lap Belt Used 4 Shoulder Belt Only Used 5 Lap Belt Only Used 6 Restraint Used - Type Unknown 7 Child Restraint System - Forward Facing 8 Child Restraint System - Rear Facing 9 Booster Seat 10 Child Restraint Type Unknown 77 Other, Explain in Narrative																								
NON-MOTORIST																								
Non-Motorist Description 1 Pedestrian 2 Other Pedestrian (wheelchair, person in a building, skater, pedestrian conveyance, etc.) 3 Bicyclist 4 Other Cyclist 5 Occupant of Motor Vehicle Not in Transport (parked, etc.) 6 Occupant of a Non-Motor Vehicle Transportation Device 7 Unknown Type of Non-Motorist				Non-Motorist Location At Time of Crash 1 Intersection - Marked Crosswalk 2 Intersection - Unmarked Crosswalk 3 Intersection - Other 4 Midblock - Marked Crosswalk 5 Travel Lane - Other Location 6 Bicycle Lane 7 Shoulder/Roadside				Action Prior to Crash 8 Sidewalk 9 Median/Crossing Island 10 Driveway Access 11 Shared-Use Path or Trail 12 Non-Trafficway Area 77 Other, Explain in Narrative 88 Unknown																
Safety Equipment 1 None 2 Helmet 3 Protective Pads Used (elbows, knees, shins, etc.) 4 Reflective Clothing (jacket, backpack, etc.)				Non-Motorist Actions/Circumstances 1 No Improper Action 2 Dart/Dash 3 Failure to Yield Right-of-Way 4 Failure to Obey Traffic Signs, Signals, or Officer 5 in Roadway Improperly (standing, lying, working, playing) 6 Disabled Vehicle Related (working on, pushing, leaving/approaching)				7 Entering/Exiting Parked/Standing Vehicle 8 Inattentive (talking, eating, etc) 9 Not Visible (dark clothing, no lighting, etc.) ALCOHOL/DRUG/EMS 10 Improper Turn/Merge 11 Improper Passing 12 Wrong-Way Riding or Walking 77 Other, Explain in Narrative 88 Unknown																
SUSPECTED ALCOHOL USE:		ALCOHOL TESTED:		ALCOHOL TEST TYPE:		ALCOHOL TEST RESULT:		BAC		SUSPECTED DRUG USE:		DRUG TESTED:		DRUG TEST TYPE:		DRUG TEST RESULT:								
1 No 2 Yes 88 Unknown	1	1 Test Not Given 2 Test Refused 3 Test Given 88 Unknown, if Tested	1	1 Blood 2 Breath 3 Urine 77 Other, Explain in Narrative	1	1 Pending 2 Completed 88 Unknown	1	1	1	1 No 2 Yes 88 Unknown	1	1 Test Not Given 2 Test Refused 3 Test Given 88 Unknown, if Tested	1	1 Blood 3 Urine 77 Other, Explain in Narrative	1	1 Positive 2 Negative 3 Pending 88 Unknown								
SOURCE OF TRANSPORT TO MEDICAL FACILITY				EMS AGENCY NAME OR ID				EMS RUN NUMBER				MEDICAL FACILITY TRANSPORTED TO												
1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative	88 Unknown	1																						
ADDITIONAL PASSENGERS												INJ	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS			
SOURCE OF TRANSPORT TO MEDICAL FACILITY				EMS AGENCY NAME OR ID				EMS RUN NUMBER				MEDICAL FACILITY TRANSPORTED TO												
1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative	88 Unknown																							
CURRENT ADDRESS (Number and Street)				CITY & STATE				DATE OF BIRTH				INJ	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS			
SOURCE OF TRANSPORT TO MEDICAL FACILITY				EMS AGENCY NAME OR ID				EMS RUN NUMBER				MEDICAL FACILITY TRANSPORTED TO												
1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative	88 Unknown																							

NARRATIVE

V2 AND V3 WERE STOPPED AT THE RED LIGHT TRAVELING NORTH ON NORTH MILITARY TRAIL. V1 DID NOT STOP AT THE RED LIGHT AND STRUCK V2 AND V3, PUSHING V3 THROUGH THE INTERSECTION. PBCFR ENGINE 223 RESPONDED ON SCENE BUT DID NOT TRANSPORT ANYONE. V3 HAD FAMILY REMOVE HER VEHICLE AND DRIVE HER TO THE HOSPITAL FOR MINOR INJURIES. V3 AND V1 WERE REMOVED BY SHEEHANS TOWING AND TAKEN TO THEIR TOW YARD. NO FURTHER INJURIES WERE REPORTED.

ADDITIONAL PASSENGERS

SOURCE OF TRANSPORT TO MEDICAL FACILITY EMS AGENCY NAME OR ID EMS RUN NUMBER MEDICAL FACILITY TRANSPORTED TO
1 Not Transported
2 EMS
3 Law Enforcement
77 Other, Explain in Narrative 88 Unknown
ADDITIONAL VIOLATIONS

PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER

REPORTING OFFICER

DIAGRAM



NOT TO SCALE

COPY

SHENANDOAH DR

V3

NOT
N MILITARY TRAIL

V2

POINT OF IMPACT

V1

SCANNED

WITNESS LIST

17044871

CASE NUMBER:

ARRESTING OFFICER: **Inv. Chiquito-Rodriguez**

ADDRESS: 3228 Gun Club Rd WPB, FL 33406

PHONE NUMBERS (HOME): _____ (WORK) 561-688-3000

CAN TESTIFY TO: Facts of case

NAME: D/S Ernest George # 9656

ADDRESS: 3228 Gun Club Rd WPB, FL 33406

PHONE NUMBERS (HOME) _____ (WORK) 561-688-3000

CAN TESTIFY TO: Facts of the case. Completed crash report.

NAME: D/S Michael Kelly #7386

ADDRESS 3228 Gun Club Rd WPB, FL 33406

PHONE NUMBERS (HOME) _____ (WORK) 561-688-3000

CAN TESTIFY TO: Facts of the case. Back-up deputy on scene while roadside stops were conducted.

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

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NAME: _____

ADDRESS _____

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CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

SCANNED

MAR 01 2017

TESTING FACILITY TASK REPORT

SUBJECT: Carrie. King, Luan

DATE: 2/26/17

BEGINNING TIME: 0552

BREATH TESTS RESULTS: 1) R TIME 2133 A.M./P.M.

3) TIME A.M./P.M.

AGENCY: PBS

CASE NUMBER: 17-04111

VIDEO TAPE NUMBER: 62202

ENDING TIME: 0557

BREATH OPERATOR: P. Dickey

MAINTENANCE TECHNICIAN: J. E. Clark 6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Surprised to see Officer at Concentration

CLOTHING: Blue jeans Blue sweater with leather jacket

MEDICAL CONDITIONS: N

MEDICATIONS: N

OTHER: Dependent on alcohol

Unknown odor of alcohol from Beverages

COMMENTS: All signs of alcohol abuse. All observations

and requests were disregarded. No

real implied consent (short term use) D

consent for any implied consent D

breath gas analysis (short term) D requires

by NPA D, the officer to make a/no

on behalf of the officer to make a/no

SCANNED

MAR 01 2017

SUBJECT: John Doe CASE NUMBER: 17-044571

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 John Doe of the 123 Main Street, Anytown, USA.

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) John Doe

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
MAR 01 2017

SUSPECT'S SIGNATURE: (X) John Doe

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? NO

WHERE WERE YOU GOING? Home

WHAT STREET OR HIGHWAY WERE YOU ON? Highway 101

DIRECTION OF TRAVEL? North WHERE DID YOU START? Exit 42

WHAT TIME DID YOU START? 7:00 AM WHAT TIME IS IT NOW? 8:00 AM

WHAT IS TODAY'S DATE? May 1, 2017 WHAT DAY OF THE WEEK IS IT? Wednesday

WHAT COUNTY AND CITY ARE YOU IN NOW? Santa Clara, San Jose

WHEN DID YOU LAST EAT? Breakfast at 7:00 AM WHAT DID YOU EAT? Coffee and cereal

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? Driving home from work

HOW MUCH DO YOU WEIGH? 180 lbs HAVE YOU BEEN DRINKING? Yes WHAT? Beer

HOW MUCH? 2 cans WHERE? Car WITH WHOM? Alone

WHEN DID YOU HAVE YOUR FIRST DRINK? 7:00 AM AND YOUR LAST DRINK? 8:00 AM

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? Drank them

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? Yes ARE YOU UNDER THE INFLUENCE? Yes

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? No HOW MUCH? None

WHAT? None WHERE? None WHEN? None

WHAT LINE OF WORK ARE YOU IN? Office worker WHEN DID YOU LAST WORK? 8:00 AM

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? No WHAT? None

ARE YOU SICK OR INJURED? No WHAT'S WRONG? None

DO YOU LIMP? No DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? No

WERE YOU IN AN ACCIDENT TODAY? No

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? No WHEN? None

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? No WHO? None WHY? None

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? No WHAT? None WHEN? None

DO YOU HAVE: EPILEPSY? None

GLASS EYE? None

FALSE TEETH? None

EAR INFECTION? None

INNER EAR TROUBLE? None

DIABETES? None

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? No **SCANNED**

DO YOU TAKE INSULIN? No IF SO, WHEN WAS YOUR LAST INJECTION? None **MAR 01 2017**

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? No WHERE? None

INTERVIEWER: John Doe

18334

GOLD - JAIL

NOT A CERTIFIED

SCANNED
MAR 01 2017