

0482017

144

| OBTS Number   |  | ARREST / NOTICE TO APPEAR<br>Juvenile Referral Report                            |  | 1. Arrest<br>2. N.T.A.  |  | 3. Request for Warrant<br>4. Request for Capias  |  | 1  |  | Juvenile   |  | N   |  |
|---|--|--|--|---|--|--|--|--|--|--|--|---|--|
| Agency ORI Number<br><b>FLO 500000</b>  |  | Agency Name<br><b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>                         |  |   |  | Agency Report Number (N.T.A.'s only)<br><b>06- 16141705</b>  |  |  |  |  |  |   |  |
| Charge Type:<br>Check as many as apply.   |  | <input type="checkbox"/> 1. Felony<br><input type="checkbox"/> 2. Traffic Felony |  | <input type="checkbox"/> 3. Misdemeanor<br><input checked="" type="checkbox"/> 4. Traffic Misdemeanor |  | <input type="checkbox"/> 5. Ordinance<br><input type="checkbox"/> 6. Other   |  | Weapon Seized / Type<br>1. Yes<br>2. No                                    |  | Multiple Clearance Indicator   |  | 1   |  |
| Location of Arrest (Including Name of Business)<br><b>7000 Camino Real, Boca Raton, FL 33433</b>  |  |  |  |   |  | Location of Offense (Business Name, Address)<br><b>7000 Camino Real, Boca Raton, FL 33433</b>  |  |  |  |  |  |   |  |
| Date of Arrest<br><b>10/21/2016</b>   |  | Time of Arrest<br><b>0049</b>  |  | Booking Date  |  | Booking Time   |  | Jail Date  |  | Jail Time  |  | Location of Vehicle<br><b>7000 Camino Real, Boca Raton, FL 33433</b>  |  |
| Name (Last, First, Middle)<br><b>Zara, Linda, Sue</b>   |  |  |  |   |  |  |  |  |  |  |  | Alias (Name, DOB, Soc. Sec. #, Etc.)  |  |
| Race<br>W - White I - American Indian<br>B - Black O - Oriental/Asian   |  | Sex<br><b>W</b>  |  | Date of Birth<br><b>07/06/1957</b>  |  | Height<br><b>5'03</b>  |  | Weight<br><b>180</b>   |  | Eye Color<br><b>Hazel</b>  |  | Hair Color<br><b>brown</b>  |  |
| Complexion<br><b>Light</b>  |  | Build  |  | Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)<br><b>scar left leg</b> |  | Marital Status<br><b>Divorced</b>  |  | Religion<br><b>CATHOLIC</b>  |  | Indication of:<br>Alcohol Influence<br>Drug Influence                                      |  | Y N Unk.<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  |  |
| Local Address (Street, Apt. Number) (City) (State) (Zip)<br><b>612 NW 47th Ter, Deerfield Beach, FL 33442</b>   |  |  |  |   |  | Phone<br><b>(954) 394-7581</b>   |  | Residence Type:<br>1. City<br>2. County<br>3. Florida<br>4. Out of State   |  | 1  |  | Address Source<br><b>Driver's License</b>   |  |
| Permanent Address (Street, Apt. Number) (City) (State) (Zip)<br><b>7473 Santa Monica Dr, Margate, FL 33063</b>  |  |  |  |   |  | Phone<br><b>( )</b>  |  | Occupation<br><b>financial advisor</b>                                     |  |  |  |   |  |
| Business Address (Name, Street) (City) (State) (Zip)  |  |  |  |   |  | Phone<br><b>( )</b>  |  |  |  |  |  |   |  |
| D/L Number, State<br><b>Z600537577460, FL</b>   |  |  |  | Soc. Sec. Number<br><b>[REDACTED]</b>   |  | INS Number   |  | Place of Birth (City, State)<br><b>Deerfield, NY</b>                       |  | Citizenship<br><b>USA</b>  |  |   |  |
| Co-Defendant Name (Last, First, Middle)   |  |  |  |   |  | Race   |  | Sex  |  | Date of Birth  |  | <input type="checkbox"/> 1. Arrested<br><input type="checkbox"/> 2. At Large<br><input type="checkbox"/> 3. Felony<br><input type="checkbox"/> 4. Misdemeanor<br><input type="checkbox"/> 5. Juvenile |  |
| Co-Defendant Name (Last, First, Middle)   |  |  |  |   |  | Race   |  | Sex  |  | Date of Birth  |  | <input type="checkbox"/> 1. Arrested<br><input type="checkbox"/> 2. At Large<br><input type="checkbox"/> 3. Felony<br><input type="checkbox"/> 4. Misdemeanor<br><input type="checkbox"/> 5. Juvenile |  |
| <input type="checkbox"/> Parent<br><input type="checkbox"/> Legal Custodian<br><input type="checkbox"/> Other:  |  |  |  |   |  | Residence Phone<br><b>( )</b>  |  |  |  |  |  | Business Phone<br><b>( )</b>  |  |
| Address (Street, Apt. Number) (City) (State) (Zip)  |  |  |  |   |  | Notified by: (Name)  |  |  |  |  |  | Date  |  |
| Released To: (Name)   |  |  |  |   |  | Relationship   |  |  |  |  |  | Date  |  |
| 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.<br><input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason) |  |  |  |   |  | School Attended  |  |  |  |  |  | Grade   |  |
| Property Crime?<br><input type="checkbox"/> Yes <input type="checkbox"/> No   |  |  |  |   |  | Description of Property  |  |  |  |  |  | Value of Property   |  |
| Drug Activity<br>N. N/A<br>P. Possess   |  | S. Sell<br>B. Buy<br>T. Traffic  |  | R. Smuggle<br>D. Deliver<br>E. Use  |  | K. Dispense/<br>Distribute   |  | M. Manufacture/<br>Produce/<br>Cultivate                                   |  | Z. Other   |  | Drug Type<br>N. N/A<br>A. Amphetamine   |  |
|   |  |  |  |   |  |  |  |  |  |  |  | B. Barbiturate<br>C. Cocaine<br>E. Heroin   |  |
|   |  |  |  |   |  |  |  |  |  |  |  | H. Hallucinogen<br>M. Marijuana<br>O. Opium/deriv.  |  |
|   |  |  |  |   |  |  |  |  |  |  |  | P. Paraphernalia/<br>Equipment<br>S. Synthetics   |  |
|   |  |  |  |   |  |  |  |  |  |  |  | U. Unknown<br>Z. Other  |  |
| Charge Description<br><b>Driving Under the Influence (DUI)</b>  |  |  |  |   |  | Counts<br><b>1</b>   |  | Domestic Violence<br><input type="checkbox"/> Y <input type="checkbox"/> N |  | Statute Violation Number<br><b>316.193(1)</b>  |  | Violation of ORD #  |  |
| Drug Activity<br><b>N</b>   |  |  |  |   |  | Drug Type<br><b>N</b>  |  | Amount / Unit<br><b>n/a</b>  |  | Offense #<br><b>16141705</b>   |  | Warrant / Capias Number   |  |
| Charge Description  |  |  |  |   |  | Counts   |  | Domestic Violence<br><input type="checkbox"/> Y <input type="checkbox"/> N |  | Statute Violation Number   |  | Violation of ORD #  |  |
| Drug Activity   |  |  |  |   |  | Drug Type  |  | Amount / Unit  |  | Offense #  |  | Warrant / Capias Number   |  |
| Charge Description  |  |  |  |   |  | Counts   |  | Domestic Violence<br><input type="checkbox"/> Y <input type="checkbox"/> N |  | Statute Violation Number   |  | Violation of ORD #  |  |
| Drug Activity   |  |  |  |   |  | Drug Type  |  | Amount / Unit  |  | Offense #  |  | Warrant / Capias Number   |  |
| Charge Description  |  |  |  |   |  | Counts   |  | Domestic Violence<br><input type="checkbox"/> Y <input type="checkbox"/> N |  | Statute Violation Number   |  | Violation of ORD #  |  |
| Drug Activity   |  |  |  |   |  | Drug Type  |  | Amount / Unit  |  | Offense #  |  | Warrant / Capias Number   |  |
| Location (Court, Room Number, Address)<br><b>South County Courthouse, 200 W. Atlantic Avenue, Courtroom #1, Delray Beach, FL 33444</b>  |  |  |  |   |  |  |  |  |  |  |  |   |  |
| Court Date and Time<br>Month <b>Nov</b> Day <b>21</b> Year <b>2016</b> Time <b>0830</b> AM <input checked="" type="checkbox"/> PM   |  |  |  |   |  |  |  |  |  |  |  |   |  |
| I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED                    |  |  |  |   |  |  |  |  |  |  |  |   |  |
| Signature of Defendant (or Juvenile and Parent /Custodian)<br><i>[Signature]</i>  |  |  |  |   |  |  |  |  |  |  |  | Date Signed<br><b>10/21/2016</b>  |  |
| HOLD for other Agency Name:<br><input type="checkbox"/> Dangerous<br><input type="checkbox"/> Suicidal<br><input type="checkbox"/> Resisted Arrest<br><input type="checkbox"/> Other:   |  |  |  |   |  | Signature of Arresting Officer<br><i>[Signature]</i><br>Name of Arresting Officer (Print)<br><b>D/S Jacob Frey</b> I.D. #<br><b>9658</b> |  |  |  | Name Verification (Printed by Arrestee)<br><b>OCT 21 AM 5:46</b><br><b>SCANNED</b><br>PAGE |  |   |  |
| Intake Deputy<br><i>[Signature]</i> I.D. #<br><b>4716</b> Pouch #   |  |  |  |   |  | Transporting Officer<br><b>D/S Jacob Frey</b> ID #<br><b>9658</b> Agency<br><b>PBSO</b>  |  |  |  | Witness here if subject signed with <b>OCT 23 2016</b> OF                                  |  |   |  |

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 20 DAY OF Oct 20 16 AT 23:02 PM ✓  
SUBJECT: Zara, Linda, Sue CASE NUMBER: 16141705

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 20Oct16 at 2312hrs I arrived at the intersection of Camino Real and Powerline Rd, Boca Raton, in unincorporated Palm Beach County in reference to a traffic crash (16141691).

Upon arrival I went to check the welfare of the occupants of the vehicles involved in the crash. I approached the driver's side of a blue BMW X3 (FL Tag LZAZ). The vehicle was running and a white female was sitting in the driver's seat. She was later identified as Linda Zara by her FL driver's license. The vehicle had damage to the passenger's side front corner but was still drivable.

## OBSERVATION OF DRIVER:

Upon approach I immediately smelled the strong odor of an unknown alcoholic beverage coming from inside the vehicle and from Linda. I asked Linda for her license, registration, and insurance. She began to look around the passengers briefly then stopped. Her speech was low and very slurred. She had difficulty completing sentences and would appear to lose her train of thought. I had to ask her several times for her documents. She fumbled through her wallet and purse and retrieved her license. I asked her for her remaining documents; she fumbled through her center console and retrieved her registration and insurance. I asked for her phone number (to complete the crash) and she had difficulty remembering it and reciting it. Linda stated she was diabetic; Palm Beach County Fire Rescue arrived on scene and stated her blood sugar levels were within the normal range. During my contact with her in the vehicle she was slumping over and was swaying while sitting. Her eyes were watery and she had a vacant stare when I was speaking to her.

## DRIVER'S STATEMENTS:

Post-Miranda Linda told me she had 3 to 4 glasses of white wine at Salt Seven with several clients.

## ODORS:

Heavy smell of an odor of an unknown alcoholic beverage coming from inside the vehicle and from her breath. On sequential approach to the vehicle I smelled the odor of a perfume that appeared as an attempt to mask the smell of the alcohol.

## GENERAL OBSERVATIONS

SPEECH: Low and Very slurred.

ATTITUDE: Dazed, confused, partially cooperative

CLOTHING: black and white dress, no shoes

MEDICAL/OTHER: she stated she has a "bum" knee, shoulder, and neck. she initially stated she was diabetic but later stated she wasn't.

STATE OF FLORIDA  
COUNTY OF PALM BEACH

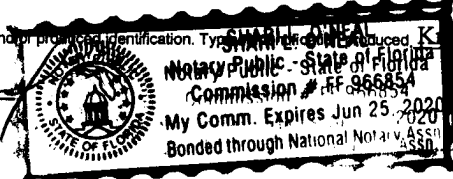
D/S Jacob Frey  
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 21 day of Oct 20 16 by D/S Jacob Frey

(Print name of Arresting/Investigative Officer), who is personally known to me and who produced identification. Type name of officer in reduced space.

Shari O'Neal (#6212)

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



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OCT 23 2016

SUBJECT: Zara, Linda, Sue

CASE NUMBER 16141705

### 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:

She had difficulty following her eyes only. Her body had swayed and she had difficulty standing. Her eyes were watery.

#### WALK & TURN:

Prior to starting any tasks she attempted to walk the walk and turn. I instructed and demonstrated the walk and turn. She could not stand as instructed and had to grab my hand and arm for support. She told me she could not complete the task because she didn't want to "self-incriminate". I explained the Taylor Warning several times. She refused to complete the task.

#### ONE LEG STAND:

I instructed and demonstrated the one leg stand. She acknowledged she understood. Her body swayed during the instructions. She could not keep her foot off the ground for more that 3-4 seconds and had to raise her arms from her side for balance. After placing her foot down several times, she placed her toe on the ground with her heel raised for the remainder of the task. 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 and during the task. She refused to close her eyes and tilt her head back as instructed. On every command she placed her finger on her cheek. I had to reminder her several times to return her and to her side. When she put her hand back to her side she did it very slowly. The task was completed on a dry and level surface.

#### ROMBERG ALPHABET:

I asked her what her highest level of education was. She told me she was "a couple classes short of a bachelor's degree". She told me she knew the English alphabet. Her body swayed during the instructions and during the task. She refused to close her eyes and tilt her head back. She recited the alphabet incorrectly repeating and skipping several letters : "a, b, c, d, e, f, g, h, I, j, k, l, m, n, o, c, d, e, f, g, h, I, j, h, I, g, k, h, o, p, l, m, n, o, p, p, r, q, r, s, t, u, f, c". The task was complete on a dry and level surface.

BREATH TEST RESULTS:      refusal                      refusal                      refusal

STATE OF FLORIDA  
COUNTY OF PALM BEACH

D/S Jacob Frey

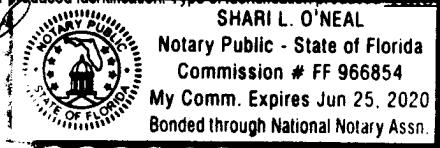
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 21 day of Oct, 2016 by D/S Jacob Frey

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced credible evidence that he/she is known

Shari O'Neal (#6212)

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



SCANNED

OCT 23 2016

# WITNESS LIST

CASE NUMBER: 16141705

ARRESTING OFFICER: D/S Jacob Frey

ADDRESS: 3228 Gun Club Rd, WPB

PHONE NUMBERS (HOME): \_\_\_\_\_ (WORK) 561-688-300

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: \_\_\_\_\_

ADDRESS \_\_\_\_\_

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

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

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

ADDRESS \_\_\_\_\_

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

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

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

ADDRESS \_\_\_\_\_

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

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

ADDRESS \_\_\_\_\_

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

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

SCANNED

OCT 23 2016

# TESTING FACILITY TASK REPORT

AGENCY: 1000 1100 Hwy #9655  
SUBJECT: Zuma, Liana Sue CASE NUMBER: 10-191705  
DATE: 10-21-16 VIDEO TAPE NUMBER: 01042  
BEGINNING TIME: 021015 ENDING TIME: 024715

BREATH TESTS RESULTS: 1) .141 TIME 0212 (A.M./P.M.) 2) .137 TIME 0224 (A.M./P.M.)  
3) .127 TIME 0232 (A.M./P.M.)

BREATH OPERATOR: S. O'Neil #9212

MAINTENANCE TECHNICIAN: 1000 J. K. K. #16167

## TESTING OFFICER'S OBSERVATIONS

SPEECH: Slurred, Mumbled

ATTITUDE: Calming, Cooperative at first, then uncooperative, Argumentative

CLOTHING: Black & White/Polka No Shoes

MEDICAL CONDITIONS: Bad hip, knee and shoulder

MEDICATIONS: Yes

OTHER: Eyes: Very Red & Glassy \* Uncooperative

Dexterity: Sampling a little unsteady when walking

Strong odor of urine or alcoholic beverage

COMMENTS: 20 min observation done by AIO #9655

AIO requested that I conduct test.

D was not blowing correctly at all, explained to her and physically showed her.

D would not blow the mouthpiece in her mouth correctly. Gave her three chances she would not blow correctly. Implied (covertly) reason

AIO took it as a refusal because she would not blow correctly.

C/W read Q+A completed.

SCANNED

OCT 23 2016

SUBJECT: Zera, Linda Sue CASE NUMBER: 16-141702

## 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. Fing #4652 of the PCSO

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) Read 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  
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SUSPECT'S SIGNATURE: (X) Read on Camera

SUBJECT: 1.00a - 2.00g CASE NUMBER: 16-141705

## 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? Yes

WHERE WERE YOU GOING? Traveling home

WHAT STREET OR HIGHWAY WERE YOU ON? San Jose - 101 - travel north

DIRECTION OF TRAVEL? N WHERE DID YOU START? Daly City

WHAT TIME DID YOU START? No sure WHAT TIME IS IT NOW? I don't know

WHAT IS TODAY'S DATE? Oct 20th WHAT DAY OF THE WEEK IS IT? Thursday

WHAT COUNTY AND CITY ARE YOU IN NOW? Palo Alto

WHEN DID YOU LAST EAT? 8 pm WHAT DID YOU EAT? Chips

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? Missing job from work

HOW MUCH DO YOU WEIGH? 160 HAVE YOU BEEN DRINKING? Yes WHAT? Chico. / white wine

HOW MUCH? 3 glasses WHERE? State bar WITH WHOM? Friends

WHEN DID YOU HAVE YOUR FIRST DRINK? 6:30 pm AND YOUR LAST DRINK? 7:30 pm

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? By taking sipping in a bar service

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? No ARE YOU UNDER THE INFLUENCE? No

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? No HOW MUCH? —

WHAT? — WHERE? — WHEN? —

WHAT LINE OF WORK ARE YOU IN? Technical Advisor WHEN DID YOU LAST WORK? Today

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? No WHAT? Back pain and "ouch" (ouch)

ARE YOU SICK OR INJURED? No WHAT'S WRONG? Back shoulder

DO YOU LIMP? Yes DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? Headache last Thursday

WERE YOU IN AN ACCIDENT TODAY? No

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? No WHEN? —

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? Yes WHO? Dr. Cost WHY? Foot pain / phlegm

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? Yes WHAT? Protonix WHEN? Morning

DO YOU HAVE: EPILEPSY? No

GLASS EYE? No

FALSE TEETH? No

EAR INFECTION? No

INNER EAR TROUBLE? No

DIABETES? No

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

DO YOU TAKE INSULIN? No IF SO, WHEN WAS YOUR LAST INJECTION? —

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? Yes WHERE? NY

INTERVIEWER: WHITE - STATE ATTY. YELLOW - DHSMV PINK - CENTRAL RECORDS GOLD - JAIL

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