

0495267

NR

2018 CT001970 MB
529 DIV C

OBTS Number		ARREST / NOTICE TO APPEAR		1. Arrest		3. Request for Warrant		Jvenile	
Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-18031700					
Charge Type: Check as many as apply		1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/>		3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/>		5. Ordinance <input type="checkbox"/> 6. Other <input type="checkbox"/>		Weapon Seized / Type 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>	
Location of Arrest (Including Name of Business) 200 BLOCK BINKS FOREST DR WELLINGTON FLORIDA 33414				Location of Offense (Business Name, Address) 200 BLOCK BINKS FOREST DR WELLINGTON FL 33414					
Date of Arrest 01/27/2018		Time of Arrest 20:50		Booking Date		Booking Time		Jail Date	
Name (Last, First, Middle) MACHILLANDA MANUEL HERIBERTO		Alias (Name, DOB, Soc. Sec. #, Etc.)							
Race W - White I - American Indian B - Black O - Oriental/Asian		Sex M		Date of Birth 08/05/1980		Height 5'07		Weight 175	
Eye Color BROWN		Hair Color BLACK		Complexion DARK		Build MED			
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) NONE				Marital Status MARRIED		Religion CHRISTIAN		Indication of Alcohol Influence 1. City <input type="checkbox"/> 2. County <input type="checkbox"/> 3. Florida <input type="checkbox"/> 4. Out of State <input type="checkbox"/>	
Local Address (Street, Apt. Number) 11775 SAINT ANDREWS PLACE WELLINGTON FL 33414				Phone (754) 214-4516		Residence Type: 1. City <input type="checkbox"/> 2. County <input type="checkbox"/> 3. Florida <input type="checkbox"/> 4. Out of State <input type="checkbox"/>			
Permanent Address (Street, Apt. Number)				Phone		Address Source FLORIDA DL			
Business Address (Name, Street)				Phone		Occupation			
Dr. Number, State M245548802850		Soc. Sec. Number		INS Number		Place of Birth (City, State) CARACAS VENEZUELA		Citizenship VENEZUELA	
Co-Defendant Name (Last, First, Middle)				Race		Sex		Date of Birth	
Co-Defendant Name (Last, First, Middle)				Race		Sex		Date of Birth	
Parent Legal Custodian Other:				Residence Phone					
Address (Street, Apt. Number)				City		State		Zip	
Business Phone									
Notified by (Name)				Date		Time		Juvenile Disposition 1. Handled/Processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated	
Released To: (Name)				Relationship		Date		Time	
The above address provided by <input type="checkbox"/> defendant and / or <input type="checkbox"/> defendant's parents The child and / or parent was told to keep the Juvenile Court Clerk (Phone 355-2526) informed of any change of address. <input type="checkbox"/> Yes, by (Name) <input type="checkbox"/> No. (Reason)				School Attended		Grade			
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No				Description of Property				Value of Property	
Drug Activity N. N/A P. Possess		S. Sell B. Buy T. Traffic		R. Smuggle D. Deliver E. Use		K. Dispense/ Distribute		M. Manufacture/ Produce/ Cultivate	
Z. Other		Drug Type N. N/A A. Amphetamine		B. Barbiturate C. Cocaine E. Heroin		H. Hallucinogen M. Marijuana O. Opium/Deriv.		P. Paraphernalia/ Equipment S. Synthetics	
U. Unknown Z. Other		Charge Description D.U.I.		Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number 316.193 (1)	
Drug Activity U		Drug Type U		Amount / Unit		Offense # 18031700		Warrant / Capias Number	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #	
Drug Activity U		Drug Type U		Amount / Unit		Offense #		Warrant / Capias Number	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #	
Drug Activity U		Drug Type U		Amount / Unit		Offense #		Warrant / Capias Number	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #	
Drug Activity U		Drug Type U		Amount / Unit		Offense #		Warrant / Capias Number	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #	
Drug Activity U		Drug Type U		Amount / Unit		Offense #		Warrant / Capias Number	
Location (Court, Room Number, Address) PALM BEACH COUNTY CRIMINAL JUSTICE COMPLEX - 3228 GUN CLUB RD WEST PALM BEACH FL, 33406		Court Date and Time Month FEBRUARY Day 22 Year 2018 Time 08:30 AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>		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)				Date Signed 01/27/2018					
HOLD for other Agency Name:		Signature of Arresting Officer [Signature]		Name Verification (Printed by Arresting Officer) [Signature]					
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest		Name of Arresting Officer (Print) Corporal R Soriano		(PRINT)					
<input type="checkbox"/> Suicidal <input type="checkbox"/> Other		I.D. # #9418							
I Make Deposit I.D. # Branch #		Transporting Officer CPL SORIANO		ID # 9418 Agency PBSO					
Witness here if subject signed with another person		PAGE 1 OF 1							

DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY (FOR FILING ONLY)

FEB 01 2018

SCANNED

2018 JAN 28 AM 11:38
PALM BEACH COUNTY SHERIFF'S OFFICE
GUN CLUB BRANCH

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 27TH DAY OF JANUARY 20 18 AT 20:21 AM PM
SUBJECT: MACHILLANDA MANUEL HERIBERTO CASE NUMBER: 18031700

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: Corporal R Soriano

PERSONAL CONTACT

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

On Saturday, January 27, 2018 at approximately 20:20 hours, I was conducted stationary speed enforcement near the intersection of State Road 80 and Flying Cow Road in unincorporated Palm Beach County. While facing eastbound observing traffic, I observed a dark colored BMW SUV traveling northbound on Flying Cow Road fail to stop for the stop sign at the aforementioned intersection. The entered onto State Road 80 and made a wide right hand turn entering the grass median and then begin to travel eastbound on State Road 80 in the inside lane (#1 lane). I observed the vehicle accelerate to an unlawful speed of 70 miles per hour (MPH) in a posted 55 mph speed zone. I began to follow the vehicle overtaking its speed and observed the vehicle change lanes into the right hand turn lane and make a right onto Binks Forest. At this time I noticed the vehicle was a dirty Blue BMW X5 bearing Florida tag "081TPV". The vehicle made a wide hand turn entering the center divider almost entering the northbound lanes of Binks Forest. The vehicle continued southbound on Binks Forest to approximately the 200 block, where I initiated my emergency overhead lights and conducted a traffic stop in front of Binks Point in the right turn lane. As the vehicle entered the turn lane, I observed both passenger side wheels strike the curb and bounce off the curb until it came to a stop. I exited my patrol car and approached the driver side door.

OBSERVATION OF DRIVER:

I made contact with the driver who I observed was wearing gray long pants and green collard shirt. The driver identified himself by his valid Florida drivers license as Manuel Heriberto Machillanda. While questioning Machillanda, I observed that he seemed to be confused by my questions when I asked him what highway he was traveling upon and what highway he was currently stopped on. Machillanda had difficulty performing tasks such as locating his driver's license. I observed Machillanda's eyes appeared red and glossy. I observed that he was slurring his words. While speaking to Machillanda I detected a strong odor of an unknown alcoholic beverage coming from the interior of his vehicle. I noticed Machillanda actions were slow and his dexterity was off. I asked Machillanda if he had been drinking and he stated he had two Corona beers. Before I could ask, Machillanda stated he would be willing to conduct road side evaluations. As soon as he stopped talking, I advised Machillanda that I was under the suspicion that he may have had too much of an unknown alcoholic beverage that may have impaired his ability to operate a motor vehicle safely. With that I asked him if he would be willing to exit his vehicle to perform standardized field sobriety task's, which he agreed to. While exiting the vehicle, Machillanda appeared to be shaky on his feet and swayed towards traffic. Machillanda leaned towards his vehicle and placed his hands high against his vehicle. Machillanda continued to appear confused and nervous and remained with his hands up as if he was waiting for me to conduct a pat down of his person. I told Machillanda to walk to the rear of his vehicle and he began to side step while maintaining his hands high up against his car. Once Machillanda got to the rear of his vehicle, I conducted a pat down to make sure he did not have any weapons. I told Machillanda several times to relax and had to remind him that he stated he was willing to perform field sobriety tasks.

DRIVER'S STATEMENTS:

I asked Machillanda if he had been drinking or used any drugs. Machillanda stated he drank two corona beers and does not do drugs. I then asked Machillanda if he has any medical problems and/or previous injuries and he stated "no." I noticed Machillanda was wearing glasses, so I asked him to remove them. I asked him if he wears contacts and he stated no. Finally, I asked Machillanda if he takes any medications either prescribed or over the counter and at first Machillanda stated no and later stated he takes Venlafaxine for anti depression. Machillanda stated he takes his medication in the morning and every afternoon. When I asked Machillanda if he is allowed to take his medication prior drinking and he advised "yes". Machillanda also stated his medication indicated he is allowed to drive with no side effects.

ODORS:

Obvious odor of an unknown alcoholic beverage

GENERAL OBSERVATIONS

SPEECH: slurred, thick, slow, unclear

ATTITUDE: calm, compliant.

CLOTHING: wearing gray pants and green collard shirt

MEDICAL/OTHER: NONE

STATE OF FLORIDA
COUNTY OF PALM BEACH

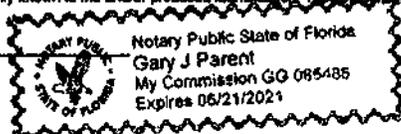
Corporal R Soriano

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 27th day of January 20 18 by Corporal R Soriano

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

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



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:

Once positioned in the front of my vehicle, I conducted my investigation. I instructed Machillanda to keep his hands by his side, stand with his feet together, and follow a red light stimulus with his eyes not moving his head. I asked him if he understood my instructions. Machillanda verbally stated he understood my instructions. Machillanda swayed while standing stationary. I observed both eyes to be red, bloodshot, and glossy. His left and right eye displayed equal pupil size, equal tracking, and a lack of smooth pursuit. I observed distinct and sustained nystagmus was present in both his left and right eye at maximum deviation during two separate four second evaluations. The onset of nystagmus was prior to a 45 degree angle in both his left and right eye during two separate four second evaluations. Vertical nystagmus was present in both the left and right eye during two separate four second evaluations. While conducting the task, I had no reason to keep hands by his side, not turn his head and follow the stimulus multiple times.

WALK & TURN:

I positioned Machillanda on a painted white line which was on a smooth and level surface, free of any debris and well lit by the headlights on my vehicle and nearby street lighting. I instructed Machillanda to place his left foot on the line and his right foot in front of the left touching heel to toe. I instructed him that he was to keep his hands at his side and stay in this position until I instructed him to do otherwise. I instructed him to walk nine heel to toe steps counting out loud, while watching his feet. On the ninth step he was to keep his front foot on the line and use his back foot, in a series of small steps, to turn around before walking nine heel to toe steps the opposite direction counting out loud and watching his feet. I demonstrated the task while I was verbally instructing him in the proper way to complete the task. During the task, I observed Machillanda swayed while balancing, could not maintain the instructed position, stopped walking to steady self, did not touch heel to toe, stepped off the line numerous times and used arms to maintain balance. Machillanda did not turn properly, lost his balance while turning and continued to step off the line as he took the incorrect number of steps.

ONE LEG STAND:

I placed Machillanda with his feet together and arms at his arms by his side. I demonstrated the task as I verbally instructed him to raise one of his feet approximately six inches off of the ground, point his toe towards my patrol car, look at the raised foot, and count out loud 1001, 1002, 1003 and so on until told to stop. I asked him if he understood the instructions and demonstration I provided. After Machillanda stated he understood my instructions, the task was performed. While Machillanda stood in the instructional position, I observed he started too soon and swayed while standing stationary. While raising his foot he swayed while balancing, hopped, put foot down three times within 30 seconds. One of the times that Machillanda placed his foot down he started to lose his balance towards the roadway and I placed my hand up so he wouldn't fall towards traffic. At this time, I told Machillanda we were done with the task and to quit raising his foot.

FINGER TO NOSE:

I instructed Machillanda to stand with his feet together, make each hand into a fist keeping, extended his index fingers and to place his palms facing up. He was instructed to lower his arms by his side. I instructed and demonstrated the proper hand and arm position and for him to remain in this position while I demonstrated the rest of the task. I instructed and demonstrated him to tilt his head back approximately 45 degrees and close his eyes while waiting for a verbal command of left or right. On the command of "left" or "right", he would raise the requested hand, touch the tip of his finger to the tip of his nose, then bring his hand immediately back down to his side. I asked him if he understood the instructions I provided and he verbally stated he understood. I instructed him to start the task as explained. During the task, I observed Machillanda did not keep eyes closed, correct finger did not touch tip of nose on every command.

ROMBERG ALPHABET:

I verbally inquired if Machillanda could recite the entire English alphabet. He stated he was able to recite the English alphabet and I instructed him to place his feet together with his arms at his side and stay in this position until told to do otherwise. I instructed him that upon starting he was to tilt his head back approximately 45 degrees and close his eyes. He would begin to state the alphabet in a slow and methodical manner without singing or rhyming it. I asked him if he understood the instructions and he verbally replied he understood. During the instructions he continued to sway while standing stationary. I instructed Machillanda to start the task as explained. During the task, I observed Machillanda tilt his head enough, so I asked him to tilt his head back farther. While reciting the alphabet Machillanda did not state the letter "I", and repeated the letter "B".

BREATH TEST RESULTS: 1) .187 2) .184 3) 4)

STATE OF FLORIDA
COUNTY OF PALM BEACH

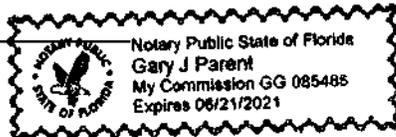
Corporal R Soriano

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 27th day of January, 2018 by Corporal R Soriano

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

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



WITNESS LIST

CASE NUMBER: 18031700

ARRESTING OFFICER: Corporal R Soriano

ADDRESS: 3228 GUN CLUB RD WEST PALM BEACH, FL 33406

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

CAN TESTIFY TO: FACTS OF CASE AND INVESTIGATING SUCH CASE

NAME: _____

ADDRESS: 3228 GUN CLUB RD WEST PALM BEACH, FL 33406

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

CAN TESTIFY TO: FACTS OF CASE

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

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CAN TESTIFY TO: _____

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CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NOT A CERTIFIED COPY

TESTING FACILITY TASK REPORT

AGENCY: PPSO

SUBJECT: MARTINEZ, MANUEL H

CASE NUMBER: 19-031700

DATE: 01/27/19

VIDEO TAPE NUMBER: N/A

BEGINNING TIME: 2150

ENDING TIME: 2205

BREATH TESTS RESULTS: 1) 118 TIME 2157 AM/PM (PM) 2) 184 TIME 2201 AM/PM (PM)

3) N/A TIME --- AM/PM 4) N/A TIME --- AM/PM

BREATH OPERATOR: G. PARENT #7909

MAINTENANCE TECHNICIAN: KACLOFF #6967

TESTING OFFICER'S OBSERVATIONS

SPEECH: ACCENT, DELIBERATE, PROLONGED

ATTITUDE: UPSET, HOSTILE, RESISTIVE

CLOTHING: DRY CRIST MANS. CO. IN PAID ...

MEDICAL CONDITIONS: NONE / UNKNOWN

MEDICATIONS: W/ALAZEM

OTHER: EYES CLASH AND BURNING, ODOR OF ALI UNKNOWN
ALCOHOL BEVERAGE ON BREATH

COMMENTS: ARRIVED AT CENTER AT 2120 HRS. THE 20 MINUTE
OCCUPATION PERIOD AT 2130 HRS.

A STATED HE WOULD TAKE TEST WITH INSTRUCTIONS
WERE BEING GIVEN. A ASKED WHAT HIS OFFENSE
WAS.

A/O READ E/C

A STATED HE UNDERSTOOD E/C AND TEST WAS CONTINUED

A/O READ RIGHTS

A STATED HE UNDERSTOOD RIGHTS

TECH READ BREATH TEST RESULTS A

A/O DIDN'T CONDUCT CWA

A DECLINED TO ANSWER

SUBJECT: MICHELLE ANNA, DWIGHT - 11 CASE NUMBER: 19-031700

IMPLIED CONSENT FOR DUI IN A MOTOR VEHICLE

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

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

-OR-

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

-OR-

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

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

I am _____ of the _____

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

SUBJECT'S SIGNATURE: (X) Rosa O. Camacho

CONSTITUTIONAL WARNINGS

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

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

SUSPECT'S SIGNATURE: (X) Rosa O. Camacho

SUBJECT: Michael H. Hines CASE NUMBER: 18-021780

QUESTIONS AND ANSWERS

I AM NOW GOING TO ASK YOU SOME QUESTIONS WITH THESE RIGHTS IN MIND, YOU MAY ANSWER SOME OR ALL OF, OR NONE OF THE FOLLOWING QUESTIONS AS YOU LIKE.

WERE YOU OPERATING A MOTOR VEHICLE AT THE TIME OF THE STOP/ACCIDENT? _____

WHERE WERE YOU GOING? _____

WHAT STREET OR HIGHWAY WERE YOU ON? _____

DIRECTION OF TRAVEL? _____ WHERE DID YOU START? _____

WHAT TIME DID YOU START? _____ WHAT TIME IS IT NOW? _____

WHAT IS TODAY'S DATE? _____ WHAT DAY OF THE WEEK IS IT? _____

WHAT COUNTY AND CITY ARE YOU IN NOW? _____

WHEN DID YOU LAST EAT? _____ WHAT DID YOU EAT? _____

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: _____