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1809 5924

2676

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

1. Arrest  
2. N.T.A.  
3. Request for Warrant  
4. Request for Arrest

1  
Juvenile

OBTS Number		Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number (N.T.A.'s only) <b>06-18058139</b>	
Charge Type: Check as many as apply: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony		<input type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Weapon Seized / Type 1. Yes 2. No	
Location of Arrest (Including Name of Business) <b>2700 Block Forest Hill Blvd Palm Springs FL 33461</b>		Location of Offense (Business Name, Address) <b>2700 Block Forest Hill Blvd Palm Springs FL 33461</b>					
Date of Arrest <b>04/03/2018</b>	Time of Arrest <b>21:11</b>	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle <b>D&amp;D Automotive</b>	
Name (Last, First, Middle) <b>Rossetti Maria G</b>				Alias (Name, DOB, Soc. Sec. #, Etc.)			
Race W - White I - American Indian B - Black O - Oriental/Asian	Sex <b>F</b>	Date of Birth <b>02/18/1973</b>	Height <b>5'6</b>	Weight <b>130</b>	Eye Color <b>Bro</b>	Hair Color <b>Bla</b>	Complexion <b>Med</b>
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status <b>Sing</b>	Religion <b>UK</b>	Indication of: Alcohol Influence <input type="checkbox"/> Y <input type="checkbox"/> N Drug Influence <input type="checkbox"/> Y <input type="checkbox"/> N	
Local Address (Street, Apt. Number) (City) (State) (Zip)				Phone		Residence Type: 1. City 3. Florida 2. County 4. Out of State <b>3</b>	
Permanent Address (Street, Apt. Number) (City) (State) (Zip)				Phone		Address Source <b>Verbal</b>	
Business Address (Name, Street) (City) (State) (Zip)				Phone		Occupation <b>Bartender</b>	
D/L Number, State <b>R230547735580</b>		Soc. Sec. Number		INS Number		Place of Birth (City, State) <b>Venezuela</b>	
Citizenship <b>US</b>		Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 2. At Large <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"/> 3. Felony <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile		
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other:		Address (Street, Apt. Number) (City) (State) (Zip)				Residence Phone ( ) ( ) ( )	
Business Phone ( ) ( ) ( )		Notified by: (Name)		Date	Time	Juvenile Disposition 1. Handled/ processed within Dept. and Released. 2. TOT HRS / DYS <b>2. Incarcerated</b>	
Released To: (Name)		Relationship		Date	Time	Date <b>04/03/2018</b> 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 355-2528) 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
Charge Description <b>DUI</b>		Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number <b>316.193(1)</b>		Violation of ORD #	
Drug Activity <b>N</b>	Drug Type <b>N</b>	Amount / Unit	Offense # <b>18058139</b>	Warrant / Capias Number		Bond	
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	
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	
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	
Location (Court Room) Number Address <b>PALM BEACH COUNTY COURTHOUSE CRIMINAL JUSTICE COMPLEX, 3228 GUN CLUB RD, WEST PALM BEACH, FL 33406 - PH: (561) 355-2996</b>							
Court Date and Time Month <b>April</b> Day <b>26</b> Year <b>2018</b> Time <b>08:30</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 <b>04/03/2018</b>							
Signature of Defendant (or Juvenile and Parent /Custodian)				Date Signed			
HOLD for other Agency Name:		Signature of Arresting Officer <b>X</b>		Name Verification (Printed by Arrestee)			
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Intake Dept		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Name of Arresting Officer (Print) <b>Inv. J. Schneider</b>		I.D. # <b>8501</b>	
Transporting Officer <b>Inv. J. Schneider</b>		ID # <b>8501</b>		Agency <b>PBSO</b>		PAGE <b>1 OF 1</b>	

DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (INITIALS ONLY)

APR 04 2018

PROBABLE CAUSE AFFIDAVIT

1. Arrest  
2. N.T.A.  
3. Request for Warrant  
4. Request for Capias

Juvenile  N  1

ADMIN	OBTS Number	Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>	Agency Report Number <b>06-</b>
	Charge Type: Check as many as apply.		Special Notes:		

DEF	Charge Type: Check as many as apply.		Special Notes:		
	Name (Last, First, Middle) <b>ROSSETTI, MARIA, G</b>		Alias	Race <b>W</b>	Sex <b>F</b>

CHARGES	Charge Description <b>D.U.I</b>	Charge Description
	Charge Description	Charge Description

VICTIM	Victim's Name (Last, First, Middle) <b>STATE OF FLORIDA, ,</b>		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		

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  
 committed the below acts in my presence.  was observed by \_\_\_\_\_ who told \_\_\_\_\_ that he/she saw the arrested person commit the below acts.  
 confessed to \_\_\_\_\_ admitting to the below facts.  was found to have committed the below acts, resulting from my (described) investigation.  
 On the **3RD** day of **APRIL** 20**18** at **2030**  A.M.  P.M. (Specifically include facts constituting cause for arrest.)

**On Tuesday, April 3, 2018 at approximately 2030 hours, I was traveling eastbound in the 3200 block of Forest Hill Blvd in Palm Springs, Palm Beach County, Florida. I was driving my marked PBSO vehicle equipped with lights and sirens.**

**I observed a white colored Mazda 3 bearing Florida tag IAJJ39 traveling eastbound on the inside lane. The white Mazda 3 was swerving to the right and left. At one time the vehicle veered to the left and almost struck the center median. I drove up next to the Mazda 3 and observed a white female driver with both her hands gripped around the steering wheel and looking directly ahead. The right turn signal was activated on the vehicle and it kept swerving to the right and left. The vehicle then began to follow the vehicle in front at a close distant causing an unsafe situation. At that time, I activated my lights and sirens and conducted a traffic stop in the 2700 block of Forest Hill Blvd.**

**Once I approached the driver side window of the white Mazda I observed a white female in the driver seat. I asked her if she was ok to drive and for a reason she was unable to maintain a single lane. The driver had slurred speech. She advised me that she was going through her bag and was unable to maintain a single lane. I asked the driver for her driver's license and she handed me her Resident Alien card. I advised her that it was not her driver's license. She then looked through her wallet and provided me with her driver's license. She was identified as Maria Rossetti. I asked Rossetti to step out of her vehicle. Once out of the vehicle, when she spoke to me, I could smell a strong odor of an alcoholic beverage emanating from her person.**

**Inv. J. Shneider ID # 8501 responded to my location and the DUI investigation was turned over to him.**

ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH	(Signature of Arresting/Investigative Officer)
	The foregoing instrument was sworn to or affirmed and subscribed before me this <b>3RD</b> day of <b>APRIL</b> 20 <b>18</b> by <b>D/S A. RAJA</b>	
	(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced <b>LEO</b>	
	<b>INV. J. SCHNEIDER ID # 8501</b>	

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

SCANNED  
APR 04 2018

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 3 DAY OF April 20 18, AT 20:31 AM  PM  
SUBJECT: Rossetti Maria G CASE NUMBER: 18058139  
AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: Inv. J. Schneider

## PERSONAL CONTACT

DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUTTING DEF. BEHIND WHEEL OF VEHICLE)  
**Was observed by D/S Raja #19470 traveling east on Forest Hill Blvd driving erratically. Based upon his observations he conducted a traffic stop. See his sworn supplemental affidavit for further details.**

### OBSERVATION OF DRIVER:

On my arrival I observed a white female standing at the back of a white Mazda which had been stopped by D/S Raja. The female was leaning up against her vehicle and after being briefed by D/S Miranda #19477 I confirmed her identity through her Florida Driver's License as Maria Rossetti. Rossetti engaged me in conversation and upon standing upright off of the vehicle she exhibited a sway while stationary. While standing approximately three feet away I was able to smell the distinct odor of alcoholic beverages coming from her person. Her eyes were red, bloodshot and glossy. She indicated that she may have spilled some alcohol on her while at work which would explain the odor. Due to the totality of the circumstances I requested she perform roadside tasks to ensure she was able to operate a vehicle safely. She agreed to do so and walked in front of my patrol vehicle. Once in front of my patrol vehicle I had her stand stationary where I again observed her swaying.

### DRIVER'S STATEMENTS:

She confirmed she had no medical issues and spoke English very fluently. She declined having any injuries and indicated she was comfortable in her sneakers.

### ODORS:

Distinct odor of alcoholic beverages coming from her person.

## GENERAL OBSERVATIONS

SPEECH: Accented and slow

ATTITUDE: Cooperative initially moving to non cooperative while being taken into custody

CLOTHING: Black dress, fishnet stockings

MEDICAL/OTHER: Stated None

STATE OF FLORIDA  
COUNTY OF PALM BEACH

Inv. J. Schneider

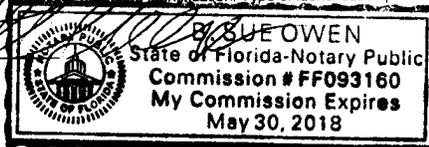
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 3 day of April 20 18 by Inv. J. Schneider

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

Sue Owen (#3184)

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



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APR 04 2018

**ROADSIDE TASKS**

**HORIZONTAL GAZE NYSTAGMUS:**

- |  |  |
|--|--|
| <input type="checkbox"/> LT EYE-LACK OF SMOOTH PURSUIT                           | <input type="checkbox"/> RT EYE-LACK OF SMOOTH PURSUIT                           |
| <input type="checkbox"/> LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION | <input type="checkbox"/> RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION |
| <input type="checkbox"/> LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES          | <input type="checkbox"/> RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES          |

**Other Observations:**

She exhibited a sway while standing stationary. She had to be reminded multiple times not to turn her head and keep her eyes focused on the stimulus.

**WALK & TURN:**

She was unable to maintain the instructional position departing from it to keep her balance. She started the task too soon and had to be repositioned. Starting the task at my direction she missed heel to toe numerous times, stepped off the line, stumbled, took too many steps forward and performed a improper turn. Returning she missed heel to toe numerous times, stumbled, stepped off the line and took too many steps forward.

**ONE LEG STAND:**

She exhibited a sway while standing stationary. Starting the task she failed to look at her foot initially and had to be reminded to do so. She was unable to keep her foot elevated and miscounted several times using 1003 more than once jumping backwards while counting out loud.

**FINGER TO NOSE:**

She exhibited a sway while standing stationary. She tilted her head back too soon and had to be reminded to wait until being instructed to do so. Starting the task she missed the tip of her finger to the tip of her nose on one occasion and started with the wrong hand on right five.

**ROMBERG ALPHABET:**

She exhibited a sway while standing stationary. She stated she knew the entire English alphabet and I began the task. While providing the instructions she tilted her head back too soon and had to be reminded to watch me for the instructions. Starting the task she was unable to recite the alphabet and stopped trying after making numerous mistakes stating she was having trouble.

**BREATH TEST RESULTS:** 1) Ref  2) Ref  3)  4)

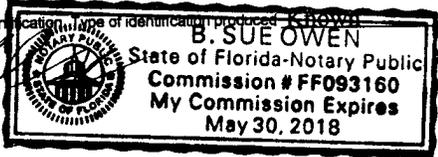
STATE OF FLORIDA  
COUNTY OF PALM BEACH

**Inv. J. Schneider**  
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 3 day of April 2018 by Inv. J. Schneider

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

**Sue Owen (#3184)**  
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)



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APR 04 2018

# WITNESS LIST

CASE NUMBER: 18058139

ARRESTING OFFICER: Inv. J. Schneider

ADDRESS: 3228 Gun Club Rd West Palm Beach FL 33406

PHONE NUMBERS (HOME): \_\_\_\_\_ (WORK) 561 688-4001

CAN TESTIFY TO: DUI Investigation

NAME: D/S Raja

ADDRESS: 3228 Gun Club Rd West Palm Beach FL 33406

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) 561 688 3600

CAN TESTIFY TO: Initial stop and general contact

NAME: D/S Miranda

ADDRESS 3228 Gun Club Rd West Palm Beach FL 33406

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) 561 688 3600

CAN TESTIFY TO: General contact

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 \_\_\_\_\_

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: \_\_\_\_\_

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

ADDRESS \_\_\_\_\_

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

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

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

ADDRESS \_\_\_\_\_

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

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

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APR 04 2018

# TESTING FACILITY TASK REPORT

AGENCY: PBSO  
SUBJECT: Rossetti, MARIA G. CASE NUMBER: 18-058139  
DATE: 4/03/18 VIDEO TAPE NUMBER: N/A  
BEGINNING TIME: 2144 ENDING TIME: 2148  
BREATH TESTS RESULTS: **REFUSED** TIME 2147 A.M./P.M. 2) ~~TIME~~ A.M./P.M.  
TIME ~~TIME~~ A.M./P.M. 4) ~~TIME~~ A.M./P.M.  
BREATH OPERATOR: S. Owen #3184  
MAINTENANCE TECHNICIAN: J. Karlecke #6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: Accent  
ATTITUDE: wanted nanny called but didn't know # & lost cell phone  
CLOTHING: black tennis, fishnet stockings with garters, black long  
MEDICAL CONDITIONS: None dress (open)  
MEDICATIONS: None  
OTHER: didn't know her address as A/O agreed to call officer over to let her nanny what's going on

COMMENTS: A/O & I arrived at 2124 hrs  
A/O observed 20 minutes, wouldn't answer intro questions  
A/O requested breath test, A refused  
A/O read I/C, A didn't understand, A/O explained I/C said she wasn't refusing but didn't want to take test. A/O explained I/C again she still refused. Refused OEA

SCANNED  
APR 04 2018

**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 Det. Schneider of the PBSD

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.

SUSPECT'S SIGNATURE: (X) Read on Camera SCANNED  
APR 04 2018

SUBJECT: Rossetti, Maria G CASE NUMBER: 18-058139

### 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? \_\_\_\_\_

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? cleaned

HOW MUCH DO YOU WEIGH? \_\_\_\_\_ HAVE YOU BEEN DRINKING? no 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: \_\_\_\_\_

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APR 04 2018