

0487054

700

OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		Juvenile		N	
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-</b>		<b>17-064345</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		Multiple Clearance Indicator									
Location of Arrest (Including Name of Business) <b>LUCERNE AVE/ N A ST LAKE WORTH FL 33460</b>				Location of Offense (Business Name, Address) <b>LUCERNE AVE/ N A ST LAKE WORTH FL 33460</b>									
Date of Arrest <b>04/14/2017</b>		Time of Arrest <b>0100</b>		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle <b>JD'S TOWING</b>	
Name (Last, First, Middle) <b>ANGULO, MELINDA, E</b>				Alias (Name, DOB, Soc. Sec. #, Etc.)									
Race W - White 1 - American Indian B - Black 0 - Oriental/Asian <b>W</b>		Sex <b>F</b>		Date of Birth <b>03/10/1995</b>		Height <b>5'0"</b>		Weight <b>90</b>		Eye Color <b>BRO</b>		Hair Color <b>BRO</b>	
Complexion <b>Fair</b>		Build <b>Small</b>		Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>NONE</b>		Marital Status <b>SINGLE</b>		Religion <b>CHRISTIAN</b>		Indication of Alcohol Influence Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unk <input type="checkbox"/>		Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk <input type="checkbox"/>	
Local Address (Street, Apt. Number) <b>12361 EQUINE LN WELLINGTON FL 33414</b>				(City)		(State)		(Zip)		Phone <b>(561) 685-3568</b>		Residence Type: 1. City 2. County 3. Florida 4. Out of State <b>1</b>	
Permanent Address (Street, Apt. Number) <b>SAME AS ABOVE</b>				(City)		(State)		(Zip)		Phone <b>( )</b>		Address Source <b>FL DL</b>	
Business Address (Name, Street) <b>( )</b>				(City)		(State)		(Zip)		Phone <b>( )</b>		Occupation <b>STUDENT</b>	
D/L Number, State <b>A-524-545-95-590-0</b>		Soc. Sec. Number <b>( )</b>		INS Number		Place of Birth (City, State) <b>MARGATE, FL</b>		Citizenship <b>US</b>					
Co-Defendant Name (Last, First, Middle)				Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large		<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile	
Co-Defendant Name (Last, First, Middle)				Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large		<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile	
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other:		Name (Last)		(First)		(Middle)		Residence Phone <b>( )</b>					
Address (Street, Apt. Number)		(City)		(State)		(Zip)		Business Phone <b>( )</b>					
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 <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 <b>N/A</b>		Offense # <b>17-064345</b>		Warrant / Capias Number		Bond			
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #					
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond			
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #					
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond			
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #					
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond			
Location (Court, Room Number, Address) <b>CRIMINAL JUSTICE COMPLEX 3228 GUN CLUB RD WPB FL 33406</b>													
Court Date and Time Month <b>MAY</b> Day <b>11TH</b> Year <b>2017</b> Time <b>8:30</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 DO NOT STAND 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) <b>(Signature)</b>													
HOLD for other Agency Name:				Signature of Arresting Officer <b>(Signature)</b>				Name Verifier (Printed by Arrestee) <b>(Signature)</b>					
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:				Name of Arresting Officer (Print) <b>D/S M. GRUBER</b>				I.D. # <b>9721</b>					
Intake Deputy <b>SHANN SID</b>				Transporting Officer <b>SAME</b>				ID # <b>( )</b>					
Agency <b>( )</b>				Witness here if subject signed with an "X"				PAGE <b>1 OF 1</b>					

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 14TH DAY OF APRIL 20 17, AT 0039 ✓ AM PM

SUBJECT: ANGULO, MELINDA, E CASE NUMBER: 17-064345

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: Michael Gruber 9721

## PERSONAL CONTACT

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

On April 14th 2017 I was called to a crash scene at Lucerne Ave and N A St in the City of Lake Worth in reference to a possible impaired driver. Upon my arrival I made contact with D/S Dail who was first on scene. D/S Dail stated that he was traveling east on Lake Worth Rd when he observed a silver jeep that was in a crash. He observed the driver a female later identified though Florida Driver's license as Melinda Angulo trying to back up away from the crash. D/S Dail stated that the female was the sole occupant and she was still in the driver seat when I arrived with seat belt on. I conducted a crash investigation where I concluded that the silver jeep was traveling west on Lucerne Ave approaching the roundabout at N A ST. The jeep came out of its lane hopping onto the curb where the vehicles first point of impact was a speed limit side. The final rest was into a palm tree. Photos were taken of the scene and placed into evidence. The crash was documented under PBSO case# 17-064342.

## OBSERVATION OF DRIVER:

Upon contact with Melinda and began speaking with her I noticed a strong odor of an unknown alcoholic substance coming from her breath. She had blood shot glassy eyes and speaking was slurred and at some points I was not able to understand her. I requested her License registration and proof of insurance. Melinda went through her purse where she asked if she could just give her credit card instead of her license because she couldn't find it. It was able found that she had already given it to D/S Dail but she could not remember giving it to him. When she was looking for insurance after I had to request it for a second time Melinda passed over it multiple times before handing me her voter registration. After completing my crash investigation I had Melinda step out of the vehicle.

## DRIVER'S STATEMENTS:

D/S Dail also advised when I first arrived on scene that when he questioned Melinda on where she was coming from she said that she had come from Rum Shack in downtown Lake Worth. Melinda had some drinks and was celebrating for a good grade she got in school. Melinda tried to act like she did not speak English when I first began to speak with her and was asking for someone who spoke Spanish. D/S Dail said that she had been speaking Spanish the entire time he spoke with her and D/S Monroy who was also on scene speaks Spanish and never requested her.

## ODORS:

Strong unknown alcoholic substance from breath.

## GENERAL OBSERVATIONS

SPEECH: slurred

ATTITUDE: calm

CLOTHING: gray shirt, black jeans, black and white shoes

MEDICAL/OTHER: None

STATE OF FLORIDA  
COUNTY OF PALM BEACH

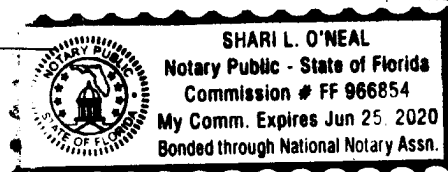
Michael Gruber 9721

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 14TH day of APRIL 20 17 by D/S GRUBER 9721

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

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



SUBJECT: ANGULO, MELINDA, E

CASE NUMBER 17-064345

**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:**

**WALK & TURN:**

When I had Melinda step out of her vehicle and walk over to mine Melinda was uneasy on her feet and had to use the driver door to balance and keep from falling down. While in front of my patrol vehicle I explained to Melinda that I was done with my crash investigation and was going into a DUI investigation. She was read her Miranda warnings off a preprinted card issued by the department. Melinda stated that she understood her rights. When I requested for her to submit to roadside task she refused. I then explained to her Taylor warnings for refusing and she stated she understood and was still refusing. Based on my investigation up to this point I placed Melinda under arrest for DUI. Handcuffs were double locked and checked for proper fit.

**ONE LEG STAND:**

**FINGER TO NOSE:**

**ROMBERG ALPHABET:**

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

STATE OF FLORIDA  
COUNTY OF PALM BEACH

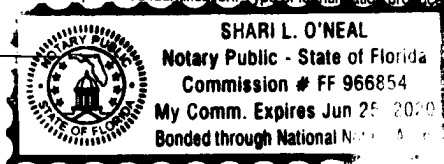
Michael Gruber 9721

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 14TH day of APRIL, 2017 by D/S GRUBER 9721

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

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



**STATE OF FLORIDA**  
**DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES**  
**AFFIDAVIT OF REFUSAL TO SUBMIT TO**  
**BREATH AND/OR URINE TEST**

I, D/S MICHAEL GRUBER #9721, a duly certified Law Enforcement Officer or Correctional Officer,  
(Name of Officer reading Implied Consent Warning)

am a member of PALM BEACH COUNTY SHERIFF'S OFFICE, and I do swear  
(Name of law enforcement agency)

or affirm that on or about the 14TH day of APRIL, 20 17, at 0100 ☐ P.M. ☒ A.M.

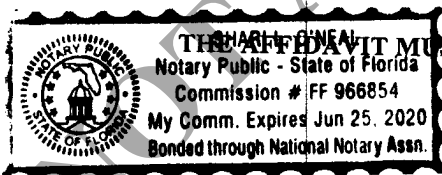
DRIVER MELINDA ELENA ANGULO  
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# A-524-545-95-590-0, state of FLORIDA, was placed under lawful arrest for  
the offense of DUI by D/S MICHAEL GRUBER #9721 and  
issued Citation # A1005LP  
(Name of Arresting Officer)

That on or about the 14TH day of APRIL, 20 17, at 0150 ☐ P.M. ☒ A.M.  
in PALM BEACH County,

I requested that the driver submit to a ☒breath and/or ☐urine test to determine his or her blood alcohol level and/or the presence of chemical or controlled substances. I informed the driver that the refusal to submit to such test(s) would result in the suspension of his or her driving privilege for a period of one (1) year for a first refusal, or for a period of eighteen (18) months if his or her driving privilege had been previously suspended for refusing to submit to a breath, urine or blood test. I also informed the driver that he or she commits a misdemeanor by refusing to submit to a lawful test as requested above if his or her driving privilege has been previously suspended for refusal to submit to a lawful test of his or her breath, urine, or blood. Additionally, I informed the driver that if he or she holds a CDL, or was operating a CMV, refusal will result in the disqualification of the Commercial Driver's License/driving privilege for a period of one (1) year in the case of a first refusal or permanently if he or she has previously been disqualified as a result of a refusal to submit to any such lawful test. Nonetheless, the driver refused to submit to the test(s) requested.

[Signature]  
Signature of Law Enforcement Officer or  
Correctional Officer



(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before  
me this 14 day of April, 20 17,  
by \_\_\_\_\_,  
who is personally known to me or who has produced

as identification

Notary Public [Signature]

HSMV-BAR1001 (REV. 10/2016)

The foregoing instrument was sworn and subscribed before me:

\_\_\_\_\_  
Signature of Attesting Officer

Title \_\_\_\_\_

Date \_\_\_\_\_

Note: Mail or hand deliver to the designated Bureau of Administrative Reviews office, Department of Highway Safety and Motor Vehicles, with the driver's license, the appropriate copy of the UTC, and the probable cause affidavit.



PALM BEACH COUNTY SHERIFF'S OFFICE  
DUI TESTING FACILITY  
INFORMATION SHEET

PBSO CASE # 17-064345 PBSO ZONE 14-52  
AGENCY CASE # \_\_\_\_\_ CRASH CASE # 17-064342  
TIME OF STOP/CRASH 0039 DATE 4/14/17 DAY FRI  
SUBJECT'S NAME ANGULO,MELINDA,E RACE W SEX F  
HGT 5'0" WGT 90 DOB 03/10/1995  
LOCATION LUCERNE AVE/ N A ST LAKE WORTH FL 33460  
ARRESTING OFFICER'S NAME & ID Michael Gruber 9721 AGENCY PBSO  
DIVISION: 14/ Lake Worth  
NOTIFIED BY COMMO YES  
ARRIVAL AT FACILITY 0126  
ARREST TIME 0100

BREATH RESULTS:

1) REFUSED  
2) REFUSED  
3) \_\_\_\_\_  
4) \_\_\_\_\_

TESTING OFFICER'S ID 7064 PBSO VIDEOTAPE # 62435

# WITNESS LIST

CASE NUMBER: 17-064345

ARRESTING OFFICER: Michael Gruber 9721

ADDRESS: 120 N G ST LAKE WORTH FL 33460

PHONE NUMBERS (HOME): \_\_\_\_\_ (WORK) 561-586-1611

CAN TESTIFY TO: PC AFFIDAVIT

NAME: D/S Dail #9129

ADDRESS: 120 N G ST LAKE WORTH FL 33460

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) 586-1611

CAN TESTIFY TO: see report

NAME: D/S Monroy

ADDRESS 120 N G ST LAKE WORTH FL 33460

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) 586-1611

CAN TESTIFY TO: See report

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: \_\_\_\_\_

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

ADDRESS \_\_\_\_\_

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

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

# TESTING FACILITY TASK REPORT

AGENCY: \_\_\_\_\_

SUBJECT: \_\_\_\_\_ CASE NUMBER: \_\_\_\_\_

DATE: \_\_\_\_\_ VIDEO TAPE NUMBER: \_\_\_\_\_

BEGINNING TIME: \_\_\_\_\_ ENDING TIME: \_\_\_\_\_

BREATH TESTS RESULTS: 1) \_\_\_\_\_ TIME \_\_\_\_\_ A.M./P.M. 2) \_\_\_\_\_ TIME \_\_\_\_\_ A.M./P.M.

3) \_\_\_\_\_ TIME \_\_\_\_\_ A.M./P.M. 4) \_\_\_\_\_ TIME \_\_\_\_\_ A.M./P.M.

BREATH OPERATOR: \_\_\_\_\_

MAINTENANCE TECHNICIAN: \_\_\_\_\_

## TESTING OFFICER'S OBSERVATIONS

SPEECH: \_\_\_\_\_

ATTITUDE: \_\_\_\_\_

CLOTHING: \_\_\_\_\_

MEDICAL CONDITIONS: \_\_\_\_\_

MEDICATIONS: \_\_\_\_\_

OTHER: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SUBJECT: Doan, Michael CASE NUMBER: 17 004315

## 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 Doan, Michael of the State of Ohio

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) Doan, Michael

## 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) Doan, Michael



SUBJECT: Angelo, Melinda CASE NUMBER: 17-06131

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

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: \_\_\_\_\_

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL

ANGULO  
12301 EQUINE LN  
WELLINGTON, FL 33414  
DOB: 10-17-1971

1997-5.00  
03-10-2016



*[Signature]*

**SAFE DRIVER** MOTORCYCLE ALSO  
Operation of a motor vehicle constitutes  
consent to any sobriety test required by law

NOT A CERTIFICATE