

0498209

NK

pk# 308

ARREST / NOTICE TO APPEAR

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

1 JUVENILE

AD MI NI ST RA TI ON	ORIS Number		Agency ORI Number 0500400		Agency Name Delray Beach Police Department		Agency Report Number (N.T.A.'s only) 4 0 18-007227		
	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		If Weapon Seized Enter Type None/not Applicable		
D E F E N D A N T	Location of Arrest (Including Name of Business) 2100 W ATLANTIC AVE DELRAY BEACH FL 3344				Location of Offense (Business Name, Address) 2100 W ATLANTIC AVE, DELRAY BEACH, FL 33445				
	Date of Arrest 05/12/2018	Time of Arrest 17:26	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle		
C O D E F	Name (Last, First, Middle) MC TEIGUE, MICHAEL PATRICK 3				Alias (Name, DOB, Soc. Sec. #, Etc.)				
	Race W - White B - Black	1 - American Indian O - Oriental/Asian	Sex M	Date of Birth 12/30/1988	Height 6'00	Weight 250	Eye Color BROWN	Hair Color BLACK	
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) TATT UPPL ARM / "LOYALTY"				Marital Status S	Religion	Indication of: Alcohol Influence Drug Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>		
	Local Address (Street, Apt. Number) 1429 S.E. LADNER ST, PORT ST LUCIE, FL 33983				(City)	(State)	(Zip)	Phone (561) 657-1251	
	Permanent Address (Street, Apt. Number) 1429 S.E. LADNER ST, PORT ST LUCIE, FL 33983				(City)	(State)	(Zip)	Phone (561) 657-1251	
	Business Address (Name, Street) US POSTAL				(City)	(State)	(Zip)	Phone Mail Delivery I	
	D/L Number, State M232555884700 / FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) MASAPEQUA, NY		
	Citizenship US		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		
	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		
J U V E N I L E	<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian		Name (Last, First, Middle)		Residence Phone		Business Phone		
	Address (Street, Apt. Number) (562)				(City)	(State)	(Zip)		
	Notified by: (Name)		Date	Time	JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT/JAC 3. Incarcerated				
	Released To: (Name)		Relationship	Date	Time				
	The above address was 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's Office (Phone 355-2526) informed of any change of address.				School Attended		Grade		
C H A R G E	Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property		Value of Property				
	Drug Activity N. N/A P. Possess		S. Sell T. Traffic	R. Smuggle E. Use	K. Disperse/ 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. Synthetic		U. Unknown Z. Other		
	Charge Description DRIVING WHILE UNDER INFLUENCE		Statute Violation Number 316.193(1)		Violation of ORD #				
Drug Activity	Drug Type N	Amount / Unit /	Offense # 18-007227	Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number			
Charge Description		Statute Violation Number		Violation of ORD #					
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number			
Charge Description		Statute Violation Number		Violation of ORD #					
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number			
Health / Apparent Physical Condition of Defendant				Any knowledge of the following: Explain: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries					
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Posted Bond		<input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> South County Mental Health		<input type="checkbox"/> T.O.T. County Jail		PROPERTY - Received By			
Released By		Released To		Date Transported		Time Transported			
Transported By		Other							
N O T I C E T O A P P E A R	<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.		Location (Court, Room) South County 200 W Atlantic Ave Delray Beach, FL 33444		Court Date and Time 06/04/2018 08:30:00		No Photo Available		
	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 COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.				Signature of Defendant (or Juvenile and Parent/Custodian) X [Signature]		Date Signed		
A D M I N	HOLD for Other Agency		Signature of Arresting Officer		Name Verification (Printed by Arrestee) SCANNED		PAGE		
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Name of Arresting Officer (Print) SUAREZ, CHRISTINE		ID.# 0884		
Intake Deputy D/S B. SHATARA #7623		Transporting Officer OFF. C. SUAREZ #84 DBPD		Agency 384 DBPD		Witness here if subject signed with an			

2018 MAY 13 11:19:32 AM
MAY 15 2018
1 OF 1

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 12th DAY OF May 20 18 AT 5:26 AM PM

SUBJECT: Michael Patrick McTeigue III CASE NUMBER: 18-007227

AGENCY: DELRAY BEACH POLICE DEPARTMENT ARRESTING OFFICER: OFC. C. SUAREZ 884

PERSONAL CONTACT

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

I responded to the Congress Square Shopping Plaza located at 2100 W Atlantic Ave in regards to several complaints called into dispatch about a w/m subject running around the parking lot in front of cars. Upon arrival, several bystanders pointed to a silver Infiniti sedan (bearing FL tag IJVQ63) and told me the subject they called police about was the driver of the vehicle. I conducted a stop on the vehicle within the shopping center. Michael Patrick McTeigue III was the driver and sole occupant of the vehicle and supplied me with his FL Driver's License identifying himself.

OBSERVATION OF DRIVER:

I initiated a traffic stop on McTeigue and rather than stopping his vehicle he attempted to back into a parking space twice. I had to strategically place my patrol car behind McTeigue's vehicle to stop him from driving any further. Upon approaching McTeigue while still in the vehicle, I noticed his eyes were red and glassy, and he was sweating profusely. McTeigue was stuttering in his speech and could not stop fidgeting. I had to ask McTeigue to keep his hands on the steering while multiple times. McTeigue was asked to step out of the vehicle and then walk over to a nearby curb to sit down. McTeigue was unsteady on his feet and in his movement.

DRIVER'S STATEMENTS:

I asked McTeigue if the address on his license (Lake Worth) was valid, he told me yes then later no and told me he lived in Port St. Lucie. I asked him when it was that he lived in Lake Worth and he could not answer and at one point stated, I don't know. While on scene, Sgt. Arena asked McTeigue if he knew where he was and McTeigue replied, West Palm Beach. McTeigue stated that he had been at the Kennel Club just near by. McTeigue stated that he was not on any medication and did not suffer from any disabilities however he stated he had a scar on his back and "discs."

ODORS:

No specific odor was detected.

GENERAL OBSERVATIONS

SPEECH: stuttered

ATTITUDE: defensive, excited, nervous, erratic

CLOTHING: Gray T-shirt, Gray gym shorts, black socks, white and black slides.

MEDICAL/OTHER: advised he had no known medical conditions other than "discs" in his back

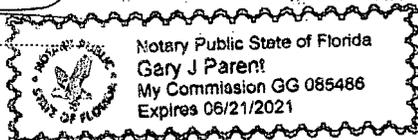
STATE OF FLORIDA
COUNTY OF PALM BEACH

[Signature]
(Signature of Arresting Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 12th day of May 2018 by Ofc. C. Suarez

(First 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. 117.16)



SCANNED
MAY 15 2018

FLORIDA DEPARTMENT OF LAW ENFORCEMENT
ALCOHOL TESTING PROGRAM
BREATH ALCOHOL TEST AFFIDAVIT

Instrument Type: Intoxilyzer 8000
Instrument Registered To: PALM BEACH CO SO
Instrument Serial Number: 80-006240 Software: 8100.27
Date of Test: 05/12/2018

Date of Last Agency Inspection: 05/11/2018
Observation Period Began: 18:06
Subject's Name: MICHAEL P MC TEIGUE DOB: 12/30/1988 Sex: M

The subject was observed for at least twenty-minutes prior to the administration of the breath test to ensure that the subject did not take anything orally and did not regurgitate.

Results:	Test	g/210L	Time
	Diagnostics Check	OK	18:40
	Air Blank	0.000	18:41
	Control Test	0.080	18:41
	Air Blank	0.000	18:41
	Subject Sample #1	0.000	18:42
	Air Blank	0.000	18:42
	Air Blank	0.000	18:44
	Subject Sample #2	0.000	18:45
	Air Blank	0.000	18:45
	Control Test	0.079	18:46
	Air Blank	0.000	18:46
	Diagnostics Check	OK	18:46

Cylinder Lot: 22817080A5
Exp: 10/05/2019

State of Florida, County of PALM BEACH,

Personally appeared before me the undersigned authority, who () is personally known to me or () produced _____ as identification, and who after being placed under oath, states:

I GARY J PARENT, hold a valid Breath Test Operator permit issued by the Florida Department of Law Enforcement, I administered the above breath test to the subject named above in accordance with Chapter 11D-8, Florida Administrative Code, and this form is a true and accurate report of that breath test.

Breath Test Operator: _____ Date: 05/12/18
Signature

Sworn to (or affirmed) before me this 12th day of MAY, 2018

[Signature] OFC. C. SUAREZ
Signature of Notary Public-State of Florida Printed Name of Notary Public-State of Florida

Note: Pursuant to section 117.10, Florida Statutes, law enforcement officers, correctional officers, traffic accident investigation officers and traffic infraction enforcement officers are notaries public when engaged in the performance of official duties. In accordance with section 316.1934(5), F.S., this completed form is admissible without further authentication and is presumptive proof of the results herein. To be used in accordance with Section 316.1934(5), F.S., and in administrative proceedings pursuant to 322.2615, F.S.

Florida *The Sunshine State*



DRIVER LICENSE CLASS E
M232-555-88-470-0

**MICHAEL PATRICK
MC TEIGUE III
412 WRIGHT DR
LAKE WORTH, FL 33461-0000
DOB: 12-30-1980 SEX: M
ISSUED: 03-13-2017 HGT: 6-00
EXPIRES: 12-30-2025**



Michael McTeigue III

ORGAN DONOR

SAFE DRIVER

Operation of a motor vehicle constitutes consent to any sobriety test required by law.

NOT A CERTIFIED COPY

SCANNED
MAY 15 2018

WITNESS LIST

CASE NUMBER: 18-007227

ARRESTING OFFICER: Ofc. C. Suarez #884

ADDRESS: 300 W Atlantic Ave. Delray Beach FL 33444

PHONE NUMBERS (HOME): 33437

(WORK) 561-243-7800

CAN TESTIFY TO: traffic stop, initial contact, road side tasks, BAT procedure

NAME: Sgt. Andrew Arena

ADDRESS: 300 W Atlantic Ave Delray Beach FL 33444

PHONE NUMBERS (HOME) 561-243-7800

(WORK) _____

CAN TESTIFY TO: Road side tasks

NAME: Ofc. Scott Gregory

ADDRESS 300 W Atlantic Ave Delray Beach FL 33444

PHONE NUMBERS (HOME) 561-243-7800

(WORK) _____

CAN TESTIFY TO: Road side tasks, evidence

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) _____

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CAN TESTIFY TO: _____

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PHONE NUMBERS (HOME) _____

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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: _____

SCANNED
MAY 15 2018

SUBJECT: Michael Patrick McTeigue III

CASE NUMBER 18-007227

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:

During the task, when asked to follow the tip of my pen, McTeigue closed his eyes and his head swayed back slightly, more than once for several seconds at a time.

WALK & TURN:

The defendant was slightly unstable in balance while conducting the task.

ONE LEG STAND:

The defendant was slightly unstable while balancing, and when raised his foot, it was bent at the knee despite being told to keep his legs straight. Defendant stopped at 1006 prior to being told to stop.

FINGER TO NOSE:

Defendant failed to close his eyes and tilt his head back while conducting the task. Defendant failed initially to point his index fingers with arms at his sides until reminded to do so.

ROMBERG ALPHABET:

Did not conduct

BREATH TEST RESULTS: 1) .000 2) .000 3) 4)

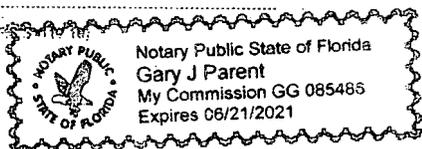
STATE OF FLORIDA
COUNTY OF PALM BEACH

[Signature]
(Signature of Arresting Investigative Officer)

The foregoing instrument was presented to or affirmed and subscribed before me this 12th day of May 2018 by Ofc. C. Suarez

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

Notary Public - State of Florida, Officer (Print Name)



SCANNED
MAY 15 2018

TESTING FACILITY TASK REPORT

AGENCY: DBPD
SUBJECT: MR. JORGE III, MICHAEL P CASE NUMBER: 18-073638
DATE: 05/12/18 VIDEO TAPE NUMBER: N/A
BEGINNING TIME: 18:38 ENDING TIME: 18:55
BREATH TESTS RESULTS: 1) .000 TIME 18:42 A.M./P.M. 2) .000 TIME 18:45 A.M./P.M.
3) N/A TIME --- A.M./P.M. 4) N/A TIME --- A.M./P.M.

BREATH OPERATOR: G. PARCENT # 7709
MAINTENANCE TECHNICIAN: J. KARLECKE # 6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED MUMBLED AT TIMES
ATTITUDE: QUITE FIDDLY COOPERATIVE
CLOTHING: GRAY SHORTS GRAY T-SHIRT BLACK/WHITE SANDALS
MEDICAL CONDITIONS: NONE
MEDICATIONS: NONE
OTHER: CYCS: GLASSY, PUPILS CONSTRICTED, LETHARGIC

COMMENTS: ARRIVED AT CENTER A/P BETWEEN THE 20
MINUTE OBSERVATION PERIOD AT 18:06 HRS.
A ASKED TO TAKE TEST
TECH: READ RESULTS
A STATED HE UNDERSTOOD TEST RESULTS
A/P ASK FOR URINE SAMPLE
A ASKED WHAT IF HE DOESN'T GIVE URINE SAMPLE
A/P READ T/P
A STATED HE UNDERSTOOD T/P AND AGREED TO PROVIDE
URINE SAMPLE @ 18:49 HRS.
A/P READ RIGHTS
A STATED HE UNDERSTOOD RIGHTS
A/P CONDUCTED D/A
A ANSWERS QUESTIONS
A/P REQUESTED A TO SPEAK TO A DRE
A STATED HE DIDN'T WANT TO.

SCANNED
MAY 15 2018

SUBJECT: MICHAEL III MICHAEL P

CASE NUMBER: 18-7227

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) 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
MAY 15 2018

SUSPECT'S SIGNATURE: (X) READ ON CAMERA

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

SUBJECT: 001 25 1000 100 00000000 0

CASE NUMBER: 19-7227

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? Home

WHAT STREET OR HIGHWAY WERE YOU ON? 1st

DIRECTION OF TRAVEL? 1st WHERE DID YOU START? 1st

WHAT TIME DID YOU START? 1:00 WHAT TIME IS IT NOW? 1:30

WHAT IS TODAY'S DATE? 5/15/18 WHAT DAY OF THE WEEK IS IT? Friday

WHAT COUNTY AND CITY ARE YOU IN NOW? Alameda

WHEN DID YOU LAST EAT? 1:00 WHAT DID YOU EAT? Nothing

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? Nothing

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

HOW MUCH? 2 WHERE? Home WITH WHOM? Alone

WHEN DID YOU HAVE YOUR FIRST DRINK? 1:00 AND YOUR LAST DRINK? 1:30

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? Beer

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

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? Yes HOW MUCH? 2

WHAT? Beer WHERE? Home WHEN? 1:30

WHAT LINE OF WORK ARE YOU IN? None WHEN DID YOU LAST WORK? None

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? Yes WHAT? None

ARE YOU SICK OR INJURED? Yes WHAT'S WRONG? None

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

WERE YOU IN AN ACCIDENT TODAY? Yes

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? Yes WHEN? 1:30

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? Yes WHO? None WHY? None

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? Yes WHAT? None WHEN? None

- 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? Yes

DO YOU TAKE INSULIN? Yes IF SO, WHEN WAS YOUR LAST INJECTION? None

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? Yes WHERE? None

INTERVIEWER: _____

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

SCANNED
MAY 15 2018