

JWA 049 2827

PCH 1479

ARREST / NOTICE TO APPEAR

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

1 JUVENILE

ADMINISTRATIVE	OBTS Number		Agency Name Boca Raton Police Department		Agency Report Number (N.T.A.'s only) 3 2 2017-014656	
	Agency ORI Number 0500200		Charge Type: Check as many as apply: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		If Weapon Seized Enter Type None/not Applicable	
DEFENDANT	Location of Arrest (Including Name of Business) 2999 CLINT MOORE RD Boca Raton FL 33496				Location of Offense (Business Name, Address) 2999 CLINT MOORE RD, BOCA RATON, FL 33496	
	Date of Arrest 10/25/2017	Time of Arrest 21:10	Booking Date 10/25/2017	Booking Time 21:20	Jail Date 10/25/2017	Jail Time 22:18
CO-DEFENDANT	Name (Last, First, Middle) STEINFELD, MICHELE LYN					
	Alias:					
	Race W - White B - Black	Sex M - Male F - Female	Date of Birth 12/30/1955	Height 5'04	Weight 115	Eye Color GREEN
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status M	Religion JEWISH	Complexion LIGHT	Build Thin
	Local Address (Street, Apt. Number) 6057 NW 30TH WAY, BOCA RATON, FL 33496		Phone (561) 302-7880		Indication of: Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>	
	Permanent Address (Street, Apt. Number) 6057 NW 30TH WAY, BOCA RATON, FL 33496		Phone (561) 302-7880		Residence Type: 1. City 3. Florida 2. County 4. Out of State 1	
	Business Address (Name, Street) RICHARD STEINFELD DMD, 62169 S JOG RD STE 2 LAKE WORTH FL 33467		Phone (561) 997-0778		Address Source DEFENDANT	
	D/L Number, State S351552559700 / FL		INS Number		Place of Birth (City, State) NEWARK, NJ, United	
	Citizenship US		Occupation Manager			
	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	
Name (Last, First, Middle)						
Address (Street, Apt. Number) (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	
Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property		Value of Property		
<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ Name (Last, First, Middle) <input type="checkbox"/> Legal Custodian Address (Street, Apt. Number) (City) (State) (Zip) Residence Phone Business Phone						
Drug Activity: N. N/A, P. Possess S. Sell, B. Buy, T. Traffic R. Smuggle, D. Deliver, E. Use K. Disperses/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/Derv. P. Paraphernalia/Equipment, S. Synthetic U. Unknown, Z. Other						
Charge Description DUI- PROPERTY DAMAGE/ INJURY TO PROPERTY OR PERSON ENHANCED				Statute Violation Number 316.193(3C1)		
Drug Activity: Drug Type: Amount / Unit: Offense #: N / / / 2017-014656				Counts: Domestic Violence: Warrant / Capias Number: 1 / <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		
Charge Description				Statute Violation Number		
Drug Activity: Drug Type: Amount / Unit: Offense #:				Counts: Domestic Violence: Warrant / Capias Number:		
Charge Description				Statute Violation Number		
Drug Activity: Drug Type: Amount / Unit: Offense #:				Counts: Domestic Violence: Warrant / Capias Number:		
Health / Apparent Physical Condition of Defendant GOOD				Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries Explain:		
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input checked="" type="checkbox"/> T.O.T. County Jail		PROPERTY - Received By BURNETTE		Released By BURNETTE		
<input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health		Date Transported // : :		Time Transported // : :		
Transported By		Location (Court, Room) South County 200 W Atlantic Ave Delray Beach, FL 33444		Released To COUNTY JAIL		
<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court		Court Date and Time 12/04/2017 08:30:00				
<input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.						
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)				Date Signed 10-25-17		
HOLD for Other Agency		Signature of Arresting Officer		Name Verification (Printed by Arrestee)		
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest		Name of Arresting Officer (Print) BURNETTE, ASHLEY N.		(PRINT) SCANNED		
<input type="checkbox"/> Suicidal <input type="checkbox"/> Other		ID.# 798		PAGE 1 OF 1		
Intake Deputy Spann 8101		Pouch #		Transporting Officer Tyson		
ID.#		ID.# 789		Agency BRPD		
Witness here if subject signed with an "X". OCT 26 2017						

2017 OCT 26 AM 5:38

SCANNED

OCT 26 2017

4:22

PROBABLE CAUSE AFFIDAVIT

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

1

JUVENILE

OBTS Number	Agency ORI Number FL 0500200		Agency Name BOCA RATON POLICE DEPARTMENT	Agency Report Number 3 2 2017-014656
Charge Type: Check as many as apply <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other				Special Notes:

Name (Last, First, Middle) STEINFELD, MICHELE LYN	Alias	Race W	Sex F	Date of Birth 12/30/1955
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Charge Description 316.193(3C1) DUI- PROPERTY DAMAGE/ INJURY TO PROPERTY	Charge Description
Charge Description	Charge Description

Victim's Name (Last, First, Middle) STATE, FLORIDA	Race U	Sex U	Date of Birth
Local Address (Street, Apt. Number) 100 NW 2ND AVE, BOCA RATON, FL 33432	(City)	(State)	(Zip)
Business Address (Name, Street)	(City)	(State)	(Zip)

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.

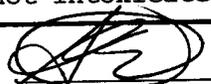
On the 26 day of October, 2017 at 00:05 (Specifically include facts constituting cause for arrest.)

On 10/25/2017 at approximately 1950 hours, I responded to 2999 Clint Moore Rd (Valero gas station) in reference to a traffic crash.

Upon arrival, I observed the vehicles involved in the crash which were a grey Toyota and a white Porsche SUV. I made contact with the driver of the gray Toyota, Thomas Pappalardo, and asked him if he was okay. He stated yes, and informed me that the driver of the white Porsche later identified as Michele Steinfeld, hit him from the rear while he was stopped at a red light. I asked him to provide his driver's license, registration, and proof of insurance and he provided me with the documents I requested. I then made contact with Steinfeld who was seated in her husband's vehicle and asked her if she was okay. She responded yes and stated that she was looking for her driver's license. I then asked if she would step out of the vehicle so that I could speak to her and she complied. As she stepped out of the vehicle, she handed me a stack of cards consisting of her debit, credit, and health insurance cards. I informed her once again that I needed her driver license, registration, and proof of insurance, which she provided me at this time. While interacting with Steinfeld, I could smell a strong odor of an alcoholic beverage coming from her mouth. Her speech was heavy and slurred and I observed her eyes to be bloodshot, glassy, and red.

I made contact with BRFD Firefighter Mike Altamuro who stated that he observed Steinfeld in the left front driver's seat of the white Porsche at the time of the accident. Pappalardo also stated that Steinfeld was the driver of the white Porsche at the time of the crash. Witness statements were collected and placed into evidence.

Upon conclusion of the crash investigation, I informed Steinfeld that I would be finished with the crash investigation and would be conducting a criminal investigation for DUI. I then asked Steinfeld to perform voluntary Standardized Field Sobriety Exercises (SFSE's) so I could ensure he was not intoxicated and would be ok to drive and

SVORN AND SUBSCRIBED BEFORE ME <u>GRAHAM, KEITH T.</u> #1114 NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10) <u>10/26/2017</u> DATE	 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER <u>BURNETTE, ASHLEY NICOLE (798)</u> NAME OF OFFICER (PLEASE PRINT) <u>10/26/2017</u> DATE	PAGE 1 OF 3
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COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

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OCT 26 2017

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

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

1 JUVENILE

A D M I N I S T R A T I V E	OBTS Number	Agency Name		Agency Report Number
	Agency ORI Number FL 0500200	BOCA RATON POLICE DEPARTMENT		3 2 2017-014656
	Charge Type: Check as many as apply <input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other			Special Notes:
	Name (Last, First, Middle) STEINFELD, MICHELE LYN			Race: W Sex: F Date of Birth: 12/30/1955

she consented. The lighting consisted of my patrol vehicle, streetlights, and the lighting from the gas station. The temperature was approximately 62 degrees. No surface defects were noted or claimed.

The first FSE I asked her to perform was the Horizontal Gaze Nystagmus. I instructed her on where to stand and how to perform the exercise. I asked her if she had any head injuries past or present and she stated no. She was not wearing glasses or any contact lenses. She did not have resting nystagmus, and her pupil size was equal. She had lack of smooth pursuit in both eyes, distinct and sustained nystagmus at maximum deviation in both eyes, and onset of nystagmus prior to 45 degrees. vertical gaze nystagmus was not present in either eye. While conducting the HGN, I continued to smell an odor of an alcoholic beverage coming from her mouth.

The second FSE I asked her to perform was the Walk and Turn exercise. I gave the instructions and demonstrated the exercise prior to asking her to perform it. I asked her if she had any physical issues that would prevent her from performing the exercise, and she stated that she has nerve problems in her leg and pointed to her right leg. She failed to stay in the starting position as I was explaining the instructions. She could not keep her balance while listening to the instructions and was unable to stay in the starting position. On the first nine heel to toe steps, she did not touch heel to toe on all steps. She also did not keep her hands by her side and did not count her steps aloud. As she got to her ninth step, she yelled "nine"! She did not perform the turnaround properly. On the second nine heel to toe steps, she did not touch heel to toe and failed to count her steps aloud. She also did not keep her hands down by her side.

I asked her to perform the One Leg Stand However, due to the pain she previously mentioned she did not want to perform the exercise. Based on this, I asked her to perform the Finger To Nose.

The third FSE I asked her to perform was the Finger to Nose exercise (L-R-L-R-L-L-R). I gave the instructions and demonstrated the exercise prior to asking her to perform it. I asked her if she understood the instructions and she stated yes. She failed to use touch finger to nose on every turn. On two turns, she touched the pad of her finger to the nasal area of her nose. She also opened her eyes to locate her finger and exhibited a front to back sway during the exercise.

The fourth FSE I asked her to perform was the Rhomberg with Recitation. I gave the instructions and demonstrated the exercise prior to asking her to perform it. I asked her if she understood the instructions and she stated yes. I asked her if she knew the English alphabet and she stated yes. She started the exercise before instructions were given to begin. She recited the alphabet in the manner instructed.

Based on the totality of circumstances, I placed Seinfeld under arrest for violation of

A D M I N I S T R A T I V E	SVORN AND SUBSCRIBED BEFORE ME	
	GRAHAM, KEITH T #717	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
	NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)	BURNETTE, ASHLEY NICOLE (798)
	10/26/2017	NAME OF OFFICER (PLEASE PRINT)
	DATE	10/26/2017
		DATE

PROBABLE CAUSE AFFIDAVIT
SUPPLEMENT

1. Arrest
2. N.T.A.
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1

JUVENILE

A D M I N I S T R A T I V E	OBTs Number		Agency Name		Agency Report Number	
	FL 0500200		BOCA RATON POLICE DEPARTMENT		3 2 2017-014656	
	Charge Type: Check as many as apply.		Special Notes:			
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Name (Last, First, Middle)				Alias	Race	Sex
STEINFELD, MICHELE LYN					W	F
				Date of Birth	12/30/1955	

F.S.S 316.193(3C1) at 2110 hours. I placed her in the right rear seat of my patrol vehicle.

Ofc Murphy responded to BRPD as my Breath Test Operator. Ofc Murphy and I conducted the 20-minute observation and then she was taken into the BAT room. Steinfeld was asked to provide a breath sample and she consented, providing the first sample. When asked to provide a second sample, she continuously asked what she was being charged with and asking questions about the test and stated that she did not want to "blow" again. During this time, I read her Implied consent and the instrument alerted that the time to provide a sample was up. Following implied consent, she provided a sample. the samples provided were .127g/210L and .118g/210L. See DUI influence report.

Her daughter was on scene and she gave her permission to take all of her valuables into her possession. Her daughter also remained on scene and took possession of her vehicle. Steinfeld is being charged under F.S.S. 316.193(3C1) for DUI Property Damage. I also issued her a citation for careless driving due to the fact that she caused a rear-end collision and property damage to the vehicle of another F.S.S. 316.1925. Steinfeld was transported to the Palm Beach County Jail for further processing.

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GRAHAM, KEITH T #1117
 NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)
 10/26/2017
 DATE

BURNETTE, ASHLEY NICOLE (798)
 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER
 NAME OF OFFICER (PLEASE PRINT)

10/26/2017
DATE

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PAGE
3 OF 3

COURT

STATE ATTORNEY

CENTRAL RECORDS

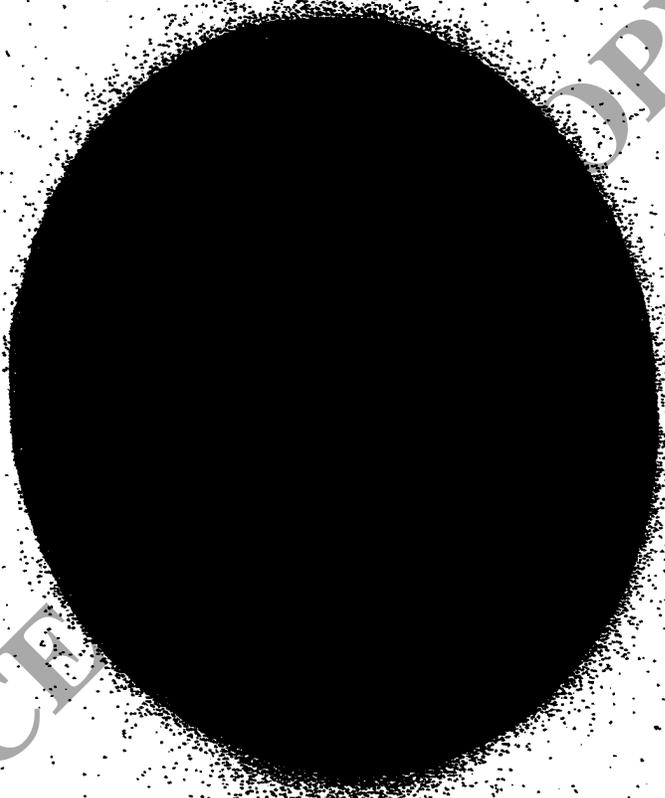
JAIL

OCT 26 2017
CRIME ANALYSIS

P. I. O.

CASE#: 17-14656
10-15-2108
OBY: 2130

D. U. I. INFLUENCE REPORT



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Boca Raton Police Services Department
100 Northwest Second Avenue
Boca Raton, Florida 33432

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Name: Burnette Phone # Home _____ Work 561-338-1234

Address: 100 NW 2nd Ave Boca Raton FL

Can testify to: Investigation

Name: Bissoo Phone # Home _____ Work ""

Address: ""

Can testify to: ""

Name: Alvino Phone # Home _____ Work ""

Address: ""

Can testify to: ""

Name: Craig Phone # Home _____ Work ""

Address: ""

Can testify to: scene

Name: Murphy Phone # Home _____ Work ""

Address: ""

Can testify to: scene / booking

Name: _____ Phone # Home _____ Work _____

Address: _____

Can testify to: _____

Name: _____ Phone # Home _____ Work _____

Address: _____

Can testify to: _____

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OCT 26 2017

Agency Case# 17-14656

PART II D.U.I. REPORT
To be filled out at testing facility

I. INTRODUCTION (Instrument Operator faces video camera)

A. The day is: Wednesday, October, 25, 2017
(day) (month) (date) (year)

B. The time is now approximately 2:58 AM/PM

C. The following is in reference to case number: 2017-014656

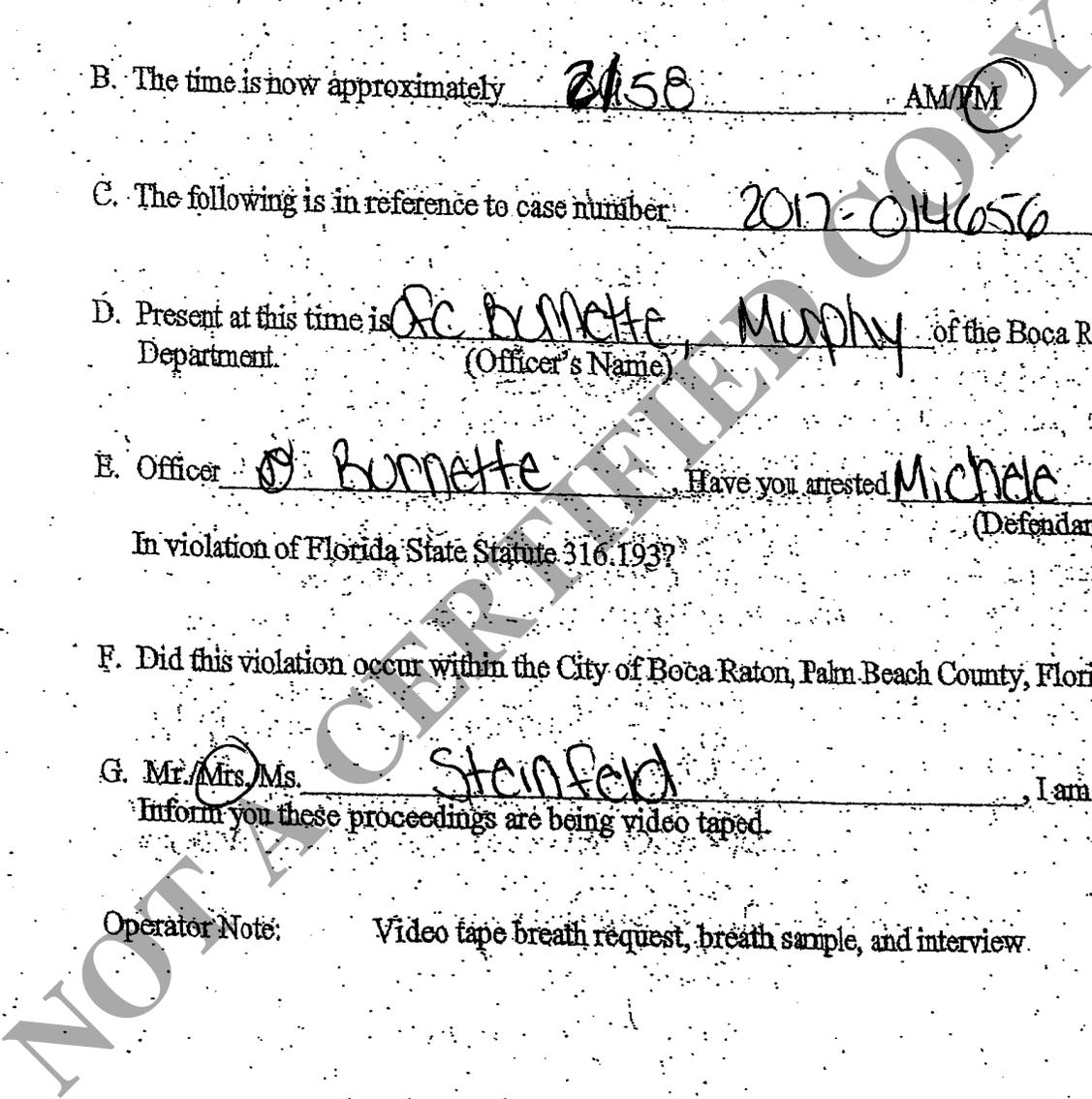
D. Present at this time is PC Bunnette Murphy of the Boca Raton Police Department.
(Officer's Name)

E. Officer Bunnette, Have you arrested Michele Steinfeld
(Defendant's name)
In violation of Florida State Statute 316.193?

F. Did this violation occur within the City of Boca Raton, Palm Beach County, Florida?

G. Mr./Mrs./Ms. Steinfeld, I am required to inform you these proceedings are being video taped.

Operator Note: Video tape breath request, breath sample, and interview



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H. **AT THIS TIME THE ARRESTING OFFICER WILL REQUEST A BREATH SAMPLE.**

Note: Read only the paragraph applicable to the type of test you are requesting.

2+ **A.**

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

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

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

IMPLIED CONSENT WARNINGS

Note: Read only if the subject does not comply with your request.

2.

I am AC BUNETE of the BLPD

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 signature: on video

ALSO READ FOR CDL HOLDERS

IN ADDITION, your refusal to submit will result in the loss of your commercial privileges for one year from today. If this is your SECOND REFUSAL, you will be permanently disqualified from operating a commercial motor vehicle.

After reading the implied consent warning, the arresting officer must request a breath sample again.

(IF REFUSAL THEN)

At this time Mr/Mrs/Ms. _____ has refused to submit to a breath test.

The date is _____ (Month) _____ (Day) _____ (Year) and the time _____ AM/PM

A refusal form will be completed by the arresting officer.

TESTING FACILITY TASK REPORT

SUBJECT: Michael Steinfeld

CASE #: 17-14656 DATE: 10-25-17

BREATH TESTS RESULTS

1) TIME .127 2202 AM/PM 2) TIME NSP 2207 AM/PM
3) TIME .118 2211 AM/PM 4) TIME AM/PM

BREATH OPERATOR: Murphy

MAINTENANCE TECHNICIAN: Pane

TESTING OFFICER'S OBSERVATIONS

SPEECH: slurred

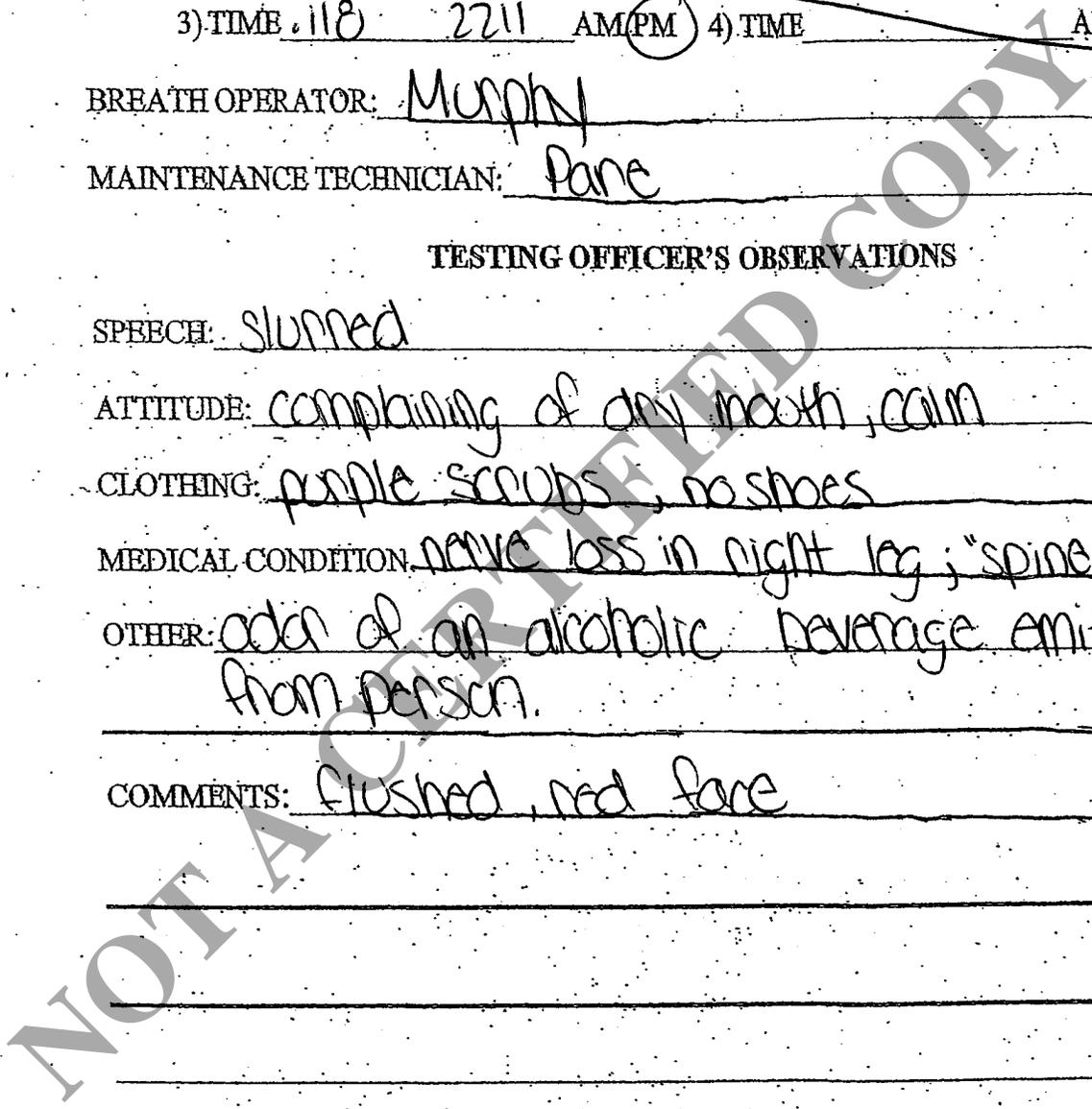
ATTITUDE: complaining of dry mouth, calm

CLOTHING: purple scrubs, no shoes

MEDICAL CONDITION: nerve loss in right leg; "spine is totaled"

OTHER: odor of an alcoholic beverage emitting from person.

COMMENTS: flushed, red face



ADULT CONSTITUTIONAL WARNINGS
(Juvenile warning on reverse side)

"I am required to warn you before you make any statement that you have the following rights":

- 1) You have the right to remain silent and not answer any questions.
- 2) Any statement you make must be freely and voluntarily given.
- 3) You have the right to the presence of a lawyer and representation 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 statement 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 be and will be used against you in a court of law.

DO YOU UNDERSTAND THESE RIGHTS AS I HAVE READ THEM TO YOU AND DO YOU WISH TO SPEAK TO ME?

(X) on video

QUESTIONS AND ANSWERS

Were you operating a motor vehicle at the time of the accident/stop? _____

Where were you going? _____

What street or highway were you on? _____

Direction of travel? _____

Where did you start driving from? _____

What City (County) were you stopped in? _____

What time did you start? _____ AM/PM What time is it now _____

What is today's date? _____ What day of the week is it? _____

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What have you been doing the past three hours prior to this stop/accident? _____

How much do you weigh? _____ Have you been drinking? _____ What were you drinking? _____

How much? _____ Where? _____ With whom were you drinking? _____

When did you have your first drink? _____ AM/PM When did you stop drinking? _____ AM/PM

How did you consume your last two drinks? _____

Are you under the influence of alcohol now? Yes No

Can you feel the affects of alcohol? Yes No

Have you consumed alcohol since the accident? Yes No

Can you feel the affects of alcohol? Yes No

Have you consumed alcohol since the accident? Yes No How much? _____ What? _____

Where? _____

What line of work are you in? _____

When did you last work? _____

Do you have any physical defects or injuries? Yes No If yes, explain: _____

Are you sick or injured? Yes No If yes explain: _____

Do you limp? _____ Did you get a bump on the head? _____

Were you involved in an accident today? _____

Have you taken any drugs or smoked marijuana today? _____

What? _____ When? _____

Have you seen a doctor or dentist today? _____ Who? _____

Are you taking any prescription medicines? Yes No What? _____ When? _____

Do you have:	Epilepsy? Yes <input type="checkbox"/> No <input type="checkbox"/>	Inner ear trouble? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Glass Eye? Yes <input type="checkbox"/> No <input type="checkbox"/>	Ear Infection? Yes <input type="checkbox"/> No <input type="checkbox"/>
	False Teeth? Yes <input type="checkbox"/> No <input type="checkbox"/>	Diabetes? Yes <input type="checkbox"/> No <input type="checkbox"/>

Any eye problems not correctable by glasses or contact lenses? _____

Do you take insulin? Yes No If yes, when was your last injection? _____

Have you ever had a driver's license in any other state? _____

I am now ending this videotaping. The time now is approximately 2216 AM/PM

The date is: October (month) 25 (day) 2017 (year).

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