

0485693

P-1519

OBTS Number			ARREST / NOTICE TO APPEAR					1. Arrest		3. Request for Warrant		4. Request for Capias		1 Juvenile									
ADMINISTRATIVE	Agency ORI Number		Agency Name			Juvenile Referral Report		1. Arrest		3. Request for Warrant		4. Request for Capias		1 Juvenile									
	FLO 500000		PALM BEACH COUNTY SHERIFF'S OFFICE					2. N.T.A.		5. Ordinance		6. Other		1. Yes		2. No		NONE		Multiple Clearance Indicator		01	
Charge Type: Check as many as apply.		<input type="checkbox"/> 1. Felony		<input type="checkbox"/> 3. Misdemeanor		<input type="checkbox"/> 5. Ordinance		<input type="checkbox"/> 2. Traffic Felony		<input checked="" type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 6. Other		<input type="checkbox"/> 1. Yes		<input type="checkbox"/> 2. No		NONE		Multiple Clearance Indicator		01	
Location of Arrest (including Name of Business)		1470 GREENVIEW SHORES BLVD WELLINGTON, FL 33414					Location of Offense (Business Name, Address)		1470 GREENVIEW SHORES BLVD WELLINGTON, FL 33414					Agency Report Number (N.T.A.'s only)		06-17-044960							
Date of Arrest		Time of Arrest		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle		SHEEHAN'S TOWING									
02/27/17		05:37																					
Name (Last, First, Middle)										Alias (Name, DOB, Soc. Sec. #, Etc.)													
COWDEN, REBECCA CARRIE																							
Race		Sex		Date of Birth		Height		Weight		Eye Color		Hair Color		Complexion		Build							
W - White 1 - American Indian B - Black 0 - Oriental/Asian		W F		03/10/1979		5'9"		180		BLUE		BRW		FAIR		LARGE							
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)										Marital Status		Religion		Indication of: Y N Unk. Alcohol Influence <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Drug Influence <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>									
LEFT CHEST: "PIECIES" RIGHT ANKLE: "SEA HORSE"										SINGLE		NONE											
Local Address (Street, Apt. Number)		(City)		(State)		(Zip)		Phone				Residence Type: 1. City 3. Florida 2. County 4. Out of State											
3642 HANOVER CIRCLE		LOXAHATCHEE,		FL		33470		(908) 875-9655				2											
Permanent Address (Street, Apt. Number)		(City)		(State)		(Zip)		Phone				Address Source											
												FLORIDA DRIVER LICENSE											
Business Address (Name, Street)		(City)		(State)		(Zip)		Phone				Occupation											
												EQUESTRIAN											
DL Number, State		Soc. Sec. Number				INS Number						Place of Birth (City, State)		Citizenship									
C350-723-79-590-0; FL												BRITISH COLUMBIA, CANADA		NO									
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"/> Other <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"/> Other <input type="checkbox"/> 5. Juvenile							
<input type="checkbox"/> Parent Name (Last) <input type="checkbox"/> (First) <input type="checkbox"/> (Middle)										Residence Phone <input type="checkbox"/>													
<input type="checkbox"/> Legal Custodian																							
<input type="checkbox"/> Other:																							
Address (Street, Apt. Number)		(City)		(State)		(Zip)				Business Phone <input type="checkbox"/>													
										<input type="checkbox"/>													
Notified by: (Name)										Date		Time		Juvenile Disposition		2. TOT HRS / DYS							
														1. Handled/processed within Dept. and Released.		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 S. Sell N. N/A P. Possess		R. Smuggle B. Buy T. Traffic		K. Dispense/ D. Deliver E. Use		M. Manufacture/ Produce/ Cultivate		Z. Other		Drug Type B. Barbiturate N. N/A A. Amphetamine		H. Hallucinogen C. Cocaine E. Heroin		P. Paraphernalia/ Equipment S. Synthetics		U. Unknown Z. Other							
Charge Description DRIVING UNDER THE INFLUENCE										Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD # 316.193(1)							
Drug Activity		Drug Type		Amount / Unit		Offense #				Warrant / Capias Number		Bond <i>OR</i>											
17-044960																							
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											
FEB 27 AM 8:37																							
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											
FEB 27 AM 8:37																							
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											
FEB 27 AM 8:37																							
Location (Court, Room Number, Address)										CRIMINAL JUSTICE COMPLEX / 3228 GUN CLUB ROAD, WEST PALM BEACH, FL 33406													
Court Date and Time																							
Month MARCH		Day 23th		Year 2017		Time 08:30		AM <input checked="" type="checkbox"/>		PM <input type="checkbox"/>													
I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED																							
Signature of Defendant (or Juvenile and Parent / Custodian)										Date Signed													
HOLD for other Agency										Signature of Arresting Officer		Name Verification (Printed by Arrestee)											
Name: <i>INV. J. Schaefer #8777</i>										X		(PRINT)											
<input type="checkbox"/> Dangerous		<input type="checkbox"/> Resisted Arrest		Name of Arresting Officer (Print)		I.D. #																	
<input type="checkbox"/> Suicidal		<input type="checkbox"/> Other:		INV. J. SCHAEFER		8777																	
Intake Deputy <i>NOT T. Hamblen</i>		I.D. #		Pouch #		Transporting Officer		ID #		Agency													
						INV. J. SCHAEFER		8777		PBSO													
DISTRIBUTION: WHITE - COURT COPY										GREEN - STATE ATTORNEY													
YELLOW - AGENCY										PINK - AGENCY													
GOLD - DEFENDANT (N.T.A.'s ONLY)																							
OF																							

OBTS Number

PROBABLE CAUSE AFFIDAVIT

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

0

Juvenile

N

Agency ORi Number FLO 5 0 0 0 0 0	Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 06 - 17-044960		
Charge Type: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance Check as many <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other as apply.		Special Notes: SUPPLEMENTAL		
Defendant's Name (Last, First, Middle) REBECCA, CARRIE, COWDEN			Race W	Sex F
Charge Description DUI		Charge Description		
Charge Description			Charge Description	
Victim's Name (Last, First, Middle) STATE OF FLORIDA			Race	Sex
Victim's Local Address (Street, Apt. Number)		(City)	(State)	(Zip)
Victim's Business Address (Name, Street)		(City)	(State)	(Zip)
		Phone		Address Source
		Phone		Occupation GOVERNMENT
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...				
<input checked="" type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ <input type="checkbox"/> confessed to _____ that he/she saw the arrested person commit the below acts. <input type="checkbox"/> admitting to the below facts. <input type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.				
On the day of _____, 20____ at _____ <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest).				

NARRATIVE:

On 02/27/2017 at 0510 hours, I arrived at the McDonalds Restaurant located at 1470 Greenview Shores Blvd, Wellington, FL, 33414 in reference to an Unconscious Female.

I immediately observed a running 2015 Black Toyota Tundra Truck bearing FL Tag# DVLP41, parked with its driver front side directly on the hedge/curb, in the drive through lane. Upon approaching the driver side of the running truck, I observed a white female, later identified as Rebecca Carrie Cowden. Rebecca was in the driver side of the vehicle unresponsive, with her foot on the brake, and the vehicle in "Drive". I knocked on the window numerous times in an attempt to gain Rebeccas attention, and after several loud verbal commands to lower the window and place the vehicle in park, she awoke and unlocked the door. I then opened the door and immediately placed the vehicle in "Park", as her foot was still on the brake. I ordered Rebecca to exit the vehicle, to which she stated "No". I then grabbed Rebeccas left arm and assisted her out of the vehicle. It should be noted that it was apparent to me, that due to Rebeccas slurred speech and irrational body movements, she was possibly impaired.

I requested the assistance of DUI Investigator J. Schaefer #8777, to initiate a DUI Investigation.

Sworn and Subscribed before me <i>Inv J Schaefer #8777</i>		Signature of Arresting / Investigating Officer <i>D/S SEPTIEN #20750</i>	
Signature Notary Public / Clerk of Court / Officer (F.S.S 117.10) INV J. SCHAEFER #8777		Signature of Officer (Please Print) D/S SEPTIEN #20750	
Name of Notary Public / Clerk of Court / Officer (F.S.S 117.10) 02/27/2017		Name of Officer (Please Print) 02/27/2017	
Date 02/27/2017		Date 02/27/2017	



NOT A CERTIFICATE

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE DAY OF 20 17, AT 05:10 AM PM

SUBJECT: COWDEN, REBECCA CARRIE CASE NUMBER: 17-044960

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: INV. J. SCHAEFER #8777

PERSONAL CONTACT

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

On the above date at approximately 05:10hrs, I was dispatched to the scene of a driver passed out behind the wheel of a black Toyota truck in the drive-thru of the McDonald's located at 1470 Greenview Shores Blvd. in the Village of Wellington, Palm Beach County, Florida. D/S Septien #20750 noticed that the defendant had articulable indicators of impairment, so he called for a DUI unit to conduct a possible DUI investigation. D/S Septien identified the defendant, to me, as the driver/sole occupant of the vehicle, at the time of his arrival. D/S Septien provided me with a written sworn supplemental Probable Cause Affidavit.

OBSERVATION OF DRIVER:

Upon making contact with the driver who was identified as "REBECCA CARRIE COWDEN" by her Florida driver license, I immediately detected an obvious and strong odor of an unknown alcoholic beverage emitting from her person and face area. This odor intensified as I spoke to Rebecca. She had glassy, glazed, and extremely blood shot eyes. Rebecca's speech was slurred, slow, and thick, and at times difficult to understand. Rebecca's movements were slow and deliberate. She was lethargic in her movements with poor coordination. She had an unsteady gait while walking to my patrol vehicle.

DRIVER'S STATEMENTS:

Pre-Miranda: none

Post Miranda: none

ODORS:

A strong and obvious odor of an unknown alcoholic beverage was emitting from *** person and face area which intensified as I spoke to them.

GENERAL OBSERVATIONS

SPEECH: Rebecca's speech was slurred, slow, and thick, and at times difficult to understand.

ATTITUDE: annoyed, threatening, insulting

CLOTHING: red/blk jacket / brw riding pants / blk top

MEDICAL/OTHER: stated injured left foot

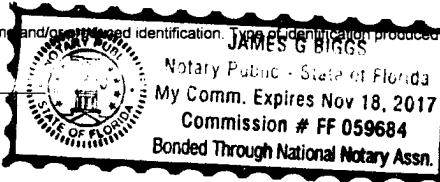
STATE OF FLORIDA
COUNTY OF PALM BEACH

INV. J. SCHAEFER #8777 Inv. J. Schaefer #8777

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 27th day of FEBRUARY 2017 by INV. J SCHAEFER #8777

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification, type of identification produced JAMES G BIGGS PERSONALLY KNOWN



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:**

Rebecca would sway roughly in a side to side front to back pattern throughout the task. She touched the tip of the pen with both index fingers, which she was not instructed to do. She was reminded numerous times to track the pen with her eyes only. She failed to keep her head still while tracking the stimulus. I had her hold her chin with her right hand and her right hand with her left hand to further stabilize her head.

WALK & TURN:

I explained and demonstrated the instructions for the "Walk & Turn" to Rebecca who stated the she understood. She would sway roughly in a side to side, front to back pattern throughout the demonstration phase. Rebecca could not maintain her balance while listening to instructions. She would stop walking to steady herself with pauses to regain balance. On the first pass she missed heel-to-toe steps and stepped off the line, using her arms for balance by raising them almost parallel to the ground. She performed the turn properly. On the return, Rebecca would miss heel-to-toe steps and stepped off the line, and took the incorrect number of steps.

ONE LEG STAND:

I explained and demonstrated the instructions for the "One Leg Stand" to Rebecca who stated that she understood. She would sway roughly in a side to side, front to back pattern throughout the demonstration phase. Rebecca continued to sway while balancing on one leg. She used her arms to balance raising them more almost parallel to the ground.

FINGER TO NOSE:

I explained and demonstrated the instructions for the "Finger to Nose" task to Rebecca who stated that she understood. Rebecca would sway roughly in a side to side, front to back pattern throughout the demonstration phase. She did keep her eyes closed. Rebecca hesitated before returning her hands back down to her sides as instructed after touching her nose. Her index finger did not touch the tip of her nose on 4 of the six attempts, touching her lip, underside of her nose, and the left nostril twice. She hesitated & searched for the tip of her nose prior to touching the tip. The sequence used for this task was L, R, L, R, R, L.

ROMBERG ALPHABET:

I explained and demonstrated the instructions for the "Rhomberg Alphabet" task to Rebecca who stated that she understood. She would sway roughly in a side to side, front to back pattern throughout the demonstration phase. Rebecca kept her eyes closed as instructed. She would sway more than 2 inches. Rebecca correctly recited the alphabet.

BREATH TEST RESULTS: 1) .181 2) .181 3) n/a 4) n/a

STATE OF FLORIDA
COUNTY OF PALM BEACH

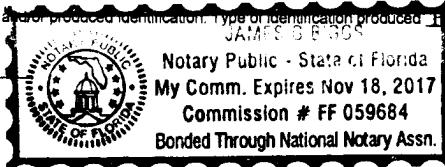
INV. J. SCHAEFER #8777

Inv J Schaefer #8777

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 27th day of FEBRUARY 2017 by INV. J SCHAEFER #8777

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



WITNESS LIST

17-044960

CASE NUMBER: _____

ARRESTING OFFICER: INV. J. SCHAEFER #8777

ADDRESS: 3228 GUN CLUB ROAD WPB, FL 33406

PHONE NUMBERS (HOME): _____ (WORK) (561)681-4500

CAN TESTIFY TO: SEE OFFENSE REPORT

NAME: D/S SEPTIEN #20750

ADDRESS: 3228 GUN CLUB ROAD WPB, FL 33406

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

CAN TESTIFY TO: SEE SUPPLEMENTAL PC

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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CAN TESTIFY TO: _____

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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: PBSO-SCHAEFER

SUBJECT: COWDEN, REBECCA C

CASE NUMBER: 17-044960

DATE: Feb 27, 2017

VIDEO DVD NUMBER: 62205

BEGINNING TIME: 0651

ENDING TIME: 0701

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: J Biggs# 7607

MAINTENANCE TECHNICIAN: D/S J Karklecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: MUMBLING

ATTITUDE: COOPERATIVE

CLOTHING: RED/BLACK JACKET, BLACK/GRAY PANTS

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER:

EYES GLASSY, RED
ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE ON SUBJECT

COMMENTS:

ARRESTING OFFICER CONDUCTED THE 20 MINUTE OBSERVATION BEGINNING AT 0630
SUBJECT ADVISED SHE WOULD SUBMIT TO THE TEST
SUBJECT WAS GIVEN THE INSTRUCTIONS FOR THE TEST
SUBJECT COMPLETED BOTH SAMPLES SUCCESSFULLY
RESULTS WERE GIVEN
MIRANDA WAS READ TO THE SUBJECT
SUBJECT REFUSED QUESTIONS

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) _____

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.

READ ON VIDEO

SUSPECT'S SIGNATURE: (X) _____

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: Inv Schaefer #8777