

0487094

515

ARREST / NOTICE TO APPEAR

Juvenile Referral Report

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

Agency Report Number (N.T.A.'s only)

06-

17-064761

ADMINISTRATIVE	OBTS Number			ARREST / NOTICE TO APPEAR						Juvenile Referral Report														
	Agency ORI Number		Agency Name			PALM BEACH COUNTY SHERIFF'S OFFICE			Agency Report Number (N.T.A.'s only)															
FLO 500000								06-			17-064761													
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						Weapon Seized / Type		Multiple Clearance Indicator														
								1. Yes 2. No																
Location of Arrest (Including Name of Business)		Location of Offense (Business Name, Address)																						
3991 ISLAND CLUB DR LANTANA FL 33462		LANTANA RD AND LAWRENCE AVE ATLANTIS FL																						
Date of Arrest		Time of Arrest		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle												
04/14/17		2315										D AND D TOWING												
Name (Last, First, Middle)																								
BEURER ROBERT JOHN																								
Alias (Name, DOB, Soc. Sec. #, Etc.)																								
Race		Sex		Date of Birth		Height		Weight		Eye Color		Hair Color												
W - White 1 - American Indian B - Black 0 - Oriental/Asian		W		M		02/05/1957		511		265		BLU												
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)												Religion												
NONE												CHRISTIAN												
Indication of:		Y		N		Unk.		Alcohol Influence		Drug Influence														
		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>														
DEFENDANT	Local Address (Street, Apt. Number)		(City)		(State)		(Zip)		Phone		Residence Type:													
	3120 SEAGRAPE RD.		LAKE WORTH		FL 33462				(203) 710 0712		1. City 2. County 3. Florida 4. Out of State													
Permanent Address (Street, Apt. Number)		(City)		(State)		(Zip)		Phone		Address Source														
										DEFENDANT														
Business Address (Name, Street)		(City)		(State)		(Zip)		Phone		Occupation														
D/L Number, State		Soc. Sec. Number				INS Number				Place of Birth (City, State)		Citizenship												
(FL)B-660-770-57-045-0										NEW HAVEN CT		US												
CODEF	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												
JUVENILE	<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other:		Name (Last)		(First)		(Middle)						Residence Phone											
													()											
Address (Street, Apt. Number)		(City)		(State)		(Zip)						Business Phone												
												()												
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.								School Attended				Grade												
<input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)																								
Property Crime?		Description of Property						Value of Property																
<input type="checkbox"/> Yes <input type="checkbox"/> No																								
CODE	Drug Activity		S. Sell		R. Smuggle		K. Dispense/ Distribute		M. Manufacture/ Produce/ Cultivate		Z. Other		Drug Type		B. Barbiturate		H. Hallucinogen		P. Paraphernalia/ Equipment		U. Unknown			
	N. N/A		B. Buy		D. Deliver		E. Use						N. N/A		C. Cocaine		M. Marijuana		O. Opium/Denv.		Z. Other			
CHARGE	Charge Description								Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number								Violation of ORD #			
	DUI								1				316.193(1)											
CHARGE	Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number								Bond							
	N		N		N/A		17-064761																	
CHARGE	Charge Description								Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number								Violation of ORD #			
CHARGE	Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number								Bond							
CHARGE	Charge Description								Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number								Violation of ORD #			
CHARGE	Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number								Bond							
NOTICE TO APPEAR	Location (Court, Room Number, Address)													H										
	3228 GUN CLUB RD WEST PALM BEACH FL 33406													S										
Court Date and Time													S											
Month		MAY		Day		11		Year		2017		Time		0830		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													S											
													Date Signed											
ADMIN	HOLD for other Agency				Signature of Arresting Officer				Name Verification (Printed by Arrestee)															
	Name:								(PRINT) SCANNED Name of Arresting Officer (Print) Inv. E.K. White 7209															
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:								I.D. # 7209															
	Intake Deputy		I.D. #		Pouch #		Transporting Officer		ID #		Agency		Witness here my signature is attached in -X-											
						Inv. E.K. White		7209		PBSO		APR 16 2017												
DISTRIBUTION: WHITE - COURT COPY													GREEN - STATE ATTORNEY											
YELLOW - AGENCY													PINK - AGENCY											
GOLD - DEFENDANT (N.T.A.'s ONLY)																								
PBSO #148 REV. 8/97																								

OBTS Number

PROBABLE CAUSE AFFIDAVIT

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

1 Juvenile n

Agency ORI Number FLO 5 0 0 0 0 0	Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 06	17-064761		
Charge Type: Check as many as apply <input type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other			Special Notes		
Defendant Name (Last, First, Middle) BEURER ROBERT JOHN			Race W	Sex M	Date of Birth 02/05/1957
Charge DUI	Charge				
Charge	Charge				
Victim Name (Last, First, Middle) STATE OF FLORIDA			Race	Sex	Date of Birth
Local Address (Street, Apt. Number)		City	State	Zip	Phone
Business Address (Street, Apt. Number)		City	State	Zip	Phone
The undersigned 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 type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> confessed to admitting to the below facts. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from (described) investigation.					
On the 14TH day of APRIL 20 17 at _____ <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM					

On the above date at approximately 2227 hours I was traveling E/B on Lantana Rd in unincorporated Lantana, Palm Beach County, Florida, when I observed a red 2000 Ford Mustang convertible bearing FL tag #Y05CIN, driving erratically on Lantana Rd. I observed said vehicle for approximately one 1/2 mile just east of Lawrence Rd as it was traveling E/B in the #3 (outside) lane. I observed several times said vehicle drifting to the right and over the solid unbroken white traffic lane and scraping up against the curb. Believing the driver to be medically unfit to operate a motor vehicle I initiated a traffic stop. The vehicle pulled into the development of Island Club on Island Club Dr. As I made contact with the driver and sole occupant of the vehicle I motioned for him to roll down the front right passenger door window. He stared at me without any expression or acknowledgment and just opened his driver side door. I observed an open container (can) of beer in the front center console. I then walked around to his side and made contact with the driver who continued to just stare in the direction in front of his vehicle. I positively identified the driver as Robert John Beurer with his FL DL. I explained why I had pulled him over and asked him if he had any medical issues or took any type of medication to which he said no. I asked him if he had had anything to drink and he stated that he had earlier consumed a couple of beers at his sisters house. When he spoke his words were slurred and I observed his eyes were bloodshot watery red. I directed the driver to exit the vehicle and when he did he staggered to the rear of the car. When I requested he turn around and lean up against his vehicle with his rear side he just turned around in a complete circle and faced toward his front hood.

After observing the above signs of impairment I requested via PBSO dispatch for a DUI unit to respond. DUI 10 Deputy Edward White ID 7209 responded to the scene and the investigation of was turned over to him.

The foregoing instrument was sworn to and affirmed before me this <u>14th</u> day of <u>April</u> 20 <u>17</u> , by: <u>D/S White 7209</u>	Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00) <u>SCANNED</u>	Name of Arresting/Investigating Officer <u>D/S Blackman 7834</u>
Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00) <u>SCANNED</u>	Signature of Arresting/Investigating Officer <u>SCANNED APR 16 2017</u>	
Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)		Page <u>1</u> of <u>1</u>

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 14 DAY OF APRIL 20 17, AT 2227 AM PM

SUBJECT: BEURER ROBERT JOHN CASE NUMBER: 17-064761

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: Inv. E.K. White 7209

PERSONAL CONTACT

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

On Friday, April 14, 2017 at approximately 2231 hours, I was dispatched to 3991 Island Club Drive, Lantana (Palm Beach County) Florida to assist Deputy Stuart A Blackman with a traffic stop that involved a possible drunk driver. Upon my arrival I observed D/S Blackman's patrol car stopped behind a Ford Mustang with its emergency lights activated. Both vehicles were facing south. I also noticed a white male leaning against the rear of the mustang. I made contact with D/S Blackman who told me the following regarding his traffic stop: On the above date at approximately 2227 hours I was traveling E/B on Lantana Rd in unincorporated Lantana, Palm Beach County, Florida, when I observed a red 2000 Ford Mustang convertible bearing FL tag #Y05CIN, driving erratically on Lantana Rd. I observed said vehicle for approximately one 1/2 mile just east of Lawrence Rd as it was traveling E/B in the #3 (outside) lane. I observed several times said vehicle drifting to the right and over the solid unbroken white traffic lane and scraping up against the curb. Believing the driver to be medically unfit to operate a motor vehicle I initiated a traffic stop. The vehicle pulled into the development of Island Club on Island Club Dr. As I made contact with the driver and sole occupant of the vehicle I motioned for him to roll down the front right passenger door window. He stared at me without any expression or acknowledgment and just opened his driver side door. I observed an open container (can) of beer in the front center console. I then walked around to his side and made contact with the driver who continued to just stare in the direction in front of his vehicle. I positively identified the driver as Robert John Beurer with his FL DL. I explained why I had pulled him over and asked him if he had any medical issues or took any type of medication to which he said no. I asked him if he had had anything to drink and he stated that he had earlier consumed a couple of beers at his sisters house. When he spoke his words were slurred and I observed his eyes were bloodshot watery red. I directed the driver to exit the vehicle and when he did he staggered to the rear of the car. When I requested he turn around and lean up against his vehicle with his rear side he just turned around in a complete circle and faced toward his front hood.

After observing the above signs of impairment I requested via PBSO dispatch for a DUI unit to respond. DUI 10 Deputy Edward White ID 7209 responded to the scene and the investigation of was turned over to him. D/S Blackman wrote a sworn statement on a probable cause affidavit.

OBSERVATION OF DRIVER:

I made contact with the driver who was standing at the rear of the previously mentioned mustang. He stood with his feet more than shoulder length apart. He swayed while standing and was seemingly unsteady on his feet. I later identified as Robert John Beurer by his Florida driver license. His eyes were red, watery and glossy. His speech was mumbled and slurred. His mouth was dry and cheeks were flushed. His movements were slow and calculated. I could smell a strong odor of an unknown alcoholic beverage emanating from his breath that intensified when he spoke. I explained to the driver that I had a suspicion he had been drinking an unspecified amount of unknown alcoholic beverages. He nodded his head in approval. Moreover I asked if he would consent to performing Standardized Field Sobriety Evaluations (SFSTs) for the purpose of determining if he was impaired while operating a motor vehicle. He consented to performing the SFSTs. Prior to his performance I asked if he had any physical problems with his body that would inhibit him from performing light physical movements. I also asked if he was on medication. The defendant conveyed he neither had anything wrong with him physically, nor was he on medication. I escorted him to a smooth and level surface on the roadway that was free from obstructions and debris. The area was well lighted by the lights from my patrol car. During his performance he told me he has balance issues due to his high blood pressure and diabetes. I asked if he remembered me asking if he had any physical problems with his body and if he was taking medication prior to administering the SFSTs. He seemed surprised and thought he told me. The following SFSTs were explained, demonstrated and acknowledged by him prior to their performance: HGN, The Walk and Turn, The One Leg Stand, The Finger to Nose and The Romberg Alphabet Recitation. He did not perform the Walk and Turn and One Leg Stand and attributed it to him not having good balance from his sickness. His deficiencies were noted on another form on this package. After the subject was arrested D/S Blackman found open containers inside the center console and inside an iced cooler. He also located a bottle of Skol Vodka with approximately a quarter of its liquid content inside.

DRIVER'S STATEMENTS:

I do not have good balance

ODORS:

Strong odor of an unknown alcoholic beverage coming from subject's breath.

GENERAL OBSERVATIONS

SPEECH: mumbled slurred

ATTITUDE: lethargic

CLOTHING: blue shirt, tan pants and gray shoes

MEDICAL/OTHER: high blood pressure and diabetes

STATE OF FLORIDA
COUNTY OF PALM BEACH

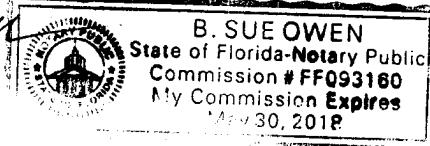
Inv. E.K. White 7209

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 14 day of April 20 17 by D/S WHITE

(Print 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. 117.10)



SCANNED
APR 16 2017

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

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

Other Observations:

Subject was asked to stand with their feet together and place their hands by their side. They were asked to focus on the stimulus and follow it with their eyes. Lastly they were told not to move their head to assist in following the stimulus with their eyes. During this evaluation subject's eyes appeared normal and showed no nystagmus while resting. They also showed equal tracking on the initial pass. The following two passes they lacked a smooth pursuit; they also showed sustained and distinct jerking at maximum deviation. I also notice nystagmus at the onset of 45 degrees. I did not see any vertical nystagmus.

WALK & TURN:

The def was placed in the instructional stance for the Walk & Turn and given instructions. The def stated that they understood my instructions. Subject attempted to position himself in the instructional position. He swayed and could not assume the position. He later complained of balance issues and attributed those issued to his high blood pressure and diabetes. He told me he takes his medicine as prescribed.

ONE LEG STAND:

The def was placed in the instructional stance for the One Leg Stand and given instructions. The def stated that they understood my instructions. Subject did not perform this evaluation due to his medical issues. He complained of balance problems

FINGER TO NOSE:

The def was placed in the instructional stance for the Finger to Nose and given instructions. The def stated that they understood my instructions. Subject swayed while performing this evaluation. He did not keep his head tilted back as instructed, he also did not keep his eyes close. He failed to touch the tip of his finger to the tip of his nose on all six attempts. Rather he used the pad of his finger and made contact with the bridge and side of his nose. He flinched the wrong hand on one occasion.

ROMBERG ALPHABET:

The def was placed in the instructional stance for the Romberg Alphabet and given instructions. The def stated that they understood my instructions. Subject sang the alphabet instead of reciting each letter as instructed.

BREATH TEST RESULTS: 1) .169 2) .162 3) 4)

STATE OF FLORIDA
COUNTY OF PALM BEACH

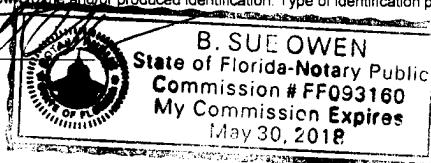
Inv. E.K. White 7209

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 14 day of April 2017 by D/S WHITE

(Print 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 117.10)



SCANNED
APR 16 2017

WITNESS LIST

17-064761

CASE NUMBER: _____

ARRESTING OFFICER: **Inv. E.K. White 7209**

ADDRESS: **DUI/Traffic**

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

CAN TESTIFY TO: **DUI Investigation**

NAME: **D/S STUART BLACKMAN**

ADDRESS: **DIST 6**

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

CAN TESTIFY TO: **STOPPING THE VEHICLE**

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 _____

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ADDRESS _____

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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: _____

SCANNED

APR 16 2017

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: _____

SCANNED
APR 16 2017

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.

SUSPECT'S SIGNATURE: (X) _____

Read on Video

**SCANNED
APR 16 2017**

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? Yeah

WHERE WERE YOU GOING? Home

WHAT STREET OR HIGHWAY WERE YOU ON? Lantana

DIRECTION OF TRAVEL? E WHERE DID YOU START? Liviera Brk

WHAT TIME DID YOU START? 7pm WHAT TIME IS IT NOW? I don't know

WHAT IS TODAY'S DATE? APRIL 13th WHAT DAY OF THE WEEK IS IT? Friday / Saturday

WHAT COUNTY AND CITY ARE YOU IN NOW? LIB (Lantana)

WHEN DID YOU LAST EAT? Noon time WHAT DID YOU EAT? Bagel

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? Driving home

HOW MUCH DO YOU WEIGH? 240 HAVE YOU BEEN DRINKING? Yes WHAT? Beer

HOW MUCH? I don't know WHERE? Hotel WITH WHOM? Family

WHEN DID YOU HAVE YOUR FIRST DRINK? 4pm AND YOUR LAST DRINK? I don't know

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? Slow

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? Not know ARE YOU UNDER THE INFLUENCE? NO

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? / HOW MUCH? /

WHAT? / WHERE? / WHEN? /

WHAT LINE OF WORK ARE YOU IN? Retired WHEN DID YOU LAST WORK? Retired

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? NO WHAT? /

ARE YOU SICK OR INJURED? NO WHAT'S WRONG? /

DO YOU LIMP? No DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? NO

WERE YOU IN AN ACCIDENT TODAY? NO

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? NO WHEN? /

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? NO WHO? / WHY? /

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? Yes WHAT? Edicorat drugs WHEN? This

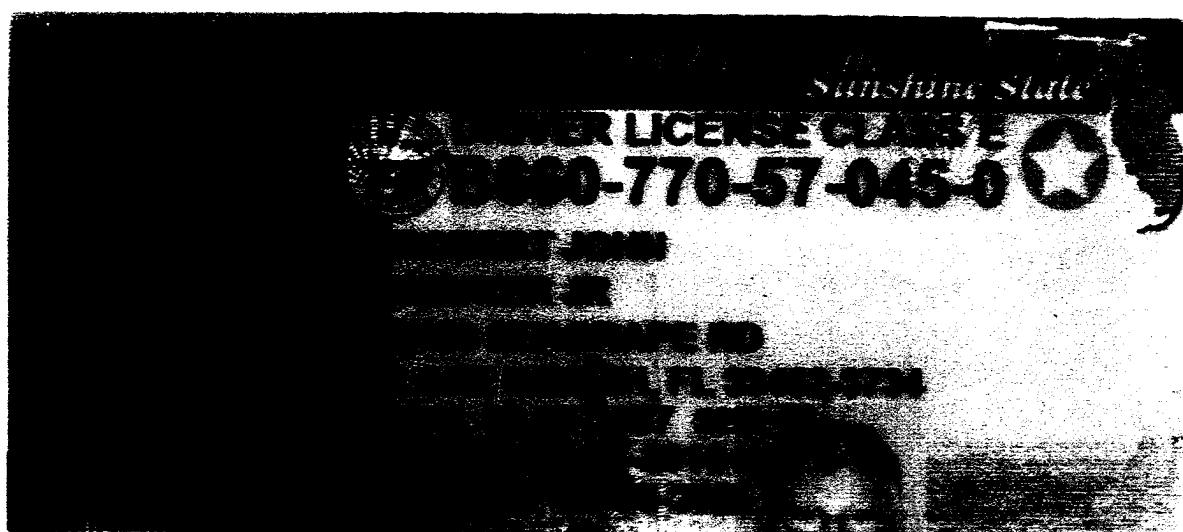
DO YOU HAVE: EPILEPSY? NO GLASS EYE? NO FALSE TEETH? NO EAR INFECTION? NO INNER EAR TROUBLE? NO DIABETES? Yes Migraine

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? NO

DO YOU TAKE INSULIN? NO IF SO, WHEN WAS YOUR LAST INJECTION? /

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? Yes WHERE? CA SCANNED

INTERVIEWER: Inv. F. L. WHITE APR 16 2017



ORGAN DONOR

SAFE DRIVER

MOTORCYCLE ALSO

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

NOT A CERTIFIED COPY