

*JKA 0487076*

*PM 1901*

OBTS Number				ARREST / NOTICE TO APPEAR Juvenile, Referral, Report				1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	Juvenile N				
Agency ORI Number <b>FLO 502600</b>		Agency Name <b>Palm Beach Gardens Police Department</b>		Agency Report Number (N.T.A.'s only) <b>78- 17-002268</b>													
Charge Type: Check as many as apply <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other						Weapon Seized / Type 1. Yes 2. No		Multiple Clearance Indicator									
Location of Arrest (Including Name of Business) <b>Military Trail/Hood Road, Palm Beach Gardens</b>		Location of Offense (Business Name, Address) <b>Military Trail/Hood Road, Palm Beach Gardens</b>															
Date of Arrest <b>4/14/17</b>		Time of Arrest <b>2328</b>		Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle <b>Kauff's Towing</b>									
Name (Last, First, Middle) <b>Beagle, Sandra Lloyd</b>		Alias (Name, DOB, Soc. Sec. #, Etc.)															
Race W - White 1 - American Indian B - Black 0 - Oriental/Asian		W	F	Date of Birth <b>06/03/65</b>	Height <b>5'09</b>	Weight <b>165</b>	Eye Color <b>Brown</b>	Hair Color <b>Blond</b>	Complexion <b>flush</b>	Build <b>thin</b>							
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) left ankle inside - flower						Marital Status <b>Divorced</b>	Religion <b>Athiast</b>	Indication of: Alcohol Influence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Drug Influence <input checked="" type="checkbox"/> Unk.									
Local Address (Street, Apt. Number) <b>4751 Sable Pine Circle #B1</b>		(City) <b>West Palm Beach</b>	(State) <b>Fl</b>	(Zip) <b>33417</b>	Phone <b>(561) 935-7774</b>		Residence Type: 1. City 2. County 3. Florida 4. Out of State				2						
Permanent Address (Street, Apt. Number) <b>Same as Local Address</b>		(City)	(State)	(Zip)	Phone <b>( ) Same</b>		Address Source <b>license</b>										
Business Address (Name, Street) <b>Laser/Surgery Center Palm Beach</b>		(City) <b>Palm Beach Gardens</b>	(State) <b>Fl</b>	(Zip)	Phone <b>( )</b>		Occupation <b>Assistant</b>										
DL Number, State <b>B240792657030</b>		F1	Soc. Sec. Number [REDACTED]		INS Number [REDACTED]		Place of Birth (City, State) <b>Troy, NY</b>		Citizenship <b>US</b>								
Co-Defendant Name (Last, First, Middle)						Race	Sex	Date of Birth	1. Arrested <input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 2. At Large				3. Felony <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	1. Arrested <input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 2. At Large				3. Felony <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile				
Parent Legal Custodian Other: [REDACTED]		Name (Last) <b>Beagle</b> (First) <b>Sandra</b> (Middle)								Residence Phone <b>( )</b>							
Address (Street, Apt. Number) <b>4751 Sable Pine Circle #B1</b>		(City) <b>West Palm Beach</b>				(State) <b>Fl</b>		(Zip) <b>33417</b>		Business Phone <b>( )</b>							
Notified by: (Name)		Date		Time		Juvenile Disposition 1. Handled/processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated											
Released To: (Name)		Relationship								Date		Time					
The above address provided by <input type="checkbox"/> defendant and / or <input type="checkbox"/> defendant's parents The child and / or parent was told to keep the Juvenile Court Clerk (Phone 355-2526) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)						School Attended				Grade							
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property				Value of Property											
Drug Activity N. N/A B. Buy P. Possess		S. Sell T. Traffic	R. Smuggle E. Use	K. Dispense/ D. Deliver	M. Manufacture/ Produce/ Cultivate	Z. Other	Drug Type N. N/A A. Amphetamine	B. Barbiturates C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana O. Opium/Deriv.	P. Paraphernalia/ Equipment S. Synthetics		U. Unknown Z. Other					
Charge Description <b>DUI</b>		Counts <b>1</b>		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number <b>316.193(1)</b>				Violation of ORD #							
Drug Activity <b>N</b>		Drug Type <b>N</b>	Amount / Unit <b>N/A</b>		Offense #		Warrant / Capias Number				Bond						
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number				Violation of ORD #							
Drug Activity		Drug Type	Amount / Unit		Offense #		Warrant / Capias Number				Bond						
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number				Violation of ORD #							
Drug Activity		Drug Type	Amount / Unit		Offense #		Warrant / Capias Number				Bond						
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number				Violation of ORD #							
Drug Activity		Drug Type	Amount / Unit		Offense #		Warrant / Capias Number				Bond						
Location (Court, Room Number, Address) <b>North County Courthouse 3188 PGA Blvd, Palm Beach Gardens, FL 33410</b>														Violation of ORD #			
Court Date and Time Month <b>05</b> Day <b>17</b> Year <b>2017</b> Time <b>10:00</b> AM <input checked="" type="checkbox"/> PM <input type="checkbox"/> 5																	
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 Name: <b>SCANNED</b>		Signature of Arresting Officer <b>305</b>				Name Verification (Printed by Arrested) <b>SCANNED</b>											
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:		Name of Arresting Officer (Print) <b>Melinda Hanton #305</b>				LD. # <b>305</b>	(PRINT)										
Intake Deputy		I.D. #	Pouch #	Transporting Officer <b>Melinda Hanton</b>		ID # <b>305</b>	Agency <b>PBGPD</b>	APR 15 2017				PAGE					
								Witness here if subject signed with an "X"				1 OF 1					

DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'s ONLY)

000-00000 DEU 2017

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 14th DAY OF April 20 17, AT 2304 AM PM  
SUBJECT: Beagle, Sandra Lloyd CASE NUMBER: 17-002268  
AGENCY: PALM BEACH GARDENS POLICE DEPT. ARRESTING OFFICER: Melinda Hanton #305

## PERSONAL CONTACT

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

On 4/14/17 at approximately 11:04 p.m. Officer Tawil was directing traffic at N Military Trail and Hood Road at a 3 car crash. Officer Tawil observed a car stopped a few yards back behind a marked patrol car that was blocking traffic. The vehicle remained at that location so Officer Tawil walked up to the vehicle and made contact with the white female driver and sole occupant. Myself and Officer Tawil had active body worn cameras.

### OBSERVATION OF DRIVER:

Officer Tawil observed a strong odor of an unknown alcoholic beverage and that the driver had glassy eyes. Upon my arrival, Officer Tawil briefed me on his observations. I made contact with the driver, Sandra Lloyd Beagle, who was standing outside of her car. Beagle was arguing at first when I arrived and I observed that her speech was slurred, I could smell a strong odor of an unknown alcoholic beverage coming from her breath as she spoke, her eyes were glassy and slightly red, when she wasn't leaning on her vehicle she was unsteady on her feet, and she had mood swings from arguing to cooperative and laughing.

### DRIVER'S STATEMENTS:

driver was arguing about how Officer Tawil asked her to get a ride then changed his mind. Officer Tawil advised me that he did tell her he asked her to get a ride since everyone was busy on the crash, but that she was arguing and debating and turned her over to me. She stated she had 3 vodka and soda drinks

### ODORS:

strong odor of an unknown alcoholic beverage coming from her breath as she spoke

## GENERAL OBSERVATIONS

SPEECH: slurred

ATTITUDE: mood swings from calm and laughing to arguing

CLOTHING: blue Jeans, brown flowered top, barefoot

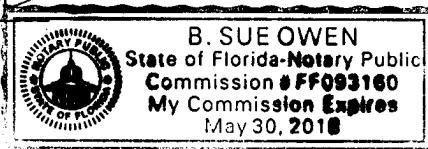
MEDICAL/OTHER: none then stated her left rotater cuff, and her feet are pointed out

STATE OF FLORIDA  
COUNTY OF PALM BEACH  
*M. Hant* 3/14  
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 15<sup>th</sup> day of April 20 17 by Off. Hanton

(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 15 2017

## ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

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

Other Observations:WALK & TURN:

HGN- was swaying, kept moving head, had approximate angle on onset of 35 degrees, did have VGN.  
WAT- demonstrated and explained, she stated she understood, she was unable to hold stance during instructions, didn't walk heel to toe any step, at turn spun around not as instructed, stumbled on the first step back, took 9 steps none heel to toe, used arms for balance

ONE LEG STAND:

demonstrated and explained, at first she stated she could task then she stopped, she started counting with 1002, put foot down twice before she stopped at her count of 6

FINGER TO NOSE:

demonstrated and explained, she said she understood, was swaying entire time, touched under her nose twice, started to use wrong hand once, didn't touch nose once

ROMBERG/ALPHABET:

demonstrated and explained, she said she understood, was swaying entire time, did recite alphabet correctly

BREATH TEST RESULTS: .159, .155

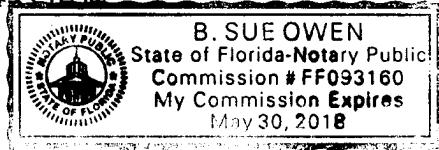
STATE OF FLORIDA  
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was notarized or sworn before me this 15<sup>th</sup> day of April 2017 by ofc. Norton

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)



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APR 15 2017

# WITNESS LIST

CASE NUMBER: 17-002268

ARRESTING OFFICER: Melinda Hanton #305

ADDRESS: 10500 N. Military Trail, Palm Beach Gardens, FL 33410

PHONE NUMBERS (HOME): \_\_\_\_\_ (WORK) 5617994445

CAN TESTIFY TO: observations, arrest

NAME: Officer A. Tawil

ADDRESS: 10500 N Military Trail

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) 5617994445

CAN TESTIFY TO: driving, observations

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

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: \_\_\_\_\_

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

ADDRESS \_\_\_\_\_

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

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

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

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) APR 15 2017

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

Instrument Type: Intoxilyzer 8000  
Instrument Registered To: PALM BEACH SO  
Instrument Serial Number: 80-006476 Software: 8100.27  
Date of Test: 04/15/2017

Date of Last Agency Inspection: 03/24/2017

Observation Period Began: 00:03

Subject's Name: SANDRA L BEAGLE

DOB: 06/03/1965 Sex: F

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	00:29
Air Blank	0.000	00:30
Control Test	0.081	00:30
Air Blank	0.000	00:30
Subject Sample #1	0.159	00:31
Air Blank	0.000	00:32
Air Blank	0.000	00:34
Subject Sample #2	0.155	00:34
Air Blank	0.000	00:35
Control Test	0.078	00:35
Air Blank	0.000	00:36
Diagnostics Check	OK	00:36

Cylinder Lot: 20016080A1  
Exp: 09/05/2018

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 SUE OWEN, 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: *Sue Owen* Date: 04/15/17  
Signature

Sworn to (or affirmed) before me this 15th day of April, 2017

*M. Henton*  
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.

# TESTING FACILITY TASK REPORT

AGENCY: Palm Beach Gardens P.D.  
SUBJECT: Beagle, Sandra Lloyd CASE NUMBER: 17-064778  
DATE: 4/15/17 VIDEO TAPE NUMBER: 62441  
AUDIT # 62441  
BEGINNING TIME: 0025 ENDING TIME: 0036  
BREATH TESTS RESULTS: 1) .159 TIME 0031 A.M./P.M. 2) .155 TIME 0034 A.M./P.M.  
3)        TIME       A.M./P.M. 4)        TIME       A.M./P.M.  
BREATH OPERATOR: S. Owen #3184  
MAINTENANCE TECHNICIAN: J. Karlecke #6467  
TESTING OFFICER'S OBSERVATIONS  
SPEECH: —  
ATTITUDE: upset  
CLOTHING: jeans, brown flowered top  
MEDICAL CONDITIONS: none  
MEDICATIONS: none  
OTHER: A said she didn't have a choice after hearing T/C. Said we had her backed up against a wall. Odor unknown Alcohol detected  
COMMENTS: A/0 & I arrived at 0003 hrs during test  
A/0 observed 20 minutes  
A/0 requested breath test, I refused  
A/0 read T/C, I understood, I agreed  
No problem with test, Tech explained results  
A/0 read c/w, I understood rights  
A/0 kept interrupting NO Q&A

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APR 15 2017

SUBJECT: 17-002268 CASE NUMBER: 17-002268

## 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. ✓

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APR 15 2017

SUSPECT'S SIGNATURE: (X) Read on Camera

SUBJECT: \_\_\_\_\_ CASE NUMBER: 17-002268

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

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HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? \_\_\_\_\_ WHERE? \_\_\_\_\_

APR 15 2017

INTERVIEWER: *Joe M. Haas* #305

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL