

J-0431036 0492192

P- 3591

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

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

1

Juvenile

N

ADMINISTRATIVE	OBTS Number		Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number (N.T.A.'s only) <b>06-17-133154</b>				
	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						Weapon Seized / Type 2 1. Yes 2. No N/A		Multiple Clearance Indicator 01		
	Location of Arrest (Including Name of Business) SB S MILITARY TRL / BOYNTON BEACH BLVD, BOYNTON BEACH, FL 33436				Location of Offense (Business Name, Address) SB S MILITARY TRL / BOYNTON BEACH BLVD BOYNTON BEACH, FL 33436						
DEFENDANT	Date of Arrest 09/29/2017	Time of Arrest 0013	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle <b>PRIORITY TOWING</b>				
	Name (Last, First, Middle) <b>ODONNELL SCOTT C</b>				Alias (Name, DOB, Soc. Sec. #, Etc.)						
	Race W - White I - American Indian B - Black O - Oriental/Asian	Sex W M	Date of Birth 07/16/1979	Height 5'-11	Weight 161	Eye Color BLU	Hair Color BRN	Complexion MED	Build MED		
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>TAT - BOTH ARMS</b>					Marital Status SINGLE	Religion NONE	Indication of: Alcohol Influence Y N Unk. Drug Influence <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
Local Address (Street, Apt. Number) <b>5325 CEDAR LAKE RD</b>			(City) <b>BOYNTON BEACH, FL 33436</b>	(State)	(Zip)	Phone <b>(561) 704-2840</b>		Residence Type: 1. City 2. County 3. Florida 4. Out of State <b>4</b>			
Permanent Address (Street, Apt. Number) <b>360 VALLEY AVE APT 46, HAMMONTON, NJ 08037</b>			(City)	(State)	(Zip)	Phone ( )		Address Source <b>VERBAL</b>			
Business Address (Name, Street)			(City)	(State)	(Zip)	Phone ( )		Occupation <b>NONE</b>			
D/L Number, State <b>O18576946307794, NJ</b>		Soc. Sec. Number		INS Number		Place of Birth (City, State) <b>UNK, NEW JERSEY</b>		Citizenship <b>USA</b>			
CO-DEF	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"/> 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"/> 5. Juvenile			
JUVENILE	<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other:		Residence Phone ( )								
	Address (Street, Apt. Number) (City) (State) (Zip)						Business Phone ( )				
	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					
CHARGE	Drug Activity S. Sell N. N/A P. Possess		R. Smuggle D. Deliver T. Traffic		K. Dispense/Distribute		M. Manufacture/Produce/Cultivate		Z. Other		
	Charge Description <b>DUI</b>		Counts 1	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number <b>316.193(1)</b>		Violation of ORD #				
	Drug Activity N	Drug Type N	Amount / Unit N/A	Offense # <b>17-133154</b>		Warrant / Capias Number		Bond <b>OR</b>			
	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 <b>SEP 29 9:17 AM</b>			
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 <b>SEP 29 5:23 AM</b>				
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				
NOTICE TO APPEAR	Location (Court, Room Number, Address) <b>NORTH COUNTY COURTHOUSE, 3188 PGA BOULEVARD, PALM BEACH GARDENS, FL 33410 - PH: (561) 662-6700</b>										
	Court Date and Time Month <b>OCTOBER</b> Day <b>25TH</b> Year <b>2017</b> Time <b>08:30</b> AM <input checked="" type="checkbox"/> PM										
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. <b>09/29/2017 SEP 29 AM 8:24</b>											
Signature of Defendant (or Juvenile and Parent /Custodian)						Date Signed					
ADMIN	HOLD for other Agency Name:		Signature of Arresting Officer X			Name Verification (Printed by Arrestee)					
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:		Name of Arresting Officer (Print) <b>INV. S. LEVEY #9415</b>			I.D. # <b>9415</b>		(PRINT) <b>SCANNED OCT 02 2017</b>			
	Intake person # <b>Thomas 100</b>		Pouch #		Transporting Officer <b>INV. S. LEVEY</b>		ID # <b>9415</b>		Agency <b>PBSO</b>		PAGE <b>1 OF 1</b>

PROBABLE CAUSE AFFIDAVIT

1 Arrest  
2 NTA  
3 Request for Warrant  
4 Request for Capias

1

Juvenile

ADMIN	OBTs Number	Agency ORI Number FLO 5,0,0,0,0,0	Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 17-133154			
	Charge Type Check as many as apply	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 <input type="checkbox"/>

DEF	Name (Last, First, Middle) ODONNELL SCOTT C	Alias	Race W	Sex M	Date of Birth 07/16/1979
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CHARGES	Charge Description DUI	Charge Description
	Charge Description	Charge Description

VICTIM	Victim's Name (Last, First, Middle) STATE OF FLORIDA	Race	Sex	Date of Birth
	Local Address (Street, Apt Number) (City) (State) (Zip)	Phone ( )	Address Source	
	Business Address (Name, Street) (City) (State) (Zip)	Phone ( )	Occupation	

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 \_\_\_\_\_

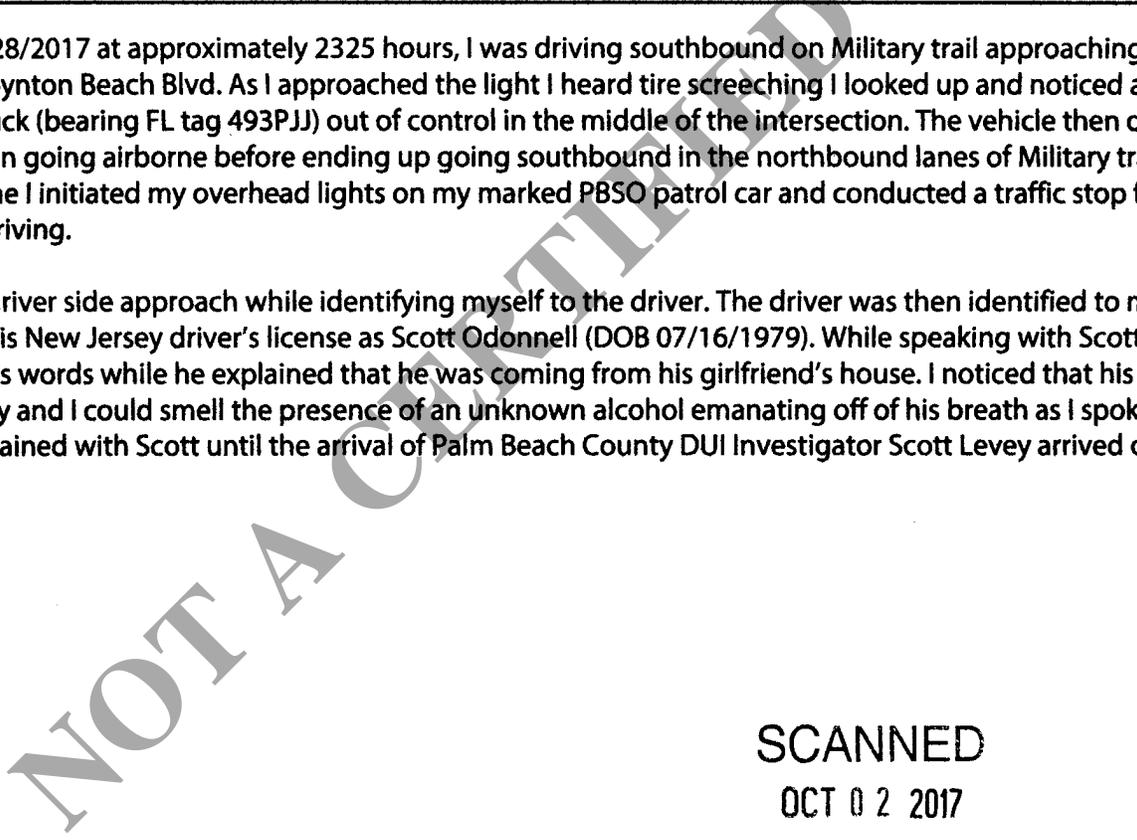
confessed to \_\_\_\_\_  that he/she saw the arrested person commit the below acts.

admitting to the below facts. was found to have committed the below acts, resulting from my (described) investigation.

On the 29 day of SEPTEMBER 20 17 at 0024 HRS  A.M  P.M (Specifically include facts constituting cause for arrest.)

On 09/28/2017 at approximately 2325 hours, I was driving southbound on Military trail approaching a red light at Boynton Beach Blvd. As I approached the light I heard tire screeching I looked up and noticed a red ford pickup truck (bearing FL tag 493PJJ) out of control in the middle of the intersection. The vehicle then drove over the median going airborne before ending up going southbound in the northbound lanes of Military trail. It was at that time I initiated my overhead lights on my marked PBSO patrol car and conducted a traffic stop for reckless driving.

I made a driver side approach while identifying myself to the driver. The driver was then identified to me through his New Jersey driver's license as Scott Odonnell (DOB 07/16/1979). While speaking with Scott he was slurring his words while he explained that he was coming from his girlfriend's house. I noticed that his eyes were very glassy and I could smell the presence of an unknown alcohol emanating off of his breath as I spoke with him. I remained with Scott until the arrival of Palm Beach County DUI Investigator Scott Levey arrived on scene.



SCANNED  
OCT 02 2017

ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH	24738
	(Signature of Arresting Investigative Officer)	
	The foregoing instrument was sworn to or affirmed and subscribed before me this 29 day of september 20 17 by DISS, Capobianco	
(Print name of Arresting Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced	Personally known LEO	
Notary Public, Clerk of Court, Officer (F.S.S.) 117.10	Inu. S. Levey #9415	



SUBJECT: ODONNELL

SCOTT

CASE NUMBER 17-133154

**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:**

THE OVERHEAD FORWARD FACING BLUE POLICE LIGHTS WERE TURNED OFF PRIOR TO BEGINNING THE TASK. THEIR EYES TRACKED EQUALLY, THE PUPILS WERE THE SAME SIZE AND APPROPRIATE FOR THE LIGHTING CONDITIONS, AND NO RESTING NYSTAGMUS WAS OBSERVED. VERTICAL GAZE NYSTAGMUS WAS ADMINISTERED AND WAS NOT OBSERVED. LACK OF CONVERGENCE WAS ADMINISTERED AND WAS OBSERVED BY THE EYES NOT CROSSING, ONLY LOOKING FORWARD. IT SHOULD BE NOTED THAT I HAD TO CONTINUALLY REMIND SCOTT NOT TO MOVE THEIR HEAD, AND TO FOLLOW THE STIMULUS, NOT LOOK PAST IT OR ANTICIPATE IT MOVING. SCOTT HAD TO BE INSTRUCTED TO HOLD HIS CHIN TO PREVENT HIS HEAD FROM MOVING.

**WALK & TURN:**

I EXPLAINED AND DEMONSTRATED THE INSTRUCTIONS FOR THE WALK AND TURN TASK TO SCOTT WHO STATED THAT HE UNDERSTOOD. DURING THE TASK I OBSERVED THAT SCOTT HAD THE FOLLOWING CUES: STEPPED OFF THE LINE ON MAJORITY OF STEPS AND WALKED WITH EACH OTHER STEP OFF THE LINE, NEXT TO IT; IMPROPER TURN (PICKED FOOT UP); TOOK INCORRECT NUMBER OF STEPS: 8 BACK ON 9TH STEP TOOK IT AT A 45 DEGREE.

ON HIS 9TH STEP THAT WAS TAKEN AT 45 DEGREES, HE FACED TOWARD ME, STOMPED, PUT HIS FISTS DOWN IN A KARATE MOTION. I ASKED HIM WHAT THAT WAS ABOUT, HE SAID "LIKE KARATE KID."

**ONE LEG STAND:**

I EXPLAINED AND DEMONSTRATED THE INSTRUCTIONS FOR THE ONE LEG STAND TASK TO SCOTT WHO STATED THAT HE UNDERSTOOD. DURING THE TASK I OBSERVED THAT SCOTT HAD THE FOLLOWING CUES: HE WAS UNABLE TO STAY IN THE INSTRUCTIONAL STANCE; SWAYED WHILE BALANCING; USED ARMS FOR BALANCE (RAISES ARMS OVER SIX INCHES);

WHILE HE WAS COUNTING, HE DID SO IMPROPERLY AND SAID "ONE THOUSAND ONE, TWO ONE THOUSAND, THREE ONE THOUSAND..."; HE ALSO DOUBLE COUNTED NUMBERS, 16 WHEN COUNTING. HE ALSO KEPT HIS LEG BENT EVEN WHEN BEING REMINDED TO DO STRAIGHTEN HIS LEG; HE HAD HIS FOOT LESS THAN SIX INCHES, AND FAILED TO KEEP LOOKING AT HIS FOOT, AND HAD TO BE REMINDED TO DO SO.

**FINGER TO NOSE:**

I EXPLAINED AND DEMONSTRATED THE INSTRUCTIONS FOR THE FINGER TO NOSE TASK TO SCOTT. I EXPLAINED WHAT IS CONSIDERED THE TIP OF THE FINGER AND TIP OF THE NOSE TO SCOTT WHO STATED THAT HE UNDERSTOOD. DURING THE TASK I OBSERVED THAT SCOTT CONDUCTED THE TASK AS FOLLOWS: LEFT - LEFT SIDE OF NOSE, SEARCHED FOR THE TIP, RIGHT - TIP TO TIP, LEFT - TIP TO TIP, RIGHT - TIP OF FINGER TO BRIDGE OF NOSE, RIGHT - TIP TO TIP, LEFT - TIP OF FINGER UNDER NOSE (IN BETWEEN NOSTRILS). I ALSO OBSERVED THAT HE WAS SWAYING WHILE HE CONDUCTED THE TASK, AND THAT HE HAD EYELID TREMORS WHILE HIS EYES WERE CLOSED.

**ROMBERG ALPHABET:**

PRIOR TO BEGINNING THE TASK, I CONFIRMED WHAT LEVEL OF EDUCATION SCOTT HAD COMPLETED. HE STATED THAT THEY HAD SOME COLLEGE. AND IS FAMILIAR WITH THE ENGLISH ALPHABET. I EXPLAINED AND DEMONSTRATED THE INSTRUCTIONS FOR THE ROMBERG WITH RECITATION TASK TO SCOTT WHO STATED THAT HE UNDERSTOOD. DURING THE TASK I OBSERVED THAT SCOTT HAD THE FOLLOWING CUES: SWAYED MORE THAN TWO INCHES IN ANY DIRECTION; HE ALSO PAUSED MORE THAN NORMALLY BETWEEN "Y" AND "Z."

THE MODIFIED ROMBERG BALANCE WAS EXPLAINED AND DEMONSTRATED TO SCOTT WHO STATED THAT HE UNDERSTOOD. SCOTT WAS ASKED TO ESTIMATE THE PASSAGE OF 30 SECONDS IN THEIR HEAD. SCOTT SHOWED THE FOLLOWING CUES: HE SWAYED IN A CIRCULAR MOTION, AND ESTIMATED 30 SECONDS AS 37. HE ALSO SAID THE INCORRECT STOP TERM AND SAID "30."

**BREATH TEST RESULTS:**

REF

REF

N/A

N/A

SCANNED  
OCT 02 2017

STATE OF FLORIDA  
COUNTY OF PALM BEACH

**INV. S. LEVEY #9415**

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 29TH day of SEPTEMBER 2017 by INV. S. LEVEY #9415

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

**Shari O'Neal (#6212)**

Notary Public, Clerk of Court, Officer (F.S.S 117.10)



Notary Public  
Commission Expires  
My Comm. Expires Jan 18  
Bonded through National Notary

# WITNESS LIST

CASE NUMBER: 17-133154

ARRESTING OFFICER: INV. S. LEVEY #9415

ADDRESS: 3228 GUN CLUB RD, WEST PALM BEACH, FL 33406

PHONE NUMBERS (HOME): N/A (WORK) 561-688-3000

CAN TESTIFY TO: ARRESTING D/S - SEE REPORT

NAME: D/S J. LAUGINIGER #29813

ADDRESS: 3228 GUN CLUB RD, WEST PALM BEACH, FL 33406

PHONE NUMBERS (HOME) N/A (WORK) 561-688-3000

CAN TESTIFY TO: BACKUP OFFICER ON SCENE - TRAINEE OF INV. S. LEVEY

NAME: D/S S. CAPOBIANCO # 24738

ADDRESS 3228 GUN CLUB RD, WEST PALM BEACH, FL 33406

PHONE NUMBERS (HOME) N/A (WORK) 561-688-3000

CAN TESTIFY TO: ORIGINAL STOPPING D/S - SEE SUPPLEMENTAL PC

NAME: D/S D. CARBONE #24088

ADDRESS 3228 GUN CLUB RD, WEST PALM BEACH, FL 33406 - - - - -561-688-3000

PHONE NUMBERS (HOME) 0 (WORK) 0

CAN TESTIFY TO: BACKUP OFFICER ON SCENE

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

ADDRESS \_\_\_\_\_

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

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

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

ADDRESS \_\_\_\_\_

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

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

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

ADDRESS \_\_\_\_\_

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

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

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ADDRESS \_\_\_\_\_

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

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

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

ADDRESS \_\_\_\_\_

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

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

NOT A CERTIFIED COPY

SCANNED  
OCT 02 2017

# TESTING FACILITY TASK REPORT

2

AGENCY: 1700 - [unclear] #9415

SUBJECT: [unclear] CASE NUMBER: 17-100124

DATE: 04-29-11 VIDEO TAPE NUMBER: N/A

BEGINNING TIME: 01:12 ENDING TIME: 01:12

BREATH TESTS RESULTS: **REFUSED** TIME 01:12 (A.M./P.M.) 2) \_\_\_\_\_ TIME \_\_\_\_\_ A.M./P.M.  
3) \_\_\_\_\_ TIME \_\_\_\_\_ A.M./P.M. 4) \_\_\_\_\_ TIME \_\_\_\_\_ A.M./P.M.

BREATH OPERATOR: S. O'Neil #6012

MAINTENANCE TECHNICIAN: [unclear]

TESTING OFFICER'S OBSERVATIONS

SPEECH: [unclear]

ATTITUDE: [unclear]

CLOTHING: [unclear]

MEDICAL CONDITIONS: —

MEDICATIONS: —

OTHER: Eyes: Red + Glazy

COMMENTS: 20 min. observation done by AIO Larry #9415  
AIO reported the [unclear] test.  
D refused the request.  
AIO read the implied consent on camera.  
D said [unclear] test.  
AIO read the Chl on camera.  
D refused test.

NOT A CERTIFIED COPY

SCANNED  
OCT 02 2017



SUBJECT: O. J. ... C. CASE NUMBER: 17-1-204

## 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?	_____

**SCANNED**  
OCT 02 2017

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: \_\_\_\_\_

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

NOT A CERTIFICATE

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OCT 02 2017