

JK#0483704

16mm 15560

P-2167

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report1. Arrest  
2. N.T.A.  
3. Request for Warrant  
4. Request for Capias

1

Juvenile

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>06-16-166144</b>			
	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 checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Weapon Seized / Type 2. <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No <b>NONE</b>		Multiple Clearance Indicator <b>01</b>					
	Location of Arrest (Including Name of Business) <b>4000 BLOCK OF SOUTH JOG RD, GREENACRES, FL 33463</b>				Location of Offense (Business Name, Address) <b>4000 BLOCK OF SOUTH JOG RD, GREENACRES, FL 33463</b>					
	Date of Arrest <b>12/18/2016</b>	Time of Arrest <b>06:04</b>	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle <b>JOY'S TOWING</b>			
DEFENDANT	Name (Last, First, Middle) <b>SEAMON, SHANNON, NICOLE</b>						Alias (Name, DOB, Soc. Sec. #, Etc.)			
	Race W - White I - American Indian B - Black O - Oriental/Asian <b>W</b>		Sex <b>F</b>	Date of Birth <b>12/08/1996</b>	Height <b>5'03"</b>	Weight <b>105</b>	Eye Color <b>HAZEL</b>	Hair Color <b>BROWN</b>	Complexion <b>LIGHT</b>	Build <b>SMALL</b>
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>TATTOOS - BOTH RIBS, AND CHEST</b>						Marital Status <b>SINGLE</b>	Religion <b>NONE</b>	Indication of: Alcohol Influence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N Drug Influence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
	Local Address (Street, Apt. Number) (City) (State) (Zip) <b>8663 INDIAN RIVER RUN, BOYNTON BEACH, FL 33472</b>				Phone <b>(561) 360-5903</b>		Residence Type: 1. City 2. County 3. Florida 4. Out of State <b>2</b>			
	Permanent Address (Street, Apt. Number) (City) (State) (Zip) <b>8663 INDIAN RIVER RUN, BOYNTON BEACH, FL 33472</b>				Phone <b>(561) 360-5903</b>		Address Source <b>DEFENDANT'S - FL D/L</b>			
	Business Address (Name, Street) (City) (State) (Zip) <b>N/A</b>				Phone <b>( ) N/A</b>		Occupation <b>WAITRESS</b>			
	D/L Number, State <b>S550794969480, FL</b>		Soc. Sec. Number <b>[REDACTED]</b>		INS Number		Place of Birth (City, State) <b>BOYNTON BEACH, FL</b>		Citizenship <b>U.S.</b>	
	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 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 P. Possess		S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. Dispense/ Distribute	M. Manufacture/ Produce/ Cultivate	Z. Other				
Charge Description <b>D.U.I.</b>		Counts <b>01</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 # <b>16-166144</b>	Warrant / Capias Number		Bond			
Charge Description <b>POSSESSION OF MARIJUANA LESS THAN 20G</b>		Counts <b>01</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number <b>893.13(6b)</b>		Violation of ORD #				
Drug Activity <b>P</b>	Drug Type <b>M</b>	Amount / Unit <b>0.6g</b>	Offense # <b>16-166144</b>	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>CRIMINAL JUSTICE COMPLEX 3228 GUN CLUB ROAD, WEST PALM BEACH, FL</b>										
Court Date and Time Month <b>JANUARY</b> Day <b>19</b> Year <b>2017</b> Time <b>8:30</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.										
Signature of Defendant (or Juvenile and Parent / Custodian) <b>Shannon Seamon</b>				Date Signed <b>12/18/2016</b>						
HOLD for other Agency Name		Signature of Arresting Officer <b>[Signature]</b>		Name Verification (Printed by Arrestee) <b>DEC 18 AM 9:41</b>						
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print) <b>D/S A. SENTMANAT</b>		PAGE <b>1</b> OF <b>1</b>				
Intake Deputy <b>SPANN 8101</b>		ID #	Pouch #	Transporting Officer <b>D/S A. SENTMANAT</b>		ID # <b>24968</b>	Agency <b>DEC 21 2016</b>			

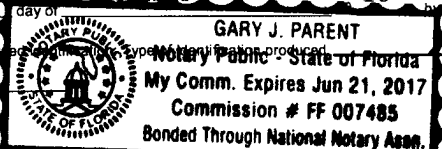
DISTRIBUTION: WHITE - COURT COPY

GREEN - STATE ATTORNEY

YELLOW - AGENCY

PINK - AGENCY

GOLD - DEFENDANT (N.T.A.'s ONLY)

OBTS Number		<b>PROBABLE CAUSE AFFIDAVIT</b>		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	Juvenile
ADMIN	Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number <b>06- 16-166144</b>				
	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 checked="" type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Special Notes:		
DEE	Name (Last, First, Middle) <b>SEAMON, SHANNON, NICOLE</b>				Alias		Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>12/08/1996</b>
	Charge Description <b>D.U.I.</b>		<b>316.193(1)</b>		Charge Description <b>POSSESSION OF MARIJUANA LESS THAN 20G</b>		<b>893.13(6b)</b>		
CHARGES	Charge Description		Charge Description		Charge Description		Charge Description		
	Charge Description		Charge Description		Charge Description		Charge Description		
VICTIM	Victim's Name (Last, First, Middle) <b>STATE OF FLORIDA</b>						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		
<p>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 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 my (described) investigation.</p> <p>On the <b>18TH</b> day of <b>DECEMBER</b> 20 <b>16</b> at <b>05:30</b> <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p> <p><b>On Sunday December 18, 2016 at approximately 0535hrs I responded to a traffic crash on Jog Road just South of Lake Worth Road, Greenacres, FL 33463. During the traffic crash investigation W/F Shannon Nicole Seamon (12/08/96) was arrested for D.U.I. I had observed a strong odor that based on my training and experience I believed to be marijuana coming from the interior of her vehicle.</b></p> <p><b>Seamon had asked that I retrieve her sandals from the driver's floorboard of her vehicle. I found one sandal under the gas pedal and the other was partial underneath her seat. When looked under the seat prior to grabbing the sandal I observed a small "mason jar" containing a green leafy substance. The green leafy substance yielded a positive result for marijuana after it was field tested with a SIRCHIE #8. The marijuana weighed 0.6g and was placed into evidence.</b></p> <p><b>I explained to Seamon that she was also being arrested for possession of marijuana less than twenty grams pursuant to F.S. 893.13(6b).</b></p>									
<div style="font-size: 4em; opacity: 0.1; transform: rotate(-30deg); position: absolute; top: 50%; left: 50%;">NOT A CERTIFICATE</div>									
<div style="font-size: 1.5em; font-weight: bold;">SCANNED</div> <div style="font-size: 1.2em; font-weight: bold;">DEC 20 2016</div>									
ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH <b>A. SENTMANAT</b> (Signature of Arresting/Investigative Officer)								
	The foregoing instrument was sworn to or affirmed and subscribed before me this <b>18th</b> day of <b>December</b> 20 <b>16</b> by <b>A. SENTMANAT</b>								
	(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced a Notary Public Seal.								
	Notary Public, Clerk of Court, Officer (F.S.S. 117.10)								
					PAGE _____ OF _____				

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 18TH DAY OF DECEMBER 20 16, AT 05:30 <sup>✓</sup>AM PM

SUBJECT: SEAMON, SHANNON, NICOLE CASE NUMBER: 16-166144

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: A. SENTMANAT

## PERSONAL CONTACT

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

**On Sunday December 18, 2016 at approximately 0535hrs in reference to a traffic crash just South of Lake Worth Road on Jog Road, Greenacres, FL 33463 (reference PBSO traffic crash case #16-166143).**

## OBSERVATION OF DRIVER:

Upon arrival I observed W/F Shannon N. Seamon (12/08/96) sitting in the driver's seat and she appeared to be disheveled. From the interior of the vehicle I smelled a strong odor that based on my training and experience I believe it to be marijuana. As she spoke her speech was slightly slurred and while she was standing speaking to me I observed her swaying from side to side.

## DRIVER'S STATEMENTS:

Seamon advised that she had nothing to drink and to please give her "blow" in the machine to prove it. She stated she was coming from Lake Worth to her home. When I explained to her if she blew all zeros then she would be asked to submit a urine sample. Seamon then asked if the marijuana that she smoked the day before would be detected.

## ODORS:

Seamon had based on my training and experience I believe to be marijuana.

## GENERAL OBSERVATIONS

SPEECH: Slightly slurred

ATTITUDE: Cooperative

CLOTHING: Long sleeve shirt with white and gray stripes, black jeans, and black sandals

MEDICAL/OTHER: None

STATE OF FLORIDA  
COUNTY OF PALM BEACH

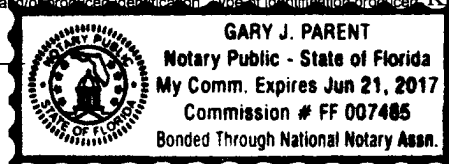
A. SENTMANAT

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 18th day of December 20 16 by D/S A. Sentmanat #24968

(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**  
**DEC 20 2016**

SUBJECT: SEAMON, SHANNON, NICOLE

CASE NUMBER 16-166144

### 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:

#### WALK & TURN:

When Seamon got into the starting position she stumbled to the left and then to the right after she attempted to get into the starting position. She started to do the task once after being told not to start until she was told to. As she started walking she stumbled to the left on steps three and five. She walked with a 2 inch separation and not heel to toe on several steps. Seamon took ten steps instead of nine and made an improper turn. On the walk back she stumbled on step two.

#### ONE LEG STAND:

Seamon got into the starting position and started this task once after being told not to start until she was told to. She raised her left foot and immediately lowered it and stumbled to the left. At one point it appeared as if she was trying to get into the walk and turn position. She raised her left foot again after being explained again the instructions and lowered her left foot on counts five and ten.

#### FINGER TO NOSE:

Seamon got into the starting position and missed her nose on the first left and right hand. Seamon was explained to lower her hand herself after touching to the tip of her nose. She began saying left and right herself and touching the tip of her nose several times.

#### ROMBERG ALPHABET:

Seamon got into the starting position and was swaying. She went through the alphabet without incident.

BREATH TEST RESULTS: 1) 0.00 2) 0.00 3) 4)

STATE OF FLORIDA  
COUNTY OF PALM BEACH

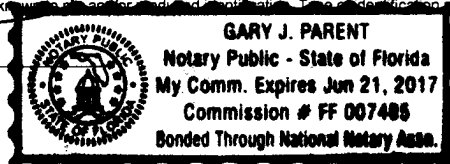
A. SENTMANAT

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 18th day of December 2016 by D/S A. Sentmanat #24968

(Print name of Arresting/Investigative Officer), who is personally known to me and produces identification produced Known

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



SCANNED

DEC 20 2016

# WITNESS LIST

CASE NUMBER: **16-166144**

ARRESTING OFFICER: **A. SENTMANAT**

ADDRESS: **2995 South Jog Road, Greenacres, FL 33467**

PHONE NUMBERS (HOME): \_\_\_\_\_ (WORK) **561-688-3400**

CAN TESTIFY TO: **Roadsides and BAT**

NAME: **Justin T. Padaxano**

ADDRESS: **1351 Charles Road, Lake Ariel, PA 18436**

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) **570-357-9057**

CAN TESTIFY TO: **Traffic crash and "wheel witness"**

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) \_\_\_\_\_

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

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

ADDRESS \_\_\_\_\_

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

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

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

ADDRESS \_\_\_\_\_

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

ADDRESS \_\_\_\_\_

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ADDRESS \_\_\_\_\_

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

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

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

ADDRESS \_\_\_\_\_

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

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

**SCANNED**

**DEC 20 2016**

# TESTING FACILITY TASK REPORT

AGENCY: PBSO  
SUBJECT: SEANOS, SHANNON IV. CASE NUMBER: 16-166194  
DATE: 12/18/16 VIDEO TAPE NUMBER: 61847  
BEGINNING TIME: 0655 ENDING TIME: 0709  
BREATH TESTS RESULTS: 1) .000 TIME 0700 (A.M.)/P.M. 2) .000 TIME 0703 (A.M.)/P.M.  
3) N/A TIME — A.M./P.M. 4) N/A TIME — A.M./P.M.  
BREATH OPERATOR: G. PARKER # 7509  
MAINTENANCE TECHNICIAN: KARLUK # 6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: RAPID  
ATTITUDE: CALM, QUIET, FROSTY AT TIMES / UPSET CRYING  
CLOTHING: PURPLE JEANS, WHITE PINK STRIPED SWEATSHIRT, PINK SANDALS  
MEDICAL CONDITIONS: NONE  
MEDICATIONS: NONE  
OTHER: EYES GLASSY, MOUTH OPEN, MOVING AROUND AT X

COMMENTS: ARRIVED AT CENTRAL A/O BECAUSE THE 20 MINUTE  
OBSERVATION PERIOD AT 0632 HRS.

Δ AGREED TO TAKE TEST  
TECH. READ BREATH TEST RESULTS Δ STATED SHE UNDER-  
STOOD TEST RESULTS AND TOLD A/O I TOLD YOU.  
A/O REQUESTED A URINE SAMPLE  
Δ STATED SHE WOULD PROVIDE A SAMPLE THEN ASKED  
WHAT WOULD HAPPEN IF SHE DOESN'T PROVIDE A SAMPLE  
A/O REID I/C  
Δ STATED SHE UNDERSTOOD I/C AND AGREED TO PROVIDE  
A URINE SAMPLE AT 0707 HRS.  
A/O READ RIGHTS  
Δ STATED SHE UNDERSTOOD RIGHTS  
A/O ATTEMPTED TO PROVIDE A Q+A  
Δ DECIDED TO ANSWER ANY QUESTIONS

SCANNED  
DEC 20 2016

SUBJECT: SEAN, SHERMAN M. CASE NUMBER: 16-106144

## 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) Rico on Camera

## 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.

**SCANNED**  
**DEC 20 2016**

SUSPECT'S SIGNATURE: (X) Rico on Camera

SUBJECT: Sermon, Susan M. CASE NUMBER: 10 100144

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

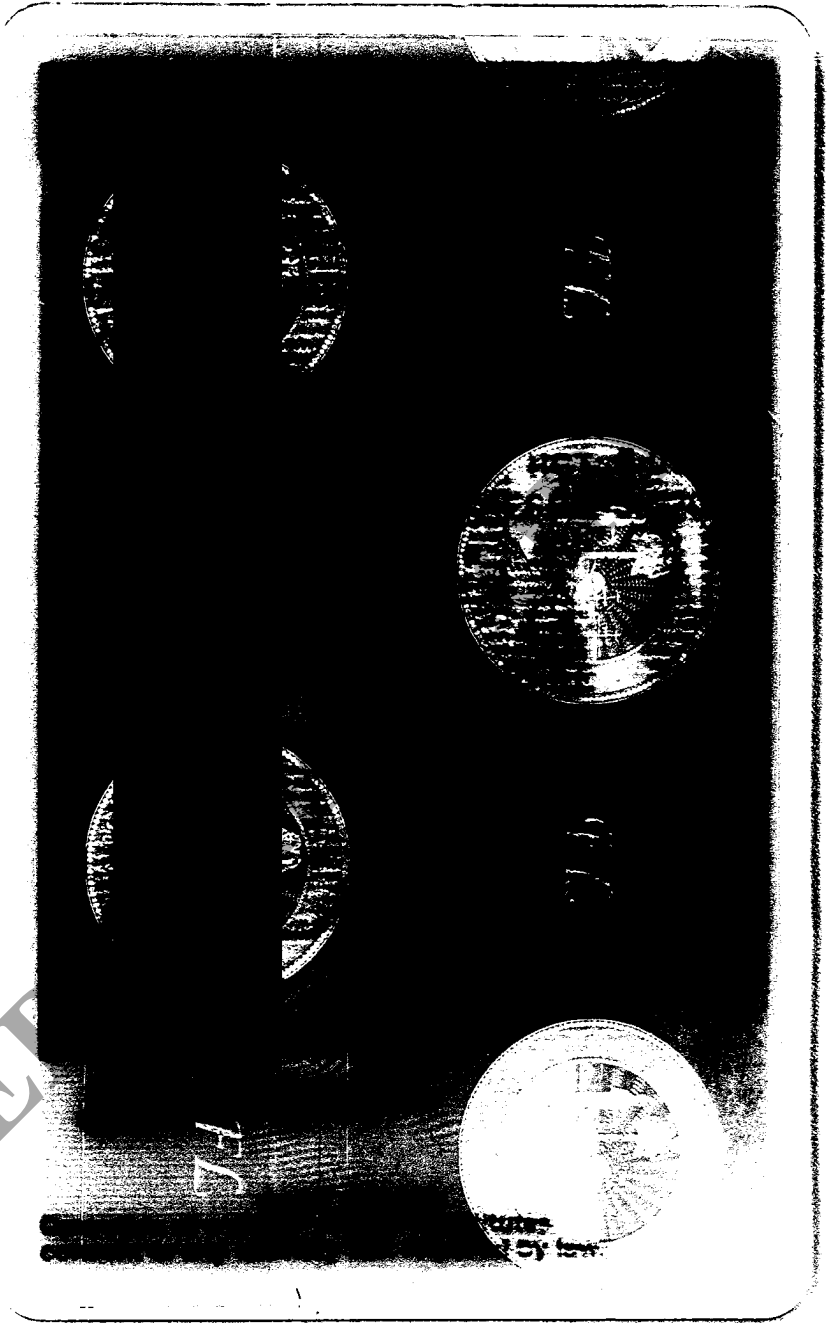
DO YOU TAKE INSULIN? \_\_\_\_\_ IF SO, WHEN WAS YOUR LAST INJECTION? \_\_\_\_\_

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

INTERVIEWER: \_\_\_\_\_

**SCANNED**  
**DEC 20 2016**

NOT A CARD



SCANNED  
DEC 20 2016