

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 FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06- 17-061411																									
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 1. Yes 2. No		Multiple Clearance Indicator 01																									
Location of Arrest (Including Name of Business) US 441 (S SR 7)/North of Clint Moore Rd, Boca Raton, FL				Location of Offense (Business Name, Address) US 441 (S SR 7)/North of Clint Moore Rd, Boca Raton, FL																									
Date of Arrest 04/07/2017		Time of Arrest 02:03		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle Atlantic Towing, 880 NW 1st Ave., Boca Raton, FL 33432, (561) 350-1260																	
Name (Last, First, Middle) Edge, Shawn, Anthony										Alias (Name, DOB, Soc. Sec. #, Etc.)																			
Race W - White I - American Indian B - Black O - Oriental/Asian		Sex M		Date of Birth 02/14/1989		Height 5'11		Weight 250		Eye Color hazel		Hair Color brown		Complexion medium		Build medium													
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) chest and back										Marital Status Single		Religion CHRISTIAN		Indication of: Alcohol Influence Drug Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk.															
Local Address (Street, Apt. Number) (City) (State) (Zip) 3255 Sw 1st Ct, Deerfield Beach, FL 33442										Phone (954) 242 1995		Residence Type: 1. City 2. County 3. Florida 4. Out of State																	
Permanent Address (Street, Apt. Number) (City) (State) (Zip)										Phone ()		Address Source DL																	
Business Address (Name, Street) (City) (State) (Zip)										Phone ()		Occupation restaurant manager																	
D/L Number, State E320781890540, FL				Soc. Sec. Number [REDACTED]				INS Number				Place of Birth (City, State) Charlotte, NC		Citizenship US															
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													
<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															
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		Drug Type N. N/A A. Amphetamine		B. Barbiturate C. Cocaine E. Heroin		H. Hallucinogen M. Marijuana O. Opium/Derv.		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 316.193(1)				Violation of ORD #											
Drug Activity N										Drug Type N		Amount / Unit		Offense # 17-061411		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) South County Courthouse, Courtroom #1, 200 W. Atlantic Ave., Delray Beach, FL 33444 - Ph: (561) 355-2996																													
Court Date and Time Month May Day 1st Year 2017 Time 08:30 AM X 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. 04/07/2017																													
Signature of Defendant (or Juvenile and Parent / Custodian) [Signature]										Date Signed																			
HOLD for other Agency Name:										Signature of Arresting Officer X										Name Verification (Printed by Arrestee) (PRINT)									
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:										Name of Arresting Officer (Print) D/S POINTU P. 16032										I.D. # 16032									
Intake Deputy SPAWN ESCANNE										Transporting Officer D/S POINTU P. 16032										Agency PBSO									
										Witness here if subject signed with an "X"										1 OF									

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	Juvenile	N	
ADMIN	Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06- 17-061411						
	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:						
DEF	Name (Last, First, Middle) Edge, Shawn Anthony				Alias		Race W	Sex M	Date of Birth 02/14/1989		
	Charge Description DUI				316.193 (1)		Charge Description				
CHARGES	Charge Description				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						
<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</p> <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> confessed to _____ admitting to the below facts. </div> <div> <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts. <input type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation. </div> </div> <p>On the <u>7</u> day of <u>April</u> 20<u>17</u> at <u>01:35</u> <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p> <p>I was running stationary radar on US 441 (SR 7) north of Clint Moore Road, suburban Boca Raton, when I observed a light colored vehicle traveling northbound at a high rate of speed. As the vehicle approached my location, I estimated the speed to be approximately 70 MPH in a posted 45 MPH zone. The readout on my Kustom Genesis II Select radar unit serial #G2S-29736 read 74 MPH in a 45 MPH zone. As the vehicle passed my location, I fell in behind it and activated my red/blue emergency lights affecting a traffic stop on it. The vehicle a 2014 silver Toyota Corolla bearing Florida tag 236-YKC then pulled onto the right shoulder of northbound US 441 north of Bridgebrook Drive where after exiting my marked patrol vehicle, I made contact with the lone occupant/driver, identified by his Florida driver's license as Shawn Anthony Edge. While asking Edge for his driver's license and vehicle registration, Edge asked if he was speeding. Edge was able to produce his driver's license and vehicle registration and when asked for a justified reason for his speeding, Edge stated he was on his way home after having dinner with his brother. Edge verified he lived at the address on his license in Deerfield Beach however was traveling northbound on 441 and initially stated he was on Powerline Road correcting it to 441. I observed Edge to have watery, bloodshot eyes and slurred speech while he answered my inquiries. Deputy P. Pointu #16032 was subsequently requested to respond to the scene and assume the investigation. Edge was also cited for driving 74 MPH in a 45 MPH zone.</p>											
ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH <u>[Signature]</u> KPMUS #2092 (Signature of Arresting/Investigative Officer)										
	The foregoing instrument was sworn to or affirmed and subscribed before me this <u>7</u> day of <u>April</u> 20 <u>17</u> by <u>2092</u> (Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced _____										
	<u>[Signature]</u> Notary Public, Clerk of Court, O.C. #177.10										
	PAGE 1 OF 1										

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 7th DAY OF April, '20 17, AT 01:38 ☒ AM ☐ PM

SUBJECT: Edge, Shawn, Anthony CASE NUMBER: 17-061411

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: D/S POINTU P.

PERSONAL CONTACT

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

Lt Kalmus (#2092) stopped the vehicle for speeding at 74 in a 45 on Northbound 441, just North of Clint Moore Rd, in unincorporated Boca Raton, Palm Beach County, FL. Driver was the only occupant of the vehicle and had a slurred speech and glassy eyes. Upon my arrival, defendant was still sitting in the driver's seat.

OBSERVATION OF DRIVER:

Glassy eyes, slurred speech, slow reaction, drowsy.

DRIVER'S STATEMENTS:

Said that he was driving home to Deerfield Beach while he was driving Northbound on US 441 instead.

ODORS:

Strong odor of unknown alcohol beverage that become stronger when he talked.

GENERAL OBSERVATIONS

SPEECH: slurred speech.

ATTITUDE: cooperative, drowsy

CLOTHING: Gray slacks, pink shirt and tie. Removed the tie before the SFST.

MEDICAL/OTHER: denied taking any medication nor having any recent medical history or medical conditions.

STATE OF FLORIDA
COUNTY OF PALM BEACH

D/S POINTU P.

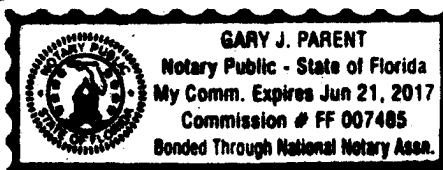
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 7th day of April, 2017 by D/S POINTU P.

(Print name of Arresting/Investigative Officer) Gary Parent known to me and/or produced identification. Type of identification produced known

Gary Parent (#7909)

Notary Public, Clerk of Court, Office # 117-107



SUBJECT: Edge, Shawn, Anthony

CASE NUMBER 17-061411

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:

Equal tracking, no resting nystagmus, glassy eyes. No VGN. LOC (left eye going up left). Back and forth sway during the task

WALK & TURN:

Unable to maintain the instructional stance. Started before being instructed to do so. Improper turn (no small steps with back foot). Did not count out loud. Stopped during the task.

ONE LEG STAND:

Had to put his foot down immediately to keep his balance, then put his foot down again later during the task without being instructed that the task was completed

FINGER TO NOSE:

used the pad of his fingers. Swayed. Touched the side or top of his nose 4 out of the 6 steps. Front and back sway.

ROMBERG ALPHABET:

Swayed front and back. Proper alphabet.

Modified Romberg: estimated 30s in 57 seconds.

BREATH TEST RESULTS: 0.138 0.135

STATE OF FLORIDA
COUNTY OF PALM BEACH

D/S POINTU P.

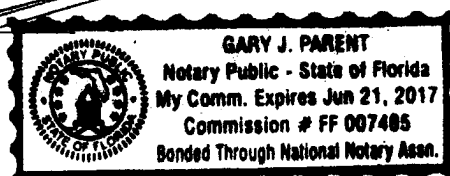
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 7th day of April, 20 17 by D/S POINTU P.

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

Gary Parent (#7909)

Notary Public, Clerk of Court, Officer (F.S.S. 11Z.40)



**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: 04/07/2017

Date of Last Agency Inspection: 03/24/2017
Observation Period Began: 03:03
Subject's Name: SHAWN A EDGE

DOB: 02/14/1989 Sex: M

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	03:32
Air Blank	0.000	03:33
Control Test	0.081	03:33
Air Blank	0.000	03:34
Subject Sample #1	0.138	03:34
Air Blank	0.000	03:35
Air Blank	0.000	03:37
Subject Sample #2	0.135	03:37
Air Blank	0.000	03:38
Control Test	0.079	03:39
Air Blank	0.000	03:39
Diagnostics Check	OK	03:39

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 GARY J PARENT, 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: _____ Date: 04/07/17
Signature

Sworn to (or affirmed) before me this 07 day of April, 2017

Signature of Notary Public-State of Florida _____ Printed Name of Notary Public-State of Florida D/S Pointu

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.

WITNESS LIST

CASE NUMBER: 17-061411

ARRESTING OFFICER: D/S POINTU P.

ADDRESS: Palm Beach County Sheriff's Office - 3228 Gun Club Rd - West Palm Beach, FL 33406

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

CAN TESTIFY TO: see report

NAME: Lt Kalmus (#2092)

ADDRESS: Palm Beach County Sheriff's Office - 3228 Gun Club Rd - West Palm Beach, FL 33406

PHONE NUMBERS (HOME) 0 (WORK) (561) 688 3000

CAN TESTIFY TO: wheel witness, driving pattern

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) 0 (WORK) 0

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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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: _____

TESTING FACILITY TASK REPORT

AGENCY: PBSC

SUBJECT: Ladd, Shawn A.

CASE NUMBER: 17-061411

DATE: 04/07/2017

VIDEO TAPE NUMBER: 62329

BEGINNING TIME: 0329

ENDING TIME: 0348

BREATH TESTS RESULTS: 1) .138 TIME 0339 (A.M./P.M.) 2) .135 TIME 0337 (A.M./P.M.)

3) N/A TIME — A.M./P.M. 4) N/A TIME — A.M./P.M.

BREATH OPERATOR: G. Talaris #17909

MAINTENANCE TECHNICIAN: J. Kalkreuth #16467

TESTING OFFICER'S OBSERVATIONS

SPEECH: Slurred and mumbled

ATTITUDE: Upset, quiet, calm, polite, ever anxious, cooperative

CLOTHING: Grey pants, white shirt, purple t-shirt, black shoes

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER: Eyes glassy + bloodshot, swaying back & forth.

Odor of unknown alcoholic beverage on breath

Δ Subject admitted to drinking four beers (G & A)

COMMENTS: Arrived at center. After 15-20 minute
observation period at 0303 hours.

Δ Subject agreed to take test

N/O Asked Subject if he recalled rights read at scene, read
rights again.

Δ Subject stated he understood rights.

Tech read test results. Δ Subject stated he understood.

N/O conducted G & A.

Δ Subject answered questions.

SUBJECT: Large Showup A CASE NUMBER: 17-000411

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 Camera

SUBJECT: 1765 Shaw A. CASE NUMBER: 17 061411

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? _____

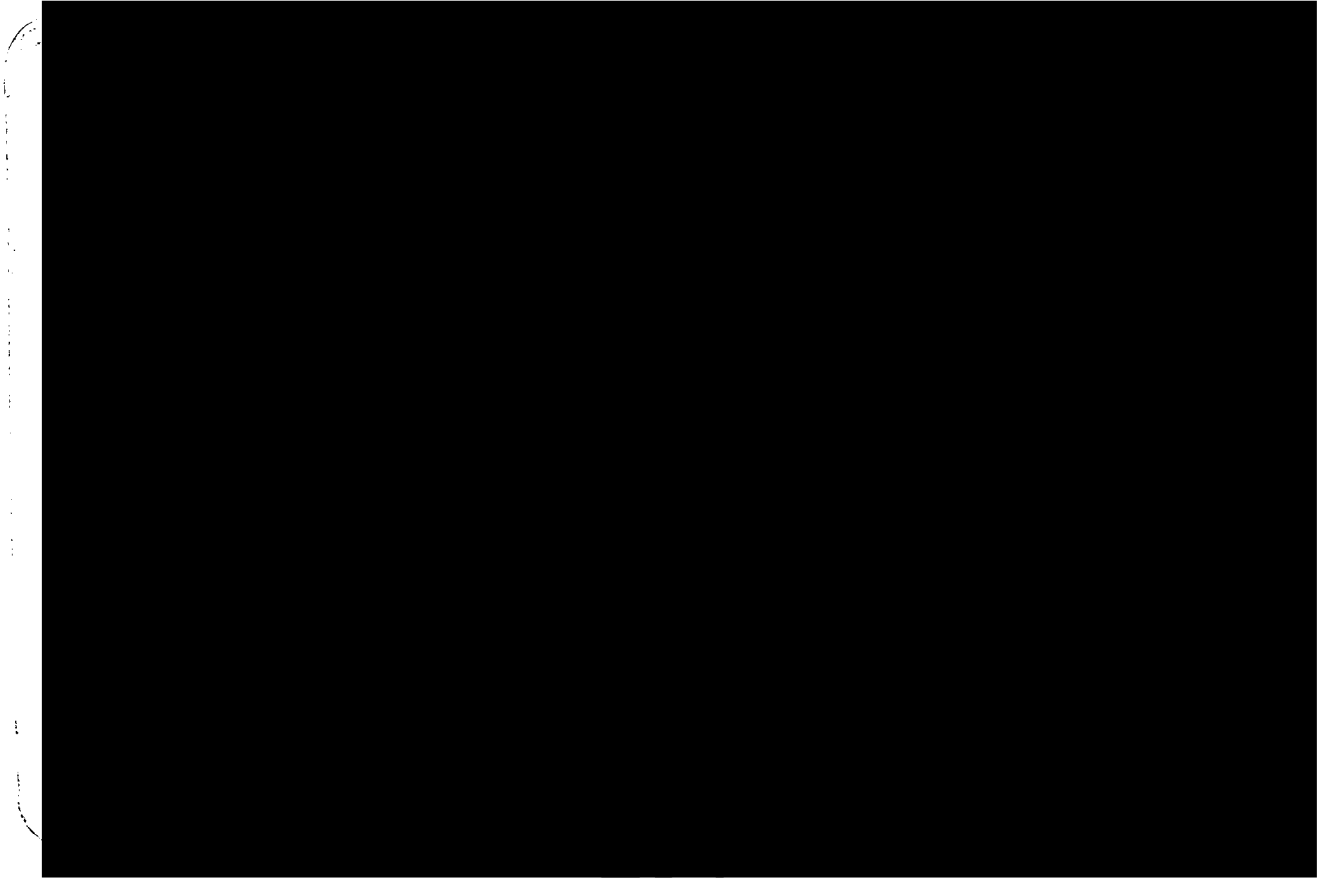
DO YOU HAVE: EPILEPSY? _____
 GLASS EYE? _____
 FALSE TEETH? _____
 EAR INFECTION? _____
 INNER EAR TROUBLE? _____
 DIABETES? _____

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: _____



NOT A CERTIFICATE

SCANNED
APR 13 2017