

049507

2894

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

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

DBTS Number		Agency ORI Number <b>FLO 50000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number (N.T.A.'s only) <b>06-18028968</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 <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	
Location of Arrest (Including Name of Business) <b>Atlantic Ave. and I95 Delray Beach FL 33444</b>		Location of Offense (Business Name, Address) <b>Atlantic Ave. and I95 Delray Beach FL 33444</b>					
Date of Arrest <b>01/21/2018</b>	Time of Arrest <b>03:30</b>	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle <b>Released on scene</b>	
Name (Last, First, Middle) <b>Arriaga Stephanie</b>				Alias (Name, DOB, Soc. Sec. #, Etc.)			
Race W - White I - American Indian B - Black O - Oriental/Asian	Sex <b>F</b>	Date of Birth <b>05/12/1990</b>	Height <b>5'5</b>	Weight <b>120</b>	Eye Color <b>Brn</b>	Hair Color <b>Blo</b>	Complexion <b>Med</b>
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status <b>Sing</b>	Religion <b>Catholic</b>	Indication of Alcohol Influence Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>	
Local Address (Street, Apt. Number) <b>2392 Country Golf Dr</b>		(City) <b>Wellington FL 33414</b>	(State)	(Zip)	Phone ( )	Residence Type: 1. City 3. Florida 2. County 4. Out of State <b>2</b>	
Permanent Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone ( )	Address Source <b>FL DL</b>	
Business Address (Name, Street)		(City)	(State)	(Zip)	Phone ( )	Occupation <b>Car Insurance</b>	
D/L Number, State <b>A416780906720</b>		Soc. Sec. Number <b>XXXXXXXXXX</b>		INS Number		Place of Birth (City, State) <b>Mexico</b>	Citizenship <b>US</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
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other:		Address (Street, Apt. Number)		(City)	(State)	(Zip)	Residence Phone ( ) 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/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 # <b>1</b>	
Drug Activity <b>N</b>	Drug Type <b>N</b>	Amount / Unit	Offense # <b>18028968</b>	Warrant / Capias Number		Bond <b>KOR</b>	
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>PALM BEACH COUNTY COURTHOUSE CRIMINAL JUSTICE COMPLEX, 3228 GUN CLUB RD, WEST PALM BEACH, FL 33406</b> Tel: (561) 355-2996							
Court Date and Time Month <b>Feb</b> Day <b>15</b> Year <b>2018</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							
Signature of Defendant (or Juvenile and Parent /Custodian)				Date Signed <b>01/21/2018</b>			
HOLD for other Agency Name: <input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:		Signature of Arresting Officer <b>J. Schneider</b>		Name Verification (Printed by Arrestee) <b>AL SCANNED</b>			
Intake Deputy <b>D/S J. THOMAS #7956</b>		Name of Arresting Officer (Print) <b>Inv. J. Schneider</b>		I.D. # <b>8501</b>		PAGE <b>1</b> OF <b>1</b>	
Transporting Officer <b>Inv. J. Schneider</b>		ID # <b>8501</b>		Agency <b>PBSO</b>		Witness here if subject signed with me <b>JAN 24 2018</b>	

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 21 DAY OF January 20 18, AT 1/21/18  AM  PM

SUBJECT: Arriaga Stephanie CASE NUMBER: 18028968

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: Inv. J. Schneider

## PERSONAL CONTACT

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

**Was observed by D/S Farrington while traveling down Atlantic Ave. D/S Farrington stated that the vehicle ran off of the roadway onto the curb and was operating with no headlights. He authored a supplemental probable cause affidavit describing his observations.**

## OBSERVATION OF DRIVER:

**Making contact at the drivers side window I observed the driver to be a white female wearing a pink shirt and blue jeans. Her eyes were red, bloodshot, and glossy. Her face was flush and her eyelids droopy. I smelled the light odor of a unknown alcoholic beverage coming from her breath while she spoke. Due to these observations I requested she submit to field sobriety tasks. She agreed.**

## DRIVER'S STATEMENTS:

**I had a couple beers.**

## ODORS:

**Feint odor of a unknown alcoholic beverage coming from her breath**

## GENERAL OBSERVATIONS

**SPEECH: Accent**

**ATTITUDE: Cooperative and talkative**

**CLOTHING: Pink shirt, blue jeans brown sandals**

**MEDICAL/OTHER: Epilepsy - takes medication for disorder**

STATE OF FLORIDA  
COUNTY OF PALM BEACH

**Inv. J. Schneider**

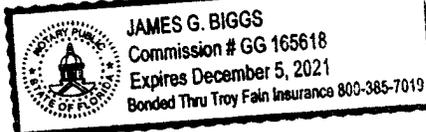
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 21 day of January 20 18 by **Inv. J. Schneider**

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

**James Biggs (#7607)**

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



SUBJECT Arriaga

Stephanie

CASE NUMBER 18028968

**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:**

**Onset of nystagmus was at 40 degrees. Vertical Nystagmus present. Lack of convergence present with the right eye failing to converge**

**WALK & TURN:**

**Unable to maintain instructional position. Starting the task she took eight steps forward missing heel to toe on almost every occasion and stepped off the line. Turning she nearly fell stumbling to her side. Returning she missed heel to toe on every occasion.**

**ONE LEG STAND:**

**During the instructions she swayed while standing stationary and attempted to start the task too soon. During the task she leaned heavily to maintain balance and failed to continue to look at her foot.**

**FINGER TO NOSE:**

**During the instructions she swayed while standing stationary. Starting the task she missed her nose on numerous occasions touching her cheek are and failed to touch the tip of her nose with the tip of her finger on all occasions but one.**

**ROMBERG ALPHABET:**

**During the instructions she swayed while standing stationary. Starting the task she was unable to complete the alphabet skipping back and forth and repeating letters.**

**BREATH TEST RESULTS:** 1) .132    2) .136    3)    4)

STATE OF FLORIDA  
COUNTY OF PALM BEACH

**Inv. J. Schneider**

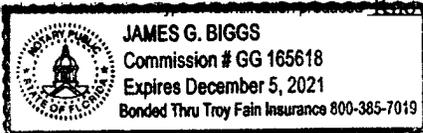
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 21 day of January 2018 by Inv. J. Schneider

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced to me by Kevin

**James Biggs (#7607)**

Notary Public, Clerk of Court, Officer (F.S.S. 117.00)



ADMIN  
 Agency ORI Number: FLO 5 0 0 0 0 0 Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE Agency Report Number: 0 6 18 028968

Charge Type:  1. Felony  2. Traffic Felony  3. Misdemeanor  4. Traffic Misdemeanor  5. Ordinance  6. Other  
 Special Notes:

CHARGES DEF  
 Name (Last, First, Middle): Arrigo, Stephanie Alias: \_\_\_\_\_ Race: WF Sex: F Date of Birth: 05.12.92

Charge Description: D.U.I. Charge Description: \_\_\_\_\_  
 Charge Description: \_\_\_\_\_ Charge Description: \_\_\_\_\_

VICTIM  
 Victim's Name (Last, First, Middle): \_\_\_\_\_ 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 \_\_\_\_\_ that he/she saw the arrested person commit the below acts.  
 confessed to \_\_\_\_\_ admitting to the below facts.  was found to have committed the below acts, resulting from my (described) investigation.  
 On the 21 day of JAN 2018 at 0248 A.M. P.M. (Specifically include facts constituting cause for arrest.)

PROBABLE CAUSE STATEMENT  
 I was traveling westbound on west Atlantic Ave when I noticed a 4D Jeep SUV bearing Florida Tag 1KV815 driving westbound w/ their day time running lights on. As I followed the vehicle I noticed the vehicle run off the roadway and onto the curb. The driver corrected herself but continued to drive her vehicle westbound w/ her headlights on. As the vehicle continued to travel westbound the driver failed to maintain her lane. I immediately conducted a traffic stop and met with the driver. I asked her if anything was ok due to her driving patterns she stated yes. I noticed her eyes were glassy and I could smell an alcoholic odor coming from her facial area. I asked her if she had been drinking and she stated that she had two beers. I notified D/S Schneider and he responded and conducted her DUI investigation.

ADMINISTRATIVE  
 STATE OF FLORIDA COUNTY OF PALM BEACH  
 Signature of Arresting/Investigative Officer: [Signature]

The foregoing instrument was sworn to or affirmed and subscribed before me this 20 day of January 2018 by Timothy Foreman  
 (Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced \_\_\_\_\_

Notary Public, Clerk of Court, Officer (F.S.S. 117.10) [Signature]  
 PAGE 1 OF 1

# WITNESS LIST

CASE NUMBER: 18028968

ARRESTING OFFICER: Inv. J. Schneider

ADDRESS: 3228 Gun Club Rd West Palm Beach FL 33406

PHONE NUMBERS (HOME): \_\_\_\_\_ (WORK) 561 688-4001

CAN TESTIFY TO: DUI Investigation

NAME: D/S Farrington #6465

ADDRESS: 3228 Gun Club Rd West Palm Beach FL 33406

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) 561 688 3000

CAN TESTIFY TO: Driving patter, actual physical control, and general observations

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: \_\_\_\_\_

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: \_\_\_\_\_

NOT A CERTIFIED COPY

# TESTING FACILITY TASK REPORT

AGENCY: PBSO-SCHNEIDER

SUBJECT: ALBERT ARRIAGA, STEPHANIE

CASE NUMBER: 18-028968

DATE: Jan 21, 2018

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 0410

ENDING TIME: 0426

BREATH TESTS RESULTS: 1) .132 TIME 0414 A.M.  P.M.  2) .136 TIME 0417 A.M.  P.M.   
3) XX TIME XX A.M.  P.M.  4) XX TIME XX A.M.  P.M.

BREATH OPERATOR: J Biggs# 7607

MAINTENANCE TECHNICAN: D/S J Karkleck #6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED, ACCENT, QUIET

ATTITUDE: COOPERATIVE

CLOTHING: PINK SHIRT, BLUE JEANS

MEDICAL CONDITIONS: EPLIPSEY

MEDICATIONS: TRIPLETAL

## OTHER:

EYES GLASSY, BLOODSHOT RED  
ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE ON SUBJECT

## COMMENTS:

ARRESTING OFFICER CONDUCTED THE 20 MINUTE OBSERVATION BEGINNING AT 0350  
SUBJECT AGREED TO SUBMIT TO THE BREATH TEST  
SUBJECT WAS GIVEN THE INSTRUCTIONS FOR THE TEST  
SUBJECT COMPLETED BOTH SAMPLES SUCCESSFULLY  
RESULTS WERE GIVEN TO THE SUBJECT  
MIRANDA WAS READ  
SUBJECT SUBMITTED TO THE QUESTIONS ASKED s

**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: Albert Arriaga, Stephanie CASE NUMBER: 18-028968

## 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? Yes

WHERE WERE YOU GOING? Home

WHAT STREET OR HIGHWAY WERE YOU ON? Atlantic Ave

DIRECTION OF TRAVEL? N WHERE DID YOU START? TC Raccio

WHAT TIME DID YOU START? 11:45 WHAT TIME IS IT NOW? 4am

WHAT IS TODAY'S DATE? 1/16-17 WHAT DAY OF THE WEEK IS IT? Sat

WHAT COUNTY AND CITY ARE YOU IN NOW? Palm Beach

WHEN DID YOU LAST EAT? 4 hrs Ago WHAT DID YOU EAT? Steak - Cabbage @ Palm Beach Grill

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? Dancing

HOW MUCH DO YOU WEIGH? 142 lbs HAVE YOU BEEN DRINKING? Yes WHAT? Vodka/Soda/Line

HOW MUCH? 2 WHERE? TC Raccio WITH WHOM? Friend

WHEN DID YOU HAVE YOUR FIRST DRINK? 2-3 hrs Ago AND YOUR LAST DRINK? 2 hrs Ago

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? Glass w/ Straw

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? A Little ARE YOU UNDER THE INFLUENCE? Yes

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? NO HOW MUCH? NO

WHAT? NA WHERE? NO WHEN? NA

WHAT LINE OF WORK ARE YOU IN? Insurance WHEN DID YOU LAST WORK? Today 4pm

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? YES WHAT? Cleft

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? Tripatal WHEN? At night daily

DO YOU HAVE:

EPILEPSY?	<u>Yes</u>
GLASS EYE?	<u>NO</u>
FALSE TEETH?	<u>NO</u>
EAR INFECTION?	<u>NO</u>
INNER EAR TROUBLE?	<u>NO</u>
DIABETES?	<u>NO</u>

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? \_\_\_\_\_ WHERE? Mexico

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

IL Bacio  
250 E Atlantic Ave  
Delray Beach, FL 33444

Emp: Stormir M/C\*  
01-20 11:43pm  
ENV 932-74226

Tbl# QK/SI

SALE

Card Number: \*\*\*\*\*4607  
Exp Date: \*\* / \*\* ALBERT/STEPHANIE  
Apprvl Code: 184535

AMOUNT: 15.95

TIP: \_\_\_\_\_

TOTAL: \_\_\_\_\_

X  
Cardmember agrees to pay total in  
accordance with agreement governing  
use of such card.

MID: xxxx0000 TID: xxxx0000  
Entry: Chip CVM: Sign  
ApplicationLabel: DEBIT MASTERCARD  
AID: A000000041010  
TVR: 8000008000  
TSI: 6800

\*\* GUEST COPY \*\*

TIP: \_\_\_\_\_

IL Bacio  
250 E Atlantic Ave  
Delray Beach, FL 33444

Emp: Stormir M/C\*  
01-20 11:32pm  
ENV 902-74205

Tbl# QK/SI

SALE

Card Number: \*\*\*\*\*4607  
Exp Date: \*\* / \*\* ALBERT/STEPHANIE  
Apprvl Code: 133321

AMOUNT: 12.14

TIP: 2

TOTAL: \_\_\_\_\_

X  
Cardmember agrees to pay total in  
accordance with agreement governing  
use of such card.

MID: xxxx0000 TID: xxxx0000  
Entry: Chip CVM: Sign  
ApplicationLabel: DEBIT MASTERCARD  
AID: A000000041010  
TVR: 8000008000  
TSI: 6800

\*\* GUEST COPY \*\*

TIP: \_\_\_\_\_

NOT A CERTIFIED COPY



ORGAN DONOR

LIBRARY

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

NOT A CERTIFIED