

0487125

2125

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		
ADMINISTRATIVE	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>06-17065508</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 2. 1. Yes 2. No <b>NA</b>		Multiple Clearance Indicator <b>01</b>									
	Location of Arrest (Including Name of Business) <b>BINKS FOREST DRIVE @ SR80, WELLINGTON, FL 33414</b>				Location of Offense (Business Name, Address) <b>BINKS FOREST DRIVE @ SR80, WELLINGTON, FL 33414</b>									
	Date of Arrest <b>4/17/17</b>	Time of Arrest <b>0400</b>	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle <b>SHEEHAN'S TOWING 561 659 0758</b>							
DEFENDANT	Name (Last, First, Middle) <b>DELANGE, TESIA ADRIANA</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>10/20/1994</b>		Height <b>5'8</b>	Weight <b>145</b>	Eye Color <b>BRN</b>	Hair Color <b>BRN</b>	Complexion <b>MED</b>	Build <b>MED</b>			
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>NONE</b>						Marital Status <b>SINGLE</b>		Religion <b>NONE</b>		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) <b>REFUSED TO SAY</b>						Phone <b>(999) 999-9999</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>3 HUDSON AVE IRVINGTON, NY 10533</b>						Phone <b>( )</b>		Address Source <b>DAVID / DL</b>					
	Business Address (Name, Street) (City) (State) (Zip) <b>UNK</b>						Phone <b>( )</b>		Occupation <b>HORSE CHECKER</b>					
	D/L Number, State <b>/ NY</b>		Soc. Sec. Number <b>[REDACTED]</b>		INS Number <b>[REDACTED]</b>		Place of Birth (City, State) <b>WESTCHESTER, NY</b>		Citizenship <b>USA</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 <b>( )</b>								
Address (Street, Apt. Number) (City) (State) (Zip)		<b>OR</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 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 <b>DUI</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>U</b>		Drug Type <b>U</b>	Amount / Unit <b>NA</b>	Offense # <b>17065508</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								
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								
NOTICE TO APPEAR	Location (Court, Room Number, Address) <b>CRIMINAL JUSTICE COMPLEX @ 3228 GUN CLUB RD WPB, FL 33406</b>													
	Court Date and Time Month <b>5</b> Day <b>11</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 FULLY 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>Refused to sign</b> Signature of Defendant (or Juvenile and Parent / Custodian) Date Signed														
ADMIN	HOLD for other Agency Name:		Signature of Arresting Officer <b>[Signature]</b>				Name Verification (Printed by Arrestee)							
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print) <b>DANIEL MERCIER</b>				I.D. # <b>8236</b>					
	Intake Deputy <b>Cpl. Henderson</b>		I.D. # <b>4746</b>		Pouch #		Transporting Officer <b>DANIEL MERCIER</b>				ID # <b>8236</b>		Agency <b>PBSO</b>	
Witness (Must be signed with an "X") <b>APR 19 2017</b>														

		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		Juvenile							
ADMIN	Agency ORI Number	Agency Name		Agency Report Number													
	FLO 500000	PALM BEACH COUNTY SHERIFF'S OFFICE		06-17065508													
DEF	Charge Type:	Check as many as apply.		1. Felony		2. Traffic Felony		3. Misdemeanor		4. Traffic Misdemeanor		5. Ordinance		6. Other		Special Notes:	
	Name (Last, First, Middle)	Delange, Tesia, A		Alias		Race		Sex		Date of Birth		W		F		10/20/1994	
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							
	3228 Gun Club Road WPB, FL 33409																
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 checked="" 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 type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation. On the 17 day of April 20 17 at 0331 <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)																	
<p align="center"><b>(Supplemental P.C.)</b></p> <p>On the above date and time, I (Sgt. DeJoy) while on patrol in the area of Binks Forest Drive at Green Park Drive within the Village of Wellington, Palm Beach County, observed a 2016 White Honda N.Y. tag: HEF8051 driving in the left lane of Binks Forest Drive which is a two lane road. As I was following the Honda on Binks Forest Drive from Green Park Drive to Bent Creek Road it crossed over onto the yellow line by the center carb on three different occasions. Each time the driver over corrected and drove into the right lane 1/2 of the car width without merging. The driver then slowly drove back into the left lane. I</p> <p>Upon approaching the passenger side of the Honda I observed through the open front passenger window Tesia Delange DOB:10/20/94 the soul occupant and driver. I could smell an odor of some type of alcoholic beverage coming from the inside of the vehicle. I then walked to the driver's side of the Honda and spoke to Delange through the open driver's side window. I detected an odor of an alcoholic beverage and observed an opened bottle of Corona with a lime slice in the top. Delange's eyes appeared glossy and her speech was slow. Due to the above facts I contacted D/S Mercier to conduct a DUI investigation. Upon D/S Mercier's arrival I turned over the investigation to him, which lead to the arrest of the driver Delange for DUI.</p>																	
ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF PALM BEACH		Matthew DeJoy														
	(Signature of Arresting/Investigative Officer)																
The foregoing instrument was sworn to or affirmed and subscribed before me this 17 day of April 20 17 by Sgt DeJoy																	
(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)																	

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 17TH DAY OF APRIL 20 17, AT 0331 ✓ AM PM

SUBJECT: DELANGE, TESIA ADRIANA CASE NUMBER: 17065508

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: INV. DANIEL MERCIER 8236

## PERSONAL CONTACT

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

I was called to the scene of a traffic stop near the intersection of SR80 and Binks Forrest Drive, in the Village of Wellington, Palm Beach County, Florida. I arrived at the scene at approximately 0335 hrs. Sgt Dejoy told me, in a signed sworn PC Supplement, that he had stopped the defendant's vehicle, a white Honda Accord bearing NY tag HEF8051, because the defendant was swerving and nearly struck the curb multiple times. Dejoy noticed that the defendant had articulable indicators of impairment, so he called me to conduct a possible DUI investigation. Dejoy identified the defendant, to me, as the driver / sole occupant of the defendant's vehicle, at the time of the stop.

## OBSERVATION OF DRIVER:

I made contact with the defendant, later identified by NY DL as, Tesia Delange. I observed that the defendant had red, watery, bloodshot eyes, slurred speech, and the odor of an unknown alcoholic beverage that came from her breath and intensified as she spoke to me. I asked if she had any medical problems, or took any medications. She said no. I asked how much she had had to drink. She said, "nothing."

I asked the defendant to exit the vehicle. The defendant swayed while standing, stumbled while walking, almost fell, and leaned on the car for balance.

I asked the defendant to perform voluntary roadside tasks. The defendant consented and I conducted the SFSTs with the following results;

## DRIVER'S STATEMENTS:

Pre Miranda / spontaneous roadside admissions: "NOTHING"

Post Miranda roadside admissions: NA

Post Miranda admissions enroute to / or at BAT: Consented to breath, but failed to provide adequate samples, after Implied Consent, which she said she understood. REFUSED Q&A.

## ODORS:

Obvious odor of an unknown alcoholic beverage that intensified as the defendant spoke to me.

## GENERAL OBSERVATIONS

SPEECH: slurred, slow

ATTITUDE: crying, flirtatious, annoyed, pleading, argumentative, resisted

CLOTHING: black blouse, jean shorts, black socks, no shoes

MEDICAL/OTHER: SFSTs conducted on in car video. Defendant states no medical problems or medications. Based on my training and experience, and the totality of the circumstances, I determined that probable cause existed for the defendant's arrest for DUI, in violation of FSS 316.193(1).

STATE OF FLORIDA  
COUNTY OF PALM BEACH

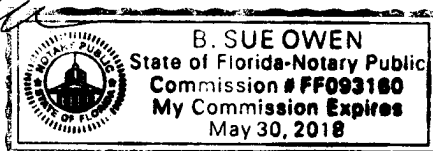
INV. DANIEL MERCIER 8236

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 17th day of April 20 17 by INV. DANIEL MERCIER

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

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



**SCANNED**  
**APR 19 2017**

SUBJECT: DELANGE, TESIA ADRIANA

CASE NUMBER 17065508

### 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:

I saw no resting nystagmus, equal pupil size, and equal tracking. I had to repeat the instructions and the task multiple times, the defendant failed to maintain the instructional stance, swayed throughout the task, failed to follow and anticipated the stimulus, and moved her head, in spite of repeated reminders not to.

#### WALK & TURN:

The defendant failed to maintain the instructional stance, and started approximately 3 times, before being told, after my instructions to, "stay like that until I tell you." After stating that she understood the instructions, the defendant missed heel to toe multiple times, stepped off the line multiple times, raised her arms for balance, made an improper turn, and stopped walking to regain her balance.

#### ONE LEG STAND:

The defendant failed to maintain the instructional stance and started before being told, after my instructions to, "stay like that until I tell you." After stating that she understood the instructions, the defendant put her foot down multiple times, used her arms for balance, and swayed throughout the task.

#### FINGER TO NOSE:

After stating that she understood the instructions, the defendant failed to keep her eyes closed, she moved her head and swayed throughout the task, used the wrong hand on the last right, and missed tip of finger and or tip of nose multiple times.

#### ROMBERG ALPHABET:

The defendant stated that she could say the alphabet, in English, and Dutch, German, and Korean. I told the defendant three times that she would not have to do it backwards, but she kept arguing that it was "a little too much to make her do it backwards." The defendant started before being told, after my instructions to, "stay like that until I tell you." After stating that she understood the instructions, the defendant failed to keep her eyes closed, and swayed throughout the task.

BREATH TEST RESULTS: 1) VNM .145 2) VNM .143 3) REFUSED 4)

STATE OF FLORIDA  
COUNTY OF PALM BEACH

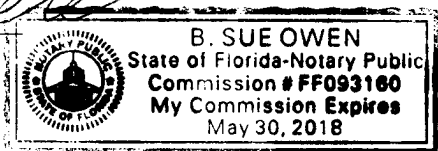
INV. DANIEL MERCIER 8236

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 17th day of April, 20 17 by INV. DANIEL MERCIER

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

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



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APR 19 2017

# WITNESS LIST

CASE NUMBER: **17065508**

ARRESTING OFFICER: **INV. DANIEL MERCIER 8236**

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: \_\_\_\_\_

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

ADDRESS \_\_\_\_\_

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

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

**SCANNED**

**APR 19 2017**

# TESTING FACILITY TASK REPORT

AGENCY: PBSO  
SUBJECT: Delange, Tesia Adriana CASE NUMBER: 17-065508  
DATE: 04/17/17 VIDEO TAPE NUMBER: 62465  
BEGINNING TIME: 0529 ENDING TIME: 0544  
BREATH TESTS RESULTS: 1) .145 <sup>AVNM\*</sup> TIME 0536 AM/P.M. 2) .143 <sup>AVNM\*</sup> TIME 0541 AM/P.M.  
3) REFUSED TIME 0543 AM/P.M. 4)            TIME                      /P.M.  
BREATH OPERATOR: S. Owen #3184  
MAINTENANCE TECHNICIAN: J. Karlecke #6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: Slurred  
ATTITUDE: a little galore, calling her a Horney  
CLOTHING: Tennis shoes, black socks, jean "daisy dukes" black top  
MEDICAL CONDITIONS: none  
MEDICATIONS: none  
OTHER: 22 yoa

odor of unknown alcoholic beverage detected  
as A was put in holding cell  
COMMENTS: A/O arrived at 0509 hrs  
A/O observed 20 minutes  
A/O requested breath test, A agrees  
A couldn't give an adequate sample  
laughed & set out, A/O read I/C,  
2ND chance A wasn't able to give  
adequate sample. Refusal called at  
0544 hrs. NO Q & A

SCANNED  
APR 19 2017

SUBJECT: Delange, Tesia Adriana CASE NUMBER: 17-065508

## **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 on camera 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.

**SCANNED**  
**APR 19 2017**

SUSPECT'S SIGNATURE: (X) \_\_\_\_\_

SUBJECT: Delange, Tesia Adriana CASE NUMBER: 17-065508

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

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: \_\_\_\_\_

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**APR 19 2017**