

JKH 0492340

PCH 3894

ARREST / NOTICE TO APPEAR

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

1

JUVENILE

OBTS Number	Agency ORI Number <b>0500200</b>		Agency Name <b>Boca Raton Police Department</b>		Agency Report Number (N.T.A.'s only) <b>17CT18153 3, 2 2017-013661</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 type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 5. Ordinance	<input type="checkbox"/> 6. Other
Location of Arrest (Including Name of Business) <b>1600 W GLADES RD</b>			Location of Offense (Business Name, Address) <b>1600 W GLADES RD, BOCA RATON, FL 33431</b>			
Date of Arrest <b>10/05/2017</b>	Time of Arrest <b>01:18</b>	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
Name (Last, First, Middle) <b>MURRAY, THOMAS ANDREW</b>			Alias (Name, DOB, Soc. Sec. #, Etc.)			
Race W - White B - Black	1 - American Indian O - Oriental/Asian	Sex <b>M</b>	Date of Birth <b>09/04/1992</b>	Height <b>6'02</b>	Weight <b>250</b>	Eye Color <b>BROWN</b>
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)			Marital Status <b>S</b>	Religion <b>CATHOLIC</b>	Complexion <b>LIGHT</b>	Build <b>Medium</b>
Local Address (Street, Apt. Number) <b>10998 NW 78TH PLACE, PARKLAND, FL 33076</b>			Phone			Residence Type: 1. City 2. County 3. Florida 4. Out of State
Permanent Address (Street, Apt. Number) <b>10998 NW 78TH PLACE, PARKLAND, FL 33076</b>			Phone			Address Source <b>DEFENDANT</b>
Business Address (Name, Street) <b>SELF EMPLOYED,</b>			Phone			Occupation
D/L Number, State <b>M600821923240 /</b>	Soc. Sec. Number	INS Number	Place of Birth (City, State) <b>HARVARD, CT, United</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
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	<input type="checkbox"/> 3. Felony	<input type="checkbox"/> 4. Misdemeanor
Name (Last, First, Middle)		Residence Phone	Business Phone			
Address (Street, Apt. Number)		(City)	(State)	(Zip)	Business Phone	
Notified by: (Name)		Date	Time	JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT IAC 3. Incarcerated		
Released To: (Name)		Relationship	Date	Time		
The above address was 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's Office (Phone 355-2526) informed of any change of address.				School Attended	Grade	
Property Crime? <input type="checkbox"/> Yes <input checked="" 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. Disperses/ 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. Synthetic	
U. Unknown Z. Other						
Charge Description <b>DUI</b>				Statute Violation Number <b>316.193(1)</b>	Violation of ORD #	
Drug Activity	Drug Type <b>N</b>	Amount / Unit	Offense # <b>2017-013661</b>	Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number
Charge Description				Statute Violation Number	Violation of ORD #	
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number
Charge Description				Statute Violation Number	Violation of ORD #	
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Capias Number
Health / Apparent Physical Condition of Defendant				Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries		
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail				PROPERTY - Received By		Released By
<input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health				Released To		
Transported By				Date Transported	Time Transported	Other
<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.				Location (Court, Room) <b>South County 200 W Atlantic Ave Delray Beach, FL 33444</b>		2017 OCT - 5 AM 8:23 No Photo Available
				Court Date and Time <b>11/06/2017 08:30:00</b>		
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		
HOLD for Other Agency		Signature of Arresting Officer <b>Daniel Reissi 776</b>		Name Verification (Printed by Arrestee)		
<input type="checkbox"/> Dangerous	<input type="checkbox"/> Resisted Arrest	Name of Arresting Officer (Print) <b>REISSI, DANIEL</b>		(PRINT) <b>OCT-5 AM 6:14</b>		
<input type="checkbox"/> Suicidal	<input type="checkbox"/> Other	ID.# <b>776</b>		PAGE <b>1 OF 1</b>		
Inmate ID # <b>17204</b>	Pouch #	Transporting Officer <b>Rehteria 800 BRPD</b>		ID.# Agency		
Witness here if subject signed with an "X".						

OCT 05 2017

PROBABLE CAUSE AFFIDAVIT

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

1 JUVENILE

OBTS Number	Agency ORI Number <b>FL 0500200</b>		Agency Name <b>BOCA RATON POLICE DEPARTMENT</b>	Agency Report Number <b>3   2   2017-013661</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	Special Notes:	

Name (Last, First, Middle) <b>MURRAY, THOMAS ANDREW</b>	Alias	Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>09/04/1992</b>
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Charge Description <b>316.193(1) DUI</b>	Charge Description
Charge Description	Charge Description

Victim's Name (Last, First, Middle) <b>STATE OF FLORIDA,</b>	Race	Sex	Date of Birth
Local Address (Street, Apt. Number) <b>100 NW 2ND AVE, BOCA RATON, FL 33432</b>	(City)	(State)	(Zip)
Business Address (Name, Street)	(City)	(State)	(Zip)

The undersigned certifies and swears that he/she has just and resonable 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 committ 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 **5** day of **October**, **2017** at **01:18** (Specifically include facts constituting cause for arrest.)

On Thursday 10/05/2017 at approximately 0023 hours I responded to 1600 West Glades Road to investigate a traffic crash. Upon arrival I observed a black Volvo S80 bearing FL tag DUY-W62 with front end damage and a blue Ford bearing FL tag MBL-143 with rear end damage.

I made contact with the driver of the Volvo, Thomas Murray. Thomas advised he was leaving FAU campus and approaching a red light at approximately 1600 W Glades Rd. He stated that the other vehicle (Ford) was stopped in the inside lane. Thomas advised the light turned green and the Ford did not go forward. Thomas believed by the time he would reach that vehicle the Ford would have accelerated and he miss judged the distance which caused Thomas to rear end the Ford. It should be noted during our conversation, I observed his eyes to be red and bloodshot, his speech slurred, and a strong odor of alcoholic beverages coming from his person.

I then spoke with the driver of the Ford, Kelvin Espada. Kelvin advised he was sitting at the red light and was suddenly rear ended. Kelvin stated right after the crash, he got out unharmed, and observed a W/M getting out of the Volvo. Kelvin explained he was the sole occupant of the vehicle and could clearly see his vehicles airbags have gone off. Kelvin saw Thomas in actual physical control of his vehicle and provided a sworn written statement which was submitted into evidence.

After getting both drivers information and completing my crash investigation I began to conduct my DUI investigation. I informed Thomas I had completed my crash investigation and now I will be conducting a DUI investigation. I read Thomas his constitutional rights from my pre-printed card and he stated he wanted to speak with me. I explained to him my observations and asked him if he would attempt the standardized field sobriety tasks (SFST's) to dispel my alarm that he was impaired. Thomas stated he would. It should be noted each task was read from a pre-printed card and explained /demonstrated

SWORN AND SUBSCRIBED BEFORE ME	SIGNATURE OF ARRESTING / INVESTIGATING OFFICER <i>Daniel Reissl</i> 776
<b>GRAHAM, KEITH T</b> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117.16)	<b>REISSL, DANIEL (776)</b> NAME OF OFFICER (PLEASE PRINT)
<b>10/05/2017</b> DATE	<b>10/05/2017</b> DATE

SCANNED OCT 05 2017

OBTs Number  Agency ORI Number <b>FL 0500200</b>	Agency Name <b>BOCA RATON POLICE DEPARTMENT</b>	Agency Report Number <b>3   2   2017-013661</b>
Charge Type: Check as many as apply. <input type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other		Special Notes:

Name (Last, First, Middle) <b>MURRAY, THOMAS ANDREW</b>	Alias	Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>09/04/1992</b>
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before Thomas performed the task. I asked Thomas if he had any medical conditions which he stated he did not, he only wearing glasses to see far away and other than that he stated he is a healthy adult.

The first task was the horizontal gaze nystagmus. There was a lack of smooth pursuit in each eye. There was distinct and sustained nystagmus at maximum deviation in each eye. Additionally there was onset of nystagmus prior to 45 degrees in each eye.

The second task was the walk and turn. He didn't stay. While walking back, on step #2 and #6 he lost balance and stepped off the line.

The third task was the one leg stand. He bent his right leg as if he were doing a one leg squat. I asked him if he understood the instructions which he stated he did. He was told he can use whichever leg he would like, he then used his left leg to hold his body weight and continued to bend his leg as if he were trying to do a one leg squat. During this task he lost complete balance and fell to the ground (unharmed). I then re stated the instructions of keeping his legs straight and let him perform the task again. This time, he did not have his foot six inches off the ground.

The fourth task was the finger to nose. He did not touch the tip of his nose with the tip of his index finger on each attempt.

The last task was the Romberg alphabet which he completed with no issues.

Based on the performance of the SFST's, and my observations, at 0118 hours on 10/05/17 I placed Thomas Murray under arrest for DUI pursuant to FSS 316.193(1). The vehicle was towed by West Way towing. Thomas was transported to BRPD for processing.

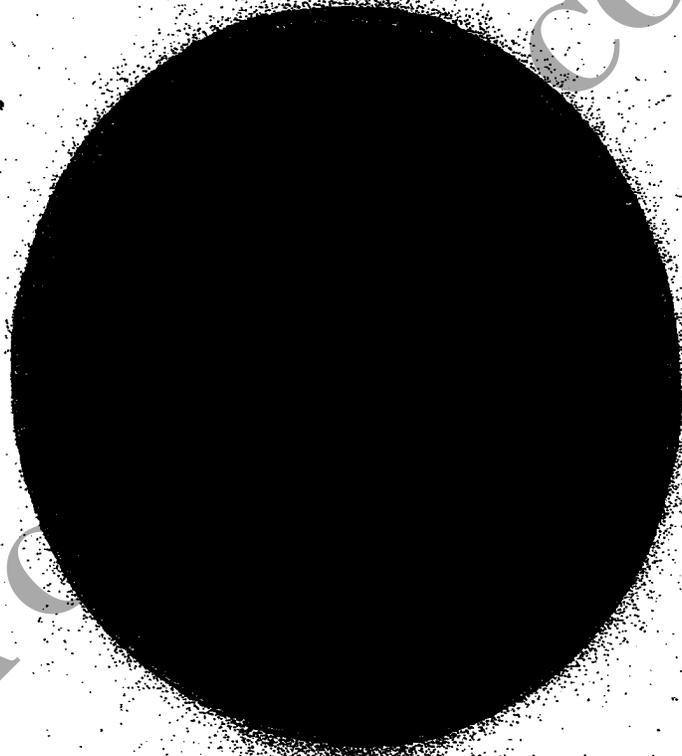
Officer Deen conducted The Intoxilyzer 8000 testing. He provided breath samples of .156 and .152. He was then transported to the Boca Raton Hospital for medical clearance.

Thomas was given the court date of 11/06/2017 at 8:30am. After processing he was transported to The PBCJ.

SWORN AND SUBSCRIBED BEFORE ME  _____ <b>GRAHAM, KEITH T</b> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117.10)  _____ <b>10/05/2017</b> DATE	_____ SIGNATURE OF ARRESTING / INVESTIGATING OFFICER  <b>REISSI, DANIEL (776)</b> NAME OF OFFICER (PLEASE PRINT)  _____ <b>10/05/2017</b> DATE
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1015 = 1018  
1035  
17-13661

# D. U. I. INFLUENCE REPORT



NOT A COPY

Boca Raton Police Services Department  
100 Northwest Second Avenue  
Boca Raton, Florida 33432

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OCT 05 2017

WITNESS LIST

ARRESTING OFFICER: Reissi

Name: Dfc. Reissi Phone # Home \_\_\_\_\_ Work 561 368 6201

Address: 100 NW 2nd Ave / 1600 W. Glades Rd

Can testify to: DUI Accident / Investigation / Crash Report

Name: Dfc. Bissoon Phone # Home \_\_\_\_\_ Work 561 368 6201

Address: 1600 W. Glades Rd

Can testify to: DUI Investigation / Crash Investigation

Name: \_\_\_\_\_ Phone # Home \_\_\_\_\_ Work \_\_\_\_\_

Address: \_\_\_\_\_

Can testify to: \_\_\_\_\_

Name: \_\_\_\_\_ Phone # Home \_\_\_\_\_ Work \_\_\_\_\_

Address: \_\_\_\_\_

Can testify to: \_\_\_\_\_

Name: \_\_\_\_\_ Phone # Home \_\_\_\_\_ Work \_\_\_\_\_

Address: \_\_\_\_\_

Can testify to: \_\_\_\_\_

Name: \_\_\_\_\_ Phone # Home \_\_\_\_\_ Work \_\_\_\_\_

Address: \_\_\_\_\_

Can testify to: \_\_\_\_\_

Name: \_\_\_\_\_ Phone # Home \_\_\_\_\_ Work \_\_\_\_\_

Address: \_\_\_\_\_

Can testify to: \_\_\_\_\_

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Page 3

-END OF PART 1-

BOCA RATON POLICE DEPARTMENT

Agency Case# 17-13661

PART II D.U.I. REPORT  
To be filled out at testing facility

I. INTRODUCTION (Instrument Operator faces video camera)

A. The day is: Thursday, October, 5, 2017  
(day) (month) (date) (year)

B. The time is now approximately 0155 AM/PM

C. The following is in reference to case number 17-13661

D. Present at this time is Ofc. Reissi of the Boca Raton Police  
Department. (Officer's Name)

E. Officer Reissi Have you arrested Thomas Murray  
(Defendant's name)  
In violation of Florida State Statute 316.193?

F. Did this violation occur within the City of Boca Raton, Palm Beach County, Florida?

G. Mr./Mrs./Ms. Murray, I am required to  
Inform you these proceedings are being video taped.

Operator Note: Video tape breath request, breath sample, and interview

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Agency Case # 17-13661

**H. AT THIS TIME THE ARRESTING OFFICER WILL REQUEST A BREATH SAMPLE.**

*Note: Read only the paragraph applicable to the type of test you are requesting.*

**A.**

I am now requesting that you submit to a lawful test of your **BREATH** for the purpose of determining its alcohol content.

**B.**

I am now requesting that you submit to a lawful test of your **URINE** for the purpose of determining its alcohol content.

**C.**

I am now requesting that you submit to a lawful test of your **BLOOD** for the purpose of determining its alcohol content and the presence of chemical or controlled substances.

**IMPLIED CONSENT WARNINGS**

*Note: Read only if the subject does not comply with your request.*

2.

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 signature: \_\_\_\_\_

**ALSO READ FOR CDL HOLDERS**

IN ADDITION, your refusal to submit will result in the loss of your commercial privileges for one year from today. If this is your SECOND REFUSAL, you will be permanently disqualified from operating a commercial motor vehicle.

After reading the implied consent warning, the arresting officer must request a breath sample again.

**(IF REFUSAL THEN)**

At this time Mr/Mrs/Ms. \_\_\_\_\_ has refused to submit to a breath test.

The date is \_\_\_\_\_ (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year) and the time \_\_\_\_\_ AM/PM

A refusal form will be completed by the arresting officer.

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**OCT 05 2017**

## CONSTITUTIONAL WARNINGS

Rights of suspects prior to custodial questioning.

Identify yourself and state:

I am required to warn you before you make any statement that you have the following Constitutional rights:

- (1) You have the right to remain silent and not answer any questions. *Tell me in your own words what you think this means. (You do not have to talk to me or answer any questions about this offense. You can be quiet if you want.)*
- (2) Any statement you make must be freely and voluntarily given. *Tell me in your own words what you think this means. (If you do talk to me it has to be because you want to and not because anyone is forcing you to speak.)*
- (3) You have a right to the presence and representation of a lawyer of your choice before you make any statement and during any questioning. *Tell me in your own words what you think this means. (You can talk to a lawyer before we ask you any questions and you can have him/her with you now, during our questioning.)*
- (4) If you cannot afford a lawyer, you are entitled to the presence and representation of a court appointed lawyer before you make any statement and during any questioning. *Tell me in your own words what you think this means. (If you do not have money for a lawyer and you want one, a lawyer will be given to you for free.)*
- (5) If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent. *Tell me in your own words what you think this means. (If you decide to talk to me then change your mind, you can stop answering my questions at any time.)*
- (6) I can make no threats or promises to induce you to make a statement. This must be of your own free will. *Tell me in your own words what you think this means. (I am not allowed to threaten you or make you any promises to get you to talk to me. If you decide to talk, it must be because you want to.)*
- (7) Any statement can be and will be used against you in a court of law. *Tell me in your own words what you think this means. (Anything you say to me can and will be told to the judge or a jury in court. A judge is a person who decides if you have done something wrong. Sometimes a group of people called a jury decide this, but the Judge is the person who decides what punishment you get.)*
- (8) Do you understand these rights as I have read them to you, and do you wish to speak to me?

Signed: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Revised 8/2006

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OCT 05 2017

BOCA RATON POLICE DEPARTMENT  
TESTING FACILITY TASK REPORT

SUBJECT: Thomas Murray

CASE #: 17-13661 DATE: 10/5/17

BREATH TESTS RESULTS

1) TIME \_\_\_\_\_ AM/PM 2) TIME \_\_\_\_\_ AM/PM

3) TIME \_\_\_\_\_ AM/PM 4) TIME \_\_\_\_\_ AM/PM

BREATH OPERATOR: Dean 768

MAINTENANCE TECHNICIAN: Pare

TESTING OFFICER'S OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Calm + Collected

CLOTHING: Blue T-Shirt Blue Jeans

MEDICAL CONDITION: Anxiety

OTHER: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

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BOCA RATON POLICE DEPARTMENT

Agency Case # \_\_\_\_\_

ADULT CONSTITUTIONAL WARNINGS  
(Juvenile warning on reverse side)

"I am required to warn you before you make any statement that you have the following rights":

- ✓1) You have the right to remain silent and not answer any questions.
- ✓2) Any statement you make must be freely and voluntarily given.
- ✓3) You have the right to the presence of a lawyer and representation 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 statement 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 be and will be used against you in a court of law.

DO YOU UNDERSTAND THESE RIGHTS AS I HAVE READ THEM TO YOU AND DO YOU WISH TO SPEAK TO ME?

(X) \_\_\_\_\_

QUESTIONS AND ANSWERS

Were you operating a motor vehicle at the time of the accident/stop? Yes

Where were you going? home Parkland

What street or highway were you on? glades

Direction of travel? West

Where did you start driving from? FAU

What City (County) were you stopped in? Boca Raton Palm Beach

What time did you start? 1130 AM/PM what time is it now No 115

What is today's date? 10/5/17 What day of the week is it? Thursday

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Agency Case # \_\_\_\_\_

When did you last eat? 7pm What did you eat? French Frys

What have you been doing the past three hours prior to this stop/accident? Celebrating

How much do you weigh? 215 Have you been drinking? Yes What were you drinking? 10 out Beers

How much? 5 Beers Where? Irishman With whom were you drinking? \_\_\_\_\_

When did you have your first drink? 6pm AM/PM When did you stop drinking? 1045 AM/PM

How did you consume your last two drinks? Paced out

Are you under the influence of alcohol now? Yes  No

Can you feel the affects of alcohol? Yes  No

Have you consumed alcohol since the accident? Yes  No

Can you feel the affects of alcohol? Yes  No

Have you consumed alcohol since the accident? Yes  No  How much? \_\_\_\_\_ What? \_\_\_\_\_

Where? \_\_\_\_\_

What line of work are you in? Student

When did you last work? \_\_\_\_\_

Do you have any physical defects or injuries? Yes  No  If yes, explain: \_\_\_\_\_

Are you sick or injured? Yes  No  If yes explain: \_\_\_\_\_

Do you limp? NO Did you get a bump on the head? NO

Were you involved in an accident today? Yes

Have you taken any drugs or smoked marijuana today? NO

What? \_\_\_\_\_ When? \_\_\_\_\_

Have you seen a doctor or dentist today? NO Who? \_\_\_\_\_

Are you taking any prescription medicines? Yes  No  What? Seroquel, Ability, Namical, Luvox When? Mornings

Do you have:	Epilepsy? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Inner ear trouble? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	Glass Eye? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Ear Infection? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	False Teeth? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Diabetes? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Any eye problems not correctable by glasses or contact lenses? None

Do you take insulin? Yes  No  If yes, when was your last injection? \_\_\_\_\_

Have you ever had a driver's license in any other state? Massachusetts

I am now ending this videotaping. The time now is approximately 211am (AM/PM)

The date is: Oct (month) 5th (day) 2017 (year).

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